



IT Security Policy

1. Introduction

This document sets out the measures to be taken by all employees of Henderson Biomedical (the “Company”) and by the Company as a whole in order to protect the Company’s computer systems, devices, infrastructure, computing environment and any and all other relevant equipment (collectively, “IT Systems”) from damage and threats whether internal, external, deliberate, or accidental.

2. Key Principles

- 2.1 All IT Systems are to be protected against unauthorised access.
- 2.2 All IT Systems are to be used only in compliance with relevant Company Policies.
- 2.3 All employees of the Company and any and all third parties authorised to use the IT Systems including, but not limited to, contractors and sub-contractors (collectively, “Users”), must ensure that they are familiar with this Policy and must adhere to and comply with it at all times.
- 2.4 All line managers must ensure that all Users under their control and direction must adhere to and comply with this Policy at all times as required under paragraph 2.3.
- 2.5 All data stored on IT Systems are to be managed securely in compliance with all relevant parts of the Data Protection Legislation. “Data Protection Legislation” means all applicable data protection and privacy laws including, but not limited to, the retained EU law version of the General Data Protection Regulation ((EU) 2016/679) (the “UK GDPR”), as it forms part of the law of England and Wales, Scotland, and Northern Ireland by virtue of section 3 of the European Union (Withdrawal) Act 2018, the Data Protection Act 2018, the Privacy and Electronic Communications Regulations 2003 as amended, and any successor legislation.
- 2.6 All data stored on IT Systems are to be classified appropriately (including, but not limited to, personal data, sensitive personal data, and confidential information). All data so classified must be handled appropriately in accordance with its classification. Henderson Biomedical do not record any personal data of customers and staff and any 3rd parties.
- 2.7 All data stored on IT Systems shall be available only to those Users with a legitimate need for access.
- 2.8 All data stored on IT Systems shall be protected against unauthorised access and/or processing.
- 2.9 All data stored on IT Systems shall be protected against loss and/or corruption.



- 2.10 All IT Systems are to be installed, maintained, serviced, repaired, and upgraded by Rock IT (the "IT Department") or by such third party/parties as the IT Department may from time to time authorise.
- 2.11 The responsibility for the security and integrity of all IT Systems and the data stored thereon (including, but not limited to, the security, integrity, and confidentiality of that data) lies with the IT Department unless expressly stated otherwise.
- 2.12 All breaches of security pertaining to the IT Systems or any data stored thereon shall be reported and subsequently investigated by the IT Department. [Any breach which is either known or suspected to involve personal data shall be reported to the Data Protection Officer, Mehmet Ozalp.
- 2.13 All Users must report any and all security concerns relating to the IT Systems or to the data stored thereon immediately to the IT Department. All must be reported to the Data Protection Officer.
- 2.14 Relevant legislation and regulation must be understood by all members of staff with trainings.
- 2.15 Incidents must be recorded and reviewed regularly.
- 2.16 The contractors , suppliers , customers and all third parties that provide any service , product to Henderson Biomedical Ltd can not share any private or business info and documentation with other third parties.
- 2.17 All the suppliers and contractors of Henderson Biomedical Ltd must be comply ISO 27001.

3. IT Department Responsibilities

- 3.1 The IT Department, shall be responsible for the following:
 - a) ensuring that all IT Systems are assessed and deemed suitable for compliance with the Company's security requirements;
 - b) ensuring that IT security standards within the Company are effectively implemented and regularly reviewed, working in consultation with the Company's senior management [and Data Protection Officer, as appropriate,] and reporting the outcome of such reviews to the Company's senior management;
 - c) ensuring that all Users are kept aware of the requirements of this Policy and of all related legislation, regulations, and other relevant rules whether now or in the future in force including, but not limited to, the Data Protection Legislation and the Computer Misuse Act 1990.
- 3.2 The IT Staff shall be responsible for the following:
 - a) assisting all Users in understanding and complying with this Policy;
 - b) providing all Users with appropriate support and training in IT security matters and use of IT Systems;



- c) ensuring that all Users are granted levels of access to IT Systems that are appropriate for each User, taking into account their job role, responsibilities, and any special security requirements;
- d) receiving and handling all reports relating to IT security matters and taking appropriate action in response [including, in the event that any reports relate to personal data, informing the Data Protection Officer];
- e) taking proactive action, where possible, to establish and implement IT security procedures and raise User awareness;
- f) assisting the IT Manager in monitoring all IT security within the Company and taking all necessary action to implement this Policy and any changes made to this Policy in the future; and
- g) ensuring that regular backups are taken of all data stored within the IT Systems at intervals defined by management and that such backups are stored at a suitable location **by ROCK IT.**

4. **Users' Responsibilities**

- 4.1 All Users must comply with all relevant parts of this Policy at all times when using the IT Systems.
- 4.2 All Users must use the IT Systems only within the bounds of UK law and must not use the IT Systems for any purpose or activity which is likely to contravene any UK law whether now or in the future in force.
- 4.3 Users must immediately inform the IT Department [(and, where such concerns relate to personal data, the Data Protection Officer)] of any and all security concerns relating to the IT Systems.
- 4.4 Users must immediately inform the IT Department of any other technical problems (including, but not limited to, hardware failures and software errors) which may occur on the IT Systems.
- 4.5 Any and all deliberate or negligent breaches of this Policy by Users will be handled as appropriate under the Company's disciplinary procedures.

5. **Software Security Measures**

- 5.1 All software in use on the IT Systems (including, but not limited to, operating systems, individual software applications, and firmware) will be kept up-to-date and any and all relevant software updates, patches, fixes, and other intermediate releases will be applied at the sole discretion of the IT Department. This provision does not extend to upgrading software to new 'major releases' (e.g. from version 1.0 to version 2.0), only to updates within a particular major release (e.g. from version 1.0 to version 1.0.1 etc.). Unless a software update is available free of charge it will be classed as a major release, falling within the remit of new software procurement and outside the scope of this provision.
- 5.2 Where any security flaw is identified in any software that flaw will be either

fixed immediately or the software may be withdrawn from the IT Systems until such time as the security flaw can be effectively remedied. [If the security flaw affects, is likely to affect, or is suspected to affect any personal data, the Data Protection Officer shall be informed immediately.]

- 5.3 No Users may install any software of their own, whether that software is supplied on physical media or whether it is downloaded, without the approval of the IT Manager. Any software belonging to Users must be approved by the IT Manager and may only be installed where that installation poses no security risk to the IT Systems and where the installation would not breach any licence agreements to which that software may be subject.
- 5.4 All software will be installed onto the IT Systems by the IT Department unless an individual User is given written permission to do so by the IT Manager. Such written permission must clearly state which software may be installed and onto which computer(s) or device(s) it may be installed.

6. Anti-Virus Security Measures

- 6.1 Most IT Systems (including all computers and servers) will be protected with suitable anti-virus, firewall, and other suitable internet security software. All such software will be kept up-to-date with the latest software updates and definitions.
- 6.2 All IT Systems protected by anti-virus software will be subject to a full system scan at least defined as by ROCK IT
- 6.3 All physical media (e.g. USB memory sticks or disks of any kind) used by Users for transferring files must be virus-scanned before any files may be transferred. It is forbidden to use external devices to connect business computers. Such virus scans shall be performed by the IT Company.
- 6.4 Users shall be permitted to transfer files using cloud storage systems only with the approval of the IT Company. [All files downloaded from any cloud storage system must be scanned for viruses during the download process.]
- 6.5 Any files being sent to third parties outside the Company, whether by email, on physical media, or by other means (e.g. shared cloud storage) must be scanned for viruses before being sent or as part of the sending process, as appropriate. [All email attachments are scanned automatically upon sending.]
- 6.6 Where any virus is detected by a User this must be reported immediately to the IT Department (this rule shall apply even where the anti-virus software automatically fixes the problem). The IT Department shall promptly take any and all necessary action to remedy the problem. In limited circumstances this may involve the temporary removal of the affected computer or device. Wherever possible a suitable replacement computer or device will be provided immediately to limit disruption to the User.
- 6.7 If any virus or other malware affects, is likely to affect, or is suspected to



affect any personal data, in addition to the above, the issue must be reported immediately to the Data Protection Officer.

- 6.8 Where any User deliberately introduces any malicious software or virus to the IT Systems this will constitute a criminal offence under the Computer Misuse Act 1990 and will be handled as appropriate under the Company's disciplinary procedures.

7. **Hardware Security Measures**

- 7.1 Wherever practical, IT Systems will be located in rooms which may be securely locked when not in use or, in appropriate cases, at all times whether in use or not (with authorised Users being granted access by means of a key, smart card, door code or similar). Where access to such locations is restricted, Users must not allow any unauthorised access to such locations for any reason.
- 7.2 All IT Systems not intended for normal use by Users (including, but not limited to, servers, networking equipment, and network infrastructure) shall be located, wherever possible and practical, in secured, climate-controlled rooms and/or in locked cabinets which may be accessed only by designated members of the IT Department.
- 7.3 No Users shall have access to any IT Systems not intended for normal use by Users (including such devices mentioned above) without the express permission of the IT Manager. Under normal circumstances, whenever a problem with such IT Systems is identified by a User, that problem must be reported to the IT Department. Under no circumstances should a User attempt to rectify any such problems without the express permission (and, in most cases, instruction and/or supervision) of the IT Manager.
- 7.4 All non-mobile devices (including, but not limited to, desktop computers, workstations, and monitors) shall, wherever possible and practical, be physically secured in place with a suitable locking mechanism. Where the design of the hardware allows, computer cases shall be locked to prevent tampering with or theft of internal components.
- 7.5 All mobile devices (including, but not limited to, laptops, tablets, and smartphones) provided by the Company should always be transported securely and handled with care. In circumstances where such mobile devices are to be left unattended they should be placed inside a lockable case or other suitable container. Users should make all reasonable efforts to avoid such mobile devices from being left unattended at any location [other than their private homes or Company premises]. If any such mobile device is to be left in a vehicle it must be stored out of sight and, where possible, in a locked compartment.
- 7.6 The IT Department shall maintain a complete asset register of all IT Systems. All IT Systems shall be labelled, and the corresponding data shall be kept on the asset register.

8. Access Security

- 8.1 Access privileges for all IT Systems shall be determined on the basis of Users' levels of authority within the Company and the requirements of their job roles. Users shall not be granted access to any IT Systems or electronic data which are not reasonably required for the fulfilment of their job roles.
- 8.2 All IT Systems (and in particular mobile devices including, but not limited to, laptops, tablets, and smartphones) shall be protected with a secure password or passcode, or such other form of secure log-in system as the IT Department may deem appropriate and approve. Not all forms of biometric log-in are considered secure. Only those methods approved by the IT Department may be used.
- 8.3 All passwords must, where the software, computer, or device allows:
- be at least 8 characters long;
 - contain a combination of upper and lower case letters / numbers / spaces / symbols etc.;
 - be changed at least every 90 days;
 - be different from the previous password;
 - not be obvious or easily guessed (e.g. birthdays or other memorable dates, memorable names, events, or places etc.); and
 - be created by individual Users.
- 8.4 Passwords should be kept secret by each User. Under no circumstances should a User share their password with anyone, including the IT Manager and the IT Staff. No User will be legitimately asked for their password by anyone at any time and any such request should be refused. If a User has reason to believe that another individual has obtained their password, they should change their password immediately [and report the suspected breach of security to the IT Department [and, where personal data could be accessed by an unauthorised individual, the Data Protection Officer]].
- 8.5 If a User forgets their password, this should be reported to the IT Department. The IT Department will take the necessary steps to restore the User's access to the IT Systems which may include the issuing of a temporary password which may be fully or partially known to the member of the IT Staff responsible for resolving the issue. A new password must be set up by the User immediately upon the restoration of access to the IT Systems.
- 8.6 Users should not write down passwords if it is possible to remember them. If a User cannot remember a password, it should be stored securely (e.g. in a locked drawer or in a secure password database) and under no circumstances should passwords be left on display for others to see (e.g. by attaching a note to a computer display).
- 8.7 All IT Systems with displays and user input devices (e.g. mouse, keyboard, touchscreen etc.) shall be protected, where possible, with a



password protected screensaver that will activate after 10 minute of inactivity. This time period cannot be changed by Users and Users may not disable the screensaver. Activation of the screensaver will not interrupt or disrupt any other activities taking place on the computer (e.g. data processing).

- 8.8 All mobile devices (including, but not limited to, laptops, tablets, and smartphones) provided by the Company shall be set to lock, sleep, or similar, after 10 minutes of inactivity, requiring a password, passcode, or other form of log-in to unlock, wake, or similar. Users may not alter this time period.
- 8.9 Users may not use any software which may allow outside parties to access the IT Systems without the express consent of the IT Manager. Any such software must be reasonably required by the User for the performance of their job role and must be fully inspected and cleared by the IT Manager [and, where such access renders personal data accessible by the outside party, the Data Protection Officer].
- 8.10 [Users may connect their own devices (including, but not limited to, laptops, tablets, and smartphones) to the Company network[s] subject to the approval of the IT Department. Any and all instructions and requirements provided by the IT Department governing the use of Users' own devices when connected to the Company network must be followed at all times. Users' use of their own devices shall be subject to, and governed by, all relevant Company Policies (including, but not limited to, this Policy) while those devices are connected to the Company network or to any other part of the IT Systems. The IT Department shall reserve the right to request the immediate disconnection of any such devices without notice.]

9. **Data Storage Security**

- 9.1 All data, and in particular personal data (N/A), should be stored securely using passwords and data encryption.
- 9.2 All data stored electronically on physical media, and in particular personal data, should be stored securely in a locked box, drawer, cabinet, or similar.
- 9.3 No personal data should be stored on any mobile device (including, but not limited to, laptops, tablets, and smartphones), whether such device belongs to the Company or otherwise [without the formal written approval of the Data Protection Officer and, in the event of such approval, strictly in accordance with all instructions and limitations described at the time the approval is given, and for no longer than is absolutely necessary].
- 9.4 No data, and in particular personal data, should be transferred to any computer or device personally belonging to a User unless the User in question is a contractor or sub-contractor working on behalf of the Company and that User has agreed to comply fully with the Company's Data Protection Policy and the Data Protection Legislation.



9.5 Control, protection, secure use, destruction and records are defined within this policy and covered for electronic storage media.

10. Data Protection and Risk Assessment

10.1 All personal data (as defined in the Data Protection Legislation) collected, held, and processed by the Company will be collected, held, and processed strictly in accordance with the principles of the Data Protection Legislation, the provisions of the Data Protection Legislation and the Company's Data Protection Policy.

10.2 All Users handling data for and on behalf of the Company shall be subject to, and must comply with, the provisions of the Company's Data Protection Policy at all times. In particular, the following shall apply:

- a) Henderson Biomedical do not keep, record and share any of personal data of any 3rd parties.
- b) All emails containing personal data must be marked "confidential";
- c) Personal data may be transmitted over secure networks only; transmission over unsecured networks is not permitted under any circumstances;
- d) Personal data may not be transmitted over a wireless network if there is a wired alternative that is reasonably practicable;
- e) Personal data contained in the body of an email, whether sent or received, should be copied directly from the body of that email, and stored securely. The email itself should be deleted. All temporary files associated therewith should also be deleted manually.
- f) All personal data to be transferred physically, including that on removable electronic media, shall be transferred in a suitable container marked "confidential".
- g) Where any confidential or personal data is being viewed on a computer screen and the computer in question is to be left unattended for any period of time, the User must lock the computer and screen before leaving it.
- h) A risk assessment and a technical risk assessment are covered within the internal audit process of Henderson Biomedical where we audit all the relevant IT systems of the company.
- i) Acceptable use of information and assets are as defined within this policy.
- j) Boundary protection is in place on all systems with a connection to an un-trusted network.
- k) Risk assessment must cover: Perimeter Security, Access Control, Manned Guarding, Incoming mail and delivery screening and data protection.



l) Secure areas and/or cabinets for the storage of sensitive assets.

10.3 Any questions relating to data protection should be referred to [the Data Protection Officer,] Mehmet Ozalp.

11. Internet and Email Use

11.1 All Users shall be subject to, and must comply with, the provisions of the Company's Communications, Email and Internet Policy when using the IT Systems.

11.2 Where provisions in this Policy require any additional steps to be taken to ensure IT security when using the internet or email over and above the requirements imposed by the Communications, Email and Internet Policy, Users must take such steps as required.

12. Reporting IT Security Breaches

12.1 Subject to paragraph 12.2, all concerns, questions, suspected breaches, or known breaches shall be referred immediately to **Mehmet Ozalp**.

12.2 [All concerns, questions, suspected breaches, or known breaches that involve personal data shall be referred immediately to the Data Protection Officer who shall handle the matter in accordance with the Company's Data Protection Policy.]

12.3 Upon receiving a question or notification of a breach, the IT Department shall, 1 day, assess the issue including, but not limited to, the level of risk associated therewith, and shall take any and all such steps as the IT Department deems necessary to respond to the issue.

12.4 Under no circumstances should a User attempt to resolve an IT security breach on their own without first consulting the IT Department [(or the Data Protection Officer, as appropriate)]. Users may only attempt to resolve IT security breaches under the instruction of, and with the express permission of, the IT Department.

12.5 All IT security breaches, whether remedied by the IT Department or by a User under the IT Department's direction, shall be fully documented.

13. Policy Review

The Company shall review this Policy not less than once a year and otherwise as required in order to ensure that it remains up-to-date and fit for purpose. All questions, concerns, and other feedback relating to this Policy should be communicated to the DPO Mehmet Ozalp.



14. **Implementation of Policy**

This Policy shall be deemed effective as of 05/2020. No part of this Policy shall have retroactive effect and shall thus apply only to matters occurring on or after this date.

This Policy has been approved and authorised by:

A handwritten signature in blue ink, appearing to read 'Mehmet Ozalp', with a long, sweeping flourish extending to the right.

Mehmet Ozalp

Quality, Compliance , Service and H&S Manager

Dated 13/07/2022

Next review: 12/07/2023 or earlier if required.

This IT Security Policy is to be read annually by all staff