


<p>STATE OF ALASKA DEPARTMENT OF CORRECTIONS</p>  <p>POLICIES & PROCEDURES</p>	SECTION: Health And Rehabilitation Services		PAGE: Page 1 of 12
	CHAPTER: 807	NUMBER: 807.03	P&P TYPE: Public
	TITLE: Therapeutic Seclusion and Restraint		
	APPROVED BY:  Jennifer Winkelman, Acting Commissioner		DATE: 07/15/2022
ATTACHMENTS / FORMS: (A.) Therapeutic & Medical Restraint Order/Release Form (B.) Therapeutic Seclusion Order/Release Form		AUTHORITY / REFERENCES: AS 33.30.011 22 AAC 05.120 NCCHC Standards for Health Services in Prisons P-G-01 NCCHC Standards for Health Services in Jails J-G-01	

DISCUSSION:

The Alaska Department of Corrections (DOC) is committed to improving prisoner and staff safety while reducing therapeutic restraints and seclusion. This shall be accomplished by:

- I. Respecting the dignity of all prisoners under the Department’s care.
- II. Prohibiting the use of seclusion and therapeutic restraint as a means of coercion or punishment, for the convenience of staff, or when less restrictive alternatives to manage behaviors are available.
- III. Raising staff awareness of the unintended effects that may result from seclusion and restraint (e.g., emotional trauma, risk of harming the therapeutic relationship, or physically harming prisoners or staff) and that non-physical interventions are preferred;
- IV. Limiting the use of seclusion or therapeutic restraint to situations that require emergent mental health care.
- V. Discontinuing the use of seclusion or therapeutic restraint as soon as it is safe to do so.

POLICY:

- I. It is the policy of the Department of Corrections (DOC) to have in place procedures to provide guidance and direction to staff that are responsible for assessing, administering, and monitoring the use of seclusion and restraints for therapeutic interventions while maintaining the prisoner’s dignity and protecting the safety of the prisoner and DOC staff.
- II. It is the policy of the Department to only use therapeutic restraints and seclusion as an emergency measure to prevent imminent harm to the prisoner or other persons when other less restrictive alternatives are not effective or appropriate.

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APPLICATION:

This policy and procedure shall apply to all Department employees and prisoners.

DEFINITIONS:

As used in this policy, the following definitions shall apply:

Chief Mental Health Officer:

Position responsible for the oversight of behavioral health services to include mental health, substance abuse treatment and sex offender management services.

Designee:

A Mental Health Clinician (MHC), nursing staff, and/or security staff who are authorized to initiate or discontinue therapeutic restraints or seclusion.

Disruptive Behavior:

Any behavior that interferes with the daily functioning of the institution.

Health Care Staff:

A medical professional responsible for providing preventive, curative, promotional or rehabilitative health care services.

Imminent Risk of Harm:

Based on clinical judgement, there is a risk that the prisoner shall harm himself/herself and/or others without immediate intervention.

Interdisciplinary Committee:

An institutional team working together in a structured and consistent manner to encourage the prisoner to exhibit appropriate prosocial behaviors while discouraging further disruptive behaviors.

Least Restrictive Alternatives:

Treatment and conditions of treatment which, separately and in combination, are no more intrusive or restrictive of freedom than reasonably necessary to achieve a substantial therapeutic benefit or protect prisoners or others from physical injury.

Medical Provider: A physician or Advanced Practice Registered Nurse who is licensed to practice medicine in the jurisdiction in which services are provided.

Medical Restraint: The use of restraints, distinct from therapeutic restraints, used during the course of a medical treatment to prevent interruption of the treatment.

Mental Health Staff:

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A person with professional training, experience and demonstrated competence in the treatment of mental illness, emotional and behavioral issues who is a physician, psychiatrist, psychologist, social worker, masters level clinician, psychiatric nurse practitioner or other qualified person as determined by Alaska statute.

Non-Suicidal Self-Injurious Behavior:

Behavior that is unsafe and presents a substantial, continuing, and unpredictable risk but does not present as a suicide risk and does not rise to level of needing suicide precautions.

PRN:

Abbreviation meaning when necessary or as needed.

Psychiatric Provider:

A physician licensed to practice medicine in the jurisdiction in which services are provided and who has completed a fully qualified residency in psychiatry or an Advanced Practice Registered Nurse (APRN) with specialized training in the provision of psychiatric care.

Restraint:

A method that restricts freedom of movement or normal access to one's body. Examples include but are not limited to:

- A. **Ankle Restraints:** Restraints used to restrict the mobility of the prisoner's legs by encircling the ankles; may be attached to a secure anchor.
- B. **Helmet:** A lockable helmet placed on a prisoner to prevent the individual from hitting his or her head and causing injury.
- C. **Mechanical Restraints:** Restraints made of metal or high-density plastic used during movement and/or transports. Mechanical restraints shall not be substituted for therapeutic restraints.
- D. **Posey Mitts:** A mitten-like restraint used to limit a prisoner's ability to use his/her hands to engage in self-injurious behavior.
- E. **Restraint Chair:** A type of full body restraint in which the prisoner is seated with limbs secured.
- F. **Restraint Bed:** A type of full body restraint in which the prisoner is placed in four- or five-point restraints applied to immobilize a prisoner in a supine (face up) position.
- G. **Soft Restraints:** Restraints made with material such as leather, rubber or other padded or non-abrasive material.
- H. **Wrist/Waist Restraint:** Restraints in which the hands are secured to the waist in order to prevent the prisoner from causing harm to himself/herself and/or others.

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I. **Chemical Restraint:** Use of medications to aid in the management of risk of harm to self or others.

Therapeutic Restraint:

A therapeutic intervention initiated by mental health staff to safely limit a prisoner’s mobility.

Therapeutic Seclusion:

A therapeutic intervention initiated by mental health staff to reduce debilitating effects of the prison environment, provide for the safety of staff or other prisoners, and/or to minimize disruption to the therapeutic milieu.

PROCEDURES:

I. General Guidelines for Therapeutic Seclusion and Restraint:

- A. Staff shall consider what underlying physical, safety and/or social needs the prisoner’s behavior may be communicating.
- B. Staff shall consider a prisoner’s previous exposure to restraints and the prisoner’s history of trauma.
- C. Staff shall use therapeutic communication techniques, de-escalation methods, reduced stimulation, and physical presence of staff to reduce the need for therapeutic restraint.
- D. Therapeutic seclusion and restraints shall be used as a last resort intervention for prisoners presenting with behavioral issues, self-injurious behaviors, or danger to others.

II. Least Restrictive Alternatives:

Staff shall give consideration to each of the following levels of intervention when determining the least restrictive alternative to provide for the safety of the prisoner and others:

- A. Verbal counseling:
 - a. Coaching the prisoner on the use of coping skills;
 - b. Encouraging the prisoner to problem solve as an alternative response to the situation; and/or
 - c. Providing constructive feedback on the prisoner’s behavior.
- B. Removing the stimuli or the prisoner from the stimuli whenever possible.
- C. Housing a prisoner who displays symptoms of agitation in a single housing cell when the prisoner does not present as a danger to himself or herself and does not present an imminent risk of harm to others.
- D. Placing on Suicide Prevention Status when the prisoner presents an imminent risk of harm to himself or herself per DOC P&P 807.20, Suicide Prevention, and Intervention.

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- E. Psychotropic medication may be used in conjunction with any form of therapeutic intervention. The medication shall only be used for its label indication, follow national practice standards, and is ordered by a psychiatric provider based on the prisoner’s individualized mental health needs.
- F. A prisoner who continues to present with an ongoing pattern of disruptive behavior requiring use of restraints shall be referred to an Interdisciplinary Committee consisting of a lead mental health clinician, a member of the nursing staff and the Superintendent or designee, for a full case review. The committee shall discuss:
 - a. Actions mental health staff and/or security staff may take to reduce the potential need for future seclusion or restraint; and
 - b. Actions the prisoner may take to reduce the potential need for future seclusion or restraint.

III. Criteria for Initiating Therapeutic Seclusion or Restraint:

- A. The prisoner presents an imminent risk of harming himself/herself and/or others.
- B. All least restrictive alternatives have proven to be ineffective.
- C. The prisoner presents with disruptive behavior or impulse control problems for which a specific form of seclusion or restraint is part of an approved behavior management plan as determined by the Interdisciplinary Committee, or as part of a medical intervention.
- D. As needed (PRN) orders for restraints are expressly prohibited; and
- E. An uncooperative prisoner who has an order for involuntary medications may be restrained for a relatively brief period of time for the medication to be administered.
- F. An uncooperative prisoner who requires blood draws associated with involuntary medications may be restrained for a relatively brief period of time to allow for the blood to be drawn safely.
- G. During the course of a medical treatment, an intervention is needed to prevent interruption of the treatment.

IV. Use of Therapeutic Seclusion:

- A. Assessment for Therapeutic Seclusion:
 - 1. Mental health staff, nursing staff, or security designee shall assess the prisoner using the Criteria for Initiating Therapeutic Restraint and Seclusion in Procedures Section III A, B, and C above.
 - 2. Mental health staff, nursing staff, or security designee shall determine further need for therapeutic

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seclusion.

B. Authorization of Therapeutic Seclusion:

1. When a prisoner meets criteria for therapeutic seclusion, the mental health staff or designee shall place the prisoner in seclusion for a maximum of 24 hours. The order shall be documented on Attachment B, Therapeutic Seclusion Order/Release Form.
2. A prisoner requiring therapeutic seclusion longer than 24 hours shall be placed on administrative segregation and due process is required as outlined in DOC P&P 804.01, Administrative Segregation.
3. When therapeutic seclusion is part of a behavior management plan, authorization by mental health staff or designee for therapeutic seclusion is still required.

C. Placement and Monitoring of Therapeutic Seclusion:

1. The shift supervisor or mental health staff or designee shall advise the prisoner that security staff shall be placing them in therapeutic seclusion for their safety.
2. Security staff shall communicate with the secluded prisoner only as necessary. This shall include:
 - a. To perform their assigned security duties; and
 - b. To assist mental health staff and nursing staff in providing care to the secluded prisoner.
3. Observation criteria and therapeutic interventions shall be specified by the mental health staff and shall include, at minimum, a daily face to face assessment completed by nursing staff that is documented in the health record.
4. The mental health staff or designee shall conduct a mental health consultation no less than once every 24 hours during normal working days. The mental health consultation shall be documented in the health record.
5. The mental health staff or designee shall determine treatment materials, privileges and property allowances based on the prisoner's clinical condition. The mental health staff shall document these items using Attachment B, Therapeutic Seclusion Order/Release Form.
6. Staff shall closely observe the prisoner under therapeutic seclusion and report any signs of mental or physical deterioration to medical and/or mental health staff. The MHC or designee shall evaluate the prisoner and document findings in the health care record.
7. It is the responsibility of DOC staff to ensure the dignity of the prisoner is maintained, including ensuring that the prisoner has clothes, bedding and that proper hygiene is maintained.

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8. The prisoner shall have access to food, drinking water and a toilet.
9. The prisoner shall have access to medical, legal, and religious services.

D. Release From Therapeutic Seclusion:

1. Therapeutic Seclusion shall be discontinued as soon as the prisoner no longer meets criteria as outlined in Section III above. Justification for discontinuing therapeutic seclusion shall be documented using Attachment B, Therapeutic Seclusion Order/Release Form.
2. Release criteria shall be explained to the prisoner and shall be clearly attainable within a reasonable amount of time.
3. Only mental health staff or designee or shall make the decision to discontinue therapeutic seclusion.

V. Use of Therapeutic Restraints:

A. Assessment of Therapeutic Restraints:

1. Prior to authorizing a therapeutic restraint, staff shall first determine whether the situation meets criteria for therapeutic restraint or for security restraint. See DOC Policy & Procedure 1207.01 Response to Resistance.
2. The mental health staff or designee shall assess the prisoner using the Criteria for Initiating Therapeutic Seclusion and Restraint in Section III above.
3. When the mental health staff or designee determines the disruptive behavior is due to a prisoner's mental illness, mental health staff or designee shall act as the lead and determine further need for therapeutic restraints. If security determines a further need for intervention, they shall refer to DOC Policy & Procedure 1207.01 Response to Resistance.
4. Prisoners shall not be restrained in a position that could jeopardize the prisoner's health.

B. Authorization of Therapeutic Restraints:

1. When a prisoner meets criteria for therapeutic restraint:
 - a. Therapeutic restraint may be authorized by mental health staff, health care staff, or security designee when circumstances require immediate intervention to provide for the safety of the prisoner and/or staff.
 - b. An order from a psychiatric provider must be obtained within thirty (30) minutes of initiating therapeutic restraint and documented on Attachment A, Therapeutic & Medical Restraint Order/Release Form.

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2. When therapeutic restraint is part of a behavior management plan, authorization for therapeutic restraint by a psychiatric provider is still required. Mental health staff, nursing staff, security staff or designee initiating the therapeutic restraint shall contact the psychiatric provider within thirty (30) minutes of placing the prisoner in restraints to obtain an order for continuation of restraints.
3. Mental health staff, nursing staff, or security designee shall determine the specific type of restraint to be used in order to best provide for the safety of the prisoner and others in the least restrictive manner.
4. Therapeutic restraint shall be ordered for a maximum of two (2) hours based on the prisoner continuing to meet criteria. A prisoner shall be released from therapeutic restraints as soon as it is safe to do so. See Section D.4 below.
5. Preorders for restraints are expressly prohibited.

C. Authorization of Medical Restraints

1. When a prisoner meets criteria for medical restraint:
 - a. An order shall be obtained from a physician prior to placing the prisoner in the medical restraint.
 - i. Orders for restraints shall be issued by a physician based on criteria outlined in Section III above.
 - ii. Orders for medical restraints must include parameters for removal of restraints.
 - b. Medical restraint may be initiated by health care staff or security designee when circumstances require immediate intervention to provide for the safety of the prisoner and/or staff.
 - i. An order from a physician must be obtained within thirty (30) minutes of initiating medical restraint.
2. Use of medical restraint shall only be initiated in a medical infirmary after documented less restrictive alternatives have been considered.
3. Medical restraints shall not be used on prisoners with decision making capacity except in the setting of self-injurious behavior.
4. When medical restraints are used on prisoners who are incapacitated or who lack capacity to understand the risks of non-cooperation (i.e. a patient with dementia pulling at IVs or drain tubes essential to a recovery process, or a cognitively impaired patient with fall risks attempting to get out of bed unsupervised), restraints may only be used for the duration of the treatment and must be

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removed when the treatment or medical device is not in place.

5. When medical restraint is part of an Interdisciplinary Committee behavior management plan, authorization for medical restraint by a physician is still required. Health care staff, security staff or designee initiating the medical restraint shall contact the ordering physician within (30) minutes of placing the prisoner in restraints to obtain an order for continuation of restraints.
6. A medical provider shall determine the specific type of restraint to be utilized in order to best provide for the safety of the prisoner and others in the least restrictive manner.
7. Medical restraints shall be ordered for a maximum of two (2) hours based on the prisoner continuing to meet criteria. A prisoner shall be released from medical restraints as soon as it is safe to do so. See Section F below.
8. Orders to continue medical restraints beyond two (2) hours must include: offer of food and water, offer toilet, repositioning, adjustment of restraints, range of motion exercises, and skin integrity checks every two hours.
9. Medical restraints may not be renewed for more than six (6) consecutive hours. If a prisoner meets criteria to remain in medical restraints longer than six (6) hours, approval from the Chief Medical Officer or designee is required.
10. Medical restraints shall not be applied to a prisoner's limb affected with a fracture, hemiparesis, or AV shunt.
11. Preorders for restraints are expressly prohibited.
12. Unless otherwise specified, medical restraints shall be used consistent with the remainder of this policy as well as other DOC restraint policies and procedures.

D. Placement and Monitoring of Therapeutic Restraints:

1. The shift supervisor, mental health staff or designee shall advise the prisoner that security staff shall be placing them into therapeutic restraints for their safety.
2. Security staff shall communicate with the restrained prisoner only as necessary. This shall include:
 - a. Performing their assigned security duties;
 - b. Applying restraints; and
 - c. Assisting mental health staff and nursing staff in providing care to the restrained prisoner.
3. Once the prisoner is restrained, the shift supervisor or designee or mental health staff or designee shall

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advise the prisoner that he/she must maintain calm behavior for thirty (30) continuous minutes to be released from restraints. Any additional release criteria shall be communicated to the prisoner.

4. Health care staff or security staff must observe prisoners in therapeutic restraints at least every fifteen (15) minutes. Staff shall perform face-to-face checks and record observations on Form 602.01A Observation Cumulative.
5. Health care staff or Correctional Officer II or higher shall check the prisoner every thirty (30) minutes for circulation, proper restraint fit and to conduct range of motion exercises. These checks are recorded on Form 602.01A Observation Cumulative.
6. Health care staff shall take vital signs of prisoners under restraint at one (1) hour intervals. Vital signs shall be documented on Form 602.01A Observation Cumulative.
7. Staff shall closely observe the prisoner under therapeutic restraint and report any signs of mental or physical deterioration to medical and/or mental health staff.
8. Mental health staff or designee shall review and counsel the prisoner in therapeutic restraints at least once per hour.
9. For prisoners placed in restraints, fluids shall be offered every hour, or more often as needed. Bathroom accommodations shall be offered at least every two hours. Security staff shall apply mechanical restraints during movements until the therapeutic restraints are reapplied. Prisoners who remain cooperative during movement for bathroom breaks shall be released from therapeutic restraints. Food and fluids shall be offered and documented on Form 602.01A Observation Cumulative.
10. Any adjustment or removal of restraints requires a minimum of two (2) security staff to be present.
11. DOC staff shall ensure the dignity of the prisoner is maintained as much as possible. This includes having the prisoner fully clothed or wearing a suicide smock prior to being placed in therapeutic restraints. If this is not possible prior to be placed in restraints the prisoner shall be covered by a suicide blanket whenever possible.
12. Health care staff, if not on duty when a prisoner is placed in restraints, shall examine the prisoner, and review the Form 602.01A Observation Cumulative immediately, or as soon as practical, after coming on duty. This examination occurs whether the prisoner remains in therapeutic restraints or has been released from therapeutic restraints. Examination of the prisoner following release from restraints shall be documented in the prisoner's health record.
13. If, after two (2) hours in therapeutic restraints, the prisoner continues to meet criteria, a new therapeutic restraint order must be obtained from the psychiatric provider.
14. Therapeutic restraints may not be renewed more than six (6) consecutive hours. If a prisoner meets criteria to remain in therapeutic restraints longer than six (6) hours, approval from the Chief Mental

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Health Officer or designee is required.

15. Medical restraints ordered by a medical provider shall be monitored by health care staff and security as outlined above. Restraints ordered by a medical provider must include specific parameters for removal of restraints.

E. Restraint Bed:

1. Prisoners shall be restrained on a restraint bed in a supine (face up) position.
 - a. Health care staff may determine the supine position is medically contraindicated and recommend an alternative restraint method or bed placement position. In such cases health care staff shall advise the Shift Supervisor of the alternate recommendations.
2. Prisoners shall be in at least four-point restraints while in a restraint bed, except when less restraint or no restraint has been ordered by a psychiatric provider or is deemed appropriate by a Shift Supervisor for the provision of meals and toileting.
3. Prisoners shall be restrained only in designated restraint beds housed within the infirmary or acute mental health units.

F. Restraint Chair:

1. Staff may use a restraint chair only in the following circumstances:
 - a. To prevent a prisoner from imminent risk of self-harm when less restrictive interventions have proven unsuccessful.
 - b. To transport a highly assaultive or out-of-control prisoner within the facility or to offsite locations as necessary.
 - c. For temporary medical purposes or procedures (e.g., administration of involuntary medication or involuntary blood draws) when the prisoner's behavior poses a threat to the safety of the prisoner or staff and upon approval of the psychiatric provider.
 - d. As a temporary measure to relieve a prisoner who has been confined to a bed restraint for an extended period of time.

G. Release From Therapeutic Restraints:

1. Only health care staff (for medical restraints), mental health staff or designee shall make the decision to remove therapeutic restraints.
2. Therapeutic restraints shall be removed as soon as the prisoner no longer presents an imminent risk of

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harm to himself/herself or others. The justification of release shall be documented on Attachment A, Therapeutic & Medical Restraint Order/Release Form.

3. An episode of therapeutic restraint is considered terminated after thirty (30) minutes of calm behavior while in restraints. Release criteria must be understood by the prisoner and clearly attainable in a reasonable amount of time. At the end of the thirty (30) minute timeframe the prisoner's status should be reviewed by a MHC or designee to determine the prisoner is able to be released from restraints.
4. Security Staff shall remove all straps under the supervision of health care staff whenever possible. If health care staff are not available, the Shift Supervisor shall supervise this process and health care staff shall follow up with the prisoner at the beginning of their next shift.
5. Health care staff shall examine the prisoner upon release from therapeutic restraints. In facilities without 24-hour health care, health care staff shall examine the prisoner at the beginning of the next shift. Examination shall be documented in the health record.

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