

UNIVERSITY OF HOUSTON

EMERGENCY MANAGEMENT BUSINESS CONTINUITY PLANNING DEPARTMENT TEMPLATE



2014



BUSINESS CONTINUITY PLAN (BCP/COOP)

A. BUSINESS CONTINUITY PLAN (BCP)

To be better prepared, UH personnel and its programs may use this form to complete a Business Continuity Plan (BCP) checklist - to describe how your program will operate during an emergency and to recover afterwards to be fully operational.

B. DEPARTMENT OBJECTIVES

Considering your unique mission, describe your teaching, research and/or service objectives:

Objective 1:

Objective 2:

Objective 3:

C. MORE INFORMATION REGARDING YOUR DEPARTMENT

Please note below information for your department's contact.

| | | | |
|------------------------|----------------------|---------------------|-----------------------|
| Primary Contact | Name | Phone Number | Campus Address |
| | | | |
| | Email address | | |
| Dept. locations | | | |

| | | | |
|--------------------------|----------------------|---------------------|-----------------------|
| Secondary Contact | Name | Phone Number | Campus Address |
| | | | |
| | Email address | | |
| Dept. locations | | | |

| | | | |
|------------------------|----------------------|---------------------|-----------------------|
| Third Contact | Name | Phone Number | Campus Address |
| | | | |
| | Email address | | |
| Dept. locations | | | |

| | | | |
|------------------------|----------------------|---------------------|-----------------------|
| Fourth Contact | Name | Phone Number | Campus Address |
| | | | |
| | Email address | | |
| Dept. locations | | | |

| | | | |
|------------------------|----------------------|---------------------|-----------------------|
| Fourth Contact | Name | Phone Number | Campus Address |
| | | | |
| | Email address | | |
| Dept. locations | | | |

Please indicate below the principle nature of your department's operations (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Instruction | <input type="checkbox"/> Student life support |
| <input type="checkbox"/> Laboratory research | <input type="checkbox"/> Research support |
| <input type="checkbox"/> Other research | <input type="checkbox"/> Facilities support |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Other (describe): |

D. EMERGENCY ACCESS TO INFORMATION AND SYSTEMS

Is your essential data backed up regularly? Would the information be accessible if your building was closed, or if the University network was down? If access to your department's information and systems is essential in an emergency, describe your emergency access plan below.

This may include remote access (or authorization to allow remote access), contacting IT support, Blackboard, off-site data backup, backup files on flash drives, hard copies, or mobile device storage. All data must be protected in accordance with MAPP 10.05.03, Data Classification and Protection. Identify what critical data and records are backed up, whether the backup is stored on-site or off-site. Simulate a failure scenario that tests the ability to recover "lost" critical data. Describe how your department will respond to the destruction of critical data. If telecommuting is an option for one or more of your staff, include the specifics to ensure compliance.

E. EMERGENCY COMMUNICATION SYSTEMS

All UH employees are responsible for keeping informed of emergencies by monitoring news media reports, UH's emergency website home page, email, and PIER alert messages. To rapidly communicate with our staff in an emergency, we have prepared a call tree.

Note: List multiple communication systems that can be used for backup, after hours, when not on campus, or for other contingencies.

- | | | |
|--|--|---|
| <input type="checkbox"/> Phone | <input type="checkbox"/> Email | <input type="checkbox"/> Text messaging |
| <input type="checkbox"/> Call tree | <input type="checkbox"/> UH web sites | <input type="checkbox"/> Pager |
| <input type="checkbox"/> Instant messaging | <input type="checkbox"/> Other (describe): Electronic Billboard UH radio station | |

F. DEPARTMENT ESSENTIAL FUNCTIONS/PERSONNEL

List below your department’s functions that are essential to operational continuity and/or recovery, and who is responsible for them. Make sure that alternates are sufficiently cross-trained to assume responsibilities.

| | | | |
|----------------------------|---------------------------|------------------|-------------------------|
| Essential Function: | | | |
| | Primary | Alternate | Second Alternate |
| | People Responsible | | |
| | Phone Numbers | | |
| Essential Function: | | | |
| | Primary | Alternate | Second Alternate |
| | People Responsible | | |
| | Phone Numbers | | |
| Essential Function: | | | |
| | Primary | Alternate | Second Alternate |
| | People Responsible | | |
| | Phone Numbers | | |
| Essential Function: | | | |
| | Primary | Alternate | Second Alternate |
| | People Responsible | | |
| | Phone Numbers | | |
| Essential Function: | | | |
| | Primary | Alternate | Second Alternate |
| | People Responsible | | |
| | Phone Numbers | | |
| Essential Function: | | | |
| | Primary | Alternate | Second Alternate |
| | People Responsible | | |
| | Phone Numbers | | |

G. YOUR DEPARTMENT'S LEADERSHIP SUCCESSION

List the people who can make operational decisions if the head of your department or unit is absent. Review your department's key personnel, team leaders, department heads and those responsible for the above essential functions to identify your department's **Emergency Business Continuity Plan**.

| | Name | Phone Number | Alt Phone Number |
|-------------------------|------|--------------|------------------|
| Head of BCP | | | |
| First Successor | | | |
| Second Successor | | | |
| Third Successor | | | |

H. KEY INTERNAL (WITHIN UH) DEPENDENCIES

What are your department's business interdependencies? What do you need from other departments to perform critical functions? Which departments depend on you to perform *their* critical functions? All UH departments rely: Payroll, Purchasing, Business & Finance, Fire and Police, Human Resources and Plan Operations. List below the other products and services upon which your department depends on and the internal UH departments or units that provide them.

| | |
|---|--|
| Dependency (product or service): | |
| Provider (UH department): | |
| Dependency (product or service): | |
| Provider (UH department): | |
| Dependency (product or service): | |
| Provider (UH department): | |
| Dependency (product or service) | |
| Provider (UH department): | |
| Dependency (product or service): | |
| Provider (UH department): | |
| Dependency (product or service): | |
| Provider (UH department): | |
| Dependency (product or service): | |
| Provider (UH department): | |

I. KEY EXTERNAL DEPENDENCIES

What are your department’s business interdependencies? What do you need from other departments to perform critical functions? Which departments depend on you to perform *their* critical functions? List below the products, services, suppliers and providers upon which your department depends. We recommend that you encourage them to prepare continuity of operations plan.

| | | |
|--|----------------|------------------|
| Dependency (product or service) | | |
| | Primary | Alternate |
| | | |
| Supplier/Provider | | |
| Phone Numbers | | |
| Dependency (product or service) | | |
| | Primary | Alternate |
| | | |
| Supplier/Provider | | |
| Phone Numbers | | |
| Dependency (product or service) | | |
| | Primary | Alternate |
| | | |
| Supplier/Provider | | |
| Phone Numbers | | |
| Dependency (product or service) | | |
| | Primary | Alternate |
| | | |
| Supplier/Provider | | |
| Phone Numbers | | |
| Dependency (product or service) | | |
| | Primary | Alternate |
| | | |
| Supplier/Provider | | |
| Phone Numbers | | |

J. MITIGATION STRATEGIES

Considering your objectives, dependencies and essential functions, describe below the steps you can take now to minimize the impact of various types of crises on your operations. For example, you may wish to **stock up on your critical supplies and develop contingency work-at-home procedures**. This may be the most important step of your emergency continuity planning process. Formulation of your mitigation strategies may require reevaluation of your objectives and functions.

K. EXERCISING YOUR CONTINUITY PLANS & INFORMING YOUR STAFF

Share your completed BCP with your staff. Hold exercises to test the Plan and to maintain preparedness and awareness.

Note below the type of exercises you will use and their scheduled dates.

- | | |
|---|--|
| <input type="checkbox"/> Staff orientation meeting | <input type="checkbox"/> Emergency communication test |
| <input type="checkbox"/> Call tree drill | <input type="checkbox"/> Offsite information access test |
| <input type="checkbox"/> Tabletop exercise | <input type="checkbox"/> Unscheduled work at home day |
| <input type="checkbox"/> Interdepartmental exercise | <input type="checkbox"/> Emergency assembly drill |

Exercise Dates

Staff Distribution Date

X Other drill or exercise (describe):

L. RECOVERY

Describe your BCP to fully resume operations as soon as possible after the crisis has passed. Identify and address resumption/scheduling of normal activities and services, work backlog, resupply of inventories, absenteeism, the use of earned time off, and personal needs.

M. SPECIAL CONSIDERATIONS FOR YOUR DEPARTMENT

Describe any additional or unique considerations that your department may face in an emergency.

N. DISASTER RECOVERY STRATEGIES

| Condition | 1 – 2 days | 3 – 4 days | 5 – 10 days | 11+ days | Comments |
|--|------------|------------|-------------|----------|----------|
| Critical program space & facilities are damaged or not available | | | | | |
| Critical equipment is damaged or not available | | | | | |
| Centrally provided power becomes unavailable | | | | | |
| Communications via phone, fax, email, and internet becomes unavailable | | | | | |
| Central Information Systems are non-functional. Mission critical data is not available | | | | | |
| Local information systems (LAN or desktops) become non-functional | | | | | |
| Staff is impacted by the disaster and not available to work | | | | | |
| Critical business partners or vendors are unable to provide goods or services | | | | | |

O. BCP SUBMISSION

Department Head(s)

| | |
|-----------------|--------|
| | Title: |
| Date submitted: | |
| | Title: |
| Date submitted: | |