

Administrative Policy No. 09.16

Subject: Emergency Closures, Delayed Openings, and Suspension of Operations

Information Contact: Emergency Management Services

Authorizing Source: [Chapter 38.52 RCW](#)
[Chapter 41.06 RCW](#)
[Directive by the Governor 13-02](#)
[WAC 357-31-260](#)
[WAC 357-31-275](#)
[WAC 357-31-280](#)

Effective Date: November 16, 2017

Revised: December 2, 2019

Approved By: **Original signed by Lori Melchiori**
Senior Director, Office of Policy and Rules

Sunset Review Date: December 2, 2023

A. Purpose

This policy identifies the requirements and general process for delaying the opening and the closing of any DSHS facility or campus, in whole or in part, due to an emergency or disaster as defined within this policy. This policy also identifies the requirements and general process for suspension of operations of any DSHS mission-essential function.

This policy, and any procedures or guidelines referenced herein, is intended only for internal departmental use. It is not intended, nor can it be relied upon, to create any substantive or procedural rights enforceable by any party involved in matters with DSHS.

B. Background

Natural or human-caused emergencies and disasters happen every year in Washington. Common hazards include, but are not limited to: chemical spills and toxic releases; earthquakes; flooding; landslides and mudflows; wildfires; windstorms; and winter storms. The most commonly occurring effect of these events is a power outage.

Effects of these events occasionally disrupt DSHS operations to such extent that department facilities or campuses are delayed in opening or must be closed temporarily. Typically, DSHS is able to continue service delivery from other department locations or

through alternative means.

In very rare instances, DSHS may suspend operations resulting in an interruption of one or more of its mission-essential functions. Historically, DSHS has taken the position that residential facilities never close. Unfortunately, emergencies and disasters in other parts of the country have provided ample proof that the department must prepare, through its continuity planning process, for the possibility of such an occurrence.

C. Scope

This policy applies to all DSHS administrations, as defined in Section E, Definitions. Excluded from this policy are directions or guidance related to employee leave and teleworking. Direct questions regarding employee leave and teleworking to the responsible supervisor or human resources personnel.

D. Additional Guidance

[WFSE Collective Bargaining Agreement](#)
[SEIU Healthcare Collective Bargaining Agreement](#)
[Coalition Collective Bargaining Agreement](#)
[Continuity Guidance Circular](#)
[Administrative Policy 14.15 Building Management of DSHS Leased Facilities](#)

E. Definitions

1. **Administration** means the responsible DSHS administration, state hospitals, residential rehabilitation centers, other institutions and group homes, division, office, program, or similar organizational entity.
2. **Closure** means preventing partial or complete access, occupation or use of a building or section of a building from which DSHS mission-essential functions are provided or directly supports the related operations.
3. **Director of emergency management services** is the person responsible for the coordination of the agency-wide emergency management program which supports and oversees enterprise-level readiness through planning, training, and exercises. This position exercises delegated authority to represent and act on behalf of the DSHS Secretary on all matters pertaining to emergency management.
4. **Emergency or disaster** is defined under [RCW 38.52.010](#) as “an event or set of circumstances which demands immediate action to preserve public health, protect life, protect public property, or to provide relief to any stricken community overtaken by such occurrences; or reaches such a dimension or degree of destructiveness as to warrant the governor declaring a state of emergency pursuant to RCW 43.06.010.
5. **Facility or campus** means all DSHS leased or owned buildings and buildings occupied or used by DSHS, including separate buildings that are in close proximity to one another. Examples of facilities include standalone buildings such as Office

Building 2 in Olympia or separate buildings such as the Rock Pointe offices in Spokane. Examples of campuses include Western State Hospital and Yakima Valley School.

6. **Mission-essential functions** are the limited set of organization level functions that must be continued throughout, or resumed rapidly after, a disruption of normal actions. Mission-essential functions are typically required by federal or state law, a funding source, direction by the DSHS secretary, or essential to the public's trust in the department. The term mission-essential function is set by Federal Emergency Management Agency and has been widely adopted by state agencies.
7. **Suspension of operations** means the interruption or cessation of any DSHS mission-essential function. A suspension of operations means that DSHS is unable to provide one or more mission-essential functions through any means, from any location. Some DSHS services must be continued without interruption for any period.

F. Policy Requirements

1. Closures and delayed openings
 - a. The decision to not open, close, or delay the opening of a DSHS facility or portion of a facility is the responsibility of division and administration leadership. Emergency decision makers with delegated authority may take decisive action in the absence of leadership. Decisions may be informed by other personnel with immediate and first-hand knowledge of circumstances.
 - b. Closures and delayed opening procedures sufficient to address all types of facilities and campuses must be developed by each DSHS administration, reviewed annually and updated, as necessary. At a minimum, procedures must:
 - i. Either be posted on each administration's intranet website, be made accessible by some other means to all employees of that administration, or both.
 - ii. Reasonably address all hazards, natural and human-caused.
 - iii. Delineate all positions with delegated authority to delay the opening or to close all or part of the facility or campus. In all cases, this must include the DSHS director of emergency management services.
 - iv. Incorporate the positions from other DSHS programs in a shared facility. Examples include positions from maintenance and operations division and the office of capital programs.
 - v. Describe the process by which decisions are coordinated across all DSHS administrations that may be co-located at a given facility or campus.
 - vi. Identify and provide the contact information for points of contact from other state or federal agencies co-located with DSHS.
 - vii. Provide for the timely notification of all personnel who may be

affected at a given facility or campus.

- c. When an immediate decision or action must be taken affecting facility operations; it may preclude on site management, division or administration leadership, and emergency decision makers from convening with all parties who are typically involved with decisions related to the facility operational status. In such instances, management or appointed emergency decision-makers at the affected location must make a decision regarding the operational status in the interest of safeguarding life and property. For this reason, every DSHS facility and campus must have formally designated positions with the authority for making closure decisions for the entire facility or campus, when necessary. Designations should be of sufficient depth that a decision-making authority is present or available at all times.
- d. DSHS Emergency Management Services will maintain a current list of emergency decision makers. Appointed emergency decision makers are trained on their role and responsibilities by DSHS Emergency Management Services.
- e. State hospitals and residential facilities remain in operation to care for residents and patients; however, some business operations may be limited or affected by an emergency or disaster.
- f. A DSHS leased office that has been closed at the direction of DSHS management may not be occupied by staff, their family members, or other members of the public without the prior request and approval from DSHS executive management, or approved representative, and the facility landlord.
- g. The DSHS hospitals, residential habilitation centers, institutions, and community facilities may not be accessed by the public (including employee family members) outside of normal visiting hours without the approval of the facility's chief executive officer, superintendent, administrator, assistant secretary, or their designee.
- h. When there is a decision to delay the opening or close all or any portion of the facility or campus, that decision must be communicated to the responsible appointing authorities and DSHS Emergency Management Services as soon as feasible; once life safety and building security concerns are addressed. In all cases, notification to appointing authorities and DSHS emergency management services must be made within one business day. Communication with the appointing authority of a decision to close an office or facility must never delay action to safeguard life during an emergency.
- i. Closure and delayed opening of any DSHS service delivery location applies to all DSHS programs at that location.
- j. When closure impacts the delivery of one or more DSHS mission-essential functions, the respective administration's continuity of operations plan and related procedures must be activated.

2. Suspension of operations

- a. Continuity planning and related training, testing and exercise of personnel is required and intended to prevent the suspension of DSHS operations.
- b. In accordance with [WAC 357-31-260](#), the Secretary may suspend operations when it is determined that public safety, health, or property is jeopardized due to emergency conditions.
- c. The secretary must not suspend operations beyond 15 calendar days without the approval of the state Human Resources director within the Office of Financial Management, in accordance with [WAC 357-31-280](#).
- d. In the Secretary's absence, the decision to suspend operations may be made by any deputy secretary, assistant secretary, chief of staff, or deputy chief of staff.

3. Duty to report

- a. A facility closure must be reported to the Secretary's Office as soon as feasible once human safety and security concerns have been addressed.
- b. The report shall be made via telephone and email.
- c. In no case should the report be made later than one business day, unless communication systems are not operable.

4. Basic employee notification procedures

DSHS is required under [WAC 357-31-275](#) to develop suspended operations procedures. The following constitutes minimum standards and each administration is expected to develop further guidance, as appropriate to their operations. These systems are intentionally redundant.

- a. Every DSHS facility or campus must have a primary means to notify all personnel who work at that location of closures and suspensions of operation. This may be as simple as an outgoing message on a central phone line or a call down list.
- b. Each administration must formally designate staff responsible for coordinating timely notification to employees regarding facility closure and suspension of operations. At a minimum, the following methods are available to all administrations and must be maintained by designated staff:
 - i. Duty station status report. This is a web based tool accessible on the internet and lists the operational status of all DSHS facilities statewide.
 - ii. Toll-free employee emergency information line. This system provides redundancy to the duty station status report and is available to all employees.
- c. During emergencies, it may not always be feasible for DSHS to provide prior notification to staff of a closure, delayed opening, or suspension of operations. In such instances, employees covered under a collective bargaining agreement shall refer to provisions therein regarding use of leave.

- d. When a closure, delayed opening, or suspension of operations is in effect, affected personnel may be reassigned to other duties, work different hours, at other work locations within a reasonable distance from the employee's assigned duty station. Such reassignments must be made in accordance with applicable Collective Bargaining Agreements.

5. Return to Normal Operations

- a. For facility closures, the decision to return to normal operations must be specified in the emergency response plan.
- b. When one or more administration(s) suspends operations, the return to normal operations is dependent on the scope and scale of the damages or disruption to the facility caused by the emergency. The primary facility may be re-occupied with minimal action taken, or substantial repairs may be needed, or the primary facility may not be habitable for an extended period. These considerations must be addressed in each administration and residential programs' continuity of operations plan.

6. Training, Testing, and Exercising

- a. Each administration administers a program of training, testing, and exercising to prepare for the impacts from disasters and emergencies. It is essential staff know their roles and responsibilities to minimize the disruption to mission-essential functions, staff, and clients.
- b. When a closure, delayed opening, or suspension of operations occurs, perform an after action review to identify gaps in procedures and best practices. Initiate an improvement plan as needed to address issues.