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| NUCLEAR SAFETY DIRECTORATE - BUSINESS MANAGEMENT SYSTEM | | |
| Business Support | | BSS/IMT/007 |
| HANDLING OF PROTECTIVELY MARKED DOCUMENTS | | ISSUE 002 |
| Approved By: <i>G MacDonald</i> | G MacDonald | Issue Date: 17/09/01 |
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1. Purpose & Scope

1.1 The purpose of this procedure is provide instructions for the consistent and appropriate handling of restricted or confidential files and documents.

2. Policy

2.1 Protectively Marked files / documents will be treated in an appropriate manner which is consistent with HSE and government guidelines on the receipt, handling, copying, storage and destruction of such material.

2.2 All files marked confidential (and above) which relate to AWE / MOD work or sites must be stored in the Division 3 enclave.

2.3 Periodic checks will be undertaken to ensure that staff adhere to the arrangements on handling and storage of protectively marked material. Any breaches in security relating to document handling will be actioned in accordance with HSE guidance and Document Security in NSD Division 3.

3. Responsibilities

3.1 It is the responsibility of the line manager in conjunction with Personnel / HSE's Security Officer to ensure that all staff in NSD have the appropriate level of security clearance. As a minimum, all staff in NSD are cleared by the counter-terrorist check (1 level above the basic check carried out for all HSE staff).

3.2 It is the responsibility of any member of staff dealing with external contractors, to ensure that permission is sought from the originators of any classified documentation before it is seen by anyone from outside NSD.

3.3 It is the responsibility of all staff to ensure that whenever they put

restricted or confidential files or documents into the internal post, that such material is appropriately wrapped or enveloped. (see **HSE Staff Handbook, Chapter 4, App. 3**, 'Information Security in HSE - Protective Marking Arrangements' and this procedure).

3.4 It is the responsibility of the file or document user to consult with the document originator where necessary and advise admin staff if files or documents are deemed to be mis-classified (either too high or too low), so that corrective action can be taken.

3.5 It is the responsibility of any member of staff who adds a Protectively Marked document to a previously unrestricted file to advise the Registry / Enclave Manager that the file classification has been changed. If a document which is Protectively Marked is put onto a previously unrestricted file it will automatically raise the level of that file to the level of the document. The information on DMS on the file will need to be updated and its physical storage location changed (restricted or confidential files are not stored in the same way, or at the same location, as unrestricted files).

3.6 It is the responsibility of the file holder / document user to ensure that whilst classified files / documents are in their possession they should be stored securely in accordance with **HSE Staff Handbook, Chapter 4, Appendix 3**.

4. Definitions

4.1 See **BSS/IMT/Annex 1** - Glossary of Definitions.

5. Procedure

5.1 See **Flowchart 1** - Handling restricted documents files (below confidential)

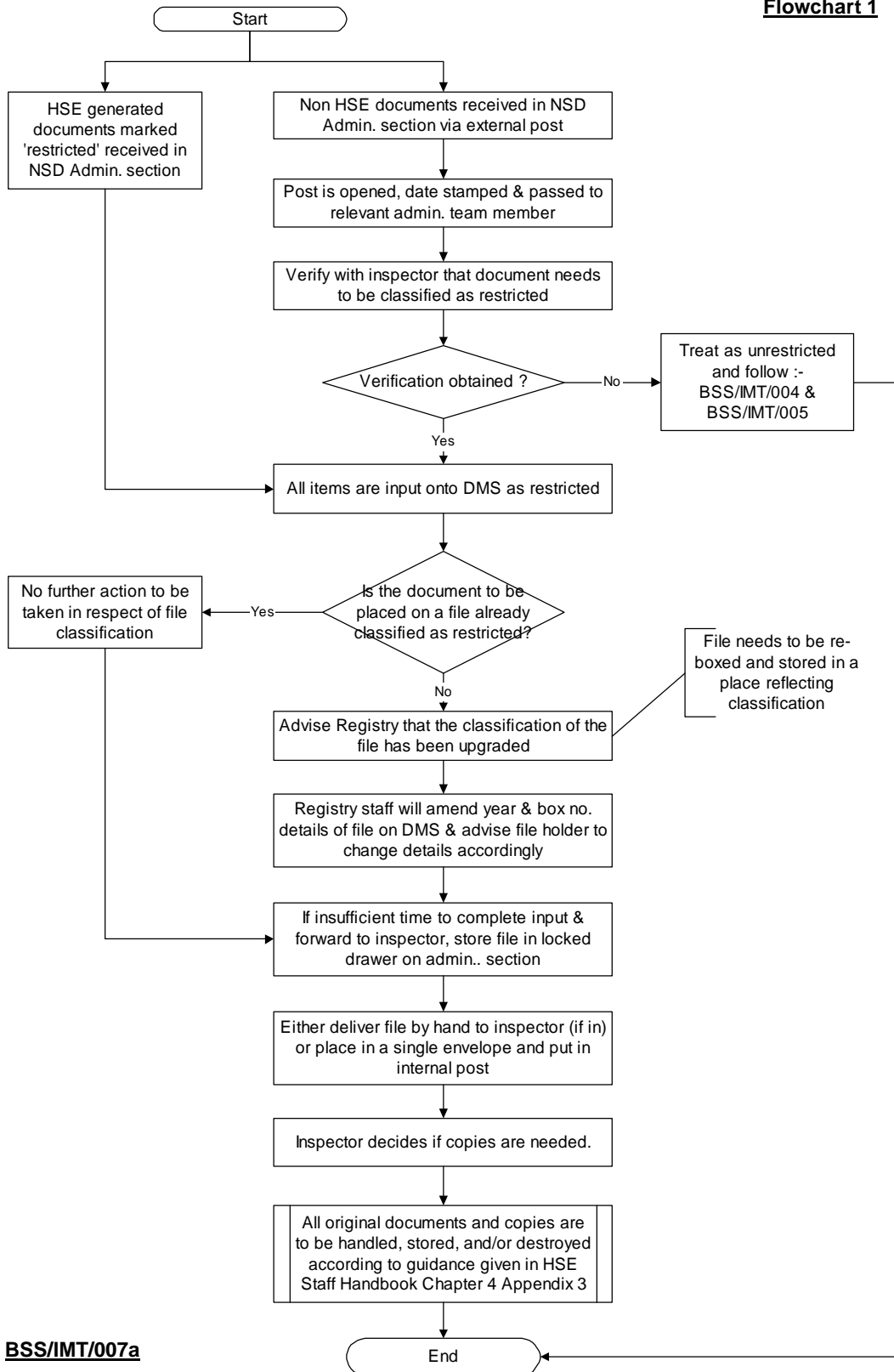
5.2 See **Flowchart 2** - Handling documents with a marking of Confidential and above.

6. Associated Documents

6.1 **HSE Staff Handbook, Chapter 4, Appendix 3** 'Information Security in HSE - Protective Marking Arrangements'.

**Flowchart for Handling Restricted Documents
(Below Confidential)**

Flowchart 1



Flowchart for handling documents with a marking of Confidential and above

Flowchart 2

