[](http://www.google.com/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=2ahUKEwjJsa-g5MHbAhUBba0KHUD3Dr4QjRx6BAgBEAU&url=http://www.mentorsproject.org/index.php?option%3Dcom_content%26view%3Darticle%26id%3D31:pi-info%26catid%3D2:uncategorised%26Itemid%3D101&psig=AOvVaw3DvERMrpKcc8mI7U-ebRL8&ust=1528468777031987)

**CONTINUITY PLAN TEMPLATE**

**For Department Use**

**(December 2019)**

**Department/Division Name:**

|  |
| --- |
|  |

**Department Continuity of Operations Planning Liaison:**

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|  |

**Date Updated:**

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**Approved by:**

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**Date Approved:**

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|  |
| --- |
| Implementation Plan |
|  |
| In the event of an emergency disrupting essential functions, the department will implement this plan based on the general strategy below:   * Notify key personnel of plan activation * Establish staff accountability * Resume essential functions based on priority rating * Communicate with internal and external stakeholders * Conduct damage assessments * Report damage up through chain of command * Review available internal space within your department * Report facility requirements up through division or college if your department’s internal space is not available or adequate * Relocate staff to alternate space * Demobilize and resume normal activities as appropriate |

# Planning Scenarios

The continuity plan has been developed around three scenarios which reflect the University’s assessment regarding the types of events which may result in Continuity plan activation. For each type of scenario, activities have been identified to ensure the activation of the continuity plan and the continuous capability of [Company] to make decisions and take action.

**Planning Scenario 1 – Single or Multiple Facilities Affected**

Under this type of scenario, one or more of the department/division’s facilities are closed for normal business activities. The most likely causes of such disruptions are fire; system/mechanical failure; loss of utilities such as electricity, telephone, water, or steam; massive explosion; weather/tornadoes; or credible threats of actions that would preclude access or use of multiple facilities for an extended period of time. Under this scenario there could be uncertainty regarding whether additional events (such as secondary explosions, hurricanes, or cascading utility failures) could occur. During this type of event, the department’s primary facilities and the immediate areas surrounding them could be inaccessible. This type of scenario could significantly impact the department’s communications, provision of services, and information technology capabilities. Administration, faculty, staff and supporting personnel working at the facility as well as students may be lost, injured, or not accounted for

**Planning Scenario 2 – Loss of Personnel**

Under this type of scenario, the department has experienced a severe loss of personnel for an extended period of time. The most likely causes of such loss are infectious disease outbreak, massive explosion, and hazardous chemical release. During this type of scenario, the department may be unable to maintain operations at a normal capacity and may need to reduce services to focus on restoring and maintaining critical infrastructure.

**Planning Scenario 3 – Loss of IT or Data**

Under this type of scenario, the department has lost data critical to the operations of the department. The most likely causes of such loss are extended power outage, IT equipment failure, and flooding or water damage. During this type of scenario, the department may be unable to perform certain services that require access to the affected data or manual/ alternative procedures will need to be instituted. Priority order for restoration of systems and data determined during the planning process will be followed.

# Business Impact Analysis Worksheet

*Instructions: Complete the table. Add additional rows as necessary.*

|  |  |  |
| --- | --- | --- |
| **Business Impact Analysis** | | |
| **Disruption** | **How would this disruption impact your department or unit?** | **How would you continue operations following a disruption?** |
| **Loss of Facilities** | | |
| Loss of electricity\* |  |  |
| Loss of physical structure\* |  |  |
| Loss of heating/HVAC\* |  |  |
|  |  |  |
| **Loss of Personnel** | | |
| 10% of workforce lost |  |  |
| 50% of workforce lost |  |  |
| **Loss of Information Technology** | | |
| Loss of vital servers/data\* |  |  |
| Loss of network access\* |  |  |
|  |  |  |

\*Assume disruption is 3 days or longer

# Continuity Teams Worksheet

*Instructions: Identify staff members who will carry out continuity responsibilities in the table below. Add, remove, or modify teams as necessary.*

|  |  |  |
| --- | --- | --- |
| **Continuity Team and Personnel** | | |
| **Team** | **Responsibilities** | **Team Members** |
| **Plan Activation & Demobilization Team** | This team is responsible for activating and overseeing continuity plan implementation. Once emergency response activities have concluded, this team will be responsible for developing a plan for demobilization of alternate operations and transition to a primary facility. |  |
|  |
|  |
|  |
| **Staff Accountability Team** | This team is responsible for contacting personnel for welfare, availability, and scheduling. |  |
|  |
|  |
|  |
| **Relocation Team** | This team is responsible for reviewing available internal facility space and preparing as appropriate for alternate operations. If internal space is unavailable, then the relocation team will coordinate with the Office of Mapping and Space Information to identify and prepare an alternate space. |  |
|  |
|  |
|  |
| **Assessment and Salvage Team** | Once the emergency has concluded and the facility is deemed safe for reentry by university administration or facilities, then this team will assess and attempt to salvage any equipment and resources still operational for use in maintaining alternate operations. |  |
|  |
|  |
|  |

# Department Leadership Succession (Chain of Command)

*Instructions: A successor will assume the duties of the leadership role when the usual leader is not able to be contacted by usual methods and will relinquish leadership duties when the usual leader is contacted or until a permanent successor has been named by appropriate line management or another appropriate individual. Please indicate below the succession of authority amongst the top-level leadership in your department. Add additional rows if necessary.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name and Title | Successor Name(s) | Responsibilities |
| Primary |  |  |  |
| Secondary |  |  |  |
| Tertiary |  |  |  |

# Department Overview

*Instructions: Please indicate and describe below the principle nature of your department’s operations.*

*Check all that apply.*

|  |  |
| --- | --- |
|  | **Academic/Instructional** |
|  | **Research** |
|  | **Administration** |
|  | **Residential/Student Life** |
|  | **Facilities** |
|  | **Operations** |
|  | **Other – *Please describe:*** |

**Overview:**

|  |
| --- |
|  |

# Essential Function Worksheet

*Instructions: Complete one worksheet for each essential function for your department.*

*Add additional Essential Function Worksheets as appropriate.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization or Department** |  | | |
| **Essential Function** |  | | |
| **Brief Description**  *What is this function responsible for? What does it accomplish?* |  | | |
| **Category + RTO**  *RTO = Recovery Time Objective (Maximum time this function can be down before it must be resumed)* | **Rating** | **Description** | **RTO** |
| Critical | Directly impacts Life, Health, Safety, or Security. Cannot stop. | < 4 Hours |
| High | Must continue at normal or increased level. Pausing for more than 24 hours may cause significant consequences or serious harm. | < 24 Hours |
| Medium | Must continue if at all possible, perhaps in reduced mode. Stopping for more than one week may cause major disruption. | < 1 Week |
| Low | May be suspended for up to one month without causing significant disruption. | < 1 Month |
| Deferrable | May pause and resume when conditions permit. | > 1 Month |
| **Key Personnel**  **for this function**  *(Name, Contact Information)* | Primary:  Alternate:  Alternate: | | |
| **Key Roles required to perform the function** *(Admin Asst., RN, manager, financial analysis, etc.)* |  | | |
| **Vendors vital to this function** |  | | |
| **RESOURCE REQUIREMENTS** | | | |
| **Required IT Services** | Internet  TAMU Email  Telephone  Central Authentication System  VPN  Others: | | |
| **Required IT Applications** |  | | |
| **Essential External Websites** |  | | |
| **Required Facilities** |  | | |
| **Vital Records and**  **Private Information** |  | | |
| **Other Vital Resources or Specialized Supplies** |  | | |
| **DEPENDENCIES and PEAK PERIODS** | | | |
| ***Upstream Dependencies***  *Other departments vital to this function that you rely on.* |  | | |
| ***Downstream Dependencies***  *Other departments that rely*  *on this Function* |  | | |
| **Peak Periods**  *Significant or demanding months*  *for this function* |  | | |

**Essential Function Worksheet**

*Instructions: Complete one worksheet for each essential function for your department.*

*Add additional Essential Function Worksheets as appropriate.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization or Department** |  | | |
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| **Key Roles required to perform the function** *(Admin Asst., RN, manager, financial analysis, etc.)* |  | | |
| **Vendors vital to this function** |  | | |
| **RESOURCE REQUIREMENTS** | | | |
| **Required IT Services** | Internet  TAMU Email  Telephone  Central Authentication System  VPN  Others: | | |
| **Required IT Applications** |  | | |
| **Essential External Websites** |  | | |
| **Required Facilities** |  | | |
| **Vital Records and**  **Private Information** |  | | |
| **Other Vital Resources or Specialized Supplies** |  | | |
| **DEPENDENCIES and PEAK PERIODS** | | | |
| ***Upstream Dependencies***  *Other departments vital to this function that you rely on.* |  | | |
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**Essential Function Worksheet**

*Instructions: Complete one worksheet for each essential function for your department.*

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|  |  |  |  |
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| High | Must continue at normal or increased level. Pausing for more than 24 hours may cause significant consequences or serious harm. | < 24 Hours |
| Medium | Must continue if at all possible, perhaps in reduced mode. Stopping for more than one week may cause major disruption. | < 1 Week |
| Low | May be suspended for up to one month without causing significant disruption. | < 1 Month |
| Deferrable | May pause and resume when conditions permit. | > 1 Month |
| **Key Personnel**  **for this function**  *(Name, Contact Information)* | Primary:  Alternate:  Alternate: | | |
| **Key Roles required to perform the function** *(Admin Asst., RN, manager, financial analysis, etc.)* |  | | |
| **Vendors vital to this function** |  | | |
| **RESOURCE REQUIREMENTS** | | | |
| **Required IT Services** | Internet  TAMU Email  Telephone  Central Authentication System  VPN  Others: | | |
| **Required IT Applications** |  | | |
| **Essential External Websites** |  | | |
| **Required Facilities** |  | | |
| **Vital Records and**  **Private Information** |  | | |
| **Other Vital Resources or Specialized Supplies** |  | | |
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| ***Upstream Dependencies***  *Other departments vital to this function that you rely on.* |  | | |
| ***Downstream Dependencies***  *Other departments that rely*  *on this Function* |  | | |
| **Peak Periods**  *Significant or demanding months*  *for this function* |  | | |

**Essential Function Worksheet**

*Instructions: Complete one worksheet for each essential function for your department.*

*Add additional Essential Function Worksheets as appropriate.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization or Department** |  | | |
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| **Brief Description**  *What is this function responsible for? What does it accomplish?* |  | | |
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| High | Must continue at normal or increased level. Pausing for more than 24 hours may cause significant consequences or serious harm. | < 24 Hours |
| Medium | Must continue if at all possible, perhaps in reduced mode. Stopping for more than one week may cause major disruption. | < 1 Week |
| Low | May be suspended for up to one month without causing significant disruption. | < 1 Month |
| Deferrable | May pause and resume when conditions permit. | > 1 Month |
| **Key Personnel**  **for this function**  *(Name, Contact Information)* | Primary:  Alternate:  Alternate: | | |
| **Key Roles required to perform the function** *(Admin Asst., RN, manager, financial analysis, etc.)* |  | | |
| **Vendors vital to this function** |  | | |
| **RESOURCE REQUIREMENTS** | | | |
| **Required IT Services** | Internet  TAMU Email  Telephone  Central Authentication System  VPN  Others: | | |
| **Required IT Applications** |  | | |
| **Essential External Websites** |  | | |
| **Required Facilities** |  | | |
| **Vital Records and**  **Private Information** |  | | |
| **Other Vital Resources or Specialized Supplies** |  | | |
| **DEPENDENCIES and PEAK PERIODS** | | | |
| ***Upstream Dependencies***  *Other departments vital to this function that you rely on.* |  | | |
| ***Downstream Dependencies***  *Other departments that rely*  *on this Function* |  | | |
| **Peak Periods**  *Significant or demanding months*  *for this function* |  | | |

**Essential Function Worksheet**

*Instructions: Complete one worksheet for each essential function for your department.*

*Add additional Essential Function Worksheets as appropriate.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization or Department** |  | | |
| **Essential Function** |  | | |
| **Brief Description**  *What is this function responsible for? What does it accomplish?* |  | | |
| **Category + RTO**  *RTO = Recovery Time Objective (Maximum time this function can be down before it must be resumed)* | **Rating** | **Description** | **RTO** |
| Critical  (Tier I) | Directly impacts Life, Health, Safety, or Security. Cannot stop. | < 4 Hours |
| High (Tier I) | Must continue at normal or increased level. Pausing for more than 24 hours may cause significant consequences or serious harm. | < 24 Hours |
| Medium (Tier II) | Must continue if at all possible, perhaps in reduced mode. Stopping for more than one week may cause major disruption. | < 1 Week |
| Low  (Tier III) | May be suspended for up to one month without causing significant disruption. | < 1 Month |
| Deferrable | May pause and resume when conditions permit. | > 1 Month |
| **Key Personnel**  **for this function**  *(Name, Contact Information)* | Primary:  Alternate:  Alternate: | | |
| **Key Roles required to perform the function** *(Admin Asst., RN, manager, financial analysis, etc.)* |  | | |
| **Vendors vital to this function** |  | | |
| **RESOURCE REQUIREMENTS** | | | |
| **Required IT Services** | Internet  TAMU Email  Telecom  Central Authentication System  VPN  Others: | | |
| **Required IT Applications** |  | | |
| **Essential External Websites** |  | | |
| **Required Facilities** |  | | |
| **Vital Records and**  **Private Information** |  | | |
| **Other Vital Resources or Specialized Supplies** |  | | |
| **DEPENDENCIES and PEAK PERIODS** | | | |
| ***Upstream Dependencies***  *Other departments vital to this function that you rely on.* |  | | |
| ***Downstream Dependencies***  *Other departments that rely*  *on this Function* |  | | |
| **Peak Periods**  *Significant or demanding months*  *for this function* |  | | |

**Essential Function Worksheet**

*Instructions: Complete one worksheet for each essential function for your department.*

*Add additional Essential Function Worksheets as appropriate.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization or Department** |  | | |
| **Essential Function** |  | | |
| **Brief Description**  *What is this function responsible for? What does it accomplish?* |  | | |
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| Deferrable | May pause and resume when conditions permit. | > 1 Month |
| **Key Personnel**  **for this function**  *(Name, Contact Information)* | Primary:  Alternate:  Alternate: | | |
| **Key Roles required to perform the function** *(Admin Asst., RN, manager, financial analysis, etc.)* |  | | |
| **Vendors vital to this function** |  | | |
| **RESOURCE REQUIREMENTS** | | | |
| **Required IT Services** | Internet  TAMU Email  Telephone  Central Authentication  VPN  Others: | | |
| **Required IT Applications** |  | | |
| **Essential External Websites** |  | | |
| **Required Facilities** |  | | |
| **Vital Records and**  **Private Information** |  | | |
| **Other Vital Resources or Specialized Supplies** |  | | |
| **DEPENDENCIES and PEAK PERIODS** | | | |
| ***Upstream Dependencies***  *Other departments vital to this function that you rely on.* |  | | |
| ***Downstream Dependencies***  *Other departments that rely*  *on this Function* |  | | |
| **Peak Periods**  *Significant or demanding months*  *for this function* |  | | |

# Alternate Site Worksheet

*Instructions: Please indicate alternate facilities internal to your department.*

|  |  |  |
| --- | --- | --- |
| **Alternate Internal Site Worksheet** | | |
| **Alternate site name** |  | |
| **Street address** |  | **City:** |
| **Contact** |  | **Phone:** |
| **Essential functions that could relocate to this site** |  | |
| **Staff that could relocate here** |  | |
| **Essential supplies and equipment already at site** |  | |
| **Specialized supplies and equipment needed** |  | |
| **Summary of limitations or special considerations if this site were to be used** |  | |
| **Other helpful information** |  | |

*Instructions: Please indicate minimum site requirements if alternate internal space is unavailable.*

|  |  |  |
| --- | --- | --- |
| **Minimum Site Requirements Worksheet** | | |
| **Space** | **Minimum Required** | **Comments / Notes** |
| **Total square footage** |  |  |
| **Reception area** |  |  |
| **Private offices** |  |  |
| **Shared offices or cubicles** |  |  |
| **Conference rooms** |  |  |
| **Storage rooms** |  |  |
| **Copy / Mail room** |  |  |
| **Support staff work space** |  |  |
| **Specialized rooms** |  |  |
| **Other space** |  |  |
| **Specialized equipment** |  |  |
| **Specialized supplies** |  |  |
| **Hard-line telephones** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Other helpful information:** |  | |

# Vital Documents and Drives Worksheet

*Instructions: Use the worksheet below to document your vital documents and where they are backed up. If your list is extensive, attach an Excel spreadsheet with the information. Attach a disaster recovery plan if available.*

|  |  |  |
| --- | --- | --- |
| **Vital Documents Worksheet** | | |
| **Document** | **Primary Location** | **Back-up Location** |
| *Example: List of equipment vendors with after-hour emergency contact information* | *SharePoint – Emergency Procedures Folder* | *Copy on USB flash drive kept by business manager* |
|  |  |  |
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*Instructions: Use the worksheet below to document how your computer drives, files, and folders are backed up.*

|  |  |  |
| --- | --- | --- |
| **Drives, Files, Folders Worksheet** | | |
| **Drives, files, and folders** | **How backed up and how often** | **Who to contact to access**  **backup copies** |
| Shared files on department server (Public files that all staff can access) |  |  |
| Restricted files and documents (Only accessible to selected staff) |  |  |
| Files and documents on individual staff computers |  |  |
| Department or clinic file server |  |  |
| Other files or documents |  |  |
|  |  |  |

# Emergency Contacts Worksheet

*Instructions: Complete the worksheet with external departmental contacts vital during an emergency*

***AND*** *attach an updated departmental personnel contact list.*

|  |  |
| --- | --- |
| **Department/Agency:**  Name/Title:  Email: | Business phone:  Cell phone:  After hours phone: |
| **Department/Agency:**  Name/Title:  Email: | Business phone:  Cell phone:  After hours phone: |
| **Department/Agency:**  Name/Title:  Email: | Business phone:  Cell phone:  After hours phone: |
| **Department /Agency:**  Name/Title:  Email: | Business phone:  Cell phone:  After hours phone: |
| **Department /Agency:**  Name/Title:  Email: | Business phone:  Cell phone:  After hours phone: |
| **Department/Agency:**  Name/Title:  Email: | Business phone:  Cell phone:  After hours phone: |
| **Department/Agency:**  Name/Title:  Email: | Business phone:  Cell phone:  After hours phone: |
| **Department/Agency:**  Name/Title:  Email: | Business phone:  Cell phone:  After hours phone: |
| **Department/Agency:**  Name/Title:  Email: | Business phone:  Cell phone:  After hours phone: |
| **Department/Agency:**  Name/Title:  Email: | Business phone:  Cell phone:  After hours phone: |
| **Department/Agency:**  Name/Title:  Email: | Business phone:  Cell phone:  After hours phone: |
| **Department/Agency:**  Name/Title:  Email: | Business phone:  Cell phone:  After hours phone: |
| **Department/Agency:**  Name/Title:  Email: | Business phone:  Cell phone:  After hours phone: |
| **Department/Agency:**  Name/Title:  Email: | Business phone:  Cell phone:  After hours phone: |
| **Department/Agency:**  Name/Title:  Email: | Business phone:  Cell phone:  After hours phone: |
| **Department/Agency:**  Name/Title:  Email: | Business phone:  Cell phone:  After hours phone: |

# Training, Exercise, and Plan Maintenance Worksheet

*Instructions: Indicate below a schedule for your department to train and exercise this continuity plan.*

|  |  |  |
| --- | --- | --- |
| **Training, Exercise, and Plan Maintenance Schedule** | | |
| **Action** | **Responsible Person** | **Frequency** |
| Training (staff orientation meeting, roles and responsibilities review, etc.) |  | Annually every [insert month] |
| Exercise/Drill (Call Tree Drill, Work from Home Drill, Table-Top Exercise with Training, etc.) |  | Annually every [insert month] |
| Plan review and update |  | Annually every [insert month] |

# Record of Changes

|  |  |  |
| --- | --- | --- |
| **Section(s) Changed:** | **Date Changes Made:** | **Change Entered By:** |
|  |  |  |
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