*insert*

*school*

*badge*

# XXXX SCHOOL

# BUSINESS CONTINUITY PLAN

**Responsible Person:** *insert name*

**Adopted by - Head teacher:** *insert name, signature*

**-** **Chairman of Governors:** *insert name, signature*

**Date:** *insert the date the plan was adopted*

**Review Date:** *insert review date (12 months time)*

Keep this plan in a safe place where you can find it in an emergency

**FORM 1 - PLAN CONTROL**

*The school/establishment name should be entered on the front of the document and in the header.*

*This document should be saved with a name that includes the school establishment name and the month of issue e.g. “Emergency Plan school/establishment Name MMYY”*

| Plan Owner :*(Name, Job Title, Location)* | |  |
| --- | --- | --- |
| Plan Scope :  (School establishment/ covered) | |  |
| Issue Date :  *(Date last issued)* | |  |
| Location :  *(Places of where the plans are located and names of those who have them. Include location of electronic copies )* |  | 1. |
|  |  | 2. |
|  |  | 3. |
|  |  | 4. |
|  |  | 5. |

**EMERGENCY RESPONSE TEAM**

*List key people for your school/establishment who you will require to aid in managing the crisis and any subsequent recovery actions. (Full contact details also on Form 3.)*

School emergency Response Team

|  |  |  |  |
| --- | --- | --- | --- |
| **Role** | Name | **Home Tel** | **Mobile** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**FORM 2 – KEY SERVICES THAT MUST BE MAINTAINED**

*List in priority order the essential functions that the school/establishment perform and if possible include the Statutory Duty that applies to the function.*

*State in the first column if the function is critical at a particular period.*

*The third column is to indicate how many staff would be required in the first week following an emergency to provide that function at a minimum level of service.*

| Essential Functions State any critical times of year | Statutory Duties Include timeframes | No Of Essential Staff Needed FIRST WEEK |
| --- | --- | --- |
| *Example: Attendance Records* | *Example: Records must be provided to the LA* | *Example: 1* |
|  |  |  |
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**FORM 3 - KEY CONTACTS**

*Complete one form for each Key contact e.g. Emergency Response Team member. The form should be completed electronically with one copy printed, signed for Audit purposes and filed.*

|  |  |
| --- | --- |
| **Name of Contact:** | |
| **School/establishment:** | |
| **Title/Position:** | |
| **When to Contact:** | **Actions to be taken when contacted:** |
| **Contact's address (home):**  **Private email address (optional):** | **Contact's telephone numbers:**  **Home:**  **Mobile:**  **Pager:** .......................................  **Other:**  .......................................  ....................................... |

Signed: .............................................................................................................. Date updated/confirmed:

**FORM 4 - REGISTER OF SCHOOL/ESTABLISHMENT STAFF CONFIDENTIAL**

*Add additional rows as required to ensure all staff working at the school/establishment location are identified.*

| **Job Title** | **Name** | **Home Address** | **Telephone** | **Email** |
| --- | --- | --- | --- | --- |
|  |  |  | **Home:**  **Mobile:**  **Other:** |  |
|  |  |  | **Home:**  **Mobile:**  **Other:** |  |
|  |  |  | **Home:**  **Mobile:**  **Other:** |  |
|  |  |  | **Home:**  **Mobile:**  **Other:** |  |
|  |  |  | **Home:**  **Mobile:**  **Other:** |  |
|  |  |  | **Home:**  **Mobile:**  **Other:** |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FORM 5 - ESSENTIAL EQUIPMENT** | | |  |  |  |  |  |  |  |
| *Use this form to summarise the minimum resources that your school/establishment will require to run the essential services assuming an incident prevents access to the normal place of work. This can be broken down by room, class, area, building or a single column for the whole school. LT is an abbreviation of “Long term” is the total required should access be denied for over 2 weeks.* | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |
| **Requirement** | **Period** | **Class / Room / Area** | | | | | | | **Total** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Number of staff: |  |  |  |  |  |  |  |  |  |
|        Administration | **1st Wk** |  |  |  |  |  |  |  |  |
| **LT** |  |  |  |  |  |  |  |  |
|        Teachers | **1st Wk** |  |  |  |  |  |  |  |  |
| **LT** |  |  |  |  |  |  |  |  |
|        Other (please state) | **1st Wk** |  |  |  |  |  |  |  |  |
| **LT** |  |  |  |  |  |  |  |  |
| Number of class rooms: |  |  |  |  |  |  |  |  |  |
|        Basic | **1st Wk** |  |  |  |  |  |  |  |  |
| **LT** |  |  |  |  |  |  |  |  |
|        Specialist (please state) | **1st Wk** |  |  |  |  |  |  |  |  |
| **LT** |  |  |  |  |  |  |  |  |
| Number of desks and chairs: |  |  |  |  |  |  |  |  |  |
|        Office desks | **1st Wk** |  |  |  |  |  |  |  |  |
| **LT** |  |  |  |  |  |  |  |  |
|        Classroom desks | **1st Wk** |  |  |  |  |  |  |  |  |
| **LT** |  |  |  |  |  |  |  |  |
|        Office chairs | **1st Wk** |  |  |  |  |  |  |  |  |
| **LT** |  |  |  |  |  |  |  |  |
|        Classroom chairs | **1st Wk** |  |  |  |  |  |  |  |  |
| **LT** |  |  |  |  |  |  |  |  |
|        Specialist desks and chairs (please state) | **1st Wk** |  |  |  |  |  |  |  |  |
| **LT** |  |  |  |  |  |  |  |  |
| Telephone requirements (number of units): |  |  |  |  |  |  |  |  |  |
|        Normal office phones | **1st Wk** |  |  |  |  |  |  |  |  |
| **LT** |  |  |  |  |  |  |  |  |
|        Mobile phones | **1st Wk** |  |  |  |  |  |  |  |  |
| **LT** |  |  |  |  |  |  |  |  |
|        Pagers | **1st Wk** |  |  |  |  |  |  |  |  |
| **LT** |  |  |  |  |  |  |  |  |
| Equipment: |  |  |  |  |  |  |  |  |  |
|        Office (e.g. fax machines, shredders) | **1st Wk** |  |  |  |  |  |  |  |  |
| **LT** |  |  |  |  |  |  |  |  |
|        Classroom (e.g. whiteboards) | **1st Wk** |  |  |  |  |  |  |  |  |
| **LT** |  |  |  |  |  |  |  |  |
| Public access requirements | **1st Wk** |  |  |  |  |  |  |  |  |
| **LT** |  |  |  |  |  |  |  |  |
| Wheelchair access requirements | **1st Wk** |  |  |  |  |  |  |  |  |
| **LT** |  |  |  |  |  |  |  |  |
| Special provisions e.g.: |  |  |  |  |  |  |  |  |  |
|        Confidential interview area. | **1st Wk** |  |  |  |  |  |  |  |  |
| **LT** |  |  |  |  |  |  |  |  |
|        Floor loading for a safe. | **1st Wk** |  |  |  |  |  |  |  |  |
| **LT** |  |  |  |  |  |  |  |  |
|        Secure area. | **1st Wk** |  |  |  |  |  |  |  |  |
| **LT** |  |  |  |  |  |  |  |  |
|        Additional power. | **1st Wk** |  |  |  |  |  |  |  |  |
| **LT** |  |  |  |  |  |  |  |  |
|        Goods/in out provision. | **1st Wk** |  |  |  |  |  |  |  |  |
| **LT** |  |  |  |  |  |  |  |  |
|        Other | **1st Wk** |  |  |  |  |  |  |  |  |
| **LT** |  |  |  |  |  |  |  |  |
|        Office accommodation (sq metres) | **1st Wk** |  |  |  |  |  |  |  |  |
| **LT** |  |  |  |  |  |  |  |  |
|        Class Room accommodation (sq meters) | **1st Wk** |  |  |  |  |  |  |  |  |
| **LT** |  |  |  |  |  |  |  |  |
| Storage space (sq metres) | **1st Wk** |  |  |  |  |  |  |  |  |
| **LT** |  |  |  |  |  |  |  |  |
| Hardware and Networking requirements: |  |  |  |  |  |  |  |  |  |
|        Number of networked workstations. | **1st Wk** |  |  |  |  |  |  |  |  |
| **LT** |  |  |  |  |  |  |  |  |
|        Number of local PCs | **1st Wk** |  |  |  |  |  |  |  |  |
| **LT** |  |  |  |  |  |  |  |  |
|        Access to other systems. | **1st Wk** |  |  |  |  |  |  |  |  |
| **LT** |  |  |  |  |  |  |  |  |
| Printing requirements. | **1st Wk** |  |  |  |  |  |  |  |  |
| **LT** |  |  |  |  |  |  |  |  |
| Other essential equipment | **1st Wk** |  |  |  |  |  |  |  |  |
| **LT** |  |  |  |  |  |  |  |  |

**FORM 6 – ESSENTIAL IT INFORMATION**

*Use this form to list the minimum systems or applications that your school/establishment will require to run the essential services assuming an incident prevents access to your normal PC and Servers and those that would have to be reconstructed. Entries may include Email, Internet, systems, applications, spreadsheets, databases etc. “Required By” is to identify the maximum length of time before the system is required. “Backups” is the person/group who takes regular backups of the data. “Availability Agreed With” identifies who has agreed the requirement and arranged any recovery.*

*Under Functions list those essential functions on the Key Services Form 3 that are dependent on the availability of the system/application*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Essential Systems/Application. | Required by  (Hours/Days) | Min. Number Of Users Requiring Access. | Who Takes Backups | Function(S) | Availability Agreed With |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
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**Back up Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Where are back ups held? |  | No of laptops in establishment/team  (stored offsite overnight?) |  |

**FORM 7 - TEMPORARY ACCOMMODATION**

*Use this form to list the location where each school/establishment/class or team as appropriate, would be temporally located to provide their essential services if an incident prevents access to the normal place of work. Use the Option 1 for the preferred location and optionally, Option 2 (or more) to identify other possible locations. If the temporary locations can only be used for 2 weeks or less then state “Short Term”*

|  |  |  |
| --- | --- | --- |
| **Class/Departments** | **Current Location** | **Temporary Location**  **Please Give Details** |
|  |  | Option 1:  Option 2: |
|  |  | Option 1:  Option 2: |
|  |  | Option 1:  Option 2: |
|  |  | Option 1:  Option 2: |
|  |  | Option 1:  Option 2: |
|  |  | Option 1:  Option 2: |

**FORM 8 - PAPER BASED RECORDS**

*Please record here any vital paper based records which are not on the computer network. Vital documents = those which if lost would prevent or severely impair the school’s/department's ability to deliver a service, expose it to greater risk of litigation or achieve essential business objectives. These documents are likely to be those where it is not possible to replace in whole or part the information contained in them.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Document Type** | **Location** | **Duplicated?** | **Where Are Duplicates Held?** |
|  |  |  |  |
|  |  |  |  |
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**FORM 9 – A-Z OF EXTERNAL CONTACTS (CONTRACTORS ETC)**

*Use this form to list the contacts that are required to deliver the essential services. It is suggested they are grouped alphabetically.*

| **Organisation** | **Purpose**  **e.g Supplier Of Stationery, Portacabin etc.** | **Name Of Usual Contact** | **Tel No (Office Hrs)** | **Out Of Office Hrs** | Other Info |
| --- | --- | --- | --- | --- | --- |
| A |  |  |  |  |  |
| B |  |  |  |  |  |
| C |  |  |  |  |  |
| D |  |  |  |  |  |
| E |  |  |  |  |  |
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| W |  |  |  |  |  |
| X |  |  |  |  |  |
| YZ |  |  |  |  |  |

**FORM 10 - INVENTORY**

*A full inventory of the office should be included here for ready access when assessing the amount of loss from the incident. See example.*

| **ROOM** | *Example:*  *Head Teacher’s Office* |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| Desks/Tables | *1* |  |  |  |  |  |  |  |  |  |  |  |
| Chairs | *2* |  |  |  |  |  |  |  |  |  |  |  |
| Computer | *1* |  |  |  |  |  |  |  |  |  |  |  |
| Scanner |  |  |  |  |  |  |  |  |  |  |  |  |
| Printer | *1* |  |  |  |  |  |  |  |  |  |  |  |
| Photocopier |  |  |  |  |  |  |  |  |  |  |  |  |
| Docking Station | *1* |  |  |  |  |  |  |  |  |  |  |  |
| Cabinets | *2* |  |  |  |  |  |  |  |  |  |  |  |
| Book cases | *1* |  |  |  |  |  |  |  |  |  |  |  |
| Shelves |  |  |  |  |  |  |  |  |  |  |  |  |
| Fans | *1* |  |  |  |  |  |  |  |  |  |  |  |
| Electric Heater |  |  |  |  |  |  |  |  |  |  |  |  |
| Lamp |  |  |  |  |  |  |  |  |  |  |  |  |
| Microfiche |  |  |  |  |  |  |  |  |  |  |  |  |
| Fax |  |  |  |  |  |  |  |  |  |  |  |  |
| Shredders |  |  |  |  |  |  |  |  |  |  |  |  |
| Telephones | *1* |  |  |  |  |  |  |  |  |  |  |  |
| Lockable Wipe Board |  |  |  |  |  |  |  |  |  |  |  |  |
| Notice / White Boards |  |  |  |  |  |  |  |  |  |  |  |  |
| Window Blinds | *1* |  |  |  |  |  |  |  |  |  |  |  |
| Safe |  |  |  |  |  |  |  |  |  |  |  |  |
| Key Boxes |  |  |  |  |  |  |  |  |  |  |  |  |
| Key Pads |  |  |  |  |  |  |  |  |  |  |  |  |
| Kettles |  |  |  |  |  |  |  |  |  |  |  |  |
| Dishwasher |  |  |  |  |  |  |  |  |  |  |  |  |
| Toaster |  |  |  |  |  |  |  |  |  |  |  |  |
| Microwave |  |  |  |  |  |  |  |  |  |  |  |  |
| Fridge |  |  |  |  |  |  |  |  |  |  |  |  |
| Laminator |  |  |  |  |  |  |  |  |  |  |  |  |
| Water Coolers |  |  |  |  |  |  |  |  |  |  |  |  |
| Interactive White Board |  |  |  |  |  |  |  |  |  |  |  |  |
| White Board Projector |  |  |  |  |  |  |  |  |  |  |  |  |
| TV+Video | *1* |  |  |  |  |  |  |  |  |  |  |  |
| Other (State Description) |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

**Items Over £250**

*(Any item, excluding leased PC equipment, with a cost of £250 and over is also to be itemised for insurance purposes. Owner and Termination date should be left blank for non leased items.)*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Description** | **Make** | **Model Number** | **Serial Number** | **Purchase Price** | **Purchase Date** | **Owner**  ***(Leased items only)*** | **Termination Date**  ***(Leased items only)*** | **ROOM** |
| *Example: Safe* | *Chubb* | *587CS* | *56098452-1* | *£600* | *25/03/2001* |  |  | *Head Teacher’s Office* |
|  |  |  |  |  |  |  |  |  |
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**2. Business Continuity Planning** - **Forms** **Guidelines**

The aim of this document is to provide guidelines to help complete the previous forms. These forms will develop a basic Business Continuity Plan (BCP) for schools.

Complete Forms 1 to 10 referring to these guidelines as necessary for clarification of aspects of the forms which may be confusing. Most Forms have some notes within to help provide guidance. On the screen these are seen in *red italics*.

**FORM 1 - PLAN CONTROL**

**Purpose:** To record details of the actual plan

**Quantity:** 1 form required – mandatory

|  |  |
| --- | --- |
| **Plan Owner** | The name of the person who is responsible for ensuring the BCP is maintained. List that person’s job title and the location where they are based |
| **Plan Scope** | List the name of the School/Establishments that are covered by this BCP. |
| **Issue Date** | The date this version of the BCP was issued/updated |
| **Location** | This is a useful reminder of where copies are held and will need to be maintained. If a large group of people all have their own copies then just name the group. E.g.  Emergency Response Team  Electronic copies on shared drive : S:\ etc |
| **Emergency Response Team** | The key people that would form a team to aid in managing the crisis and recovery actions. The people listed would also have their full contact details on Form 3 |

**FORM 2 – KEY SERVICES THAT MUST BE MAINTAINED**

**Purpose:** To list the key services that must be maintained and the number of staff to provide each service

**Quantity:** 1 form required – mandatory. Additional rows should be inserted if necessary

|  |  |
| --- | --- |
| **Essential Functions** | The name of the service and if it is critical at a particular time of the year then state when. |
| **Statutory Duties** | If the service has to comply with a statutory duty then state the name of the duty and the time requirement. |
| **No Of Essential Staff Needed FIRST WEEK** | Assuming the appropriate staff was available, state how many staff would be needed at any stage in the first week to provide the service. This would help in the calculation of the number of facilities to provide to the staff. |

**FORM 3 - KEY CONTACTS**

**Purpose:** To provide contact details and the initial actions of the key staff who may be involved in recovery work. A signed copy should be obtained to confirm the person is happy with the details.

**Quantity:** 1 form required for each key contact – mandatory. Additional forms should be inserted if necessary

|  |  |
| --- | --- |
|  | The details required are as implied by the title of each field. For clarification the following is noted. |
| **When to Contact** | Outline what needs to have happened to trigger the requirement to contact this person. E.g Any issue which may impact the premises |
| **Actions to be taken when contacted** | E.g. Contact to attend base for emergency response team meeting |
| **Contact's address (home)** | Will be useful to know if person has to work from home. |
| **Private email address (optional)** | Another method of contact if LBC email becomes unavailable. |

**FORM 4 - REGISTER OF SCHOOL/ESTABLISHMENT STAFF**

**Purpose:** To list all staff and will be used if and when individual staff need to be contacted.

**Quantity:** 1 form required – mandatory. Additional rows should be inserted if necessary

|  |  |
| --- | --- |
|  | The details required are as implied by the title of each field. For clarification the following is noted. |
| **Email** | Another method of contact if LBC email becomes unavailable. |

**FORM 5 - ESSENTIAL EQUIPMENT**

**Purpose:** To summarise the minimum that the school/establishment will require to run the essential services assuming an incident prevents access to the normal place of work. This can be broken down by room, class, area, building or a single column for the whole school. LT is an abbreviation of “Long term” is the total required should access be denied for over 2 weeks.

**Quantity:** 1 form required – mandatory. Additional rows should be inserted if required to itemise other equipment.

|  |  |
| --- | --- |
| **1st Week** | Total required at any stage during the first week following the incident |
| **Longer Term** | Total required should the access be denied for over 2 weeks |
| **Other** | Equipment not specifically listed on the template can be added as a new row or against this heading. |

**FORM 6 – ESSENTIAL IT INFORMATION**

**Purpose:** To list the minimum systems or applications that your establishment/team will require to run the essential services assuming an incident prevents access to your normal PC and Servers and these would have to be reconstructed

Under Functions list those)

**Quantity:** 1 form required – mandatory. Additional rows should be inserted if necessary

|  |  |
| --- | --- |
| **Essential Systems/Application** | These are the essential requirements to provide the key services. Entries may include Email, Internet, systems, applications, spreadsheets, databases etc |
| **Required by**  **(Hours/Days)** | Identifies the maximum length of time before the system is required. E.g. within 3 days |
| **Min. Number Of Users Requiring Access.** | How many users need to use that system/application to provide all the essential functions identified on Form 2 |
| **Who Takes Backups** | Person/group who takes regular backups of the data. |
| **Function(S)** | Essential functions on the Key Services Form 2 that are dependent on the availability of the system/application Eg. All |
| **Availability Agreed With** | To avoid surprises this is the person/agency that has agreed the requirement and arranged the recovery agency. |
| **Back up Details** | State where the back ups are held. |

**FORM 7 - TEMPORARY ACCOMMODATION**

**Purpose:** To list the location where each school/establishment would be temporally located to provide their essential services if an incident prevents access to the normal place of work.

**Quantity:** 1 form required – mandatory. Additional rows should be inserted if necessary

|  |  |
| --- | --- |
| **Class/Department** | If the Class/Department is likely to be separated to be accommodated in a number of areas then add an entry for each section. If not then enter “All” |
| **Current Location** | Location/premises currently occupied |
| **Temporary Location** | Use the Option 1 for the preferred location and optionally, Option 2 (or more) to identify other possible locations. If the temporary locations can only be used for 2 weeks or less then state “Short Term” |

**FORM 8 PAPER BASED RECORDS**

**Purpose:** To record any vital paper based records which are not on the computer network. Vital documents are those which if lost would prevent or severely impair the school/establishment’s ability to deliver a service, expose it to greater risk of litigation or achieve essential business objectives. These documents are likely to be those where it is not possible to replace in whole or part the information contained in them.

**Quantity:** 1 form required – mandatory but state “None” if there are no paper based records. Additional rows should be inserted if necessary

|  |  |
| --- | --- |
| **Document Type** | E.g. Admission Files |
| **Location** | E.g. Metal cabinets in secure store room, School Office |
| **Duplicated?** | Yes or No |
| **Where Are Duplicates Held?** | E.g. Metal cabinets in secure store room, Maths dept |

**FORM 9 – A-Z OF EXTERNAL CONTACTS (CONTRACTORS ETC)**

**Purpose:** To list the contacts that are required to deliver the essential services.

**Quantity:** 1 form required – mandatory but state “None” if no essential external contacts. Additional rows should be inserted if necessary

|  |  |
| --- | --- |
|  | The details required are as implied by the heading on each column.  It is suggested they are grouped alphabetically for future easy access. |

**FORM 10 - INVENTORY**

**Purpose:** A full inventory of the office should be included here for ready access when assessing the amount of loss from the incident.

**Quantity:** 1 form required – mandatory. Additional rows and columns should be inserted if necessary

|  |  |
| --- | --- |
| **Room** | Create a column for each room/ area covered. |
|  | If there are multiple rooms add a “Total” column to show the total inventory/assets for the Establishment/Team. |
|  | An example is shown on the template. |