

**CONTINUITY OF OPERATIONS PLAN**

**[Year]**

|  |  |
| --- | --- |
| **College/Division:** |  |
| **Department Name:** |  |
| Building/Suite: |  |
| COOP Liaison: |  |
| Date Completed: |  |
| Approved By: |  |
| Approval Date: |  |

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# **Implementation Plan**

This Continuity of Operations Plan (COOP) will provide guidance necessary for the division, college, or department to perform essential functions during an emergency situation or long-term disruption. This plan will identify mission-critical functions, division, college or department’s communication methods, and alternate locations, systems, and personnel. Each University division, college or department needs a COOP to ensure the University can respond to a variety of situations that may involve a single department, an entire floor, building or the University as a whole.

In the event of an emergency or incident disrupting essential functions, [Insert division, college, or 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 division/college/department
* Report facility requirements up through division or college if your division, college or 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 reflecting 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 the University of Houston-Downtown to make decisions and take action.

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

Under this type of scenario, one or more of the division, college or department’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 division, college or department’s primary facilities and the immediate areas surrounding them could be inaccessible. This type of scenario could significantly affect the division, college or 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 division, college or 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 division, college or department has lost data critical to the operations of the area. 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 division, college or 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 more rows as needed.* \*Assume disruption is 3 days or longer.

|  |
| --- |
| **Business Impact Analysis** |
| **Disruption** | **How would this disruption impact your division, college, or department?** | **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\* |  |  |
|  |  |  |

# **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 division, college, or department. Add additional rows as needed.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name and Title | Successor Name(s) | Responsibilities |
| Primary | Jane Doe, Executive Director | Jim Dot, Director | Signature, Purchasing up to $100,000 |
| Secondary | Jim Dot, Director | Ralph Gator, Asst. Director | Signature Purchasing up to $10,000 |
| Tertiary | Ralph Gator, Asst. Director | Sherry Dov, Manager | Signature, Purchasing up to 3,000 |

# **Unit Overview**

***Instructions****: Indicate and describe below the principal nature of your division, college, or department’s operations. Check all that apply.*

|  |
| --- |
|[ ]  **Academic/Instructional** |
|[ ]  **Research** |
|[ ]  **Administration** |
|[ ]  **Student Life** |
|[ ]  **Facilities** |
|[ ]  **Operations** |
|[ ]  **Public Safety** |
|[ ]  **Other – *Please describe:***  |

**Overview:**

|  |
| --- |
| The [division, college or department] of xxx is responsible for …. |

# **Essential Function Worksheet**

Essential functions are those that ***must continue or resume rapidly*** after a disruption in normal activities. Indicate your division, college or department’s top three functions or objectives. You may add more if necessary.

|  |  |
| --- | --- |
| **Essential Function:** | [List essential function] |
| **Brief Description**:What is this function responsible for? What does it accomplish? |  |
| **Priority Rating + RTO**RTO = Recovery Time ObjectiveMaximum time this function can be down before significant problems occur | Rating | Description | RTO |
|  Critical | It directly impacts life, health, safety, or security. Cannot stop. | < 4 hours |
|  High | Must continue at normal or increased level. Pausing more than 24 hours may cause significant consequences or serious harm. | < 24 hours |
|  Medium | Must continue, if possible, in a 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 |
| **Harmful Consequences** |
| Suppose the essential function does not resume quickly following a major disruption or disaster. Which of the listed harmful consequences might occur due to the disruption, and how soon after the disruption/disaster might the harm begin to occur? Check (X) the box to indicate when harm might occur. Select N/A if the consequence does not apply to the essential function you are evaluating. |
| **Possible Harmful Consequence** | ***How long after the disruption or disaster might the harm occur?*** |
| N/A | 0-2days | 1week | 2weeks | 3weeks | 4weeks | >4weeks | Comments |
| 1 | Disruption of teaching? |  |  |  |  |  |  |  |  |
| 2 | Disruption of research? |  |  |  |  |  |  |  |  |
| 3 | Departure of students? |  |  |  |  |  |  |  |  |
| 4 | Departure of faculty? |  |  |  |  |  |  |  |  |
| 5 | Departure of staff? |  |  |  |  |  |  |  |  |
| 6 | Well-being of students? |  |  |  |  |  |  |  |  |
| 7 | Well-being of staff/faculty? |  |  |  |  |  |  |  |  |
| 8 | Payment deadlines unmet by UHD? |  |  |  |  |  |  |  |  |
| 9 | Loss of revenue to UHD? |  |  |  |  |  |  |  |  |
| 10 | Legal obligations unmet by UHD? |  |  |  |  |  |  |  |  |
| 11 | Legal harm to UHD? |  |  |  |  |  |  |  |  |
| 12 | Impact on distance learning campuses? |  |  |  |  |  |  |  |  |
| 13 | Impact on UHD’s brand image? |  |  |  |  |  |  |  |  |
| 14 | Function without power? |  |  |  |  |  |  |  |  |
| 15 | Other harmful consequences? |  |  |  |  |  |  |  |  |
| **Peak Periods and Dependencies** |
| **Peak Periods?**Significant or demanding months for this function |  |
| **Upstream Dependencies**Other departments vital to this function you rely on |  |
| **Downstream Dependencies**Other departments that rely ***on*** this function |  |
| **Resources Requirements** |
| **Key Roles Required to Perform this Function?**Manager, financial asst., DBA, etc. |  |
| **Key Personnel for this Function**Contact information is listed in attachment C | Primary: |
| Secondary: |
| Alternate: |
| **Required Facilities** |  |
| **Vital Records and Private Information** |  |
| **Required IT Products and Applications**PeopleSoft, Canvas, etc. |  |
| **Required IT Services** | [ ]  Internet [ ]  UHD Email [ ]  Telephone [ ]  Central Authentication System [ ]  VPNOthers: |
| **Required Equipment** |  |
| **Other** |  |

|  |  |
| --- | --- |
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|  High | Must continue at normal or increased level. Pausing more than 24 hours may cause significant consequences or serious harm. | < 24 hours |
|  Medium | Must continue, if possible, in a 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 |
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| **Possible Harmful Consequence** | ***How long after the disruption or disaster might the harm occur?*** |
| N/A | 0-2days | 1week | 2weeks | 3weeks | 4weeks | >4weeks | Comments |
| 1 | Disruption of teaching? |  |  |  |  |  |  |  |  |
| 2 | Disruption of research? |  |  |  |  |  |  |  |  |
| 3 | Departure of students? |  |  |  |  |  |  |  |  |
| 4 | Departure of faculty? |  |  |  |  |  |  |  |  |
| 5 | Departure of staff? |  |  |  |  |  |  |  |  |
| 6 | Well-being of students? |  |  |  |  |  |  |  |  |
| 7 | Well-being of staff/faculty? |  |  |  |  |  |  |  |  |
| 8 | Payment deadlines unmet by UHD? |  |  |  |  |  |  |  |  |
| 9 | Loss of revenue to UHD? |  |  |  |  |  |  |  |  |
| 10 | Legal obligations unmet by UHD? |  |  |  |  |  |  |  |  |
| 11 | Legal harm to UHD? |  |  |  |  |  |  |  |  |
| 12 | Impact on distance learning campuses? |  |  |  |  |  |  |  |  |
| 13 | Impact on UHD’s brand image? |  |  |  |  |  |  |  |  |
| 14 | Function without power? |  |  |  |  |  |  |  |  |
| 15 | Other harmful consequences? |  |  |  |  |  |  |  |  |
| **Peak Periods and Dependencies** |
| **Peak Periods?**Significant or demanding months for this function |  |
| **Upstream Dependencies**Other departments vital to this function you rely on |  |
| **Downstream Dependencies**Other departments that rely ***on*** this function |  |
| **Resources Requirements** |
| **Key Roles Required to Perform this Function?**Manager, financial asst., DBA, etc. |  |
| **Key Personnel for this Function**Contact information is listed in attachment C | Primary: |
| Secondary: |
| Alternate: |
| **Required Facilities** |  |
| **Vital Records and Private Information** |  |
| **Required IT Products and Applications**PeopleSoft, Canvas, etc. |  |
| **Required IT Services** | [ ]  Internet [ ]  UHD Email [ ]  Telephone [ ]  Central Authentication System [ ]  VPNOthers: |
| **Required Equipment** |  |
| **Other** |  |

|  |  |
| --- | --- |
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| 3 | Departure of students? |  |  |  |  |  |  |  |  |
| 4 | Departure of faculty? |  |  |  |  |  |  |  |  |
| 5 | Departure of staff? |  |  |  |  |  |  |  |  |
| 6 | Well-being of students? |  |  |  |  |  |  |  |  |
| 7 | Well-being of staff/faculty? |  |  |  |  |  |  |  |  |
| 8 | Payment deadlines unmet by UHD? |  |  |  |  |  |  |  |  |
| 9 | Loss of revenue to UHD? |  |  |  |  |  |  |  |  |
| 10 | Legal obligations unmet by UHD? |  |  |  |  |  |  |  |  |
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| 12 | Impact on distance learning campuses? |  |  |  |  |  |  |  |  |
| 13 | Impact on UHD’s brand image? |  |  |  |  |  |  |  |  |
| 14 | Function without power? |  |  |  |  |  |  |  |  |
| 15 | Other harmful consequences? |  |  |  |  |  |  |  |  |
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| **Peak Periods?**Significant or demanding months for this function |  |
| **Upstream Dependencies**Other departments vital to this function you rely on |  |
| **Downstream Dependencies**Other departments that rely ***on*** this function |  |
| **Resources Requirements** |
| **Key Roles Required to Perform this Function?**Manager, financial asst., DBA, etc. |  |
| **Key Personnel for this Function**Contact information is listed in attachment C | Primary: |
| Secondary: |
| Alternate: |
| **Required Facilities** |  |
| **Vital Records and Private Information** |  |
| **Required IT Products and Applications**PeopleSoft, Canvas, etc. |  |
| **Required IT Services** | [ ]  Internet [ ]  UHD Email [ ]  Telephone [ ]  Central Authentication System [ ]  VPNOthers: |
| **Required Equipment** |  |
| **Other** |  |

# **Emergency Access to Information and Systems**

If access to division, college or department information and systems is essential to your area’s operations in an emergency, briefly describe the emergency access plan below. This may include remote access (or authorization to allow remote access), contacting IT support, Canvas, off-site data backup, backup files on flash drives, hard copies, or mobile device storage. All data must be protected in Accordance with SAM 07.A.08, Data Classification and Protection.

***Instructions*: *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 area 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.***

|  |
| --- |
| **Emergency Access to Information and Systems** |
|  |

# **Internal Dependencies**

All UHD divisions, colleges or departments depend on Facilities, IT, Public Safety, Purchasing and Human Resources. List products and services upon which your area depends and the *other* internal UHD departments or units that provide them.

|  |  |
| --- | --- |
| **Dependency** product or service provided |  |
| **Provider** |  |
| **Point of Contact Name** |  |
| **Point of Contact Number** |  |
| **Dependency** product or service provided |  |
| **Provider** |  |
| **Point of Contact Name** |  |
| **Point of Contact Number** |  |

|  |  |
| --- | --- |
| **Dependency** product or service provided |  |
| **Provider** |  |
| **Point of Contact Name** |  |
| **Point of Contact Number** |  |
| **Dependency** product or service provided |  |
| **Provider** |  |
| **Point of Contact Name** |  |
| **Point of Contact Number** |  |

# **External Dependencies**

***Instructions****: List products and services upon which your area depends, provided by external suppliers or providers. Contact them annually to determine if they have continuity of operations plans and whether the University has priority for their services.*

*Establish alternate sources for these services and supplies and determine whether they are listed as university vendors, if necessary.*

|  |  |  |
| --- | --- | --- |
|  | **Primary** | **Alternate** |
| **Dependency** (product or service) |  |  |
| **Frequency of Service** |  |  |
| **Provider** |  |  |
| **Point of Contact Name** |  |  |
| **Point of Contact Number** |  |  |
| **Point of Contact Email** |  |  |
| **Dependency** (product or service) |  |  |
| **Frequency of Service** |  |  |
| **Provider** |  |  |
| **Point of Contact Name** |  |  |
| **Point of Contact Number** |  |  |
| **Point of Contact Email** |  |  |
| **Dependency** (product or service) |  |  |
| **Frequency of Service** |  |  |
| **Provider** |  |  |
| **Point of Contact Name** |  |  |
| **Point of Contact Number** |  |  |
| **Point of Contact Email** |  |  |
| **Dependency** (product or service) |  |  |
| **Frequency of Service** |  |  |
| **Provider** |  |  |
| **Point of Contact Name** |  |  |
| **Point of Contact Number** |  |  |
| **Point of Contact Email** |  |  |

# **Vulnerability/Risk Assessment and Mitigation Planning**

Consider the information provided regarding essential functions and dependencies. What are the vulnerabilities (weaknesses or gaps) that may prevent timely resumption of essential functions? What is the risk related to that vulnerability? How can you minimize the impact of long-term disruption on your operations?

Consider how long your division, college or department …

* Can personnel work from home or another location?
* Can function with a limited number of available personnel?
* Can be without *central* power and generator backup?
* Can be without phone, email and/or internet?
* Can function with limited or no access to essential data and records?
* Can be without the use of the Enterprise System?
* Can operate without critical equipment that is either damaged or unavailable?
* Can operate without goods and/or services from other departments, business partners or vendors?

Is there anything not already specified?

***Instructions:*** *List your vulnerabilities, indicate if they can be mitigated, and if so, a brief mitigation strategy.*

|  |  |  |
| --- | --- | --- |
| Vulnerability/Risk | Can you mitigate? | Mitigation Strategy |
| Yes | No |
| ***Example:*** Lack of power for laptops, pads, and/or cell phones | X |  | Purchased portable chargers and reminded staff to check status monthly |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# **Alternate Site Worksheet**

***Instructions:*** *Indicate minimum physical site requirements for your area should you need to relocate or if your building/floor/suite(s) were to become inaccessible for an extended period of time. This section relates to in-person operations and does not address virtual operations.*

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

|  |
| --- |
| **Resource(s)** |
| 1 | **List physical resources required to perform your essential functions.** (forms, office supplies, computer, etc.) |  |
| 2 | **Does your unit have any special needs such as refrigeration, humidity control, etc.?** |  |
| 3 | **Are there special security requirements for a replacement space?** |  |
| 4 | **If the office/building is accessible, but there is an extended loss of power, does your area require backup power for onsite operations?** |  |
| 5 | **Do you have any high value or difficult to replace equipment?** |  |
| 6 | **Other** |  |

# **Personnel**

Essential personnel are employees whose duties include functions that must continue or resume rapidly after a disruption of normal operations. While some functions and research are not considered essential and in need of 24-hour monitoring and/or care, they do require some sort of attention or action after a 48-to-72-hour period. Personnel not listed as essential but requiring access to any portion of the campus will need to be listed in Attachment C to facilitate campus access. During university closures, personnel will need to check-in with UHD PD for campus access.

***Instructions****: Complete* ***Attachment C*** *and list employees that will need university access during a campus closure.*

# **Emergency Communications**

University Relations (Communications) publishes information via text, email, UHD main web page, Facebook and Twitter, however, every division, college or department needs to ensure that they can communicate with their own employees. Employees are required to make every effort to stay informed during an emergency at UHD.

***Instructions****: Indicate (X) contact methods your* division, college or department *will use for communications:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Phone (Call Tree) |  |  | Radio communication |
|  | Email |  |  | Social media |
|  | Text |  |  | Other |

# **Resumption of Normal Operations**

***Instructions:*** *Describe your plan to transition back to normal operations.*

|  |
| --- |
|  |

# **Training, Exercise, and Continuity Plan Maintenance**

The division, college or department Continuity Plan template includes a schedule to help your area train, exercise, and maintain its continuity plan.

***Instructions:*** *Create a schedule for your area 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 March |

***Instructions:*** *Track the training, testing, and exercising of your plan using* ***Attachment A.***

**Training** is essential to ensure that everyone knows what to do if there is an emergency or disruption of university operations. For your area, training could involve reviewing the continuity plan annually at a staff meeting. All members of your area should be trained so they are familiar with the division, college or department’s continuity actions as well as their roles and responsibilities during an emergency. Consider conducting tests of your Call Tree, accessing the division, college or department’s share drive from another location, or any other element of your plan. The UHD Continuity Coordinator at (uhdemergencymanagement@uhd.edu) is available to assist you in designing and executing an exercise that meets your needs. UHD Emergency Management and Fire Safety conducts system tests and drills throughout the year, and you are welcome to use one or more of these to “test” your plan. Consider the following training opportunities:

* **Staff Orientation Meeting** **-**At a staff meeting, take a few minutes to walk through each part of your area’s continuity plan to familiarize staff with your division, college or department’s continuity procedures.
* **Roles and Responsibilities Review -**Convene members of each division, college, or department annually to review their roles and responsibilities and ensure they are prepared to implement their portions of the plan, if activated.

**Exercises** are instruments to train for, assess, practice, and improve performance in a risk-free environment. Exercises can be used to test and validate your continuity plan and identify opportunities for improvement. We recommend that your area exercise its continuity plan once a year. Exercise options include:

* **Tabletop Exercise** - Discussion-based sessions where team members meet in an informal, classroom setting to discuss their roles during an emergency and their responses to a particular emergency situation.
* **Call Tree Drill** - A phone test to test communications, staff accountability, and if phone numbers are correct in the continuity plan.
* **Work From Home Drill** - A test of VPN connections and other IT related systems to ensure access to necessary files and programs from an off-campus location.

# **Annual Plan Review and Update**

Your area's continuity plan should be reviewed annually by someone in your division, college or department. The review process should ensure that information and contacts in the plan are up to date. If significant changes are made that would influence how the University, your or other departments within the University would conduct continuity operations, the new version of your area’s COOP should be submitted to the UHD Continuity Coordinator (uhdemergencymanagement@uhd.edu) within 30 days of the change.

***Instructions:*** *Use* ***Attachment B*** *to track the reviews and changes to your Continuity Plan.*

# **Submitting Your Continuity Plan**

Once the COOP Liaison has updated the plan, have your plan reviewed and approved by your division, college or department Head. Upon their approval, submit a copy of your plan to the UHD Continuity Coordinator at (uhdemergencymanagement@uhd.edu) **by April 1** of each year.

|  |  |
| --- | --- |
| **ATTACHMENT A: TEST, TRAINING, AND EXERCISE LOG** |  |

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| **Test, Training, or Exercise (TTE)****Title** | **Date and****Time** | **TTE Type****(Test, Training, Exercise)** | **Objective(s)**(Ex. Test remote access to share drive) | **Scenario**(Ex. Severe Weather) |
| EXAMPLE: Freezing Weather  | 01/19/20249-10 AM | Tested phone tree | To ensure staff can be contacted by supervisor or designee to communicate important information | Two-day freeze has closed UHD |
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**ATTACHMENT B: PLAN REVIEW**

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| Date of Review | Reviewed by: | Changes Made? Y/N | If yes, indicate Change # |
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**ATTACHMENT C: PERSONNEL INFORMATION**

***Instructions****: List Essential Personnel and Personnel requiring campus access during an emergency. Add additional sections as needed.*

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| --- | --- | --- |
| Name: | Title: | Campus Location: |
| PreferredEmail: | SecondaryEmail: | Work Phone:  |
| Cell Phone:  |
| Essential Personnel? (Y/N) | Preapproved to Telecommute? (Y/N) | Other: |
| Name: | Title: | Campus Location: |
| PreferredEmail: | SecondaryEmail: | Work Phone:  |
| Cell Phone:  |
| Essential Personnel? (Y/N) | Preapproved to Telecommute? (Y/N) | Other: |
| Name: | Title: | Campus Location: |
| PreferredEmail: | SecondaryEmail: | Work Phone:  |
| Cell Phone:  |
| Essential Personnel? (Y/N) | Preapproved to Telecommute? (Y/N) | Other: |
| Name: | Title: | Campus Location: |
| PreferredEmail: | SecondaryEmail: | Work Phone:  |
| Cell Phone:  |
| Essential Personnel? (Y/N) | Preapproved to Telecommute? (Y/N) | Other: |
| Name: | Title: | Campus Location: |
| PreferredEmail: | SecondaryEmail: | Work Phone:  |
| Cell Phone:  |
| Essential Personnel? (Y/N) | Preapproved to Telecommute? (Y/N) | Other: |
| Name: | Title: | Campus Location: |
| PreferredEmail: | SecondaryEmail: | Work Phone:  |
| Cell Phone:  |
| Essential Personnel? (Y/N) | Preapproved to Telecommute? (Y/N) | Other: |
| Name: | Title: | Campus Location: |
| PreferredEmail: | SecondaryEmail: | Work Phone:  |
| Cell Phone:  |
| Essential Personnel? (Y/N) | Preapproved to Telecommute? (Y/N) | Other: |
| Name: | Title: | Campus Location: |
| PreferredEmail: | SecondaryEmail: | Work Phone:  |
| Cell Phone:  |
| Essential Personnel? (Y/N) | Preapproved to Telecommute? (Y/N) | Other: |