

Parents! Important changes to use of isolation & restraint in schools

What is new

SHB 1795: Bans dangerous types of restraint; adds limits for isolation and states intent of eliminating isolation by 2031

- Restraint can't interfere with breathing or blood flow.
- Handcuffs, zip ties, sprays (mechanical restraint), and misuse of medication (chemical restraint) cannot be used.
- No new isolation rooms can be built.
- Isolation cannot be a planned response in a student safety plan.
- Parents cannot be pressured to agree to restraint in a safety plan. They must request it and medical necessity must be documented.
- Harm refers to people - not property.
- Laws also apply to private programs that have been contracted to provide public school services.

What continues

IMPORTANT: Restraint and isolation are already restricted

- Parents should always be informed!
- **"Imminent"** - These practices should only happen if there is **high risk of serious harm very soon**. Once immediate danger is over, both must end.
- School staff, parents and the student must meet to discuss the incident and review what support is needed.
- Isolation is forced; it is restricting a student alone in a room or enclosure, from which they cannot leave. It is not use of a calming space from which they are free to leave.



What is restraint?

Physical intervention or force used to control or restrict freedom of movement.

What is isolation (also called seclusion)? Restricting a student alone within a room or any other form of enclosure, from which the student may not leave.

- To isolate a child, staff typically first restrains them.
- Isolation is NOT use of calming spaces where a child is free to leave, or when staff is doing 1:1 positive behavior support.

When are these permitted? Only when necessary to control spontaneous behavior that poses an imminent likelihood of serious harm.

- Imminent: Being likely to happen at any moment.
- Likelihood of serious harm: substantial risk that physical harm will be inflicted by a student upon themselves or another.

Why are there concerns?

- These practices are used when students are in distress and often highly dysregulated, already in flight or fight mode
- They do not support co-regulation, safety, trust, or positive relationship building. They send dysregulated children deeper into distress
- They trigger escalating cycles of dysregulation, traumatizing the child, staff, and students who witness removals. Using restraint and isolation triggers MORE restraint and isolation
- They indicate a pattern of failure to support the child with the skill building, environmental modifications, or communication or other support needed
- They cause the child nightmares, school refusal, suicidal thoughts, depression, and anxiety that last well into adulthood. Repeated cycles lead to complex PTSD. Restraint use has been shown to impair relationships into adulthood because of eroded trust and startle to touch.
- They injure people. In 2023, restraint resulted in 420 injuries to students and 1,836 to staff; isolation resulted in 182 injuries to students and 621 to staff.
- They are expensive, resulting in higher cost for insurance premiums, workers compensation, and staff turnover

Most impacted:

- Students with disabilities (93% of incidents; 84% of distinct students)
- Young students in preschool, kindergarten, and grades 1-5
- Students who are Black, American Native or Alaskan Native, and or multi-racial
- Students in foster care and students experiencing homelessness.

In 2024: 3,992 distinct public school students were involved in at least one restraint or isolation incident, pre-K to grade 12. There were **22,752 incidents**