§72315. Nursing Service - Patient Care.

... (b) Each patient shall be treated as individual with dignity and respect and shall not be subjected to verbal or physical abuse of any kind.

§72319. Nursing Service--Restraints and Postural Supports.

(a) Written policies and procedures concerning the use of restraints and postural supports shall be followed.

(b) Restraints shall only be used with a written order of a physician or other person lawfully authorized to prescribe care. The order must specify the duration and circumstances under which the restraints are to be used. Orders must be specific to individual patients. In accordance with Section 72317, there shall be no standing orders and in accordance with Section 72319(i)(2)(A), there shall be no P.R.N. orders for physical restraints.

(c) The only acceptable forms of physical restraints shall be cloth vests, soft ties, soft cloth mittens, seat belts and trays with spring release devices. Soft ties mean soft cloth which does not cause abrasion and which does not restrict blood circulation.

(d) Restraints of any type shall not be used as punishment, as a substitute for more effective medical and nursing care, or for the convenience of staff.

(e) No restraints with locking devices shall be used or available for use in a skilled nursing facility.

(f) Seclusion, which is defined as the placement of a patient alone in a room, shall not be employed.

(g) Restraints shall be used in such a way as not to cause physical injury to the patient and to insure the least possible discomfort to the patient.

(h) Physical restraints shall be applied in such a manner that they can be speedily removed in case of fire or other emergency.

(i) The requirements for the use of physical restraints are:

(1) Treatment restraints may be used for the protection of the patient during treatment and diagnostic procedures such as, but not limited to, intravenous therapy or catheterization procedures. Treatment restraints shall be applied for no longer than the time required to complete the treatment.

(2) Physical restraints for behavior control shall only be used on the signed order of a physician or other person lawfully authorized to prescribe care, except in an emergency which threatens to bring immediate injury to the patient or others. In such an emergency an order may be received by telephone, and shall be signed within 5 days. Full documentation of the episode leading to the use of the physical restraint, the type of the physical restraint
used the length of effectiveness of the restraint time and the name of the individual applying such measures shall be entered in the patient’s health record.

(A) Physical restraints for behavioral control shall only be used with a written order designed to lead to a less restrictive way of managing, and ultimately to the elimination of, the behavior for which the restraint is applied. There shall be no PRN orders for behavioral restraints.

(B) Each patient care plan which includes the use of physical restraint for behavior control shall specify the behavior to be eliminated, the method to be used and the time limit for the use of the method.

(C) Patients shall be restrained only in an area that is under supervision of staff and shall be afforded protection from other patients who may be in the area.

(j) When drugs are used to restrain or control behavior or to treat a disordered thought process, the following shall apply:

(1) The specific behavior or manifestation of disordered thought process to be treated with the drug is identified in the patient’s health record.

(2) The plan of care for each patient specifies data to be collected for use in evaluating the effectiveness of the drugs and the occurrence of adverse reactions.

(3) The data collected shall be made available to the prescriber in a consolidated manner at least monthly.

(4) PRN orders for such drugs shall be subject to the requirements of this section.

(k) “Postural support” means a method other than orthopedic braces used to assist patients to achieve proper body position and balance. Postural supports may only include soft ties, seat belts, spring release trays or cloth vests and shall only be used to improve a patient’s mobility and independent functioning, to prevent the patient from falling out of a bed or chair, or for positioning, rather than to restrict movement. These methods shall not be considered restraints.

(1) The use of postural support and the method of application shall be specified in the patient’s care plan and approved in writing by the physician or other person lawfully authorized to provide care.

(2) Postural supports shall be applied:

(A) Under the supervision of a licensed nurse.

(B) In accordance with principles of good body alignment and with concern for circulation and allowance for change of position.


HISTORY 1. Amendment of subsection (b) and Note filed 5-25-95; operative 6-26-95 (Register 95, No. 21).

s 72455. Special Treatment Program Service Unit - Abuse and Corporal Punishment.

Patients shall not be subjected to verbal or physical abuse of any kind. Corporal punishment of patients is prohibited. Patients shall not discipline other patients.

Note: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.
s 72457. Special Treatment Program Service Unit -Restraint and Seclusion.
(a) Restraint and seclusion shall only be used as emergency measures to protect the patient from injury to self or to others. Restraint and seclusion shall not be used as punishment or the convenience of the staff.
(1) Restraints may be used:
(A) For the protection of the patient during treatment and diagnostic procedures, including but not limited to, intravenous therapy, tube feeding and catheterization.
(B) To prevent infirm patients from falling out of bed or chairs or otherwise injuring themselves.
Note: Authority cited: Sections 208 (a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

s 72459. Special Treatment Program Service Unit -Acceptable Forms of Restraints.
(a) Mechanical or behavior restraints are defined as any apparatus that interferes with the free movement of a patient.
(1) Physical restraint means restraint to control an acutely disturbed person to prevent the person from causing harm to self or others. The tying of hands or feet, whether or not the person is restrained in a bed, chair or wheelchair, shall be considered a physical restraint. A physical restraint shall not be confused with a postural support as defined in Section 72319(k). Only the following types of physical restraint may be used:
(A) Soft tie consisting of cloth which prevents movements of a patient.
(B) Mittens without thumbs which are securely fastened around the wrist with a small tie.
(C) Cloth vests consisting of sleeveless cloth webbing.
(D) Belts and cuffs, which are well padded, used to control a seriously disturbed, assaultive patient.
Note: Authority cited: Sections 208 (a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

s 72461. Special Treatment Program Service Unit -Orders for Restraint and Seclusion.
(a) Restraint and seclusion shall only be used on the signed order of a physician which shall be renewed every 24 hours. In a documented case of emergency, which threatens to bring immediate injury to the patient or others, a restraint may be applied, and a physician shall give an order for application of the restraint within one hour. A physician may give the order by telephone. In such an event, the physician shall sign the order within 5 days.
(b) A daily log shall be maintained in each facility exercising behavior restraint and seclusion indicating the name of the patient for whom behavior restraint or seclusion is ordered.
(c) Full documentation of the episode leading to the behavior restraint or seclusion, the type of behavior restraint or seclusion used, the length of time that the restraint or seclusion was applied or utilized, and the name of the individual applying such measures shall be entered in the patient’s health record.
Note: Authority cited: Sections 208 (a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

s 72463. Special Treatment Program Service Unit -Restrictions on Applying Restraints and Utilizing Seclusion.
(a) In applying physical restraints, each of the following requirements shall be met in addition to those set forth in Section 72319:
(1) Careful consideration shall be given to the methods by which the restraints may be speedily removed in the event of fire or other emergency.
(2) Patients placed in restraint shall be observed by qualified treatment personnel at least every half hour. This observation shall be noted and initialed in the patient's health record following each observation.
(3) Each individual program plan authorizing restraint shall specify the behavior to be modified, the method to be used, the schedule for use of the method, the person responsible for the program and the effectiveness of the modality in attaining stated objectives.
(4) Opportunity for motion and exercise shall be provided for a period of not less than ten minutes during each two hours in which restraint is applied. The exercise periods shall be documented in the patient’s record.

(b) In utilizing seclusion each of the following requirements shall be met:
(1) Patients placed in seclusion shall be observed by qualified treatment personnel at least every half hour. This observation shall be noted and initialed in the patient's health record.
(2) Each individual program plan authorizing seclusion shall specify the behavior to be modified, the method to be used, the schedule for use of the method, the person responsible for the program and the effectiveness of the modality in attaining stated goals.
(3) Opportunity for motion and exercise shall be provided for a period of not less than ten minutes during each two hours in which seclusion is applied. The exercise periods shall be documented in the patient’s record.

(c) Medication shall not be used as punishment, as a substitute for a program or for the convenience of staff.

Note: Authority cited: Sections 208 (a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§72523. Patient Care Policies and Procedures.
...(c) Each facility shall establish and implement policies and procedures, including but not limited to:
...(2) Nursing services policies and procedures which include:
...(E) Conditions under which restraints are used, the application of restraints, and the mechanism used for monitoring and controlling their use.
Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§72527. Patients' Rights.
...(a) ... Patients shall have the right:
...(5) To receive all information that is material to an individual patient’s decision concerning whether to accept or refuse any proposed treatment or procedure. The disclosure of material information for administration of psychotherapeutic drugs or physical restraints or the prolonged use of a device that may lead to the inability to regain use of a normal bodily function shall include the disclosure of information listed in Section 72528(b).
...(9) To be free from mental and physical abuse.
...(23) To be free from psychotherapeutic drugs and physical restraints used for the
purpose of patient discipline or staff convenience and to be free from psychotherapeutic
drugs used as a chemical restraint as defined in Section 72018, except in an emergency
which threatens to bring immediate injury to the patient or others. If a chemical restraint is
administered during an emergency, such medication shall be only that which is required to
treat the emergency condition and shall be provided in ways that are least restrictive of the
personal liberty of the patient and used only for a specified and limited period of time.

s 72541. Unusual Occurrences.
Occurrences such as epidemic outbreaks, poisonings, fires, major accidents, death from
unnatural causes or other catastrophes and unusual occurrences which threaten the
welfare, safety or health of patients, personnel or visitors shall be reported by the facility
within 24 hours either by telephone (and confirmed in writing) or by telegraph to the local
health officer and the Department. An incident report shall be retained on file by the facility
for one year. The facility shall furnish such other pertinent information related to such
occurrences as the local health officer or the Department may require. Every fire or
explosion which occurs in or on the premises shall be reported within 24 hours to the local
fire authority or in areas not having an organized fire service, to the State Fire Marshal.