8.3.2 Business Continuity Planning

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<th>Chapter 8 - Health &amp; Safety</th>
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<td>Section: 8.3 Emergency Closings and Business Continuity Planning</td>
<td>Date Last Reviewed: November 2021</td>
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<tr>
<td>Responsible Entity: Senior Executive Vice President and Chief Operating Officer</td>
<td>Date Last Revised: November 2021</td>
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I. Purpose

UT Health San Antonio is committed to its employees, students, patients, and stakeholders to ensure the availability of essential services, including teaching, research, health care and community service activities, in the event of an operational disruption, or an adverse, major or catastrophic event (e.g., environmental disasters, equipment or system failures, loss of facilities or utilities, and/or deliberate acts of disruption). This policy is in support of a comprehensive program for business continuity, disaster prevention and total business recovery.

Business continuity, disaster recovery, and contingency plans are required by some federal and state regulatory agencies to meet various program requirements and accreditation certifications. UT Health San Antonio takes into consideration all of these regulatory requirements in its overall Business Continuity Plan.

The business continuity planning process is an ongoing process that includes business recovery, disaster recovery, business resumption, contingency planning, and crisis management planning.

II. Scope

This policy applies to all UT Health San Antonio academic, research, health care and business support units.

III. Policy

In order for UT Health San Antonio to resume its operations within a reasonable period of time following any event or disruption, each critical functional support department and business unit will have a Business Continuity Plan. This plan may be unit specific or may be part of a larger entity-level plan. For mission critical activities, particularly those relying heavily on information technology, the Institutional Business Continuity Planning...
Team will conduct a business impact analysis and a risk assessment based on the unit specific plan assessments.

Business Continuity Plans will be reviewed and updated annually, or as critical processes change. The plans will be approved by the appropriate unit management. Each unit management will also certify annually that the Business Continuity Plan has been reviewed, tested and employees have been trained on the Plan. Executive leadership will have final accountability for unit plans and stewardships of resources.

All Business Continuity Plans will be stored in a central repository to ensure they are readily available to institutional leadership and the Institutional Business Continuity Planning Team during an event.

A. Institutional Business Continuity Planning Team

The Institutional Business Continuity Planning Team is composed of individuals who are trained in and understand business continuity planning and emergency management. The Team has overall responsibilities for any emergencies or disruption of services. Responsibilities include:

1. Developing strategies and coordinating the development of the Institutions' Business Continuity Plan and keeping the Plan updates.
2. Conducting business impact analysis and risk assessments.
3. Approving unit business continuity plans.
4. Conducting training for responding and recovery during an event or disaster.
5. Ongoing responsibilities for business continuity plan maintenance, testing and exercising.
6. Serving as the response management team, in coordination with the President's Office, for major or catastrophic incidents involving business continuity and continuing of academic, research, patient care and administrative operations in the event of an emergency.
7. Providing communication updates to the President's Office and campus community during an incident.

B. Institutional Business Continuity Planning Team Members

The Institutional Business Continuity Planning Team members work in coordination with the President, or their designee, the Senior Executive Vice President and Chief Operating Officer. The Team is comprised of leadership with expertise in law enforcement, safety, information technology systems, communication, and business processes and functions. The Team will be comprised of the following individuals:

1. Senior Executive Vice President and Chief Operating Officer
2. Executive Vice President for Capital Projects
3. Vice President and Chief Information Officer
4. Vice President for Academic, Faculty and Student Affairs
5. Vice President and Chief Strategy Officer
6. Vice President and Chief Human Resources Officer
7. Associate Vice President for Business Affairs
8. Associate Vice President for Facilities, Safety and Risk Management
9. Chief of University Police
10. Senior Executive Director of Communications
11. Assistant Vice President Information Security & Operations
12. Director for Laboratory Animal Resources
13. Chief Compliance & Privacy Officer
14. Senior Director, UTHP Practice Operations
15. IT Security Analyst
16. Attorney
17. Chief Student Affairs Officer, Title IX Director
18. Director, Enterprise Systems & Operations
19. Senior Director, Supply Chain Management
20. Director, Internal Audit
21. Environmental Health & Safety Member
22. Facilities Management Member

C. Departmental Responsibilities

Academic, research, health care and business continuity planning play a vital role in the all-hazards disaster preparedness approach for UT Health San Antonio. It is through the Business Continuity Planning process that University units will develop the necessary understanding of their core processes and interdependencies required for an effective prevention of and response to operational disruptions or adverse events.

1. UT Health San Antonio's policy is that each Executive Committee member and their respective units will be responsible for the operation continuity in their respective areas of responsibility. The Executive Committee members and their respective areas of responsibility should plan and receive input from their faculty and staff for all aspects of critical functional operations. The institution will
provide training and tools for the development of business continuity plans at the unit level.

2. Each unit will provide a reasonable amount of time and resources towards developing their unit Business Continuity Plans, with oversight and direction from the Institutional Business Continuity Planning Team. Plans will be updated annually, or as needed and periodic testing of the plan will be conducted with oversight from the Institutional Business Continuity Planning Team.

3. Academic continuity planning policies are posted under the Institutional Policies in the University Catalog (catalog.uthscsa.edu).

D. Major or Catastrophic Events

1. In the event of a major or catastrophic event, University Police has jurisdiction in the investigation of any disaster occurring on-campus. University Police should be notified immediately so the President’s Office and other appropriate officials may be alerted. Also, the Institutional Business Continuity Planning Team will be activated and will notify and provide guidance to others affected by the event in accordance with the institution’s Business Continuity Plan.

2. The Office of Marketing, Communications and Media has the overall responsibility of providing the media with information about a major or catastrophic event.

3. If necessary, any other interested individuals (e.g., employees, students, patients, etc.) will be notified in accordance with the communication plan included as part of the institution’s Business Continuity Plan.

E. Training

Each department or unit will be responsible for training their employees on their unit-level Business Continuity Plans on an annual basis, so all employees are ready to respond to and implement any recovery activities in the event of an operational disruption, or an adverse, major or catastrophic event.

IV. Definitions

When used in this document with initial capital letter(s), the following words have the meaning set forth below unless a different meaning is required by context.

All-Hazards— an approach for mitigation, prevention, preparedness, response, and recovery that addresses a full range of threats and hazards, including domestic terrorist attacks, natural and man-made disasters, accidental disruptions, and other emergencies.

Business Continuity Plan— documentation of a predetermined set of instructions or procedures that describe how the institution's business functions and units will be sustained during and after a significant event or disruption.
8.3.2 Business Continuity Planning

**Business Continuity Planning** – the strategic act of planning an event or preventing, if possible, and minimizing and managing the consequences of an event that interrupts critical business processes. The process includes development of advance arrangements and procedures that enables UT Health San Antonio to respond to an interruption in such a manner that critical business functions continue with planned levels of interruption or essential change.

**Business Impact Analysis** – involves the identification of critical business functions and workflows; identifies critical information resources; determines the qualitative and quantitative impact of a disruption; and, prioritizes recovery objectives.

**Mission Critical Activities** – any significant operational and/or business support activities, either provided internally or externally, without which UT Health San Antonio would be unable to achieve its objectives. Also, any supported health care delivery activity, which, if interrupted, could result in a life and safety event for patients.

**Risk Assessment** – a systematic and analytical approach that identifies and assesses risk to business processes and provides recommendations to avoid or reduce risk.

**Unit** – critical function areas for business continuity planning and business resumption activities, such as a UT Health San Antonio institute, center, department, or other areas that have some operational function within the institution.

V. Related References

*There are no related documents associated with this Policy.*

VI. Review and Approval History

A. The approving authority of this policy is the University Executive Committee.

B. The review frequency cycle is set for three years following the last review date, a time period that is not mandated by regulatory, accreditation, or other authority.

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<tr>
<td>06/2000</td>
<td>Policy Origination</td>
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<tr>
<td>11/2016</td>
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