Division of Administrative Affairs

**Emergency Management**

**Unit Continuity of Operations Plan (UCOOP)**

(Please enter the name of Your Unit, Department, School, Division etc.)

(Please enter the building where Unit, Department, School, Division etc. is located.)

(Please enter the name of the UCOOP coordinator)

**mm/dd/2020**

**Emergency Management (561)297-4587**

[http://www.fau.edu/**emergency**](http://www.fau.edu/emergency)

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| **FAU EMERGENCY NUMBERS**For all emergencies regardless of campus, please dial 9-1-1(Non-emergency contact information for each campus is provided below) |
| **Unit** | **Telephone** |
| **Department of Emergency Management** | **(561) 297-4587** |
| **Office of Environmental Health & Safety** | **(561) 297-3129** |
| **FAU Police Boca Campus**  | **Main: (561) 297-3500****TDD: (561) 297-2390****Fax: (561) 297-3565 (Dispatch)****Fax: (561) 297-4888 (Records** |
| **FAU Police Davie Campus** | **Security Desk: (954)236-1140****After Hours: (954) 236-1140** |
| **FAU Police Fort Lauderdale Campus** | **Main: (954) 201-4357** |
| **FAU Police Sea Tech Campus** | **Security Desk: (954) 448-8530** |
| **FAU Police MacArthur Campus** | **Main: (561) 799-8700****Duty Officer: (561) 339-0015** |
| **FAU Police Harbor Branch Campus** | **Duty Officer: (772) 216-1124** |
| **FAU Alert/University and All Campuses Status Hotline** | **888-8FAUOWL (1-888-832-8695)** |

# SECTION 1. UNIT DESCRIPTION

|  |
| --- |
|  **(Enter the Unit Name)****(Enter the Unit Division Name)** |
| **Leadership**: (Insert name of chair/head/director (title, address, contact number, and email) |
| **Mission** **Statement**: (Insert Unit Mission) |
| **Institutional** **Role**:  |

|  |
| --- |
| **Primary Facility** |
| **Campus** | **Facility Name** | **Bldg. #** | **Room/Suite #** | **Use/Purpose** |
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| --- |
| **Facility (if possible)** |
| **Primary Facility** | **Alternate****Facility** | **Campus** | **Room/Suite #** | **Prepositioned Assets and Capabilities** | **Assets and Capabilities Required** |
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| **Order of Succession** |
| **Succession Procedures** | **(Enter procedures)** |
| **Notification Procedures** | **(Enter Procedures)** |
| **Key Unit Position Title** | **Primary Succession** | **Secondary Succession** | **Limitations** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| *(Add Rows if Needed)* |  |  |  |
| **Power Limitations for Successors:** |  |

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| **Delegation of Authority** |
| **Delegated****Positions** | **Position** | **Authority** |
|  |  |
|  |  |
|  |  |
| *(Add Rows if Needed)* |  |
| **Delegation Circumstances** |  |
| **Assigned Authority** | **Authority (duties)** | **Primary** | **Secondary** | **Tertiary** |
|  |  |  |  |
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| *(Add Rows if Needed)* |  |  |  |
| **Limitations** |   |

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| **Personnel Contact Information****(Include full-time, part-time, student-worker or long-term contractors)** |
| **First Name** | **Last Name** | **Title** | **Email** | **Cellular #** | **Home #** | **Essential Personnel****(yes/no)** |
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| *(Add Rows if Needed)* |  |  |  |  |  |  |

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| **Alert and Notification Methods** |
| **Method** | **Location/Website (if possible)** |
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| **Inter-Operable Communications** |
| **Devise Type/Name** | **Internal** **Capability** | **External** **Capability** | **Data, systems or services that can be accessed** | **Primary or redundant** |
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| **Personnel Responsibilities** |
| **Activity** | **Title of Personnel Responsible** |
| **Primary** | **Alternate** |
| 1. Assigning UCOOP Coordinator
 |  |  |
| 1. Schedule Unit meeting

Purpose: Discuss updates needed for Unit |  |  |
| 1. Maintain inventory & restock supplies
 |  |  |
| 1. Review list of Essential Functions
 |  |  |
| 1. Identify Essential Employees
 |  |  |
| 1. Update Unit personnel responsibility, contact, equipment and supplies list
 |  |  |
| 1. Maintain assistance / cooperative agreements for special services such as off-site storage or restoration services or alternate site
 |  |  |
| 1. Maintain contracts/agreements with suppliers, vendors, and contractors for specialized recovery and resumption operations
 |  |  |
| 1. Identify computer network interdependencies (such as servers connected to University network) and coordinate with OIT to assure ability to recover or restore files
 |  |  |
| 1. Notify / Follow-up with Department of Facilities Management regarding any building leaks or breaches in building integrity in your work area
 |  |  |
| 1. Distribute copies of the updated Unit Plan to Unit staff and Review changes at Unit meeting
 |  |  |
| 1. **All Units:** Forward a copy of the updated plan to the Emergency Management Coordinator
 |  |  |

# SECTION 2. ESSENTIAL FUNCTIONS

|  |
| --- |
| **#1 (*Essential Function*)*****(In Order of Priority/Time Sensitive and copy and paste table for additional essential functions)*** |
| **Description** | *(****Enter Description****)* |
| **Responsible Personnel** | *(****Enter Title****)* |
| **Regulatory or Legal Requirements** |  |
| **Cooperative arrangements and/or memoranda of understandings**  | **Title** | **Location**  | **Purpose** |
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| *To Add Rows (Right click select “Insert” then “Insert Rows Above”)* |  |  |
| **Number and Type of Personnel Required** | **Full-time** | **Part-time** | **Student** |
|  |  |  |
| **Critical Resources Required** (Unique/highly modified equipment, tools, special personnel, specific databases or computer applications needed) | **Resource** | **Location** | **Use** |
|  |  |  |
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| *Add Rows if Needed* |  |  |
| **Vital, Files, Records and Databases Required** | **Name** | **Type** | **Media** | **Location** | **Off-Site Storage** |
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| *Add Rows if Needed* |  |  |  |  |
| **External Contacts**(Vendors and/or Contractors Required) | **Provider** | **Name of Contact Person** | **Email** | **Phone #** | **Description of Service/Frequency:** |
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| *Add Rows if Needed* |  |  |  |  |
| **Internal Contacts (Vendors and/or Contractors Required)** | **Provider** | **Name of Contact Person** | **Email** | **Phone #** | **Description of Service/Frequency:** |
|  |  |  |  |  |
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| *Add Rows if Needed* |  |  |  |  |
| **Alternate vendor agreements and/or contracts executed that define vendor’s service during disaster events** | **Name of Vendor** | **Description** | **Location of Document** |
|  |  |  |
|  |  |  |
|  |  |  |
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| *Add Rows if Needed* |  |  |
| **Manual process to continue function during a computer or network outage** **(if possible)**  | (**Enter name of directives, name & location of pre-printed forms required, and description of process**) |

**Please Note: The Essential Functions table MUST be copied & pasted to create additional Essential Functions.**

# SECTION 3. RECONSTRUCTION

|  |
| --- |
| **Responsibilities** |
| **Duties** | **Personnel Responsible** |
| 1. Perform damage assessments
 | ALL Unit Personnel |
| 1. Supervise personnel on how to demobilize resources and resume normal operations
 |  |
| 1. Verify that all systems, communications, and other required capabilities are available to allow operations of essential services at the new or restored facility
 |  |
| 1. Conducting an after-action review of the effectiveness of the UCOOP:
* Identifying areas of improvement
* Documenting identified areas of improvement in a corrective action plan
* Developing a remedial action plan as soon as possible after reconstitution.
 | UCOOP Team Members with feedback from ALL unit personnel |

# SECTION 4. PLAN MAINTENANCE, TESTING, TRAINING AND EXERCISES

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| --- |
| **UCOOP Coordinator - Unit Personnel Responsible for UCOOP Maintenance** |
| **Name**: |
| **Telephone**: (W) |
| **Email**: |
| **Campus** **Mailing** **Address**: |
| **UCOOP Team Members** |
|  |
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|  |  |
| --- | --- |
| **Testing, Training, and Exercises** |  |
| **Activity** | **Personnel Responsible** | **Frequency** | **Completion Date** |
| **Primary** | **Alternate** |
| 1. Review and update plan and any supporting documents
 |  |  | Semi-annually |  |
| 1. Maintain and update orders of succession
 |  |  | As needed |  |
| 1. Maintain and update orders of succession
 |  |  | As needed |  |
| 1. Maintain and update all checklists
 |  |  |  |  |
| 1. Appoint new members of the UCOOP team
 |  |  | As needed |  |
| 1. Maintain alternate work site readiness (if possible)
 |  |  | Quarterly |  |
| 1. Review and update supporting memoranda of understanding/ agreements
 |  |  | Annually |  |
| 1. Monitor and maintain equipment at alternate sites (if possible)
 |  |  | On going |  |
| 1. Orientation of training of both existing and newly hired/appointed personnel
 |  |  | Within 30 days of appointment |  |
| 1. Orient new policy officials and senior management
 |  |  | Within 30 days of appointment |  |
| 1. Plan and conduct exercises
 |  |  | Unit exercises (Semi-annually) |  |
| Exercises with the Dept. of EM Mgmt. (Annually) |  |
| Support and participate in campus exercises (Annually or as needed) |  |
| 1. Maintain security clearances
 |  |  | On going |  |

# SECTION 5. ANNEXES

***Insert Documents (located within the Unit UERP and should be attached to the UCOOP)***

* Unit Phone Tree
* Unit Go Kit
* Unit Personnel Go Kit

# SECTION 6. REFERENCE

|  |  |
| --- | --- |
| **Name** | **Location** |
| **Florida Statue Title XVII, Chapter 252.365** | [**Florida Statute-252.365**](http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0200-0299/0252/Sections/0252.365.html) |
| **Higher Education Opportunity Act (Public Law 110-315) (HEOA)** | [**Higher Education Opportunity Act**](https://www2.ed.gov/policy/highered/leg/hea08/index.html) |
| **Florida Board of Governors (BOG) Regulation 3.001** | [**BOG 3.001**](https://www.flbog.edu/wp-content/uploads/3_001_Campus_Emergency_Management05_06_10.pdf) |
| **University Policy on Emergency Management** | [**Emergency Management Policy 4.1.1**](https://www.fau.edu/policies/files/1.14%20Emergency%20Management.pdf) |
| **Florida Atlantic University Comprehensive Emergency Operations Plan** | [**FAU-CEMP**](https://www.fau.edu/emergency/pdfemergency/FAU%20CEMP%20-%20Basic%20Plan%20-%20signed%202018.pdf) |
| **Federal Emergency Management Agency (FEMA) Continuity of Operations Program** | [**FEMA-Continuity of Operations Program**](https://www.fema.gov/policy-plans-evaluations) |
| **FEMA Continuity of Operations Assessment Tool** | [**FEMA-Continuity of Operations Assessment Tool**](https://www.fema.gov/media-library/assets/documents/158679) |