

SELCOMPAYTECHLTD

Incident Management Policy





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1. Document Control

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2. Policy Statement

It is the policy of Selcom that any incident related to IT or Non- IT Related will be handled properly, effectively and in a manner, that minimises the adverse impact to the company daily operation and the risk of data loss.

Selcom needs to ensure following:-

- Incidents are reported in a timely manner and can be properly investigated.
- Incidents are handled by appropriately authorized and skilled personnel such as HOD or Supervisor or
- Appropriate levels of management are involved in the determination of response actions
- Incidents are recorded and documented as per policy
- The impact of the incident is understood, and action is taken to prevent further damage
- Evidence is gathered, recorded and maintained in a form that will withstand internal and external scrutiny
- External bodies or data subjects are informed as required
- The incidents are dealt with in a timely manner and normal operations are restored
- The incidents are reviewed to identify improvements in policies and procedures.

Staff training on incident management is handled internally by IT Compliance and Technology and Software Development Team.

The Compliance unit along with Technology and Software department will also monitor and review information security incidents to identify recurring incidents and areas of risk. The review process will be used to identify requirements for new or changed policies, to update the risk register and to identify any other relevant controls.

As part of data security Selcom will communicate to all staff related to incident Management along with other policies to maintain data prevention and loss of Data.



3. Scope

This policy applies to all Departments, Partners, Employees of Selcom, ICT facilities and equipment, or have access to, or custody of, customer information.

All users must understand and adopt use of this policy and are responsible for ensuring the safety and security of the Selcom information assets. All users have a role to play and a contribution to make to identifying potential risks to the safe and secure use of information and any Information technology.

4. Definition

The definition of an 'Information Incident' is an adverse event affecting an information asset that has caused or has the potential to have an adverse effect on the business operation or function, or Selcom, its service users, its employees, or its partners. Examples are physical harm, embarrassment or distress to individuals, damage to organizational reputation, financial impact etc. Incident management is concerned with intrusion, theft, the compromise and misuse of information and information resources, and the continuity of critical information processes. Examples of Information Incidents are given in the Appendix

5. Policy

This policy sets out the principles for the management of information incidents below.

The principles are:

- A single information incident contact point for all types of information incident (manual, electronic, etc.).
- Information capture/logging of all information events confirmed as incidents.
- Guidance available for information users on reporting information events and incidents.
- Progress/tracking information logged from initial contact through to incident resolution.
- Identified time critical tasks with set targets and escalation steps.
- Assessment of potential severity as early as possible, to determine the appropriate incident management actions.
- Standard assessment of incident severity consistent with risk management guidance.
- High severity or potential high severity incidents to be referred to the compliance unit as soon as identified.
- Procedures to allocate an investigation to IT Compliance officer.
- Specific procedures to cover incident issues such as communications protocols and preservation and collection of evidence.
- Severe incidents will be reported in a risk register and presented to the Selcom Management Board
- Summary reports of non-severe incidents to Head of Departments

- The Information Risk Register to include all identified risks arising from information incidents.
- All procedures maintained and reviewed annually or as required. Though all information incidents will be reported to a single contact point, distinction is drawn from that point between ICT technical incidents (e.g. malware, software malfunction, hacking incidents) and those involving disclosure of manual records or end user behavior, which will necessarily follow different investigation and incident management routes but should still comply with the above principles.

6. Responsibilities

- It is the responsibility of all Selcom information users to be able to identify potential security events and weaknesses and to take immediate action to report these directly to the line manager or IT Compliance Officer
- All Line Managers should ensure that their staff are aware of their obligations under this policy and support them in meeting these obligations.
- Service Providers and Partnership Working Any information security incident that involves SELCOM information must be reported without delay. This should be a contractual requirement where a service contract exists and included in any information sharing agreement for the sharing of personal information. SELCOM managers and employees must be aware of similar obligations to other agencies if a security breach involves their information.
- The contact point procedures must ensure that all events that are reported are promptly recorded and forwarded to the appropriate staff for action.
- Head of Software Development and Compliance Officer are responsible for documenting and implementing the Selcom Incident management procedures.
- IT Compliance Officer is responsible for ensuring that appropriate incident management plans are put in place as soon as possible to deal with high impact incidents, is also responsible, with support from Information Owners (users) for ensuring that all incidents are subject to investigation and subject to information risk management processes.
- Audit Services are responsible for reviewing incident procedures and plans, providing advice where securing evidence is an issue and where the involvement of the Police is possible, undertaking investigations, undertaking reviews and providing advice.



7. Escalation Matrix

According to ITIL standards, although assignment may change, ownership of incidents always resides with the Helpdesk or Operational staff. As a result, the responsibility of ensuring that an incident is escalated when appropriate also resides with the Service Desk or Operational staff.

Within 24 Hours of Incident, Bank will be notified for the same using incident management document refer to Appendix

Compliance Unit will monitor all incidents, and escalate them based on the following guidelines:

Priority	Time Limit before Escalation	
3- Low	3 business days	Operational Staff/ Bank Officer
2- Medium	4 hours	Line Manager/ Bank Officer
	If on-call contact cannot be reached during non-business hours	Line Manager/ Bank Officer
	If neither on-call contact or their Line Manager cannot be reached during non-business hours	HOD/Bank Officer
	48 hours	HOD/Bank Officer
1- High	Immediate	Line Manager/ Bank Officer
	Immediate	HOD/Bank Officer

Functional Escalation

When the Compliance Unit receives notification of an incident, they are to perform the initial identification and diagnosis to classify the incident according to service category and prioritization. If the incident is a known problem with a known solution, the Unit will attempt a resolution. If it is not a known problem or if the attempted solution fails, they will delegate responsibility for an incident to an appropriate channel.

Escalation Notifications:

Anytime a case is escalated, notification will occur to various individuals depending upon the priority of the incident. Following are basic guidelines for notifications:

The default mechanism for notification will be by email unless otherwise specifically stated. Whenever escalation or notification by phone is indicated, all known numbers for contact should be utilized. Senior management notification will include HOD, Compliance Unit, and all functional Line Managers. Escalation of a case does not remove the assignment from an individual. It is up to the Line Manager to make certain that right personnel are assigned. When additional personnel need to be involved, they may be added as interested parties.

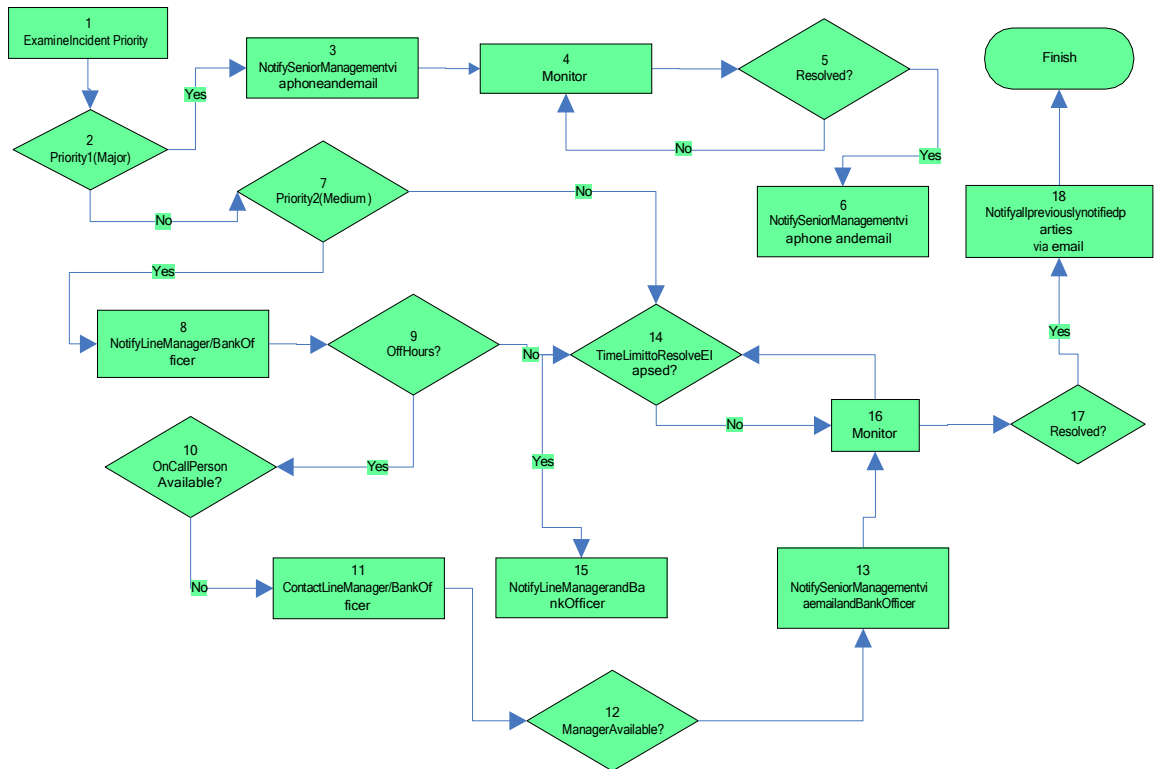
Anytime a case is escalated, the case will be updated to reflect the escalation and the following notifications will be performed. Person to whom



case is currently assigned will be notified.

Bank Security or Operational department will be notified for every incident occurred which is related to the service provisioned for Bank Specific

Escalation Process Diagram





Incident Escalation Process Steps:

All escalation process steps are performed by the compliance unit. Some of these steps may be automated.

Step	Description
➤	Examine all open incidents and determine actions based upon incident priority.
➤	Is this a priority 1 (high priority) incident?
➤	If it is a high priority incident, immediately notify Line and HOD personnel. HOD personnel should be contacted by phone.
➤	Monitor the status of the priority 1 incident providing informational updates to management at a minimum of every 1 hours.
➤	Has the incident been resolved? If not continue to monitor.
➤	If the incident has been resolved, notify Line Manager and HOD of the resolution. HOD should be notified by phone during business hours.
➤	Is this a priority 2 (medium priority) incident?
➤	If so, notify the Line Manager performing the resolution. Notifications should be by email.
➤	Has the incident occurred during business hours or off hours? If during business hours, proceed to step 14.
➤	If the incident occurred during off hours, is the on-call person available?
➤	If the on-call person is not available, call the Line Manager of the department assigned for resolution.
➤	▪ Is the Line Manager of the department available?
➤	If neither the department on-call person or the Line Manager of the department is available, notify HOD via email and phone.
➤	Has the time limit to resolve the incident elapsed?
➤	If the time limit to resolve has elapsed, notify the Line Manager of the department via email.
➤	Continue to monitor the incident
➤	▪ Has the incident been resolved?
➤	▪ If the incident has been resolved notify the customer and all personnel previously contacted of the resolution.



8. Policy Governance

The following table identifies who within Selcom is Accountable, Responsible, Informed or Consulted with regards to this policy. The following definitions apply:

- Responsible-the person(s) responsible for developing and implementing the policy.
- Accountable-the person who has ultimate accountability and authority for the policy.
- Consulted-the person(s) or group to be consulted prior to final policy implementation or amendment.
- Informed-the person(s) or group to be informed after policy implementation or amendment.

Responsible	CEO, Compliance Officer and Head of Technology and Software Department
Accountable	All HOD are accountable on their individual Staff access
Consulted	Internal Compliance and Technology and Software Department
Informed	All Staff Internal and External

9. Review and Revision

This policy will be reviewed as it is deemed appropriate, but no less frequently than every 12 months. Policy review will be undertaken by Compliance Officer and Head of Technology and Software Department.

10. PCI Requirement

The policy is required to monitor the logs and manage incident based on the category or criteria, the Incident is considered following systems can generate an incident based on the severity of the log generated. The system are as follows but not limited to

- Physical Access Control
- Logical Access Control
- Firewalls
- Anti-Virus Systems
- Active Directory Managements
- Audit logging mechanisms

Incident Management and Reporting within PCI Zone

- Restoring security functions
- Identifying and documenting the duration (date and time start to end) of the security failure
- Identifying and documenting cause(s) of failure, including root cause, and documenting remediation required to address root cause
- Identifying and addressing any security issues that arose during the failure
- Performing a risk assessment to determine whether further actions are required because of the security failure
- Implementing controls to prevent cause of failure from reoccurring
- Resuming monitoring of security controls



11. Appendix–

Examples of Information Security Events and Incidents

Examples of the most common Information Security Events and Incidents are listed below. It should be noted that this list is not exhaustive.

- Criminal events:
 - Theft of equipment, data or information, fraud or fraudulent activities;
 - 'Bagging' offences where information is obtained by deception e.g. unknown people asking for information, such as a password or details of a third party, that could gain them access to Council data or receiving unsolicited mail that requires you to enter password data;
 - Attempts (either failed or successful) to gain unauthorized access to data or information stored on computer systems e.g. hacking; Copyright issues;
- Technical events:
 - Changes to information or data or system hardware, firmware, or software characteristics without the Council's knowledge, instruction, or consent e.g. malware (viruses, Trojans etc.); use of unapproved or unlicensed software on Council equipment;
 - Unwanted disruption or denial of service to a system e.g. spam attacks; receiving unsolicited mail of an offensive nature; receiving and forwarding chain letters including virus warnings, scam warnings and other emails that encourage the recipient to forward onto others;
 - Hardware/software failures;
- People Events:
 - Accidental loss of equipment, data or information including handheld devices such as Blackberries;
 - Failing to lock a PC screen when left unattended.
 - Human error e.g. emailing personal and/or sensitive personal information outside of the Council's network either in error or without appropriate security measures in place
 - Sharing/transfer of data or information, including personal and/or sensitive information with those who are not entitled to receive that information; without the consent of the data subject; and sharing more than the necessary amount of personal/sensitive information to complete required tasks.
 - The unauthorized use of a system for the processing or storage of data by any person
 - Accessing computer systems/applications using someone else's authorization e.g. user ID and password; sharing access tokens or logins; leaving your desk without logging off
 - Disclosure of passwords/writing it down, and leaving it on display where it would be easy to find and used by unauthorized users;
 - Printing or copying confidential information and not storing it correctly or confidentially e.g. leaving documents on photocopiers.
- Physical and Environmental events:
 - Unforeseen circumstances e.g. fire or flood
 - Unsecure premises
 - Unlocked/unsecured workstations



Risk Register for Incident Policy Management



RISK REGISTER FOR INCIDENT POLICY MANAGEMENT

RISK NO.	RISK DESCRIPTION (Event, Causes, Impact)	RELATED OBJECTIVES (e.g. business, strategic, project)	DATE RISK ASSESSED (MM/DD/YYYY)	DATE RISK AND CONTROLS LAST ASSESSED (MM/DD/YYYY)	CONTROLS (What is in place to prevent, detect and manage risk?)	CONTROL EFFECTIVENESS RATING (high, medium, low)	LIKELIHOOD OF RISK SCORE (1-5)	CONSEQUENCE OF RISK SCORE (1-5)	RESIDUAL RISK RATING (low, high, medium, low)	CHANGE IN RISK RATING (Improving, No Change, Getting Worse)	RISK OWNER (job Title)	RISK TREATMENTS (avoid, reduce, share risk source, change likelihood, change consequence)	STATUS OF TREATMENT PLAN (not commenced, in progress, completed)

Incident Management Document

Obligation	RoleDescription					
Responsible	Responsibletoperformtheassignedtask					
Accountable(only 1 person)	Accountabletomakecertainworkisassignedandperformed					
Consulted	Consultedabouthowtoperformthetaskappropriately					
Informed	Informedaboutkeyeventsregardingthetask					
SNO	Activity	Personnel Assigned	Line Manager	HOD	Compliance	Resolution