

## Administrative Policy No. 09.15

**Subject:** Continuity of Operations

**Information Contact:** Director of Emergency Management Services  
(360) 902-8159

**Authorizing Source:** [42 CFR Parts 441 and 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](#)  
[Chapter 38.52 RCW, Emergency Management Directive by the Governor 13-02](#)

**Effective Date:** April 1, 2017

**Revised:** May 22, 2019

**Approved By:** **ORIGINAL SIGNED BY MARK ELIASON**  
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### 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 and services – many of which are life-sustaining – through any emergency or disaster. In order for DSHS to provide essential functions and services to over one third of the state’s residents during an emergency or disaster, each administration and residential program must have an actionable continuity of operations plan (continuity plan) for their organization and responsible personnel must understand their roles under the plan.

Continuity plans are intended to forestall any suspension of operations of DSHS essential functions or services, and to support DSHS’ ability to deliver its essential functions and services to the residents of Washington during an emergency or disaster. DSHS administrations and residential programs must coordinate their actions with each other and with other state agencies, as appropriate, so that overlapping and interdependent functions continue without disruption. (*See Definitions, below.*)

This policy identifies the minimum requirements for the development and maintenance of

continuity plans for all DSHS administrations and residential programs. It also identifies the elements that currently must be included in all continuity plans. (*See* Policy Requirements, section 3.a)

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.

## **Background**

The U.S. Department of Health and Human Services, in conditions of participation promulgated by the Centers for Medicaid and Medicare services (CMS) in November 2016, recognized that emergency preparedness requirements are not comprehensive enough to address the complexities of emergencies and disasters that the country faces. CMS determined that it is essential for agencies, such as DSHS, to integrate emergency management into their daily functions and values. Continuity planning is intended to be incorporated with DSHS strategic and operational level planning efforts.

DSHS is dependent on people, facilities, equipment, systems, and technologies to maintain its mission essential functions for the residents of Washington. DSHS is required under [RCW 38.52.030 \(11\)](#) 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.

## **Scope**

This policy applies to all DSHS administrations and residential programs.

## **Additional Guidance and Resources**

DSHS emergency management services (EMS) has access to additional resources pertinent to the planning of continuity of operations, but are too extensive to list within this policy. Please contact EMS for assistance.

- [RCW 43.06.010 Governor General Powers and Duties](#)
- [DSHS Administrative Policy 9.11 Emergency Management](#)
- [DSHS Administrative Policy 9.16 Emergency Closures and Suspension of Operations](#)
- [FEMA Continuity Assistance Tool](#)

## **Definitions**

Administration means the responsible DSHS administration, division, office, program, or similar organizational entity.

Closure means the partial or complete prevention of access, occupation, or use of a DSHS building, or section of a building, where DSHS provides mission essential functions or directly supports the

operation of such functions.

Continuity event is any set of circumstances, created by an emergency or a disaster, which causes DSHS to relocate its operations from any primary site to an alternate site in order to be able to continue its essential functions.

Continuity plan is the 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 plans are developed using a standardized approach based on guidance from the federal Emergency Management Agency (FEMA) and as required by [RCW 38.52.030 \(11\)](#) and the [Directive by the Governor 13-02](#).

The director of emergency management services exercises delegated authority to represent the secretary and DSHS on matters related to emergency management and continuity of operations. The director is responsible for the agency wide emergency management program.

Emergent position is a DSHS employment position designated by the responsible appointing authority to provide or substantially support one or more mission essential functions during emergencies or disasters. Designations must be made in appointment letters and in the position description form.

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](#).”

Facility or campus includes 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 the 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.

[FEMA Continuity Guidance Circular I](#) (CGC I) ensures that the whole community has a plan for sustaining services and functions when normal operations are disrupted. Implementation of continuity principles ensures that organizations, communities, and governments are able to support citizens in need.

[FEMA Continuity Guidance Circular II](#) provides non-Federal Governments with guidance on how to implement CGC I, Annex D: Essential Functions. It provides guidance, a methodology, and checklists to identify, assess, and validate essential functions.

[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.

Mission essential functions are the limited set of organization level functions that must be performed continuously, or resumed as soon as possible after a disruption of normal actions. Mission essential functions are required by federal or state statute, a funding source, or direction from the secretary. Some DSHS services must be continued without interruption.

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 the agency's direct care and supervision by DSHS employees.

Training, testing and exercise are measures to ensure that an agency's continuity plan is capable of supporting the continued execution of the agency's essential functions throughout the duration of a continuity situation.

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.

## **Policy Requirements**

1. The secretary has designated DSHS EMS with overall responsibility for coordination of the DSHS continuity of operations program. DSHS EMS oversees and supports the development and maintenance of the department's continuity planning, training, testing, and exercise (TTE) necessary to support such planning. DSHS EMS must:
  - a. Establish department-wide standards of compliance for continuity planning and related employee TTE.
  - b. Provide or coordinate provision of TTE for administrations and residential programs, and make specific related recommendations to administrations and residential programs to improve DSHS organizational and individual employee readiness.
  - c. Provide consultation, technical assistance, and resources to assist administrations and residential programs in developing and maintaining a program of emergency preparedness that is integrated into the day-to-day functions of DSHS.
  - d. Develop and maintain a continuity plan for Facilities, Finance and Analytics Administration and the services and enterprise support administration, with which all other DSHS continuity plans must align to the extent feasible.
  - e. Maintain a schedule of administration and residential program compliance related to continuity planning, training, testing, and exercise and provide periodic reports to the secretary and cabinet.
  - f. Identify additional training requirements as indicated by the performance of each administration and residential program in complying with this policy.
2. Continuity plans are developed at the administration headquarters and residential program levels.

- a. Headquarters level plans must be shared with all programs and offices under each administration so that DSHS personnel at all levels understand and are able to perform their necessary duties during a continuity event.
  - b. DSHS offices must not develop individual continuity plans.
3. Administrations and residential programs must use the DSHS EMS [continuity plan template](#).
- a. All elements within the continuity plan template as identified by DSHS EMS are based on guidance provided by FEMA [Continuity Guidance Circular I & Continuity Guidance Circular II](#).

Elements of a viable continuity plan must include:

- Essential functions
  - Orders of succession
  - Delegations of authority
  - Continuity facilities
  - Continuity communications
  - Vital records management
  - Human capital
  - Testing, training, and exercise program
  - Transference of control and direction
  - Reconstitution operations
- b. Additional emergency preparedness requirements under,
    - [42 CFR Parts 441 and 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](#)

The above requirements promulgated by the Centers for Medicaid and Medicare Services (CMS), apply to: psychiatric residential treatment facilities, intermediate care facilities for individuals with intellectual disabilities, and state operated living alternatives operated directly by DSHS Aging and Long Term Support Administration, Behavioral Health Administration, and Developmental Disabilities Administration. Requirements apply to the following broad categories:

- Risk assessment using an all-hazards approach, specific to the location and clients served.
- Policies and procedures that support the successful execution of the emergency plan.
- Communication plan to protect patient health and safety in the event of an emergency or disaster.
- Training and testing that includes initial training for new staff in

emergency preparedness policies and procedures as well as annual refresher trainings such that staff are able to demonstrate their related knowledge.

- c. State psychiatric hospitals may voluntarily subscribe to emergency management requirements set forth by the [Joint Commission](#). Compliance with the CMS emergency preparedness requirements is accepted by the Joint Commission as meeting their parallel 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 using the DSHS EMS [continuity plan template](#). This template may be modified by federal or state requirement changes.
    - Coordinate the direction and guidance provided by DSHS EMS among responsible personnel within the administration or residential program to support full compliance with this policy.
    - Provide or coordinate the provision of training, testing, and exercising plans.
    - Carry out all duties as specified in the continuity plan. All responsible personnel must be able to demonstrate their ability to carry out their continuity duties during tests, exercises, and emergencies or disasters.
    - Incorporate designations and descriptions of responsibilities in the requirements of position descriptions for all personnel with a role in continuity of operations.
    - Provide quarterly reports to DSHS EMS.
  - c. Each administration and residential program must develop an annual training program plan which includes personnel holding designated positions, described under 4.b. This annual training program plan must be submitted to EMS by January 15 of each calendar year.
  - d. Employees in designated positions, as described under 4.b, must complete one time training of courses listed below within three months of assuming duties related to continuity of operations. Training is available at no cost, much of it can be completed self-paced online, and aids employees in performing their duties successfully. The required training includes:
    - DSHS emergency operations plan training provided by DSHS EMS. This training will cover coordination with other administrations, state agencies, and the role of the emergency coordination center.

- [IS 100.c](#): Introduction to Incident Command System
  - [IS 546.a](#): Continuity of Operations Awareness course
  - [IS 547.a](#): Introduction to Continuity of Operations
- e. Annual or as needed training on administration and residential program specific plans must be conducted for positions, as described under 4.b. EMS will provide consultation to support this training.
- f. Each administration and residential program must maintain training records to demonstrate compliance with, 4.c, 4.d, and 4.e.
- g. Each administration and residential program must conduct tests and exercises to assess, validate, or identify for correction all elements of continuity plans, policies, procedures, systems, and facilities to be used during a continuity event.
- h. As required under the [Directive by the Governor 13-02](#), each administration and residential program must submit quarterly summary reports to DSHS EMS that describe progress on planning, training, and exercise activities for the preceding three month period. Reports must be submitted by the first business day of January, April, July, and October of each year using a template provided by EMS.

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