**TOURISM MICRO, SMALL & MEDIUM**

**BUSINESS CONTINUITY PLANNING GUIDE**

The Cayman Islands Department of Tourism has developed this guide which outlines steps

that you can follow to develop your business continuity plan.

It will assist you to prepare for business disruptions such as impacts from natural disasters like hurricanes or earthquakes, crises like the COVID-19 pandemic and then how to move the business forward afterward.

*Please include as much information as possible and review it with your key employees.*

[Please place your company logo or brand style here.]

**BUSINESS PROFILE**

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| **BUSINESS NAME** |
| **PHYSICAL ADDRESS** |
|  **DISTRICT** |  **P.O. BOX** |
| **MAIN PHONE NUMBER** |  **ALTERNATIVE PHONE NUMBER** |
|  |
| **BUSINESS TYPE** |
| **WEBSITE/SOCIAL MEDIA PRESENCE** | **MOBILE NUMBER** |
| **OWNER NAME** | **OWNER CONTACT NUMBER** |
| **OWNER NAME** | **OWNER CONTACT NUMBER** |
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| **KEY EMPLOYEE NAME** | **CONTACT NUMBER** |
| **KEY EMPLOYEE NAME** | **CONTACT NUMBER** |
| **KEY EMPLOYEE NAME** | **CONTACT NUMBER** |
| **KEY EMPLOYEE NAME** | **CONTACT NUMBER** |
| **KEY EMPLOYEE NAME** | **CONTACT NUMBER** |

**KEY PRODUCTS AND/OR SERVICES**

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| What is your business? Why are you in business? |
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| What products or services do you provide? Can you get by without your full suite of products or services? |
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| How do you provide your products/services? |
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| What is your least profitable activity? |
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| What are the biggest risks to your most profitable activity? How can you reduce these risks? |
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**EMPLOYEES AND ESSENTIAL ROLES AND TASKS**

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| Who are your employees? What are their main duties? |
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| What are the essential tasks for delivering your core products and/or services? Are there any tasks that require specialist skills, qualifications or licenses? |
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| Could your business continue without some or all your employees available? |
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| Does your business rely heavily on one person for key tasks? What happens if this person is unavailable? |
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| Can others from inside or outside the business or organisation step in to complete these tasks? How would you get temporary employees at short notice, if necessary? |
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| Are there any business processes that require authority e.g. financial delegation? |
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**ESSENTIAL SUPPLIES & EQUIPMENT**

Who are your key suppliers?

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| **NAME** | **BUSINESS** | **PHONE** |
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| If you rely on your own equipment to make products, could you purchase, borrow or rent alternative equipment or premises if yours are unavailable? |
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| Could your staff use their home computers for work if business computers are unavailable? Find out who has suitable devices and internet access availability. |
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**KEY CUSTOMERS/CLIENTS**

Who are your major customers/clients?

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| Which customers/clients provide you with most of your income? |
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| What are some alternative payment options? |
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| Which customers/clients have a strong relationship with your business or organisation? How can you maintain contact with them? |
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**RELOCATION OPTIONS**

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| If you need to vacate your usual premises unexpectedly, how can you keep your business going? |
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| If you need to move, how can you best communicate with your customers/clients about your new location and from your new location? |
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**BUSINESS IMPACT ANALYSIS**

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| What parts of your business do you need to protect? |
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| What would you do if these parts of your business were not available? |
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Define the important types of impact for your business.

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| **BUSINESS IMPACTS** | **LOW IMPACT** | **MEDIUM IMPACT** | **HIGH IMPACT** |
| **FINANCIAL** |  |  |  |
| **REPUTATIONAL** |  |  |  |
| **LEGAL AND REGULATORY** |  |  |  |
| **CONTRACTUAL** |  |  |  |
| **BUSINESS OBJECTIVES** |  |  |  |

Identify all Business Activities performed by your business.

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| **BUSINESS ACTIVITY** | **DESCRIPTION** | **IMPACTS** |
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| **BUSINESS ACTIVITY** | **DESCRIPTION** | **IMPACTS** |
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**List your Key Business Activities**

**and the Resources Required for each one**

What is essential to produce or carry out these key activities, e.g. raw materials, a fully functioning website?

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| **KEY BUSINESS ACTIVITY** | **KEY STAFF** | **KEY EQUIPMENT** | **KEY TECHNOLOGY** |
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**STRATEGIES - How can you minimize any identified threats?**

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|  **KEY BUSINESS ACTIVITY** |  **STAFFING STRATEGIES** | **EQUIPMENT STRATEGIES** | **TECHNOLOGY STRATEGIES** |
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**RECOVERY OPTIONS AND STRATEGIES**

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| **RECOVERY OPTIONS** | **STRATEGY** | **KEY BUSINESS ACTIVITIES TO RESUME**  | **KEY RESOURCES** | **EXTERNAL CONTACTS** |
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**INSURANCE COVERAGE**

What type of insurance coverage do I have/need?

(business interruption, income protection, contents, life etc.)

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| **INSURANCE TYPE** | **POLICY NUMBER** | **POLICY COVERAGE/EXCLUSIONS** | **INSURANCE CO. & CONTACT INFO** | **LAST REVIEW DATE** | **PAYMENTS DUE** |
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**COVID - 19 BUSINESS RESUMPTION STRATEGY**

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| What measures do you have in place for when your business reopens? e.g. enhanced cleaning of premises, personal protective equipment for staff, customer capacity in-store management and queuing measures. |
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| What new business marketing and public relations measures have you put in place for when your business reopens? e.g. increased use of social media, different advertising channels, changes to marketing budget or target audience. |
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**EMERGENCY RESPONSE**

Copy and paste a Google map of your building, the surrounding streets, and point out building exit and assembly points.

**CONTACTS IN NEIGHBOURING BUSINESSES**

(for emergencies - fire, earthquake, vandalism, etc.)

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| **NAME** |  **BUSINESS** |  **PHONE** |
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**BE PREPARED!**