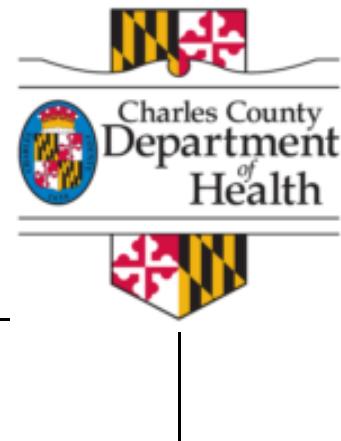
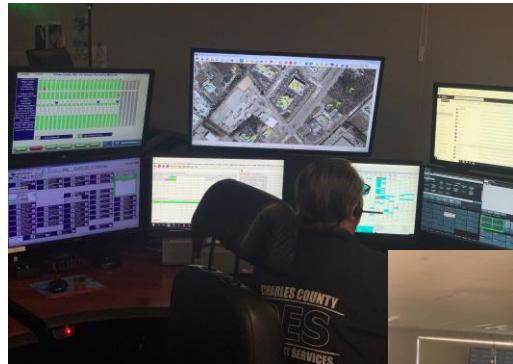


Charles County COVID-19

Incident Action Plan



Operational Period

From

4/11/20
8:00

To

4/14/20
8:00



INCIDENT OBJECTIVES (ICS 202)

1. Incident Name Charles County COVID-19	2. Operational Period	Date From: 4/11/20	Date To: 4/14/20																				
		Time From: 8:00	Time To: 8:00																				
3. Objectives																							
<p>A. Ensure the safety and overall health and well-being, including mental health of the residents, county employees, and responders, throughout this incident.</p> <p>B. Conduct surveillance of COVID-19 cases in collaboration with the health department, hospital, physicians, and other health care providers.</p> <p>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.</p> <p>D. Prepare for and handle the human reaction crisis contingencies in long terms.</p> <p>E. Prepare for long term order maintenance.</p> <p>F. Prepare for and sustain our communities' hierarchy of needs throughout this incident.</p> <p>G. Determine trigger points for Continuity of Operations for all agencies, including government, public safety, schools, hospital, and other critical infrastructure systems.</p> <p>H. Ensure all practical steps to "Slow the Spread" of transmission of COVID-19.</p>																							
4. Operational Period Command Emphasis																							
<p>Use the recommended PPE on all calls, take all the necessary precautions. PPE recommendations need to be followed 100% in nursing homes, and areas with groups of non-ambulatory patients.</p>																							
General Situational Awareness <p>"We can Do It! We are all in this together. Remember, be kind to one and other,"</p>																							
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) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;"><input checked="" type="checkbox"/> ICS 203</td> <td style="width: 30%; padding: 5px;"><input type="checkbox"/> ICS 207</td> <td style="width: 10%; padding: 5px; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 30%; padding: 5px; text-align: center;">ICS 214</td> </tr> <tr> <td><input type="checkbox"/> ICS 204</td> <td><input checked="" type="checkbox"/> ICS 208</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> ICS 205</td> <td><input type="checkbox"/> Map/Chart</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 205A</td> <td><input type="checkbox"/> Weather</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> ICS 206</td> <td><input type="checkbox"/> Forcast/Tides/Currents</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> </table>				<input checked="" type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<input checked="" type="checkbox"/>	ICS 214	<input type="checkbox"/> ICS 204	<input checked="" type="checkbox"/> ICS 208	<input type="checkbox"/>	_____	<input type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart	<input type="checkbox"/>	_____	<input checked="" type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather	<input type="checkbox"/>	_____	<input type="checkbox"/> ICS 206	<input type="checkbox"/> Forcast/Tides/Currents	<input type="checkbox"/>	_____
<input checked="" type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<input checked="" type="checkbox"/>	ICS 214																				
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<input type="checkbox"/> ICS 206	<input type="checkbox"/> Forcast/Tides/Currents	<input type="checkbox"/>	_____																				
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 13, 2020 @15:00</u>																					

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name Charles County COVID-19		2. Operational Period Date From: 4/11/20 Time From: 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	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	
		Funeral Services	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	

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: 4/11/20 Date to: 4/14/20 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 13, 2020 @ 15:00		

COMMUNICATIONS LIST (ICS 205A)

1. Incident Name Charles County	2. Operational Period: COVID-19	Date From: Time From:	4/11/20 8:00	Date to: Time to:	4/14/2020 8:00
3. Basic Local Communications Information:					
Name - Last	Name-First	Representing	Email	Phone	
Adams	Jennifer	DES FSC	AdamsJen@Charlescountymd.gov		
Baker	Cari	CCSO	bakerce@ccso.us		
Becker	Chris	La Plata Police	cbecker@townoflaplata.org		
Brown	Darrell	Business Director Econ Dev	Brownd@charlescountymd.gov		
Cress	Lauri	Charles Regional Medical Center	lauri.cress@umm.edu		
Ellis	Nick	DES- Logistics	DESLogistics@charlescountymd.gov		
Filer	John	DES- Liaison	FilerJ@charlescountymd.gov		
Finch	Stephen	DES	FinchS@charlescountymd.gov		
Fuqua	Donna	PIO	Fuquad@CharlesCountyMD.gov		
Harris	Jennifer	PIO	HarrisJ@CharlesCountyMD.gov		
Hoffmaster	Joe	Planning Section	DESPlanning@charlescountymd.gov HoffmasJ@CharlesCountyMD.gov		
Kaufmann	Mark Jr	PS Branch Dir. Vol Fire Chief	markeng1trk@hotmail.com		
Konschak	Matt	NSWC IHD	matthew.konschak@navy.mil		
Lilly	Michelle	CCDES Director, Unified Command	LillyM@charlescountymd.gov		
Lilly	Mary	C C Dept. of Health	Mary.Lilly@maryland.gov		
Lowry	Susan	MDH	suzan.lowry@maryland.gov		
Mills	D.J.	Vol Fire- Special Operations Chief	djm31_9@hotmail.com		
O'Malley Simpson	Katie	CCBOE PIO	Komalley@ccboe.com		
Proctor	Destiny	DES	proctord@charlescountymd.gov		
Quade	Thomas	MSP	Thomas.Quade@maryland.gov		
Rose	Tony	DES Deputy Director, Unified	RoseT@charlescountymd.gov		
Russell	Cindy	DSS	cindy.russell@maryland.gov		
Schmidt	Louis Chris III	CCSO	schmidtlo@ccso.us		
Seaman	Kevin	CCEMS	seamank@charlescountymd.gov		
Smith	Bill	CCVFA/CCAEMS	Smithb@ccvfireems.org		
Spalding	Andrew	Volunteer EMS Chief	chiefems@ccvfireems.org		
6. Prepared by: Name: <u>Joe Hoffmaster</u> Title: <u>PSC</u> Signature: _____					
ICS 205A	IAP Page <u>5</u>	Date/Time: <u>April 13, 2020</u> @ <u>15:00</u>			

COMMUNICATIONS LIST (ICS 205A)

1. Incident Name Charles County	2. Operational Period: COVID-19	Date From: Time From:	4/11/20 8:00	Date to: Time to:	4/14/2020 8:00
3. Basic Local Communications Information:					
Name - Last	Name-First	Representing	Email	Phone	
Stoddard	Jason	Intell	jstoddard@ccboe.com		
Ranston	Harvey	CCDOH	Ranston.harvey@maryland.gov		
Laschatt	Lisa	CCDOH	lisa.laschatt@maryland.gov		
Meiser	Michael	CCPS	mlmeiser@ccboe.com		
EOC- CC		CCEOCC	DESEOC@charlescountymd.gov		
Cherry	Lori	LOGS- Deputy	CherryL@charlescountymd.gov		
Herbert	Scott	PS LOGS	sherbert@hvdems.org		
Raley	Jennifer	SMECO	Jennifer.Raley@SMECO.Coop		
Farr	Courtney	SMECO	Courtney.Farr@SMECO.Coop		
Law	Natasha	SMECO	Natsha.Law@SMECO.Coop		
Teleconference #			1-872-240-3212		
Tucker	Ed	Donations	DESDonations@Charlescountymd.gov Etucker@Charlescountymd.gov		
Barnes	Raena	DH-Liaison	raena.barnes@maryland.gov		
Wolf	Theresa	PH-DSS	Therese.Wolf@maryland.gov		
Higgins	David	Safety Officer-Assistant	HigginsD@charlescountymd.gov		
Jones	Robbie	HD-Liaison	JonesRob@Charlescountymd.gov		
Hicks	Ryan	Indian Head	ryan@townofindianhead.org		
Lewis	Mitchell	Volunteer EMS Chief, Assistant	mlewis@WaldorfVFD.com		
Mott	Robert (Bob)	VEIP Manager Document Facil.	capt302a@gmail.com		
Rands	Ray	VEIP Manager	raymond.rands@maryland.gov		

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name Charles County COVID-19	2. Operational Period	Date From: 4/11/20	Date To: 4/14/20
		Time From: 8:00	Time To: 8:00
3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:			
"We Can Do It! We are all in this together. Remember, be kind to one and other,"			
<p>1. Total identified PUI's transported to date: 224 Total # of patients testing positive : 37</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 3.1 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 3.1, 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 3.1, 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>14. Under the approval of the EOC and to keep congruent with the CDC and Governor Hogan's recommendations, Safety has approved the use of simple face masks (commercial or crafted) in the public arena. Per SOP, N95's are to be used for all patient contacts with reuse guidelines in place per the CDC recommendations.</p> <p>15. Law Enforcement officers should wear eye protection. Gloves and masks when administering nasal narcan to opioid patients. There is a high risk of mucous aerosolization during this procedure. Play it SAFE!</p>			
<p>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>			
ICS 208	IAP Page _____	Date/Time: <u>April 13, 2020</u> @ <u>15:00</u>	

ACTIVITY LOG (ICS 214)

ACTIVITY LOG (ICS 214)



Safety Officer's Report

Charles County EOC

04-13-20

John Filer
Chief of EMS and SOD
Charles County Department of
Emergency Services

Today's Safety Message: "We Can Do It! We are all in this together.
Remember, be kind to one and other."

Total number of PUI's transported to date: 224

Total number of first responder's on self-isolation: 1

Total number of first responders on quarantine: 5

Total number of patients transported by EMS testing + for COVID: 37

Daily Estimated PPE Burn Rate: 30 sets/day



10425 Audie Lane
La Plata, MD 20646



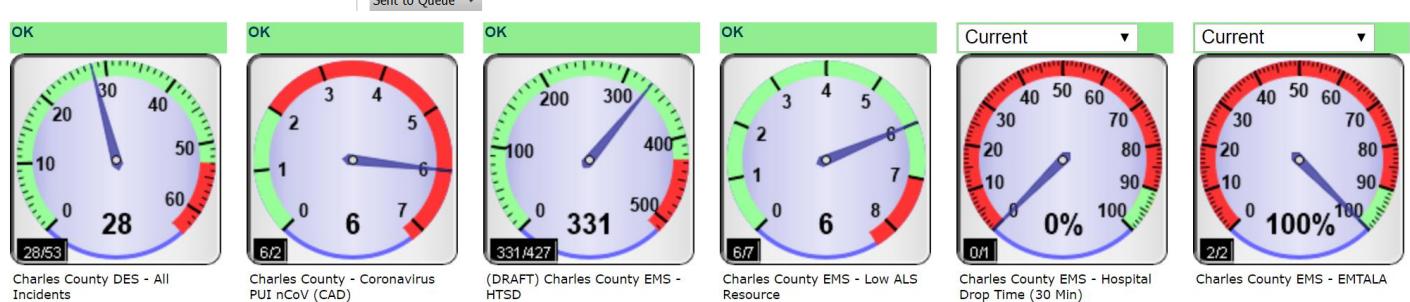
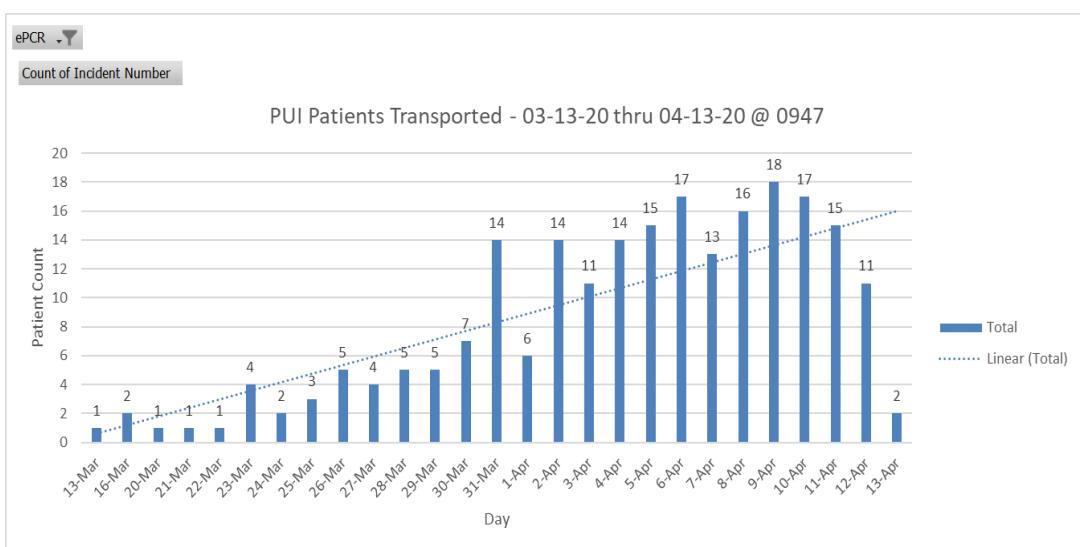
301-399-1143



DESSafety@charlescountymd.gov



www.charlescountymd.gov



We Can Do It!



We Are All In This
Together!

Remember, Be Kind To One And Other.



PUBLIC HEALTH BRANCH BRIEFING

COVID-19 PANDEMIC RESPONSE

April 13, 2020

GENERAL REPORTING INFORMATION

INFECTIOUS DISEASE

CASE COUNT—CHARLES COUNTY

As of 4/12/2020, total case count for Charles County is 271.

- *The line list with confirmed case counts for Charles County is continuously updated as lab reports are received from MDH, hospitals, and commercial laboratories.*
- *Contact tracing efforts are continuous with a focus on healthcare workers, EMS, and police.*

SURVEILLANCE OF ED HOSPITAL DATA AND URGENT CARE THROUGH ESSENCE

ESSENCE data – for urgent care utilization at Patient First in Waldorf had no data warnings or alerts for Saturday, 4/11 or Sunday, April 12th. Patient volume was 35 on 4/11 and 21 on 4/12. All were discharged to home for self-care. 8 presented with ILI on Sunday. Diagnoses included bronchitis, acute pharyngitis, asthma exacerbation, and virus infection.

SURVEILLANCE OF EMS CALL DATA AND ALERTS

The epidemiologist monitors the Charles County DES First Watch trigger alerts. The number of daily trigger alerts for COVID-19 cases or COVID-19 persons under investigation was on 4/11 and on 4/12.

- 4/11: 20
- 4/12: 18

EPI SURVEILLANCE PROFILE FOR STATE

Case Investigation, Surveillance, and Infectious Disease Response (D, Blythe)

- 1) Latest case counts – total: 8936
Negative count: 42815
 - 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 47%
 - ii) Baltimore Metro area 44%
 - iii) Eastern Shore 2%
 - iv) Southern 5%
 - v) Western 1%
 - c) Of cases, 53 % female; 47 % male
 - d) Hospitalizations 1975 have ever been hospitalized
 - e) Deaths: 262

Case Count for Charles County

As of 4/13, total case count for Charles County was 271 cases. There have been 10 deaths associated with COVID-19 (1.1%).

- 23% hospitalization
- 58% Female; 42% Male
- 20% Healthcare Workers
- Age range of positive COVID-19 cases: 12-97 years

Age Distribution for Charles County cases:

- Under 18 years: 0.6%
- 18-64 years: 78.3%
- 65+ years: 21.1%

TESTING

VEIP TESTING SITE UPDATE

Per MDH, 72 appointment slots will be opened for Tuesday and Thursday, respectively, at the Waldorf VEIP testing center

CALL CENTER UPDATE

- Call center transferred to remote cell operations.
- Operation time: 0800 to 2200.
- The main number for the call center will be routed to 10 cells. The number to call stays the same: 301.609.6717
- Volume for new system is approximately 60 call per day.

MEDIA, SOCIAL MEDIA AND WEBSITE

- Nothing new to report as of noon, 4/13/2020

PARTNER/STAKEHOLDER OUTREACH

ALL-PARTNER

A standing invitation for calls to occur on Thursdays at 4pm, with questions to be submitted in advance, being sent/sent out today.

LTC/AL

- The CCDOH is currently working with 2 LTCs and 1 AL that have positive COVID cases to support resource requests, review laboratory reports, review line listings, and to answer questions as necessary. Some private laboratory reports are not received by the department until after 1700.
- A standing invitation for calls to occur on Thursdays at 3pm.

RESOURCE DISTRIBUTION

- 5 new requests received 4/10/2020; 2 new requests received 4/11/2020; all 7 requests were filled

according to the state prioritization algorithm

- 7 previous gowns were filled on 4/11/2020
- 6 orders remain ready for pick up – likely on 4/13/2020

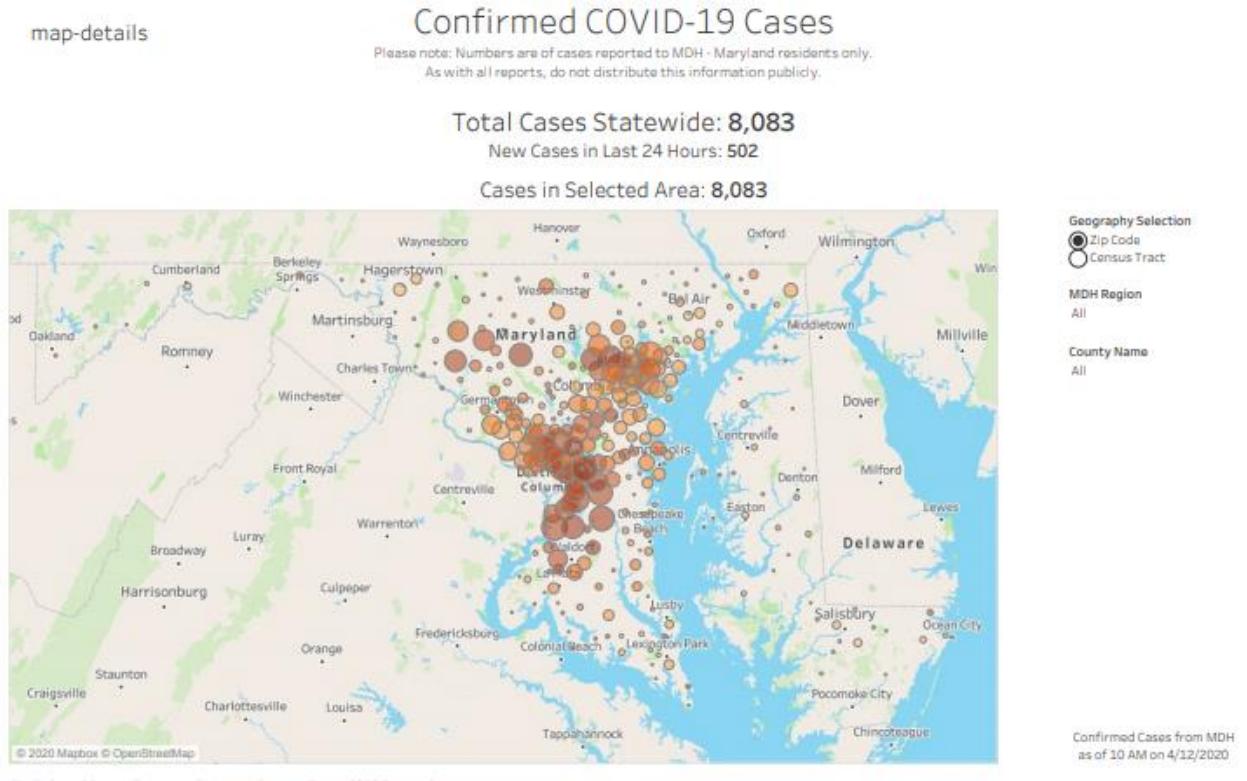
VOLUNTEERS

MARYLAND MEDICAL RESERVE CORPS

- 1 new responders accepted into unit 04/01/2020
- 2 new Maryland Partnership for Prevention (MPP) nurses will be on site for training, observation and testing for the operational periods 04/14/20 and 04/16/2020
- A call-out was made for MRC nurses to assist with long-term care facility needs. Additionally, we worked with the State MRC Coordinator to seek assist with acquiring more nurse volunteers. Submitted electronic request for the aforementioned.
- State MRC Coordinator received necessary approval to expand the call out for nurses. A state-level message went out this morning supporting this effort. Also, the call out went to MRC members in St Mary's and Calvert counties.

ADDITIONAL INFORMATION: *Epidemiology infographs will be available Monday, 4-13-2020. This includes the following:*

- **Heat map of COVID cases in Maryland by zip code – provided through the Chesapeake Regional Information System for our Patients (CRISP)**



- **Heat Map of Charles County**

map-details

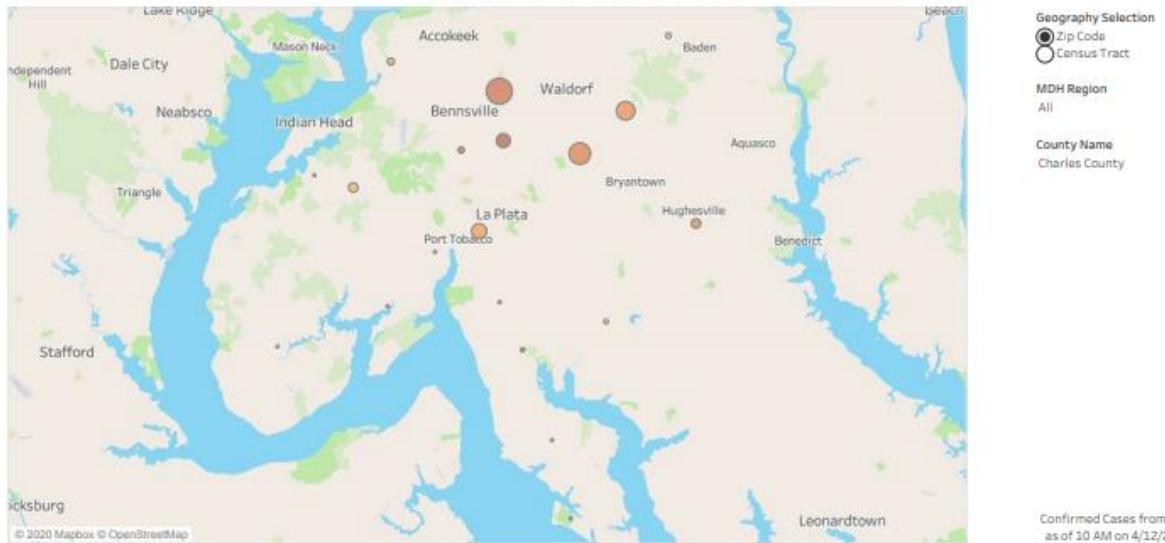
Confirmed COVID-19 Cases

Please note: Numbers are of cases reported to MDH - Maryland residents only.
As with all reports, do not distribute this information publicly.

Total Cases Statewide: 8,083

New Cases in Last 24 Hours: 502

Cases in Selected Area: 235



Zip Code and Census Tract population totals according to 2010 Census data.

- **Charles County Case Map**

Confirmed COVID-19 Cases

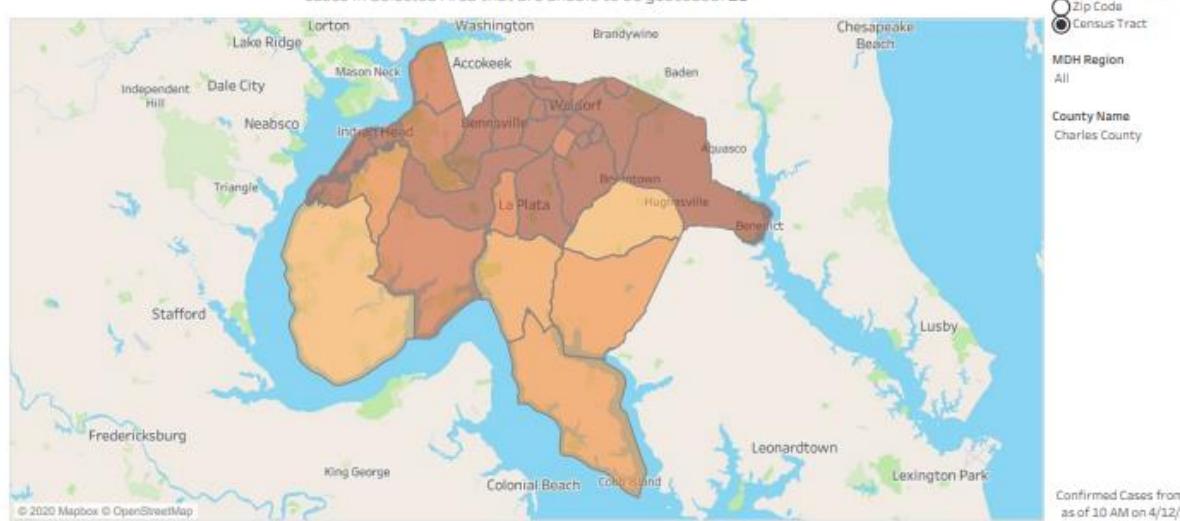
Please note: Numbers are of cases reported to MDH - Maryland residents only.
As with all reports, do not distribute this information publicly.

Total Cases Statewide: 8,083

New Cases in Last 24 Hours: 502

Cases in Selected Area: 235

Cases in Selected Area that are unable to be geocoded: 28



Zip Code and Census Tract population totals according to 2010 Census data.

- **Gender, Age, Region**

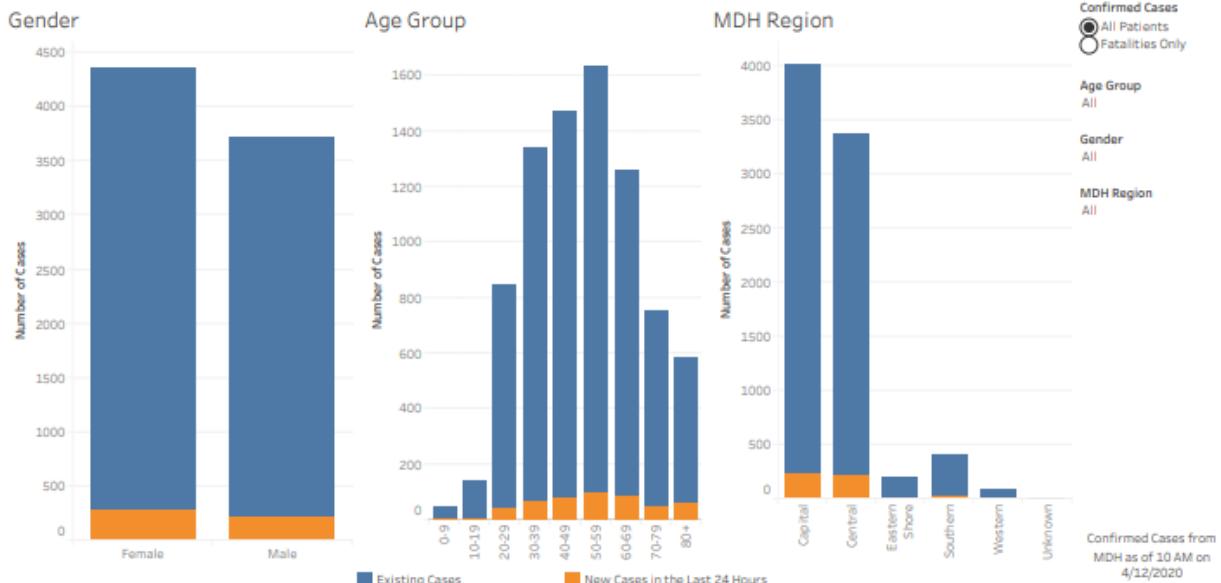
Confirmed COVID-19 Cases

Please note: Numbers are of cases reported to MDH - Maryland residents only.
As with all reports, do not distribute this information publicly.

Total Cases Statewide: 8,083

New Cases in Last 24 Hours: 502

Number of Cases for Selected Area/Demographics: 8,083



- **Statewide Cases by Date**

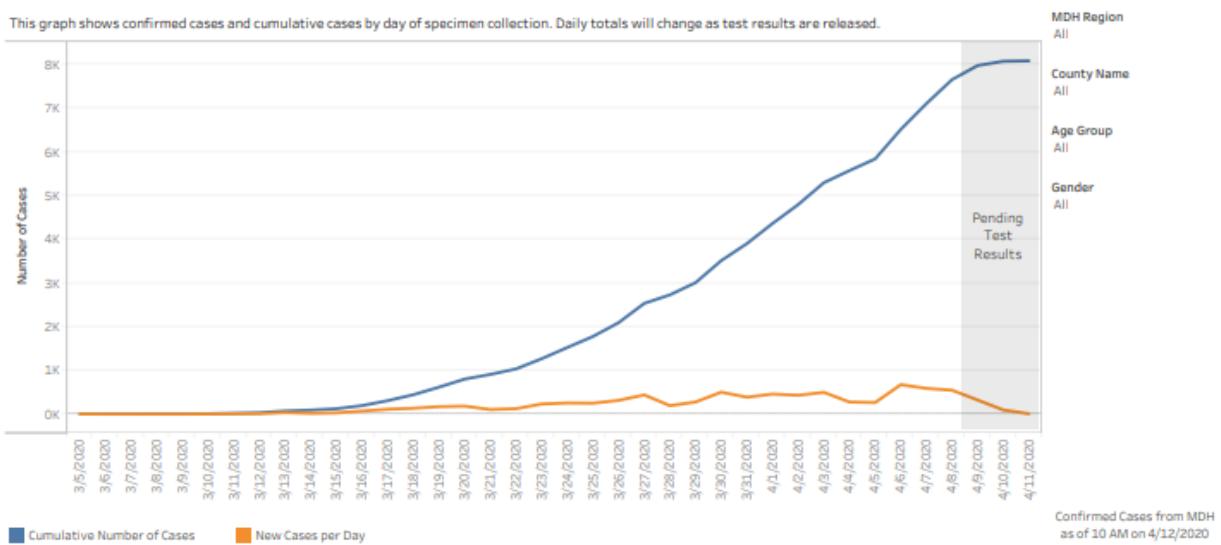
Confirmed COVID-19 Cases

Please note: Numbers are of cases reported to MDH - Maryland residents only.
As with all reports, do not distribute this information publicly.

Total Cases Statewide: 8,083

New Cases in Last 24 Hours: 502

Number of Cases for Selected Area/Demographics: 8,083



Date shown is the sample collection date, not the date when the test result was confirmed. Daily totals may change as pending tests are reported.

- Charles County Cases by Date

Confirmed COVID-19 Cases

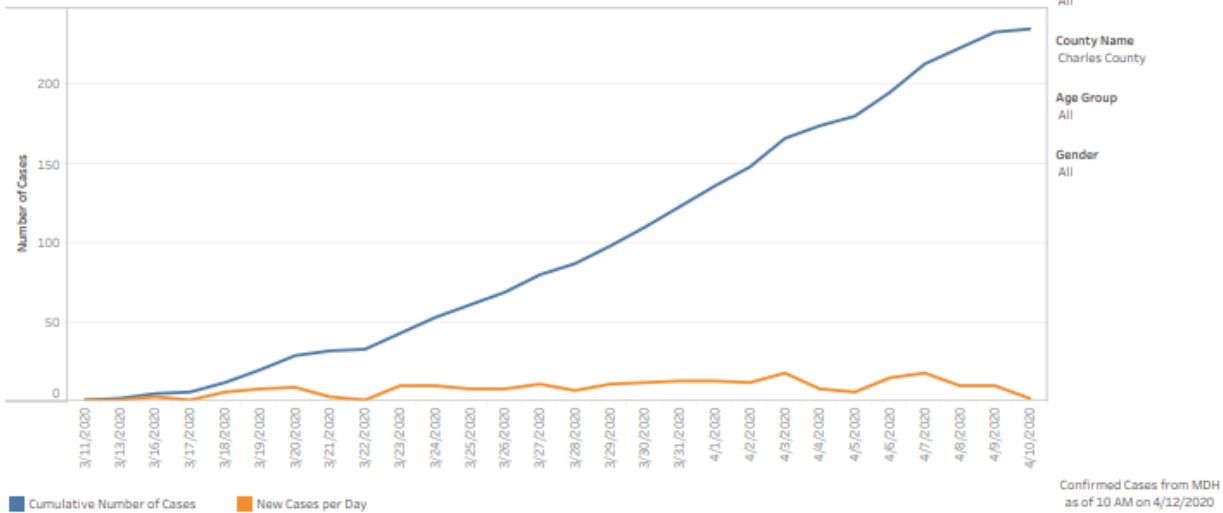
Please note: Numbers are of cases reported to MDH - Maryland residents only.
As with all reports, do not distribute this information publicly.

Total Cases Statewide: 8,083

New Cases in Last 24 Hours: 502

Number of Cases for Selected Area/Demographics: 235

This graph shows confirmed cases and cumulative cases by day of specimen collection. Daily totals will change as test results are released.



Date shown is the sample collection date, not the date when the test result was confirmed. Daily totals may change as pending tests are reported.

- Statewide Occupied Staffed – Adult Acute Care

MIE MSS Facility Resources Emergency Database (FRED)

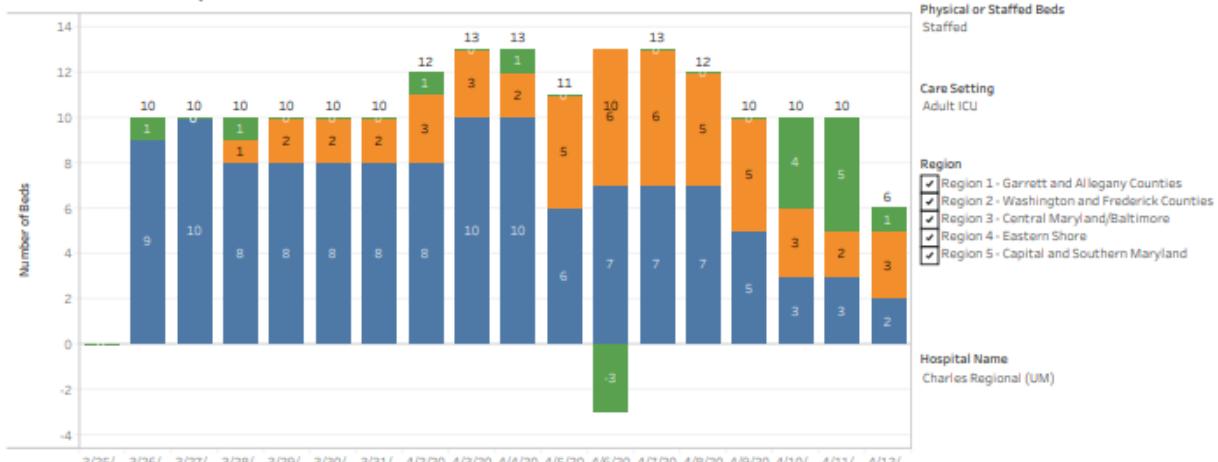
Date as of 4/12/2020. Point in time counts collected between 11 am and 2 pm.

FRED did not collect COVID-19 data on April 1, 2020.

The data in this report is self-reported daily by hospitals to Maryland Institute for Emergency Medical Services Systems (MIE MSS). The data in this report reflect point in time counts. Please note data is presented as reported and is not edited or validated by CRISSP.

Date
All values

Statewide Occupied Staffed - Adult ICU



Occupied Staffed by Hospital - Adult ICU

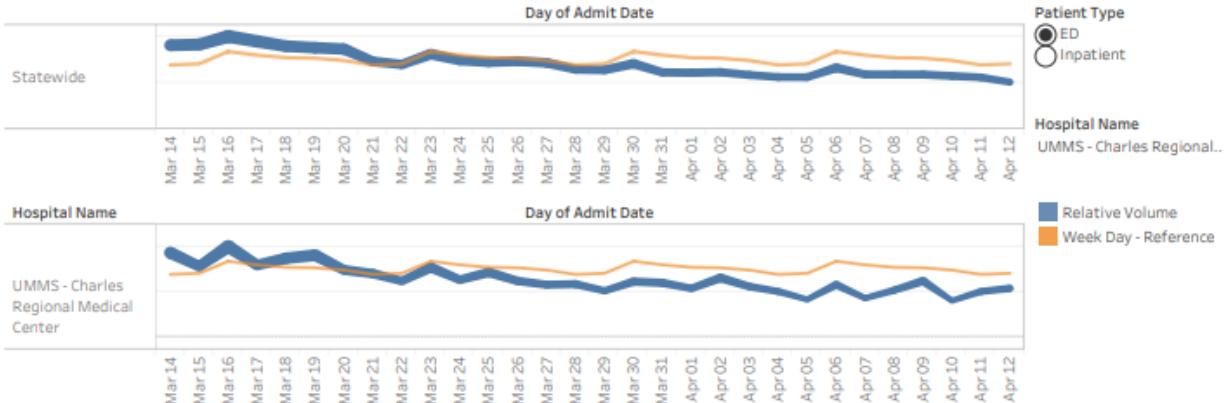


- Statewide Occupied Staffed – Adult ICU
- Hospital Volume Trends ED

Maryland Hospital Volume Trend Lines

These volume data are derived from real-time Admission/Discharge/Transfer feeds sent to CRISP. The thickness of the line is a measure of volume. These volume counts are imprecise for reasons such as differences in how feeds are implemented among hospitals. However, the trendlines provide utility in understanding directional volume change over time.

The orange reference line shows the statewide average relative volume by the day of the week, using all ADT data from January 1, 2020 to present.

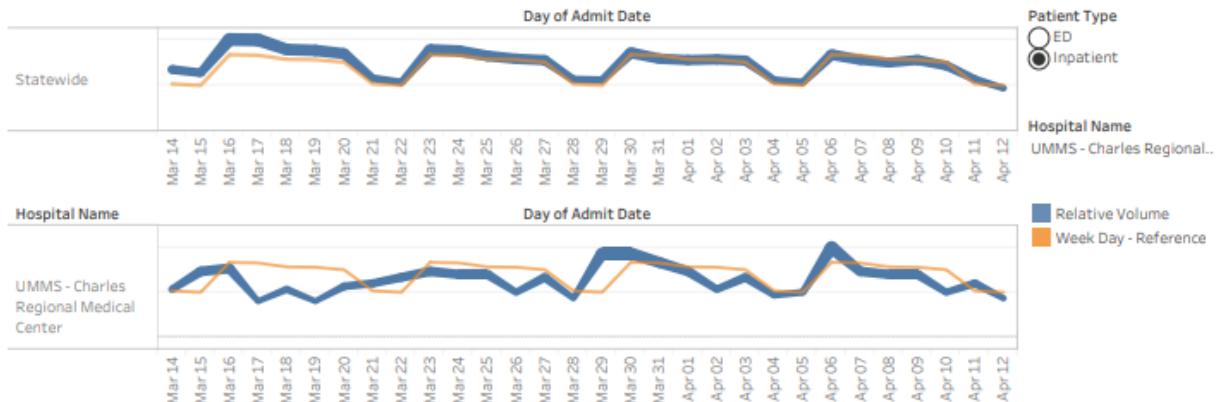


- **Hospital Volume Trends Inpatient**

Maryland Hospital Volume Trend Lines

These volume data are derived from real-time Admission/Discharge/Transfer feeds sent to CRISP. The thickness of the line is a measure of volume. These volume counts are imprecise for reasons such as differences in how feeds are implemented among hospitals. However, the trendlines provide utility in understanding directional volume change over time.

The orange reference line shows the statewide average relative volume by the day of the week, using all ADT data from January 1, 2020 to present.



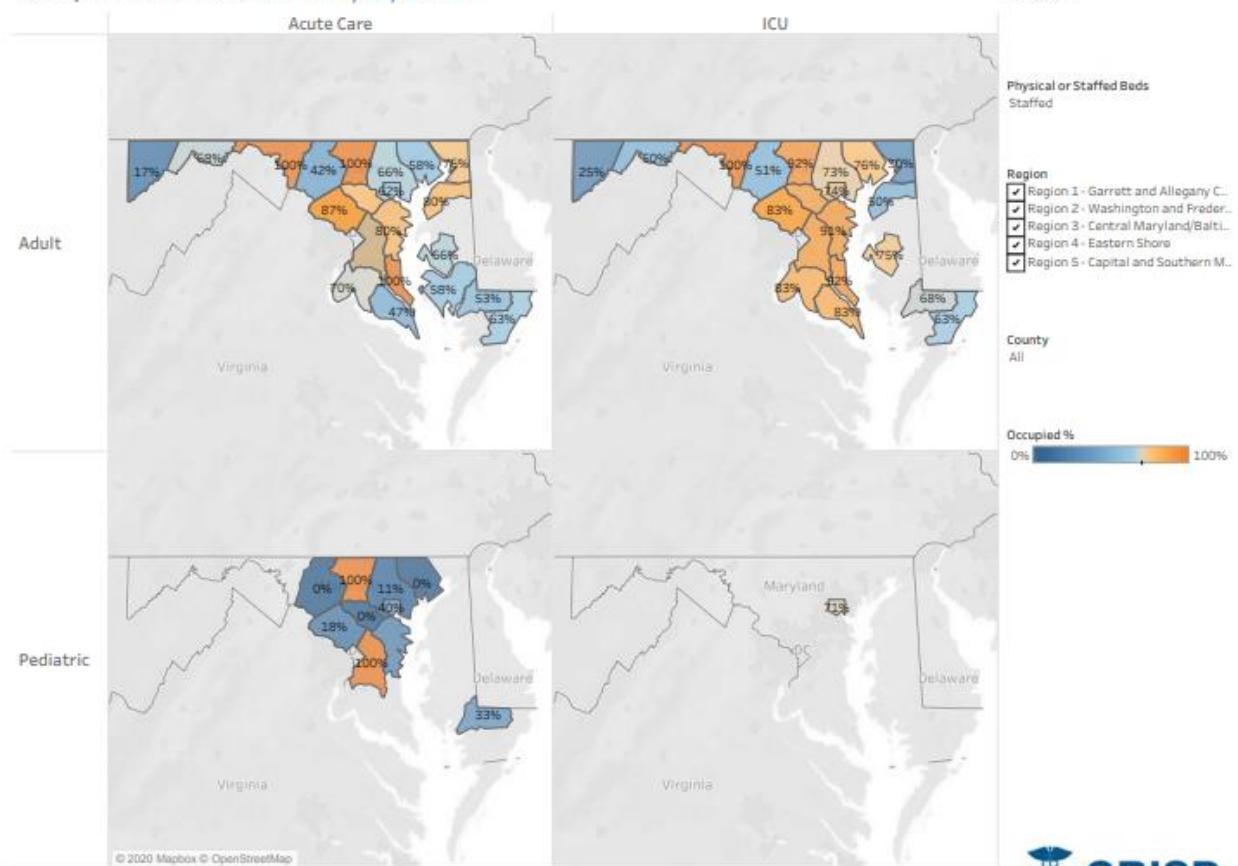
- Maryland Occupied Staffed Beds

MIEMSS Facility Resources Emergency Database (FRED)

Data as of 4/12/2020. Point in time counts collected between 11 am and 2 pm.

The data in this report is self-reported daily by hospitals to Maryland Institute for Emergency Medical Services Systems (MIEMSS). The data in this report reflect point in time counts. Please note data is presented as reported and is not edited or validated by CRISP.

Occupied Staffed Beds - on 4/12/2020



Source: CRISP, 2020. CRISP MIEMSS FRED SmartSheet Download.



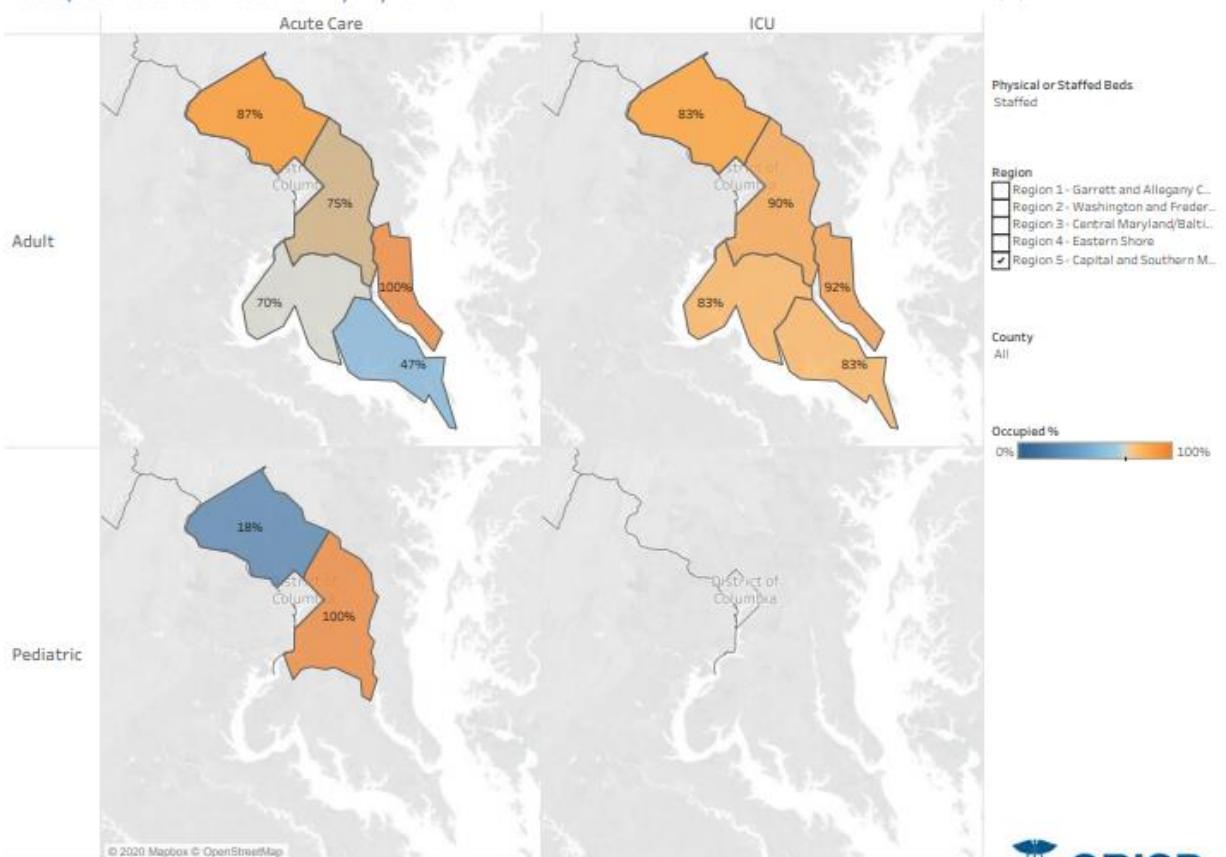
- Maryland Occupied Staffed Beds Regional

MIEMSS Facility Resources Emergency Database (FRED)

Data as of 4/12/2020. Point in time counts collected between 11 am and 2 pm.

The data in this report is self-reported daily by hospitals to Maryland Institute for Emergency Medical Services Systems (MIEMSS). The data in this report reflect point in time counts. Please note data is presented as reported and is not edited or validated by CRISP.

Occupied Staffed Beds - on 4/12/2020



Source: CRISP, 2020. CRISP MIEMSS FRED SmartSheet Download.



• Statewide Capacity Report

MIEMSS Facility Resources Emergency Database (FRED)

Data as of 4/12/2020. Point in time counts collected between 11 am and 2 pm.

The data in this report is self-reported daily by hospitals to Maryland Institute for Emergency Medical Services Systems (MIEMSS). The data in this report reflect point in time counts. Please note data is presented as reported and is not edited or validated by CRISP.

Statewide Capacity Overview

Available Acute Care and ICU Staffed Beds (Adult):	Ventilators Available:	Patients in the Emergency Department:
1,984	1,228	495
(1984/6669) = 30%	(1228/1858) = 66%	(495/4362) = 11%
Change from day before: -42 beds	Change from day before: -23 vents	Change from day before: -31 patients

Hospitalized Confirmed COVID-19 Patients

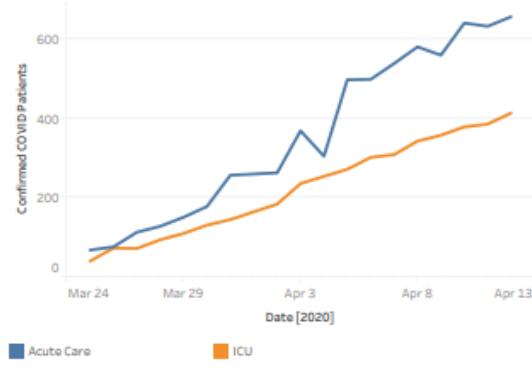
Staffed Acute Care Beds Occupied by COVID-19 Patients:	Staffed ICU Beds Occupied by COVID-19 Patients:
657	414
(657/5409) = 12%	(414/1260) = 33%
Change from day before: 24 patients	Change from day before: +28 patients

Bed Summary

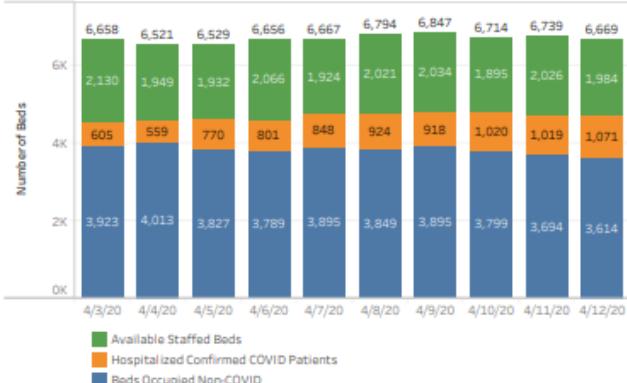
	Physical Beds	Staffed Beds	Occupied Beds	% Occupied Physical Bed	% Occupied Staffed Bed
Adult Acute Care	7,192	5,409	3,709	52%	69%
Adult ICU	1,535	1,260	976	64%	77%
Pediatric Acute Care	329	260	86	26%	33%
Pediatric ICU	106	106	100	94%	94%

Hospitalized COVID-19 Patients

Number of COVID-19 Positive Patients in Acute Care and ICU



Statewide Occupied Staffed - Adult Acute Care and ICU - Lasts 10 Days



FRED did not collect COVID-19 data on April 1, 2020.

Source: CRISP, 2020. CRISP MIEMSS FRED SmartSheet Download.



MISCELLANEOUS

Nothing new to report

Respectfully submitted by Charles County PHEP



HOSPITAL BRIEF 4-13-2020

- The trigger point for starting up the tent operations outside of the hospital has not yet been activated. Activation will be determined by both staffing levels and patient census presenting to the ED.
- The hospital census for today 4/13/2020 = 73
- Confirmed positive cases of COVID-19 patient admissions in-house 4/13/2020 = 23
 - Of those 23 COVID-19 Positive patients: 5 patients are in the ICU under isolation precautions, and 18 patients are on the COVID-19 dedicated unit on 3 South.
- There are currently 9 patients in the ICU as of 4/13/2020.
- Number of ventilators owned by CRMC = 20. As of 4/13/2020 there are patients on ventilators. Three (3) patients on ventilators are positive for COVID-19.
- An EMS Ambulance decontamination area has been established in a parking lot near the ambulance area (but not obstructing to it).
- CRMC has implemented a policy that requires ALL staff, visitors (which would be very limited), and contractors of any kind to wear a mask while in the hospital at all times.
- Confirming that as 4/13/2020, there have been six (6) COVID-19 related deaths at CRMC and four (4) deaths that were transferred to other hospitals. Total COVID-19 related deaths = 10



State of Maryland

**Maryland
Institute for
Emergency Medical
Services Systems**

653 West Pratt Street
Baltimore, Maryland
21201-1536

*Larry Hogan
Governor*

*Clay B. Stamp, NRP
Chairman
Emergency Medical
Services Board*

*Theodore R. Delbridge, MD, MPH
Executive Director*

*410-706-5074
FAX 410-706-4768*

To: Maryland PSAP Directors
Maryland PSAP Medical Directors

From: Timothy Chizmar, MD, FACEP
State EMS Medical Director

SC Jones

R. Ross Coates
Chairman, MACO Emergency Communications Committee

Date: April 13, 2020

RE: Mouth-to-mouth ventilations during COVID-19 Catastrophic Health Emergency

In order to limit the risk of disease transmission to bystanders during the COVID-19 pandemic, we recommend that the pre-arrival instructions for mouth-to-mouth (M-T-M) ventilations be suspended for all cases of cardiac arrest in patients who are 18 years of age and older.

This recommendation was informed by guidance from the American Heart Association (AHA), several medical specialty society experts, and a consensus of the Maryland PSAP directors and PSAP medical directors.

In discussion with the PSAP directors of the Emergency Communications Committee of MACO, the following recommendations should be implemented as soon as possible.

The 9-1-1 Specialist should now use the Compressions Only pathway for all patients in cardiac arrest who are 18 years of age or older. When referencing the Pathway Director for Allergic Reactions, Asthma/COPD, Drowning, Hanging, Lightning Strike, Overdose/Poisoning, Severe Trauma, Strangulation, Suffocation and Toxic Inhalation, the Ventilations First Pathway will not be used. All of these will now be handled under the Compressions Only Pathway by selecting Compressions Only Pathway or Refused M-T-M.

If the patient is under the age of 18, the 9-1-1 Specialist should still follow the Pathway Director and use Ventilations First, Compressions First, or the Compressions Only pathway as recommended by the protocol.

This recommendation is being issued in response to the Catastrophic Public Health Emergency, and will be rescinded on the date of termination of the State of Emergency and Catastrophic Public Health Emergency, originally declared by Governor Hogan on March 5, 2020.

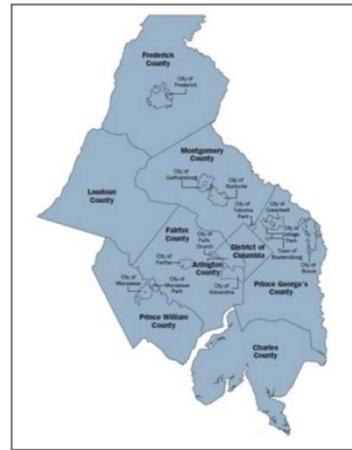
Reference:

Edelson, et al. "Interim Guidance for Life Support for COVID-19." *Circulation*. E-pub ahead of print.
<https://www.ahajournals.org/doi/pdf/10.1161/CIRCULATIONAHA.120.047463>. Accessed April 11, 2020.

IEM's AI Modeling: Short-term COVID-19 Projections For MWCOG

Leveraging over 15 years of support to HHS for medical consequence modeling and our proprietary artificial intelligence (AI) models, IEM believes that our Coronavirus model outputs can be used to assist localities and their medical facilities to better prepare for an increase in hospitalizations, to better plan for and locate drive-through testing facilities, and to determine where increased levels of transmission may be occurring.

We have been refining our AI model over the past month and are now confident in its ability to provide accurate 7-Day projections of confirmed cases that can be used for operational and logistical planning. Additionally, we also provide projections for medical demand – hospitalizations, intensive care unit (ICU) care, and mechanical ventilation.



AI-based Model Background

IEM is currently using an AI model to fit data from various sources and project new cases of COVID-19. We do not assume the average number of secondary infections (R-value) stays the same over time. IEM's AI model finds the best R-value over time to evaluate how it changes over the course of the outbreak. The IEM modeling team is running ~11 million simulations to fit each jurisdiction's data for actual confirmed cases and using the best fit for the R-value to project new cases over the next 7 days. Any changes in the R-value are purely based on the confirmed case data and are not attributable to specific factors such as social distancing (although social distancing is a major factor). The AI models are executed on a daily basis to evaluate the changing dynamics of the COVID-19 pandemic. Our projections have typically been within 20%, and are often within 10%, of actual confirmed cases.

The projections shown in this document are based on data pulled in as of 4/12/20 3 a.m.

Please provide any feedback or send any questions that you might have to us. We are continually updating and improving the model, so your feedback is critical.

Also, if you have more current or refined data for your jurisdiction that you would like IEM to factor in, please let us know.

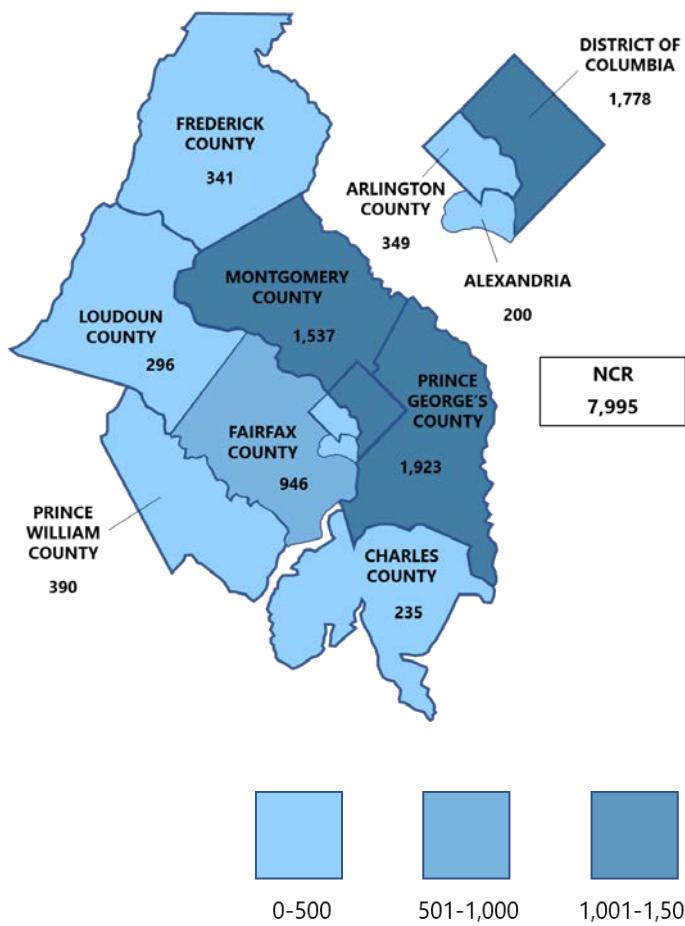
IEM's Modeling Lead

Dr. Prasith "Sid" Baccam is a **Computational Epidemiologist expert** at IEM with more than **20 years of experience in medical consequence modeling and simulation of disease outbreaks** and medical consequences following hypothetical attacks with biological agents or emerging infectious diseases. He develops key simulation models and decision support tools at IEM, specializing in public health, disaster response, and medical countermeasures (MCM) to enhance data-driven decision making and improve modeling assumptions.

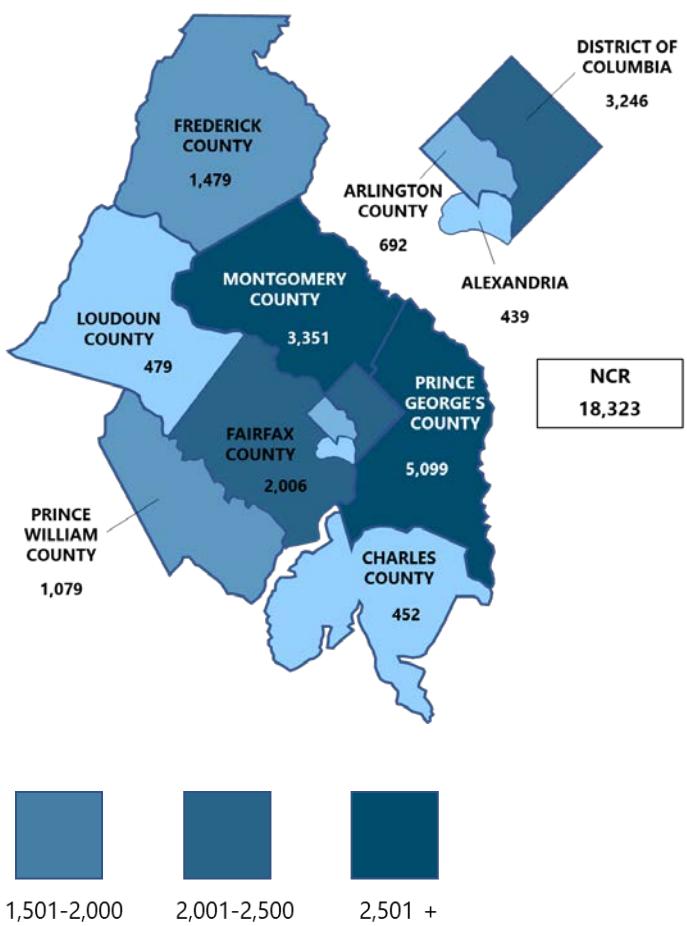
Upon receiving his **Ph.D. in Applied Mathematics and Immunobiology** at Iowa State University, Dr. Baccam worked as a Postdoctoral Research Associate at Los Alamos National Laboratory where he focused on researching viral and immunological modeling. After his stint at Los Alamos, Dr. Baccam has served as Task Lead in multiple public health projects have allowed him to develop expertise as a mathematical biologist and a leader on high-performance modeling and simulation teams.

He has worked with state and local public health officials as well as Federal agencies, including **HHS**, the Centers for Disease Control and Prevention (**CDC**), and the Department of Homeland Security (**DHS**). Dr. Baccam has published numerous papers on public health response models and implications on policy and has been invited to participate in workshops and symposiums held by the Institute of Medicine (now the National Academy of Health). His modeling results have been briefed to the **Executive Office of the President** and informed two presidential policy actions.

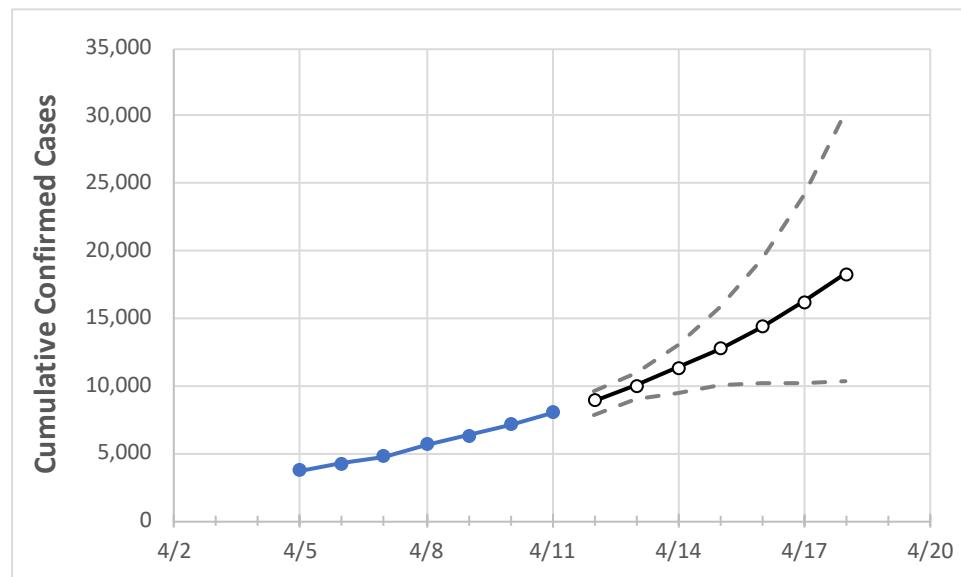
Actual Confirmed Cases: 4/11/20



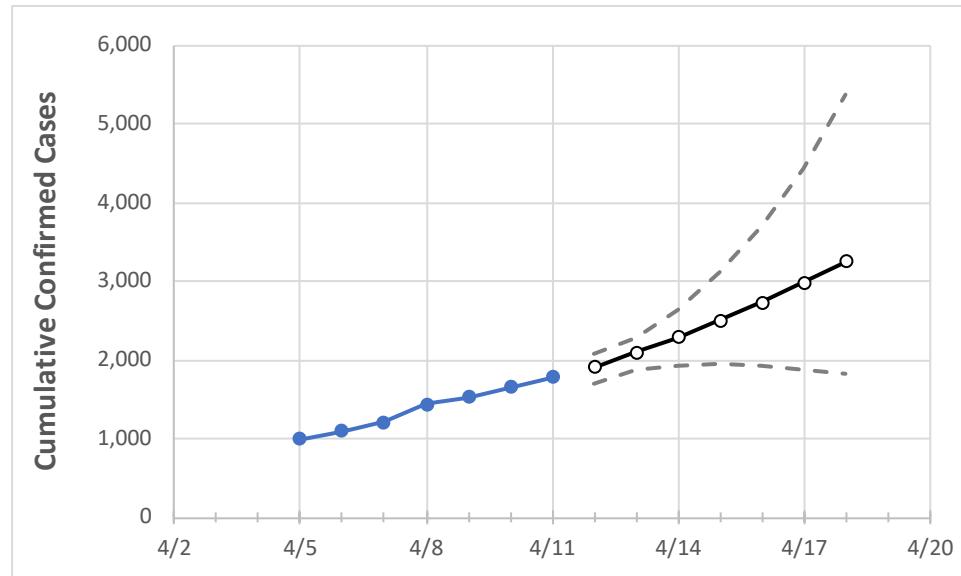
Projected Confirmed Cases: 4/18/20



	Actual Confirmed Cases On:				Projected Cases For:							
	4/8	4/9	4/10	4/11	4/12	4/13	4/14	4/15	4/16	4/17	4/18	
Washington DC	1,440	1,523	1,660	1,778	1,911	2,094	2,291	2,504	2,734	2,980	3,246	
Charles County, MD	164	180	220	235	263	288	316	346	378	414	452	
Frederick County, MD	199	233	289	341	411	508	628	777	963	1,193	1,479	
Montgomery County, MD	1,088	1,214	1,388	1,537	1,711	1,917	2,147	2,402	2,685	3,001	3,351	
Prince George's County, MD	1,310	1,476	1,716	1,923	2,202	2,534	2,917	3,355	3,858	4,436	5,099	
Arlington County, VA	254	280	312	349	394	435	479	526	577	632	692	
Fairfax County, VA	570	690	777	946	1,053	1,175	1,309	1,458	1,623	1,805	2,006	
Loudoun County, VA	238	258	274	296	318	342	367	393	421	449	479	
Prince William County, VA	263	299	337	390	439	511	594	691	802	931	1,079	
Alexandria, VA	149	170	181	200	220	248	279	313	351	393	439	
NCR	5,675	6,323	7,154	7,995	8,919	10,051	11,327	12,766	14,393	16,235	18,323	

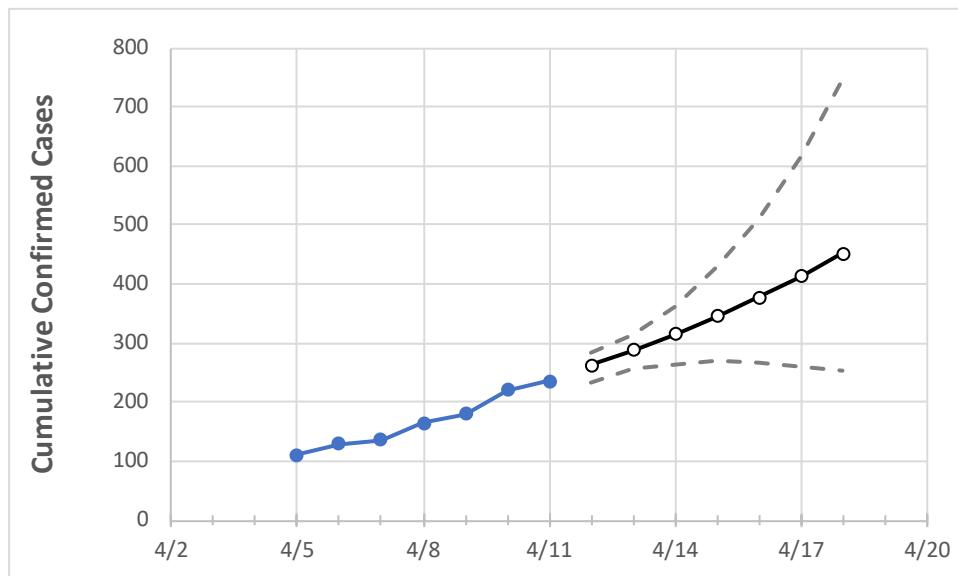
Projection Graphs:


NCR	Actual Confirmed Cases On:				Projected Cases On: 04/18		
	4/8	4/9	4/10	4/11	Lower Limit	Best Fit	Upper Limit
NCR	5,675	6,323	7,154	7,995	10,293	18,323	30,293

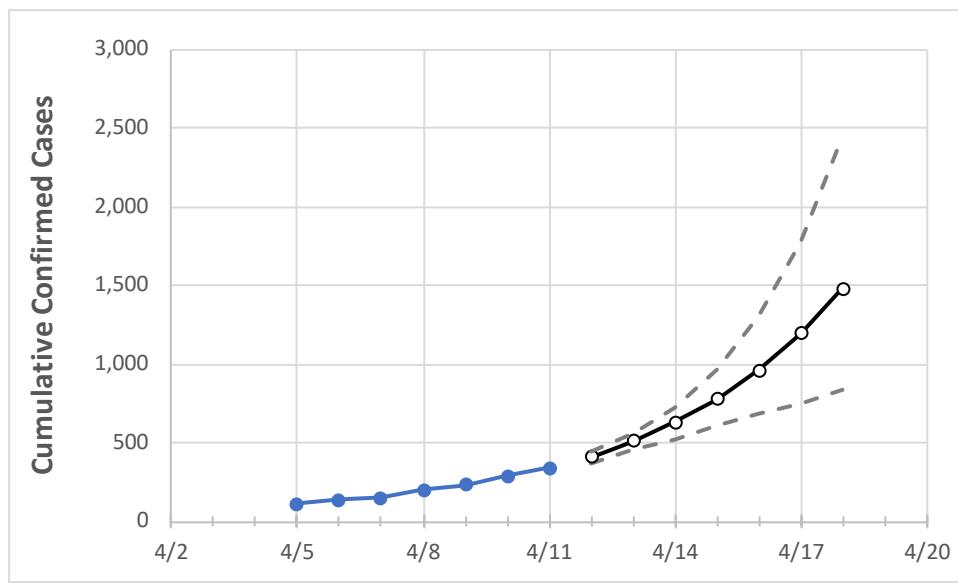


Washington DC	Actual Confirmed Cases On:				Projected Cases On: 04/18		
	4/8	4/9	4/10	4/11	Lower Limit	Best Fit	Upper Limit
Washington DC	1,440	1,523	1,660	1,778	1,824	3,246	5,367

Maryland County Projection Graphs:

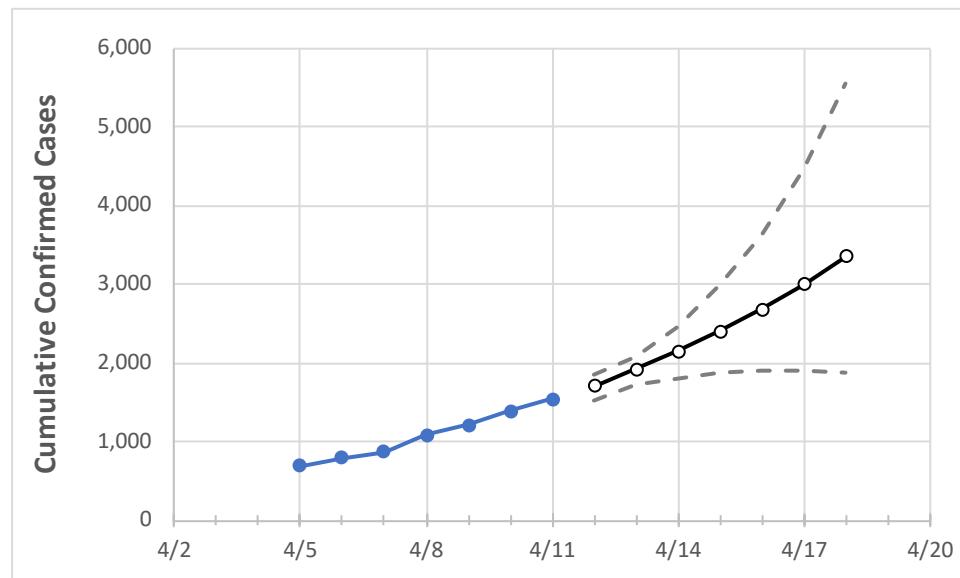


Charles County, MD

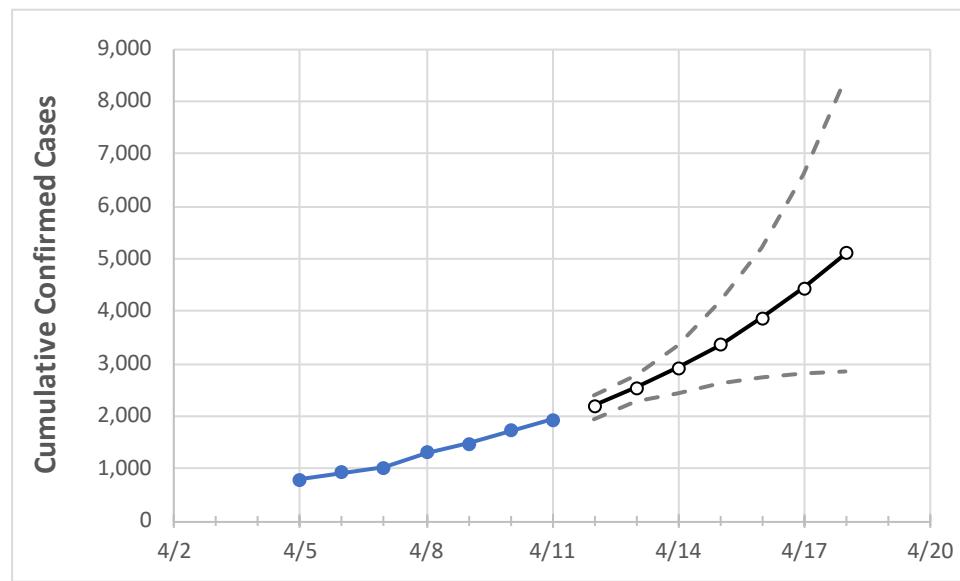


Frederick County, MD

Maryland County Projection Graphs:

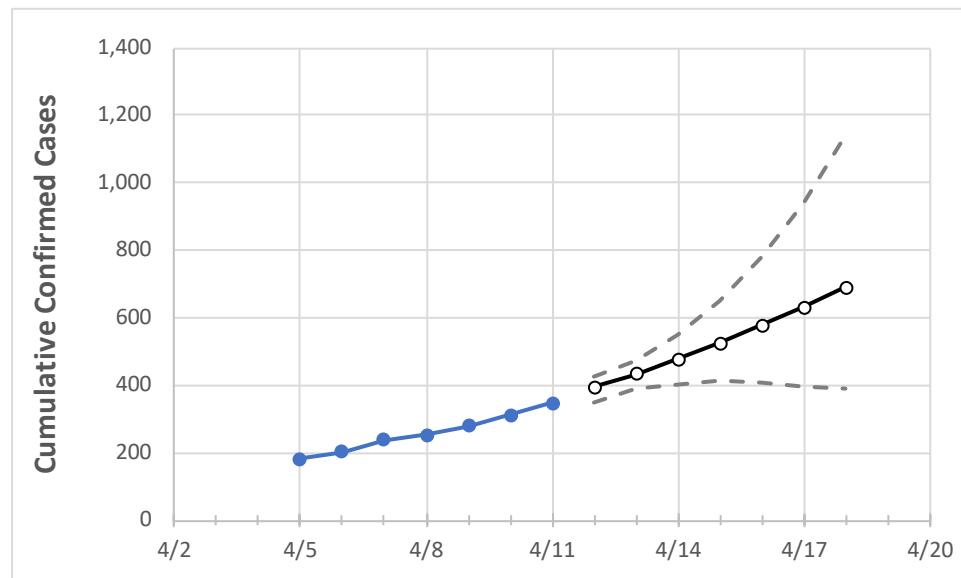


Montgomery County, MD	Actual Confirmed Cases On:				Projected Cases On: 04/18		
	4/8	4/9	4/10	4/11	Lower Limit	Best Fit	Upper Limit
Montgomery County, MD	1,088	1,214	1,388	1,537	1,883	3,351	5,541



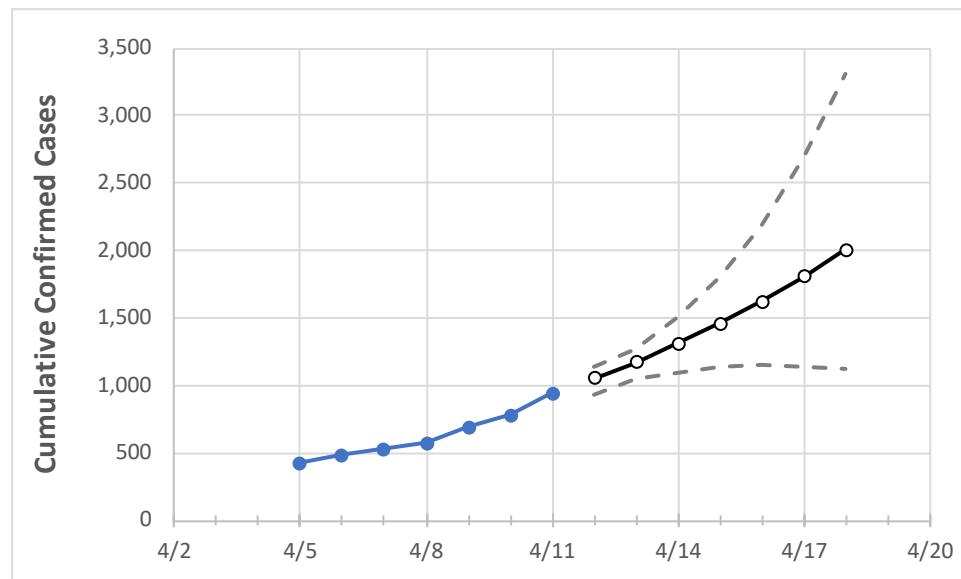
Prince George's County, MD	Actual Confirmed Cases On:				Projected Cases On: 04/18		
	4/8	4/9	4/10	4/11	Lower Limit	Best Fit	Upper Limit
Prince George's County, MD	1,310	1,476	1,716	1,923	2,864	5,099	8,429

Virginia County Projection Graphs:



Arlington County, VA

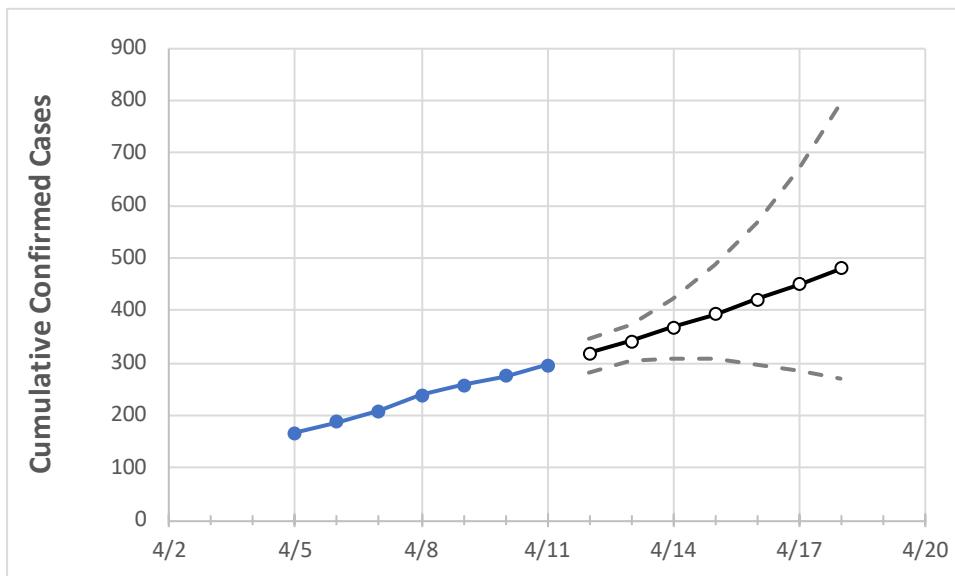
	Actual Confirmed Cases On:				Projected Cases On: 04/18		
	4/8	4/9	4/10	4/11	Lower Limit	Best Fit	Upper Limit
Arlington County, VA	254	280	312	349	389	692	1,143



Fairfax County, VA

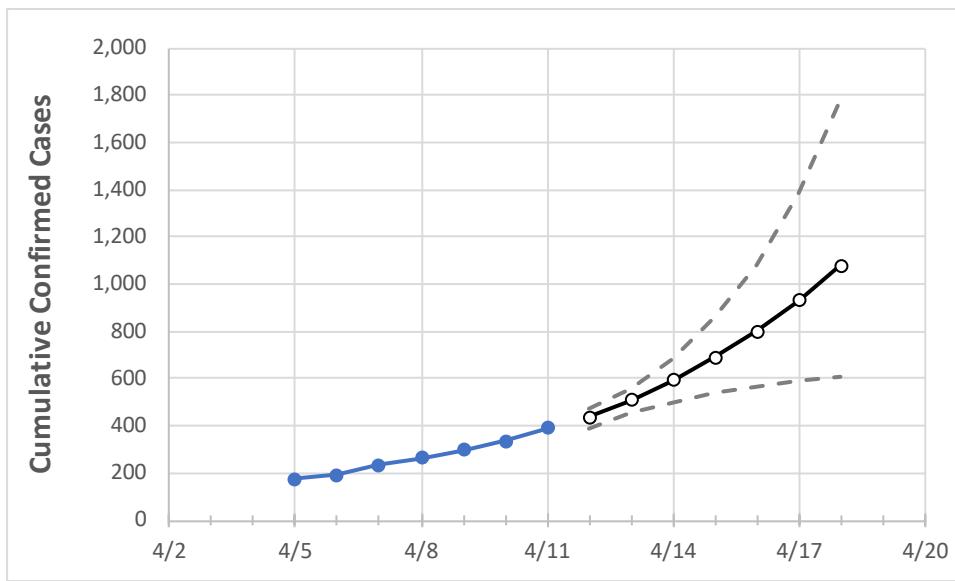
	Actual Confirmed Cases On:				Projected Cases On: 04/18		
	4/8	4/9	4/10	4/11	Lower Limit	Best Fit	Upper Limit
Fairfax County, VA	570	690	777	946	1,127	2,006	3,316

Virginia County Projection Graphs:



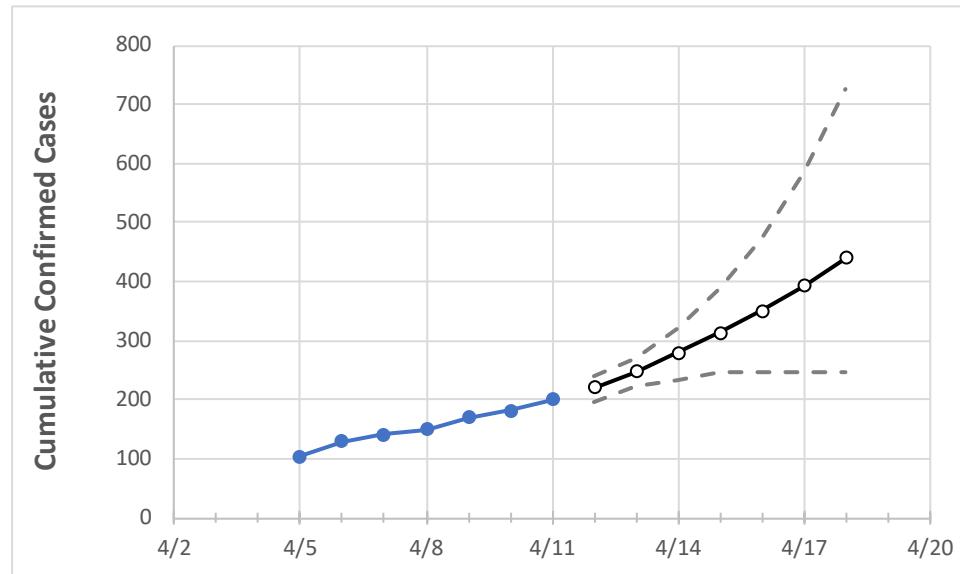
Loudoun County, VA

	Actual Confirmed Cases On:				Projected Cases On: 04/18		
	4/8	4/9	4/10	4/11	Lower Limit	Best Fit	Upper Limit
Loudoun County, VA	238	258	274	296	269	479	793



Prince William County, VA

	Actual Confirmed Cases On:				Projected Cases On: 04/18		
	4/8	4/9	4/10	4/11	Lower Limit	Best Fit	Upper Limit
Prince William County, VA	263	299	337	390	606	1,079	1,784

Virginia City Projection Graphs:


	Actual Confirmed Cases On:				Projected Cases On: 04/18		
	4/8	4/9	4/10	4/11	Lower Limit	Best Fit	Upper Limit
Alexandria, VA	149	170	181	200	247	439	727

Some recipients of our daily COVID-19 short-term (7 day) projections have requested projections of demand for: hospital bed, intensive care unit (ICU) beds, and mechanical ventilation. We realize that different states and localities will have different characteristics for hospital demand of COVID-19 cases, and we are presenting the best assumptions we could find for those medical demands based on scientific literature and health data reporting. Specifically:

- **Beds:** For hospitalization, we use a range of 10% and 20% of cases require hospitalization based on CDC's report ([MMWR, March 18, 2020](#)) and state reports of COVID-19 cases.
- **ICU:** The CDC report found that 24% of hospitalized cases require ICU care.
- **Ventilators:** Based on clinical data from China and state reports, we assume that 50% of ICU cases require a ventilator.

If you have other estimates for these assumptions, please share them with us as we work to refine our modeling, assumptions, and data on a daily basis.

The medical demands shown in the table assume 20% of confirmed cases require hospitalization. To get the medical demand for the assumption that 10% of confirmed cases require hospitalization, simply divide the demand by 2. If you have your own jurisdiction-specific percentages, those can be applied to the projected cases to derive your own medical demands. Likewise, you can apply your own jurisdiction's demographics information to the projected cases to estimate impacts on subpopulations within your community (such as people over the age of 65 years).

Medical Demand Projections:

	Actual Confirmed Cases On:				Projected Cases (Hospitalized) [ICU] {Ventilator} For:			
	4/8	4/9	4/10	4/11	4/13	4/15	4/17	
Washington DC	1,440	1,523	1,660	1,778	2,094 (419) [101] {50}	2,504 (501) [120] {60}	2,980 (596) [143] {72}	
Charles County, MD	164	180	220	235	288 (58) [14] {7}	346 (69) [17] {8}	414 (83) [20] {10}	
Frederick County, MD	199	233	289	341	508 (102) [24] {12}	777 (155) [37] {19}	1,193 (239) [57] {29}	
Montgomery County, MD	1,088	1,214	1,388	1,537	1,917 (383) [92] {46}	2,402 (480) [115] {58}	3,001 (600) [144] {72}	
Prince George's County, MD	1,310	1,476	1,716	1,923	2,534 (507) [122] {61}	3,355 (671) [161] {81}	4,436 (887) [213] {106}	
Arlington County, VA	254	280	312	349	435 (87) [21] {10}	526 (105) [25] {13}	632 (126) [30] {15}	
Fairfax County, VA	570	690	777	946	1,175 (235) [56] {28}	1,458 (292) [70] {35}	1,805 (361) [87] {43}	
Loudoun County, VA	238	258	274	296	342 (68) [16] {8}	393 (79) [19] {9}	449 (90) [22] {11}	
Prince William County, VA	263	299	337	390	511 (102) [25] {12}	691 (138) [33] {17}	931 (186) [45] {22}	
Alexandria, VA	149	170	181	200	248 (50) [12] {6}	313 (63) [15] {8}	393 (79) [19] {9}	
NCR	5,675	6,323	7,154	7,995	10,051 (2,010) [482] {241}	12,766 (2,553) [613] {306}	16,235 (3,247) [779] {390}	

For additional information from IEM, please contact Bryan Koon, Vice President of Emergency Management and Homeland Security at bryan.koon@iem.com or 850-519-7966 or Stephanie Tennyson at stephanie.tennyson@iem.com or 202-309-4257.

Law Enforcement Branch Briefing

COVID-19 Charles County IMT

April 13st, 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

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; Doing screening in and screening out

Natural Resources Police: Operations as normal

PUI:

Charles County Sheriff's Office:

- 1 sworn officer quarantined
- 14 officers isolated
- 1 correctional officer quarantined
- 8 civilians isolated

Maryland State Police: None local

Maryland Transportation Authority: None local

La Plata Police Department: None local

Natural Resources Police: 1 sworn officer isolated

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: **25**

Warnings: **24**

Charges later: 0

On-scene arrest: 1

PUI Intake at CCDC: 2

Items of Note: (Not for redistribution)

None

*CHANGES IN RED

Intelligence Briefing 4-13-2020
COVID Charles County

Updated Infection Numbers: As of 1117 hrs.

Total worldwide: 1,800,791 **+84,648** since the 4-12-20 brief.

Worldwide increase of confirmed cases by 24-hour period over the last 10 days

4-3/4	4-4/5	4-5/6	4-6/7	4-7/8	4-8/9	4-9/10	4-10/11	4-11/12	4-12/13
100,041	186,194	64,020	73,985	160,963	48,490	120,662	95,648	85,648	69,285

Total fatalities worldwide: 116,052 **+6,000** since the 4-12-20 brief

Analysis note: The wild swings in worldwide confirmed case numbers and fatality numbers continue to illustrate the lack of consistent reporting channels. These numbers should not solely be used to gauge the scope and magnitude of the current situation.

Total confirmed cases in the US: 530,200 **+28,326** since the 4-12-20 brief

US increase of confirmed cases by 24-hours period over the last 10 days

4-3/4	4-4/5	4-5/6	4-6/7	4-7/8	4-8/9	4-9/10	4-10/11	4-11/12	4-12/13
32,922	33,913	26,514	29,538	30,846	32,641	33,958	35,284	28,520	28,326

Analysis note: The US case number increases have remained relatively unchanged for the last 10 days. However, this is likely not an indication of “flattening the curve.” As the data is reviewed, keep in mind we are reporting an additional 28 to 33,000 NEW cases each day. We have yet to see any dramatic decreases in diagnoses new cases.

Total fatalities in US: 22,146 **+1,500** since 4-12-2020

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

Total confirmed cases in State of MD: 8,936 **+711** since the 4-12-20 brief

Total tested in the State of MD: 42,815 **+1,276** over 4-12-20

Percent of those test that test positive: **20.8%**

Analysis note: This number has doubled in less than 10 days. Maryland percentage of positive test is now on par with PA, MA, IL, MI, CA and LA.

Total Fatalities in State of MD: 262 **+27** change since the 4-11-20 brief

Total Hospitalizations: 1,975 **Increase of 115** from 4-11-2020

First Responder Numbers in Charles County:

7 Quarantine **no change** since last report

23 Self Isolation **-1** since last reported

Weather:

Tuesday 60-37 sun, Wed 53-37 rain, Thursday 58-37 sun

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:

No stores were visited this am

More severe weather forecasted for this afternoon

St Charles High School begins making 3D printing masks

Maryland Update:

St Mary's county makes face masks mandatory

PG County makes wearing masks mandatory in stores and on mass transit

MSP reports making 28 arrests and responding to almost 1300 reported violations of the Gov. gathering orders

Mont. County Fire quarantines an entire recruit class after one tested positive for COVID 19

Region:

Over 8,546 cases in the NCR as of 0500 4-13-2020

15,248 cases in Maryland, DC, and Virginia as of 1100 on 4-13-2020

National:

Smithfield meats closes its factory SD, which account for up to 5% of the national production
Sailor dies from COVID 19

Local critical infrastructure:

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

Predications/ Analysis:

- As critical case in Charles County remain low, needs in other local jurisdictions are growing. Resources should be prioritized and plans should be made to share/deploy critical resources, personnel, and/or facility space to meet the needs regionally.
- The longer this crisis continues the more likely we are to experience critical events that may not be related to the COVID crisis (incidents within the incident). Those in leadership positions need to be prepared to step into dual leadership/managerial roles at a moment's notice. This requires taking care of yourself and staying up on the latest tactics, strategies and knowledge.

- Planning for crisis recovery starts as soon as the crisis begins. Monday marks the 8th weeks of this crisis, 6th week of schools being closed. Partners and stakeholders should begin planning for what the return to the “new normal” looks like in their organization. Sharing of these plans will help each organization build more comprehensive processes.
- Over the weekend the US will likely eclipse 500,000 cases and 15,000 deaths. Md numbers will likely pass 5000 and 150 fatalities by Friday. These numbers will cause increased pressure to ratchet up rhetoric re: “stay at home orders” and could result in further sanctions and restrictions.
- 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.

“The most effective leaders in crises ensure that someone else is managing the present well, while focusing their attention on leading beyond the crisis toward a more promising future”

Respectfully submitted by Jason Stoddard

Charles County Public Schools Briefing 4-13-2020
COVID Charles County

48-hour Priorities:

- Maintaining instructional continuity
- Expanding and maintaining food service
- Expanding and maintaining WiFi service

Meals:

No meal distribution occurred Saturday or Sunday. In addition, because of forecasted weather, CCPS closed meal distribution sites today, Monday, April 13, 2020. The closing also canceled distribution of laptops and instructional packets. Principals will reschedule laptop distribution and CCPS will reopen meal distribution sites on Tuesday, April 14, 2020.

Chick-fil-A of La Plata and Waldorf have stepped up to offer free children's meals to all CCPS students with proof of student ID or report card.

Our total meals for last week is "unofficially" 33,354 meals served to children, and 102,688 meals served since March 16th (four weeks / 20 days)

Closure:

School closure through at least 4-24-20.

Instruction:

Distance learning in full swing.

Community Wifi:

All four sites are up and running and seeing use. CCPS is still determining where to expand our current WiFi to 3 other additional sites.

Misc:

St. Charles High School is working on creating 3D face masks through their engineering department.

Respectfully submitted by Jason Stoddard and Michael Meiser

Required Plans

PPE Burn Rate- County wide, all facets of the County, how are we coordinating reports from hospitals, nursing homes, funeral services, DPW,

No more PPE plan- prioritize (Hospital, EMS providers,))

Station/Facility, Personnel Health / Access/ Dirty space- County wide, if stations are not following a plan, let us know

Force Reduction / Step Down- Not to be shared if confidential, plans that cross over

Sheltering for employees or their families that may have been exposed, or test positive

Site Plans – Ex. Testing site Plan- VEIP

PPE re-use plan/ dependent on hospital (autoclave)

DMORT plan- plan B

Incident within an Incident Plan