



## Continuity of Operations Plan (COOP)

**Instructions:** To be better prepared, all University departments should develop a Continuity of Operations Plan (COOP) to ensure that essential operations and services continue. To assist in this process you may use this form to develop your plan to describe how your department will operate during an emergency and recover thereafter. This is your plan; feel free to augment this template to meet your needs. For guidance and more information, contact Rene Fielding, Emergency Management Director at [rmfield@bu.edu](mailto:rmfield@bu.edu) or 617-353-7556.

<b>Department/ College</b>			
<b>Department Location(s)</b>			
	<b>Name</b>		
<b>Department Head</b>			
<b>Email address</b>			
	<b>Office Phone Number</b>	<b>Alt Phone Number</b>	

### A: Background Information for COOP Plan Development

No one can predict when an emergency might happen or how severe it will be. It is prudent to plan for one, especially since these plans can be applied to any major emergency that could threaten the health and safety of the campus community or disrupt University programs and essential operations. This plan should address any kind of emergency that is severe enough to impact the University community including an infectious disease epidemic, severe weather event, fire or explosion, hazardous materials release, extended utility outage, flood, terrorism or mass casualty event.

In the event of an emergency, Boston University will have three objectives:

1. Protect life and safety
2. Secure critical infrastructure and facilities
3. Facilitate the resumption of Boston University’s teaching and research programs.

### B: COOP Plan Point of Contact

Please note below information for your department’s contact.

	<b>Name</b>	<b>Phone Number</b>
<b>COOP Contact</b>		
<b>Email address</b>		
<b>Dept. location(s)</b>		

### C: Your Department's Essential Functions

Sections C & D contain the list of your department's key personnel and leaders - those responsible for the above essential functions. The Head of Operations and each primary person listed in an essential position are your department's primary **Essential Personnel**. In an emergency, essential personnel are expected to report to work or perform work remotely unless directed by supervisor or public safety authorities not to report for health and safety reasons.

In the table below, list your department's functions that are essential to operational continuity and/or recovery. Identify the position title which is responsible for each essential function.

Identify primary personnel and alternate personnel and make sure that alternates are sufficiently cross-trained to assume responsibilities.

<b>Essential Function 1:</b>			
<b>Essential Position Title:</b>			
	<b>Primary</b>	<b>Alternate</b>	<b>Second Alternate</b>
<b>People Responsible</b>			
<b>Phone Numbers</b>			
<b>Essential Function 2:</b>			
<b>Essential Position Title:</b>			
	<b>Primary</b>	<b>Alternate</b>	<b>Second Alternate</b>
<b>People Responsible</b>			
<b>Phone Numbers</b>			
<b>Essential Function 3:</b>			
<b>Essential Position Title:</b>			
	<b>Primary</b>	<b>Alternate</b>	<b>Second Alternate</b>
<b>People Responsible</b>			
<b>Phone Numbers</b>			
<b>Essential Function 4:</b>			
<b>Essential Position Title:</b>			
	<b>Primary</b>	<b>Alternate</b>	<b>Second Alternate</b>
<b>People Responsible</b>			
<b>Phone Numbers</b>			



<b>Essential Function 5:</b>			
<b>Essential Position Title:</b>			
	<b>Primary</b>	<b>Alternate</b>	<b>Second Alternate</b>
<b>People Responsible</b>			
<b>Phone Numbers</b>			

**D: Your Department’s Leadership Succession**

List the people who can make operational decisions if the head of your department or unit is absent.

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

**E: Emergency Communication Systems**

All University employees are responsible for keeping informed of emergencies by monitoring BU’s web page, BU Today, email, text messages and phone messages. To rapidly communicate with your employees in an emergency, we encourage all departments to prepare and maintain a call tree.

Note below the system(s) you will use to contact your employees in an emergency. Departments should identify multiple communication systems that can be used for backup, after hours, when not on campus, or for other contingencies.

- Phone
- Call tree
- Instant messaging
- Email
- Departmental web site
- Other (describe): \_\_\_\_\_
- Text messaging
- Pager

**F: Information Technology**

All Boston University departments rely on Information Technology. Please list the applications owned or used by your department. For each, please indicate how critical the availability of that application would be for your department while you are recovering from an adverse event. This information will be forwarded to the IS&T COOP Team for evaluation to ensure that technology used to support your unit is available.

Please use this scale to rate the criticality of IT System:

1. Critical 1 – Cannot pause. Necessary to life, health, security. Possible example: police dispatch system
2. Critical 2 – Failure will lead to imminent & very serious consequences. Possible examples: Data Networks, email systems, patient scheduling software

3. Critical 3 – Can endure a pause, but only for a short time. Must be recovered by sometime sooner than 30 days. Possible examples: financial system, payroll systems, library systems, academic and research information
4. Deferrable – Important, but we can function without this system for more than 30 days. Possible examples: calendaring application, document imaging system, budget preparation software

<b>Technology</b> (product or service):	
<b>Provider:</b>	
<b>Criticality of IT System:</b>	
<b>Technology</b> (product or service):	
<b>Provider:</b>	
<b>Criticality of IT System:</b>	
<b>Technology</b> (product or service):	
<b>Provider:</b>	
<b>Criticality of IT System:</b>	
<b>Technology</b> (product or service):	
<b>Provider:</b>	
<b>Criticality of IT System:</b>	

**G: Key External Dependencies**

List below the products, services, suppliers and providers upon which your department depends. We recommend that you contact Sourcing & Procurement to ensure your suppliers are prepared to deal with any potential disruptions.

<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>		

**H: Relocation or Reallocation**

In some potential scenarios, the building, office or other physical resources may not be available to you. In the event that your department must relocate or share resources with another group, consider the following:

	Resource
<b>1. What physical resources are required to perform your essential functions?</b> Include pre-printed forms, office equipment, computer equipment and telecommunication devices.	
<b>2. How much physical space would your unit need?</b>	
<b>3. Does your unit have any special needs such as refrigeration, temperature/humidity controls, etc.?</b>	
<b>4. Are there special security requirements for a replacement space?</b>	
<b>5. If the building/office is accessible, but there was an extended loss of power, is there essential equipment or material that would be at risk? Describe plans for back-up power.</b>	

<p><b>6. Do you have any high value/difficult to replace equipment?</b></p>	
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**I: Exercising Your Plan & Informing Your Staff**

Share your completed Plan with your staff. Hold exercises to test the Plan and maintain awareness. Note below the type of exercises you will use and their scheduled dates.

- |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Staff orientation meeting<br><input type="checkbox"/> Call tree drill<br><input type="checkbox"/> Tabletop exercise<br><input type="checkbox"/> Interdepartmental exercise<br><input type="checkbox"/> Other drill (describe): _____ | <input type="checkbox"/> Emergency communication test<br><input type="checkbox"/> Off-site information access test<br><input type="checkbox"/> Unscheduled work at home day<br><input type="checkbox"/> Emergency assembly drill |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Exercise Dates
Staff Distribution Date

**J: COOP Submission**

Thank you for completing your department’s Continuity of Operations Plan (COOP). Please submit this Plan to your Department Head for approval and identification of essential positions within your department/unit.

Department Head name:	Title:
Department Head signature:	Date submitted:

Send an electronic copy of this completed COOP template to [response@bu.edu](mailto:response@bu.edu)