



Sensor Networks for Emergency Response: Challenges and Opportunities

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Overview

- **Introduction**
- **CodeBlue Infrastructure**
- **Wireless Vital Sign Monitors**
- **Security Implications**
- **MoteTrack: RF-based Location Tracking**



Introduction

- **CodeBlue is a suite of applications**
 - **Wearable vital signs monitors**
 - **MoteTrack: personnel and patient tracking**
- **Tested by developing two monitors and PDA for triaging**



CodeBlue Infrastructure

- **Discovery & Naming**
 - Device naming should be application centric
 - Decentralize discovery process to avoid single point of failure
- **Robust Routing**
 - Devices might need to communicate with others outside their immediate range
 - Ad hoc routing improves this through relaying
 - Vital sign sensors may need to send data to multiple devices



CodeBlue Infrastructure

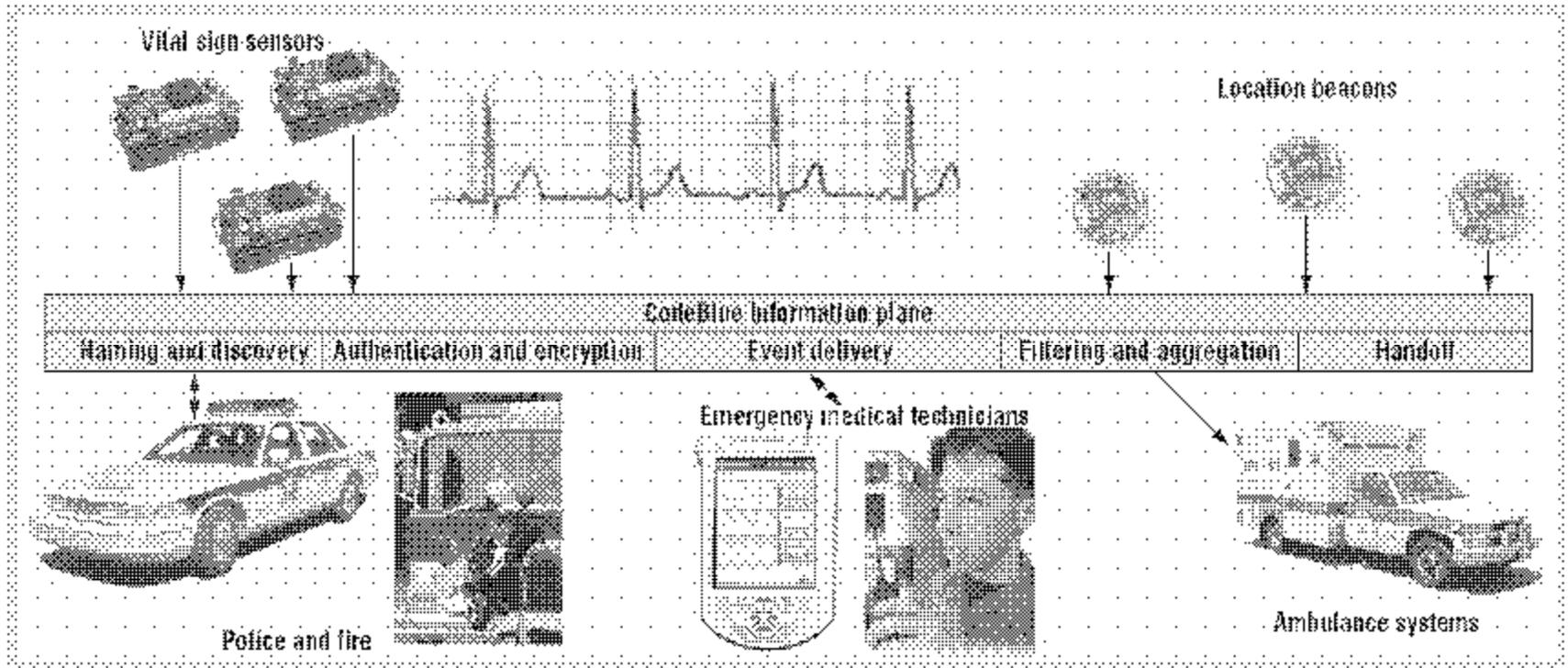
- **Prioritization**
 - Very limited bandwidth in low-powered sensor radios
 - Critical data **MUST** get delivered
 - Vital signs on patient in cardiac arrest, SOS messages, etc take priority
- **Security**
 - Efficient establishment of security credentials
 - Fluctuating number of responders and patients
 - Pre-deployed public key should not be assumed
 - Most devices won't have processing power to handle strong cryptography protocols



CodeBlue Architecture

- **CodeBlue is an “information plane” providing services**
 - Flexible naming scheme
 - Publish and subscribe routing framework
 - Authentication and encryption
 - Credential establishment and handoff
 - Location tracking
 - In-network filtering and aggregation

CodeBlue Architecture





CodeBlue Architecture

- **Previous similar systems**
 - **Patient Centric Network**
 - **Common architecture for sensors in hospital rooms**
 - **Not focused on low power sensors in emergency response**
 - **Agent Based Casualty Care**
 - **Developing wearable physiological sensors**



Wireless Vital Sign Monitors

- **Merger of motes with vital sign monitors**
 - Mote: Low-power, low-capability device
- **Used Mica2 developed at UC Berkely**
 - 7.3 MHz Amtel ATmega128L running TinyOS
 - 4 Kbytes RAM, 128 Kbytes ROM
 - Chipcon CC1000 Radio
 - 76.8 kbps, 20-30 meters indoors range
 - 5.7 cm x 3.2 cm x 2.2 cm
 - AA Batteries for continuous power up to a week
 - Up to months or years with duty cycling



Wireless Vital Sign Monitors

- **Limited bandwidth and computing power limits use of TCP/IP, DNS and ARP (Address Resolution Protocol)**
- **However, incredibly mobile and versatile**
 - **Other nodes exist integrating all Mica2 functions onto a 5 mm² chip**



Wireless Vital Sign Monitors

- **Non-invasive monitors**
 - Heart rate, oxygen saturation, end-tidal CO₂ and serum chemistries
- **Similar wireless enabled monitors**
 - Nonin and Numed: sensors with Bluetooth
 - Radianse: RF-based location tracking system for hospital use
 - Mobi-Health Project: Continuous monitoring of patients with 3G enabled “Body-Area Network”



Wireless Vital Sign Monitors

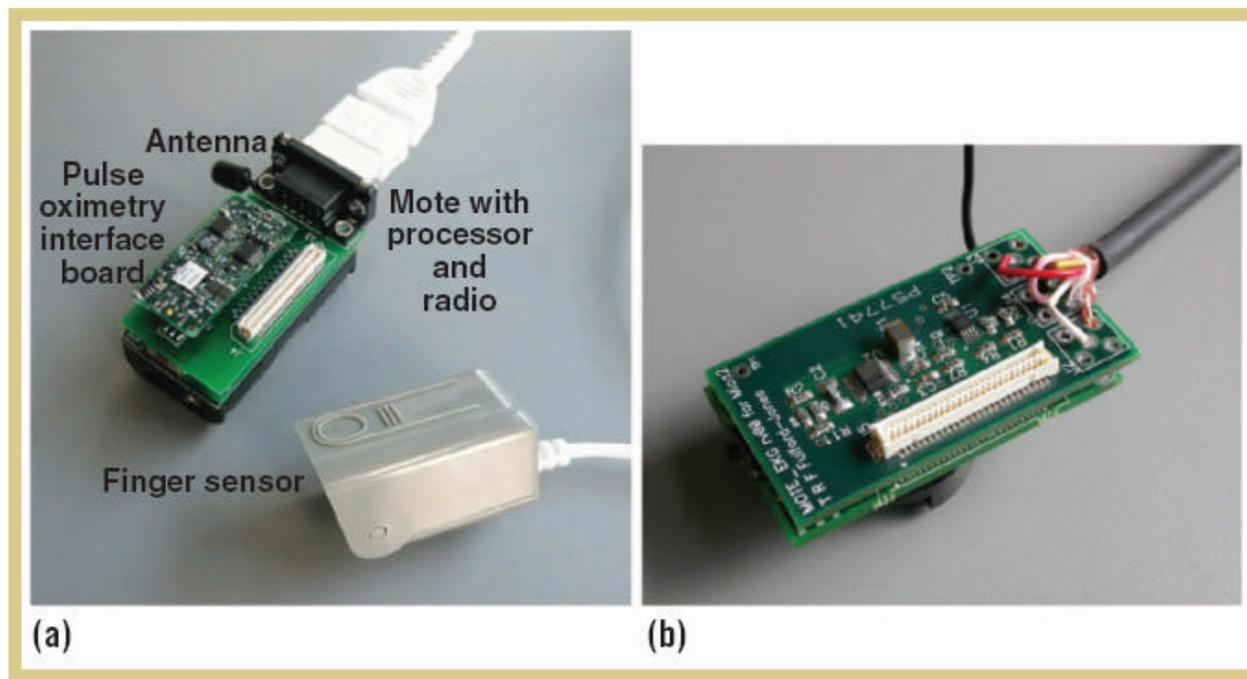
- **Mote-based sensors**
 - **Pulse Oximeter:**
 - **Used by EMTs to measure heart rate and blood oxygen saturation (SpO₂)**
 - **Measures amount of light transmitted through non-invasive sensor on patient's finger**
 - **Smith-BCI daughterboard attached to Mica2 mote**
 - **Transfers heart rate and SpO₂ about once a second**



Wireless Vital Sign Monitors

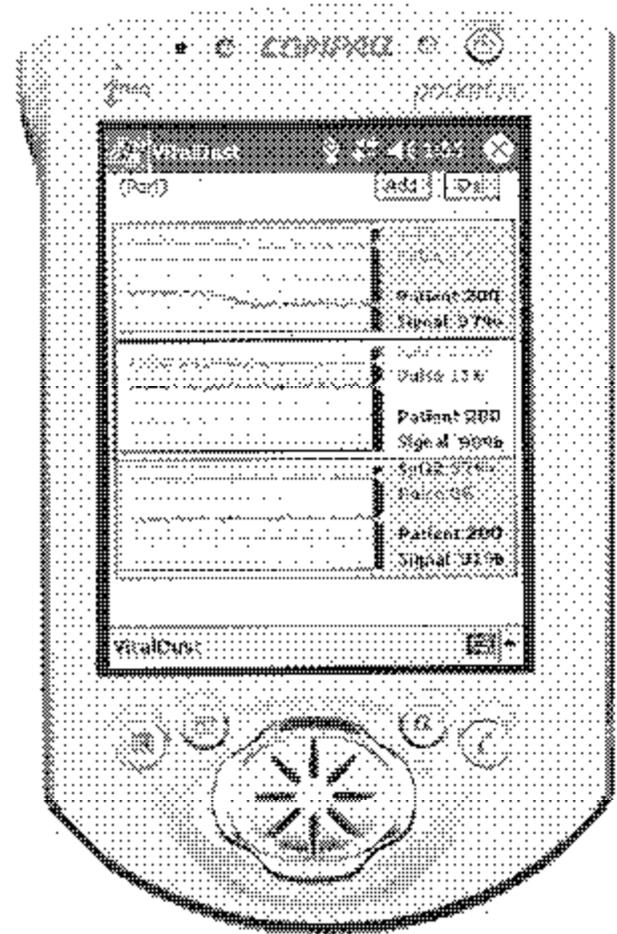
- **Mote-based sensors**
 - **Two-lead electrocardiogram (EKG)**
 - Continually monitors heart's electrical activity through leads connected to patient's chest
 - Reports heart rate and rhythm
 - Custom built circuit board attached to Mica2 mote
 - Captures data at rate of 120 Hz
 - Compresses through differential encoding and transmits through Mica2 radio

Wireless Vital Sign Monitors



Wireless Vital Sign Monitors

- EMTs carry handheld computers (PDAs)
- Receive and visualize vitals from multiple patients
- Audible and visual alerts if vitals are outside specified range
- PDA data can be transferred to patient care record applications (iRevive)
 - Record patient history, identification and any intervention techniques





Security Implications

- **Security important since patient records are confidential**
- **HIPAA (1996) mandates all medical devices must ensure privacy of patients' medical data**
- **Defense against capturing data, spoofing and DOS attacks in the field**



Security Implications

- **Should not assume that all organizations have exchanged security information (keys, certificates, etc.) ahead of time**
- **Personnel can't spend time typing passwords, logging into databases, etc. when arriving on the scene of an incident**



Security Implications

- **Ad hoc network security that self-organizes based on devices present**
- **Must cope with changing number of nodes**
 - **Emergency personnel arriving, patients transported away**
- **Seamless credential handoff**
 - **First responder gives access rights to another without preexisting relationships between the two**



Security Implications

- **Traditionally use trusted outside authority for maintaining current information about access rights**
- **Architecture for outside contact might not be available at disaster scene**
- **Best-effort security model might be appropriate**
 - **Strong guarantees when outside connection available, weaker guarantees with poor or no connectivity**
- **Public key crypto can solve most of the above**
 - **But limited resources on sensors make this hard**
 - **Eg. 4 Kbytes of memory in Mica2 limits number of keys to be stored**



Security Implications

- **Elliptic Curve Cryptography as alternative**
 - 163 bit ECC key equivalent to 768-bit RSA
 - Implement with integer arithmetic
 - No hardware floating point support on sensors
- **Key generated in 35 seconds**
 - Good performance if not frequently performed
- **Could be used for generating symmetric keys in TinySec**



Security Implications – Future Work

- **Take advantage of available computing power**
 - PDAs and laptops generate keys
 - Not complete solution since sensor nodes still need to know which devices to trust in order to offload security computations



MoteTrack: RF-based Location Tracking

- **Two applications**
 - **Patient locating**
 - **Monitoring various patients need to know where they are located in case they need attention**
 - **Tracking responders in buildings**
 - **Firefighters in building with poor visibility, monitoring safe exit routes, central command monitoring**



MoteTrack: RF-based Location Tracking

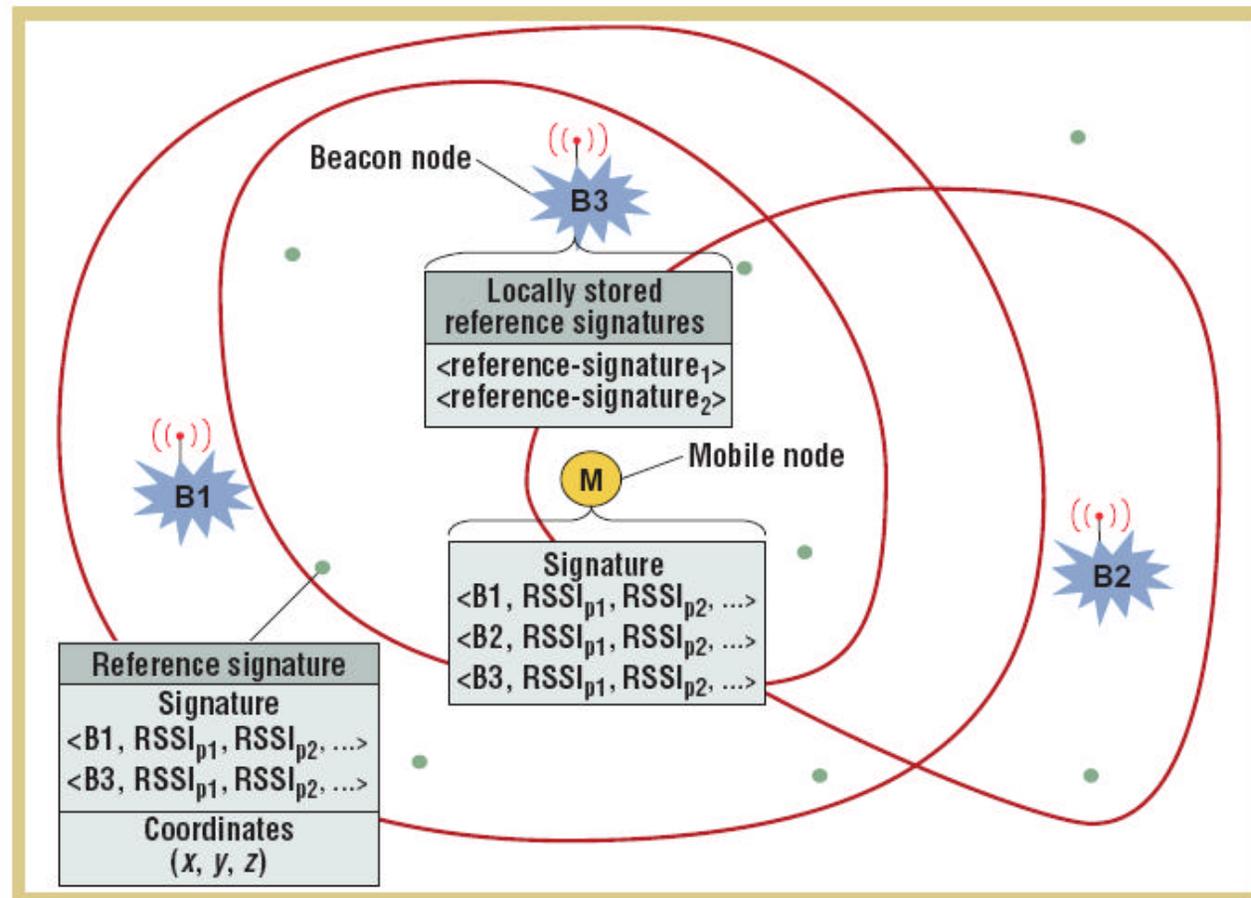
- **Decentralized sensor network using low-power single-chip radio transceivers**
- **Provides good location accuracy even with partial failures of tracking infrastructure**
- **Populate area with battery operated beacon nodes**
 - **Replace existing smoke detectors with new detectors containing integrated beacon node**



MoteTrack: RF-based Location Tracking

- **Beacon nodes periodically broadcast beacon messages**
 - **Tuple containing {sourceID, powerLevel}**
 - **sourceID** is unique identifier of the node
 - **powerLevel** is transmission power level used to broadcast message
- **Mobile nodes listen for some time to acquire a signature**
 - **Beacon messages received over time interval, and received signal strength indication (RSSI) for each message**

MoteTrack: RF-based Location Tracking





MoteTrack: RF-based Location Tracking

- **Reference signature is a signature plus a known 3D location**
- **Two phase process for estimating locations**
 - **Once beacons installed use a mobile node to acquire reference signatures at known, fixed locations throughout area**
 - **Later, mobile nodes can obtain a signature and send it to beacon node from which it received the strongest RSSI to estimate its current location**



MoteTrack: RF-based Location Tracking

- **System resembles RADAR, but:**
 - MoteTrack is decentralized, no main back-end database involved
 - Replicates reference signatures set across beacon nodes so that each node stores only a subset of the reference signatures
 - Beacon nodes perform all data storage and computations using locally stored reference signatures

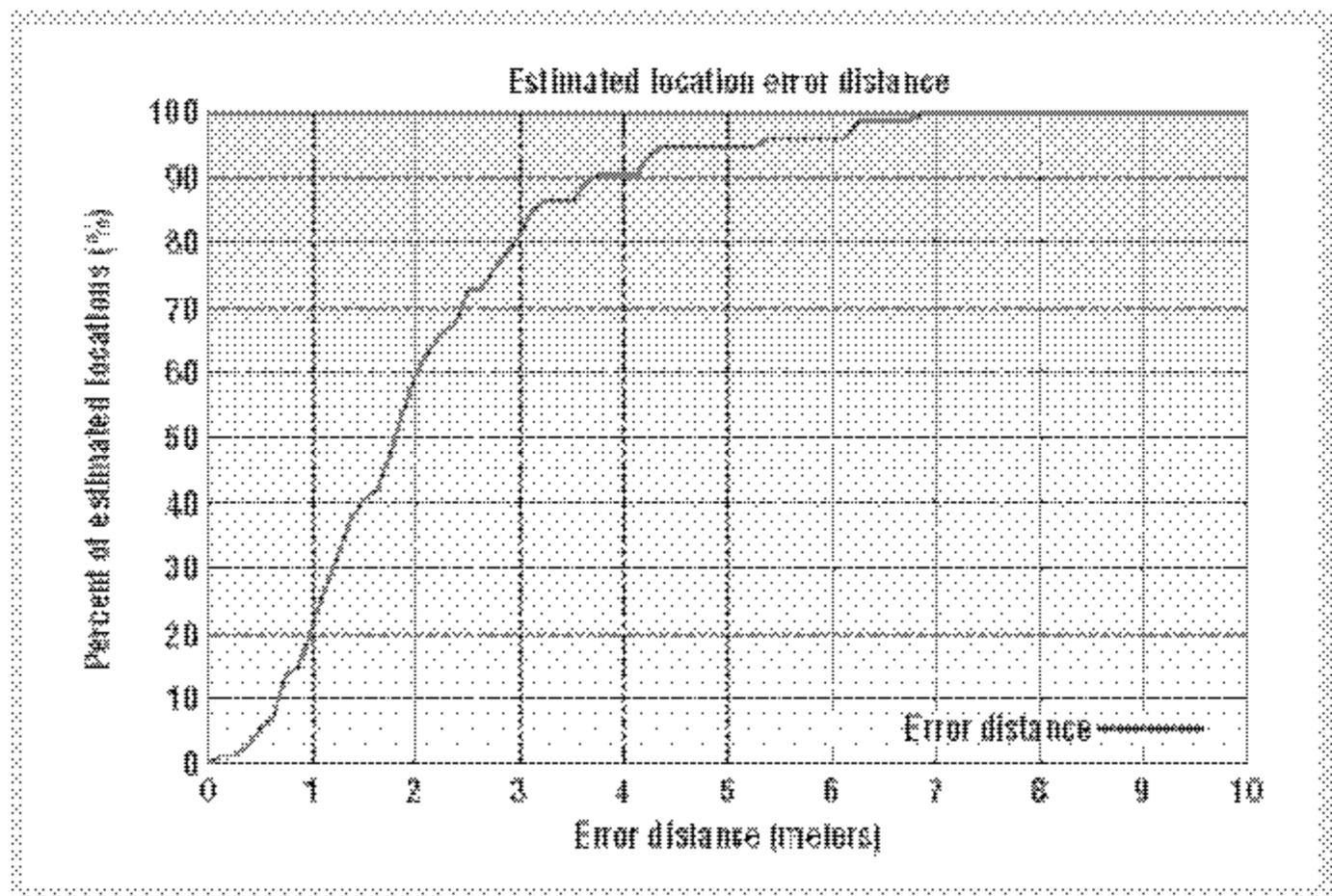


MoteTrack: RF-based Location Tracking

- MoteTrack tested on Harvard campus
- 20 beacon nodes distributed on one floor of CS building
- 1742m² area covered
- Achieved 80th percentile location accuracy of 3 meters over 74 separate location estimates
- Tolerate failure of up to 40 beacon nodes with negligible increase in error
- Accuracy is roughly the same as commercial 802.11 based location tracking systems
- Ultrasound based systems have higher accuracy
 - Denser beacon placement and directional beacons

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MoteTrack: RF-based Location Tracking



Obligatory Questions Page

- Questions?

