

PROGRAM PARTICIPANT SERVICES

SECTION: CARE/SERVICES

SUBJECT: RESTRAINT & SECLUSION

REFERENCE: 5.8.1

POLICY:

NFI programs utilize preventive and crisis intervention procedures (Safety Plans- see Policy 5.4.0) to mitigate the use of seclusion and restraint. However, seclusion or restraint may be necessary in particular situations and used as a last resort, after less restrictive interventions fail to control the situation. Designated staff are trained in the NAFI/NFI SAFE model (Safe Alternatives for Everyone). The SAFE curriculum includes specific de-escalation techniques, defense maneuvers, and physical restraint. Any recommended updates or changes to the NAFI/NFI guidelines are reviewed and approved by the designated NAFI/NFI SAFE Committee.

USE OF RESTRAINT

1. Physical handling of program participants is only allowed when a program participant is dysregulated to the degree that they are presenting a substantial danger to self or others. “Substantial danger” should be clearly defined for all staff to inform decisions about the use of restraint. On these occasions, qualified staff trained in the NAFI/NFI approved SAFE curriculum may need to physically contain/restrain the program participant.
2. When restraining a program participant, staff follow the NAFI/NFI SAFE guidelines for intervention, processing, documentation and debriefing.
3. As in all other aspects of the program, program participant safety and that of others is of paramount importance and staff are expected to take appropriate precautions/steps whenever a potentially dangerous situation occurs. In the event that a program participant becomes physically confrontational, staff are expected to protect themselves by utilizing the defensive maneuvers outlined in the NAFI/NFI SAFE curriculum.
4. Each program must document incidents involving physical restraint by completing a critical incident report in Evolv within 24 hours of the incident which will be reviewed by the Program Director and the Regional Director and may require additional State reporting.
5. Following a critical incident that requires the use of restraint, the NAFI/NFI approved post restraint protocols will be followed pertaining to notification and debriefing.

This may include contacting the parent/guardian, DCF district and licensing authority (if applicable).

USE OF SECLUSION:

NFI Vermont programs do not use seclusion when commonly defined as “the confinement of a program participant alone in a room”. However, the Vermont Agency of Education (AOE) defines seclusion as the confinement of a program participant alone in a room or area from which the program participant is prevented or “reasonably believes he or she will be prevented from leaving” the room/space. This would include situations, for example, where school staff monitor an open doorway while a student is in a self-care space. As such, NFI schools are the only programs where seclusion is considered to be used. Similar to restraint, seclusion is used when a program participant poses a substantial danger to self or others and can only be used if physical restraint is contraindicated or has failed or would be ineffective in stopping substantial danger.

1. As in all other aspects of the program, program participant safety and that of others is of paramount importance and staff are expected to take appropriate precautions/steps whenever a potentially dangerous situation occurs. In the event that a program participant becomes physically confrontational, staff are expected to protect themselves by utilizing the defensive maneuvers outlined in the NAFI/NFI SAFE curriculum.
2. Consult the student’s safety plan to determine if seclusion is contraindicated. If seclusion is used, the following conditions must be met: The program participant is visually monitored at all times and the space in which the program participant is secluded is large enough to permit safe movement; is adequately lit, heated and ventilated; is free of sharp or otherwise dangerous objects and is in compliance with all fire and safety codes. When possible, the staff member monitoring the seclusion should remain in the room or with the door ajar.
3. During times when restraint cannot be used (as in the case of the COVID-19 pandemic), seclusion may be the optimal and safest intervention when risk of injury is imminent.
4. Following a critical incident that requires the use of seclusion, the NAFI/NFI post restraint protocols will be followed pertaining to notification and debriefing.

Per DCF and AOE Rule 4500, all incidents of restraint or seclusion must be reported.

For any DCF youth, the use of restraint or seclusion must be documented within 24 hours by staff members directly involved in the incident and reported to the Program Manager and DCF FSW.

In accordance with established program rules, video surveillance will be preserved. Upon request, the Contractor will provide accurate and factual descriptions of incident(s) captured on video.

- i. Regardless of time of day, the program shall report incidents of restraints or seclusion of any DCF youth directly to DCF Program Manager and Family Services Worker.

*This is required in addition to reporting to AOE for in-school incidents of restraint or seclusion.

- ii. Restraints and seclusions for all DCF youth will be reported using the Restraint & Seclusion Form (Attachment M) to AHS.DCFFSDSSU@vermont.gov.

A. For additional school specific reporting protocols see AOE Rule 4503.

Revised 11/22/22 and 6/24/25. Reference VT State Board of Education Rule 4500, Licensing regulations and updated AHS/DCF Contract Amendment #3 (effective 7/1/25). Senior Mgmt reviewed 3/22.

Reviewed and Approved by NFI Vermont Board of Directors 11/8/06, 6/12/23 and 9/16/25.

5.8.1

NAFI/NFI Agency Wide SAFE Committee Statement of Purpose

NAFI/NFI recognizes the importance of providing a safe and supportive environment of care for the people served by the organization as well as for the employees that work within the organization. As a part of this, NAFI/NFI understands the critical nature of the strategies we employ to help prevent as well as intervene safely in instances when an individual becomes behaviorally escalated to the point where theirs and others' safety and well-being is at risk. In recognition of this the organization developed and maintains a crisis management curriculum known as SAFE, Safe Alternatives for Everyone. This curriculum has been approved and vetted by the organization as well as multiple licensing and accrediting bodies across the organization and throughout multiple jurisdictions.

To assure best practices and fidelity to the model NAFI/NFI has created an Agency Wide SAFE Committee. The committee fulfills an important function in support of individuals served by the organization by working across NAFI/NFI to ensure the integrity of the curriculum as well as a structured approach for updates and modifications to practice.

The committee performs the following functions on behalf of the organization:

- Reviews, maintains, modifies, (as appropriate) and approves agency wide standards for the physical management components of the Agency's SAFE training.
- Shares information to codify best practices in the area of de-escalation.
- Ensures each region/corporation has a practice to identify and support the use of Instructor Trainers.
- Provides technical assistance and support as needed to regions and corporations

Committee Framework: The following represent the practices under which the NAFI/NFI SAFE committee operates:

1. Each Corporation/Region of NAFI/NFI shall appoint no more than 2 but no less than 1 representative to serve on the committee.
2. The Agency's Risk Management Director will also serve as a committee member.
3. The Committee will be co-chaired by two representatives who are identified by the Agency's Executive Leadership Team.
4. The Committee will meet at a minimum of annually or more frequently as determined to review fidelity to the physical management component of the SAFE model within each region and to consider any updates or changes in the physical management elements of the SAFE Curriculum.
5. The committee engages the Medical Director or their designee to review the curriculum on a periodic basis, but not less than every three years to review the curriculum.
6. Any changes to the curriculum that are contemplated by the Committee will require review and approval by the Agency's Medical Director or their designee.
7. Any changes to the curriculum contemplated will receive feedback from the Agency's risk management department.
8. As a guiding principle the committee strives to achieve any decisions by consensus.
9. The Committee shall work collaboratively to support the training and development needs of each part of the organization.