

SECOND REGULAR SESSION
[TRULY AGREED TO AND FINALLY PASSED]
SENATE COMMITTEE SUBSTITUTE FOR
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 1779
97TH GENERAL ASSEMBLY

5815S.04T

2014

AN ACT

To repeal section 630.175, RSMo, and to enact in lieu thereof one new section relating to mental health facility safety provisions.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Section 630.175, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 630.175, to read as follows:

630.175. 1. No person admitted on a voluntary or involuntary basis to any mental health facility or mental health program in which people are civilly detained pursuant to chapter 632, and no patient, resident or client of a residential facility or day program operated, funded or licensed by the department shall be subject to physical or chemical restraint, isolation or seclusion unless it is determined by the head of the facility [or], the attending licensed physician, **or in the circumstances specifically set forth in this section, by an advanced practice registered nurse in a collaborative practice arrangement with the attending licensed physician** that the chosen intervention is imminently necessary to protect the health and safety of the patient, resident, client or others and that it provides the least restrictive environment. **An advanced practice registered nurse in a collaborative practice arrangement with the attending licensed physician may make a determination that the chosen intervention is necessary for patients, residents, or clients of facilities or programs operated by the department, in hospitals as defined in section 197.020 that only provide psychiatric care and in dedicated psychiatric units of general acute care hospitals as hospitals are defined in section 197.020. Any determination made by the advanced practice registered nurse**

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

16 shall be documented as required in subsection 2 of this section and reviewed in person by
17 the attending licensed physician if the episode of restraint is to extend beyond:

18 (1) Four hours duration in the case of a person under eighteen years of age;

19 (2) Eight hours duration in the case of a person eighteen years of age or older; or

20 (3) For any total length of restraint lasting more than four hours duration in a
21 twenty-four-hour period in the case of a person under eighteen years of age or beyond
22 eight hours duration in the case of a person eighteen years of age or older in a twenty-four-
23 hour period.

24

25 The review shall occur prior to the time limit specified under subsection 6 of this section
26 and shall be documented by the licensed physician under subsection 2 of this section.

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

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

35 4. The use of security escort devices, including devices designed to restrict physical
36 movement, which are used to maintain safety and security and to prevent escape during transport
37 outside of a facility shall not be considered physical restraint within the meaning of this section.
38 Individuals who have been civilly detained under sections 632.300 to 632.475 may be placed in
39 security escort devices when transported outside of the facility if it is determined by the head of
40 the facility, or the attending licensed physician, **or the advanced practice registered nurse in
41 a collaborative practice arrangement with the attending licensed physician** that the use of
42 security escort devices is necessary to protect the health and safety of the patient, resident, client,
43 or other persons or is necessary to prevent escape. Individuals who have been civilly detained
44 under sections 632.480 to 632.513 or committed under chapter 552 shall be placed in security
45 escort devices when transported outside of the facility unless it is determined by the head of the
46 facility, or the attending licensed physician, **or the advanced practice registered nurse in a
47 collaborative practice arrangement with the attending licensed physician** that security escort
48 devices are not necessary to protect the health and safety of the patient, resident, client, or other
49 persons or is not necessary to prevent escape.

50 5. Extraordinary measures employed by the head of the facility to ensure the safety and
51 security of patients, residents, clients, and other persons during times of natural or man-made

52 disasters shall not be considered restraint, isolation, or seclusion within the meaning of this
53 section.

54 **6. Orders issued under this section by the advanced practice registered nurse in a**
55 **collaborative practice arrangement with the attending licensed physician shall be reviewed**
56 **in person by the attending licensed physician of the facility within twenty-four hours or the**
57 **next regular working day of the order being issued, and such review shall be documented**
58 **in the clinical record of the patient, resident, or client.**

59 **7. For purposes of this subsection, "division" shall mean the division of**
60 **developmental disabilities. Restraint or seclusion shall not be used in habilitation centers**
61 **or community programs that serve persons with developmental disabilities that are**
62 **operated or funded by the division unless such procedure is part of an emergency**
63 **intervention system approved by the division and is identified in such person's individual**
64 **support plan. Direct care staff that serve persons with developmental disabilities in**
65 **habilitation centers or community programs operated or funded by the division shall be**
66 **trained in an emergency intervention system approved by the division when such**
67 **emergency intervention system is identified in a consumer's individual support plan.**

✓