ESHB 1795—Changes to Restraint & Isolation Requirements

Frequently Asked Questions

Background and Purpose

The Office of Superintendent of Public Instruction (OSPI) is committed to ensuring that all students in Washington state have equitable access to education, as guaranteed by the Washington State Constitution, and to supporting learning environments that are inclusive, responsive, and reflective of the diverse strengths and needs of students and communities across the state. The Student Engagement and Special Programs Division and the Special Education Division have received numerous questions related to changes to restraint and isolation requirements made by ESHB 1795 effective June 11, 2026 (as now codified under RCW 28A.600.485). This Frequently Asked Questions (FAQ) document provides clarity and practical guidance on these changes to requirements.

As additional information is known, we will update this document with further guidance.

Sections of this FAQ document

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New and Updated Definitions

1. How did ESHB 1795 change the definitions of restraint?

RCW 28A.600.485(10) now defines restraint and its subtypes, chemical, mechanical, and physical restraint. The following definitions are based on RCW 28A.600.485(10); see the statute for the exact legal text.

Term	Definition	Key Changes
Restraint	"Restraint" includes chemical restraint, mechanical restraint, and physical restraint.	Redefined

Term	Definition	Key Changes
Chemical restraint	"Chemical restraint" means a drug or chemical administered by a staff member to a student to control behavior or restrict freedom of movement, that is not: (i) prescribed by a licensed health professional for the standard treatment of a student's medical or psychiatric condition; (ii) administered by a licensed health professional, or by a designated staff member delegated and trained under RCW 28A.210.260; or (iii) administered in accordance with the student's medical or psychiatric treatment plan.	**Prohibited*** Newly defined term.
Mechanical restraint	"Mechanical restraint" means staff member use of a device to restrict a student's freedom of movement. It does not include a device used by a staff member or student: (i) as prescribed by a licensed health professional; (ii) as documented in a student's IEP under Part B of the federal Individuals with Disabilities Education Act, or a Section 504 plan; or (iii) for a specific therapeutic, orthopedic, or medical purpose, when used for its designed purpose. It also does not include vehicle safety restraints used as intended during transport.	**Prohibited*** Newly defined term.
Physical restraint	"Physical restraint" means physical contact by one or more staff members that immobilizes or reduces the ability of a student to move the student's arms, legs, torso, or head freely. "Physical restraint" does not include chemical restraint, mechanical restraint, physical escort, or physical prompt.	Newly defined as its own term, with specific exclusions.

* Prohibited as described in RCW 28A.600.485(3)(c)

2. What is the "imminent likelihood of serious harm" standard, and how did it change?

Per RCW 28A.600.485(3), restraint or isolation of any student is permitted only when reasonably necessary to control spontaneous behavior that poses an imminent likelihood of serious harm to the student or to another person, such as another student or staff member. Before ESHB 1795, this standard was not defined in state education law and was instead linked to a separate statute about behavioral health disorders. RCW 28A.600.485(10) now defines both "imminent" and "likelihood of serious harm."

Term	Definition	Key Changes
Imminent	The state or condition of being likely to occur at any moment or near at hand, rather than distant or remote.	Unchanged.
Likelihood of serious harm	A substantial risk that: (i) harm will be inflicted by the student upon his or her own person, as evidenced by threats or attempts to commit suicide or inflict harm on oneself; or (ii) harm will be inflicted by the student upon another, as evidenced by behavior that places another person in reasonable fear of sustaining such harm.	Specific language was added about evidence of risk. Risk of harm to property is no longer included. This means neither restraint nor isolation is permitted in response to behavior that poses a risk of harm to property alone.

Changes in Requirements for Restraint and Isolation

3. What forms of restraint are now prohibited?

Under RCW 28A.600.485(3)(c), staff of any school district or other provider of public educational services are explicitly prohibited from using any of the following on any student:

- Mechanical restraint
- Chemical restraint
- Prone restraint
- Supine restraint
- Wall restraint
- Any other physical restraint or physical escort that is life-threatening, restricts blood flow to the brain, or restricts breathing (such as a spit hood or other covering placed over a student's head).

4. Can districts still use isolation rooms or calming spaces?

RCW 28A.600.485(8) prohibits districts and other providers from designing, constructing, remodeling, reconfiguring, repurposing, or otherwise establishing any new room or enclosed area for the primary purpose of student isolation, regardless of how the space is labeled. Districts may still create calming spaces for voluntary student use, as well as safe places for the temporary removal of a student to implement a positive behavior intervention plan. These uses are not isolation unless, during the student's time in the space, staff take an action that causes the student to be in isolation as defined in RCW 28A.600.485(10)(c). ESHB 1795 does not expressly order districts to close existing isolation rooms, and an existing room or temporary safe space may be used to remove a student whose behavior meets the threshold of imminent

likelihood of serious harm. However, if at any time the student is restricted alone in that space and the definition in RCW 28A.600.485(10)(c) is met, this is still isolation and all related requirements must be met.

For new limitations on isolation practices for students eligible for special education services, see Questions 10 and 17.

5. What is a "separation," and what are the new reporting requirements?

A "separation" is the use of a nonpermanent, removable material or barrier within an instructional setting to temporarily separate a student from the rest of the setting for a short period, in order to address privacy concerns. It applies when a student engages in behavior, such as disrobement, that both raises significant privacy concerns and substantially affects the ability to maintain a safe learning environment for all students. The barrier must still allow instructional or support staff to monitor the student. A separation must be reported as a separation.

Although it is not defined as isolation, it triggers the same follow-up and reporting requirements that apply to restraint or isolation under RCW 28A.600.485 including:

- Reviewing the incident with the student, parent/guardian, and involved staff member;
- Completing the required incident report within the required timeline;
- Providing parent/guardian notification; and
- Including the incident in required reporting, consistent with OSPI reporting instructions.

OSPI is currently updating its CEDARS system to add "separation." This will not be available until the 2027–28 school year. All other incident follow-up and reporting requirements are unchanged.

Expanded Coverage of Requirements

6. Who must follow the restraint and isolation requirements?

ESHB 1795 expanded who is covered by the restraint and isolation requirements. Previously, the requirements were framed around school districts. The law now applies to school districts and other providers of public educational services. Under RCW 28A.600.485(10)(i), a "provider of public educational services" means any entity that directly operates, or provides educational services under contract to, an elementary or secondary school program that receives public funds from OSPI. This includes:

- School districts;
- Public schools as defined in RCW 28A.150.010;
- Educational service districts (ESDs);
- Institutional education providers as defined in RCW 28A.190.005;
- A public agency or private entity providing educational services under contract with any other provider of public educational services;

- Authorized entities (charter schools) as defined in RCW 28A.300.690
- Providers of services in accordance with Part B of the federal Individuals with Disabilities Education Act; and
- The state school for the blind and the center for deaf and hard of hearing youth.

The requirements do not apply to licensed or certified health professionals of inpatient health care facilities.

7. Do the requirements apply to school resource officers?

Yes, incidents involving a school resource officer trigger the same follow-up and reporting requirements. Nothing in the law prohibits a school resource officer, as defined in RCW 28A.320.124, from carrying out the lawful duties of a commissioned law enforcement officer.

Other Definition Changes

8. What other new terms did ESHB 1795 define?

ESHB 1795 added several other definitions to RCW 28A.600.485 that were not in the prior law. These help clarify the boundaries of what does and does not constitute restraint, and who is covered by the requirements.

The following definitions are based on RCW 28A.600.485(10); see the statute for the exact legal text.

Term	Definition
Physical escort	The temporary touching or holding of a student's hand, wrist, arm, shoulder, or back by a staff member for the purpose of directing the student to a safe or otherwise appropriate location. Physical escort is not physical restraint.
Physical prompt	A teaching technique used by a staff member that involves voluntary physical contact with a student for the purpose of enabling the student to learn or model the physical movement necessary for the development of a desired competency. Physical prompt is not physical restraint.
Staff member	An employee or contractor of a school district or other provider of public educational services. "Staff member" does not include licensed or certified health professionals of inpatient health care facilities.
Students	Children and youth served by a school district or other provider of public educational services. "Students" does not include children served in early childhood education and assistance programs (ECEAP) established under chapter 43.216 RCW or federal Head Start programs.

9. For a student who requires the use of a device to achieve a healthy body position, balance, and/or alignment, is that device considered a restraint?

No. According to RCW 28A.600.485(10)(e), "mechanical restraint" does not include a device used by a staff member or a student for a specific therapeutic, orthopedic, or medical purpose, when used for its designed purpose. It also does not include vehicle safety restraints used as intended during the transport of a student in a vehicle. These exclusions apply to all students, not only those with an IEP or 504 plan.

Changes to Restraint & Isolation Requirements for Students Eligible for Special Education Services

10. If a student's individual needs require more specific advanced educational planning, what must the IEP include?

A *crisis de-escalation and safety protocol* (CDSP)[1] can be developed if the parent and the school district determine that a student requires advanced educational planning under RCW 28A.600.485. The CDSP describes practices, which may include restraint, to be used in the case of emergencies that pose an imminent likelihood of serious harm. It must also include the preventative crisis de-escalation strategies, not including restraint, that will be used to support the student's de-escalation. A CDSP cannot be developed without an accompanying behavioral intervention plan (BIP). When developed for a student eligible for special education services, both the CDSP and BIP become part of the IEP.

The parent must always consent to the CDSP in advance before it can be adopted. In addition, if the CDSP includes the use of restraint, there must be documentation of the parent's request for its use, a licensed health care provider must document in writing that restraint is medically necessary, and the parent or guardian must provide informed, voluntary written consent.

The use of isolation, as defined by RCW 28A.600.485, as a planned behavior intervention within any CDSP is prohibited under WAC 392-172A-02105.

11. Are districts required to immediately revise all Emergency Response Protocol to meet the requirements of ESHB 1795 and create a new Crisis De-escalation and Safety Protocol (CDSP)?

ESHB 1795 took effect on June 11, 2026. Parents may request an IEP team meeting and/or initiate a reevaluation at any time to review and revise an existing Emergency Response Protocol and transition to a Crisis De-Escalation and Safety Protocol. Districts should plan to revise and update all Emergency Response Protocols to CDSPs as soon as practicable, but no later than the student's next annual IEP meeting.

[1] This protocol was formerly referred to as an emergency response protocol (ERP).

12. When including restraint as a planned behavior intervention in an IEP, a licensed health care provider must provide written documentation that restraint is medically necessary. Who is considered a "licensed health care provider" and what must that written documentation include?

ESHB 1795 does not specifically define "licensed health care provider" or identify which professional licenses qualify for this purpose. In determining an appropriate provider, IEP teams should consider whether the individual holds a current professional health care license, whether the determination of medical necessity falls within the provider's authorized scope of practice, and whether the provider has sufficient knowledge of the student's individual needs and circumstances to make that determination. IEP teams should work collaboratively with families in identifying an appropriate provider.

The law requires written documentation establishing the medical necessity of restraint but does not prescribe a specific form or required format. To support informed decision-making, OSPI recommends that the documentation include:

- The licensed health care provider's name, professional credentials, and relationship to the student;
- A statement explaining why restraint is medically necessary for the individual student, including the relevant medical considerations supporting that determination;
- Any medical risks, contraindications, or special precautions that must be considered to protect the student's health and safety; and
- Any additional information the provider determines is relevant to the student's individual needs.

The provider's written documentation informs, but does not replace, the IEP team's responsibility to determine appropriate educational supports and interventions. Documentation of medical necessity alone does not authorize restraint as a planned intervention. All other statutory requirements, including the parent's or guardian's request and informed, voluntary written consent, must also be met.

OSPI recognizes that additional clarification regarding qualified providers and documentation may be helpful to support consistent implementation. We will continue working with legislative partners and relevant state agencies to address these questions and will update this resource as additional information becomes available.

13. Can the IEP team initiate the development of a CDSP without a parent request to do so and/or without documentation of medical necessity from a licensed health care provider?

Yes, so long as the CDSP in question does not include restraint as a planned behavior intervention. However, regardless of whether or not the CDSP includes restraint, the parent must always consent to the CDSP in advance before it can be adopted.

The requirements in RCW 28A.600.485(3)(a)(i) for a parent request and documentation of medical necessity from a licensed health care provider relate only to the use of restraint as a planned behavior intervention in an IEP, documented in the CDSP as described above in Question 10.

However, an IEP team can also develop a CDSP that does not include restraint as a planned behavior intervention. The CDSP is not required to include restraint but is required to include the preventative crisis de-escalation strategies – not including restraint – that will be used to support the student's de-escalation.

14. If the parent and IEP team determines that the use of restraint should be included in a CDSP, does the district have a responsibility to obtain documentation from a licensed health care provider that the intervention is medically necessary?

Yes. If the parent and IEP team believe that the use of restraint needs to be included in a student's CDSP, then the district is responsible for ensuring that there is documentation from a licensed health care provider that the use of restraint is medically necessary (see, WAC 392-172A-03020(3)(d)). The district may request – but cannot require – that a parent provide any medical information they may have to aid the district in obtaining this documentation.[2]

15. If a licensed health care provider provides written documentation of the medical necessity of restraint, is the IEP team required to include it as a planned behavior intervention?

No. The IEP is an educational document, not a treatment plan. The IEP team has both the authority and responsibility to develop an offer of free appropriate public education (FAPE) described in an IEP that meets the unique needs of the student and their disability based on a comprehensive evaluation. The IEP team must consider recommendations from a medical provider but is not obligated to follow them. While documentation of medical necessity can support the team if they determine restraint will be included as a planned behavior intervention, that documentation alone does not obligate the IEP team to include restraint if it does not support the student's access to FAPE. Similarly, a parent request to use restraint should be considered by the whole IEP team to determine if it is necessary to include as a planned behavior intervention, but the parent request alone does not create an obligation to include it in the IEP.

16. Is our district required to use restraint if a student transfers into our district with an existing CDSP or ERP that includes the use of restraint even if our district does not utilize restraint as a form of advanced educational planning?

No. There is no requirement for restraint to be included in any document solely because it was used in a previous district. As outlined in Question 15, the serving district holds the responsibility to provide an IEP that is an appropriate offer of FAPE. As part of the district's FAPE responsibility, the district must follow transfer procedures under WAC 392-172A-03105 and

[2] Tips from the Special Education Division: Medical Diagnoses and Special Education Eligibility.

discuss comparable services with parents. The district must also determine if they will adopt the IEP—including the CDSP, if applicable—from the previous school district, or if they will develop and implement a new IEP that meets all applicable requirements. The district may, in the course of making this decision, also determine that a reevaluation is needed.

17. What has changed about related requirements for restraint and isolation conditions (WAC 392-172A-02110) and prohibited practices (WAC 392-172A-02076)?

WAC 392-172A-02110 now prohibits the use of isolation to address a student's self-harm behavior and includes a requirement that a student in isolation must be supervised with continuous line-of-sight visual monitoring.

WAC 392-172A-02076 incorporates the prohibitions in RCW 28A.600.485 on mechanical, chemical, or life-threatening restraints, and prohibits districts from depriving a student of communication of physical distress during the use of restraint or isolation. A student who uses a method of communication other than verbal speech (e.g., sign language, picture symbol communication) must have an effective means of communicating physical distress during the use of restraint or isolation.

Resources

RCW 28A.600.485 – Restraint and isolation of students

The governing statute, amended by ESHB 1795 (effective June 11, 2026), establishing the definitions, permitted uses, prohibited practices, and follow-up and reporting requirements for restraint and isolation.

Chapter 392-172A WAC – Provision of Special Education Services

The special education rules addressing restraint and isolation, including conditions for use (WAC 392-172A-02110), prohibited practices (WAC 392-172A-02076), and advanced educational planning (WAC 392-172A-02105). These sections are being updated to align with ESHB 1795; districts should check for the current version.

WSSDA Model Policy and Procedure 3246/3246P – Restraint, Isolation, and Other Uses of Reasonable Force

WSSDA is revising this model policy and procedure to align with ESHB 1795; districts should check WSSDA for the current version.

Positive Behavior Supports for Resilient & Inclusive Schools Manual

A practical, research-based guide designed to help schools create safer, more supportive learning environments. It offers actionable strategies, tools, and real-world examples to help educators reduce the use of restraint and eliminate isolation practices while promoting positive behavior and student well-being. It also helps districts build lasting systems for improvement,

including professional development resources, ways to track progress, and guidance for creating a culture of safety and inclusion.

Governor's Office of the Education Ombuds (OEO) – Restraint and Isolation

For support and information on options around unresolved policy issues impacting your individual student, and an opportunity to talk through your concerns, Ombuds can assist you to ensure their needs are addressed.

Contact Information

OSPI Restraint and Isolation

Visit the OSPI Restraint and Isolation webpage for additional information and resources. For questions or concerns not addressed in this document or on the webpage, please email at rrei@k12.wa.us.

OSPI Special Education

If you have specific special education questions, you may contact the Special Education division by phone at 360-725-6075 or by email at speced@k12.wa.us.