Charles County COVID-19

Incident Action Plan

Operational Period

From		To
4/21/20	-	4/23/20
8:00		8:00

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name	2. Operational Period	Date From:	4/21/20	Date To	4/23/20
Charles County COVID-19		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

Use the recommended PPE on all calls, take all the necessary precautions. PPE recommendations need to be followed 100% especially in nursing homes, and areas with groups of non-ambulatory patients.

General Situational Awareness

"Wipe the Wheel. Stay Safe! Do not cross contaminate!"

5. Site Safety Plan Required?   ☐ Yes   ☑ No

Approved Site Safety Plan(s) Located at:

6. Attachments (check if attached)

☑ ICS 203	☐ ICS 207	☑	**ICS 214** _____
☐ ICS 204	☑ ICS 208	☐	_____
☐ ICS 205	☐ Map/Chart	☐	_____
☑ ICS 205A	☐ Weather Forcast/Tides/Currents	☐	_____
☐ ICS 206			

7. Prepared by: Name: __Joe Hoffmaster_____ **Position/Title:** _PSC_____ **Signature:** _____

8. Approved by Incident Commander: Name: ___Michelle Lilly_____ **Signature:** _____

ICS 202	IAP Page __2____	Date/Time: _____April 20, 2020 @15:00_____

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name		2. Operational Period			
Charles County COVID-19		Date From:	4/21/20	Date to:	4/23/20
		Time From:	8:00	Time to:	8:00

3. Incident Commander and Staff		7. Operations Section	
UC	Dr. Howard Haft	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 Donna Fuqua	Branch Director	Ranston Harvey
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	still need to fill
Lifestyles	Sandy Washington	Health Care Providers	still need to fill
Public Schools	Mike Meiser	Rehab Centers	still need to fill
		Assisted Living	still 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: ___Joe Hoffmaster_____   Position/Title: __PSC_____   Signature_____

ICS 203	IAP Page ____3_____	Date/Time: _____April 20, 2020 @ 15:00_____

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name		2. Operational Period				
Charles County COVID-19		Date From:	**4/21/20**		Date to:	**4/23/20**
		Time From:	**8:00**		Time to:	**8:00**

3. Incident Commander and Staff		7.	Operations Section	
UC	Dr. Howard Haft		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		Charles County Govern.	Michele Lilly
Intell Officer	Jason Stoddard		Town of LaPlata	Chris Becker

4. Agency Representative			Town of Indian Head	Ryan Hicks
Agency	**Name**			
Intell officer Deputy	Mike Meiser			
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**	**Peer Support**
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 20, 2020 @ 15:00_____

COMMUNICATIONS LIST (ICS 205A)

1. Incident Name		2. Operational Period:	Date From:	4/21/20	Date to:	4/23/2020
Charles County COVID-19			Time From:	8:00	Time to:	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- Logisitics	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@chalrescountymd.gov	
Smith	Bill	CCVFA/CCAEMS	Smithb@ccvfireems.org	
Spalding	Andrew	Volunteer EMS Chief	chiefems@ccvfireems.org	

6. Prepared by: Name: _____Joe Hoffmaster___Title: ____PSC__ Signature_____

ICS 205A	IAP Page ____5___	Date/Time: _____April 20, 2020__@ 15:00_____

COMMUNICATIONS LIST (ICS 205A)

1. Incident Name		2. Operational Period:	Date From:	**4/21/20**	Date to:	**4/23/2020**
Charles County	COVID-19		Time From:	**8:00**	Time to:	**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		CCEOC	DESEOC@charlescountymd.gov	
Cherry	Lori	LOGS- Deputy	Cherryl@charlescountymd.gov	
Herbert	Scott	PS LOGS	sherbert@hvfdems.org	
Raley	Jennifer	SMECO	Jennifer.Raley@SMECO.Coop	
Farr	Courtney	SMECO	Courtney. Farr@SMECO.Coop	
Law	Natasha	SMECO	Natsha.Law@SMECO.Coop	
Teleconfernce #			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@chalrescountymd.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	
Edge	Bill	CCSO-Safety		

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name Charles County COVID-19	2. Operational Period	Date From: **4/21/20**	Date To: **4/23/20**
		Time From: **8:00**	Time To: **8:00**

3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:

"Wipe the Wheel. Stay safe, don't cross contaminate!"

1. Total identified PUI's transported as of 4/20: 374   Total # of patients testing positive : 68

2. PPE stockpiles remain stable with an estimated supply range of 10+ days based on current call volumes.

3. Revision to EMSOP Special Order 2020-01 Version 4.0 has been completed and disseminated to staff.

4. As this is a rapidly changing landscape, leaders should review any changes with their personnel each morning.

5. Speical Order 2020-04 Version 1.0 was released today. New guidelines for personnel at the beginning of their shift, end of their shift and at the station.

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.

7. 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 logisitcs but will provide an email address and phone number to contact the team. Will diseminate when we have the contact information.

8. Please remember that PPE caches are for EVERYONE. We are all in this TOGETHER so there is NO career and volunteer PPE caches.

9. Under the approval of the EOC and to keep congruent with the CDC and Governor Hogan's reccomendations, 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 recomendations.

10. Two new videos posted on You Tube: PPE Best Practices - https://youtu.be/mY4rvyJDxDk and Peer Support Services - https://youtu.be/jZD1EOon7Sw

Site Safety Plan(s) Located At:	☐ Yes ☑ No

5. Prepared by: Name: ____John Filer_____ Title: __Safety Officer_ Signature:_____

ICS 208	**IAP Page** _____	Date/Time: ___April 20, 2020__ @ 15:00_____

ACTIVITY LOG (ICS 214)

1. Incident Name Charles County COVID-19	2. Operational Period	Date From 4/21/2020 Date To: 4/23/2020 Time From: 8:00 Time To: 8:00
3. Name:	4. ICS Position	5. Home Agency (and Unit):

6. Resources Assigned

Name	ICS Position	Home Agency (and Unit)

7. Activity Log

Date/Time	Notable Activities

8. Prepared by: Name: _____Position/Title: _____Signature: _____

ICS 214, Page 1   Date/Time: _____

ACTIVITY LOG (ICS 214)

1. Incident Name		2. Operational Period	Date From	4/21/2020	Date To:	4/23/2020
Charles County	COVID-19		Time From:	8:00	Time To:	8:00

7. Activity Log (continuation)

Date/Time	Notable Activities

8. Prepared by: Name: _____Position/Title: _____Signature: _____

ICS 214, Page 2   Date/Time: _____

Safety Officer's Report
Charles County EOC

04-20-20

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

Today's Safety Message: "Wipe the Wheel. Stay safe, don't cross contaminate."

Total number of PUI's transported to date: 374

Total number of first responders on self-isolation: 5

Total number of first responders on quarantine: 31

Total number of patients transported by EMS testing + for COVID: 68

Total number of first responders out for COVID related mental health: 2

Daily Estimated PPE Burn Rate: 30 sets/day

10425 Audie Lane
La Plata, MD 20646

301-399-1143

DESsafety@charlescountymd.gov

www.charlescountymd.gov

OK	OK	OK	OK	Current	Current
28	10	292	1	11%	100%
28/53	10/3	292/426	1/7	1/9	9/9
Charles County DES - All Incidents	Charles County - Coronavirus PUI nCoV (CAD)	(DRAFT) Charles County EMS - HTSD	Charles County EMS - Low ALS Resource	Charles County EMS - Hospital Drop Time (30 Min)	Charles County EMS - EMTALA

ePCR

Count of Incident Number

PUI Incidents - 03-13-20 thru 04-20-20 @ 09:44

Sent to Queue
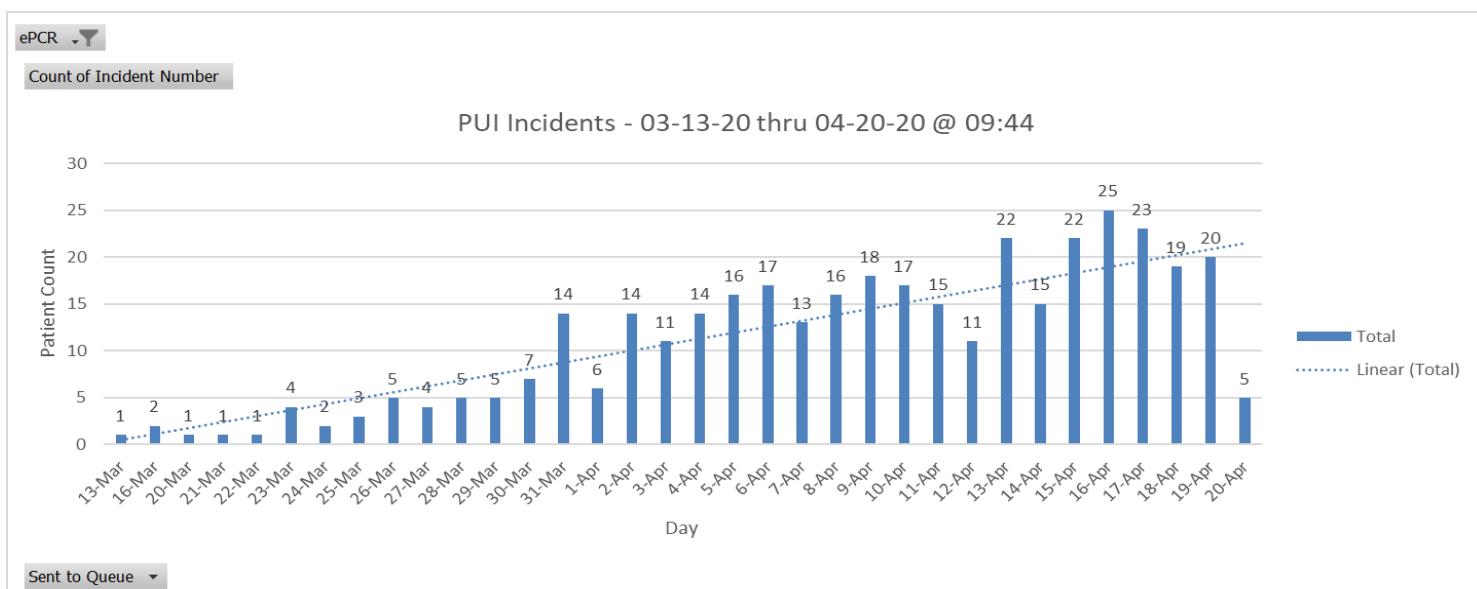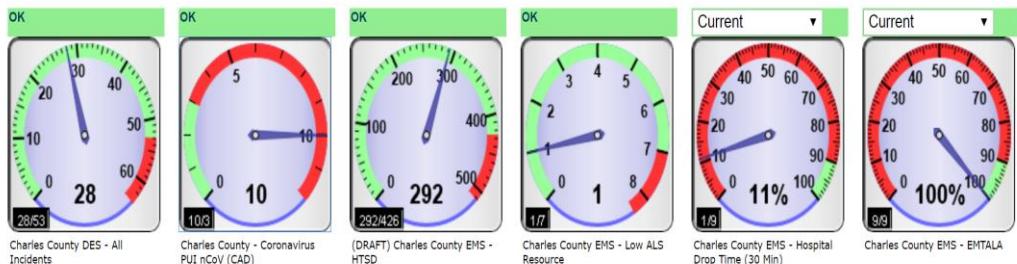
Wipe the Wheel!

Stay Safe, Don't Cross-contaminate!

PUBLIC HEALTH BRANCH BRIEFING
COVID-19 PANDEMIC RESPONSE
April 20, 2020

GENERAL REPORTING INFORMATION

INFECTIOUS DISEASE

CASE COUNT—CHARLES COUNTY

As of 4/20/2020, total case count for Charles County is 392.

- *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.*

CALL CENTER UPDATE

- Operation time: 0800 to 2200.
- The numbers to call remain the same: 301.609.6717 or 301.609.6777
- Volume for new system is approximately 60 call per day.

MEDIA, SOCIAL MEDIA AND WEBSITE

- MDH news release with message that county COVID-related deaths are under investigation.
- Here are the links to the Dr. Haft interviews over the weekend:
- Fox 5:
  https://www.fox5dc.com/news/family-disputes-claims-they-were-given-info-about-covid-19-outbreak-at-sagepoint-senior-living-services

- WUSA 9 – Friday:
  http://www.wusa9.com/video/news/health/coronavirus/charles-county-nursing-home-coronavirus-outbreaks-transparency/65-abdb5aed-2bcd-4081-9656-647e2ab74401?jwsource=cl

- NBC:
  https://www.nbcwashington.com/news/local/at-least-3-residents-at-charles-county-nursing-home-die-from-coronavirus-families-say/2278923/

PARTNER/STAKEHOLDER OUTREACH

ALL-PARTNER

- The all-partner call will be held Thursday, April 23 at 4 p.m.

LTC/AL

- The Long-Term Care and Assisted Living call will be held, Thursday, April 23 at 3 p.m.

EPI SURVEILLANCE PROFILE FOR STATE

Case Investigation, Surveillance, and Infectious Disease Response (D, Blythe)
1) Latest case counts –   total: 13,684
2) New cases 854
   a) Age distribution:
      i)   under 18 years - 2 %
      ii) in 18-64 age range 74%
      iii) in 65+ age range 24%
   b) Geographic distribution
      i)   National Capital 53%
      ii) Baltimore Metro area 41%
      iii) Eastern Shore 3%
      iv) Southern 2%
      v)   Western 1%
   c) Of cases, 54 % female;
   d) Hospitalizations 128 new; total 3014 (22%)
   e) Deaths -- Total 516
   f) Release from isolation – 917 (6%)
   g) OB 203 active; 2681cases; 153 in NH and AL; increase in group homes OB's

CONFIDENTIAL – (INFORMATION BELOW IS FOR CORE PLANNING GROUP ONLY)

RESOURCE DISTRIBUTION

- 5 orders received 4/17/2020
- 4 orders fulfilled / 1 not fulfilled and will be returned to DES Logistics – item unavailable

VOLUNTEERS

MARYLAND MEDICAL RESERVE CORPS

- 4 responders as of 4/17/2020; accepted into unit 04/18/2020
- State MRC issued a statewide availability request for volunteers to serve: Caregiver Service Team Mission

CSC Caregiver
The Maryland Department of Aging and Maryland Department of Health have implemented a new Caregiver Service Corps, with a goal of enabling older adults to remain safely in their homes and giving them piece of mind that they have a support system in place.

TESTING

VEIP TESTING SITE UPDATE

- Tested to Date as of 4/17/20 (TTD): 278
- Operational period: Week of April 20/Tuesday, April 21 and Thursday, April 23
- State to confirms availability of 100 kits; appointments then opened in CRISP

EPIDEMIOLOGY AND SURVEILLANCE
Charles County
- As of 4/20 at 1030 am, total case count for Charles County was 392 cases.
- There have been 25 deaths associated with COVID-19 (6%).
- Average age of fatalities: 75 years
- Recovered and released from isolation: 27
- Partially recovered with improved symptoms: 7
- 94 or 24% hospitalization
- 61% Female; 39% Male
- 16% Healthcare Workers
- 35% have underlying health conditions
- Age range of positive COVID-19 cases: 2-100 years

Age Distribution for Charles County cases
- Under 18 years: 1%
- 18-64 years: 79%
- 65+ years: 20

ESSENCE data for urgent care utilization at Patient First in Waldorf had no data warnings or alerts for Saturday, April 18th or Sunday, April 19th. Patient volume was 31 on 4/18 and 25 on 4/19. Patient volume remains fairly consistent each day. All were discharged to home for self-care. 7 presented with ILI or COVID-19 like symptoms on Saturday and 8 on Sunday. One case presented for an exposure to a COVID-19 confirmed case. Diagnoses included bronchitis, unspecified cough, unspecified chest pain, sinusitis, allergic rhinitis, acute maxillary sinusitis, shortness of breath, exposure to a communicable disease, nasal congestion, pneumonia, and acute pharyngitis. On Saturday, there were two cases that were tagged with CDC Classifiers for ILI negative flu, and one case tagged for Coronavirus. On Sunday, one case was tagged with a CDC Classifier for Visit of Interest due to their COVID-19 exposure, and another case was tagged with CDC Classifiers for Pneumonia, ILI Negative Flu, and Coronavirus.

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 18 on 4/18 and 23 for 4/19. Discussions with Robbie Jones from EMS reveal data issues with the alert system. The decrease in COVID-19 PUI alerts does not indicate a decrease in call volume. The epidemiologist has also noticed potential COVID-19 PUI that came as regular trigger alerts. Robbie said that they have to fix each tablet in order to fix the problem and have more accurate data.
4/18: 18
4/19: 23

Racial breakdown
Total: 392 cases on 4/20 at 1030 am MDH line list assessed through REDCap:
(Case counts with less than 7 cases should not be shared publicly. This data is confidential.)
- Asian: 8 (2%)
- Black/African American: 178 (45.4%)

- White: 82 (21.0%)
- Other: 16 (4%)
- Two or more races: 1 (0.3%)
- Data not available: 107 (27.3%)

Ethnicity breakdown
- Hispanic 6 (1.5%)
- Non-Hispanic 268 (68.4%)
- Declined to answer 39 (10%)
- Data not available 79 (20.1%)

Epidemiologist note: *Please use caution when drawing any conclusions regarding race or ethnicity. Nearly one-third of race data is not available, and information regarding this missing population cannot be assumed. Additionally, it should be noted that the greatest number of cases (57%) are the Waldorf zip codes of 20601, 20602, and 20603. Over half of the county population lives in those zip codes. Additionally, those zip codes have a very diverse population with minority populations comprising the majority of the zip code level population and with African Americans being the largest racial group in those zip codes.*

Zip Code breakdown
Zip Code level data was also analyzed using the MDH line lists of confirmed cases in REDCap. Data was accessed on 4/20 at 9:30 am with 337 cases as the total count at that moment in time. Data for all zip code with a case count greater that 7 has been included in the attached GIS map. *(Zip code level data with counts less than 7 cases cannot be shared publicly and must remain confidential.)*
Confirmed cases by zip code:

20601: 52

20602: 71

20603: 99

20607: 9

20611: 1

20613: 15

20616: 7

20622: 2

20632: 2

20637: 12

20640: 15

20646: 43

20658: 1

20662: 4

20664: 4

20675: 3

20677: 3

20693: 1

20695: 26

ADDITIONAL INFORMATION: *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)*
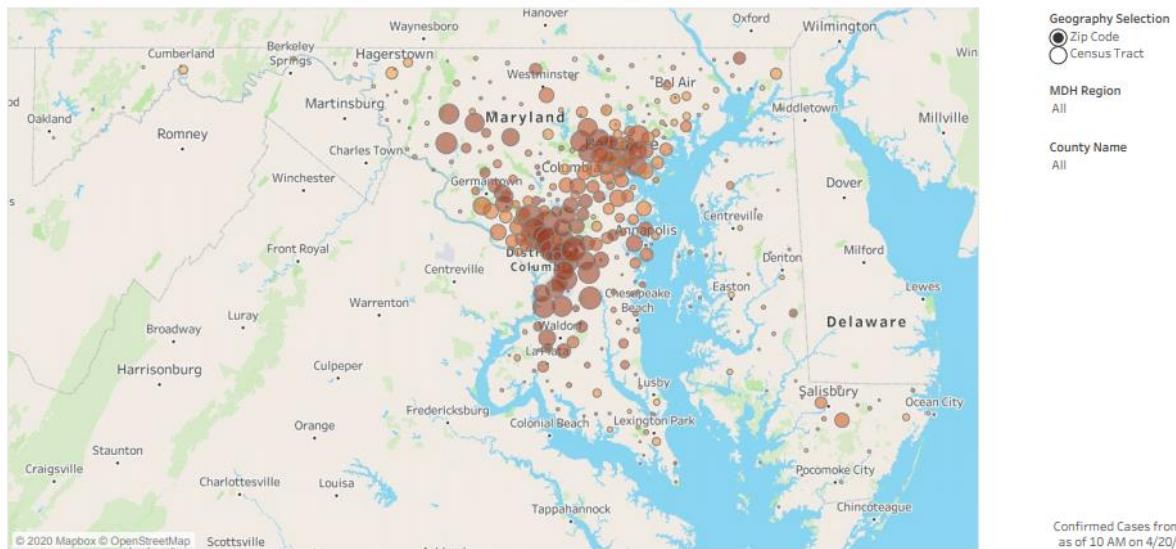
- **Heat Map of Southern Maryland**

- **Maryland Case Map**
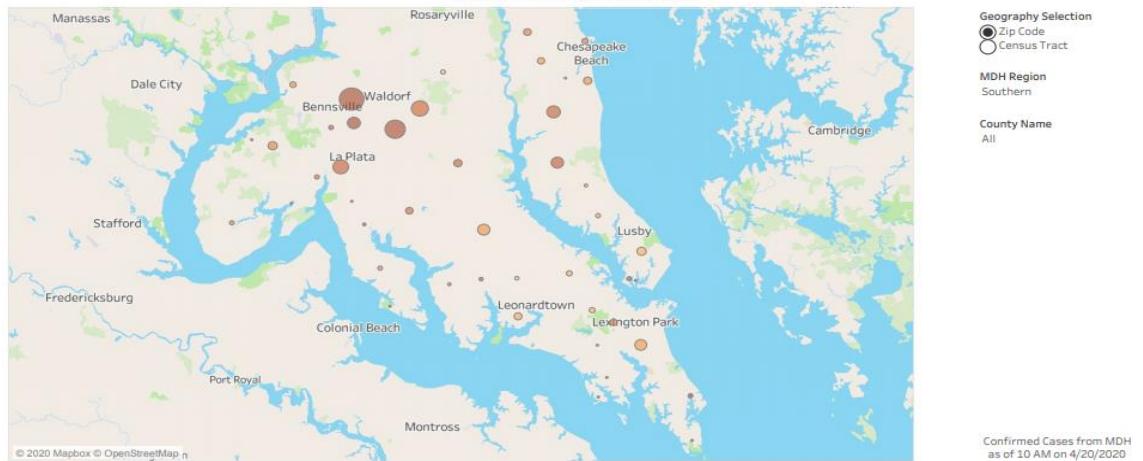

- **Southern Maryland Case Map**

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: 13,357
New Cases in Last 24 Hours: 751

Cases in Selected Area: 596

Cases in Selected Area that are unable to be geocoded: 91

Geography Selection
○ Zip Code
● Census Tract

MDH Region
Southern

County Name
All

Confirmed Cases from MDH
as of 10 AM on 4/20/2020

© 2020 Mapbox © OpenStreetMap
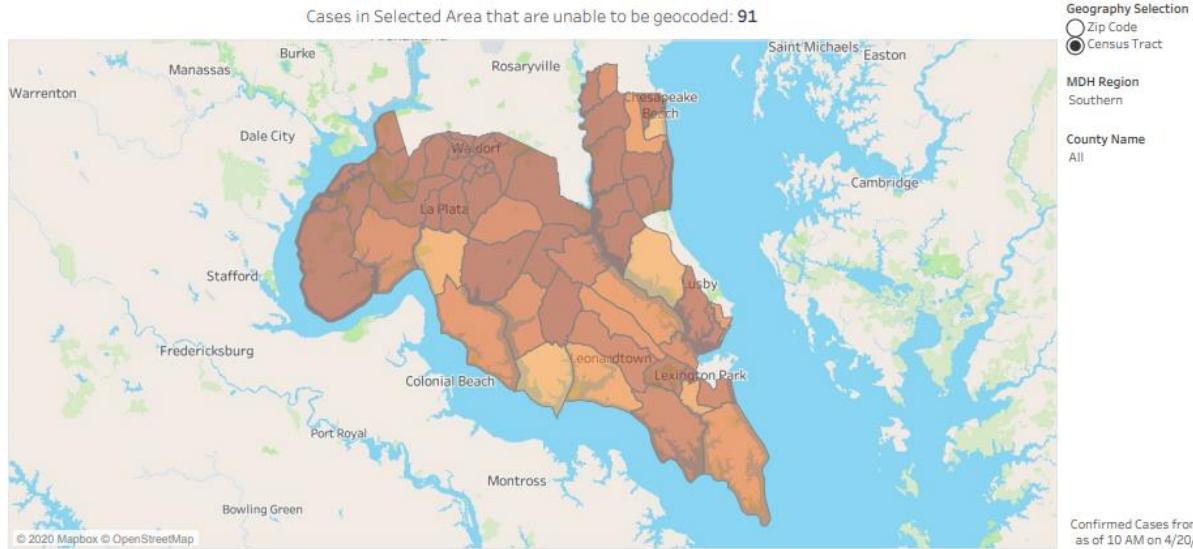
Zip Code and Census Tract population totals according to 2010 Census data.

- **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: 13,357
New Cases in Last 24 Hours: 751

Cases in Selected Area: 366

Cases in Selected Area that are unable to be geocoded: 45

Geography Selection
○ Zip Code
● Census Tract

MDH Region
All

County Name
Charles County

Confirmed Cases from MDH
as of 10 AM on 4/20/2020

© 2020 Mapbox © OpenStreetMap
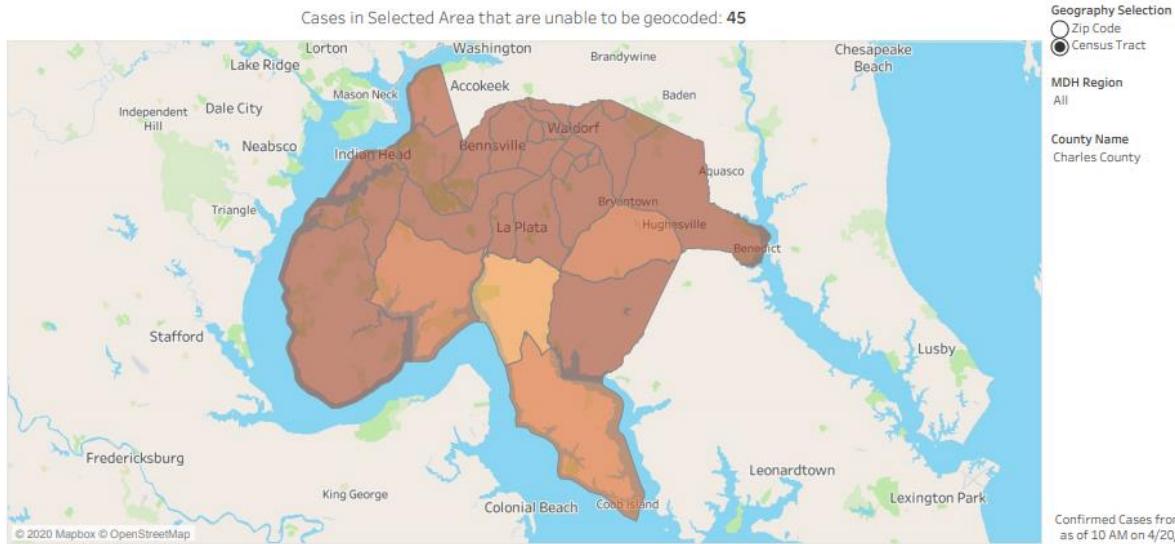
Zip Code and Census Tract population totals according to 2010 Census data.

- **Gender, Age, Region (Fatalities)**

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: **13,357**

New Cases in Last 24 Hours: **751**

Number of Cases for Selected Area/Demographics: **476**
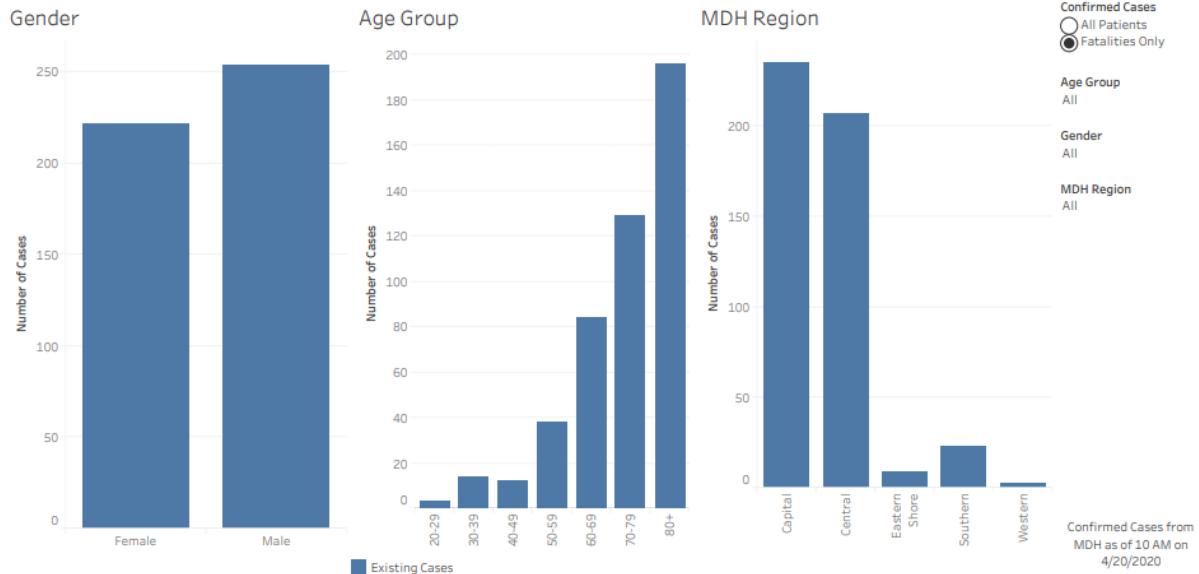
- **Gender, Age, Region (All)**

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: **13,357**

New Cases in Last 24 Hours: **751**

Number of Cases for Selected Area/Demographics: **13,357**
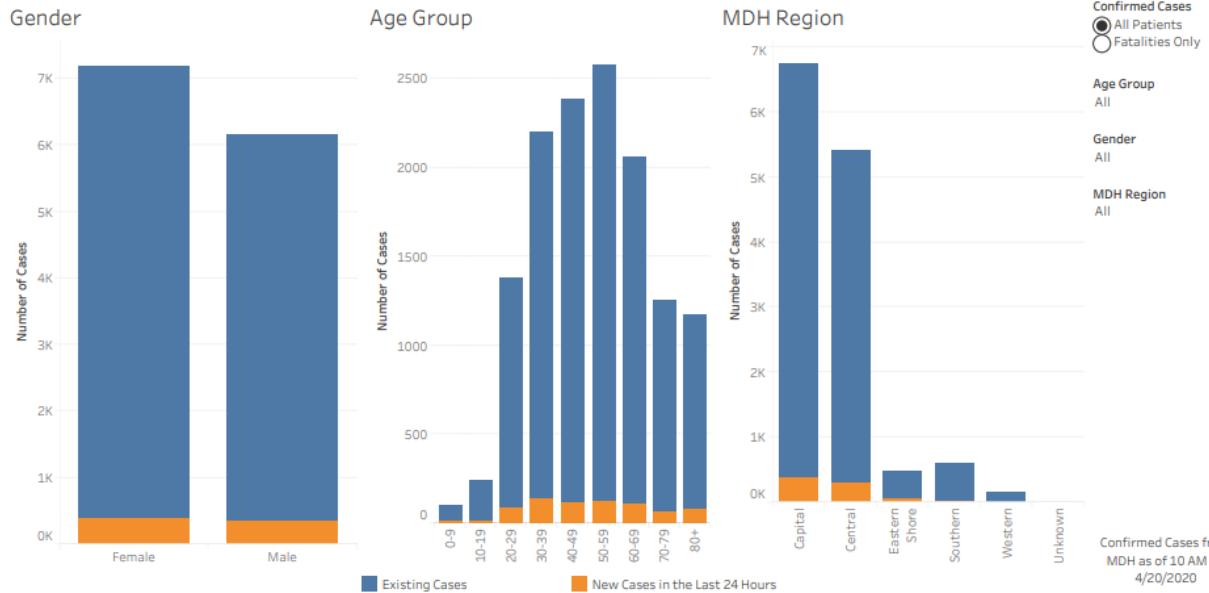
Southern Maryland Gender, Age, Region (All)

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: 13,357
New Cases in Last 24 Hours: 751

Number of Cases for Selected Area/Demographics: 596
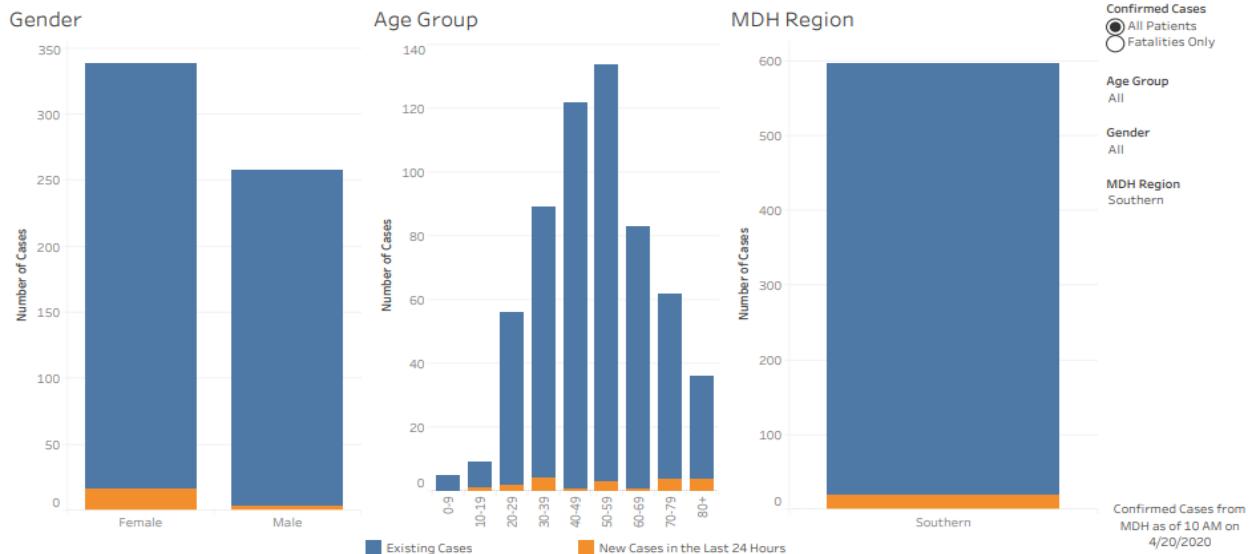
- **Statewide Cases by Date**

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: 13,357
New Cases in Last 24 Hours: 751

Number of Cases for Selected Area/Demographics: 13,357

This graph shows confirmed cases and cumulative cases by day of specimen collection. Daily totals will change as test results are released.
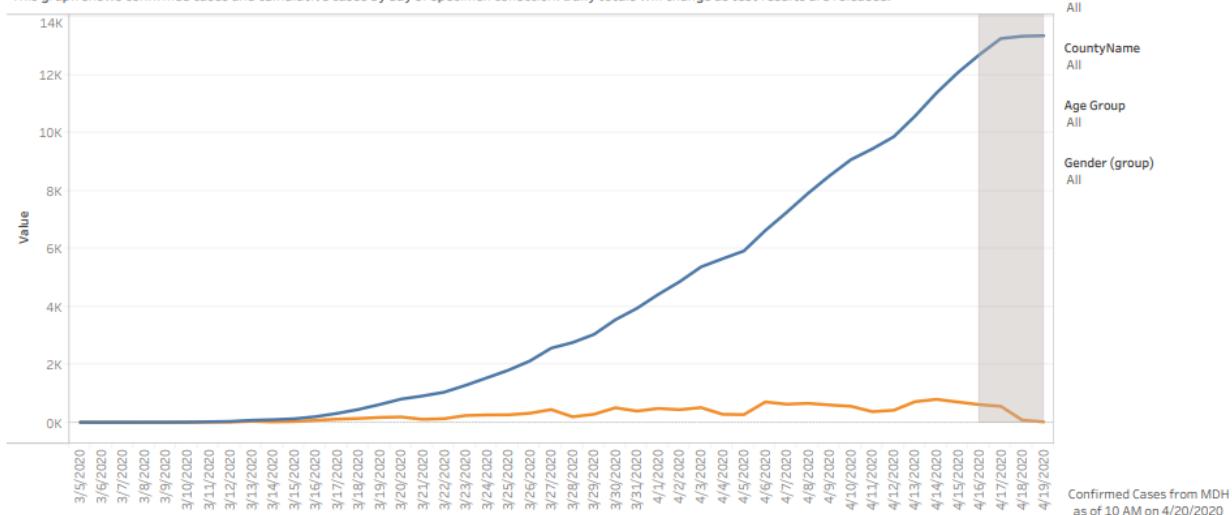
Date shown is the sample collection date, not the date when the test result was confirmed. Daily totals may change as pending tests are reported. Test Result Pending dates are greyed out in the chart

- **Southern Maryland 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: 13,357
New Cases in Last 24 Hours: 751

Number of Cases for Selected Area/Demographics: 596

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

MDH_REGION
Southern

CountyName
All

Age Group
All

Gender (group)
All

Confirmed Cases from MDH
as of 10 AM on 4/20/2020
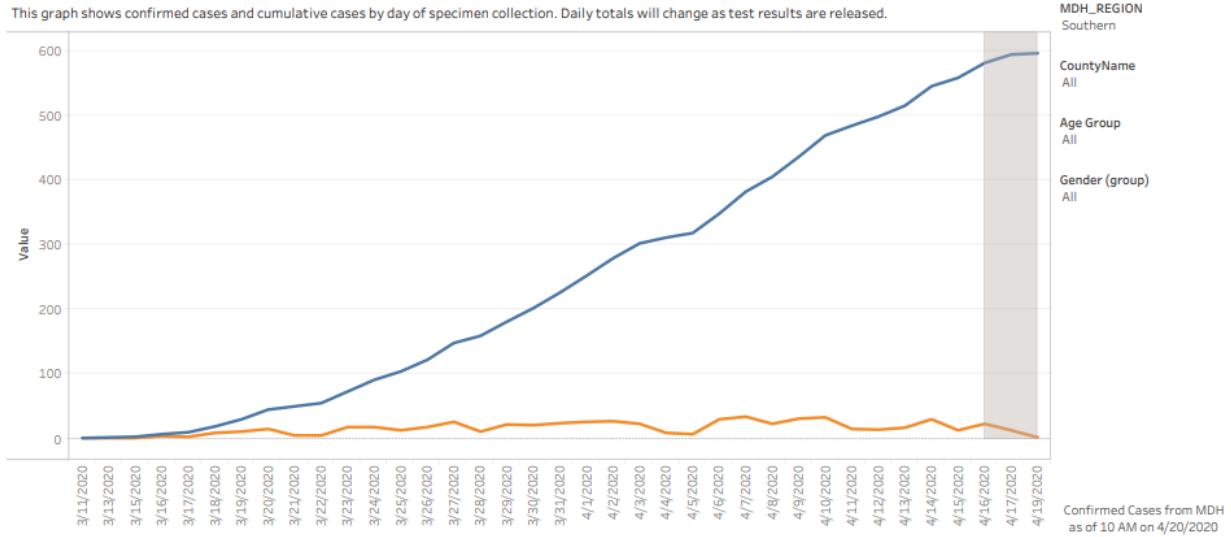
Date shown is the sample collection date, not the date when the test result was confirmed. Daily totals may change as pending tests are reported. Test Result Pending dates are greyed out in the chart

- **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: 13,357
New Cases in Last 24 Hours: 751

Number of Cases for Selected Area/Demographics: 366

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

MDH_REGION
All

CountyName
Charles County

Age Group
All

Gender (group)
All

Confirmed Cases from MDH
as of 10 AM on 4/20/2020
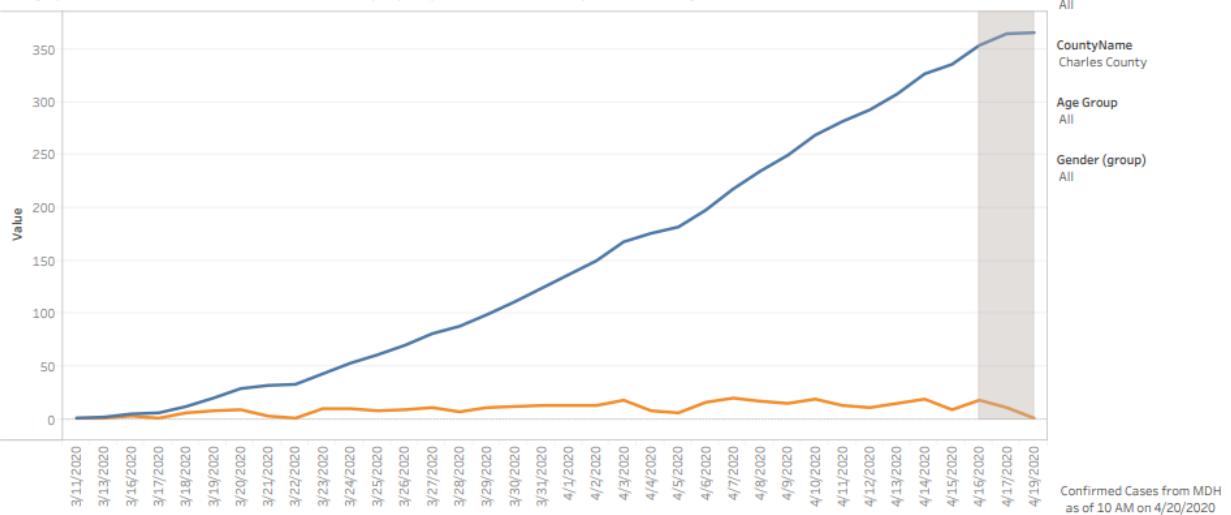
Date shown is the sample collection date, not the date when the test result was confirmed. Daily totals may change as pending tests are reported. Test Result Pending dates are greyed out in the chart

- **Hospital Volume Trends ED**

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 February 29, 2020.
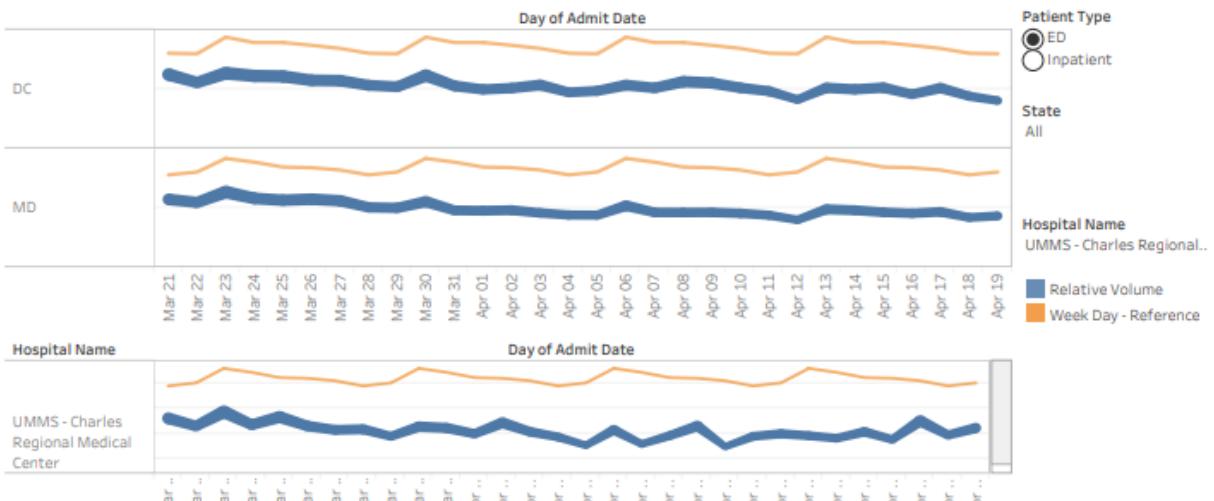

- **Hospital Volume Trends Inpatient**

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 February 29, 2020.
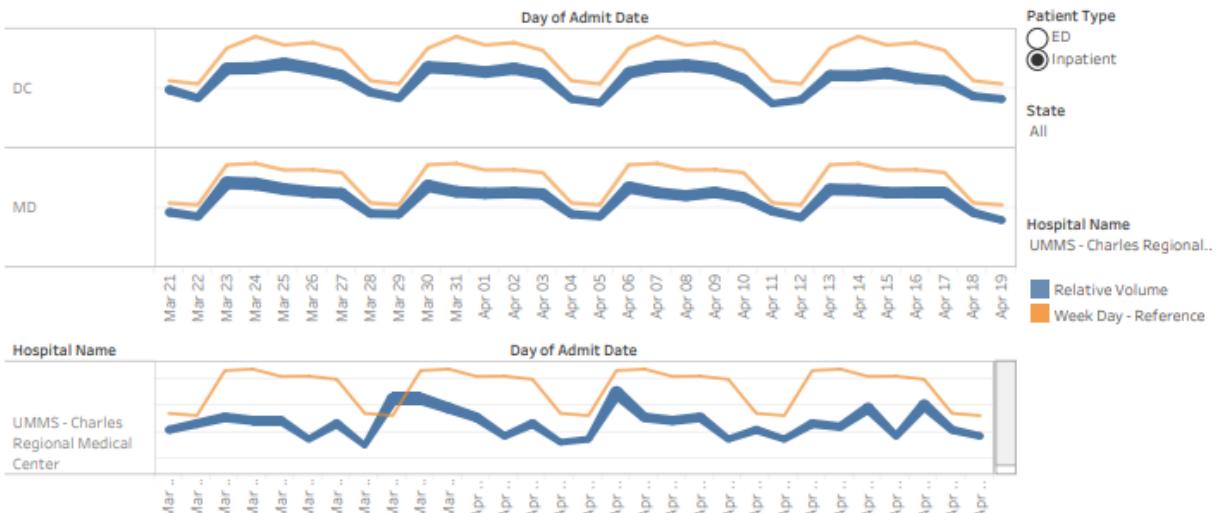

- **Maryland Occupied Staff Acute Care**

MIEMSS Facility Resources Emergency Database (FRED)

Data as of 4/19/2020

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 - Adult Acute Care

Date
All values

Physical or Staffed Beds
Staffed

Care Setting
Adult Acute Care

Region
☑ Region 1 - Garrett and Allegany Counties
☑ Region 2 - Washington and Frederick Counties
☑ Region 3 - Central Maryland/Baltimore
☑ Region 4 - Eastern Shore
☑ Region 5 - Capital and Southern Maryland

Hospital Name
Charles Regional (UM)
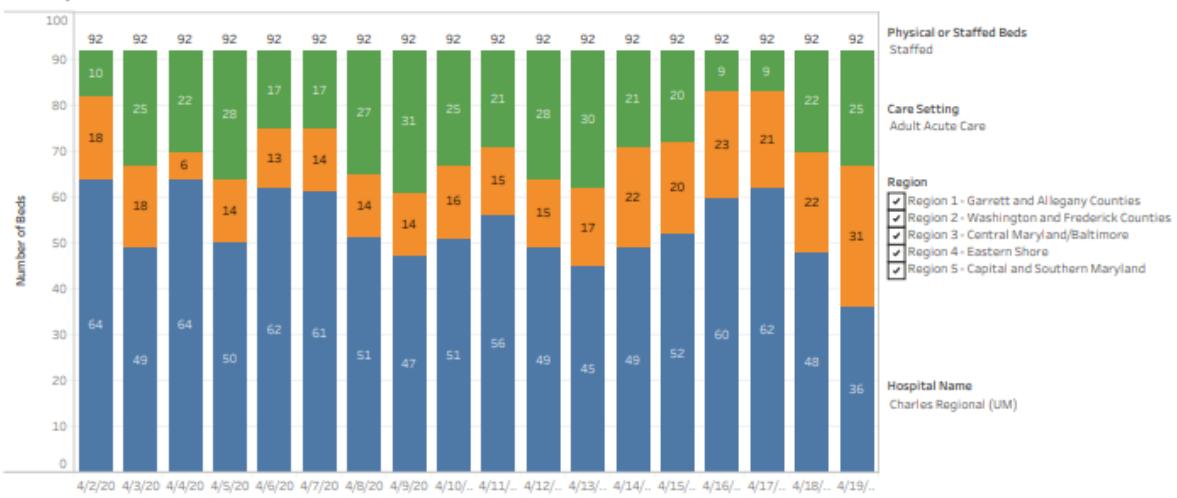
Occupied Staffed by Hospital - Adult Acute Care

■ Available Beds
■ Hospitalized Confirmed COVID Patients
■ Beds Occupied Non-COVID

- **Maryland Occupied Staff ICU**

MIEMSS Facility Resources Emergency Database (FRED)

Data as of 4/19/2020

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 - Adult ICU

Date
All values

Physical or Staffed Beds
Staffed

Care Setting
Adult ICU

Region
✓ Region 1 - Garrett and Allegany Counties
✓ Region 2 - Washington and Frederick Counties
✓ Region 3 - Central Maryland/Baltimore
✓ Region 4 - Eastern Shore
✓ Region 5 - Capital and Southern Maryland

Hospital Name
Charles Regional (UM)

Occupied Staffed by Hospital - Adult ICU

- Available Beds
- Hospitalized Confirmed COVID Patients
- Beds Occupied Non-COVID
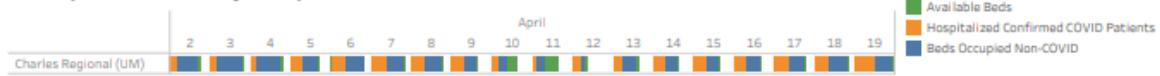
• Maryland Occupied Staffed Beds Acute Care

MIEMSS Facility Resources Emergency Database (FRED)

Data as of 4/19/2020

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 - Adult Acute Care

Date All values

	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Statewide	68%	65%	68%	69%	67%	70%	68%	69%	70%	68%	69%	70%	71%	74%	73%	70%	71%	72%
Region 1 - Garrett and Alle...	64%	55%	53%	53%	56%	54%	60%	54%	51%	39%	55%	53%	57%	58%	63%	75%	75%	74%
Region 2 - Washington and...	57%	54%	53%	51%	57%	66%	60%	63%	57%	59%	60%	62%	66%	66%	66%	66%	68%	68%
Region 3 - Central Marylan...	65%	64%	68%	68%	64%	67%	66%	68%	67%	64%	66%	67%	69%	73%	73%	65%	69%	69%
Region 4 - Eastern Shore	71%	64%	66%	73%	68%	76%	61%	64%	69%	74%	60%	64%	65%	63%	60%	74%	72%	68%
Region 5 - Capital and Sout...	77%	71%	75%	76%	78%	77%	78%	76%	82%	81%	80%	82%	82%	82%	81%	81%	77%	81%

Physical or Staffed Beds
Staffed

Care Setting
Adult Acute Care

Region
☐ Region 1 - Garrett and Allegany Count...
☐ Region 2 - Washington and Frederick ...
☐ Region 3 - Central Maryland/Baltimore
☐ Region 4 - Eastern Shore
✓ Region 5 - Capital and Southern Maryl...
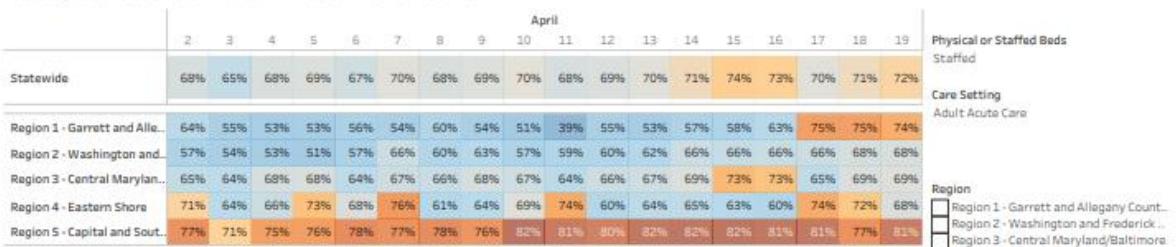
Occupied Staffed Beds - Adult Acute Care by Hospital

Hospital Name	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Charles Regional (UM)	89%	73%	76%	70%	82%	82%	71%	66%	73%	77%	70%	67%	77%	78%	90%	90%	76%	73%

Hospital Name
Charles Regional (UM)

**Occupied %**
0%　　　　　　100%

• Maryland Occupied Staffed Beds ICU

MIEMSS Facility Resources Emergency Database (FRED)

Data as of 4/19/2020

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 - Adult ICU

	April																	
	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Statewide	75%	83%	79%	78%	78%	79%	80%	77%	80%	79%	77%	76%	78%	77%	74%	77%	82%	81%
Region 1 - Garrett and Alle..	57%	50%	86%	36%	50%	71%	60%	70%	73%	77%	46%	58%	58%	58%	62%	68%	68%	60%
Region 2 - Washington and..	76%	83%	70%	71%	66%	57%	64%	75%	71%	63%	65%	69%	73%	73%	69%	72%	72%	75%
Region 3 - Central Marylan..	71%	81%	78%	79%	77%	77%	79%	74%	78%	79%	76%	76%	78%	78%	73%	75%	82%	80%
Region 4 - Eastern Shore	65%	66%	60%	50%	58%	66%	72%	62%	68%	68%	63%	68%	58%	58%	65%	62%	72%	79%
Region 5 - Capital and Sout..	91%	94%	90%	90%	92%	92%	90%	92%	91%	86%	90%	83%	85%	81%	80%	88%	90%	83%
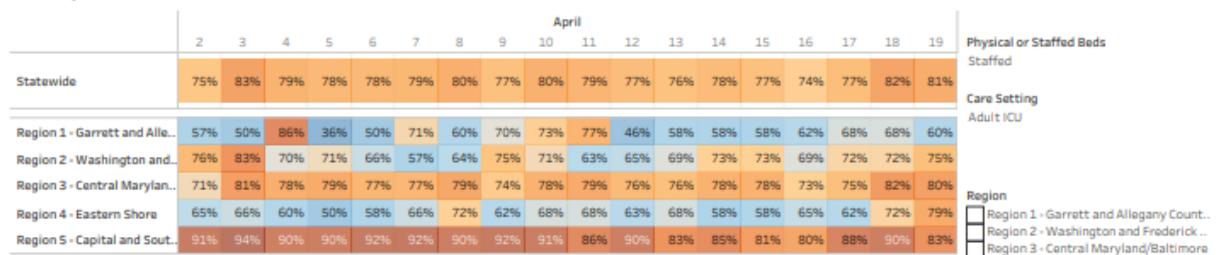
Occupied Staffed Beds - Adult ICU by Hospital

	April																	
Hospital Name	2	3	4	5	7	8	9	10	11	12	13	14	15	16	17	18	19
Charles Regional (UM)	92%	100%	92%	100%	100%	100%	100%	60%	50%	83%	90%	100%	100%	100%	100%	100%	100%

Date
All values

Physical or Staffed Beds
Staffed

Care Setting
Adult ICU

Region
- Region 1 - Garrett and Allegany Count..
- Region 2 - Washington and Frederick ..
- Region 3 - Central Maryland/Baltimore
- Region 4 - Eastern Shore
- ✓ Region 5 - Capital and Southern Maryl..

**Hospital Name**
Charles Regional (UM)

Occupied %
0% —————— 100%

- **Maryland Occupied Staffed Beds**

MIEMSS Facility Resources Emergency Database (FRED)

Data as of 4/19/2020

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 4/19/2020

Date
4/19/2020

Physical or Staffed Beds
Staffed

Region
- ✓ Region 1 - Garrett and Allegany C..
- ✓ Region 2 - Washington and Freder..
- ✓ Region 3 - Central Maryland/Balti..
- ✓ Region 4 - Eastern Shore
- ✓ Region 5 - Capital and Southern M..

County
All

Occupied %
0% —————— 100%
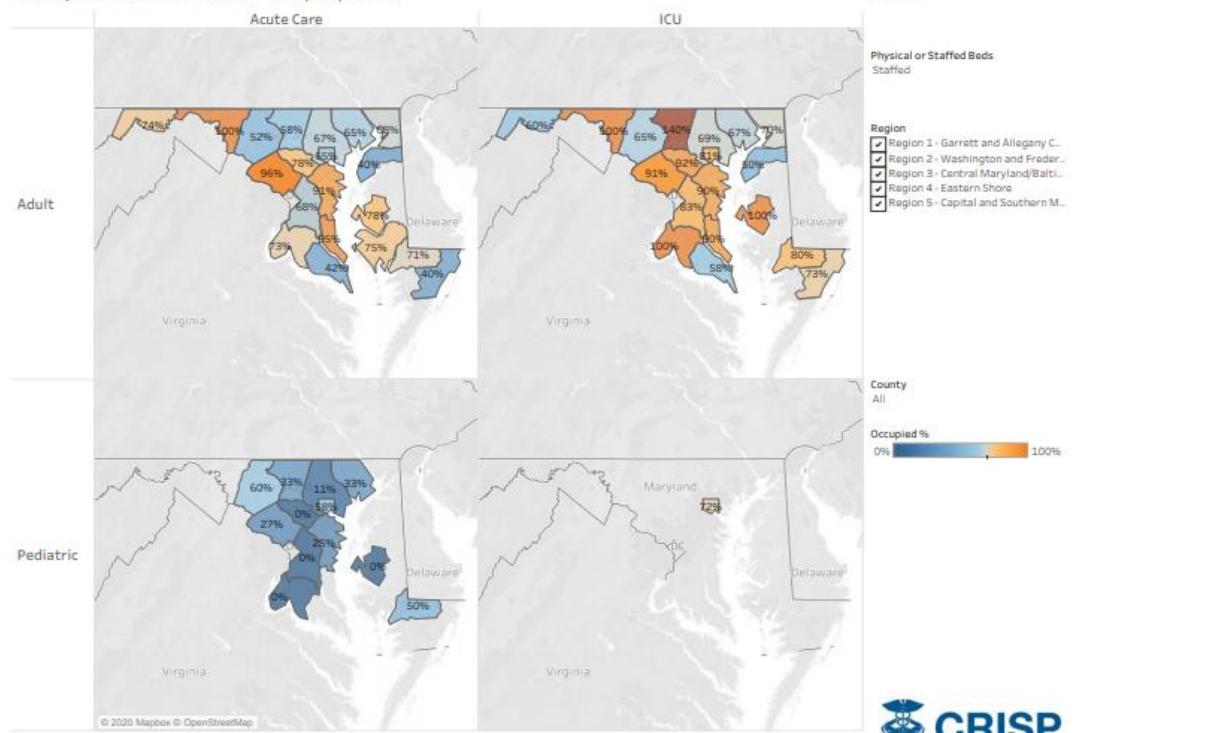
CRISP

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

- **Maryland Occupied Staffed Beds Regional**

Occupied Staffed Beds - on 4/19/2020

Acute Care

ICU

Adult

Pediatric

Date
4/19/2020

Physical or Staffed Beds
Staffed

Region
☐ Region 1 - Garrett and Allegany C...
☐ Region 2 - Washington and Freder...
☐ Region 3 - Central Maryland/Balti...
☐ Region 4 - Eastern Shore
☑ Region 5 - Capital and Southern M...

County
All

Occupied %
0%   100%

© 2020 Mapbox © OpenStreetMap

CRISP

Source: CRISP, 2020. CRISP MIEMSS FRED SmartSheet Download.
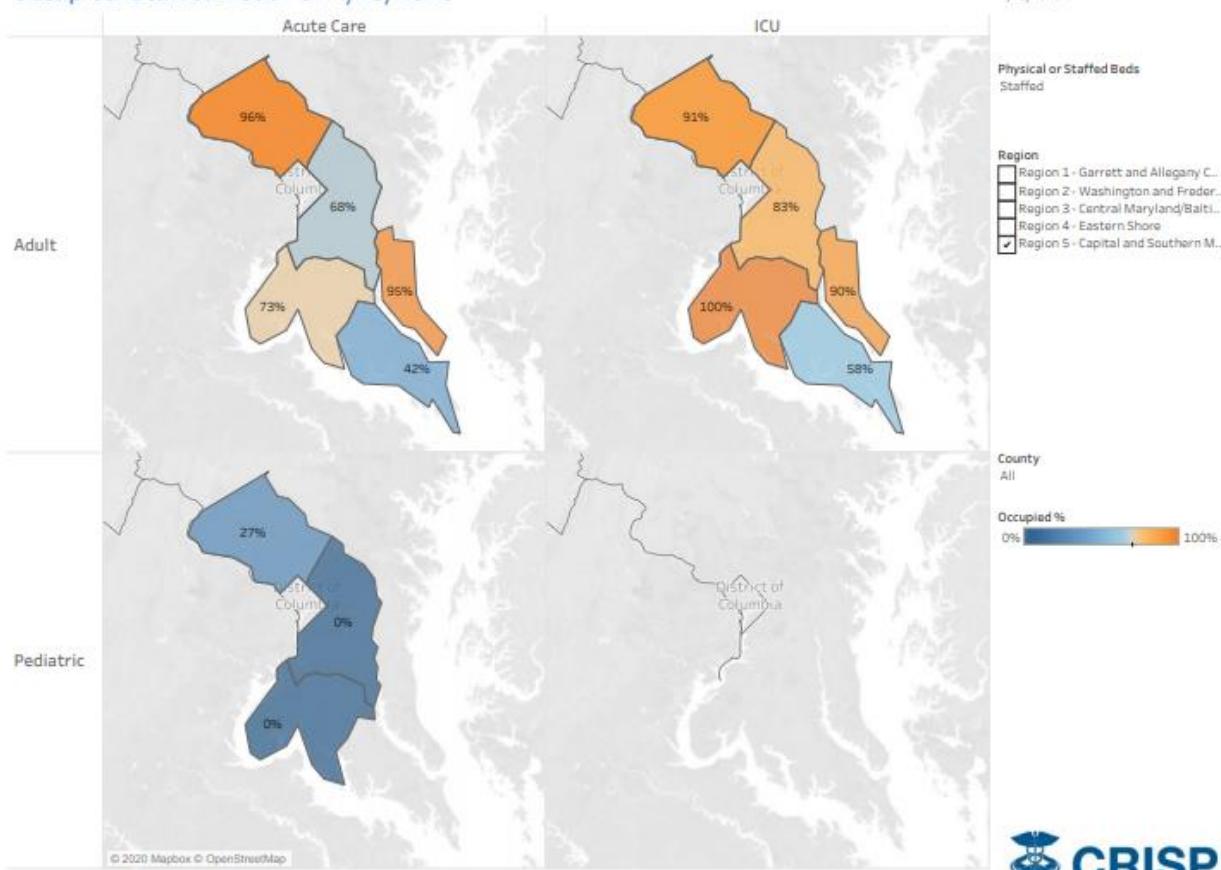
- **Maryland Occupied Staffed Beds Charles County**

MIEMSS Facility Resources Emergency Database (FRED)

Data as of 4/19/2020

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 4/19/2020

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

- **Statewide Capacity Overview**

MIEMSS Facility Resources Emergency Database (FRED)

Data as of 4/19/2020

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:
1,841	1,226	532
(1841/7010) = 26%	(1226/1882) = 65%	(532/2168) = 25%
Change from day before: -30 beds	Change from day before: -37 vents	Change from day before: -30 patients

Hospitalized Confirmed COVID-19 Patients

Staffed Acute Care Beds Occupied by COVID-19 Patients:	Staffed ICU Beds Occupied by COVID-19 Patients:
829	511
(829/5699) = 15%	(511/1311) = 39%
Change from day before: +38 patients	Change from day before: +13 patients

Bed Summary

	Physical Beds	Staffed Beds	Occupied Beds	% Occupied Physical Bed	% Occupied Staffed Bed
Adult Acute Care	7,340	5,699	4,113	56%	72%
Adult ICU	1,677	1,311	1,056	63%	81%
Pediatric Acute Care	310	258	118	38%	46%
Pediatric ICU	106	106	76	72%	72%

Hospitalized COVID-19 Patients

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

Statewide Occupied Staffed - Adult Acure Care and ICU - Lasts 10 Days
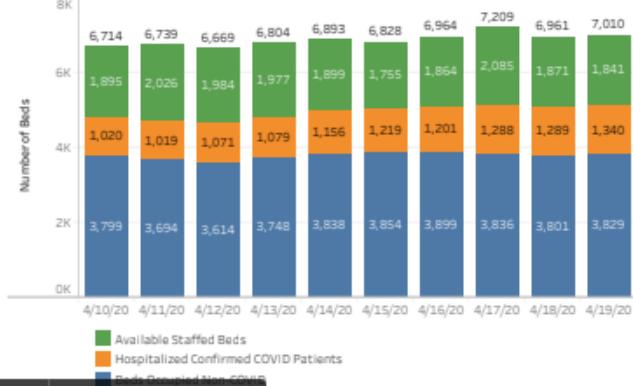
Source: CRISP, 2020. CRISP MIEMSS FRED SmartSheet Download.

Page 1 / 1

CRISP

MISCELLANEOUS

Nothing new to report

Respectfully submitted by Charles County PHEP

CC DES Peer Support Services Weekly Report

April 20, 2020

Face-to-Face visits:

    33 employees

    2 volunteers at Station 60

    2 volunteers at Station 8

Phone Contacts:

    39 phone contacts

Social Media:

Courtney and Debi continue to monitor FaceBook. Several posts have been made to encourage self-care.

CISM:

A CISM meeting was held Monday, April 13, 2020 for Academy Class VI regarding Marcus Paxton's death. A total of 8 from the class showed up and participated.

Peer Support/CISM open forum meetings were set for Thursday, April 16, 2020, and Friday, April 17, 2020. No employees attended. These meetings fell just after employees learned of the Station 12 outbreak and our 2 employees testing positive.

General Impression:

This week has definitely been one of the hardest for this group since we have started checking-in on our employees. People are starting to reach their breaking point. They are afraid, tired and angry. It is a cumulative of the stress of the unknown and constantly changing COVID-19, altered lives, co-workers testing positive, volunteer station having multiple testing

positive, and fatigue being mention the most. Dealing with a death of a co-worker at the end of last week has also been a "cherry on top" for several of our employees.

Concerns:

Some employees are genuinely struggling with coming to work. They love what they do, but they are scared. All the negative coverage of SagePoint has heightened fear as well as 2 co-workers being positive. As Courtney stated on Friday, employees have always viewed their station as a safe place (like home base), but now with Station 12 having so many positive cases (and possibly several came through the station while they were on quarantine), they no longer feel safe in their stations. This week we are going to work even harder to get around to our stations and making more calls to those off-duty. We will be putting together a small care package for employees to give them when we see them just to give them one bright moment. We are also going to be putting together something to take to the ones at home so they do not feel abandoned.

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.
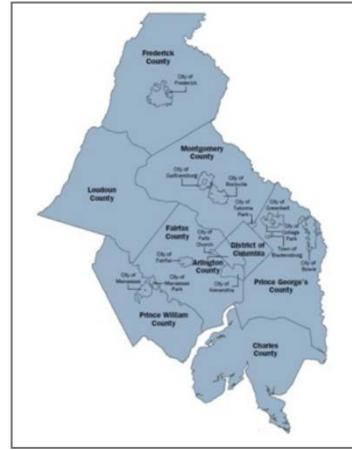
AI-based Model Background

IEM is currently using an AI model to fit data from various sources and project new cases of COVID-19. We do <u>not</u> 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 4/19/20 5 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: 4/18/20

DISTRICT OF COLUMBIA
2,666

FREDERICK COUNTY
557

ARLINGTON COUNTY
520

ALEXANDRIA
354

MONTGOMERY COUNTY
2,404

LOUDOUN COUNTY
413

PRINCE GEORGE'S COUNTY
3,291

FAIRFAX COUNTY
1,636

PRINCE WILLIAM COUNTY
803

CHARLES COUNTY
347

NCR
12,991
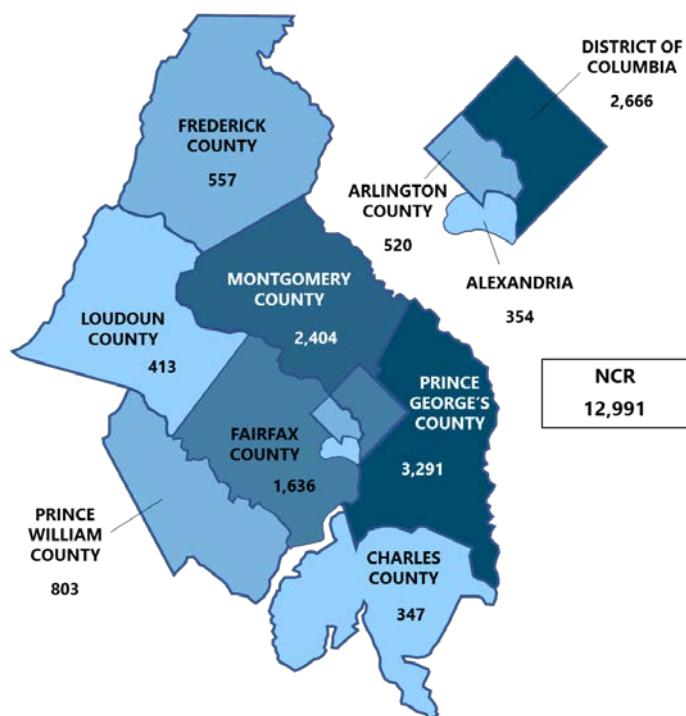
Projected Confirmed Cases: 4/25/20

DISTRICT OF COLUMBIA
3,060

FREDERICK COUNTY
693

ARLINGTON COUNTY
638

ALEXANDRIA
436

MONTGOMERY COUNTY
3,100

LOUDOUN COUNTY
492

PRINCE GEORGE'S COUNTY
4,538

FAIRFAX COUNTY
2,374

PRINCE WILLIAM COUNTY
1,144

CHARLES COUNTY
405

NCR
16,880

Legend: 0-500 | 501-1,000 | 1,001-1,500 | 1,501-2,000 | 2,001-2,500 | 2,501 +
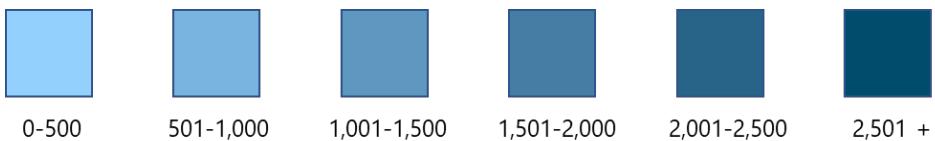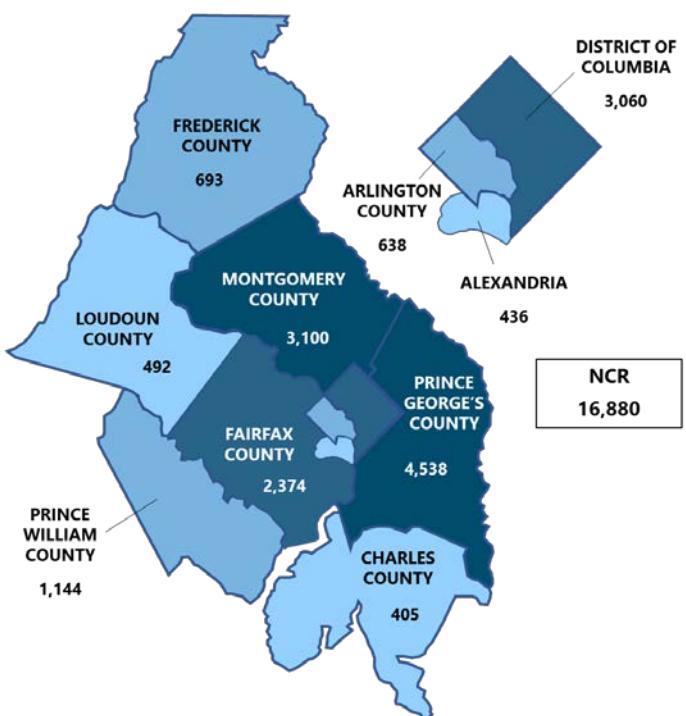
	Actual Confirmed Cases On:				Projected Cases For:						
	4/15	4/16	4/17	4/18	4/19	4/20	4/21	4/22	4/23	4/24	4/25
Washington DC	2,197	2,350	2,476	2,666	2,729	2,801	2,866	2,924	2,975	3,020	3,060
Charles County, MD	310	327	337	347	355	365	375	384	392	399	405
Frederick County, MD	497	527	557	557	579	603	625	644	662	678	693
Montgomery County, MD	1,933	2,133	2,280	2,404	2,604	2,702	2,793	2,879	2,958	3,032	3,100
Prince George's County, MD	2,586	2,808	3,088	3,291	3,571	3,751	3,924	4,090	4,248	4,398	4,538
Arlington County, VA	420	453	485	520	554	572	588	603	616	628	638
Fairfax County, VA	1,298	1,375	1,478	1,636	1,801	1,903	2,003	2,101	2,195	2,287	2,374
Loudoun County, VA	367	378	385	413	434	447	458	468	477	485	492
Prince William County, VA	603	660	737	803	877	925	972	1,017	1,061	1,104	1,144
Alexandria, VA	273	303	321	354	365	379	393	405	416	426	436
NCR	10,484	11,314	12,144	12,991	13,869	14,448	14,997	15,516	16,002	16,457	16,880

Projection Graphs:
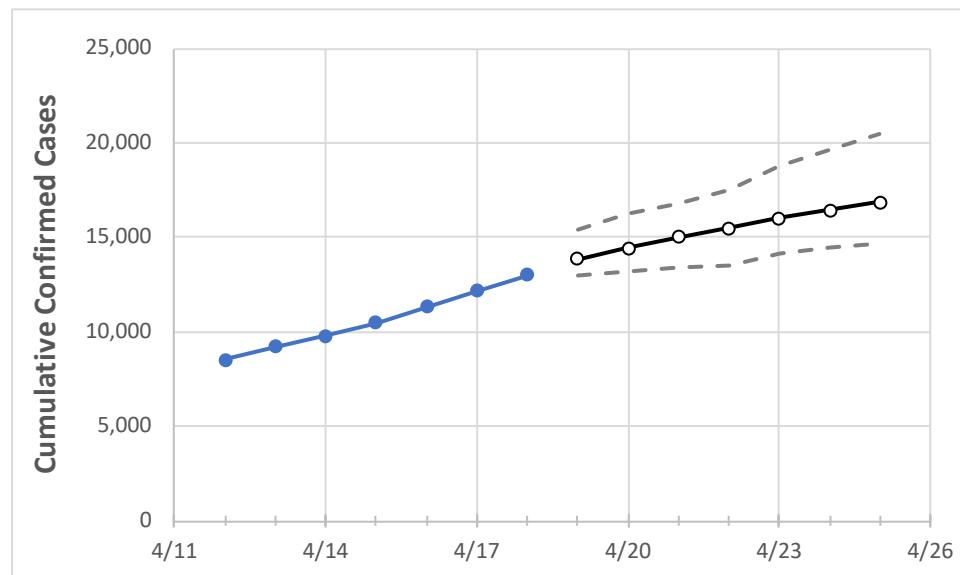
	Actual Confirmed Cases On:				Projected Cases On: 04/25		
	4/15	4/16	4/17	4/18	Lower Limit	Best Fit	Upper Limit
NCR	10,484	11,314	12,144	12,991	14,701	16,880	20,489
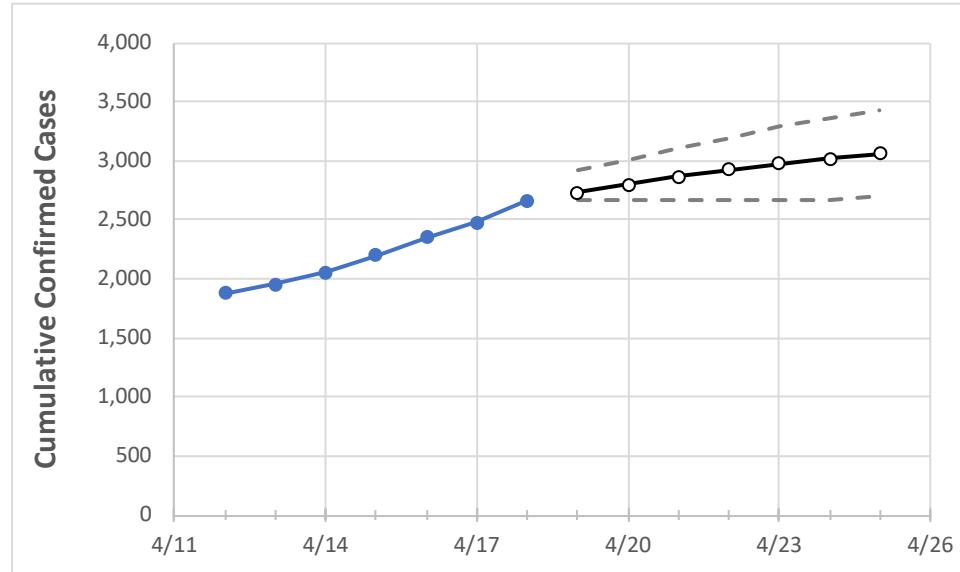
	Actual Confirmed Cases On:				Projected Cases On: 04/25		
	4/15	4/16	4/17	4/18	Lower Limit	Best Fit	Upper Limit
Washington DC	2,197	2,350	2,476	2,666	2,694	3,060	3,420

Maryland County Projection Graphs:
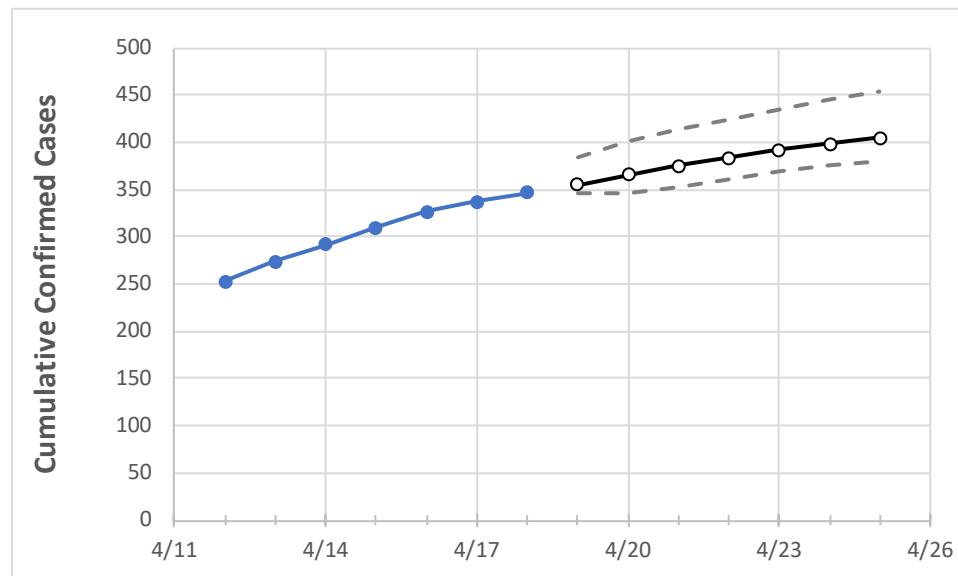
	Actual Confirmed Cases On:				Projected Cases On: 04/25		
	4/15	4/16	4/17	4/18	Lower Limit	Best Fit	Upper Limit
Charles County, MD	310	327	337	347	380	405	453
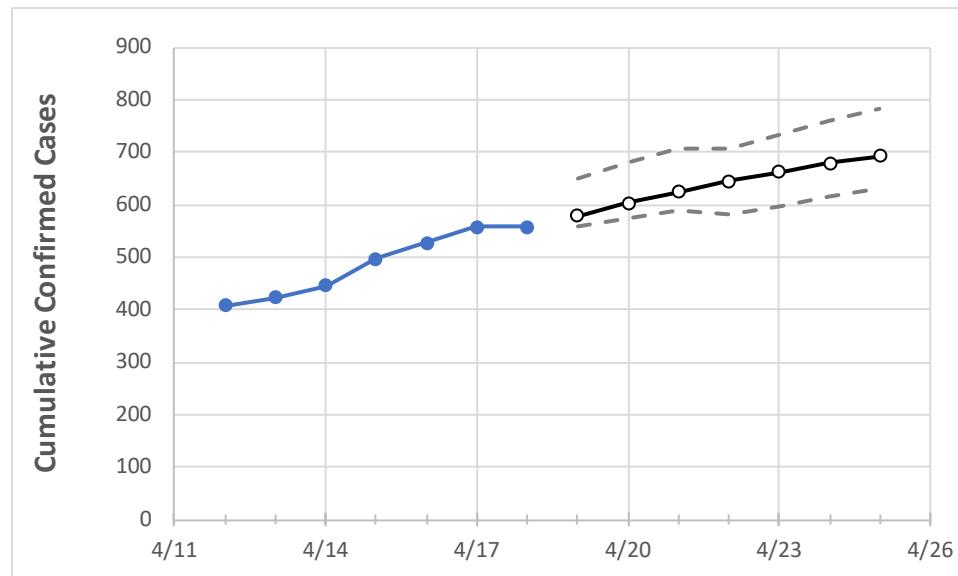
	Actual Confirmed Cases On:				Projected Cases On: 04/25		
	4/15	4/16	4/17	4/18	Lower Limit	Best Fit	Upper Limit
Frederick County, MD	497	527	557	557	629	693	782

Maryland County Projection Graphs:
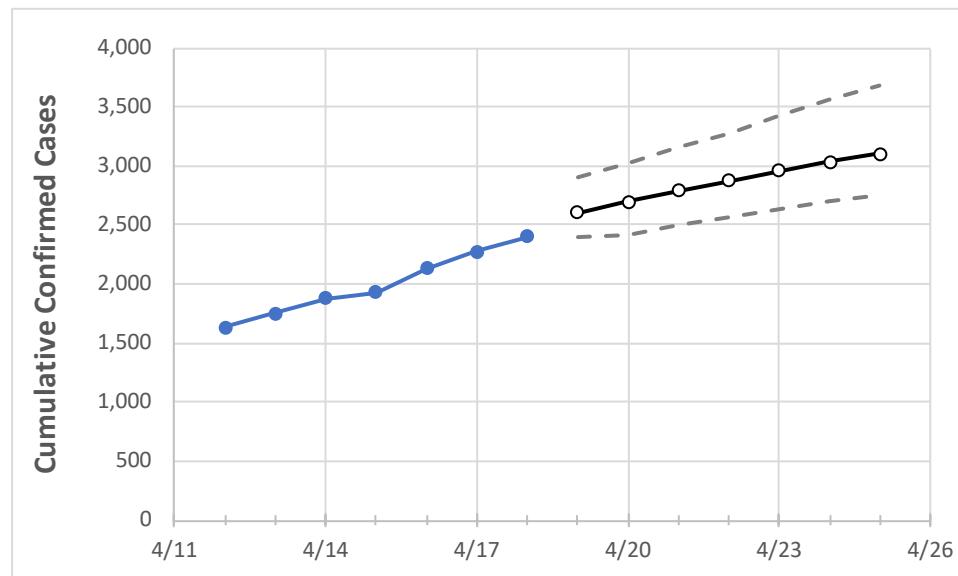
	Actual Confirmed Cases On:				Projected Cases On: 04/25		
	4/15	4/16	4/17	4/18	Lower Limit	Best Fit	Upper Limit
Montgomery County, MD	1,933	2,133	2,280	2,404	2,747	3,100	3,686
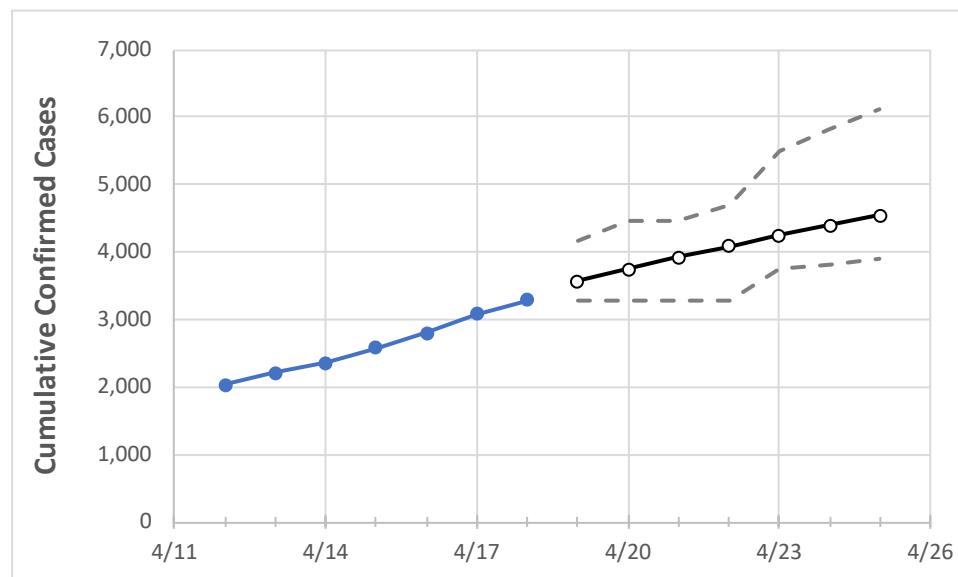
	Actual Confirmed Cases On:				Projected Cases On: 04/25		
	4/15	4/16	4/17	4/18	Lower Limit	Best Fit	Upper Limit
Prince George's County, MD	2,586	2,808	3,088	3,291	3,888	4,538	6,121

Virginia County Projection Graphs:
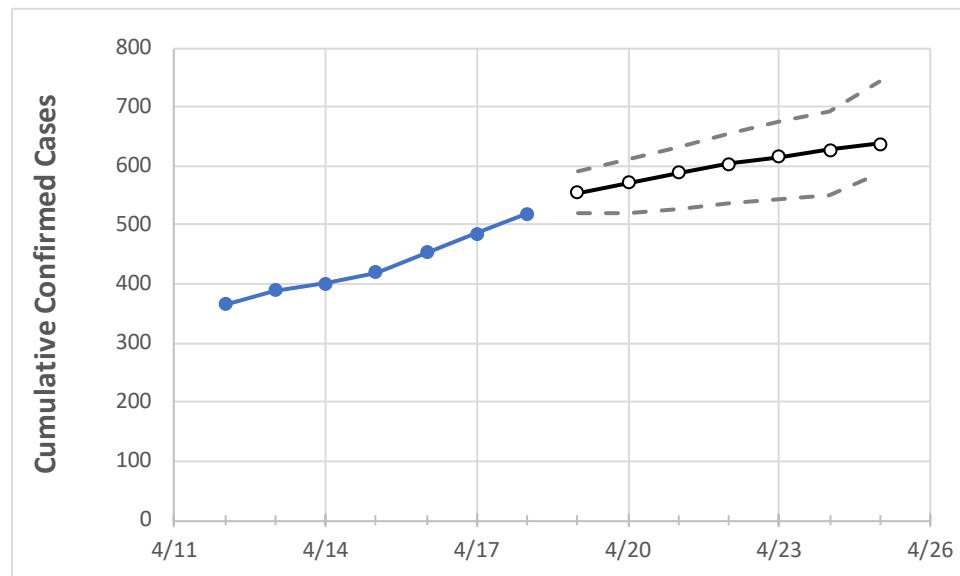
	Actual Confirmed Cases On:				Projected Cases On: 04/25		
	4/15	4/16	4/17	4/18	Lower Limit	Best Fit	Upper Limit
Arlington County, VA	420	453	485	520	588	638	742
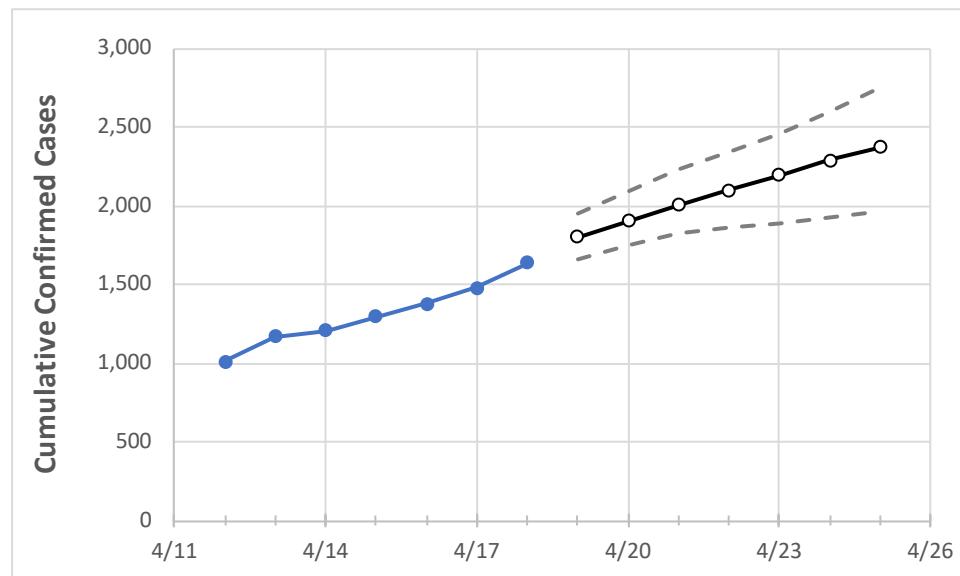
	Actual Confirmed Cases On:				Projected Cases On: 04/25		
	4/15	4/16	4/17	4/18	Lower Limit	Best Fit	Upper Limit
Fairfax County, VA	1,298	1,375	1,478	1,636	1,967	2,374	2,743

Virginia County Projection Graphs:
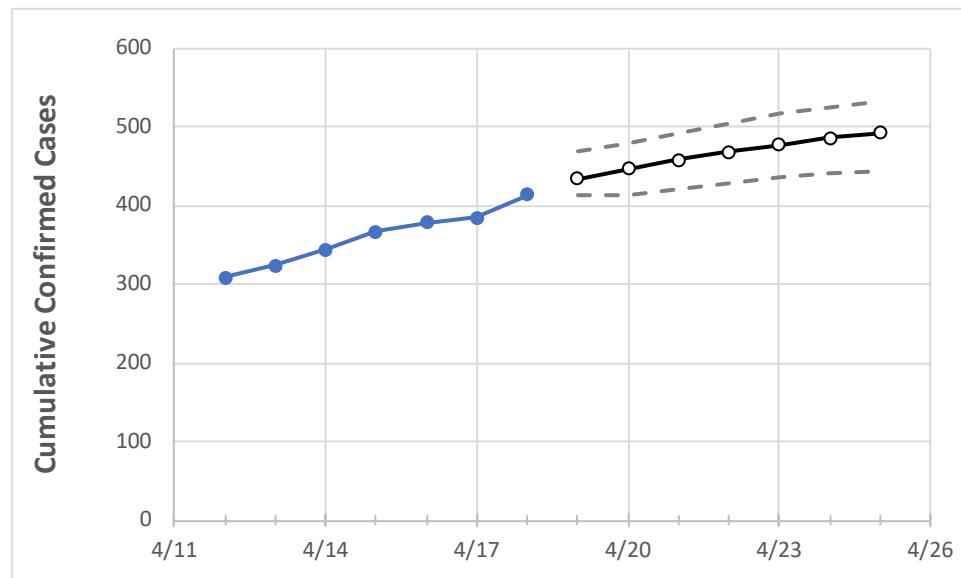
	Actual Confirmed Cases On:				Projected Cases On: 04/25		
	4/15	4/16	4/17	4/18	Lower Limit	Best Fit	Upper Limit
Loudoun County, VA	367	378	385	413	444	492	531
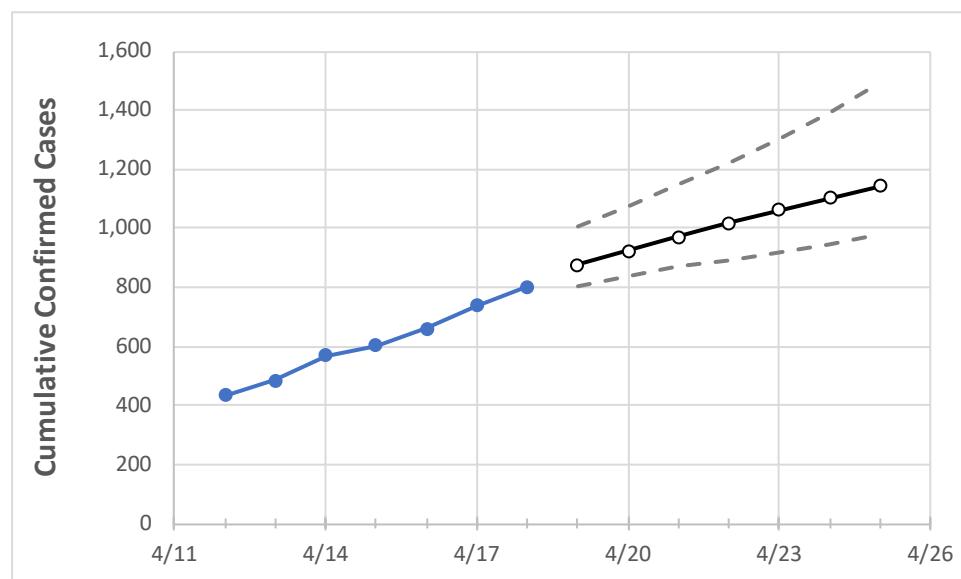
	Actual Confirmed Cases On:				Projected Cases On: 04/25		
	4/15	4/16	4/17	4/18	Lower Limit	Best Fit	Upper Limit
Prince William County, VA	603	660	737	803	976	1,144	1,494

Virginia City Projection Graphs:
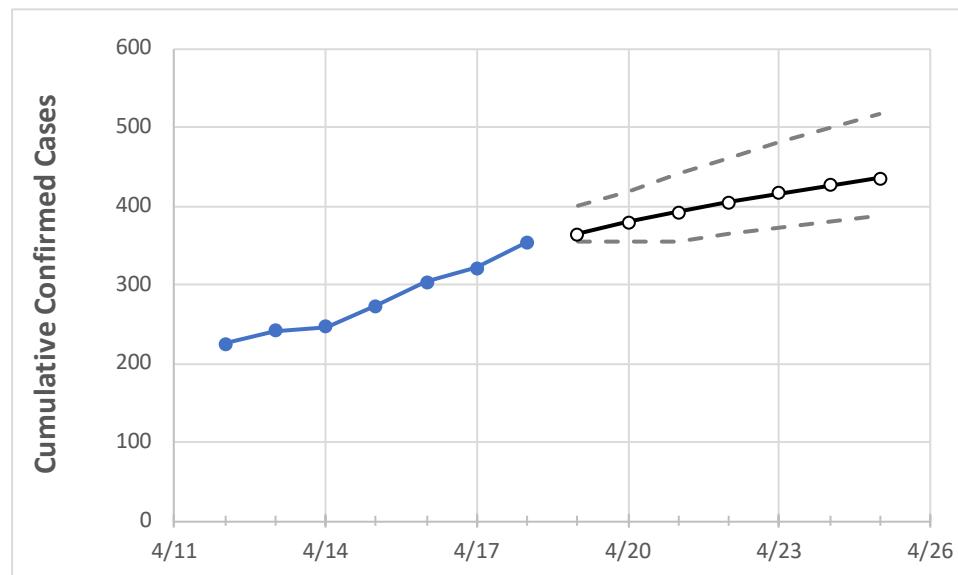
	Actual Confirmed Cases On:				Projected Cases On: 04/25		
	4/15	4/16	4/17	4/18	Lower Limit	Best Fit	Upper Limit
Alexandria, VA	273	303	321	354	386	436	517

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:		
	4/15	4/16	4/17	4/18	4/20	4/22	4/24
Washington DC	2,197	2,350	2,476	2,666	2,801 (560) [134] {67}	2,924 (585) [140] {70}	3,020 (604) [145] {72}
Charles County, MD	310	327	337	347	365 (73) [18] {9}	384 (77) [18] {9}	399 (80) [19] {10}
Frederick County, MD	497	527	557	557	603 (121) [29] {14}	644 (129) [31] {15}	678 (136) [33] {16}
Montgomery County, MD	1,933	2,133	2,280	2,404	2,702 (540) [130] {65}	2,879 (576) [138] {69}	3,032 (606) [146] {73}
Prince George's County, MD	2,586	2,808	3,088	3,291	3,751 (750) [180] {90}	4,090 (818) [196] {98}	4,398 (880) [211] {106}
Arlington County, VA	420	453	485	520	572 (114) [27] {14}	603 (121) [29] {14}	628 (126) [30] {15}
Fairfax County, VA	1,298	1,375	1,478	1,636	1,903 (381) [91] {46}	2,101 (420) [101] {50}	2,287 (457) [110] {55}
Loudoun County, VA	367	378	385	413	447 (89) [21] {11}	468 (94) [22] {11}	485 (97) [23] {12}
Prince William County, VA	603	660	737	803	925 (185) [44] {22}	1,017 (203) [49] {24}	1,104 (221) [53] {26}
Alexandria, VA	273	303	321	354	379 (76) [18] {9}	405 (81) [19] {10}	426 (85) [20] {10}
NCR	10,484	11,314	12,144	12,991	14,448 (2,890) [694] {347}	15,516 (3,103) [745] {372}	16,457 (3,291) [790] {395}

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.

Intelligence Briefing 4-20-2020
COVID Charles County

Updated Infection Numbers: As of 0838 hrs.

Total worldwide: 2,420,439 +74,806 since the 4-19-20 brief.

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

4-9/10	4-10/11	4-11/12	4-12/13	4-13/14	4-14/15	4-15/16	4-16/17	4-17 to 19	4-19/20
120,662	95,648	85,648	69,285	134,855	65,338	80,985	99,539	164,125	74,806

Total fatalities worldwide: 166,205 +4,943 since the 4-19-20 brief
Analysis note: The wild swings in worldwide confirmed case numbers and fatality numbers continue to illustrate the lack of consistent reporting channels. These number should not solely be used to gauge the scope and magnitude of the current situation.

Total confirmed cases in the US: 759,786 +24,499 since the 4-19-20 brief

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

4-9/10	4-10/11	4-11/12	4-12/13	4-13/14	4-14/15	4-15/16	4-16/17	4-17 to 19	4-19/20
33,958	35,284	28,520	28,326	54,634	27,062	38,764	31,493	63,794	24,499

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: 40,683 +1,593 since 4-19-2020

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

Total confirmed cases in State in of MD: 12,830 +522 since the 4-19-20 brief
Total tested in the State of MD: 55,061 +1,999 over 4-19-20
Percent of those test that test positive: 23.3%
Analysis note: Maryland percentage of positive test is now on part with PA, MA, IL, MI, CA and LA.
Total Fatalities in State of MD: 486 +23 change since the 4-19-20 brief
Number of probable deaths: 62 (this is new statistic)
Total Hospitalizations: 2,886 Increase of 129 from 4-19-2020

First Responder Numbers in Charles County:

52 Quarantine: means exposed and they can't come to work. +15 since last report

12 Self Isolation: means sick or tested positive -6 since last reported

Today's numbers are a culmination of much hard work in collecting and synthesizing a tremendously amount of data. The accuracy of these numbers should not be in question moving forward.

Note: 4-17's numbers were reversed.

Weather:

Tuesday 66-37 rain, Wed. 60-42 sun, Thursday 64-53 rain

Local:

No stores were visited this am.
Analysis note: Beef, poultry, and pork plants continue to close at an alarming rate. This will put pressure on the meat market and likely cause a run on store inventories as the press continues to cover these closures.
Nursing home and assistant living patients and staff make-up over 1/3 of the total number of positive cases reported in Charles County.

Maryland Update:

A largely civil protest occurred at the MD state house on Sat.
The once closed Laurel Medical Center will open this week. They will have 3 floors for COVID patients

Region:

Over 13,817 cases in the NCR as of 0500 4-20-2020,
21,281 cases in Maryland, DC, and Virginia as of 1100 on 4-17-2020.
DC Convention Center being prepped to act as a field hospital. 50 beds have arrived. 250 more are due by this week.

National:

Protests grown across the nation
Beaches open in Florida

Local critical infrastructure:
No outages or disruptions are reported or are appear to be likely as of today.

Predications/ Analysis:

- Protests over the continuing of stay at home orders, and business closures are becoming more prevalent and boisterous. Law enforcement should begin to make plans on how to track these groups and respond to events.
- First responder staffing and exposure issues will likely continue to increase. Priority messaging about PPE, manpower reduction strategies, and outside the box thinking should be continued and solutions expedited.
- FOIA and PIA requests for detailed records on infections in assisted living and nursing homes will increase as investigative reporting on this issue increases.
- Grocery stores could become a hotbed of fear and anxiety due to limiting numbers of patrons, assigning shopping days, mask requirements, and now limited meat supplies.
- As critical case in Charles County remain low (outside of nursing homes and assisted living homes), 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 duel 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
Volunteer Firemen's Association, Inc.

Post Office Box #21, La Plata, Maryland 20646

Serving Charles County

April 19th, 2020

Re: Volunteer Fire/EMS Brief

Items Being Worked On:

- Reduction of Force Policy – *Information gathering occurring.*
- Station Health Screening Policy – *Completed*
- PPE Burn Rate / Inventory - *Completed*

Stations/Apparatus:

- No Contaminations issues at any Stations.
- No Apparatus with any contamination issues.
- No Service Deliverability Issues with Apparatus O.O.S.

Personnel - 26 Members across 3 Stations (6 Positive / 5 Negative):

- Fire Station 3 – 1 Member in 14 Day Isolation – Tested Positive 4/16/2020
- Fire / EMS Station 11 - 2 Members -2 Due to Family Members being Quarantined
    - - 3 Members Due to potential exposure from another patient.
- Fire / EM Station 12 – 20 members due to a Positive Member in the Station (Currently 5 Positive/5 Negative)

Incidents/Call Volume:

- No Major Incidents to Report related to COVID-19
- Increase of Responses to SagePoint over the past 7 days.
- Yesterday's EMS Call Volume was average, and Fire Call Volume was below average
    56 Ems Related Incidents ----- 15 Fire Related Incidents

Other Information:

- Working on Topics for Upcoming Podcast
- Pushed out information about Social Distancing in the Stations.
- New PPE Burn Rate Tracking tool created and set to start using next week.
- Continue to push out Peer Support Information.

Respectfully Submitted,

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

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

Overview of Program

- The Maryland Department of Aging and the Department of Health have implemented a new statewide *Caregiver Services Corps (CSC)*, with the goal of enabling older adults to remain safely in their homes and giving them piece of mind that they have support systems in place to do so.

- The objectives of the service include:

    o Providing back-up support to informal caregivers of older adults (family and friends) who are unable provide care, due to an illness, expanded job responsibilities or other temporary constraints.

    o Providing easy access to caregivers and support services for older adults who have found they need help with everyday life tasks.

    o Preventing hospitalizations of older adults that may be a result of lack of needed care in their homes.

- Older adults and their caregivers can access the service by dialing 211. The 211 operators will transfer the caller to the *CSC* call center.

- The **CSC** call is staffed with highly trained specialists who are available 24/7 to quickly evaluate care needs for older adults and identify caregivers and other the resources to deploy to their homes.

- Additionally, first responders who identify needs in the homes of older adults can connect to the command center by calling 800-337-8958.

- The service is to be used for immediate needs and if there are ongoing needs those services will be arranged as well.

48-hour Priorities:
- Maintaining instructional continuity
- Expanding and maintaining food service
- Expanding and maintaining WiFi service

Meals:

No meal distribution over the weekend.

Last week CCPS distribution of meals for the week "unofficially" is 26,864 meals served, quite impressive for the shortened four day week. Meals served to Charles County students since March 16 total 129,559. We will continue wit packet pickup at the 11 meal sites this week.

Closure:

Maryland State Superintendent of Schools Dr. Karen Salmon extended the statewide school closure to Friday, May 15. Charles County Public Schools (CCPS) now remains closed through May 15. All schools, buildings and centers will remain closed to the public.

Instruction:

Friday, 4/24/20, is the last day for parents and students to request a laptop for their child.

Community Wifi:

All four sites are up and running and seeing use. CCPS in process of 3 other additional WiFi sites.

Misc:

Respectfully submitted by Jason Stoddard and Michael Meiser