

ALAN J. ROBINSON

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PROFESSIONAL SUMMARY

Alan J. Robinson brings 35+ years of security/law enforcement experience to the security, safety, fire safety, and emergency management field. He is currently the Undersheriff for the Morris County Sheriff's Office where he is responsible for the direction and administration of all risk assessment activities for the Courthouse, Records and Administration Building and Correctional Facility to assure the safety and security of the judiciary, prosecutors, attorneys, employees, inmates, sworn and civilian staff and the citizens of Morris County.

In his position as Undersheriff, he also directs and administers community affairs programs designed to assist in combating child exploitation, crime, terrorism, as well as assisting vulnerable populations in learning techniques and methods to keep them from being victims of crime.

He is a former Supervisor, Protection Services for Disney-ABC, Inc. in New York, where he coordinated the security of millions of dollars in equipment for both Reagan Presidential Inaugurations. While at Disney-ABC he was credited with creating the first hostage negotiation training class after an incident at ABC News in Washington, D.C., involving World News Tonight anchor, Peter Jennings.

He is the former Director of Protection and Security Services/Emergency Management for Atlantic Health System, a hospital system based in New Jersey, where for 30 years he managed: Public Safety and Security, Fire/Life Safety, Emergency Management, Investigations, and Special Events for a healthcare system that included:

- ▶ Approximately 10 million square feet of physical plant, and campus, spread out throughout New Jersey. These 1,916 licensed beds and three hundred plus facilities included:
 - **Morristown Medical Center** - a 735-bed, Joint Commission accredited, Level I Regional Trauma Center by the American College of Surgeons and a Level II by the State of New Jersey. It has the largest cardiac surgery center in the State. Ranked by US News as the best hospital in three specialties: cardiology & heart surgery, geriatrics and gynecology.
 - **Overlook Medical Center** - a 513-bed Joint Commission accredited, nationally recognized regional medical center. Recognized by US News as the best regional hospital in seven specialties: gastroenterology & GI surgery, geriatrics, gynecology, nephrology, neurology & neurosurgery, pulmonology, and urology.
 - **Chilton Medical Center** - a 260-bed, fully accredited acute care hospital representing 60 medical specialties including an award-winning stroke center.
 - **Newton Medical Center** - a short term, acute care 165-bed hospital located in Northwestern New Jersey that provides prevention, emergency services, inpatient and outpatient surgery, state-of-the-art diagnostic programs, rehabilitation services and aftercare support.
 - **Hackettstown Medical Center** - a short term, acute care 111-bed hospital located in the northeast corner of Warren County, close to both the Morris and Sussex County lines, Hackettstown Medical Center is a state-of-the-art, acute care, not-for-profit community medical facility.

- **The Goryeb Children’s Hospital** - a state-designated 94-bed children’s hospital providing state-of-the-art health care for children from birth through age 21 in a healing, family-centered environment. The hospital includes more than 100 board-certified physicians in 20 pediatric specialties.
- **Atlantic Rehabilitation Institute** is a state-of-the-art, 38-bed inpatient acute rehabilitation hospital dedicated to the treatment and recovery of individuals who have experienced the debilitating effects of a severe injury or illness.
- **New York Jets** – Official Healthcare Partner.

Mr. Robinson directly and indirectly managed over one hundred (100) security officers, investigators, fire safety, emergency management and off duty law enforcement officers.

He successfully navigated numerous external agency regulatory compliance surveys including those from the Joint Commission, State Department of Health, New Jersey Office of Homeland Security and New Jersey Office of Counterterrorism and is the past Chairman of the AHS:

- Occupational Health and Safety Committee
- Emergency Management Committee
- Workplace Violence Committee; and
- Statistical Analysis Committee

The healthcare system maintains and manages approximately:

- ▶ 20,000+ employees’ system-wide
- ▶ 5,400+ physicians and surgeons
- ▶ 1,916 inpatient beds
- ▶ 750,000+ inpatient and outpatient admissions
- ▶ 450 helicopter traumas
- ▶ 200,000+ emergency room visits; and
- ▶ 7,500 live births
- ▶ 2,500 urgent care centers
- ▶ 14 counties serving 7.5 million people

More importantly he has tackled challenging, topical and timely initiatives that were designed to enhance the overall preparedness of the Atlantic Health System hospitals. Some of these significant initiatives and accomplishments include:

Staffing

Prior to September 11th he had already successfully transitioned his security department from an outsourced contract security department to an in-house, proprietary professional security department with training and expertise in areas such as bioterrorism, infant security, bomb threat management, hostage management, media management, incident command, patient decontamination, emergency management, security/crime prevention, fire safety, and investigations.

As a result, this department was better prepared to respond to emergency events that included workplace violence incidents, bomb threats and mass casualty incidents that directly impacted Atlantic Health.

Security Risk Assessment Program

In 2007 in response to possible terrorist threats to the healthcare facilities, Mr. Robinson developed a documented “Red Cell” program to self-inspect hospital security sensitive areas such as chemical and nuclear storage areas (Cesium-137). This program is specifically designed to test hospital staff response to undercover security department personnel attempting to access Atlantic Health security sensitive areas.

In 2006, New Jersey’s homeland security chief stated that he would be using “secret red teams of undercover agents or outside contractors to test security at New Jersey’s hospitals...”

The Atlantic Health Red Cell program is the first healthcare program in the State of its kind and has successfully tested employee awareness to suspicious individuals and better-educated staff on basic security awareness principals.

The program has been recognized by the Joint Commission in 2012 as a best practice for security and patient safety to include a monograph that was published by the Joint Commission and posted to their website (**Appendix A**).

Investigations

A seasoned investigator, in 2004, Mr. Robinson worked directly with the Morris County Prosecutors Office to assist in the Charles Cullen investigation. Cullen is the former Morristown Memorial Hospital nurse who is considered the most prolific serial killer in New Jersey history (**Appendix B**). He confessed to authorities in December 2003 that he had murdered as many as 45 patients during the 16 years he worked at 10 hospitals in New Jersey and Pennsylvania. While employed at Morristown Memorial Hospital, Cullen committed no murders, the only hospital he was employed at, to date, that successfully thwarted his “Angel of Death” homicidal mission.

Statistical Analysis

Mr. Robinson’s innovative strategy of weighing the daily analysis of crime statistics at the hospitals in order to deploy resources (both financial and human), was an industry standard.

Meetings with municipal police departments, (that Atlantic Health System had a medical center or urgent care center located within their jurisdiction), provided a real time analysis of both where crime was occurring, and when.

This allowed the integration of statistics and resources resulting in lower crime rates and savings in overtime hours and dollars.

Success was measured in a security management plan that resulted in no serious crimes occurring at seven (7) medical centers with over 500+ satellite locations and 20,000 employees.

K-9 Explosive Canine Program

Also in 2004, due to threats and alerts reported by Homeland Security and directed specifically at healthcare facilities, Mr. Robinson secured the services of a bomb dog (**Appendix C**) to periodically patrol and secure Atlantic Health campuses and coordinate possible threats with law enforcement.

New Jersey Hospital Association officials reported to the media that it was the first such program in the State.

Emergency Management Planning

Mr. Robinson had developed and tested a comprehensive emergency management plan that satisfied the regulatory requirements of the Joint Commission and State Department of Health. However, in order to ensure the plan exceeded preparedness and response capabilities, he partnered with the government of Israel's Ministry of Health in March of 2006, to coordinate a Disaster Preparedness and Response Conference with distinguished faculty, physicians and disaster preparedness experts, from Israel, to ensure that pediatricians, emergency physicians, trauma physicians and first responders were better educated to manage pediatric mass casualty mental and physical trauma.

In conjunction with the conference, he also coordinated a disaster exercise (**Appendix D**) with the assistance of Mr. Reuven Keren, Director Security and Protection for the State of Israel Ministry of Health as well as local and county emergency response personnel. Mr. Keren proved to be an invaluable resource to the exercise due to his thirty plus years with the Israeli Defense Force.

The purpose of the exercise was to learn from disaster experts who manage these events regularly and measure Atlantic Health's ability to respond to pediatric bomb blast trauma as a result of a suicide bomber.

As a result of this exercise, and by seeking out Israeli experts in suicide bombers and pediatric medical management, Atlantic Health has translated its "lessons learned" into an enhanced emergency management plan for the pediatric and adult community. Mr. Robinson continues to maintain a strong relationship with these Israeli emergency response officials.

Active Shooter Scenarios

In response to the numerous active shooter events occurring nationally in hospitals and educational institutions, he developed in 2008, a "Code Lockdown" plan to address an active shooter event on a campus environment. This plan is now used as the model by the Morris County Police Chief's Association's for hospitals, schools and universities and includes training as well as tabletop scenarios.

Workplace Violence

He also developed a comprehensive Workplace Violence Program that complies with the New Jersey Violence Prevention in Healthcare Facilities Act. The program includes a written plan, staff training and a workplace violence committee.

As a result, he has successfully reduced workplace violence events by 65% by streamlining criteria for evaluating serious incidents and the re-evaluation of extant resources to focus on problem areas, resulting in a 13% increase in employees' satisfaction level.

Access Control

Healthcare facilities such as Atlantic Health System remain highly vulnerable to crime and terrorism and also struggle to find ways to minimize the risk of the ever-increasing problem of fake and legitimate identification. As a result, Mr. Robinson partnered with Info-Corp, a New Jersey based company that provides a turnkey solution that will enable AHS to enhance security through real-time credential verification backed by federal and state liability protection against terrorist acts as provided by the SAFETY Act of 2002.

This system will provide the AHS Protection and Security Services Department with real-time access to the same databases that law enforcement agencies use, as to conduct checks on people and vehicles entering the Morristown Medical Center, Overlook Medical Center and Corporate Office campuses and facilities. Within seconds, AHS Protection and Security Services can clear a person or vehicle based on information from local, state and federal law enforcement databases.

Recognition, Awards and Publications

- In 2003 received a commendation from the U.S. Department of Justice's United States Attorney Christopher J. Christie **(Appendix E)**.
- In 2005 received an Executive Proclamation from the New Jersey Office of the Governor for his community service work **(Appendix F)**.
- In 2007 awarded the "Campus Safety Director of the Year" by Campus Safety Magazine and recognized as a public safety professional "who goes above and beyond the call of duty, demonstrating outstanding leadership skills, ingenuity, selflessness and overall achievement." **(Appendix G)**.
- Also, in 2008 received the *FBI Director's Distinguished Community Leader Award* for his community service work with law enforcement and schools **(Appendix H)**.
- In 2008, 2009, 2010, 2011, 2012 and 2013 helped the Atlantic Health Protection and Security Services Department achieve a ranking in "Security Magazine" as one of industry's 500 Biggest and Best Security Organizations. In **2009**, the department was ranked 48th out of 63 in the "Hospitals/Medical Centers" sector. In **2010**, the department achieved a ranking of 4th out of 75 nationally. After achieving a ranking of 6th in 2011, **the department was ranked 4th out of 81 on Security Magazine's Security 500 list in 2012 (Appendix I)**.
- In 2009 received a commendation from Morris County Prosecutor for his presentation to the Morris County Public Safety Academy on the "Sexual Offender and Child Predator Typology" **(Appendix J)**.
- In 2011 received a letter of commendation from Governor Chris Christie for the 2010 Security 500 national ranking in Security Magazine **(Appendix K)**.
- In 2011 received an award from the FBI National Academy – NJ Chapter for presenting on the "Profile of the Child Predator: Tactics and Techniques used to Lure and Molest Children" **(Appendix L)**.
- In 2011, featured in an article by *Security Magazine* entitled "Not KIDding About Security" addressing access control systems for healthcare facilities **(Appendix M)**.
- In 2011, received the Morris County Detective's Association Special Recognition Award for his work as New Jersey's representative for "Project Alert" **(Appendix N)**.
- In 2011, featured in article in *Security Director News* entitled "Hospital Uses Facial recognition, Other Technology to Identify High Risk People" **(Appendix O)**.
- In 2012 received a "Senate Resolution" from NJ Senator Joe Kyrillos for his volunteer work as a New Jersey Representative for Project Alert (America's Law Enforcement Retiree Team), a division of the National Center for Missing and Exploited Children (NCMEC) and the Adam Walsh Foundation **(Appendix P)**.
- In 2012, featured in an article by Campus Safety Magazine entitled "Preventing Prescription Drug Diversions at your Hospital" **(Appendix Q)**.
- In 2012, featured in an article by Security Magazine entitled "The Protector" **(Appendix R)**.
- In 2012, received a letter of commendation from Governor Chris Christie for his accomplishments with Atlantic Health System and his work with NCMEC's Project Alert. **(Appendix S)**.
- In 2013 led the Atlantic Health System Protection and Security Services/Emergency Management Department with being selected as one of the inaugural 2013 CSO40 honorees by CSO magazine. The prestigious honor is bestowed upon a select group of organizations

that have demonstrated that their security projects/initiatives have created outstanding business value and thought leadership for their companies.

In 2014, the department was awarded a CSO40 award for Workplace Violence Reduction Strategies (**Appendix T**). In 2015, the department was awarded a CSO50 award for *Securing High Risk Materials*.

- In 2013, published in an article entitled “Secret Investigators Prod for Weak Links” in the Hospitals & Health Networks (H&HN) magazine. The article describes creative and proactive security program (Red Cell) implemented using undercover surveyors to test for weaknesses in hospital access control (**Appendix U**).
- In 2013, appointed by Governor Christie to serve as a Member of the Domestic Security Preparedness Task Force, the State's cabinet-level body responsible for setting homeland security and domestic preparedness policy, reporting directly to the Governor. The task force's activities are designed to reinforce and expand New Jersey's existing antiterrorism efforts by enhancing and integrating security, planning and preparedness measures throughout the State (**Appendix V**).
- In 2013, co-authored an article in the Journal of Healthcare Quality entitled “Eliminating Visiting Hour Restrictions in Hospitals” that addresses the development of a visitor management policy that emphasizes patient and staff safety and places the patient at the center of decision making (**Appendix W**).
- In 2015, CSO Magazine awarded Alan Robinson a **CSO Compass Award**. This award recognizes security executives who demonstrate innovation, achievement and leadership in security while driving business value (**Appendix W1**). CSO is the premier security media brand providing insight into business risk leadership.
- In 2015, Featured in the Atlantic Health System “Report to the Community” including community benefit programs such as: Child Safety; Human Trafficking; Autism Awareness Training; Leadership Training; and Domestic Violence. (**Appendix W2**).
- In 2015, received a “Resolution” from the NJ State Legislature as a recognized Honorary Chief of Police for his support for Morris County Law Enforcement (**Appendix W3**).
- In August 2017, authored an article for the Technical Advisory Service for Attorneys (TASA) entitled, “*Workplace Violence in Hospitals*” (**Appendix W4**).
- In June 2021, received the Expert Witness Award from Lawyers Monthly (**Appendix W5**).
- In February 2021, received a certification from the Dallas Children’s Advocacy Center for successfully completing instruction in “*Child Molesters: Understanding the Grooming Behavior of Adult Offenders and the Often Counter-Intuitive Behaviors of Child Victims*” (**Appendix Y**).
- In June 2021, received a certification from the Dallas Children’s Advocacy Center for successfully completing instruction in “*Components for Enhancing Clinician Experience and Reducing Trauma*” (**Appendix Y1**).
- In June 2021, received a certification from the Dallas Children’s Advocacy Center for successfully completing instruction in “*Investigation of Child Homicide*” (**Appendix Y2**).
- In May 2021, received a certification from the Dallas Children’s Advocacy Center for successfully completing instruction in “*Tips for Investigating CSAM Cybertips*” (**Appendix Y3**).
- In February 2021, received a certification from the Dallas Children’s Advocacy Center for successfully completing instruction in “*Understanding the Grooming Behavior of Adult Offenders and the Often-Counter Intuitive Behaviors of Child Victims*” (**Appendix Y4**).
- In April 2021, received a certification from the Dallas Children’s Advocacy Center for successfully completing instruction in “*Sexual Assault of Children 360: Three Professional Perspectives on Understanding, Investigation, Prosecuting and Supervising Adults Who Commit Sexual Assault on Children*” (**Appendix Y5**).
- In February 2022, received a certification from the University of South Florida entitled “Child

- Labor Trafficking: What we Need to Know” (**Appendix Y6**).
- In December 2022, received a certification from the Dallas Children’s Advocacy Center” entitled “Dare To Tell: Advanced Dynamics in Child Sexual Abuse Disclosures” (**Appendix Y7**).
 - In April 2022, received a certification from ASIS International entitled “Essentials of Security Risk Assessment” (**Appendix Z**).
 - In June 2022, received a certification from ASIS International entitled “Essentials of Workplace Violence Prevention and Intervention Programs” (**Appendix Z1**).
 - In June 2016, was certified in National Threat Analysis (CNTA) by the American Board for Certification in Homeland Security (**Appendix Z2**).
 - Certified by the New Jersey Department of Law and Public Safety Police Training Commission (**Appendix Z3**).
 - Certified by the Cybersecurity & Infrastructure Security Agency (CISA) in Active Shooter Preparedness (**Appendix Z4**).
 - In December 2019, received an award (**Appendix Z5**) from the NYPD Executive Development Unit for his outstanding contribution to the NYPD Executive Seminar Program and “The Child Predator” presentation.
 - Award for the “2024 In-Know-Vation Symposium” held at the NYPD police academy in Flushing, NY on Thursday, April 18, 2024. (**Appendix Z6**).
 - In September 2024, received the *International Association of Venue Managers Certification*. (**Appendix Z7**).

EDUCATION

- Associate of Science, Public & Social Services • Criminal Justice
Thomas Edison State College, Trenton, New Jersey
- FBI Citizen's Academy (2007)
- Certified New Jersey State Police Academy Instructor in Missing and Abducted Children; Close Quarter Combat
- Tactical Master in the *Crisis De-escalation Training* ("CDT") system since 1997
- Police Academy Instructor in Self Defense Techniques to include firearm, knife, impact weapons and multiple attackers
- Certified in Homeland Security Level IV, American Society of Forensic Examiners
- Certified in Healthcare Compliance, Healthcare Compliance Association
- Training in Recovering Missing and Abducted Children; Child Abuse and Exploitation Investigation; and Protecting Children Online, Fox Valley Technical College & U.S. Department of Justice Training
- Reid Interview and Interrogation Advanced Course
- Preventing Workplace Violence, Rutgers State College
- Federal Emergency Management Association Certifications in: IS-700, IS-800, IS-100HC, and IS-200HC
- Certificate of Completion: FEMA/American College of Emergency Physicians - Hospital Evacuation: Principles and Practices AWR-224-W
- FEMA/Emergency Management Institute IS-00907 - Active Shooter

PROFESSIONAL MEMBERSHIPS

- Business Executives for National Security
- American Society for Industrial Security
- International Association of Bomb Technicians and Investigations
- Harvard Associates of Police Science
- Commissioner, Essex, and Morris County Sheriff's Offices
- Member of National Fire Protection Association
- Member International Association of Healthcare Security and Safety
- Member, International Association of Crime Analysts

EMERGENCY MANAGEMENT

Alan Robinson has worked with numerous hospital/medical centers, school systems (K-12), colleges and universities and other organizations to ensure that they are prepared to deal with emergencies. Additionally, he has worked with both County and Local Office of Emergency Management officials and FEMA representatives to help secure significant funds as part of our client's recovery efforts. From performing vulnerability assessments and developing emergency management plans, to training staff and conducting emergency drills, he has helped to make emergency preparedness a part of the clients' normal business practices. With the uncertainties that exist in our ever-changing environment, businesses need to ensure emergency management is an integral part of their daily operation.

Development of written hazard vulnerability assessments (HVA) for:

- ® Naturally Occurring Events
- ® Man-Made Events including Nuclear, Biological and Chemical Terrorism
- ® Technological Events

Emergency Management Planning

- ® Plan and Quick Reference Guide Development for staff and leaders to include:
 - ✓ Active shooter/Lockdown
 - ✓ Acts of terrorism
 - ✓ Bomb Threat Management
 - ✓ Civil disturbances and demonstrations
 - ✓ Criminal or violent behavior
 - ✓ Fire Safety
 - ✓ Bioterrorism including response matrices
 - ✓ Hazardous materials releases, including, chemical, biological and radiological substances
 - ✓ Severe Weather
 - ✓ Hostage Management
 - ✓ Pandemics
 - ✓ Utility failure
- ® Evacuation Diagram Design

Emergency Management Training

- ® Awareness
- ® Response
- ® Incident Command/National Incident Management System (NIMS)

Design and Facilitation of Emergency Management Exercises

- ® Tabletop
- ® Functional

SECURITY MANAGEMENT

Mr. Robinson has designed Security Management Programs that enhance life safety, minimize property loss, improve public relations and decrease liability including:

Security Surveys of Schools (K-12), Colleges and Universities and Healthcare facilities including security sensitive areas such as: Radiological Storage (Cesium-137), Chemical Storage, Infant and Pediatric, Narcotic Storage, Cash Transaction, etc.

- ® Written Reports
- ® Technology Review and Evaluation
- ® Crime Prevention
- ® Security operational policies and procedures
- ® Analysis of incident and crime reports

Security Management Planning

- ® Plan and Quick Reference Guide Development to address issues such as: Active Shooter, Lockdown, Child Abduction, Hostage Management, Bomb Threat Management, etc.
- ® Infant and Child Abduction planning to conform to NCMEC Guidelines
- ® Workplace Violence
- ® Vulnerability Assessment Tools

Security Management Training

- ® Development of a Security Officer Certification Program to include topics such as: Report Writing; Patrolling Techniques; Fire Safety; Professionalism; Infant Security; Bomb Threat Management; etc.
- ® Security Awareness, Crime Prevention, Lockdown, Bomb Threat, Terrorism, Hostage Management, Workplace Violence, etc.

Security Exercises

- ® Tabletop and Functional exercises for Active Shooter, Infant and Child Abduction, Hostage Management, Bomb Threat Management

Expert Witness

Executive Protection

- ® In response to threats, protective strategies based on US Secret Service methodology to ensure the safety of at-risk individuals. By employing meticulous planning, advance preparations, and carefully orchestrated close protection.

FIRE SAFETY MANAGEMENT

Fire and smoke conditions in the workplace can result in injury or death as well as permanently damage critical business assets. He has designed fire safety programs that have been tailored to specific work environments and are designed to preserve life safety and property as well as ensure compliance with local Fire Codes, National Fire Protection Association (NFPA) and Joint Commission (JC) standards. Fire and Life Safety Management Services that have been provided to his clients are as follows:

Fire Safety Surveys

- ® Fire Prevention

Fire Safety Management Planning

- ® Plan and Policy Development
- ® Fire Watch and Hot Works Programs
- ® Prevention and Response
- ® Emergency response coordination

Fire Safety Training

- ® Response and “Defend in Place” concepts
- ® Fire Extinguisher

Fire Drills

- ® Design
- ® Evacuation
- ® Recordkeeping

JOINT COMMISSION (JC)/ENVIRONMENT OF CARE

A healthcare facility must ensure that its physical environment is safe for patients, employees, visitors and volunteers. To minimize these safety concerns and satisfy the regulatory requirements of the JC Environment of Care standards, a fine-tuned project management process to guide the client through a JC survey will be developed. JC compliance services include:

- ✓ **Development of Management Plans for: Safety, Security, Fire Safety, Hazardous Materials, Emergency Management, Medical Equipment and Utility Systems**
- ✓ **Onsite survey support**
- ✓ **Environmental Tours/Risk Assessment Audits**
- ✓ **Workshops and speaking services**
- ✓ **Interim Life Safety Measures support for new construction or renovation**
- ✓ **Development of training materials**
- ✓ **Development of Quarterly Reports, Annual Evaluations, and Performance Improvement projects; and**
- ✓ **Emergency Management program development: Emergency Operations Plans, Training, Functional and Tabletop Exercises.**

APPENDICES

APPENDIX A	RED CELL JOINT COMMISSION MONOGRAPH
APPENDIX B	DEATH ANGEL BOOK
APPENDIX C	A NOSE ON SECURITY
APPENDIX D	BOMB DRILL with IDF
APPENDIX E	PROJECT ALERT/NCMEC
APPENDIX F	OFFICE of the GOVERNOR PROCLAMATION
APPENDIX G	CAMPUS SAFETY DIRECTOR OF THE YEAR
APPENDIX H	FBI 2008 DIRECTOR DISTINGUISHED LEADERSHIP AWARD
APPENDIX I	SECURITY 500 POSTER 2008
APPENDIX I1	SECURITY 500 POSTER 2009
APPENDIX I2	SECURITY 500 POSTER 2010
APPENDIX I3	SECURITY 500 POSTER 2012
APPENDIX J	MORRIS COUNTY PROSECUTOR ACKNOWLEDGEMENT 9-09
APPENDIX K	2011 CHRISTIE COMMENDATION LETTER
APPENDIX L	FBI NATIONAL ACADEMY ASSOCIATES
APPENDIX M	NOT KIDDING ABOUT SECURITY
APPENDIX N	MORRIS COUNTY DETECTIVES AWARD
APPENDIX O	SECURITY DIRECTOR NEWS: USE of FACIAL RECOGNITION SOFTWARE
APPENDIX P	KYRILLOS NJ SENATE RESOLUTION 2012
APPENDIX Q	DRUG DIVERSION ARTICLE – CAMPUS SECURITY
APPENDIX R	SECURITY MAGAZINE PROFILE 2012
APPENDIX S	2012 CHRISTIE COMMENDATION LETTER
APPENDIX T	CSO AWARDS/ 2013 and 2014
APPENDIX U	H&HN RED CELL ARTICLE 2013
APPENDIX V	DOMESTIC PREPAREDNESS APPOINTMENT
APPENDIX W	JOURNAL for HEALTHCARE QUALITY
APPENDIX W1	CSO COMPASS AWARD 2015
APPENDIX W2	2014 COMMUNITY BENEFIT REPORT-AHS
APPENDIX W3	NEW JERSEY STATE LEGISLATURE RESOLUTION 2015
APPENDIX W4	2017 WORKPLACE ARTICLE for TASA
APPENDIX W5	LAWYER MONTHLY EXPERT WITNESS AWARDS 2021
APPENDIX Y	DALLAS CHILDREN’S ADVOCACY CENTER - CRIMES AGAINST CHILDREN CERTIFICATE – UNDERSTANDING GROOMING
APPENDIX Y1	DALLAS CHILDREN’S ADVOCACY CENTER - CRIMES AGAINST CHILDREN CERTIFICATE – REDUCING TRAUMA
APPENDIX Y2	DALLAS CHILDREN’S ADVOCACY CENTER - CRIMES AGAINST CHILDREN CERTIFICATE – CHILD HOMICIDE
APPENDIX Y3	DALLAS CHILDREN’S ADVOCACY CENTER - CRIMES AGAINST CHILDREN CERTIFICATE - CYBERTIPS
APPENDIX Y4	DALLAS CHILDREN’S ADVOCACY CENTER - CRIMES AGAINST CHILDREN CERTIFICATE – ADULT OFFENDERS

APPENDIX Y5	DALLAS CHILDREN’S ADVOCACY CENTER - CRIMES AGAINST CHILDREN CERTIFICATE – SEXUAL ASSAULT of CHILDREN
APPENDIX Y6	UNIVERSITY of SOUTH FLORIDA CERTIFICATE - CHILD LABOR TRAFFICKING: WHAT WE NEED TO KNOW
APPENDIX Y7	DALLAS CHILDREN’S ADVOCACY CENTER - CRIMES AGAINST CHILDREN CERTIFICATE – DARE to TELL
APPENDIX Z	CERTIFICATE - ESSENTIALS OF SECURITY RISK ASSESSMENT
APPENDIX Z1	CERTIFICATE - ESSENTIALS OF WORKPLACE VIOLENCE PREVENTION AND INTERVENTION PROGRAMS
APPENDIX Z2	CERTIFICATE - NATIONAL THREAT ANALYSIS
APPENDIX Z3	CERTIFICATE - NEW JERSEY DEPARTMENT of LAW and PUBLIC SAFETY POLICE TRAINING COMMISSION
APPENDIX Z4	CERTIFICATE - CYBERSECURITY & INFRASTRUCTURE SECURITY AGENCY (CISA) ACTIVE SHOOTER PREPAREDNESS
APPENDIX Z5	NYPD AWARD 2019 EXECUTIVE DEVELOPMENT UNIT and CHILD SAFETY SEMINAR
APPENDIX Z6	NYPD AWARD 2024 IN-KNOW-VATION SYMPOSIUM and CHILD SAFETY SEMINAR
APPENDIX Z7	INTERNATIONAL ASSOCIATION of VENUE MANAGERS – CERTIFIED TRAINED CROWD MANAGER

APPENDIX A - RED CELL JOINT COMMISSION MONOGRAPH

The screenshot shows the homepage of The Joint Commission. The logo is circled in red. The navigation bar includes links for Accreditation, Certification, Standards, Measurement, Topics, About Us, and Daily Update. The main content area features a 'Topic Library Item' section with the title 'Improving Patient and Worker Safety - Opportunities for Synergy, Collaboration and Innovation' and a 'Download This File' button. A sidebar on the left offers a 'Sign up for News and Alerts' button. A small thumbnail image of the monograph cover is visible on the right side of the content area.

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Topic Library Item

Improving Patient and Worker Safety - Opportunities for Synergy, Collaboration and Innovation

November 19, 2012

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Health care professionals whose focus is on patient safety are very familiar with these alarming and frequently cited statistics from the Institute of Medicine: medical errors result in the death of between 44,000 and 98,000 patients every year. Health care professionals whose focus is on occupational health and safety, however, are likely aware of additional statistics that are less well known: health care workers experience some of the highest rates of nonfatal occupational illness and injury—exceeding even construction and manufacturing industries.

What do these statistics tell us about safety for both patients and workers in the health care environment? Is there a connection between worker safety and patient safety? Are there synergies between the efforts to improve patient safety and efforts to improve worker safety? How can improvement efforts be coordinated for the benefit of all?

This monograph is intended to stimulate greater awareness of the potential synergies between patient and worker health and safety activities. Using actual case studies, it describes a range of topic areas and settings in which opportunities exist to improve patient safety and worker health and safety activities. This monograph is designed to bridge safety-related concepts and topics that are often siloed within the specific disciplines of patient safety/quality improvement and occupational health and safety.

Improving Patient and Worker Safety
Opportunities for Synergy, Collaboration and Innovation

Improving Patient and Worker Safety

Opportunities for Synergy, Collaboration and Innovation



Improving Patient and Worker Safety

Opportunities for Synergy, Collaboration and Innovation

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This monograph includes information about the following:

- High reliability in health care organizations and benefits to improving safety for both patients and workers
- Management principles, strategies, and tools that advance patient and worker safety and contribute to high reliability
- Specific case examples of activities and interventions to improve safety
- Key themes and action steps to meet challenges and achieve success

This monograph was developed in collaboration with the National Institute for Occupational Safety and Health (NIOSH), National Occupational Research Agenda (NORA) Healthcare and Social Assistance Sector Council and supported in part by a contract from this program.

Chapter 3:
Specific Examples
of Activities and
Interventions to
Improve Safety

**CASE STUDY 3-5:
ATLANTIC HEALTH: SECURING A HEALTH
SYSTEM RED CELL PROGRAM**

**Atlantic Health System
Morristown, New Jersey**

The “Red Cell” Program

Atlantic Health System (AHS) has 100-plus facilities with 11,000 employees systemwide and logs 145,000 emergency room visits annually between 3 acute care hospitals. In total, AHS maintains approximately 9 million square feet of physical plant and campus, spread throughout New Jersey. The terrorist attacks of September 11, 2001, followed by threats of anthrax and the sniper killings—as well as concern for security-sensitive assets such as nuclear material and vulnerable patient populations—served as an impetus for a comprehensive review of security at AHS. Protection and Security Services/Emergency Management leadership brought together administration, clinical, and patient safety staff to develop a new security-risk assessment program. This new program that includes infiltration (unauthorized access) testing is called a “Red Cell” program. Key elements of the program include quarterly infiltration surveys (inspections/attempts to gain access to security-sensitive areas) and Security Awareness Training (orientation and annual employee education on basic security principles). Any Red Cell program, by design, targets security-sensitive areas to test infiltration and report results.

Patients and families are engaged in education, too. For example, parents in the mother-baby unit are educated on infant security concepts promoted by the National Center for Missing and Exploited Children, such as identifying staff who wear specially marked identification cards. In addition to the quarterly infiltration surveys, facility security personnel regularly sweep the building and are visible to patients and families, especially at key times such as the end of visiting hours.

A team of contracted plainclothes security and law enforcement professionals conducts these surveys at AHS. However, infiltration surveys could be conducted at a minimal cost by using employees from different depart-

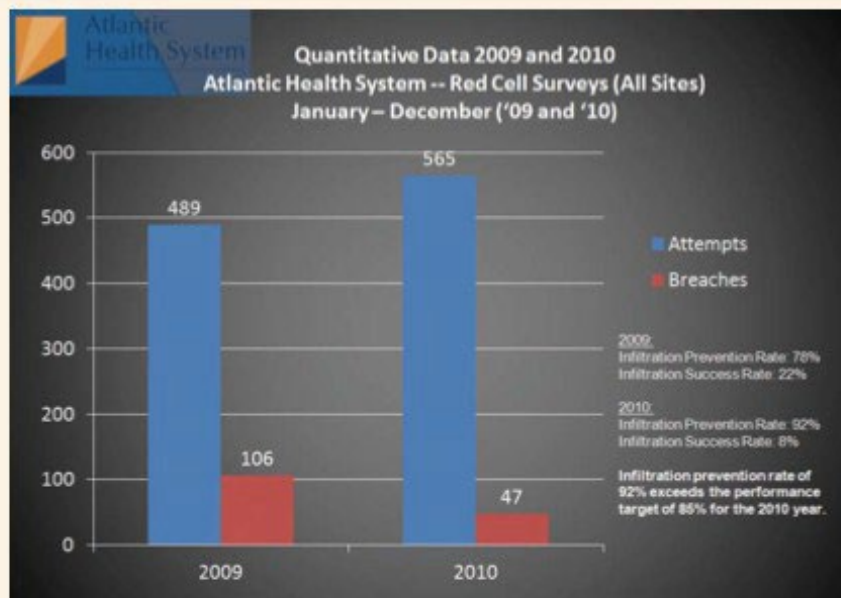
ments, sister facilities or even working with a volunteer organization. The survey tests locks and other access control equipment as well as the ability of employees to question or challenge an individual who may not be authorized to be in the area. According to Alan Robinson, Director of Protection and Security Services/Emergency Management, “The employee is critical—the best equipment can be defeated by one lax employee letting someone in who does not belong there.”

The impact of this innovative program has been evident in feedback from staff, patients, and families. Using written reports generated after each quarterly survey, data on the infiltration prevention rate has been tracked since 2009. In 2010, only 47 breaches occurred for 565 attempts, showing a successful infiltration prevention rate of 92% compared with a rate of 78% in 2009, exceeding the established 2010 performance goal of 85% (see Case Study Figure 3-5, page 108).

One report generated from responses to the annual employee engagement survey showed 86% of employees answering favorably to the safety and security item, “My location pays attention to health and safety.” Safety is now ranked as one of the top 10 areas of satisfaction. In addition, statistics that include data from occupational medicine demonstrate a significant reduction in workplace violence between 2007 and 2010. Furthermore, according to Donald Casey Jr., M.D., Chief Medical Officer and Vice President of Quality for AHS, “Physicians have noted the positive influence a safe environment has on patients and families when they are selecting a facility for care.”

In addition to positive internal responses, this program along with several other security initiatives managed by the AHS Protection and Security Services/Emergency Management Department has been recognized by Security Magazine and ranked fourth in a 2010 national review of 75 health care facilities. The magazine noted AHS as a security leader that demonstrated increased responsibility and utilized strategic business management approaches. As part of the evaluation, organizations must also demonstrate either quantitative and/or qualitative results. While the protection of sensitive materials and information is an important program outcome, maintaining the safety of all individuals within the health care facility is arguably its greatest success. The programs’ approaches are Internet protocol (IP) driven and enterprise-centric, allowing the

Chapter 3:
Specific Examples
of Activities and
Interventions to
Improve Safety



Case Study Figure 3-5: Red Cell Graphs 2009–2010 (Atlantic Health)

Source: Atlantic Health System, Morristown, NJ. Used with permission.

Protection and Security Services Department/Emergency Department to tie all AHS activities into a readily accessible, reportable, and auditable form. Additional information on the Atlantic Health System "Red Cell" Program is available from Alan Robinson, Director of Protection and Security Services/Emergency Management, Atlantic Health System, Morristown, New Jersey at alan.robinson@atlantichealth.org.

Source

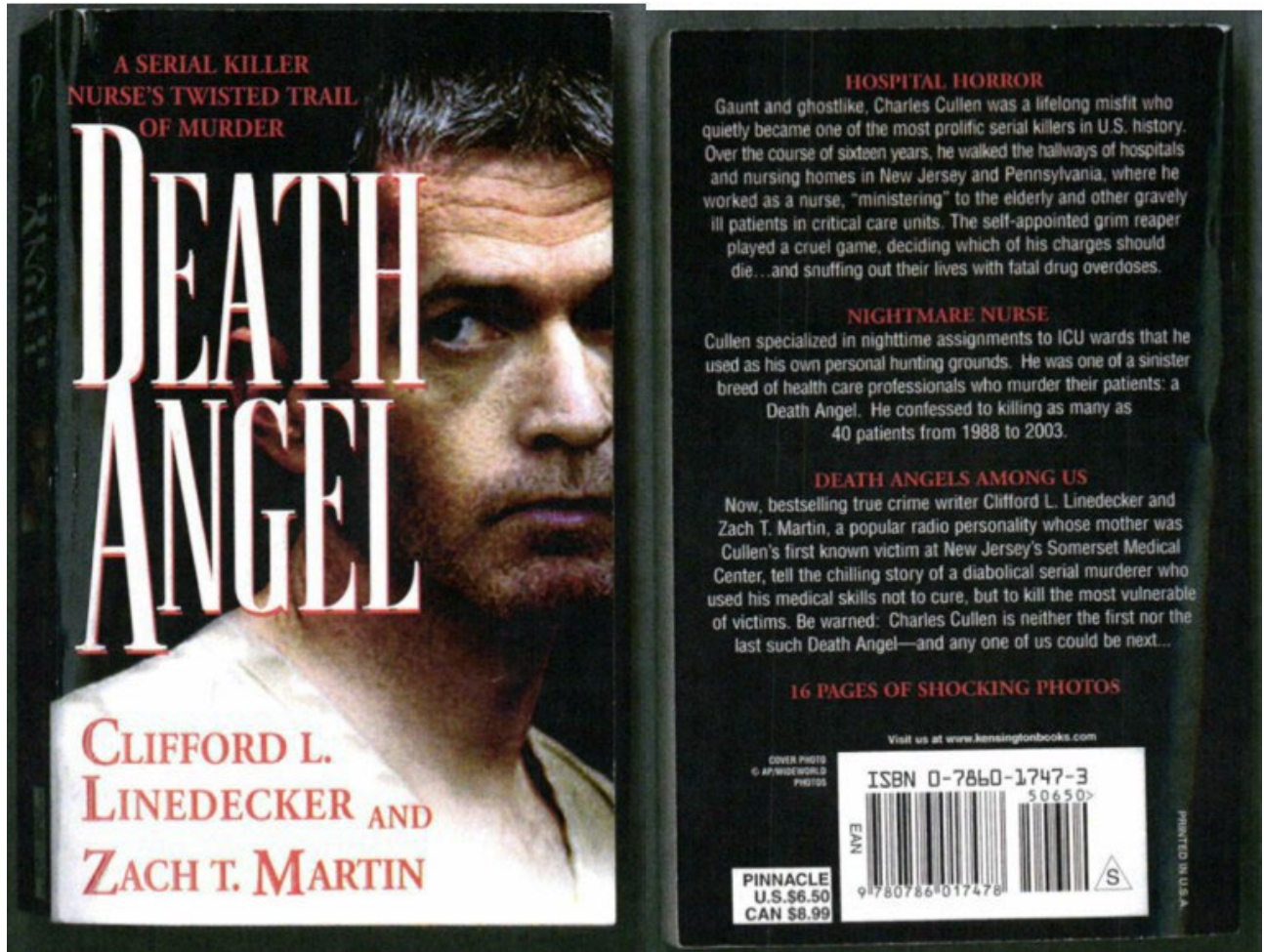
Security Magazine [Internet]. Troy (MI): BNP Media; c2012 [updated 2010 Nov 1; cited 2012 Jan 30]. 2010 Security 500 List; [about 20 screens]. Available from: <http://www.securitymagazine.com/articles/2010-security-500-list-1>.

**CASE STUDY 3-6:
VETERANS HEALTH ADMINISTRATION
(VHA) REDUCING DISRUPTIVE PATIENT
BEHAVIOR: THE BEHAVIORAL THREAT
MANAGEMENT PROGRAM**

**US Department of Veterans Affairs
The Behavioral Threat Management Program**

The Department of Veterans Affairs (VA), Veterans Health Administration (VHA) is committed to providing safe and effective care to all eligible veterans, including those who demonstrate serious behavioral problems and disrupt health care processes and facilities. Violence in the health care workplace represents a substantial hazard to patients and health care workers. Furthermore, violence and disruptive patient behavior pose obstacles to the delivery of safe and effective care. To meet this challenge, the VA initially developed a violence prevention program in the late 1970's.*

APPENDIX B - DEATH ANGEL BOOK



worked there. Both the prosecutor and the hospital launched inquiries into possible suspicious deaths at the facility before Cullen's arrest and before it became publicly known he was suspected of turning on patients at Somerset. The Hunterdon Medical Center's internal investigation was focused on all patients who were on the ICU while Cullen worked there from April 1994 to October 1996.

In Pennsylvania, Lehigh Valley Hospital spokesmen issued a cautious statement disclosing that it was reviewing all areas of the accused killer nurse's employment there.

At Sacred Heart Hospital a spokesman pointed out to the media that the murder suspect was still in orientation when he was terminated, and during the sixteen days he worked there he wasn't allowed unsupervised contact with patients.

During the first three weeks after Cullen's arrest, more than a dozen telephone calls were fielded at the office of acting Warren County prosecutor Frank Bucsi from relatives of patients who died at Warren Hospital between early 1992 and late 1993. The prosecutor quickly eliminated a handful of the cases after determining that the deaths occurred either a few days or weeks before Cullen was employed at the hospital, or shortly after he left. Investigators were assigned to take a close look at the other deaths.

The death of Mary Natoli was one of the cases getting an especially close look. That was due in part to her sister, a receptionist at Warren Hospital when Natoli died. After learning of Cullen's arrest the receptionist requested her sister's medical records. She and her nieces looked over the files for clues that might reveal whether or not Natoli was one of the Death Angel's victims. The homicidal RN had signed several of the documents, so they notified the Warren County prosecutor about suspicions that their family member may have been murdered. Within a few days after the story broke, the prosecutor's office had subpoenaed the files of nearly two dozen patients who died at the hospital while Cullen worked on the ICU. The records of

Mrs. Natoli, Mrs. Mugavero, and Mrs. Dean were among those subpoenaed.

The Two Rivers Hospital Corporation notified the Pennsylvania state police and the Northampton County Coroner's Office of another suspicious death at Easton Hospital that the medical facility's former owner/operator had uncovered. Ottomar Schramm's death was already under investigation when the new case at Warren Hospital came to light.

The patient wasn't publicly identified, but a company spokesman told reporters it was an elderly man who had an extremely low glucose level just prior to his death. Abnormally low glucose levels are a bellwether symptom of an insulin overdose.

⌈ Morris County prosecutor Michael Rubbinaccio announced that his office had launched an investigation with Morristown police and Alan Robinson, Morristown Memorial Hospital's director of corporate security. ⌋

Reaction from families of St. Barnabas patients who died while Cullen was working there, at the beginning of his career, was slower to develop, and almost a week after his arrest, only one telephone call had been fielded by hospital employees from a concerned relative.

Throughout the two-state area, relatives of former patients reacted with shock and grief. Some were torn by rage, but the tears in the eyes of others washed away any hatred, leaving only pain and regret as they contemplated a rapidly unfolding story of almost gothic horror. Immediately the terrible question arose: was their own loved one a victim of an Angel of Death who lurked in the semidarkened hospital hallways poisoning vulnerable patients he was sworn to help?

Relatives who thought they were done with the grieving, months or years ago, were devastated and left emotionally drained by the reopening of old wounds. Some were hurt but forgiving, and in many cases those who did allow anger to surface directed their bitterness toward the

APPENDIX C - A NOSE ON SECURITY

Star-Ledger

A NOSE ON SECURITY

... bomb-sniffing dog

... LEDGB.a; ...



... security guards, hook up ... as and constantly ... keep their eyes open

... t.Jkcn fl ...

Manhattan-based GSS Security Services Inc., ... patrol the grounds of its three hospitals ... Momistown Memorial, Overlook in Summit and Mountainside in Montclair. The canine and trainer also walk around Atlantic Health's offices in Florham Park and Morris Plains.

It's a lot of walking. About 50 miles each week, officials estimate. It may seem somewhat extreme, and perhaps unnecessary. But Atlantic Health security officials say it all they can do to keep the campus employees safe. "It gives us the ability to spot-check trucks and ambulances," said Edwards, public safety and security manager at Momistown Memorial. "We are providing a degree of protection that is above and beyond the norm."

Andrew Hapala, president of K9 Search and Detection Inc. in Manorville, N.Y., said GSS is a reputable company. But Hapala could be "a waste of money" or "due diligence," depending on whether there is a threat at the facilities. He noted the average cost for a bomb-sniffing dog is \$1,000 an hour, though the range starts at about \$500 and runs up to \$300. Alan Robinson, Atlantic Health's director of security, declined to discuss the cost. "We're doing this, it's our job to take these steps, to do all we can do to deter a terrorist act."

... vice president of the New Jersey Hospital Association, is not aware of any hospital in the state employing a bomb-sniffing dog. Neither is Matt Fenwick, spokesman for the American Hospital Association. "It's an extra step," Czakowski said. "But ... we have been tightening perimeter

... internal security as a precaution against hospitals becoming soft targets for terrorists."

Earlier this month, counterterrorism officials warned New Jersey hospitals that the institutions could become targets of terrorists in the minutes after a large-scale attack. The

... Judge ... Sept. 11, 2001

... powder to ammonium nitrate-fuel oil ... military grade plastic explosives,

... Hapala, a former police officer in ... has trained and lived with the ... for three years. They spend most days ... as much territory as possible, checking ... the underbelly of cars in parking

... established by the U.S. Police Canine Association and North American Police Work Dog Association, he said. Hapala repeated: reinforces what the dog has learned, testing ...

... scampers and circles with his snout ... until he finds it. When that happens, he ... his eyes on Hapala.

Having the pair on the property ... quicker detection of a bomb and ... share of false alarms. But it will not change ... the Morris County Sheriff's bomb squad ... operates whenever it responds to a scene ... does its job with its devices and does, said ... Still, Seidler, a canine trainer and bomb ... ician with the unit.

if the unit will not rely on Hapala and Judge, he ... has not worked with Judge as his trainer and has protocols it must follow no matter what. Still, Seidler says Atlantic Health ... decision. "That is cutting edge

Morristown hospital treats terror 'victims'



Haley Clancy of Mansfield, dressed in fake wounds, is brought into Morristown Memorial Hospital by a paramedic team.

Experts from Israel help design drill

BY ANDREW MEDEIROS
DAILY RECORD

MORRISTOWN – The victims were actors. The wounds were fake. But the urgency was real. When Morristown Memorial Hospital conducted a terrorism response drill on Friday everyone at the hospital took it seriously because they know the threat is real.

The scenario, developed by hospital officials with the help of Morristown police and Israeli terrorism experts, was a suicide bombing at nearby Mennen Arena during the Shriners' Circus, which normally draws a large crowd of children and families.

Alan Robinson, director of corporate public safety and security, said he believed Friday's drill was an excellent opportunity to put the hospital's emergency management skills to a test.

"This is a chance to take this plan and look at it inside out," Robinson said. "So far, we are very happy. We're looking for our Israeli friends to observe and help us improve."

Gili Shenhar, a retired Israeli colonel and adviser in emergency and disaster management, helped plan the event and said he thought the hospital staff reacted well.

"I think by doing this, it is a good start," Shenhar said.

"The main idea is to improve the system over time. The hospital prepared itself very well. We hope it doesn't happen but, as you know, it happens all over. It may happen here, and it's good to be prepared for that." The child volunteers, who acted as victims of the bombing, said they enjoyed participating in what they saw as a learning experience for the hospital's medical staff.



'Patient' Matt Cohn winces as he is examined after receiving a fake leg injury. In the terrorism response drill on Friday, the Morristown Memorial Hospital staff treated volunteers who pretended to be injured. Hospital officials say they were pleased with the staff's response.

"I think it's a good idea," said Anna Loveys, 15, of Randolph. "If it were to really happen, the doctors would have the experience."

Loveys played the victim of a facial injury suffered in the mock explosion.

Her face was covered in fake blood representing three distinct wounds. When she arrived at Morristown's emergency room, doctors indicated that, in a real-life situation, they would cover her face in ice to control swelling, which would likely set in and force her eyes shut.

Matt Cohn, 10, of Randolph, explained that, as victims, they represented a wide variety of injuries and personal situations.

APPENDIX E - PROJECT ALERT/NCMEC



U. S. Department of Justice

*United States Attorney
District of New Jersey*

*Federal Building - Suite 700
970 Broad Street
Newark, New Jersey 07102-2525*

*(973) 643-2700
FAX (973) 643-2702*

July 30, 2003

Ann Scofield
Manager, Project ALERT
National Center for Missing and Exploited Children
Charles B. Wang International Children's Building
699 Prince Street
Alexandria, VA 22314-3175

Re: Alan J. Robinson, State of New Jersey Representative
Project ALERT

Dear Ms. Scofield:

I am writing to inform you of the fabulous job Alan Robinson is doing here in New Jersey on behalf of this very important issue. As the United States Attorney, working to prevent the abduction, exploitation and murder of our children is a top priority of this Office. We have used Alan as a real resource to help train federal law enforcement on a wide range of issues.

In New Jersey, over 200 workshops have been given to educators, parents, police and prosecutors. In all, over 2000 people have been trained through Alan's efforts. Despite these already impressive results, Alan has told me he is still receiving an average of ten requests per month for training.

Alan Robinson and the efforts of Project ALERT in New Jersey is providing a great service to our citizens and is a great resource for law enforcement. I support Alan's efforts 100 percent.

Sincerely,


CHRISTOPHER J. CHRISTIE
United States Attorney

cc: Alan J. Robinson
26 West main Street
Box 475
Brookside, NJ 07926-0475

APPENDIX F - OFFICE OF THE GOVERNOR PROCLAMATION



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STATE OF NEW JERSEY
EXECUTIVE DEPARTMENT

Proclamation

WHEREAS, those who dedicate their time, effort and skills to help others are among the most valued members of any community; and

WHEREAS, one such individual is Alan Robinson, Director of Corporate Public Safety and Security for Atlantic Health System; and

WHEREAS, Alan proudly serves on Project ALERT (America's Law Enforcement Retirement Team) of the National Center for Missing and Exploited Children (NCMEC); and

WHEREAS, as a member of Project ALERT, Robinson assists active law enforcement agencies on breaking cases of missing children and in unresolved, long-term cases where added assistance is needed; and

WHEREAS, NCMEC created Project ALERT in 1992 with members comprised of certified, trained and retired law enforcement officials who volunteer their time to assist police in on-going investigations; and

WHEREAS, Alan, a resident of Brookside, New Jersey, is the recipient of the Morris County Prosecutor's Command Citation for his programs to protect children of all ages; and

WHEREAS, a man respected by his colleagues and fellow residents, Alan serves as an inspiration and encouragement to the countless individuals whose lives he has touched;

NOW, THEREFORE, I, RICHARD J. CODEY, Acting Governor of the State of New Jersey, do hereby recognize and commend

ALAN ROBINSON

and extend my best wishes for his continued success and happiness.



GIVEN, under my hand and the Great Seal of the State of New Jersey, this ninth day of March in the year of Our Lord two thousand five and of the Independence of the United States, the two hundred and twenty-ninth.

Richard J. Codey

ACTING GOVERNOR

BY THE GOVERNOR:

REGINA L. THOMAS,
SECRETARY OF STATE

APPENDIX G - CAMPUS SAFETY DIRECTOR of the YEAR

Violent Crime on the Rise Again ... See Page 10

HOSPITAL, SCHOOL & UNIVERSITY

Campus Safety

Technology Resource for Security Police & Administrators

JANUARY/FEBRUARY 2007 • Vol. 15 • No. 1 510

Presenting...
**The Campus Safety
DIRECTOR
OF THE YEAR!**

Atlantic Health's Alan Robinson Makes the Grade

**Upgraded Access
at C.W. Post**
College Gives New System
Stamp of Approval

Keeping 'IT' Real
Is Network Video
Right for Your Campus?

When Grants Aren't Enough
Alternative Ways to
Fund Your Department

Jan/Feb 2007

Here's to You Mr. Robinson

Alan Robinson, director of protection and security services for Morristown, N.J.-based Atlantic Health beat out some stiff competition to capture the first annual *Campus Safety* Director of the

Year/Healthcare award. Discover what made him a winner.

- by Robin Hattersley Gray

With nearly 8,500 staff, more than 1,500 beds, and about 7.1 million square feet of physical plant and campus spread out over three counties, Morristown, N.J.-based Atlantic Health is no small-time healthcare establishment. And its Director of Protection and Security Services Alan Robinson has some pretty big-time responsibilities.

Atlantic Health's largest location, Morristown Memorial Hospital, performs the second most heart surgeries of any healthcare organization in the New York Metropolitan area. Not to be outdone, Morristown Memorial's sister facility, Overlook Hospital, is a regional leader in comprehensive stroke care and neuroscience. Atlantic Health's other hospitals and programs, which include Mountainside Hospital, Goryeb Children's Hospital, the Carol G. Simon Cancer Center and the Gagnon Heart Hospital now under construction in Morristown, also provide world-class care to patients from Northern and central New Jersey, as well as New York City.

But with the Big Apple being only 15 air miles away and with Washington D.C., and four state capitals also in close proximity (a three-hour drive), safety, security and the possibility of another terrorist attack remain at the top of everyone's list of concerns.

Indeed, this organization knows firsthand how a healthcare provider can be affected when a major terrorist incident occurs nearby. Morristown Memorial treated dozens of 9/11 victims, including 11 U.S. Secret Service agents who had been displaced from their field office at the World Trade Center. Additionally, Atlantic Health's security personnel were directly involved with crowd control immediately after the attack when hundreds of community volunteers went to Atlantic Health's hospitals to donate blood.

Weeks later, the same security personnel helped manage the dozens of "worried well" who believed they had been exposed to anthrax.



Events like these are what truly test the competency, professionalism and commitment of campus law enforcement, and it takes a highly effective security director or police chief to lead the troops. Robinson was just the person Atlantic Health needed during one of our nation's most troubling times.

Since then, he has worked to further train and augment the professionalism of the more than 100 security, investigator, fire safety, emergency management and contract law enforcement officers who either directly or indirectly report to him — all while keeping turnover to a minimum and morale high. Additionally, he and his department have successfully solicited grants in excess of \$2 million to improve safety and security at all of Atlantic Health's locations. Robinson has also incorporated several innovative solutions and cost-saving measures that have made his department as well as the entire Atlantic Health organization leaner, more flexible and better able to respond to whatever safety and security situations may arise.

It is for these reasons that Robinson has been selected to receive the first *Campus Safety* Director of the Year/ Healthcare award.

Significant Improvements Implemented Before, After 9/11

Prior to 9/11, Robinson had already transitioned his department from using outsourced guards to having in-house, professional security officers. Before the terrorist attacks, Atlantic Health's security officers were trained in bioterrorism, bomb threat management, hostage handling, incident command, media management, patient decontamination, security/crime prevention, emergency management, fire safety and investigations. No doubt, this training helped Robinson's employees handle the events of 9/11.

Since then, however, Robinson and his officers have raised the bar even higher. For example, Atlantic Health's security department has retained the services of a K-9 unit that does random inspections of the loading dock and vehicles. "We recognize that terrorists spend a lot of time at your hospital on the outside," says the director. "They want to see what type of security there is and how easy it is for them to be identified."

Customized Annual Training Keeps Officers Up to Date

In addition to being prepared to prevent or respond to another possible terrorist attack, Atlantic Health officers must deal with more common threats, such as infant abduction. As a result, all Atlantic Health security officers are certified by the International Association of Healthcare Safety & Security (IAHSS). Additionally, they are required to participate in Atlantic Health's customized annual training program, which focuses on infant/child security and workplace violence, in addition to issues specifically related to terrorism.

Officers as well as other staff are also trained in the handling of psychiatric patients. "We basically manage that response team and stage them in an area if a show of force is really all that's needed for the person to calm down and resign themselves to whatever treatment their doctor recommends," says Robinson. "If they are dangerous or have weapons, we are trained to safely disarm them."

"One of the things we do is spend a lot of time teaching security people they cannot take these situations personally," the director adds. "Psych patients and also brain trauma patients will engage you and get physical because they have a mental defect."

Robinson also stresses the importance of working with the staff responsible for psychiatric patient care because, unlike security personnel, they know the individuals involved and understand the types of behaviors.

Nonsecurity Staff Stretch Resources, Improve Coverage

In addition to educating security officers, Robinson recently began providing security awareness training to the organization's nonsecurity personnel. "We basically targeted groups of employees, for example secretaries whose desks are located near elevators or entrances/exits," he says. "It teaches them what types of suspicious behaviors to look for and report to us. Atlantic Health has about 8,500 employees, so by using those thousands of pairs of eyes and ears, we have actually grown our security staff."

This approach also came in handy when the organization's physical plant expanded by 1.2 million square feet in 2006. Because no additional security officers were hired, the newly trained non-security personnel helped fill the coverage gap.

In March 2006, Robinson also coordinated a disaster preparedness and response conference with Israeli faculty, physicians and disaster preparedness experts. This training was conducted so that Atlantic Health physicians and first responders could better manage pediatric disaster/mass casualty events.

All of this

nonsecurity staff training has tied in quite nicely with the security department's adoption of the community policing approach. Now, security officers have greater interaction with staff and visitors. "By being more approachable to the public and other employees, we get much more cooperation," says Robinson. "We can't do our job unless people tell us what's going on."

Morale Remains High While Turnover Is Minimized

Despite the change in focus and additional responsibilities that have been put on Atlantic Health's security officers, a recent employee satisfaction/engagement survey conducted by the organization indicates officer morale is extremely high. That may explain why turnover is so low at Atlantic Health.

"Our biggest problem was a lack of turnover in supervisory positions," says Robinson. "We were losing very qualified and highly trained officers because there was no upward mobility. We get a sergeant or lieutenant, and he or she is here for years."

Robinson solved this problem by creating a corporal position. The promotion was a way to reward and retain security officers that have done a great job.

He also

attributes the high retention rate to the practices of his organization's human resources department. "I think HR spends a lot of time and effort making sure the salaries we offer are extremely competitive. We're paying a lot of money, but we're getting a lot for it. You get what you pay for."

Additionally, frequent formal and informal interaction between management and officers helps keep morale high. This approach has won him the loyalty and respect of his employees and supervisors alike. "He's by far t

he best person I've ever worked for,"

says John Edwards, manager of protection and security services at Morristown Memorial. "He's cognizant of everything that goes on but doesn't micromanage."

Robinson's supervisor, Vice President of Human Resources and Chief Administrative Officer Andrew Kovach, summed up

Robinson's management style as inclusive and participatory. "He looks for the right things to do and the right answers, and is willing to admit when he's done something wrong or can do something better," says Kovach. "He listens to people when they talk to him about it."

\$2.3 Million in Grants Obtained to Improve Safety, Security

In addition to augmenting officer professionalism, Robinson and his staff have obtained federal and state funding to help pay for decontamination supplies, pharmaceutical supplies, access control upgrades, additional two-way radios, ventilation shutdown equipment and more. In total, Robinson's department has won \$2.3 million in Health Resources and Services Administration (HRSA), Urban Area Security Initiative (UASI) and state grants from 2001 to 2006.

Despite Atlantic Health being awarded these grants, however, the security department budget remains very tight, and Robinson must look for creative ways to stretch his resources.

For example, Atlantic Health has 378 CCTV cameras deployed throughout its organization. The cost to maintain and repair this technology through a vendor contract was determined to be approximately \$150,000. To help offset these costs and minimize contract labor response time, Robinson reclassified a security officer position to that of a full-time security department repair technologist position. As a result of these changes, the cost savings came to \$120,000 for 2005 alone.

Volunteering Rounds Out Robinson's Workload

Despite all of his hard work to secure Atlantic Health, Robinson still finds time to volunteer for Project ALERT (America's Law Enforcement Retiree Team). As a Project ALERT representative and child safety expert, he has delivered more than 200 presentations on how parents, teachers and law enforcement can prevent children from being abducted or sexually abused.

But when asked what he's most proud of, Robinson comes back to the high officer morale of his department, as demonstrated by the employee survey. "The company that did it for us took the 10 areas employees evaluated as being the ones they were most satisfied with," he says. "One of those areas in the top 10 was 'Do you consider your workplace healthy and safe?' I think that's the real cornerstone of the whole program. You're really judged by the people you're doing it for."

Robin Hattersley Gray is executive editor of Campus Safety Magazine and can be reached at robin.gray@bobit.com.

For the unabridged version of this article, please refer to the January/February 2007 issue of *Campus Safety Magazine*. To subscribe, go to https://www.secure-mag.com/CSM_Subscribe/.

APPENDIX H – FBI 2008 DIRECTOR DISTINGUISHED LEADERSHIP AWARD

**U.S. Department of Justice
Federal Bureau of Investigation**

*In recognition of outstanding service to
the local community and of enduring contributions
to the advancement of justice, the
Director's Community Leadership Award*

is presented to

Alan J. Robinson

*on this day
December 5, 2008*



Robert S. Mueller, III

Robert S. Mueller, III
Director



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2008 Director's Community Leadership Awards

Newark, New Jersey

Alan J. Robinson

Director, Protection and Security Services for Atlantic Health



Mr. Alan J. Robinson is currently employed as the Director of Protection and Security Services for Atlantic Health, an organization that owns Morristown Memorial Hospital, Overlook Hospital, and numerous other medical facilities in northern and central New Jersey.

In December 1997, Mr. Robinson joined Project ALERT (America's Law Enforcement Retiree Team), a division of the National Center for Missing & Exploited Children (NCMEC). As the New Jersey representative for Project ALERT, Mr. Robinson speaks to parents, teachers, and law enforcement officials about child abduction. Mr. Robinson teaches his audience how pedophiles and child abductors think and operate and how to safeguard their children against them. Mr. Robinson delivers these presentations approximately every two weeks and has been doing so for the past 11 years. In addition to making these educational presentations, Mr. Robinson assists law enforcement agencies throughout the state on breaking cases involving missing children and assists them with unresolved, long-term investigations. The Project ALERT Manager has stated that Mr. Robinson "has singularly raised the awareness for child safety in New Jersey more than any other effort." Mr. Robinson's efforts have resulted in charitable donations of thousands of dollars being made in his name to Project ALERT.

In addition to the above cited contributions to the community, Mr. Robinson regularly presents a three-hour block of training for FBI Newark's Advanced Criminal Investigations in-service training to local law enforcement officers. Mr. Robinson's presentation is entitled "Methods and Techniques Employed by the Pedophile to Lure, Exploit, and Abduct Children." Mr. Robinson also gives similar presentations to police recruits at the Morris County Police Academy and presides over the annual Morris County NCMEC exhibit in support of National Night Out. He has been providing these seminars to the New Jersey law enforcement community and others on a voluntary basis for over 10 years.

For more information:
- High resolution image

DCLA Awards | Headline Archives home


November 2008

**As PUBLISHED IN
SECURITY**

**500
BIGGEST
& BEST
SECURITY
ORGANIZATIONS**

**Atlantic Health Protection
& Security Services**

2008



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SECURITY

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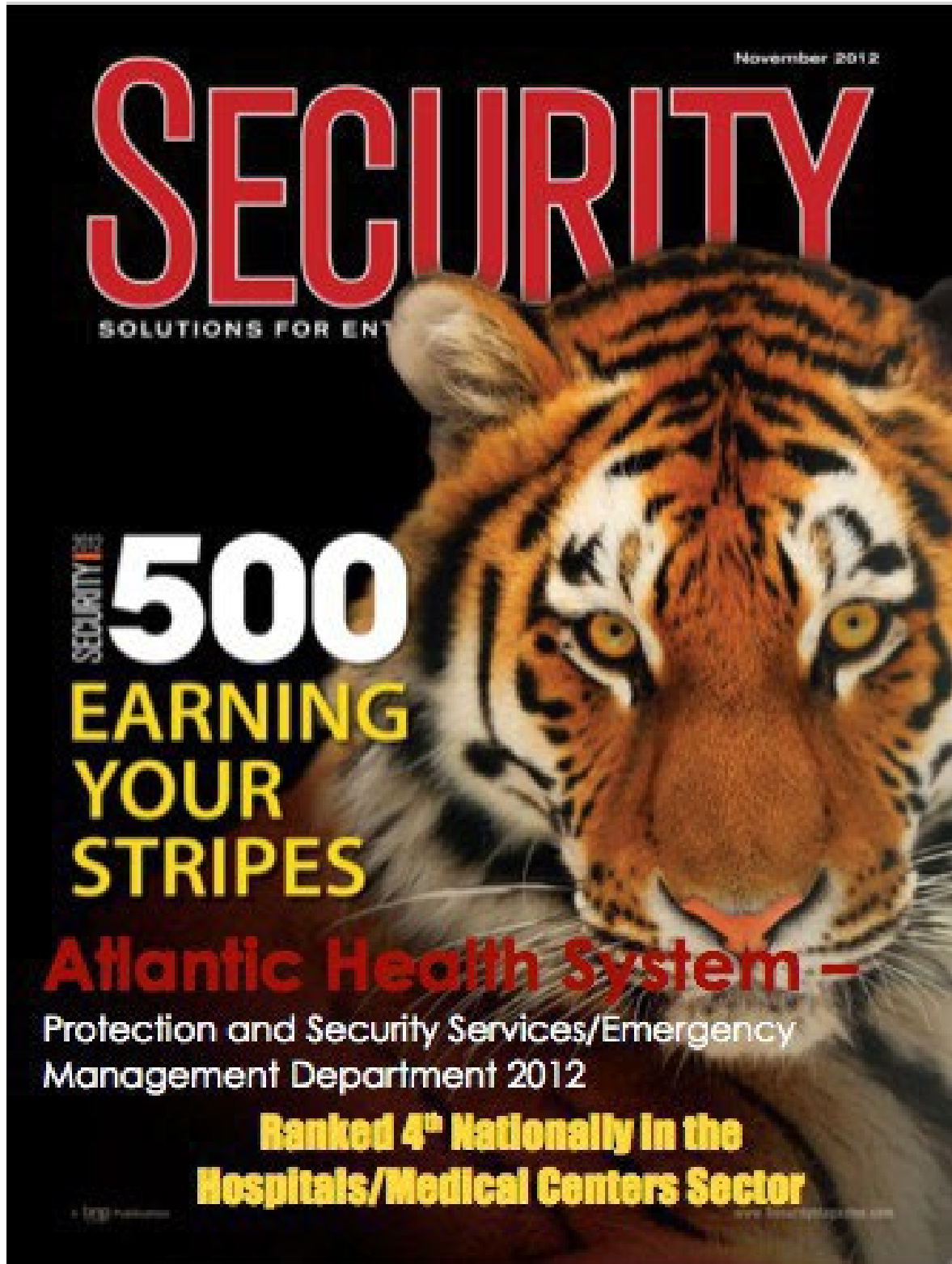
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www.atlanticss.com

APPENDIX I3 - SECURITY 500 POSTER 2012

The image shows the cover of the November 2012 issue of SECURITY magazine. The background is a close-up photograph of a tiger's face, looking directly at the camera. The word "SECURITY" is printed in large, bold, red, sans-serif capital letters at the top. Below it, in smaller white capital letters, is "SOLUTIONS FOR ENTERPRISE". In the top right corner, "November 2012" is written in a small white font. On the left side, the text "SECURITY 500" is written vertically in white, with "500" being significantly larger. Below this, the words "EARNING YOUR STRIPES" are written in large, bold, yellow, sans-serif capital letters. At the bottom, the text "Atlantic Health System -" is in red, followed by "Protection and Security Services/Emergency Management Department 2012" in white. Below that, "Ranked 4th Nationally in the Hospitals/Medical Centers Sector" is written in bold yellow. In the bottom left corner, there is a small logo for "ENR Publications" and in the bottom right corner, the website "www.enr.com" is visible.

APPENDIX J – MORRIS COUNTY PROSECUTOR ACKNOWLEDGEMENT 9-09



MORRIS COUNTY PROSECUTOR'S OFFICE

Administration & Hearing Rooms Bldg.

PO Box 900

Monticello, New Jersey 07030-0900

RECEIVED BY: [Name]

DATE: [Date]

Telephone: (973) 977-6226
www.morriscountynj.gov

September 13, 2009

Alan J. Robinson

Project Alert

National Center for Child Abuse & Neglect

Charles B. Winters

Monticello, NJ 07030

Dear Mr. Robinson:

The following information was provided to the Morris County Prosecutor's Office regarding the activities of the [redacted] during the week of [redacted].

The information was provided to the Morris County Prosecutor's Office regarding the activities of the [redacted] during the week of [redacted].

Very truly yours,

Signature

Sgt. Anthony Devincenzo
Sergeant
Sex Crimes/Child Endangerment Unit

Melanie G. Smith, Esq.
Supervising Assistant Prosecutor

APPENDIX K – 2011 CHRISTIE COMMENDATION LETTER



**STATE OF NEW JERSEY
OFFICE OF THE GOVERNOR
P.O. Box 001
TRENTON
08625
(609) 292-6000**

**CHRIS CHRISTIE
GOVERNOR**

March 25, 2011

Mr. Alan J. Robinson
Director
Protection and Security Services
Atlantic Health Morristown Memorial Hospital
100 Madison Avenue
Morristown, New Jersey 07962

Dear Mr Robinson:

As Governor, I am pleased to extend my congratulations as Atlantic Health is recognized, once again, by *Security Magazine* as one of the safest hospital and medical centers.

Under your direction, Atlantic Health achieved an impressive ranking in the 2010 Hospitals and Medical Sector category. You can take great pride in this prestigious honor and the innovated program, leadership and business management practices that have led to three years of recognition. I am pleased to join with your colleagues, family and friends in applauding this outstanding achievement and in thanking you for ensuring the safety and security of the Hospital's systems and all those who enter its doors.

Again, congratulations to Atlantic Health and best wishes to you for continued success in all of your future endeavors.

Sincerely,

A handwritten signature in blue ink, appearing to read "Chris Christie".

Chris Christie
Governor

APPENDIX L – FBI NATIONAL ACADEMY ASSOCIATES

Alan Robinson receives an award from the FBI National Academy Associates - NJ Chapter for presenting on the "Profile of the Child Predator: Tactics and Techniques used to Lure and Molest Children". The annual training conference was held at the Montego Bay Resort & Conference Center in Wildwood on May 18, 2011.



Alan Robinson receives an award from the FBI National Academy Associates - NJ Chapter



Not KIDDing About Security

Sophisticated access control systems are increasingly becoming a first line of defense when protecting children in hospitals and schools.

By Cindy H. Dubin,
Contributing Writer

This September will mark the 10th anniversary of 9/11 and some security pros fear that the worst could be yet to come. "Our view is that the goal of terrorism is to bear the devastation they caused on September 11, 2001, and one way to do that is to go after our children," says Alan J. Robinson, director, Protection and Security Services/CSC, Atlantic Health, Morristown, NJ. "Tipping the scales of 9/11 is difficult to replicate;

tion," says Jeff Baker, director of safety and security for the Keller Independent School District in Keller, TX.

But, that has changed due to the growing importance of security-level requirements. According to a 2010 *Avista Physical Access Control Market Research Study*, 79 percent of respondents claim the ability to precisely manage diverse 71 percent value programmable readers that simultaneously support multiple card technologies, and two-thirds of the respondents are interested in managing identification credentials. Two main points to attack on children – and protec-

tioning school climate and a facility that is secure from unwanted intruders. While even the best access control efforts will not guarantee that a determined outsider won't gain access to the school, security directors are working with education and administrators to take steps to reduce the risks of unauthorized access.

The Keller Independent School District has been taking these steps since 2000, upgrading security measures and installing access control systems at every campus and facility in the district. "Our biggest challenge was dealing with multiple locations, different building layouts, as well as a cultural change within our district and community regarding security," explains Baker. "While most of our facilities were built after 1995, a handful were constructed prior to the 1970s and were not designed with security in mind."

Marcus DePompeo, senior project coordinator, Protection and Security Services for Atlantic Health System, agrees. "Schools were originally built as community centers, open to the public, so they can be difficult to secure."

"The challenge with access control in a K-12 environment is that the whole building needs to be secure during the school day as well as after hours," says Ewald Bradner, manager, Protection and Security Services, Atlantic Health System. "A critical component of an access control system is to alert school officials when a door is breached due to an unauthorized person entering or a child leaving without permission."

Baker, who led the access control installation project team, utilizes proximity cards from HID Global. Every employee is given a unique identification code tied to the badge. The flexibility of the proximity card system allowed Baker to authorize access to single locations or multiple facilities if necessary. The system lets Baker and his team know who enters a building, at what time, and at what entry point location. They also



Identification cards at Rush University Medical Center are color-coded to ensure that only those with access to certain areas remain in those areas. Patients are made aware of the color codes so that they can rest assured that only authorized personnel are permitted near them.

unfortunately, in order to exceed or even match the shock and awe of 9/11, terrorists must target a population so vulnerable it restores their reputation as a terrorist organization."

For many, 9/11 caused a knee-jerk reaction to securing their facilities. "At the time of September 11, 2001, very few staff in public education knew what access control was and what it meant both in the short-term and the long-term for public educa-



Access control is essential to protecting the doors at so security sensitive areas at Rush University Medical Center in Chicago. The program consists of a staff and visitor management system that relies on a multi-layered approach, says Larry Trzevicki, director, Security Services Emergency Management.

tively implementing access control systems – are hospitals and K-12 campuses.

DITCHING THE LOCK AND KEY

Issues such as bullying, divorced parents and child abductions force school administrators to struggle with maintaining a balance between having a user-friendly, well-





issues when someone tries to gain unauthorized access because the system automatically sends an email notification alarm. Access control card readers were placed at doors with the highest foot traffic points in their facilities.

"Once we installed the reader at exterior entry points, we were able to restore every key and lock in the district," says Baker.

The Keller Independent School District - 58 campuses, 32,000 kids, and 4,000 employees - ultimately invested upwards of \$5-\$10 million in its access control system, which also includes 1,500 security cameras and Raport Technologies' web-based Raportware. With Raportware, a visitor's driver license (or other state issued ID) is scanned and the software instantly screens for registered sex offenders. The system allows for additional queries regarding domestic dispute offenders and other security related issues. When a visitor is cleared, a badge featuring name, photo, date and time, and destination, is printed. If a potential threat is identified prior to a visitor gaining full access to a campus, the system instantly alerts designated officials via email, telephone, text message, or pager.

Despite its capabilities, Baker has bigger plans for the access control system. "We aren't using the access control system to its full ability just yet, but as we expand, it will be at a lower cost to the district because we have the necessary infrastructure in place," says Baker. The district is looking at piloting a program at the middle and high school level that would assign one ID card for students, which would enable them to pay for school meals, check out library books, check out technology equipment, pay library fees and more. "Parents expect the schools to provide a safe and secure learning environment for their children and I believe we work towards this goal every day but much work remains as we try to prepare for possible future disasters to our district," he says. "We are very thankful to the responders who voted to improve our security systems in KISD," Baker says.

STEPPING UP TO THE PLATE

Achieving a sound physical access control program within a hospital environment requires a delicate balance of cost and security. "While the economy has hurt everyone, and budget cuts are common, healthcare facilities have put a premium on security measures and are stepping up to the plate, especially when there are unattended or no systems in place," says Jim Sankovich, CHPS, president of the International



Robert Ryan, CPE, CHSA, director of Security and Transportation at Children's Hospital Boston, is up to speed on protecting the children who come to the hospital from all over the world. "When protecting children, we face issues such as distressed parents, restraining orders against family members and crowd control management as both immediate and extended family is visiting."

Association for Healthcare Security and Safety (IAHSS).

"In hospitals, it is easy to get frustrated as we have to get in line with other departments for capital funding," says Robinson of Atlantic Health. Despite that challenge, hospitals are doing what is necessary to protect sensitive areas such as maternity wards and pediatrics units.

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To get a handle on these challenges, Children's installed a Level access control system, which monitors each device as card readers, panic buttons and door systems, all tied to a Pulse Evolution video management system to keep track of patients, visitors and employees. Additionally, an EasyLiberty visitor management system produces a bar coded, self-erasing, temporary ID badge for parents/guardians and visitors. The bar code integrates with the Level access control system. When a parent/guardian or visitor enters, their picture is taken and they are

granted a temporary 24-hour access to the building or floor where they need to go.

Eventually, Ryan would like to have the person's name entered into a database to make sure that the person is not a registered sex offender or a possible threat to the patient.

"Having a good access control system is one of the most important components of any security program," says Ryan. "Without it, we wouldn't have a program."

Laura Feidenfeld, director, Security Services Emergency Management, Rush University Medical Center in Chicago, says access control is essential to protecting the doors to an security sensitive area at the hospital. His program consists of a staff and visitor management system that relies on the Tice International C-Care 9000 Access Control System and American Dynamics CCTV for application in a multi-layered approach. "Having the alarm data and the visual element to back it up was critical to us when we were searching for an access control system," he says.

In addition, Rush identification cards are color-coded to ensure that only those with access to certain areas remain in those areas. Patients are made aware of the color system so that they can rest assured that only authorized personnel are permitted near them. "This is especially important in labor and delivery where the safety of the babies is of utmost importance," says Feidenfeld.

Rush University uses biometric (fingerprint reader) as another level of access control for security-sensitive areas.

Protecting security-sensitive areas is also critical at Atlantic Health System Hospitals, says Robinson. Located in New Jersey, the hospital considers itself in a high-risk region for terrorism and made the move about seven years ago to tighten security in those sensitive areas.

Robinson credits the C-Care Access Control System and InSafe security systems with that task. "We have 10,000 people coming through our doors everyday and we make sure that we know every one of them," he says. "When people know that we rely on identification badges to restrict access, it is definitely a deterrent."

"Whether they are on a K-12 campus or in the pediatric ward of a hospital, security directors are keeping their second line to the line when it comes to protecting children. "We will never be in a post-9/11 world again, so those of us whose job it is to protect children must be constant and vigilant in doing so," says Robinson. **CS&T**

APPENDIX N – MORRIS COUNTY DETECTIVES AWARD

MAGLOCLLEN

MORRIS COUNTY

At va:..frlrJN

t,.l. _r:,tf

300 Mendham Road, Morristown, NJ 07960

December 7, 2011

Captain Jeffrey Paul
Tactical Officer
Morris County Pr0Jc-cum-r's omoe-
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Mortf,sto , NI 0'1960

Dear Captain Paul:

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Once again, congratulations on your officer's exceptional investigative achievements.

Very truly yours,

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Hospital uses facial recognition, other technology to identify high-risk people

by: [Leischen Stelter](#) - Monday, February 21, 2011

DELRAY BEACH, Fla.— Being located in a high-crime area coupled with the need to be an open environment means that Atlantic Health, a large healthcare provider serving northern New Jersey and metropolitan New York, must rely on technology to help mitigate threats to its staff and patients.

"It's the critical nature of our job to ensure that those entering the facility are who they say they are," said Errol [Brudner](#), manager of protection and security services for Atlantic Health on Feb. 14, the first day of the [TechSec Solutions](#) conference. For example, it's important to the safety of staff and patients to know if someone entering the facility is a known gang member or otherwise considered dangerous.

But the healthcare system was designed to be an open environment and easily accessible to the public. "Some of our buildings have 50 to 60 doors that people can come in and out of. We can't have enough security, so we look to technology, especially analytic technology, to help us be proactive not reactive. We want to stop something before it happens," he said.

Being in an area with high gang activity is especially

dangerous. While the hospital can't deny treatment to anyone, it is critical to know immediately if someone has a criminal history and should be considered a danger to staff and patients.

The hospital is using a variety of technology to alert staff of potentially dangerous individuals. Facial recognition technology has been deployed in its emergency department to identify people within the hospital's database who are considered high risk. "We upload pictures of people we want to know about and their picture is in our system so we know immediately if they are in our facility," he said.

The hospital also pays a monthly subscription fee in order to access several national databases, which determines in real-time if an individual has a criminal history. The healthcare system has partnered with GTBM Corporation, to verify a person's identification utilizing the National Crime Information Center, the federal Terrorist Screening Center watch list as well as all 50 state's Department of Motor Vehicle databases, said Rich [Picolli](#), founder of GTBM, Inc. "When a person walks in we know exactly who we're dealing with," [Brudner](#) said.

Hospital uses facial recognition, other technology to identify high-risk people (CONTINUED)

Another major risk is false patient identification and resulting medical fraud, Brudner told attendees. If someone receives tens of thousands of dollars in medical care using a false identity, the hospital can be held liable and faces high insurance fraud penalties. False identities are also risky to its patients. The hospital has had cases of impersonating staff with individuals posing as doctors and trying to gain access to children's wards, for example.

In addition, the hospital uses a license plate reader system. "The information is sent to the state crime system and we receive information about a wanted felony vehicle. We have that information before they park the car," said Brudner. If a vehicle is identified through the system, it alerts both the hospital administration as well as local law enforcement.

However, because this technology can compromise privacy laws, the hospital has also had to build in several safeguards. For example, staff who scan a patient's drivers license only receives a "clear" or "not clear" alert. They are not provided

with any information regarding why that person has been flagged and instead the information is filtered to high-level security personnel as well as law enforcement.

And the hospital has also tailored the system to be used in its highest risk areas and the facial recognition technology is only deployed at its primary emergency room entrance. Also, the hospital screens vendors entering the facility through the Info Corp system because they often have access to high-risk areas, but only randomly screens patients through the system. While Brudner emphasized that the healthcare system can't rely 100 percent on these technologies, he said that it has been a force multiplier for the security staff and helps identify people who pose a risk to the facility.

APPENDIX P – KYRILLOS NJ SENATE RESOLUTION 2012



THE SENATE
STATE HOUSE, TRENTON, N. J.

SENATE RESOLUTION
By Senator KYRILLOS

WHEREAS, The Senate of the State of New Jersey is pleased to honor and commend Alan J. Robinson, a highly esteemed member of the Garden State community, in grateful recognition of his exceptional voluntary service as the New Jersey representative for Project ALERT; and,

WHEREAS, Since 1997, Alan J. Robinson has given generously of his time, talent, and expertise to Project ALERT - America's Law Enforcement Retiree Team, a division of the National Center for Missing and Exploited Children and the Adam Walsh Foundation; and,

WHEREAS, Every two weeks for the past fourteen years, Alan J. Robinson has made presentations to parents, teachers, and law enforcement officials throughout this State and nation on the topic of child abduction, and he frequently assists law enforcement agencies on breaking cases of missing children; and,

WHEREAS, The author of numerous articles on the subject, Alan J. Robinson has lent his wisdom and expertise as a police academy instructor for the FBI and the U.S. Attorney's Office, and his thirty years of security and law enforcement experience have resulted in his many television appearances as an expert in the field; and,

WHEREAS, An array of honors and awards bears witness to the high regard in which Alan J. Robinson has been held by his peers and colleagues, including the 2008 FBI Director's Community Leadership Award; and,

WHEREAS, The people of the State of New Jersey are genuinely indebted to hard-working and inspiring citizens, personified by Alan J. Robinson, who are devoted to improving the effectiveness of their communities and the quality of life for their neighbors; and,

WHEREAS, Within all the spheres of his life and work, Alan J. Robinson has established a model to emulate and set a standard of excellence toward which others might strive; now, therefore,

Be It Resolved by the Senate of the State of New Jersey:

That this House hereby honors and salutes Alan J. Robinson, pays tribute to his meritorious record of service, dedication, and commitment, and extends best wishes for continued success in all his future endeavors; and,

Be It Further Resolved, That a duly authenticated copy of this resolution, signed by the President and attested by the Secretary, be transmitted to Alan J. Robinson.



Stephen M. Scarny
President of the Senate

Attest:

Kent M. Hicks
Secretary of the Senate

ture ▶ drug abuse at hospitals



PREVENTING PRESCRIPTION DRUG DIVERSIONS AT YOUR HOSPITAL

Healthcare professionals who steal drugs from the hospitals that employ them are a significant and very real threat to patient care. Good inventory management, access control and training will help you put a stop to this type of theft.

By Brittany-Marie Swanson

YOU COULD CALL IT A NIGHTMARE SCENARIO, but it's all too real.

In July, the New Hampshire Department of Health and Human Services was scrambling to organize hepatitis C testing for more than 3,000 Exeter Hospital patients and former patients. More than 30 patients had already been diagnosed after receiving treatment from the hospital's cardiac catheterization laboratory.

Tragically, authorities believe that the patients were infected via the actions of someone who was supposed to protect them: an Exeter Hospital employee.

Technician David Kwiatkowski is accused of stealing drugs from the hospital and contaminating syringes that were later used on patients.

This scenario is all too common, according to Alan Robinson, director of Protection and Security Services for Atlantic Health System in New Jersey.

"Anywhere between 6% and 20% of all RNs have a drug addiction problem," Robinson claims. "We don't see a lot of cases where people are stealing [drugs from our hospitals] to sell them."

PEUSIOO fITEM HELPS I'm TJLICK.

At each of its four hospitals, Atlantic Health System uses a medication dispensing system from Pyxis to keep track of what — and how much — medication is distributed on each floor.

"It's kind of like an ATM machine for narcotics," Robinson says. "The nurse on the patient care unit — or other healthcare professional with access to medication based on the doctor's orders — has to put in personal identification so that the machine knows it's the caregiver. Then whatever she withdraws, [the machine] keeps a record of it." The system also uses biometrics.

Chuck Moore, security director at Northwest Hospital in Randall's Town, Md., says his facility uses the MedCarousel dispensing system from McKesson to track the distribution of medication.

"There is a perpetual inventory for each item," he explains. "As doses are dispensed, the inventory is decremented."

REVIEW REPORTS REGULARLY

As medical staff get medication from the dispensing system, Robinson says, that data is compiled and placed into a Pandora

Analytics report, a service of Omnicell.

The Pandora report provides a historical and empirical view of the medication being used in each wing of the hospital. For example, if nurses typically withdraw Demerol four times a day in the orthopedic area of the hospital, the report will display that average, as well as what took place each day.

"If that number would get to 30, or 35 or 40, the Pandora system automatically issues a report that says, the norm for that floor is 15 and this is what they call an outlier — in other words, way above what the norm is for that floor," Robinson says.

NURSING STAFF CAN CATCH THIEVES

Both the nurse managers and the hospital security department receive these reports, Robinson explains. However, the nurse managers have primary responsibility when it comes to recognizing possible drug diversions.

It's easier to catch on to drug diversion "if there's a good conversation between the nurse manager and the pharmacy as opposed to security looking for trends," Robinson says. While security personnel may look for patterns to identify theft, "our nurse manager is looking at these reports and saying 'wait a minute, this nurse's behavior has been off or her attendance is off' or whatever the case may be."

If a nurse manager identifies a possible theft, he or she should contact the security department to perform a follow-up investigation.

"As soon as an issue involving drug diversion is suspected, a trained investigator needs to be brought in," Moore says. "Many drug diversion cases are lengthy, which includes following paper trails, CCTV evidence, access control transaction reports, etc. A delay in notifying an investigator could cause evidence to go stale or even disappear."

INDICATORS CAN BE MISLEADING

Any withdrawals from a hospital's medication dispensing system should be verified by doctors' orders. However, if they aren't, there are some other plausible explanations.

Atlantic Health System hospital staff perform drug inventory each time they withdraw medication from the Pyxis machine. The healthcare worker must verify the count that is displayed and available in the system as they are making a withdrawal, so a discrepancy in the amount of inventory will be caught quickly,



Medical staff who have been caught diverting drugs from Atlantic Health System have the option of entering New Jersey's RAMP program, which aids in recovery and reinstatement. Courtesy of Atlantic Health System.

Robinson says. In some cases, this only indicates an error on the part of the personnel who restocked the Pyxis machine.

Robinson says healthcare safety professionals should also be aware that traditional indicators of drug abuse might not apply to hospital employees.

In the past, "if someone had a drug problem, you started looking for their attendance to slip," he says. "We're finding in the last two years that sometimes their attendance is absolutely perfect because their access to medications is at the hospital."

Atlantic Health System's Manager of Protection and Security Services/Investigations Errol Brudner suggests that a delay or failure in disposing of or returning unused narcotics could also indicate drug diversion. Additionally, employees involved in this kind of theft might replace the stolen drug with another solution.

"I also think it is important to mention substitution, in which the diverter removes a pain-relieving narcotic from a syringe or IV and replaces it with water or saline," Brudner says. "This not only denies the patient of their pain relief but is also an infection prevention issue."

KNOW WHAT DRUGS ARE THE MOST ABUSED

Robinson also says that knowing what medication is most abused

New Jersey's RAMP program

In 2003, the New Jersey State Nurses Association founded the Recovery and Monitoring Program (RAMP) to engage health professionals with addictions to seek recovery. Alan Robinson, director of protection and security services for Atlantic Health System, says he refers to the program employees who are caught diverting drugs.

If a nurse is suspected of taking drugs for personal use, "we're looking to get them help and rehabilitate them."

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Robinson says nurse managers are instructed to look for trends in their own areas. Additionally, they are encouraged to "look at the Pandora reports and take immediate action."

Hospital security officers — Atlantic Health System has both uniformed and plainclothes security — are also trained in the Drug Enforcement Administration's (DEA) protocols for searching patient rooms for drugs. (For more information, see sidebar *Preventing Illegal Drug Use By Patients*.)

In addition, if a fire alarm is pulled, only one officer will initially report to the scene.

"If someone comes into the hospital to pull the fire alarm just to see how security responds, and if everybody on the shift runs to that fire alarm, that's a great opportunity for [the suspect] to go into the pharmacy," Robinson explains.

HOSPITAL, PATIENT SAFETY IS AT STAKE

It's important to be vigilant when searching for indicators of drug diversion, Robinson says.

"You do have an obligation to your patients because an addicted nurse or a physician under the influence — anyone in a patient care role — is a risk first and foremost to the patient," he says. "They then also become a risk to the hospital and the hospital's reputation." ■

CS For additional coverage of this and other healthcare and educational safety and security topics, visit CampusSafetyMagazine.com

Preventing Illegal Drug Use By Patients

Hospital employees with addictions are drug-related threats hospitals face, according to Health System's Director of Protection and Security Alan Robinson. He says the health service has placed a patient appears to be using Schedule I substances (those with no medical purpose) in the facility.

"If [patients] are using in their rooms and controlled substances that we are giving them for their conditions, there are risks to them and it can be fatal," he says. "We even go so far as to have nurses the signs to look for indicating that a patient could be addicted."

Atlantic Health System security officers conduct a comprehensive search of the patient room in the following areas:

- In fluorescent light tubes
- Inside fire alarm bells or in ceiling tiles
- In hollowed fruits and vegetables
- Hung behind curtains
- Inside TV set
- Inside pillows

The patient's bathroom is also a potential hiding place for drugs. Officers check the following areas:

- Behind the kick plates of sink cabinets
- Inside or behind electric outlets
- In toothpaste tubes
- Inside hollow curtain rods
- Inside toilet tanks
- Within hollow soap bars
- In shower nozzle head

If hospital security officers suspect that drugs might be on a patient's person, nurses will perform a search. For a complete list of possible hiding places, visit www.CampusSafetyMagazine.com/PatientDrugSearch.

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2012 Security 500 Leader Profiles

November 1, 2012

**Alan Robinson,
Director, Protection,
Security Service,
Emergency Management**



Alan Robinson
Director, Protection,
Security Service,
Emergency Management



The Protector

"All the greatest plans and ideas in the world do not matter if you do not have a well-prepared team in place to identify risks, respond to events and have the right attitude toward helping others. We have that great team and that is the key to our security program's success," says Alan Robinson, Director, Protection, Security Service, Emergency Management for Atlantic Health System.

With more than nine million square feet of physical plant and campuses spread across New Jersey at four major acute facilities and other sub-acute locations, (including a rehabilitation center used by the New York Jets football team), the challenges are many. His team includes more than 100 security officers, investigators, fire safety, emergency management and contract law enforcement officers. "We build ten foot fences and then they give us twelve foot problems," says Robinson.

He considers all hazards from the high volumes of visitors to weather to terror. "Our challenges can be simplified into words like brand or compliance, but protecting the brand and being compliant require an aggressive level of training and preparedness to identify and eliminate risks as much as possible as well as to respond to events effectively when they do occur," says Robinson.

"We are in a very fluid and unpredictable environment that moves at a high speed. We prepare for enterprise risk management and security through training. We constantly look at what we do well and what we do not do so well. Second, we study other hospitals in the U.S. to learn about their best practices and adopt what works. Third, we prepare for every contingency from power outages to active shooters," explains Robinson.

Workplace violence is rampant in the healthcare profession and at the top of his critical issues list. "The numbers say it all. Seventy percent of the workers in this industry are female and the number one cause of death for females at work is homicide. I start every day with these statistics. We treat workplace violence the same way the hospital treats infections; they have to be controlled and eliminated. We look hard at the metrics," says Robinson. Atlantic Health's

workplace violence incidents are equal to the national average in healthcare as they face the same issues with patient interaction as other facilities.

Their success is in two key areas. Through training on self defense, self escape, protecting oneself and avoiding harm, they have reduced the impact of those incidents on high-risk staff e.g., nurses, behavioral health and developmental disabilities. Therefore, they do not have a meaningful percentage of employees on workers compensation or on sick leave as a result of workplace violence. Second, employee surveys, including whether they feel safe and secure at work, are consistently positive.

"By training and preparing our employees for the risk of workplace violence, they feel empowered and secure in the workplace. We also have a significant program supporting them from closed circuit television cameras, panic alarms and facial recognition to uniformed and plain clothes officers throughout the facilities," explains Robinson.

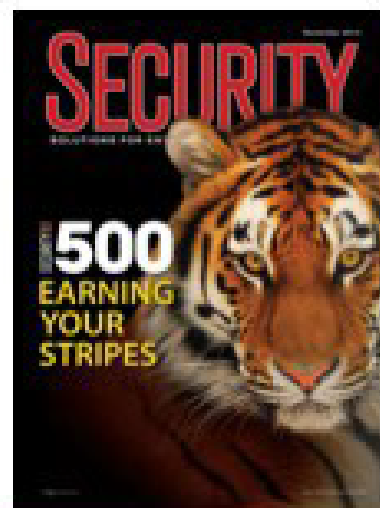
Emergency management, especially terror, is their second critical issue. "Will there be another 9/11? How will terrorists meet or exceed those attacks? One way is to go after our children and an attack on a children's hospital is a viable threat. Anything that hurts children brings the shock and awe of 9/11," explains Robinson. Atlantic Health System has conducted drills with the Israeli Defense Force to test their emergency plans and risk strategies. They also met with their trauma doctors and conducted an exercise on what a real terror experience would involve. "We changed our facilities, processes and training as a result of those meetings. They were incredibly educational and valuable for us," notes Robinson.

The organization also focuses on preventing infant abduction. "You can give out stats all day, but security is anecdotal. Hospital security is a brand issue and infant abduction is a brand killer in our industry. We have trained and retrained the nursing and security staff," explains Robinson. "We tell our employees that if they don't take security seriously, no one else will either. We not only need to have security processes and training, we need to apply them consistently as an organization," he explains.

The company CEO expects that all of stakeholders, including patients, employees, volunteers, student and visitors who visit an Atlantic Health facility will be safe and secure. "Every CEO needs to remember that security is not a silo. It is embedded in every aspect of healthcare delivery and it must be integrated into all of the operations in the organization to best reduce risk and improve security," says Robinson.

When not working he is devoted to teaching parents and children how to avoid being victims of child predators. Devoted to physical fitness and combative martial arts, he is a third degree black belt. He is very proud of his two sons, who are a West Point graduate and Army Ranger and a law student at Seton Hall University. Robinson most enjoys the different challenges every day. "Challenges make you better at what you do," he shares.

If he were not a CEO, he would work full time teaching others how to protect children from being sexually exploited by child predators.



APPENDIX S – 2012 CHRISTIE COMMENDATION LETTER



State of New Jersey
OFFICE OF THE GOVERNOR
PO Box 001
TRENTON, NJ 08625-0001

Governor

October 12, 2012

Dear Mr. [redacted]:
[redacted] Security Services
175 South Street, Suite 100
Morristown, NJ 07960

[redacted]

I commend you on your achievements as director of Protection and Security Services Emergency Management for Atlantic Health Systems.

Over the past year, you have been a leader in our community both as director of Protection and Security Services for Atlantic Health and as the New Jersey representative for Project ALERT. In both of these roles, you have worked tirelessly to help protect our children and our most vulnerable citizens from those who would seek to do them harm. By working to address problems and crises before they develop, you have helped to make Atlantic Health one of the safest and most secure hospitals in the country.

Because of your dedication and hard work, you've helped to save and protect lives. On behalf of the people of the State of New Jersey, thank you for all that you do. It is an honor to serve as your Governor.

Chris Christie
Governor

APPENDIX T – 2013 CSO AWARD

2013

CSO40
SECURITY CONFAB AWARDS

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APPENDIX U – H&HN RED CELL ARTICLE 2013



WAYFINDING FOR HEALTH CARE



Safety first



Secret investigators prod for weak links

By Marty Stempniak

Secret investigators prod for weak links

Hospitals can build all the moats and booby traps around their campuses that they like. But none of it matters if those security measures aren't tested and strengthened in the years that follow.

That's one of the lessons that three-hospital Atlantic Health System in New Jersey has learned in recent years. It has developed a rigorous safety program called Red Cell, using undercover agents to test for weaknesses in hospital security. The effort has helped to strengthen Atlantic's protocols, while also earning industry accolades.

"What companies are usually pretty good at is protecting the infrastructure of a facility as far as keeping the bad guys from getting in," says Alan Robinson, director of protection, security services and emergency management. "But they completely neglect looking at lapses of security internally that may not be intentional, but have the same effect."

Atlantic first started scrutinizing its security procedures after 9/11, adding card readers, security cameras and other tools to "harden the target." But Robinson says they realized that those measures weren't protecting against "unthinking" employees who might prop open doors to smoke cigarettes, or accidentally let in a dangerous person claiming to be the pizza guy.

The health system fashioned its approach after similar efforts used to protect U.S. embassies, rolling out Red Cell in 2009. It started, Robinson says, by developing a list of security-sensitive areas that needed extra attention because of vulnerable patients or hazardous materials.

Atlantic brought in former law enforcement officers and security experts, unknown to staff, and had them make random visits to test security. The intention wasn't to embarrass or punish employees, but rather to consult with managers on how to get better. And if undercover agents failed to get in, Robinson made sure to praise staff for following the rules.

Results have been promising, with a noticeable decline in the number of infiltrations over the past few years — from 22 percent in the first year to 5 percent last year. Last month, Atlantic was honored by security and risk magazine CSO for the program. The Joint Commission also cited Red Cell last year as an example of security best practices. "Violence and security in health care are critical safety issues for everyone involved," says Barbara Braun, a project director for the commission's department of health services research. And other hospitals can learn from Atlantic's ability to quantify its performance, she adds.

"Secret shopper" programs, similar to that of Red Cell, are somewhat common in the industry, and absolutely a necessary safeguard, says Lisa Pryse, president of the International Association for Healthcare Security and Safety. But she cautions hospitals to tread lightly to avoid alienating employees.

"It's something that has to be accomplished with kid gloves or with a tender touch so that you're not moving into a mode of mistrust with your staff," Pryse says. "But absolutely, you've got to test it; you've got to be out there and be proactive in some manner."

Robinson believes that Red Cell is easy to try elsewhere. He recommends hospitals seek out retired police officers or other law enforcement professionals. Hospitals should get ahead of possible breaches now and stay proactive about security planning, rather than waiting for the next incident.

"We've always taken the perspective, 'Let's not have an incident tell us what we should have done better,'" he says. "One of my pet peeves is the expression 'beefed up security.' I hate that term, and you always read it after an incident. That shows that somebody didn't do the planning."

This article first appeared in the April 2013 issue of H&HN magazine.

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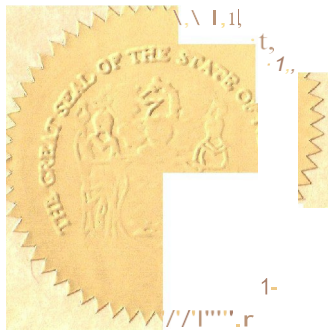
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TRENTON
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CHRIS CHRISTIE
GOVERNOR

May 13, 2013

Mr. Alan J. Robinson
26 West Main Street
Brookside, New Jersey 07926

Dear Mr. Robinson

Thank you once again for your interest in serving the State of New Jersey. I am pleased to inform you that the New Jersey State Senate has confirmed your nomination as a member of the Domestic Security Preparedness Task Force.

Your term of service commences immediately and continues until December 15, 2014. I am confident that you will fulfill the duties and responsibilities of this position with diligence and integrity. Kindly file the enclosed oath with the Secretary of State as soon as possible to expedite receipt of your Certificate of Appointment. As you may be aware, during your tenure on this Task Force, you are subject to the ethical standards set forth in the Conflicts of Interest Law, N.J.S.A. 52:130-12 et seq. If you have any questions regarding these standards, please contact the State Ethics Commission at (609) 292-1892.

Once again, congratulations and thank you for your service. With your continued support, we can improve the quality of life for all New Jerseyans.

Thanks for your friendship and your continued great service to our State!

Sincerely,


Chris Christie
Governor

Enclosure

Eliminating Visiting Hour Restrictions in Hospitals

David Shulkin, Trish O'Keefe, Deborah Visconi, Alan Robinson, Anne S. Rooke, William Neigher

Introduction

While hospitals operate 24 h a day, most are not open to patient families and visitors at all hours. Since the 1950s, hospitals have had restricted visiting policies. Enforcement of visitor restrictions was intended to ensure a quiet and restful environment for patients and to allow staff to get clinical work done without interruptions.

Nurses commonly believe that while unrestricted visiting is beneficial to patients, round-the-clock visits would increase their workload (1) Simon et al. (1997). Survey data have shown that patients and visitors prefer so-called open visitation (2), though hospital staff generally do not (3). ICU nurses have reported that open visitation practices decrease patient anxiety and benefit the patient and family, though the majority of nurses favored limits on the number of visitors, the duration of visit, and visiting hours for those who are not immediate family (4, 5).

Recently, there have been calls to eliminate visitation restrictions in intensive care units and other clinical settings known to be associated with high patient risk or anxiety (6). Friends and family are increasingly seen as patient advocates and may be important to patient recovery, particularly in institutions that are seeking to encourage further patient and family engagement. Much of the literature on open visitation comes from Europe, where the practices is common and has been the subject of more

attention and debate than in the United States (7–16). A review of the literature found reports on unrestricted visiting hours from American hospitals, which focused mostly on intensive care unit settings (17–28) or in select patient populations such as the postacute care recovery unit (29–34), the neurointensive care unit (35), cardiovascular populations (36), or hospice (37). Specifically, there is a lack of literature on the implementation of open visitation in U.S. hospitals in the general medical/ surgical patient populations. Recently, our institutions—a 690-bed tertiary acute care facility and a 78-bed rehabilitation hospital—initiated a patient-centered, 24-h visitation philosophy (38). We will describe how we created this change, how we gained staff support for the

Abstract: Background: Hospitals typically restrict visiting hours to ensure a restful environment for patients and to allow clinical staff to work. With increased public reporting focused on patient satisfaction and renewed efforts to improve patient and family engagement, hospitals may want to consider evaluating their current restrictions on visitation. Liberal visitation practices can decrease patient anxiety and benefit patients and families.

Methods: Morristown Medical Center, a 690-bed tertiary acute care facility and a 78-bed rehabilitation hospital, initiated a 24-h visitation policy. With input from nurses, physicians, administrators, and security, we developed a policy that emphasizes patient and staff safety and places the patient at the center of decision making. Comparison of patient satisfaction scores before and after the open visitation policy was implemented, which was made using the chi-square test.

Results: In the first 8 months of the open visitation policy, the medical center received 14,444 “after-hours” (8:00 p.m. to 5:00 a.m.) visitors. During this period, there was no increase in the number of complaints from patients or visitors. Incidence of security events did not change, despite the higher number of visitors. Patient satisfaction scores rose on both a commercial satisfaction survey and on the Hospital Consumer Assessment of Healthcare Providers and Systems survey. Unit staff received fewer phone calls for patient updates and acknowledged that the experience had been positive.

Discussion: Our experience suggests that implementation of open visitation at acute care and long-term care institutions can be accomplished with little disruption, is well utilized by visitors, improves the patient and family experience, and is generally accepted by hospital staff.

program, and how the elimination of visiting hour restrictions improved patient satisfaction. We also provide recommendations for institutions that wish to implement a similar policy.

Description of the Open Visitation Program

As part of our health system's mission to improve the patient experience, a group of clinicians, administrators, and trustees evaluated a number of institutional policies and procedures. In looking at the hospital's visiting hours policies and patient feedback on these policies, the group reached consensus that current policies that restricted visitor access were not viewed by our patients as constructive. The group recommended to eliminate fixed visiting

Keywords
patient and family involvement
patient satisfaction
patient/client rights and responsibilities
process design/
redesign/
reengineering
quality improvement

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hour schedules at our hospitals and to establish an around-the-clock, patient-centered visitation program that would improve the patient experience. Following this recommendation, and prior to design and implementation of the program, focus groups were conducted with staff to get input into how this process might work. By engaging nurses, physicians, administrators, and hospital security in its design, a plan that places the patient at the center of decision making—supported by the nursing and the medical staff and enforced by security—was created.

Prior to implementation of the program in March 2012, meetings were held with unit staff covering all shifts to describe the off-hours visitation plan, obtain unit-specific feedback, and identify barriers to implementation. One potential barrier identified early in the process was semiprivate rooms—specifically, the need to respect the privacy of a roommate. This was addressed in several ways: the patient-centered visitation policy became part of the patient's orientation to the unit; signs were posted throughout the facility advising patients and their visitors about the visitation policy; and nursing staff had to approve after-hours visitors on each unit.

Additionally, in the rehabilitation institute, the semiprivate room issue was addressed by allowing patients who wanted to see after-hours visitors to use public areas and family lounges for conversation, thus avoiding disrupting roommates who wished to have quiet time.

The open visitation plan allowed for visitors arriving between 8:00 p.m. and 5:00 a.m. (after-hours visitors) to enter through one main entrance at each of the hospitals. After-hours visitors were greeted at a reception desk by a security officer, who asked for photo identification. Visitors were screened for outstanding felony warrants. If there are no security concerns, then the registration desk called the patient care unit to ensure that the patient was willing to see visitors in his or her room. Each patient had the right to determine who including spouses, domestic partners (including same-sex domestic partners), other family members, friends, or a surrogate may or may not visit. If the patient granted permission, the visitor was issued a pass. Daytime visitors check in at a reception desk but do not require a security screening. Enhanced security procedures for after-hours visitors were put in place due to the concern that there are less staff and security in the building than during daytime hours. At all hours, two vis-

Figure 1. Open Visitation Timing

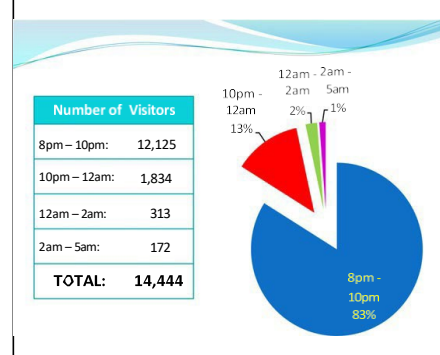


Table 1. Distribution of Off-Hours

Visitors	
Medical/surgical floors	53%
Intensive care units	17%
Short-stay admission unit	6%
Rehabilitation unit	5%
Oncology unit	5%
Maternity	4%
Pediatrics	4%
Other specialty care units	6%

itors were allowed in a patient room at a time, although on some units this number may be increased if deemed appropriate by nurses who assess the patient's condition and the behavior of the current visitors.

Experience with Open Visitation

In the first 8 months of open visitation, 14,444 people visited patients in our acute care facility after hours. At our rehabilitation facility, 355 visitors came through after hours. The majority of these visitors (83%) arrived at the hospital between 8:00 p.m. and 10:00 p.m., which is consistent with admissions—the majority of which occur after 3:00 p.m. The remainder arrived between 10:00 p.m. and 5:00 a.m. (Figure 1). Four percent of visitors came to the hospital after midnight. There were only small differences in the number of off-hours visitors by the day of the week, although the fewest off-hours visitors arrive on Saturday and Sunday, while the most arrived on Friday. Slightly more than half of off-hours visitors were for patients residing on our medical/surgical floors (Table 1). The table shows the distribution of visitors to various units after hours.

During our evaluation of open visitation over the past 8 months, security denied 22 visitors permission to enter the hospital. Eighteen of these visitors were refused access either because of outstanding felony warrants or because security otherwise determined that the visitor may have posed a risk to the safety of the patient or staff. Four other visitors were turned away by patients who requested that these individuals not be allowed to visit. There was no increase in security incidents, even with the influx of additional visitors in the hospital during off-hours.

During this period, there was no increase in complaints from patients, visitors, or staff. In response to a question about “staff attitude towards visitors” on a satisfaction survey conducted by Press-Ganey, patient satisfaction scores rose from 88.7 to 89.6 in the quarters before and after open visitation ($N = 701$ and 206 for before and after open visitation, respectively; result was not statistically significant, $p = .66$, by the chi-square test). In our Hospital Consumer Assessment of Healthcare Providers and Systems survey, the overall score increased from 71.7 to 76.0 in the quarters before and after open visitation ($N = 367$ and 323 for before and after open visitation, respectively; result was not statistically significant, $p = .21$, by the chi-square test). Even though these results were not statistically significant, they reflect a trend in the data demonstrating positive attitudes toward visitation in the hospital. Families expressed positive comments about the ability to see their loved ones before going to work.

On the patient care units, staff acknowledged receiving fewer phone calls about patient updates after the implementation of open visitation. After 4 months, a survey was sent to all nurse managers and nursing coordinators who had been involved with open visitation since its start ($N = 30$). This survey asked seven questions about their experience with open visitation and utilized a standard five response Likert scale. The survey asked nurse managers to assess the impact of open visitation on the patient, visitors, and staff. The survey also asked nurse managers whether they would recommend the policy to other hospitals. Of the 21 respondents (response rate = 70%), all 21 respondents indicated that our patient-centered visitation policy had a positive or very positive impact and thought that open visitation contributed to the overall support of an improved patient experience in the hospital. None of the respondents indicated that the policy change had no impact

or a negative impact on the patient, visitor, or nursing experience.

Recommendations for Open Visitation

From our experience, we suggest that hospital leadership task a group—including nurses, physicians, administrators, trustees, former patients, and families—to look at current visiting policies and determine whether changes to current practices would be beneficial. If a recommendation to move forward with open visitation has been set, staff focus groups are important to solicit input into the processes and procedures that will be necessary to implement this change in policy. We believe it is important to set the recommendation first, given that survey data have shown that staff in some hospitals may not, on their own, seek such a change.

Creating a process to control visitor access during off-hours is critical, and a partnership between clinical staff and hospital security is essential to minimizing after-hours visitation risks to patients and staff. Hospital staffing is considerably lower during off-hours; therefore, security risks for theft, vandalism, or assaults can be greater. By requiring all visitors to enter through a single location and provide identification, and by security and off-hours staff cooperating to report suspicious behavior, we were able to minimize security risks. Calling to the patient care unit to ensure that the patient wants to receive a visitor at a particular time is also important.

Similarly, it is vital to establish a monitoring process after open visitation is implemented to detect whether the new policy leads to changes in staff complaints, security incidents, or patient satisfaction. A regular review of off-hour events from the institution’s incident reporting system, monitoring of questions on patient satisfaction surveys involving visitation, and a supplemental survey for staff on the impact of open visitation could be examined on a quarterly basis. It is also important to monitor the impact of increased visitation on clinical outcomes, particularly as there have been some concerns expressed related to the incidence of infection spread by visitors (39–41).

In this study, open visitation was implemented at both our acute care and our rehabilitation and skilled nursing facilities. We found no major differences in the process or the acceptance with the policy change in these settings. This finding is of interest because patients

who go to postacute care facilities tend to have longer length of stays and therefore visitors have greater interactions with hospital staff. It should be noted however that we did not study the impact on open visitation in behavioral health or in the nursing home settings and there may be differences in these clinical environments. It will also be important to examine the impact of new technologies that may allow patients and visitors to be virtually connected through video and other hand-held devices (42). Such technologies may allow for closer family and friend involvement without the traditional limitations connected to the hospital setting.

Conclusion

Our experience suggests that the implementation of open visitation at both acute care and postacute care hospitals can be accomplished with little disruption and improve the patient and family experience. The number of people that chose to visit the hospital during previously restricted times, is indicative of interest and desire of families and friends to be with patients during off-hours. Our change to a patient-centered visitation program was accomplished with no apparent increase in security events. Supporting patients in a way that allows them to be with family and loved ones can be an important component of the healing experience and may reduce the anxiety and social isolation associated with illness.

We would recommend that all acute care and rehabilitation hospitals and care institutions examine their current visitation policies and consider whether open visitation can be beneficial. The return on the investment in a carefully implemented patient-centered visitation program can be measured in staff acceptance and

patient-satisfaction scores. Additional research on the role of family and other visitors on clinical outcomes and the psychological well-being of patients will be helpful in guiding further changes in hospital policies and procedures.

Disclosures

The authors report that they have no financial conflicts with respect to the development of this article.

References

Simon, S. K., Phillips, K., Badalementi, S., Ohlert, J., & Krumberger, J. (1997). Current practices regarding visitation policies in critical care units. *American Journal of Critical Care*, 6, 210–217.

Authors' Biographies

David J. Shulkin, MD, FACP, is President at Morristown Medical Center, Vice President at Atlantic Health System, and Professor of Medicine at Mt. Sinai School of Medicine. Dr. Shulkin serves on the Editorial Board of the Journal for Healthcare Quality.

Trish O'Keefe, RN, MSN, NE-BC, is the Chief Nursing Officer at Morristown Medical Center. She is a certified nurse administrator by ANCC.

Deborah Visconi, MS, MPH, is Director of Operations at Morristown Medical Center.

Alan J. Robinson is Director of Protection and Security Services and Emergency Management for Atlantic Health System.

Anne S. Rooke, RN, MSN, is a member of the Board of Trustees Atlantic Health System and serves as Chairman of the Healthcare Advisory Board at Morristown Medical Center.

William D. Neigher, PhD, is Vice President at System Development and Chief Strategy Officer at Atlantic Health System.

For more information on this article, contact David Shulkin at David.Shulkin@AtlanticHealth.org.

APPENDIX W1 – CSO COMPASS AWARD



CSO's 2015 Compass Awards Recognize Innovation, Achievement and Leadership by Security Executives

FRAMINGHAM, MA (Marketwired Q Dec 18, 2014) Q IDG Enterprise's

CSO—the premier security media brand providing insight into business risk leadership—is proud to announce the 2015 CSO Compass Award recipients, recognizing security executives who demonstrate innovation, achievement and leadership in security driving business value. The Compass Award winners will be recognized in a dinner ceremony at CSO50 Security Confab + Awards conference February 23-25 at Omni Amelia Island Plantation on Amelia Island, Florida.

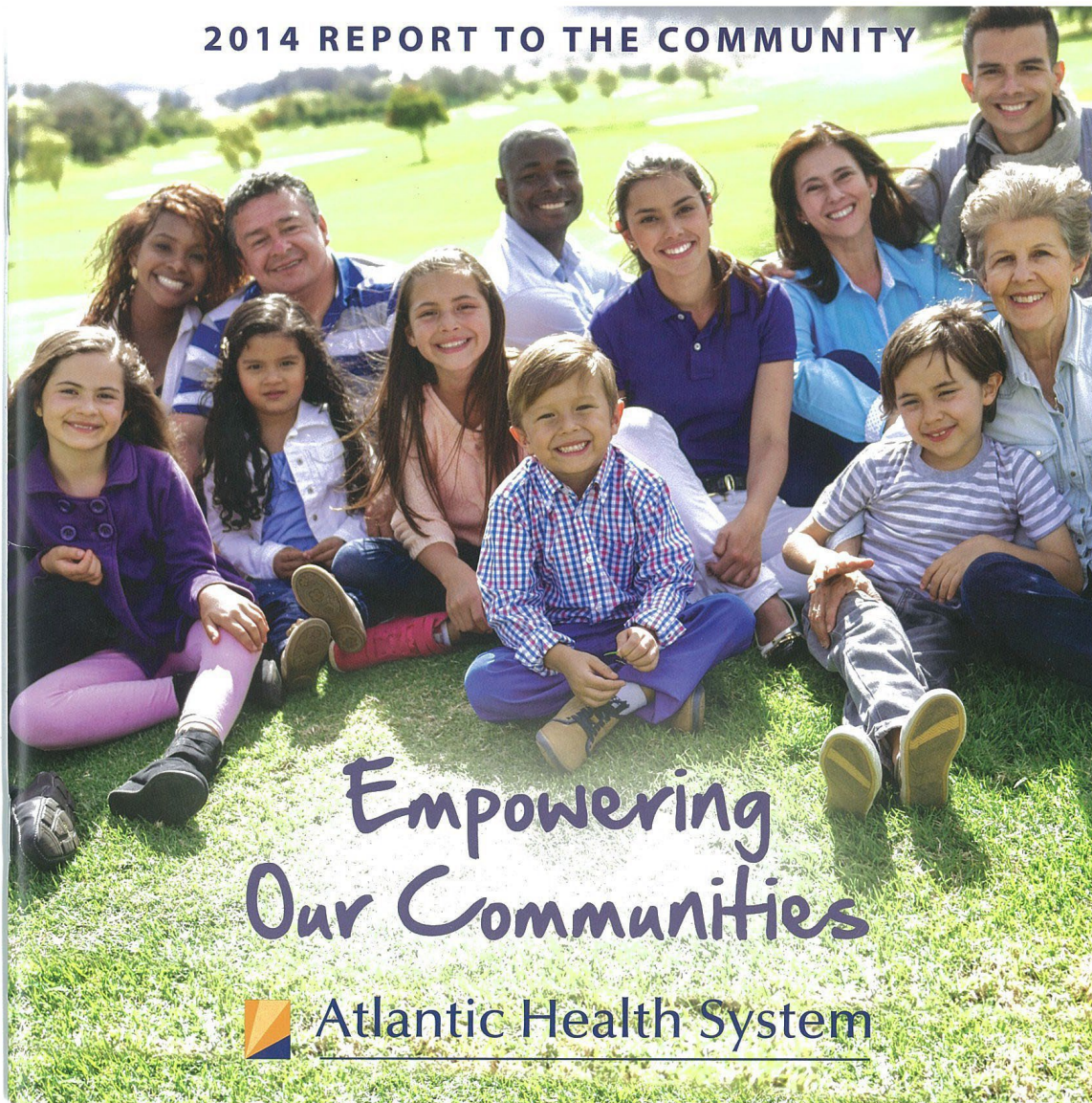
About the CSO Compass Awards:

Since 2003, the CSO Compass Awards have been recognizing individuals who demonstrate innovation, achievement and leadership in organizational security. Profiles of past honorees can be viewed at <http://bit.ly/1wdlvwY>.

"Security leaders continue to traverse a business environment full of emerging security challenges that require action," said Joan Goodchild, CSO. "The 2015 CSO Compass Award winners have played a role in mitigating risk for their organization as well as helped elevate the security role.

We congratulate them for their achievements." **The class of 2015 Compass Award winners are:**

- Joyce Brocaglia, CEO Q Alta Associates
- Bonnie Butlin, Co-Founder Q Security Partners Forum
- Alan Robinson, Director, Protection and Security Services/Emergency Management Q Atlantic Health System
- Myrna Soto, SVP, Chief Information & Infrastructure Security Officer – Comcast
- John Stewart, SVP, Chief Security and Trust Officer Q Cisco



SPOTLIGHT: PROTECTION AND SECURITY SERVICES/ EMERGENCY MANAGEMENT

Atlantic Health System's Protection and Security Services/Emergency Management Department is committed to providing a safe and secure working environment for staff, students, volunteers, patients and visitors, and it oversees Atlantic Health System's response to community emergencies. Protection and Security Services/Emergency Management is involved in many community planning committees and provides training and educational programs in the community.

One area of focus has been prevention and resources surrounding human trafficking. As the New Jersey representative of Project ALERT (America's Law Enforcement Retiree Team), a division of the National Center for Missing and Exploited Children, Alan Robinson, Atlantic Health System director, Protection and Security Services/Emergency Management, speaks to parents, sex crime detectives, prosecutors, judges, teachers and law enforcement officials throughout the state on the topic of child abduction and exploitation and how human traffickers lure children into a life of prostitution. Robinson teaches his audience how pedophiles and human traffickers think and operate as well as how to

safeguard their children against them. He conducts these presentations to communities throughout Morris, Union and Sussex counties, and around the state.

In addition to education, Robinson coordinates the donation of care kits for victims of human trafficking through the Human Trafficking Victim Assistance Unit of the FBI — Newark Field Office. The kits — which include clothing, toiletries, socks, underwear, feminine hygiene items, sweat suits and hand cleanser — are packaged and distributed to this vulnerable population who, when rescued by law enforcement, typically only have the clothes on their back to wear. All personal items, including their passport, driver's license, cash, etc., are held by their human trafficker/pimp as a control mechanism to assure they return; many times these victims' children also are held as hostages to exercise this same control.

Autistic Awareness Training for Atlantic Health System Security and Local Law Enforcement Officers

New Jersey has one of the highest rates of autism in the U.S., so Atlantic Health System Protection and Security Services/Emergency Management recognized the need to better serve this population when admitting to an Atlantic Health System hospital; partnering with local law enforcement, a first responder awareness course was taught by Parents of Autistic Children (POAC) in April and October 2014.

The course included awareness of autism, symptoms and the characteristics commonly seen in individuals who are affected. It also:

- › Provided information to enhance better recognition of a person with autism and response methods for officers in field situations.
- › Identified public safety risks for people who have autism, predictable contacts and 911 dispatches.
- › Explained the problems that a higher-functioning person with autism may have in criminal justice situations.
- › Offered behavioral de-escalation techniques and restraint and arrest options.
- › Provided methods for law enforcement agencies to proactively work with individuals with autism, their families and advocacy organizations, and apply tolerance and public relations skills when doing so.

Emergency Management: 'Leadership Under Fire'

After Super Storm Sandy, the second most powerful severe storm in the history of the United States and the most powerful storm in the history of the State of New Jersey, struck, Robinson partnered with the Morris County Office of Emergency Management to develop a leadership series designed to teach first responders methods and techniques to use in effective decision making during prolonged periods of high stress. Combat-seasoned veterans from the U.S. Army, U.S. Navy, U.S. Marines and U.S. Air Force were invited to speak to a sold-out audience from across the state.

On September 8, 2014, Atlantic Health System's Protection and Security Services/Emergency Management Department and the Morris County Office of Emergency Management cosponsored their second seminar on Leadership Under Fire that addressed critical thinking that is inherent for all first responders and emergency response partners. The topics addressed critical thinking during times of disaster, both natural and man-made, which continue to be an important factor in mitigation and recovery. The program was available for the law enforcement and emergency response community.

Domestic Violence

Over the past year, the Protection and Security Services/Emergency Management Department began the initiation of the Domestic Violence Safety Assistance Project grant in cooperation with Morris County Superior Court — Family Division and the New Jersey Administrative Office of the Courts. The program offers domestic violence victims the ability to obtain a restraining order while they are a patient at a hospital. The program will be fully implemented in 2015.



Empowering Our Communities

APPENDIX W3 – NEW JERSEY STATE LEGISLATURE RESOLUTION 2015



THE SENATE AND GENERAL ASSEMBLY
STATE HOUSE, TRENTON, N.J.

JOINT LEGISLATIVE RESOLUTION
By Senator Bucco and Assemblymen Bucco and CARROLL

WHEREAS, On December 9, 201j, Alan J. Robinson will be recognized as *Hunurary Chief of Police* during the Morris County Police Chiefs Association's annual Holiday Celebration at Park Savoy Estate in Florham Park; and,

WHEREAS, The Senate and General Assembly of the State of New Jersey are pleased to salute Alan J. Robinson, a highly esteemed member of hjs community, who has served with distinction as Director of the Protection and Security Services/Emergency Management Division at Atlantic Health System; and)

WHEREAS, For more than three decades, the depth of Alan J. Robinson's knowledge and the breadth of his experience have contributed immeasurably to the protection and security of the people of this State, including during his appointment by Governor Chris Christie as a member of New Jersey's Domestic Security Preparedness Task Force; and,

WHEREAS, The Morris County Police Chiefs Association is renowned for its sterling reputation, preserving a standard of excellence in service to its citizenry that is exemplified by the capable leadership and steadfast dedication of individuals such as Alan J. Robinson; and,

WHEREAS, By repeatedly demonstrating his devotion to protecting others, Alan J. Robinson has earned the respect and admiration of all who know him and has exhibited a model toward which others might strive; and)

WHEREAS, It is altogether proper and fitting for this Legislature to salute Alan J. Robinson as a deserving recipient of the praise and accolades of the Morris County Police Chiefs Association, and to commend him as a man of outstanding character and exceptional determination; now, therefore,

Be it Resolved by the Senate and General Assembly of the State of New Jersey:

That this Legislature hereby honors and salutes Alan J. Robinson, pays tribute to his meritorious record of service and commitment, and extends best wishes for continued success in all his future endeavors; and)

Be It Further Resolved That a duly authenticated copy of this resolution, signed by the Senate President and the Assembly Speaker and attested by the Senate Secretary and the Assembly Clerk, be transmitted to Alan J. Robinson.

Attest:



Jennifer A. McQuaid
Secretary of the Senate



Dana M. Rurley
Clerk of the General Assembly

[Handwritten signature]

[Handwritten signature]
Speaker of the General Assembly



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Workplace Violence in Hospitals

Prevention, Mitigation and Recovery

TASA ID: 2402

The image of today's hospital being the "safe haven" it was years ago, is no longer true; unless hospitals make the safety of their staff of paramount concern.

Security in hospitals is a sliding scale of professionalism; in many hospitals Security still reports to Food or Building Services, as it's seen as a cost "burden" and one that can be buried in an already fragile budget.

All clinical staff, nursing, respiratory therapists, physicians, etc., as well as positions not commonly associated with being at risk for violence, e.g., patient financial services, now see violence, both physical and verbal, on a routine basis.

The media reports these events when they occur because they think they are newsworthy; ask a hospital employee that works in the Emergency Department, Behavioral Health, Clinic, etc., if a patient or visitor has threatened them due to (unacceptable) wait times, refusal to issue them pain medication (drug seekers), issue with their bill, etc. Most employees in these roles, over time, just consider being threatened "part of the job."

It isn't. Or, it shouldn't be.

Hospitals stress the importance of infection prevention by wearing masks, gloves, etc., all factors in keeping hospital staff safe. There are abundant policies and regulations that require this topic to be enforced in hospitals with the fundamental understanding that "universal precautions," the philosophy that since you can't "see" germs, you should always protect yourself, is understood.

This same philosophy should be practiced and reinforced in the prevention of workplace violence. "Universal precautions" can also be applied to preventing workplace violence by assuming that all patients may become violent, as, in infection control, all patients are assumed to have germs.

Violent patients aren't always rocking back and forth in their seat, presenting as a bomb ready to go off. I stood by an elderly male patient on a stretcher in the Emergency Department one evening, who, in the course of conversation waiting for a room assignment mentioned that he was dying of pancreatic cancer. Offering a consoling response was the only answer I could offer; he politely accepted it and then stated, quite calmly: "With only a few weeks to live, I've often thought about preparing a list of those who have hurt me in my life and taking my shotgun at home and killing them. What can they do to me? By the time I'd be sentenced, I'd be dead."

This patient wasn't threatening staff either physically or verbally; he was quite the gentleman while he was waiting to be admitted to a patient room; yet, nobody knew what was going through his mind, nor cared, since his demeanor was calm and cooperative.

If all patients were considered at risk to become violent; that an innocent statement, word, inconvenience, etc. might be their "trigger" to commit a violent act, staff would be better able to prevent workplace violence from occurring.

Fundamental training in preparing a room where the door is at your back in case you have to make a quick exit; being aware of blood pressure monitors, steel trays and carts, etc. that could be grabbed and used as a weapon, would all play a role in diminishing their use as a weapon.

Administrative staff in hospitals meet with staff, visitors and patients all the time to discuss a complaint, billing error, employee evaluation, etc. Meeting with them in a conference room with the door at their back and nothing on the table but a file folder is a fundamental safety requirement. All too often administrative staff meet with these individuals in their office with a coffee pot plugged in (with a glass pot, scalding liquid, etc.), scissors, letter openers, paperweights, etc. on their desk and within easy reach of an agitated, violent person. We had a Building Services Director stabbed in the eye by an employee who grabbed a pencil off the director's desk; what was the topic they were meeting about? Intimidating and threatening behavior this employee was committing against co-workers.

In the State of New Jersey, there is a workplace violence prevention law that requires hospitals to have a workplace violence committee to review policies and procedures, incidents, post-incident review and after action, etc., with the additional requirement that 50% of the committee membership be those with direct patient care responsibilities, as to avoid a committee of strictly administrative personnel. No other industry in the State of New Jersey has a law specifically written for them; only healthcare.

According to OSHA, healthcare workers had a 20% (6.5 per 1,000) overall higher rate of workplace violence than all other workers (5.1 per 1,000) between 1993 and 2009.

Hospitals and healthcare organizations need to bring this topic to the forefront of their strategic planning and budgeting process, as to assure staff they are cognizant of the risks associated with their job(s). Workers compensations costs, overtime, damage to the brand, legal costs, etc., all can be reduced by an effective workplace violence prevention plan that trains employees how to prevent workplace violence, manage it when it occurs, and analyze on a continuing basis ways to improve worker safety by recognizing all patients, visitors, and employees are potential actors.

This article discusses issues of general interest and does not give any specific legal or business advice pertaining to any specific circumstances. Before acting upon any of its information, you should obtain appropriate advice from a lawyer or other qualified professional.

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APPENDIX W5 – LAWYER MONTHLY EXPERT WITNESS AWARD 2021

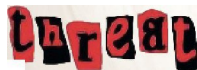
LAWYER MONTHLY
EXPERT WITNESS AWARDS 2021



Alan J. Robinson

Risk and Threat Analysis
Management Expert

Risk and Threat Assessment, LLC



Ris\ANO

ANALYSIS MANAGEMENT

www.riskandthreJt.com

Contact

Alan J. Robinson

26 West Main Street, Box 475

Brookside, New Jersey 07926

T: (201) 787-6150

E: rbnsn_in@yahoo.com

About Alan J. Robinson

Dedicated security/law enforcement and nationally acclaimed security and emergency management professional with more than 30 years of experience providing leadership for prominent organizations.

Key Accomplishments

As the Morris County Undersheriff, responsible for the direction and administration of all risk assessment activities for the Courthouse, Records and Administration Building and Correctional Facility.

As Director of Protection and Security Services Emergency Management for Atlantic Health System:

Expanded physical plant and services to 10 million square feet and 349 locations while working with an 8.9-million-dollar budget. A cost of approximately \$0.85 cents per square foot to the system

Implemented an innovative "Red Cell" program to increase security sensitive area infiltration prevention rates and security awareness amongst staff from 78% in 2009 to 96% in 2015
Reduced workplace violence incidents system wide by 25% from 2011 to 2015 through the implementation of a comprehensive risk assessment and training program

Successfully navigated 30+ regulatory compliance surveys/inspections including the Joint Commission

N. Supervisor, Protection Services for Disney ABC, Inc in New York responsible for coordinating the security of millions of dollars in equipment for both Reagan Presidential Inaugurations.

Coordinated security for the 1984 Olympics in Sarajevo and 1988 Olympics in Seoul.

Created first hostage negotiation training class after incident at ABC News in Washington, D.C

Professional History

Morris County Sheriff's Office, Morris County Undersheriff, Morristown, New Jersey (current)
Atlantic Health System, Morristown, New Jersey Director, Protection and Security Services/Emergency Management

National Center for Missing and Exploited Children Representative, PROJECT ALERT
O'Siley-ABC, Inc, New York, New York Supervisor, Protection Services

Education And Certifications

Associate in Science - Public Safety/Police Science - Thomas Edison State College

Certified New Jersey Police Training Commission Police Academy Instructor

Incident Command 100 200 300

Certified in Homeland Security Level IV - American College of Forensic Examiners.

Tactical Master Instructor - CDT (Compliance, Direction, Takedown)

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Awards2021

Alan Robinson

Risk and Threat Assessment, LLC

Awarded in recognition of your specialized knowledge and
experience within the area of:

Security Emergency Management



APPENDIX Y – DCAC CERTIFICATE of COMPLETION

CERTIFICATE OF COMPLETION

This is to certify that

Alan J. Robinson

Satisfactorily completed 4 hours of training in:

Child Molesters: Understanding the Grooming Behavior of Adult Offenders and the Often Counter-Intuitive Behaviors of Child Victims

Instructor: Dr. Darrel Turner

Wednesday, February 10, 2021



Irish S. Burch
President & CEO
Dallas Children's Advocacy Center

Continuing professional education credit has been applied for on behalf of the following groups:

Texas State Board of Examiners of Marriage and Family Therapists (LMFT)

- All attendees seeking CEU accreditation must check with their licensing board to ensure CEU approval is given.

Texas State Board of Examiners of Professional Counselors (LPC)

- All attendees seeking CEU accreditation must check with their licensing board to ensure CEU approval is given.

Texas State Board of Social Work Examiners (MSW)

State Bar of Texas
MCLE Course No. 174105031



**Dallas Children's
Advocacy Center**

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APPENDIX Y1 – DCAC CERTIFICATE of COMPLETION

CERTIFICATE OF COMPLETION

This is to certify that

Alan J. Robinson

Satisfactorily completed 3 hours of training in:

**Components for Enhancing Clinician Experience and
Reducing Trauma (CE-CERT): Part II**

Instructor: Brian Miller, Ph.D. and Elena Doskey, Ph.D.

Thursday, June 24, 2021

All attendees seeking LMFT, LPC, MSW CEU's must self-report through their own Licensing Board.

Out-of-State Attendees: Training credit may be awarded at your state's licensing agency's discretion.



Irish S. Burch
President & CEO
Dallas Children's Advocacy Center



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APPENDIX Y2 – DCAC CERTIFICATE of COMPLETION

CERTIFICATE OF COMPLETION

This is to certify that

Alan J. Robinson

Satisfactorily completed 4 hours of training in:

Investigation of Child Homicide

Instructors: Nancy Oglesby and Mike Milnor

Thursday, June 10, 2021

Continuing professional education credit has been applied for on behalf of the following groups:
Texas State Board of Examiners of Marriage and Family Therapists (LMFT)

- All attendees seeking CEU accreditation must check with their licensing board to ensure CEU approval is given.
Texas State Board of Examiners of Professional Counselors (LPC)
- All attendees seeking CEU accreditation must check with their licensing board to ensure CEU approval is given.
Texas State Board of Social Work Examiners (MSW)

Attendees wishing to obtain TCOLE credit must self-report through their department. DCAC is not able to submit on their behalf.

Out-of-State Attendees: Training credit may be awarded at your state's licensing agency's discretion.



Irish S. Burch
President & CEO
Dallas Children's Advocacy Center



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APPENDIX Y3 – DCAC CERTIFICATE of COMPLETION

CERTIFICATE OF COMPLETION

This is to certify that

Alan J. Robinson

Satisfactorily completed 1.5 hours of training in:

Tips for Investigating CSAM Cybertips

Instructor: Angela Brunson, Deputy District Attorney, Los Angeles County DA

Tuesday, May 4, 2021

All attendees seeking TCOLE credit, must self-report through their own Department. Out-of-State Attendees: Training credit may be awarded at your state's licensing agency's discretion.



Irish S. Burch
President & CEO
Dallas Children's Advocacy Center



Dallas Children's Advocacy Center
5351 Samuell Blvd. | Dallas, TX 75228 | 214.818.2600 | dcac.org

APPENDIX Y4– DCAC CERTIFICATE of COMPLETION



CERTIFICATE
PROUDLY PRESENTED TO

Alan Robinson

Understanding the Grooming Behavior of Adult
Offenders and the Often Counter-Intuitive Behaviors
of Child Victims

Feb 10, 2021

Date of Completion

Lana Ahrens

Organizer



APPENDIX Y5 – DCAC CERTIFICATE of COMPLETION

CERTIFICATE OF COMPLETION

This is to certify that

Alan J. Robinson

Satisfactorily completed 6 hours of training in:

Sexual Assault of Children 360: Three Professional Perspectives on Understanding, Investigating, Prosecuting and Supervising Adults Who Commit Sexual Assault on Children

Instructors: Graham Hill, PH.D., Lawrence Braunstein J.D., Jim Tanner, PH.D.

Thursday, April 29, 2021

All attendees seeking LMFT, LPC, MSW, and TCOLE credit, must self-report through their own Department and/or Licensing Board. Out-of-State Attendees: Training credit may be awarded at your state's licensing agency's discretion.



Irish S. Burch
President & CEO
Dallas Children's Advocacy Center



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APPENDIX Y6 – UNIVERSITY of SOUTH FLORIDA CERTIFICATE



APPENDIX Y7 – DALLAS CHILDREN'S ADVOCACY CENTER CERTIFICATE

CERTIFICATE OF TRAINING

This certificate is awarded to

Alan J. Robinson

For satisfactorily completing:

Dare To Tell: Advanced Dynamics in Child Sexual Abuse Disclosures

Presented by: Jenna Quinn

Wednesday, December 7, 2022

1 hour



Irish S. Burch

President & CEO

Dallas Children's Advocacy

Dallas Children's Advocacy Center

5351 Samuell Blvd. | Dallas, TX 75228 | 214.818.2600 | dcac.org



APPENDIX Z – ASIS CERTIFICATE - RISK ASSESSMENT



Certificate of Completion

to

Alan Robinson

for

Essentials of Security Risk Assessment Certificate Program

3.5 Continuing Professional Education (CPE) Units

A handwritten signature in blue ink, appearing to read "M. C. Smith", is written over a horizontal line.

Malcolm C. Smith, CPP, ASIS President

April 28, 2022

Completion Date

APPENDIX Z1 – ASIS CERTIFICATE - WPV



Alan Robinson
has demonstrated
competency in the
Essentials of Workplace
Violence Prevention and
Intervention Programs

3.5 Continuing Professional Education (CPE) Units

A handwritten signature in black ink, appearing to be 'M. C. Smith', written over a horizontal line.

Malcolm C. Smith, CPP, ASIS President

June 13, 2022

Completion Date

APPENDIX Z2 – CERTIFICATION in NATIONAL THREAT ANALYSIS

American Board for Certification in Homeland Security™

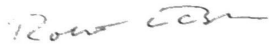
hereby awards

Alan J. Robinson

with the designation

Certified in National Threat Analysis, CNA

with all the rights and privileges pertaining thereto, so long as annual membership requirements are met and the Certified in Homeland Security Code of Conduct is upheld.



Robert L. O'Block, MDiv, PhD, PsyD, DMin
Founder and Publisher

Awarded
June 2016



Thomas Givens, CHS-V
ABCHS Chair

Expiration Date
June 2019

APPENDIX Z3 – CERTIFICATE NJ DEPARTMENT OF LAW AND PUBLIC SAFETY POLICE TRAINING COMMISSION

State of New Jersey



**Department of Law and Public Safety
Division of Criminal Justice
Police Training Commission**

THIS IS TO CERTIFY THAT

Alan J Robinson

PTC ID 7994-3722

has complied with certification requirements and is authorized to instruct
at a commission approved school under the authority of the provisions of
N.S.J.A. 52:17B-71d et. seq.

PTC Instructor

12/07/2000
Issued

12/31/2025
Expiration

A handwritten signature in black ink, appearing to read "Pearl Minato".

Pearl Minato
Director, Division of Criminal Justice

**APPENDIX Z4 – CERTIFICATE CYBERSECURITY & INFRASTRUCTURE SECURITY AGENCY
(CISA) ACTIVE SHOOTER PREPAREDNESS**



**Cybersecurity and Infrastructure Security Agency
Infrastructure Security Division**

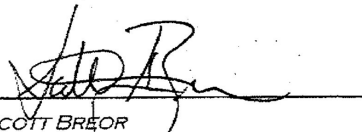
This certificate is to acknowledge that

Alan J. Robinson - Sr. Risk and Threat Analyst

has reaffirmed a dedication to the security and resilience of the Nation's infrastructure
by successfully completing the

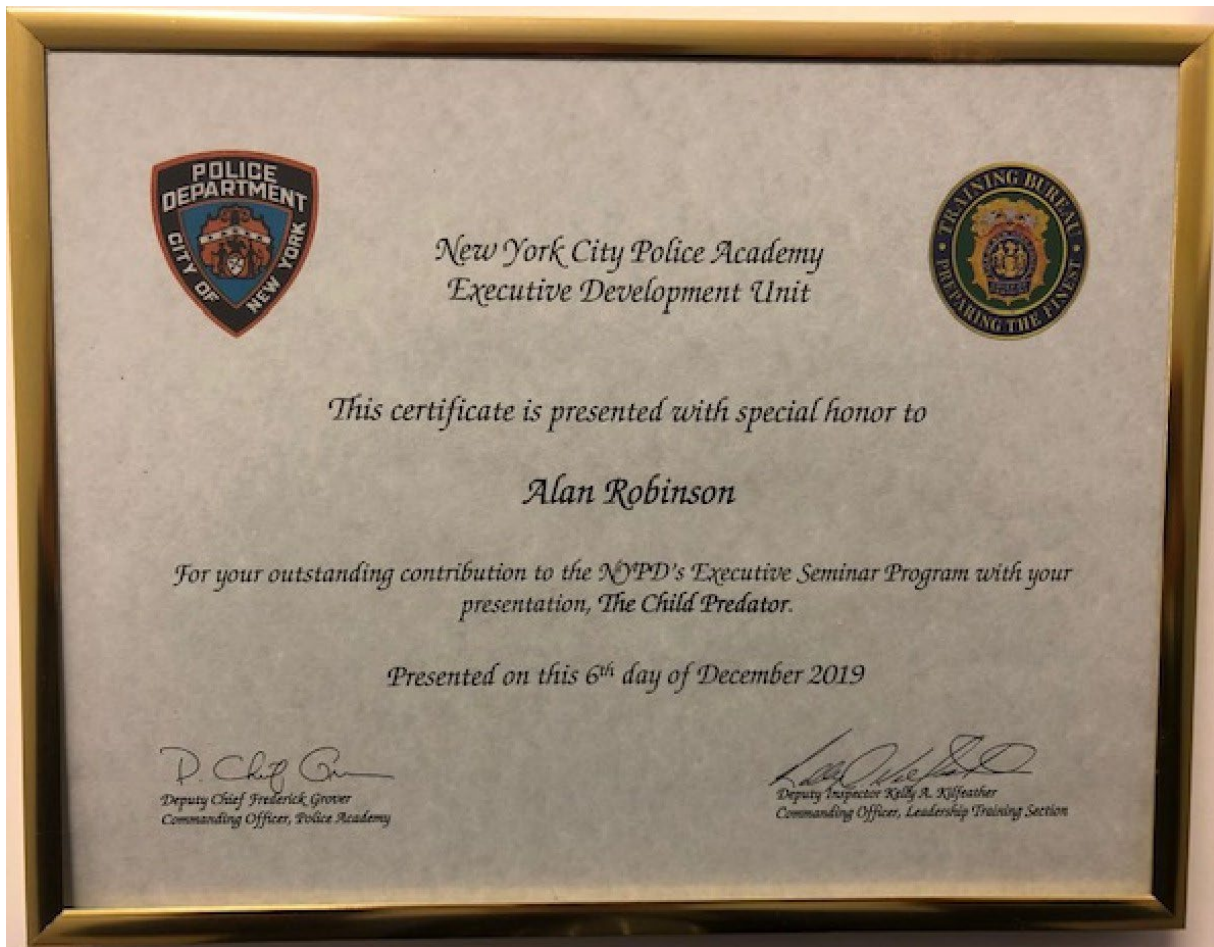
Active Shooter Preparedness Webinar

On 10 April 2024



SCOTT BREOR
SECURITY PROGRAMS
ASSOCIATE DIRECTOR

APPENDIX Z5 – NYPD EXECUTIVE LEADERSHIP CERTIFICATE



APPENDIX Z6 – NYPD AWARD FOR THE “2024 IN-KNOW-VATION SYMPOSIUM” HELD AT THE NYPD POLICE ACADEMY IN FLUSHING, NY ON THURSDAY, APRIL 18, 2024.

AWARD was ISSUED for a PRESENTATION ON “CHILD PREDATORS: MYTHS, BEHAVIOR AND TACTICS” TO 100 NYPD CIVILIAN DEPUTY DIRECTORS, DIRECTORS, AND SWORN STAFF COMPOSED of CAPTAINS, DEPUTY INSPECTORS, INSPECTORS, INCLUDING the CHIEF OF THE NYPD SPECIAL VICTIMS’ UNIT and the NYPD CHIEF OF DETECTIVES.



APPENDIX Z7 - INTERNATIONAL ASSOCIATION OF VENUE MANAGERS – CERTIFIED TRAINED CROWD MANAGER

