

EMERGENCY MANAGEMENT  
BUSINESS CONTINUITY PLANNING  
TEMPLATE



University  
of Houston  
Clear Lake

## A. BUSINESS CONTINUITY PLAN (BCP)

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To be better prepared, UHCL 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 OPERATIONAL FUNCTION

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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):    |
- 

## C. DEPARTMENT OBJECTIVES

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Describe your teaching, research and/or service objectives during an emergency.

Examples include: Ensuring access to clinical research documentation at an alternate location or switching lectures from classroom setting to an online offering.

**Objective 1:**

**Objective 2:**

**Objective 3:**

## D. MORE INFORMATION REGARDING YOUR DEPARTMENT

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Please note below your departmental contact information.

<b>Primary Contact</b>	<b>Name</b>	<b>Phone Number</b>	<b>Campus Address</b>
	<b>Email address</b>		
<b>Dept. locations</b>			

<b>Secondary Contact</b>	<b>Name</b>	<b>Phone Number</b>	<b>Campus Address</b>
	<b>Email address</b>		
<b>Dept. locations</b>			

<b>Third Contact</b>	<b>Name</b>	<b>Phone Number</b>	<b>Campus Address</b>
	<b>Email address</b>		
<b>Dept. locations</b>			

<b>Fourth Contact</b>	<b>Name</b>	<b>Phone Number</b>	<b>Campus Address</b>
	<b>Email address</b>		
<b>Dept. locations</b>			

<b>Fifth Contact</b>	<b>Name</b>	<b>Phone Number</b>	<b>Campus Address</b>
	<b>Email address</b>		
<b>Dept. locations</b>			

## E. EMERGENCY ACCESS TO INFORMATION AND SYSTEMS

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Is your essential data backed up regularly? Would essential information be accessible if your building was closed and/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 SAM 07.A.08, 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.

## F. EMERGENCY COMMUNICATION SYSTEMS

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All UHCL employees are responsible for keeping informed of emergencies by monitoring news media reports, UHCL's emergency website home page (<http://prtl.uhcl.edu/facilities/emergency-safety>), 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"/> UHCL web sites                                   | <input type="checkbox"/> Pager          |
| <input type="checkbox"/> Instant messaging | <input type="checkbox"/> Other (describe): Electronic Billboard, Radio/TV |   |

## G. DEPARTMENT CRITICAL ESSENTIAL FUNCTIONS/PERSONNEL

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Critical Essential Functions: Critical essential functions are those functions that ***must*** continue or ***resume rapidly*** after a disruption of normal activities.

Do you have essential functions\* within your college, division, department, area or unit?  
 (\* Attachment "A" will assist in determining whether or not your area has any essential functions. Essential functions are listed as people, places or processes that must continue functioning during a wide range of emergencies. Once the essential functions have been identified, use the section below to list those functions.)

- Yes      Continue by listing essential functions and contact information below
- No      Proceed to Section J

### *Essential Functions Listing*

<b>Essential Function:</b>			
	<b>Primary</b>	<b>Alternate</b>	<b>Second Alternate</b>
<b>People Responsible</b>			
<b>Phone Numbers</b>			
<b>Essential Function:</b>			
	<b>Primary</b>	<b>Alternate</b>	<b>Second Alternate</b>
<b>People Responsible</b>			
<b>Phone Numbers</b>			
<b>Essential Function:</b>			
	<b>Primary</b>	<b>Alternate</b>	<b>Second Alternate</b>
<b>People Responsible</b>			
<b>Phone Numbers</b>			
<b>Essential Function:</b>			
	<b>Primary</b>	<b>Alternate</b>	<b>Second Alternate</b>
<b>People Responsible</b>			
<b>Phone Numbers</b>			

## H. KEY INTERNAL (WITHIN UHCL) DEPENDENCIES

What are your department's business interdependencies? What do you need from other departments to perform critical essential functions? List below the other products and services upon which your department depends on and the internal UHCL departments that provides that service.

<b>1. Dependency (product/service):</b>	
<b>Provider (UHCL department):</b>	
<b>Has contact been made with dependency department to confirm services will be available for your department during an emergency?</b>	<input type="checkbox"/> YES                      Date Contacted: _____ <input type="checkbox"/> NO                              Contact Person: _____
<b>2. Dependency (product/service):</b>	
<b>Provider (UHCL department):</b>	
<b>Has contact been made with dependency department to confirm services will be available to your department during an emergency?</b>	<input type="checkbox"/> YES                      Date Contacted: _____ <input type="checkbox"/> NO                              Contact Person: _____
<b>3. Dependency (product/service):</b>	
<b>Provider (UHCL department):</b>	
<b>Has contact been made with dependency department to confirm services will be available to your department during an emergency?</b>	<input type="checkbox"/> YES                      Date Contacted: _____ <input type="checkbox"/> NO                              Contact Person: _____
<b>4. Dependency (product/service)</b>	
<b>Provider (UHCL department):</b>	
<b>Has contact been made with dependency department to confirm services will be available to your department during an emergency?</b>	<input type="checkbox"/> YES                      Date Contacted: _____ <input type="checkbox"/> NO                              Contact Person: _____

**I. KEY EXTERNAL DEPENDENCIES**

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What are your department’s business external dependencies? What do you need from departments outside UHCL to perform critical essential functions?

<b>Dependency</b> (product or service)		
	<b>Primary</b>	<b>Alternate</b>
<b>Supplier/Provider</b>		
<b>Phone Numbers</b>		
<b>Dependency</b> (product or service)		
	<b>Primary</b>	<b>Alternate</b>
<b>Supplier/Provider</b>		
<b>Phone Numbers</b>		
<b>Dependency</b> (product or service)		
	<b>Primary</b>	<b>Alternate</b>
<b>Supplier/Provider</b>		
<b>Phone Numbers</b>		
<b>Dependency</b> (product or service)		
	<b>Primary</b>	<b>Alternate</b>
<b>Supplier/Provider</b>		
<b>Phone Numbers</b>		

**J. YOUR DEPARTMENT’S LEADERSHIP SUCCESSION**

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List the leadership succession for your department. This is a listing of people who can make operational decisions for the department or unit.

	<b>Name</b>	<b>Phone Number</b>	<b>Alt Phone Number</b>
<b>Department Head</b>			
<b>First Successor</b>			
<b>Second Successor</b>			
<b>Third Successor</b>			

## **K. VULNERABILITY/RISK ASSESSMENT AND MITIGATION STRATEGIES**

Considering your objectives, dependencies and essential functions, list below your vulnerabilities, and whether or not you can mitigate this vulnerability or area of risk. If yes, what mitigation strategies have you implemented or could you implement in order to minimize the impacts from this vulnerability/risk? 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.

Vulnerability/Risk	Can you mitigate?	Mitigation Strategies
	Yes/No	
<b>Example:</b> UHCL Emergency Operation Center depends on internet access to function properly.	Yes	1. Hotspot (\$480.00 annually) 2. Request priority access from IT

## **L. 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         |
| <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        |
| <input type="checkbox"/> Interdepartmental exercise          | <input type="checkbox"/> Emergency assembly drill        |
| <input type="checkbox"/> Other drill or exercise (describe): |  |

**Exercise Dates**

**Staff Distribution Date**



## **M. RESUMPTION OF NORMAL OPERATIONS**

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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.

## N. BCP ACKNOWLEDGMENT AND APPROVAL

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Name

Date

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Title

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Signature

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Name

Date

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Title

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Signature

## ATTACHMENT A

Indicate how long your operation can be without each critical interruption below.

Condition	1 – 2 days	3 – 4 days	5 – 10 days	11+ days
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 unavailable				
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				