



## Administrative Policy No. 09.16

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

**Information Contact:** Office of Emergency Management

**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](#)

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**Revised:** September 17, 2025

**Approved By:** Original approved by Pearlette J. Ramos  
Senior Director, Office of Public Integrity

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**A. Purpose**

This policy identifies the requirements and general process for delaying the opening and 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 essential function.

This policy and any procedures or guidelines referenced are intended for internal departmental use. They are 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 disasters or human-caused emergencies happen every year in Washington. Common hazards include but are not limited to inclement weather, wildfires, flooding, earthquakes, and chemical spills. Facility or office building mechanical issues or utility outages may also be a factor.

Effects of these incidents and weather events occasionally disrupt operations at DSHS facilities or offices. A delayed opening or temporary closure may be required. Typically, DSHS can continue service delivery from other department locations or through alternative means.

For exceptional circumstances, DSHS may suspend operations resulting in an interruption of one or more of its essential functions. Historically, DSHS has taken the position that residential facilities never close. Unfortunately, emergencies and disasters in other parts of the country prove the department must prepare for the possibility of such an occurrence through its continuity planning process.

**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. If an emergency or disaster disrupts operations at a DSHS facility or office, questions regarding employee leave and teleworking should be directed to the responsible supervisor or human resources business partner.

**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**

**Administration** means the responsible DSHS administration, state hospitals, residential rehabilitation centers, other institutions and community facilities, division, office, program, or similar organizational entity.

**Closure** means preventing partial or complete access, occupation or use of a building or section of a building where DSHS essential functions are provided or directly supports the related operations.

**Director of the office of emergency management** is 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.

**Emergency or disaster** is defined under [RCW 38.52.010](#) as “an event or set of circumstances which (i) 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 (ii) reaches such a dimension or degree of destructiveness as to warrant the governor declaring a state of emergency pursuant to RCW 43.06.010.”

**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 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 Fircrest School.

**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.

**Suspension of operations** means the interruption or cessation of any DSHS essential function. A suspension of operations means that DSHS is unable to provide one or more essential function(s) through any means, from any location. Services for resident or patient care must be continued without interruption for any period.

## **F. Policy Requirements**

1. Closures and delayed openings
  - a. The decision to not open to close, or to delay the opening of a DSHS facility or portion of a facility is the responsibility of division and administration leadership.
  - 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. Be posted on each administration's intranet website or be made accessible by some other means to all employees of that administration;
    - ii. Reasonably address all hazards, natural and human caused;
    - iii. Describe the process by which decisions are coordinated across all DSHS administrations, some of which may be co-located at a given facility or campus;
    - iv. Identify and provide contact information for points of contact from other state or federal agencies co-located with DSHS;
    - v. Provide for the timely notification of all personnel who may be affected at a given facility or campus;
  - c. 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.
  - d. 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.

- e. 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.
  - f. Closure and delayed opening of any DSHS service delivery location applies to all DSHS programs at that location.
  - g. When long term closure of a facility impacts the delivery of one or more DSHS essential functions, the respective administration's continuity of operations plan and related procedures may be activated.
  - h. Circumstances may cause a temporary facility closure and may not require an activation of an administration's continuity plan.
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. Reporting requirements
- 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. When there is a decision to delay the opening or closing of all or any portion of the facility or campus, that decision must be communicated to the responsible appointing authorities and the office of emergency management as soon as feasible, once life safety and security concerns are addressed. Notification to appointing

authorities and the office of emergency management 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.

- c. The report must be made via a call, Teams message, or email.

4. Employee notification procedures

- a. DSHS is required under [WAC 357-31-275](#) to develop suspended operations procedures. Each administration is expected to develop further guidance, as appropriate to their operations. All DSHS employees at an impacted collocated office or facility must be notified.
- b. Every DSHS facility or campus must have a primary means to notify all personnel who work at that location of closures, delayed openings, and suspensions of operation.
- c. Each administration must formally designate staff responsible for coordinating timely notification to employees when there are operational status changes. The following communication methods are intentionally redundant to enhance information accessibility for all employees. These systems are available for each administration and must be maintained by designated staff:
  - i. Duty station status report. This is a web-based tool on the DSHS website under the staff access page that lists the operational status of DSHS offices and 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.
  - iii. Administrations may employ an alert and notification platform to push messaging to employees.
- d. 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 (CBA) must refer to provisions in their respective CBA. Employees not covered by a CBA should refer to AP 18.31.00 Holidays and Leave. When a closure, delayed opening, or suspension of operations is in effect, personnel may be reassigned to other duties, work different hours, or use other work locations within a reasonable distance from the employee's assigned duty station. During declared emergencies or natural disasters, employees also may be redeployed. Such reassignments must be made in accordance with their applicable CBA or AP 18.19 Appointments and Reemployment. Redeployments are made in accordance with an employee's applicable CBA or AP 18.95 Redeployment.

5. Return to normal operations
  - a. For facility closures, the decision to return to normal operations must be specified in the continuity of operations plan.
  - b. When one or more administration suspends operations, the return to normal operations is dependent on the scope and scale of 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 program's 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 that employees know their roles and responsibilities to minimize the disruption to essential functions, staff, and clients.
  - b. When a closure, delayed opening, or suspension of operations occurs, an after-action review may be required to identify gaps in procedures and best practices. Initiate an improvement plan as needed to address issues.