**TOOLS**

**THIS PAGE INTENTIONALLY LEFT BLANK**

CONTINUITY PERSONNEL TOOLS

**Continuity Personnel Designation Memo Sample**

TO: [Employees Designated with COOP Responsibilities]

FROM: [Director of Program/Unit Administrator]

DATE: [Date]

RE: Essential Employees for Continuity of Operations (COOP)

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -- - - -

Please be advised that the individuals listed above are designated as Continuity Personnel to assure continuation of essential functions at the [Organization Name].

Designation as a Continuity Personnel means your duties are of such a nature as to require you to report to work, work remotely, or remain at the worksite to continue agency operations during an emergency. When an emergency is declared, or upon notification, Continuity Personnel will need to contact their supervisor via telephone or [insert communications tool] for further information on where to report, or standby for further instructions.

I wish to express my sincere appreciation and thanks to you for taking on this important responsibility.

cc: [Organization Name] COOP Program Manager/Planner

**Continuity Personnel Designation Letter Sample**

TO: [Continuity Personnel]

SUBJECT: Designation of Continuity Personnel

FROM: [Organization Leadership Title]

This is to notify you that your position, [Title], has been designated as a Continuity Personnel in support of the [Organization Name]’s Continuity of Operations (COOP) Plan. For the COOP plan, Continuity Personnel are positions that must be occupied during an emergency or continuity event without seriously impairing the capability of [Organization Name] to function effectively.

In this Continuity Personnel position, it is required that you perform assigned duties to support mission requirements during periods of an emergency or continuity event until relieved by proper authority. You are also required to be ready to perform these duties independently or in conjunction with other personnel in the same locality or at any assigned site as designated by [Organization Name] management.

You should be aware that when notified of an emergency or continuity event, you must attempt to report for duty, or if not possible, to contact [Supervisor] to obtain reporting instructions. Further, if the alternate Continuity Personnel are not available to report for duty, it should be assumed that all approved leave is automatically cancelled at such time and those employees who are on leave or are scheduled to take leave will be expected to report for duty.

This position requires the designation of Continuity Personnel. A Continuity Personnel designation is an incumbent of a position who must report for duty and can be deployed to ensure that the functions of the [Organization Name] continue without regard to length of time or duty location. The incumbent also may be required to take part in continuity exercises.

[Signature]

[Title]

 I agree to be assigned to this Continuity Personnel position, [Title], and to perform the assigned duties in support of the [Organization Name]’s Continuity of Operations (COOP) Plan.

(Employee Signature) (Date)

ORDERS OF SUCCESSION TOOL

**Orders of Succession Designation Letter**

[Name of Person Letter Is To]

[Title]

[Agency]

[Street Address]

[City, State Zip]

SUBJECT: Notification of Appointment to Continuity of Operations Orders of Succession Position

Dear [Title and Name],

*

As part of the [Organization Name]’s Continuity of Operations Plan, your position is appointed as a successor to the following positions:

* [Enter each successive position], [enter position i.e. 1, 2,etc]
* [Enter each successive position], [enter position i.e. 1, 2,etc]
* [Enter each successive position], [enter position i.e. 1, 2,etc]

Please read the attached roles and responsibilities for each of the positions stated above. If you have any questions, please contact [enter name of primary position holder, human resources contact, etc].If you do not wish to be considered for any of the above positions, talk to your supervisor about your concerns and he/she will contact [Organization Name] COOP Program Manager/Planner, and a determination will be made regarding your position. Thank you for being a part of [Organization Name]’s continuity culture.

Sincerely,

[Name]

[Title]

[Agency]

DELEGATION OF AUTHORITY TOOLS

**Delegation of Authority Memo**

Pursuant to [Organization Name]’s Continuity of Operations (COOP) Plan, I herebyauthorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Name] to act as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Title] for operations under the [Organization Name] COOP Plan.

In the event that I become incapacitated or unavailable I herebydelegate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Name] all authority to provide continued operations to the county under the COOP Plan and to act on behalf of and with the authority of the [Organization Name] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Department] in carrying out those operations within the scope of the [Organization Name] essential functions and mission.

This delegation continues for a period of up to thirty days or until earlier modified, appointed, or terminated by the [Organization Head Title] of the [Organization Name].

If both \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Name] and I are incapacitated or unavailable I herebydelegate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Second Name].

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Date] [Department Head]

**Delegation of Authority Letter**

Delegation of Authority and Succession for the [Insert Title of Key Position]

Purpose

This is a delegation of authority for the continuity of essential functions through the orderly succession of key positions at the [Organization Name] to the [insert Title of Key Position] in case of the [Key Position Title]’s absence, a vacancy at that position, or the inability of the [key position] to act during a disaster or national security emergency.

Delegation

I hereby delegate authority to the following positions, in the order listed below, to exercise the powers and perform the duties of the [Title of Key Position], in case of my absence, inability to perform, or vacancy of the position and until that condition ceases. In the event that the [insert title of key Position] is vacant, the [Insert Successor Title] shall act until a successor is appointed.

1. [Insert person’s name here]
2. [Insert person’s name here]
3. [Insert person’s name here]

The individual serving in the #1 position identified above, is hereby designated the “First Assistant.” If this position is vacant, the next designated position in the order of succession may exercise all the powers, duties, authorities, rights, and functions of the [insert title of key position], but may not perform any function or duty required to be performed exclusively by the office holder.

Eligibility for succession to the [insert title of key position] shall be limited to officially assigned incumbents of the positions listed in the order of succession, above. Only positions specifically designed in the approved order of succession are eligible. Persons appointed on an acting basis, or on some other temporary basis, are ineligible to serve as a successor; therefore, the order of succession would fall to the next designated official in the approved order of succession.

The [key position title] may review and execute, on my behalf, the following items with the indicated restrictions and limitations:

1. Spending including contracts
	1. Spending up to $ .
	2. [insert other spending limitations here]
2. Employment
	1. Hiring
	2. Termination
	3. Changes in employment status (promotions, demotions, etc)
3. Execution of legal documents
	1. Non spending contracts
	2. [insert other legal documents here]

The effective date of this delegation is [specify] and shall run [indicate time limit if any; if none, indicate that it shall run until revoked by delegating official or his/her successor].

The [key Position]’s order of succession is established by the [Organization Supervisor/Manager Title]. Upon assumption of the duties of the [key Position], the successor will:

* Notify the [Organization Name] Continuity Manager and [additional recipients].

The [Organization Name] Continuity Manager will advise:

* [Organization chain of command, as relevant].
* [Organization Name] partners.
* Other appropriate state departments and agencies.

The successor, in consultation with the [Organization Name] Continuity Manager, will do the following when facing the issue of succession:

* Confirm that the incumbent is debilitated or incapable of performing his/her legal authorized duties, roles, and responsibilities.
* Determine which official, by precedence in line of succession, is capable of assuming the role of the incumbent.
* Coordinate with legal authority, if appropriate.
* Notify appropriate authorities when succession occurs.

Authorities

 [Insert applicable authorities here]

Cancellation

[Insert previous Delegation of Authority] to the [key Position Title] is hereby rescinded.

 [Organization Head Signature] [General Counsel Signature]

[Organization Head Name] [General Counsel Name]

[Organization Head Title] [General Counsel Title]

[Organization Name] [Organization Name]

[Date] [Date]

ESSENTIAL FUNCTION IDENTIFICATION TOOL

This tool helps organizations determine their essential functions. It also helps prioritize essential functions, as not all can be a high priority for recovery. Those functions that are determined to be essential will then be used as part of the Process Analysis tool and be placed in the COOP Plan. The first column is an example.

**Step 1:** In the first row, enter what your organization does.

**Step 2:** Enter the description of what your organization does or why it exists. Be as specific as necessary. This is a function.

**Step 3:** Enter reasons or requirements to perform this function. Type in the exact requirement, for example, if the function is in ARS then indicate ARS i.e. ARS 26-101, etc.

**Step 4:** Enter internal and external customers for this function. This information will also be used during the Process Analysis.

**Step 5:** Answer the timing question and provide details if appropriate. For example, fiscal deadlines or voting deadlines, etc.

**Step 6:** Enter the priority of this function as High, Medium, or Low. This section will be used for reconstitution/recovery.

**Step 7:** Based on the information above and definitions below determine the type - essential, essential support activity, protection, or reconstitution.

**Step 8:** If this function cannot be put into one of the four categories in step 7, it is likely not essential. Enter essential or non-essential. Use the essential functions to complete the Process Analysis tool and the Essential Function section in the COOP Plan.

**Definitions**

Essential function - functions that enable agencies to provide vital services, exercise civil authority, maintain the safety and well being of the citizens, and sustain the industrial and economic base in an emergency. For example, ensuring continuous prison system security is an essential function.

Essential support activity - critical functions that an organization must continue during continuity activation, but that do not meet the threshold for essential functions. For example, maintaining emergency vehicles.

Protection –functions that protect or preserve people, records, equipment, and facilities, they may not be required during a continuity event, but that will be required when normal operations resume. For example, preserving and protecting community records is a protection essential function.

Reconstitution - the process by which surviving, replacement personnel, or both resume normal operations from the original or replacement primary operating facility. For example, inspecting buildings to make sure that they are safe to reoccupy is a reconstitution essential function.

|  |
| --- |
| **Essential Function Identification** |
| **Function Name** | e.g. Food services |  |  |  |
| **Function Description** | e.g. Provide daily meals and dietary needs for inmate populations, as required. |  |  |  |
| **Requirement(s) to perform the function**Statute, Regulation, Legal Authority, Mission Statement, Executive Order, Grant requirement, etc | e.g. State statutes, policies and procedures (be as specific as possible) |  |  |  |
| **Customer(s)**Include Internal & External | e.g. Staff, inmates, Trinity Food Services, and outside food vendors, such as Shamrock. |  |  |  |
| **Timing**Does this function have to be performed at a specific time of the day/week/month/year? If yes, specify. | e.g. Three times a day |  |  |  |
| **Priority** (High/Medium/Low) | e.g. High |  |  |  |
| **Type:** Essential function / essential support activity / Protection / Reconstitution(See definitions above) | e.g. Essential support activity  |  |  |  |
| **Essential/Non-Essential** | e.g. Essential |  |  |  |

PROCESS ANALYSIS TOOL

This tool is used to determine what processes are important to perform the essential functions determined in the Essential Function Identification tool. This information will also be useful for the Impact Analysis tool.

1. Evaluate the entire process for each essential function.
2. First row should be your essential functions from the Essential Function Identification tool. Answer each of the questions in each section. The first column is an example.
3. The answers may reveal gaps and therefore help the organization determine priorities for mitigating those gaps. Gaps should be notated on the Mitigation Strategies Tool for further review and implementation.
4. Information obtained throughout this tool may be attached to the COOP Plan as an SOP.

| **Process Analysis**  |
| --- |
| **Essential Function** | e.g. Food services |  |  |  |
| **Outputs**What products or services does your organization produce or deliver? | e.g. Three nutritious meals per day |  |  |  |
| **Inputs**1. What are the inputs your organization relies on to accomplish each function?
2. Does this function depend on any outside services or products?
 | 1. Food supplies on hand and number of inmates requiring services, number of specialized diet requirements
2. Yes, food supplies
 |  |  |  |
| **Partners and Interdependencies**1. What partners required for this function?
2. Who provides input and who gets input from you?
3. Who are your critical suppliers/vendors?
 | 1. Shamrock Foods

Golden Star Foods1. Cooks and food service provider supervisors request and order food through warden to food vendor.
2. See answer from 1.
 |  |  |  |
| **Leadership**What role does leadership play in your organization’s functions i.e. authority, signatory, approval, etc? | e.g. Food service provider supervisors review order requests and the warden approves for purchase. |  |  |  |
| **Staff**1. What are the staff/personnel requirements to perform your organization's functions?
2. What skills are required?
3. How many people (include shift work requirements)?
4. Are there specific qualifications required?
 | 1. 5 cooks, 1 food service provider supervisor, 1 quality control supervisor for receiving goods
2. Some specialized skills to include food handler training.
3. 6 per day
4. Food handler certification, supervisory training/certification
 |  |  |  |
| **Comms and IT**1. What communications and IT are required to perform your organization's functions?
2. Include IT systems, such as radio, video, satellite, telephones, emergency notification systems, hard copy.
 | 1. Voice, electronic communications
2. Telephone, email, software to fill out order forms, copier.
 |  |  |  |
| **Facilities**1. What facilities are required to perform each function?
2. Will any office with phones and computers work, or do you need special space requirements? (secure, storage, clean space)
 | 1. Kitchen to include prep, cook, refrigeration, freezer, and sterilization capabilities.
2. No, space needs to meet OSHA and FDA cleanliness regulations.
 |  |  |  |
| **Other Resources & Budgets**1. What other resources and funding will be required to ensure performance of your organization's functions?
2. Will special funds be needed to make purchases?
3. How are funds authorized?
4. Do you need vehicles, supplies, etc not already discussed?
 | 1. Funding to purchase food supplies. Standard cleaning, prepping, and cooking supplies.
2. No.
3. Warden approves all funds within State Legislature approved biennial budget process.
4. No
 |  |  |  |
| **Describe/Show Process Flow**This may be in narrative or diagram form. | 1. Corrections staff provide headcount for meals to food service provider supervisor.
2. Food provider supervisor assigns cooks to fulfill meal requirements.
3. Cooks inventory food supplies against pre-approved menu. Any replenishments go on order form to food provider supervisor.
4. Food provider supervisor reviews order form, gives to Warden for approval.
5. Warden approves order form, gives to food provider supervisor for purchasing.
6. Food provider supervisor emails form to food vendor.
7. Food vendor fills order and delivers to facility.
8. Upon arrival quality control supervisor reviews order form, approves/disapproves.
9. If approved, order is received.
10. If not, grievance is placed with vendor.
11. Once order has been approved and received, cooks store items.
12. Cooks prepare menu for each meal.
13. Once meal service has concluded, cooks clean kitchen, prepare again
 |  |  |  |

MITIGATION STRATEGIES TOOL

For each strategy, the following elements should be identified:

* **Project Name & Description** – a brief description of the strategy.
* **Hazard(s) Mitigated** – a list of the hazard/s mitigated by the strategy.
* **Estimated Costs** – cost estimate that may be a dollar amount or estimated as staff time.
* **Anticipated Completion Date** – a general timeframe for completing the strategy.
* **Primary Agency/Department** – the agency or department that will have responsibility for the strategy and its implementation. For example, if a strategy is to migrate from local network servers to the Cloud, the primary agency/department may be the organization’s IT department or an outside vendor with an organization project manager.
* **Potential Funding Source(s)** – the source(s) of anticipated funding for the strategy.
* **Priority Ranking** – each strategy may be assigned a priority ranking of either “High”, “Medium”, or “Low”.
* **Status** – during reviews of the COOP Program, the status of the mitigation strategies should be assessed allowing for carry forward of those that have not been completed.
* **Disposition** - during reviews of the COOP Program, the mitigation strategies should be reviewed and each strategy should have a disposition. This will also allow for carry forward of those strategies that are not designated as “Delete”.

**Explanation or Brief Description** – provide either a brief description of the status of the project or provide an explanation or comments regarding the project.

|  |
| --- |
| **Continuity Mitigation Strategies** |
| **Name & Description** | **Hazard(s) Mitigated** | **Estimated Cost/ Completion Date** | **Project Lead** | **Potential Funding Source(s)** | **Priority*** High
* Medium
* Low
 | **Status/ Disposition*** No Progress
* In Progress
* Complete
* Keep
* Delete

Keep, revise | **Explanation or brief description of work** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

IMPACT ANALYSIS TOOL

The tool will identify critical business functions and describe what would be necessary to recover these functions, in the event of a disaster or disruption in service. Gathering this information will help your organization develop a COOP Plan and will allow for the prioritization of available equipment and resources, were an event to occur. You are being asked to answer these OIA questions for your section because of your knowledge of your section and its processes and resources.

For the purpose of answering the tool questions, assume the following:

* Worst-case scenario is defined as a total outage for an extended period of time during peak processing.
* No current disaster recovery capability exists; pretend you are working with a “blank slate” as you answer questions.
* Don’t focus on immediately restoring all services; instead, you are trying to quickly restore enough for essential functions.

The completed Impact Analysis tool will provide each section with the following information:

* Ranking of critical and non-critical business processes.
* Assignment of Recovery Time Objectives (RTOs) and Recovery Priority Objectives (RPOs) for each business process.
* Document listings of key vendors, systems, and vital records.
* Estimates of the qualitative and quantitative impact impacts of an event, based upon duration of unplanned disruption. (e.g. 24 hours, 48 hours, 5 days, etc.)
* An overview of what would be necessary to recover the functions of the section or program.
* Information for the completion of the COOP Plan.
* Gaps or shortages that can then be used to help determine mitigation strategies. (See Risk Management Annex of the Arizona Continuity of Operations Program Document)

**Timing Impact**

Step 1: Place your essential functions (from the Essential Function Identification tool) in the essential function column.

Step 2: For each essential function, consider the processes required to provide that function. List them in the process column.

Step 3: Does this specific process have to be performed at a specific time or day/week/month/year? If you used the Essential Function Identification tool, use your answers to help guide you on the processes. Go to the next section if you answered yes.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Essential Function** | **Process** | **Y** | **N** | **Comments** |
| e.g. Inmate Health Care | Health Needs Request |  Y |   |  Response within 24 hours – begins the process |
|  |   |   |   |   |

**Monthly Impact**

Step 1: Place your essential functions (from the Essential Function Identification Tool) in the essential function column.

Step 2: For each essential function, consider the processes required to provide that function. List them in the process column.

Step 3: Consider seasonality i.e. which periods of the year are more critical than others for each essential function. Rate them as red (high), yellow (medium), or green (low) throughout the year. When a function is in the high category, you may need to plan differently for these times.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Essential Function** | **Process** | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** | **Comments** |
|  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |

**Key Deliverables**

Some essential functions may be more crucial at certain times of the month/year etc. Please indicate below where there are any such requirements. This helps identify where you may want to see recovery priorities focused or changed in your COOP plan. Examples may include where there is a statutory duty for you to deliver a service or an activity that only takes place at a certain time of year and to not deliver these duties would create a serious issue for your organization to cope with i.e. elections.

Step 1: Enter key deliverable.

Step 2: Enter the essential function that is responsible for the deliverable.

Step 3: Enter the day and time that the key deliverable is due.

Step 4: Rank the impact to the organization or customer if the key deliverable is not delivered on time as High, Medium, or Low.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Key Deliverable** | **Essential Function Responsible for Deliverable** | **Day / Time Due** | **Impact if not Delivered****(High, Medium, Low)** | **Comments** |
|  e.g. Health Needs Request Form |  Inmate Health Care |  Daily |  High |  24 hour requirement to be seen once HNR is received  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Duration**

Step 1: Enter your essential functions.

Step 2: Enter an essential function process.

Step 3: Identify the duration of the interruption or point in time when the operational, financial, or both, impact(s) will occur.

| **Essential Function** | **Process** | **< 1 hr** | **>1hr but <8 hr** | **>8 hr but <24hr** | **>24hr but <72 hr** | **>72 hr but <1wk** | **>1wk but <1 m** | **> 1m** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| e.g. Inmate Health Care | Health Needs Request |  |  | X |  |  |  |  |  |
|  | Medical Evaluations |  |  |  | X |  |  |  | Based upon severity of injury or illness |
|  |  |  |  |  |  |  |  |  |  |

**Financial/Reputation Impact**

This section asks you to describe the impact of not delivering each of the business functions you identified.

Step 1: Enter the essential function.

Step 2: Where applicable, for every normal business day that the function cannot be performed, determine the impacts for each of the columns. You should decide how you rate these impacts in your organization and what each category means. This will be different for all organizations. You may choose to have High, Medium, Low or a numbering system e.g.1-4.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Essential Function** | **Loss of revenue** | **Legal liability, personal damage, public harm** | **Loss of good will, poor public image, embarrassment** | **Effect on dept / agency objectives and schedules** | **Comments** |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |

**Operational Impact**

**Staff Dependencies**

Give details of locations from which your service(s) is/are delivered or managed and the approximate numbers of staff based in each location. Please also indicate whether staff could work remotely and whether arrangements to do so are already in place.

Information like this is useful because it can help identify alternative premises or ways of working that may be available to your organization, particularly if it operates from more than one building. If you have more than one site, you may want to think about expanding your COOP plan to include site-specific information.

Step 1: Enter a location of your organization or service location.

Step 2: Enter the building owner (if known) in the building owner column. The responsibility for relocation may change depending on whether you own/manage your building.

Step 3: Do you share your building with anyone else? Y/N. Your plans may need to be coordinated with other organizations or with the requirements of the building owner e.g. Emergency Action Plans, etc.

Step 4: Enter the number of staff that are either based in that location or work from that location.

Step 5: Enter the number of staff that work remotely or from home.

Step 6: Enter the number of staff that could work at an alternate or continuity site.

Step 7: Provide the details of any alternate working arrangements that are currently in place, i.e. telework, remote, etc.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Location** | **Building owner** | **Shared building? Y/N** | **# of staff based in / working from location** | **# of staff that could work remotely / telework** | **# of staff that can work at alternate site** | **Details of alternate working arrangements** |
|   |   |   |   |   |   |  |
|   |   |   |   |   |   |  |
|   |   |   |   |   |   |  |

**Technology Dependencies**

It is useful to communicate relevant findings of this section with IT service providers (either internal or external) to help specify your technology requirements and the service levels you expect in a recovery situation.

This information will be used in the COOP Plan under the alternate capabilities and possibly the communications sections.

Does the function require a dependency on any technology (hardware or software)? Y/N If you answered yes, please follow the steps below:

Step 1: Enter the essential function in the essential function column.

Step 2: Enter the specific hardware, software, or both for the essential function.

|  |  |  |
| --- | --- | --- |
| **Essential Function** | **Dependency** | **Comments** |
|   |   |   |
|   |   |   |
|   |   |   |

**Recovery Time Objective and Recovery Point Objective**

This section asks you to identify the Recovery Time Objectives (RTO) and the Recovery Point Objectives (RPO) for each essential function. It is important to give these areas some thought because they will help you to determine the priorities for recovery, the minimum resources required for recovery, and the order of recovery for the different functions.

RTOis defined as how quickly the process must be restored following a disaster. The RTO is an estimate of how long the process can be unavailable. This is the boundary of time within which a business function must be accomplished to avoid the unacceptable consequences associated with a disruption (this does not include the resources that are required).

It may be useful to consider the RPO for the different systems used by your organization. This describes the point in time to which data must be restored in order to be acceptable to the owner(s) of the processes supported by that data. This is often thought of as the time between the last available backup and the time a disruption could potentially occur. The RPO is established based on the agreed tolerance for loss of data or re-entering of data.

This information will be used for the reconstitution section of the COOP Plan.

Step 1: Enter the essential function in the essential function column.

Step 2: Enter the RTO using hours, days, or weeks into the RTO column.

Step 3: Enter the RPO objective using the list below the table in the RPO column.

|  |  |  |  |
| --- | --- | --- | --- |
| **Essential Function** | **Recovery Time Objective** | **Recovery Point Objective** | **Comments** |
|  |  |   |   |
|   |  |   |   |
|   |  |   |   |
|   |  |   |   |
|   |  |   |   |
| **RPO List** |  |
| **Last back-up**  | (generally the previous close of business) |
| **Replication**  | (intraday) |
| **Last Key Stroke**  | (real time) |
| **Functionality only**  | (data backup not required) |

**Resource Requirements**

This section asks you to list the resources required to restore a function against what you normally use. Then, when you are planning you can ensure that you have available or can quickly obtain the resources that are needed to restore the function. Add/remove resource types according to the needs of your organization.

Step 1: For each row, enter the number of items required on a normal day-to-day basis.

Step 2: Enter the number of items required within the timescale to restore or recovery from the incident.

Step 3: Enter the impact, using high, medium, or low, on the function if the specific resource is not available.

Step 4: Enter if there are any contingency arrangements in place for managing this gap. Use this information for your Mitigation Strategies tool.

|  |
| --- |
| **Requirement by Timescale** |
| **Resource Type** | **Normal Requirement** | **1hr** | **3hrs** | **1 day** | **3 days** | **1week** | **1month** | **Impact****(H, M, L)** | **Contingency Arrangement(s)** | **Comments** |
| Staff | E.g. 30 | 7 | 15 | 25 | 30 | 30 | 30 | H | E.g. agreement with temp agency to supply staff within 3 hours |  |
| Work station (Desk, PC & Telephone) | E.g.30 | 0 | 0 | 1 | 1 | 1 | 5 | L | E.g. All staff set up to work from home |  |
| Specialist IT applications |  |  |  |  |  |  |  |  |  |  |
| Buildings (e.g. for delivery of service) |  |  |  |  |  |  |  |  |  |  |
| Office space (e.g. reception storage) |  |  |  |  |  |  |  |  |  |  |
| Special equipment |  |  |  |  |  |  |  |  |  |  |
| Data |  |  |  |  |  |  |  |  |  |  |
| Internet Access |  |  |  |  |  |  |  |  |  |  |
| Networked PCs |  |  |  |  |  |  |  |  |  |  |
| Laptops |  |  |  |  |  |  |  |  |  |  |
| Landlines |  |  |  |  |  |  |  |  |  |  |
| Mobile Phones |  |  |  |  |  |  |  |  |  |  |
| Fax Machine |  |  |  |  |  |  |  |  |  |  |
| Work Vehicles |  |  |  |  |  |  |  |  |  |  |
| Car Parking |  |  |  |  |  |  |  |  |  |  |
| Other, Specify |  |  |  |  |  |  |  |  |  |  |

**Stakeholders and Interdependencies**

Identify who you depend upon to deliver your service function (dependencies), who relies on your function being delivered successfully (dependents), and who needs to be informed (interested parties). If you have more than one key supplier, they each should to be considered separately in the table below. By answering questions about contingency arrangements of your key supplier(s) and if they can continue to meet your needs in the event of an incident affecting them, this ensures arrangements to be set up as appropriate.

This information should be used during the Continuity of Operations Phase and Communications sections of the COOP Plan.

Does this function depend on any outside services or products for its successful completion? Y/N If Yes, then follow the steps below:

Step 1: Enter the name of the stakeholder.

Step 2: Enter whether this stakeholder is an external or internal customer.

Step 3: Enter the relationship as described above.

Step 4: Enter if there are any contingency arrangements in place for this stakeholder.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Type*** **External**
* **Internal**
 | **Relationship*** **Dependency**
* **Dependent**
* **Interested Party**
 | **Contingency arrangement in place?****Y/N** | **Comments** |
|   |   |   |  |   |
|   |   |   |  |   |
|   |   |   |  |   |

**Single Points of Failure**

This section asks you to identify any ‘single points of failure’ for your organization so adequate contingency measures can be put in place. Using the information in the resources and stakeholder sections indicate any factors that, if they were not available would mean that your service could not operate.

The information from this section can be used for the Mitigation Strategies Tool.

Step 1: Enter the essential function in the appropriate column.

Step 2: Enter the name of the responsible person for this essential function.

Step 3: Enter the resource that the function could not operate without (i.e. specially trained staff, a supplier, a piece of equipment etc).

Step 4: Enter any back up arrangements that maybe formally or informally in place.

Step 5: Provide any suggestions for improving the resilience on this essential function.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Essential Function** | **Responsible Person** | **Resource** | **Back up Arrangements** | **Resiliency Suggestions** | **Comments** |
| E.g. telephone contact center | Joe Bloggs | Switchboard System | Recovery site options identified | Enter into formal agreement with recovery site operator |  |
| E.g. telephone contact center | John Smith (internal IT support) | Specially trained staff |  Using an External Agency to identify staff with the same areas of expertise | Training for other internal IT staff. The production of guidance notes to share knowledge internally. |  |
|   |   |   |   |   |  |
|   |   |   |   |   |  |
|   |   |   |   |   |  |

**Potential Anticipated Changes**

Step 1: Are there any anticipated changes over the next 12 months that could impact either the essential functions or processes? If Y, then put in comments what the potential change may be.

Step 2: How would financial and operations business impacts change under any of the above conditions (budgets, lost revenue, employee morale, stakeholder confidence)? Enter these impacts in comments as well.

|  |  |  |
| --- | --- | --- |
|  | **Y/N** | **Comments** |
| New/changes to laws/regulations |   |   |
| Reorganizations |   |   |
| Computer Systems/Networks |   |   |
| New Partnerships |   |   |
| Changes in Facilities |   |   |

CONTINUITY OF OPERATIONS PLAN TEMPLATE

Insert plan cover page here.

The [Organization Name] Continuity of Operations Plan is led by the [Continuity Division/Department, if applicable]. For more information on this plan, contact:

[COOP Program Manager/Planner Name]

[Title]

[Email address]

[Phone number]

**CONTINUITY OF OPERATIONS PLAN TEMPLATE INSTRUCTIONS**

This template provides instructions, guidance, and sample text for the development of continuity of operations (COOP) plans. It is highly recommended that the preparer of this document reads and understands the Arizona Continuity of Operations (COOP) Program document located at dema.az.gov/emergency-management/preparedness/planning-branch.

By using this planning template, organizations will address each of the planning elements and requirements. Based on the key elements of a viable continuity capability, the template describes content for each section of a COOP plan and includes sample text, tables, and graphics which may be modified as appropriate.

This template is organized in a flexible format so organizations may expand or contract sections of the template to develop and improve their plan. Organizations will need to tailor the template to meet their specific continuity planning requirements.

The Base Plan is used for all sections that are overarching in an organization. The Annexes and Supplemental Information sections should be used for devolution and reconstitution information, material that changes frequently, quick reference material, and standard operating procedures (SOPs).

* Instructions are at the beginning of each section and should be deleted along with this page when your plan is developed.
* Sample text is in **boxes** and indented for ease of location.
* Questions are intended to provide thinking points during a continuity event that you may include in your plan.

**LETTER OF PROMULGATION**

Insert a copy of the signed promulgation letter here.

**[Organization Name] maintains the Continuity of Operations (COOP) Plan as a living document intended to be continuously reviewed and revised, with input from all stakeholders, to guarantee the most current plan possible.**

| **PLAN REVIEW, EVALUATION, AND CHANGES** |
| --- |
| **Date** | **Summary of Activity** | **Plan Section** | **Recommendation By****Entry Made By** |
|  |  |  |  |
|  |  |  |  |

**[Organization Name] is committed to ongoing training, exercise, and engagement of the COOP Plan, to validate the [Organization Name]’s continuity capabilities.**

| **TRAINING, EXERCISE, AND ENGAGEMENT ACTIVITY** |
| --- |
| **Date** | **Summary of Activity** | **Partners Involved** | **Entry Made By** |
|  |  |  |  |
|  |  |  |  |

The following table may be helpful for organizations that are EMAP accredited.

**The State of Arizona emergency management enterprise follows the 2016 EMAP Standards to ensure a quality program. Arizona was first accredited in 2004, and was reaccredited in 2009 and 2015.**

| **EMERGENCY MANAGEMENT ACCREDITATION PROGRAM (EMAP)**  |
| --- |
| **EMAP Standard** | **Standard Component** | **Plan Section** | **Page Number** |
| **4.4** | **Operational Planning and Procedures** |
| 4.4.2 | The Emergency Operations, Recovery, Continuity of Operations and Continuity ofGovernment Plans address the following: |
| (1) purpose and scope or goals and objectives | Purpose, Scope, Situation Overview, and Assumptions |  |
| (2) authority | Authorities and References |  |
| (3) situation and assumptions | Purpose, Scope, Situation Overview, and Assumptions |  |
| (4) functional roles and responsibilities for internal and external agencies, organizations, departments and positions | Organization and Assignment of Responsibilities |  |
| (5) logistics support and resource requirements necessary to implement the Plans | Logistics |  |
| (6) concept of operations | Concept of Operations |  |
| (7) a method and schedule for evaluation, maintenance, and revision | Plan Development and Maintenance |  |
| 4.4.5 | The Emergency Management Program has Continuity of Operations (COOP) Plan(s) that identify the essential program functions and describe how those functions will be continued and recovered. Each organization performing essential program functions has a COOP Plan that identifies the following: |
| (1) processes and functions that must be maintained |  |  |
| (2) essential positions |  |  |
| (3) lines of succession |  |  |
| (4) how critical applications and vital records will be safeguarded  |  |  |
| (5) communications resources |  |  |
| (6) priorities for recovery of processes, functions, critical applications and vital records |  |  |
| (7) alternate operating capability and facilities |  |  |
| 4.4.7 | The Emergency Management Program has procedures to implement all Plans identified in Standard 4.4.1. Procedures are applicable to all hazards identified in Standard Procedures reflect operational priorities including: |
| (1) life, safety, and health |  |  |
| (2) property protection |  |  |
| (3) environmental protection |  |  |
| (4) restoration of essential utilities |  |  |
| (5) restoration of essential program functions |  |  |
| (6) coordination among appropriate stakeholders. |  |  |
| 4.4.9 | The Emergency Management Program has a method and schedule for evaluation, maintenance, and revision of the procedures identified in Standards 4.4.7 and 4.4.8. |  |  |

BASE PLAN

[INTRODUCTION BP-1](#_Toc502659595)

[PURPOSE, SCOPE, SITUATION OVERVIEW, AND ASSUMPTIONS BP-1](#_Toc502659596)

[Purpose BP-1](#_Toc502659597)

[Scope BP-1](#_Toc502659598)

[Situation Overview BP-2](#_Toc502659599)

[Planning Assumptions BP-3](#_Toc502659600)

[CONCEPT OF OPERATIONS BP-3](#_Toc502659601)

[Pre-Event Phase: Readiness and Preparedness BP-3](#_Toc502659602)

[Phase 1: Activation BP-4](#_Toc502659603)

[Phase 2: Continuity Operations BP-7](#_Toc502659604)

[Phase 3: Reconstitution Operations BP-7](#_Toc502659605)

[ESSENTIAL FUNCTIONS BP-9](#_Toc502659606)

[POSITIONS, ROLES, AND RESPONSIBILITIES BP-9](#_Toc502659607)

[ORDERS OF SUCCESSION BP-10](#_Toc502659608)

[DELEGATION OF AUTHORITY BP-11](#_Toc502659609)

[ESSENTIAL RECORDS BP-11](#_Toc502659610)

[ALTERNATE FACILITIES BP-12](#_Toc502659611)

[LOGISTICS & RESOURCES BP-13](#_Toc502659612)

[COMMUNICATIONS RESOURCES BP-13](#_Toc502659613)

[DEVOLUTION BP-14](#_Toc502659614)

[TEST, TRAINING, AND EXERCISE BP-16](#_Toc502659615)

[PLAN DEVELOPMENT AND MAINTAINANCE BP-17](#_Toc502659616)

[AUTHORITIES AND REFERENCES BP-17](#_Toc502659617)

**ANNEXES**

[DEVOLUTION ANNEX A-1](#_Toc502657042)

[RECONSTITUTION ANNEX A-1](#_Toc502657043)

**SUPPLEMENTAL INFORMATION**

[QUICK REFERENCE INFORMATION SI-1](#_Toc502664462)

[EMPLOYEE CONTACT LIST SI-2](#_Toc502664463)

[ESSENTIAL RECORDS LIST SI-2](#_Toc502664464)

[EMERGENCY SUPPLY KITS SI-2](#_Toc502664465)

[STANDARD OPERATING PROCEDURES/CHECKLISTS SI-2](#_Toc502664466)

[ACRONYMS/GLOSSARY SI-2](#_Toc502664467)

INTRODUCTION

This section stresses how the Continuity of Operations (COOP) Plan supports the organization’s mission and that continuity of operations under any circumstance is needed to ensure there is minimal disruption in service.

**The [Organization Name] Continuity of Operations (COOP) Plan is an all-hazards plan addressing the [Organization Name]’s hazard and threat environment, including natural, technological, and human-caused emergencies and disasters.**

**The plan is designed as a high tier Whole Community document identifying the [Organization Name]’s roles and responsibilities during a continuity event. The COOP Base Plan does not include procedures. However, the procedures are attached as annexes.**

**The COOP Plan integrates, supports, and is consistent with all applicable federal and state guidance, as listed in the Authorities and References section, and utilizes the Arizona COOP Program document and Emergency Management Accreditation Program (EMAP) standards as a basis for its structure.**

PURPOSE, SCOPE, SITUATION OVERVIEW, AND ASSUMPTIONS

## Purpose

This section explains why COOP planning is important to the organization and why the COOP Plan exists. It may also discuss the background for planning, referencing recent events that have led to an increased emphasis on the importance of a continuity capability for the organization.

**The purpose of this COOP Plan is to provide the framework for [Organization Name] to continue essential functions in the event of an emergency that affects operations. This plan establishes the [Organization Name]’s COOP capability for addressing three types of extended disruptions:**

* **Loss of access to a facility.**
* **Loss of services due to a reduced workforce (for example: pandemic influenza).**
* **Loss of services due to equipment or systems failure.**

**This plan provides implementation strategies for [Organization Name]’s Continuity Personnel to continue essential functions during any disruption for up to 30 days.**

## Scope

This section describes the organizational elements (e.g. divisions, offices, departments) covered by the plan, the times during which the plan is in effect, and its distribution. It also describes the organization’s mission and goals.

**This plan applies to [Organization Name] personnel in all departments and all locations where essential functions are conducted. It also applies to all events and hazards that could threaten the organization and its performance of essential functions.**

**The COOP Plan is applicable to the following departments:**

* **[Organization Name] Headquarters**
* **[Organization Name] Division of Receivables**
* **[Organization Name] Division of Deliverables**

**The COOP Plan does not apply to temporary disruptions of service, including minor IT system or power outages and any other scenarios where essential functions can be easily and readily restored in the primary facility within 4 hours during normal working hours.**

**The COOP Plan has been distributed to [Organization Name] senior leadership, and training has been provided to personnel with identified responsibilities.**

**The COOP Plan outlines the actions that will be taken to activate a viable COOP capability within 4 hours of an emergency during normal working hours and within 12 hours outside of normal working hours and to sustain that capability for the first 30 days.**

**The COOP Plan covers all facilities, systems, vehicles, and buildings operated or maintained by [Organization Name]. The COOP Plan supports the performance of essential functions and provides for continuity of management and decision-making at the organization if senior leadership or essential personnel are unavailable.**

## Situation Overview

This section addresses the situations that may influence COOP planning, such as number of personnel affected, whether the organization is in a rural or urban area, size of the primary facility, and other details.

**The following situations impact [Organization Name]’s COOP Plan:**

* **[Organization Name] is in [Location], a complex urban environment.**
* **The [Organization Name]’s primary facility houses multiple departments, including administration, human resources, operations, etc. There are approximately 40 total personnel, in addition to 20 contractors, and typically 10 to 20 organization visitors daily.**
* **The [Organization Name]’s primary facility is located adjacent to railroad tracks and highways that carry hazardous materials. In the past, there were over 25 accidents on those highways closest to the primary facility, two of which affected [Organization Name]’s operations.**

## Planning Assumptions

This section lists the planning assumptions that guide the development of the plan, such as the training of personnel, resources available at primary and alternate facility locations, and other considerations.

**Emergencies and disasters can occur with little or no warning, potentially causing significant loss of life and environmental and economic damage. In an emergency, it will be necessary to continue [Organization Name]’s essential functions to respond to day-to-day needs of customers and stakeholders. These disasters are considered continuity events.**

**Employees who have been assigned specific responsibilities within the COOP Plan are trained in their roles and are willing and able to carry out their responsibilities.**

**As part of their commitment to this plan, [Organization Name]’s COOP Program Manager/Planner will engage in systematic assessments of procedures, resources, and training to ensure continued ability to carry out its responsibilities as outlined in this plan.**

CONCEPT OF OPERATIONS

This section explains how the organization will implement the COOP Plan and specifically address each continuity element. This section should be separated into four phases: Readiness and Preparedness, Activation, Continuity Operations, and Reconstitution Operations. When applicable, devolution planning strongly correlates in each phase but is addressed in a separate section.

## Pre-Event Phase: Readiness and Preparedness

This section addresses the readiness and preparedness activities that ensure personnel can continue essential functions. Readiness is the ability of an organization to respond to a continuity event. This phase includes those readiness and preparedness activities and systems that are applicable to this plan.

**The [Organization Name] will participate in the full spectrum of readiness and preparedness activities to ensure personnel can continue essential functions in an all-hazard/threat environment. This will include having a continuity culture throughout the [Organization Name]. [Organization Name]’s readiness activities are divided into two key areas:**

* **Organization readiness and preparedness**
* **Staff readiness and preparedness**

### Organization Readiness and Preparedness

**[Organization Name]’s preparedness activities incorporate hazard/threat warning systems, which includes:**

* **NOAA Weather Alerts**
* **USA State Threat Alerts**
* **Communications Broadcaster**
* **Local news and social media**

**The [Organization Name] also creates a continuity culture as part of their preparedness, which includes robust personal and organizational preparedness, mitigation efforts for resiliency, and a Test, Training, and Exercise (TT&E) program.**

### Staff Readiness and Preparedness

**[Organization Name] personnel will prepare for a continuity event and plan for emergencies and disasters. Personnel will also develop a Family Support Plan to increase personal and family preparedness. The Arizona COOP Program document and the ready.gov/responder website provide guidance for developing a Family Support Plan and emergency supply kits.**

**[Organization Name] Continuity Personnel will create and maintain emergency supply kits and be responsible for carrying these to the alternate facility.**

**In addition, the [Organization Name] will conduct the following continuity readiness and preparedness activities:**

* **Monthly staff meetings to include mini table top exercises**
* **Quarterly telework drills**
* **Annual review inventory of all emergency supply kits and relocation drills**

## Phase 1: Activation

This section explains what strategy/process will be used to activate the COOP Plan to maintain operational capability with minimal disruption.

**To ensure the ability to attain operational capability and with minimal disruption to operations, the [Organization Name] will activate the COOP Plan and the Devolution Plan, as applicable, in accordance with the following sections.**

### Decision Making

To determine if activation is warranted, consider the following:

* Is there a threat aimed at facilities, surrounding areas, or personnel?
* Are facilities, personnel, or infrastructure affected?
* How long will it take until you can return to normal operations? Will this time change your decision to activate or not?

**Based on the type and severity of the emergency or disaster, the [Organization Name] COOP Plan may be activated by one of the following methods:**

1. **The state governor, county executive or commissioner, local mayor, city mayor, or city administrator may activate the COOP Plan.**
2. **The [Organization Name] Director, or a designated successor, may activate the COOP Plan for the entire organization, based on an emergency or disaster directed at the organization.**
3. **[Insert additional activation measures here]**

**COOP Plan activation is a scenario-driven process that allows flexible and scalable responses to the full spectrum of threats and hazards that could disrupt operations at any time.**

| **Sample Decision Making Process** |
| --- |
|  | **During Work Hours** | **Answer/Action** | **Outside Work Hours** | **Answer/Action** |
| **Event with Warning** | Is the threat aimed at facilities, surrounding areas, or personnel?Is staff unsafe remaining in the facility or area? | Yes / activateNo / do not activateYes / activateNo / do not activate | Is the threat aimed at facilities, surrounding areas, or personnel?**and**Is it safe for staff to return to work the next day? | No / do not activateYes**and**Yes / do not activateNo – activate |
| **Event without Warning** | Are facilities and/or personnel affected?How soon must the organization be operational? | Yes / activateNo / do not activateWithin 4 hours / activateNext business day / do not activate | Is a facility affected?**and**How soon must the organization be operational? | No / do not activateYes**and**Within 4 hours / activateNext business day / do not activate |

**Sample Decision Flow Chart**

**

### Alert and Notification

**The [Organization Name] maintains procedures for communicating and coordinating activities with personnel before, during, and after a continuity event. These can be found with the standard operating procedures (SOPs) at the back of this plan. However, the communication resources available for use are in the Communications section of this plan.**

Upon activation of the COOP Plan, consider the following:

* Who needs to know about this event and activation?
* Employees
* Supervisors/leadership/higher authorities
* Devolution partner
* Customers
* Vendors/suppliers
* Family members
* Media
* What information needs to be included in the notifications?
* Continuity activation status
* Operational and communications status
* Anticipated duration of activation
* Assignments or tasks to be undertaken

## Phase 2: Continuity Operations

This section describes the capability of the Continuity Personnel to continue essential functions. It may also include any pre-determined decisions to relocate to the alternate facility or implement remote or telework locations. All procedures for this section should be located with the SOPs.

**Upon activation of the COOP Plan, the [Organization Name]’s staff will continue to operate normally until otherwise ordered by the staff’s higher authority using any available communication method.**

The Director or successor, in coordination with the COOP Program Manager/Planner, should consider the following:

* Are all employees, visitors, and contractors/vendors accounted for?
* What functions are affected? Are any of these affected functions essential?
* If the facility is affected, what essential functions and Continuity Personnel should relocate to the alternate facility or should telework be activated?
* If there is not enough Continuity Personnel to perform essential functions, will devolution be necessary? If so, what essential functions should be transferred to the devolution partner(s) and for how long?

**Upon activation of the COOP Plan, the [Organization Name] may need to procure necessary personnel, equipment, and supplies that are not already in place for continuity operations. The [Organization Name] Director or successor maintains the authority for emergency procurement. Procurement procedures are located with the SOPs at the back of this plan.**

## Phase 3: Reconstitution Operations

Organizations should identify and outline a plan to return to normal operations once it is determined that reconstitution operations can be initiated. An organization may choose to develop a reconstitution plan or use the sample text.

To determine implementation strategies, the Director or successor, in coordination with the Reconstitution Manager, should consider the following:

* Is a damage assessment necessary?
* When can the damage assessment start?
* Who is the lead individual to perform the damage assessment?
* Can the primary facility be repaired, or does the organization need a different/new facility?
* Are repairs warranted?
* When can repairs start?
* Who is responsible for managing the repairs?
* Are there any mitigation strategies that can be implemented before reoccupying the facility?

Before returning to the primary facility or another permanent facility, the Director or successor, in coordination with the Reconstitution Manager, should consider the following:

* Is it safe to return to the primary facility?
* Is security sufficient?
* Are health (physical or mental) assessments or health related mitigation strategies warranted?

Upon a decision by the Director, or successor, that the primary facility can be reoccupied or that the organization will be reestablished in a different facility, consider the following:

* Are all systems, communications, and other required capabilities available for normal operations?
* What is the prioritized order of functions, personnel, and records to be brought back to the facility?
* Who should be notified?
* Employees
* Supervisors/leadership/higher authorities
* Customers
* Vendors/suppliers
* Family members
* Media

**The [Organization Name] Director, or successor, decides when to initiate reconstitution operations once the continuity event has ended and is unlikely to reoccur.**

**Once the decision to reconstitute has been made, the following individuals will initiate and coordinate operations to salvage, restore, and recover the [Organization Name]’s primary facility after receiving approval from the appropriate state and local law enforcement and emergency services:**

* **The [Organization Name] Headquarters Logistics Manager will serve as the Reconstitution Manager for all phases of the reconstitution process.**
* **Each [Organization Name] subcomponent’s designated reconstitution point of contact will work with the reconstitution team during the process.**

**Once the appropriate [Organization Name] authority has made this determination in coordination with other state, local, or other applicable authorities, one or a combination of the following options may be implemented, depending on the situation:**

* **Continue to operate from the alternate facility until further notice.**
* **Reconstitute the [Organization Name] primary facility, and begin an orderly return to the facility by recovering non-essential functions first, then recovering essential functions by order of priority.**
* **Begin to establish a reconstituted [Organization Name] in another facility or at another designated location.**

ESSENTIAL FUNCTIONS

This section includes a list of the organization’s prioritized essential functions. The COOP Plan should identify the components, processes, and requirements that ensure the continued performance of the organization’s essential functions. The information for this section should come from the Essential Function Identification, Process Analysis, and Impact Analysis tools.

**The following functions have been designated essential by leadership and are priorities for continuation and recovery.**

|  |  |
| --- | --- |
| Essential Function | Prioritization for Continuation and Recovery |
|  |  |
|  |  |
|  |  |

POSITIONS, ROLES, AND RESPONSIBILITIES

The organization determines the Continuity Personnel that are fully equipped and authorized to perform the essential functions. Also, consider positions that may not have a specific role or responsibility to a specific essential function but support recovering the organization. Position titles should be used rather than names because personnel may change often, but titles generally do not. Once these positions are identified, the organization should establish and maintain a roster of trained Continuity Personnel. In addition, organizations should identify replacement personnel and augmentees, as necessary. This information should come from the Essential Function Identification, Process Analysis, and Impact Analysis tools.

Rosters, at a minimum, should include names and home, work, and cellular telephone numbers, as applicable. Due to privacy concerns and the need for constant revision, this information should be kept separately or in the Supplemental Information section of this plan.

**The following positions have been designated as essential or have a role in [Organization Name]’s continuity, reconstitution, or both, activities. This list also includes their responsibilities.**

|  |  |  |
| --- | --- | --- |
| Day-to-Day Position | Continuity Position | Continuity/Reconstitution Responsibility |
|  |  |  |
|  |  |  |
|  |  |  |

ORDERS OF SUCCESSION

This section identifies current orders of succession to the organization head and key positions. Revisions should be distributed to personnel as changes occur. The successor should be notified pre-event in writing. Sample notification documents are in the Arizona COOP Program document.

The Director or successor, in coordination with the COOP Program Manager/Planner, should consider the following:

* Based on the pre-determined key positions, what positions will replace the primary position if that position is vacated, or the appropriate individual is incapacitated, or not available? Having a three-deep succession is a good business practice, but try not to overlap positions.
* Who needs to know that this succession has happened?
* Higher authority
* Employees
* Successors
* Internal and external partners to include vendors

**The following table outlines the orders of succession for key positions within [Organization Name].**

Sample Orders of Succession

| **Position** | **Successor 1** | **Successor 2** | **Successor 3** | **Successor 4** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

DELEGATION OF AUTHORITY

This section identifies, by name, the authority for individuals to make key policy, financial, legal, and personnel decisions during a continuity event. A delegation of authority should describe explicitly the authority being delegated, with appropriate limitations. All delegates should be notified pre-event in writing. Sample notification documents are in the Arizona COOP Program document.

The Director or successor, in coordination with the appropriate departments, should consider the following:

* Based on the pre-determined delegations for those personnel that have specific authority (legal, financial, human resources), who can fill the position, and what authority are they given if the primary is not available?
* Who can replace the primary individual if they are incapacitated or not available? Having a three-deep list is a good business practice, but try not to overlap authorities.
* Are there any limitations to this authority?
* When does the authority start and end?
* Who needs to know that this delegation has been activated and deactivated?
	+ Higher authority
	+ Employees
	+ Successors
	+ Internal and external partners to include vendors

**The following table outlines the delegation of specific authorities, to include triggers and limitations.**

Sample Delegations of Authority

| **Authority** | **Individual Holding Authority** | **Successor 1** | **Successor 2** | **Successor 3** | **Triggering Conditions** | **Limitations** |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

ESSENTIAL RECORDS

This section addresses the essential records management requirements needed to support essential functions during a continuity event. The identification, protection, prioritization for recovery, and availability of essential records (e.g. databases, applications, and hard copy documents) needed to support essential functions, are critical elements of a successful COOP plan. This information can be found using the Process Analysis and Impact Analysis tools.

The Director or successor, in coordination with the Records Manager, should consider the following:

* What forms, data, applications, and/or records are required to perform the essential functions?
* Where are the records located?
* What software or hardware is needed to create, access, edit, and distribute these records?
* Who has or needs access to these records?
* Is there a duplicate or backup system in place for the records?

**The following table documents the essential records required to support the essential functions.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Record Name | TypePaper/Electronic | Location(s) | If Electronic, software/equipment needed to access | Recovery Priority |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Note: If the essential records list is more than 1 page long, it is recommended that either the Process Analysis and Impact Analysis tools be revised or the list be added as an annex to the plan.

ALTERNATE FACILITIES

Organizations should identify and maintain at least one alternate facility. The facility should include alternate uses of existing facilities, for the relocation of all necessary staff to support/perform the essential functions. A facility should be identified that is located geographically outside of any threat or hazard that may be affecting the primary facility. An alternate capability may include telework or virtual office options. Use the information from the Process Analysis and Impact Analysis tools.

**The following table documents the location(s) of the alternate facilities and capabilities and which essential functions and Continuity Personnel will relocate to which facility/capability.**

|  |  |  |
| --- | --- | --- |
| Essential Function(s)  | Primary Location(s) | Alternate Location/Capability |
|  |  |  |
|  |  |  |
|  |  |  |

LOGISTICS & RESOURCES

This section addresses the logistical support and resource requirements needed to support essential functions during a continuity event. Resources include people, supplies, equipment, vehicles, and finances. The identification, protection, and availability of these resources are critical elements of a successful COOP plan. Use the information from the Process Analysis and the Impact Analysis tools.

The Director, or successor, in coordination with the COOP Program Manager/Planner and the Logistics Manager, should consider the following:

* Who has replacement resources and where are they located?
* Will special equipment be needed to transport the resources to the specified location?
* Will procurement procedures be required to procure these resources?
* Do you have SOPs for procuring the resources needed to include hiring temporary or replacement personnel? If so, these should be located with the rest of the SOPs.

**The following table provides a list of the logistical and resource requirements needed to continue the performance of each essential function.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Essential Function(s) | Supplies/Equipment Needed | Facilities Needed | Staff Needed | Fiscal Requirements |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

COMMUNICATIONS RESOURCES

This section addresses communications systems needed to ensure connectivity during continuity events. The ability of an organization to execute its essential functions using its continuity capabilities depends on the identification, availability, and redundancy of critical communications and information technology (IT) systems to support connectivity among staff, stakeholders, and customers. Use the information from the Process Analysis and Impact Analysis tools and from the Communications Annex of the Arizona COOP Program document.

The Director or successor, in coordination with the COOP Program Manager/Planner and Logistics Manager, should consider the following:

* Where are the communication resources located?
* Do they have power backup for up to 30 days?
* Are there SOPs for the use of these resources? Have the appropriate personnel been trained on these resources and procedures?

**The [Organization Name] has identified available and redundant critical communications systems that are located at the primary and alternate facilities. Further, the [Organization Name] maintains fully capable communications that support organization needs during all hazards and emergencies to include pandemic and other related emergencies, and consider supporting social distancing operations including telework and other virtual offices as a continuity capability. In addition, the [Organization Name] maintains communications equipment for use by employees with access and functional needs.**

**All [Organization Name]’s necessary and required communications and IT capabilities should be operational within 4 hours of continuity activation.**

|  |
| --- |
| **Communication Inventory** |
| **Type** | **Location of Resource** | **Resource Required** | **Output Stakeholder** | **Make/Model of System or Units** | **# of Units Available** | **Current Provider** | **Alternate Provider** | **Sharable** | **Comments/Notes** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

DEVOLUTION

Devolution supports the overall continuity planning effort and addresses the potential inability of the organization’s leadership or staff to support the performance of essential functions. An organization may choose to develop a devolution plan or utilize the sample text provided.

To determine implementation strategies, the Director or successor, in coordination with the COOP Program Manager/Planner and the Devolution Manager, should consider the following:

* Who needs to be notified that devolution has commenced and ended?
	+ Devolution partner
	+ Higher authority
	+ Leadership, staff, vendors, stakeholders, etc.
* Are all or part of the essential functions being devolved? If not all, which ones?
* Does the devolution partner have the correct SOPs to continue their responsibilities in maintaining the essential functions of the primary organization? Are there other SOPs that are devolution specific, such as triggers to activate and deactivate, authorities, communication with primary organization with specific intervals, reconstitution of the primary organization, continuity of the devolution partner where applicable, etc.?

**The [Organization Name] is prepared to transfer all or some of its essential functions and responsibilities to personnel at a different location should a continuity event render leadership or staff unavailable to support the execution of [Organization Name]’s essential functions. If deployment of Continuity Personnel is not feasible due to the unavailability of personnel, temporary leadership of the [Organization Name] will devolve to [Devolution Organization Name].**

**The [Insert office/title] maintains responsibility for ensuring the currency of the [Organization Name] devolution strategy/plan. The [Organization Name] devolution strategy includes the following items:**

1. **Program plans and procedures, budgeting and acquisitions, prioritized essential functions, orders of succession and delegations of authority specific to the devolution site, interoperable communications, essential records management, staff, TT&E, and reconstitution. These can be found within this COOP Plan or as part of a separate devolution plan.**
2. **Triggers for activation and deactivation of the devolution option. These triggers include:**
* **Temporary transfer directed by [Organization Name] leadership until such a time that [Organization Name] leadership requests deactivation of devolution.**
* **Incapacitation of [Organization Name] leadership to include full line of successors.**
* **[Insert any other triggers]**
1. **Lists or references of the necessary resources (i.e., equipment and materials) to facilitate the immediate and seamless transfer of and performance of essential functions at the devolution site. The list of necessary resources for devolution is found at [Location].**
2. **Procurement processes and procedures with appropriate delegated authorities.**

**The [Organization Name] conducts and documents annual training of devolution staff and a biennial exercise to ensure essential functions are capable of being performed during devolution. This documentation includes the dates of all TT&E events and names and titles of participating staff. The [Organization Name] devolution TT&E documentation is maintained by [Office/title] and is found at [Location]. Further, the [Organization Name] Corrective Action Program supports the devolution program. The [Organization Name] Corrective Action Program is maintained by [Office/title], and related documentation is found at [Location].**

TEST, TRAINING, AND EXERCISE

This section focuses on the organization’s Test, Training, and Exercise (TT&E) program. Organizations should incorporate their continuity TT&E into their existing TT&E program, if applicable. A continuity TT&E program provides for the conducting and documenting of TT&E.

**The [Organization Name] has established an effective TT&E program to support the organization’s preparedness and validate the continuity capabilities, program, and ability to perform essential functions during emergencies or disasters. The testing, training, and exercising of continuity capabilities are essential to demonstrating, assessing, and improving the [Organization Name]’s ability to execute the continuity program, plans, and procedures.**

**Training familiarizes essential personnel with their roles and responsibilities in support of the performance of an organization’s essential functions during a continuity event.**

**Tests serve to ensure that equipment and procedures are kept in a constant state of readiness.**

**Exercises serve to assess, validate, or identify for subsequent correction, all components of continuity plans, policies, procedures, systems, and facilities used in response to a continuity event.**

**The [Organization Name] formally documents and reports all conducted continuity TT&E events, including the event date, type, and participants. Documentation also includes test results, feedback forms, participant questionnaires, and other documents resulting from the event. Continuity TT&E documentation for the [Organization Name] is managed by the [Office/title] and is found at [Location]. Further, the [Organization Name] conducts a comprehensive debriefing or hot wash after each exercise, which allows participants to identify systemic weaknesses in plans and procedures and recommend revisions to the COOP Plan. Documentation from hot washes is found at [Location].**

**The [Organization Name] has developed a Corrective Action Program to assist in documenting, prioritizing, and resourcing continuity issues identified during TT&E activities, assessments, and emergency or disaster operations. The [Organization Name] incorporates evaluations, AARs, and lessons learned from a cycle of events into the development and implementation of its Corrective Action Program. The [Organization Name] Corrective Action Program is maintained by the [Office/title] and documentation is found at [Location].**

#

PLAN DEVELOPMENT AND MAINTAINANCE

This section describes the process the organization uses to maintain the currency of theCOOP Plan. It identifies who is responsible for maintaining the plan, how often the plan will be reviewed and updated, and describes the coordination process.

**The [Organization Name] COOP Plan is a living document, meant to be continuously reviewed and revised. All involvement with the COOP Plan follows the [Organization Name] efforts to plan, train, exercise, and operationalize. Following this cycle ensures that the [Organization Name] COOP Plan remains a current and dynamic plan.**

**Development and maintenance of the COOP Plan is coordinated by [Organization Name] and as a living document in the most current form possible, which requires continuous commitment from all involved staff and departments.**

**[Organization Name], in coordination with departments identified in the COOP Plan, reviews this plan on an on-going basis. Updates to the COOP Plan continuously occur based on organizational and policy changes, gaps identified during exercises and actual events, and changes in roles and responsibilities. The [Organization Name] Director shall review the COOP Plan on an annual basis.**

**[Organization Name] departments are strongly encouraged to review and update their respective SOPs in accordance with this and all future versions of the COOP Plan.**

AUTHORITIES AND REFERENCES

This section lists references that give authority to develop and implement the COOP Plan.

* **Arizona Governor's Office, "Executive Order 2013-06: Continutiy of Operations and Continuity of Government Planning (Amends and Supercedes Executive Order 2003-05)," 6 September 2013. http://azmemory.azlibrary.gov/cdm/ref/collection/execorders/id/730.**
* **Emergency Management Accreditation Program, 2016 Emergency Management Standard, 2016.**
* **FEMA, Continuity Guidance Circular 1 Continuity Guidance for Non-Federal Governments, 2013.**
* **FEMA, Federal Continuity Directive 1, 2017.**

ANNEXES

DEVOLUTION ANNEX

RECONSTITUTION ANNEX

SUPPLEMENTAL INFORMATION

The information that follows may include quick reference material, standard operating procedures, checklists, and other information that an organization may want included but does not fit in the plan itself.

QUICK REFERENCE INFORMATION

This information comes from the consolidated Process Analysis and Impact Analysis tools as well as from corresponding sections of the COOP Plan. It can be used as a quick reference or to help correlate information from other sections of the plan into one table.

| **Essential Function** | **Essential Personnel and Back-up** | **Vendors and External Contacts** | **Essential Records** | **Equipment** | **Systems** | **RTO** |
| --- | --- | --- | --- | --- | --- | --- |
| *Payroll* | *John Smith**Jane Doe**Joe Johnson* | *DOA* | *Payroll Records* | *PC, phone* | *Internet access to CIPPS software* | *12 to 72 hours* |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

EMPLOYEE CONTACT LIST

ESSENTIAL RECORDS LIST

EMERGENCY SUPPLY KITS

STANDARD OPERATING PROCEDURES/CHECKLISTS

ACRONYMS/GLOSSARY