

Jeffrey S. Martin
Mayor



Public Health
Prevent. Promote. Protect.

Kathleen Fitzgerald, Director
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TOWNSHIP OF HAMILTON

DEPARTMENT OF HEALTH, RECREATION, SENIORS, AND VETERANS SERVICES

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Hamilton Township COVID-19 After Action Report (AAR)

September 2024

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COVID-19 AAR
Hamilton Township Division of Health
Signature Page

This plan has been approved and adopted by the following individuals:


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9-11-24
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9/12/2024
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Attest

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Introduction

As of August 2024, the Hamilton Township Division of Health reported that over 17,000 cases of COVID-19 had been confirmed in the Township¹ since the beginning of the pandemic, representing nearly 20% of the Township's population. This statistic is not all-encompassing due to the number of unreported and undetected cases within the Township, including those who tested positive with home COVID-19 test kits. Regardless, this number is considerably lower than the 52% of Americans reporting having tested positive for the virus.² Despite beginning the pandemic with a new administration and no health officer of its own, Hamilton Township rose to the challenge, taking swift actions to prevent spread, protect the community, and sustain essential government services. Hamilton Township coordinated with state and county agencies, neighboring jurisdictions, the private sector, and non-government organizations to leverage information and resources needed to address needs through over three years of pandemic operations.

This After-Action Report (AAR) has been developed with a focus on Hamilton Township's response activity from the beginning of the pandemic through 2022. The AAR identifies and highlights several lessons learned from the Township's response efforts. Recognizing and correcting these items is essential to improving our preparedness for future emergencies, regardless of the hazard. While the observations and analysis within an AAR can sometimes be a challenging reflection on our best work during difficult times, we must also identify and embrace our successes, as it is just as important to recognize effective practices that should be adopted and sustained in our future efforts.

While this AAR is comprehensive in scope, examining actions of many Township departments, it still serves as a high-level review highlighting and contextualizing the most significant observations, findings, and recommendations of the Township's response efforts. There are certainly other lessons learned and effective practices not included in this report due to the practicality of time, effort, and expense; though those which are identified in this report should have the greatest impact. Every functional area of the Township's response should examine specific details of their activities to discover and document lessons learned and effective practices as part of a deliberate continuous improvement initiative.

This report, and the improvements which will result from the findings herein, is dedicated to the commitment of all Hamilton Township staff involved in response and recovery efforts of the COVID-19 pandemic.

¹ <https://www.hamiltonnj.com/249/COVID-19-Updates> (5/19/2023)

² <https://news.gallup.com/poll/471734/year-three-americans-split-whether-pandemic.aspx>

Executive Summary

Response Priorities

The COVID-19 pandemic had significant impact around the world. While many operational objectives were set by Hamilton Township throughout the pandemic, the following priorities remained consistent throughout the response:

1. Disseminate correct information to the community, including interpretation of state directives.
2. Maximize resources to support the public health of the community.
3. Communicate with and provide for the safety of Township employees.
4. Ensure continuity of Township operations and government administration.

Interagency Coordination

Interagency coordination was a key element of the COVID-19 response, though it wasn't without challenges. Information provided by the federal government was often in the form of guidance, though this was typically perceived by the public as a rule of law. State government, typically in response to federal guidance and identified problems, issued directives, though these were often received by local government at the same time as the public, requiring local government to quickly interpret directives and determine implementation. Hamilton Township also coordinated with Mercer County government and those of surrounding townships, as well as the public sector and non-government organizations. Hamilton Township worked extensively with RWJ Barnabas and long-term care facilities within the Township, maintaining a close relationship to navigate directives and provide mutual support. Coordination of all Township departments under the leadership of the Mayor was critical to success. Coordination with all partners was essential to ensuring an effective response. This AAR highlights several strengths and opportunities for improvement pertaining to interagency coordination.

Incorporating At-Risk Populations

Hamilton Township worked extensively to support at-risk and traditionally underserved populations within the community, which include several examples of success:

- The Township Division of Health assigned public health nurses to coordinate directly with long-term care facilities to support common-sense implementation of state requirements.
- Hiring several local health outreach coordinators (LHOC), formerly known as the vulnerable populations outreach coordinator (VPOC), assisted in providing disproportionately affected populations the care they deserved.
- The Township partnered with various community organizations to support communication and outreach with non-native English-speaking residents and employees within the Township.
- Partnerships with schools helped ensure that children had access to vaccines.
- Coordination with Mercer County and surrounding townships early in the vaccine effort to ensure critical populations were served quickly and easily.

Methodology and Development Process

The discovery process and organization of the AAR centers on seven domains, as defined in the U.S. CDC Pandemic Intervals Framework (PIF).³ Corresponding with each interval are designated evaluation objectives, developed by the AAR Steering Committee from Hamilton Township Division of Health to assist in focusing the scope of the AAR effort.

To increase report transparency, and limit internal bias, Hamilton Township Division of Health hired an outside consultant, Emergency Preparedness Solutions (EPS) to develop this AAR. Following the identified objectives, EPS conducted document reviews and facilitated focus groups to assess these evaluation objectives.

Incident Management

1. Assess the effectiveness of principal incident management practices in Hamilton Township.
2. Evaluate the processes of collection, evaluation, and sharing of situational information.
3. Assess Hamilton Township's continuity of operations planning (COOP) as it relates to their ability to offer continuous services with minimal disruption.
4. Evaluate resource management practices, including human resources and management of grant funds.

Risk Communication

1. Assess Hamilton Township's public information officer (PIO) activity and coordination with other public information partners.
2. Evaluate accessibility and inclusivity of messaging.
3. Evaluate processes and procedures for communications monitoring and improvement, including the identification and management of rumors, misinformation, and disinformation.

Surveillance and Epidemiology

1. Evaluate the process of data collection, analysis, and coordination in support of contact tracing, case investigation, and outbreak investigation operations.
2. Assess the impacts of delays in laboratory results and the process to mitigate.
3. Assess the legal and procedural framework for collecting and sharing personal identifiable information (PII).

Testing and Laboratory

1. Evaluate Hamilton Township's role in testing operations, including management of testing resources.
2. Evaluate the reaction to illegitimate testing sites.

Community Mitigation

1. Assess the effectiveness of risk and hazard communication and education efforts to the public in regard to COVID-mitigation.
2. Assess the processes and procedures associated with quarantine and isolation practices, specifically for township employees.
3. Assess the effectiveness of community resource distribution (i.e., masks, disinfectant, and hand sanitizer) for COVID-19 mitigation.

Vaccine

1. Assess the process of developing vaccine dispensing, administration information, and guidance.
2. Evaluate the decision processes associated with supporting vaccine equity and inclusion.
3. Assess vaccine-related financial reimbursements and grants.

³ [Pandemic Intervals Framework \(PIF\) | Pandemic Influenza \(Flu\) | CDC](#)

State and Local Coordination

1. Assess the effectiveness of systems, processes, and organizations that supported coordination between Hamilton Township and partner healthcare systems.
2. Assess the effectiveness of county-level communication and coordination amongst local health departments (LHD), specifically for vaccination clinics/point of dispensing (POD).
3. Assess the effectiveness of systems and processes in place to respond to state executive orders and decisions.

Response Analysis

Incident Management

Incident Management: the broad spectrum of activities and organization providing effective and efficient operations, coordination, and support applied to plan for, respond to, and recover from an incident.

When the COVID-19 pandemic was declared, the mayor and department heads immediately convened to identify priorities and initial actions for Hamilton Township. Supported by the Township’s legal team and with strong dependence on the Township’s Office of Emergency Management (OEM) and Division of Health, Township government led efforts to protect the community.

The Township’s administration, in place only since January 1 of 2020, quickly identified opportunities that would support sustained and focused operations. Some Township services were suspended for a period of time. Closure of community health clinics in the early months of the pandemic helped minimize community and employee exposures while so little was known about the virus, while also reallocating staff to other critical functions. It is noted, however, that clinics were identified as a critical service, and as such reopened in June of 2020 with precautions in place to minimize exposures.

Township department heads identified opportunities for staff to work remotely and the Township’s Information Technology (IT) staff worked diligently to expand their infrastructure to support remote work. For those staff having a continued need to work in government facilities, practices such as social distancing and barriers were implemented to support staff safety. Policies were developed as needed to support employee safety and address issues such as potential exposure, testing, isolation, quarantine, and leave time. Consultant review of these policies finds them very clear and comprehensive.

Township leadership identified that continuity of operations (COOP) and continuity of government (COG) plans were referenced but required revisions during the early months of the pandemic to address unanticipated circumstances. Consultant review of current COOP and COG plans for Township departments as part of the AAR effort finds these plans to be exceptional, though potentially requiring comprehensive integration of lessons learned from the pandemic.

COOP and COG were further supported with assistance from RWJ Barnabas Health, which provides occupational health services to the Township, providing COVID-19 testing and vaccination for Township employees. In support of COOP and COG, many Township departments staggered vaccination of Township employees to mitigate against gaps left by staff potentially suffering side effects from the vaccines.

Recommendations:

1. Identify effective practices and lessons learned in COOP and COG operations and update all Township COOP and COG plans accordingly.
2. Incorporate COVID-19 employee policies as examples for potential future reference in the Township COG plan.

Hamilton Township’s Mayor, department heads, and legal team, collectively deemed the Command Staff, convened regularly in the Mayor’s conference room to share information and reassess priorities, as well as having daily calls with senior staff. It was discovered that many emergency plans (physical and digital) were initially difficult to locate following the transition from the prior administration. The AAR consultant found many of the current emergency operations plan (EOP) documents lacking in sufficient detail to support incident management and related activities.

The new administration relied on prior training and experience of personnel to successfully navigate many actions until plans were located. Once located, the Command Staff referenced the emergency operations plan (EOP) for the pandemic and other incidents and events that occurred during the pandemic, such as the Black Lives Matter (BLM) protests, BLM counter protests, and other civil disturbances. The legal team worked with department heads and advised the Mayor on

the utilization of emergency ordinances to establish curfews and the development of new protocols in response to executive orders from the Governor.

Township leadership was highly complemented for their decision-making and communication with the public, Township employees, and other stakeholders. The translation of state directives to the community level, alongside determinations of how to implement and enforce (as appropriate) was often needed. The Township took initiative to drive response efforts, and often worked closely with other municipalities to support success. The Command Staff often made efforts to plan ahead, anticipating needs in the near future and often developing a conceptual framework for action, providing for a very proactive response.

Hamilton Township provided the AAR consultant an abundance of documentation that supported their actions, decisions, and communications, as well as plans that helped inform their response. The cataloging and retention of this level of documentation is certainly an effective practice in incident management, though certain benchmark incident management documentation such as situation reports and incident action plans, as identified in the National Incident Management System (NIMS)⁴ were not developed as part of Hamilton Township's response. It appears that while decision-makers convened and activities were carried out by individual departments, there was no coordination of incident management activities by an emergency operations center (EOC) of any sort.

Recommendations:

3. Ensure that EOPs incorporate effective practices from the management of the pandemic.
4. Include documents and procedures developed during the pandemic as attachments to EOPs as examples for future use.
5. Ensure EOPs provide a proper level of detail for incident management practices, including the development of key planning and reporting documentation in accordance with NIMS.

Grants management was a distracting administrative burden that was necessary to continue during the pandemic. A great deal of funding that supported Township COVID-19 operations originated from grants. Amendments of grant rules from the granting agencies during the pandemic provided flexibility to address needs, but awareness of these changes and determination of how best to leverage grant funds was a continued need. Additionally, while some grants were directly awarded to the Township, the Township was a sub-grantee of other grants. Analysis and monitoring of grants, by Township finance staff as well as programmatic staff resulted in memoranda developed for the Mayor with identification of gaps and funding sources to help address those gaps. The Township also applied for new grants in the midst of the pandemic. Grant funds supporting the pandemic response had to be closely monitored to ensure spending was compliant with grant and procurement rules. All this work helped the Township to effectively manage grants to offset pandemic impacts to the Township's budget. A great deal of this grant work was performed by the Health Officer as most of the applicable grants were public health in nature.

Regardless of the administrative burden that stemmed from grant management, these grants were important to supporting the Township's COVID-19 response. Without this influx of money, the Township would not have been able to uphold the health and safety of the community through their response efforts. Unfortunately, these funds will eventually expire, but the health needs of the community will remain.

⁴ <https://www.fema.gov/emergency-managers/nims>

Recommendations:

6. Identify specific effective practices and lessons learned and incorporate them into a procedure for management of grants during a disaster that can be referenced by all Township departments.
7. Develop a budget plan that incorporates essential services carried over from the COVID-19 response into steady state operations.

Risk Communication

Risk Communication: the exchange of real-time information, advice, and opinions between experts and people facing threats to their health, economic, and social well-being.

Most emergency public information in the Township originates from the Mayor's office, with the Emergency Public Information Annex to the EOP identifying the Public Information Officer (PIO) who is responsible for disseminating accurate information to all residents. While a PIO was identified, there exists no standard operating procedures (SOPs) for supporting the emergency public information function, which delayed the collection of information and distribution to external stakeholders. SOPs should include the identification of audiences and their various information needs, essential elements of information (EIs), validated information sources, formats, and distribution networks.

Recommendations:

8. Develop SOPs to support the PIO function.
-

The mayor held conference calls twice a week with all department heads across several agencies. Representatives from the Office of Emergency Management (OEM), school districts, emergency medical services (EMS), law enforcement, hospital systems, the Division of Health, and local pharmacies were all present. These conference calls effectively promoted situational awareness as well as the urgent need for public information coordination.

Recommendations:

9. Capture effective practices of situational information gathering and dissemination in plans for supporting a common operating picture among departments as well as supporting the public information function.
 10. Building on this practice, create a joint information system (JIS) and/or joint information center (JIC) to convene multi-agency partners to continue promoting situational awareness into steady state operations.
-

Public information was disseminated on many platforms during the pandemic to support accessibility and inclusivity of messaging for various audiences. Along with the Division of Health's website and its corresponding COVID-19 dashboard, information was shared on Instagram, Twitter, Facebook, YouTube, and LinkedIn. A social media team was created to constantly post up-to-date information and manage post responses. Information was also disseminated through a Township-wide COVID-19 email distribution and press conferences by the mayor. The Hamilton Township School District and the Mayor did cable TV updates on the District's TV channel. A monthly radio show was also utilized, with these broadcasts live streamed on Facebook.

For residents who tend not to go online for information, Hamilton Township created flyers and infographics that were distributed around the community. All information was written in plain language, with translations in Spanish. Staff would also bring these print materials to prominent, trusted community members to support distribution. Outreach to local civic centers, specifically in areas of low socio-economic status (SES) were crucial as testing and vaccination information and services were offered there.

None of these inclusive risk communication services would have been possible without grant funding dedicated to onboarding staff for education and outreach purposes. These new hires supported translation services and other duties. A language line software system was eventually put in place, assisting in communicating with non-native English speakers. Despite many of these efforts, there remained difficulty in reaching the Haitian-Creole population within Hamilton Township. Infographics were found to have some success, but more progress must be made.

Recommendations:

11. Continue to invest in risk communication processes and methods that include greater translation services and considerations of all populations.
-

The pandemic highlighted just how destructive misinformation and disinformation can be during a disaster. As guidance was consistently changing, the management of misinformation and disinformation was a demanding task. Before information would go out to the public, it required a sign-off from the Division of Health and the PIO out of the mayor's office. This was especially necessary when schools began shutting down and later reopening.

The Township published factual information and worked to discount misinformation and disinformation which was circulating. The call center, supporting the Division of Health, was also a key partner to dispelling any misinformation or disinformation. In addition to the call center, the Township's health educators and health officer played essential roles in combatting misinformation and disinformation in their various interactions with the public and other stakeholders. These two roles in particular were known and public facing to many stakeholders, so their trust within the community assisted their information credibility. In the face of an ever-changing landscape that was the COVID-19 pandemic, Hamilton Township executed a commendable response in managing misinformation and disinformation.

Recommendations:

12. Implement information checks and balances that require subject-matter expertise (i.e. health department) and PIO authorization in the review of information established for public release.
13. Employ a centralized monitoring system of public information to identify misinformation, disinformation, and rumors present in the public.

Surveillance and Epidemiology

Surveillance and Epidemiology: the ability to create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological investigation processes.

At the beginning of the pandemic, the Hamilton Township Division of Health conducted all contact tracing and case investigation practices. Township public health nurses, of which there were five, were tasked daily with investigating hundreds of new positive cases within the State's Communicable Disease Reporting and Surveillance System (CDRSS) for Hamilton Township. The magnitude of cases to be investigated was far beyond the Division of Health's capacity. At this time, staff worked 12-14 hours each day, seven days a week, which was not sustainable. Thankfully, four school nurses supported this effort, though the Township was unable to abide by the New Jersey State Department of Health (DOH) timeline for completion of case investigation, which was impossible to reach with this staffing level due to the surge in cases.

Once schools closed, several school nurses supported the Division of Health, some as per diem staff and others through a shared services agreement, assisting in contact tracing and case investigation needs. When schools eventually reopened, school nurses would conduct these tasks for their schools. This joint effort was essential to the initial contact tracing, case investigation, and outbreak investigation operations.

Case data collection was conducted specifically by public health nurses, serving as the information hub for schools and long-term care (LTC) facilities. A public health nurse was assigned to each school and LTC facility, making themselves available to the school nurses and LTC staff to answer questions regarding case investigations, contact tracing, and outbreak investigations. With CDC guidance and State directives constantly changing, public health nurses helped foster situational awareness and support problem solving with their designated facility.

Recommendations:

14. Develop memoranda of understanding with schools to utilize school nurses in support of the Division of Health during declared public health emergencies in times that schools might be closed.
15. Implement automated processes to support contact tracing that can keep up with the State's case outreach timeline.
16. Continue to foster the relationships between the Division of Health and LTC facilities and schools to support contact tracing and case investigation.

The COVID-19 pandemic highlighted the flaws in how personal identifiable information (PII) is collected, stored, and shared. Like the rest of the state, Hamilton Township utilized the CDRSS platform to track cases and their corresponding information. This state-designated platform allowed for public health departments to have more information for case investigation purposes. The storage of PII was well kept, but contact tracing was made significantly more difficult due to health department staff not being able to disclose the name of the contact who potentially spread the disease. Additionally, persons who tested positive would sometimes not disclose close contacts. Further, parents expected schools to be aware of their children's test results but didn't understand that the local health department would also be made aware of the test result. When contacted by the Division of Health for contact tracing/case investigation, parents were concerned about violations of PII.

The Division of Health is largely responsible for the health and safety of the community, but the restrictions on PII, lack of reporting, and concerns from parents impeded the division's procedural framework.

Recommendations:

17. Develop procedures with schools to address reporting and sharing of information to the Division of Health.

Reporting positive cases within LTC facilities was inconsistent due to staffing issues in these facilities. LTC facilities were instructed by the State to input their cases within CDRSS, yet no training was provided to staff members, resulting in a higher prevalence of human error. In addition to this, the Hamilton Township Division of Health quickly learned that if a LTC facility employee did not live within the Township, they did not have access to the data within CDRSS. These differences in districts created ample difficulties for health department employees to conduct the necessary contact tracing and case investigation services. At times, staff members would spend countless hours making phone calls to neighboring health departments for assistance, which created a bureaucratic burden.

Recommendations:

18. Advocate for employer-based account privileges in CDRSS and ease of cross-jurisdictional data sharing.
-

Delays in laboratory reporting of test results greatly impacted contact tracing and case investigation practices. Any lag time between test administration and reporting into the CDRSS or to the local health department caused delays in case investigation and contract tracing. There were many instances of people who did not quarantine because their test results were not communicated in a timely manner, thus perpetuating the spread of disease.

Coupled with the lag time in laboratory reporting that delayed case investigation and contact tracing practices were data entry mistakes within the State CDRSS, inconclusive test results, and lost tests. Patient test results, phone numbers, and addresses had to be manually populated into the system, and many times information was missing or inaccurate, making follow-up calls and the entirety of the case investigation process burdensome and lengthy. Inconclusive test results were also sometimes reported into CDRSS, which needed to be explained to individuals who tested. The public did not want to be told an inconclusive test could still indicate active infection. Eventually, the New Jersey Department of Health (DOH) directed all local health departments to interpret an inconclusive test as a positive result. Lost test results were another challenge that local health departments had to manage. Although Hamilton Township Division of Health was not at fault for data entry mistakes, inconclusive or lost tests, they bore the burden of communicating with the public on these issues.

Recommendations:

19. Advocate for more effective solutions and processes with the State Health Department to address problems with lab test results.

Testing and Laboratory

Testing and Laboratory: the ability to implement and perform methods – including collection of specimens for clinical diagnosis – to detect, characterize, and confirm public health threats; as well as to report timely data, provide investigative support, and use partnerships to address surge capacity.

COVID-19 testing in Hamilton Township was initially limited as approval of testing site locations and operations had to come from the state. The County provided a testing site at the Cure Arena in Trenton, NJ, forcing Hamilton Township residents to travel to be tested. In addition to a longer travel time, many residents reported feeling overwhelmed by the sheer magnitude of people at the site.

As testing resources became more available from the state, Hamilton Township began standing up their own testing sites. The utilization of their existing point of dispensing (POD) site locations, such as the local fire house, allowed for a seamless undertaking.

Aside from offering COVID-19 testing, these sites also disseminated educational information and home test kits. Home test kits were also provided at schools, food pantries, and clinics to support access for vulnerable populations. Offering test kits at these locations emphasized Hamilton Township’s willingness to meet the testing needs of the community, wherever they were located.

In addition to providing test kits, the State allocated grant funding that allowed Hamilton Township to onboard an outreach coordinator which was crucial to orchestrating testing within local pharmacies and schools, as well as working with respected community leaders of various organizations, including houses of worship. Collaboration with community leaders was imperative to reaching special populations and gaining their trust. Once educational materials were translated and community members were appropriately engaged, testing rates in the Township increased by 10%.

Recommendations:

20. Identify opportunities to expand upon community outreach and education efforts to support ease of disaster operations.

At its peak, testing sites in Hamilton Township were conducting upwards of 200 tests a day. All individuals had to be registered online prior to receiving their test. While efficient for most, this technology usage was often difficult for older residents, and many sites had poor internet service which impacted on-site registration by the same means, hindering testing throughput and efficiency despite flexibility of community members and staff. With no deliberate plan specific to mass testing, Hamilton Township followed state testing protocols and procedures. Unfortunately, these protocols and procedures were not conducive to every testing site and community.

Recommendations:

21. Develop a mass testing plan which can accommodate various community capabilities and limitations.

An unforeseen issue that arose once COVID-19 testing became available was the prevalence of illegitimate testing sites within Hamilton Township. Many individuals would utilize these testing sites, being scammed out of false co-pays or fees. The illegitimate sites quickly shut down once their validity was questioned, but their existence caused public outrage and strained health department resources.

Recommendations:

22. Designate health inspector staff to continually ensure compliance with all health department guidelines and regulations for ‘pop-up’ testing sites not affiliated with state, county, or local health departments.

Community Mitigation

Community Mitigation: the set of actions that people and communities can take to slow the spread of infectious diseases, with the goal of slowing spread and protecting all individuals, especially those at increased risk for severe illness, while minimizing the negative impacts of these strategies.

Hamilton Township aligned their community mitigation response around the concept of reducing density. Each Township department implemented their own mitigation policies that were conducive to their operations. For many departments such as police and fire, they reduced the number of staff per shift. Those who worked in the construction office never entered the buildings. Instead, someone would bring out their materials each day. Non-public-facing personnel could work from home, which was one of the largest efforts to reduce density. Unfortunately, those remaining within the Township Municipal Building struggled to reduce density, due to workstation location and building layout. Shower curtains were used to separate people, but the heating, ventilation, and air conditioning (HVAC) system did not circulate air efficiently.

The initial switch to remote work for most Township employees was burdensome. The Township followed their continuity of operations plan (COOP) and continuity of government (COG) plan, but these plans did not anticipate circumstances associated with the pandemic. To better respond to the needs of Township employees, the mayor implemented numerous COVID-19 policies, such as a work-from-home (WFH) policy authorizing each department director to grant employees one day a week to WFH. Additionally, if a staff member contracted COVID-19, they would not have to charge leave for their illness or quarantine.

The new COVID-19 policies emphasized the importance of community mitigation, especially in the workplace. However, the Township was not prepared for the IT aspect of WFH. It became apparent very quickly that all employees needed laptops and the Township required additional Zoom accounts. The IT infrastructure was not prepared to accommodate the volume of employees working from home.

Recommendations:

23. Update COOP plans to normalize the cultural shift and availability of remote work for non-public-facing positions.
 24. Increase IT infrastructure capacity and resilience across departments.
-

Division of Health employees rarely had the option to work remotely. When clinical services were suspended, staff were reassigned towards nonpharmaceutical interventions such as activities associated with promoting social distancing in the community, providing personal protective equipment (PPE), using plastic (plexiglass) barriers, and repurposing outside service counters for municipal purposes. PPE and educational materials in several languages were distributed at a variety of localities such as libraries, gas stations, places of worship, and laundromats. The Township held mask distribution events at the library for residents. As a testament to the effectiveness of these nonpharmaceutical interventions, the Hamilton Township Division of Health was one of the first to reopen their clinics in early June of 2020. Other local health departments later inquired about Hamilton's educational materials and infection control practices to support their own operations. These practices resulted in no cases of COVID-19 among public health nurses in the first two years of the pandemic.

Recommendations:

25. Document effective practices of nonpharmaceutical interventions and infection control in plans and protocols.

Vaccine

Vaccine: refers to key resources and information for states, tribes, and localities including operational guidance, funding, reporting, training, and all items related to vaccine ordering, distribution, and administration.

The first round of vaccine to arrive in Hamilton Township came directly from the State. The State funneled vaccine through county health departments to then be divided by population percentages amongst all municipalities within the county. Prior to this initial allocation, Hamilton Township prepared a vaccine site in December of 2020. This preparation was key to the first round of vaccine rollout within the community. Referencing their point of dispensing (POD) plan, Hamilton Township was able to quickly adjust various aspects of the plan to be more conducive to COVID-19 vaccination, such as accommodating the need for an area for observation after individuals received the vaccine. Traffic control was another consideration.

Hamilton Township followed the State prioritization schedule for vaccination. The first group to receive the COVID-19 vaccine within Hamilton Township were all healthcare providers. From there, the elderly and other at-risk populations were targeted. Those who were clinically ill or had pre-existing conditions were triaged within the list. Partnerships with neighboring health departments, pharmacies, schools, businesses, and hospitals were all crucial to the sharing of resources, promotion of educational materials, and gaining community trust.

Recommendations:

26. Update POD/vaccination plans to incorporate effective practices and lessons learned from COVID-19 vaccination.
-

Vaccine sites doubled as a clinic as well as an educational hub. Within the observation area of each clinic, Hamilton Township posted flyers to support community education to provide the latest guidance on COVID-19. As guidance was constantly changing, vaccine site workers created a binder of all the updated state guidance and their educational components. Additionally, Hamilton Township-specific information regarding locations of testing and vaccine sites and how to schedule an appointment were posted at all sites and in various newsletters.

Checks and balances were put in place at all vaccine sites, and these efforts directly resulted in minimal waste of vaccine. All nurses who participated in vaccine clinic operations had to take various online training courses from the CDC. These trainings pertained to storage, handling, liability, and vaccine mixing. Outside nursing staff were also brought in to assist in vaccine operations, and their licenses had to be verified and up to date. A checklist was eventually devised to ensure all clinical aspects of the response were verifiable. To increase vaccine assurance, the layout of each site separated where vaccines would be drawn up and where all administration aspects would be placed. A color-coded system of vaccine identification was also employed within the clinics. This system ensured each table had the correct vaccine to administer. These systems, layout of sites, trainings, and licensing requirements all supported vaccine integrity and cultivated community trust.

Recommendations:

27. Ensure integration of these effective practices into POD/vaccination plans and develop just-in-time training to support implementation.
-

Vaccine financial reimbursements were difficult to attain. Hamilton Township worked with TransactRx as the main medical billing system. This system covers the cost of all vaccines and drugs that are covered by Medicare Part D. In addition to this, Hamilton Township was able to bill Aetna for vaccine reimbursements. For each vaccine given, the health department received \$10-\$20 in return. Unfortunately, the health department was not credentialed with any other providers. All New Jersey State employees are covered by the State's health benefit plan, and most state residents are covered through

private insurance companies. Due to this, the Division missed out on reimbursement opportunities for vaccines given. During the vaccine distribution the Division renegotiated the contract with Aetna, allowing for reimbursement to continue.

The main goal of Hamilton Township Division of Health was to vaccinate and protect the community; funding and reimbursements were an afterthought. Some individuals would refuse to provide their information, so reimbursement of the vaccine was limited to the administrative aspect, not the vaccine itself. Eventually, on April 1, 2021, Hamilton Township Division of Health was able to bill for all costs through an alternate vendor. Unfortunately, this contract fell through. Another vendor was then identified, and the onboarding of other insurance providers was able to take place.

As of June 2023, Hamilton Township has administered over 12,000 doses of vaccine, with reimbursement totaling \$118,840.95. This equates to about \$10 in return on each vaccine. Regardless of lost reimbursement, Hamilton Township Division of Health championed an accessible vaccine distribution.

Recommendations:

28. Continue to advocate for further insurance credentialing that specifically includes the top carriers in the state.
-

To emphasize the accessibility and equitability of vaccine allocation, Hamilton Township employed numerous strategies to ensure no population was overlooked. Partnerships with neighboring health departments, pharmacies, and hospitals were crucial to ensuring accessible vaccines to the community. As an example of the cooperative effort, hospitals would provide the health department with vaccine and staff for joint clinics. Also, an agreement was made with a local pharmacy to use a vacant building in a low-income neighborhood to ensure continuous access. Long-term care facilities also allowed the health department to conduct regular vaccine clinics for their residents. Memoranda of understanding (MOUs) were in place with local schools, so the students would feel more comfortable receiving a vaccine in a known environment.

Home vaccinations were also needed to ensure home-bound individuals could receive their necessary vaccinations. Hamilton Township Division of Health developed home-health teams with policy and procedure to address this need. As for those living with structural and or functional disabilities, they were provided a specific area at each vaccine site to better accommodate their specific needs.

Recommendations:

29. Include these community partnerships and protocols in POD and vaccine distribution plans.

State and Local Coordination

State and Local Coordination: ability to conduct multijurisdictional and multidisciplinary exchange of health-related information and situational awareness and coordination or resources among state and local levels of government.

The partnerships between healthcare systems and Hamilton Township were exemplary and advocated for the community's health. One of the most influential partnerships came from Robert Wood Johnson (RWJ) University Hospital - Hamilton. Initially, RWJ set up testing for health department employees and other first responders. They conducted this testing site on their campus and had designated appointment slots. Once vaccines were available, the health department was able to send community members to the hospital for vaccinations, which helped some community members who were hesitant to receive a vaccine outside of a healthcare setting. Additionally, RWJ had appropriate freezer capacity, so they would store the Pfizer vaccine for the health department.

Aside from RWJ and other nearby hospitals, pharmacies were also a beneficial partner during the pandemic. Olden Pharmacy was also an important vaccine partner. The pharmacists at Olden Pharmacy trained nurses on how to dilute and mix vaccine. If the pharmacy received a shipment of vaccine before the health department, they would willingly share the allotment. Eventually, Olden Pharmacy and Hamilton Township Division of Health signed a MOU to establish a standing vaccination site.

Partnerships with hospitals and pharmacies increased capacity to vaccinate residents, ensured the most at-risk residents were met with appropriate assistance, and took pressure off the health department response.

Recommendations:

30. Continue to foster the relationship with RWJ and other local hospitals.
 31. Have MOUs in place with pharmacies in the event of vaccine surge.
-

Regardless of the many positive outcomes that were a result from partnering with healthcare systems, there were also several lessons learned. For instance, when individuals were referred to RWJ or another hospital, they were forced to become an outpatient of that hospital. This outpatient status results in paperwork not otherwise necessary for a vaccination. On the contrary, if the same individual were to be vaccinated at the health department, they only filled out one page of paperwork. The increase in paperwork from hospital systems hindered vaccine efficiency. Additionally, there were numerous instances of the hospitals prematurely shutting down vaccination clinics, even with scheduled appointments in place.

Recommendations:

32. Advocate for hospitals to streamline paperwork for persons only requiring a vaccine.
-

Before the pandemic, county-level coordination, such as monthly health officer meetings, met steady-state needs. Pertinent public health messages would be sent out by all municipalities through the Jersey Local Information Network and Communications System (NJLINCS). Once COVID-19 case counts started climbing, the frequency of health officer and public health nurse meetings and messages sent out by NJLINCS increased. If these county-level communication practices had not been in place prior to the pandemic, the county-wide response would likely have not been as effective.

Despite the positive actions taken to increase communication among local health departments, Hamilton Township Division of Health endured numerous obstacles, especially in collaboration for vaccination clinics. The township felt that information and support from the county was not as forthcoming as it should have been. The mayor eventually had to step in to ensure the Township received the necessary information and appropriate vaccine allotment.

Recommendations:

33. Advocate for improved preparedness efforts with the County, State and other Local Health Departments in support of communication, vaccine distribution, and other matters.
-

The response by the Hamilton Township Division of Health included following the Governor’s Executive Orders and directives from the State Health Department. Policy and guidance changed rapidly during the pandemic, often times the local health departments and public were notified of changes at the same time, which was challenging. Once the public received word of policy or guidance alteration, they would contact the Hamilton Township Division of Health to have answers to their questions. Many times, the Division of Health had to defer these calls until staff thoroughly reviewed the guidance from the State, and had time to determine how these changes would be implemented.

To maintain situational awareness of these changes, the Division of Health used a variety of systems and processes. One of the most successful aids were the summaries of press conferences, developed by the Mayor’s office. The synopsis of changes was then sent out to key stakeholders such as the Division of Health, hospital systems, and police and fire departments. This was crucial considering each press conference would last three to four hours, and the Division of Health staff did not always have the time to sit and listen.

The State dashboard was helpful for interpreting changes, but they did not post executive orders in an efficient manner. There seemed to be a lag after changes, which the public did not always understand. Fortunately, the State Epidemiologist and their team always made themselves available to Hamilton Township. They assisted in explaining policy changes to schools and LTC facilities. Eventually, the State added a public-facing frequently asked question (FAQ) section to their website. This addition was helpful to the public and the Hamilton Township Division of Health staff.

Recommendations:

34. In plans, designate staff to analyze changing policies and guidance and share with the key stakeholders in response.
-

Not only was obtaining the changing orders and directives difficult, but Hamilton Township also greatly struggled with enforcement practices. Hamilton Township Division of Health had no legal enforcement authority over any executive order that was signed into place. The only enforcement power came out of the Governor’s office, the police department, and the prosecutor’s office. The ambiguity that came with the changing orders carried over to enforcement protocol.

Directives from the New Jersey State Department of Health (DOH) were enforced by the Hamilton Township Division of Health. Examples of these directives included dining, pool, and summer camp regulations. Although the Township had enforcement authority, this was still a point of contention. As regulations were ever-changing, enforcement powers lost credibility. The Township had four health inspectors and one additional employee designated to oversee pool operations. Division of Health inspectors provided education to those who were not compliant with the regulations. Many times, the health inspectors would frequent the same establishments with educational materials. This was extremely time-consuming and often not productive. Additionally, there are over 30 public pools within the Township, and each one had to be heavily inspected under the COVID Pool Operation Plan. Although this plan ensured compliance, the time spent validating each pool was exhaustive.

Recommendations:

35. Develop a multi-agency group amongst stakeholders with enforcement responsibility.
36. Cross-train other health department staff to support health inspectors.
37. Develop a streamlined pool operation checklist that mirrors the COVID Pool Operation Plan that can be used for other communicable diseases.

Recommendations

Planning is an important cornerstone of emergency management, and the COVID-19 pandemic underscored the importance of having adequate plans and procedures to support response and recovery efforts. The enhancement of plans to include effective practices and lessons learned from the COVID-19 pandemic response is the most common recommendation. Plans should identify not only what to do, but how tasks should be accomplished. Planning is an evolving process with no true end, and many of the lessons learned from the pandemic will support continued effort in planning and other areas of preparedness, helping Hamilton Township be ready for all future hazards.

Conclusion

Hamilton Township's management of the COVID-19 pandemic was largely effective, with most credit going to the leadership, staff, and partners of the Township. These three groups were critical to the Township's successes and ability to overcome challenges that arose directly from COVID-19, as well as related supply chain shortages, fiscal matters, and external bureaucracy. Effective leadership at all levels supported a collaborative approach to managing the Township's response, and regular communication of priorities ensured steady progress.

The COVID-19 pandemic was certainly unprecedented in scale, scope, and duration, further stressing our capabilities and capacities in many facets of response. Incidents such as this amplify effective practices and offer areas for improvements. The assessment of lessons learned is not to scrutinize individuals, but to shed light on the gaps in our plans, processes, and systems that inform and guide our actions and decisions. While this analysis can be uncomfortable for some, the opportunity offered through the identification of corrective actions supports preparedness for inevitable future incidents. The successes revealed in this report are due to the actions and decisions of people both in preparedness and during the response effort. The identification of successes and incorporation of these effective practices is important to continued improvement.

Hamilton Township has a solid foundation of preparedness, built upon its people, partnerships, and pre-COVID efforts. Continued success will come from implementation of the recommendations in this report, supporting a more resilient community for those fortunate enough to live and work here.

Appendices & Resources

Appendix A: Improvement Plan Matrix

This matrix provides a summary of observations and corrective actions. For full context, please reference the appropriate section in the after-action report. It is the responsibility of stakeholders to task responsible parties and identify timeframes for completion.

*Capability elements include planning, organizing, equipping, training, and exercises (POETE).

Domain	Observation	Corrective Action	Capability Element *	Primary Person/Team Responsible	Start Date	Completion Date
Incident Management	Township COOP and COG plans did not fully address the changes and needs associated with the COVID-19 pandemic.	1. Identify effective practices and lessons learned in COOP and COG operations and update all Township COOP and COG plans accordingly.	Planning	OEM and Individual Departments	In progress	TBD
		2. Incorporate COVID-19 employee policies as examples for potential future reference in the Township COG plan.	Planning	OEM and Business Administrator	4Q23	4Q24
	The Township's EOP, in accordance with county support and direction were not sufficient for an effective response.	3. Ensure that EOPs incorporate effective practices from the management of the pandemic.	Planning	OEM and Individual Departments	In progress	4Q24
		4. Include documents and procedures developed during the pandemic as attachments to EOPs as examples for future use.	Planning	Individual Departments	TBD	4Q24
		5. Ensure EOPs provide a proper level of detail for incident management practices, including the development of key planning and reporting documentation in accordance with NIMS.	Planning	OEM	In progress	4Q24

Domain	Observation	Corrective Action	Capability Element *	Primary Person/Team Responsible	Start Date	Completion Date
	Grants were a key necessity during the pandemic, but the procedural framework for grant management was burdensome, and funding will run out.	6. Identify specific effective practices and lessons learned and incorporate them into a procedure for management of grants during a disaster that can be referenced by all Township departments.	Planning	OEM and Assistant Business Administrator	In progress	TBD
		7. Develop a budget plan that incorporates essential services carried over from the COVID-19 response into steady state operations.	Planning	Administration	3Q23	2Q24
Risk Communication	SOPs for public information dissemination purposes did not exist.	8. Develop SOPs to support PIO function	Planning	Chief of Staff	In progress	3Q24
	Conference calls with the mayor and other response partners were effective in promoting situational awareness.	9. Capture effective practices of situational information gathering and dissemination in plans for supporting a common operating picture among departments as well as supporting the public information function.	Planning	Administration	In progress	3Q24
		10. Building from this practice, create a JIS and/or JIC to convene multi-agency partners to continue promoting situational	Organizing	Administration and OEM	In progress	3Q24

Domain	Observation	Corrective Action	Capability Element *	Primary Person/Team Responsible	Start Date	Completion Date
		awareness into steady state operations.				
	Methods of risk communication practices were diversified and needed greater funding.	11. Continue to invest in risk communication processes and methods that include greater translation services and considerations of all populations.	Organizing	Individual Departments	In progress	Ongoing
	The frequency of misinformation and disinformation was excessive.	12. Implement information checks and balances that require subject matter expertise and PIO authorization in the review of information established for public release.	Planning	Chief of Staff and Individual Departments	In progress	3Q24
		13. Employ a centralized monitoring system of public information to identify misinformation, disinformation, and rumors present in the public.	Equipping	Chief of Staff and OEM	In progress	3Q24
Surveillance and Epidemiology	The collaboration between public health nurses and school nurses was paramount to contact tracing and case investigation practices.	14. Develop a MOU with schools to utilize school nurses in support of the health department during declared public health emergencies in times that schools might be closed.	Planning	Health Officer and Administration	4Q23	Ongoing (annual renewal)
		15. Implement automated processes to support contact	Planning	Health Officer	TBD	TBD

Domain	Observation	Corrective Action	Capability Element *	Primary Person/Team Responsible	Start Date	Completion Date
		tracing that keep up with the State's case outreach timeline.				
		16. Continue to foster the relationship between the health department and LTC facilities and schools to support contact tracing and case investigation.	Organizing	Director of Nursing	In progress	Ongoing
	Various entities and groups had different means collecting, sharing, and storing PII.	17. Develop procedures with schools to address reporting and sharing of information to the Division of Health.	Planning	Director of Nursing	In progress	Q324
	Jurisdictional reporting errors created a higher prevalence of human error.	18. Advocate for employer-based account privileges in CDRSS and ease of cross-jurisdictional data sharing.	Organizing	Health Officer	3Q23	TBD
	Lab testing administration and reporting was inefficient and limited due to delays and inaccurate results.	19. Advocate for more effective solutions and processes with the State Health Department to address problems with lab test results.	Organizing	Health Officer and Director of Nursing	3Q23	3Q23
Testing and Laboratory	Hamilton Township's POD plans greatly assisted in standing up testing sites, but not all residents trusted the Township for health care services.	20. Identify opportunities to expand upon community outreach and education efforts to support ease of disaster operations.	Planning	Health Educator	In progress	Ongoing
	State mass testing plans did not work for the Township's	21. Develop a mass testing plan which can accommodate	Planning	OEM and Division of Health	In progress	TBD

Domain	Observation	Corrective Action	Capability Element *	Primary Person/Team Responsible	Start Date	Completion Date
	mass testing needs.	various community capabilities and limitations.				
	Illegitimate testing sites hindered the health department's validity.	22. Designate health inspector staff to continually ensure compliance with all health department guidelines and regulations for 'pop-up' testing sites not affiliated with state, county, or local health departments.	Planning	Environmental Health Supervisor	3Q23	3Q24
Community Mitigation	The Township was not prepared for the switch to remote work.	23. Update COOP plans to normalize the cultural shift and availability of remote work for non-public-facing positions.	Planning	OEM and Administration	In progress	Q424
		24. Increase IT infrastructure capacity and resilience across departments.	Equipping	Administration/IT	In progress	Ongoing
	Health department employees did a phenomenal job of promoting nonpharmaceutical intervention practices at many community organizations.	25. Document effective practices of nonpharmaceutical interventions and infection control in plans and protocols	Planning	Division of Health and OEM	In progress	4Q25
Vaccine	Following the State's vaccine allocation schedule, the Township effectively utilized their POD plan to execute this process.	26. Update POD/vaccination plans to incorporate effective practices and lessons learned from COVID-19 vaccination.	Planning	Division of Health and OEM	In progress	4Q25
	The Township executed and promoted the State's vaccine	27. Ensure integration of these effective practices into POD/vaccination	Training	Division of Health and OEM	In progress	4Q25

Domain	Observation	Corrective Action	Capability Element *	Primary Person/Team Responsible	Start Date	Completion Date
	guidance and educational items in a method that was conducive to those receiving vaccine at Hamilton clinics.	plans and develop JITT to support implementation.				
	Hamilton Township lost out of ample vaccine reimbursements due to the lack of insurance credentialing.	28. Continue to advocate for further insurance credentialing that specifically includes the top carriers in the state.	Organizing	Division of Health	In progress	Ongoing
	Accessibility and equitability vaccine strategies were effective at reaching vulnerable populations.	29. Include these community partnerships and protocols in POD and vaccine distribution plans.	Planning	Division of Health and OEM	In progress	4Q25
State and Local Coordination	Partnerships with RWJ and local pharmacies greatly supported testing and vaccination efforts.	30. Continue to foster the relationship with RWJ and other local hospitals.	Organizing	Division of Health	In progress	Ongoing
		31. Have MOUs in place with pharmacies in the event of vaccine surge.	Planning	Division of Health and Administration	In progress	TBD
	Patients receiving COVID-19 vaccination at hospitals required excessive paperwork requirements.	32. Advocate for hospitals to streamline paperwork for persons only requiring a vaccine.	Organizing	Health Officer and Director of Nursing	4Q23	TBD
	Receiving/delivery of vaccine was inefficient at times.	33. Advocate for improved preparedness efforts with the County, State and other Local Health Departments in support of communication, vaccine	Organizing	Division of Health and OEM	In progress	Ongoing

Domain	Observation	Corrective Action	Capability Element *	Primary Person/Team Responsible	Start Date	Completion Date
		distribution, and other matters.				
	Changing policies and guidance were extremely difficult to keep up with, especially when health department staff were pulled in many different directions of response.	34. In plans, designate staff to analyze changing policies and guidance and share with the key stakeholders in response.	Planning	OEM	In progress	TBD
	Lack of enforcement authority made it difficult for the Township to enforce executive orders.	35. Develop a multi-agency enforcement group amongst stakeholders with enforcement responsibility.	Organizing	Administration	In progress	TBD
		36. Cross-train other health department staff to support health inspectors.	Training	Environmental Health Supervisor	In progress	TBD
		37. Develop a streamlined pool operation checklist that mirrors the COVID Pool Operation Plan that can be used for other communicable diseases.	Planning	Sr. Environmental Health Specialist	In progress	4Q24

Appendix B: Response Data Source List

Document Name	Date of Publication	Source
Continuity of Operations Plan for the Hamilton Township Health Department	3/20	Hamilton Township Health Department
COVID-19 Testing, Isolation, Quarantine, and Return to Work Standard Operating Procedures	6/20	Office of the Mayor
Emergency Action Plan	3/20	Hamilton Township Health Department
Hamilton Township Board of Education - Exposure Control Plan for Bloodborne Pathogens	1/12	Hamilton Township Health Department
Medical Countermeasure Distribution – Mass Vaccination Clinic Guide for Pandemic Influenza and Anthrax Vaccine	2019	NJ LINCS Public Health Nurses Group
Mercer County Mass Vaccination Framework	12/20	Mercer County Health Department
Rapid Public Health Assessment for COVID-19 and Sexually Transmitted Infections (STIs)	9/22	Department of Health, Recreation, Seniors, and Veterans Services
Township of Hamilton Emergency Operations Plan - Annex A: Alerting, Warning, and Communications Annex	3/20	Hamilton Township Office of Emergency Management
Township of Hamilton Emergency Operations Plan – Annex C: Emergency Medical Annex	3/20	Hamilton Township Office of Emergency Management
Township of Hamilton Emergency Operations Plan – Annex E: Public Information Annex	3/20	Hamilton Township Office of Emergency Management
Township of Hamilton Emergency Operations Plan – Annex I: Law Enforcement Annex	3/20	Hamilton Township Office of Emergency Management
Township of Hamilton Emergency Operations Plan – Annex J: Public Health Annex	3/20	Hamilton Township Office of Emergency Management
Township of Hamilton Emergency Operations Plan – Annex M: Resource Management Annex	3/20	Hamilton Township Office of Emergency Management
Township of Hamilton Emergency Operations Plan – Annex O: Social Services Annex	3/20	Hamilton Township Office of Emergency Management
Updated Guidelines for SARS-CoV-2 Variant Strain Surveillance and Submission	6/21	New Jersey Department of Health

Appendix C: Acronym List

Acronym	Definition
AAR	After Action Report
BLM	Black Lives Matter
CDRSS	Communicable Disease Reporting and Surveillance System
COG	Continuity of Government
COOP	Continuity of Operations Planning
DOH	Department of Health
EI	Essential Elements of Information
EMS	Emergency Medical Service
EOC	Emergency Operations Center
FAQ	Frequently Asked Questions
HVAC	Heating, Ventilation, and Air Conditioning
IT	Information Technology
JIC	Joint Information Council
JIS	Joint Information System
LHOC	Local Health Outreach Coordinator
LINCS	Local Information Network and Communication System
LTC	Long-Term Care
MOU	Memorandum of Understanding
NIMS	National Incident Management System
OEM	Office of Emergency Management
PII	Public Identifiable Information
PIO	Public Information Officer
POD	Point of Dispensing
POETE	Planning, Organizing, Equipping, Training, Exercising
PPE	Personal Protective Equipment
RWJ	Robert Wood Johnson
SES	Socio Economic Status
SOP	Standard Operating Procedure
VPOC	Vulnerable Population Outreach Coordinator
WFH	Work from Home