GRDC Data Breach Response Plan

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1. Introduction

1.1 Purpose of the data breach response plan

This data breach response plan (the Plan) details the necessary steps that should be taken if GRDC experiences a data breach (or suspects that a data breach has occurred). The Plan outlines the roles and responsibilities of staff (including staff who are employed and those engaged under a contract), and documents the process that should be followed to enable GRDC to contain, assess and quickly respond to a data breach to help mitigate potential harm to affected individuals.

Together with GRDC's Privacy Policy and other associated policies, this Plan will enable GRDC to comply with the notifiable data breaches (NDB) scheme that commenced on 22 February 2018. The Plan will enable GRDC to effectively manage and limit the consequences of a data breach on affected individuals, reduce the costs associated with dealing with a breach, and reduce the potential reputational damage that can result.

A data breach covered by the NDB scheme occurs when personal information is lost or subjected to unauthorised access or disclosure. For good privacy practice purposes, this Plan also covers any instances of unauthorised use, modification or interference with personal information held by GRDC.

1.2 What is a data breach?

A data breach occurs when personal information held by GRDC is lost or subjected to unauthorised access or disclosure. For simplicity, this policy refers to data breaches of 'personal information', but it applies to all information held by GRDC (including any information about an individual's tax file number).

A data breach may be caused by malicious action (by an external or insider party), human error, or a failure in information handling or security systems.

Examples of how a data breach could occur include:

- loss or theft of physical electronic devices (such as laptops and storage devices) or paper records that contain personal information
- unauthorised access to personal information by an employee or external party
- inadvertent disclosure of personal information due to 'human error', for example an email sent to the wrong person
- disclosure of an individual's personal information to a malicious party (e.g. a scammer, an activist, a disgruntled ex-employee or an estranged family member), as a result of inadequate identity verification procedures.

Data breaches can be caused or exacerbated by a variety of factors, affect different types of personal information, and give rise to a range of actual or potential harms to affected individuals.

Individuals whose personal information is involved in a data breach may be at risk of serious harm, whether that is harm to their physical or mental well-being, financial loss, or damage to their reputation.

Examples of harm include:

- financial loss including unauthorised credit card transactions or credit fraud
- identity theft causing financial loss or emotional and psychological harm
- family violence
- physical harm, bullying or intimidation
- loss of business or employment opportunities
- humiliation/damage to reputation or relationships.

A data breach can also negatively impact GRDC's reputation for privacy protection, and as a result may undercut its commercial interests and industry standing.

1.3 What is an eligible data breach

The NDB scheme requires GRDC to notify affected individuals and the Australian Information Commissioner about 'eligible data breaches.' This notification allows affected individuals to take the required steps to reduce or remove the risk of harm.

An 'eligible data breach' will occur under the Privacy Act when the following three criteria are satisfied:

- there is unauthorised access to or unauthorised disclosure of personal information that GRDC holds, or there is a loss of personal information in circumstances where unauthorised access or disclosure of the information is likely; and
- this is likely to result in serious harm to one or more individuals to whom the personal information relates; and
- no exception in the Privacy Act applies. The most likely exception in most cases will be that GRDC has taken remedial action which has prevented the likely risk of serious harm occurring.

If it is not clear whether a suspected data breach meets these criteria, an objective assessment, determined from the viewpoint of a reasonable person within GRDC, must be completed to determine whether the breach is an 'eligible data breach' that triggers notification obligations.

Not all data breaches will be 'eligible data breaches.' For example, if GRDC acts quickly to remediate a data breach, and as a result of this action the data breach is not likely to result in serious harm, the exception in the Privacy Act will apply and there will be no requirement to notify any affected individuals or the Commissioner under the NDB scheme.

For more information on what constitutes an 'eligible data breach', see the OAIC guide *'Data Breach Preparation and Response'*.

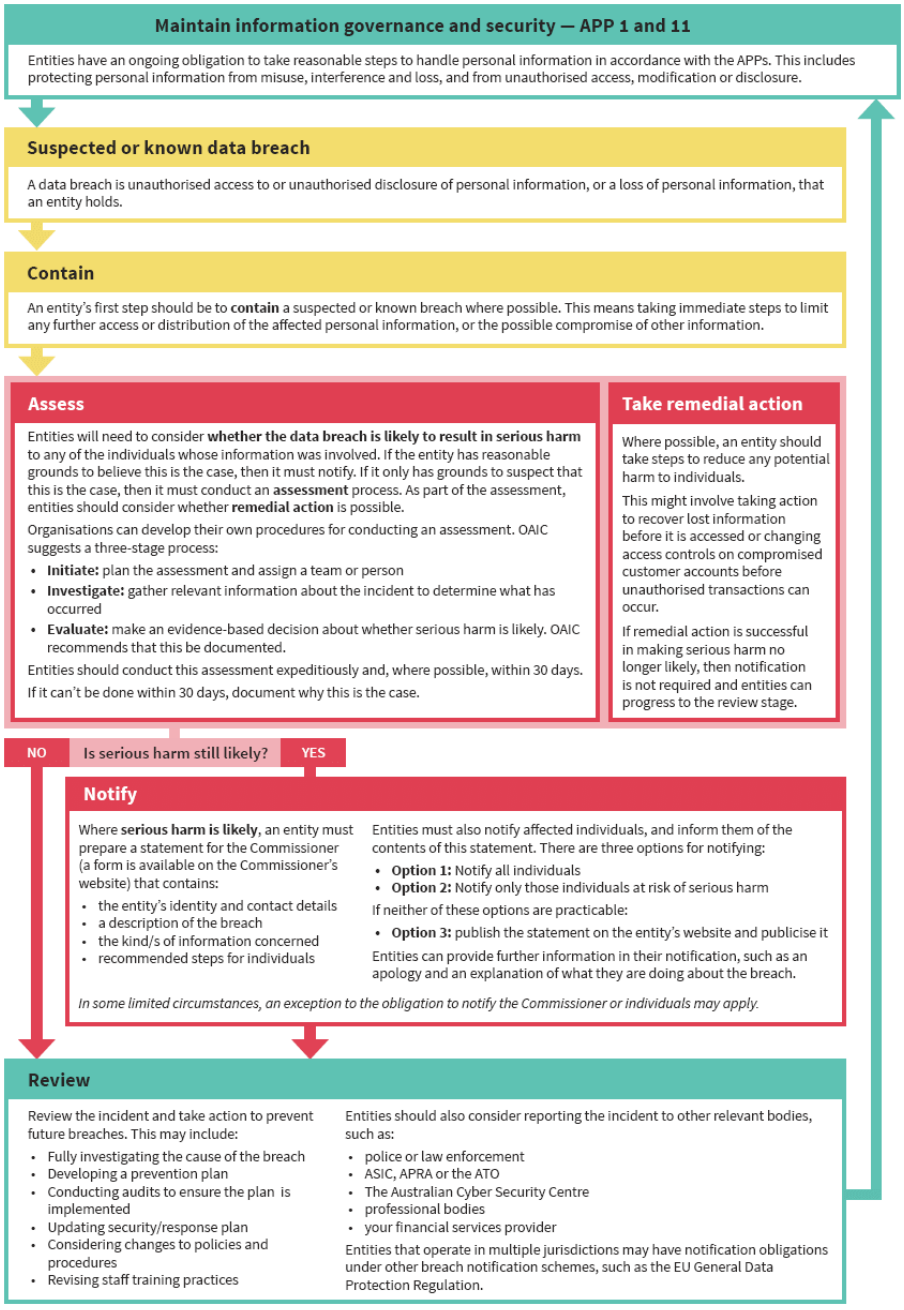
2. Responsibilities and process for data breaches

Broadly GRDC will take a Contain–Assess–Manage–Review approach to data breaches as detailed in Figure 1. GRDC process and responsibilities for enabling this approach are summarised in Figure 2 and have been outlined in further detail within this section 2.

Note: There is no single method of responding to a data breach. Data breaches must be dealt with on a case-by-case basis, by undertaking an assessment of the risks involved, and using that risk assessment to decide the appropriate course of action. Depending on the nature of the breach, additional staff or external experts may need to be included, for example an IT specialist/data forensics expert or a human resources adviser.

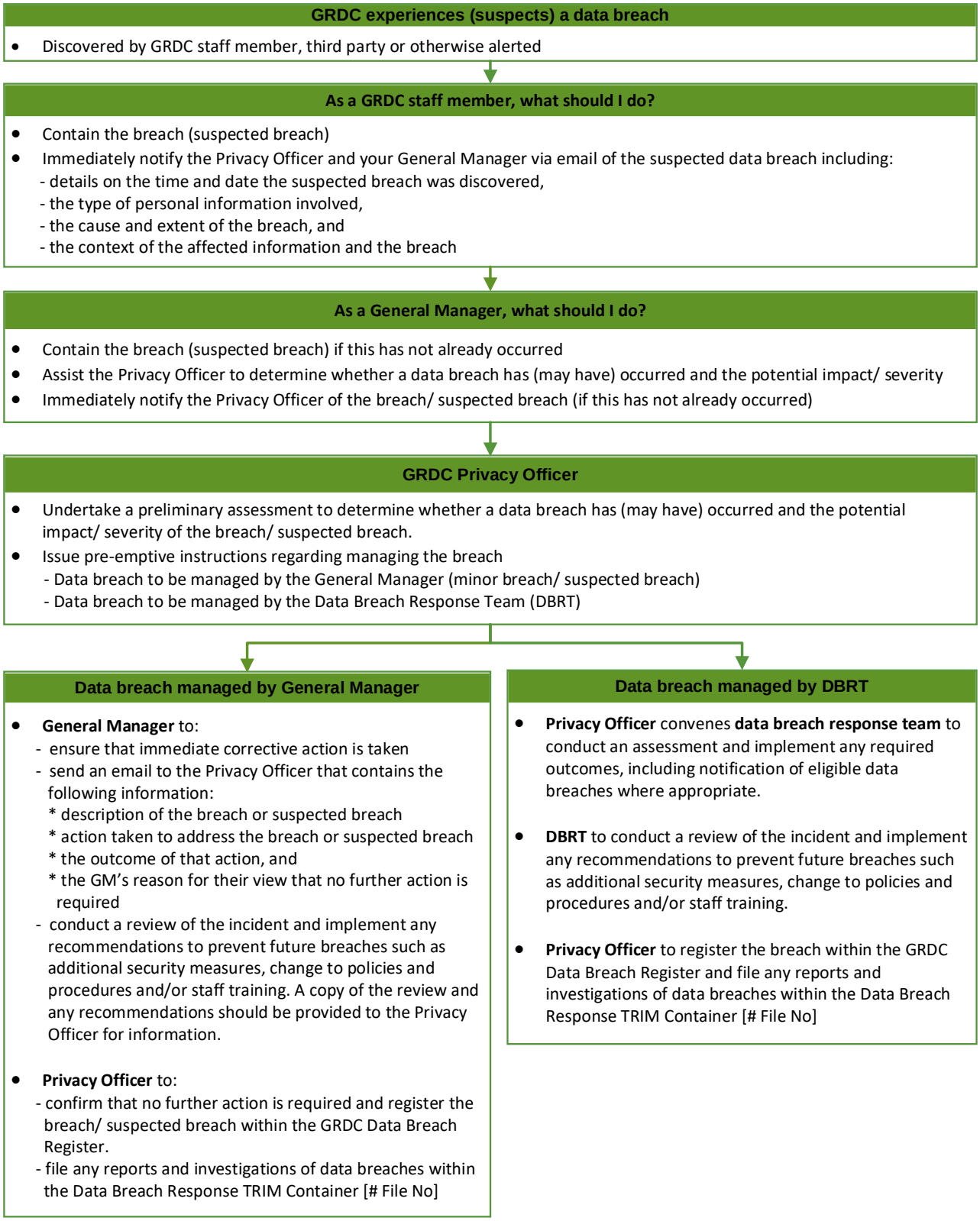
GRDC Data Breach Response Team is responsible for carrying out the actions that can reduce the potential impact of a data breach, however individual GRDC staff are responsible for notifying the Privacy Officer and their General GM of a suspected or confirmed data breach as soon as they become aware of the breach.

Figure 1 – Data breach response process



Source: Office of the Australian Information Commissioner (OAIC)

Figure 2 – GRDC process for responding to a data breach (suspected breach)



2.1 Report and Contain

Reporting

If a staff member discovers, or is otherwise alerted to, a data breach or a suspected data breach, the first step is for the staff member to immediately report the data breach to the Privacy Officer and their GM. This may be done orally but should be followed up with a written notice (by email) within 24 hours.

The email should include the following details:

- the time and date the suspected/known breach was discovered,
- the type of personal information involved,
- the cause and extent of the breach, and
- the context of the affected information and the breach.

If an external contractor reports an actual or suspected data breach, the relevant contract should be reviewed to determine what action is to be taken. GRDC may be able to:

- participate in the contractor's assessment of the event, and whether it amounts to an eligible data breach; and
- meet with the contractor to discuss and agree who will issue any required notification.

Containing the impact

The Privacy Officer or GM will assist the staff member to contain a suspected or known breach where possible. This means taking immediate steps to limit any further access or distribution of the affected personal information, or the possible compromise of other information.

The containment should be done by, to the extent practical and possible, the staff member who first suspects or is made aware of the data breach.

What is needed to contain the breach is determined on a case by case basis, however, addressing the following questions may help to identify strategies to contain a data breach:

- How did the data breach occur?
- Is the personal information still being shared, disclosed, or lost without authorisation?
- Who has access to the personal information?
- What can be done to secure the information, or stop the unauthorised access or disclosure, and reduce the risk of harm to affected individuals?

All staff should be careful not to destroy evidence that may be valuable in identifying the cause of the breach, or that would enable GRDC to address all risks posed to affected individuals or GRDC.

2.2 Assess

The Privacy Officer is responsible for undertaking a preliminary assessment of whether an eligible data breach has or may have occurred, and the impact and severity of that actual or suspected breach.

If the Privacy Officer is satisfied that no eligible data breach has occurred, the Privacy Officer must confirm this with the General Counsel (or Deputy General Counsel). If the General Counsel (or Deputy General Counsel) agrees with the conclusion, the Privacy Officer will document and file their reasons for this conclusion, and no further action will be taken.

If after undertaking this initial assessment the Privacy Officer is of the view that a data breach has, or may have, occurred, the Privacy Officer must either:

- Where the Privacy Officer is of the view that the risks associated with any data breach are low, and that remedial action can be appropriately taken so that the incident will not be an eligible data breach – ensure the remedial action is taken by the relevant General Manager. For example, a GRDC employee may, as a result of human error, send an email containing personal information to the wrong recipient. Depending on the sensitivity of the contents of the email, if the email can be successfully recalled (only relates to internal emails), or if the officer can contact the recipient and obtain an assurance that the recipient has deleted the email, this will no longer be an eligible data breach and there is no need to escalate the issue to the DBRT.
- Otherwise, the Privacy Officer must refer the matter to the Data Breach Response Team (DBRT).

In conducting their initial assessment, the Privacy Officer should consider

- whether any individual may be "at risk" of serious harm now or in the future (this will require the Privacy Officer (and the DBRT if the matter is escalated to it) and consider a wide variety of factors (stated within s 26WG) such as the sensitivity of the information, whether the information is protected by one or more security measures, the kind of person(s) who could obtain the information and the nature of the harm)
- the number of people affected by the breach or suspected breach
- the type of personal information involved in the data breach
- circumstances of the data breach, including its cause and extent
- the nature of the harm, and whether this can be removed through remedial action
- whether the data breach or suspected data breach may indicate a systemic problem with GRDC's practices or procedures
- other issues relevant to the circumstances, such as the value of the data to GRDC or issues of reputational risk.

If the Privacy Officer escalates the matter to the DBRT, the DBRT must conduct an assessment to determine whether the incident amounts to an eligible data breach (as defined in the Privacy Act). This assessment process must be completed within 30 calendar days of the day GRDC becomes aware of the grounds (or information) that caused GRDC to suspect an eligible data breach. The Australian Information Commissioner expects that wherever possible entities treat 30 days as a maximum time limit for completing an assessment, and endeavour to complete the assessment in a much shorter timeframe, as the risk of serious harm to individuals often increases with time.

The DBRT's assessment should follow the below three-phase process:

- **Initiate:** plan the assessment and assign a team or person
- **Investigate:** gather relevant information about the incident to determine what has occurred

  This will involve gathering together all necessary and relevant information about the actual or suspected data breach. It should include a prompt initial assessment of the following:
  - What information has been lost or accessed or disclosed without authorisation?
  - What was the cause of the data breach?
  - What is the extent of the data breach?
  - What individuals have been, or may be, affected by the data breach, and the extent of the harm?
  - Are there ways that the data breach can be contained (as it is vital to ensure as quickly as possible that there are not ongoing or repeated data breaches stemming from the same or related causes)?
  - Is there any need to immediately notify any person potentially affected (and if so, who, and what information should be disclosed to them)?

Evidence may be needed later to find the cause of the problem, or to fix the issue, so care needs to be taken to ensure that nothing is destroyed.

The DRBT may seek internal or external advice to assist it as required.

- **Evaluate:** make an evidence-based decision about whether serious harm is likely, or whether any exception to notification in the Privacy Act applies and document this decision.

Where GRDC cannot reasonably complete an assessment within 30 days, this should be documented, so that GRDC is able to demonstrate:

- that all reasonable steps have been taken to complete the assessment within 30 calendar days
- the reasons for the delay
- that the assessment was reasonable and expeditious.

If the DBRT determines that the incident was an eligible data breach (as defined in the Privacy Act) then GRDC must notify the affected individuals and Australian Information Commissioner as per section 2.3.

There are exceptions to notifying in certain circumstances. The DBRT will assess whether an exception is applicable to the situation.

2.3 Manage and Notify

2.3.1 Remedial action

Where possible, GRDC will promptly take steps to reduce any potential harm to individuals. This might involve taking action to recover lost information before it is accessed or changing access controls on compromised stakeholder accounts before unauthorised transactions can occur. It may also involve any compromised security credentials being revoked, and ICT systems affected by a virus or malware being isolated or turned off.

If remedial action is successful in preventing the likelihood of serious harm, then notification is not required and the DBRT can progress to the review stage.

2.3.2 Notification

If the DBRT determines that there has been an eligible data breach, the Privacy Officer will prepare a statement for the Commissioner using the **Notifiable Data Breach statement — Form**, which will contain the following:

- GRDC's contact details
- a description of the breach
- the kind/s of information concerned
- recommended steps for individuals.

A nominated representative (determined by the DBRT) will also notify affected individuals and inform them of the contents of this statement. The DBRT will determine which of the following three options will be used for this notification:

- **Option 1:** Notify all affected individuals (where GRDC cannot reasonably assess which particular individuals are at risk of serious harm from an eligible data breach that involves personal information about many people, but where GRDC has formed the view that serious harm is likely for one or more of the individuals)
- **Option 2:** Notify only those individuals at risk of serious harm (where GRDC can identify that only a particular individual, or a specific subset of individuals, involved in an eligible data breach is at risk of serious harm, and can specifically identify those individuals)
- **Option 3:** publish the statement on GRDC website and publicise it (where neither of the first two options are practicable).

Where appropriate, the DBRT will provide further information in the notification, such as an apology and a summary of actions taken regarding the breach.

There are some exceptions to the notification requirements, which relate to:

- eligible data breaches of other entities
- enforcement related activities
- inconsistency with secrecy provisions
- declarations by the Commissioner.

Where applicable, the DBRT will consider any applicable exceptions, and refer as required to the guidance provided on the Office of the Australian Commissioner website.

Each data breach needs to be considered on a case by case basis to determine whether notification is mandatory or desirable (even if notification is not legally required, there may be reasons why GRDC may decide to issue a notification).

2.4 Review

Once notification obligations are completed, the DBRT will meet to review the incident and take action to prevent future breaches. This may include:

- fully investigating the cause of the breach
- developing a prevention plan
- conducting audits to ensure the plan is implemented
- updating the security/response plan
- considering changes to policies and procedures
- revising staff training practices.

The DBRT will also review and assess the data breach response and the effectiveness of this Data Breach Response Plan, including:

- whether the data breach or suspected data breach may indicate a systemic problem with GRDC practices or procedures
- possible motives for the breach (where intentional)
- other relevant issues, such as the value of the data to GRDC or issues of reputational risk.

2.4.1 Circumstances in which other relevant bodies may need to be contacted

Where relevant, a nominated representative of GRDC's executive team may also report the incident to other relevant bodies, such as:

- police or law enforcement (where the breach may lead to fraud, violence or other illegal acts)
- Australian Securities and Investments Commission (ASIC), Australian Prudential Regulation Authority (APRA) or the Australian Taxation Office (ATO), (where the breach may lead to fraud, or where financial information is involved)
- the Australian Cyber Security Centre (where the breach is in the form of a cyber-attack)
- GRDC financial services providers (where GRDC financial systems have been compromised)
- GRDC's insurer(s)
- co-holders of personal information (where information is stored on a shared database).
- other third parties as appropriate (where required under agreements with third parties such as insurance policies or service agreements).

- in the event that a data breach was caused by a staff member, GRDC's HR department will be notified (so they can ensure appropriate training at a minimum)

3. Data breach response team roles and responsibilities

The DBRT should meet annually to review and assess this Data Breach Response Plan and make any necessary adjustments. The membership and responsibilities of the DBRT include:

- Privacy Officer
  - ensure appropriate actions are taken and the Commissioner is notified when required
  - report to the Executive Team
  - ensure GRDC compliance with relevant policies and guidelines
  - advise on likely risk and/or harm
  - advise on mitigation measures
- General Counsel/ Deputy General Counsel
  - provide legal advice
  - advise on likely risk and/or harm
- General Manager, Grower Extension and Communications Group Executive
  - provide communication/public relations/reputation management advice and support
  - publish data breach notifications where necessary
- Chief Information Officer
  - engage with ICT staff/ consultants to provide forensic and ICT support
  - provide information and records management advice and expertise.

Depending on the nature of the breach the DBRT may require additional expertise from members of Human Resources, Finance or other business areas. This will be determined as part of the assessment phase. In the case where a nominated member of the DBRT is involved in the breach or is unavailable, another representative from the required business area should be appointed.

Once a matter has been escalated to the DBRT, the process outlined in Section 2 of the Data Breach Response Plan must be followed. The DBRT must work in consultation with the Executive in responding to the breach. Each breach will need to be dealt with on a case-by-case basis, undertaking an assessment of the risks involved and using that risk assessment as the basis for deciding what actions to take in the circumstances.

4. Records management, reporting and review

4.1 Records management

Any documents created by the Privacy Officer and the DBRT relating to a data breach (or suspected breach) should be saved in the relevant record keeping system. This includes post-breach and testing reviews, notifications and GRDC's Data Breach Register.

4.2 Reporting

The internal handling of personal information will be an agenda item on the Audit and Risk Committee meetings at least once each quarter and include a report of any privacy complaints against GRDC and internal data breaches (or suspected breaches).

4.2 Review of the Plan

This Plan will be reviewed regularly (at least once every two years) to ensure that it is up to date. GRDC will also run drills of the procedures outlined in this Plan.

5. References and related content

5.1 References

This Plan has been developed in accordance with and with reference to the:

- *Privacy Act 1988 (Cth)*
- GRDC's Privacy Policy
- OAIC's *Data breach preparation and response — A guide to managing data breaches in accordance with the Privacy Act 1988 (Cth)*
- OAIC's *Guide to securing personal information - 'Reasonable steps' to protect personal information*

In the event of a data breach, the Privacy Officer and DBRT should reference the OAIC's Guide to securing personal information as it provides further detail that may be of assistance.

5.2 Related Content

- GRDC Privacy Policy
- GRDC Code of Conduct
- Information Security Policy
- Levy Payer Register Policy
- Complaints Handling Policy

PROCEDURE INFORMATION	
Accountable Officer	Managing Director
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Contact Area	Head of Governance and Reporting
Amendment History	