



KAWARTHA PINE RIDGE DISTRICT SCHOOL BOARD

ADMINISTRATIVE REGULATIONS

Section: Business and Administrative Services
• Administrative Operation

Regulation Code: BA-1.8.1
Policy Code Reference: BA-1.8

Regulation: PRIVACY BREACH PROTOCOL

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This administrative regulation is written in accordance with the guiding principles in Board Policy No. [BA-1.8, Privacy Information Management](#), and will address the steps to follow when a privacy breach occurs.

A privacy breach occurs when personal information is compromised, that is, when it is collected, used, disclosed, retained, or destroyed in a manner inconsistent with privacy legislation.

Personal information can be compromised in many ways. Some breaches have relatively simple causes and are contained, while others are more systemic or complex.

In the event of a privacy breach, this protocol provides a co-ordinated response, clarifies roles and responsibilities and provides an effective investigation, containment and remediation process.

1. Response Protocol: Five Steps Implemented Concurrently by the Freedom of Information (FOI) Co-ordinator

1.1 Step 1 – Respond

- 1.1.1 Assess the situation to determine if a breach has indeed occurred and what needs to be done;
- 1.1.2 When a privacy breach is identified by an internal or external source, contact the appropriate area to respond to the breach;
- 1.1.3 Provide advice on appropriate steps to take to respond to the breach;
- 1.1.4 Report the privacy breach to key persons within the Board (including the Director of Education or designate) and, if necessary, to law enforcement;
- 1.1.5 Evaluate effectiveness of response to the breach and implement improvement as necessary.

1.2 Step 2 – Contain

- 1.2.1 Identify the scope of the breach and contain it (e.g., retrieve any personal information that has been disclosed, determine if the breach would allow unauthorized access to any other personal information, change passwords and/or temporarily shut down the system if necessary to contain the breach);

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1.2.2 Document the breach and containment activities;

1.2.3 Develop briefing materials;

1.2.4 Brief the accountable decision maker, senior management, and key persons on the privacy breach and how it is being managed.

1.3 Step 3 – Investigate

Once the privacy breach is contained:

1.3.1 Conduct an investigation with the involvement of other parties as necessary.

1.3.1.1 Identify and analyze the events that led to the privacy breach;

1.3.1.2 Evaluate what was done to contain it; and

1.3.1.3 Recommend remedial action so future breaches do not occur.

1.3.2 Document the results of internal investigation and use the privacy breach checklist for record keeping, including:

1.3.2.1 background and scope of the investigation;

1.3.2.2 legislative implications;

1.3.2.3 how the assessment was conducted;

1.3.2.4 source and cause of the breach;

1.3.2.5 inventory of the systems and programs affected by the breach;

1.3.2.6 determination of the effectiveness of existing security and privacy policies, procedures, and practices;

1.3.2.7 evaluation of the effectiveness of the Board's response to the breach;

1.3.2.8 a chronology of events and recommendations of remedial actions; and

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1.3.2.9 the reported impact of the privacy breach on those individuals whose privacy was compromised.

1.4 Step 4 – Notify

1.4.1 Notify, as required, the individuals whose personal information was disclosed.

1.4.2 The purpose of providing notice of a privacy breach to the individuals whose personal information was involved in the incident is to provide them with information about:

1.4.2.1 what happened;

1.4.2.2 the nature of potential or actual risks or harm;

1.4.2.3 what mitigating actions the Board is taking; and

1.4.2.4 appropriate action for individuals to take to protect themselves against harm.

1.4.3 If personal information that could lead to identity theft has been disclosed, affected individuals should be provided with information on steps they can take to protect themselves. If the office of the Information and Privacy Commissioner (IPC) is investigating the privacy breach, indicate that to the affected individuals. Give an explanation of the individual's right to complain to the IPC about the Board's handling of their personal information, along with contact information for the IPC.

1.4.3.1 Notify appropriate managers and employees within your Ontario school boards/authorities of the breach;

1.4.3.2 Report the privacy breach to the office of the Information and Privacy Commissioner (IPC) as appropriate.

Contact Information:

Information and Privacy Commissioner/Ontario

1-800-387-0073

info@ipc.on.ca

www.ipc.on.ca

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1.5 Step 5 – Implement Change

When determining what changes and remedial actions need to be implemented, consider whether it is necessary to:

1.5.1 review the relevant information management systems to enhance compliance with privacy legislation;

1.5.2 amend or reinforce the existing policies, procedures, and practices for managing and safeguarding personal information;

1.5.3 develop and implement new security or privacy measures, if required;

1.5.4 review employee training on legislative requirements, security and privacy policies, procedures, and practices to reduce potential or future breaches, and strengthen as required;

1.5.5 test and evaluate remedial actions to determine if they have been implemented correctly and if policies, procedures, and practices need to be modified; and

1.5.6 recommend remedial action to the accountable decision maker.

2. How Do You Determine if Notification is Required?

The following factors should be considered when determining whether notification is required.

2.1 Risk of Identity Theft

Is there a risk of identity theft or other fraud in your Board? How reasonable is the risk? Identity theft is a concern if the breach includes unencrypted information such as names in conjunction with social insurance numbers, credit card numbers, driver's license numbers, personal health numbers, debit card numbers with password information, or any other information that can be used for fraud by third parties (e.g., financial).

2.2 Risk of Physical Harm

Does the loss or theft of information place any individual at risk of physical harm, stalking, or harassment?

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2.3 Risk of Hurt, Humiliation or Damage to Reputation

Could the loss or theft of information lead to hurt, humiliation, or damage to an individual's reputation? This type of harm can occur with the loss or theft of information such as mental health records, medical records, or disciplinary records.

2.4 Risk of Loss of Business or Employment Opportunities

Could the loss or theft of information result in damage to an individual's reputation affecting their business or employment opportunities?