

The logo for SAFECARE, with 'SAFE' in grey and 'CARE' in blue, set against a light grey dashed grid background.

**SAFE****CARE**

*Integrated cyber-physical security for health services*



ECSCI Virtual workshop – 24 June 2020

# SAFECARE: Integrated Cyber-Physical Security

---

Fabrizio Bertone  
LINKS Foundation, Turin - ITALY

# Characteristics of hospitals

- High presence of external persons
  - Support staff (cleaning, food, students)
  - Patients
  - Visitors
- Structures of large size
- Complex ICT systems and devices
  - Support systems and databases
    - HIS hospital information system
    - PACS picture archiving and communication system
    - LIS laboratory information systems
  - Various networks
  - Medical devices (networked)



# Assets

- Highly skilled personnel
- Patients

- Valuable equipment
  - Devices, drugs, PPEs

- Valuable data

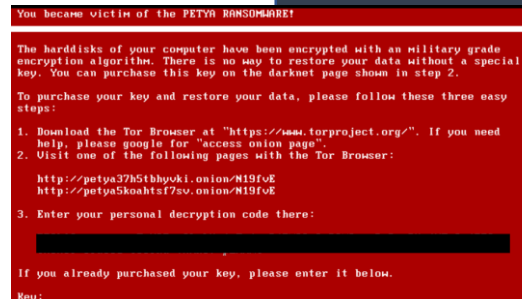
# Threats



- Aggressions
- Kidnapping/Coercion



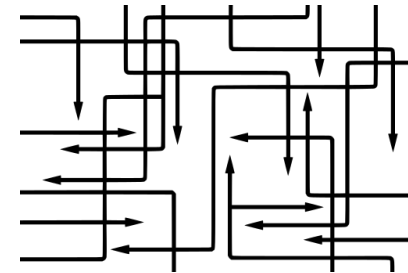
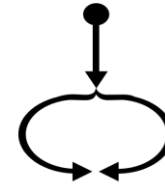
- Theft
- Vandalism
- Sabotage



- Unauthorized access
  - Data breach
- Destruction/modification
  - ransomware

# Motivations for integrated security system

- Updated knowledge of the global status
- Links between assets of different domains
- Cyber-Physical “kill chains”



# SAFECARE Methodology and Approach

- Threat analysis, Risk assessment
- Attack scenarios definition
- Integrated architecture, communication and storage
- Impact propagation
- Holistic view and management
- Information sharing



# Hospital assets categories sample

Category	Example
Specialist personnel	Employees, Persons with special functions, etc.
Buildings and Facilities	Main and ancillary buildings, Technical buildings, Power and climate regulation systems, temperature sensors, medical gas supply, room operation, automated door lock system, etc.
Identification Systems	Tags, bracelets, badges, biometric scanners, CCTV (video surveillance), RFID services, etc.
Networked Medical Devices	Mobile devices (e.g. glucose measuring devices), wearable external devices (e.g. portable insulin pumps), implantable devices (e.g. cardiac pacemakers), stationary devices (e.g. computed tomography (CT) scanners), support devices (e.g. assistive robots), etc.
Networking Equipment	Transmission media, network interface cards, network devices (e.g. hubs, switches, routers, etc.), telephone system, etc.
Interconnected Clinical Information Systems	Hospital information system (HIS), Laboratory information system (LIS), Pharmacy information system (PIS), Picture archiving and communication system (PACS), blood bank system, etc.



# Threat and vulnerability landscape

## Threats

### Cyber attacks:

- Social engineering
- Spear phishing
- Malware
- RATs
- DDoS
- Vulnerability exploits

### Physical attacks:

- Intrusion
- Aggression
- Material destruction
- Bombing
- Manmade fire

### Natural hazards:

- Flood
- Earthquake
- Storm

## Targets

- Building
- Power supply
- Air cooling system
- Water heating system
- Patients data
- IT systems
- Medical devices
- Health practitioners
- Patients and population

...

## Motives

- Political
- Terrorism
- Harm
- Financial
- Intelligence
- Reputation damage

## Vulnerabilities

### Cyber vulnerabilities:

- Application & OS vulnerabilities
- Control Gaps & Design Flaws
- Unpatched devices
- Weak credential
- Lack of cyber threat prevention
- Lack of cyber threat detection
- Lack of security policy

### Physical vulnerabilities:

- Lack of access management
- Lack of video monitoring
- Lack of fire detection
- Lack of smart sensors
- Lack of security agents
- Lack of security policy
- Lack of collaboration with police and firefighters





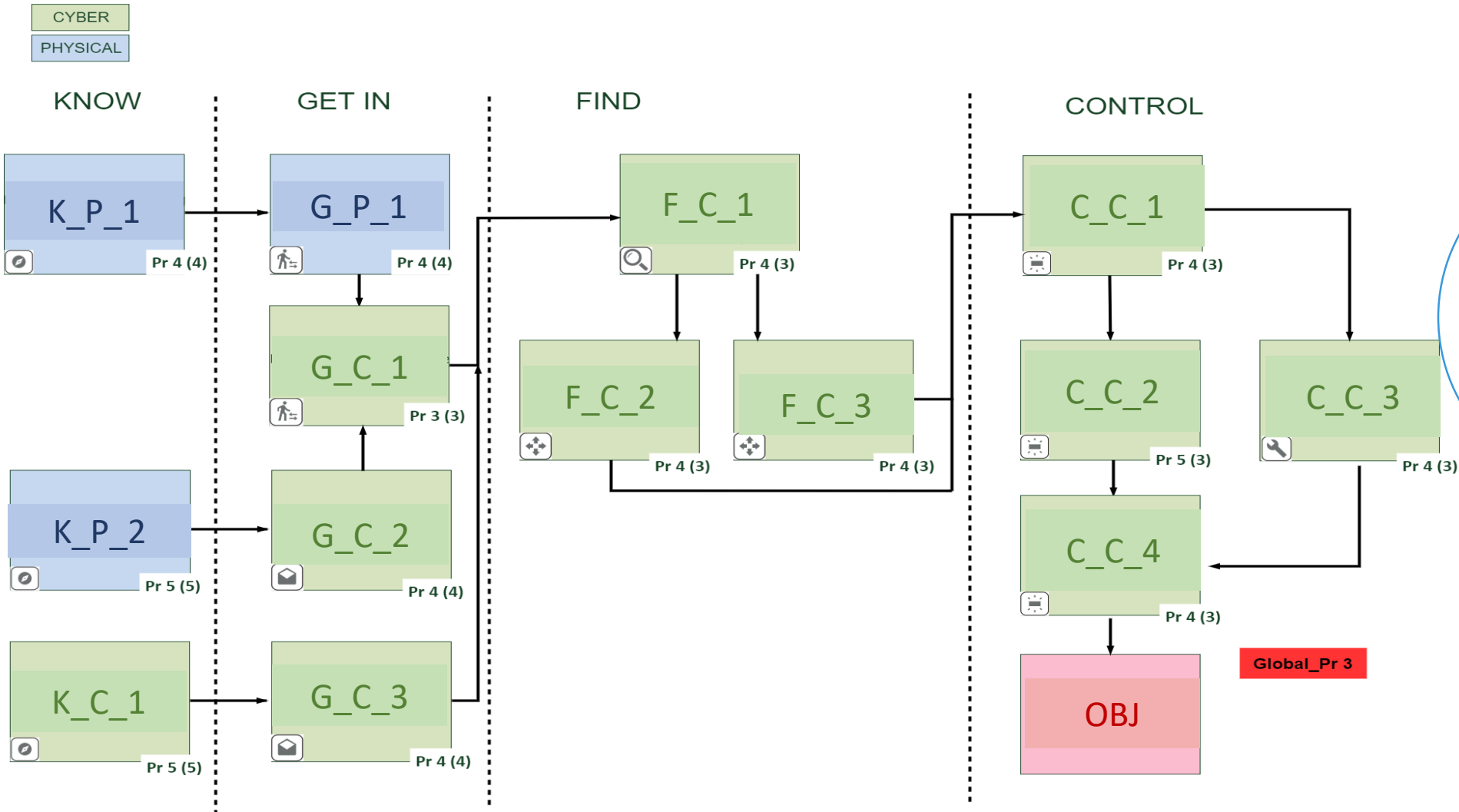
# Strategic Scenario Example [1]

RISK SOURCE	OPPONENT OBJECTIVES	STAKEHOLDERS/ INTERM. EVENTS	IMPACT/ SEVERITY
Cyber Criminals (financial motive)	Extortion	Access to restricted area	System unavailable for treatment
Hactivists	Sabotage	Social engineering of employee	System permanently damaged
State-sponsored groups	Intimidation/ deterrence	Digital access to network/systems	Loss of reputation
		Impersonation of vendor	Physical harm to patient

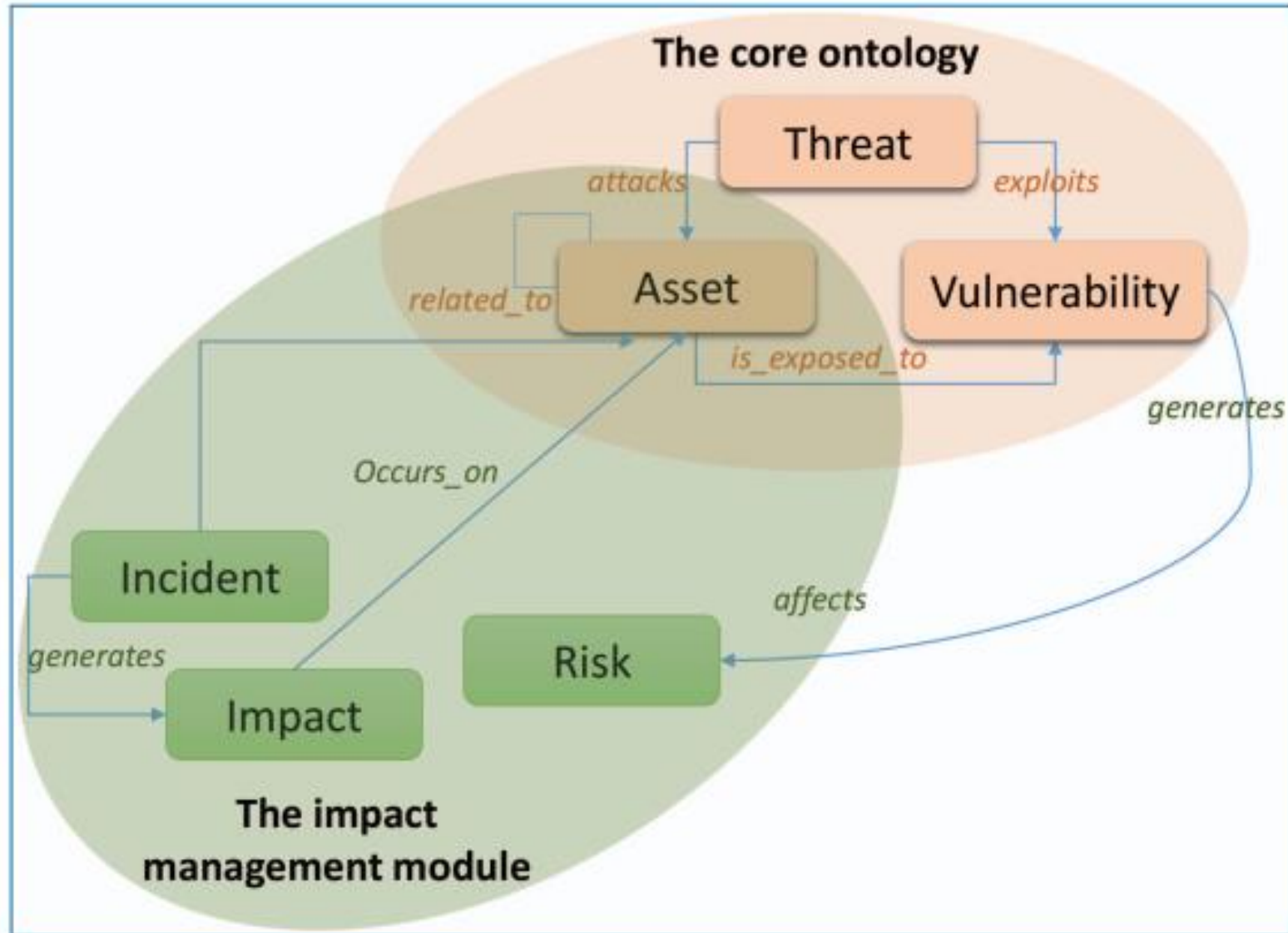




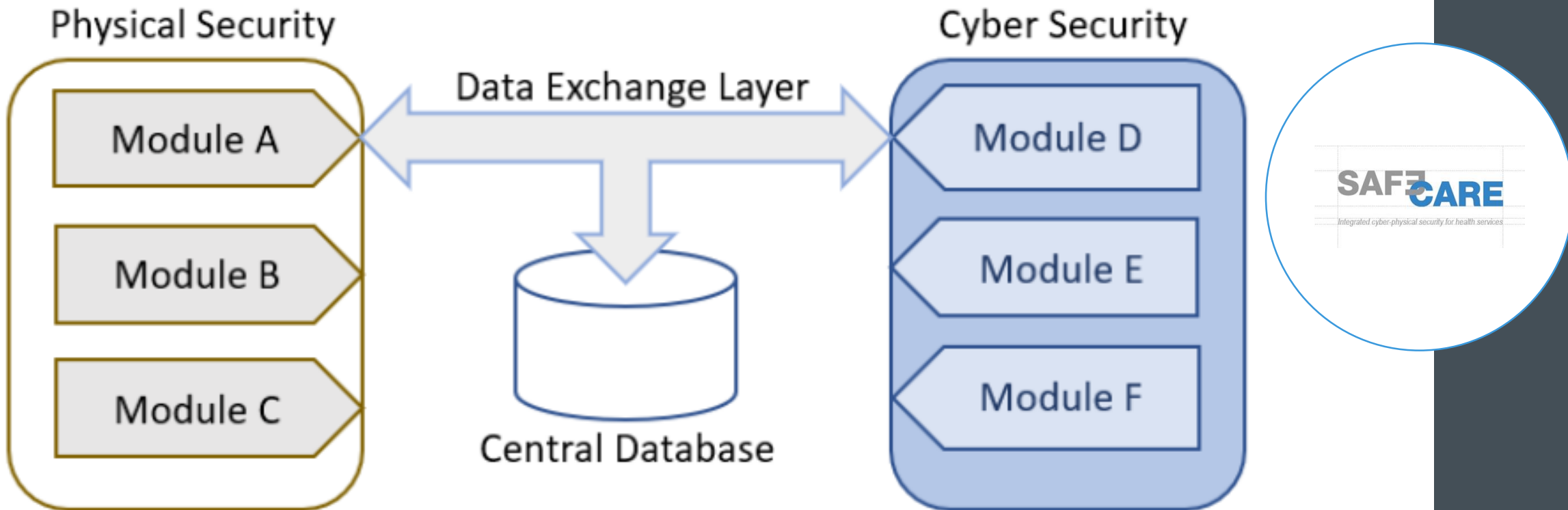
# Attack Technical Scenario Example (KC)



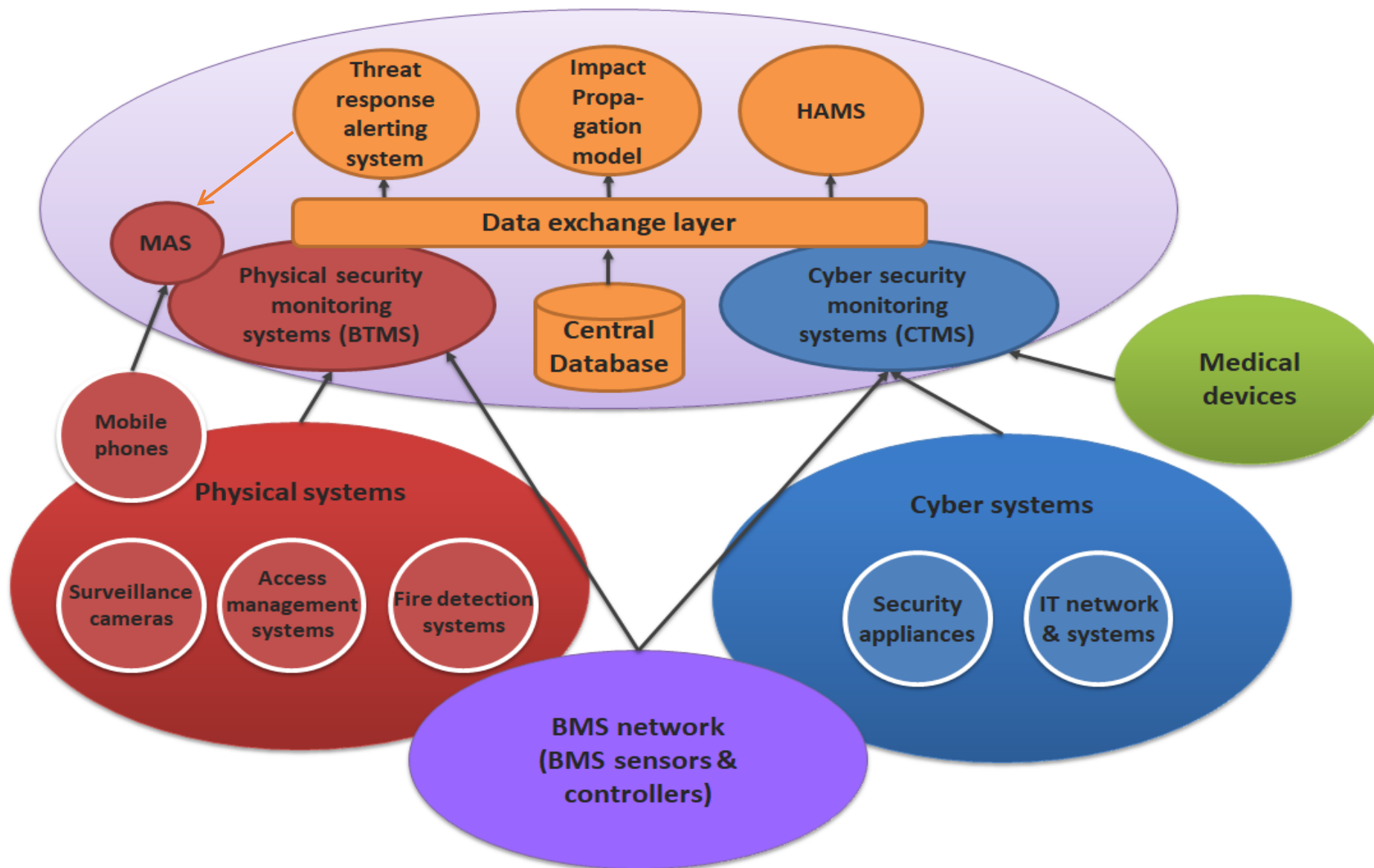
# SAFECARE Ontology [2]



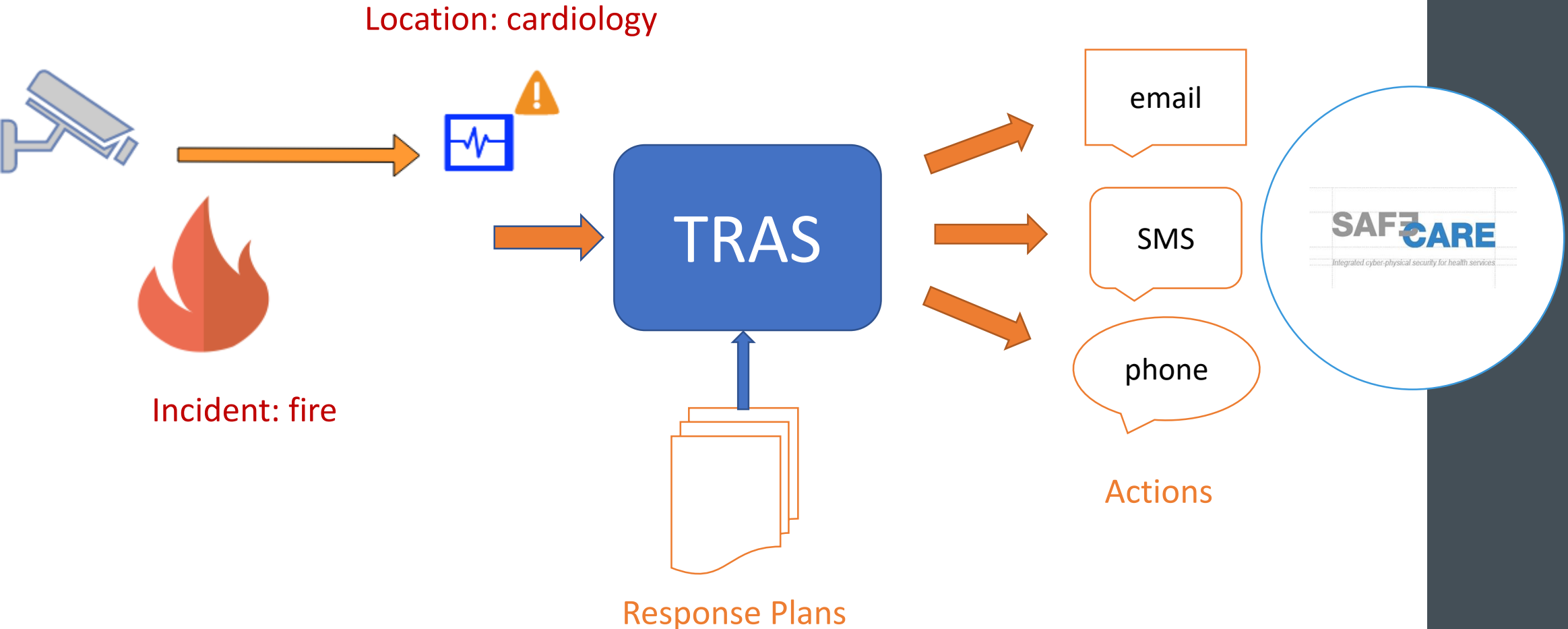
# High-level Architecture for Integration



# SAFECARE Global Architecture [3]

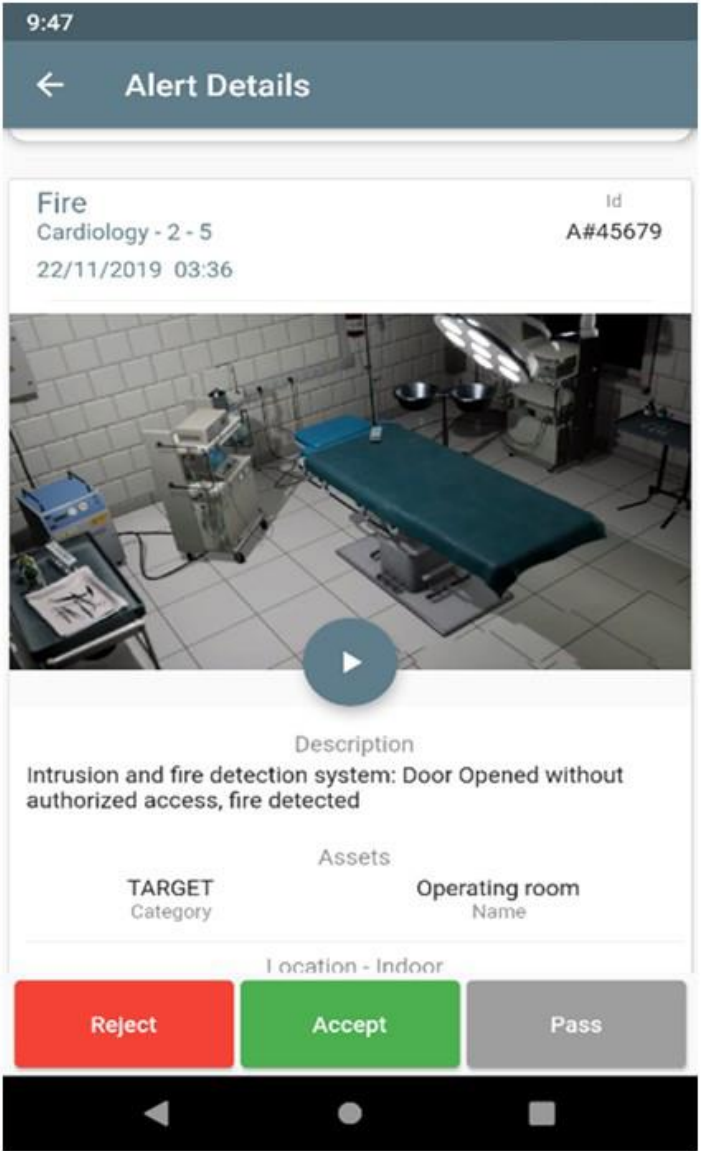
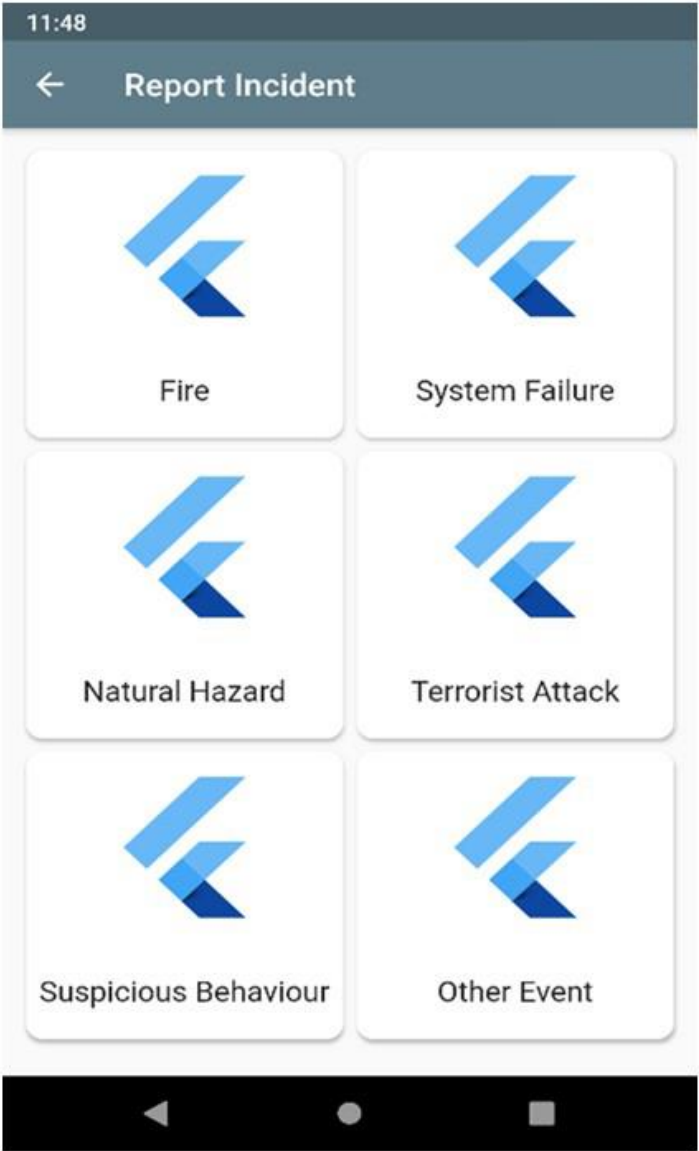


# Threat Response Alerting System



# Mobile Alerting System [3]

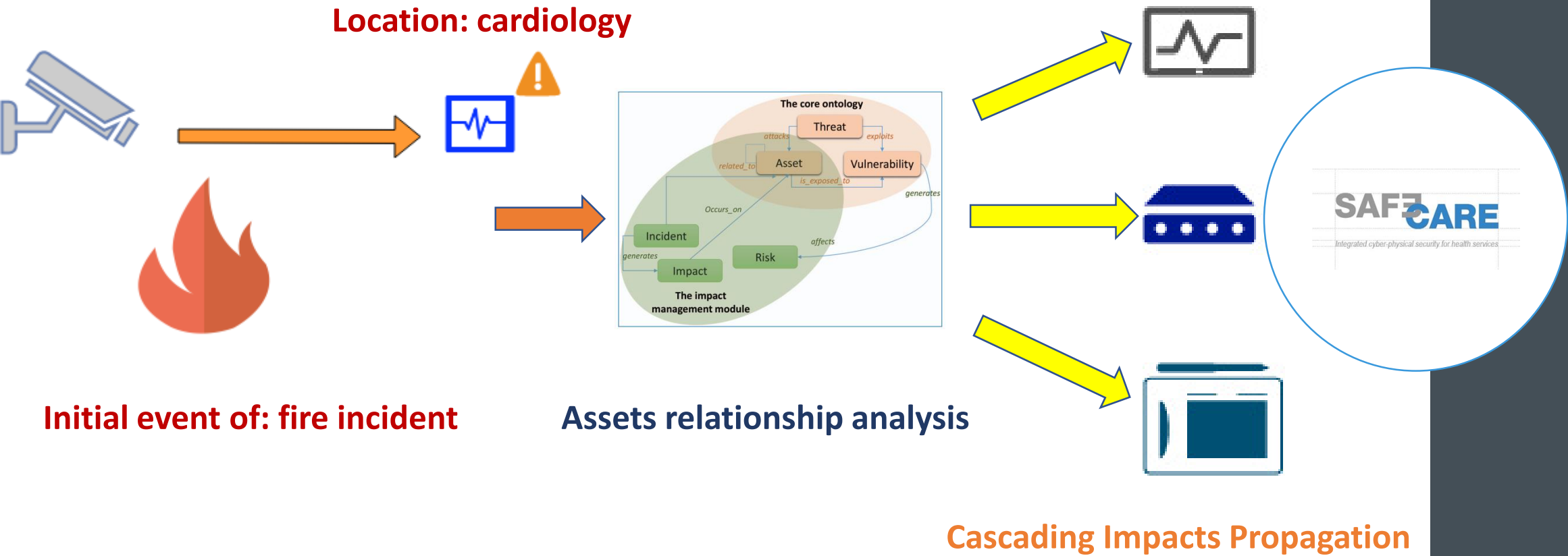
R  
E  
P  
O  
R  
T  
I  
N  
G



V  
A  
L  
I  
D  
A  
T  
I  
O  
N

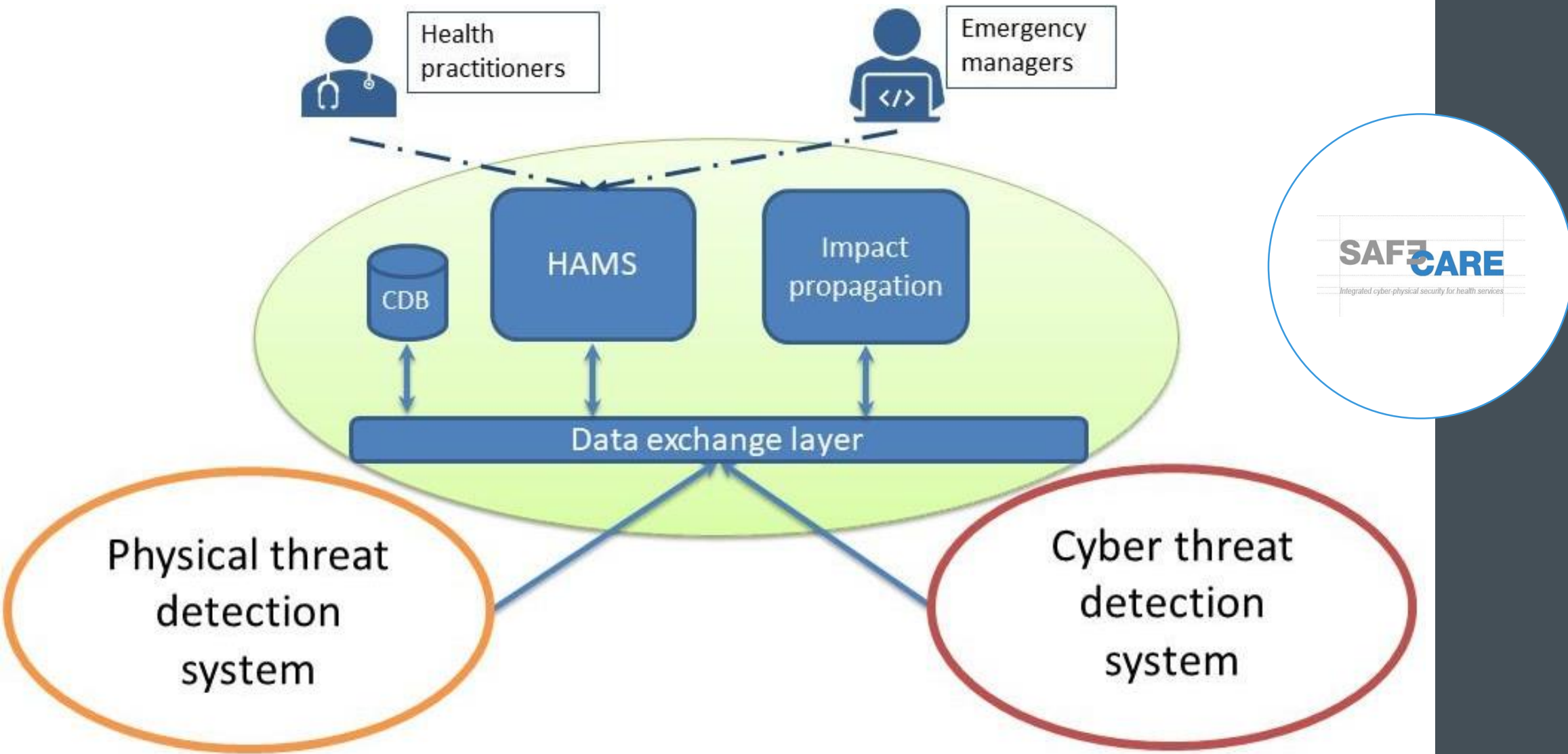


# Impact Propagation

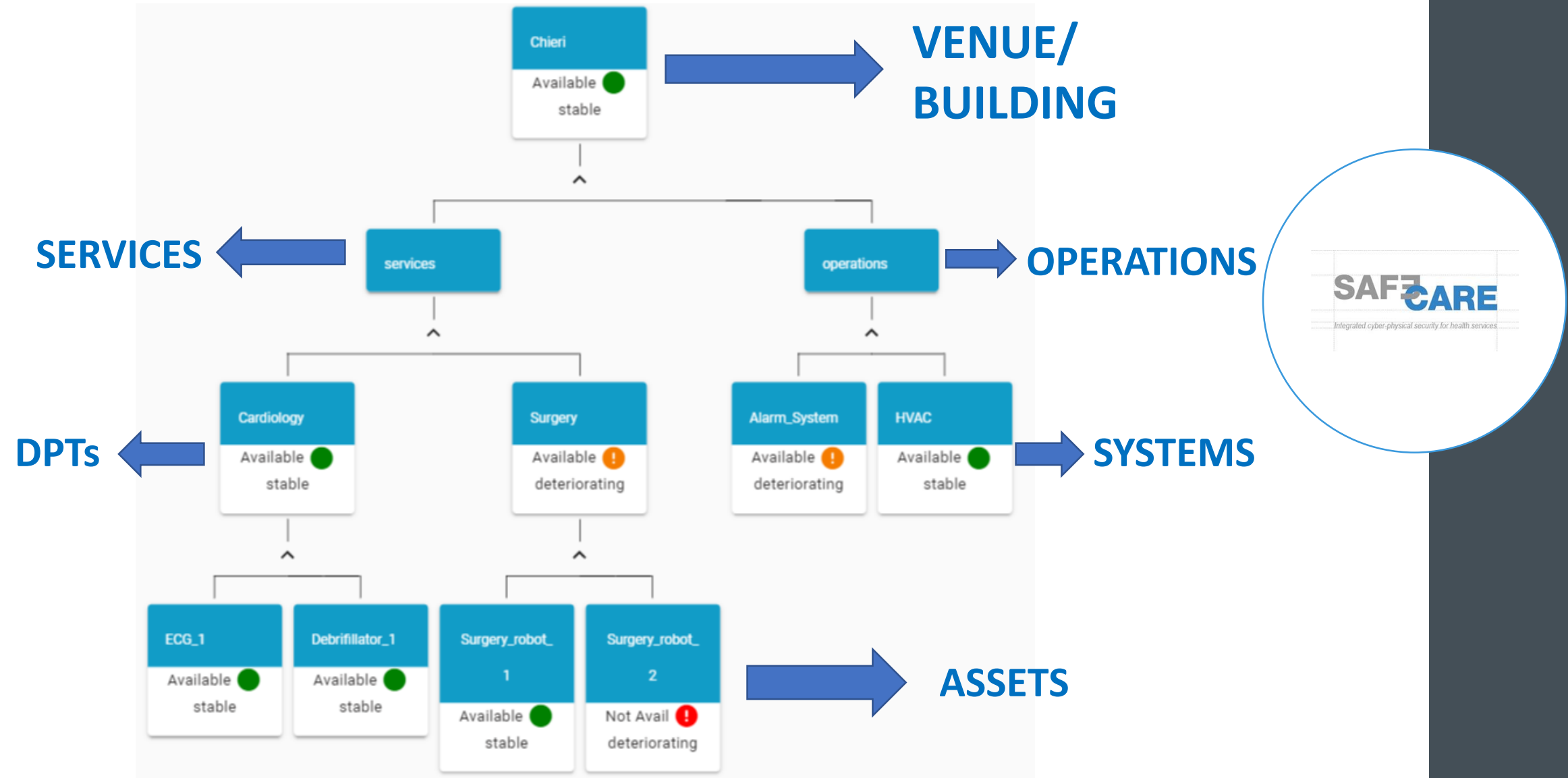




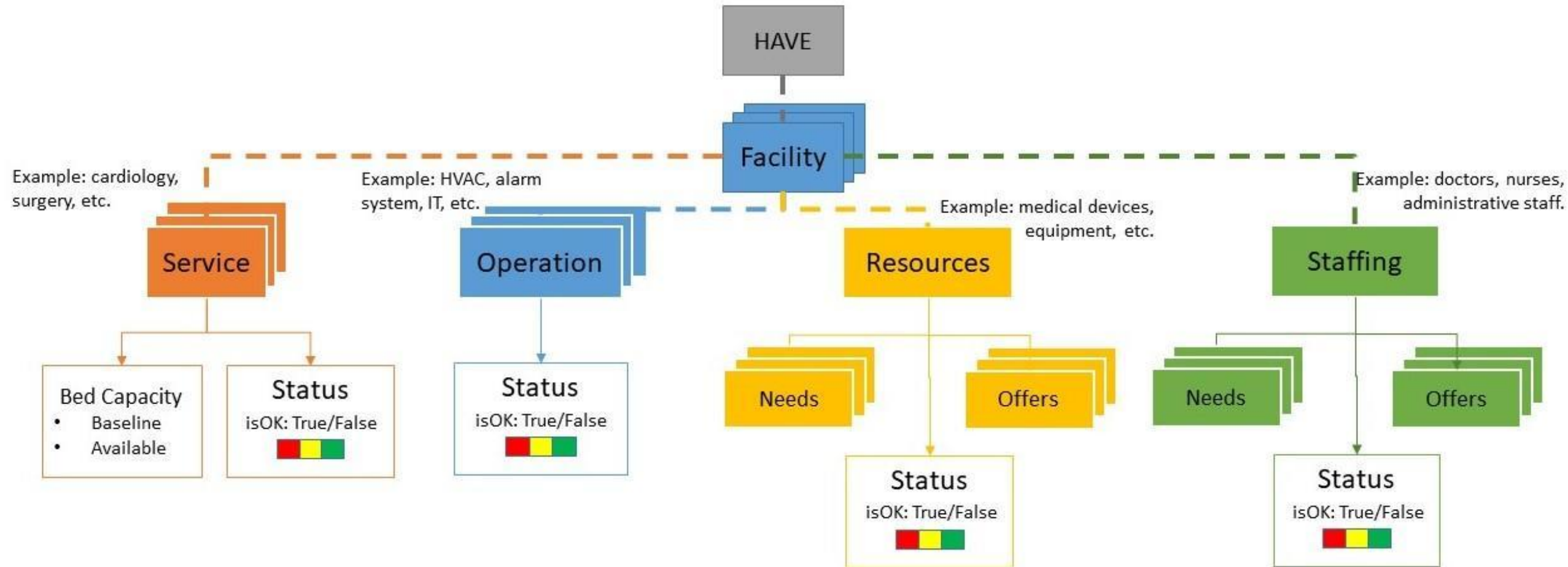
# Hospital Availability Management System [4]



# Assets graph view



# Interoperable Information Sharing [4]



# Conclusions

- Hospitals are complex environments
  - Not always easy to monitor security
- Criminals target specifically hospitals, especially during crisis
- Holistic knowledge increases threats detection and decrease reaction time
- Data sharing is key in emergency situations



# References

1. Eva Maia et al. 2020. “Security Challenges for the Critical Infrastructures of the Healthcare Sector” \*
2. Faten Atigui et al. 2020. “Vulnerability and Incident Propagation in Cyber-physical Systems” \*
3. Fabrizio Bertone et al. 2020. “Integrated Cyber-physical Security Approach for Healthcare Sector” \*
4. Francesco Lubrano et al. 2020. “HAMS: An Integrated Hospital Management System to Improve Information Exchange”. CISIS 2020

\* in *“Cyber-Physical Threat Intelligence for Critical Infrastructures Security: A Guide to Integrated CyberPhysical Protection of Modern Critical Infrastructures”*



# SAFECARE

*Integrated cyber-physical security for health services*

<https://www.safecare-project.eu/>



@SafecareP



SAFECARE Project



**Fabrizio Bertone**

Researcher @ LINKS Foundation

Fabrizio.Bertone@linksfoundation.com