

House _____ Amendment NO. _____

Offered By

1 AMEND House Committee Substitute for Senate Committee Substitute for Senate Bill No. 89, Page
2 5, Section 198.345, Line 10, by inserting after all of said Section and Line the following:

3
4 "630.175. 1. No person admitted on a voluntary or involuntary basis to any mental health
5 facility or mental health program in which people are civilly detained pursuant to chapter 632, and
6 no patient, resident or client of a residential facility or day program operated, funded or licensed by
7 the department shall be subject to physical or chemical restraint, isolation or seclusion unless it is
8 determined by the head of the facility or the attending licensed physician or the attending advanced
9 practice registered nurse in a collaborative practice arrangement with the attending licensed
10 physician that the chosen intervention is imminently necessary to protect the health and safety of the
11 patient, resident, client or others and that it provides the least restrictive environment. If such order
12 is made by the attending advanced practice registered nurse, such order shall be reviewed in person
13 by the attending licensed physician if the episode of restraint is to extend beyond four hours duration
14 in the case of a person under eighteen years of age, or beyond eight hours duration in the case of a
15 person eighteen years of age or older. The review shall occur prior to the time limit specified under
16 subsection 6 of this section and shall be documented by the attending licensed physician under
17 subsection 2 of this section.

18 2. Every use of physical or chemical restraint, isolation or seclusion and the reasons therefor
19 shall be made a part of the clinical record of the patient, resident or client under the signature of the
20 head of the facility or the attending licensed physician or the attending advanced practice registered
21 nurse in a collaborative practice arrangement with the attending licensed physician.

22 3. Physical or chemical restraint, isolation or seclusion shall not be considered standard
23 treatment or habilitation and shall cease as soon as the circumstances causing the need for such
24 action have ended.

25 4. The use of security escort devices, including devices designed to restrict physical
26 movement, which are used to maintain safety and security and to prevent escape during transport
27 outside of a facility shall not be considered physical restraint within the meaning of this section.
28 Individuals who have been civilly detained under sections 632.300 to 632.475 may be placed in
29 security escort devices when transported outside of the facility if it is determined by the head of the
30 facility or the attending licensed physician or the attending advanced practice registered nurse in a
31 collaborative practice arrangement with the attending licensed physician that the use of security
32 escort devices is necessary to protect the health and safety of the patient, resident, client, or other

Action Taken _____ Date _____

1 persons or is necessary to prevent escape. Individuals who have been civilly detained under sections
2 632.480 to 632.513 or committed under chapter 552 shall be placed in security escort devices when
3 transported outside of the facility unless it is determined by the head of the facility or the attending
4 licensed physician or the attending advanced practice registered nurse in a collaborative practice
5 arrangement with the attending licensed physician that security escort devices are not necessary to
6 protect the health and safety of the patient, resident, client, or other persons or is not necessary to
7 prevent escape.

8 5. Extraordinary measures employed by the head of the facility to ensure the safety and
9 security of patients, residents, clients, and other persons during times of natural or man-made
10 disasters shall not be considered restraint, isolation, or seclusion within the meaning of this section.

11 6. Orders issued under this section by the attending advanced practice registered nurse in a
12 collaborative practice arrangement with the attending licensed physician shall be reviewed in person
13 by the attending licensed physician of the facility within twenty-four hours or the next regular
14 working day of the order being issued, and such review shall be documented in the clinical record of
15 the patient, resident, or client."; and

16
17 Further amend said bill by amending the title, enacting clause, and intersectional references
18 accordingly.