

# Charles County COVID-19

## Incident Action Plan



### Operational Period

From 5/2/20 8:00 To 5/5/20 8:00



# INCIDENT OBJECTIVES (ICS 202)

<b>1. Incident Name</b>	<b>2. Operational Period</b>	<b>Date From:</b>	5/2/20	<b>Date To</b>	5/5/20
Charles County COVID-19		<b>Time From:</b>	8:00	<b>Time To:</b>	8:00
<b>3. Objectives</b>					
A. Maximize 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. Ensure all practical steps to "Slow the Spread" of transmission of COVID-19.					
H. Determine trigger points for Continuity of Operations for all agencies, including government, public safety, schools, hospital, and other critical infrastructure systems.					
I. Prepare for the New Normal.					
<b>4. Operational Period Command Emphasis</b>					
<b>General Situational Awareness</b>					
"Face Masks...Wearing them helps prevent the spread of COVID-19 to you and your co-workers."					
<b>5. Site Safety Plan Required?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Approved Site Safety Plan(s) Located at:					
<b>6. Attachments (check if attached)</b>					
<input checked="" type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<input checked="" type="checkbox"/>	<b>ICS 214</b>		
<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"/> Forecast/Tides/Currents	<input type="checkbox"/>	_____		
<b>7. Prepared by: Name:</b> <u>Joe Hoffmaster</u> <b>Position/Title:</b> <u>PSC</u> <b>Signature:</b> _____					
<b>8. Approved by Incident Commander: Name:</b> <u>Michelle Lilly</u> <b>Signature:</b> _____					
ICS 202	IAP Page <u>2</u>	Date/Time: <u>May 4, 2020 @15:00</u>			

## ORGANIZATION ASSIGNMENT LIST (ICS 203)

<b>1. Incident Name</b> Charles County      COVID-19		<b>2. Operational Period</b> Date From:      5/2/20      Date to:      5/5/20 Time From:      8:00      Time to:      8:00	
<b>3. Incident Commander and Staff</b>		<b>7. Operations Section</b>	
UC	Dr. Howard Haft	Chief	
UC	Michelle Lilly	Deputy	
Deputy	Melanie Gardiner		
Deputy	Tony Rose		
Safety Officer	John Filer	<b>a. Branch I</b>	<b>Public Health</b>
Public Information Office	Jennifer Harris    Donna Fuqua    Linda Warner	Branch Director	Ranston Harvey
Intell Officer	Jason Stoddard	Deputy	Mary Lilly
<b>4. Agency Representative</b>		DSS	
		Liaison Officer	Tom Brown    Robbie Jones
<b>Agency</b>	<b>Name</b>	Hospital	Bill Grimes    John Filer
Intell officer Deputy	Mike Meiser	Nursing Homes	Tiffany Brown
Lifestyles	Sandy Washington	Health Care Providers	Melanie Gardiner
Public Schools	Mike Meiser	Rehab Centers	Eddie Kratzer
		Assisted Living	Rosalinda Horton
		Funeral Services	Cataria Patterson
		<b>b. Branch II</b>	<b>Public Safety</b>
		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
<b>5. Planning Section</b>		<b>c. Branch III</b>	<b>Law Enforcement</b>
Chief	Joe Hoffmaster	Branch Director, CCSO	Chris Schmidt
Deputy	Bill Smith	Deputy, CCSO	Cari Baker
Resource Unit		La Plata Police	Chris Becker
Situation Unit	Jen Adams	MD State Police	Thomas Quade
Documentation Unit	Bill Smith	DNR	Catherine Meddelin
Demobilization Unit		MdTA	Brian Lawrence
Human Resources			
<b>Technical Specialists</b>	<b>(name / specialty)</b>	<b>d. Branch IV</b>	<b>Infrastructure</b>
		Branch Director	
		Deputy	
		SMECO	Jennifer Raley
		Grocery	
<b>6. Logistics Section</b>		Propane	
Chief	Nick Ellis	Natural Gas	
Deputy	need to fill		
<b>Support Branch</b>			
Donations	Ed Tucker		
Supply Unit			
Facilities Unit	Nick Ellis	<b>10. Finance Section</b>	
Ground Support Unit		Chief	Jennifer Adams
<b>Service Branch</b>		Deputy	
Service Branch Dir.		Time Unit	
Communications Unit	Jeffrey Clements	Procurement Unit	
Medical Unit		Comp/Claims Unit	
Security Unit		Cost Unit	
Food Unit			
<b>9. Prepared by: Name: <u>Joe Hoffmaster</u></b>		<b>Position/Title: <u>PSC</u></b>	<b>Signature _____</b>
ICS 203	IAP Page <u>3</u>	Date/Time: <u>May 4, 2020 @ 14:00</u>	

## ORGANIZATION ASSIGNMENT LIST (ICS 203)

<b>1. Incident Name</b> Charles County COVID-19		<b>2. Operational Period</b> Date From: 5/2/20      Date to: 5/5/20 Time From: 8:00      Time to: 8:00	
<b>3. Incident Commander and Staff</b>		<b>7. Operations Section</b>	
UC	Dr. Howard Haft	Chief	
UC	Michelle Lilly	Deputy	
Deputy	Melanie Gardiner		
Deputy	Tony Rose		
Safety Officer	John Filer	<b>a. Branch V</b>	<b>Governance</b>
Public Information Office	Jennifer Harris    Donna Fuqua    Linda Warner		
Intell Officer	Jason Stoddard		
<b>4. Agency Representative</b>		Charles County Govern.	Michele Lilly
<b>Agency</b>	<b>Name</b>	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>b. Branch VI</b>	<b>Business</b>
		Branch Director	Darre'll Brown
		Deputy	Marcia Keeth
		Economic Development	Darre'll Brown
		Chamber of Commerce	Bonnie Grady
<b>5. Planning Section</b>		<b>c. Group</b>	<b>Peer Support</b>
Chief	Joe Hoffmaster	Group Supervisor	Courtney Shannon
Deputy	Bill Smith	Deputy	Pam Gantt
Resource Unit			Debbie Gianinni
Situation Unit	Jen Adams		
Documentation Unit	Bill Smith		
Demobilization Unit			
Human Resources			
<b>Technical Specialists</b>	<b>(name / specialty)</b>	<b>d. Branch VIII</b>	
		Branch Director	
		Deputy	
<b>6. Logistics Section</b>			
Chief	Nick Ellis		
Deputy	need to fill	<b>e. Branch IX</b>	
<b>Support Branch</b>			
Donations	Ed Tucker		
Supply Unit			
Facilities Unit	Nick Ellis	<b>10. Finance Section</b>	
Ground Support Unit		Chief	Jen Adams
<b>Service Branch</b>		Deputy	need to fill
Service Branch Dir.		Time Unit	
Communications Unit	Jeffrey Clements	Procurement Unit	
Medical Unit		Comp/Claims Unit	
Security Unit		Cost Unit	
Food Unit			
<b>9. Prepared by:</b> Name: <u>Joe Hoffmaster</u> Position/Title: <u>PSC</u> Signature: _____			
ICS 203	IAP Page <u>4</u>	Date/Time: <u>May 4, 2020 @ 14:00</u>	

## COMMUNICATIONS LIST (ICS 205A)

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

## COMMUNICATIONS LIST (ICS 205A)

1. Incident Name		2. Operational Period:		Date From:	5/2/20	Date to:	5/5/2020
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	<a href="mailto:jestoddard@ccboe.com">jestoddard@ccboe.com</a>				
Ranston	Harvey	CCDOH	<a href="mailto:Ranston.harvey@maryland.gov">Ranston.harvey@maryland.gov</a>				
Laschatt	Lisa	CCDOH	<a href="mailto:lisa.laschatt@maryland.gov">lisa.laschatt@maryland.gov</a>				
Meiser	Michael	CCPS	<a href="mailto:mmeiser@ccboe.com">mmeiser@ccboe.com</a>				
EOC- CC		CCEOC	<a href="mailto:DESEOC@charlescountymd.gov">DESEOC@charlescountymd.gov</a>				
Cherry	Lori	LOGS- Deputy	<a href="mailto:CherryL@charlescountymd.gov">CherryL@charlescountymd.gov</a>				
Herbert	Scott	PS LOGS	<a href="mailto:sherbert@hvfdeems.org">sherbert@hvfdeems.org</a>				
Haft	Howard	CCDH	<a href="mailto:Howard.haft@maryland.gov">Howard.haft@maryland.gov</a>				
Raley	Jennifer	SMECO	<a href="mailto:Jennifer.Raley@SMECO.Coop">Jennifer.Raley@SMECO.Coop</a>				
Farr	Courtney	SMECO	<a href="mailto:Courtney.Farr@SMECO.Coop">Courtney.Farr@SMECO.Coop</a>				
Law	Natasha	SMECO	<a href="mailto:Natsha.Law@SMECO.Coop">Natsha.Law@SMECO.Coop</a>				
Teleconfernce #			1-872-240-3212				
Tucker	Ed	Donations	<a href="mailto:DESDonations@Charlescountymd.gov">DESDonations@Charlescountymd.gov</a> <a href="mailto:Etucker@Charlescountymd.gov">Etucker@Charlescountymd.gov</a>				
Barnes	Raena	DH-Liaison	<a href="mailto:raena.barnes@maryland.gov">raena.barnes@maryland.gov</a>				
Wolf	Theresa	PH-DSS	<a href="mailto:Therese.Wolf@maryland.gov">Therese.Wolf@maryland.gov</a>				
Higgins	David	Safety Officer- Assistant	<a href="mailto:HigginsD@chalrescountymd.gov">HigginsD@chalrescountymd.gov</a>				
Jones	Robbie	HD-Liaison	<a href="mailto:JonesRob@Charlescountymd.gov">JonesRob@Charlescountymd.gov</a>				
Hicks	Ryan	Indian Head	<a href="mailto:ryan@townofindianhead.org">ryan@townofindianhead.org</a>				
Lewis	Mitchell	Volunteer EMS Chief, Assistant	<a href="mailto:mlewis@WaldorfVFD.com">mlewis@WaldorfVFD.com</a>				
Mott	Robert (Bob)	VEIP Manager Document Facil.	<a href="mailto:capt302a@gmail.com">capt302a@gmail.com</a>				
Rands	Ray	VEIP Manager	<a href="mailto:raymond.rands@maryland.gov">raymond.rands@maryland.gov</a>				
Edge	Bill	CCSO-Safety					
Peer	Support	Peer Support Team	<a href="mailto:DESPeersupport@charlescountymd.gov">DESPeersupport@charlescountymd.gov</a>				
Courtney	Shannon	Peer Support Team Leader	<a href="mailto:Shannonc@charlescountymd.gov">Shannonc@charlescountymd.gov</a>				

## SAFETY MESSAGE/PLAN (ICS 208)

<b>1. Incident Name</b> Charles County COVID-19	<b>2. Operational Period</b>	<b>Date From:</b> 5/2/20	<b>Date To:</b> 5/5/20	<b>Time From:</b> 8:00	<b>Time To:</b> 8:00
--	------------------------------	--------------------------	------------------------	------------------------	----------------------

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

"Face Masks...Wearing them helps prevent the spread of COVID-19 to you and your co-workers. "

1. Total identified PUI's transported as of 5/4: 565 Total # of patients testing positive : 101
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 on 04-20-2020. 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.
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 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 recomendations.
10. The Viral Pandemic Triage Protocol (SO 2020-02) started on 04-27-2020 for all EMS clinicans. Please make sure you document accordingly in ELITE.

**Site Safety Plan(s) Located At:**     Yes     No

**5. Prepared by:** Name: John Filer Title: Safety Officer Signature: \_\_\_\_\_

ICS 208

IAP Page 7

Date/Time: May 4, 2020 @ 14:00





## EOC Operational Period Meeting Schedule

Time	<u>Meeting Schedule</u>	<u>Attendees and Mission</u>	<u>Deliverables</u>
7:30	<b>Hospital Liaison</b>	Attended by Hospital Liaison Officer to communicate patient count numbers, PUI's, PUI's transported by EMS	PUI's transported by EMS. Follow up information passed to Infection Control Officers.
8:00	<b>EOC UC Objectives Meeting</b>	Attended by Unified Command and Planning Section to adjust the objectives and voice concerns for the upcoming operational period.	Post Objectives Changes to Command and General Staff
M,W,F only	<b>Strategy Meeting</b>  (C&GS) modified	Attended by Unified Command and General Staff to adjust the objectives and voice concerns for the upcoming operational period.	Post Strategy Changes to Branch Directors
After 09:30	<b>BRANCH Tactics Meeting</b>	Attended at Branch level, Branch Directors, PSC, LSC, SOF for the upcoming operational period.	Post unfilled needs outside of Branch Level to LOGS, PSC
After 09:30	<b>Planning Meeting</b>	Immediately following the Tactics meeting. Attended by Command Staff to support the IAP.	Open Action Items
10:00	<b>State EMS Conference Call</b>	EMS Chief conferences with MD State EMS Officials to share information and discuss	
M, W, F	<b>Coordination Briefing</b>	Attended by all Operations personnel especially Branch Directors and DIVS.	
15:00	<b>IAP Deliverables</b>  Brief Deliverables	Following the Tactics meeting, all deliverables need to be sent to the Planning Section.	All Branch Directors will submit daily briefs and information bulletins to DESPlanning
15:00	<b>MEMA Conference Call</b>	Emergency Manager conference call with State Emergency Managers to discuss State Situational Updates	
16:00	<b>IAP and Briefs Delivered</b>	No Meeting	
16:15	<b>Health Dept, EOC, Hospital</b>	Conference call to discuss situational updates	
as needed	<b>Critical Exchange</b>	Branch Director, Section Chief, report up the chain	Written report up the chain as necessary to follow up after critical moment is being handled.




# Safety Officer's Report Charles County EOC

05-04-20


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

**Today's Safety Message:** "Face Masks...wearing them helps prevent the spread of COVID-19 to you and your co-workers."

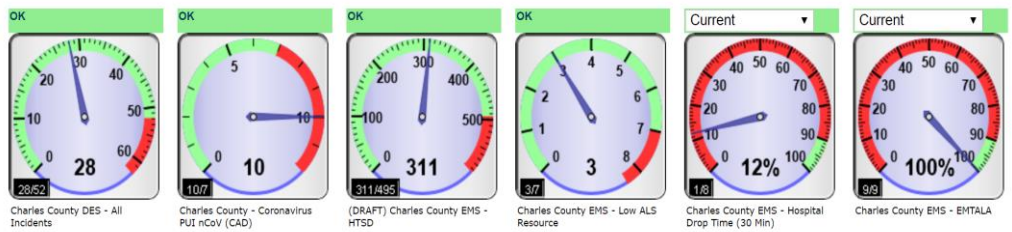
- Total number of PUI's transported to date: 565
- Total number of patients transported by EMS testing + for COVID: 101
- Total number of first responders on self-isolation: 0
- Total number of first responders on quarantine: 8
- Total number of first responders + for COVID-19: 9
- Total number of first responders out for COVID related mental health: 0
- Total number of fire stations sanitized: 6
- Daily Estimated PPE Burn Rate: 30 sets/day

 10425 Audie Lane  
La Plata, MD 20646

 301-399-1143

 [DESsafety@charlescountymd.gov](mailto:DESsafety@charlescountymd.gov)

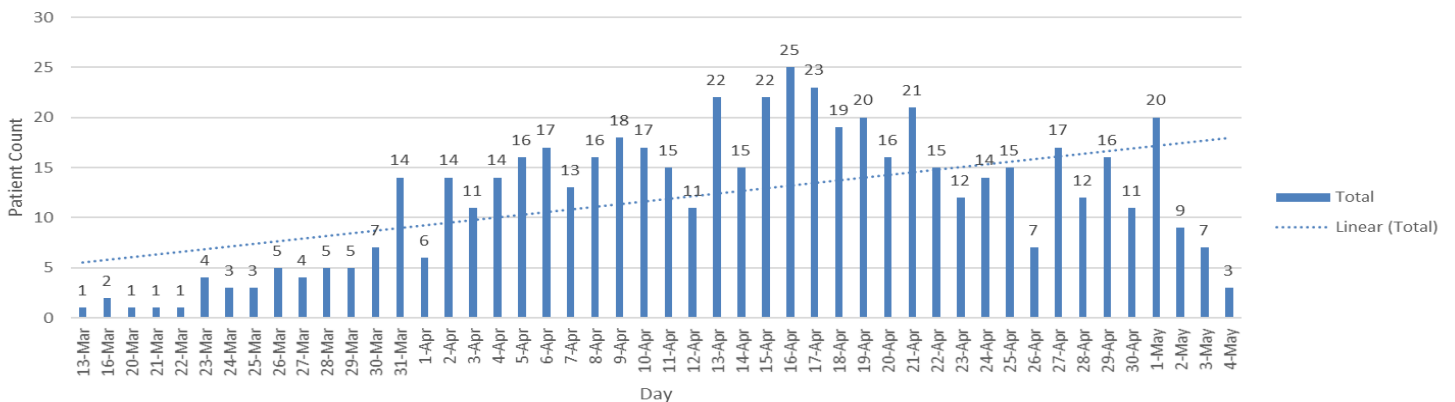
 [www.charlescountymd.gov](http://www.charlescountymd.gov)



ePCR

Count of Incident Number

PUI Incidents - 03-13-20 thru 05-04-20 @ 1025



Sent to Queue



**STAR WARS DAY**  
**MAY THE 4<sup>TH</sup>**  
**BE WITH YOU**

# Face Masks...

---

Wearing them helps prevent the spread of COVID-19 to you and your co-workers.



# PUBLIC HEALTH BRANCH BRIEFING COVID-19 PANDEMIC RESPONSE

May 4, 2020

## GENERAL REPORTING INFORMATION

### INFECTIOUS DISEASE

#### CASE COUNT—CHARLES COUNTY

As of 5/4/2020, total case count for Charles County is 654.

- *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. (*Approximately 20 calls this weekend.*)

### MEDIA, SOCIAL MEDIA AND WEBSITE

The message for the electronic screen this week will be:

- Protect your friends and family---Stay at home
- Use your head --Slow the spread

### PARTNER/STAKEHOLDER OUTREACH

#### LTC/AL

- The Long-Term Care and Assisted Living call will be held May 7 at 3 p.m. by CCDOH nurse liaisons.

#### ALL-PARTNER

- The all-partner call will be held May 7 at 4 p.m. by CCDOH nurse liaisons.

## **EPI SURVEILLANCE PROFILE FOR STATE**

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

- 1) Latest case counts – total: 26,408 (110,587 negative)
- 2) New cases: 946
  - a) **Age distribution:**
    - i) under 18 years - 2 %
    - ii) in 19-64 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, 53% female; 47% male
  - d) Hospitalizations (14 last 24 hours); total 5,199
  - e) Deaths -- Total 1,216 (34 last 24 hours)
  - f) Release from isolation – 1,696

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

### **RESOURCE DISTRIBUTION**

- 5 requests received 05/01/2020
- 5 orders fulfilled and facilities contacted
- Nurse liaisons will be also assessing LTC/AL needs and encouraging them to enter proper PPE requests and encourage pick up.
- PPE PACKAGES FOR NURSING HOMES -- There will be two shipments totaling a 14-day supply of PPE to more than 15,000 nursing homes across the Nation to service as a bridge between other PPE shipments. The nursing homes are those that are Medicaid- and Medicare-certified nursing homes based on input from the American Health Care Association. When information first shared, it was to be a 7-day supply. There are 4 nursing homes in Charles County that will receive such shipments.

### **VOLUNTEERS**

#### **MARYLAND MEDICAL RESERVE CORPS**

- 2 new responders accepted into Charles County Unit today

#### **CAREGIVER SERVICE CORPS**

- Nothing new to report

## **TESTING**

### **VEIP TESTING SITE UPDATE**

- Tested to Date as of May 4: 651
- 120 appointments slots for Tuesday and Thursday, May 5 & 7, 2020

## **EPIDEMIOLOGY AND SURVEILLANCE**

### **Charles County**

As of 5/4 at 9 a.m., total case count for Charles County was 654 cases.

There have been **47** confirmed deaths associated with COVID-19 (7.2%). Majority of deaths are associated with outbreaks in skilled nursing facilities. There were 3 probable COVID-19 deaths. COVID-19 is listed as the cause of death, but laboratory testing has not yet confirmed.

- Average age of fatalities: 78 years

**Gender breakdown among confirmed fatalities:** 71.4% Female, 28.6% Male

### **Racial breakdown among confirmed fatalities:**

- 59.2% Non-Hispanic White
- 36.7% Non-Hispanic Black
- 4.1% Hispanic
- Number of negative lab results: 2938
- Positivity Rate: 18.2% (State positivity rate: 19%)
- Recovered and released from isolation: 142
- Partially recovered with improved symptoms: 41
- 139 or 21.3% required hospitalization
- Among confirmed cases, 379 (58%) Female; 275 (42%) Male
- 17% Healthcare Workers
- 2% First Responders: EMS, Fire, Law Enforcement
- 32% have underlying health conditions
- Age range of positive COVID-19 cases: 0-100 years

### **Age Distribution for Charles County cases:**

- Under 18 years: 13 (2.0%)
- 18-64 years: 488 (74.6%)
- 65+ years: 153 (23.4%)

**ESSENCE** data for urgent care utilization at Patient First in Waldorf had a yellow alert for Saturday, May 2<sup>nd</sup> and no alerts on Sunday, May 3<sup>rd</sup>. The alert on 5/2 could have been due to several reasons including 2 “Visit of Interest” CDC Classifier tags and a high volume of cases that could be classified as influenza-like illness or COVID-19 like illness. Patient volume was 39 patients on 5/2 and 30 on 5/3. Total patient volume has remained similar over the last week. All were discharged to home for self-care. 18 patients presented with ILI or COVID-19 like symptoms on 5/2 and 10 patients on 5/3. Diagnoses for ILI patients on Saturday included acute pharyngitis, unspecified pneumonia, acute front and maxillary sinusitis, headache, cough, contact

with and exposure to other viral communicable disease, shortness of breath, and unspecified fever. On 5/2, there 2 “Visit of Interest” CDC Classifier tags. One was for COVID-19 exposure and one was for Chicken Pox. There was also 1 Pneumonia tag and 1 Coronavirus tag. They completed a total of 10 COVID-19 tests in their drive-up testing site on 5/2.

On 5/3, the diagnoses for ILI patients included unspecified chest pain, pneumonia, COVID-19 bronchitis with or without tracheitis, unspecified fever, Anosmia (loss of smell), cough, and encounter for screening for other viral diseases. There was one CDC Classifier tag for Pneumonia. They completed 7 COVID-19 tests in their drive-up testing site on 5/3.

### **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 12 on 4/30. EMS indicates that PUI’s appear to be declining.

- 5/2: 10
- 5/3: 9

**Race breakdown:** The data is now being captured in the MDH line lists of confirmed cases in REDCap. Data was accessed today at 9 a.m. Please be cognizant that data may differ from numbers pulled later in the morning since new positive lab results are being received by the health department and entered into NEDSS throughout the work day. This explains any discrepancies in the total count or denominator being used to calculate each data measure.

**Total: 654 cases at 9 a.m. today** MDH line list assessed through REDCap:

Data on race and ethnicity changes daily as case investigations are completed and more information on demographics is updated in the electronic reporting disease system. Additionally, when there is an influx of new cases in electronic reporting disease system, data on race and ethnicity may not be available immediately for new cases since race information is not typically captured on a lab report and must be obtained during the investigation.

### **Race Breakdown**

- Asian: 13 (2.0%)
- Black/African American: 295 (45.1%)
- White: 168 (25.7%)
- Other or 2+ races: 33 (5.0%)
- Data not available: 145 (22.2%)

### **Ethnicity Breakdown**

- Hispanic 11 (1.7%)
- Non-Hispanic 338 (51.7%)
- Declined to answer 38 (5.8%)
- Data not available 267 (40.8%)

**Nursing Home Outbreak Data** (*Confidential: Not for public dissemination*)

- Positive resident cases in Skilled Nursing Facilities/Assisted Living Facilities: 138
- Positive staff cases in Skilled Nursing Facilities/Assisted Living Facilities: 53
- Among those 138 resident cases, 106 are in skilled nursing facilities and 32 are in assisted living facilities.
- Current residents or staff who are Persons Under Investigation (PUI) in Skilled Nursing Facilities/Assisted Living Facilities: 9
- Total currently hospitalized: 5
- Deaths: 42

**Charles County Efforts to Address the Governor's Executive Order regarding testing in Skilled Nursing Facilities:**

All 4 skilled nursing facilities in Charles County received testing kits for their residents and completed testing by the close of business on Friday. Dr Haft held a call on 5/1 to discuss staff testing and potential staffing needs after testing. There will be a need to quarantine staff who test positive. A call is scheduled for 4 pm on Monday to discuss the results of resident testing, the next steps for staff testing, and staffing concerns.

*Epidemiologist Note: Please use caution when drawing any conclusions regarding race or ethnicity. There is still a percentage where 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 level data was also analyzed using the MDH line lists of confirmed cases in REDCap. Data was accessed on 5/4 at 9:00 am.

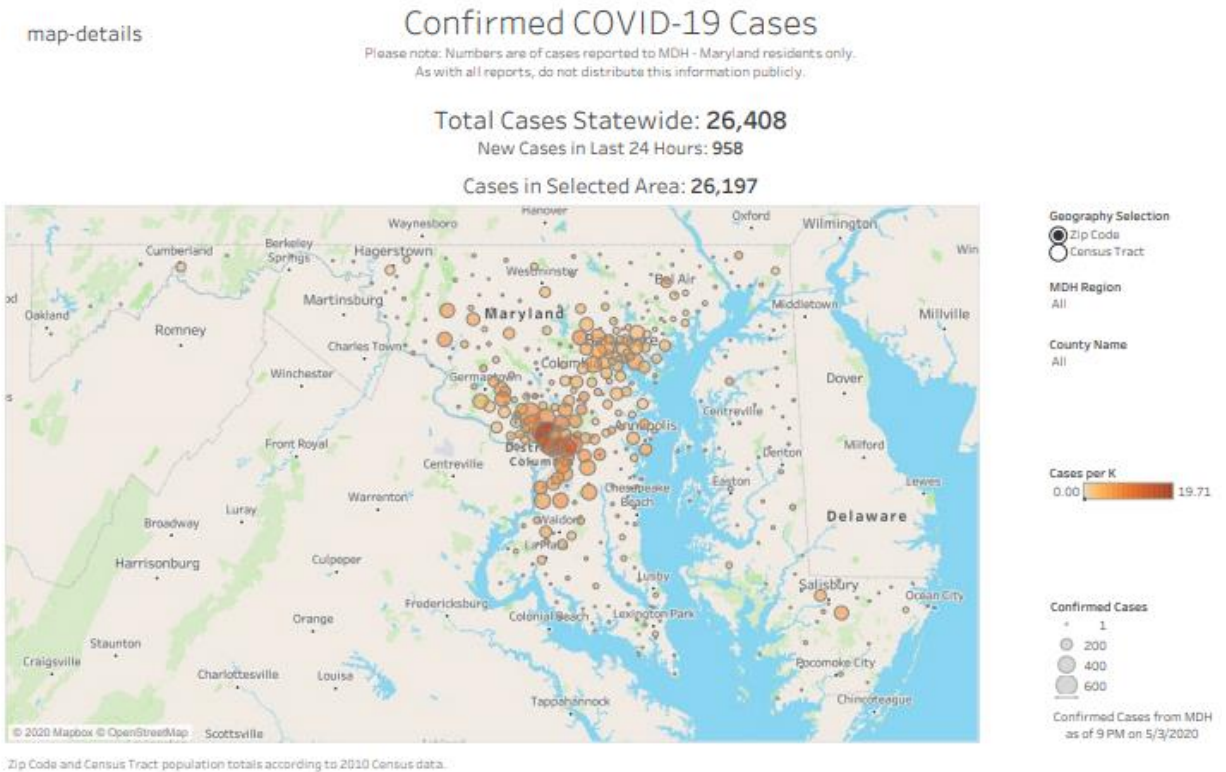
*(Zip code level data with counts less than 7 cases cannot be shared publicly and must remain confidential.)*

**Confirmed cases by zip code:**

Zip code:	5/1	5/4	Change from 5/1 to 5/4
20601	93	98	+5
20602	108	113	+5
20603	161	165	+4
20604	2	2	0
20611	3	4	+1
20613	20	22	+2
20616	18	20	+2
20622	3	3	0
20632	2	2	0
20637	17	17	0
20640	26	27	+1
20645	1	1	0
20646	79	91	+12
20658	3	3	0
20662	9	9	0
20664	6	8	+2
20675	7	7	0
20677	6	8	+2
20693	3	4	+1
20695	39	41	+2

**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**



- **Heat Map of Charles County**

map-details

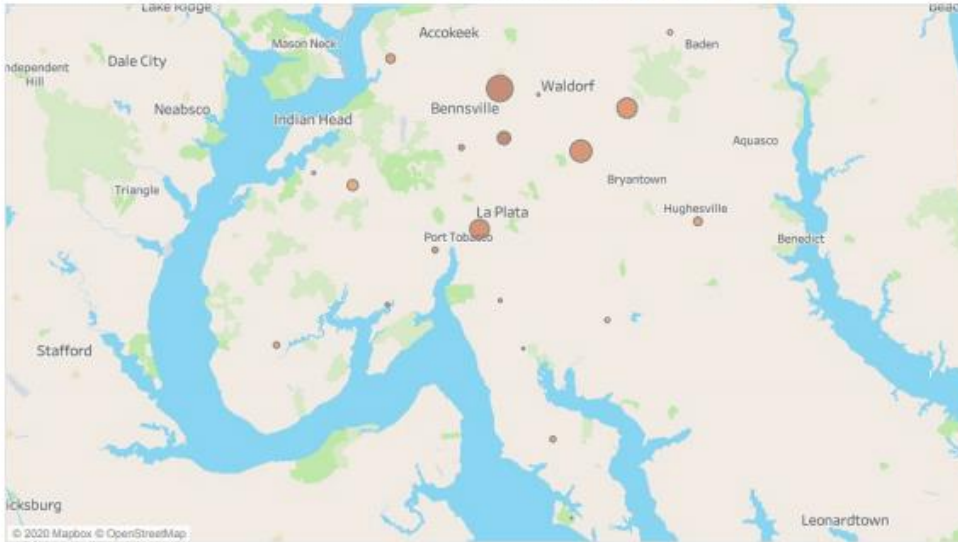
### Confirmed COVID-19 Cases

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: 26,408**

**New Cases in Last 24 Hours: 958**

**Cases in Selected Area: 636**



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

- **Maryland Case Map**

map-details

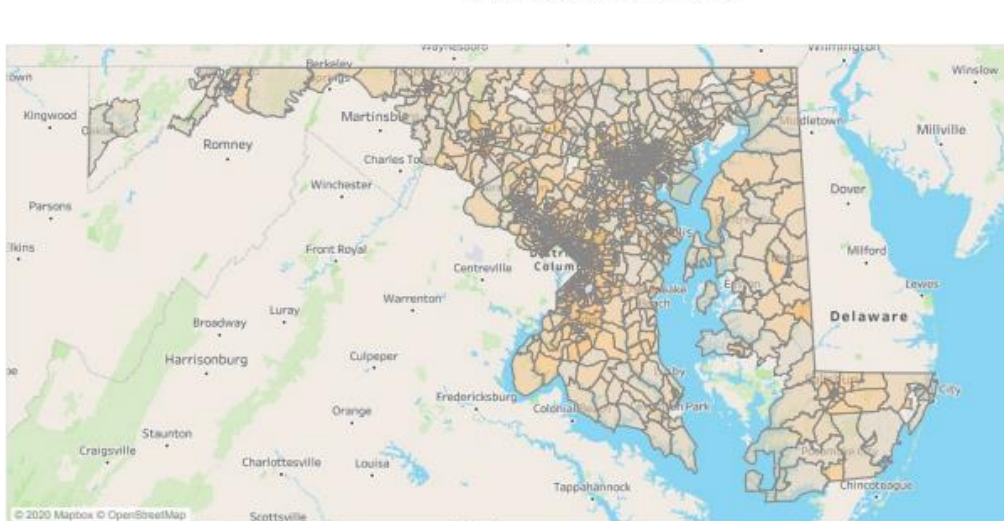
### Confirmed COVID-19 Cases

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: 26,408**

**New Cases in Last 24 Hours: 958**

**Cases in Selected Area: None**



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



- 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.

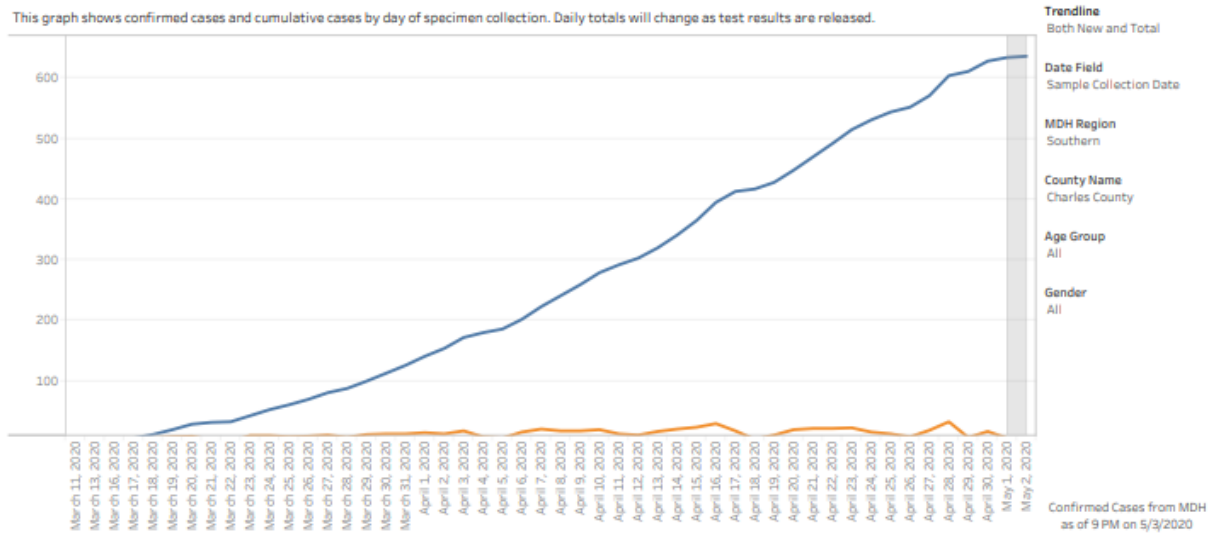
**Total Cases Statewide: 26,408**

**New Cases in Last 24 Hours: 958**

**Number of Cases for Selected Area/Demographics: 636**

This graph:

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. Grey shading indicates days pending additional data.

### 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.

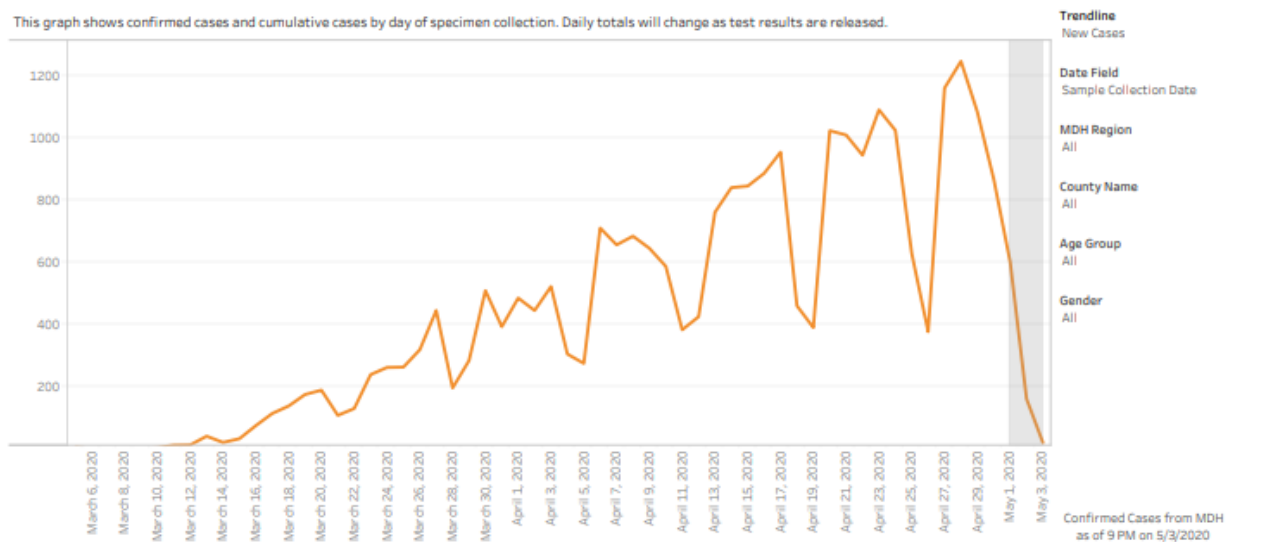
**Total Cases Statewide: 26,408**

**New Cases in Last 24 Hours: 958**

**Number of Cases for Selected Area/Demographics: 26,408**

This graph:

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. Grey shading indicates days pending additional data.

- **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.

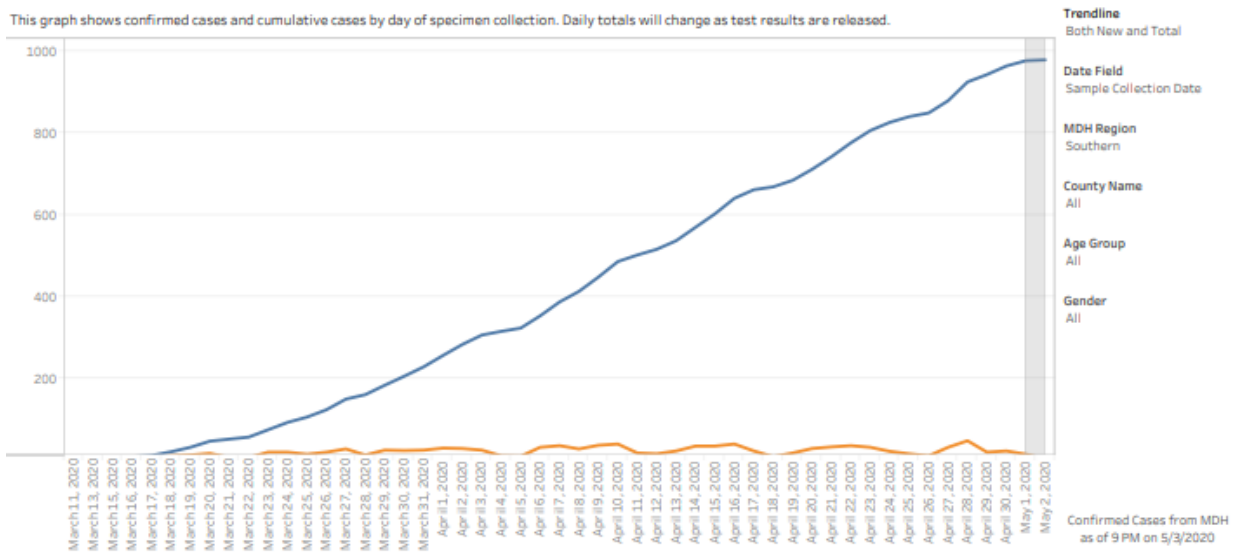
**Total Cases Statewide: 26,408**

**New Cases in Last 24 Hours: 958**

**Number of Cases for Selected Area/Demographics: 979**

This graph:

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. Grey shading indicates days pending additional data.

### 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.

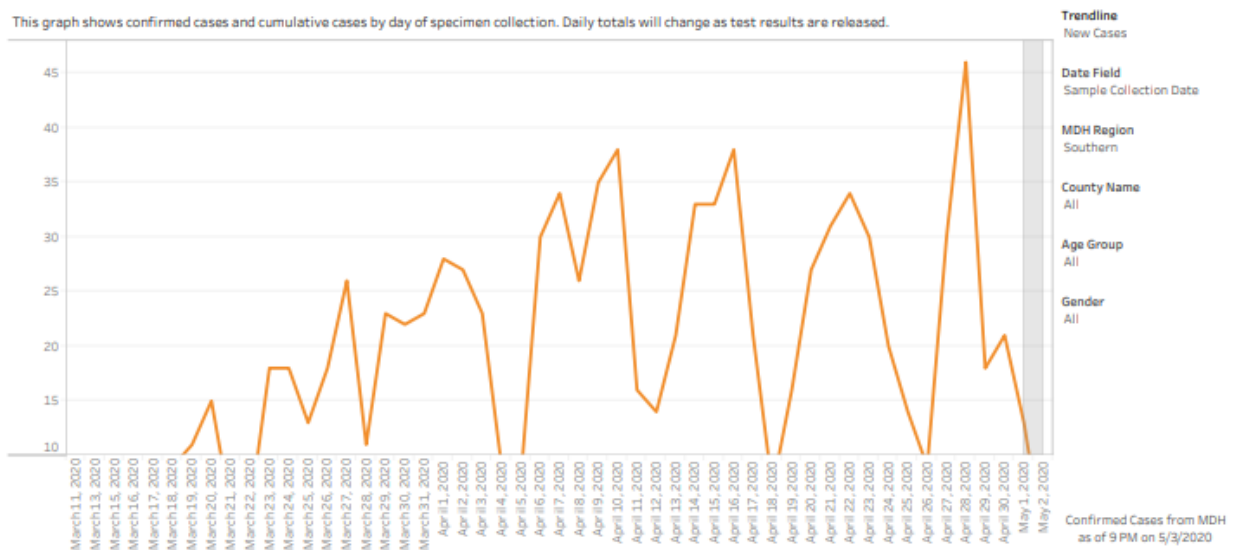
**Total Cases Statewide: 26,408**

**New Cases in Last 24 Hours: 958**

**Number of Cases for Selected Area/Demographics: 979**

This graph:

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. Grey shading indicates days pending additional data.

• **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.

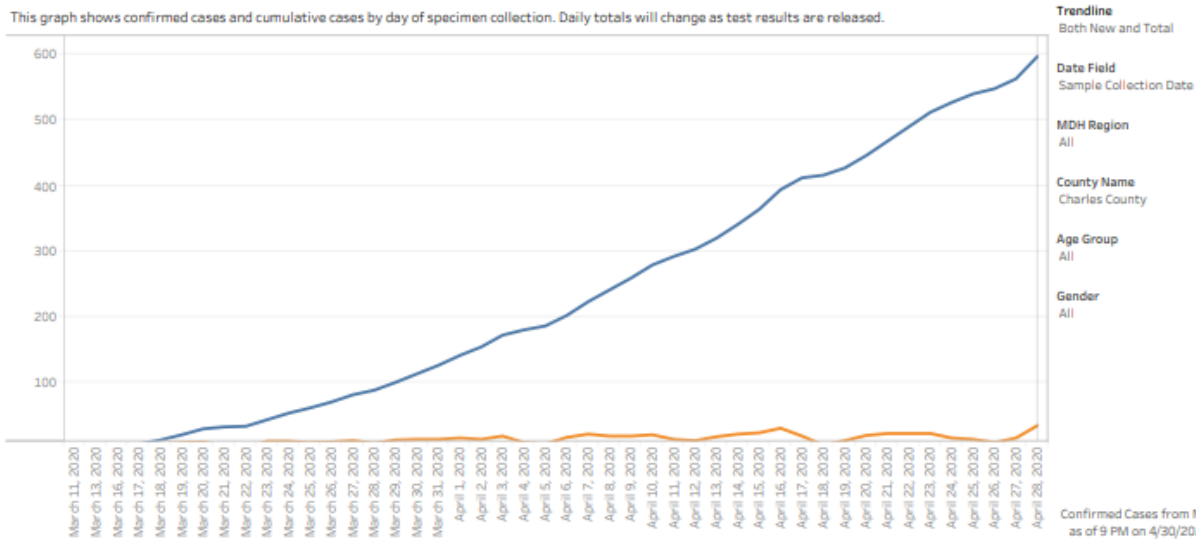
**Total Cases Statewide: 23,472**

**New Cases in Last 24 Hours: 1,746**

**Number of Cases for Selected Area/Demographics: 597**

This graph:

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



Confirmed Cases from MDH as of 9 PM on 4/30/2020

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. Gray shading indicates days pending additional data.

**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.

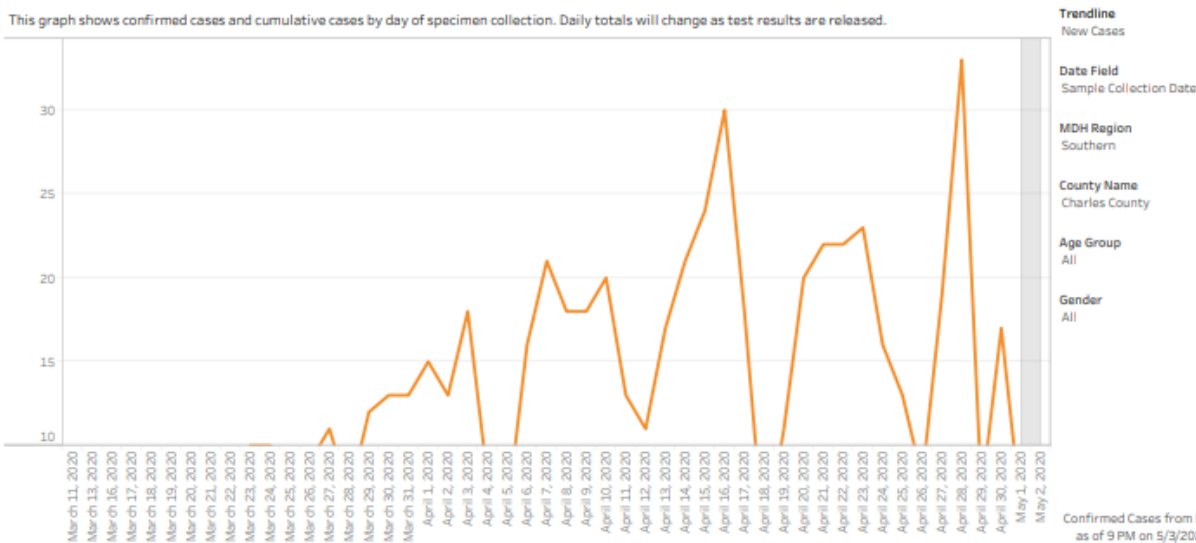
**Total Cases Statewide: 26,408**

**New Cases in Last 24 Hours: 958**

**Number of Cases for Selected Area/Demographics: 636**

This graph:

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



Confirmed Cases from MDH as of 9 PM on 5/3/2020

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. Gray shading indicates days pending additional data.

• **Maryland Demographic Fatalities**

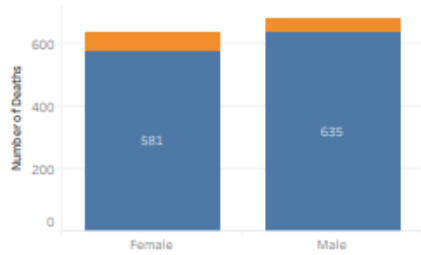
### COVID-19 Fatalities

Please note: Numbers are of deaths reported by the Maryland Vital Statistics Administration - Maryland residents only. As with all reports, do not distribute this information publicly.

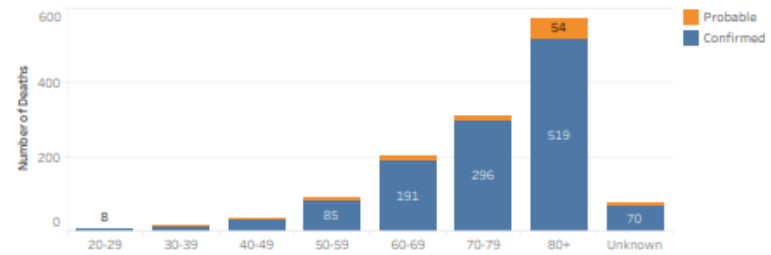
Total Deaths In Maryland: **1,317**

Case Type  
All

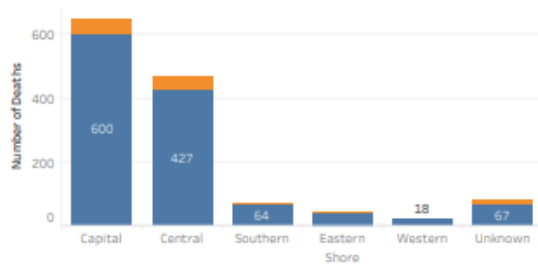
Gender



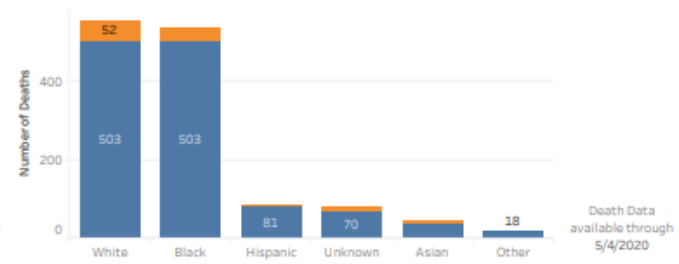
Age Group



MDH Region



Race and Ethnicity



Death Data available through 5/4/2020

**Confirmed death:** Laboratory-confirmed positive COVID-19 test result  
**Probable death:** Death certificate lists COVID-19 as the cause of death but not yet confirmed by a laboratory test

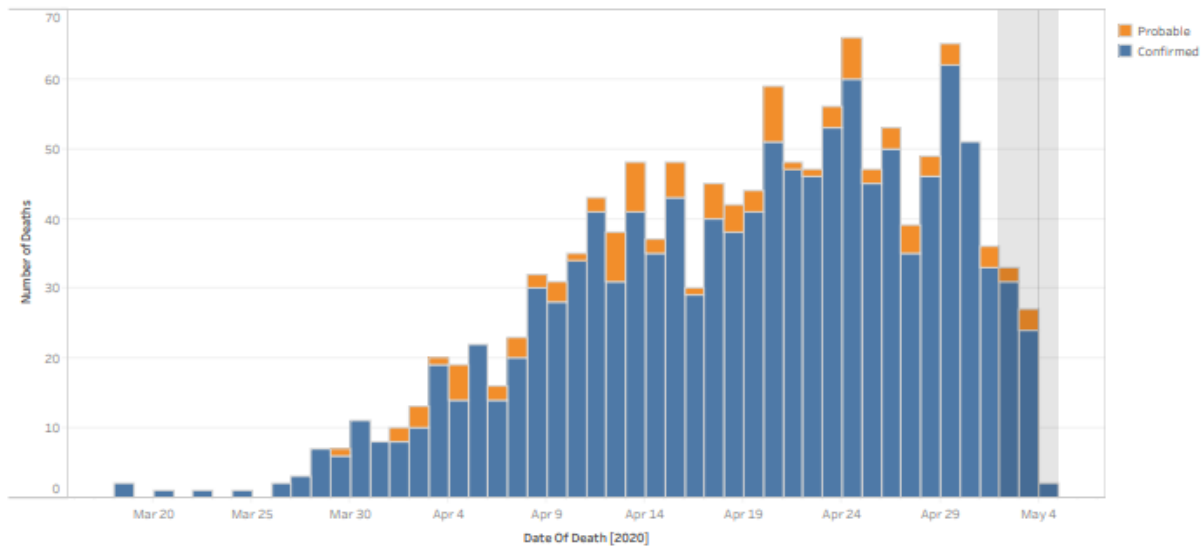
### COVID-19 Fatalities

Please note: Numbers are of deaths reported by the Maryland Vital Statistics Administration - Maryland residents only. As with all reports, do not distribute this information publicly.

Total Deaths In Maryland: **1,317**

Case Type  
All

Deaths by Day

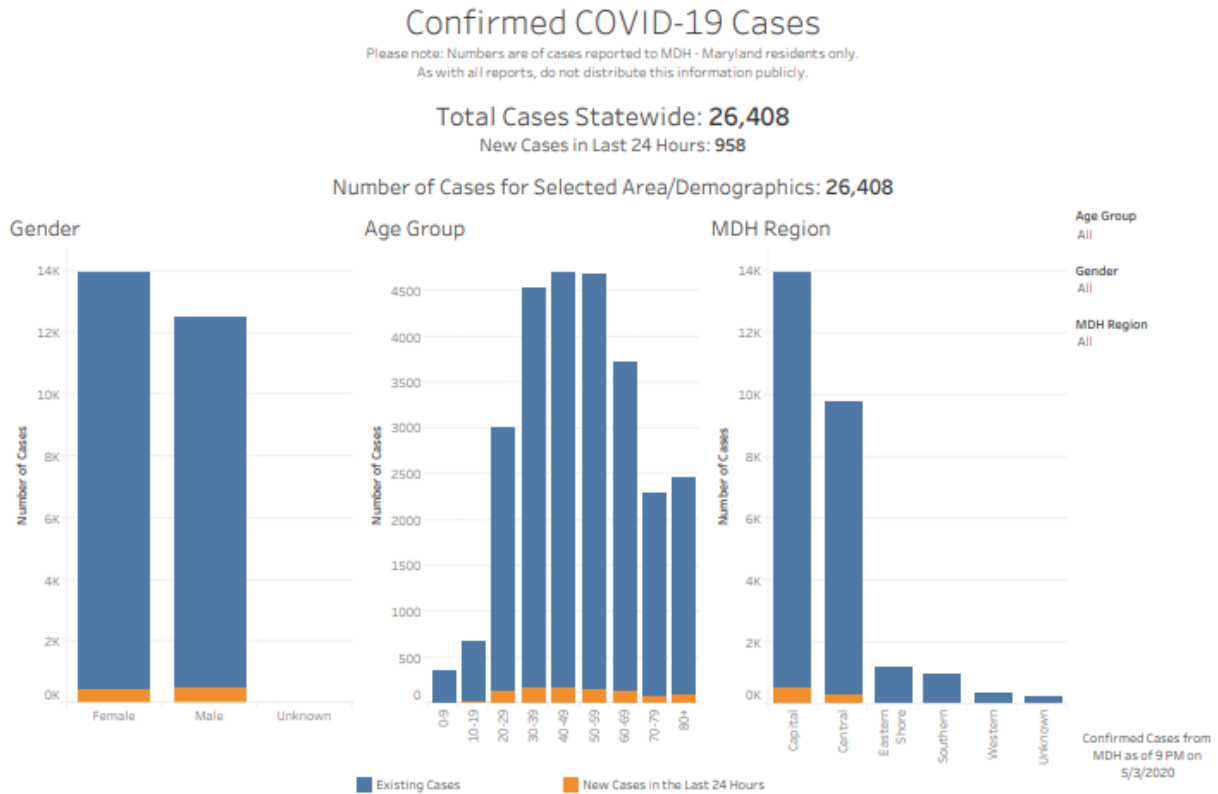


Gray shading indicates days pending additional data.

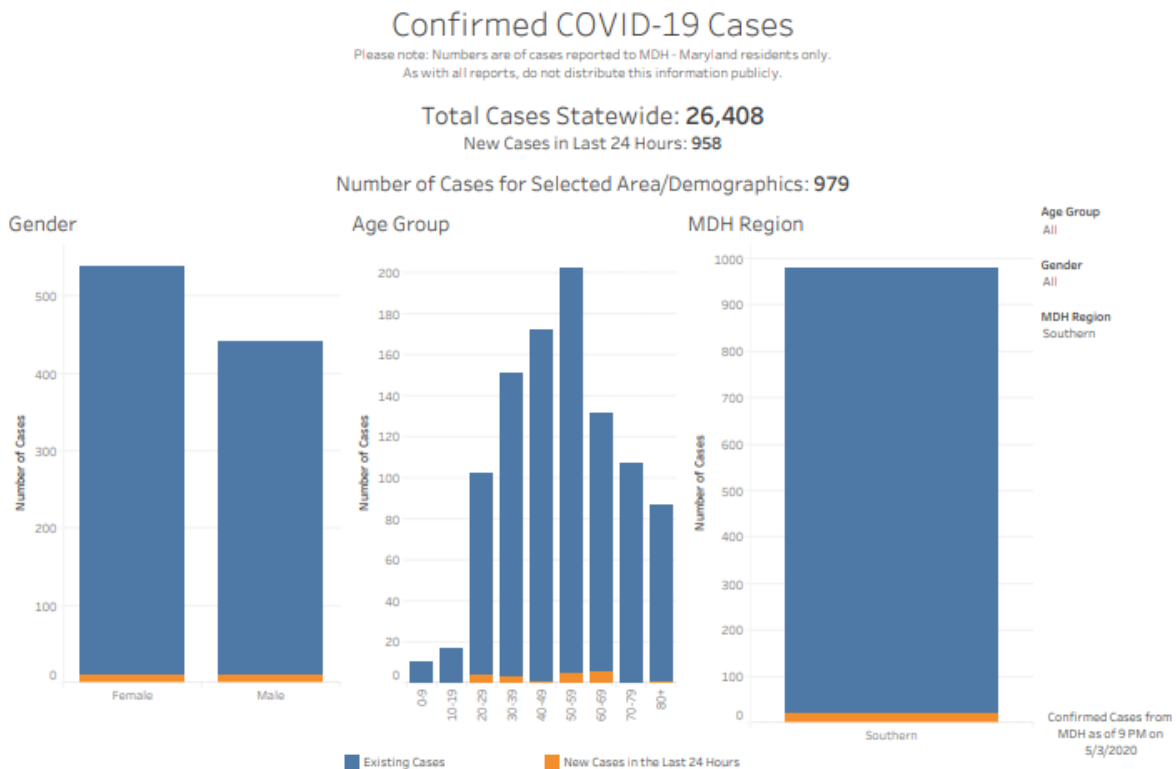
**Confirmed death:** Laboratory-confirmed positive COVID-19 test result  
**Probable death:** Death certificate lists COVID-19 as the cause of death but not yet confirmed by a laboratory test

Death Data available through 5/4/2020

- Maryland Case Demographics**



- Southern Maryland Case Demographics**



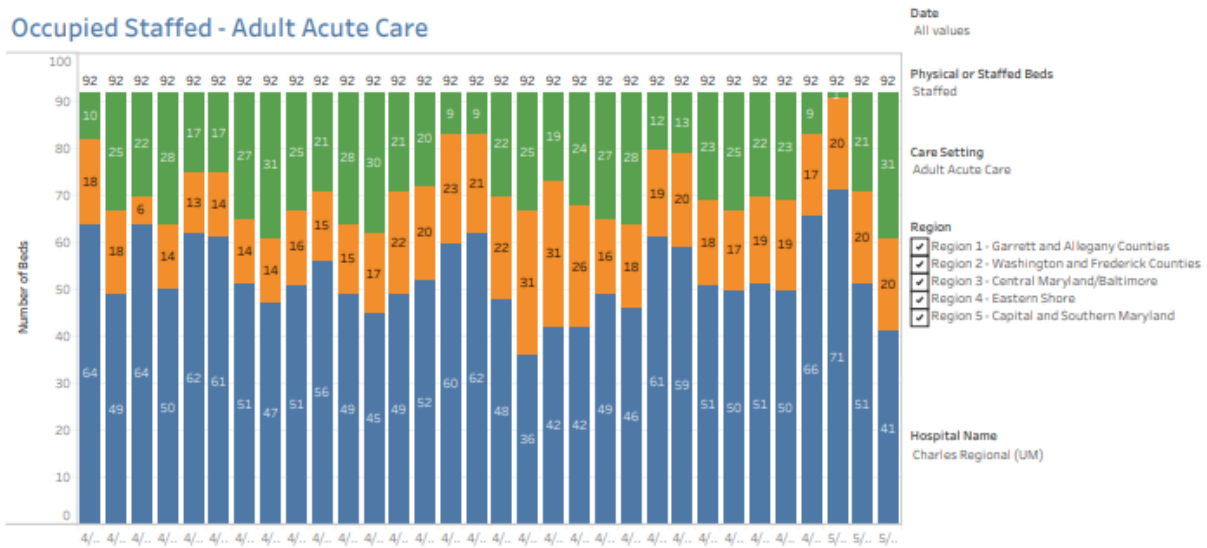
• **Maryland Occupied Staff Adult Acute Care**

MIEMSS Facility Resources Emergency Database (FRED)

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.

Data as of 5/3/2020

**Occupied Staffed - Adult Acute Care**



**Occupied Staffed by Hospital - Adult Acute Care**



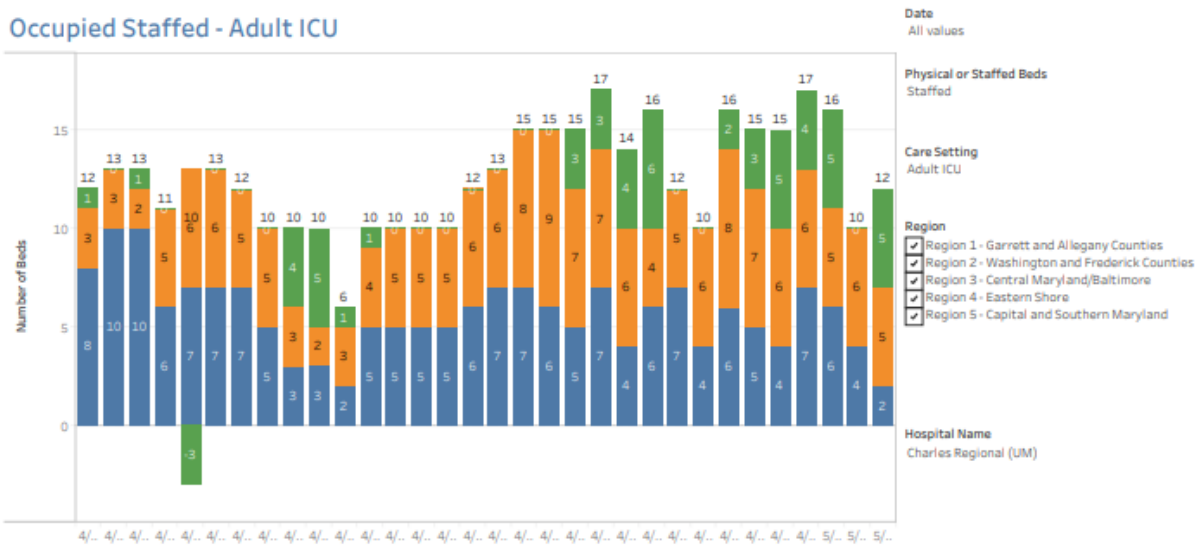
• **Maryland Occupied Staff Adult ICU**

MIEMSS Facility Resources Emergency Database (FRED)

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.

Data as of 5/3/2020

**Occupied Staffed - Adult ICU**



**Occupied Staffed by Hospital - Adult ICU**



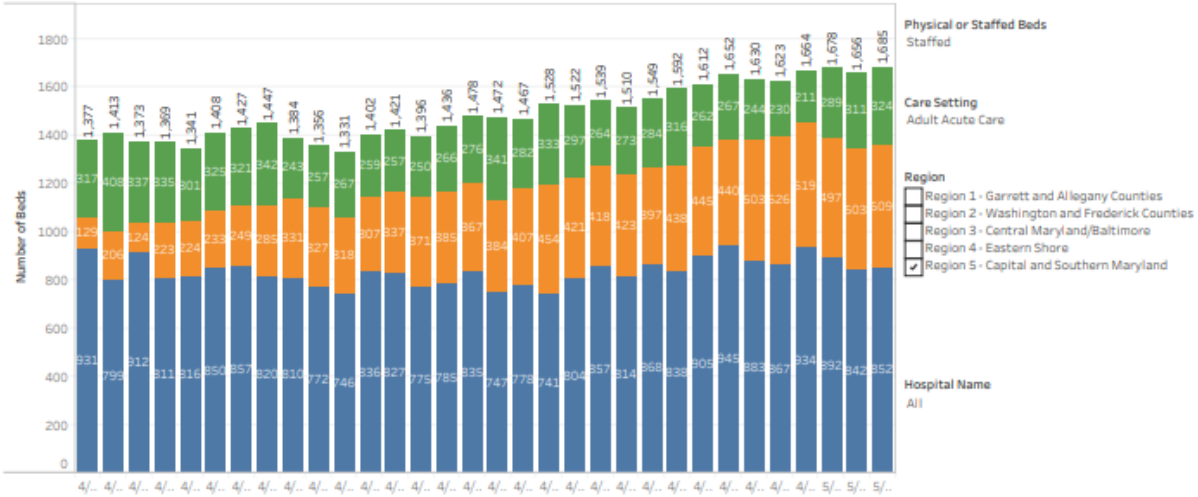
• Southern Region Occupied Staff Acute Care

MIEMSS Facility Resources Emergency Database (FRED)

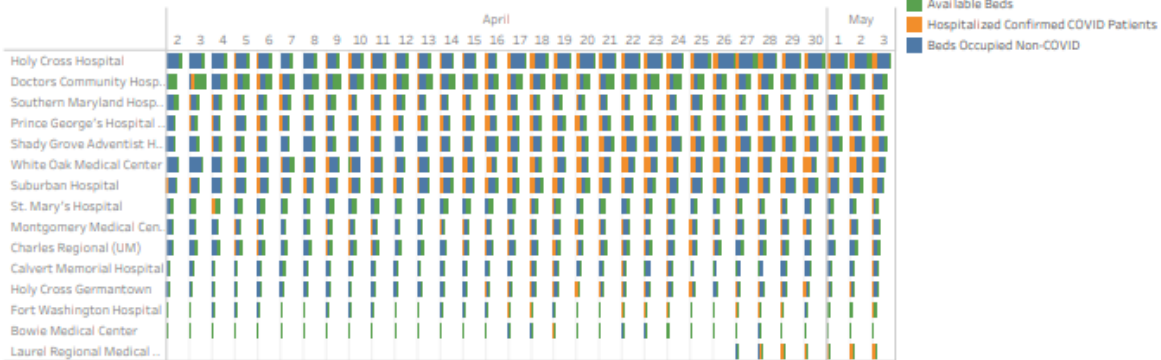
The data in this report is self-reported daily by hospitals to Maryland Institute for Emergency Medical Services Systems (MIEMSS). The data in this report reflect point in time counts. Please note data is presented as reported and is not edited or validated by CRISP.

Data as of 5/3/2020

Occupied Staffed - Adult Acute Care



Occupied Staffed by Hospital - Adult Acute Care



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



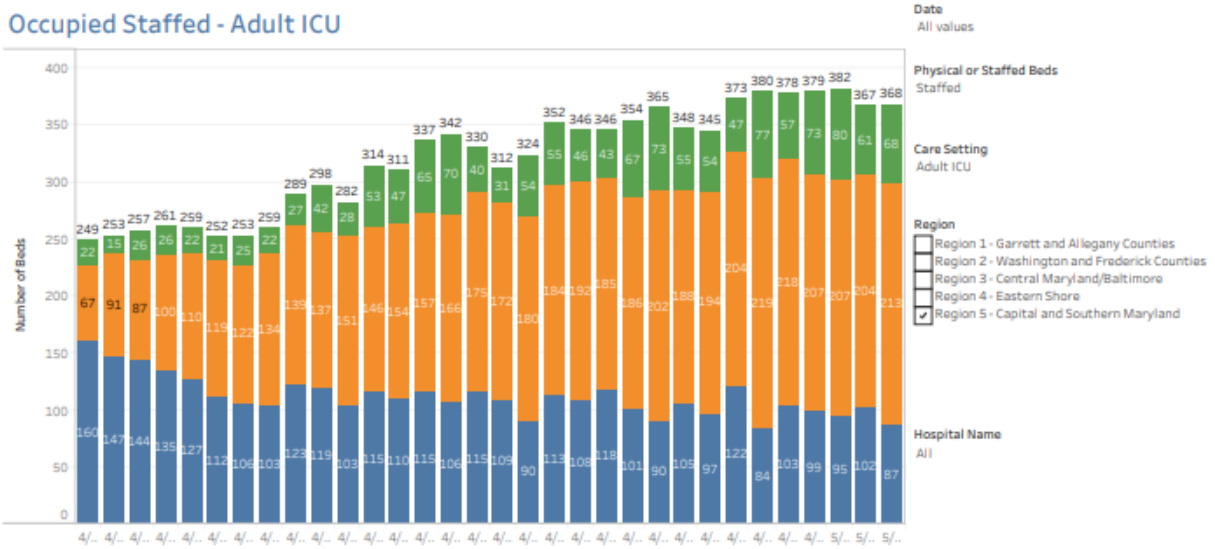
- Southern Region Occupied Staff Adult ICU

MIEMSS Facility Resources Emergency Database (FRED)

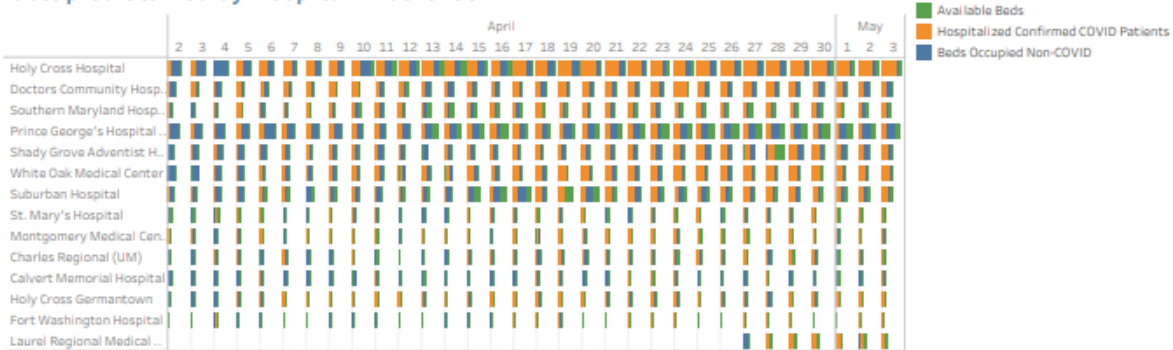
The data in this report is self-reported daily by hospitals to Maryland Institute for Emergency Medical Services Systems (MIEMSS). The data in this report reflect point in time counts. Please note data is presented as reported and is not edited or validated by CRISP.

Data as of 5/3/2020

### Occupied Staffed - Adult ICU



### Occupied Staffed by Hospital - Adult ICU



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

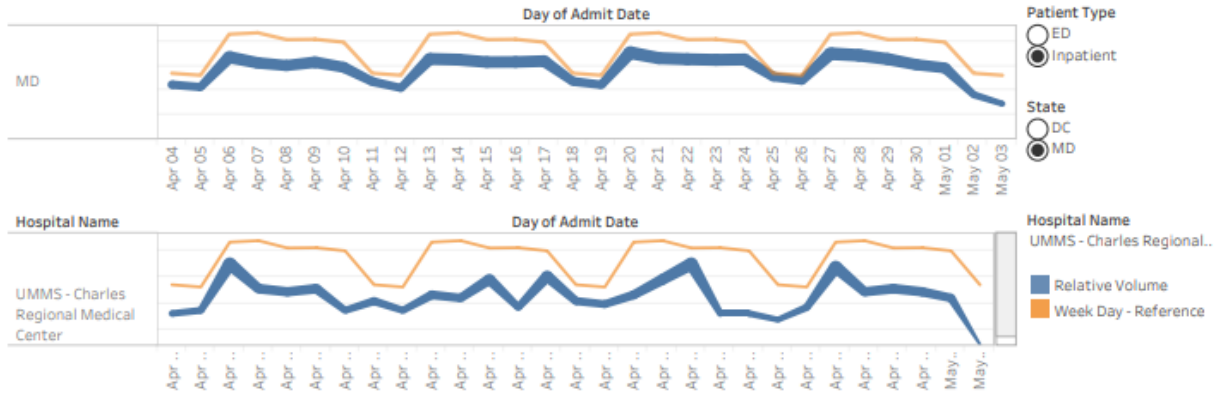


• **Maryland Hospital Inpatient Volume**

**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.

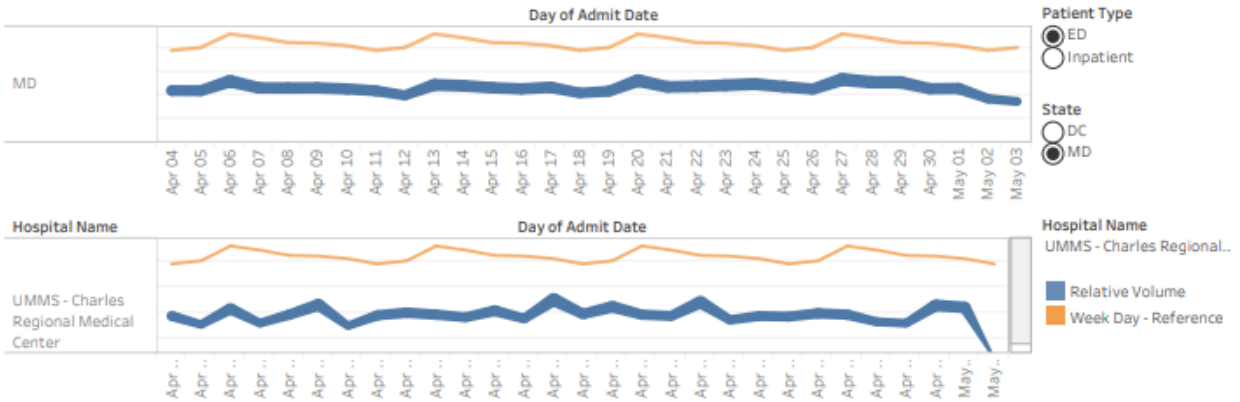


• **Maryland Hospital ED Volume**

**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.

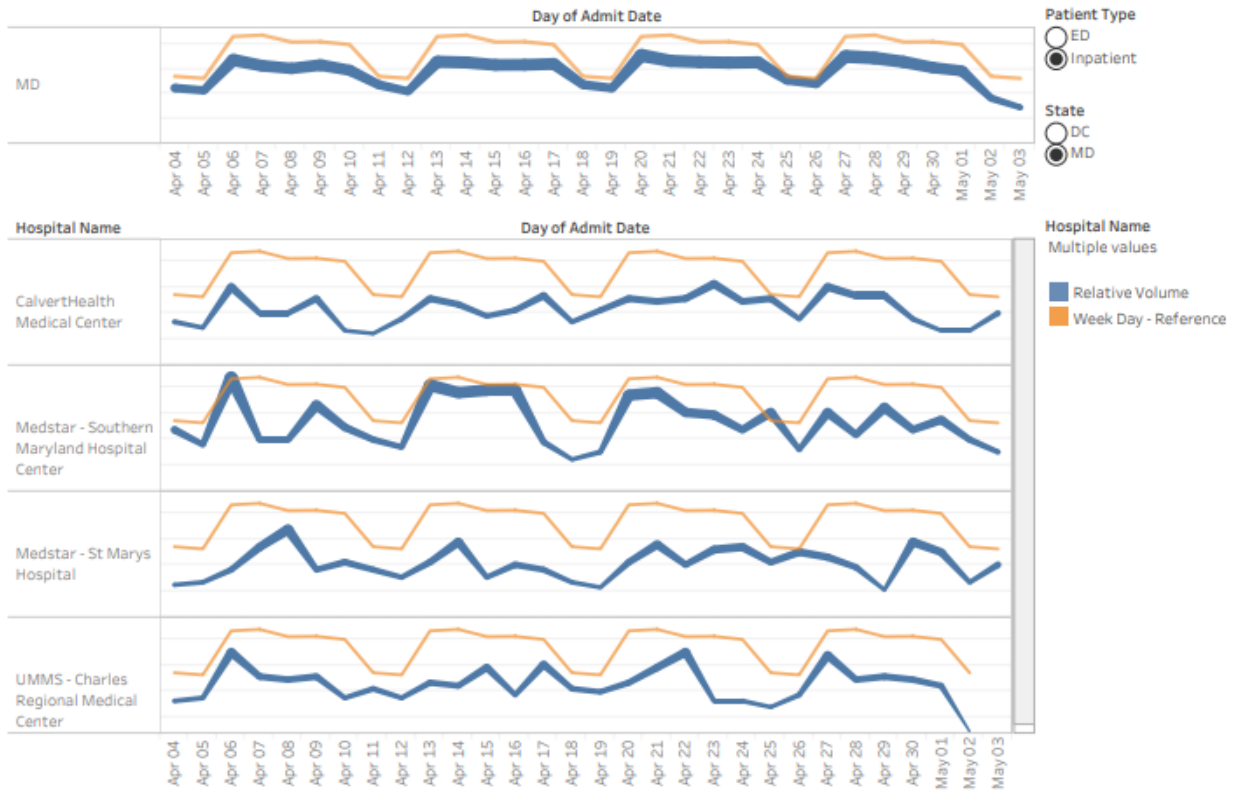


• **Southern Region Inpatient Volume**

**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.

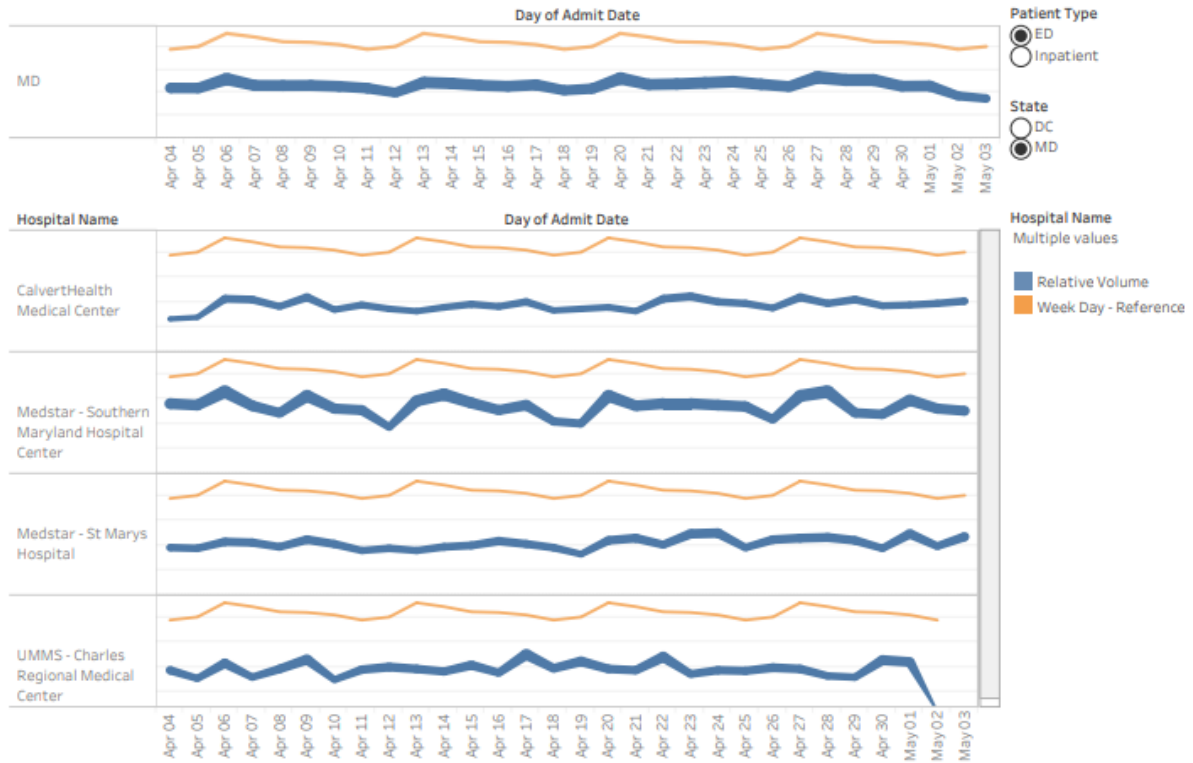


• **Southern Region ED Volume**

**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.



Data shown between 4/4/2020 and 5/3/2020

• **Maryland Occupied Staffed Beds**

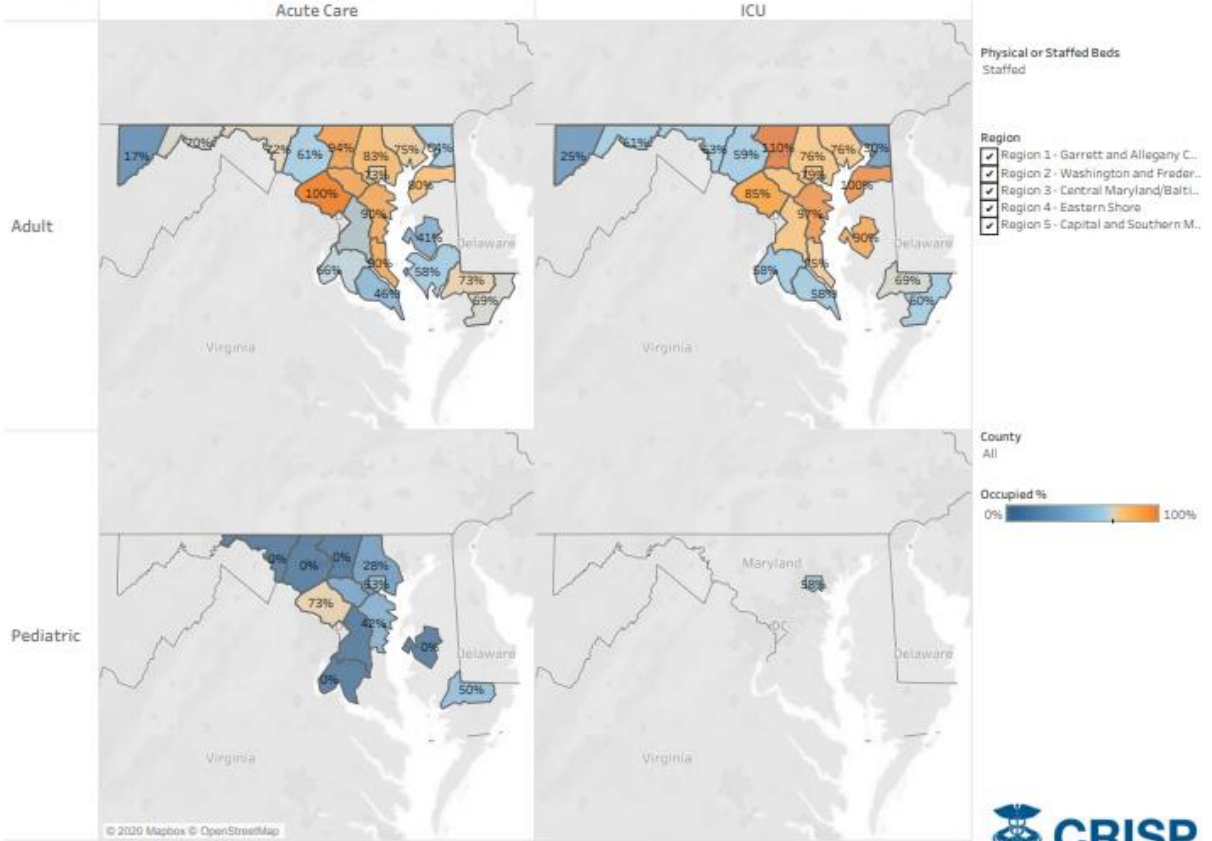
MIEMSS Facility Resources Emergency Database (FRED)

Data as of 5/3/2020

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 5/3/2020**

Date  
5/3/2020



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



• Southern Region Occupied Staffed Beds

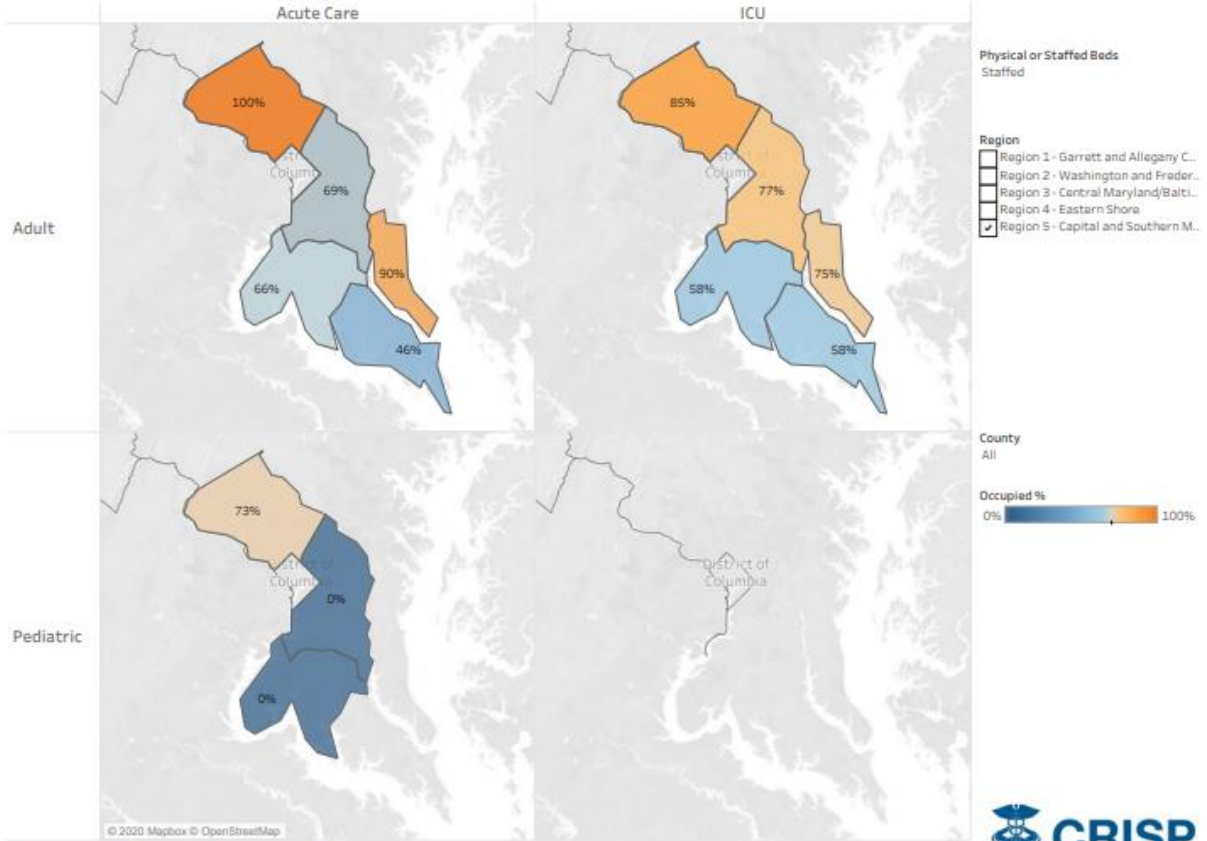
MIEMSS Facility Resources Emergency Database (FRED)

Data as of 5/3/2020

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 5/3/2020

Date  
5/3/2020



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

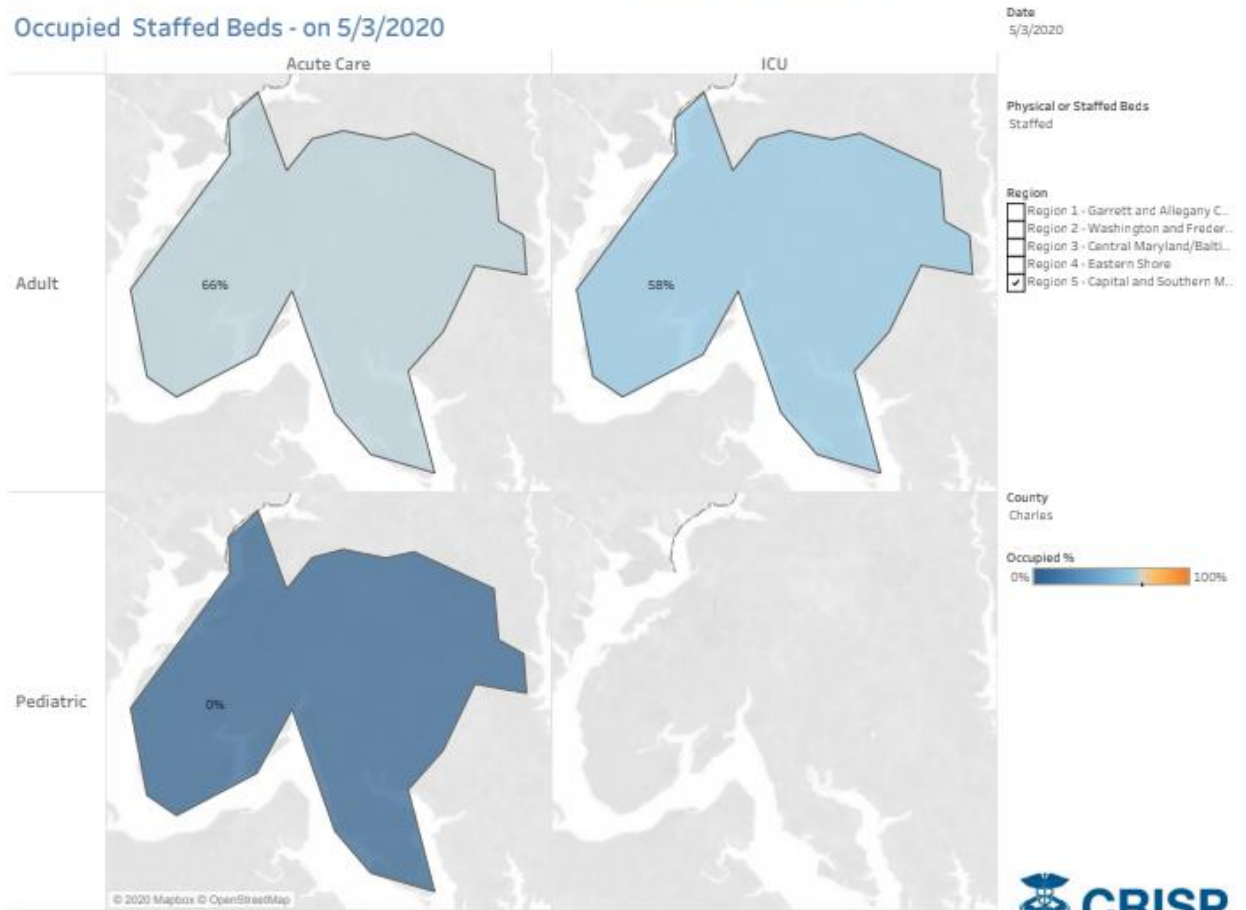


### • Charles County Occupied Staffed Beds

MIEMSS Facility Resources Emergency Database (FRED)  
Data as of 5/3/2020

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 5/3/2020



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



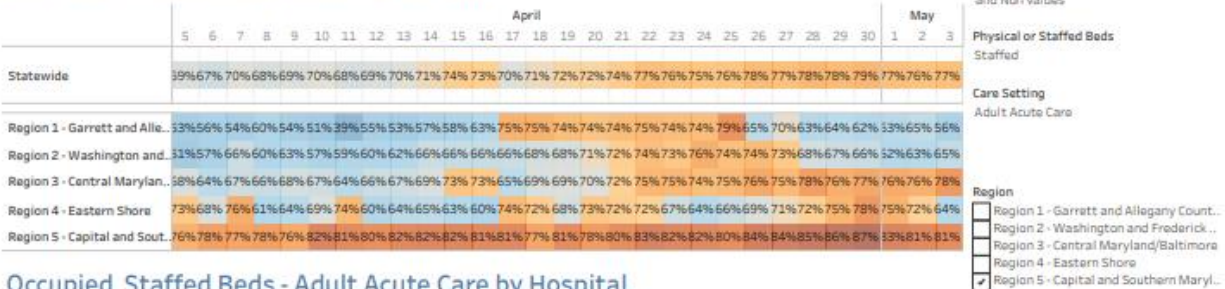
• Southern Region Occupied Staffed Beds

MIEMSS Facility Resources Emergency Database (FRED)

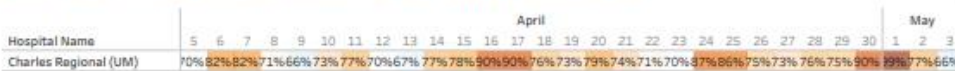
Data as of 5/3/2020

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



Occupied Staffed Beds - Adult Acute Care by Hospital



Date: 4/5/2020 to 5/3/2020 and Null values

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..

Hospital Name: Charles Regional (UM)

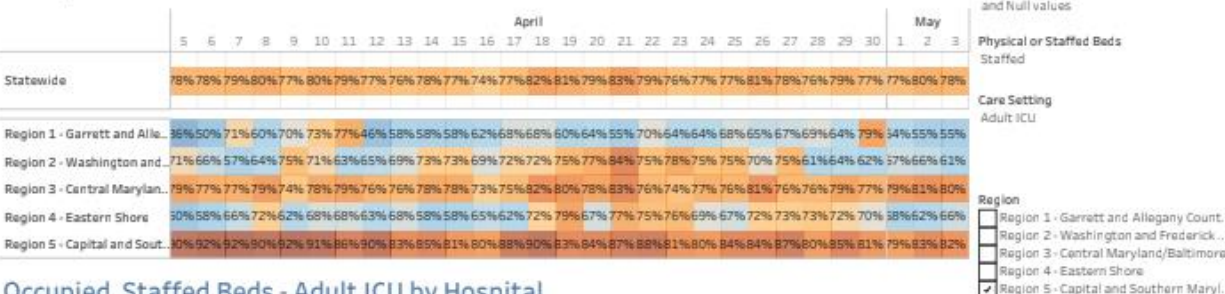
Occupied %: 0% to 100% (color scale)

MIEMSS Facility Resources Emergency Database (FRED)

Data as of 5/3/2020

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



Date: 4/5/2020 to 5/3/2020 and Null values

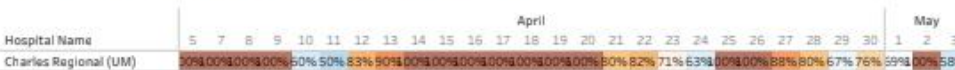
Physical or Staffed Beds: Staffed

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..

Occupied Staffed Beds - Adult ICU by Hospital



Hospital Name: Charles Regional (UM)

Occupied %: 0% to 100% (color scale)

## • Maryland Capacity Overview

MIEMSS Facility Resources Emergency Database (FRED)

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.

Data as of 5/3/2020

### Statewide Capacity Overview

Available Acute Care and ICU Staffed Beds (Adult):

1,731

(1731/7518) = 23%

Ventilators Available:

1,372

(1372/2050) = 67%

Patients in the Emergency Department:

698

(698/2021) = 35%

Change from day before: **-43 beds**    Change from day before: **-18 vents**    Change from day before: **+91 patients**

### Hospitalized Confirmed COVID-19 Patients

Staffed Acute Care Beds Occupied by COVID-19 Patients:

1,086

(1086/6055) = 18%

Change from day before: **+16 patients**

Staffed ICU Beds Occupied by COVID-19 Patients:

563

(563/1463) = 38%

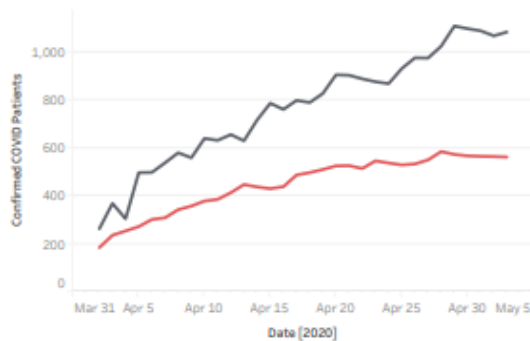
Change from day before: **-2 patients**

### Bed Summary

	Physical Beds	Staffed Beds	Occupied Beds	% Occupied Physical Bed	% Occupied Staffed Bed
Adult Acute Care	7,791	6,055	4,639	60%	77%
Adult ICU	1,930	1,463	1,148	59%	78%
Pediatric Acute Care	319	233	103	32%	44%
Pediatric ICU	45	45	26	58%	58%

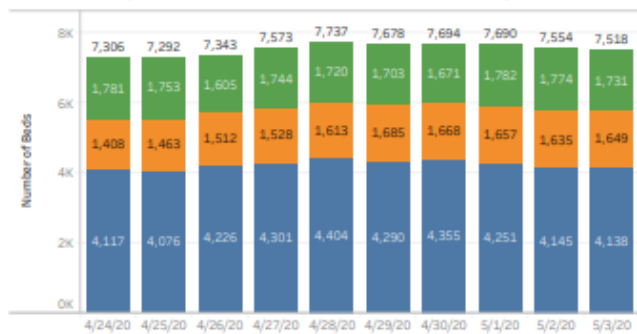
### Hospitalized COVID-19 Patients

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



■ Acute Care  
■ ICU

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

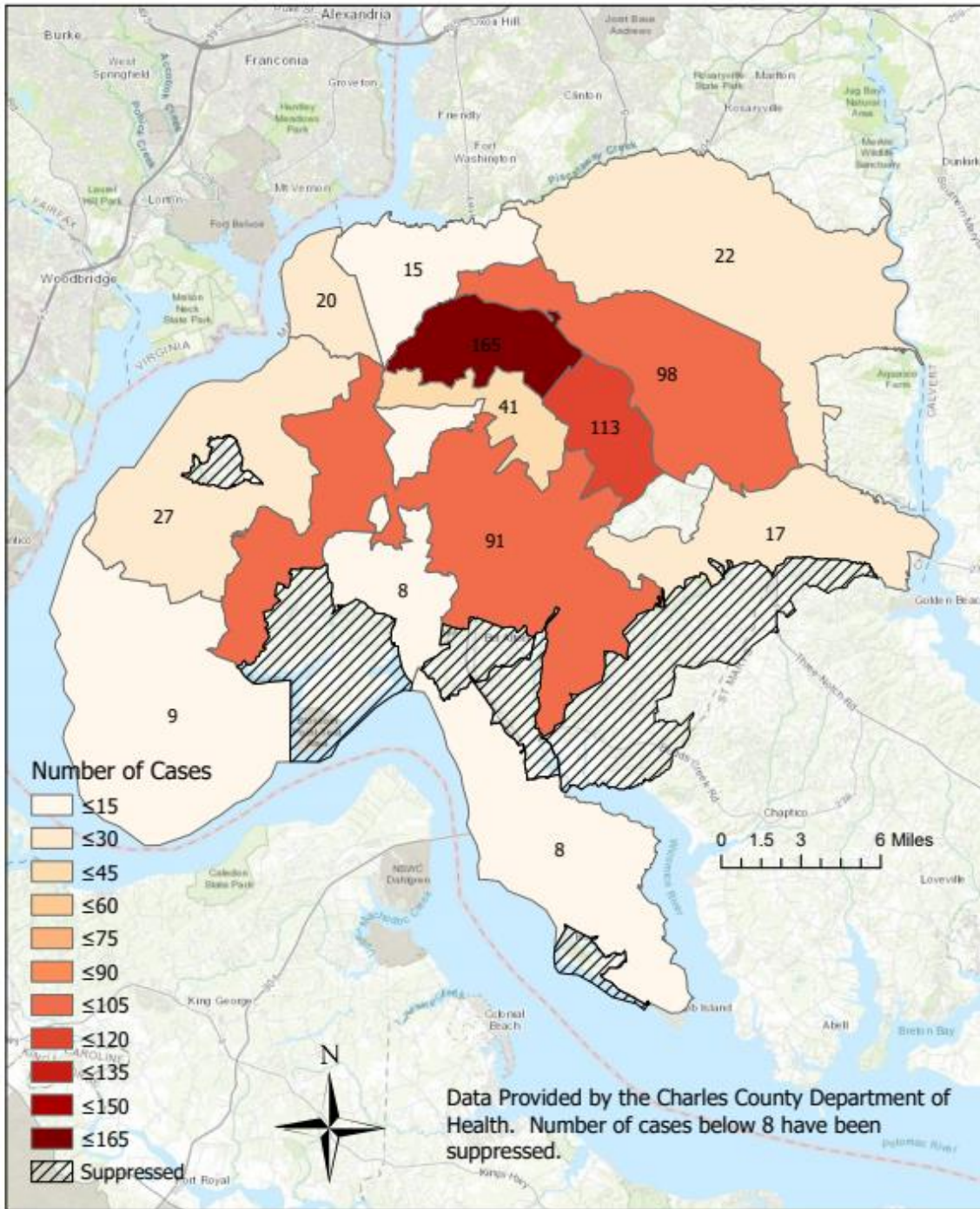


■ Available Staffed Beds  
■ Hospitalized Confirmed COVID Patients  
■ Beds Occupied Non-COVID

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



# Charles County COVID-19 Cases by Zip Code As of 5/4/20



**MISCELLANEOUS**

*Respectfully submitted by Charles County PHEP*

**HOSPITAL BRIEF 5-04-2020**

- 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.
- Hospital Bed Capacity = 166. Census = 69
- Hospital ICU Census = 7
- Hospital ICU is now a dedicated COVID-19 Unit, and 3 East is for ICU overflow.
- Isolation Room Capacity = 12
- Isolation Rooms Occupied = 6
- Confirmed positive cases of COVID-19 patient admissions = 24
  - Of the total 24 COVID-19 positive patients, five (5) of the patients are located in the ICU. Nineteen (19) are located in the 3 South dedicated COVID-19 unit
- PUI admissions = 7
- Ventilated COVID-19 positive patients = 5
- Ventilators not in use = 15
- COVID-19 related deaths = 28 (Total to Date)
- 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.
- The 3 South patient unit at CRMC is dedicated to COVID-19 positive patients only.
- EMS staff transport to CRMC on Sunday, 05/03/2020 = Three (3) PUI's, and two (2) COVID-19 patients.
- CMCR total Lab tests to date = 986.
- Total COVID-19 positive Lab results to date = 229

Intelligence Briefing 5-4-2020  
 COVID Charles County  
 Week 8

**Updated Infection Numbers:** As of 0832 hrs.

Total worldwide: 3,526,178 **+74,919 since the 5-3-20 brief.**

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

4-24/25	4-25/26	4-26/27	4-27/28	4-28/29	4-29/4-30	4-30/5-1	5-1/2	5-2/3	5-3/4
91,793	88,301	164,198	67,182	79,263	82,692	54,266	88,162	86,724	74,919

Total fatalities worldwide: 247,971 **+3,676 since the 5-3-20 brief**

Total confirmed cases in the US: 1,158,341 **+24,283 since the 5-3-20 brief**

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

4-24/25	4-25/26	4-26/27	4-27/28	4-28/29	4-29/30	4-30/5-1	5-1/2	5-2/3	5-3/4
34,896	33,885	28,336	20,884	24,699	29,706	27,158	34,313	29,713	24,283

**Analysis note:** As testing increases the total number of US cases will likely spike. This should not be viewed as an increase in the scope of the situation. It is logical to believe that the number of positive cases will climb as testing availability has increased.

Total fatalities in US: 66,385 **+1,301 since 5-3-2020**

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

Total confirmed cases in State in of MD: 26,408 **+946 since the 5-3-20 brief**

Total tested in the State of MD: 110,587 **+3,255 over 5-3-20**

Percent of those test that test positive: **23.8%**

Total Fatalities in State of MD: 1,216 **+34 change since the 5-3-20 brief**

Number of probable deaths: 101

Total Ever Hospitalized: 5,199

Persons currently hospitalized: **1,649 +14 since 5-3-2020**

4-27/28	4-28/29	4-29/30	4-30/5-1	5-1/2	5-2/3	5-3/4
+15	+117	+66	-43	-9	-22	+14

**First Responder Numbers in Charles County: NUMBERS AS OF 5-4-2020 @1230**

33 Quarantine: means exposed and they can't come to work. **-17 since the last report**

2 Self Isolation: means sick or tested positive **-1 since the last reported**

**Weather:**

Tuesday 57-46 clouds, Wed 60-44 rain, Thursday 62-44 sun

**Local:**

No stores were visited this am.

Commissioner meeting 5-5-2020. COVID and FY 21 budget will be discussed

**Maryland Update:**

FBI warns of increased threat to law enforcement in MD and DE from Anti-Government extremists

Gov. using MSP and National Guard to protect COVID testing supplies

**Region:**

Over 29,160 cases in the NCR as of 1000 5-4-2020,

51,070 cases in Maryland, DC, and Virginia as of 1100 on 5-4-2020.

DC reports 4 more inmates with COVID. 53 currently positive, 88 have recovered.

VA eases restrictions on elective surgery, and vet care.

**National:**

AP infection map: <https://apnews.com/7b5a2994d351e5c1697e2c7478e2969c>

FEMA reports there they believe there is enough frozen meat products to last up to week of normal demand. At least one plant is opening back up.

As of April 27, 115 meat or poultry processing plants across 23 states had COVID 19 cases; 3% of 130,000 workers in the affected processing plants were positive for COVID-19 and there were 20 related deaths. HHS Update, May 02

Pork processing reduced 55% from pre-pandemic capacity due to COVID-19 related closures. NBEOC Update, May 02

Imports at major U.S. retail container ports continue to experience the impacts of lowered demand; shipments from China are down 22% from the prior year; 20% of Asia U.S. container shipping has been canceled for May and June. NBEOC Update, May 02

DHS warns of radicalized prisoners being released worldwide due to COVID 19

At least 35 states begin easing some restrictions

**Local critical infrastructure:**

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

**Predications/ Analysis:**

- We appear to be on the downward side or at least seeing a leveling of this crisis. Commander should take this time to review and collect documents needed to begin the AAR process of the tactical portion of this event. Logistics should begin placing orders to build stockpiles for the next round.
- The change at the Gov. Office re: to releasing nursing home case counts and fatalities this week is likely to create more questions than answers. In addition, it is likely to create a public uproar and increase anger.
- The length and scope of this situation have exposed large cracks in food supply chains, medical supply chains, fossil fuel industries, and other major portions of everyday life. Local leaders should begin a gap analysis and start the after-action process so they can create and modernize resiliency plans, local stockpiles, and coming up with other forward leaning solutions so when the next disaster occurs they are more self-sufficient and better prepared.
- While we have concentrated our efforts on peer support and helping our responders, a proactive approach to including families of first responders is quickly emerging. The command structure should consider a Family Support liaison or expand the Peer support branch.
- The increased discussions about opening the economy, added with the on-going conversation about health care in-equity and racial disproportionality of infections is causing increased polarization, angry, and hate. Social media is rampant with spirited discussions. It is only a matter of time before we begin to see emotions spill over into the public. The small protest we have witnessed thus far could pale in comparison to what is to come. LE should be reviewing plans, manpower, and boosting intelligence gathering to better prepare for potential situations.
- 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 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 8<sup>th</sup> weeks of this crisis, 6<sup>th</sup> 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 2<sup>nd</sup> 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

# Law Enforcement Branch Briefing

## COVID-19 Charles County IMT

May 4<sup>st</sup>, 2020

### **Buildings:**

Charles County Sheriff's Office: District 1 Lobby is closed for scheduled remodeling. 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

### **Internal COVID-19:**

Charles County Sheriff's Office:

- 5(-5) sworn officer quarantined
  - 2 Officers who transported the same subject to the hospital for an emergency evaluation on 4/20/20 (10 days into quarantine period) \*\*\*
  - 3 Officers who responded to a priority one overdose call on 4/28 (2 days into quarantine period).
- 0 sworn officers isolated
- 20(-7) correctional officer quarantined
  - 17 Correctional officers who encountered inmate who tested positive from 4/17-4/20/20 (same subject responsible for the police exposures reference the disorderly arrest / 10 days into quarantine period). \*\*\*
  - 2 Correctional officers who have family members who are sick with symptoms

- 1 Correctional Officer with symptoms being tested
- 1 correctional officers isolated
  - Exposed outside of CCDC, has been out of work since October 2019, has not been in the facility since then.
- 0 civilian quarantined
- 1 civilians isolated

\*\*\*Subject was arrested and held at CCDC asymptomatic and continued to be asymptomatic during time in custody and during transport to hospital for emergency evaluation. Only after being released from CCSO custody did the subject become symptomatic and test positive for COVID-19.

**Charles County Detention Center Population:**

- 116(-7) inmates
- 0 COVID positive inmates
- 0 Inmates with symptoms

Maryland State Police: None local  
Maryland Transportation Authority: None local  
La Plata Police Department: None  
Natural Resources Police: None local

**Definitions**

*Quarantine:* Quarantine is the process of keeping an asymptomatic (no symptoms) person who had a reported exposure away from other people.

*Isolation:* Isolation is the process of keeping a symptomatic or positive person away from all other people.

**Crime Stats:**

Crime continues to be down in all aspects.

**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 since Emergency Orders Issued:**

Violation sustained calls for service: 52

Warnings: 49

Charges later: 2

On-scene arrest: 1

**Health Department Order Violations (Between 04/16/20 and 04/18/20):**

***Calls for Service***

Founded: 5

Unfounded: 10

***Dispositions***

Warnings: 5 issued

**Items of Note: (Not for redistribution)**

- Distribution of relief checks to start; postal inspector is worried about fraud and theft.
- Attacks against 5G towers, based on online conspiracy of a connection between China, the technology, and the spread of COVID-19.

**\*CHANGES IN RED**



OFFICE OF LEGAL COUNSEL

**INTERPRETIVE GUIDANCE**

**Number:** COVID19-12

**Date:** May 4, 2020

**Re:** Order of the Governor of the State of Maryland, Number 20-04-29-03, dated April 29, 2020,  
Prohibiting Garnishment of CARES Act Recovery Rebates

---

At this time, the Office of Legal Counsel (“OLC”) recommends that the Administration interpret the above-referenced Order as follows:

1. **Transition Matters.** OLC recommends that enforcement action not be taken against a financial institution if:
  - a. prior to receiving notice of the Order and having a reasonable opportunity to act on it, the financial institution (i) subjected a customer’s CARES Act Recovery Rebate (as defined in the Order) to Garnishment (as defined in the Order), and (ii) paid such portion of the CARES Act Recovery Rebate to the judgment creditor pursuant to a judgment entered against the financial institution as garnishee;
  - b. prior to receiving notice of the Order and having a reasonable opportunity to act on it, the financial institution (i) subjected a customer’s CARES Act Recovery Rebate to Garnishment and (ii) has not paid such portion of the CARES Act Recovery Rebate to the judgment creditor, provided that the financial institution returns such portion of the CARES Act Recovery Rebate to the customer’s account; or
  - c. after receiving notice of the Order, the financial institution subjected a customer’s CARES Act Recovery Rebate to Garnishment due to bona fide operational limitations (e.g., the inability of the financial institution’s technology systems to identify CARES Act Recovery Rebates as such), provided that the financial institution (i) returns such portion of the CARES Act Recovery Rebate to the customer’s account, and (ii) makes all reasonable efforts to eliminate, or develop work-arounds for such operational limitations, to enable the financial institution to comply with the Order.
2. **Overdrawn Accounts.** If a customer’s CARES Act Recovery Rebate is deposited in an account that is overdrawn, application of such deposit to the negative balance in that account is not considered the exercise of a lien or right of setoff for purposes of paragraph II.b of the Order.
3. **Applicability to Credit Unions.** For avoidance of doubt, paragraph II.a of the Order applies to both federally-chartered and state-chartered credit unions.

*This Interpretive Guidance maybe revised or rescinded at any time. Citizens are urged to consult with their own legal counsel for advice about the application of the Order and this Interpretive Guidance to their particular facts and circumstances.*

Charles County Public Schools Briefing 5-4-2020  
COVID Charles County

**48-hour Priorities:**

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

**Meals:**

On Friday, 5/1/20, CCPS served 9099 meals at the 11 meal distribution sites. This was about 500 less than the last "Packet Friday". This week, unofficially, we have served 27,021 meals, bringing our total since March 16<sup>th</sup> to 183,787 meals served.

**Closure:**

Charles County Public Schools (CCPS) now remains closed through May 15. All schools, buildings and centers will remain closed to the public.

**Instruction:**

As Charles County Public Schools (CCPS) moves into the fifth and sixth weeks of distance learning, new assignments are now available for students online at [www.ccboe.com](http://www.ccboe.com) . Paper packets with the new material are available at our 11 meal distribution sites.

Last week Dr. Hill met with students from the Class of 2020; high school principals; and the CCPS operations team to discuss options for graduation that comply with the Governor's orders. With input from these stakeholders, CCPS have come up with several options for graduation. CCPS will consult with health department officials prior to selecting the safest option, and hope to share the preferred plan for graduation early next week.

**Community Wifi:**

All four sites are up and running and seeing use. CCPS in process of 3 other additional WiFi sites, will enable students and staff to access CCPS network not just the internet. Installation will begin this week at Dr. Mudd Elementary, Somers Middle School, and Gail Bailey Elementary School, adding to the other four hot spots of Piccowaxen Middle School, Henson Middle School, TC Martin Elementary School, and Mt. Hope Nanjemoy Elementary School.

**Misc:**

**This week is National Teacher Appreciation Week!**

Respectfully submitted by Jason Stoddard and Michael Meiser