

UT Health San Antonio

INSTITUTIONAL HANDBOOK OF OPERATING POLICIES

8.3.2 Business Continuity Planning

| Chapter 8 - Health & Safety | Original Effective Date: June 2000 |
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| Section: 8.3 Emergency Closing and Business Continuity Planning | Date Last Reviewed: February 2024 |
| Responsible Entity: Senior Executive Vice President and Chief Operating Officer | Date Last Revised: February 2024 |

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 (BCP).

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

II. Scope

This policy applies to 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 department and business unit will have a BCP. 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 (BCP) Team will conduct

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a business impact analysis and risk assessment based on the unit specific plan assessments.

BCPs are to be reviewed and updated annually, or as critical processes change. The plans are to be approved by the appropriate unit management. Each unit management is expected to certify annually that the BCP has been reviewed, tested and employees have been trained on the plan. Executive leadership will have final accountability for unit plans and stewardship of resources.

All BCPs are stored in a central repository to ensure they are readily available to institutional leadership and the Institutional BCP Team during an event.

A. Institutional BCP Team

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

- 1. Developing strategies and coordinating the development of the Institution's BCP and keeping the plan updated.
- 2. Conducting business impact analysis and risk assessments.
- 3. Approving unit BCPs.
- 4. Conducting training for responding and recovery during an event or disaster.
- 5. Ongoing responsibilities for BCP 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 BCP Team Members

The Institutional BCP Team members work in coordination with the President, or their designee and 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 is comprised of the following individuals or their designee:

- 1. Senior Executive Vice President and Chief Operating Officer
- 2. Vice President for Facilities and Capital Planning
- 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. Vice President and Chief Marketing/Communications Officer
- 8. Vice President and Chief Financial Officer
- 9. Assistant Vice President Information Security & Operations
- 10. Assistant Vice President, Educational & Student Success & Chief Student Affairs Officer
- 11. Assistant Vice President, Supply Chain Management
- 12. Chief of University Police
- 13. Chief Operating Officer, Inpatient Facility
- 14. Chief Compliance & Privacy Officer
- 15. Senior Director, UTHP Practice Operations
- 16. Senior Director, Enterprise Systems & Operations
- 17. Director, Internal Audit
- 18. Director for Laboratory Animal Resources
- 19. Legal Affairs Representative
- 20. Facilities Management Member
- 21. Business Continuity Coordinator/Environmental Health & Safety 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 units 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 (EC) member and their respective units are responsible for operation continuity in their respective areas of responsibility. The EC 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.

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- 2. Each unit will provide a reasonable amount of time and resources towards developing their unit-level BCPs, with oversight and direction from the Institutional BCP Team. Plans will be updated annually, or as needed and periodic testing of the plan will be conducted with oversight from the Institutional BCP 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 (UTPD) has jurisdiction in the investigation of any disaster occurring on-campus. UTPD should be notified immediately so the President's Office and other appropriate officials may be alerted. Also, the Institutional BCP Team will be activated and will notify and provide guidance to others affected by the event in accordance with the institution's BCP.
- 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 BCP.

E. Training

Each department or unit is responsible for training their employees on their unitlevel BCPs 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, the following words have the meaning set forth below unless a different meaning is required by context.

<u>All-Hazards</u> – 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.

<u>Business Continuity Plan (BCP)</u> – 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.

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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.

<u>Business Impact Analysis</u> – 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.

<u>Mission Critical Activities</u> – 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.

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

<u>Unit</u> – 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

Institutional Handbook of Operating Policies 8.3.1 Inclement Weather

VI. Review and Approval History

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

| Effective | Action Taken | Approved By | Effective |
|-----------|-------------------------------|-------------|-----------|
| Date | | | Date |
| 06/2000 | Policy Origination | | |
| 11/2016 | Policy Revision | | |
| 04/2020 | Policy Revision | | |
| 11/2021 | Policy Revision/Discretionary | SEVP/COO | 11/04/21 |
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