**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? |  |  |
| 2 | Does the Technology Recovery Plan (TRP) align with the state entity’s Business Continuity Plan (BCP)?  | n/a |  |
| 2a | * Does the list of critical systems match across plans (TRP and BCP)?
 |  |  |
| 2b | * Are the dates reasonably aligned across documents (TRP and BCP)?
 |  |  |
| 3 | Does the artifact(s) identify who is responsible to implement the plan (*by name, position, etc.*)? |  |  |
| 4 | Does the artifact(s) identify and document all business functions? |  |  |
| 5 | Does the artifact(s) contain a business impact assessment or an applications and data criticality analysis to identify threats and vulnerabilities, identify preventive controls and countermeasures, and identify critical functions and systems in order to prioritize them based on necessity? |  |  |
| 6 | Does the artifact(s) identify recovery strategies to ensure systems and functions can be brought online within the stated timeframe? |  |  |
| 7 | Does the artifact(s) include procedures for how the state entity will stay functional in a disastrous state? |  |  |
| 8 | Does the artifact(s) require the state entity to conduct regular training to prepare individuals on their expected tasks? |  |  |
| 9 | Does the artifact(s) require the state entity to conduct regular tests and exercises to identify any deficiencies and further refine the plan? |  |  |
| 10 | Does the artifact(s) contain procedures to restore/recover any loss of health information? |  |  |
| 11 | Does the artifact(s) have official review/acceptance: | n/a |  |
| 11a | * Effective Date?
 |  |  |
| 11b | * Revision Date?
 |  |  |
| 11c | * Authorizing Sr./Executive Management Signature?
 |  |  |

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*: