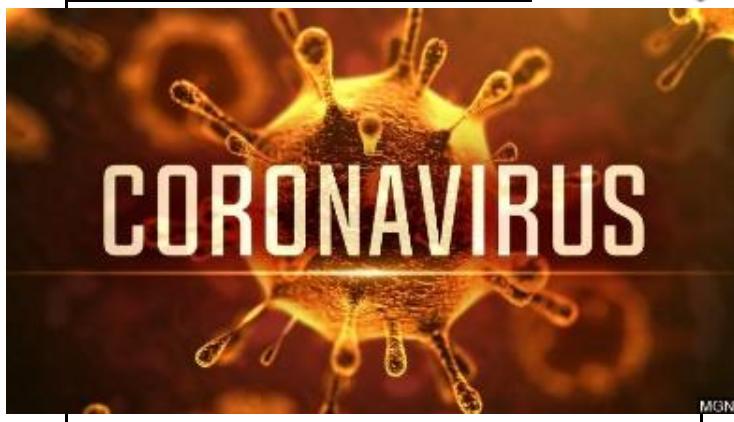


Charles County COVID-19

Incident Action Plan



Operational Period

From

4/4/20
8:00

To

4/7/20
8:00

Changes in Yellow

This document is not Confidential but some of the information may be SENSITIVE

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name Charles County COVID-19	2. Operational Period	Date From: 4/4/20 Date To: 4/7/20 Time From: 8:00 Time To: 8:00
3. Objectives		
A. Ensure the safety and overall health and well-being, including mental health of the residents, county employees, and responders, throughout this incident.		
B. Conduct surveillance of COVID-19 cases in collaboration with the health department, hospital, physicians, and other health care providers.		
C. Maintain timely, accurate and uniform communications with residents, employees and first responders as well as partners in the tri-County and National Capital Region and the state of Maryland.		
D. Prepare for and handle the human reaction crisis contingencies in long terms.		
E. Prepare for long term order maintenance.		
F. Prepare for and sustain our communities' hierarchy of needs throughout this incident.		
G. Determine trigger points for Continuity of Operations for all agencies, including government, public safety, schools, hospital, and other critical infrastructure systems.		
H. Ensure all practical steps to "Slow the Spread" of transmission of COVID-19.		
4. Operational Period Command Emphasis Ambulance driver should be contained. Close the door between the cab and compartment. Plastic with duct tape works if you don't have a door.		
General Situational Awareness Steering wheels, shifters, knobs, buttons and touchscreens need love too! Don't forget to wipe them down.		
5. Site Safety Plan Required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Approved Site Safety Plan(s) Located at:		
6. Attachments (check if attached)		
<input checked="" type="checkbox"/> ICS 203 <input type="checkbox"/> ICS 207 <input type="checkbox"/> ICS 204 <input checked="" type="checkbox"/> ICS 208 <input type="checkbox"/> ICS 205 <input type="checkbox"/> Map/Chart <input checked="" type="checkbox"/> ICS 205A <input type="checkbox"/> Weather <input type="checkbox"/> ICS 206 <input type="checkbox"/> Forcast/Tides/Currents	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ICS 214 <hr/> <hr/> <hr/> <hr/>
7. Prepared by: Name: <u>Joe Hoffmaster</u> Position/Title: <u>PSC</u> Signature: _____		
8. Approved by Incident Commander: Name: <u>Michelle Lilly</u> Signature: _____		
ICS 202	IAP Page <u>2</u>	Date/Time: <u>April 4, 2020 @14:15</u>

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name Charles County COVID-19		2. Operational Period Date From: 4/4/20 Time From: 8:00			Date to: 4/7/20 Time to: 8:00
3. Incident Commander and Staff		7. Operations Section			
UC	Dr. Lowry	Chief			
UC	Michelle Lilly	Deputy			
Deputy	Melanie Gardner				
Deputy	Tony Rose				
Safety Officer	John Filer	a. Branch I	Public Health		
Public Information Office	Jennifer Harris	Branch Director	Ranston Harvey		
Intell Officer	Donna Fuqua				
Intell Officer	Jason Stoddard	Deputy	Mary Lilly		
4. Agency Representative		DSS			
		Liaison Officer	Raena Barnes	Robbie Jones	
Agency	Name	Hospital	Bill Grimes	John Filer	
Intell officer Deputy	Mike Meiser	Nursing Homes	need to fill		
Lifestyles	Sandy Washington	Health Care Providers	need to fill		
Public Schools	Mike Meiser	Rehab Centers	need to fill		
		Assisted Living	need to fill		
		b. Branch II	Public Safety		
		Branch Director	Mark Kaufmann Jr.		
		Deputy	Scott Herbert	D J Mills	
		DES EMS	Steve Finch		
		Vol EMS	Andrew Spalding	Mitchell Lewis	
		Vol Fire	Scott Herbert		
		Logistics	Scott Herbert		
5. Planning Section		c. Branch III	Law Enforcement		
Chief	Joe Hoffmaster	Branch Director	Chris Schmidt		
Deputy	Bill Smith	Deputy	Cari Baker		
Resource Unit		La Plata Police	Chris Becker		
Situation Unit	need to fill	MD State Police	Thomas Quade		
Documentation Unit	need to fill	DNR	Catherine Meddelin		
Demobilization Unit		MdTA	Brian Lawrence		
Human Resources					
Technical Specialists (name / specialty)		d. Branch IV	Infrastructure		
		Branch Director			
		Deputy			
		SMECO	Jennifer Raley		
		Grocery			
6. Logistics Section		Propane			
Chief	Nick Ellis	Natural Gas			
Deputy	Lori Cherry				
Support Branch					
Donations	Ed Tucker				
Supply Unit					
Facilities Unit	Nick Ellis	10. Finance Section			
Ground Support Unit		Chief	Jennifer Adams		
Service Branch		Deputy			
Service Branch Dir.		Time Unit			
Communications Unit		Procurement Unit			
Medical Unit		Comp/Claims Unit			
Security Unit		Cost Unit			
Food Unit					
9. Prepared by: Name: <u>Joe Hoffmaster</u>		Position/Title: <u>PSC</u>	Signature		
ICS 203	IAP Page	3	Date/Time:	April 4, 2020 @ 14:15	

9. Prepared by: Name: **Joe Hoffmaster**

Position/Title: PSC Signature: _____

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name Charles County COVID-19		2. Operational Period Date From: 4/4/20 Date to: 4/7/20 Time From: 8:00 Time to: 8:00		
3. Incident Commander and Staff		7. Operations Section		
UC	Dr. Lowry	Chief		
UC	Michelle Lilly	Deputy		
Deputy	Melanie Gardner			
Deputy	Tony Rose			
Safety Officer	John Filer	a. Branch V	Governance	
Public Information Office	Jennifer Harris	Donna Fuqua		
Intell Officer	Jason Stoddard			
4. Agency Representative		Charles County Govern.	Michele Lilly	
Agency	Name	Town of LaPlata	Chris Becker	
Intell officer Deputy	Mike Meiser	Town of Indian Head	Ryan Hicks	
Lifestyles	Sandy Washington			
CC Public Schools	Michael Meiser			
		b. Branch VI	Business	
		Branch Director	Darre'll Brown	
		Deputy	Marcia Keeth	
		Economic Development	Darre'll Brown	
		Chamber of Commerce	Bonnie Grady	
5. Planning Section		c. Branch VII		
Chief	Joe Hoffmaster	Branch Director		
Deputy	Bill Smith	Deputy		
Resource Unit				
Situation Unit	need to fill			
Documentation Unit	need to fill			
Demobilization Unit				
Human Resources				
Technical Specialists	(name / specialty)	d. Branch VIII		
		Branch Director		
		Deputy		
6. Logistics Section				
Chief	Nick Ellis			
Deputy	Lori Cherry	e. Branch IX		
Support Branch				
Donations	Ed Tucker			
Supply Unit				
Facilities Unit	Nick Ellis	10. Finance Section		
Ground Support Unit		Chief	Jen Adams	
Service Branch		Deputy	need to fill	
Service Branch Dir.		Time Unit		
Communications Unit		Procurement Unit		
Medical Unit		Comp/Claims Unit		
Security Unit		Cost Unit		
Food Unit				
9. Prepared by: Name: Joe Hoffmaster		Position/Title: PSC	Signature _____	
ICS 203	IAP Page 4	Date/Time: April 4, 2020 @ 14:15		

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name Charles County COVID-19	2. Operational Period	Date From: 4/4/20	Date To: 4/7/20
		Time From: 8:00	Time To: 8:00
<p>3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:</p> <p style="text-align: center;">"Steering wheels, shifters, knobs, buttons and touchscreens need love too! Don't forget to wipe them down."</p> <p>1. Total identified PUI's transported to date: 165 Total # of patients testing positive : 18</p> <p>2. PPE stockpiles remain stable with an estimated supply range of 10+ days based on current call volumes.</p> <p>3. Revision to EMSOP Special Order 2020-01 Version 3.0 has been completed and disseminated to staff.</p> <p>4. As this is a rapidly changing landscape, leaders should review any changes with their personnel each morning.</p> <p>5. With the implementation of the most recent update of special Order 2020-01 V 3.0, personnel should continue to perform wellness checks twice a day as prescribed in the SO as well as decon apparatus frequently.</p> <p>6. Personnel who report having a fever, sore throat, cough or other respiratory related symptoms should stay at home and self-isolate until they are symptom free for a period of 72 hours.</p> <p>7. Personnel who have recently travelled to a suspected COVID-19 country or have taken a cruise which ported at a COVID-19 infected region should not report to work. Those personnel are being asked to self-isolate at home for a period of 14 days.</p> <p>8. Personnel with facial hair should be aware of the NIOSH requirements for properly fitting filtering facepiece respirators in relation to their specific facial hairstyles. A CDC infographic was disseminated to staff with compliance guidance. Those with facial hair not in compliance drastically increase their risk of exposure even when using an N95 mask.</p> <p>9. The County's Peer Support Team has been activated and will make weekly wellness checks with our County's first responders. We are working through the logistics but will provide an email address and phone number to contact the team. Will disseminate when we have the contact information.</p> <p>10. Please remember that PPE caches are for EVERYONE. We are all in this together so there is no longer career and volunteer PPE caches.</p> <p>11. Per Special Order 2020-01 Version 3.0, limit the number of first responders having patient contact. This means no more ride-alongs, no more students and no more 3rd's.</p> <p>12. Seal off the driver from the patient compartment area. (close door, or plastic with duct tape)</p> <p>13. We are starting to see a broad spectrum of calls for service that are turning out to have PUI's involved. Calls like MVC's, CVA's, Falls and even Fires. Please be aware and ask each patient or person you contact if they have a fever, cough or other related symptoms.</p>			
<p>Approved Site Safety Plan(s) Located At: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>5. Prepared by: Name: <u>John Filer</u> Title: <u>Safety Officer</u> Signature: _____</p> <p>ICS 208 IAP Page _____ Date/Time: <u>April 4, 2020</u> @ <u>14:15</u></p>			

ACTIVITY LOG (ICS 214)

ACTIVITY LOG (ICS 214)

Steering wheels, shifters, knobs, buttons and touchscreens need love too!
Don't forget to wipe them down.





CHARLES COUNTY EMERGENCY SERVICES



SPECIAL ORDER 2020-01

Transport of Infectious Disease Patients Under Investigation for Coronavirus Disease 2019 (COVID-19)

EMERGENCY MEDICAL SERVICES

Issue Date: 03/03/2020 **Revised:** 04/06/2020

Expiration Date: N/A

1. OVERVIEW

With the annual occurrence of influenza season, and with the recent developments regarding the Coronavirus, we are all reminded that the manner in which we approach infection control incidents is of the utmost importance. Many within the Charles County Department of Emergency Services (CCDES), Charles County Association of Emergency Medical Services (CCAEMS) and the Office of the Medical Director are remaining vigilant to emerging issues related to infection control. Of concern is the Coronavirus outbreak which originated in the Wuhan province of China, and the subsequent cases that have occurred here in the United States and elsewhere throughout the world. This policy and procedure outline the preparation, mobilization, and demobilization required for care and transport of suspected and known Coronavirus 2019 patients.

2. DEFINITIONS

- **Close Contact** - Close contact is defined as being within six (6) feet of a COVID-19 patient or being within the patient's care area or room for a prolonged period of time. Brief interactions such as walking by a person or moving past their room do not constitute close contact.
- **Coronavirus 2019** - A novel coronavirus is a new coronavirus that has not been previously identified. The virus causing coronavirus disease 2019 (COVID-19), is not the same as the coronaviruses that commonly circulate among humans and cause mild illness, like the common cold. On February 11, 2020 the World Health Organization announced an official name for the disease that is causing the 2019 novel coronavirus outbreak, first identified in Wuhan China. The new name of this disease is coronavirus disease 2019, abbreviated as COVID-19. In COVID-19, 'CO' stands for 'corona,' 'VI' for 'virus,' and 'D' for disease. Formerly, this disease was referred to as "2019 novel coronavirus" or "2019-nCoV". There are many types of human coronaviruses including some that commonly cause mild upper-respiratory tract illnesses. COVID-19 is a new disease, caused by a novel (or new) coronavirus that has not previously been seen in humans.



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- **Non-exposure** - The following individuals are NOT considered "exposed" to COVID-19:
 - EMS clinicians who are farther than six (6) feet from the patient or,
 - EMS clinicians who are within six (6) feet of the patient for less than five (5) minutes and not performing respiratory procedures,
 - EMS clinicians who are wearing appropriate PPE when interacting with a PUI patient.
- **Person Under Investigation (PUI)** - A person who meets the CDC established criteria for COVID-19 symptoms and epidemiological risk factors. Symptoms include a fever, cough, sore throat and lower respiratory infection.
- **Personal Protection Equipment (PPE)** - For the purpose of this Special Order, PPE is considered those items in accordance with the recommendations of the Maryland Institute for Emergency Medical Services Systems - Infection Control and PPE Guidance (attachment). Such items included are gloves, respiratory protection masks, eye protection and gowns.
- **Seasonal Flu** - Influenza is spread by cough, sneeze, or by common contact with virus-contaminated surfaces.
- **Suspected Low Risk Exposure** - This event is defined when an EMS Clinician comes in contact with a known COVID-19 patient and the following are place:
 - The patient is wearing a mask, and
 - The EMS Clinician is wearing all appropriate PPE.
- **Suspected Moderate to High Risk Exposure** - This event is defined when an EMS Clinician comes in contact with a PUI and/or known COVID-19 patient, and the following are true:
 - There is a prolonged (greater than 5 minutes) close contact within six (6) feet of a suspected PUI and/or known COVID-19 patient without appropriate PPE,
 - An EMS clinician performs any respiratory procedures (intubation, nebulizer treatments, CPAP, oxygen) without wearing appropriate PPE.
 - An EMS clinician comes in direct exposure to respiratory secretions.



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3. GENERAL

The information contained in this procedure is intended to be consistent with the EMS and PSAP interim guidance given by the Centers for Disease Control (CDC) and Prevention and by MIEMSS for management of patients with known or suspected COVID-19. In some cases, our local implementation of infection control procedures will exceed those recommended by the CDC. In addition, as this is a rapidly emerging situation, the policy is subject to frequent changes. It is our goal to update this plan in accordance with changes recommended by MIEMSS and/or the CDC as they develop.

EMS Clinicians are on the front lines of this evolving world respiratory infection. You are our first responders and fill a critical role in this emerging infection. Although many things are still unknown about the virus causing COVID-19, patterns are beginning to emerge. The graphic below demonstrates how many close contacts one symptomatic patient can expose or infect. You will see that as of February, 2020, the Corona virus exposes and potentially infects 2.5 additional patients for every source patient placing it in a class of communicability similar to Influenza. As seen from the graph, the Corona virus is nowhere near as infectious as measles or mumps.

4. PROCEDURES

A. PATIENT SCREENING

1. Utilizing the State's Emergency Infectious Diseases Surveillance Tool, the Charles County 911 Communications Center will begin to screen callers requesting emergency medical services for possible COVID-19 symptoms to include the presence of respiratory illness, cough or fever. Additional factors may include travel to a COVID-19 outbreak country, or travel on a cruise ship porting at areas with COVID-19 outbreaks within fourteen (14) days as well as close contact with someone who has laboratory confirmed COVID-19 within the previous fourteen (14) days as well.
2. Possible identified symptoms indicating a suspected PUI include the presence of fever, sore throat, cough, and lower respiratory symptoms. Per the CDC, as of 03-20-2020.
3. An incident involving a patient that has complaints of respiratory illness, sore throat, cough and/or fever shall be considered a PUI incident.



CHARLES COUNTY EMERGENCY SERVICES



4. 911 Communications Center shall communicate to field personnel the aforementioned findings of a respiratory illness, sore throat, cough and/or fever so that proper PPE selection and procedures can be made prior to patient contact.
5. 911 Communications personnel have been instructed to not use the term PUI or Person Under Investigation on radio communications.
6. The same indicators of a suspected PUI should be used in field screenings of patients. Field screening questions should be asked at a distance of six (6) feet or more if possible, prior to implementing direct patient contact.

B. RESPONSE

1. When the Charles County 911 Communications Center determines there is a patient that conforms to the COVID-19 PUI criteria, the closest appropriate EMS units will be dispatched.
2. All personnel who are dispatched to the scene of a known or suspected COVID-19 PUI must don the appropriate PPE prior to entering the scene. This PPE is defined in the Maryland Institute for Emergency Medical Services Systems - Infection Control and PPE Guidance (attachment).
3. For patient encounters in which a potential PUI patient Incident has not been identified at the time of dispatch dispatched yet on-scene providers suspect the patient may be a PUI candidate, prior to establishing close contact; personnel should remotely interview and assess the patient from outside of a six (6) feet perimeter to determine whether the patient meets the criteria for being a COVID-19 PUI. If the patient meets the established criteria; immediately back out of the scene and don the appropriate level of PPE.
4. If however, a crew establishes close contact with a PUI patient prior to donning the appropriate PPE personnel should, in a professional and compassionate manner, explain to the patient that additional PPE precautions will need to be taken given the patient's situation, that there will be a slight delay to their care and remove themselves from the patient's room.
5. Ambulance crews should be limited to an officer (EMT/Paramedic) and a driver (EMT/Paramedic). This includes the prohibition of citizen ride-alongs and EMS program students riding from riding with EMS crews.



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6. The number of EMS clinicians and other first responders encountering patient contact should be limited to the minimum number of personnel necessary to treat and safely care for the patient.
 - a. If possible, only a single EMS clinician should make contact with the patient.
 - b. Once the patient is assessed, the single lead EMS clinician can call in additional resources as required.
7. Once a clinical assessment has determined that the patient is ambulatory, have them come to you or even meet you outside as to limit contact and additional exposure potential.
8. Personnel who are pregnant or immunocompromised should not provide care for known or suspected COVID-19 patients.

C. TREATMENT AND TRANSPORT

1. Place a surgical mask on the patient if possible. If an oxygen mask or nasal canula is clinically indicated, a surgical mask should be placed over the device.
2. Have patient utilize alcohol-based hand cleaner if feasible.
3. All persons in the patient compartment shall be using appropriate PPE.
4. Isolate the driver's compartment from the patient treatment compartment by either shutting the door or window. If the ambulance is not equipped with a mechanical way to isolate the two compartments, a piece of plastic may be affixed to the opening.
5. Contact the receiving hospital via EMRC prior to initiating transport. You must notify the ED staff that the patient is complaining of respiratory illness and/or fever.
6. Family members and other contacts of patients (outside of parents or legal guardians) should not ride in the transport vehicle, if possible. If it is necessary for a family member, parent or guardian to ride in the transport vehicle, they too should wear a facemask.
7. Transport to the closest appropriate hospital-based emergency department.



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8. Limit the number of EMS clinicians providing patient care in the back of the ambulance to the absolute minimum required to competently and efficiently provide medical treatment.
 - a. This includes restricting citizen ride-alongs,
 - b. and EMS program students.
9. Drivers, if they provide direct patient care (e.g., moving patients onto stretchers), should wear all recommended PPE. After completing patient care and before entering an isolated driver's compartment, the driver should remove and dispose of PPE and perform hand hygiene to avoid soiling the compartment.
10. Potential limitation of procedures:
 - a. Patients should be provided the care they need, and the procedures that are indicated.
 - b. Aerosolized (nebulizer) treatments and CPAP should be avoided except for patients experiencing severe distress.
 - c. Minimize intranasal administration of medications.
 - d. Minimize endotracheal intubation, instead utilize supraglottic airways (LMA's or King LT) whenever possible.
 - e. Non-essential (lifesaving) interventions, such as elective IVs or elective advanced airway procedures should be deferred to the hospital setting when treatment indications are such that deferral of those procedures is appropriate.
 - f. Life-saving procedures that are indicated by protocol shall be instituted by providers using the appropriate PPE.
 - g. Aeromedical transport is not recommended.
11. Prior to arrival at Charles Regional Medical Center, consult with the 911 Communications Center when you are three (3) minutes out. The 911 Communications Center will notify the ED staff.
 - a. ED staff will come out to meet the transporting EMS clinicians and transition patient care.
 - b. Patient turnover should be conducted outside of the ED.
 - c. Decon and resupply should be conducted outside of the ED.
 - d. EMS clinicians should refrain from entering the ED while this Special Order is in place.
 - e. If you need to enter the ED, you are required to don a face mask.



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12. If a family member or the patient's legal guardian accompanied the patient to the ED, they are not to follow the patient into the ED. Instead, instruct them to report to the waiting area and await further instruction from ED staff.
13. If the patient is receiving a nebulized medication treatment or CPAP, that treatment should be suspended while transferring the patient through public areas. Example: Hallways, patient care areas, and waiting areas.

D. DECONTAMINATION OF PERSONNEL:

1. On arrival, after the patient is released to the facility, EMS clinicians should remove and discard PPE and perform hand hygiene. Used PPE should be discarded in accordance with routine procedures.
2. If effective PPE was not in place for a portion of the incident, and a provider was in close contact with a COVID-19 PUI, decontamination measures for that provider will be commensurate with the level of contamination.
 - a. Any known areas of contamination should be washed with soap and water. Do not use bleach or hospital disinfectant on skin. An alcohol-based gel or foam can be used following washing with soap and water. Shower as required.
 - b. Clothing should be removed and placed in double red biohazardous waste bags.
 - c. Once decontaminated, a person cannot spread the virus unless they actually contract the virus (develop an infection). If infection occurs, symptoms can develop in two (2) to fourteen (14) days from exposure.

E. DECONTAMINATION PROCEDURES FOR AMBULANCES AT CRMC

1. After transporting the patient, leave the rear doors of the transport vehicle open to allow for sufficient air exchange to remove potentially infectious particles. The time to complete the patient transfer process to the receiving facility and complete all documentation should provide sufficient air exchange.
2. The County has contracted a certified cleaning company to sanitize the patient care compartment of each ambulance using EPA certified disinfectants. This is for transports to Charles Regional Medical Center only.



CHARLES COUNTY EMERGENCY SERVICES



3. With the ambulance turned off and wearing the proper level of PPE:
 - a. Pick up and bag all gross contamination (to include bodily fluids), trash and medical waste.
 - b. Remove all items from the patient compartment you do not want sanitized.
 - c. Close all cabinets and medical bags that you do not want sanitized.
 - d. Make sure the driver's compartment is isolated from the patient compartment.
4. The County's contractors will sanitize the rear patient compartment using a fogging process.
5. The sanitization process should take no longer than twenty (20) minutes to complete followed by a manual wipe down of the patient compartment.
6. The EMS crew is responsible for the proper decontamination of the stretcher, portable radio, associated professional equipment and front driver's cab.

F. **SUPPLEMENTAL DECON OF APPARATUS AND EQUIPMENT:**

1. After transporting the patient, leave the rear doors of the transport vehicle open to allow for sufficient air exchange to remove potentially infectious particles. The time to complete the transfer of patient to the receiving facility and complete all documentation should provide sufficient air exchange.
2. When cleaning the vehicle, EMS clinicians should wear a disposable gown and gloves. A face shield or facemask and goggles should also be worn if splashes or sprays during cleaning are anticipated.
3. Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly, to include the provision of adequate ventilation when chemicals are in use. Doors should remain open when cleaning the vehicle.
 - a. Carefully bag any linens used in red biohazardous waste bags.
 - b. All exposed surfaces must be decontaminated, including the interior of any cabinets or compartments opened and any equipment that was present in the patient compartment area.



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- c. Use an appropriate cleaning solution:
 - An Environmental Protection Agency (EPA) registered hospital disinfectant with the label claim for disinfection of non-enveloped organisms (e.g. norovirus, rotavirus, adenovirus, poliovirus). If a commercial disinfectant is used, follow the direction set forth by the manufacturer.
 - A freshly mixed 1:10 bleach solution, made by using 5-6% (household) bleach that is less than one year old mixed with cold water in a spray bottle. This solution will remain effective as a disinfectant for twenty-four (24) hours, then discard.
- d. Clean up any visible body fluids.
- e. Spray all surfaces with an appropriate cleaning solution, allow to sit for at least five (5) minutes and to completely dry.
- f. Wipe remaining solution as necessary.
- g. Wipe all surfaces with hospital disinfectant cloths. This provides a further level of decontamination.
- h. Double bag any red biohazardous waste bags generated.
- i. If sharps were generated, seal sharps container and process as biohazardous medical waste.

4. Clean and disinfect reusable patient-care equipment before use on another patient, according to manufacturer's instructions.

G. REPORTING PROCEDURES

1. Personnel that have a suspected moderate to high risk exposure, should complete an Incident Report and First Report of Injury paperwork.
2. In the patient care report submitted to the Elite reporting system, the provider should complete the COVID-19 Panel and the Crew Exposures/Injury tab found on the Narrative panel. The following fields should be completed:
 - a. Crew Member
 - b. PPE Used
 - c. Type of Exposure - Other = "COVID-19"



CHARLES COUNTY EMERGENCY SERVICES



3. In order to maximize the protection of our first responders, a new signature option was created in Elite which no longer requires the signature of a patient if cross-contamination is a concern. EMS clinicians may now select "Not Signed - Patient Contamination Concern" in the Elite drop down of the patient signature section.

H. EXPOSURES

1. Patients who test positive for COVID-19 will be tracked through the State-designated Health information exchange, the Chesapeake Regional Information System for Our Patients, Inc. (CRISP).
2. CRISP shall notify the Infection Control Officer of the EMS Operational Program who in turn will process appropriate notifications to all affected providers.
3. Personnel who are deemed to have a confirmed low risk exposure will be instructed to self-monitor and report the onset of fever, cough, or other respiratory symptomology.
4. Personnel who are deemed to have a confirmed moderate to high risk exposure should be instructed to stay at home and self-isolate for fourteen (14) days. During quarantine, personnel will be expected to measure their temperature daily and report this information along with any signs or symptoms to their designated healthcare provider.
5. Personnel who complete the fourteen (14) days of self-isolation without fever or respiratory illness for at least seventy-two (72) hours, should be cleared to return to full duty.
6. Personnel who develop fever or respiratory illness during quarantine must contact their primary care physician for further guidance and/or treatment.
7. Personnel under quarantine who experience the aforementioned symptoms must be cleared by a physician prior to return to full duty.



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I. FIRST RESPONDER PERSONAL PREPARATION:

1. Personnel should familiarize themselves with some of the many reputable resources regarding COVID-19 and infectious diseases, especially the CDC website at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>. As with all things that can be dangerous to us while on-duty, learn about COVID-19 and infectious disease, and how the risks they present can be minimized.
2. Ensure your issued infection control PPE is in ready condition.
3. Ensure your assigned unit has adequate supplies of PPE and decontamination supplies.
4. Ensure the contents of your issued PPE bag are in ready condition. It is a good idea to have a simple change of clothes stowed in it. This is useful practice for a host of possibilities that might occur during a duty shift.
5. Ensure the information contained in your personal communications devices is frequently backed up. If you choose to carry your phone (or other belongings) on your person while on-duty, anticipate the potential need to have them be quarantined or for them to be possibly damaged during decontamination.
6. Plan for the possibility that you might be called upon to care for an COVID-19 PUI. Familiarize yourself with equipment available to you to manage this situation.

J. BEST PRACTICES:

1. Wellness checks should be performed at the beginning and middle of each shift. A wellness check should consist of the following basic monitoring areas:
 - a. Presence of cough, sore throat or trouble breathing,
 - b. Temperature,
 - c. Blood Pressure,
 - d. Pulse,
 - e. Pulsoximetry.



CHARLES COUNTY EMERGENCY SERVICES



Anomalies should be reported to your supervisor. Personnel should be excluded from work if they have exhibited the following:

- a. Temperature > 100.4 F or,
- b. Any of the following symptoms: cough, sore throat, trouble breathing.

Personnel should be without a fever or other aforementioned symptoms for at least seventy-two (72) hours before they are cleared to return to duty.

2. Limit the number of non-essential visitors to the station.
3. The station should be cleaned at least daily (more if needed) to ensure that communal hygiene standards are maintained at the highest level.
4. Personal hygiene standards should be maintained at the highest level in an effort to combat the spread of communicable diseases.
5. Bring a change of clothes with you when you report for duty. Change into your personal clothes and bag your uniform at the end of your shift.
6. Be kind and always do the right thing. Remember that every patient you encounter is just as worried or concerned about their well-being and the well-being of their families as you are. The public is counting on you to comfort them, give them guidance and treat them as if they were part of your family. Please don't disappoint them.



CHARLES COUNTY EMERGENCY SERVICES



5. APPROVAL

Approved: _____

Michelle Lilly, Director

Date: _____

Approved: _____

Dr. Kevin Seaman, Jurisdictional Medical Director

Date: _____

Approved: _____

Andrew Spalding, Volunteer Chief; CCAEMS

Date: _____

Charles County Department of Social Services is

CLOSED TO THE PUBLIC

PLEASE NOTE THE FOLLOWING RESOURCES/CONTACTS TO OBTAIN SERVICES:

APPLY FOR ALL BENEFITS ONLINE: mydhrbenefits.dhr.state.md.us

Questions Regarding Child Support or Other Benefits [Call Center \(800\) 332-6347](tel:18003326347)

Question Regarding Family or Children's Services? [Call \(301\) 392-6724](tel:3013926724)

To make a report of child or adult abuse: [Call Child Protective Services - \(301\)-392-6739](tel:3013926739)
[Call Adult Protective Services - \(301\)-392-6724](tel:3013926724)

YOU CAN SUBMIT ALL APPLICATIONS OR OTHER DOCUMENTS:

By FAX > [\(301\) 753-4353](tel:3017534353)

By EMAIL > charlescounty.fiadocs@maryland.gov

At our office at 200 Kent Ave, La Plata > Drop Box located near the front door

NEED A REPLACEMENT EBT CARD: [Call \(800\) 997-2222](tel:8009972222)

WANT TO APPLY FOR MEDICAL BENEFITS? Contact the MARYLAND HEALTH CONNECTION:

Call (800) 642-8572 Mon – Fri 8 am to 6 pm or visit marylandhealthconnection.gov

CHILD SUPPORT

EPIC Card questions: [Call \(866\) 213-4074](tel:8662134074)

Payments may be mailed to the following address:

Maryland Child Support Account
P. O. Box 17396
Baltimore, Maryland 21297-1396

- Payments can be made online at www.md.smartchildsupport.com
- Payments can be made by phone by calling (844) 324-3855
- Direct Deposit applications can be made online at www.mydhrbenefits.dhr.state.md.us

Charles County Health Department
Update

- 1) Latest case counts – total cases (new)-**367**. New cases tracking similar gender and age. Cumulative: **3,125**. 52% woman and 48% men.
- 2) Of new cases – new case in County
 - a) Age distribution:
 - i) under 18 years-**1%**
 - ii) in 18-64 age range-**78%**
 - iii) in 65+ age range-**21%**
 - b) Geographic distribution
 - i) National Capital -**44%**
 - ii) Baltimore Metro area-**48%**
 - iii) Eastern Shore-**3%**
 - iv) Southern-**5%**
 - v) Western-**1%**
 - c) Of cases, % female; % male
 - d) Of cases in 65+
 - e) hospitalizations; deaths-**157**new hospitalizations for a cumulative of **821**. Currently 476 hospitalized. **11** new deaths for a cumulative of **53**.

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Ranston Harvey
Emergency Preparedness & Response, Program Administrator (PHEP)

Intelligence Briefing 4-4-2020
COVID Charles County

Updated Infection Numbers: As of 1022 hrs.

Total worldwide: 1,039,166 **+100,041** since the 4-3-20 brief.

Worldwide increase of confirmed cases by 24-hour period over the last 9 days

3-26/27	3-27/28	3-28/29	3-29/30	3-30/31	3-30/4-1	4-1/4-2	4-2/3	4-3/4
3-26/27	+59,541	126,150	56,378	68,578	76,079	79,559	73,920	100,041

Total fatalities worldwide: 60,874 **+5,782** since the 4-3-20 brief

Total confirmed cases in the US: 278,568 **+32,922** since the 4-3-20 brief

US increase of confirmed cases by 24-hours period over the last 9 days

3-26/27	3-27/28	3-28/29	3-29/30	3-30/31	3-31/4-1	4-1/4-2	4-2/3	4-3/4
30,769	18,853	19,898	18,769	41,111	24,215	27,174	28,383	32,922

Analysis note: While number continue to rise, positive tests being recorded today were sampled up to 10 days ago. In essence, the data we are recording today could be as much as 10 days old. This must be kept in mind as we determine the scope and magnitude of the today's situation.

Total fatalities in US: 7,163 **Note: There was another typo on the 4-2-2020 report of US fatalities.**

Maryland Numbers: As of 1000 hrs. via <https://coronavirus.maryland.gov/>

Total confirmed cases in State in of MD: 3,125 **+367** since the 4-3-20 brief

Total tested in the State of MD: **22,485 +1,553** over 4-3-20

Percent of those test that test positive: **14.1%**

Total Fatalities in State of MD: 53 **+11** change since the 4-3-20 brief

Total Hospitalizations: 821 **Increase of 157** from 4-2-2020

First Responder Numbers in Charles County:

12 Self-isolation: responder is sick or test positive. **No change**

39 Quarantine: the responder has been exposed and they can't come to work. **No change**

Weather:

Sunday 67-51 sun, Monday 67-51 Sun, Tuesday 73-55 storms

Analysis note: Warm weather will likely mean more people outside, increasing the probability of gatherings. Rainy weather will drive people into their residences. The potential for increased calls for police service exists.

Local:

Several banks were checked on. They DO NOT report any unusual demand for cash
DSS and Lifestyles shared information on the services they are providing during the closure (See attached)

Several chain grocery stores were checked this am. Some paper products were remained at mid-morning. Milk, eggs, produce, and meats were well stocked. Canned food, frozen food, toilet paper, and boxed food was spars.

Maryland Update:

PG County announces they have secured a hotel to quarantine county workers

Ocean City mayor reminds citizen the beaches and boardwalk are closed

Virus reported in 60 nursing homes in the state

PGPD reports its first positive case

AAPD reports its first positive case

Region:

Over 3,322 cases in the NCR as of 1000 4-4-2020

6,434 cases in Maryland, DC, and Virginia as of 1100 on 4-4-2020

DC projects over 93,000 total infections at peak

VA State Police issue release indicating "they will not be making random stops nor conducting checkpoints" as it related to the VA "stay at home order" MSP issued a similar release several days ago. <https://drive.google.com/file/d/16BW-5faZlfsGmoXp64iQqUuAmgPajNq6/view>

National:

Walmart, Lowes, and Costco join Target in announcing they will be limiting the number of shoppers in their stores.

Analyst note: This will cause lines out of the stores, increase anxiety, and increase panic buying. The potential for unrest continues to increase.

CDC recommends the use of non-surgical masks for all citizens

"Travel ban" issues in Oswego, NY <https://tinyurl.com/qkg3rx2>

Anarchist call for "No Rent April" to punish landlords, banks, and utility companies

The U.S. Centers for Disease Control and Prevention (CDC) released new evidence, based on a study in Singapore, that COVID-19 can be transmitted up to 48 hours before a positive case

shows symptoms. This research underscores that the best way to stop the spread of COVID-19 is through vigilant social distancing, including staying at home except for essential trips.

Local critical infrastructure:

No outages or disruptions are reported or are appear to be likely as of today.

Predications/ Analysis:

- As the confirmed case numbers continue to rapidly ascend the likelihood of jurisdictions issuing “travel bans” increases. Law enforcement should begin researching the constitutionality of these potential edicts and have plans in place for implantation and begin to develop a public communication strategy. Standardizing local “travel authorization documentation” should be explored by the lead jurisdiction having authority.
- Due to diverted attention, the international and domestic terrorism threat is rapidly increasing. Responders should be reminded to remain vigilant and of the DHS guidelines for spotting suspicion activities and terrorism indicators.
- As we enter into the reported peak of this situation communication, along with sharing of individual branch capability and capacity is more important now than ever. “We don’t know what we are going to need to know until we need to know it.”
- First responder organizations should begin surveying members for pre-existing conditions and other complicating medical conditions. Responders found to have pre-existing conditions should be placed in limited citizen contact roles.
- A review of the 179 countries that report COVID-19 cases, only two (South Korea and China) have somewhat “flattened the curve” of NEW infections. Both showed flattening roughly 30 to 45 days after the initial spikes. The initial spike in the US began around 3-18-2020.
- Reduced stability in the supply chain along with increased fear and anxiety can be expected with today’s “stay at home order.”
- After 3 weeks of social distancing and schools being closed non-english speaking communities within Charles County are likely feeling further isolated due to a lack of language specific communications. Direct and increased messaging to Spanish speakers is likely necessary.
- As mass transit continues to shrink in availability, plans should be made to ensure those who rely on it for essential supplies and trips have delivery resources.
- LE and EMS screening protocols should include questions about recent travel to NY, NJ, CT, and FL.
- Immediate attention is needed to direct companies and organization on the proper processes and appropriate contact to use (Donation Manager at the EOC) to donate PPE and cleaning materials to essential personnel
- The next 7 days will likely see a stabilization of a majority of the grocery supply chain. However, the potential for disruption moving forward continues to remain high.

- FOIA and PIA request from media and citizens groups will likely begin to increase the longer this event lasts. “New normal” processes need to be established as soon as possible.
- Lack of child care options will likely add to family stress. Additional resources, activity and options are needed.
- JIC staff should substantially amplify community resource communications
- As we enter the 2nd week of social distancing stress, anxiety, and fear will likely increase. Continuous reminders of patience and focusing on kindness will become increasingly important.
- Many stores restock overnight. Seniors and the vulnerable populations should be strongly encouraged to shop during the early morning hours when supplies are likely to be at their highest.
- As testing increased the confirmed cases in MD will increase. This will likely cause additional life restrictions.
- Supply chain issues will continue and likely increase as further life interruptions and travel restrictions are ordered. The possibility of violence increases as stress increases, especially at grocery stores.
- Commanders of responders and essential staff should have robust plans for potential quarantines and updated continuity of operations including plans for diminished manpower. Further, responder organizations should begin reviewing existing integration plans with the National Guard.
- Obtaining medical supplies and PPE will continue to be an issue for the foreseeable future. All services should use the command ordering process so orders can be tracked.
- The community of Charles County is showing increased signs of pulling together and assisting one another. The JIC should continue to encourage civility and increase positive press of good news stories occurring throughout our community.

Respectfully submitted by Jason Stoddard

Law Enforcement Branch Briefing

COVID-19 Charles County IMT

April 4st, 2020

Buildings:

Charles County Sheriff's Office: District 1 Lobby is closed for scheduled remolding. The District 1 clerks have moved the CCDC Annex building in the same parking area and that lobby is open as normal. All other buildings have normal public access. **The Forensic Science Section Building on Kent Ave has been decontaminated professionally and will be back in service this week.**

Maryland State Police: Restricted to public

Maryland Transportation Authority: Closed to Public

La Plata Police Department: Closed to the public

Natural Resources Police: Building Closed

Operations:

Charles County Sheriff's Office: Operations have gone to emergency schedule in accordance with a CCSO level 3 All-Hazards activation. Patrol operational periods are 12 hours from 0700-1900 and 1900-0700. All other operations sections running with normal services being provided from modified locations. Services provided have not been reduced or augmented as of now.

Maryland State Police: Operations as normal

Maryland Transportation Authority: Operations as normal

La Plata Police Department: Operations as normal

Natural Resources Police: Operations as normal

PUI:

Charles County Sheriff's Office:

- 1 sworn officer quarantined (1 positive test)
- 7 officers isolated (no test pending)
- 1 correctional officer quarantined, 1 isolated (1 positive test, 1 tested negative)
- 7 civilians isolated (1 positive test, 1 tested negative)
- 17 Recruits isolated; Out of county recruit tested positive (St. Mary's).

Maryland State Police: None local

Maryland Transportation Authority: None local

La Plata Police Department: None local

Natural Resources Police: None local

Crime Stats:

No significant crime trends to report.

TRU:

Charles County Sheriff's Office: Open and working; triage site for COVID-19 calls for service.

Maryland State Police: Open and working

Maryland Transportation Authority: Open and working

La Plata Police Department: Open and working

Natural Resources Police: Open and working

Call Restrictions:

Charles County Sheriff's Office: None

Maryland State Police: None

Maryland Transportation Authority: None

La Plata Police Department: None

Natural Resources Police: None

Governor's Order Violations

Violation sustained calls for service: **16**

Warnings: **15**

Charges later: 0

On-scene arrest: 1

PUI Intake at CCDC: 2

Items of Note: (Not for redistribution)

None

***CHANGES IN RED**



LifeStyles Operating Status

Effective Wednesday, March 25th

The following office locations are closed until further notice:

- * 101 Catalpa Drive, Suites 103/104, La Plata, MD
- * 21815-D Three Notch Road, Lexington Park
- * Tuesday services at Calvert County DSS

Limited staff are at the Robert J. Fuller Transitional House for Men
3470 Rockefeller Court, Waldorf, MD

Please call 1-866-293-0623 or email info@lifestylesofmd.org for more information.

* Remote Services

- Access to “Charles County Cares” cabanas
- Access to health & wellness services
- Emergency assistance applications
 - Domestic violence services
 - Enrollment assistance for food stamps benefits
- Homeless & housing support/street outreach

* On-site Services

during the hours of 8am – 4pm (please contact us to request curbside pickup):

- Client mail pick-up
- Food pantry assistance
- Homeless supplies and anytime meals
- Toiletry items

Only food and toiletry items are being accepted for donations at this time.
We apologize for any inconvenience.



Charles County Public Schools Briefing 4-4-2020
COVID Charles County

48-hour Priorities:

- Establishing instructional continuity
- Expanding and maintaining food service
- Maintaining tech support for digital learning
- Maintaining open communication with all stakeholders

Meals:

On 4/3/20 CCPS served 8901 meals to 2967 children at the 11 meal distribution sites. **This total is up +2343 from 4/2/20.** Total meals served for the week was 32,217 or three meals a day to 10,739. This overwhelming increase was due to parents picking up work packets for students to complete at home. We anticipate another day like this on Monday, 4/6/20.

While those numbers are very impressive the service at the sites on 4/3/20 was not so great. Many sites such as Parks, Mudd and Ryon (each serving over 1000+ meals) were completely overwhelmed, and at other sites like Westlake and St. Charles, our numbers were down because the packet distribution was slowing down the line considerably. CCPS will have the staff prepare for Monday. Some sites ran out of all packets by 12:30 pm, so many will probably return on Monday.

The breakdown is below:

Westlake - 954 meals
St. Charles - 867 meals
McDonough - 636 meals
Lackey - 726 meals
Somers - 798 meals
Ryon - 1005 meals
Mt. Hope - 468 meals
Indian Head - 603 meals
Higdon - 528 meals
JC Parks - 1185 meals
Mudd - 1131 meals

NO MEAL SERVICES SATURDAY OR SUNDAY.

Closure:

School closure through at least 4-24-20.

Instruction:

Students began online and packet work on Friday. This will continue for the foreseeable future. Dr. Salmon, MSDE State Superintendent, announced yesterday in the press conference that all systems in MD are utilizing distance learning.

The Charles County Public Schools (CCPS) technology department is configuring laptops for 2,888 students who were identified as having no computer access at home. The students were identified through a survey given to students at school on March 13. Parents of students who were absent that day and have an email address on file with CCPS received an electronic survey. Laptops for these students will be ready next week – principals will contact these families to set up distribution dates and times.

Laptops for all additional requests – received by school principals or through the Request a Laptop function on Ask CCPS – are being configured and will be distributed in a second round once the remaining laptop case orders are received. Technology staff are working quickly to manage the amounts of requests received; however, each device has to be configured for the individual student.

Community Wifi:

Mt. Hope mobile WiFi is still down and is hope to be resolved shortly.

Misc:

Press release from the CCPS BoE meeting has not been released at this time.

Respectfully submitted by Jason Stoddard and Michael Meiser



Serving Charles County

Charles County Volunteer Firemen's Association, Inc.

Post Office Box #21, La Plata, Maryland 20646

April 4th, 2020

Re: Volunteer Fire/EMS Brief

Items Being Worked On:

- Reduction of Force Policy – *Information gathering occurring.*
- Station Health Screening Policy – *Draft Version under review.*

Stations/Apparatus:

- No Fire or EMS Stations with any contamination issues.
- No Apparatus with any contamination issues.
- No Service Deliverability Issues with Apparatus O.O.S.

Personnel (13 Members / 5 Stations):

- Station 1 - 1 Member** --- Due to possible work exposure. Effective March 30th. COVID Test Negative.
- Station 2 - 3 Members --- Due to Domestic Travel to New York. Effective March 25th (Quarantined.)
- Station 7 - 2 Members --- In County EMS Call. 14 days ends April 4th. No Issues reported so far. (Quarantined.)
- Station 8 - 1 Member ---- Due to Family Member with Positive Test. Effective April 1st (Quarantined.)
- Station 11 - 5 Members --- (1-DC FF, 2- Due to Family Members being Quarantined, 1-DES/Hospital Employee, 1-Hospitalized at John Hopkins expected to be released today.)
- Station 12 - 2 Members --- In County EMS Call. Effective March 30th (Quarantined.)

Incidents/Call Volume:

- No Major Incidents to Report related to COVID-19
- 3 Fire's in the last 36 Hours (House and 6-acre Brush Fire in Nanjemoy, 2 Alarm Apartment Fire in Waldorf, and House Fire in Dentsville Area). 1 Firefighter Minor Injury in Nanjemoy.
- Yesterday's EMS Call Volume was average, and Fire Call Volume was above average.
66 Ems Related Incidents ---- 30 Fire Related Incidents

Respectfully Submitted,

Mark A. Kaufmann, Jr
County Fire Chief
Charles County Maryland



Serving Charles County

Charles County **Volunteer Firemen's Association, Inc.**

Post Office Box #21, La Plata, Maryland 20646

Physical Address: 109 La Grange Avenue, La Plata, Maryland 20646
Administrative Services Office: 301-934-3581