

Kansas Administrative Regulations

Kansas Department for Aging and Disability Services

Article 52.—Crisis Intervention Centers

26-52-27. Restraints and seclusion.

(a) Each applicant and each licensee shall establish and implement written policies and procedures pursuant to K.S.A. 59-29c11, and amendments thereto, that govern the use of patient restraints at the crisis intervention center. Restraints policies shall include the following requirements:

(1) "Restraints" shall mean the application of any device, other than human force alone, to any part of the body of a patient for the purpose of preventing the patient from causing injury to self or other persons;

(2) restraints used by each center shall be preapproved by the secretary;

(3) subject to subsection (d) of this regulation, restraints shall only be used for a patient if each use of restraints has been approved by the clinical director, the clinical director's designee, a physician, or a psychologist;

(4) restraints shall be used only to prevent immediate substantial bodily harm to each patient or other persons, including other patients, staff members, volunteers, and visitors;

(5) restraints shall be used only if other less restrictive methods are not sufficient to prevent immediate substantial bodily harm to each patient or other persons;

(6) the type of restraints used shall be the least restrictive measure necessary to prevent injury to the patient or other persons;

(7) restraints shall never be used as punishment of a patient or for the convenience of staff members;

(8) the clinical director or designee, a physician, or a psychologist shall sign an order for each patient explaining the treatment necessity for the use of restraints, which shall be filed in the patient's record;

(9) restraints shall not be used for more than three consecutive hours without medical reevaluation of its necessity, except medical reevaluation is not required

between the hours of 12:00 midnight and 8:00 a.m. unless determined necessary by the clinical director or designee;

(10) each patient's condition shall be monitored at a frequency determined by the clinical director or designee, a physician, or a psychologist, which shall be no less than once every 15 minutes. For purposes of this regulation, "interactive intervention" shall mean that a staff member or volunteer interacts or communicates with the patient in a manner designed to elicit a verbal or physical response from the patient. At the time of each check of the patient, all of the following requirements shall be met:

(A) Interactive intervention shall be attempted, unless the patient is sleeping;

(B) the result of the interactive intervention shall be recorded in the patient's record;
and

(C) the patient's mental and physical condition shall be recorded in the patient's record;

(11) at least one direct care staff member shall be stationed in proximity to each patient in restraints, with direct, physical observation at all times of the patient;

(12) electronic or auditory devices shall not be used to replace the direct supervision of each patient in restraints; and

(13) each outgoing direct care staff member assigned to monitor a patient in restraints and each outgoing professional staff member shall provide a verbal report of the condition and orders relating to each patient in restraints to each oncoming professional staff member and each oncoming direct care staff member during any change of shifts of staff, staff breaks, or at any other time a change of staff members occurs who are assigned to monitor the patient or provide supervision over the patient's care and treatment.

(b) Each applicant and each licensee shall establish and implement written policies and procedures that govern the use of safety intervention programs for use on each patient at the center. Safety intervention program policies shall include the following requirements:

(1) "Safety intervention program" shall mean use of any other measures than the use of restraints or seclusion for the purpose of preventing the patient from causing

injury to self or others. A manual hold of a patient by staff members shall be considered a safety intervention program for purposes of this regulation;

(2) the safety intervention program used by each center shall be preapproved by the secretary;

(3) the safety intervention program shall be used only to prevent immediate substantial bodily harm to a patient or others;

(4) the safety intervention program shall be the least restrictive measure necessary to prevent injury to a patient or others;

(5) the safety intervention program shall not be used for punishment of a patient or for the convenience of staff members;

(6) the patient shall be monitored at all times during the use of the safety intervention program;

(7) the use of the safety intervention program shall cease upon the occurrence of the patient's de-escalation and redirection;

(8) chemical agents, including pepper spray, shall not be used by staff members or volunteers;

(9) psychotropic medications shall be administered only when medically necessary upon order of the clinical director or designee, a physician, a physician's assistant, or an advanced practice registered nurse; and

(10) psychotropic medications shall never be used as punishment of a patient or for the convenience of staff members.

(c) Each applicant and each licensee shall establish and implement written policies and procedures pursuant to K.S.A. 59-29c11, and amendments thereto, that govern the use of patient seclusion at the crisis intervention center. Seclusion policies shall meet all the following requirements:

(1) "Seclusion" means the placement of a patient, alone, in a room, where the patient's freedom to leave is restricted and where the patient is not under continuous observation;

(2) subject to subsection (d) of this regulation, seclusion shall only be used for each patient if approval has been received from the clinical director, the clinical director's designee, a physician, or a psychologist for each occurrence;

(3) seclusion shall be used only to prevent immediate substantial bodily harm to a patient or other persons, including other patients, staff members, volunteers, and visitors;

(4) seclusion shall be used only if other less restrictive methods are not sufficient to prevent immediate substantial bodily harm to the patient or other persons;

(5) seclusion shall be the least restrictive measure necessary to prevent injury to a patient or other persons;

(6) seclusion shall never be used as punishment of a patient or for the convenience of staff members;

(7) no more than one patient is placed in a seclusion room at any one time;

(8) the clinical director or designee, a physician, or a psychologist shall sign an order for each patient explaining the treatment necessity for the use of seclusion, which shall be filed in the patient's record;

(9) a search shall be conducted of each patient and any items removed that could be used to injure the patient or others before admission of a patient to the seclusion room;

(10) appropriate clothing is provided to each patient at all times while in a seclusion room, which may require an order of the clinical director or designee, a physician, a physician's assistant, or an advanced practice registered nurse for the patient to wear a safety smock and other special clothing if the patient has been assessed as a self-harm risk;

(11) a clean mattress is provided to each patient in seclusion;

(12) all meals and snacks normally served shall be provided to each patient in seclusion, and each patient in seclusion shall be allowed time to exercise and use the toilet, sink and shower or bathtub;

(13) prompt access to drinking water shall be provided to each patient in seclusion;

(14) seclusion shall not be used for more than three consecutive hours without medical reevaluation of its necessity, except medical reevaluation is not required between the hours of 12:00 midnight and 8:00 a.m. unless determined necessary by the clinical director or designee;

(15) the condition of each patient in seclusion shall be monitored at a frequency determined by the clinical director or designee, a physician, or a psychologist, which

shall be no less than once every 15 minutes and shall be documented in the patient's record. At the time of each check of the patient, all of the following requirements shall be met:

(A) Interactive intervention shall be attempted, unless the patient is sleeping;

(B) the result of the interactive intervention shall be recorded in the patient's record; and

(C) the patient's mental and physical condition shall be recorded in the patient's record.

(16) at least one direct care staff member shall be stationed in proximity to each patient in seclusion, with the ability for direct, physical observation at all times of the patient;

(17) electronic or auditory devices shall not be used to replace the direct supervision of each patient in seclusion; and

(18) each outgoing direct care staff member assigned to monitor a patient in seclusion and each outgoing professional staff member shall provide a report of the condition and orders relating to each patient in seclusion to each oncoming professional staff member and each oncoming direct care staff member during any change of shifts of staff, staff breaks, or at any other time a change of staff members occurs who are assigned to monitor the patient or provide supervision over the patient's care and treatment.

(d) Each center's policies and procedures for use of patient restraints and seclusion of patients pursuant to K.S.A. 59-29c11, and amendments thereto, may authorize the use of restraints or seclusion for a period not exceeding two hours without review and approval by the clinical director or designee, a physician, or a psychologist, if the following requirements are met:

(1) The use of restraints as necessary for a patient who is likely to cause physical injury to self or others without the use of restraints;

(2) the use of restraints when needed primarily for examination or treatment of the patient, or to ensure the patient's healing process of a medical condition; or

(3) the use of seclusion as part of a treatment methodology that calls for time out when the patient is refusing to participate in treatment or has become disruptive of a treatment process for the patient or other patients.

(e) Each center that uses seclusion, restraints, and safety intervention programs shall develop and implement policies and procedures that require documentation, staff training, and procedures for appropriate use of seclusion, restraints, and safety intervention programs, including the following:

- (1) The forms of restraints used at the center;
- (2) the name of the safety intervention program used at the center;
- (3) documentation that each staff member and volunteer authorized to use seclusion, restraints and the safety intervention program has been trained on appropriate and safe use of seclusion, and on each form of restraints, and the safety intervention program used by the center;
- (4) specific criteria for use of seclusion, restraints, or the safety intervention program used at the center;
- (5) documentation of staff members authorized to approve the use of seclusion, restraints or the safety intervention program used at the center;
- (6) documentation of staff members authorized and qualified to administer or apply seclusion, each form of restraints, or the safety intervention program used at the center;
- (7) the procedures for application or administration of seclusion, each form of restraints, or the safety intervention program used at the center;
- (8) the procedures for monitoring any patient placed in seclusion, each form of restraints, or the safety intervention program used at the center;
- (9) the procedures for immediate, continual review of restraints placements for each form of restraints used at the center;
- (10) the procedures for immediate, continual review for each use of seclusion or the safety intervention program used at the center;
- (11) the procedures for assignment of staff members and reports that must occur between staff members to provide for continuation of required monitoring and supervision of care and treatment for each patient in restraints or seclusion during shift changes of staff, staff breaks, or at any other time a change of staff members occurs;

(12) the procedures for safe removal of each form of restraints used at the center;

(13) the procedures for safe cessation of seclusion or the safety intervention program used at the center; and

(14) the procedures for comprehensive recordkeeping and tracking of all incidents involving the use of seclusion, restraints, or the safety intervention program used at the center.

(Authorized by and implementing K.S.A. 39-2004; effective, T-26-2-16-24, Feb. 16, 2024; effective, T-26-6-10-24, June 10, 2024; effective June 28, 2024.)

***** Authenticated Kansas Administrative Regulation *****