**Statewide Health Information Policy Manual (SHIPM) 3.1.1 – Contingency Plan**

*Compliance Review Tool Question #32 and 33*

## Artifact Must Haves and Best Practices

| **Item #** | **Topic** | **Covered (Y or N)** | **Comment** |
| --- | --- | --- | --- |
| 1 | Was documentation (artifact) provided to demonstrate how the state entity plans to respond to an emergency, or other unexpected occurrence that may damage systems containing health information? | Y🞏 N🞏 |  |
| 2 | Does the Technology Recovery Plan (TRP) align with the state entity’s Business Continuity Plan (BCP)?  |  |  |
| 2a | * Does the list of critical systems match across plans (TRP and BCP)?
 | Y🞏 N🞏 |  |
| 2b | * Are the dates reasonably aligned across documents (TRP and BCP)?
 | Y🞏 N🞏 |  |
| 3 | Does the TRP support the business needs to protect critical information assets to ensure their availability following an interruption or disaster? | Y🞏 N🞏 |  |
| 4 | Does the artifact(s) identify “who” is responsible to implement the plan (*by name, position, etc.*)? | Y🞏 N🞏 |  |
| 5 | Does the artifact(s) identify and document all business functions? | Y🞏 N🞏 |  |
| 6 | Does the artifact(s) contain a business impact assessment to identify critical functions and systems, and prioritize them based on necessity? | Y🞏 N🞏 |  |
| 7 | Does the artifact(s) identify recovery strategies to ensure systems and functions can be brought online within the stated timeframe? | Y🞏 N🞏 |  |
| 8 | Does the artifact(s) include procedures for how the state entity will stay functional in a disastrous state? | Y🞏 N🞏 |  |
| 9 | Does the artifact(s) require the state entity to conduct regular training to prepare individuals on their expected tasks? | Y🞏 N🞏 |  |
| 10 | Does the artifact(s) require the state entity to conduct regular tests and exercises to identify any deficiencies and further refine the plan? | Y🞏 N🞏 |  |
| 11 | Does the artifact(s) contain procedures to restore/recover any loss of health information? | Y🞏 N🞏 |  |
| 12 | Does the artifact(s) have official review/acceptance: |  |  |
| 12a | * Effective Date?
 | Y🞏 N🞏 |  |
| 12b | * Revision Date?
 | Y🞏 N🞏 |  |
| 12c | * Authorizing Sr./Executive Management Signature?
 | Y🞏 N🞏 |  |

Title(s) of Submitted Policy/Document/Artifact(s) Reviewed:

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Stored Location of, or link to Artifact(s) Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Overall CalOHII Reviewer Comments:

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Name of CalOHII Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_

Title of or link to Other Source(s) used (e.g., sources not in checklist, templates) – *optional*:

<http://sam.dgs.ca.gov/TOC/5300.aspx>