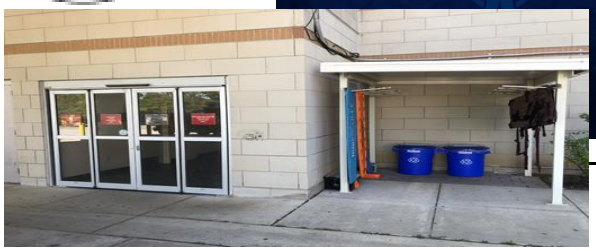
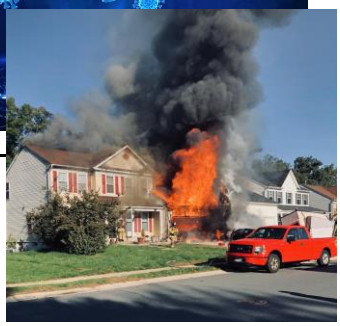
Charles County COVID-19

Incident Action Plan





Operational Period

From 5/9/20 8:00 - To 5/12/20 8:00

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name	2. Operational Period				
Charles County COVID-19	**Date From:**	5/9/20	**Date To**	5/12/20
	Time From:	8:00	**Time To:**	8:00

3. Objectives

A.	Maximize the safety and overall health and well-being, including mental health of the residents, county employees, and responders, throughout this incident. Minimize the effects resulting from this incident on all personnel.
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.

4. Operational Period Command Emphasis

Continue to add daily to your After Action lists!!!

General Situational Awareness

"T-Rex Couldn't Wash His Hands…Now he's extinct! Wash your hands often to prevent the spread of COVID-19."

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: _____May 8, 2020 @15:00_____**

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name	2. Operational Period			
Charles County COVID-19	Date From:	5/9/20	Date to:	5/12/20
	Time From:	8:00	Time to:	8:00

3. Incident Commander and Staff			
UC	Dr. Howard Haft		
UC	Michelle Lilly		
Deputy	Melanie Gardiner		
Deputy	Tony Rose		
Safety Officer	John Filer		
Public Information Officer	Jennifer Harris	Donna Fuqua	Linda Warner
Intell Officer	Jason Stoddard		

4. Agency Representative	
Agency	**Name**
Intell officer Deputy	Mike Meiser
Lifestyles	Sandy Washington
Public Schools	Mike Meiser

5. Planning Section	
Chief	Joe Hoffmaster
Deputy	Bill Smith
Resource Unit	
Situation Unit	Jen Adams
Documentation Unit	Bill Smith
Demobilization Unit	
Human Resources	
Technical Specialists	**(name / specialty)**

6. Logistics Section	
Chief	Nick Ellis
Deputy	need to fill
Support Branch	
Donations	Ed Tucker
Supply Unit	
Facilities Unit	Nick Ellis
Ground Support Unit	
Service Branch	
Service Branch Dir.	
Communications Unit	Jeffrey Clements
Medical Unit	
Security Unit	
Food Unit	

7. Operations Section		
	Chief	
	Deputy	
a.	**Branch I**	**Public Health**
	Branch Director	Ranston Harvey
	Deputy	Mary Lilly
	DSS	
	Liaison Officer	Tom Brown Robbie Jones
	Hospital	Bill Grimes John Filer
	Nursing Homes	Tiffany Brown
	Health Care Providers	Melanie Gardiner
	Rehab Centers	Eddie Kratzer
	Assisted Living	Rosalinda Horton
	Funeral Services	Cataria Patterson
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
c.	**Branch III**	**Law Enforcement**
	Branch Director, CCSO	Chris Schmidt
	Deputy, CCSO	Cari Baker
	La Plata Police	Chris Becker
	MD State Police	Thomas Quade
	DNR	Catherine Meddelin
	MdTA	Brian Lawrence
d.	**Branch IV**	**Infrastructure**
	Branch Director	
	Deputy	
	SMECO	Jennifer Raley
	Grocery	
	Propane	
	Natural Gas	
10.	**Finance Section**	
	Chief	Jennifer Adams
	Deputy	
	Time Unit	
	Procurement Unit	
	Comp/Claims Unit	
	Cost Unit	

9. Prepared by: Name: ___Joe Hoffmaster_____ Position/Title: __PSC_____ Signature_____

ICS 203	IAP Page ____3_____	Date/Time: _____May 8, 2020 @ 14:00_____

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name	2. Operational Period			
Charles County COVID-19	Date From:	5/9/20	Date to:	5/12/20
	Time From:	8:00	Time to:	8:00

3. Incident Commander and Staff			
UC	Dr. Howard Haft		
UC	Michelle Lilly		
Deputy	Melanie Gardiner		
Deputy	Tony Rose		
Safety Officer	John Filer		
Public Information Officer	Jennifer Harris	Donna Fuqua	Linda Warner
Intell Officer	Jason Stoddard		

4. Agency Representative	
Agency	**Name**
Intell officer Deputy	Mike Meiser
Lifestyles	Sandy Washington
CC Public Schools	Michael Meiser

5. Planning Section	
Chief	Joe Hoffmaster
Deputy	Bill Smith
Resource Unit	
Situation Unit	Jen Adams
Documentation Unit	Bill Smith
Demobilization Unit	
Human Resources	
Technical Specialists	**(name / specialty)**

6. Logistics Section	
Chief	Nick Ellis
Deputy	need to fill
Support Branch	
Donations	Ed Tucker
Supply Unit	
Facilities Unit	Nick Ellis
Ground Support Unit	
Service Branch	
Service Branch Dir.	
Communications Unit	Jeffrey Clements
Medical Unit	
Security Unit	
Food Unit	

7. Operations Section			
	Chief		
	Deputy		
a.	**Branch V**	**Governence**	
	Charles County Govern.	Michele Lilly	
	Town of LaPlata	Chris Becker	
	Town of Indian Head	Ryan Hicks	
b.	**Branch VI**	**Business**	
	Branch Director	Darre'll Brown	
	Deputy	Marcia Keeth	
	Economic Development	Darre'll Brown	
	Chamber of Commerce	Bonnie Grady	
c.	**Group**	**Peer Support**	
	Group Supervisor	Courtney Shannon	
	Deputy	Pam Gantt	
		Debbie Gianinni	
d.	**Branch VIII**		
	Branch Director		
	Deputy		
e.	**Branch IX**		
10.	**Finance Section**		
	Chief	Jen Adams	
	Deputy	need to fill	
	Time Unit		
	Procurement Unit		
	Comp/Claims Unit		
	Cost Unit		

9. Prepared by: Name: ___Joe Hoffmaster_____ Position/Title: __PSC_____ Signature_____

ICS 203	IAP Page __4_____	Date/Time: _____May 8, 2020 @ 14:00_____

COMMUNICATIONS LIST (ICS 205A)

1. Incident Name	2. Operational Period:	Date From:	5/9/20	Date to:	5/12/2020
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: _____May 8, 2020__@ 14:00_____

COMMUNICATIONS LIST (ICS 205A)

1. Incident Name		2. Operational Period:	Date From:	5/9/20	Date to:	5/12/2020
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	
Haft	Howard	CCDH	Howard.haft@maryland.gov	
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		
Peer	Support	Peer Support Team	DESPeersupport@charlescountymd.gov	
Courtney	Shannon	Peer Support Team Leader	Shannonc@charlescountymd.gov	

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name	2. Operational Period				
Charles County COVID-19	Date From:	5/9/20	Date To:	5/12/20
	Time From:	8:00	Time To:	8:00

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

"T-Rex Couldn't Wash His Hands… and now he's extinct! Wash your hands often to prevent the spread of COVID-19. "

1. Total identified PUI's transported as of 5/8: 618 Total # of patients testing positive : 109

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

3. EMSOP Special Order 2020-01 Version 4.1 has been updated to include new travel guidance from MIEMSS as well as out of County decon best practices.

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

5. Speical Order 2020-04 Version 1.1 was released on 05-05-2020. 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. Special Order 2020-03 V2.1 was updated on 05-06-20. New guidelines added on employee return to work procedures.

10. Collection and limited re-use of PPE is starting the week as a Contigency Plan. Procedures are outlined in Special Order 2020-05 V1.1. The primary plan of single use PPE is still in Place.

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 8, 2020__@ 14:00_____

ACTIVITY LOG (ICS 214)

1. Incident Name	2. Operational Period				
Charles County COVID-19		Date From	5/9/2020	Date To:	5/12/2020
		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: _____

Date/Time: _____

ACTIVITY LOG (ICS 214)

1. Incident Name	2. Operational Period				
Charles County COVID-19		Date From	5/9/2020	Date To:	5/12/2020
		Time From:	8:00	Time To:	8:00

7. Activity Log (continuation)

Date/Time	Notable Activities

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

Date/Time: _____

Safety Officer's Report
Charles County EOC

05-08-20

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

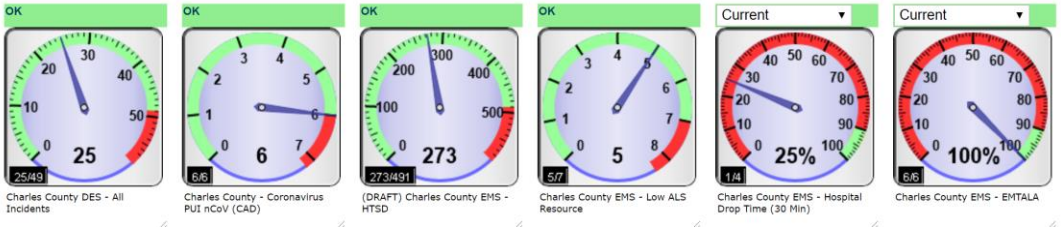
Today's Safety Message: "T-Rex Couldn't Washi His Hands…and now he's extinct! Wash your hands often to prevent the spread of COVID-19."
Total number of PUI's transported to date: 618
Total number of patients transported by EMS testing + for COVID: 109
Total number of first responders on self-isolation: 0
Total number of first responders on quarantine: 5
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: 20 sets/day

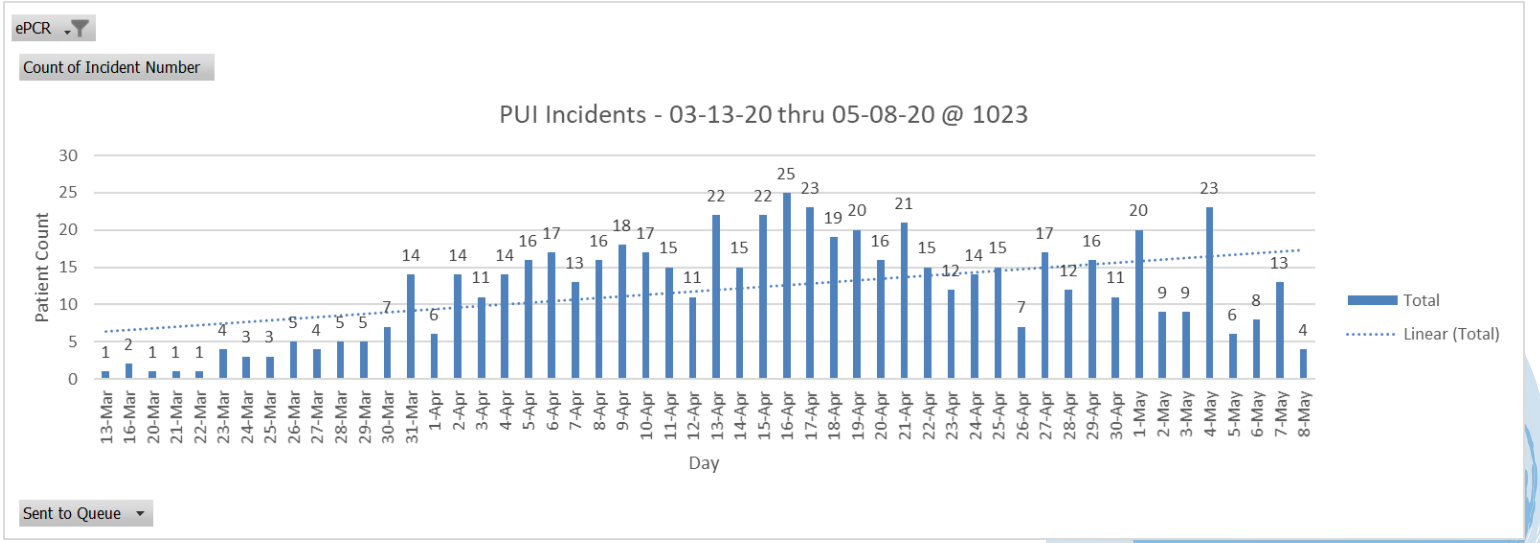
10425 Audie Lane
La Plata, MD 20646

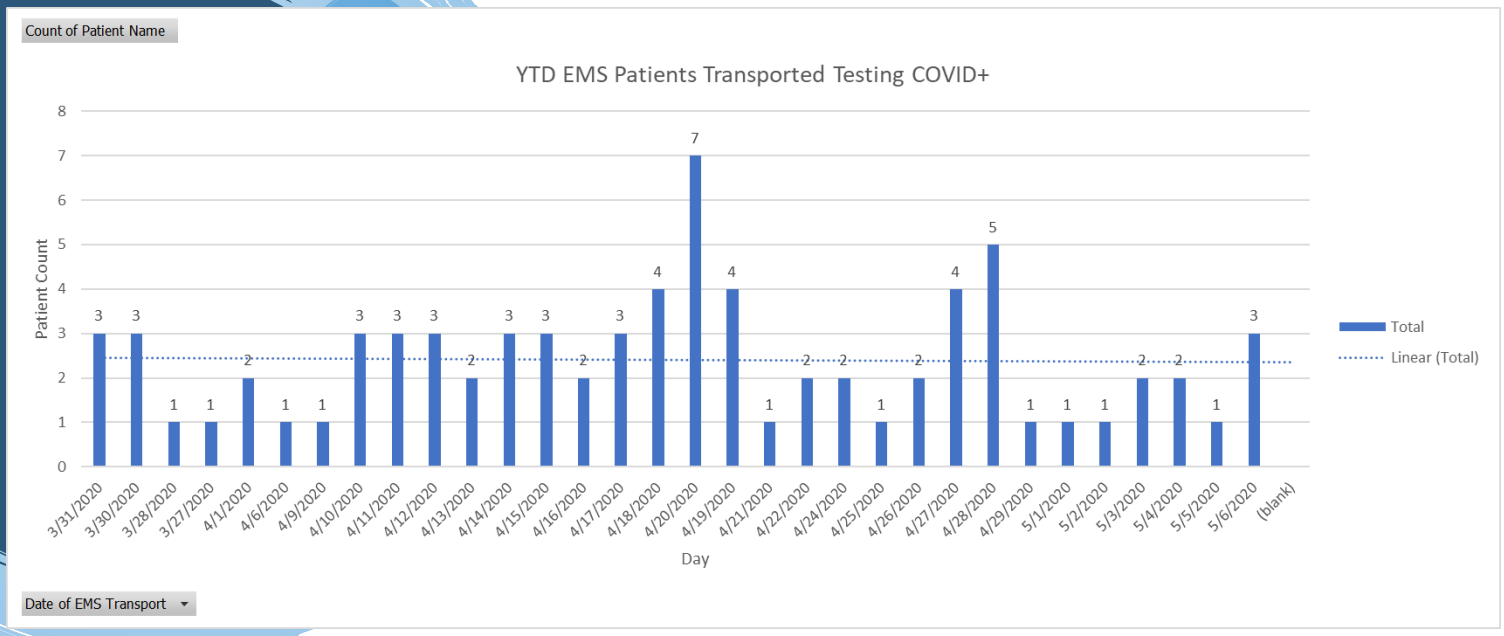
301-399-1143

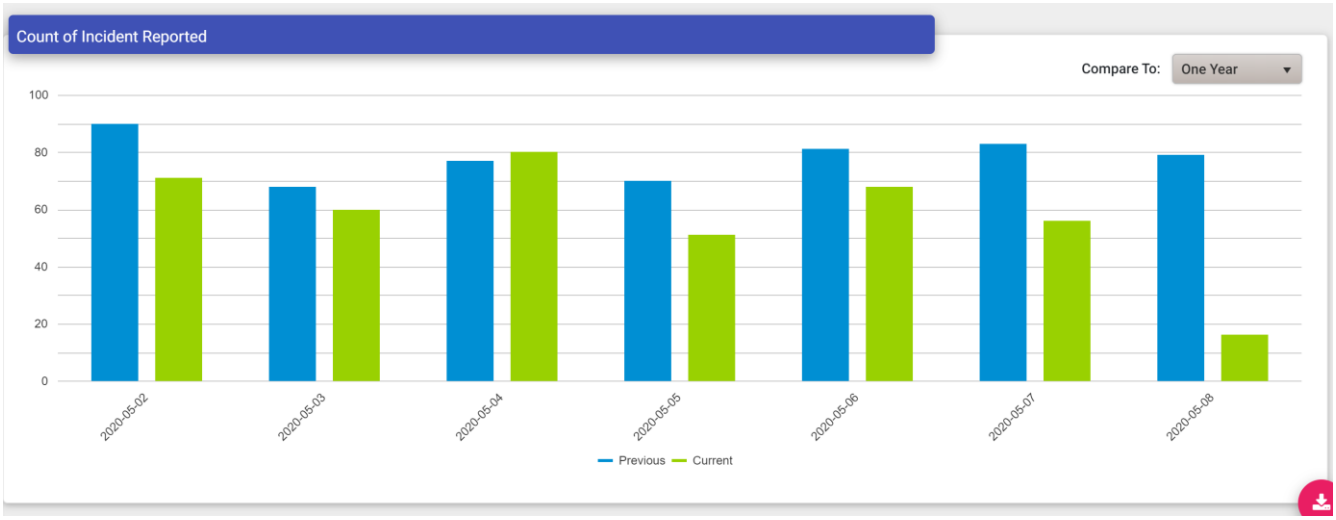
DESsafety@charlescountymd.gov

www.charlescountymd.gov






Count of Patient Name
YTD EMS Patients Transported Testing COVID+
Patient Count
Day
Total
Linear (Total)
Date of EMS Transport


Count of Incident Reported
Compare To:
One Year
Previous
Current

T-Rex Couldn’t Wash His Hands…And Now He’s Extinct!

Wash your hands often to prevent the spread of COVID-19.

PUBLIC HEALTH BRANCH BRIEFING
COVID-19 PANDEMIC RESPONSE
May 8, 2020

GENERAL REPORTING INFORMATION

INFECTIOUS DISEASE

CASE COUNT—CHARLES COUNTY

As of 5/8/2020, total case count for Charles County is 719.

- *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 past weekend.)*

MEDIA, SOCIAL MEDIA AND WEBSITE

- Complaints concerning mask use coming in about 1 per day.

PARTNER/STAKEHOLDER OUTREACH

LTC/AL

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

ALL-PARTNER

- The all-partner call held was held Thursday, 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: 30,485 (121,702 negative)
2) **New cases:** 1,111
    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 (-9 last 24 hours); total current 1,674; total ever 5,811
    e) Deaths -- Total 1,453 (52 last 24 hours)
    f) Release from isolation – 2,041

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

RESOURCE DISTRIBUTION

- Two orders picked up today
- Next PPE shipment will arrive next week
- IR thermometers will be included for distribution from CCDOH per request
- EM will have in its shipment 3 oz. bottles of hand sanitizer to distribute as needed

VOLUNTEERS

MARYLAND MEDICAL RESERVE CORPS

- No new responders accepted into Charles County Unit today

CAREGIVER SERVICE CORPS

- Nothing new to report

TESTING

VEIP TESTING SITE UPDATE

- Tested to Date: 872
- 115/120 appointments slots were tested Thursday, May 7, 2020
- For the seventh operational period, May 12-14 appointment slots will be increased to 135 per test day.

EPIDEMIOLOGY AND SURVEILLANCE

Charles County

Epidemiologist's Note: *All data presented in the Charles County profile is a snapshot of the COVID-19 situation at one specific time period. Please be cognizant that data may differ from numbers presented later in the day since new positive lab results are being received by the state and local health department and entered into NEDSS electronic surveillance system throughout the work day. This explains any discrepancies in the total count or denominator being used to calculate each data measure; therefore, the date and time of data extraction for each data source is provided for your reference.*

As of 5/8 at 900 am, total case count for Charles County was 719 cases.

This number differs from the number released by MDH this morning. The epidemiologist found some discrepancies in the RedCap line list and had to talk to the state about changes. All cases from 20607 were being included as Prince George's County this week. MDH is working to get the Charles County cases from 20607 moved back into the Charles County line list and case count. They have added any new cases from 20607 to the line list, but we are still waiting for the previous 20607 cases to be moved back. After discussions with other local health department epidemiologists in the state, this has happened to several counties that share zip codes. MDH is overburdened at this time, so patience is needed as we sort out these problems.

There have been **51 confirmed deaths** associated with COVID-19. This equates to 7.1% of total confirmed cases. The Charles County death rate of 7.1% is higher than the MD state average death rate of 4.8%. However, it should be noted that the 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: 78.5 years

Age Distribution of Fatalities:

- 0-39 years: 0
- 40-69 years: 9 (16.9%)
- 70-79 years: 21 (38.9%)
- 80+ years: 23 (44.2%)
- Gender breakdown among fatalities: 71.7% Female, 28.3% Male

Racial breakdown among fatalities:

- 51.0% Non-Hispanic White
- 43.4% Non-Hispanic Black
- 1.8% Non-Hispanic Asian
- 3.8% Hispanic

- Number of negative lab results: 3303
- Positivity Rate: 17.9% (State positivity rate: 20%)
- Recovered and released from isolation: 177
- Partially recovered with improved symptoms: 46

- 147 or 20.4% required hospitalization: We have seen reductions in the percentage of cases needing hospitalization over the past 2 weeks. This may be due to the decline in cases in the skilled nursing facility outbreaks.
- Among confirmed cases, 413 (57.4%) Female; 282 (42.6%) Male
- 14% Healthcare Workers
- 1.8% First Responders: EMS, Fire, Law Enforcement
- 29.2% have underlying health conditions

Age Distribution for Charles County cases:

- Under 18 years: 15 (2.1%)
- 18-64 years: 536 (74.5%)
- 65+ years: 168 (23.4%)

ESSENCE data for urgent care utilization at Patient First in Waldorf had a yellow alert for Thursday, May 7th. The yellow alert is due to 3 "Visit of Interest" tags with the ICD code for "Contact with and exposure to other viral communicable diseases." All 3 patients presented for a COVID-19 test. Patient volume was 38 patients on 5/7. Total patient volume has remained similar over the last week. All were discharged to home for self-care. 20 patients presented with ILI or at least one COVID-19 like symptoms on 5/7. Any increases in ILI can be attributed to the drive-up testing. Diagnoses for ILI patients on Thursday included acute maxillary sinusitis, acute pharyngitis, dyspnea (muscle aches), unspecified chest pain, allergic rhinitis, headache, cough, contact with and exposure to other viral communicable diseases, and encounter for screening for other viral diseases. On 5/7, there 3 "Visit of Interest" CDC Classifier tags. They were due to COVID-19 exposure to a positive case. There was one "Visit of Interest" tag for a finger laceration. They completed a total of 11 COVID-19 tests in their drive-up testing site on 5/7.

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 15 on 5/7. There was one high call volume day on Monday, but the remaining days this week have been low.

- 5/2: 10
- 5/3: 9
- 5/4: 28
- 5/5: 4
- 5/6: 8
- 5/7: 15

Epidemiologist's Note Concerning Race breakdown: *The data is now being captured in the MDH line lists of confirmed cases in REDCap. Data was accessed on 5/8 at 9:00 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: 719 cases on 5/8 *at 900 am 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: 14 (2.0%)
- Black/African American: 298 (41.4%)
- White: 187 (26.0%)
- Other or 2+ races: 39 (5.4%)
- Data not available/Declined to Answer: 181 (25.2%)

Ethnicity Breakdown

- Hispanic 31 (4.3%)
- Non-Hispanic 496 (69.0%)
- Declined to answer 39 (5.4%)
- Data not available 153 (21.3%)

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

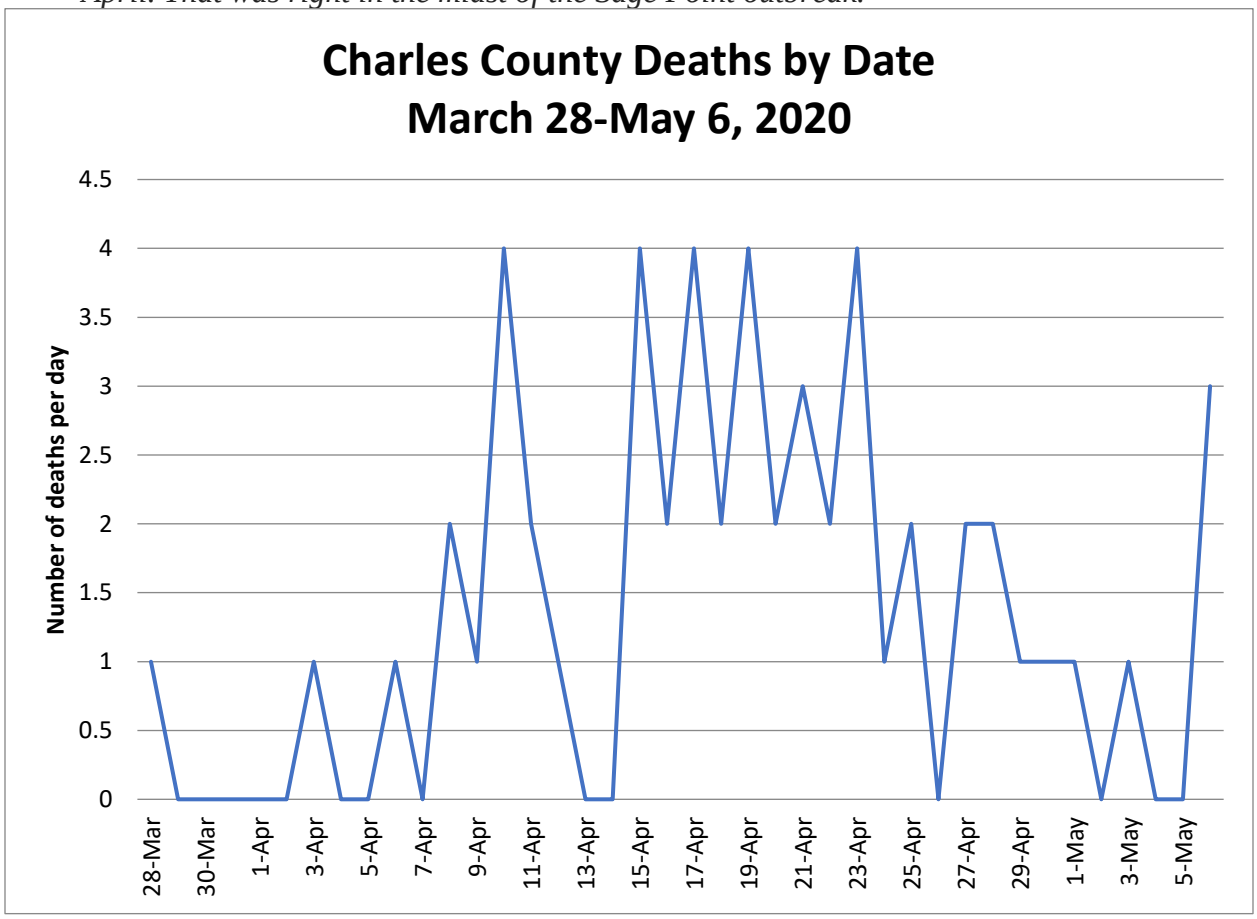
- Positive resident cases in Skilled Nursing Facilities/Assisted Living Facilities: 144
- Positive staff cases in Skilled Nursing Facilities/Assisted Living Facilities: 53
- Among those 144 resident cases, 109 are in skilled nursing facilities and 35 are in assisted living facilities.
- Current residents or staff who are Persons Under Investigation (PUI) in Skilled Nursing Facilities/Assisted Living Facilities: 1
- Total currently hospitalized: 6
- Deaths: 41 (This number was revised from previously reported number).

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 resident testing by the close of business on Friday, 5/1. Most results have been received for each facility. There are 10 labs pending. A total of 371 residents in skilled nursing facilities were tested. 35 or 9.4% of those tests have come back positive for COVID-19. Health departments are looking at previous line lists to determine is which of those cases are previous positives and which are new positives for the facilities.

Testing for staff members has been put on hold. MDH released information yesterday to the skilled nursing facilities regarding the Governor's Order to test all residents and staff of nursing homes. Their protocol will involve the National Guard bridge teams coming in to do all of the testing at once. We are waiting for information on whether SNF residents will be retested using this National Guard protocol. There is a call with Dr Haft and the skilled nursing facilities today at 330. More information will be shared as soon.

> ***Epidemiologist's Note:*** *Here is the graph with the Charles County deaths by date. I have added the dates that had no deaths to the graph. They are equally important. The trend shows a decline in deaths due to COVID19 since the peak in the middle of April. That was right in the midst of the Sage Point outbreak.*



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 (59.2%) 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 565 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:	5/6	5/8
20601	102	112
20602	117	128
20603	173	186
20604	2	2
20607	16	16
20611	4	4
20613	11	16
20616	23	25
20622	3	3
20632	2	2
20637	18	18
20640	28	28
20645	1	1
20646	93	94
20658	3	3
20662	9	9
20664	8	8
20675	7	7
20677	9	9
20693	3	3
20695	44	46

Epidemiologist's Note: *Here are the COVID-19 case rates per 1000 residents by zip code. Most zip codes saw an increase from 5/6 to 5/8; however, most were small increases.*

COVID-19 Positive Case rate per 1,000 residents as of May 8, 2020:

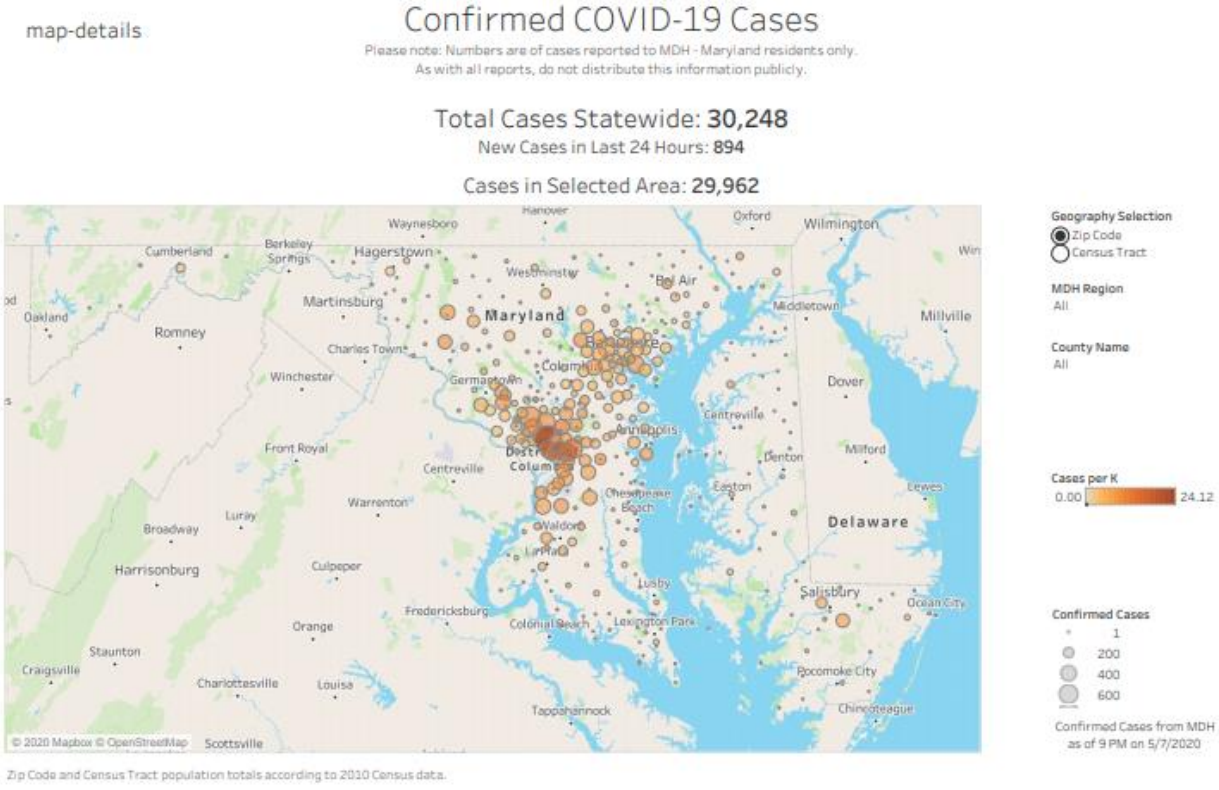
Case rates are only calculated for zip codes with 5 or more confirmed COVID-19 Cases.

COVID-19 Positive Case Rate per 1000 residents for each zip code with 5 or more confirmed cases:	4/30	5/5	5/6	5/8
20601	3.188	4.057	4.098	4.512
20602	3.967	4.688	4.849	5.249
20603	5.316	5.834	6.041	6.490
20616	2.732	3.756	3.927	4.098
20622	0	1.429	1.429	1.429
20637	2.766	3.135	3.319	3.504
20640	2.108	2.683	2.778	2.874
20646	3.759	4.817	4.923	4.976
20662	3.067	3.067	3.067	3.067
20664	1.674	2.678	2.678	3.013
20675	3.591	4.189	4.189	4.189
20677	2.153	3.445	3.876	3.876
20695	5.446	6.476	6.623	6.918

ADDITIONAL INFORMATION: ***This includes the following:***

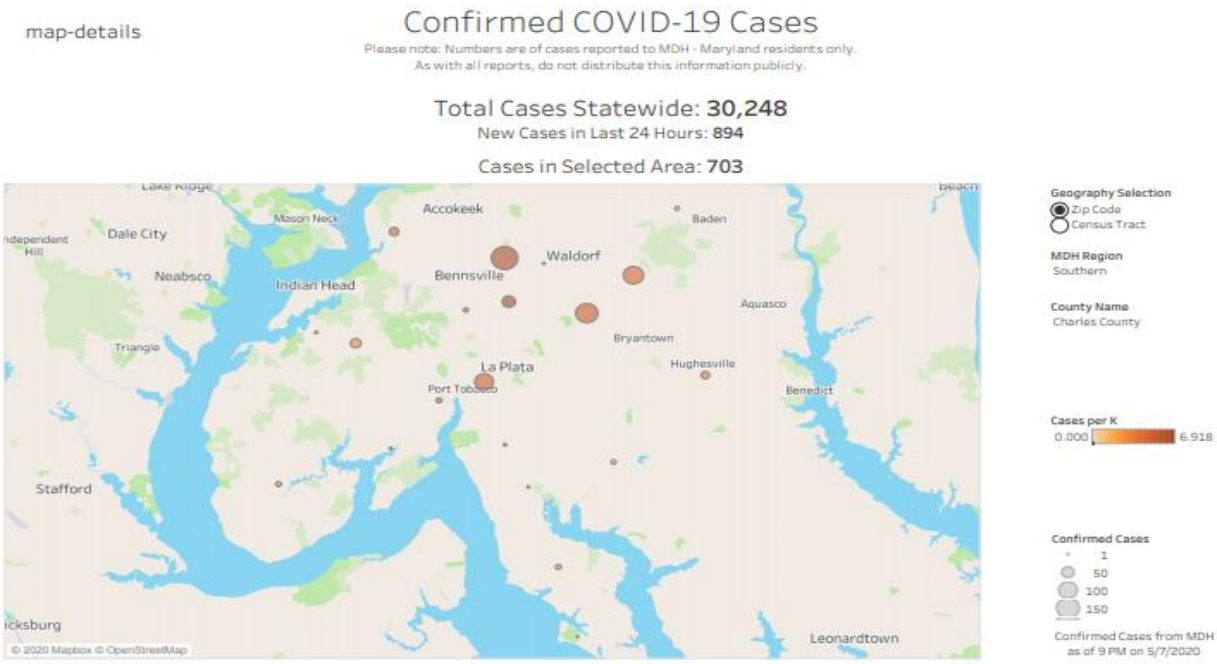
Epidemiologist's Note: <u>Here are the maps for May 8th</u>.
On a state level, the majority of cases surrounding the two large cities of DC and Baltimore. That is where the majority of the state populates lives. Individuals in those areas live in urban settings where they live in closer proximity. The cases then disperse from there.
The same trend can be seen on a regional level. For Southern Maryland, the towns with the highest case rates are also the towns with the highest population sizes. Those include Waldorf, La Plata, Prince Frederick, and Lexington Park.
For Charles County, the majority of the population lives in the three zip codes of Waldorf. Those areas have the highest case counts at this time. In addition, there is a clear pattern of cases along the Rt 301 corridor through the county. That is the region that is suburban, where the county businesses lie.

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

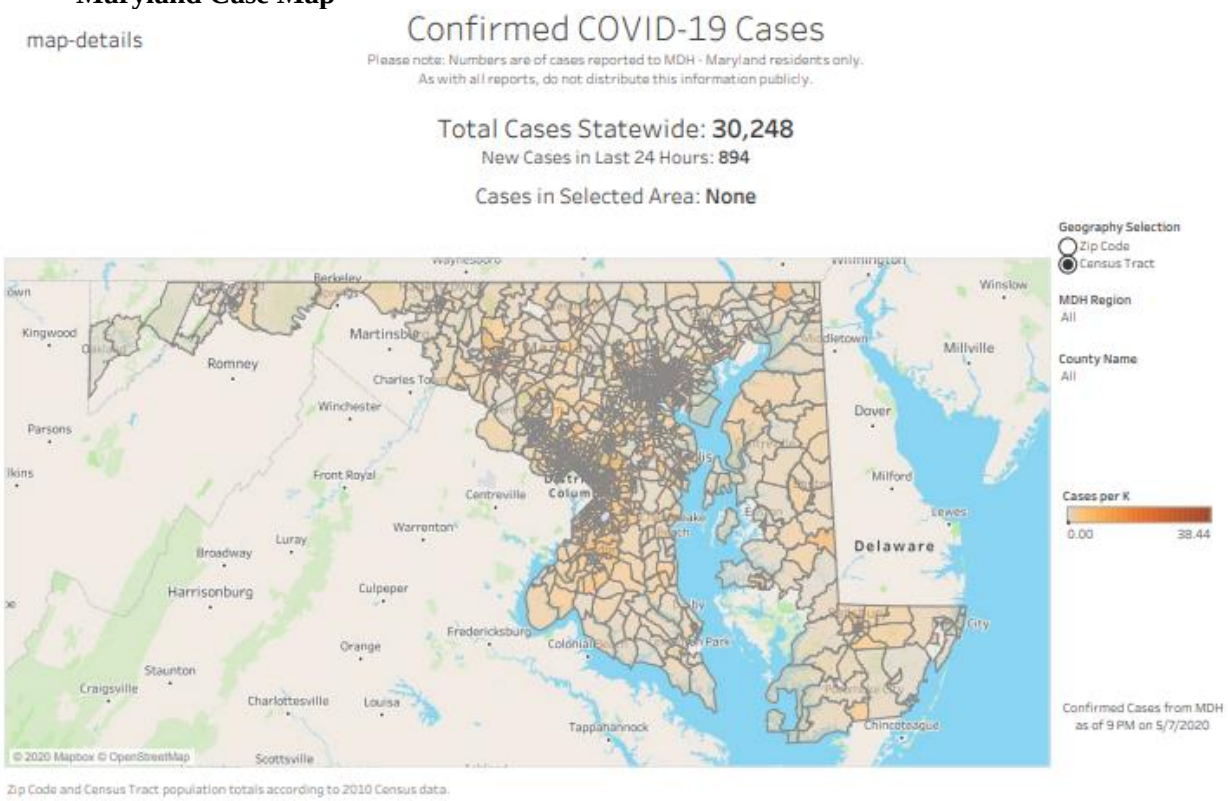


- **Heat Map of Southern Maryland**

- **Heat Map of Charles County**

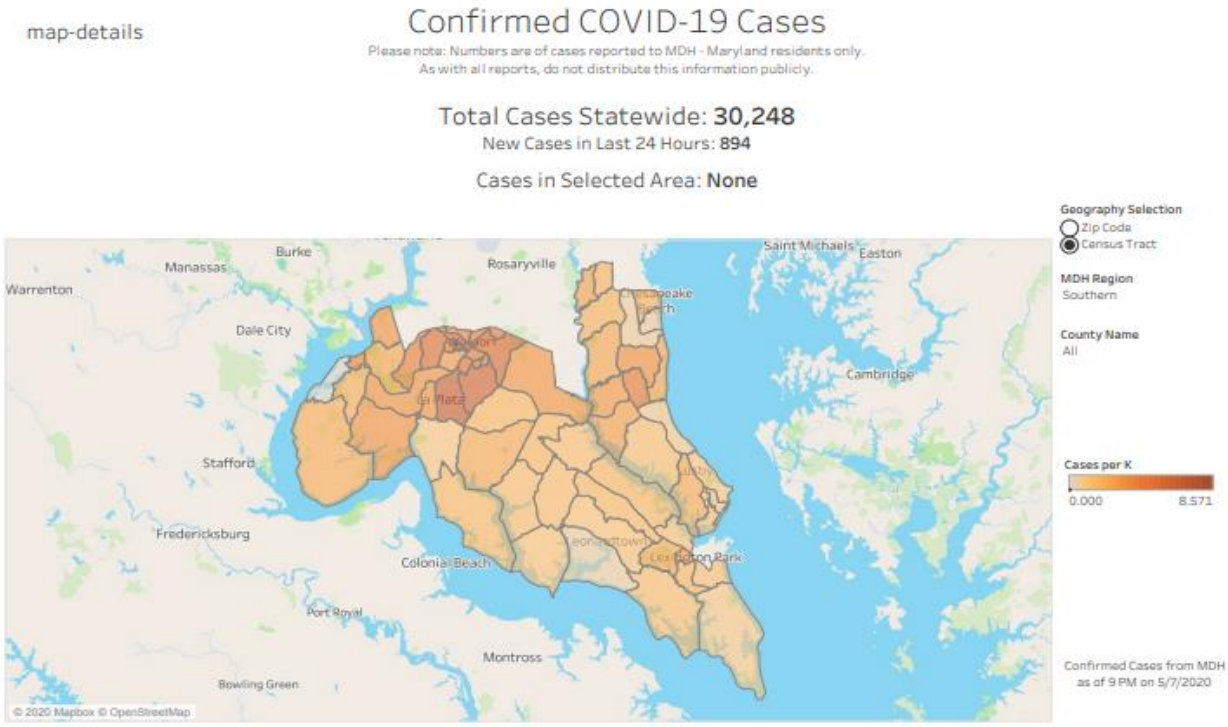


- **Maryland Case Map**



- **Southern Maryland Case Map**

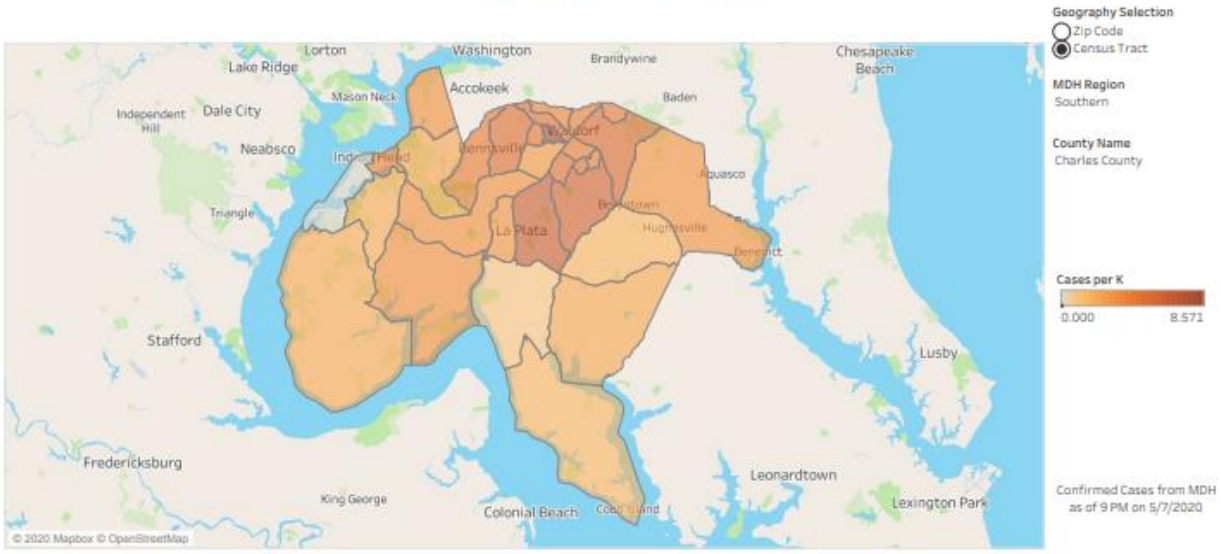
map-details



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

- **Charles County Case Map**

map-details



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

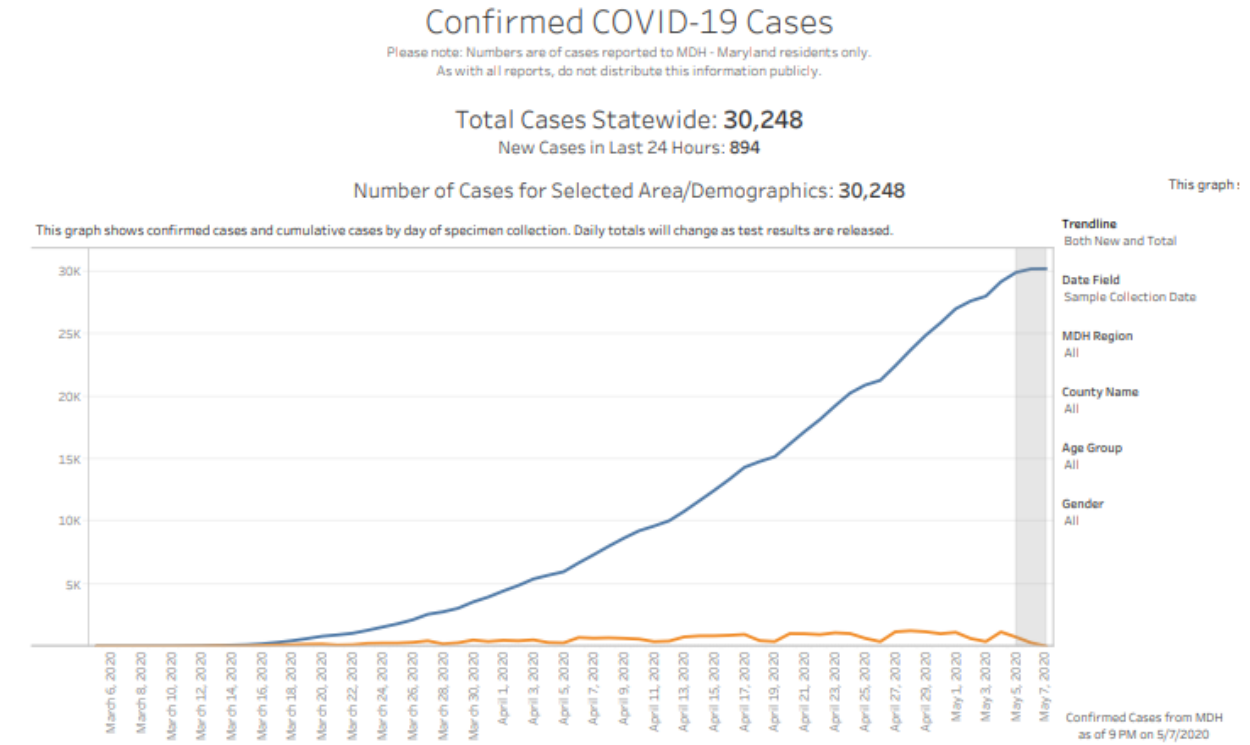
Epidemiologist's Note: *The next group of graphs attached are what we traditionally refer to as epi curves. The blue lines represent the total number of confirmed cases for the entirety of the outbreak. They are helpful because we can predict a leveling off of new confirmed cases when the curve starts to change from a steep incline to a plateau. At this point, for both Maryland and Charles County, you can observe a change in the trajectory each week and how the curve changes slightly and becomes just a little more to the right. If we had maintained the original trajectory, we would have a significantly larger number of confirmed cases at this time.*

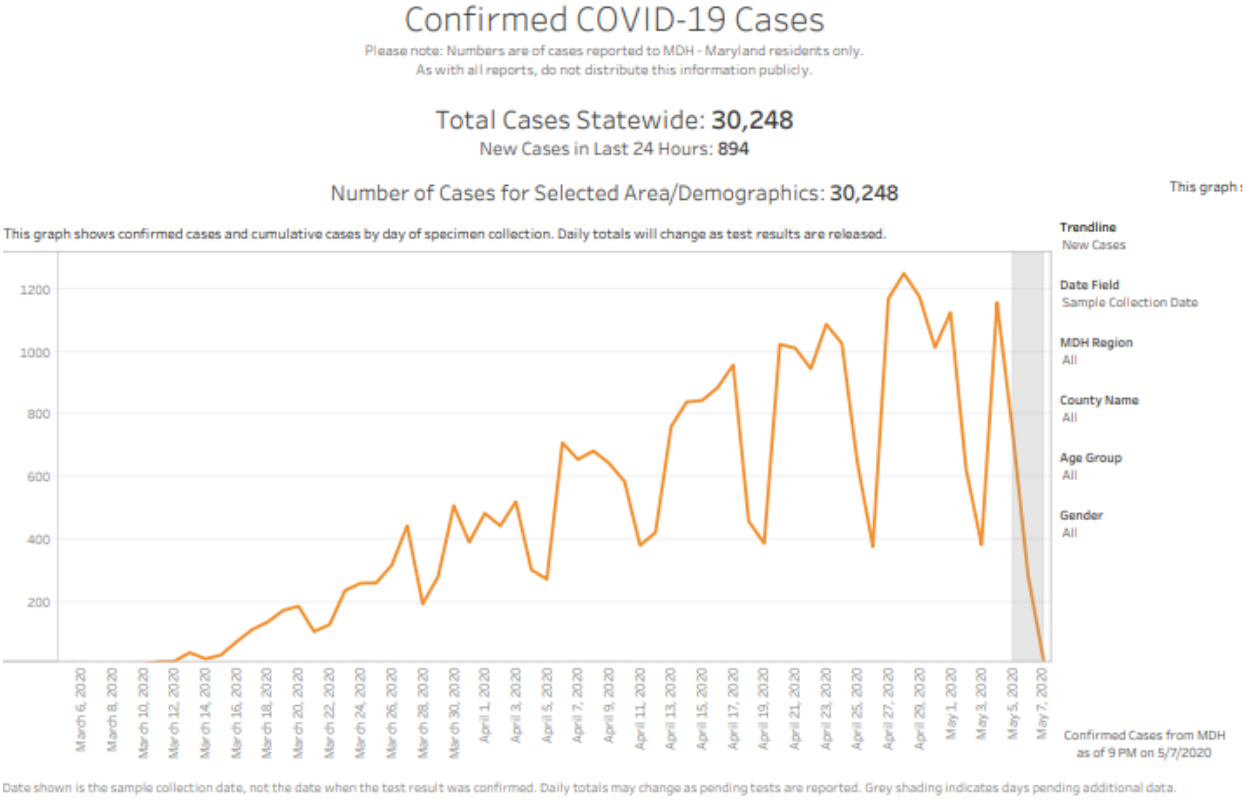
The same is true on a regional and county level. If you look at the blue line for Charles County, you can see several bumps along the line where we have changed the trajectory. It appears to be leveling off.

I did another set of graphs with just the yellow lines or the number of new cases reported each day. This is your "epi curve."

We can see a Bell curve with a peak in cases for Maryland and Charles County at the end of the April. This is what Governor Hogan referred to in his last press conference. Since that peak, there has been a decline in confirmed cases each day. We hope to see that pattern for 14 consecutive days. When there is a decline in the current community spread, then we can start to take controlled measures to open up some more activities and businesses because the healthcare system is capable of handling another surge of new cases in the community.

- **Statewide Cases by Date**





- **Southern Maryland Cases by Date**

Confirmed COVID-19 Cases

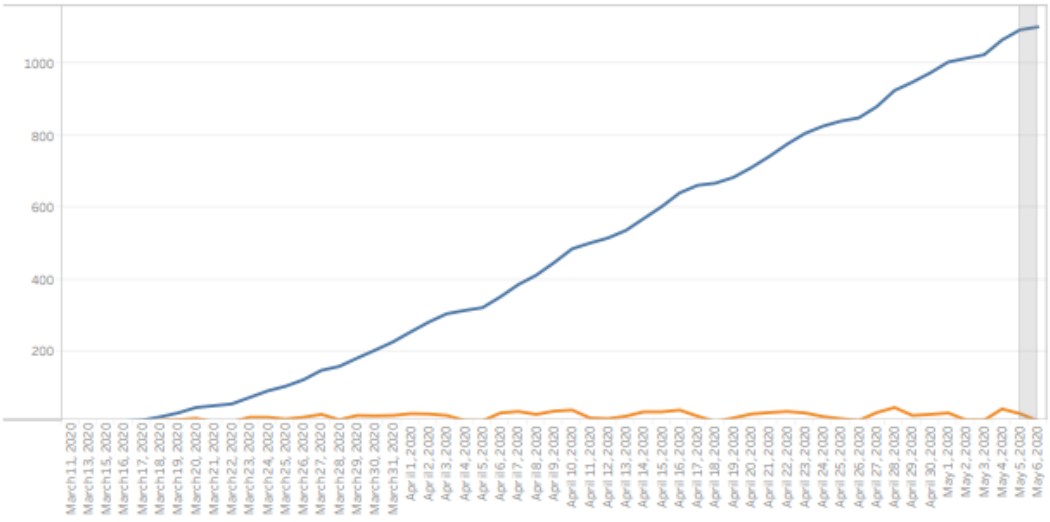
Please note: Numbers are of cases reported to MDH - Maryland residents only.
As with all reports, do not distribute this information publicly.

Total Cases Statewide: **30,248**

New Cases in Last 24 Hours: **894**

Number of Cases for Selected Area/Demographics: **1,100**

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



This graph:

Trendline
Both New and Total

Date Field
Sample Collection Date

MDH Region
Southern

County Name
All

Age Group
All

Gender
All

Confirmed Cases from MDH
as of 9 PM on 5/7/2020

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. Grey shading indicates days pending additional data.

Confirmed COVID-19 Cases

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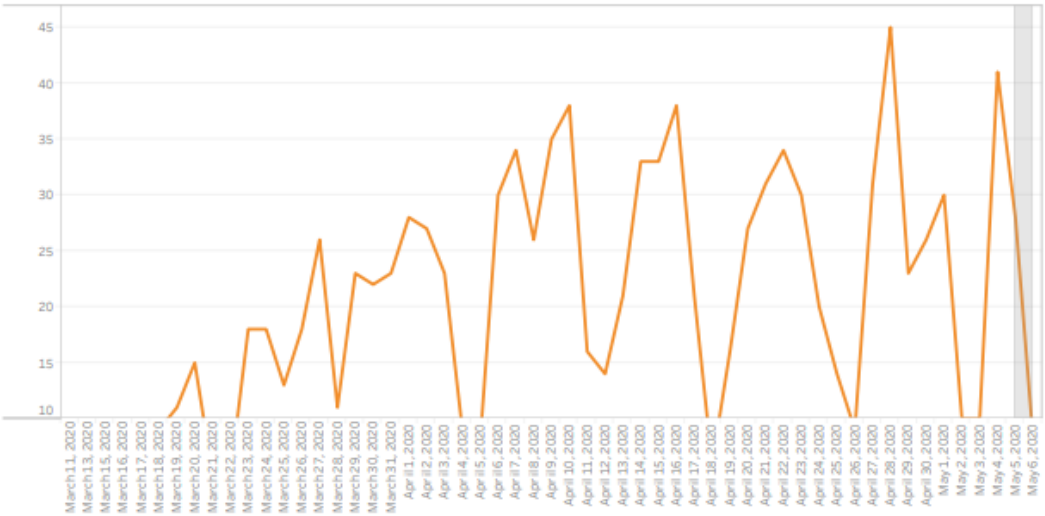


Trendline
New Cases

Date Field
Sample Collection Date

MDH Region
Southern

County Name
All

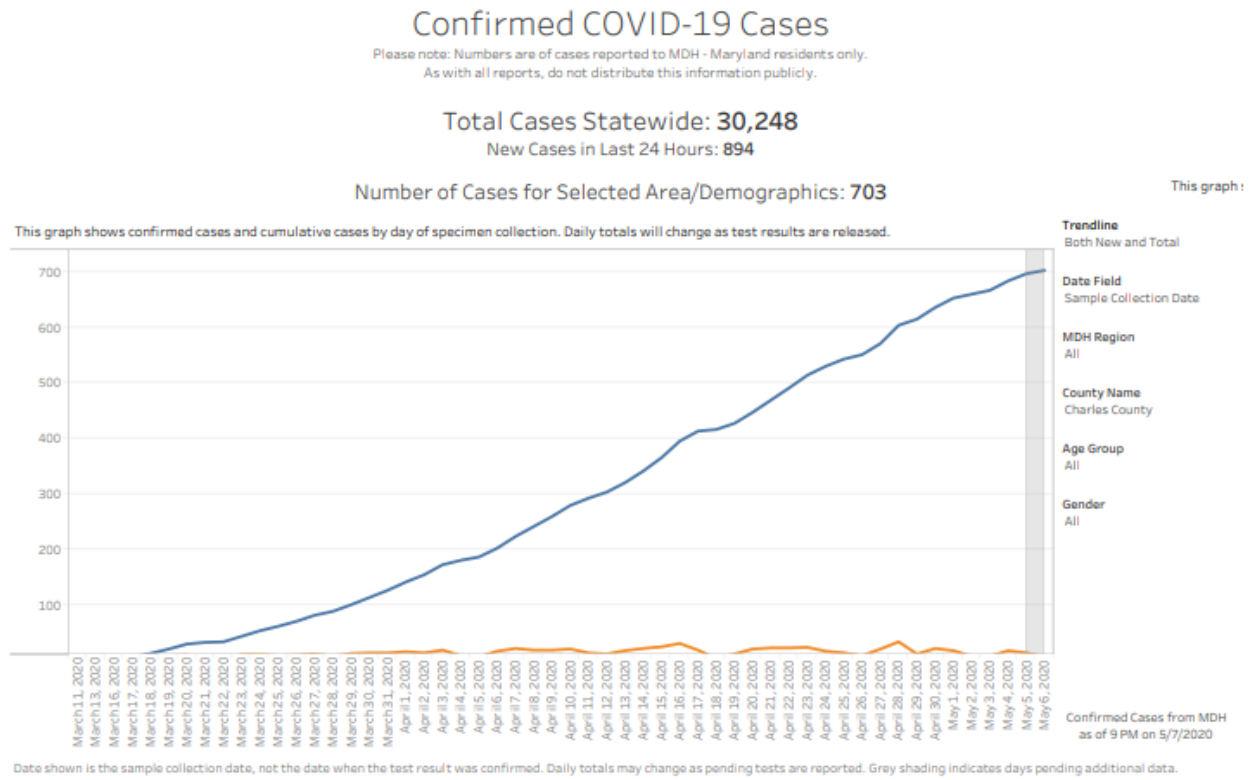
Age Group
All

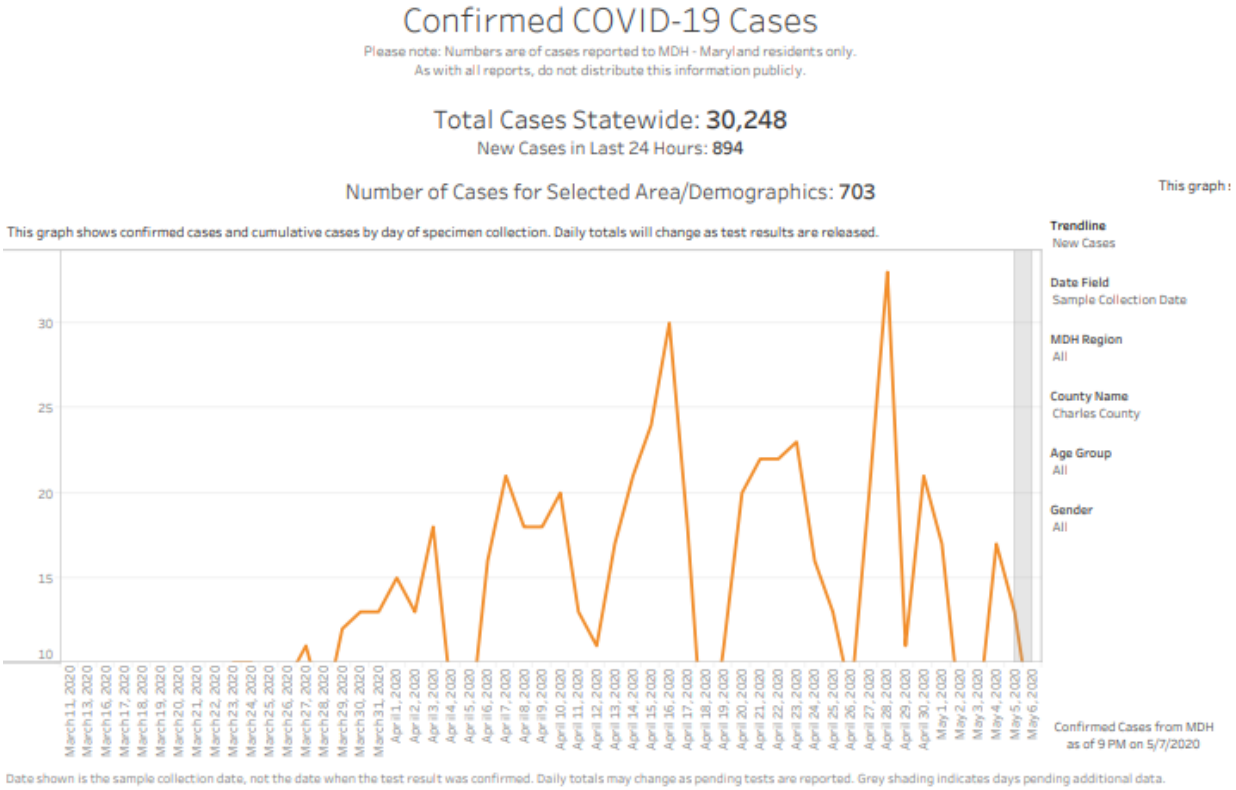
Gender
All

Confirmed Cases from MDH
as of 9 PM on 5/7/2020

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. Grey shading indicates days pending additional data.

- **Charles County Cases by Date**





Epidemiologist's Note: *The next set of graphs talk about the demographics of both the confirmed cases and the fatalities in the state of Maryland.*

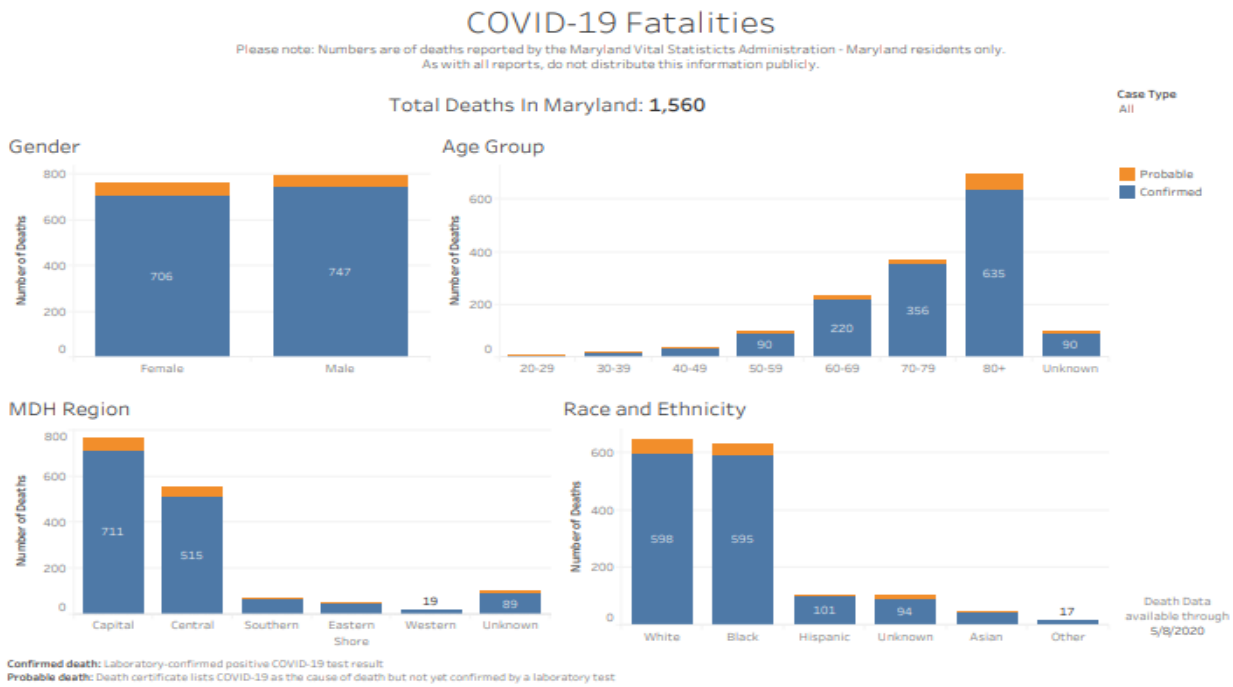
African Americans make up 33% of Maryland COVID-19 cases and 40% of Charles County COVID-19 cases. This is indicative of both the state and county level demographics. They make up 49% of the county population and are the largest racial group in the county, so I am not surprised that they have more confirmed cases than other racial groups.

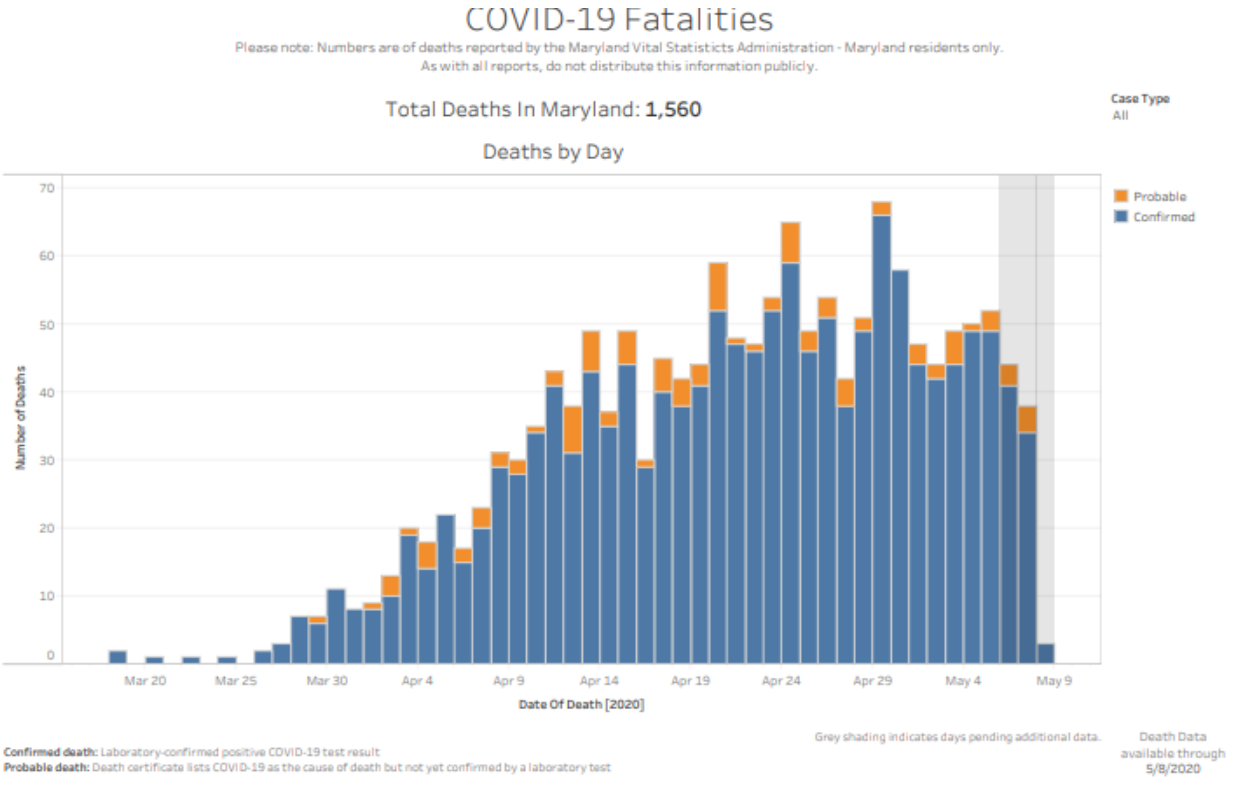
However, the demographics change when you start to look at them from fatalities. Then you see Whites in Maryland and in Charles County with more deaths than any other racial group. That is because most of the deaths in MD and Charles County are among people who are over the age of 65 years. The majority of people over the age of 65 in Charles County are White, so you are going to see more deaths among this racial group.

The demographics of Charles County have changed significantly over the last 30 years. Charles County has seen tremendous growth in population. It has also become a much more diverse population where the minority groups have now become the majority. So the older generation is traditionally White, while the new generations that have come into the community in the past couple decades are younger.

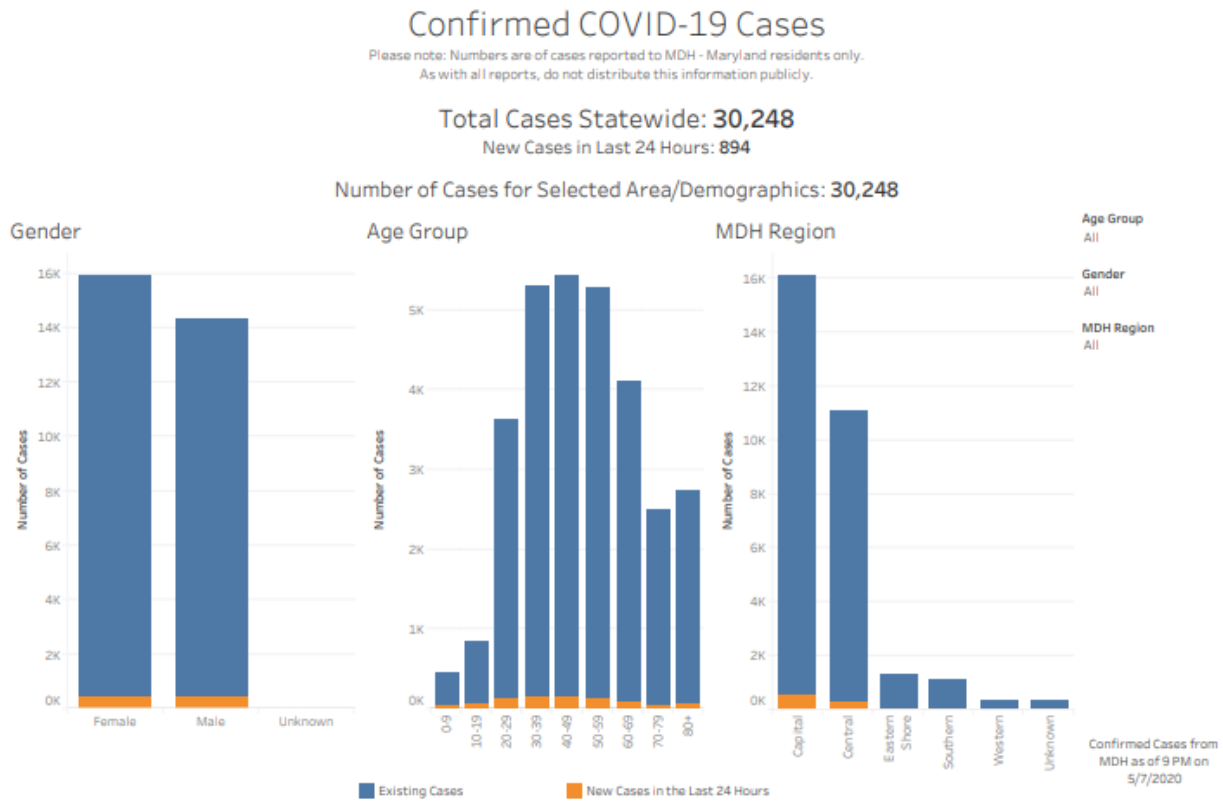
When observing the epi curve for deaths in Maryland, you can see where the peak in deaths was observed at the end of April, just like the peak in confirmed cases. There has been a decline since that time. If that decline can be sustained for the 14 consecutive days, then the morgues can handle a surge of deaths that are to be expected from the increase in cases when things start to reopen and the stay at home order is lifted.

- **Maryland Demographic Fatalities**

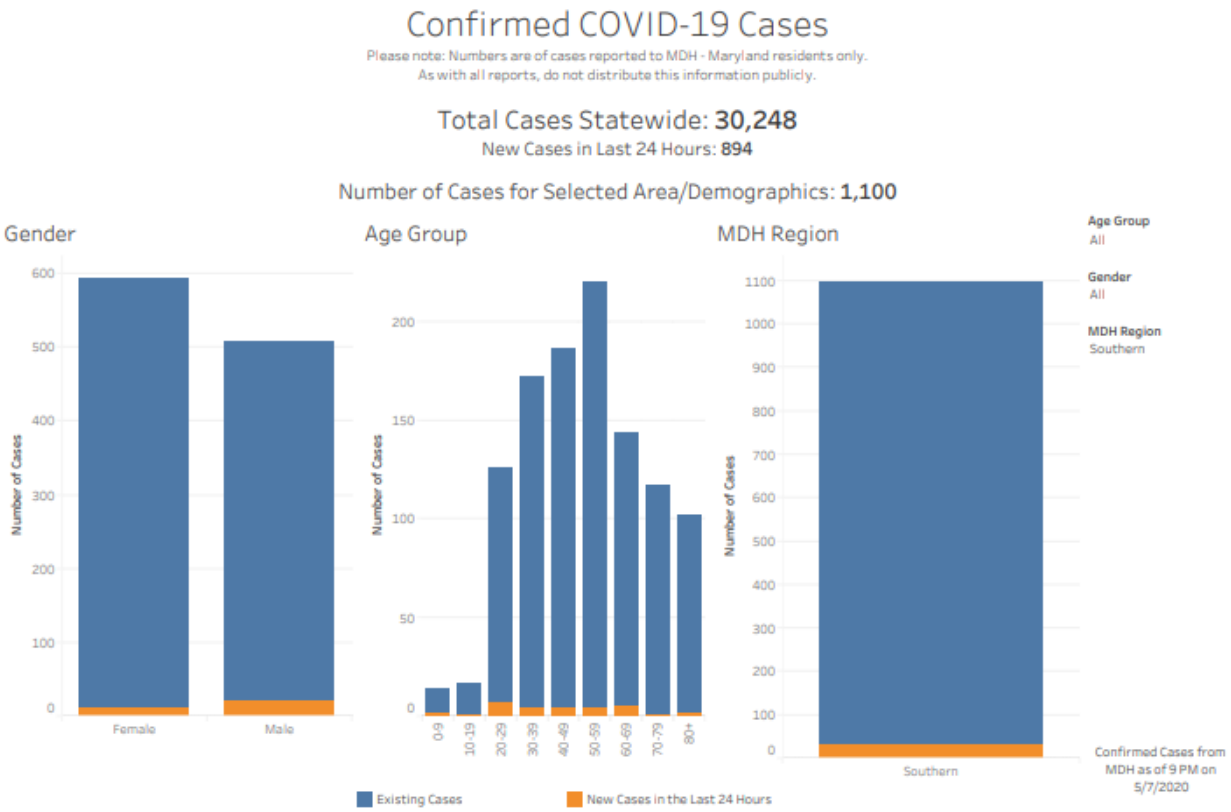




- **Maryland Case Demographics**



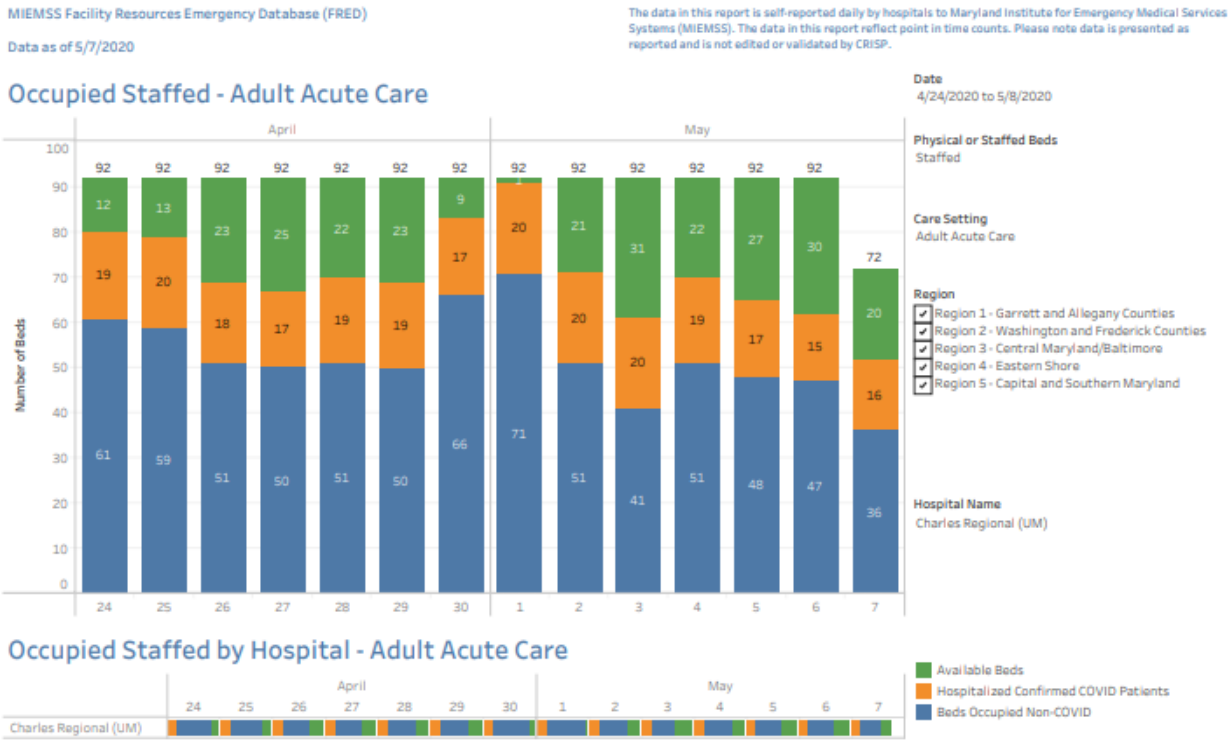
- **Southern Maryland Case Demographics**



Epidemiologist's Note: *The next graphs look at the trends in Acute Care and ICU occupancy over the last 14 days for CRMC and all of the Region 5 hospitals.*
For CRMC, they have seen a decrease in the last 4 days of COVID-19 positive cases in Acute Care beds. Those numbers are represented in orange on the graph. The

number of acute care beds available has improved over the last week. Those numbers are represented in green.
For ICU, the number of staff beds fluctuates a lot based on demand and on staff availability. It often goes down on the weekends with less staff and back up on the weekdays. There is no clear sign of decline in overall ICU occupancy or ICU occupancy among COVID-19 positive cases. It is good news that there has not been a need to expand into non-traditional space to accommodate an influx of ICU cases. Most days there are 9-10 people in the ICU, so they have the physical beds to handle more if the need arises.
The Region 5 data is also included because Charles County residents seek care outside of the county as well. Also, we may need to rely on nearby hospitals for overflow if we reach our hospital capacity.

- **Maryland Occupied Staff Adult Acute Care**

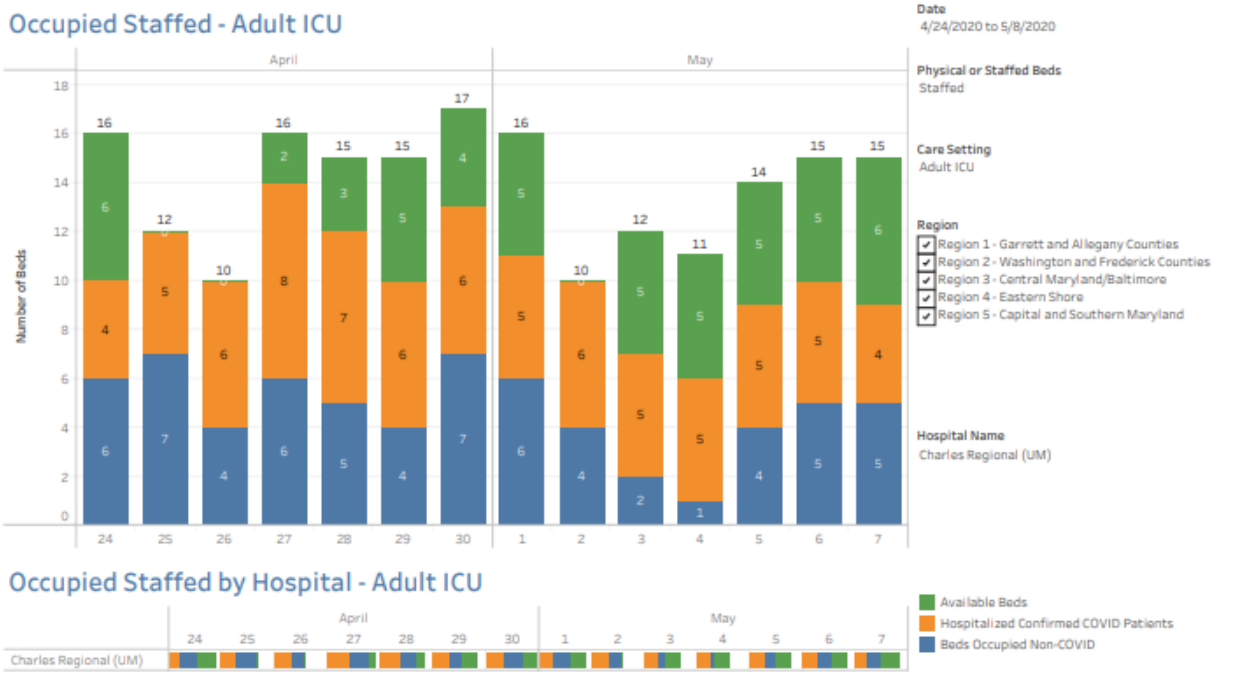


- **Maryland Occupied Staff Adult ICU**

MIEMSS Facility Resources Emergency Database (FRED)

Data as of 5/7/2020

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.



- **Southern Region Occupied Staff Acute Care**

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Data as of 5/7/2020

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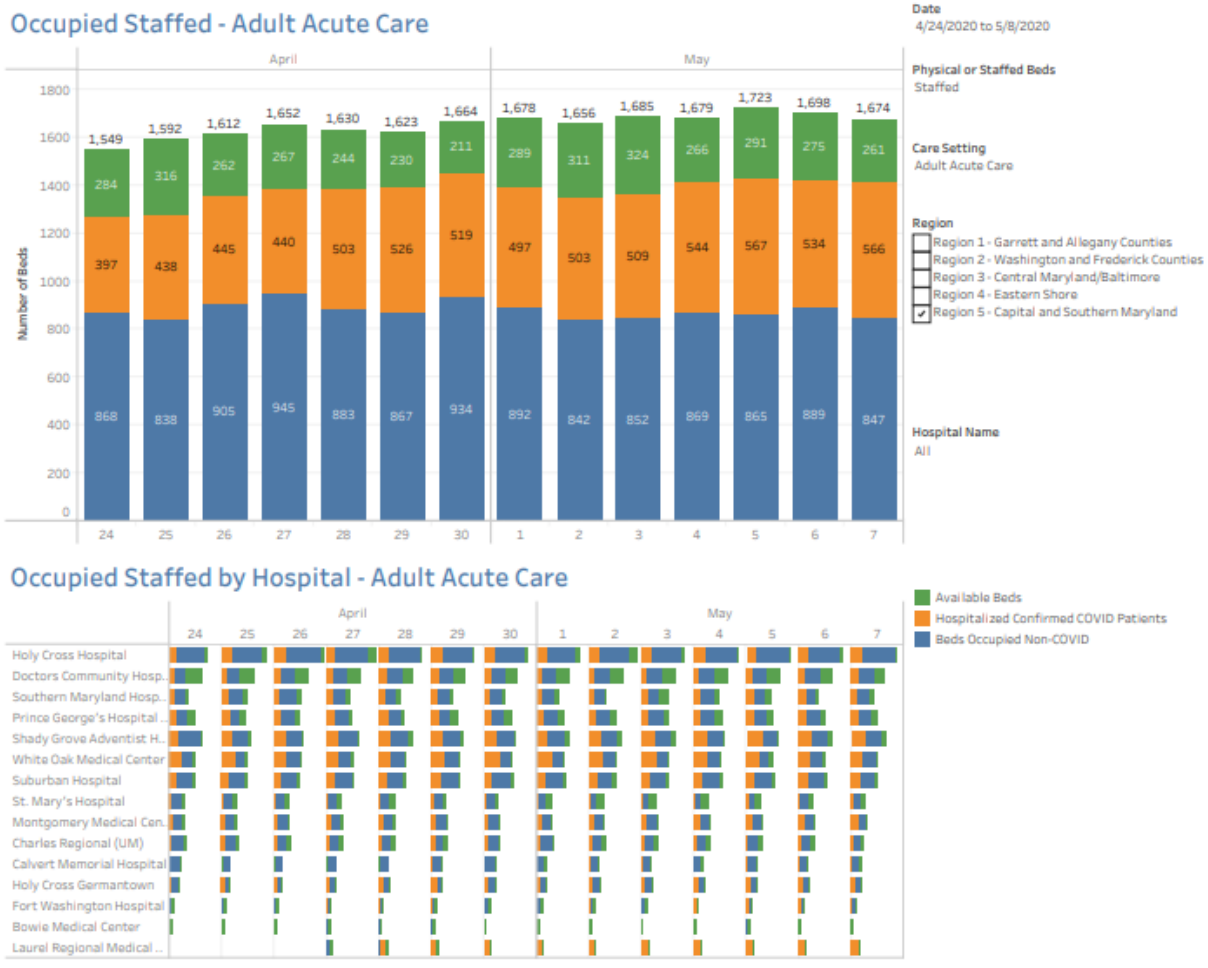

- **Southern Region Occupied Staff Adult ICU**

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Data as of 5/7/2020

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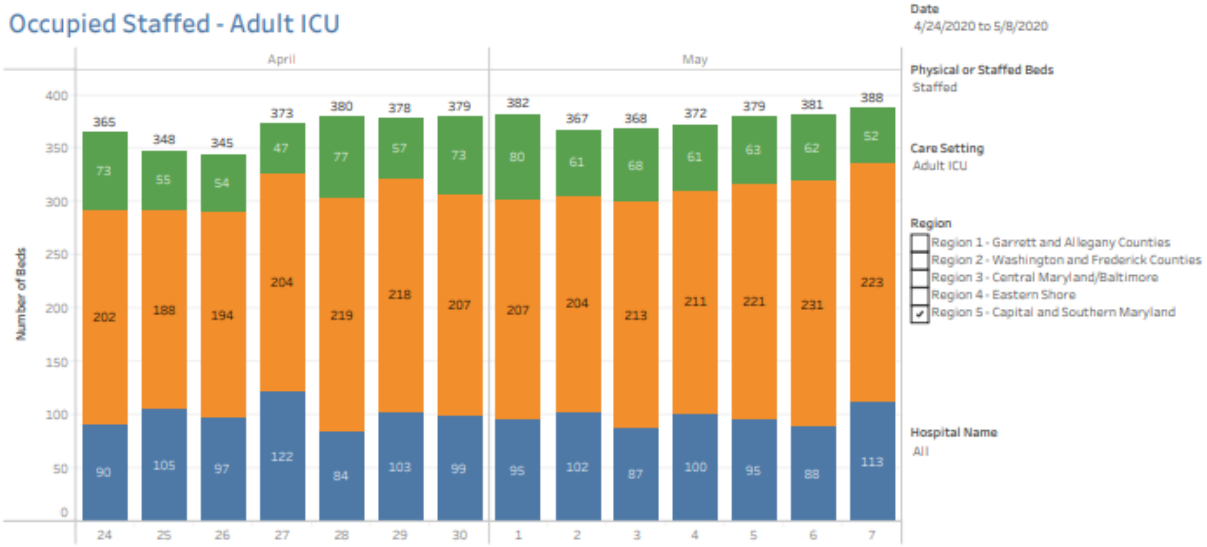
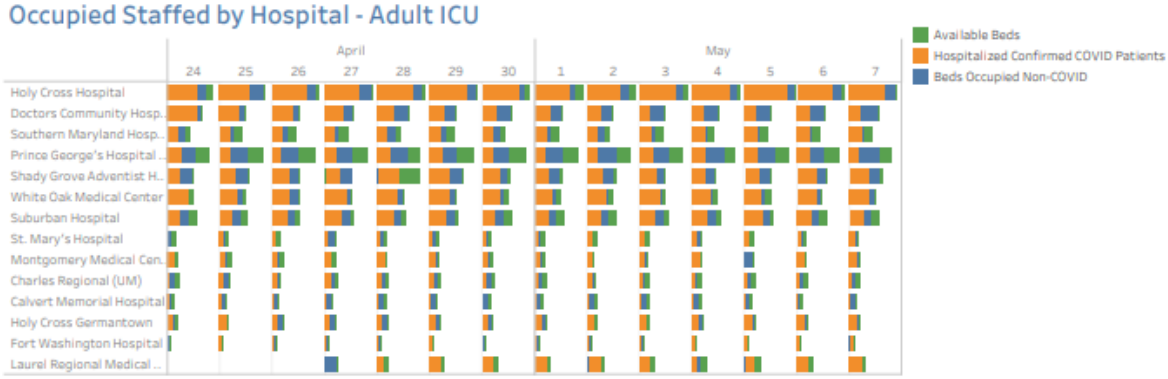
Occupied Staffed - Adult ICU



Occupied Staffed by Hospital - Adult ICU



Epidemiologist's Note: *This will give you an idea of where the hospital stands with*

acute care and ICU beds and what their maximum capacity looks like with the additional measures that they have taken. For example, they currently have 9 occupied ICU beds but they have a maximum capacity of 30 ICU beds. They have 52 acute care beds currently occupied but they have a maximum of 169 available for peak surge capacity.

- **Southern Region Acute Care & ICU Surge Beds**

MIEMSS Facility Resources Emergency Database (FRED)

Data as of 5/7/2020

Hospital surge capacity information provided by MDH. These numbers are constant.

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.

The occupied, staffed, and physical beds will update daily with the MIEMSS numbers, the surge beds will be fixed.

Acute Care Surge Beds

	Occupied Beds	Staffed Beds	Physical Beds	Peak Surge Acute Care Beds	Incremental Acute Beds with Tents	Total Acute Beds at Peak Surge
Statewide	4,932	6,157	7,746	9,585	479	10,064
Charles Regional (UM)	52	72	84	162	7	169

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

Hospital Name
Charles Regional (UM)

ICU Surge Beds

	Occupied Beds	Staffed Beds	Physical Beds	Peak Surge ICU Beds	Incremental ICU Beds with Tents	Total ICU Beds at Peak Surge
Statewide	1,221	1,516	1,893	3,382	251	3,633
Charles Regional (UM)	9	15	15	26	4	30

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

CRISP

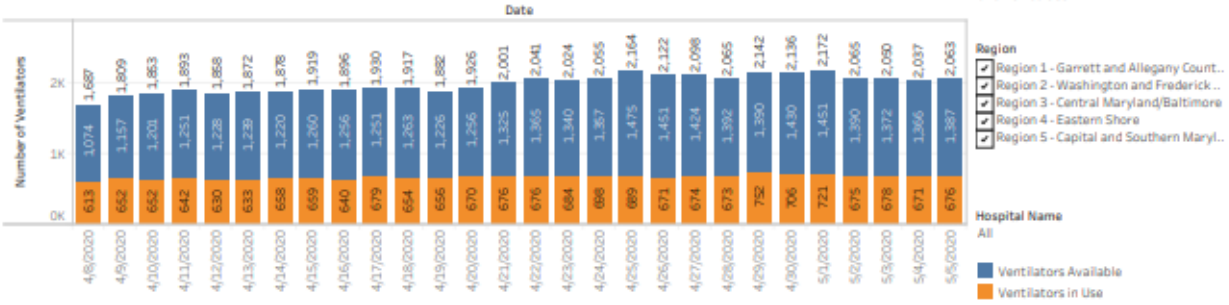
- **Maryland Hospital Ventilator Availability**

MIEMSS Facility Resources Emergency Database (FRED)

Data as of 5/5/2020

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.

Ventilators Availability

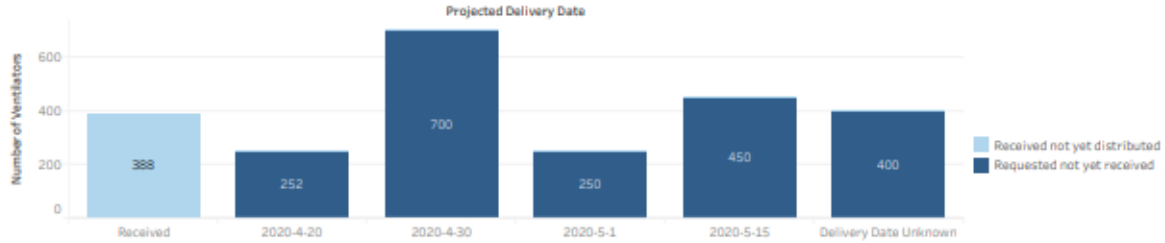


Additional Ventilators Supplied by Federal and State Government

Data as of 4/15/2020

Type	Source	Requested	Received	Distributed
Federal Ventilators	EMAC	50	50	0
	SNS	470	470	132
DGS Procured	Blue Door Pharma	400	0	
	Blue Flame Medical	110	0	
	Energy Audit	142	0	
	Percussionaire (mobile)	250	0	
	Vanguard	1,150	0	
Grand Total		2,572	520	132

Additional Ventilatory Delivery Projections Supplied by Federal and State Government



Ventilators in Use by Hospital

Highlighting Indicates Percentage of Ventilators in Use

Hospital Name	April 8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	May 1	2	3	4	5
Anne Arundel Medic..	70%	49%	28%	28%	30%	35%	34%	36%	38%	33%	33%	35%	35%	35%	33%	30%	18%	20%	20%	20%	23%	21%		21%	20%	23%	23%	22%
Atlantic General Ho..	20%	25%	25%	25%	29%	29%	29%	21%	21%	33%	33%	33%	53%	47%	53%	47%	53%	50%	46%	53%	53%	59%	59%	53%	53%	53%	53%	59%
Baltimore Conventi..																												
Baltimore Washingt..	78%	68%	68%	46%	57%	55%	66%	57%	52%	62%	46%	56%	50%	60%	43%	82%	82%	27%	68%	55%	33%	40%	40%	40%	37%	37%	37%	33%
Bowie Medical Center	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Calvert Memorial H..	50%	44%	38%	44%	31%	44%	44%	44%	44%	38%	24%	24%	24%	19%	19%	19%	24%	19%	14%	19%	10%	14%	19%	19%	10%	14%	14%	10%
Carroll Hospital Cen..	27%	27%	33%	33%	35%	33%	33%	35%	38%	43%	39%	39%	30%	24%	15%	15%	15%	15%	18%	18%	43%	27%	36%	33%	30%	27%	18%	18%
Charles Regional (U..	58%	58%	17%	10%	14%	14%	18%	23%	18%	32%	33%	36%	59%	41%	36%	32%	36%	42%	42%	42%	37%	16%	16%	26%	13%	17%	17%	29%
Chestertown (UMSR..	20%	20%	0%	0%	0%	0%	14%	14%	14%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	29%	29%	29%	29%	29%	29%	29%	14%
Doctors Community ..	74%	76%	70%	83%	87%	87%	87%	78%	80%	71%	71%	71%	78%	96%	85%	68%	65%	65%	61%	67%	69%	71%	67%	31%	67%	63%	67%	59%

Ventilators % in Use
0% 100%

Hospitals started reporting ventilators in use on 4/2/2020.

Source: CRISP, 2020. CRISP MIEMSS FRED SmartSheet Download and Maryland Department of Health.

CRISP

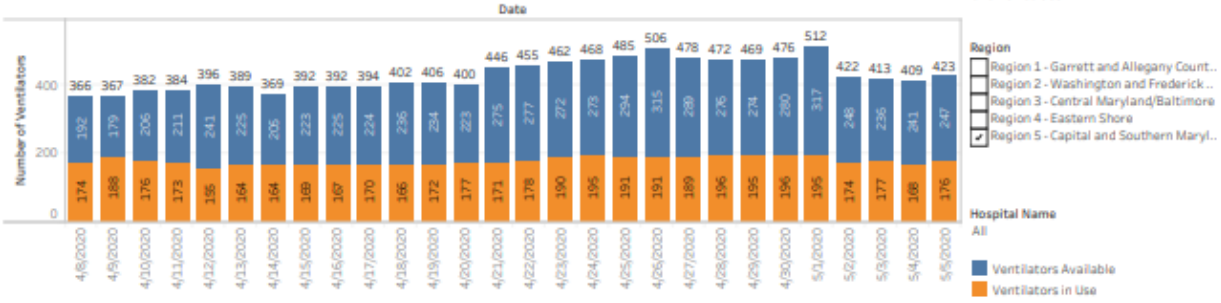
Southern Region Ventilator Availability

MIEMSS Facility Resources Emergency Database (FRED)

Data as of 5/5/2020

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.

Ventilators Availability

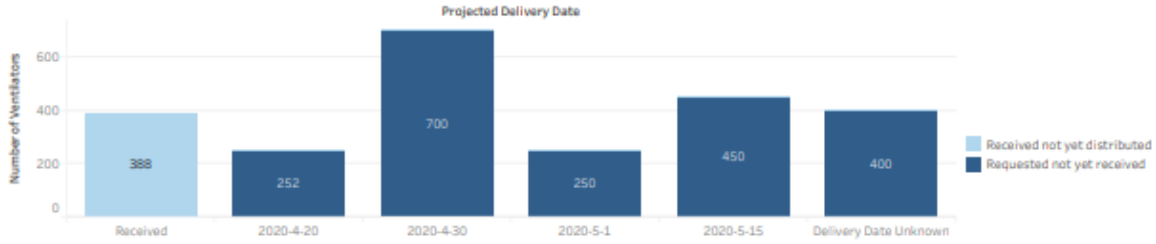


Additional Ventilators Supplied by Federal and State Government

Data as of 4/15/2020

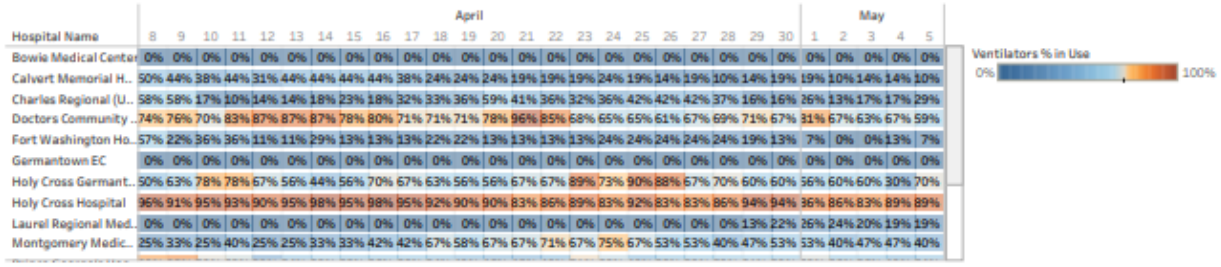
Type	Source	Requested	Received	Distributed
Federal Ventilators	EMAC	50	50	0
	SNS	470	470	132
DGS Procured	Blue Door Pharma	400	0	
	Blue Flame Medical	110	0	
	Energy Audit	142	0	
	Percussionaire (mobile)	250	0	
	Vanguard	1,150	0	
Grand Total		2,572	520	132

Additional Ventilatory Delivery Projections Supplied by Federal and State Government



Ventilators in Use by Hospital

Highlighting Indicates Percentage of Ventilators in Use



Hospitals started reporting ventilators in use on 4/2/2020.

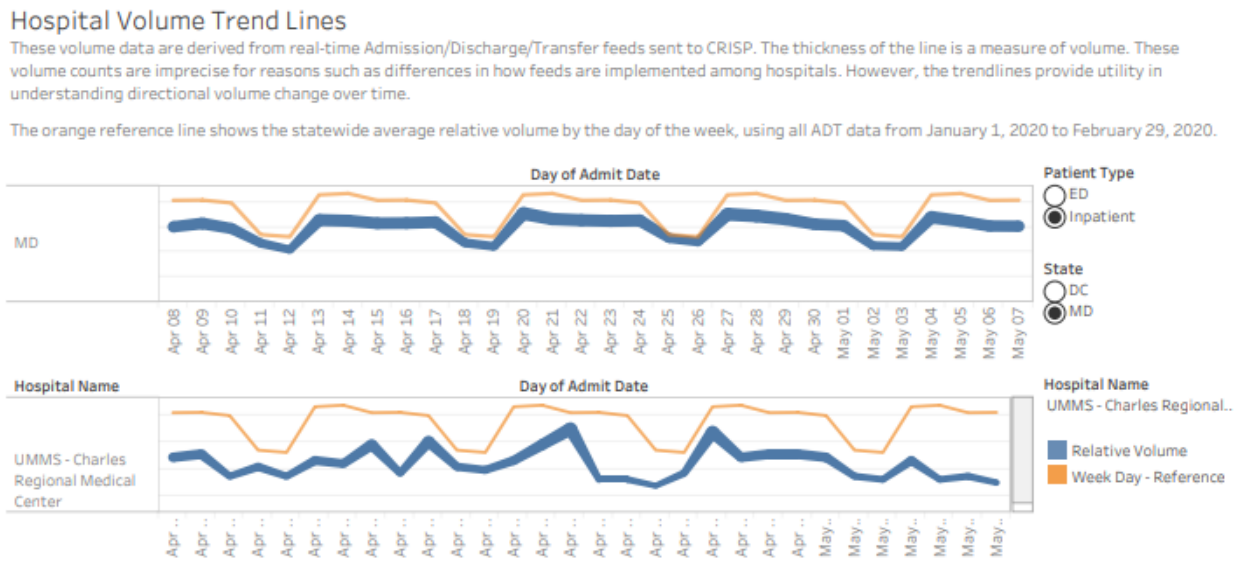
Source: CRISP, 2020. CRISP MIEMSS FRED SmartSheet Download and Maryland Department of Health.

CRISP

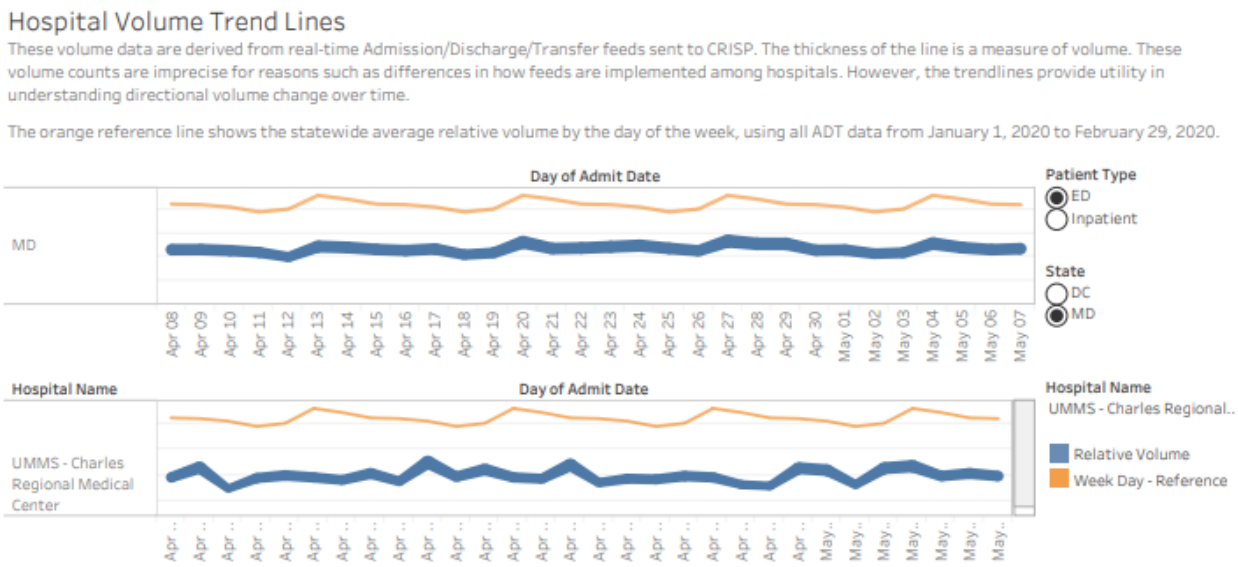
Epidemiologist's Note: *Next up are the hospital inpatient and ED volume summaries. The thickness of the line is a good visual of the volume the hospital is seeing. I have*

supplied these graphs for our only county hospital and for Southern Maryland. I think it is important to include all of the Southern Maryland hospitals because our residents are using all of these facilities. They aren't just going to Charles Regional. EMS transports to more than just the one facility.

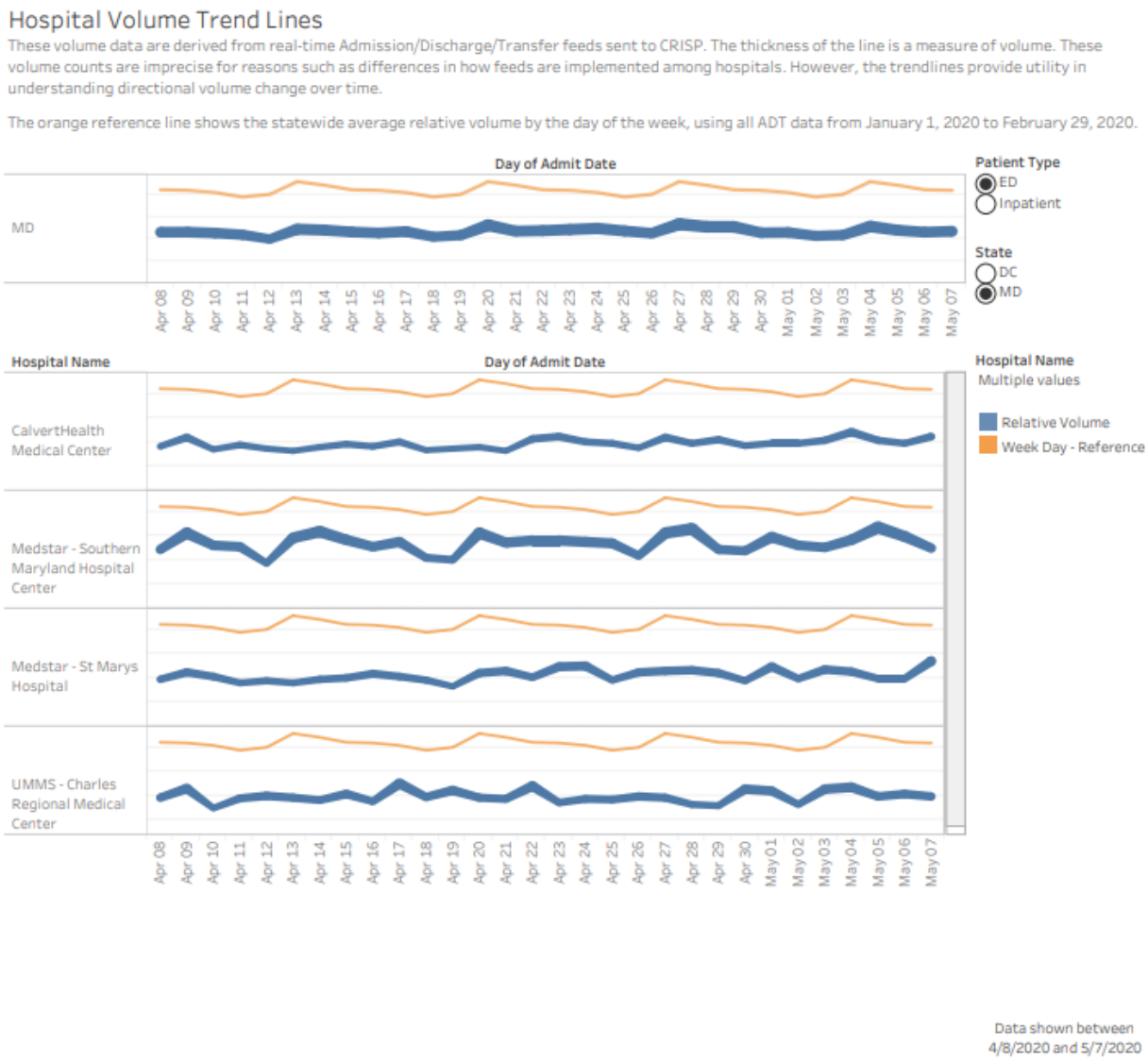
- **Maryland Hospital Inpatient Volume**



- **Maryland Hospital ED Volume**



- **Southern Region Inpatient Volume**

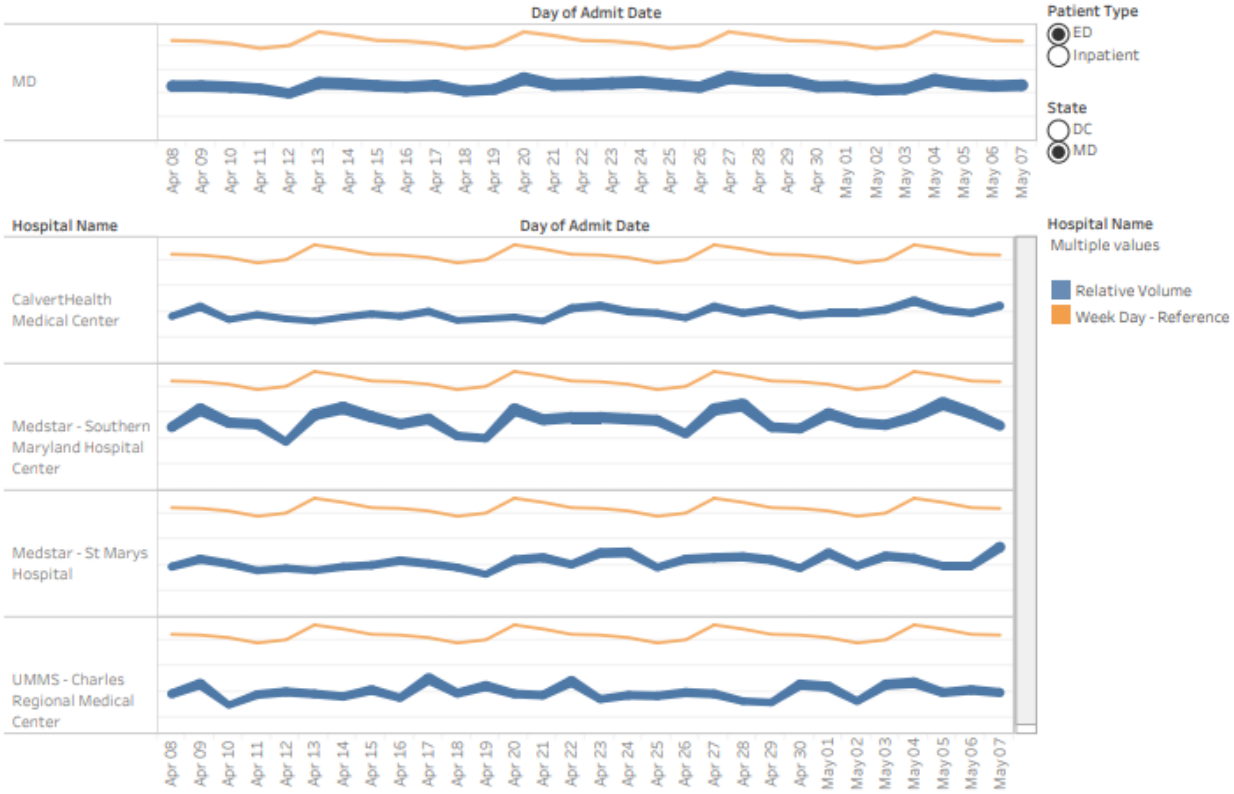


- **Southern Region ED Volume**

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 4/8/2020 and 5/7/2020

Epidemiologist Note: This is the Maryland Hospital Capacity Overview Page. If you take a look at this page, there are 5 data metrics that the state is looking at to determine hospital capacity for COVID-19. You will see the daily change in those metrics as red or green. It is a pretty exciting day when over half of those measures are green. For today, 3 out of the 5 measures are green: the number of patients in the emergency department, the number of patients in occupied ICU beds that are COVID-19 positive, and the number of ventilators available. That is why I include these same measures each day in my daily narrative report and in my graphs for our county. The combination of increased bed and vent capacity along with a decrease in patients in the hospital using beds/vents means that the hospital can handle any additional increases in hospitalized COVID-19 cases that might occur when the governor's orders are relaxed.

There is a graph at the bottom of this page for Acute Care and ICU hospitalized COVID-19 patients for Maryland. You can really see that plateau or leveling off of hospitalizations for COVID-19.

- ***Maryland Capacity Overview***

MIEMSS Facility Resources Emergency Database (FRED)

Data as of 5/7/2020

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:
1,520	1,425	727
(1520/7673) = 20%	(1425/2180) = 65%	(727/2021) = 36%
Change from day before: -54 beds	Change from day before: +30 vents	Change from day before: -32 patients

Hospitalized Confirmed COVID-19 Patients

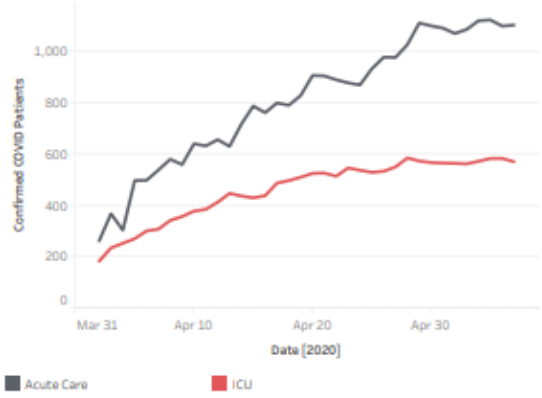
Staffed Acute Care Beds Occupied by COVID-19 Patients:	Staffed ICU Beds Occupied by COVID-19 Patients:
1,103	571
(1103/6157) = 18%	(571/1516) = 38%
Change from day before: +4 patients	Change from day before: -13 patients

Bed Summary

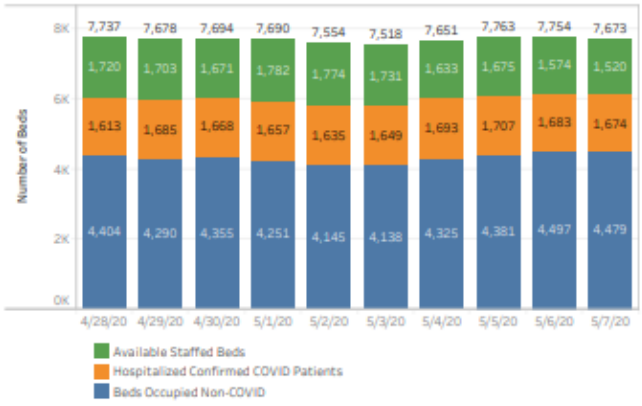
	Physical Beds	Staffed Beds	Occupied Beds	% Occupied Physical Bed	% Occupied Staffed Bed
Adult Acute Care	7,746	6,157	4,932	64%	80%
Adult ICU	1,893	1,516	1,221	65%	81%
Pediatric Acute Care	325	240	121	37%	50%
Pediatric ICU	65	41	22	34%	54%

Hospitalized COVID-19 Patients

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



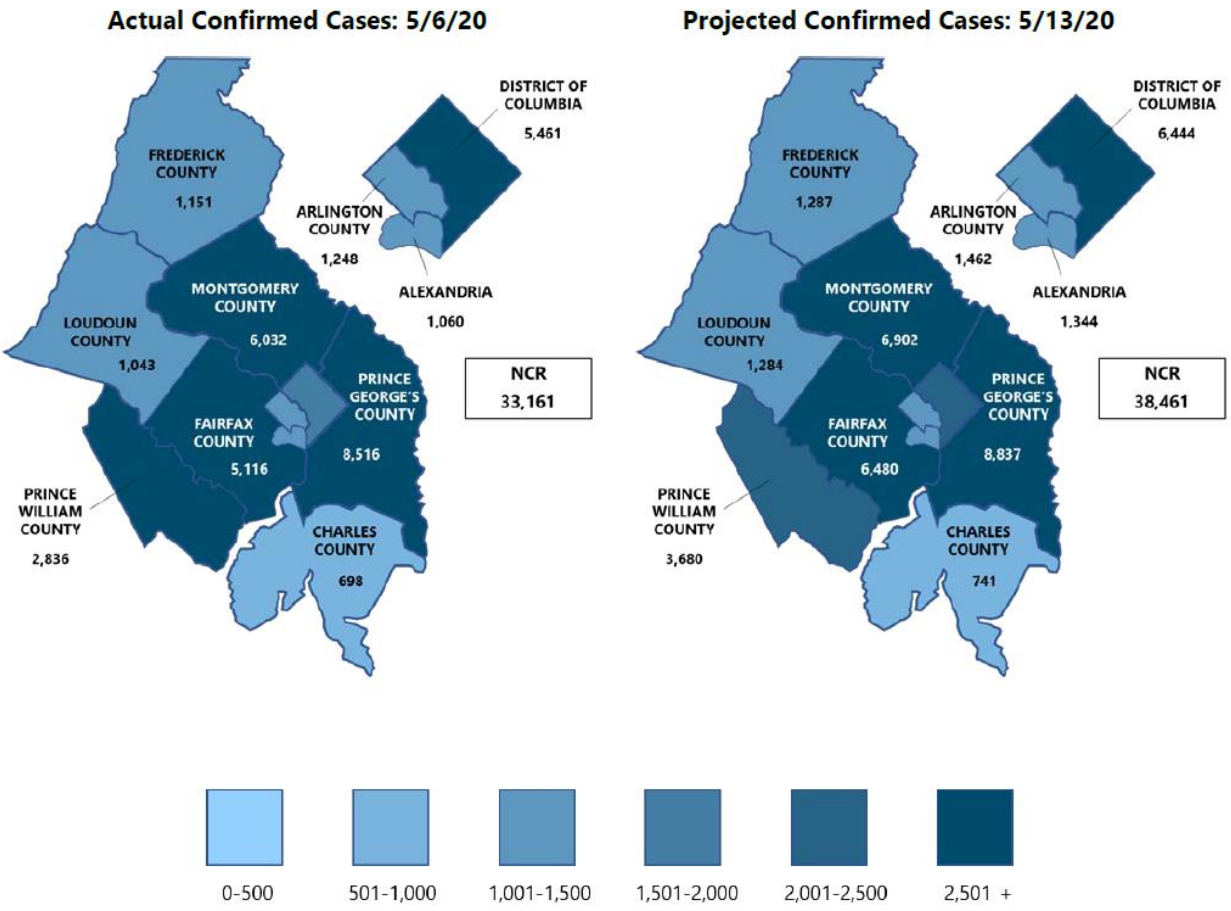
Statewide Occupied Staffed - Adult Acute Care and ICU - Last 10 Days



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

CRISP

- **Projections**



	Actual Confirmed Cases On:			Projected Cases For:								
	5/4	5/5	5/6	5/7	5/8	5/9	5/10	5/11	5/12	5/13	5/20	5/27
Washington DC	5,170	5,322	5,461	5,617	5,767	5,912	6,051	6,187	6,318	6,444	7,226	7,851
Charles Co., MD	651	660	698	682	693	704	714	723	733	741	790	824
Frederick Co., MD	1,069	1,071	1,151	1,227	1,238	1,249	1,259	1,269	1,278	1,287	1,338	1,375
Montgomery Co., MD	5,384	5,541	6,032	5,965	6,134	6,297	6,455	6,609	6,757	6,902	7,804	8,540
Prince George's Co., MD	7,869	7,869	8,516	8,503	8,569	8,631	8,688	8,741	8,791	8,837	9,081	9,228
Arlington Co., VA	1,139	1,169	1,248	1,282	1,315	1,347	1,377	1,406	1,435	1,462	1,628	1,759
Fairfax Co., VA	4,684	4,903	5,116	5,317	5,515	5,711	5,906	6,099	6,290	6,480	7,775	9,010
Loudoun Co., VA	961	998	1,043	1,080	1,115	1,150	1,185	1,218	1,251	1,284	1,494	1,680
Prince William Co., VA	2,507	2,608	2,836	2,960	3,083	3,205	3,325	3,445	3,563	3,680	4,478	5,236
Alexandria, VA	940	983	1,060	1,102	1,144	1,185	1,225	1,265	1,305	1,344	1,604	1,845
NCR	**30,374**	**31,124**	**33,161**	**33,734**	**34,573**	**35,390**	**36,186**	**36,962**	**37,720**	**38,461**	**43,218**	**47,348**

Medical Demand Projections:

	Actual Confirmed Cases On:			Projected Cases (Hospitalized) [ICU] {Ventilator} For:		
	5/4	5/5	5/6	5/13	5/20	5/27
Washington DC	5,170	5,322	5,461	6,444 (1,289) [309] {155}	7,226 (1,445) [347] {173}	7,851 (1,570) [377] {188}
Charles Co., MD	651	660	698	741 (148) [36] {18}	790 (158) [38] {19}	824 (165) [40] {20}
Frederick Co., MD	1,069	1,071	1,151	1,287 (257) [62] {31}	1,338 (268) [64] {32}	1,375 (275) [66] {33}
Montgomery Co., MD	5,384	5,541	6,032	6,902 (1,380) [331] {166}	7,804 (1,561) [375] {187}	8,540 (1,708) [410] {205}
Prince George's Co., MD	7,869	7,869	8,516	8,837 (1,767) [424] {212}	9,081 (1,816) [436] {218}	9,228 (1,846) [443] {221}
Arlington Co., VA	1,139	1,169	1,248	1,462 (292) [70] {35}	1,628 (326) [78] {39}	1,759 (352) [84] {42}
Fairfax Co., VA	4,684	4,903	5,116	6,480 (1,296) [311] {156}	7,775 (1,555) [373] {187}	9,010 (1,802) [433] {216}
Loudoun Co., VA	961	998	1,043	1,284 (257) [62] {31}	1,494 (299) [72] {36}	1,680 (336) [81] {40}
Prince William Co., VA	2,507	2,608	2,836	3,680 (736) [177] {88}	4,478 (896) [215] {107}	5,236 (1,047) [251] {126}
Alexandria, VA	940	983	1,060	1,344 (269) [64] {32}	1,604 (321) [77] {39}	1,845 (369) [89] {44}
NCR	**30,374**	**31,124**	**33,161**	**34,573 (6,915) [1,660] {830}**	**36,186 (7,237) [1,737] {868}**	**37,720 (7,544) [1,811] {905}**

MISCELLANEOUS

Respectfully submitted by Charles County PHEP

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

Updated Infection Numbers: As of 0832 hrs.

Total worldwide: 3,866,642 +90,975 since the 5-7-20 brief.

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

4-28/29	4-29/4-30	4-30/5-1	5-1/2	5-2/3	5-3/4	5-4/5	5-5/6	5-6/7	5-7/8
79,263	82,692	54,266	88,162	86,724	74,919	79,860	79,091	90,538	90,975

Total fatalities worldwide: 264,406 +5,712 since the 5-7-20 brief

Total confirmed cases in the US: 1,256,972 +27,883 since the 5-7-20 brief

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

4-28/29	4-29/30	4-30/5-1	5-1/2	5-2/3	5-3/4	5-4/5	5-5/6	5-6/7	5-7/8
24,699	29,706	27,158	34,313	29,713	24,283	22,293	23,841	24,616	27,883

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: 75,670 +2,239 since 5-7-2020

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

Total confirmed cases in State in of MD: 30,485 +1111 since the 5-7-20 brief
Total tested in the State of MD: 121,702 +2,476 over 5-7-20
Percent of those test that test positive: 25%
Total Fatalities in State of MD: 1,453 +52 change since the 5-6-20 brief
Number of probable deaths: 107
Total Ever Hospitalized: 5,811

Persons currently hospitalized: 1,674 +44 since 5-6-2020

4-27/28	4-28/29	4-29/30	4-30/5-1	5-1/2	5-2/3	5-3/4	5-4/5	5-5/5	5-6/7	5-7/8
+15	+117	+66	-43	-9	-22	+14	+44	+14	-24	-33

First Responder Numbers in Charles County: NUMBERS AS OF 5-7-2020 @1230

12 Quarantine: means exposed and they can't come to work -3 since last report
1 Self Isolation: means sick or tested positive No change

Weather:

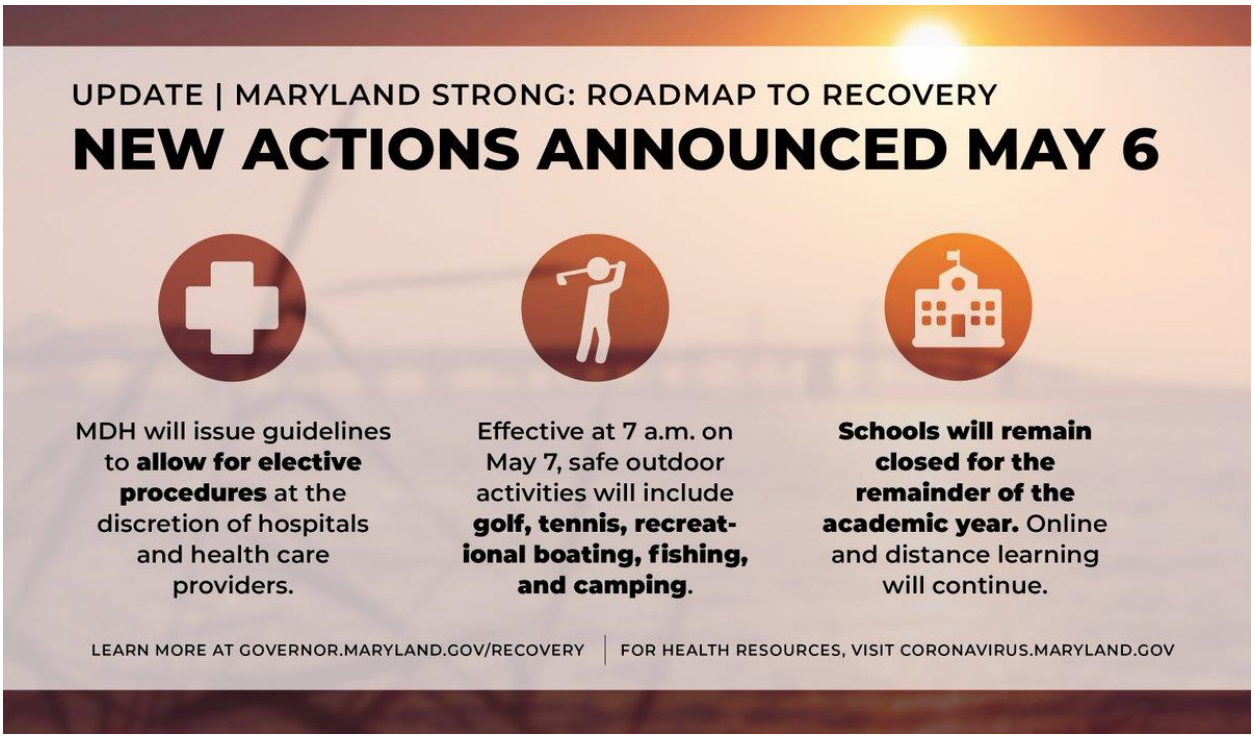
Sat 51-37 sun, Sunday 62-45 Sun, Monday 57-39 sun

Local:

No stores were visited this AM.
A-10 flyover in Waldorf at 1415
Historically, over 40% of cases in Charles County (268+) are 1st responders, health care providers, or nursing home patients. There have been roughly 270 new cases in Charles in the last. Using the historical data, along with CDC symptomology length, there are roughly 108 active confirmed cases today in Charles County.

Maryland Update:

Gov. announcement phase 1 recovery could begin next week.
Gov. relaxed some activities: golf, boating, and state parks are now allowed.
Over 65K Marylanders filed for unemployment over the last 2 weeks.



MD has exceeded their 6000 bed surge capacity. Currently, 8100 surge beds, including 2400 ICU beds.

Region:

Over 33,698 cases in the NCR as of 1000 5-8-2020,
58,481 cases in Maryland, DC, and Virginia as of 1100 on 5-8-2020.
DC has second highest increase in total cases

National:
AP infection map: https://apnews.com/7b5a2994d351e5c1697e2c7478e2969c

Unemployment for April was at 14.7%, highest since the Depression
3.7 million American filed for unemployment last week.
NY Health Department issued an advisory about a serious inflammatory disease affecting children that is possibly linked to COVID
NCTC releases "Tool Kit" re: chemical and biological threats to foot retailers

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 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

Law Enforcement Branch Briefing

COVID-19 Charles County IMT

May 8th, 2020

Buildings:

Charles County Sheriff's Office: District 1 Lobby is closed for scheduled remolding. The District 1 clerks have moved to 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 scheduling 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.
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:

- 4 Sworn Officer quarantined
    - 1 Officer who has family member with symptoms. Estimated return date 05/19/20.
    - 3 Officers who responded to an overdose call on April 28th. Estimated return date 05/12/20.
- 0 Sworn Officers isolated.
- 3 Correctional Officer quarantined.
    - 3 Correctional Officers who have family members who are sick with symptoms. Estimated return dates 1) 05/10/20 2) 05/18/20 3) 05/19/20
- 0 Correctional Officers isolated.
- 0 civilians quarantined.
- 1 civilians isolated.

Charles County Detention Center Population:

- 113 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)

Changes denoted in red.

Charles County Public Schools Briefing 5-7-2020
COVID Charles County

48-hour Priorities:

- Maintaining instructional continuity
- Expanding and maintaining food service
- Expanding and maintaining WiFi service
- Develop a plan for closing SY 19-20

Meals:

On Thursday, 5/7/20, CCPS served 4725 meals at the 11 meal distribution sites. This was the same amount served on Wednesday, 5/6/20. Westlake HS, JC Parks Elem, St. Charles HS, JP Ryon Elem, and Mudd Elem. are the highest distribution sites.

Closure:

Today, all high schools sent staff around the county to place signs in Class of 2020/Seniors yards.

State Superintendent of Schools Karen Salmon announced all Maryland public schools will remain closed until the end of the 2019-20 school year. Distance learning will continue for Charles County Public Schools students. All schools, buildings and centers will remain closed to the public.

Instruction:

Nothing new to report.

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 . Paper packets with the new material are available at our 11 meal distribution sites.

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 the week of 5/10/20 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:

Due to the ongoing public health crisis created by COVID-19, Charles County Public Schools (CCPS) is planning virtual graduations for the Class of 2020 on June 11, 2020. Each high school

will have an exclusive virtual graduation ceremony that will be available online and on television the morning of June 11.

Respectfully submitted by Jason Stoddard and Michael Meiser

Charles County
Volunteer Firemen's Association, Inc.

Post Office Box #21, La Plata, Maryland 20646

May 7th, 2020

Re: Volunteer Fire/EMS Brief

Items Being Worked On:

- Reduction of Force Policy – *Information gathering occurring.*

Stations/Apparatus:

- No Station's with contamination issues.
- No Apparatus with any contamination issues.
- No Service Deliverability Issues with Apparatus O.O.S.

Personnel – 3 Members across 2 Stations:

- Fire Station 4 – 2 Family Members Quarantined due to a Family Member testing positive.
- EMS Station 3 – 1 Quarantined due to a Family Member testing positive.

Incidents/Call Volume:

- No Major Incidents to Report related to COVID-19
- Yesterday's EMS Call Volume was average, and Fire Call Volume was below average
  47 Ems Related Incidents ----- 11 Fire Related Incidents

Other Information:

- Continue to push out information about Social Distancing in the Stations.
- Continue to push out Peer Support Information.
- Special Order Updates have been pushed out.

Respectfully Submitted,

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