Unit Continuity of Operations Plan (COOP)

Buffalo State College

|  |  |  |
| --- | --- | --- |
| Unit: |  | |
| Unit Head: |  | |
| Plan Developer |  |  |
| Team Members |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**College Objectives**:

In the event of an emergency, the College will have five objectives:

1. Minimize the risk to students, faculty and staff.
2. Support students who remain on campus.
3. Continue functions essential to College operations.
4. Resume normal teaching, research and service operations as soon as possible after the pandemic.
5. Maintain the provision of essential police functions if the UPD Station in Chase Hall is not operable.

**Unit Objectives**:

Please review the University’s ***Emergency Response Plan*** before you determine your objectives. Carefully consider the impact of those assumptions on your daily objectives and how these objectives might differ from your daily objectives during an emergency.

|  |  |
| --- | --- |
| Objective #1 |  |
|  |  |
| Objective #2 |  |
|  | |
| Objective #3 |  |
|  | |
| Objective #4 |  |
|  | |
| Objective #5 |  |
|  | |
| Objective #6 |  |
|  | |
| Objective #7 |  |
|  | |
| Objective #8 |  |
|  | |
| Objective #9 |  |
|  | |
| Objective #10 |  |
|  | |

**Emergency Communication Lists and Methods**

Please check the methods you plan to develop and/or use, to communicate with employees before, and during, an emergency, the person responsible for developing it, and the date the item is to be completed.

|  |  |  |
| --- | --- | --- |
| **Communication Type** | **Person Responsible** | **Due Date** |
| ❑ Unit Emergency Contact list |  |  |
| ❑ University Emergency Contact List |  |  |
| ❑ Campus Email Contact list |  |  |
| ❑ Non-campus Email Contact List |  |  |
| ❑ Call Tree |  |  |

**Emergency Access to Information and Systems**

If access to your department’s information and systems is essential in an emergency, describe what type(s) of information your unit will need, where it is currently located, how you will access it or transfer it, and whether you need approval (Yes/No), to access or transfer it.

|  |  |  |  |
| --- | --- | --- | --- |
| **Information** | **Location** | **Method to Access/Transfer** | **Y/N** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Essential/Critical Functions**

Will some or all of your unit’s functions be essential during an Emergency Event?

\_\_\_\_ Yes \_\_\_\_\_No

If you answered “Yes” to the above question, please list the names of the personnel who are Essential and a first and second alternate. These employees will be identified as Essential Employees and will have specific obligations under this designation.

|  |  |  |  |
| --- | --- | --- | --- |
| **Essential Function** |  | | |
|  |  |  |  |
| Name: |  |  |  |
| 1st Phone Number |  |  |  |
| 2nd Phone Number |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Essential Function** |  | | |
|  | Primary | First Alternate | Second Alternate |
| Name: |  |  |  |
| 1st Phone Number |  |  |  |
| 2nd Phone Number |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Essential Function** |  | | |
|  |  |  |  |
| Name: |  |  |  |
| 1st Phone Number |  |  |  |
| 2nd Phone Number |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Essential Function** |  | | |
|  |  |  |  |
| Name: |  |  |  |
| 1st Phone Number |  |  |  |
| 2nd Phone Number |  |  |  |

**Leadership Succession**

List here the people who can make operational decisions if the head of your unit is not available.

|  |  |  |  |
| --- | --- | --- | --- |
| **Succession** | **Name** | **1st Phone Number** | **2nd Phone Number** |
| Operations Head |  |  |  |
| First Successor |  |  |  |
| Second Successor |  |  |  |
| Third Successor |  |  |  |

**Key Internal Dependencies**

An internal dependency would be defined as: services from a unit that is necessary to the fulfillment of your unit’s objectives and essential functions.

Please check the departments or units that your unit is dependent upon, and note any unique or special services that this unit will need to supply during an emergency. (It is not necessary to note that you need payroll in order to get paid, etc.)

|  |  |  |
| --- | --- | --- |
| 🗹 | **Dependency/Service** | **Special services that your unit will need** |
|  | Energy |  |
|  | Information Technology |  |
|  | Payroll & Purchasing |  |
|  | Research Support |  |
|  | University Police |  |
|  | Human Resources |  |
|  | Residential Life |  |
|  | Food Service |  |
|  | University Relations |  |
|  | Campus Health Services |  |
|  | Facilities |  |

**Key External Dependencies**

An external dependency would be defined as: a service or product from an external agency or company that your unit would need in an emergency, in order to continue fulfillment of your objectives and essential functions.

|  |  |  |
| --- | --- | --- |
| Dependency |  | |
|  |  |  |
| Supplier/Provider |  |  |
| Phone Number |  |  |

|  |  |  |
| --- | --- | --- |
| Dependency |  | |
|  |  |  |
| Supplier/Provider |  |  |
| Phone Number |  |  |

|  |  |  |
| --- | --- | --- |
| Dependency |  | |
|  |  |  |
| Supplier/Provider |  |  |
| Phone Number |  |  |

**Mitigation Strategies**

Considering your objectives, dependencies and essential functions, list any problems or issues that your unit or employees may face in an emergency in trying to limit the impact of the emergency.

|  |  |
| --- | --- |
| Problem/Issue |  |
| Mitigation Strategy |  |
|  |  |
| Problem/Issue |  |
| Mitigation Strategy |  |
|  |  |
| Problem/Issue |  |
| Mitigation Strategy |  |
|  |  |

**Employee Education and Training**

Note below the type of exercises you will use to provide staff education and training and the date for the program.

|  |  |
| --- | --- |
| ❑ Staff Orientation meeting | Date: |
| ❑ Emergency Response PPT Presentation | Date: |
| ❑ Tabletop exercise | Date: |
| ❑ Interdepartmental tabletop exercise | Date: |
| ❑ Off site information access test | Date: |
| ❑ Work at home day | Date: |
| ❑ Call tree drill | Date: |
| ❑ Emergency assembly drill | Date: |

**Home Emergency Planning for Individuals and Families**

Identify the education and training methods, and materials you plan to provide to your employees for the development of their home emergency plan.

|  |  |
| --- | --- |
| ❑ Staff Meeting(s) | Date: |
| ❑ Staff Email | Date: |
| ❑ Home Mailing | Date: |
| Materials: |  |
| ❑ Emergency Contact Form – | |
| ❑ Guide for Individuals and Families – | |
| ❑ Family Health Information Sheet – | |
| ❑ Pandemic Flu Planning Checklist for Individuals and Families – | |