



California Health Sciences University

UNIVERSITY

RISK MANAGEMENT POLICY

PURPOSE

This policy establishes the framework for a formal risk management program for identifying, assessing, mitigating, and monitoring organization risks.

SCOPE

This policy applies to all University employees, departments, and functions that deal with risk to the University and its stakeholders [e.g., student organizations].

POLICY STATEMENT

The University employs a comprehensive strategy to identify, assess, and manage risks to its operations, assets, faculty, staff, students, and other organizations that are associated with the operations and use of the University's facilities and resources. The University's priorities, constraints, risk tolerances, and assumptions are established and used to determine and support risk management decisions. The University's risk management plan is consistently implemented throughout the institution. The risk management strategy is reviewed annually and updated as required to address changes within the University and overall risk environment. When engaging in activities presenting potential risks, employees and others representing the University shall comply with all University policies and procedures

DEFINITIONS

- A. **Risk:** The probability of an event occurring and the potential impact on the organization, including physical risks, property hazards, and criminal conduct and other noncompliance.
- B. **Risk Management:** A continuous process of analyzing and responding to University risks to decrease them to acceptable levels. Risk management encompasses the risk assessment process



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and makes use of the results of risk assessments to make informed decisions about accepting risks or taking action to decrease those risks.

RISK MANAGEMENT STRATEGY

- A. Identify:** Assign subcommittees for specific areas of operations to identify the most significant that arise from ongoing operations.
 - B. Prioritize:** Risks should be prioritized based on their likelihood of occurrence and possible impact. Some risks may be more concerning than others. In such circumstances, more resources may be required to handle higher-priority risks than lower-priority ones. This does not necessarily imply that lower-priority risks should not be addressed; rather, lower-priority risks receive fewer resources or are addressed later than higher-priority ones.
 - C. Mitigate:** Create a specific risk mitigation plan (e.g., policies, procedures, trainings, and other activities) aimed at reducing the risk's occurrence or impact. Stakeholders carry out the risk-mitigation strategy.
 - D. Monitoring & Oversight:** The ERM Council oversees the work performed at each of the preceding steps, including meeting with and taking advice from University legal counsel to ensure legal and compliance issues are addressed in risk rankings, monitoring activities, and mitigation efforts.
 - E. Annual Report:** The ERM Council works from January through December each year, with legal counsel and subcommittee members, and then delivers the previously stated process and material in an annual report. The draft report is provided to the CHSU Board of Trustees' Audit & Compliance subcommittee, and the final report is submitted to the full CHSU Board of Trustees in February of each year.
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RESPONSIBILITIES

- A. The Office of the President is responsible for implementing this policy.



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HISTORY (R*)

Approval Date:

01/09/2024

Revision Date(s):

Reviewed Date(s):

12/11/2023

R: President

A: ERM Council Chair (or President's designee)

C: ERM Council and Subcommittee Chairs, Legal Counsel

I: All Campus Community