**Business Continuity Planning Components**

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**Introduction**

The Office of the Fire Marshal is promoting business continuity within the fire services in New Brunswick. We are encouraging all fire departments to develop a plan in order to maintain essential services within their community. In conjunction with our partners, we have prepared this document that can be used as a guide to prepare your own Business Continuity Plan (BCP).

The Department of Public Safety, Emergency Measures branch (EMO) has implemented plans and programs to protect the community during emergencies. In partnership with local first responders, health organizations, social services, utilities and volunteer groups, EMO strives to improve its level of preparedness. Continuous testing, training and updating ensure that plans are capable of addressing any emergency that occur in our communities.

To deal with community emergency situations, public servants along with members from key areas of our communities have been organized into eight EMO Districts. In the event of a community emergency, the EMO District Coordinator and team are dispatched to the communities Emergency Operations Center, where the emergency situation is strategically managed to assist the on-scene emergency responders.

But what happens if the emergency responders upon whom we have become so dependant upon are not available to us in the case of a community emergency? It is our hope that each fire department within New Brunswick has asked them selves that same question. And as a result, have found the need to develop a solid Business Continuity Plan.

Business Continuity Plans (BCP) are sometimes referred to as Disaster Recovery Plans (DRP) and the two have much in common. However a DRP should be oriented towards recovering after a disaster whereas a BCP shows how to continue doing business until recovery is accomplished. Both are very important and are often combined into a single document for convenience.

Business continuity is the process of planning so that your department can cope with the un expected. It ensures that, when faced with disruption or disaster, you can carry on or resume emergency operations with minimum delay. A well thought out plan should be transferable to any case scenario whether it is the loss of human resources (pandemic) or the loss of your building including your emergency equipment (fire).

This guide is intended to provide information to help fire departments begin, refine and maintain individual BCP Plans. We must first plan our own strategies in order to be ready during the event of a community wide emergency.

# Getting Started

## Section 1

#### Assign fire department business continuity responsibilities.

**Fire Department Business Continuity Coordinator**

*{Include Business Continuity Coordinator responsibilities here.}*

*The purpose for selecting a Business Continuity Coordinator is to designate a single person with appropriate backup to serve in a coordination capacity for the fire department. Responsibilities of the Business Continuity Coordinator can include liaison with the local emergency operations center, coordinate fire department efforts during plan development and recovery, and have delegated authority to execute recovery procedures.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Name | Telephone Number | Alternate Number | Other | E-mail |
| **Business Continuity Coordinator** |  |  |  |  |  |
| **1st Alternate** |  |  |  |  |  |
| **2nd Alternate** |  |  |  |  |  |

**Fire Departmental Business Continuity Committee**

*{Include Departmental Continuity Committee responsibilities here.}*

*The purpose for assembling a Committee should be to ensure that various interests (equipment, communications, human resources, record keeping) within the fire department are represented within the continuity planning process with focus on ensuring that developed plans promote a successful recovery effort.*

|  |  |
| --- | --- |
| **Name** | **Title or Areas represented** |
|  |  |
|  |  |
|  |  |
|  |  |

#### Fire department mission and business functions/processes.

**Departmental Mission**

Our department mission is the following (example)

The Fire Department protects lives, property and the environment from fire and exposure to hazardous materials, provides pre-hospital emergency medical care, offers programs which prepare our residents for emergencies and provides non-emergency services, including fire prevention and related code enforcement, to residents and visitors of (Town, Village etc.)

**Department Critical Functions/Processes**

We have identified and prioritized the following as critical functions or processes.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Departmental Business Function/Process1** | **Internal Dependencies** | **External Dependencies** | **Other Considerations** | **Notes** |
| * Fire suppression
 | (firefighters, apparatus, drivers, operators) | (water supply, gas station, dept. of transportation forclearing of roads) |  |  |
|  |  |  |  |  |

***1****Critical Function/Process – Core services to the fire department’s mission or have been designated as an essential service for the community.*

***2****Maximum Allowable Outage – The amount of time caused by disruption in operation before significant impact is incurred.*

***3****Impact – Include a brief description of the impact of discontinued operations past the maximum allowable outage. Impact should take into consideration in both non-monetary and monetary outcomes. Impacts can be measured with respect to human resources and staff safety or morale, department reputation, loss of critical etc*

***4****Dependencies – Internal or external resources or inputs necessary for fire department business function/process to operate*

**Other Fire Department Functions/Processes**

The fire department also has the following functions/processes. While important, the delay of these services would not cause significant impact with respect to the fire department in achieving its mission.

|  |  |  |
| --- | --- | --- |
| **Functions/Processes** | **Allowable outage** | **Impact** |
| Fire Prevention Education | 3 months | Low |
| Fire Inspections | 3 months | Low |
|  |  |  |

#### Identification and evaluation of scenarios, risks, events and threats.

The following are sample scenarios that were identified based on the likely hood of event.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Scenario, risk or threat**(Likely events, both internal and external, that could disrupt operationsof our department.) | **Description** (Specific details of event.) | **Impact on Mission Critical Functions/Processes** (Impact on resources necessary for a process to function.) | **Mitigating Activities/Strategies** (Impact on resources necessary for a process to function.) | **Additional Activities/ Strategies To Be Considered** | **General Strategy Options for Recovery** | **Does scenario warrant business continuity plan?****(Yes/No)** |
| *Human Resources* | *HR reduced by 30% due to illness* | * *Reduction in response time*
* *Loss of expertise (pump operator, drivers) etc.*
 | * *Mutual Aid*
* *Auxiliary members*
* *Retired members*
 | * *Implement process to place mutual aid & auxiliary on stand by*
* *Reach to retired members*
 | * *Potential to relocate equipment*
* *Exercise emergency plan to staff*

*coverage area* | *Yes* |
| *Fire leading to a loss of building and contents* | *Isolated building loss* | *Examples include:** *Equipment Loss*
* *Information loss*
* *90% reduction in service (due to multiple service locations)*
* *Halt of all operations (all services provided within same area)*
 | * *Mutual Aid from near by community*
* *Reallocation of apparatus and equipment from nearby community*
 | * *Implement a process to perform a backup restoration*
* *Establishment of a temporary fire station*
 | * *Relocate personnel resources.*
* *Exercise emergency plan for command center to restore departmental operating capacity to 20%.*
 | *Yes* |
| *Other examples may include: flooding, and storms that lead to the loss of utilities,**loss of network, etc.* | *Case specific* | *Case specific* | * *Back up generators*
* *Manual work around procedures*
 | * *Maintain documentation of backup generator testing centrally*
 | *Based on case scenario* | Case specific |

# Developing the Plan

## Section 2

**Business Continuity Plan (BCP)**

#### Outline of a basic BCP template:

**People:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Duty/Position** | **Skills** | **Replacement Source** |
| Captain Boudreau | Driver | * Air break endorsement
* (Class 5)
 | * Within dept.
* Mutual Aid
* Community (truck driver)
 |
| Lieutenant Ross | Pump Operator | * Specialized training
 | * Within dept.
* Mutual Aid
 |
| Firefighter Laroche | Attack Team | * Specialized

training | * Within dept.
* Mutual Aid
 |
|  |  |  |  |

**Places:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Primary** | **Needs (seasonal)** | **Alternate 1** | **Alternate 2** |
| Fire Station | Minimum of 2 bays during winter months | Joe’s Service Station | Franks Trucking |
| CommunicationsRoom | Radios, chargers, cellphones, phone | Community Center | Local ambulancebay, school |
|  |  |  |  |
|  |  |  |  |

**Things:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Equipment / Services** | **Source for Replacement** | **Alternate 2** | **Alternate 3** |
| Fire apparatus | Neighboring depts. | Suppliers | Government (DNR) |
| Power | Generator | Suppliers |  |
| Heat | Propane heaters | Suppliers | Government |
|  |  |  |  |

|  |  |
| --- | --- |
| **Business Continuity Coordinator:** |  |
| **Contact information:** | Telephone – Cell Phone – e-mail – |
| **Date:** |  |
| **Updated:** |  |
| **Electronic Filename & location:** |  |
| **Hard copy (stored offsite) location:** |  |
| **Copy to Regional Fire Marshal** |  |

**Recovery Summary**

#### Document recovery plans to recover critical functions for each scenario.

**General Recovery Strategy**

*This is a high level statement of the solutions determined to recover fire department’s business function to a predetermined operating capacity.*

*Relocate to identified alternate facility and restore operations to 20% capacity within 2 days.*

**Recovery Tasks**

The following tasks will need to be performed to accomplish our strategy:

Provide a simple list of tasks such as:

* + Notification
	+ Contact backup site



|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Recovery Tasks** | **Day 1** | **Day s 2-****3** | **Day s 4-****7** | **Day 8** | **Criticality** | **Responsible Person** |
| Notification | X |  |  |  | 1 | Business Continuity Coordinator |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Detail for each Recovery task is included in a Detailed Process Task located at . Assumptions**

*List assumptions made regarding scenario and the related planning. Examples include:*

* *Workspace and required resources are available.*
* *All fire department members or personnel with equivalent skills are available.*

|  |  |
| --- | --- |
| Assumption 1 |  |
| Assumption 2 |  |
| Assumption 3 |  |

### Detailed Process Task

#### Determine details to complete tasks.

*For each task listed within the Recovery Summary, list the details and applicable information necessary to carry out that task. Each task should be provided on a separate page.*

**Task Name**

*The name should be the same name listed within the Recovery Summary.*

**Team Lead**

*Insert name of firefighter who will be the team lead of each specific task.*

**Task Summary**

*Provide a brief description of major steps involved within the task and the desired results when the task is completed.*

**Skills**

|  |  |
| --- | --- |
| **Required Skill Set** | **Description** |
| *Provide general knowledge requirements for completion of the task in the event backup**personnel are required.* | *Include detailed knowledge and access requirements.* |

**Dependencies**

|  |  |
| --- | --- |
| **Internal Dependencies** | **External Dependencies** |
| Personnel | **Written Mutual Aid Agreement** |
|  |  |

**Recovery Tasks**

The following steps will need to be performed to accomplish our task:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Recovery Steps** | **Day 1** | **Days 2-3** | **Days 4-7** | **Day 8** | **Team Member Responsible** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Resource Matrix (Optional)**

*Include summary of resources that may be needed depending on the level of recovery.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Workload** | **People** | **Workspace** | **Computer(s)** | **Printer(s)** | **Phone(s)** | **Other** |
| **20%** |  |  |  |  |  |  |
| **40%** |  |  |  |  |  |  |
| **60%** |  |  |  |  |  |  |
| **80%** |  |  |  |  |  |  |
| **100%** |  |  |  |  |  |  |

### Contact Information

#### List contact information.

**Fire Chief**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Contacted Y/N** | **Name** | **Recover y Role** | **Cellular** | **Pager** | **e-mail** | **Home Phon****e** | **Office Phone** | **Addres s** | **Skills** | **Notes** |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
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**Deputy Chief (calls Alternate Team Leaders/ Captains)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Contacted Y/N** | **Name** | **Recover y Role** | **Cellular** | **Pager** | **e-mail** | **Home Phon****e** | **Office Phone** | **Addres s** | **Skills** | **Notes** |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Captain (calls lieutenants)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Contacted Y/N** | **Name** | **Recover y Role** | **Cellular** | **Pager** | **e-mail** | **Home****Phon e** | **Office Phone** | **Addres s** | **Skills** | **Notes** |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Lieutenants (calls firefighters)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Contacted Y/N** | **Name** | **Recover y Role** | **Cellular** | **Pager** | **e-mail** | **Home****Phon e** | **Office Phone** | **Addres s** | **Skills** | **Notes** |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Mutual Aid Services**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Dept.** | **Representative/ Contact** | **Address** | **Phone** | **Alternate Phone’s** | **e-mail** | **Comments (account number, etc)** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

### Resource Appendices

#### List necessary resources and reference materials.

**Facility Requirements**

|  |  |
| --- | --- |
| **Infrastructure requirements** | **Number-descriptions** |
| Phone lines |  |
| Network connections |  |
| Fax |  |
| Electrical requirements | *Number of outlets, special voltage requirements* |
| Fire Service Equipment |  |
|  |  |

**Alternate Fire Service Locations (where will we temporarily set up shop)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Address/ Building Name** | **Phone Number** | **Alternate Phone Number** | **Contact Person** |
|  |  |  |  |
|  |  |  |  |

**Equipment Requirements**

**List, phones, copiers, and immediate requirements for emergency set up.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Qty** | **Description** | **Comment (vendor name, purpose, etc.)** | **Day needed** |
| *1* | *Phone lines* |  |  |
| *10* | *Radio chargers* |  |  |
|  | *etc.* |  |  |

**Software/System Application Requirements**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Qty** | **Description** | **Version** | **Comment** | **Day needed** |
|  |  |  |  |  |
|  |  |  |  |  |

**Supplies-**

|  |  |  |  |
| --- | --- | --- | --- |
| **Qty** | **Description** | **Comment** | **Day needed** |
|  |  |  |  |
|  |  |  |  |

**Forms**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Form #** | **Description** | **Revision Date** | **Minimum****Needed Comment** | **Current Inventory** | **Storage location** | **Contact information** | **Printer information** | **Day needed** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**Vital Records**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Storage Site** | **Media (disc, fiche, etc)** | **Record Type (original, duplicate)** | **Storage Frequency****(D, W, M, Q, S, Y)** | **Comment** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Procedures**

Insert or attach existing procedures for daily procedures and procedures or checklist for process that will be unique to the recovery process.

# Maintaining the Plan

## Section 3

#### Train firefighter personnel on the plan.

Include information about how the components of this plan will be communicated to the staff (meetings, access to electronic copy on intranet site, etc.). Include timeframes needed to train staff.

**BCP Communication Log:**

|  |  |  |
| --- | --- | --- |
| **Date** | **Member** | **Signature** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
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#### Test (validate) the plan.

**Departmental Business Continuity Test Log**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Type of exercise** | **Portion of plan tested** | **Comments** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

#### Maintain the plan.

**The (Department Name) business continuity plan has been reviewed and tested. The procedures provided in this plan meet the department’s expectations for business continuity under the assumptions which have outlined in this plan.**

**Fire Chief Date**

**Fire Department Coordinator Date**