Department of Health and Human Services
Emerging Leaders Program
Class of 2007

National Institutes of Health Vital Records Program
White Paper

Prepared by:
Guillermo Avilés-Mendoza, JD (NIH)
Christina Hartman, MPH (OS)
Katie Kolor, PhD, MS (CDC)
Megan Myers, MSW (AHRQ)

Project Officer:
Peggy Sanders, NIH Records Management Officer

Project Supervisor:
Bill Gillen, Acting Director, Division of Management Services, NIH

Project Sponsor:
Suzanne Servis, Director, Office of Management Assessment, NIH

October 2006

Table of Contents

Acknowledgments

Executive Summary

Despite Executive Orders dating back to the 1950's requiring Federal agencies to have programs in place to safeguard their mission-critical records as part of emergency preparedness planning, few, if any, agencies of the Department of Health and Human Services have implemented programs to protect these vital records. The National Institutes of Health (NIH) has had vital records policy in place since 1993, administered through the Office of Management Assessment (OMA); however, to date, NIH vital records policy has not been successfully implemented agency-wide at the level of individual offices in the Office of the Director (OD), and Institutes and Centers (ICs), leaving the mission-critical functions of NIH potentially at risk in the event of an emergency or disaster.

In 1993, OMA, in a continuing effort to facilitate vital records implementation, revised and reissued NIH Policy Manual Chapter 1744 – *NIH Vital Records Program*; however, a subsequent attempt at implementing the revised policy revealed that challenges remain for the IC Records Management Officers (RMO). The definition and scope of vital records was not clear to RMOs, nor the ownership of records maintained by multiple ICs and OD offices. Additionally, over time, more records supporting critical business functions are being converted to electronic formats and are being routinely backed-up, contributing to complacency in records management in general. Given these challenges, OMA determined that additional guidance regarding establishing vital records programs and education regarding the importance of vital records programs was needed agency-wide. To address this need, OMA called upon a multi-disciplinary, multi-agency task force of Emerging Leaders to suggest revisions NIH Manual Chapter 1744 and provide guidance to NIH management in supporting the ICs and OD offices in the implementation of a comprehensive vital records program.

The task force engaged in a number of activities to become familiar with vital records and records management, as well as to understand how to best meet the needs of the NIH RMOs. Activities included researching available records management resources, participating in Vital Records training offered by the National Archives and Records Administration (NARA), interviewing key informants within NIH and at other Federal agencies with successful vital records programs, and discussing our initial ideas with the NIH RMOs at their quarterly meeting in June 2006.

Based on these activities the group determined that the most enduring contribution we could make to the Vital Records Program at NIH was to provide guidance that could be used by the IC RMOs to create vital records programs and to revise and update them as needed. In addition, we recognized that vital records programs need to occur in the greater context of emergency preparedness, and that other significant efforts are currently underway at NIH to implement a Continuity of Operations (COOP) Plan. The guidance developed facilitates the implementation of a stand-alone vital records program as well as a program that would support the NIH COOP in the event of a national emergency.

The proposed guidance consists of a "toolkit" which includes a series of five documents that provide a step-by-step outline for identifying critical functions at NIH and the vital records supporting these functions. Beyond the identification of vital records, the toolkit addresses the

other requisite functions of a vital records program including prioritization, storage, protection, availability, and documentation of vital records. The guidance documents require review by senior management officials at NIH and piloting internally before distributing them for use by the RMOs.

The five steps of the guidance toolkit are:

STEP 1. Vital Records Needs Assessment

STEP 2. Determine Agency Business Needs

STEP 3. Identify Risks and Utilize Risk Assessment Analysis to Prioritize Vital Records.

STEP 4. Identify and Evaluate Protection Strategies for Vital Records

STEP 5. Storage, Retrieval, and Fly-Away Kits

In addition to the proposed guidance, the task force recommends a four-tiered vital records implementation process under the framework of *mandate, facilitate, evaluate and update*:

Mandate: A management directive is recommended to stress the importance of vital records program implementation, and clarify roles and responsibilities.

Facilitate: Distribution of the guidance "toolkit", once it has been approved by management, as an appendix to NIH Manual Chapter 1744 is recommended to provide a framework for vital records implementation. Opportunities for training and trans-NIH collaboration should be identified by OMA.

Evaluate: Ongoing assessments by OMA of the progress of vital records program implementation and communication with the IC RMOs should continue in an effort to identify challenges, gaps and duplicative efforts, and to ensure compliance with federal regulations.

Update: Continual refinement of the vital records guidance materials, and attention to the efficiency of the vital records programs, based on information gathered through evaluation activities is recommended. Opportunities for continuing education of the NIH RMOs should be identified and facilitated by OMA.

I. Introduction

The identification and management of vital records is an essential part of a Federal agency's emergency preparedness responsibility. An agency must provide for the protection of its vital records and information that preserves evidence of the organization, functions, policies, decisions, procedures, operations, and other activities of the Government.

In the course of this project and in the preparation of this report, we have followed the National Archives and Records Administration's (NARA) lead in providing advisory, rather than regulatory, guidance in identifying vital records and creating a vital records program. While statutory requirements do exist in regard to vital records programs, Federal agency officials must use their own judgment to determine how to best implement a program within the structure of their individual agencies and centers. Further, at NIH, members of the management within each OD/IC who are familiar with the mission, goals, and activities of that particular center must lead the identification of their vital records. We have prepared guidance and provide recommendations herein to support NIH's Records Management Officers in this task, as well as to gain the support of upper management in the development of a comprehensive and viable vital records program at NIH.

I.1. Importance and Implications

Recent disasters including 9/11, Hurricane Katrina, and laboratory fires at NIH and other private research centers have renewed interest in vital records programs. Even as we were working on this project, NIH and other Federal agencies in the Washington, DC-metro area experienced a local flood emergency which damaged property, equipment, and records.

One of the many lessons highlighted by these events is the importance of being prepared for the unexpected. Regardless of the type of threat; the nature of the event; or the damage done to buildings, equipment, documents, and files, the Federal Government operates under the duty to ensure that its agencies continue to function and provide services to the public under emergency conditions and to resume normal operations afterward. In the wake of 9/11, John Carlin, United States' Archivist, reminded the heads of Federal agencies that, "It is imperative that the information needed by the Government be readily available both to assist in recovery and ensure the continuity of operations" (NARA, 2001, ¶ 2).

In many instances, the loss of information included in vital records can be more devastating to the continuation of an agency's operations than damage to or the loss of physical space or equipment which is often insured and replaceable (Saffady, 2004).

No geographic area is immune to natural disasters, and human error and sabotage are unfortunate realities in all sectors and locales. Planning for vital records management must consider all actual and potential risks that could adversely impact operations or records (NARA, 1996). Regional considerations should be taken into account when assessing an agency's risk of being affected by specific types of violent weather including hurricanes, tornados, and earthquakes. Floods from heavy rains – or a water main break – can occur anywhere. Violent wind, ice storms, and

lightning strikes can cause power outages precluding use of electronic equipment or access to electronic records.

Terrorism, civil disturbance, sabotage, and even vandalism can destroy records, as can accidents resulting from human negligence, carelessness, or senselessness. Rather than community-wide emergencies that might be caused by natural disasters, malicious and accidental destruction of records is more likely to be localized to one agency, building, or even an individual. The causes of these events may be less dramatic, but, as an ARMA publication notes, "no less catastrophic for mission-critical operations" (Saffady, 2004, p. 134). Potential threats and hazards that should be considered by records management officials are listed in Table 1.

Table 1: Potential Threats and Hazards

Natural	Technical and Mechanical	Human
Fire	Power outage/failure	Computer error
Flood	Gas leak	Lost or misfiled documents/records
Hurricane	Software failure/malfunction	Vandalism
Earthquake	Sewage failure/backup	Theft
Lightning Strike	Building structural failure	Bomb threat
Tornado, wind storm	Electrical shortage/faulty wiring	Civil disorder
Snow and ice storms	Toxic spill	Strikes
Wind	Radiation contamination	Kidnapping
Tidal wave	Loss of physical access to resources	Terrorism
Typhoon	Biological contamination	Sabotage
Mold and mildew	Train derailment/airplane crash	Loss of key personnel
Insects and rodents		Epidemic

Note: From Rike, B. (2003). Prepared or Not… That is the Vital Question. *The Information Management Journal*, May/June, p. 26.

I.2. Lack of Vital Records Programs in HHS Operating Divisions

Despite the origin of the Federal vital records program dating back to the 1950s under the continuity of Government program, few, if any, HHS operating divisions have a Vital Records Program.

The NIH Manual Chapter 1744 "NIH Vital Records Program" documents policies and procedures for a vital records program at NIH. The manual chapter was most recently revised and reissued in 2005. It includes a list of records that the OD policy issuing offices defined as Vital Records and guidance for Institutes and Centers in preparing vital records inventories. The Institutes and Centers were tasked to complete vital records inventories but were unclear as to which of their records met the definition of vital records and among those that did which fell under their responsibility. As a result, the vital records responsibilities of Institutes and Centers are not consistently documented.

It is critical that this confusion be cleared and that useful guidance be provided for the ICs so that their work and operations can continue in the event of an emergency or disaster. Specifically, there is a need to more clearly identify and distinguish what records are held and maintained by the policy issuing offices versus those held and maintained by the individual ICs. This task

involved working with the NIH policy issuing offices to review the list of vital records contained in Manual Chapter 1744, determining what documents and systems are vital to the continuing operation of NIH and its mission, and benchmarking with other Federal agencies regarding their Vital Records Programs. Some issues, such as whether lab notebooks should be included were known to have been controversial in the past, and we were encouraged to explore those issues with senior NIH officials in order to provide guidance.

I.3. Background

Preservation of vital records is a government-wide requirement imposed through a variety of laws and facilitated by NARA guidance. Vital records include records and information necessary to continue the key functions and activities of an agency, center, or office in case of an emergency or disaster; and to protect the legal and financial rights of the agency, center, or office, its employees and the public.

When President Truman signed Executive Order 10346 on April 17, 1952, the concern of interruption to normal operations was the possibility of a nuclear attack on the United States. The threats associated with the cold war created a need to prepare for a national emergency and the real possibility of an actual war. As diplomatic tensions eased and the cold war ended, the Federal vital records program turned increasingly to the continuity of operations and protection of records through natural disasters. More recently, the threat of terrorism has added yet another layer to the considerations of emergency preparedness. Regardless of the threat at the forefront in any specific era, the focus of the vital records program has been consistent since its inception. That focus has been "the continuation of Federal agency operations under national emergency conditions… and the resumption of normal agency activities at the emergency's conclusion" (NARA, 1996, p.2).

I.4. Mandates and Guidance for Vital Records Programs

As mentioned above, President Truman signed **Executive Order 10346** on April 17, 1952. This order made each Federal department and agency responsible for carrying out its essential functions in the event of an emergency.

On November 18, 1988, President Reagan signed **Executive Order 12656**. This order is the currently effective mandate defining specific functions certain agencies must continue to carry out under a national security emergency. The order charges the head of each agency with ensuring safekeeping of essential resources, facilities, and records and assigns FEMA as the lead in coordinating and implementing guidance to Federal agencies about emergency preparedness.

Executive Order 13231, signed by President Bush on October 16, 2001, requires the protection of information systems and electronic records critical for maintaining department and agency infrastructure, as well as physical assets that support these systems.

U.S. Code of Federal Regulations, **36 CFR 1236**, prescribes policies and procedures for establishing a program for vital records management. These policies and procedures require that normal operating and emergency staff responsibilities are specified and ensure that staff is informed about vital records, that vital records designation is current and complete, and that vital records and backups are protected, accessible, and immediately usable. This CFR also reiterates the responsibility of agency heads for protecting vital records and provides that the management of vital records is a part of each agency's plan for continuity of business operations in the event of an emergency or disaster.

36 CFR 1236 defines a number of terms essential in vital records programs. First, "vital records" are defined as those needed to meet operational responsibilities under emergency conditions or to protect the legal and financial rights of the Government and those affected by Government activities. These are the labeled Emergency Operating Records and Legal and Financial Records. In addition, an "emergency" is defined as "a situation or an occurrence of a serious nature, developing suddenly and unexpectedly, and demanding immediate action" (36 CFR 1236). An emergency is typically a short-term situation lasting no more than a week. A "disaster," on the other hand, is defined as "an unexpected occurrence inflicting widespread destruction and distress and having long-term adverse effects on agency operations" (36 CFR 1236). Although this distinction is important from a policy implementation perspective, both emergencies and disasters interrupt normal business and require planning, including a vital records program, in order to ensure the continuity of the agency's business (NARA, 1996).

Another CFR, **36 CFR 1222**, defines agency responsibilities regarding records management. These requirements are also a part of NIH Manual Chapter 1743 "Records Control Schedule". Agency responsibilities include: designating a records management official; integrating the agency's records management program into office operations and ensuring compliance; applying the recordkeeping and disposal instructions from the Records Control Schedule to office files; and ensuring that adequate records management training is provided to staff.

United States Circular, **44 USC 3101**, again reiterates the responsibility of agency heads to "make and preserve records containing adequate and proper documentation of the organization, functions, policies, procedures, and essential transactions of the agency to protect the legal and financial rights of the Government and of persons directly affected by the agency's activities" (44 USC 3101).

The circular also provides important definitions regarding records. Accordingly, records are "documentary material (books, papers, maps, photographs, machine readable materials, or other documentary materials) regardless of physical form or characteristics" which are "made or received by an agency of the United States Government in connection with the transaction of agency business" and are "preserved as evidence of the organization, functions, policies, decisions, procedures, operations, or other activities of the Government" (44 USC 3101).

In response to Executive Order 12656, FEMA has issued a number of Federal Preparedness Circulars. In **FPC 65**, dated June 15, 2004, FEMA provides current guidance to Federal Executive Branch departments and agencies in developing contingency plans and continuity of operations (COOP) plans, which are to include the identification and protection of vital records.

Specifically, FPC 65 provides that COOP programs facilitate the performance of agency essential functions and ensure the capability of maintaining those functions during an emergency. Further, FPC 65 requires the incorporation of vital record planning in the COOP plan and provides guidance for constructing an agency wide COOP plan that incorporates the Federal requirements for vital records programs.

I.5. Vital Records

The Department, each Operating Division, every Office and Center, along with all other public and private entities, have certain business functions that they must perform in order to sustain their operations as well as to support the mission of the organization. These operations can be characterized as "mission-critical", and vital records can be described as those records needed to support those mission-critical operations (Saffady, 2004).

Vital records are considered vital "specifically and exclusively" (Saffady, 2004, p. 124) for the information contained therein and the relationship of that information to the mission-critical operations. That is, a record's status as vital is not dependent on any of its other attributes. As with other records, vital records may include paper documents, photographs, films, or electronic media. Vital records may be originals or copies and may be active or inactive. Vital record status is also independent of the record's retention designation. Vital records need not be permanent records. In fact, some records, like personnel contact lists, may be revised and replaced frequently.

The maintenance of vital records in Government agencies is important because these records ensure continuity and consistency in operations; document official actions; document agency organization, structure, and achievements; protect records from inappropriate and unauthorized access; ensure accountability to the Administration, Congress, and the American people; and protect the legal, financial, and other rights of the Government and its citizens.

I.6. Types of Vital Records

Vital records generally fall into one of two categories. Type I are Emergency Operating Records which are those records needed to resume and continue operations during an emergency or disaster. They are also necessary for the resumption of normal operations after an emergency. In selecting the records to be categorized as Emergency Operating Records, it is important to keep in mind that the individuals using these records during an emergency may not be the same people who normally use them.

Type I: Emergency Operating Records include, but are not limited to:
- Emergency plan, Delegation of authority, Telephone tree
- Building plans
- System manuals (including "how-to" for restoring backups and resuming systems)
- File plans and records locations

- Vital records inventories, equipment inventories, operating center access credentials, restricted access documentation
- Responsibility chart/staffing assignments with contact information
- Records unique to the organization regarding public health and safety protections and maintenance of order
- Fly-Away Kit or other portable protection scheme

Vital records falling under Type II are Legal and Financial Rights Records which are needed to re-create legal and financial operations, as well as to safeguard the interests of the organizations, its employees, and its clients.

Type II: Legal and Financial Rights Records include, but are not limited to:
- Accounts receivable and documentation of receivables
- Accounts payable and documentation of obligations
- Social Security, payroll, retirement, and insurance records
- Land titles, leases, contracts
- Intellectual property and patent records, licensing and compliance records, and irreplaceable materials supporting their application
- Research and product development plans
- System plans
- Mission-related plans (Strategic plans and priorities, project plans)
- Backup systems and access information
- Other research-related documents (Unpublished findings, lab notebooks, or the equivalent)

I.7. Vital Records versus Important Records

When asked to identify vital records, staff will typically list every document they use because they place a high value on the information they utilize and would not want to lose any of it (Saffady, 2004). Much of the information included in these documents, while important, is not vital to either emergency operations or legal or financial rights. Further, the cost and complexity of ensuring the availability of every document produced by an agency or center would be prohibitive. In order to make a vital records inventory manageable and useful in an emergency, it is essential to distinguish between important records and truly vital records.

At NIH, important records support the business operations of the Office or Center and may be central to specific tasks, but their loss will not stop mission-critical operations. Resulting delays or confusion may hinder the OD/IC's work, but mission-critical business operations will be able to continue. Also, although not without considerable time, inconvenience, and/or expense, important records are usually replaceable. Records that are truly vital, by contrast, are essential for mission-critical, business operation and are irreplaceable. That is, their contents cannot be recreated, and the operations they support cannot be performed without them (Saffady, 2004).

Records managers in each OD/IC must help both managers and staff to distinguish vital records from important ones. Most (50 to 75 percent) records used by any organization are "useful". Far fewer (15 to 25 percent) may be considered "important", but only three to seven percent should be classified as vital (see Figure 1). Records managers must also differentiate among records that are vital to the Department, the Agency, and the individual OD/IC.

Figure 1: Records Value Scale
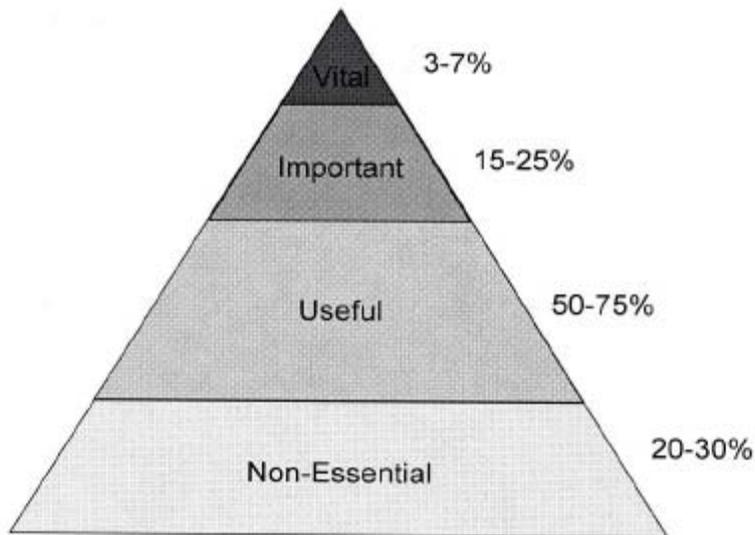
Note: From NARA. (2006). Vital Records: Participant Guide. May, p. 1-9.

I.8. Vital Records Programs

Mirroring the two types of vital records, a vital records program should do two basic things. First, the program should provide an agency with the information it needs to conduct its business under other than normal operating conditions and to resume normal business afterward. Second, the program enables agency officials to identify and protect the most important records relating to the legal and financial rights of the agency and those directly affected by the agency's actions.

First, an organization's vital records must be identified. Further, potential threats and risks to the buildings and equipment where normal business is conducted and these records are stored must be assessed. Off-site storage and a retrieval process must be established.

During a disaster or national emergency declared by the President, the vital records program operates as a part of the Continuity of Operations Plan (COOP). There are, however, many more common, localized emergencies (a building fire or power failure, for example) that would necessitate access to and the use of vital records. Therefore, a comprehensive vital records program must also stand alone in order to ensure the least interruption to business as well as to limit the adverse consequences to its mission-critical operations and its stakeholders following the emergency.

I.9. Description of Project Assignment

The original goal of this project was "To evaluate and improve the specificity and utility of the NIH Vital Records Program." Our task was to "Revise NIH Manual Chapter 1744 to provide guidance to facilitate the identification of vital records and systems held and maintained by the Office of the Director (OD) policy issuing offices versus the Institutes and Centers (ICs)." We believe the guidance we are providing meets these goals and objectives.

As we consulted NARA materials, attended their Vital Records training course, researched existing Federal vital records programs, and interviewed key informants at NIH and other agencies, we learned that we were not in a position to actually identify the vital records that needed to be maintained by each OD/IC. With the support of our supervisor, we narrowed our focus to the development of guidance materials and recommendations to support those in the appropriate position within each OD/IC in the identification and maintenance of their vital records inventory.

II. Making the Case for a Vital Records Program at NIH

The National Institutes of Health (NIH) mission statement describes the NIH as "the steward of medical and behavioral research for the Nation" (NIH, 2006a, ¶ 7). In FY2006, the NIH received in excess of $27 billion in Congressional appropriations, and currently employs over 18,000 people in support of its mission (NIH, 2006a). Good stewardship relies not only on developing and implementing a strategic vision that is responsive to stakeholder interests, but also on protecting the resources entrusted to the agency against threats, both predictable and unforeseen. One weapon in the armament against threats, such as disasters or emergencies, is a comprehensive vital records program to support continuation or resumption of mission-critical functions, and to protect the legal and financial rights of NIH, its employees and the public. "A vital records program is a set of policies and procedures for systematic, comprehensive, and economical control of adverse consequences" (Saffady, 2004). Although the NIH has had vital records policy in place since 1993, the agency, similar to other HHS agencies, currently does not have a vital records program implemented agency-wide.

The NIH Roadmap Initiative announced by NIH Director Dr. Elias Zerhouni in 2003 was "purposefully focused on efforts that no single or small group of institutes or centers could or should conduct on its own, but that NIH as a whole must address to ensure both efficient and effective discovery" (p. 63). While the Roadmap Initiative focuses on scientific discovery, the development and implementation of a trans-NIH Vital Records Program not only reflects the collaborative philosophy of the Roadmap Initiative, but also could act as a safeguard that the NIH mission, to be realized in part through the Roadmap Initiative, will carry on in the face of emergency or disaster. Moreover, two of the criteria used to determine the primary initiatives of the NIH Roadmap — "Can the NIH afford not to do it?" and "Will the initiative be compelling to NIH stakeholders, especially the public?" (Zerhouni, 2003, p. 63) — would certainly support the need for a trans-NIH Vital Records Program if applied to business systems. NIH stakeholders have a reasonable expectation, under the legal concept of "standard of care", that the agency will

safeguard essential records (Saffady, 2004). Standard of care, or "the degree of care that a reasonable person would exercise to prevent injury to another" (Saffady, 2004, p. 125), is a familiar concept to NIH as a leading biomedical research agency.

II.1. History of the NIH Vital Records Program

While 44 U.S.C 3101 places ultimate responsibility for records preparation and preservation with the head of the agency, the administration of the NIH Vital Records Program is delegated to the NIH Division of Management Support, Office of Management Assessment (OMA), Office of Management, as indicated in their functional statement:

> "The OMA Division of Management Support: Directs and implements a broad range of NIH management programs—including regulations, records management, the Privacy Act, NIH delegations of authority…" (NIH, 2006b, ¶ 1)

The NIH Records Management Officer (RMO) is responsible for *oversight* of the NIH Vital Records Program and assists the RMOs in the Office of the Director (OD) and Institutes and Centers (ICs) in *implementation* of vital records programs to support their individual missions as well as the agency mission. Official policy on vital records program implementation was published in 1993, in the form of NIH Policy Manual Chapter 1744 – *NIH Vital Records Program*, which has since gone through two rounds of revisions in 2004 and 2005. Chapter 1744 includes statements of purpose and policy, supporting references including federal regulations, relevant definitions, designated responsibilities for program implementation, and guidance for procedures, records retention and disposal, and management controls. Appendices to the chapter provide examples, but not exhaustive lists, of emergency operating records and legal and financial rights records (NIH, 2005a), as well as a web link to NIH Form 2805 *Inventory of Vital Records* which is the approved form of documentation for vital records (NIH, 2005b).

The reissue of Chapter 1744 in 2005 by the NIH RMO preceded a trial implementation of the policy across NIH ICs. This implementation was halted by the NIH RMO after significant difficulties were reported by the ICs in defining vital records, assigning responsibility for specific records at the IC or OD level, and completing the vital records inventory form. Additionally, there was a sense that safeguarding vital records was not a priority because of the growing reliance on information technology, and the expectation that records would be backed-up electronically, so no further protective action was needed. Given these concerns, NIH OMA determined that additional guidance regarding establishing vital records programs and education regarding the importance of vital records programs was needed agency-wide, prior to attempting vital records implementation.

II.2. Challenges of Implementing an NIH Vital Records Program

NIH is a complex agency, composed of the Office of the Director (OD), and 27 Institutes and Centers (ICs) (Appendix A). The OD is further subdivided into 47 Offices and 9 Divisions, and each IC is also composed of smaller units of Divisions and Offices. While NIH "earned its

reputation for success because of the vitality of its institutes, centers, and offices and because of the diverse ways in which it funds and conducts research—all fostered by decentralization inherent to its organization and funding streams" (Zerhouni, 2003, p. 63), this decentralization presents a challenge for implementing agency-wide policy such as for vital records.

A trans-NIH vital records program must meet the challenge of supporting critical functions in diverse NIH work environments, including office, wet and dry laboratory, patient care, and animal care settings (Hubbard, 2002).

Geographic realities also present a challenge for agency-wide policy implementation. NIH is headquartered in Bethesda, MD, with several satellite campuses in the surrounding area, including facilities in Rockville, Maryland; the NCI Frederick Cancer Research and Development Center (FCRDC) in Frederick, MD; and the National Institute on Aging's Gerontology Research Center and the Division of Intramural Research of the National Institutes on Drug Abuse, both in Baltimore. The National Institute of Environmental Health Sciences' main facility is located in Research Triangle Park (RTP), NC, and the National Institute of Allergy and Infectious Diseases' Rocky Mountain Laboratories is in Hamilton, MT. Laboratory research is also conducted at other field units across the country and abroad (NIH, n.d.a). Geographic challenges affect NIH as a whole but also individual ICs. For example, the National Cancer Institute occupies dispersed facilities including several NIH main campus buildings, the Executive Boulevard campus, and the aforementioned Frederick facility (Hubbard, 2002).

Economic disparities across NIH ICs also contribute to difficulties in implementing one-size fits all policy. For example, in FY2006, the appropriations for the National Human Genome Research Institute were about one tenth that of the National Cancer Institute (Appendix B). Similar disparities in personnel available to implement policies also present challenges.

A final challenge to the implementation of an agency-wide vital records program at NIH is the lack of a foundational records management program. In the absence of a standardized practice for records management, it becomes very difficult to select vital records for preservation, and to exclude all of the records designated as merely "important". Without the reassurance of good records management practices of important records, the tendency might be to maintain these non-vital records as part of the vital records program.

II.3. Facilitators to Implementing an NIH Vital Records Program

Despite the challenges in implementing an agency-wide vital records program at NIH, there are important facilitators that merit discussion. First, although each IC typically has only a single individual designated as the records management officer, there are 47 unique individuals listed as records management officer points of contact on the OMA website (NIH, 2006d). The records management officers across the NIH OD and ICs could pool their resources toward the common goal of identifying vital records. The NIH RMO currently facilitates interactions among the IC RMOs through quarterly meetings. These meetings would be an excellent forum to begin collaborative discussions around vital records. Another facilitator to consider is the self-interest

of the employees to preserve the legacy of their agency, as well as their own legal and financial rights and safety during a disaster or emergency.

Perhaps the most important facilitators toward implementing a vital records program at NIH are two concurrent activities now underway at NIH: an NIH-wide risk assessment and management effort, and the development of the NIH Continuity of Operations Plan (COOP), both of which will rely heavily on the identification of vital records.

NIH Risk Assessment and Management
In July 2006, the NIH Director announced that "new OMB requirements are expanding the responsibility for more effective management of risks" (Zerhouni, 2006, ¶ 1), and that there is a need for an "NIH-wide risk assessment to identify and prioritize risks and to develop a plan to address them" (Zerhouni, 2006, ¶ 4). to enhance the agency's "ability to ensure the overall efficiency, effectiveness, accountability, and integrity of [the work of the agency]" (Zerhouni, 2006, ¶ 1). An outside contractor has been employed to support the risk assessment with oversight by NIH OMA. The process of risk assessment and management will inform the identification, prioritization, and protection of vital records needed to prevent or mitigate the identified risks; that is, an effective vital records program functions as an insurance policy against identified risks. Risk assessment and vital records program implementation should be carried out in concert to avoid duplication of efforts.

COOP plan development
According the NIH Crisis Mitigation Plan, "the NIH COOP plan is the plan that is activated to ensure that the mission and critical functions of the NIH are not jeopardized during an emergency event and, if impacted, they are made operational during this phase of operations" (Magers, 2005, p. 2). A vital records program must support different levels of COOP event categories from those limited to a room, floor, level, or section of a building to those affecting the entire NIH Bethesda campus, and requiring activation of the NIH Emergency Relocation Site (Magers, 2005).

Identification of vital records to support emergency operations under a COOP plan should be done in consultation with the key players in COOP plan execution including, the NIH Division of Emergency Preparedness and Coordination which leads all COOP operations, the NIH Disaster Recovery Coordinator, NIH responders (e.g., the Incident Commander), the senior Management Coordinator, the Senior Management Group, and the nine Emergency Support Teams (ESTs) (Magers, 2005):

- Administrative Support Team
- Animal Resources Team
- Clinical Center Team
- Facilities Team
- Information Technology Team
- Logistics Team
- Public Information Team
- Public Safety Team
- Safety Team (p. 3)

It is important to note that while NIH provides response and recovery support during an emergency or disaster, each IC and the OD is responsible for their own critical operations and employees. Crisis Response Teams are in the process of being formed to safeguard the IC and OD operations (NIH, 2005c). Consultation with the CRT, and the IC/OD Emergency Coordinator who heads the CRT, will be essential for the identification of the necessary emergency operating vital records.

Once completed, the NIH COOP plan will include an appendix with all ICs listed individually with their respective mission statement, organizational structure, and vital records and databases list. Coordination of vital records implementation with COOP plan development could benefit from the broad expertise among the many players, and duplication of efforts can be avoided.

II.4. Options for Implementing a Vital Records Program

There exists a significant body of guidance regarding the implementation of records management programs, in general, and vital records programs in particular, although much of the guidance is derivative. The National Archives Records Administration (NARA), publishes many records management resources, in particular the *Vital Records and Records Disaster Mitigation and Recovery: An Instructional Guide* (1996), and offers training opportunities, such as their Vital Records course. Several international organizations specialize in records management guidance including ARMA International and National Association of Government Archives and Records Administrators (NAGARA). ARMA International developed a national standard entitled *Vital Records Programs: Identifying, Managing, and Recovering Business-Critical Functions* (2003) which is approved by the American National Standards Institute (ANSI). ARMA International also publishes *The Information Management Journal* and several books on records management. The NAGARA website includes links to a number of national and international records management program websites including the New York State Archives website which includes the publication, *Preparing for the Worst: Managing Records Disasters* (The University of the State of New York, 2004), which discusses vital records in the context of risk assessment and includes many informative appendices on risk assessment and management.

Additional resources for general records management guidance include two records management standards published by the International Organization for Standardization: ISO 15489-1:2001 *Information and documentation - Records management - Part 1: General*; and ISO/TR 15489-2:2001 *Information and documentation - Records management - Part 2: Guidelines*. Another international resource of interest is the *Designing and Implementing Record Keeping Systems (DIRKS) Manual* developed by the National Archives of Australia (2003), which is a comprehensive guide to managing business information. In addition to the vital records-specific guidance in NIH Manual Chapter 1744, NIH provides general guidance on records management in the form of NIH Manual Chapters 1743 *Keeping and Destroying Records* (NIH, 2001) and 1742 *Transfer, Withdrawal and Destruction of Records at the Washington National Records Center* (NIH, 2004).

Several government agencies post vital records program guidance on the agency websites including the Environmental Protection Agency (2006), the Department of Agriculture (2004), and the Department of the Interior (1998). Specific records inventories for the agencies are not included in the guidance, however, because this information is generally considered sensitive. Fairly detailed guidance on records management in the context of disaster planning is also posted by the University of Missouri (2006).

In general terms, the components of a vital records program include (Saffady, 2004):

- Management endorsement and coordination with emergency planning activities
- Identification of vital records
- Risk analysis to determine the extent of threat(s) to records
- Identification of appropriate record protection measures
- Training, implementation and compliance assessment/auditing

A vital records program is ideally just one part of a comprehensive records management program. In the absence of a comprehensive records management program, vital records can be identified by undertaking a targeted identification of only those records considered to support critical NIH functions; that is, those records needed for emergency operations and protection of legal and financial rights of the agency. We considered three options for the implementation of an NIH Vital Records Program:

1. Full-scale implementation of a comprehensive records management program at NIH including vital records.
A comprehensive records management program preserves documentary material made or received by NIH in connection with the transaction of agency business as evidence of the organization, functions, policies, decisions, procedures, and operations or other activities (Sanders, 2006), and specifically (Sanders, 2006):

- Ensures continuity and consistency in administration;
- Documents official actions and the agency's organization, structure and achievements;
- Protects records from inappropriate or unauthorized access;
- Ensures accountability to the Administration, Congress, and the American people; and
- Protects the legal, financial, and other rights of the Government and its citizens. (slide 6)

A comprehensive records management program can help protect the agency from willful and unlawful destruction, damage, or removal of federal records, which carries criminal penalties if intent is demonstrated (18 U.S.C. 2071). Combining vital records program implementation with a comprehensive records inventory would help to minimize duplication of effort as well as the tendency to apply a broad definition of vital records to ensure that even non-critical, but important records, are protected. Full-scale implementation of a comprehensive records management program including vital records at NIH, while certainly recommended in the long term, is not conducive to a rapid implementation a vital records program.

2. One-time implementation of vital records program at NIH
NIH Chapter 1744 specifies that implementation of a vital records program at the IC level includes (NIH, 2005a):

- Identifying all emergency operating records within their IC that are necessary to support the continued functioning or reconstitution of their IC during and after an emergency.
- Identifying all legal and financial rights records within their IC that are essential for the preservation of legal rights and interests of individual citizens and the Federal Government.
- Ensuring that the vital records are properly labeled, packaged, and transferred to the off-site storage location (as described in NIH Manual Chapter 1742).
- Maintaining a catalog of all vital records that have been forwarded to the off-site storage location.
- Reviewing annually their IC vital records to ensure that vital records are maintained and updated. (p. 3-4)

Given the shared responsibility for some agency functions between the NIH ICs and OD, the identification of vital records at the IC level first requires consultation with most relevant NIH OD offices to identify the vital records supporting shared functions for which each are responsible. Each IC and OD office must also identify vital records supporting unique critical functions. An approach that we considered to assist the OD and ICs in this process was to conduct a one-time effort through consultation with individual OD policy offices and ICs to facilitate the identification of vital records in support of OD/IC shared and unique critical functions. Given the enormity of the task due to the size and complexity of the agency, this approach was rejected because it was not reasonable to complete the consultation process for all of NIH in the allotted timeframe for the project. Additionally, a one-time effort, while addressing immediate concerns, does not put into place a framework for continual implementation and refinement of the NIH vital records program. Our goal was to contribute to the development of a sustainable process that would hopefully continue to support NIH vital records policy implementation long after our direct involvement ended.

3. Development of guidance for sustainable vital records program implementation and refinement
The group agreed that new guidance materials, based on a synthesis of the knowledge collectively gained about vital records program implementation, through self-study, formal training, and key informant interviews, would be an achievable goal and a valuable resource for the NIH OD and ICs to use going forward to establish their vital records programs in compliance with Chapter 1744 and refine them over time.

III. Development of Proposed NIH Vital Records Implementation Guidance

III.1. Vital Records NARA training

The task force attended an all-day NARA's training entitled: "Vital Records, Disaster Preparedness and Recovery". The training provided the task force with the skills and knowledge required to identify, protect, and make readily available the vital records needed to support the resumption for critical business functions after a disaster, and establish and administer a vital records program. The Vital Records NARA training was the platform for developing the proposed implementation guidance. The task force is thankful to the Office of Management Assessment, NIH for sponsoring this valuable training at NARA.

III.2. Models from Other Government Agencies

Review of Vital Records Programs in other U.S. Federal Agencies
Research was conducted at other federal agencies in an effort to identify best practices for the formulations of a vital records program.

Web base search was conducted utilizing the publicly available search engine and the search engines of each federal agencies web site. The search was performed for the words "vital records" and "vital records program".

What follows is a description of the federal agencies that we identified as made reference to a vital records program. Points of Contacts some of agencies are listed below.

Agency	Name of POC	Contact Information
U. S. Department of Agriculture	Colleen Snyder	colleen.snyder@usda.gov
U.S. Environmental Protection Agency	Billy Eason	Eason.billy@epa.gov
U.S. Environmental Protection Agency	Jacqueline Brown	Brown.jacqueline@epa.gov
U.S. Department of Energy	Sharon Evelin	sharon.evelin@hq.doe.gov
U.S. Agency for International Development	Cynthia Staples	cstaples@usaid.gov

U. S. Department of Agriculture (USDA)

USDA's Directive
The USDA issued in 2004 a department wide Directive (3080-001) that reminded senior officials of their responsibilities for the creation, maintenance, use, and disposition of all records and other documentary materials throughout USDA in compliance with Title 44 USC Chapters 21, 29, 31, and 33, and Title 36 CFR (USDA, 2004).

USDA's Vital Records policy guidance
The USDA updated the policies and procedures overseen records management in October 2005. Guidance 251.8 oversees the roles of employees responsible for records management, and USDA policy guidance 251.8M established the guidelines for the creation, maintenance and dispositions of records (USDA, 2005a, 2005b).

USDA's Research Agency
The Agricultural Research Service (ARS) is the principal in-house research agency of the USDA and the NIH should outreach ARS to obtain in-depth detail for the best practices of a vital records program in a research-based institution (USDA 2006).

U.S. Environmental Protection Agency (EPA)

EPA's Vital records Web site
The web-portal for records management Records web-portal is a model to follow, as it is simple and to the point (EPA, 2006b). With the tabs for: a) Policy and Guidance; b) Laws and Statutes; c) Schedules; d) Tools; e) Related links and f) Glossary.

EPA's Directive
In 2004 the EPA- promulgated departmental order 2160.1 that established the policies for identification and protection of "records and information necessary for EPA to continue its key functions and activities in the event of an emergency or disaster." (EPA, 2004) This Vital Records Order clearly describes among other things: a) anticipated outcomes/results; b) performance measures; and 3) roles and responsibilities. The Vital Records Order provides the administrative law reinforcement for the application of the vital records program in the agency.

EPA's Vital Records Program Toolkit
The EPA provides the employees with vital records tool kit entitled: "Developing and Maintaining a Vital Records Program Guidance Chapters" (EPA, 2005). The policy tool-kit is divided in 6 chapters:

    Chapter 1:   Vital Records Program Administration
    Chapter 2:   Vital Records Identification
    Chapter 3:   Vital Records protection
    Chapter 4:   Vital Records Mitigation Plan
    Chapter 5:   Disaster Recovery and Salvage
    Chapter 6:   Training, Testing and Validating the Plan

Each Chapter of the EPA vital records tool-kit has clear steps that assist the identification and protection the vital records. EPA's policy toolkit is a model to follow and the NIH and HHS as a whole will benefit from a direct collaboration with the EPA in the sharing of best practices for the establishment a web-based user-friendly policy tool-kit.

EPA's - 5-Step Vital Record Plan for Offices (EPA, 2006c)
The EPA also has developed a set of 5 steps that provide records managers with office guidance as to how to establish a vital records program. The Steps are:
1. Identify your office's vital records.
2. Prepare an inventory of vital records.
3. Determine how the records will be protected
4. Designate an offsite storage location.
5. Protect the records

EPA's Management of Records of Departing Officials
Ensuring that Records by departing employees are properly located is a priority for the EPA. On January 2005 the EPA issued memorandum to senior officials and Presidential appointees where they were reminded of federal record keeping requirements for maintaining and disposing of the records they created (EPA, 2005b).

U.S. Department of Energy (DOE)

Informational session was carried out with the DOE. The DOE" records management official shared the best practices as to the establishment of a successful vital records program and kindly provided a copy of DOE Vital Records Program Directive (DOE, 2006). The DOE, similar to the EPA and USDA, enacted an administrative order for the establishment of the policies, responsibilities, and requirements for a Vital Records Program. DOE's Order was enacted on February 2006 and applies to all employees and contractors.

U.S. Agency for International Development- U.S. State Department (USAID)

USAID's vital records program was revised on July 2006 (USAID, 2006). USAID's vital records program purpose is described as: "to ensure that in the event of an emergency, USAID has in place the appropriate emergency operating records to assist the Continuity of Operations Program (COOP) during the emergency and the necessary rights and interests records to rebuild afterwards" (USAID, 2006). The USAID also provides a one-page informational instrument entitled: Vital Records Most Frequently Asked Questions (USAID, 2006b).

USAID's vital records program identified emergency operating and rights and interests offices and required that each office designates a vital records liaison officer (VRLO). Emergency Operating offices are those offices that immediately mobilize in the event that a COOP is activated. Emergency operating and rights and interests offices are required to file every year the vital records inventory of their respective vital records and a the transmittal of vital records for safe storage.

The USAID vital records inventory forms are included in Appendix E (USAID, 2006). USAID inventory form is similar to NIH Form 2805; however, the USAID form provides columns summarizing information that the NIH form currently is missing. The USAID form provides information on the office location, frequency of records dispatch and depository maintenance and disposition instructions.

Other Identified Federal Agencies with Vital Records Programs

- Department of Interior (DOI, 1998)
- National Oceanic and Atmospheric Administration, U.S. Department of Commerce (NOAA, 2005)

III.3. Informational Interviews with Key Informants

Series of informational session where conducted at OD offices and ICs. The key informant interviews provided valuable information for the generation of recommendations as to how to improve the identification of vital records at each OD office and ICs. In summary, the informational sessions provided insight of critical role of CIT in the back-up system of each of the OD offices and ICs. Moreover, a common denominator was the need for upper management directive reinforcing the OD offices and IC's Directors responsibilities to the NIH vital records program.

The Division of Emergency Preparedness and Coordination (DEPC) at the NIH coordinate COOP operations for the Agency. As stated above, the Federal Executive Branch provides guidance on effective continuity planning in Federal Preparedness Circular – 65, Federal Executive Branch Continuity of Operations (COOP) (FEMA, 2004*).* FPC- 65 oversees vital records and identifies 11 elements for the establishment of an effective viable vital records program (FEMA, 2004). In its efforts for full compliance with FPC-65, the DEPC works in conjunction with NIH's Records Management Official to ensure the synchronization between the COOP and the Vital Records Program reflects an inventory that is updated and contains the 11 elements listed FPC-65. In an event of an emergency the lead point of contact for the DEPC is responsible for all COOP activities. As explained earlier, NIH Crisis Mitigation Plan is a set of emergency response procedures for the activation and implementation of the NIH COOP plan. When an emergency event occur the severity of the incident will determine a partial or full activation of the NIH COOP Plan. DEPC leads the logistical collaboration with the NIH Records Management Officer in the identification and retrieval of the vital records during and after an emergency incident. From our informational interviews we realized that the NIH is in route to synchronizing the emergency operating records.

The task force conducted interviews with offices managing legal and financial rights vital records. Although an inventory of the vital records was provided, some of the interviewees had no filing plans and saw no need for vital records program.

III.4. Quarterly Stakeholder Meeting with NIH Records Management Officers

On June 22, 2006 the task force outreached the main stakeholders in the implementation of the vital records program, namely the RMOs. The RMOs where briefed on our role in the revision and invited them to actively participate in the processes. The RMOs where provided were asked to identified the challenges and barriers in the identification and overall implementation of the vital records program. The task force provided a Power Point presentation where the goals of the project were share with the implementation stakeholders. Moreover, 4 handouts were distributed at the stakeholders meeting. Appendix C compiles all the materials distributed at the stakeholders meeting.

Based on these activities the task force determined that the most enduring contribution we could make to the Vital Records Program at NIH was to provide guidance that could be used by the IC RMOs to create vital records programs and to revise and update them as needed. In addition, we recognized that vital records programs need to occur in the greater context of emergency preparedness, and that other significant efforts are currently underway at NIH to implement a Continuity of Operations (COOP) Plan. The guidance developed facilitates the implementation of a stand-alone vital records program as well as a program that would support the NIH COOP in the event of a national emergency.

IV. Proposed Guidance to Facilitate NIH Vital Records Program Implementation

At the Records Management Officer's quarterly meeting the RMOs expressed interest in having tangible guidance and worksheets to assist them in the process of identifying the vital records held by their Offices and Centers. It was clear that background information on vital records and support in the inventory process was needed in order to address the challenges that caused the previous attempt at vital records policy implementation to be unsuccessful. In response to this identified need, the task force prepared a series of concise guidance documents to assist NIH senior management and the RMOs in implementing vital records policy across NIH. Together, these documents make up a vital records guidance "toolkit", and are designed to provide step-by-step assistance in implementing a functional vital records program at NIH.

The proposed guidance toolkit is based on lessons learned by the task force through NARA Vital Records training, research, key informant interviews, and discussion with our project supervisor, and NIH RMO, Peggy Sanders. The toolkit expands on Saffady's (2004) description of the identification of vital records as a multi-step process: "First, mission-critical operations must be determined, then records essential to those operations must be identified" (p. 128), and includes the requisite components of identification, prioritization, storage, protection, availability, and documentation of vital records.

ARMA International and the American National Standards Institute (ANSI) state that a vital records program should be "developed in conjunction with the organization's records management program and implemented in cooperating with the organization's emergency response planning team" (ARMA International/ANSI, 2003, p. 3). As such, the guidance is intended for the NIH RMOs to use in their individual OD offices and ICs, in conjunction with

the NIH Records Management Officer and the Office of Management Assessment (OMA) as well as the NIH COOP coordinator.

IV.1. Description of the Vital Records Guidance Toolkit

The Guidance Toolkit (Appendix D) includes five one- or two-page documents outlining the steps toward creating a comprehensive vital records program. The toolkit is designed for initial implementation of a vital records program which would involve the completion of all five steps, as well as annual updating, which would require only the completion of those steps that are necessary to keep the program in compliance with NIH policy. We propose that the toolkit be made available from the Office of Management Assessment (OMA) as an appendix to a revised NIH Manual Chapter 1744 – *NIH Vital Records Program*, as presented in Appendix D of this document. The following is a brief overview of the five guidance steps.

STEP 1. Vital Records Needs Assessment. For this assessment, it is necessary to engage management and other key stakeholders in the process of outlining critical operational and legal functions of the Office or Center. The process of stakeholder engagement requires educating stakeholders on the importance and scope of a vital records program, and eliciting the necessary information on critical functions by asking the right questions in the right way. For example, instead of asking a stakeholder to identify records to support emergency operations and legal and financial rights, it might be more productive to inquire as to the impact on the agency as a whole if the office were rendered inoperable due to an emergency. Then, based on the impact to the agency, if any, critical functions and vital records to support those functions could be identified.

Additional resources for investigating operational and legal functions should also be considered, such as authorizing legislation, regulations, internal directives, mission statements, recordkeeping statutory requirements, and COOP plan critical function statements. Organizational charts can be used to organize and map critical functions across the agency and for individual OD offices and ICs. Policies and procedures already in place for recordkeeping should be identified and reviewed to determine if they meet the needs of a vital records inventory and program. Step 1 is a useful tool to complete on an annual basis to document whether vital records needs, including the identification, storage, protection, and documentation of vital records, are met by current recordkeeping practices, or if additional steps are needed.

STEP 2. Determine Agency Business Needs. A business impact assessment is a process that determines the effects on the NIH should a disaster or emergency occur, identifies critical functions of the Office or Center, and identifies vital records supporting these functions. In developing a business impact assessment, it is important to seek guidance from senior management, policy analysts, program managers, and others with perspective on essential functions of the Department, Agency, and Office or Center. A workflow analysis should also be completed to identify examine the process by which critical functions are performed and to identify interdependencies among business functions. After the business impact assessment is complete, the services that have been identified should be ranked to prioritize the restoration sequence of critical functions. Vital Records planning efforts should be focused on the services

ranked highest in relation to the mission and business-critical services of each Office or Center. The records supporting those services are the vital records.

STEP 3. Identify Risks and Utilize Risk Assessment Analysis to Prioritize Vital Records. Once vital records have been identified using the business impact assessment in Step 2, risks to the maintenance of these records must be considered. In performing a risk assessment, the location and format of the vital records, the vulnerable areas in record storage, and areas restricted for security and access should be identified. Risks as well as the likelihood of each risk to the vital records in these particular forms and in these particular locations should be identified and prioritized. The costs associated with the loss or recreation of the records should also be considered.

Risk assessment can be a qualitative or quantitative process. To strike a balance between quantitative assessment which can require significant time, effort and cost for a complete analysis, and qualitative assessment which may present challenges for developing a prioritization scheme, the proposed guidance offers a semi-quantitative process for prioritizing vital records based on identified risk.

STEP 4. Identify and Evaluate Protection Strategies for Vital Records. A variety of protection strategies exist for preserving vital records. These options must be considered and a determination must be made as to which documents will be safeguarded in which way. Original records must be duplicated. Vital records must be stored and retained. The resulting plan for protecting the vital records should be tested through illustrative exercises and evaluated for effectiveness and efficiency.

STEP 5. Storage, Retrieval, and Fly-Away Kits. Storage options, including selecting a location for off-site storage of vital records, must be considered. A vital records schedule with an inventory including a description of the records, their storage locations, cycling of the records, protection instructions, and methods of protection for each record must be created. Procedures for accessing the vital records during and after an emergency should be developed and tested.

IV.2. Limitations of the Guidance Toolkit

The Guidance Toolkit is offered as a useful supplement to the expertise of the NIH RMOs, but not as a substitute. Although the Toolkit is provided as an aid to the development of a functional vital records program at NIH, NARA serves as the Federal government's voice of expertise on vital records and records management. The task force was greatly informed by the NARA *Vital Records* training course, and recommends that NIH management require that all NIH RMOs complete this training. The NARA course on vital records is an important training tool that provides context and importance to the responsibility of the RMOs. The guidance toolkit, although heavily based on the NARA training materials, is not designed to be a comprehensive consideration of vital records, nor a substitute for the information and materials provided by the NARA training course.

It should be noted that the Guidance Toolkit has not yet been reviewed by NIH senior management or records management officials at NIH. This review is necessary prior to dissemination of the Toolkit.

Further, the usefulness of the Guidance Toolkit has also not been evaluated. The proposed guidance, while based on trusted vital records resources, is untested, and likely to be refined over time by persons knowledgeable in records management at the agency and IC level. Prior to using the Toolkit to assist in the compilation of a vital records inventory, a working group of RMOs should review the Toolkit, and select ICs should be targeted to pilot it. The group had hoped to seek input on the Toolkit during a quarterly meeting of the NIH RMOs, and pursue pilot testing with the National Cancer Institute (NCI), but due to time constraints of the project, were unable to do so.

IV.3. Beyond the Guidance Toolkit: the Need for a Management Directive

Similar to NIH OMA, the Department of Energy (DOE) Records Management Policy Evaluation Office is responsible for policy, guidance, and evaluation of records management. The responsibilities of these offices do not include implementation; however, at DOE, a directive was issued explicitly informing all offices that the RMOs are responsible for implementation and requiring those individuals to attend NARA training. A similar directive, issued by the NIH OD, could be helpful in jumpstarting the process of implementing a vital records program at NIH. The establishment of a comprehensive vital records inventory and the development of a vital records program could be accelerated if there were an agency directive reaffirming that the responsibility for implementation was with each individual IC Director and RMO. In part, this might facilitate a solution to the lab notebook issue, as each RMO would be responsible for deciding whether lab notebooks are vital records in their individual Institute or Center.

V. Task Force Recommendations to the Office of Management Assessment Toward Implementing a trans-NIH Vital Records Program

Mandate ~ Facilitate ~ Evaluate ~ Update

- Mandate
  - Seek management directive to reinforce importance of and RMO responsibility in implementing vital records policy
  - Garner management support by developing a cogent plan for vital records program implementation, through broad consultation, that is consistent with agency objectives and makes a case for the provision of adequate resources of personnel and funding.

- Facilitate
  - Provide a framework for vital records program implementation by including the guidance materials described herein as an appendix to Chapter *1744 NIH Vital Records Program*, once they have been refined and approved for distribution
  - Engage RMOs in refining the guidance materials described herein by soliciting their input and through pilot implementation activities
  - Facilitate trans-NIH collaboration among ICs and OD for vital records program implementation, COOP planning, and risk assessment and management, through working groups and other means
  - Coordinate the development of a revised NIH Vital Records Inventory Form with the proposed COOP plan vital records inventory form
  - Implement a trans-NIH Vital Records Program in stages, starting with the identification of vital records at the OD level, then ICs
  - Provide training opportunities in Vital Records Program management, including NARA Vital Records training for all NIH RMOs
  - Provide vital records guidance materials on the OMA website

- Evaluate
  - Conduct annual assessments of vital records programs, including comparisons of vital records inventories across NIH, to look for gaps and redundancies
  - Conduct periodic audits to confirm compliance with federal regulations

- Update
  - Continually refine the NIH Vital Records Program and proposed guidance toolkit based on evaluation activities and feedback from records management officers
  - Provide refresher training opportunities in vital records program management

References

ARMA International/American National Standards Institute [ANSI]. 2003. *Vital Records: Identifying, Managing, and Recovering Business-Critical Records*.

Federal Preparedness Circular 65. (2004). Federal Emergency Management Agency.

Hubbard, K. (personal communication, July 26, 2002).

Magers, B. (personal communication, May 2005). *April 2005 DRAFT - NIH Crisis Mitigation Plan*.

The National Archives and Records Administration [NARA]. 1996. *NARA Vital Records and Records Disaster Mitigation and Recovery: An Instructional Guide*.

The National Archives of Australia. 2003. *DIRKS: A Strategic Approach to Managing Business Information*. Retrieved September 26, 2006, from http://www.naa.gov.au/recordkeeping/ dirks/dirksman/pdf_contents.html.

National Institutes of Health. (n.d.a). *Questions and Answers about NIH*. Retrieved September 26, 2006, from http://www.nih.gov/about/Faqs.htm.

National Institutes of Health. (n.d.b) *NIH Organizational Chart*. Retrieved September 26, 2006, from http://www1.od.nih.gov/oma/manualchapters/management/1123/nih.pdf.

National Institutes of Health. 2001. *NIH Policy Manual 1743 – Keeping and Destroying Records*. Retrieved October 1, 2006, from http://www1.od.nih.gov/oma/manualchapters/ management/1743/1743.pdf#search=%22nih%201743%22.

National Institutes of Health. 2004. *NIH Policy Manual 1742 – Transfer, Withdrawal and Destruction of Records at the Washington National Records Center*. Retrieved October 1, 2006, from http://www1.od.nih.gov/oma/manualchapters/management/1742/ 1742.pdf#search=%22nih%20manual%201742%22.

National Institutes of Health. 2005a. *NIH Policy Manual 1744 – NIH Vital Records Program*. Retrieved September 26, 2006, from http://www1.od.nih.gov/oma/manualchapters/ management/1744/1744.pdf#search=%22chapter%201744%22.

National Institutes of Health. 2005b. *NIH Form 2805 Inventory of Vital Records*. Retrieved September 26, 2006, from http://forms.nih.gov/adobe/misc/NH2805.PDF.

National Institutes of Health. 2006a. *About NIH*. Retrieved September 26, 2006, from http://www.nih.gov/about/.

National Institutes of Health. 2006b. *Division of Management Support*. Retrieved September 26, 2006, from http://oma.od.nih.gov/ms/dms.html.

National Institutes of Health. 2006c. *NIH FY2006 Appropriation by Institute and Center*. Retrieved September 26, 2006, from http://officeofbudget.od.nih.gov/ui Final%20by%20IC%20with%2018%20PHSSEF%20Added%20to%20Total.pdf.

National Institutes of Health. 2006d. *NIH Office of Management Assessment: Points of Contact Records Management Officers*. Retrieved September 26, 2006, from http://oma.od.nih.gov/about/contact/browse.asp?fa_id=2.

National Oceanic and Atmospheric Administration. 2005. *The NOAA Vital records Liaison's Guide*. Retrieved September 28, from http://www.corporateservices.noaa.gov/~ames/Vital_Records/vitalrecords_guide.html.

Rike, B. (2003). Prepared or Not… That is the Vital Question. *The Information Management Journal*, May/June, p. 26.

Saffady, W. (2004) Vital Records. In ARMA International, *Records and Information Management*.

Sanders, P. 2006. *Records Management Overview Presentation*. Retrieved October 1, 2006, from http://execsec.od.nih.gov/reports/RM%20tng%206-17-03.ppt#1.

United States Circular 18, Section 2071: Concealment, removal, or mutilation generally.

U.S. Agency for International Development. 2006a. *Vital Records Program*. Retrieved September 28, from U.S. Agency for International Development Web site, http://www.usaid.gov/policy/ads/500/511.pdf#search=%22vital%20records%20program%22.

U.S. Agency for International Development. 2006b. *Vital Records Most Frequently Asked Questions*. Retrieved September 28, from U.S. Agency for International Development Web site, http://www.usaid.gov/policy/ads/500/511saa.pdf.

U.S. Department of Agriculture. 2004. *Departmental Regulation: Records Management*. Retrieved September 26, 2006, from http://www.ocio.usda.gov/directives/doc/ DR3080-001.htm.

U. S. Department of Agriculture. 2005. *Policies and Procedures 251.8*. Retrieved September 25, 2006, from U. S. Department of Agriculture Web site http://www.afm.ars.usda.gov/ppweb/pdf/251-08.pdf.

U. S. Department of Agriculture. 2006. *Agricultural Research Service*. Retrieved September 25, 2006, from U. S. Department of Agriculture Web site, http://www.ars.usda.gov/main/main.htm.

U. S. Department of Energy. 2006. *Vital Records Directive*. Retrieved September 25, 2006, from
U. S. Department of Energy Web site,
http://www.directives.doe.gov/pdfs/doe/doetext/neword/243/o2432.pdf.

U.S. Department of Homeland Security- Federal Emergency Management Agency- *Federal Preparedness Circular – 65, Federal Executive Branch Continuity of Operations (FPC-65)*. Retrieved September 29, 2006, from Federal Emergency Management Agency Web site, http://www.fema.gov/txt/government/coop/fpc65_0604.txt. Relevant text: "COOP is defined as the activities of individual departments and agencies and their sub-components to ensure that their essential functions are performed. This includes plans and procedures that delineate essential functions; specify succession to office and the emergency delegation of authority; provide for the safekeeping of vital records and databases; identify alternate operating facilities; provide for interoperable communications; and validate the capability through tests, training, and exercises. All Federal agencies, regardless of location, shall have in place a viable COOP capability to ensure continued performance of essential functions from alternate operating sites during any emergency or situation that may disrupt normal operations."

U.S. Department of Interior. 1998. *Chapter 6: Vital Records Program, Department Manual Part 380: Records Management*. Retrieved September 27, 2006, from U. S. Department of Interior Web site, http://elips.doi.gov/elips/release/3199.htm.

U. S. Environmental Protection Agency. 2004. *Vital Records Order*. Retrieved September 25, 2006, from U. S. Environmental Protection Agency Web site, http://www.epa.gov/records/policy/2160_1/index.htm.

U. S. Environmental Protection Agency. 2005. *Records of Departing Officials*. Retrieved September 29, 2006, from U. S. Environmental Protection Agency Web site, http://www.epa.gov/records/policy/depart-memo.htm.

U.S. Environmental Protection Agency. 2006a. *Developing and Maintaining a Vital Records Program*. Retrieved September 26, 2006, from http://www.epa.gov/records/tools/ toolkits/vital/index.htm.

U. S. Environmental Protection Agency. 2006b. *Records web-portal*. Retrieved September 25, 2006, from U. S. Environmental Protection Agency Web site, http://www.epa.gov/records/index.htm.

U. S. Environmental Protection Agency. 2006c. *Protecting your Records A 5--Step Vital Record Plan for Your Office*. Retrieved September 25, 2006, from U. S. Environmental Protection Agency Web site, http://www.epa.gov/records/tools/vital.htm.

U.S. Title 36, Code of Federal Regulations, Chapter XII, Part 1236: Management of Vital Records.

The University of Missouri. 2006. *Records Management: Disaster Prevention/Recovery*. Retrieved September 26, 2006, from http://www.umsystem.edu/ums/departments/ fa/management/records/disaster/.

The University of the State of New York. 2004. *Preparing for the Worst: Managing Records Disaster*s. Retrieved September 26, 2006, from http://www.archives.nysed.gov/ altformats/ServicesGovRecs/ns_mgr_pub82.pdf.

Zerhouni, E. (2003). *The NIH Roadmap*. Science, 302(5642), pp. 63-72.

Zerhouni, E. (e-mail communication to all NIH employees, July 18, 2006). *Protecting the NIH Mission Through Risk Management*.

Appendices

Appendix A

NIH Organizational Chart

National Institutes of Health

Immediate Office of the Director (HNA)

Office of the Director Staff Offices:
Office of Extramural Research (HNA3)
Office of Intramural Research (HNA4)
Office of Management/Chief Financial Officer (HNAM)
Office of Science Policy (HNA6)
Office of Communications and Public Liaison (HNA8)
Office of Equal Opportunity and Diversity Management (HNAD)
Office of Program Coordination (HNAN)
Office of Legislative Policy and Analysis (HNAQ)
Executive Office (HNAR)
Office of the Ombudsman/Ctr. for Cooperative Resolution (HNAS)
NIH Ethics Office (HNAT)
Office of Portfolio Analysis and Strategic Initiatives (HNAU)
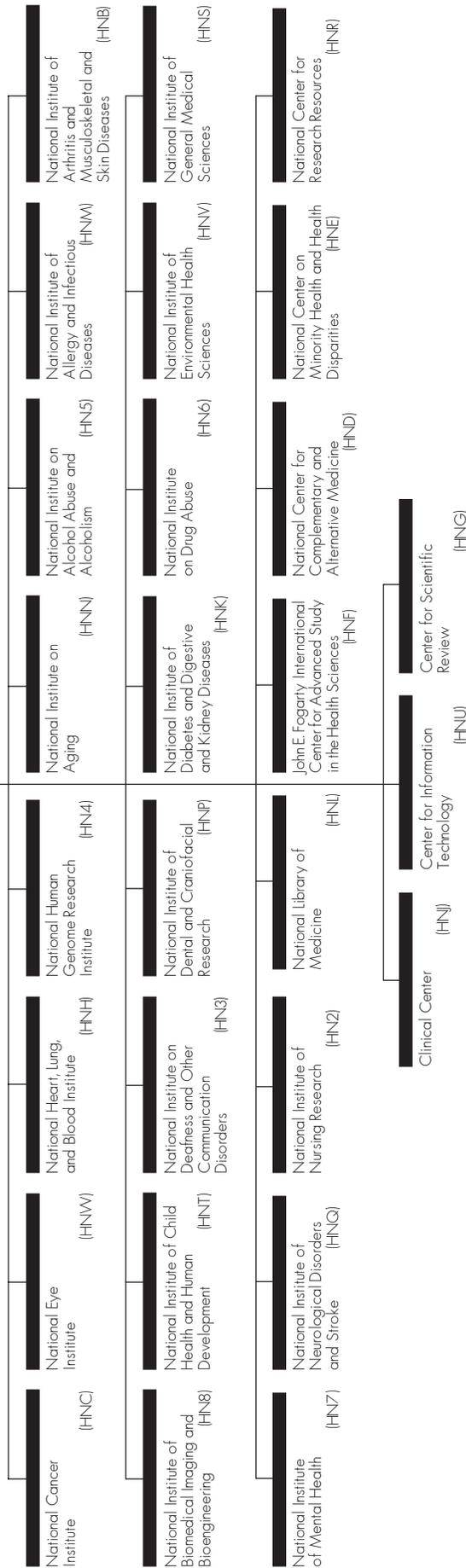
Office of the Director Program Offices:
Office of Research on Women's Health (HNAG)
Office of AIDS Research (HNA5)
Office of Behavioral and Social Sciences Research (HNAH)
Office of Disease Prevention (HNA2)

National Cancer Institute (HNC)

National Eye Institute (HNW)

National Heart, Lung, and Blood Institute (HNH)

National Human Genome Research Institute (HN4)

National Institute on Aging (HNN)

National Institute on Alcohol Abuse and Alcoholism (HN5)

National Institute of Allergy and Infectious Diseases (HNM)

National Institute of Arthritis and Musculoskeletal and Skin Diseases (HNB)

National Institute of Biomedical Imaging and Bioengineering (HN8)

National Institute of Child Health and Human Development (HNT)

National Institute on Deafness and Other Communication Disorders (HN3)

National Institute of Dental and Craniofacial Research (HNP)

National Institute of Diabetes and Digestive and Kidney Diseases (HNK)

National Institute on Drug Abuse (HN6)

National Institute of Environmental Health Sciences (HNV)

National Institute of General Medical Sciences (HNS)

National Institute of Mental Health (HN7)

National Institute of Neurological Disorders and Stroke (HNQ)

National Institute of Nursing Research (HN2)

National Library of Medicine (HNL)

John E. Fogarty International Center for Advanced Study in the Health Sciences (HNF)

National Center for Complementary and Alternative Medicine (HND)

National Center on Minority Health and Health Disparities (HNE)

National Center for Research Resources (HNR)

Clinical Center (HNJ)

Center for Information Technology (HNU)

Center for Scientific Review (HNG)

The Mission of the National Institutes of Health is science in pursuit of knowledge to improve human health. This means pursuing science to expand fundamental knowledge about the nature and behavior of living systems; to apply that knowledge to extend the health of human lives; and to reduce the burdens resulting from disease and disability.

The National Institutes of Health seeks to accomplish its mission by:

• Fostering fundamental discoveries, innovative research, and their applications in order to advance the Nation's capacity to protect and improve health;

• Developing, maintaining, and renewing the human and physical resources that are vital to ensure the Nation's capability to prevent disease, improve health, and enhance quality of life;

• Expanding the knowledge base in biomedical, behavioral, and associated sciences order to enhance America's economic well-being and ensure a continued high return on the public investment in research; and

• Exemplifying and promoting the highest level of scientific integrity, public accountability, and social responsibility in the conduct of science.

Note: Retrieved September 26, 2006, from http://www1.od.nih.gov/oma/manualchapters/management/1123/nih.pdf.

Appendix B

NIH FY2006 Appropriation by Institute and Center

National Institutes of Health
FY2006 Appropriation by Institute and Center
Includes 1% Government-Wide Rescission (P.L. 109-148)

($ in thousands)

	FY2006		
	Conference, Gross	1% Across-the-board	Conference, Net
NCI	4,841,774	-48,418	4,793,356
NHLBI	2,951,270	-29,513	2,921,757
NIDCR	393,269	-3,933	389,336
NIDDK 1/	1,872,146	-17,221	1,854,925
NINDS	1,550,260	-15,503	1,534,757
NIAID	4,459,395	-44,594	4,414,801
NIGMS	1,955,170	-19,552	1,935,618
NICHD	1,277,544	-12,775	1,264,769
NEI	673,491	-6,735	666,756
NIEHS	647,608	-6,476	641,132
NIA	1,057,203	-10,572	1,046,631
NIAMS	513,063	-5,131	507,932
NIDCD	397,432	-3,974	393,458
NIMH	1,417,692	-14,177	1,403,515
NIDA	1,010,130	-10,101	1,000,029
NIAAA	440,333	-4,403	435,930
NINR	138,729	-1,387	137,342
NHGRI	490,959	-4,910	486,049
NIBIB	299,808	-2,998	296,810
NCRR	1,110,203	-11,102	1,099,101
NCCAM	122,692	-1,227	121,465
NCMHD	197,379	-1,974	195,405
FIC	67,048	-670	66,378
NLM	318,091	-3,181	314,910
OD	482,895	-4,829	478,066
B&F	81,900	-819	81,081
Subtotal, NIH/Labor/HHS	**28,767,484**	**-286,175**	**28,481,309**
Superfund 2/	79,907	-799	79,108
NLM Program Evaluation	8,200	0	8,200
PHSSEF	0	0	18,000
Total, NIH Program Level	**28,855,591**	**-286,974**	**28,586,617**

1/ Includes $150M for Type 1 Diabetes

2/ Gross Conference includes Dept.of Interior rescission of -382k.

4/18/2006

Note: From NIH. 2006. *NIH FY2006 Appropriation by Institute and Center*. Retrieved September 26, 2006, from http://officeofbudget.od.nih.gov/ui/Final%20by%20IC%20with%2018%20PHSSEF%20Added%20to%20Total.pdf.

Appendix C

Vital Records Presentation and Handouts
Meeting of NIH Records Management Officials
June 28, 2006

prepared by:

The NIH Vital Records Task Force
of the HHS Emerging Leaders Program

NIH Vital Records

A Presentation for the Records Management Officials

June 28, 2006

Guillermo Aviles-Mendoza, JD
Christina M. Hartman, MPH
Katherine Kolor, Ph.D, MS
Megan Myers, MSW
Keya Sau, Ph.D, Sc.M

1

Introduction

2

Who we are

3

What we are doing

- Goal: To evaluate and improve the specificity and utility of the NIH Vital Records Program.

- Process: Build upon existing Vital Records Programs to inform a clearer, more useful Program at NIH.

- Importance

4

Final Product

- Revised NIH Manual Chapter 1744 including:
- Suggestions for refining the list of vital records and systems that are maintained by the OD Policy Offices,
- Suggestions for a refined list of vital records and systems that the ICs are responsible for maintaining, and
- Identification/Recommendation of back-up/off-site storage for NIH vital records.

5

NIH VITAL RECORDS PROGRAM
manual chapter 1744 revision

- **Vital Records: Important Facts, Definitions, and Legal Requirements**
- **The Mandate for Vital Records Management**
    Executive Order 12656
    Executive Order 13231
- **Guidance for Vital Records Management**
    36 CFR 1236.20
    FEMA Preparedness Circular 65

6

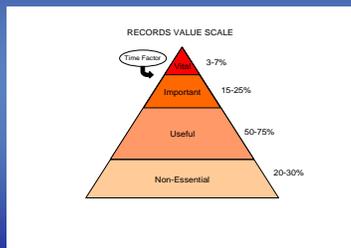## Vital Records Definitions and Categorization: Type, Tier, and Class

7

Types of Vital Records

- **Type I: Emergency Operating Records**
- **Type II: Legal and Financial Rights Records**

8

Note: VR generally account for only 3-7% of an agency's records.

RECORDS VALUE SCALE

Time Factor — Vital 3-7%
Important 15-25%
Useful 50-75%
Non-Essential 20-30%

9

Use a Tier System to Organize and Plan VR Inventories and Access Plans

The Tier System:
- Tier 1: Records immediately needed in an emergency
- Tier 2: Records needed during an emergency
- Records need to resume critical functions once you return to your office
- Tier 3: Records needed to resume critical functions off-site

10

Use a Class System to Prioritize and Establish Timeframes for Accessing VR

The Class System:
- Class A: Records essential for emergency operations
- Class B: Records essential for immediate resumption and continuation of essential functions after the emergency phase
- Class C: Records essential for legal and audit purposes

11

Continuity of Operations (COOP)

- Congress' Intent vs. Interpretive Viewpoint
- Enterprise architecture: resolving conflict between disparate systems
- Collaborative process
- Redundant data needed to enable reconstitution
- Importance of having an index
- Importance of document control

12

Challenges and Barriers

13

Reported Challenges and Barriers of Completing the Vital Records Inventory

- Lack of awareness of NIH records management policy
- Lack of clarity in defining Records and Vital Records
- Lack of clarity in determining the "Owner" of Records (IC vs. OD)
- Lack of clarity on how to complete NIH Form 2805
- Lack of urgency/importance of Vital Records program (e.g., reliance on IT)

14

Reported Strategies/Suggestions to Overcome Barriers and Challenges

- Incorporate the NIH records management PowerPoint presentation into an educational presentation to IC leadership
- Consider including examples on NIH form 2805
- Meet with program and office heads to discuss Vital Records in their areas
- Create a records management web page on the IC intranet and send the link out to all IC employees

15

Additional Opportunities for Feedback

You can give us your feedback by:

- Participating in discussion during today's meeting
- Submitting written comments to us at the end of the meeting
- Contacting us directly by e-mail

16

Identifying, Organizing, Storing, and Managing Vital Records

We propose a 5-step process for developing preliminary vital records program:

- Step 1. Identify critical business needs and functions.
- Step 2. Perform Business Impact Assessment to identify vital records.
- Step 3. Identify risks and utilize Risk Assessment Analysis to prioritize Vital Records.
- Step 4. Identify and evaluate protection strategies.
- Step 5. Develop Vital Records storage, retrieval, and responsibilities plan.

17

Future Tasks (Guidance to follow)

- Develop protocols, directives, manuals and forms for restricting access to VR and securing protected information in VR during:
  - Dispersal
  - Cycling
  - Storage
  - During and after an emergency
- Integrate VR plan with requirements of FEMA, OPM, DHS, OPHEP, CRM, and COOP plans and issuances
- Incorporate VR into each emergency operations plan (COOP, CRM)
- Coordinate VR contacts and chain of command for each office with CRM/COOP-designated officials

18

Question and Answer Session and Discussion

- Description of the interviews
- Our plans to conduct further interviews and detail
- Outcomes from interviews we've had to date

19

Discussion on outcomes of request for barriers and challenges

20

DHHS Emerging Leaders- National Institutes of Health Vital Records Task Force

NIH VITAL RECORDS PROGRAM
MANUAL CHAPTER 1744 REVISION

WHO WE ARE

A multidisciplinary group of Emerging Leaders tasked to assist NIH in revising the Vital Records Program.

Guillermo Avilés-Mendoza, JD
g.aviles-mendoza@hhs.gov

Christina Hartman, MPH
christina.hartman@hhs.gov

Katie Kolor, PhD, MS
kkolor@cdc.gov

Megan Myers, MSW
megan.myers@hhs.gov

Keya Sau, PhD, ScM
keya.sau@hhs.gov

WHAT WE ARE DOING

Goal: To evaluate and improve the specificity and utility of the NIH Vital Records Program.

- Identify and distinguish records held and maintained by the policy issuing offices versus the ICs.
- Review the current list of vital records in Manual Chapter 1744 and determine whether or not the list needs to be more specific.

Process: Build upon existing Vital Records Programs to inform a clearer, more useful Program at NIH.

- Stakeholder outreach.
- Review of Vital Records Programs of other Federal agencies.

IMPORTANCE

Recent disasters including 9/11, Hurricane Katrina, and recent NIH laboratory fires have renewed interest in Vital Records Programs.

Despite the origin of the Federal vital records program dating back to the 1950s under the continuity of Government program, few, if any, HHS operating divisions have a Vital Records Program.

Currently, in FPC 65, dated June 15, 2004, FEMA provides guidance to Federal Executive Branch departments and agencies in developing continuity of operations (COOP) plans, which are to include the identification and protection of vital records.

A Vital Records Program should do two basic things. First, the program provides an agency with the information it needs to conduct its business under other than normal operating conditions and to resume normal business afterward. Second, the program enables agency officials to identify and protect the most important records relating to the legal and financial rights of the agency and those parties directly affected by the agency's actions.

The cost and complexity of ensuring the availability of every document produced by an IC would be prohibitive. Therefore, it is critical that the specific documents needed during and after an emergency be identified. In selecting the records to be categorized as "Emergency Operating Records", it is important to keep in mind that the individuals using these records during an emergency may not be the same people who normally use them.

The NIH Manual Chapter 1744 "NIH Vital Records Program" was revised and re-issued in 2005. It included a list of records that the OD policy issuing offices defined as vital records. The ICs were tasked to complete the Vital Records Inventory but were unclear as to which records fell under their responsibility.

It is critical that this confusion be cleared and that useful guidance be provided for the ICs so that their work and operations can continue in the event of an emergency or disaster.

FINAL PRODUCT

Revised NIH Manual Chapter 1744 including:
- Suggestions for refining the list of vital records and systems maintained by the OD Policy Offices and those that the ICs are responsible for maintaining and
- Identification/Recommendation of back-up/off-site storage for NIH vital records.

DHHS Emerging Leaders- National Institutes of Health Vital Records Task Force

NIH VITAL RECORDS PROGRAM
MANUAL CHAPTER 1744 REVISION

Vital Records: Important Facts, Definitions, and Legal Requirements

Purpose: The identification and management of vital records is an essential part of the Federal agency's emergency preparedness responsibility. An agency must provide for the protection of its records and information to preserve as evidence of the organization, functions, policies, decisions, procedures, operations, or other activities of the Government or because of the informational value of the data in them.

References:

The Federal Records Act, Definition of Records, 44 U.S.C. 3301
Code of Federal Regulations, Definition and Rational for Protection of Vital Records, 36 1236.14
NARA Vital Records Training Course Materials

The Mandate for Vital Records Management

Executive Order 12656
- Defines specific functions certain agencies must continue to carry out under a national security emergency
- Charges the head of each agency with ensuring safekeeping of essential resources, facilities and records

Executive Order 13231
- Requires protection of information systems and electronic records for critical infrastructure as well as physical assets that support these systems

Guidance for Vital Records Management

36 CFR 1236.20
Prescribes policies and procedures for establishing a program for VR management
- Requires specification of staff responsibilities
- Ensures that staff are informed of vital records
- Ensures that VR designation is current and complete
- Ensures that VR and backups are protected, accessible, and immediately usable

FEMA Preparedeness Circular 65
Provides guidance for use in developing contingency plans and COOP programs
NOTE: COOP programs facilitate the performance of agency essential functions during an emergency
- COOP plans ensure capability to maintain essential agency functions
- FPC 65 requires the incorporation of VR planning in the COOP plan
- FPC 65 provides guidance on constructing a COOP plan that incorporates requirements for VR

NARA Vital Records Training Course and other Specialized and Tailored Courses
- www.archives.gov/records-mgmt/training/

Vital Records Categories

Types of Vital Records:

Type I: Emergency Operating Records
Records needed to resume and continue operating during an emergency or disaster
Records required for resumption of operations after an emergency

- Emergency plan, Delegation of Authority and Telephone Tree
- Building plans
- System manuals (include how-to's for restoring backups and resuming systems ops)
- File plans and records locations
- Vital records inventories, equipment inventories, operating center access credentials, restricted access documentation
- Responsibility chart/staffing assignments with contact information
- Records unique to the organization regarding public health and safety protections and maintenance of order
- Fly-Away Kit or other protection and portability scheme

Type II: Legal and Financial Rights Records
Records need to re-create legal and financial operations and safeguard the interests of the organization, its employees, and its clientele

- Accounts receivable and documentation of receivables
- Accounts payable and documentation of obligations
- Social Security, payroll and retirement records, insurance records
- Land titles, leases, contracts
- Intellectual property and patent records, licensing and compliance records, and irreplaceable materials supporting applications for these
- Research and product development plans
- Systems plans
- Mission-related plans: strategic plans and priorities, project plans
- Backup systems for these and info for accessing them
- Other research-related documents: unpublished findings, lab notebooks (or equivalent)

RECORDS VALUE SCALE

Time Factor

Vital — 3-7%

Important — 15-25%

Useful — 50-75%

Non-Essential — 20-30%
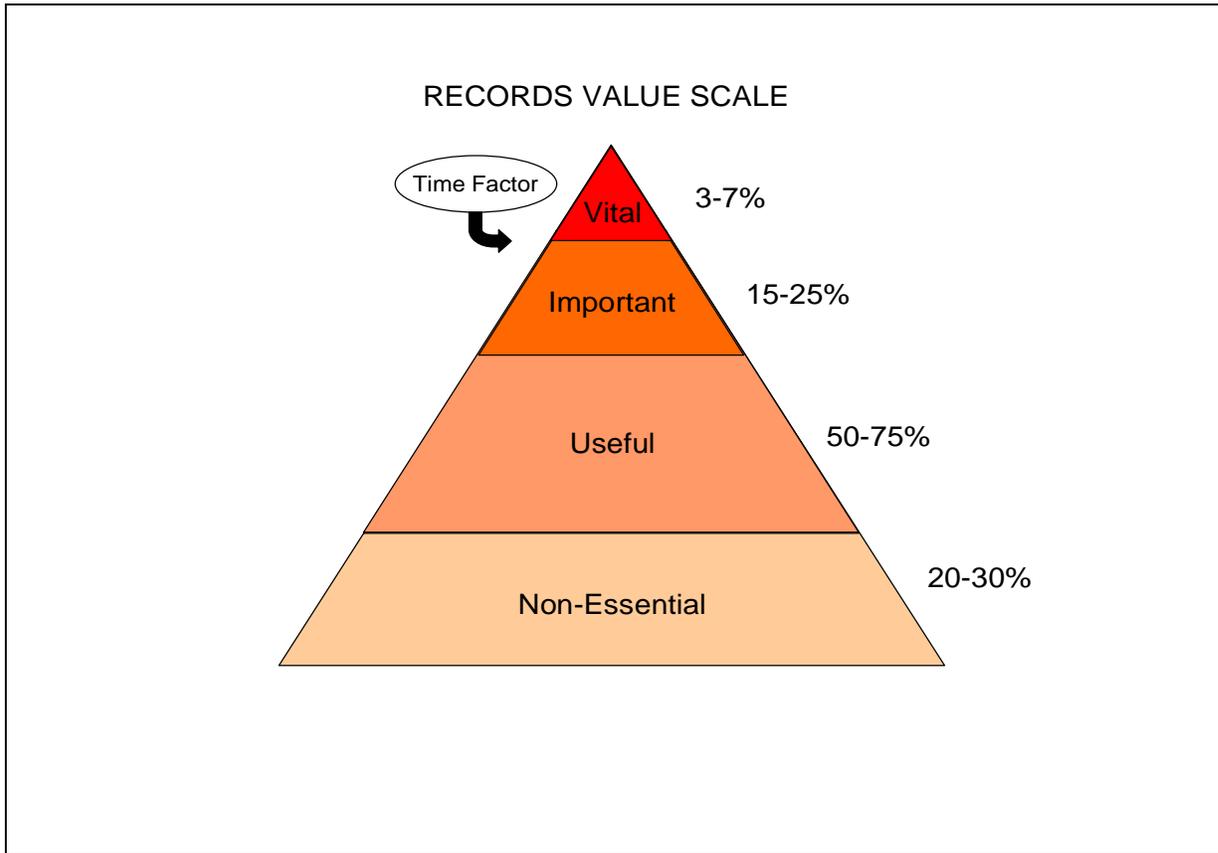
Note: VR generally account for only 3-7% of an agency's records.

DHHS Emerging Leaders- National Institutes of Health Vital Records Task Force

NIH VITAL RECORDS PROGRAM
MANUAL CHAPTER 1744 REVISION

Purpose: to help remove barriers and provide the means for you to meet the challenges in identifying Vital Records and in developing a Vital Records Management plan.

Identifying, Organizing, Storing, and Managing Vital Records

We propose a 5-step process for developing a preliminary vital records program:

Step 1. Identify critical business needs and functions.
Step 2. Perform Business Impact Assessment to identify vital records.
Step 3. Identify risks and utilize Risk Assessment Analysis to prioritize Vital Records.
Step 4. Identify and evaluate protection strategies.
Step 5. Develop Vital Records storage, retrieval, and responsibilities plan.

Step 1. Identify critical business needs and functions.
Determine essential functions that must continue to be performed under emergency conditions and steps to resume operations following the emergency

Analyze and prioritize your agency/IC's mission
1. Analyze agency and Dept statements, internal directives, laws, regulations, and Executive Orders pertaining to your agency's mission
2. Assess the purpose of Bureau (mission and Dept statements)
3. Identify major functions (consult agency recordkeeping policies and procedures)
4. How critical is the function (consult COOP plan critical function statements)?
5. What are statutory requirements?
6. What is the program responsibility?
7. What functions' records are primarily backed up elsewhere?

Step 2. Perform Business Impact Assessment to identify vital records.
1. Identify critical services, systems, projects and functions and responsible staff.
   a. Consult current inventories, file plans and agency records retention schedules
   b. Consult senior management, policy analysts, program managers, etc.
2. Perform a workflow analysis to gather information on key dependencies.
3. Rank services, systems, projects, and functions by importance to mission and responsibilities.
4. Present to ranking management w/advice on priority setting and focus planning on "Priority One" items.

Step 3. Identify risks and utilize Risk Assessment Analysis to prioritize Vital Records.
1. Identify risks to organization and records
2. Assign impact and likelihood ratings for each risk (requires cost assessment)
3. Identify protection strategies from impact of risk
4. Assess likelihood of prevention/detection/protection (requires cost assessment)
5. Document risks w/Risk Identification and Analysis Worksheet
6. Designate risks to accept, mitigate, prevent, or transfer
7. Designate backup method, storage media and location and accessibility for each record without accepted risk

Step 4. Identify and evaluate protection strategies.
Mitigate, prevent or transfer each risk to records.
1. Priority consideration
2. Format and location considerations
3. Cost/benefit considerations
4. Timeframe for need, accessibility, availability

Step 5. Develop Vital Records storage, retrieval, and responsibilities plan.
1. Use the Tier System to designate the timeframe for records availability (see Appendix)
2. Use the Class System to determine storage based on Type of Vital Record (see Appendix)
    a. Secure facility accessible 24-hours a day by appropriate officials
    b. Climate-controlled and fire-protected
    c. Cost
    d. Location
    e. Meets standards of NARA regulations (36 CFR 1228.156)
3. Consider format/ media (microfilm and paper records can be used immediately)
4. Set routine for cycling records
5. Develop a Vital Records Schedule with
    a. Descriptions
    b. Locations
    c. Protection Instructions, and
    d. Methods of Protection for each record
6. Develop procedures for the use of VR during an emergency
7. Document policies, authorities, responsibilities and procedures in directives or procedure manuals (Manual Chapter 1744, COOP, and Crisis Mitigation Plan)
8. Train staff and test procedures to prepare for emergency situations
9. Develop Fly Away Kits that include:
    a. COOP Plan
    b. Delegations of authority
    c. Media procedures
    d. Emergency telephone lists
    e. Vital records plan
    f. Passwords, access codes

       g. Emergency passes
       h. Directions to a "hot" site

Future Tasks (Guidance to follow)

1. Develop protocols, directives, manuals and forms for:
   a. restricting access to VR
   b. securing protected information in VR
   during all phases of the VR plan (dispersal, cycling, storage, access).
2. Coordinate VR contacts and chain of command for each office with CRM/COOP-designated officials
3. Incorporate requirements of FEMA, OPM, CRM, and COOP plans and issuances into VR plan
4. Integrate VR into each emergency operations plan (COOP, CRM)

Question and Answer Session and Discussion

Appendix

Use a Tier System to Organize and Plan VR Inventories and Access Plans

The Tier System:

Tier 1: Records immediately needed in an emergency
Tier 2: Records needed during an emergency
        Records need to resume critical functions once you return to your office
Tier 3: Records needed to resume critical functions off-site

Use a Class System to Prioritize and Establish Timeframes for Accessing VR

The Class System:

Class A: Records essential for emergency operations
Class B: Records essential for immediate resumption and continuation of essential functions after the emergency phase
Class C: Records essential for legal and audit purposes

DHHS Emerging Leaders- National Institutes of Health Vital Records Task Force

NIH VITAL RECORDS PROGRAM
MANUAL CHAPTER **1744** REVISION

NIH Vital Records Inventory Challenges and Barriers Summary

The revised NIH Vital Records Inventory process which was initiated in 2005 was halted by the Office of Management Assessment due to significant challenges reported by the IC Records Liaisons in completing NIH Form 2805 *Inventory of Vital Records*. To begin to assess these challenges, and to engage the Records Liaisons in the process of addressing the challenges, an email request for challenges and barriers was sent to the Records Liaisons on June 7, 2006. The responses that were received are summarized below.

Reported Challenges and Barriers of Completing the Vital Records Inventory

□ Lack of awareness of NIH vital records management policy

□ Lack of clarity in defining Records and Vital Records

□ Lack of clarity in determining the "Owner" of Records (IC vs. OD)

□ Lack of clarity on how to complete NIH Form 2805

□ Lack of urgency/importance of Vital Records program (e.g., reliance on IT)

Reported Strategies/Suggestions to Overcome Barriers and Challenges

□ Incorporate the NIH records management PowerPoint presentation into an educational presentation to IC leadership

□ Consider including examples on NIH Form 2805

□ Meet with program and office heads to discuss Vital Records in their areas

□ Create a records management web page on the IC intranet and send the link out to all IC employees

Additional Opportunities for Feedback

If you experienced challenges other than those listed above while attempting to complete the Vital Records inventory, and/or if you used other strategies to overcome the challenges that you experienced, we want to hear from you!

You can give us your feedback by:

□ Participating in the discussion during today's meeting
□ Submitting written comments to us at the end of the meeting
□ Contacting us directly by email.

Appendix D

Revised NIH Manual Chapter 1744
with Proposed Vital Records Guidance Toolkit

prepared by:

The NIH Vital Records Task Force
of the HHS Emerging Leaders Program

NIH POLICY MANUAL

1744 - NIH Vital Records Program
Issuing Office: OM/OMA/DMS 301-496-2832
Release Date: 3/21/2005
Revised Date: 10/2/2006

1. **Explanation of Material Transmitted:** This chapter contains revised policy and procedures for NIH offices to follow in carrying out their vital records responsibilities. The chapter has been streamlined in order to meet plain language requirements. The references have been revised and examples of emergency-operating records and legal and financial rights records that are vital to the NIH mission are included.

2. **Filing Instructions:**

Remove: NIH Manual Chapter 1744 dated: 3/21/2005

Insert: Revised NIH Manual Chapter 1744 dated: 10/2/2006

PLEASE NOTE: For information on:

- Content of this chapter, contact the issuing office listed above
- On-line information, enter this URL: http://www1.od.nih.gov/oma/manualchapters/
- To sign up for e-mail notification of future changes, please go to the NIH Manual Chapters LISTSERV Web page.

A. Purpose:

The purpose of this Manual Chapter is to establish the National Institutes of Health (NIH) Vital Records Program. This Program is designed to protect NIH's vital records and information, which are necessary to continue key operations and mission-essential functions in the event of an emergency.

B. Policy:

This policy describes the requirements and procedures to identify and protect the records and information necessary to continue key operations; protect the legal and financial rights of the NIH, its employees, or the public; and protect the records deemed critical for the continuity and/or resumption of mission-essential functions.

C. References:

1. [Executive Order 12656](#) - Assignment of emergency preparedness responsibilities

2. [Title 36 CFR, Part 1236](#) - Management of Vital Records, revised.

3. [44 USC 3101](#) – Records Management by Agency Heads

4. [National Archives and Records Administration (NARA). Vital Records and Records Disaster Mitigation and Recovery: An Instructional Guide, 1999.](#)

5. NIH Manual [1743](#) "Keeping and Destroying Records"

D. Definitions:

1. Disaster is an unexpected occurrence inflicting widespread destruction and distress and having long-term adverse effects on agency operations.

2. Emergency is a situation or occurrence that warrants immediate action to save lives and protect property, public health, and safety. An emergency would, to some degree, disrupt normal NIH operations. Examples of an emergency are:

a) Natural Disasters
b) Man-made and Technological Hazards
c) Civil Disturbances
d) Terrorism
e) Material and Emergency Shortages
f) Infrastructure Failures

3. Emergency Operating Records are records vital to the continued functioning or reconstitution of an organization during and after an emergency. They are records deemed vital under the NIH Comprehensive Emergency Management/Continuity of Operations Program (COOP) plan. Emergency operating records may include: emergency plans and directive(s), orders of succession, delegations of authority, staffing assignments, selected program records needed to continue the most critical agency operations, as well as related policy or procedural records that assist agency staff in conducting operations under emergency conditions and for resuming normal operations after an emergency. Appendix 1 identifies examples of emergency operating records.

4. Legal and Financial Rights Records are records that are essential for the preservation of legal rights and interests of individual citizens and the Federal Government. Examples of these records include official personnel files, accounts receivable records, payroll records, and valuable research records. Appendix 2 identifies examples of legal and financial rights records.

5. Off-Site Storage is a facility other than NIH's normal place of business where vital records are stored for protection. This is done to ensure that the vital records are not subject to damage or destruction from an emergency or disaster affecting NIH's normal place of business.

6. Vital Records are: 1) essential records that are needed to meet operational responsibilities under national security emergencies or other emergency or disaster conditions; or 2) essential records needed to protect the legal and financial rights of the Federal Government and those affected by Federal Government activities. Appendix 4 includes a five-step guidance tool for identifying vital records.

E. Responsibilities:

1. The NIH Records Management Officer (RMO), Division of Management Support, Office of Management Assessment, Office of Management, is responsible for providing oversight for the NIH Vital Records Program and will:

a) Establish policy and procedures for the transfer of NIH's vital records to off-site storage locations.

b) Assist IC RMOs in identifying and selecting vital records

c) Provide guidance and annually review all vital records to ensure they are maintained and updated.

d) Conduct an annual review of the NIH Vital Records Program.

2. The Office of Research Services, Security Emergency Response Program, Division of Emergency Preparedness and Coordination is responsible for identifying, gathering, maintaining, and routinely backing-up all emergency operating records at a secure off-site storage location. This responsibility is required under the NIH Vital Records Program and the NIH COOP plan.

3. Each IC RMO is responsible for implementing the NIH Vital Records Program within their IC by:

a) Identifying all emergency operating records within their IC that are necessary to support the continued functioning or reconstitution of their IC during and after an emergency.

b) Identifying all legal and financial rights records within their IC that are essential for the preservation of legal rights and interests of individual citizens and the Federal Government.

c) Ensuring that the vital records are properly labeled, packaged, and transferred to the off-site storage location.

http://www1.od.nih.gov/oma/manualchapters/management/1742

d) Maintaining a catalog of all vital records that have been forwarded to the off-site storage location.

e) Reviewing annually their IC vital records to ensure that vital records are maintained and updated.

[**NOTE:** IC RMOs must consult with other appropriate IC staff in order to gather and maintain vital records information.]

F. Procedures:

1. All NIH Offices, working through their respective IC RMOs, must duplicate and store all records deemed vital under the NIH Vital Records Program, hard copy or electronic, at an off-site storage location, shall determine the medium in which hard copy vital records will be duplicated, and arrange for their storage (see F.6 below). The cost and accessibility of the records shall be considered when selecting the off-site storage location.

2. All computer back-up tapes created in the normal course of system maintenance or other electronic copies that may be routinely created in the normal course of business may be used as the vital record copy. All electronic vital records must be stored with a copy of the software program or other information required to access the records. It is essential that the equipment needed to read the electronic records is available.

3. All NIH Offices, with the assistance of their IC RMOs, must identify and catalogue all legal and financial records essential for the preservation of legal rights and privacy of NIH employees, partners, grantees, and stakeholders and all emergency-operating records vital to the continuance of the NIH essential functions. The official with the decision-making authority/responsibility on how these records are maintained, certified, and maintained by the IC RMO, should complete and approve the NIH Form 2805 Inventory of Vital Records, Appendix 3, and provide a copy to the NIH RMO.

4. At the beginning of the fiscal year, each RMO will review their respective vital records for adequacy and completeness. Any changes to a vital record must be documented and recorded.

5. All NIH Offices must remove obsolete copies of vital records and replace them with copies of current vital records at the off-site storage location. The replacement should occur annually, semi-annually, quarterly, monthly, or weekly, as appropriate.

6. All vital records must be stored through one of the following options:

a) Storage within an NIH facility is considered the most economical and feasible method for protecting vital records. As noted in F.1 above, this must be at a different building than where the original record is stored.

b) Off-site storage – consideration must be given to the availability of special equipment, transportation, security, and feasibility of updating and maintaining the records.

c) Storage at Federal Records Centers - atmospheric conditions at the Washington National Records Center (WNRC) are ideal for proper storage of paper records; the WNRC is currently not guaranteeing the long-term condition of storage of other media.

G. Records Retention and Disposal:

All records (e-mail and non-e-mail) pertaining to this chapter must be retained and disposed of under the authority of NIH Manual 1743, "Keeping and Destroying Records".

NIH e-mail messages (messages, including attachments, that are created on NIH computer systems or transmitted over NIH networks) that are evidence of the activities of the agency or have informational value are considered Federal records. These records must be maintained in accordance with current NIH Records Management guidelines. Contact your RMO for additional information. All e-mail messages are considered Government property, and, if requested for a legitimate Government purpose, must be provided to the requester. NIH supervisors, NIH staff conducting official reviews or investigations, and the Office of Inspector General may request access to or copies of e-mail messages.

E-mail messages must also be provided to members of Congress or Congressional committees, if requested, and are subject to Freedom of Information Act requests. As most e-mail systems have back-up files that are sometimes retained for significant periods of time, e-mail messages and attachments may be retrievable from a back-up file after they have been deleted from an individual's computer. The back-up files are subject to the same requests as the original messages.

H. Management Controls:

This chapter establishes policy, procedures, and responsibilities for developing and implementing the NIH Vital Records Program for the protection, use and recovery of NIH records during emergency operating conditions.

The NIH RMO, Division of Management Support, Office of Management Assessment, Office of Management, is responsible for ensuring that the Vital Records Program is implemented and maintained. The NIH RMO and all IC RMOs will meet annually to review status of, and compliance with, the NIH Vital Records Program. This meeting will provide the opportunity for IC RMOs to present changes to the emergency operating records, and rights and interest records.

Appendix 1. Emergency Operating Records

The following examples of emergency-operating records are found within most offices at NIH. The office listed in parentheses is typically assigned the responsibility for maintaining the vital record. Your office may have records that are considered vital but are not identified below. All records considered to be vital emergency-operating records that are not listed below should be included on your NIH Form 2805 Inventory of Vital Records.

· Emergency plans and directive(s) or other authorizing issuances including information needed to operate the emergency operations center and its equipment and records recovery plans and procedures. (ORS)

· Emergency staffing assignments (essential employees), including lists of personnel, along with their addresses and telephone numbers (and comparable data for alternatives), assigned to the Emergency Operations Center or other emergency duties or authorized access to damaged facilities to assess the extent of damage. (ORS)

· Emergency Operating Center or Emergency Relocation Site checklists or standard operating procedures. (ORS)

· Orders of Succession (OMA)

· Delegations of Authority (OMA)

· Contact information for primary and alternate emergency staffing assignments, including home addresses and alternate telephone numbers. (All Offices)

· Building plans and building systems operations manuals for all agency facilities. (ORF).

· Equipment inventories for all agency facilities (Property). (OA/OLAO/DPPS)

· Records of NIH Supplies on hand. (OA/OLAO/DLS).

· Vital records inventories (NIH Form 2805 Inventory of Vital Records). (OMA)

· Copies of agency program records (whatever the medium) needed to carry out continuing critical functions. (OER, OIR).

· System documentation for any electronic information systems designated as emergency-operating records. (CIT)

· OIR Database (Data on Intramural Scientists). (OIR)

· Intramural Sourcebook (Intramural Policies and Procedures). (OIR)

· NIH Computer Center Disaster Recovery Plan. (CIT)

· NIH Incident Response Team (IRT) Emergency Contact Information. (CIT)

· Red Alert Emergency Phone Call List. (CIT)

· NIH Grants Policy Statement. (OER)

· 398 Application Kit and Instructions. (OER)

· PA and RFA language and dates. (OER)

Appendix 2. Legal and Financial Rights Records

The following examples of legal and financial rights records are found within most offices at NIH. The office listed in parentheses is typically assigned the responsibility for maintaining the vital record. Your office may have records that are considered vital but are not identified below. All records considered being vital legal and financial rights records that are not listed below should be included on your NIH Form 2805 Inventory of Vital Records.

· Accounts-receivable records. (OFM)

· Accounts-payable records. (OFM)

· Purchase Card Program Records – Cardholders and Card Approving Officials. (CIT and OA/OLAO/DAP)

· Blanket Purchase Agreements. (CIT and OA/OLAO/DAP)

· DELPRO Ordering Officials and Approving Officials. (CIT and OA/OLAO/DAP)

· NITAAC Financial Records of Operations. (OA/OLAO/DITA)

· Indirect Cost Rate Agreements. (OA/OAMP)

· Personnel Records. (OHR)

· Social Security Records. (OHR)

· Merit Promotion and DEU Case files. (OHR)

· Loan Repayment Records (fiscal). (OER/OIR)

· Trainee payback records (fiscal). (OER)

· Memorandum of Understandings with other agencies. (OER)

· Determinations of Exceptional Circumstances. (OER)

· IACUC records – list of assurances, AWAS. (OER)

· Payroll Records. (OHR/Payroll)

· Insurance Records/Health/Life/TSP. (OHR)

· Retirement Records. (OHR)

· Debts owed to the Government. (OFM)

· Legal proceedings and decisions. (OGC)

· Grant files (research, training, IMPAC II records). (OER)

· Cooperative Research & Development Agreements (CRADAs) and related CRADA Sub-committee records. (OTT)

· Employee Invention Reports (EIRs & Associated Correspondence). (OTT)

· Patent Application Prosecution and Issued patents. (OTT)

· Patent Interference Files. (OTT)

· Royalty Files to include Executed License, Correspondence & Copies of royalty checks. (OTT)

· License Negotiation. (OTT)

· Any records relating to contracts, entitlement, leases, or obligations whose loss would pose a significant risk to the legal and financial rights of the Federal Government or persons directly affected by its actions. (OA, ORF, OB, OTT).

· Contract files
1. DSSRA Contract Files. (OA/OLAO/DSSA)
2. DRA Contract Files. (OA/OLAO/DRA)
3. NITAAC CIO-SP2i Contracts and Task Order Awards. (OA/OLAO/DITA)
4. NITAAC IW2nd Contracts, Task Order Awards and Delivery Order Awards. (OA/OLAO/DITA)
5. NITAAC ECS III Contracts and Delivery Order Awards. (OA/OLAO/DITA)
6. NITQAAC CP Leasing Contract and Delivery Order Awards. (OA/OLAO/DITA)
7. NITAAC MEG Contract and Delivery Order Awards. (OA/OLAO/DITA)

· System documentation for any electronic information systems designated as records needed to protect rights. (CIT)

· Research Records. (CC, OIR)

· Patient Records. (CC)

· Research Protocols. (CC)

· System Back-up Files:
1. ADB. (CIT)
2. Central Accounting System. (CIT)
3. Data warehouse. (CIT)
4. EHRP. (CIT)
5. FACS II. (Treasury)
6. IMPACT II OER Grants System. (CIT)
7. IPAC Payment System. (Treasury)
8. ITAS. (CIT)
9. Network Drives (H, G, R, K, etc.). (OIT)
10. ORACLE. (CIT)
11. Payroll. (CIT)

Appendix 3. NIH Form 2805

Appendix 4. Vital Records Guidance Toolkit (based on NARA training materials)
The five steps are provided as individual handouts to support duplication and reference.

DHHS Emerging Leaders- National Institutes of Health Vital Records Task Force

IDENTIFYING, ORGANIZING, STORING, AND MANAGING VITAL RECORDS
STEP 1. Vital Records Needs Assessment

- Identifying vital records requires an understanding of the Agency's and OD/IC's critical operational and legal functions.
- Support and input from management is essential for the success of a vital records program.

A. ENGAGE MANAGEMENT AND OTHER KEY STAKEHOLDERS IN THE PROCESS OF OUTLINING CRITICAL OPERATIONAL AND LEGAL FUNCTIONS
To begin to document and prioritize the operational and legal functions of the Agency/OD/IC, seek input from senior management, policy analysts, program managers, and others with perspective on Agency and OD/IC essential functions. Suggested questions[†]:
- In layman terms, please tell me what your office does?
- Is there anything that your office does that you would consider to be critical to the NIH mission (i.e., if your office were shut down due to an emergency, how greatly would it affect the rest of NIH)?
- Can you briefly describe the types of records or other information this office creates?
- Do you consider any of these records to be critical (i.e., if the record(s) were lost or unavailable during an emergency, would there be any dramatic effect on the rest of NIH)?
- For any record(s) identified as critical:
  o How soon would you need access to the record(s)?
  o Which of the following two options best defines the purpose of the critical record(s)?
    ▪ Needed to continue operations during a disaster?
    ▪ Needed to protect legal and financial rights of NIH, its employees and the public?

B. REVIEW ADDITIONAL RESOURCES TO IDENTIFY OPERATIONAL AND LEGAL FUNCTIONS
Continue to document the operational and legal functions of an agency or OD/IC by analyzing:
- Authorizing legislation, regulations, and internal directives
- Mission/purpose statements
- Agency recordkeeping statutory requirements, policies and procedures
- COOP plan critical function statements
- Organizational charts

C. IDENTIFY POLICIES AND PROCEDURES ALREADY IN PLACE FOR RECORDKEEPING
To identify aspects of a vital records program which may already be in place or that are needed, review the existing OD/IC records management system which may include:
- Records inventories
- Records schedules
- File plans

D. DETERMINE WHETHER CURRENT RECORDKEEPING POLICIES & PROCEDURES MEET VITAL RECORDS NEEDS
Use the information gained in steps A-C to determine whether the current recordkeeping practices are sufficient to support operational and legal functions, by completing the chart below:

#	The NIH Office, Institute, or Center:	Yes	No	Don't know
1	Has identified records critical for continuing operations during a disaster.			
2	Has identified records critical for the protection of the legal and financial rights of the NIH, its employees, and the public.			
3	Has a system in place for the protection of the records identified in #1 & 2 (dispersal, duplication, storage, etc.).			
4	Provides an updated inventory annually of the records identified in #1 & 2 and how they are protected to the NIH Office of Management Assessment.			

If there are any "No" and "Don't know" responses, proceed with **steps 2-5** of this tool to continue the process of developing a vital records program that supports NIH operational and legal functions.

[†]Questions are based on the June 2006 NARA Vital Records training course. Handout 1.5.

DHHS Emerging Leaders- National Institutes of Health Vital Records Task Force

IDENTIFYING, ORGANIZING, STORING, AND MANAGING VITAL RECORDS
STEP 2. Determine Agency Business Needs

Usually conducted in the context of disaster planning, performing a Business Impact Assessment (BIA) is important from a records management perspective because it should result in the identification of vital records.

A Business Impact Assessment will:
- Identify effects on an organization if an emergency or disaster occurs
- Identify critical Agency and Departmental functions
- Identify vital records

TO DEVELOP YOUR BUSINESS IMPACT ASSESSMENT

A. CONSULT
To identify critical services, refer to the information gained in Step 1 A-C Vital Records Needs Assessment. Seek further guidance of senior management, policy analysts, program managers, and others with perspective on Agency/Department essential functions, as needed.

B. WORKFLOW ANALYSIS
Engage responsible individuals with an understanding of the services provided to gather information and conduct a workflow analysis of each identified service.

BUSINESS IMPACT ASSESSMENT

Critical Service, System, Project or Function	
Description of Service	
Responsible Staff	
Clients Affected by Loss of Service	
Providers Whose Loss Would Negatively Affect Service	
Critical Inputs and Outputs	
Significant Financial, Legal, or Public Relations Exposures Due to Loss of Service	
Records Supporting Service	

AFTER YOUR BUSINESS IMPACT ASSESSMENT IS COMPLETE

C. RANK
Of the services identified, rank them in order of importance to the business needs of your Agency or Department. Review this ranking with management.

D. PRIORITY ONE
Focus planning efforts on the services ranked highest in relation to the critical services of your Agency or Department. Records supporting these services are your **VITAL RECORDS**.

DHHS Emerging Leaders- National Institutes of Health Vital Records Task Force

IDENTIFYING, ORGANIZING, STORING, AND MANAGING VITAL RECORDS
STEP 3. Identify Risks and Utilize Risk Assessment Analysis to Prioritize Vital Records

Usually conducted in the context of disaster planning, risk identification and assessment is important from a records management perspective because it should result in the prioritization of vital records.

A Risk Assessment Analysis will:
- Identify Risks to Agency Vital Records
- Identify the likelihood and impact of each risk
- Assess value lost from risk and costs of risk mitigation
- Prioritize risks based on likelihood, impact, and cost factors

TO DEVELOP YOUR RISK IDENTIFICATION AND ASSESSMENT ANALYSIS:

A. OBTAIN THE VITAL RECORDS LIST FROM THE BUSINESS IMPACT ASSESSMENT (STEP 2)

B. IDENTIFY THE LOCATION AND FORMAT OF VITAL RECORDS, IDENTIFY VULNERABLE AREAS IN RECORD STORAGE AND AREAS RESTRICTED FOR SECURITY AND ACCESS, AND EVALUATE IF STORAGE AREAS MEET MINIMUM NARA SPECIFICATIONS
Engage responsible Administrative Officers to identify program managers who will identify the location and format of vital records and to subsequently evaluate storage areas. Engage Security Officers and Facilities Managers to identify restricted areas and vulnerable areas. Request NARA storage area specifications from Records Management Officers.

C. IDENTIFY AND PRIORITIZE THE RISKS TO VITAL RECORDS
Complete the five bulleted steps below to identify and prioritize risks to vital records. Organize the identification and prioritization of risks using a Risk Identification and Analysis Table like the following one[†]:

Potential Risk	(Risk #1)	(Risk #2)	…
Likelihood of Risk (1-10)			
Potential Effects of Risk			
Severity of Effects (1-10)			
Available control/detection measures			
Likelihood of detection/prevention of risk (1-10)			
Risk Priority (likelihood of risk x severity x likelihood of controls)			

- **IDENTIFY POTENTIAL RISKS TO VITAL RECORDS**
  Potential risks which can result in the destruction, loss or corruption of vital records can include natural disasters including specific weather events, technical and mechanical hazards, and human causes such as accidents and acts of terrorism and sabotage. List potential risks to vital records, based on their location and format, across the first row of the table.

- **IDENTIFY THE LIKELIHOOD OF EACH RISK**
  Estimate likelihood of identified risks, and document supporting information (e.g. NOAA Web site to identify the likelihood of a tornado hitting a specific location). Assign a value for the likelihood of

[†]The table and guidance steps are based on the June 2006 NARA Vital Records course materials, page 2-16.

each risk in the Risk Identification and Analysis Table, where 1=never or rarely happens; 3=low risk of occurrence; 5=moderate risk; 7=high probability; and 10=certain to occur.

- **IDENTIFY THE SEVERITY OF EFFECTS OF EACH RISK**
  Use the BIA from Step 2 and advice from Budget Officers, Program Managers, Service Administrators, and Senior Leadership to assess the impact of each risk to vital records. Consider costs to reconstruct data from lost vital records, costs of defending against legal actions associated with the loss, the value of lost business, the costs from lost services and income, and the costs of a loss in reputation. Include potential effects of each risk, and assign a value for the severity of effects based on the impact assessment and cost assessment in the Risk Identification and Analysis Table, where 1=very low or none, minor nuisance; 3=low or minor, can operate with reduced efficiency; 5=moderate or significant, performance is degraded; 7=high, loss of function; and 10=very high, catastrophic, cannot operate at all.

- **IDENTIFY THE LIKELIHOOD FOR DETECTING OR PREVENTING EACH RISK**
  Estimate the ability to control the risk through prevention or detection. Include available detection/prevention measures, and assign a value to the ability to control/detection the risk in Risk Identification and Analysis Table, where 1=can almost certainly be detected/prevented; 3=can usually be detected/prevention; 5=can sometimes be detected/prevented; 7=can seldom be detected/prevented; and 10=can never predict, detect, or prevent.

- **PRIORITIZE RISKS TO VITAL RECORDS**
  Use the completed Risk Identification and Analysis Table to prioritize the risks to vital records by employing the following formula: likelihood of risk x severity of effects x likelihood of controls/detection = risk priority. Higher risk priority numbers indicate a greater need to protect specific vital records from specific risks.

D. DOCUMENT RISKS, COSTS, AND PRIORITIZATION METHOD

E. PREPARE A PRESENTATION OF THE RISK ASSESSMENT FOR ORGANIZATIONAL MANAGEMENT
Include links and coordination options for vital records management with the COOP plan and the Crisis Mitigation Plan.

[†]The table and guidance steps are based on the June 2006 NARA Vital Records course materials, page 2-16.

DHHS Emerging Leaders- National Institutes of Health Vital Records Task Force

IDENTIFYING, ORGANIZING, STORING, AND MANAGING VITAL RECORDS
STEP 4. Identify and Evaluate Protection Strategies for Vital Records[Ŧ]

Once you have identified and documented your vital records, and prioritized them based on potential risks, you must choose strategies for protecting them. Because these strategies have a cost (time, effort, and money), you will need to evaluate and select the best protection strategies for your vital records.

TO IDENTIFY AND EVALUATE PROTECTION STRATEGIES FOR VITAL RECORDS:

A. DETERMINE PROTECTION STRATEGIES

- *Prevention and Mitigation*
  Prevention is one level of protection. As you survey your environment, you will probably identify many common-sense preventive and protective measures. For example, you may be able to implement passwords to increase security for electronic records, provide copies rather than original documents to researchers, or encourage good housekeeping to prevent fire or other damage to records. Mitigation involves taking steps to minimize the impact of a disaster. You may not be able to prevent a risk or threat from occurring, but you may be able to mitigate the impact it has on your organization.
- *Automatic/Routine Dispersal*
  You may find that you are already creating and protecting copies of vital records at different locations through your normal business processes. For example, a key document that is generated at your headquarters might also be sent to one or more field offices on a regular basis. Study your agency business processes to determine where, how, and when such records are shared.
- *Planned Dispersal*
  Some records will need to be identified and deliberately copied on a regular basis, and stored in another location. Computer system and network backup takes are an example of copies made on a regular basis, solely for the purpose of COOP and disaster recovery.
- *Evacuation*
  If the original vital records cannot be copied, and cannot be protected on-site, you may have to plan to collect and transfer the originals to another site. In this protection method, you will have to plan exactly what will be evacuated, where it will be evacuated, how it will be evacuated, and how it will be stored and managed in its new location.
- *E-vaulting*
  E-vaulting is sending and retrieving digital records over private Wide Area Network (WAN) links, or through the Internet. It also includes sending e-documents over dedicated lines to data centers and e-storage facilities. Incoming documents at the data center are e-coded, assigned retention, and digitally fingerprinted. The system writes records to disk, and creates a searchable index accessible by the customer via the web.
- *Vaulting*
  Some vital records may need to be kept on-site. Special equipment such as fire-resistant cabinets and vaults can be used to protect the records. The risk that you are most concerned about will need to become a part of the specification of the furnishings, or construction documents. Secured storage rooms can also be planned, but will have to meet the specified needs of the agency.

B. DUPLICATE ORIGINAL RECORDS
Safeguarding vital records typically involves protecting copies of records. Backup copies may be in a different **format** than the original record. Ensure that if they are duplicated, all necessary information is transferred to the copy. Documents can be **filmed**, or output to **microfilm** or **microfiche**. You may choose to scan documents, or download data and store it on computer media in **digital formats**. While this format allows you to store a great deal of information in a small amount of space, you should also determine what software and hardware will be needed to access the data, the costs of reformatting the data this way, and the costs of maintaining access to data stored off-site, costs which depend on the quantity of records identified as vital records. Although 36 CFR 1236 does specify that "**Computer backups** created in the normal course of system maintenance, or other electronic copies

---

[Ŧ]The text of Step 4 Identify and Evaluate Protections Strategies for Vital Records of this vital records guidance tool is taken directly from the June 2006 NARA Vital Records training course materials.

that may be routinely created in the normal course of business, may be used as the vital record copy," remember that system backups may not be structured in the way most convenient for immediate access to the records. Work with your IT staff to determine whether this is an option. If the backup tapes location is the same as your own location, determine if this is sufficiently distant from the site of risk to avert effects of risk. **Paper copies** are the least expensive method of reformatting, but the most cumbersome to update and distribute – and they may also have associated costs for storage off-site, costs which depend on the quantity of records identified as vital records.

C. STORE VITAL RECORDS

On-site options protect your vital records on your premises, at or near the point of creation or receipt. Some of these options include fire-resistant filing cabinets, central file rooms, and vaults. If the volume of your vital records is particularly large, and if your holdings are all in one location, you may even establish a vital records building. This building must meet the highest standard (see NARA 1571) for protection of records. Where onsite protection *may* involve duplication, **off-site** protection most certainly *will*. The facility you choose should be sufficiently remote from the original records that it would not be subject to the same disaster, but close enough to enable ready retrieval. Generally speaking, a distance of about 30 miles is recommended, although this is not a hard-and-fast rule, and is dependent on the risk assessment. Although a disaster could occur at either site, full recovery is a greater possibility because there are two sets of records. If your agency has offices in other locations, you may be able to use them to store copies of your vital records **off-site at another office**. Your Federal Records Center (FRC) may be able to store copies of your vital records **off-site in a Federal Records Center**. Consult your nearest FRC to determine what services are available to you. Storing your vital records **off-site in a hot site** allows you to go to the hot site, sit down, and work, as a hot site includes everything you need to continue operations (computers, phones, fax machines, copiers, scanners, office supplies, etc.). Storing your vital records **off-site in a cold site** is less expensive than a hot site, as it provides space available for you to bring in whatever equipment you need; however it does not provide the equipment, supplies, etc. you need to continue operations. Finally, there are numerous vendors who will provide records storage and services for a price **off-site in a commercial storage facility**.

D. RETAIN VITAL RECORDS

Cycling is the periodic replacement or update of obsolete records with current records. Vital records don't stay "vital" forever. Many vital records have limited time values: They are vital only for a specific period of time, and once that time has passed, the copies become valueless for post-disaster resumption. The agency is responsible for **periodically cycling (updating)** vital records by removing obsolete items, and replacing them with the most recent version, when necessary. It is important to **retain backup copies**. The backup copy of the vital record stored off-site is normally a duplicate of the original record. You will want to designate which is the original record, and which the copies. The original copy of the vital record must be retained for the period specified in your agency's records disposition schedule. The vital record copy is typically destroyed or deleted when it is replaced by an updated copy.

E. EVALUATE PROTECTION STRATEGIES

Each protection option serves a particular purpose, and the cost of protection your vital records is relative to their value to your agency, and must be weighed accordingly. Immediate availability is more critical for some records than for others. The most valuable records will probably need to be the most readily accessible, and therefore will need the greatest level of protection. As you explore levels of protection, you need to consider special media needs. Paper, photographs, microforms, and electronic media all have specific storage condition needs, and all have different characteristics that must be addressed when they are wet or damaged. Provisions for each medium must be considered in your plan. Each vital record must be protected using a method that best suits its medium, its cycle of updates, and its need for immediate accessibility. The protection strategy you devise must include decisions about what media you will use to store vital records. Remember, your vital record is not necessarily in the same medium or format as the original. It is important to be able to justify the cost related to the development and maintenance of a vital record program. It is equally important to be able to demonstrate the benefit of protecting the records against the risk of not recovering the records in the event of an emergency or disaster. A cost-benefit analysis should be prepared to determine the most cost-effective way to protect the vital records, and resume business in a determinate amount of time. Detailed information about cost-benefit analysis is provided in NARA's Knowledge Area 5, Asset and Risk Management.

[†]The text of Step 4 Identify and Evaluate Protections Strategies for Vital Records of this vital records guidance tool is taken directly from the June 2006 NARA Vital Records training course materials.

DHHS Emerging Leaders- National Institutes of Health Vital Records Task Force

IDENTIFYING, ORGANIZING, STORING, AND MANAGING VITAL RECORDS
STEP 5. Storage, Retrieval, and Fly-Away Kits

TO IDENTIFY STORAGE STRATEGIES

A. LOCATION SELECTION
- Plot records in the prioritization table to determine the appropriate location of the storage site
- The prioritization will determine the type of storage you select to protect vital records with the records needed for emergency operations receiving the highest protection possible (Vaults, fire - resistant containers).

Type of Vital Record	Access	Storage Site Location	Vital Record
Records needed for Emergency Operations	**Immediate**	At or close to the NIH and available in a 24-hour basis.	
Records needed for resumption and continuation of business	**Quick access**	Within 30 miles to the NIH.	
Records essential for legal and audit purposes	**Lowest need for quick access**	No need to be close to the NIH.	

B. FACTORS TO CONSIDER IN SELECTING OFF-SITE STORAGE FOR NIH RECORDS
- Whether it meets NARA regulations (36 CFR 1228.156)
- Cost
- Secure facility accessible 24-hours a day by appropriate officials
- Climate-controlled and fire-protected
- Consider format/ media (microfilm and paper records can be used immediately)
- Whether external equipment (i.e. laptop) and electricity will be needed to read the records
- Emergency Operations Records need to be immediately accessible, and they should be stored as close to the facility for emergency off-site operations as possible. Commercial storage allows immediate access to the records at all times, which may not be possible at a government facility.

C. FLY-AWAY KITS
Essential employees for emergency operations should be provided with "fly away" kits containing copies of the essential tier one documents in the event they are away from the office. Fly away kits that can be stored at essential employee's home and should include:
- COOP Plan
- Delegations of authority
- Media procedures
- Emergency telephone lists
- Vital records plan
- Passwords, access codes
- Emergency passes

TO DOCUMENT RECORDS PROTECTION AND STORAGE STRATEGIES

D. VITAL RECORDS SCHEDULE
Once you have decided how the records are to be protected, add the information to the vital records inventory form. The inventory should show:
- Descriptions of the Records
- Record media
- Storage Locations
- Cycling Schedule of the Records
- Methods of Protection for Records
- Critical functions supported by Records

E. VITAL RECORDS MANUAL
OD/IC-specific vital records program policy and procedures can be documented in a vital records manual which would serve as a reference and could include:
- Completed vital records inventory form
- Procedures and practices for identifying, prioritizing and protecting vital records
- Procedures to facilitate effective use of records in an emergency
- Emergency contact list of key personnel and records recovery service providers

TO DEVELOP AND TEST PROCEDURES FOR ACCESSING VITAL RECORDS DURING AND AFTER AN EMERGENCY

F. DOCUMENT ALL VITAL RECORDS POLICIES, DIRECTIVES, OR PROCEDURAL MANUALS
Ensure that information related to the office's vital records program and needed to respond to an emergency is documented, including policies, directives and procedural manuals such as:
- OD/IC-specific vital records manual
- COOP Plan
- Crisis Mitigation Plan

G. MAINTAIN UPDATED DOCUMENTATION OF VITAL RECORDS PROGRAM
Ensure that documents which contain information related to the office's vital records program reflect the most updated vital records program-related information.

H. CREATE A RESOURCE LIST OF DISASTER RECOVERY FIRMS FOR YOUR GEOGRAPHIC AREA AND UPDATE THE INFORMATION AT LEAST ANNUALLY

I. PROVIDE ONGOING TRAINING AND TESTING OF VITAL RECORDS ACCESS PROCEDURES