

Administrative Policy No. 09.15

Subject: Continuity of Operations

Information Contact: Director of Emergency Management Services
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Authorizing Source: [Chapter 38.52 RCW, Emergency Management Directive by the Governor 13-02](#)
[42 CFR Parts 441](#)
[42 CFR Parts 483](#)
[42 CFR § 482.60 – Special provisions applying to psychiatric hospitals](#)
[42 CFR § 483.73 – Requirements for States and Long Term care Facilities](#)
[42 CFR § 483.475 – Conditions of Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities](#)

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Revised: November 17, 2023

Approved By: **Original signed by Pearlette J. Ramos**
Senior Director, Office of Justice and Civil Rights

Purpose

The Department of Social and Health Services (DSHS) is required by federal code, state statute, and directive by the governor to be prepared to maintain the delivery of essential functions through any emergency. To achieve that, each administration and residential program must have an actionable continuity of operations plan (continuity plan) and responsible staff must understand their roles under the plan. DSHS administrations and residential programs must coordinate their planning efforts with each other and other state agencies, as appropriate, so that overlapping and interdependent functions continue without disruption. (See Definitions, below.)

This policy identifies the minimum requirements for development and maintenance of continuity plans for all DSHS administrations and residential programs. It also specifies the planning software that must be used for all continuity planning needs. (See policy requirements, section 3). DSHS is required under [RCW 38.52.030 \(11\)](#) and [Directive by the Governor 13-02](#) to implement and

maintain continuity of operations plans that: enable the department to resume its essential functions; protects critical resources, including staff; and return to normal operations. DSHS Emergency Management Services is the central authority overseeing continuity of operations planning.

This policy, and any procedures or guidelines referenced herein, is intended only for internal department 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.

Scope

This policy applies to all DSHS administrations and residential programs.

Additional Guidance and Resources

Please contact Emergency Management Services (EMS) for assistance. Additional continuity of operations resources:

- [DSHS administrative policy 9.11 emergency management](#)
- [DSHS administrative policy 9.16 emergency closures and suspension of operations](#)
- [DSHS administrative policy 9.17 emergency operations](#)
- [FEMA Continuity Resource Toolkit](#)

Definitions

Administration means the responsible DSHS administration, stand-alone division or office, or similar organizational entity.

BOLD Planning continuity planning platform (BOLD) is a customized online tool to assist DSHS administrations and residential facilities in the plan development process. The platform guides users through specific plan components and develops a continuity plan to ensure an organization's ability to continue operations during times of disruption. The EMS continuity planning manager coordinates use of this system with appropriate planners in each administration and residential facility.

Continuity plan is a written document describing the capability of each administration and residential program to support the continued performance of its mission essential functions during a wide range of emergencies or disasters.

Continuity personnel are staff responsible for executing the necessary procedures for re-establishing operations and performance of essential functions when emergencies disrupt normal operations. They are also responsible for reviewing and updating the essential functions and the overall continuity plan and participating in continuity training and exercises.

Emergency or disaster is defined under [RCW 38.52.010 \(5\)\(a\)](#) 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](#).”

[Joint Commission](#) is an independent, not-for-profit group that administers voluntary accreditation programs for hospitals and other healthcare organizations. The commission develops performance standards that address crucial elements of operation, such as patient care, medication safety, infection control, and consumer rights.

Essential functions are critical activities an organization performs that are directly related to accomplishing the mission of the organization. The limited set of functions that must be continued throughout or resumed rapidly after a disruption to normal activities. They are mandated by state or federal statute, funding source, or direction from the secretary.

Residential program means the responsible state hospital, child study and treatment center, competency restoration center, residential habilitation center, state operated living alternative, or similar program in which DSHS clients are under direct care and supervision of DSHS employees.

Training, testing, and exercise (TT&E) are activities designed to familiarize, teach skills, and validate plans. TT&E aids in verifying that the continuity plan is capable of supporting the delivery of essential functions throughout the duration of an emergency.

Policy Requirements

1. The secretary has designated DSHS emergency management services (DSHS EMS) with overall responsibility for coordinating the DSHS continuity of operations program. DSHS EMS must:
 - a. Establish DSHS-wide guidelines of compliance for continuity planning based on national standards and industry best practices.
 - b. Provide consultation, technical assistance, and resources to support administrations and residential programs in developing and maintaining viable continuity plans that can be executed during emergencies.
 - c. Develop and maintain an executive continuity of operations plan that encompasses office of the secretary (OOS); facilities, finance, and analytics administration (FFAA); and the technology innovation administration (TIA). This is the overarching DSHS continuity of operations plan that all other plans in the department must align with.
2. Continuity plans are developed and maintained at administration headquarters and residential program levels.
 - a. Headquarters level plans must be shared with continuity personnel in all programs and offices under each administration so that all levels understand and

- are able to perform their necessary duties during a continuity event.
- b. DSHS divisions, regions, offices, or other administrative units within administrations must not develop individual continuity plans.
3. Administrations and residential programs must use the DSHS BOLD continuity planning software to develop and maintain their continuity plans.
- a. The rules below, set by the Center for Medicaid and Medicare Services (CMS), apply to psychiatric treatment facilities (excluding the Special Commitment Center), intermediate care facilities for individuals with intellectual disabilities, and state-operated living alternatives run directly by DSHS. The requirements listed below promulgated by the Center for Medicaid and Medicare Services (CMS), apply to psychiatric treatment facilities (excluding the Special Commitment Center), intermediate care facilities for individuals with intellectual disabilities, and state operated living alternatives operated directly by DSHS.
 - [42 CFR Parts 441](#)
 - [42 CFR Parts 483](#)
 - [42 CFR § 482.60 – Special Provisions Applying to Psychiatric Hospitals](#)
 - [42 CFR § 483.73 – Requirements for States and Long Term care Facilities](#)
 - [42 CFR § 483.475 – Conditions of Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities](#)
 - b. State psychiatric hospitals may choose to follow the Joint Commission's emergency management requirements. Compliance with CMS emergency preparedness requirements is accepted by the [Joint Commission](#) as meeting their similar requirements.
4. Minimum requirements for DSHS administrations and residential programs:
- a. Assistant secretaries for each administration as well as superintendents and chief executive officers for residential programs are responsible for their respective continuity plans, which must be reviewed, exercised, and revised annually and as necessary.
 - b. Assistant secretaries for each administration, and superintendents and chief executive officers for residential programs must formally designate, and maintain documentation of designations on file, of positions where the assigned personnel have the responsibility to:
 - Develop and maintain continuity plans in BOLD planning system.
 - Coordinate the guidance provided by DSHS EMS within the administration or residential program to support full compliance with this policy.
 - Provide or coordinate the provision of training, testing, and exercising in a culturally and linguistically appropriate manner.
 - c. Employees designated as continuity planners, as described in 4.b, must complete the [IS 1300: Introduction to Continuity of Operations](#) course offered online through FEMA's Emergency Management Institute within 60 days of assuming

- their position. More in-depth continuity planning training is highly encouraged.
- d. Each administration and residential program must test and exercise their continuity plans, maintaining records for compliance with regulations. The BOLD planning software serves as the records repository.

DSHS Official