



**EMERGENCY  
MANAGEMENT**

**Business Continuity of Operations Planning Template  
For Instructional Departments**

Dean's Name and Title:

Department Name:

Department Leader:

Division B-COOP Planning Liaison:

Date Completed:

B-COOP completion is required to maintain compliance with [Policy V-L: Policy On College Emergencies/Natural Disasters/Business Continuity](#).

**Department Leadership Succession (Chain of Command)** – Name and title of primary, secondary and tertiary leader for the department.

Primary Leader/Title:

Secondary Leader/Title:

Tertiary Leader/Title:

Department Operational Function: Indicate below the principal nature of your department's operations:

- Academic/Instructional
- Business Operations
- Student Services
- Facilities
- ITS
- Athletics
- Other:

Department Objective 1: Describe your top departmental objective.

Department Objective 2: Describe your second departmental objective.

Department Objective 3: Describe your third departmental objective.

**Emergency Communications:** Employees are required to make every effort to stay informed of SJC emergency information during an emergency. What methods will you use to communicate with your employees during an emergency? Select all that apply.

- Phone (Call Tree, please attach)
- Email
- Text Message
- Radio
- Social Media
- Other

**Department Contact Information During an Emergency**

Name of Department Primary Contact:

Primary Contact's Office Phone Number:

Primary Contact's Cell number:

Primary Contact's E-Mail address:

Primary Contact's Office Location:

Name of Department Secondary Contact:

Secondary Contact's Office Phone Number:

Secondary Contact's Cell number:

Secondary Contact's E-Mail address:

Secondary Contact's Office Location:

Name of Department Tertiary Contact:

Tertiary Contact's Office Phone Number:

Tertiary Contact's Cell number:

Tertiary Contact's E-Mail address:

Tertiary Contact's Office Location:

**Emergency Access to Information Systems:** If access to departments information and systems is essential to the departments operations in an emergency, briefly describe the emergency access plan below. This may include remote access (or authorization to allow remote access), contacting ITS 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 [Policy VI-V: Policy On Information Resources](#). 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.

The College's priorities in an Emergency/Natural disaster are listed below for reference and should be used when assessing your essential functions.

- Save lives and ensure the health and safety of the SJC community.
- Preserve and protect campus buildings and facilities.
- Preserve the orderly functioning of the College community.
- Restore critical functions to the College and departments so the mission of the College can continue.
- Establish clear lines of authority and coordination within the College and with external constituencies.
- Establish within the College and departments, responsibilities and authority for mitigation, preparation, response and recovery from a hurricane, tornado or severe weather.
- Establish a basis and organization for the College and departments to respond to emergency situations, to include the coordination of disaster operations and the management of critical resources.
- Articulate procedures for the coordination of communications within the College and with external constituencies and stakeholders.
- Ensure that the College returns to a normal operating environment as soon as possible.

**Department Essential Functions/Personnel:** Essential functions are those functions that must continue or resume rapidly after a disruption of normal activities. Review the College's priorities listed above to determine if your department falls within an essential function of the university.

Do you have essential functions within your department, area or unit?

- Yes - If yes, complete the sections below relating to Essential Functions
- No - Skip to "Exercising Your BCP" Section

## **Essential Functions**

Essential Function - Number 1: List Essential Function.

Essential Function - Number 2: List Essential Function.

Essential Function - Number 3: List Essential Function.

Essential Function - Number 4: List Essential Function.

**External Dependencies** - While reviewing the department's essential functions, have key external business partners been identified and necessary arrangements made? In addition, complete a Dependency Form and attach.

Yes

No (Contact should be made annually by June 1st)

Other

**Internal Dependencies** - While reviewing the department's essential functions, have key internal business partners been identified and necessary arrangements made? In addition, complete a Dependency Form and attach.

Yes

No (Contact should be made annually by June 1st)

Other

**Emergency Relocation Needs:** In the event of an emergency requiring the department to relocate to another location on or off campus, proper planning is required. Having those employees who perform or support an essential function for the department complete an Emergency Relocation Position Information Sheet is recommended. The Emergency Relocation Position Information Sheet provides information on what the staff will need at an alternate location. Indicate below if your department has successfully assessed the needs of the department and the needs of the employees vital to perform essential functions at an alternate location.

Yes

No

Other

**Vulnerability/Risk Assessment and Mitigation Strategy:** Considering your objectives, dependencies and essential functions, list below your vulnerabilities, whether or not the vulnerability can be mitigated, and a brief mitigation strategy. The Critical Interruption Worksheet can assist in identifying your vulnerabilities.

**Example:**

<b>Vulnerability/Risk (what could go wrong)</b>	<b>Can you mitigate? (prevent it from happening?)</b>	<b>Mitigation Strategy (What can you do to prevent it from happening?)</b>	<b>Recovery Strategy (What can you do to recover from it happening?)</b>
SJC EOC requires uninterrupted power to function properly.	Yes  No	1. Connected to generator power.  2. UPS to supplement generator startup time.	1. If generators fail EOC will relocate.  2. Coordinate with facilities/ITS for infrastructure restoration.
SJC EOC has no mechanism for rotating staff for multi-shift activations.	Yes  No	1. Not addressable through ordinary mitigation means.	1. Will coordinate with PD and facilities to create bunking areas for off-duty crews at the EOC.

**Risk Assessment:**

<b>Vulnerability/Risk</b>	<b>Can you mitigate?</b>	<b>Mitigation Strategy</b>	<b>Recovery Strategy</b>
	Yes No		

<b>Vulnerability/Risk</b>	<b>Can you mitigate?</b>	<b>Mitigation Strategy</b>	<b>Recovery Strategy</b>
	Yes No		

<b>Vulnerability/Risk</b>	<b>Can you mitigate?</b>	<b>Mitigation Strategy</b>	<b>Recovery Strategy</b>
	Yes No		

<b>Vulnerability/Risk</b>	<b>Can you mitigate?</b>	<b>Mitigation Strategy</b>	<b>Recovery Strategy</b>
	Yes No		

**Exercising Your BCP:** All department BCPs must be shared with all departmental staff. All departments are encouraged to complete an exercise of the plan annually. Select below the ways the department has/will exercise the plan (Select all that apply).

- Call Tree Drill
- Seminar
- Tabletop Exercise
- Off Site Information Access Test
- Other

Exercise Completion Date:

**Resumption of Normal Operations:** Briefly describe your plan to transition back to normal operations.

**Business Continuity of Operations Plan – Department Approval**

Name/Title:

Date:

Signature:

\*Once approved, submit to the Functional Department B-COOP Planning Liaison

**Business Continuity of Operations Plan – Planning Liaison Acknowledgement**

Name/Title:

Date:

Signature:

\*Once acknowledged, Liaison will submit to the Office of Emergency Management, as well as, assess whether the vulnerabilities listed will be incorporated into the Division Business Continuity Plan.