**Insert Name Continuity of Operations Plan**

**Month Year**



Table of Contents

[Background & Disclaimer 3](#_Toc90543999)

[**About Secure Community Network** 3](file://Volumes/SCN/Emergency%20Preparedness%20Plans/COOP/2021_09_22%20COOP%20Template%20v1_FINAL%20DRAFT.docx#_Toc90544000)

[Disclaimer by the Organization and SCN 4](#_Toc90544001)

[Security and Privacy Statement 4](#_Toc90544002)

[Promulgation Statement 5](#_Toc90544003)

[Introduction 6](#_Toc90544004)

[Plan Development and Maintenance 6](#_Toc90544005)

[Purpose 6](#_Toc90544006)

[Scope 6](#_Toc90544007)

[Planning Assumptions 6](#_Toc90544008)

[Situation Overview 7](#_Toc90544009)

[Essential Functions and Staff 7](#_Toc90544010)

[Orders of Succession 8](#_Toc90544011)

[Delegations of Authority 8](#_Toc90544012)

[Vital Records Management 9](#_Toc90544013)

[Relocation Kits 10](#_Toc90544014)

[Concept of Operations 10](#_Toc90544015)

[**Phase I: Readiness and Preparedness** 11](#_Toc90544016)

[**Phase II: Activation and Relocation** 12](#_Toc90544017)

[**Alert and Notification Procedures** 13](#_Toc90544018)

[**Relocation Process** 13](#_Toc90544019)

[**Phase III: Continuity Operations** 13](#_Toc90544020)

[**Phase IV: Reconstitution Efforts** 15](#_Toc90544021)

[**Devolution of Control and Direction** 16](#_Toc90544022)

[Appendix A: Record of Plan Review 17](#_Toc90544023)

[Appendix B: Record of Distribution 18](#_Toc90544024)

[Appendix C: Training and Exercise Record 19](#_Toc90544025)

[Appendix D: Alternate Location Information 20](#_Toc90544026)

[Appendix E: Acronyms 21](#_Toc90544027)

[Appendix F: Glossary 22](#_Toc90544028)

# **Background & Disclaimer**

This document was developed by the Secure Community Network (SCN), the official safety and security organization of the Jewish community of North America, in coordination and consultation with partners in the public, private, non-profit, and academic sectors. It is intended as a resource to assist organizations, facilities, and leadership in implementing an “All-Hazards, Whole-Community” approach to addressing both manmade and natural disasters as well as events. This document represents a compilation of considerations and information regarding general security planning guidance and basic security considerations, as of the date of its preparation. This document is not a contract or a binding agreement. It does not supersede laws or other rules pertaining to the subject matter covered.

This Continuity of Operations Template is only a template, and while authoritative, is intended for informational and guidance purposes only. **It is not intended to provide comprehensive, organization-specific advice or policy guidance on security matters, nor is it meant to replace the advice of a security professional or legal counsel.** No guarantee is given that the information is complete, accurate, timely, current, fit for a particular purpose, or that it can be relied upon for any particular purpose. SCN does not guarantee that the template will be appropriate in all crises or cover all circumstances, nor that the template will fulfill any requirements.

It is the responsibility of the user to determine the usefulness and applicability of the information provided. SCN assumes no responsibility for any use of the information provided in this resource. Users who access this resource agree that they are using such information voluntarily for their own individual or organizational informational purposes and needs and will not have any cause of action against SCN, including its Board, officers, or employees, with respect to any damages or liabilities in connection with use of the resource. The users assume all risk of such use and are advised to consult with their legal, professional, and insurance advisers concerning legal and liability issues associated with the adoption and implementation of a Continuity Operations Plan or related strategies.

In no event shall SCN, including its Board, officers, and employees be liable for any liability, loss, injury, or risk (including, without limitation, incidental and consequential damages, personal injury/wrongful death, lost profits or damages) which is incurred or suffered as a direct or indirect result of the use, nonuse or misuse of any of the information in the document, whether based on warranty, contract, tort, or any other legal theory and whether or not SCN, including its Board, officers, and employees, is advised of the possibility of such damages. SCN, INCLUDING ITS BOARD, OFFICERS, AND EMPLOYEES, TO THE FULLEST EXTENT PERMITTED BY LAW, DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED, STATUTORY OR OTHERWISE, INCLUDING BUT NOT LIMITED TO THE IMPLIED WARRANTIES OF MERCHANTABILITY, QUALITY, NON-INFRINGEMENT OF THIRD PARTIES’ RIGHTS AND FITNESS FOR PARTICULAR PURPOSE OR CONDITION. Further, by utilizing this template, User agrees that it will defend, indemnify and hold harmless SCN, including its Board, officers, and employees from and against any claims, actions, and proceedings and any losses, damages, fines, fees, costs, or expenses (including payment of court costs and reasonable attorney's fees) arising out of or resulting from use of the template.

Within the template is a pre-written disclaimer designed for the user of the template which has the ability to be customized, except that it may not remove any waiver of liability applicable to SCN. The default disclaimer included in the template is provided as a courtesy and does not substitute responsibility to seek legal advice before the use of the template. The user understands that SCN cannot be held legally responsible for any content or lack thereof in the provided legal disclaimer.

### **About Secure Community Network**

The Secure Community Network (SCN), a nonprofit 501(c)(3) organization, is the official homeland security and safety initiative of the organized Jewish community in North America. Founded in 2004, under the auspices of The Jewish Federations of North America and the Conference of Presidents of Major American Jewish Organizations, SCN serves as the central organization dedicated exclusively to the safety and security of the American Jewish Community, working across 146 federations, 50 partner organizations, over 300 independent communities as well as with other partners in the public, private, non-profit and academic sectors. SCN is dedicated to ensuring that Jewish organizations, communities, as well as life and culture can not only exist safely and securely, but flourish.



# **Disclaimer by the Organization and SCN**

It is important to note that each incident is going to be different and that an incident may not allow for the Continuity of Operations (COOP) Plan to be fully implemented or implemented in any specific order. At a time of a disaster, it is imperative that the Organization Head be contacted in order to give proper direction. Sound judgment and common sense are the best practices in an emergency. Therefore, the Organization Head and others will have to make the best judgment at that time.

Any action or inaction taken by a recipient (intended or otherwise) of this COOP Plan does not guarantee nor warrant in any way whatsoever that the recipient, members, staff, congregants, or other parties may or may not be rendered safer. By reading this plan or by taking any actions based on this COOP Plan, the reader, for itself and all potential contingent beneficiaries of the reader of this COOP Plan, hereby agree that in no event shall SCN or **ORGANIZATION NAME**, including their respective Boards, officers and employees be liable for any liability, loss, injury or risk (including, without limitation, incidental and consequential damages, personal injury/wrongful death, lost profits or damages, or negligence) which is incurred or suffered as a direct or indirect result of the use, nonuse or misuse of the COOP Plan or any information in the COOP Plan, whether based on warranty, contract, tort, or any other legal theory and whether or not SCN or **ORGANIZATION NAME**, including their respective Boards, officers, and employees, is advised of the possibility of such damages. SCN and **ORGANIZATION NAME**, INCLUDING THEIR RESPECTIVE BOARDS, OFFICERS AND EMPLOYEES, TO THE FULLEST EXTENT PERMITTED BY LAW, DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED, STATUTORY OR OTHERWISE, INCLUDING BUT NOT LIMITED TO THE IMPLIED WARRANTIES OF MERCHANTABILITY, QUALITY, NON-INFRINGEMENT OF THIRD PARTIES’ RIGHTS AND FITNESS FOR PARTICULAR PURPOSE OR CONDITION WITH RESPECT TO THIS COOP PLAN.

# **Security and Privacy Statement**

This document is classified as For Official Use Only. Portions of the plan may contain information that raises personal privacy concerns for the members of **Organization Name**. It is to be controlled, stored, handled, transmitted, distributed, and disposed of in a secure manner. This plan should not be released without prior approval of the **Title of Approval Authority** to the members, staff, or congregants of **Organization Name**or other personnel who do not have a valid “need to know.”

The **Organization Name**will distribute copies of the continuity plan on a need-to-know basis. **Insert procedures for distributing the plan, e.g. via hard copy or electronic copy or posting on internal websites.** In addition, copies of the plan will be distributed to other organizations as necessary to promote information sharing and facilitate a coordinated community continuity effort. **Organization Name** will distribute updated versions of the continuity plan annually or as critical changes occur.

# **Promulgation Statement**

Emergency incidents can paralyze and completely halt organization operations. Emergency incidents are unpredictable, which means that the organization and its staff and members must be prepared to respond effectively and efficiently to various kinds of incidents. Through emergency planning efforts, the organization endeavors to ensure that **Organization Name** continues essential functions to its staff and members.

This plan is known as the **Organization Name** Continuity of Operations (COOP) Plan. The plan and its supporting documents provide a framework that outlines the organization’s intended approach to continuing essential functions during an emergency incident. The organization’s planning process is supported by collaboration, training, and exercise. The content is based upon guidance approved and provided by the Federal Emergency Management Agency (FEMA). The intent of the COOP Plan is to provide direction on how to implement and manage the organization’s continuity program.

The **Title/Role** is responsible for approving and ensuring the promulgation of this plan, which supersedes and rescinds all previous organization continuity plans. It will be reviewed and tested periodically and revised as necessary to meet changing conditions.

The **Authoritative Body** gives its full support to this Continuity of Operations (COOP) Plan and urges all staff and individuals to prepare for times of emergency before they occur.

**Title** **Title**

**Organization Name** **Organization Name**

**Date** **Date**

# **Introduction**

Jewish organizations provide important services to the community such as spiritual support and counseling, social services, educations, childcare, and long-term medical and personal care. Recent events such as the COVID-19 Pandemic have made it increasingly apparent that incidents can not only endanger organization personnel and members but also disrupt operations of the organization. As such, organizations must undertake Continuity of Operations (COOP) planning to ensure they can continue or immediately resume essential services and functions. As part of the emergency planning process to which this organization is committed, a COOP Plan has been developed for the organization to ensure that regardless of the incident, essential services and functions will continue to be provided to the best of the organization’s ability.

# **Plan Development and Maintenance**

The **Role/Title** is responsible for the overall maintenance of the COOP plan. This plan and its annexes and appendixes will be reviewed annually and updated as appropriate. The **Role/Title** will be responsible for establishing the annual review schedule and documenting the annual review in **Appendix A**. This plan in its entirety or relevant sections may be distributed to appropriate parties at the discretion of **Role/Title**. It is suggested that a Record of Distribution be kept in order to keep a record of proof that relevant parties have received a copy of the plan. A Record of Distribution can be found in **Appendix B**.

# **Purpose**

**Organization Name** is an important pillar of the Jewish community and must ensure that it can continue essential functions with minimal disruptions. To support this mission, a COOP Plan was developed to outline the organization’s framework for the continuation and/or restoration of essential functions during an incident. While the time, date, or even type of incident cannot be predicted, a well-developed COOP Plan can significantly limit the impact of the incident on the organization and the community it serves and contribute to its resiliency and recovery.

The overarching purpose of the COOP Plan is to identify essential organization services and define the roles and responsibilities of the staff tasked with carrying out these essential functions.Additionally, the COOP Plan provides an operational overview of continuity activities. By addressing and planning for continuity operations in advance, the organization’s COOP plan minimizes the interruption of essential functions as the result of an incident.

# **Scope**

The COOP Plan was written utilizing all hazards, whole community approach to emergency planning. The plan addresses the functions, operations, and resources necessary to continue the essential functions of the organization during an emergency incident. The COOP Plan applies to all organization personnel. The plan is applicable once the immediate life safety of staff and members has been addressed and in the event that the organization facility or facilities and/or its system(s) are or will become inaccessible. It can be activated inside or outside of normal business hours and with or without warning.

# **Planning Assumptions**

This COOP Plan is based on the following assumptions:

* An incident has occurred that affects normal business operations.
* There is limited or no access to the affected facility and/or systems.
* Documents and equipment within the facility may not be accessible.
* Certain emergency conditions may require some or all staff to telework.
* The alternate location will support the essential staff and the continuation of the organization’sessential functions within **12 hours** from the time the COOP Plan is activated and for potentially up to 30 days or until normal operations can be resumed.

# **Situation Overview**

**Organization Name** is a **Organization Type** located in **City, State** and provides **Insert General Statement of Services**. Informed by municipal, county, and/or state threat and hazard identification and risk assessment (THIRA) and organization risk assessments, the following table summarizes high priority threats and hazards that are likely to impact organization operations.

| **Natural Hazards** | **Deliberate Acts** | **Technological Hazards** |
| --- | --- | --- |
| **Ex: Tornado, Flood, Pandemic** | **Ex: Active Threat, Custodial Dispute, Harassment**  | **Ex: Hazardous Material Incident, Power Failures** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Any hazard identified in the THIRA could potentially cause circumstances in which normal operations are disrupted because of:

* Denial of access to a facility (i.e., damage to the building);
* Denial of service due to a reduced workforce (i.e., a pandemic); and
* Denial of service due to equipment or systems failure (i.e., IT systems failure).

# **Essential Functions and Staff**

The Organization recognizes that it provides vital services to the community and certain essential functions must be carried out to ensure that the services are available and accessible to the community. Outlined below are the essential functions that have been identified by the Organization that will be the focus of continuity operations. Additionally identified are the personnel and resources required to carry out the essential functions. Essential functions will be addressed based on a tiered priority system informed by the length of time in which the function can be non-operational. The tiers are defined as follows:

|  |  |  |
| --- | --- | --- |
| **Tier** | **Priority** | **Restoration Time** |
| **1** | IMMEDIATE | 0­ – ­24 hours |
| **2** | CRITICAL | 24 – 72 hours |
| **3** | NECESSARY | 72 hours – 1 week |
| **4** | IMPORTANT | 1 week – 30 days |

|  |  |  |  |
| --- | --- | --- | --- |
| **Essential Function** | **Tier** | **Staffing Requirements**  | **Resources Needed** |
| **Ex: Staff Payroll** | **3** | **Finance Director** | **Computer, Access to Payroll Software (i.e., Paylocity)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# **Orders of Succession**

Incidents impact organizations and their personnel in a wide variety of ways to include staffing levels. To address the potential impact on staffing, orders of succession are critically important to ensure that continuity of operations can continue. Orders of succession delineate who would assume the authority and responsibility of key leadership positions necessary to carry out essential functions. It is recommended that orders of succession should be sufficient in-depth to ensure that the organization can carry out its essential functions throughout any emergency.

|  |  |
| --- | --- |
| **[Position](#position" \o "Insert position title.)** | **[Successors](#__successors" \o "Insert title of succesors. To the extent possible, orders of succession should be at least three deep.)** |
| **INSERT TITLE** | 1. **INSERT TITLE**
 |
|  | 1. **INSERT TITLE**
 |
|  | 1. **INSERT TITLE**
 |
| **INSERT TITLE** | 1. **INSERT TITLE**
 |
|  | 1. **INSERT TITLE**
 |
|  | 1. **INSERT TITLE**
 |
| **INSERT TITLE** | 1. **INSERT TITLE**
 |
|  | 1. **INSERT TITLE**
 |
|  | 1. **INSERT TITLE**
 |
| **INSERT TITLE** | 1. **INSERT TITLE**
 |
|  | 1. **INSERT TITLE**
 |
|  | 1. **INSERT TITLE**
 |
| **INSERT TITLE** | 1. **INSERT TITLE**
 |
|  | 1. **INSERT TITLE**
 |
|  | 1. **INSERT TITLE**
 |

# **Delegations of Authority**

To ensure that continuity operations occur with minimal disruptions, the Organization will pre-delegate authorities for making policy determinations and other key decisions. Similar to orders of succession, the Organization will ensure there are sufficient numbers of alternates with the authority to make key decisions should the primary person(s) be unavailable. Predetermined delegations of authority will take effect when normal channels of direction and control are disrupted and will cease when those channels are reestablished. Outlined below are the pre-delegated authorities for the Organization.

|  |  |
| --- | --- |
| **Authority** | **Person(s) Delegated Authority** |
| **Policy Decisions** | **1.** |
| **2.** |
| **3.** |
| **Re-delegate Functions or Activities** | **1.** |
| **2.** |
| **3.** |
| **Contract/Agreement Authorization** | **1.** |
| **2.** |
| **3.** |
| **Leave/Travel Approval** | **1.** |
| **2.** |
| **3.** |
| **Purchasing** | **1.** |
| **2.** |
| **3.** |

# **Vital Records Management**

The Organization has determined which records are vital to the continuation of essential services and functions and has identified methods to ensure these records are available and accessible during a COOP situation. The Organization’s vital records are classified into three categories as outlined below.

1. **Emergency Operating Records** (i.e., EOP, emergency contacts, wall flipcharts, COOP Plans, access codes and instructions for alternate locations, contact information for essential staff)
2. **Legal and Financial Data** (i.e., insurance policies, payroll data, contract records, mutual aid agreements)
3. **Continuity Resources** (i.e., materials, records, and resources necessary to carry out essential functions and services

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Vital Record** | **Record Category** | **Record Format (Electronic or Hard Copy)** | **Primary Location** | **Back-up Location** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Within **12 hours** of activation, essential staff at the alternate location shall have access to the appropriate media for accessing vital records, including:

* A local area network
* Electronic versions of vital records
* Supporting information systems and data
* Internal and external email and email archives
* Paper copies of vital records

**INSERT APPLICABLE VITAL RECORDS POLICIES/PROCEDURES TO INCLUDE: IDENTIFICATION AND PRESERVATION OF VITAL RECORDS, IF AVAILABLE. SAMPLE LANGUAGE BELOW.**

***Identification of Vital Records***

*The Organization has identified in the above table records that are vital to its operations and has assigned responsibility for those records to* ***INSERT TITLE/DEPARTMENT****. The Organization maintains a complete inventory of vital records, along with the locations of and instructions on accessing those records. This inventory will also be maintained at a backup and/or offsite location to ensure continuity if the primary operating facility is damaged, destroyed, or unavailable.*

*The Organization has also developed a vital records packet located* ***INSERT LOCATION.*** *The packet includes:*

* *A paper copy or electronic list of the Organization’s key leadership and essential staff with up-to-date contact information*
* *A vital records inventory with the locations of vital records*
* *Alternate locations information*
* *Necessary keys or access codes to alternate locations*
* *Listing of the access requirements and sources of equipment necessary to access the records*
* *A copy of the Organization’s COOP Plan*
* *A copy of the Organization’s EOP*
* ***Insert Additional Documents***

***Preservation of Vital Records***

*The protection of vital records is essential to ensuring the records are available during a continuity event. The Organization has conducted a vital records and database risk assessment to:*

* *Identify the risks involved if vital records are retained in their current locations and media and the difficulty of reconstituting those records if they are destroyed*
* *Identify off-site storage locations and requirements*
* *Determine if alternative storage media are available*
* *Determine requirements to duplicate records and provide alternate storage locations to provide readily available vital records under all conditions*

# **Relocation Kits**

Relocations kits contain essential items necessary to perform daily tasks associated with essential functions. The **Continuity/Reconstitution Manager** will have overall responsibility for the relocation kits to include the identification of resources required. The **Continuity/Reconstitution Manager** will work with all Department Heads to ensure that each department has the equipment and supplies necessary for their respective relocation kits to continue essential functions.

To the extent possible, relocation kits will be pre-positioned at the alternate location(s). In instances where it is not possible to pre-position relocation kits at the alternate location(s), a member of the **Advance Team** will be designated with the responsibility of retrieving and transporting the relocation kits.

The following items have been identified and will be included in the relocation kits.

* **INSERT ITEMS. NOTE: The items in the relocation kits will vary by Organization and/or Departments. Examples include laptops, office supplies, program software, mobile hotspots, copies of plans, etc.**

# **Concept of Operations**

This section outlines how the organization will carry out the COOP Plan. It is broken down into four sections or phases and addresses each of the critical elements of continuity of operations. For this plan, the following four phases will be defined as follows:

1. **Readiness and Preparedness:** The ability of an organization to respond to a continuity event.
2. **Activation and Relocation:** The procedures to activate the continuity plan as well the procedures for relocating from a primary location to an alternate location or locations.
3. **Continuity Operations:** The processes and procedures necessary for the continuation of essential functions.
4. **Reconstitution Efforts:** The procedures and activities necessary to return the organization to normal operating conditions.

## **Phase I: Readiness and Preparedness**

**Organization Name** participates in a wide variety of readiness and preparedness activities to ensure the organization and its staff can continue essential functions during an emergency incident. Readiness and preparedness activities undertaken include:

* Development and annual review of the COOP Plan
* Designation of COOP Personnel
* Identification and preparation of an alternate location
* Procurement and at least biannual review/update of memorandum of agreement (MOU) and/or letter of agreement for alternate locations
* Backup of electronic documents, critical files, and vital records
* Gathering of equipment and supplies for relocation kits
* Training of staff and COOP Personnel on responsibilities and procedures
* Testing and Exercising of the COOP Plan
* Testing of backup and restoration of critical systems

## **Phase II: Activation and Relocation**

To ensure the ability to attain operational capability at alternate sites with minimal disruptions in **12 hours**, the organization has developed activation and relocation plans which are outlined in this section.

***Decision Matrix***

The COOP Plan may be activated by the following:

* The **Organization Head** or his/her designee
* **Insert Additional Staff with the Authority to Activate the COOP Plan, if Applicable.**

The COOP Plan is scalable and flexible based on the wide variety of threats the organization may face. Additionally, every incident may not require the activation of the COOP Plan. The organization leadership will evaluate all available information including news reports, social media, and information from response partners to make the activation decision. The matrix below will be utilized to assist the organization leadership in determining whether or not the COOP Plan should be activated.

|  |
| --- |
| **Decision Matrix for COOP Plan Activation** |
|  | **During Operating Hours** | **During Non-Operating Hours** |
| **Event with Warning** | * Is the threat/hazard aimed at the organization or surrounding area?
* Is the threat aimed at organization staff?
* Is the threat aimed at the larger Jewish community?
* Is it unsafe for staff or community members to remain in the area or at the facility?
* If the organization or community is not targeted or impacted, is there potential for it to spread to either in the near future?
* **Insert Other Considerations**
 | * Is the threat/hazard aimed at the organization or surrounding area?
* Is the threat aimed at organization staff?
* Is the threat aimed at the larger Jewish community?
* Is it unsafe for staff to return to work?
* Is it unsafe for community members to come to the facility?
* **Insert Other Considerations**
 |
| **Event without Warning** | * Is the facility or surrounding area affected?
* Are staff affected? Have they evacuated or sheltered-in-place?
* If the facility or staff are not affected, is there the potential that they will be in the near future?
* What are instructions from response partners?
* If the organization is not operational, how long can it remain so?
* **Insert Other Considerations**
 | * Is the facility or surrounding area affected?
* If the facility or surrounding area are not affected, is there the potential that they will be in the future?
* Are staff impacted? If so, are they able to report to work?
* What are the instructions from response partners?
* Is the organization operational? If not, how long will it be not operational?
* **Insert Other Considerations**
 |

### ***Alert and Notification Procedures***

Once the decision to activate the COOP Plan is made, notification procedures must begin. The **Organization Head** will notify **Title** of the activation of the plan. Once the initial notification is made, the following notification procedures will be implemented by the organization.

**Internal Notifications**

Once the plan has been activated, staff will be notified of the activation and provided with any required information. Required information includes relocation status and location, reporting instructions, and the anticipated duration of the relocation. **INSERT TITLE** will be responsible for notifying staff and will utilize **INSERT NOTIFICATION METHOD (I.E., SCN ALERT)**. If the primary method of notification is unavailable, **INSERT NOTIFICATION METHOD (I.E., EMAIL, PHONE TREE, ETC.)** will be utilized as an alternate method of notification.

**External Notifications**

Once all internal notifications have been made, external notifications will be made to external impacted parties such as organization members and other stakeholders and partners that rely on organization services. Notifications will address information such as availability of services, alternate location of services, changes to service schedules, and relevant instructions. The following notification procedures will be followed by the organization. **INSERT TITLE** will be responsible for notifying external impacted parties and will utilize **INSERT NOTIFICATION METHOD (I.E., SCN ALERT)**. If the primary method of notification is unavailable, **INSERT NOTIFICATION METHOD (I.E., EMAIL, PHONE TREE, ETC.)** will be utilized as an alternate method of notification.

### ***Relocation Process***

Once staff has been notified of the activation of the COOP Plan, if relocation will be required, the organization must move personnel, equipment, relocation kits, and vital records to the alternate location. Once the essential staff is notified of the activation of the COOP Plan, they will deploy to the assigned alternate facility following the procedures outlined below.

|  |  |
| --- | --- |
| **During Operating Hours** | **During Non-Operating Hours** |
| * Essential staff and the advance team will travel from the primary facility to the alternate location via **insert transportation method such as personal vehicles, etc.**
* Non-essential staff will receive instructions from **Insert Title**. In most scenarios, non-essential staff will be sent home or instructed to report to another location to wait for further guidance.
 | * Essential staff and the advance team will travel from their current location to the alternate location via **insert transportation method such as personal vehicles, etc.**
* Non-essential staff will remain at their current location to wait for further instructions.
 |

Non-essential staff may be required to replace or support essential staff. This determination will be made by **Insert Title**. Additionally, the organization may require additional resources such as staff, equipment, and supplies to carry out continuity operations. Should emergency procurement be required, **Insert Title** will be responsible for procuring the required resources.

## **Phase III: Continuity Operations**

Upon activation of the COOP Plan, the Organization will begin to transfer essential functions to the alternate location for incidents that require relocation. The organization will ensure that the plan becomes fully operational within the lesser of either the minimal acceptable period for essential functionsdisruption or **12 hours** of plan activation. The general timeline of operations is outlined below.

* The **Advance Team** will report to the alternate location ahead of the arrival of the essential staff and set up the location.
* Once the **Advance Team** has finished setting up the alternate location, essential staff will be instructed to report to the alternate location
* **Check-in/Out Staff** will be stationed at a table at the entrance to the facility and be provided a roster of essential staff to check-in staff as they arrive and check them out as they finish their shifts. They will also provide instructions/assignments and any necessary equipment.
* During sustained continuity operations, the Organization may require additional resources including but not limited to personnel, equipment, and supplies to continue essential services and functions. **INSERT TITLE** will have the authority to approve and acquire emergency purchases and will adhere to the Organization’s emergency purchasing procedures.

***Continuity Operations Team***

|  |  |  |
| --- | --- | --- |
| **Position** | **Title** | **Responsibilities** |
| **ORANIZATION HEAD** |  | * Provide overall policy direction, guidance, and objectives for continuity and reconstitution planning
* Provide necessary resources to support the implementation of the organization COOP and reconstitution plans and supporting activities (i.e., training, exercise)
* Ensure adequate funding is available for emergency operations.
* Ensure all organization components participate in training and exercise activities
 |
| **CONTINUITY/****RECONSTITUTION MANAGER** |  | * Provide strategic leadership and overarching policy direction for continuity and reconstitution activities
* Serve as the organization continuity and reconstitution POC
* Implement the COOP and Reconstitution Plan when necessary, or when directed by a higher authority
* Update COOP and Reconstitution Plan annually
* Assemble and train reconstitution team
* Conduct training and exercise activities
* Oversee and monitor work on primary facility.
* Plan phased transition of essential functions to primary facility
 |
| **ADVANCE TEAM** |  | * Ensuring systems such as power, internet, communications, and HVAC are operational at the alternate location
* Moving necessary equipment to the alternate location. If the equipment was damaged by the incident, procuring replacements for the alternate facility.
* Setting up workstations
* Answering inquiries from staff related to the relocation
 |
| **CHECK-IN/OUT STAFF** |  | * Ensuring essential staff sign in at the beginning of their shifts
* Providing essential staff with instructions, equipment, and the location of their workstations
* Collecting equipment from the staff at the end of their shift
* Ensuring essential staff sign out at the end of their shift
 |
| **ESSENTIAL STAFF** |  | * Undertake efforts to ensure critical services and functions remain operational
 |
| **DEPARTMENT HEADS/MANAGERS/****SUPERVISORS** |  | * Accounting for all essential and non-essential staff that report to them
* Supervise essential staff
 |

***Teleworking***

Certain scenarios, such as a pandemic or severe weather event, may require that staff telework or work remotely. The decision to telework will be made by **INSERT TITLE** and will be communicated to the staff via the internal notification procedure. Teleworking may be utilized exclusively or in conjunction with continuity operations at the primary and alternate location site when certain essential functions cannot be performed remotely.

If the decision to telework is made, organization leadership will provide instructions to staff in accordance with the Organization’s Telework Policy. General operational guidelines that staff will be expected to adhere to during continuity operations are listed below.

* Staff will remain in regular contact with their direct supervisor and provide routine updates
* Staff will be expected to maintain their normal working schedule unless alternate schedules are directed by organization leadership
* **INSERT OTHER GUIDELINES**

## **Phase IV: Reconstitution Efforts**

Reconstitution efforts refer to the actions taken to restore normal or near-normal operating conditions. Reconstitution efforts will range in complexity based upon the incident and its impact. Once the **INSERT ORGANIZATION LEADER TITLE** has determined that the incident is over and unlikely to reoccur, reconstitution efforts will begin.

Before determining the necessary actions for reconstitution efforts, the Organization will assess the primary facility to determine the extent of the damage, what repairs will be needed, the cost of needed repairs, and the timeframe for completion. Assessments will likely occur in conjunction with and by qualified professionals. Depending on the results of the assessment(s), one or more of the following options will be chosen for implementation:

* Continued operations from the alternate location
* Return to the primary facility
* Transition to another long-term alternate facility
* Continued teleworking
* **INSERT OTHER OPTIONS**

If the decision is made to relocate some or all of the Organization's operations to the primary or an alternate location, before relocation, the site will be assessed to ensure it is suitable for occupation. The **INSERT TITLE** will be responsible for the assessment of the facility and as part of the assessment, they will ensure that required infrastructure such as power, internet, communications, and HVAC are available and operational.

Once the facility is confirmed to be operational, organization staff will be contacted via the internal notification procedures outlined earlier in this plan.

## **Devolution of Control and Direction**

In the case of a catastrophic incident, the Organization is prepared to transfer all and/or some of its essential functions and responsibilities to personnel at a different location and/or organization should emergency events render leadership or staff unavailable to support the execution of the Organization’s essential functions. If the deployment of essential staff is not feasible due to the unavailability of personnel, temporary leadership of the Organization will devolve to **INSERT ORGANIZATION/LOCATION**.

# **Appendix A: Record of Plan Review**

It is recommended that the plan be reviewed and updated, as necessary, annually. However, at no point should the plan ever go more than two years without being reviewed in its entirety.

|  |  |  |  |
| --- | --- | --- | --- |
| **[Review Date](#reviewdate" \o "Insert the date the plan was reviewed)** | **[Changes Made?](#changes" \o "Were any changes made? Insert \"yes\" or \"no.\)** | **[Name](#_names" \o "Insert the name of the person recording the record of change)** | **[Initials](#_intials" \o "Insert initials of the person recording the change)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# **Appendix B: Record of Distribution**

This table serves as a record of receipt for the intended recipients of the plan. It is very important to keep accurate and detailed records of who has received this plan for liability and accountability purposes.

|  |  |  |  |
| --- | --- | --- | --- |
| **[Date of Delivery](#delivery" \o "Insert the date a copy of the plan was provided to the recipients)** | **[Number of Copies Delivered](#number" \o "Insert the number of copies the recipient received)** | **[Delivery Method](#method" \o "Insert how (email, fax, mail, etc.) the copy of the plan was delivered)** | **[Name, Title, and Organization of Recipient](#_recipient" \o "Insert name, title, and organization of recipient)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# **Appendix C: Training and Exercise Record**

|  |  |  |
| --- | --- | --- |
| **[Date](#tedate" \o "Insert the date the training/exercise occurred)** | **[Type (Tabletop, Functional, Full Scale, Training)](#type" \o "Insert the type of training/exercise)** | **[Description](#descr" \o "Insert description (scenario, capabilities tested, etc) of the training/exercise)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# **Appendix D: Alternate Location Information**

**Insert Floor Plan If Available**

|  |  |  |  |
| --- | --- | --- | --- |
| **[Facility Name](#facname" \o "Insert the name of the alternate location)** | **[Address](#address" \o "Insert the address of the alternate location.)** | **[Contact Name](#contactname" \o "Insert the alternate location's point of contact name.)** | **[Contact Phone Number](#contactphone" \o "Insert the point of contact's phone number.)** |
|  |  |  |  |

**Attach MOU/Letter of Agreement Here. Update Biannually.**

**Additional Information (i.e., directions, equipment available at site, special instructions, etc.):**

# **Appendix E: Acronyms**

|  |  |
| --- | --- |
| **COOP** | Continuity of Operations |
| **EOP** | Emergency Operations Plan |
| **FEMA** | Federal Emergency Management Agency  |
| **SCN** | Secure Community Network |
| **THIRA** | Threat and Hazard Identification and Risk Assessment |

# **Appendix F: Glossary**

|  |  |
| --- | --- |
| **Activation and Relocation** | The procedures to activate the continuity plan as well the procedures for relocating from a primary location to an alternate location or locations |
| **Continuity Operations** | The processes and procedures necessary for the continuation of essential functions |
| **Continuity of Operations Plan** | The plan establishes policy and guidance ensuring that critical functions continue, and that personnel and resources are relocated to an alternate facility in case of emergencies |
| **Devolution** | The capability to transfer statutory authority and responsibility for essential functions from an organization's primary operating staff and facilities to other organization employees and facilities, and to sustain that operational capability for an extended period. |
| **Readiness and Preparedness** | The ability of an organization to respond to a continuity event |
| **Reconstitution Efforts** | The procedures and activities necessary to return the organization to normal operating conditions |