

Information Security Standard

Information Security Incident Management Standard

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Modified: April 11, 2019

Revised: August 25, 2020 (as an Information Security Standard)

Revised: April 13, 2023

Revised: April 11, 2024

Administering Office: Office of the CIO

I. STANDARD STATEMENT

This standard operates under University Policy 117 Information Security. It is WCU policy to respond to suspected or known information security incidents in an appropriate, timely, and efficient manner. As soon as practicable, WCU shall mitigate the potential, harmful effects of security incidents to daily operations and the integrity and security of university data. WCU shall establish an Information Security Incident Response Team (IRT) that will develop and maintain an information security incident response plan pertaining to security incident reporting and escalation. This plan should address security incident identification, investigation, reporting procedures, escalation procedures, notification requirements, and documentation requirements.

II. SCOPE AND APPLICATION OF THE STANDARD

This standard applies to all University workforce members and any other person utilizing any form of University information technology.

III. DEFINITIONS

“Information security incident” is defined as an event or series of events that are likely to result in demonstrable harm to the university. This harm could come through loss of control of sensitive data, unauthorized access or changes to IT resources, or other violations of security and privacy policies that may have wide-ranging impacts (e.g. catastrophic data loss, prolonged organizational downtime, or major financial impact)

“Personally Identifiable Information (PII)” means any information about an individual maintained by an agency, including (i) any information that can be used to distinguish or trace an individual’s identity, such as name, social security number, date and place of birth, mother’s maiden name, or biometric records; and (ii) any

other information that is linked or linkable to an individual, such as medical, educational, financial, and employment information.

“Protected Health Information (ePHI)” is defined as any individually identifiable health information and is required to be protected through the Health Insurance Portability and Accountability Act (HIPAA).

“Workforce Member” includes, but is not limited to, faculty, staff, employees, guests, consultants, vendors, contractors, volunteers, interns, student workers or temporary workers associated with the University.

IV. INFORMATION SECURITY INCIDENT MANAGEMENT STANDARD

A. Accountability / Enforcement

- The Information Security and Privacy Committee (ISPC), as defined in University Policy 97, is responsible for the development, implementation, communication, and oversight of information security policies and standards. Internal Audit will periodically review policy compliance.
- The standing membership of the IRT includes the CIO (IRT Leader), General Counsel, Chief Information Security Officer, Internal Audit, and University Police. These positions or their designee are responsible for implementing the *WCU Information Security Incident Response Plan* referenced below.
- Depending on the incident, General Counsel may choose to activate the campus Crisis Management Screening Team. This may result in the IRT working with the Crisis Communications team which will coordinate all internal and external communications under the oversight of the Executive Crisis Management Team.
- Department managers are responsible for ensuring all workforce members complete any assigned information security training, and for enforcing information security policies and standards.
- All workforce members are responsible for reporting information security incidents and assisting the IRT in investigating and mitigating information security incidents.

B. Reporting Information Security Incidents

- Any employee that identifies a security event or potential incident must report it to their supervisor and the IT Help Desk. IT will investigate the report per the Security Monitoring and Response Procedures.
- Reporting a computer security incident maliciously or in bad faith may constitute an abuse of this policy and may result in disciplinary action against the person making the report.

C. Review and Revisions

The ISPC is to regularly review and revise this policy as may be appropriate, minimally every three years. There may be events that trigger additional reviews such as changes in laws or regulations, information security best practices, threat models, or changes in business processes.

V. REFERENCES

International Standards Organization (ISO/IEC 27002:2022, Clause 5 Organizational Controls)

International Standards Organization (ISO/IEC 27002:2022, Clause 6 People Controls)

[University Policy 117 Information Security](#)

[University Policy 97 Information Security and Privacy Governance](#)

WCU Information Security Incident Response Plan

45 CFR Part 164, Subpart C – Security Standards for the Protection of Electronic Protected Health Information

- Response and Reporting [164.308(a)(6)(ii)] (Required) - Identify and respond to suspected or known security incidents; mitigate, to the extent practicable, harmful effects of security incidents that are known to the covered entity; and document security incidents and their outcomes.
- Security Incident Procedures [164.308(a)(6)(i)] (Standard) - Implement policies and procedures to address security incidents.