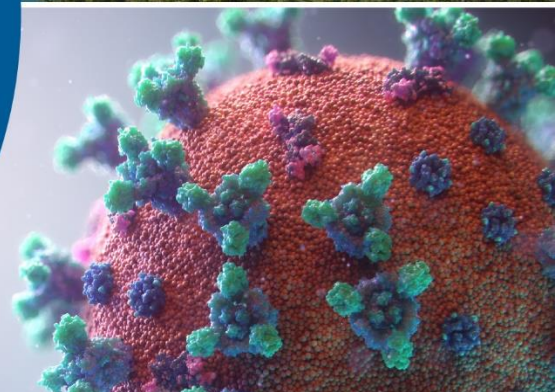# Washington's COVID-19 after-action report (AAR)

**June 30, 2023**

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# What this report is about

The COVID-19 pandemic mobilized the most significant, sustained response and recovery effort for a public health emergency in history. This *Washington State COVID-19 After-Action Report* is the result of the combined efforts of state agencies that participated in the COVID-19 response. This includes the Department of Health (DOH), Military Department, and the State Pandemic Task Force. The recommendations in this report are meant for state agencies and other branches of state government. They were developed by the Task Force and other focused working groups, and some recommendations may have already been completed.

This after-action report presents strengths, areas for improvement, and recommendations related to the state's response to and recovery from COVID-19. This report supports the state in ongoing preparedness activities and informs planning and response to future emergencies. It also focuses on understanding the experiences of vulnerable and historically underserved communities and highlights how the pandemic affected them in disproportionate ways. The information and recommendations we present here aim to provide a path forward for state agencies, state and local emergency management and responders, public health officials, and community organizations, among others, to strengthen collaboration and understanding of communities and their needs.

The Washington State Legislature established the State Pandemic Task Force and assigned the Military Department to facilitate it. The task force was mandated to "conduct a comprehensive after-action review of the statewide pandemic response and recovery." (Engrossed Substitute Senate Bill (ESSB) 5092.SL (Section144).

The task force also had to consider issues relating to equity, discrimination, and disparities across all the topics it researched and in the recommendations it put forward. Disproportionate impacts of the COVID-19 pandemic were considered throughout discussions and data reviews. Other topics, such as food insecurity, rural issues, childcare, and senior care emerged through the Task Force discussions.

# Focus of the task force

The Legislature asked the task force to consider strengths, areas for improvement, lessons learned, and recommendations in eight key areas:

1. Aspects of the COVID-19 response that may inform future pandemic and all-hazards responses.
2. Emergency responses that would benefit the business community and workers during a pandemic.
3. Standards regarding flexible rent and repayment plans for residential and commercial tenants during a pandemic.
4. Whether establishing regional emergency management agencies would benefit the state's emergency response to future pandemics.
5. Gaps and needs for volunteers to support medical professionals in performing their pandemic emergency response functions in Washington.

6. Gaps and needs for tools to measure how much impact the pandemic causes and tailor the pandemic response to affected regions based on the scale of the impact in those regions.
7. Gaps and needs in health care system capacity and case tracking, monitoring, control, isolation, and quarantine, and deploying medical supplies and personnel.
8. Implementing guidelines for school closures during a pandemic.

# What we found

Washington, like most states, continues to recover from the long-term impact of school closures on children, the loss of wages and employment, the inability to pay rents and mortgages, and lasting impacts on the overall healthcare system. Due to the pandemic's magnitude, recovery efforts will likely continue for quite some time.

This after-action report provides key findings that can help improve recovery efforts and future responses to emergencies and disasters. While it focuses on specific topics that the Legislature outlined, this report also sought to integrate considerations for a more equitable approach to future emergency response and recovery activities. Recovering from COVID-19 cannot be solved by a single entity, and the responsibility rests on the entire state of Washington to address these gaps.

Here are the takeaways that arose throughout the process:

- Continue to build on the relationships the state created during the COVID-19 pandemic, especially between emergency management and public health.

- Identify sustainable state funding that can continue successful initiatives the state implemented during the COVID-19 pandemic. These initiatives often supported communities in need.

- Address the disparities that COVID-19 highlighted and integrate them into future emergency planning for response and recovery. This work must be applicable to all hazards for our state to prepare for, identify, and respond to the needs of all communities in a more equitable and sensitive manner.

- Integrate response equity strategies that support all communities across each phase of emergency management planning.

- Invest in community collaboration opportunities that engage vulnerable and underserved communities so that we further expand the "Whole of Community" planning philosophy.

We encourage Washington stakeholders and response partners to reflect on the findings in this report and how they relate to all five phases of emergency management: mitigation, prevention, preparedness, response, and recovery. In this way, we can build a more equitable, resilient response and recovery framework for all Washingtonians.

# What we recommend

This is a **complete list of each recommendation** included in this report. We numbered them for reader ease and reference.

1. The Military Department's Emergency Management Division (EMD) should collaborate with leadership from all state agencies to coordinate basic ICS and NIMS training for agency staff. This department should also introduce agencies to the state EOCs operations.

2. Leadership from all state agencies that have a response role must work with EMD to develop more cross-agency trainings and exercises. This will help participating agencies understand their role, responsibilities, and how things are structured. This will also increase how information flows among the Unified Command Group, the SEOC, and local EOCs.

3. EMD needs funding to assist the nine geographically dispersed jurisdictions, and build and sustain the All-Hazard type three IMT capabilities. This will support our 39 counties and 29 federally recognized tribes.

4. Every state agency with a response role should be familiar with the statewide Comprehensive Emergency Management Plan (CEMP).

5. Every state agency should review their COOP to incorporate and memorialize what they've learned and the considerations they encountered from telework procedures during the pandemic.

6. Every state agency should consider developing an Emergency Operations Plan (EOP) if one does not exist. This will help the agency identify roles, responsibilities, and communications that outline its mission and role in emergencies. The agency's EOP should align with agency COOP plan, the statewide CEMP, and Emergency Support Functions (ESFs).

7. State agencies should engage DEI personnel and processes to shape a deliberative and culturally inclusive upstream planning processes focused on equitable delivery of services.

8. State agencies need to establish and follow standard communication practices. This includes providing information in a variety of languages and formats.

9. State agencies involved in a response should identify opportunities to expand engagement and build partnerships with community-based organizations that provide services and support to marginalized and underserved communities. Where possible, involve these organizations in emergency planning, training, and exercises.

10. Every state agency with a role in emergency response must have representatives (SALs) who have a working understanding of the CEMP and regularly engage with the EMD.

11. EMD, DOH and other relevant agencies should coordinate a review of existing emergency response and pandemic-related response and recovery plans. This includes updated activation and communication protocols to identify lines of authority from state leadership and state agencies.

12. State agencies should review plans to ensure they clearly address how different levels of decision-making (Federal, state, and local) operate and interact.

13. DES, DOH, EMD and other relevant agencies should review and align emergency procurement processes, manufacturing and warehousing strategies developed during the COVID-19 pandemic. The, these agencies need to establish them into updated plans and procedures. This includes

establishing roles, responsibilities, and training across state agencies for future emergencies that require state-led procurement, manufacturing, or storing equipment and supplies.

14. Establish a disaster financial relief coordination group that activates in large-scale disasters such as a pandemic. This includes state agencies responsible for using and managing disaster funds. Consider creating a centralized online hub for disaster cost recovery information and grant opportunities and applications.

15. Agencies should review how easily and equitably underserved communities can access their systems and services. This includes simplifying access points and developing feedback loops for communities that improve delivery, messaging, and support.

16. Legislation should be put in place to recognize food as a human right. The state should directly invest in the emergency food system and continue to support and fund organizations that provide these services.

17. Legislation should provide universal meals for all students across the state.

18. State agency communications departments should establish the processes to translate and disseminate information so that it's easy to incorporate during future response events. They should also develop multilingual hazard- and/or incident-specific templates to communicate critical information to diverse communities in their areas.

19. Continue to streamline communication among state administration, state agencies, local governments, associations, unions, service providers, and community partners through effective, trusted, and agreed-to frameworks, enabling timely feedback, and delivering a coordinated response.

20. State agencies should review external communications efforts conducted during the pandemic and determine which responses were effective or ineffective with diverse communities.

21. Relevant agencies should analyze existing systems of data collection and use this data from the context of equity and under-served populations. Agencies should identify and mitigate important informational gaps by disaggregating data (by detailed race/ethnicity, type of disability, other categories) and improving how data gets collected. It's also important to consider data sharing and coordination processes to address timing lags and streamlined data to target the most vulnerable populations.

22. All agencies that share a role in the state's emergency response must implement and maintain interagency data sharing agreements before an event, to ensure quick execution and effective response.

23. Working with the Washington Department of Commerce, the state should identify and allocate ongoing funding to maintain and expand the services offered through the network.

24. Collaborate with local universities and technology corporations in Washington to develop programs that support teaching small business owners to implement technology into their daily operations, and make the hardware and equipment needed to build this capacity.

25. The Department of Commerce should develop a formal process for agencies to engage and collaborate with the business community through existing networks such as the Washington Small Business Development Center, Washington Chamber of Commerce, and other business associations.

26. A private sector liaison position should be created in the SEOC to focus on coordination and communications with the private sector.

27. DOH and relevant agencies should develop clear procedures for creating and disseminating public health guidance information specific for businesses. These procedures should also identify the information sharing channels and engage the business community such the Washington Small Business Development Center, Washington Chamber of Commerce, and other businesses.

28. DOH and relevant agencies should ensure that all sectors with essential personnel have adequate access to necessary resources that may include PPE, testing, and vaccines.

29. Relevant agencies should include their emergency operations plans and include lists of essential services and personnel.

30. Relevant agencies should collaborate with local economic development organizations and appropriate state agencies to establish processes implemented to manage and distribute financial assistance during emergencies. Agencies should prioritize sustained funding and technical assistance to these economic development agencies.

31. The state should identify and implement more formal support for these organizations through increased state investment, support, and technical assistance.

32. The Department of Commerce should develop a repeatable, scalable structure for emergency rental assistance funding that includes a standard, clearly defined application process for all jurisdictions in Washington.

33. The state should review and reform state procurement, contracting, and auditing processes to provide a clearer and more efficient process. This will alleviate the burden put on local governments and community-based organizations.

34. State agencies responsible for distributing federal funding to communities should work with community-based organizations to develop and issue guidance well ahead of distributing funds. These procedures should be included in all plans.

35. State agencies that coordinate with federal housing partners should provide feedback on the need to simplify and standardize the reporting requirements for federal funding.

36. The state should develop new guidelines to address the unique nature of hotels as accommodations in a crisis, including an allowable 'length of stay' and consequences for non-payment.

37. There appears to be sufficient benefit to increasing regionality in EMD, as long as decisions are guided by this report's core principles. The state could start with pilot programs for some additional regional structures and then modify these programs based on experience.

38. Relevant agencies should collaborate with volunteer organizations such as the Serve Washington program, Medical Reserve Corps, American Red Cross, and others to formalize a more robust and sustainable statewide volunteer recruitment and management system.

39. The state should study and consider the creation of a Disaster Service Worker program such as those operating in other states.

40. Relevant agencies should develop a unified statewide interagency approach to volunteer management to support the Military Department, DOH, DCYF, DSHS, the Departments of Ecology, Agriculture, Commerce, Natural Resources, and other agencies.

41. Identify funding sources that social services agencies and nonprofits may access to expand or support existing programs and supplement staffing.

42. Collaborate with trusted organizations to develop a program to match volunteer opportunities for individuals who are familiar with the communities they are working to support.

43. DOH and relevant agencies should establish a statewide healthcare resilience collaborative charged with developing strategies to build more resilient and flexible models of care. This collaborative should also commission an evaluation of healthcare facilities and resource needs to support Washington's growing population.

44. DOH should develop a mechanism for activating a statewide ambulance strike team.

45. Update state-level Medical Surge Plans at the healthcare facility and county and state levels to mitigate demand during emergencies.

46. ESF #8 agencies (DOH, HCA, DSHS, etc) should collaborate to develop an annual cycle of healthcare emergency preparedness trainings and exercises.

47. The state should adopt a mechanism to allow expedited licensure of RNs and LPNs in Washington.

48. Commission a study to understand the forces and influences that affect healthcare staffing in hospitals in Washington.

49. The state should invest in workforce development programs specific to long-term care and implement robust coordination channels, with standardized data on infections and characteristics of facilities and residents.

50. DSHS and DOH should increase coordination and collaboration with long-term care regulatory officials. This will ensure long-term care facilities are prepared to handle public health emergencies and are compliant with relevant regulations and guidelines.

51. Rules should be implemented to provide temporary coverage of medication costs for individuals who experience a temporary suspension of benefits or create partnerships between hospitals and pharmacies to ensure that individuals have access to their medication upon discharge.

52. Minimum home healthcare training requirements should be updated to allow qualified family members to care for loved ones and provide competitive prevailing wages.

53. Regional Clean Air agencies should expand access and regulations for cremation services during fatality surges.

54. Centralize all protocols and standards for coroners and medical examiners to follow, and ensure they have access to information and guidance to carry out their duties effectively. Include unified guidance for identifying highly infectious disease positive decedents, handling human remains, and environmental guidelines.

55. Review and incorporate Medical and Mortuary Services lessons learned into ESF #8 Medical and Mortuary Services Fatality Management Appendix.

56. Establish a temporary emergency waiver and contingency plan to allow alternative transport options and streamline permitting during public health emergencies and mass fatalities. Include language to expedite the release of human remains back to tribal nations.

57. Establish hospital requirements for how to regularly report the staffed bed capacity to DOH.

58. DOH should embark on a branding and communications campaign to differentiate the regulatory role from the supportive role of the agency.

59. DOH should maintain the public-access virtual data portal so that the public can continue to access disease activity and healthcare capacity data.

60. DOH should create a centralized data system that can collect, analyze, share, and report data on epidemiological trends and potential surges.

61. Explore legislation for consistent death reporting with regulatory oversight in every county in addition to funding for a unified reporting system, where all deaths are recorded by each entity storing the remains.

62. Create mutual aid agreements that provide local health jurisdictions with the option to enter a formal delegation of authority to DOH for services during a declared public health emergency, This includes contact tracing and case investigation for the local jurisdiction.

63. Create a statewide planning work group to develop and maintain a plan at the Washington Office of Superintendent of Public Instruction (OSPI) that supports each individual school district with implementing case tracking and testing during a public health emergency.

64. DOH and other relevant agencies should develop a robust statewide emergency mass communications plan with procedures to ensure that state and local governmental entities have access to accurate, up-to-date policy changes, and tools to quickly develop emergency response messaging.

65. DOH should update the ESF #8 annex of the CEMP to address mass vaccination.

66. Revise the Quarantine & Isolation Emergency Operation Plans and associated annexes to include activation protocols for Care Connect services in a federally-declared emergency.

67. DOH should establish standard operating procedures, templates, and protocol guidance that local health jurisdictions may adopt to set up isolation and quarantine units during public health emergencies.

68. DOH should commission a comprehensive risk assessment and resource inventory to ensure that regions, cities, counties, and communities are adequately prepared for emergency events.

69. The state should establish formal agreements with local manufacturers to produce PPE during an emergency response.

70. Establish liability protection for clinical and non-clinical response volunteers during a surge event.

71. Amend state law to allow entities to share resources among states during public health emergencies, and give DOH more flexibility to respond to emergencies in the absence of a governor's proclamation.

72. Implement a standardized tracking system to address inaccurate reporting of worked hours and filled positions by temporary staff.

73. Conduct Jurisdictional Risk Assessments to help identify potential staffing shortages and allocate personnel resources accordingly.

74. Develop a more streamlined and accessible process for smaller healthcare organizations to obtain PPE and provide educational services and training to help them navigate the process during emergencies.

75. DOH should develop a centralized system to manage and track an inventory of essential supplies, including PPE and vaccine storage equipment in the PPE warehouse (Medical Logistics Center).

76. The state should provide the necessary resources for OSPI's Child Nutrition Services Office to develop a guidebook that outlines regulatory requirements, funding mechanisms, and best practices for services to support local school district pandemic planning.

77. The state should invest state resources to supplement existing federal funds to ensure that all K-12 students have access to free meals as part of the school day.

78. The Legislature should expand OSPI's authority so it can modify regulatory structures and basic education funding requirements, while responding to a major disruption in the school system.

79. The Legislature should consider funding to address the long-term effects of COVID-19 and ensure that Washington schools are better funded to respond to future emergencies.

80. Federal ESSER funding will end September 2024. OSPI, the educational service districts (ESDs), and school districts should document best practices and lessons learned from their investments in innovative strategies to support student learning, well-being, recovery, and acceleration.

81. Relevant state agencies, local school administrators, and academic partners should collaborate on developing an aggressive statewide strategy that prioritizes a return to in-person learning. To the extent possible, these groups should prioritize short-term full closures over extended periods of remote or hybrid learning.

82. Establish a statewide planning collaborative including local, regional, and state educators, emergency management, and public health entities to study the disparities existing for children in vulnerable communities during school building closures.

83. The state should identify and support investments to ensure every school district has technology resources that can be deployed in the event of a future pandemic (e.g., laptops, tablets, portable hotspot devices).

84. DOH should collaborate with trusted education leaders and experts to develop clear, concise, evidence-based public health requirements and guidelines for re-opening public schools.

85. The state should identify funding for a resource procurement and management system to provide essential PPE to schools across the state.

86. DOH should develop an implementation plan and identify necessary resources and staffing for more efficient case investigation, contract tracing, isolation, and/or quarantine activities in the future.

87. DOH should coordinate with state leaders to review and revise vaccination priority protocols to include educators, teaching assistants and volunteers, administrators, and operations employees such as janitorial staff.

88. Expand requirements for emergency preparedness and response plans, to include COOP and a training and exercise schedule.

89. The Legislature should increase funding for ESDs to better resource the Regional School Safety Centers.

90. DOH and OSPI should develop a standard operating procedure to ensure public health guidance or requirements is consistent, transparent, timely and accurately dissemination to K-12 schools before they get released to the public.

*The remaining pages take a deep dive into each focus area, its strengths, improvement areas, recommendations, and miscellaneous information. The focus areas include A-H.*

# Focus Area A: Aspects of the COVID-19 response that may inform future pandemic and all-hazard responses

We break down five aspects of the COVID-19 response by looking at each more holistically. From there, we label each aspect's strengths, improvement areas, and recommendations. Here are the aspects that could inform future pandemic and all-hazard responses:

1. Operational coordination and communication
2. Collaboration and partnerships
3. Governance and decision making
4. Resources, services, funding
5. Public information

Focus Area 1 includes information and recommendations from three data sources:

- Task Force observations and recommendations
- Information gathered through a series of equity gatherings and engagement opportunities
- State agency after-action reviews and additional information

## *1. Operational Coordination/Communication*

### *Strength: Agencies collaborated with and supported each other more than usual*

Due to the magnitude of the event, the pandemic required a 'whole of government' response. Many state agencies assigned staff to support the emergency response or 'put them on loan' to other agencies to help them maintain operations and services. This 'cross-agency' support means staff developed new working relationships, learned about how other agencies operate, found new and effective ways to deliver services, and learned new skills. Several state agencies were represented at various levels of the COVID-19 response, such as the Uniform Command Group, the Multi-Agency Coordination Group, and the State's Emergency Operations Center (SEOC). Agencies and employees indicated they want to see more cross-agency coordination outside of an emergency response.

### *Improve: Strength emergency response and management capacity*

State agencies and local health jurisdictions deployed some of their personnel to other areas. Often, these employees didn't have previous experience or exposure to basic emergency response and management concepts, such as the National Incident Management System (NIMS), Incident Command System (ICS), and Emergency Operation Center (EOC) functions. This created some confusion before members could be brought up to speed to understand how decisions were made and how information was communicated. Additionally, local operations (typically well versed in emergency management) needed assistance from outside entities due to the pandemic's size and complexity. The state activated the All-Hazard Mobilization program through the State Fire Mobilization system. This allowed jurisdictions to

mobilize and deploy All-Hazard  Incident Management Teams (IMT) from the fire service. This worked well until fire season started, which diverted assets to fires. This left jurisdictions scrambling to find IMT support. While some local jurisdictions found Incident Management Teams from various entities to help, it was rare. Outside of State Fire resources, there's currently no specific funding at the state or federal level that supports the state developing or sustaining these teams.

**Recommendations:**
- The Military Department's Emergency Management Division (EMD) should collaborate with leadership from all state agencies to coordinate basic ICS and NIMS training for agency staff. This department should also introduce agencies to state EOC operations.
- Leadership from all state agencies that have an emergency response role must work with EMD to develop more cross-agency trainings and exercises. This will help participating agencies understand their role, responsibilities, and how things are structured. This will also increase how information flows among the Unified Command Group, the SEOC, and local EOCs.
- EMD needs funding to assist the nine geographically dispersed jurisdictions and build and sustain All-Hazard IMT capabilities. This will enhance support for our 39 counties and 29 federally recognized tribes.
- Every state agency with a response role should be familiar with the statewide Comprehensive Emergency Management Plan.

## Strength: Ability to modify essential functions and services

Early in the pandemic, state agencies had to evaluate their operations, services, and functions and determine which were essential and what could be suspended or altered. This was especially critical for state agencies that interact regularly with the public and provide support and services that communities rely on. In general, state agencies excelled at continuing essential functions.

Forced to respond quickly to COVID-19, state agencies amended their emergency management plans and daily business practices to maintain operations. Developing and implementing a modern work environment supported an effective pivot to a remote working environment.  A routine workday strategy based on technology (virtual meetings, etc.) gave staff more flexibility to maintain the mission of the agency.

As an example, the Department of Transportation developed a virtual emergency operations concept (EOC) to support agency operations. They incorporated Microsoft Teams to better refine the virtual EOC experience.

## Improve: Implementing, updating, and socializing COOP policies and procedures

**Observation:** State agencies implemented existing  procedures for Continuity of Operations (COOP) but discovered that some agency leaders and staff were not familiar with COOP and the concept of maintaining essential functions during emergencies. Some state agencies did not have adequate policies or procedures to provide supplemental compensation for additional work performed by state employees during COVID-19.

**Recommendations:**
- Every state agency should review their COOP plan to incorporate and memorialize what they've learned and the considerations they encountered from telework procedures during the pandemic.

- Every state agency should consider developing an Emergency Operations Plan (EOP) if one does not exist. This will help each agency identify roles, responsibilities, and communications that outline its mission and role in emergencies. The agency's EOP should align with the agency COOP plan, the statewide Comprehensive Emergency Management Plan, and  Emergency Support Functions (ESFs).

# 2. Collaboration and Partnerships

## Strength: Working Relationships with Interstate, Industry, and Federal Partners

Throughout COVID-19, state agencies maintained services and effectively navigated various aspects of pandemic response by using existing relationships with partners, including the federal government. An example was bringing on experts from Microsoft and Amazon to help with challenging logistics and distribution issues.

Most state agencies have established coordination with private sector partners and federal agencies based on the services and industries they oversee. Coordinating with federal partners such as the Small Business Administration (SBA) and federal housing and mortgage regulators proved vital for the state to effectively implement many federally funded relief programs. Agencies need to capture this experience, and leverage it to scale, export, and maintain these relationships post-pandemic.

## Strength: Development of the Roadmap to Recovery Plan

The *Healthy Washington – Roadmap to Recovery Plan* provided a regional approach to COVID-19 recovery. This plan, developed through the SafeStart/Roadmap to Recovery Steering Committee, outlined a multi-phased statewide plan designed to fit the needs and capacities of regions across the state. This plan supported the coordinated easing of public health restrictions while maintaining critical healthcare capacity, depending on the COVID-19 data in a region.

## Improve: Deliberative planning for disadvantaged and vulnerable populations

**Observations:** Task force members representing vulnerable communities spoke of being engaged only in "reactive" mode, if at all, during the pandemic. This degrades trust and prohibits positive collaboration. Engaging disadvantaged groups early in planning efforts deepens the connection between needs, resources, and equity. Investing in inclusive and culturally sensitive planning during emergencies would bring better outcomes, build collective trust, and reduce "one-size-fits-all" fragmented solutions. This can be accomplished by investing in community worker relationships and private/public/NGO partnerships. These will increase resilience and improve emergency planning so it better addresses gaps and inequities that exist in community support services.

**Recommendations:**

- State agencies should engage DEI personnel and processes to shape deliberative and culturally inclusive upstream planning processes focused on equitable delivery of services.

### Improve: Equity gatherings and engagement opportunities

**Observations:** A series of equity gatherings, one-on-one interviews, and small group engagement opportunities were conducted with different communities (Black/African American Community, Latino community, disabilities community, agency staff leading equity initiatives as well as a Come One Come All event). The purpose was to facilitate discussion on specific topics, better understand challenges the communities face, and identify potential recommendations to address those challenges. Advocacy for culturally appropriate/responsive education efforts to increase the historical understanding of institutional, systemic, and structural racism and their impacts is important to the process.

**Recommendations:**

- State agencies need to establish and follow standard communication practices. This includes providing information in a variety of languages and formats.
- State agencies involved in an emergency response should identify opportunities to expand engagement and build partnerships with community-based organizations that provide services and support to marginalized and underserved communities. Where possible, involve these organizations in emergency planning, training, and exercises.

# 3. Governance and Decision Making

## Improve: Better communicate lines of authority across various groups

**Observation:** Task Force members found it challenging to fully understand the different lines of authority and the decision-making process during the pandemic (federal, state, local and agency). There were often conflicting decisions and messages, which presented challenges to state employees responsible for implementation. The Comprehensive Emergency Management Plan (CEMP) is the sole source for much of this information and *all* state agencies need to be aware and have a working knowledge of it. Agencies must understand their role in emergency response, communications, and the decision-making process.

**Recommendation:**
- Every state agency with a role in emergency response must have representatives who have a working understanding of the Comprehensive Emergency Management Plan and regularly engage with EMD.
- EMD, DOH and other relevant agencies should coordinate a review of existing emergency response and pandemic-related response and recovery plans. This includes updated activation and communication protocols to identify lines of authority from state leadership and state agencies.

## Improve: Governance, decision making, and accountability

**Observations:** Task force members felt that people and organizations did not know who was in charge, resulting in decreased credibility and the feeling that communities were on their own to 'bootstrap' solutions. They further identified the need for the state to understand diverse community needs, how to fund those needs, and make communities accountable. It is critical to understand the decision-making process, who is responsible or has authority for different aspects of emergency response, and the role regional, local, public, private, nonprofit, and other entities play in the process.

**Recommendations:**

- State agencies should review plans to ensure they clearly address how different levels of decision-making (federal, state, and local) operate and interact.

# 4. Resources, Services and Funding

## Strength: Procurement of PPE

The state went to great lengths to obtain masks and other personal protective equipment (PPE) for state agencies, local emergency response operations, and vulnerable populations. Eventually, as the enormity of the pandemic became apparent, the state implemented a tiered priority process to ensure that vulnerable communities, such as long-term care facilities and migrant workers, had the protection they need to care for their residents and workforce. The tiering process worked and should be emulated in future events.

## Improve: Coordination with manufacturing partners

**Observation:** Although Washington procured PPE through different avenues, it lacked the in-state manufacturing capabilities to quickly produce emergency products. A lack of consistent coordination with PPE manufacturing partners in the state led to delays and miscommunications. Additionally, storing, tracking, and distributing the PPE was a challenge.

**Recommendations:**
- The Department of Employment Security (DES), Department of Health (DOH), EMD, and other relevant agencies should review and align emergency procurement processes, manufacturing and warehousing strategies developed during COVID-19. These agencies need to establish them into updated plans and procedures. This includes establishing roles, responsibilities, and training across state agencies for future emergencies that require state-led procurement, manufacturing, or storing equipment and supplies.

## Strength: Effective use of certain funds to support underserved communities

Washington used federal Coronavirus State Fiscal Recovery Funds to support the needs of vulnerable and underserved communities, such as those experiencing homelessness, immigrant farm workers, low-income communities, and facing food insecurities.

Washington received $2.2 billion in these funds through the CARES Act. These were distributed quickly to support public health and medical care and to prevent the economic collapse of businesses. A year later, the state received additional funding through the American Rescue Plan Act (ARPA) and focused on vulnerable populations disproportionately impacted by COVID-19.

The Coronavirus State Fiscal Recovery program, which is part of ARPA, provided $350 billion to state, local, and tribal governments across the country to support COVID-19 response and recovery efforts. Washington received a total of $4.4 billion Coronavirus State Fiscal Recovery funds.

## Improve: How to coordinate and maximize available funding streams

**Observation:** There was a coordination disconnect among multiple state and federal entities that managed and implemented funding support, including the CARES Act funding, the ARPA funding, and FEMA Public Assistance funding streams.

Community-based organizations, nonprofits and public health played large roles in the response. However, they were underfunded – especially because of the prolonged pandemic. The state can advocate with federal entities for more flexible funding processes in federal emergency assistance programs to help these chronically underfunded organizations. We need to focus on funding small organizations that do direct community work, rather than continually funding the same larger organizations over time. We need trusted funding models that are innovative and where funding is shared in partnership among public and private entities (including foundations). These models should focus on equity to the most vulnerable populations and consider unintended consequences.

**Recommendations:**
- Establish a disaster financial relief coordination group that activates in large-scale disasters such as a pandemic. This includes state agencies responsible for using and managing disaster funds. Consider creating a centralized online hub for disaster cost recovery information and grant opportunities and applications.

## Improve: Access to administrative systems, services and supports

**Observations:** Task force members noted that barriers to access emerged in many forms. This ranged from access to healthcare and PPE delivery and distribution, to data sharing, to appropriate food, to timely capital and cash assistance. Small businesses, including minority-owned businesses, experienced significant barriers to accessing loans and grants. Creating equity strategies for access to essential services, including education, healthcare, small businesses, transportation, and other publicly and privately supported needs is important to ensure access for all. Some administrative systems were challenging for communities and local systems to work with. Administrative barriers and regulations often made it more difficult to distribute food to people in need and to provide support to small businesses to stay open. Simplifying the administrative burden on community-based organizations and local governments will allow these groups to more effectively use limited resources.

**Recommendations:**
- Agencies should review how easily and equitably underserved communities can access systems and services. This includes simplifying access points and developing feedback loops for communities that improve delivery, messaging, and support.

## Improve: Food Insecurity

**Observations:** Participants in the Food Insecurity Equity Gathering included various members working in the field (i.e., government, food banks, food pantries, local farmers, and other community-based organizations). They identified barriers to food distribution in this expansive crisis. Moving distribution and control of resources, funding, and programs to the local level, and identifying funding opportunities

and resources for improved physical, technology, and distribution infrastructure would help alleviate some of these challenges. We need to identify opportunities for BIPOC-led organizations, community-based organizations, and community navigators to administer more food system and hunger relief grant work.

**Recommendations:**

- Legislation should be put in place to recognize food as a human right. The state should directly invest in the emergency food system and continue to support and fund organizations that provide these services.
- Legislation should provide universal meals for all students across the state.

# 5. Public Information

## Strength: Coordination with Community Organizations

**Observation:** A coalition of organizations serving the Latino community increased public outreach opportunities in those communities. This coordination with trusted voices in underserved and diverse communities ensured messaging was relatable and receivable.

**Recommendations:**

- State agency communications departments should establish the processes to translate and disseminate information so that it's easy to incorporate during future response events. They should also develop multilingual hazard- and/or incident-specific templates to communicate critical information to diverse communities in their areas.

## Improve: Communication

**Observations:** Task force members often spoke of fragmented and uncoordinated communication, lack of effective communication, and chaotic responses. Others noted improvements after the initial COVID-19 phase but improvements were often inconsistent. At times, the public received conflicting messages from state and local authorities. This created confusion and the perception of siloed government and healthcare delivery structures as a root cause of fragmented communication and ineffective response. This would benefit from evaluating community impacts, with a focus on underserved and isolated communities, as well as the best ways to reach these communities.

**Recommendations:**

- Continue to streamline communication among state administration, state agencies, local governments, associations, unions, service providers, and community partners through effective, trusted, and agreed-to frameworks, enabling timely feedback, and delivering a coordinated response.
- State agencies should review external communications efforts conducted during the pandemic and determine which responses were effective or ineffective with diverse communities.

## *Improve: Data/information use, access, and effectiveness*

**Observations:** Data-collection and reporting was a challenge on such a large-scale, quickly changing event. Communities were often left guessing about status, changes, and trends. Current data systems do not equitably make data available to all 39 counties. We need to improve data collection to better assess hunger risk, food bank use, and small business needs and support. Agencies were discouraged and frustrated by administrative challenges and how long it took to develop and implement interagency data sharing agreements. This delayed agencies' ability to share critical information to slow down the response.

**Recommendations:**

- Relevant agencies should analyze existing systems of data collection and use this data from the context of equity and under-served populations. Agencies should identify and mitigate important informational gaps by disaggregating data (by detailed race/ethnicity, type of disability, other categories) and improving how data gets collected. It's also important to consider data sharing and coordination processes to address timing lags and streamlined data to target the most vulnerable populations.
- All agencies that share a role in the state's emergency response must implement and maintain interagency data sharing agreements before an event, to ensure quick execution and effective response.

# Focus Area B: Emergency response that would benefit business community and workers during a pandemic

The Department of Commerce convened a workshop on Oct. 20, 2022, to explore actions taken to support business and workers. Some information in this section is based on additional research, best practices, lessons learned, and recommendations from the contractor's previous experience in other jurisdictions.

## *Strength: Establishing the Small Business Resiliency Network*

**Observation:** The Small Business Resiliency Network (network) provided a place for businesses in marginalized communities to access crucial information on available financial assistance.

**Recommendations:**

- Working with the Washington Department of Commerce, the state should identify and allocate ongoing funding to maintain and expand the services offered through the network.
- Collaborate with local universities and technology corporations in Washington to develop programs that support teaching small business owners to implement technology into their daily operations, and make the hardware and equipment needed to build this capacity.

## *Improve: Coordination and communication with the business community*

**Observation:** There was no centralized mechanism to coordinate and communicate between state responders This was also true for the business community feeling limited on how to share information on business needs, available resources, or guidance on how to access resources.

**Recommendations:**

- The Department of Commerce should develop a formal process for agencies to engage and collaborate with the business community through existing networks such as the Washington Small Business Development Center, Washington Chamber of Commerce, and other business associations.
- A private sector liaison position should be created in the SEOC to focus on coordination and communications with the private sector.

## *Improve: Disseminate public health guidance to business community*

**Observation:** Public health guidance to the business community often contained conflicting information, resulting in confusion.

**Recommendation:**

- DOH and relevant agencies should develop clear procedures for creating and disseminating public health guidance information specific for businesses. These procedures should also identify the information sharing channels and engage the business community such the Washington Small Business Development Center, Washington Chamber of Commerce, and other businesses.

## *Improve: Access to resources for all essential operation sectors*

**Observation:** Workers deemed essential but working outside the healthcare and medical sector were not prioritized for PPE and COVID-19 testing resource support.

**Recommendations:**

- DOH and relevant agencies should ensure that all sectors with essential personnel have adequate access to necessary resources that may include PPE, testing, and vaccines.
- Relevant agencies should include their emergency operations plans include lists of essential services and personnel.

## *Improve: Financial resources and information sharing to business community*

**Observation:** The business community and local organizations providing financial support to business were challenged to implement processes for available funds, especially in marginalized communities.

**Recommendations:**

- Relevant agencies should collaborate with local economic development organizations and appropriate state agencies to establish processes to manage and distribute financial assistance during emergencies. Agencies should prioritize sustained funding and technical assistance to these economic development agencies.

# Focus Area C: Standards regarding flexible rent and repayment plans for residential and commercial tenants during a pandemic

As part of the State Pandemic Task Force, the Department of Commerce convened a workshop on Oct. 27, 2022, to explore actions taken in response to COVID-19 that addressed rent assistance. Representatives from state agencies and commissions, local governments, rent assistance grantees, and community-based organizations were invited.

## Strength: The Eviction Resolution Pilot Program (ERPP)

The Eviction Resolution Pilot Program provided much needed support to both residents and landlords, but the process could be simplified and made clearer. State agencies could review, clarify, and simplify efforts to package rental assistance, landlord and tenant rights, and dispute resolution to ensure that both tenants and landlords are supported.

## Strength: Support for Renters and Landlords

Washington has developed updated and robust state landlord/tenant laws in addition to financial support for both renters and landlords through COVID-19.

## Improve: Emergency rental assistance to local jurisdictions and community organizations

**Observation:** Community-based organizations and local jurisdictions struggled to manage rental assistance and guidance to residents due to complex processes and limited resources. We need scaled-up rental assistance without impacting other critical processes, such as homelessness response work, isolation/quarantine, and vaccine distribution.

**Recommendations:**

- The state should identify and implement more formal support for these organizations through increased state investment, support, and technical assistance.
- The Department of Commerce should develop a repeatable, scalable structure for emergency rental assistance funding that includes a standard, clearly defined application process for all jurisdictions in Washington.

## Improve: Complexity of State Rental Assistance Program support

**Observation:** Complex state rental assistance programs inadvertently excluded some community-based organizations.

**Recommendation:**

- The state should review and reform state procurement, contracting, and auditing processes to provide a clearer and more efficient process. This will alleviate the burden put on local governments and community-based organizations.

## *Improve: Distribution of funding guidance and updates*

**Observation:** Guidance pertaining to available rental assistance was often vague and not distributed ahead of funding getting issued. Any updates or changes to rental assistance or eviction moratoriums and housing need to be released well ahead of the Governor's proclamation end dates to give tenants and landlords ample time for preparation.

**Recommendations:**

- State agencies responsible for distributing federal funding to communities should work with community-based organizations to develop and issue guidance well ahead of distributing funds. These procedures should be included in all plans.
- State agencies that coordinate with federal housing partners should provide feedback on the need to simplify and standardize the reporting requirements for federal funding.

## *Improve: Guidelines to include hotels under eviction moratoriums*

**Observation:** Hotel/motel owners and management do not operate as landlords and being included under the eviction moratorium placed these owners and managers in uncharted territory.

**Recommendation:**

- The state should develop new guidelines to address the unique nature of hotels as accommodations during a crisis, including an allowable 'length of stay' and consequences for non-payment.

# Focus Area D: Whether establishing regional emergency management agencies would benefit Washington's emergency response to pandemics

The William D. Ruckelshaus Center, which also facilitated the State Pandemic Task Force, gathered information in the form of one-on-one interviews, a survey, and a forum discussion with individuals from various disciplines and levels of decision making. This included EMD, DOH, city and county staff, universities, members of the hospitality industry, and nonprofits.

## Key findings

The key opportunities from implementing additional regionality within EMD are:

- Strengthen the relationship between the state EMD and local emergency managers.

- Increase resource equity for under resourced small and rural communities by providing technical assistance, grant writing, planning, and training resources, where needed.

- Improve regional communication, coordination, and collaboration before and during emergencies.

- Support efforts of regions to strengthen local resilience and mitigation planning and implementation.

## Concerns

**Bureaucracy:** Some participants perceived this idea as adding another level of governmental structure between decision and policy makers and local operations, slowing down the overall emergency management system through inefficiencies and miscommunication.

**Duplicating efforts:** Some local emergency response managers said they already have regional networks and relationships, such as the nine Homeland Security regions. Some feared the state would control where and when networks are built and used. Many individuals pointed out that the current regional structures are ineffective and rarely used beyond grant funding.

**Reduced Funding and Staffing:** People were concerned that a regional approach would strip local jurisdictions of already scarce funding and resources by shifting them. This view was largely shared across all levels of emergency response management.

**Consistent Support:** Participants discussed how support from state decision makers for EMD work has historically come in waves, shifting as each new administration takes office and positions turnover. Some said a regional structure would only be effective if, at higher state levels, support and dedication for emergency management was more stable.

**Confusion and Reduced Local Authority:** Some participants expressed concern that added layers between local jurisdictions and the state EMD could increase community confusion on where to turn for

information during an emergency. Other interviewees said that a regional framework opens the door for the state to increase its authority over local emergency response decisions.

# Initial recommendation

There appears to be sufficient benefit to increasing regionality in EMD if decisions are guided by the core principles stated earlier in the report. The state could start with pilot programs for some additional regional structures and then modify these programs based on experience.

## *Moving EMD*

Many interviewees discussed the idea of making the state EMD its own department within the Governor's Office. This would mirror other state models, such as Oregon, where the Department of Emergency Management began reporting directly to the governor in 2022.

Support for this idea, however, was not unanimous. Some interviewees said the EMD, the Governor's Office, and DOH already have a strong working relationship with local communities and that would not be improved by making EMD an independent entity in state government.

# Focus Area E: Gaps and needs for volunteers to support medical professionals in performing their pandemic emergency response functions in Washington

As part of the State Pandemic Task Force, the DOH convened a work group to explore actions that support volunteers. Representatives from local governments, health jurisdictions, emergency management departments, and medical reserve corps were invited to participate.

A survey was sent to representatives from state agencies, tribal partners, health districts, medical reserve corps, senior service organizations, city and county emergency management agencies, and community-based organizations. The work group facilitated five focus groups.

For the purposes of this after-action report, the work group used the definition of volunteer from Revised Code of Washington (RCW) 51.12.035.

## *Improve: Management and resource support for volunteer programs*

**Observation:** Staff responsible for recruiting and deploying volunteers during the COVID-19 response often had many additional responsibilities, making it difficult to effectively use a vital resource. There were many different tools and formats to manage and track volunteer activities, creating inconsistencies.

**Recommendations:**

- Relevant agencies should collaborate with volunteer organizations such as the Serve Washington program, Medical Reserve Corps, American Red Cross, and others to formalize a more robust and sustainable statewide volunteer recruitment and management system.
- The state should study and consider the creation of a Disaster Service Worker program such as those operating in other states.

## *Improve: Develop a statewide volunteer mechanism*

**Observation:** The inconsistent nature of volunteering across the state creates ineffective use of resources, duplication, and inefficiencies in human resources during times of emergency.

**Recommendation:**

- Relevant agencies should develop a unified statewide interagency approach to volunteer management to support the Military Department, DOH, the Department of Children, Youth and Families (DCYF), the Department of Social and Health Services (DSHS), the Departments of Ecology, Agriculture, Commerce, Natural Resources, and other agencies.

## *Improve: Mechanisms to convert volunteers to paid staff*

**Observation:** During long-duration disasters, organizations need mechanisms to convert volunteer staff to paid staff. Include social service organizations in planning efforts, training, and exercises with state agencies.

**Recommendations:**

- Identify funding sources that social services agencies and nonprofits may access to expand or support existing programs and supplement staffing.

## *Improve: Volunteerism equity*

**Observation:** Underserved, marginalized, and diverse immigrant communities were often supported by volunteers who may not have been familiar with the local culture, customs, and/or needs of the community. This may have contributed to mistrust of the intended support.

**Recommendation:**

- Collaborate with trusted organizations to develop a program to match volunteer opportunities with individuals who are familiar with the communities they are working to support.

# Focus Area F: Gaps and needs for tools to measure the scale of an impact caused by a pandemic and tailoring the pandemic response to affected regions

This section provides strengths and improvement areas on how to measure the scale of impact caused by a pandemic as it relates to COVID-19 activities.

## *Strength: Development of data dashboards*

Development of various data dashboards provided an effective way to share vital data and statistics to the public from state agencies and local jurisdictions.

## *Strength: Developed a Frequently Asked Questions (FAQ) tool for the energy sector*

The FAQ tool developed for the energy sector provided up-to-date and consistent information.

# Focus Area G: Gaps and needs in health care system capacity and case tracking, monitoring, control, Isolation, and quarantine and deploying medical supplies and personnel

This section provides details on strengths, areas for improvement, and recommendations identified through the DOH *Washington Statewide Comprehensive After-Action Report Recommendations for Focus Area G*. available on the task force's website: https://mil.wa.gov/pandemic-after-action-report-task-force.

# Healthcare capacity

## *Improve: Disaster surge capacity for healthcare infrastructure*

**Observation:** The hospital business model in Washington and many other states prioritize high patient capacity levels, resulting in a lack of surge capacity. Prioritizing equity in healthcare access and delivery is essential. There is a need to develop and enhance systems and policies in rural healthcare facilities and Critical Access Hospitals to ensure an appropriate level of health care for state residents.

**Recommendations:**

- DOH and relevant agencies should establish a statewide healthcare resilience collaborative charged with developing strategies to build more resilient and flexible models of care. This collaborative should also commission an evaluation of healthcare facilities and resource needs to support Washington's growing population.
- DOH should develop a mechanism for activating a statewide ambulance strike team.
- Update state-level Medical Surge Plans at the healthcare facility and county and state levels to mitigate demand during emergencies.

- Emergency Support Function (ESF) #8 agencies should collaborate to develop an annual cycle of healthcare emergency preparedness trainings and exercises.

## Improve: Healthcare workforce surge capacities and mechanisms

**Observation:** The governor issued Proclamation 20-24, which restricted all non-urgent medical procedures, provided additional bed capacity, conserved medical supply, and reduced risk of exposure to patients and staff. However, healthcare services disruptions had unintended negative impacts on the healthcare system today. We need to create policies and reimbursement models that support telehealth.

### Recommendations:

- The state should adopt a mechanism to allow expedited licensure of RNs and LPNs in Washington.
- Commission a study to understand the forces and influences that affect healthcare staffing in hospitals in Washington.

## Improve: Prioritization for long-term care facilities

**Observation:** Many existing county and state pandemic preparedness plans did not adequately prioritize long-term care. Coordination needs to be enhanced between public health emergency preparedness and response officials, communicable disease subject matter experts, regulatory teams, and long-term care associations. Ensure long-term care facilities, including skilled nursing facilities, have dedicated and trained staff for infection prevention.

### Recommendations:

- The state should invest in workforce development programs specific to long-term care and implement robust coordination channels, with standardized data on infections and characteristics of facilities and residents.
- DSHS and DOH should increase coordination and collaboration with long-term care regulatory officials. This will ensure long-term care facilities are prepared to handle public health emergencies and are compliant with relevant regulations and guidelines.

## Improve: Support for mental health and social services

**Observation:** Psychiatric facilities were overwhelmed, forcing individuals to seek mental health treatment in emergency rooms. Prioritize resources and support for social workers so they can effectively manage their caseloads and provide services to their clients. Prioritize hiring more social workers and providing incentives to retain them. Improve the accessibility and usability of the Consumer Direct Care Network Washington (CDWA) website for clients with mental health disabilities and healthcare providers seeking employment.

### Recommendations:

- Rules should be implemented to provide temporary coverage of medication costs for individuals who experience a temporary suspension of benefits or create partnerships between hospitals and pharmacies to ensure that individuals have access to their medication upon discharge.
- Minimum home healthcare training requirements should be updated to allow qualified family members to care for loved ones and provide competitive prevailing wages.

*Improve: Support death services (coroners, mortuaries, crematoriums, funeral homes)*

**Observation:** Many counties did not have emergency management plans in place. Some entities bypassed their local community systems by calling DOH directly. There needs to be an increase in transportation and geographically accessible storage facilities for human remains. Emergency protocols should be created to scale up decedent storage options in disasters.

**Recommendations:**

- Regional Clean Air agencies should expand access and regulations for cremation services during fatality surges.
- Centralize all protocols and standards for coroners and medical examiners to follow, and ensure they have access to information and guidance to carry out their duties effectively. Include unified guidance for identifying highly infectious disease positive decedents, handling human remains, and environmental guidelines.
- Review and incorporate Medical and Mortuary Services lessons learned into the ESF #8 Medical and Mortuary Services Fatality Management Appendix.
- Establish a temporary emergency waiver and contingency plan to allow alternative transport options and streamline permitting during public health emergencies and mass fatalities. Include language to expedite the release of human remains back to tribal nations.
- Explore legislation for consistent death reporting with regulatory oversight in every county, in addition to funding for a unified reporting system, where all deaths are recorded by each entity storing the remains.

# Case monitoring, disease surveillance, operational visibility

*Improve: Support and expand disease surveillance capabilities and data management*

**Observation:** Early supply chain shortages, compounded by a crippling workforce and underfunded public health, affected system capacity. Evaluate the potential needs of the DOH Public Health Laboratory to maintain testing capabilities and agility. Provide resources to improve existing lab data systems and implement new ones. Expand, streamline, and standardize emergency response training for testing operations, laboratory personnel, and local testing partners.

**Recommendations:**

- Establish hospital requirements for how to regularly report the staffed bed capacity to DOH.
- DOH should embark on a branding and communications campaign to differentiate the regulatory role from the supportive role of the agency.
- DOH should maintain the public-access virtual data portal so that the public can continue to access disease activity and healthcare capacity data.
- DOH should create a centralized data system that can collect, analyze, share, and report data on epidemiological trends and potential surges.

# Case tracking and investigations

*Improve: Increase capacity for trained case tracking and investigation activities*

**Observation:** The need to quickly fill contact tracing and investigation roles led to the mass hiring of personnel with little to no training on how to properly track or investigate COVID-19 positive cases.

**Recommendations:**

- Create mutual aid agreements that provide local health jurisdictions with the option to enter a formal delegation of authority to DOH for services during a declared public health emergency, This includes contact tracing and case investigation for the local jurisdiction.
- Create a statewide planning work group to develop and maintain a plan at the Washington Office of Superintendent of Public Instruction (OSPI) that supports each individual school district with implementing case tracking and testing during a public health emergency.

# Control and prevention

## *Improve: Managing communications and misinformation*

**Observation:** The medical and non-medical countermeasures implemented in Washington controlled the spread of COVID-19 and kept death rates relatively low. However, these measures also fueled misinformation and a distrust of institutions, affecting health equity and community well-being.

**Recommendations:**

- DOH and other relevant agencies should develop a robust statewide emergency mass communications plan with procedures to ensure that state and local governmental entities have access to accurate, up-to-date policy changes, and tools to quickly develop emergency response messaging.
- DOH should update the ESF #8 annex of the Comprehensive Emergency Management Plan to address mass vaccination.

# Isolation and quarantine

## *Improve: Standard protocols for public health measures*

**Observation:** Government mandates and initiatives to contain transmission and spread of COVID-19 had negative impacts on marginalized communities and congregate living environments.

**Recommendations:**

- Revise the Quarantine and Isolation Emergency Operation Plans and associated annexes to include activation protocols for Care Connect services in a federally-declared emergency.
- DOH should establish standard operating procedures, templates, and protocol guidance that local health jurisdictions may adopt to set up isolation and quarantine units during public health emergencies.

## *Strength: Public health supply chain management*

**Observation:** Washington's planning in previous public health emergencies put the state in a better position to respond to the COVID-19 pandemic.

**Recommendations:**

- DOH should commission a comprehensive risk assessment and resource inventory to ensure that regions, cities, counties, and communities are adequately prepared for emergency events.

- The state should establish formal agreements with local manufacturers to produce PPE during an emergency response.

# Deploying personnel

## *Improve: Support non-clinical volunteers*

**Observation:** The shortage of non-clinical volunteers such as janitorial staff and other support services hindered operations in hospitals and other medical settings. Establish clear protocols and guidelines for activating resources during public health emergencies.

**Recommendations:**

- Establish liability protection for clinical and non-clinical response volunteers during a surge event.
- Amend state law to allow entities to share resources among states during public health emergencies, and give DOH more flexibility to respond to emergencies in the absence of a governor's proclamation.
- Implement a standardized tracking system to address inaccurate reporting of worked hours and filled positions by temporary staff.
- Conduct Jurisdictional Risk Assessments to help identify potential staffing shortages and allocate personnel resources accordingly.

# Deploying medical supplies

## *Improve: Distribution and management of public health resources*

**Observation:** Priorities in public health resources and supplies distribution, in addition to global supply chain issues, at times resulted in an unequitable distribution of resources. Continue the statewide use of WebEOC, the real-time crisis information management software,for improved coordination, communication, and resource requests. Decisionmakers should ensure that policies and procedures are designed with the needs of individuals with disabilities and their families in mind. Ensure equitable allocation and deployment of medical resources during an emergency. Consider nontraditional healthcare settings, such as correctional facilities and long-term care facilities, that were not included early on. Expand the use of ambulance conversions for vaccine distribution.

**Recommendations:**

- Develop a more streamlined and accessible process for smaller healthcare organizations to obtain PPE and provide educational services and training to help them navigate the process during emergencies.
- DOH should develop a centralized system to manage and track an inventory of essential supplies, including PPE and vaccine storage equipment in the PPE warehouse (Medical Logistics Center).

# Focus Area H: Implementing guidelines for school building closures during a pandemic

As part of this task force, OSPI gathered perspectives on the topic of "guidelines for school building closures during a pandemic." OSPI conducted a set of individual interviews, small group discussions, and webinars in late fall and early winter 2022-2023 with education leaders and staff from around the state.

### Strength: School districts continued meal service to students

**Observation:** School districts across Washington maintained critical meal service to students in need after school buildings closed.

**Recommendations:**

- The state should provide the necessary resources for OSPI's Child Nutrition Services Office to develop a guidebook that outlines regulatory requirements, funding mechanisms, and best practices for services to support local school district pandemic planning.
- The state should invest state resources to supplement existing federal funds to ensure that all K-12 students have access to free meals as part of the school day.

### Strength: COVID-19 diagnostic and testing in schools

**Observation:** DOH implemented a successful COVID-19 testing program to ensure the safest learning environment possible. DOH should memorialize this testing strategy as part of a review and update of the existing *Pandemic Influenza Plan*. The state should coordinate with DOH to identify necessary resources and funding for a testing strategy for future pandemic-related emergencies.

### Strength: Strategies and resources to accelerate post-pandemic learning and recovery

**Observation:** OSPI developed a recovery and acceleration plan early in the pandemic to address the challenges and learning impacts faced by students and families during school building closures. The state should support and provide the necessary resources to schools for ongoing evidence-based academic and well-being recovery and acceleration initiatives for at least the next five years.

### Strength: Modified regulatory structures and financial support in education systems

**Observation:** OSPI used emergency rules to maintain educational continuity for Washington's students during the pandemic. Further, both the state and federal governments provided funding to school districts to support student learning and well-being recovery and acceleration.

**Recommendations:**

- The Legislature should expand OSPI's authority so it can modify regulatory structures and basic education funding requirements, while responding to a major disruption in the school system.
- The Legislature should consider funding to address the long-term effects of COVID-19 and ensure that Washington schools are better funded to respond to future emergencies.
- Federal ESSER funding will end September 2024. OSPI, the educational service districts (ESDs), and school districts should document best practices and lessons learned from their investments in innovative strategies to support student learning, well-being, recovery, and acceleration.

### *Strength: Established centralized authority related to school system operations*

**Observation**: Early in the pandemic, the state developed a centralized decision-making authority, which provided much needed uniformity and clarity across the educational system. Document and memorialize the process for establishing the central decision-making entity over the K-12 system.

### *Improve: Impacts related to in-person learning, school building closures, and hybrid models within the education system*

**Observation:** Pandemic response plans and decisions did not include the effects of building closures and remote learning on children and their families.

**Recommendations:**

Relevant state agencies, local school administrators, and academic partners should collaborate on developing an aggressive statewide strategy that prioritizes a return to in-person learning. To the extent possible, these groups should prioritize short-term full closures over extended periods of remote or hybrid learning.

### *Improvement: Planning and preparation for remote learning environments*

**Observation:** Pre-pandemic planning and resource considerations for remote learning were not adequate to ensure the most equitable implementation possible for school-aged children across the state. The state should support mechanisms to ensure that educators are compensated for the additional preparation time for remote learning. The state should support and facilitate training for students and their families about remote, online education tools. This should include assisting school districts to identify children without access to broadband or technology.

**Recommendations:**

- Establish a statewide planning collaborative that includes local, regional, and state educators, emergency management, and public health entities to study the disparities existing for children in vulnerable communities during school building closures.
- The state should identify and support investments to ensure every school district has technology resources that can be deployed in the event of a future pandemic (e.g., laptops, tablets, portable hotspot devices).

### *Improve: Plan and prepare for return to in-person instruction*

**Observation:** The return to in-person instruction lacked adequate planning.

**Recommendations:**

- DOH should collaborate with trusted education leaders and experts to develop clear, concise, evidence-based public health requirements and guidelines for re-opening public schools.
- The state should identify funding for a resource procurement and management system to provide essential PPE to schools across the state.

### *Improve: Case investigation, contact tracing, isolation, and quarantine procedures*

**Observation:** Schools did not receive resources or staff to adequately perform case investigation, contact tracing, isolation, and quarantine activities.

**Recommendation:**

- DOH should develop an implementation plan and identify resources and staffing for more efficient case investigation, contract tracing, isolation, and/or quarantine activities in the future.

## *Improve: COVID-19 vaccinations for school staff*

**Observation:** State leaders established a system to prioritize vaccine availability, but school staff were not included in the early priority tiers, resulting in a delay in the return to in-person learning in schools.

**Recommendation:**

- DOH should coordinate with state leaders to review and revise vaccination priority protocols to include educators, teaching assistants and volunteers, administrators, and operations employees such as janitorial staff.

## *Improve: Emergency preparedness and response planning in schools*

**Observation:** While schools are required to have emergency preparedness and response plans, these requirements need to include items such as Continuity of Operations (COOP) Plans, training, and exercises. The Military Department's EMD should consider hosting a series of "Train the Trainer" workshops. The state should support the development of a COOP template for school districts to use.

**Recommendations:**

- Expand requirements for emergency preparedness and response plans, to include COOP and a training and exercise schedule.

## *Improve: Expanding ESD capacity*

**Observation:** While education service districts (ESDs) were crucial during the state's response, expanding available funding and their role in emergency preparedness planning and actual response could result in a more resilient educational system and strengthen the state's schools' ability to respond and recover more quickly to future incidents.

**Recommendation:**

- The Legislature should increase funding for ESDs to better resource the Regional School Safety Centers.

## *Improve: Coordination and communication regarding public health guidance to schools*

**Observation:** Communication to school districts was strong in the early months of the pandemic but became challenging later. Not all school partners consistently got timely and accurate messaging.

**Recommendations:**

- DOH and OSPI should develop a standard operating procedure to ensure public health guidance or requirements is consistent, transparent, timely and accurately dissemination to K-12 schools before they get released to the public.