

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 Charles County COVID-19	2. Operational Period	Date From: 5/9/20 Time From: 8:00	Date To: 5/12/20 Time To: 8:00																				
3. Objectives																							
<p>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.</p>																							
<p>B. Conduct surveillance of COVID-19 cases in collaboration with the health department, hospital, physicians, and other health care providers.</p>																							
<p>C. Maintain timely, accurate and uniform communications with residents, employees and first responders as well as partners in the tri-County and National Capital Region and the state of Maryland.</p>																							
<p>D. Prepare for and handle the human reaction crisis contingencies in long terms.</p>																							
<p>E. Prepare for long term order maintenance.</p>																							
<p>F. Prepare for and sustain our communities' hierarchy of needs throughout this incident.</p>																							
<p>G. Ensure all practical steps to "Slow the Spread" of transmission of COVID-19.</p>																							
<p>H. Determine trigger points for Continuity of Operations for all agencies, including government, public safety, schools, hospital, and other critical infrastructure systems.</p>																							
<p>I. Prepare for the New Normal.</p>																							
4. Operational Period Command Emphasis																							
<p>Continue to add daily to your After Action lists!!!</p>																							
General Situational Awareness																							
<p>"Drinking one soda a day is comparable to ingesting 35 pounds of sugar a year. Eat right, stay fit and thrive."</p>																							
<p>5. Site Safety Plan Required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Approved Site Safety Plan(s) Located at:</p>																							
<p>6. Attachments (check if attached)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 2px;"><input checked="" type="checkbox"/> ICS 203</td> <td style="width: 25%; padding: 2px;"><input type="checkbox"/> ICS 207</td> <td style="width: 25%; padding: 2px; text-align: center;">_____</td> <td style="width: 25%; padding: 2px; text-align: center;">ICS 214</td> </tr> <tr> <td><input type="checkbox"/> ICS 204</td> <td><input checked="" type="checkbox"/> ICS 208</td> <td><input type="checkbox"/> _____</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input type="checkbox"/> ICS 205</td> <td><input type="checkbox"/> Map/Chart</td> <td><input type="checkbox"/> _____</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 205A</td> <td><input type="checkbox"/> Weather</td> <td><input type="checkbox"/> _____</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input type="checkbox"/> ICS 206</td> <td><input type="checkbox"/> Forcast/Tides/Currents</td> <td><input type="checkbox"/> _____</td> <td><input type="checkbox"/> _____</td> </tr> </table>				<input checked="" type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	_____	ICS 214	<input type="checkbox"/> ICS 204	<input checked="" type="checkbox"/> ICS 208	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> ICS 206	<input type="checkbox"/> Forcast/Tides/Currents	<input type="checkbox"/> _____	<input type="checkbox"/> _____
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<input type="checkbox"/> ICS 206	<input type="checkbox"/> Forcast/Tides/Currents	<input type="checkbox"/> _____	<input type="checkbox"/> _____																				
<p>7. Prepared by: Name: <u>Joe Hoffmaster</u> Position/Title: <u>PSC</u> Signature: _____</p>																							
<p>8. Approved by Incident Commander: Name: <u>Michelle Lilly</u> Signature: _____</p>																							
ICS 202	IAP Page <u>2</u>	Date/Time: <u>May 9, 2020 @15:00</u>																					

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name Charles County COVID-19		2. Operational Period Date From: 5/9/20 Date to: 5/12/20 Time From: 8:00 Time to: 8:00		
3. Incident Commander and Staff		7. Operations Section		
UC	Dr. Howard Haft	Chief		
UC	Michelle Lilly	Deputy		
Deputy	Melanie Gardiner			
Deputy	Tony Rose			
Safety Officer	John Filer	a. Branch I	Public Health	
Public Information Office	Jennifer Harris	Branch Director	Ranston Harvey	
Intell Officer	Donna Fuqua			
	Linda Warner	Deputy	Mary Lilly	
4. Agency Representative		DSS		
		Liaison Officer	Tom Brown	Robbie Jones
Agency	Name	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. Branch II	Public Safety	
		Branch Director	Mark Kaufmann Jr.	
		Deputy	Scott Herbert	D J Mills
		DES EMS	Steve Finch	
		Vol EMS	Andrew Spalding	Mitchell Lewis
		Vol Fire	Scott Herbert	
		Logistics	Scott Herbert	
5. Planning Section		c. Branch III	Law Enforcement	
Chief	Joe Hoffmaster	Branch Director, 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				
Technical Specialists	(name / specialty)	d. Branch IV	Infrastructure	
		Branch Director		
		Deputy		
		SMECO	Jennifer Raley	
		Grocery		
6. Logistics Section		Propane		
Chief	Nick Ellis	Natural Gas		
Deputy	need to fill			
Support Branch				
Donations	Ed Tucker			
Supply Unit				
Facilities Unit	Nick Ellis	10. Finance Section		
Ground Support Unit		Chief	Jennifer Adams	
Service Branch		Deputy		
Service Branch Dir.		Time Unit		
Communications Unit	Jeffrey Clements	Procurement Unit		
Medical Unit		Comp/Claims Unit		
Security Unit		Cost Unit		
Food Unit				
9. Prepared by: Name: <u>Joe Hoffmaster</u>		Position>Title: <u>PSC</u>	Signature _____	
ICS 203	IAP Page 3	Date/Time: May 9, 2020 @ 14:00		

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name Charles County COVID-19		2. Operational Period Date From: 5/9/20 Date to: 5/12/20 Time From: 8:00 Time to: 8:00		
3. Incident Commander and Staff		7. Operations Section		
UC	Dr. Howard Haft	Chief		
UC	Michelle Lilly	Deputy		
Deputy	Melanie Gardiner			
Deputy	Tony Rose			
Safety Officer	John Filer	a. Branch V	Governance	
Public Information Office	Jennifer Harris	Donna Fuqua	Linda Warner	
Intell Officer	Jason Stoddard			
4. Agency Representative		Charles County Govern.	Michele Lilly	
Agency	Name	Town of LaPlata	Chris Becker	
Intell officer Deputy	Mike Meiser	Town of Indian Head	Ryan Hicks	
Lifestyles	Sandy Washington			
CC Public Schools	Michael Meiser			
		b. Branch VI	Business	
		Branch Director	Darrell Brown	
		Deputy	Marcia Keeth	
		Economic Development	Darrell Brown	
		Chamber of Commerce	Bonnie Grady	
5. Planning Section		c. Group	Peer Support	
Chief	Joe Hoffmaster	Group Supervisor	Courtney Shannon	
Deputy	Bill Smith	Deputy	Pam Gant	
Resource Unit			Debbie Gianinni	
Situation Unit	Jen Adams			
Documentation Unit	Bill Smith			
Demobilization Unit				
Human Resources				
Technical Specialists (name / specialty)		d. Branch VIII		
		Branch Director		
		Deputy		
6. Logistics Section				
Chief	Nick Ellis			
Deputy	need to fill	e. Branch IX		
Support Branch				
Donations	Ed Tucker			
Supply Unit				
Facilities Unit	Nick Ellis	10. Finance Section		
Ground Support Unit		Chief	Jen Adams	
Service Branch		Deputy	need to fill	
Service Branch Dir.		Time Unit		
Communications Unit	Jeffrey Clements	Procurement Unit		
Medical Unit		Comp/Claims Unit		
Security Unit		Cost Unit		
Food Unit				
9. Prepared by: Name: <u>Joe Hoffmaster</u> Position/Title: <u>PSC</u> Signature: _____				
ICS 203	IAP Page <u>4</u>	Date/Time: <u>May 9, 2020 @ 14:00</u>		

COMMUNICATIONS LIST (ICS 205A)

1. Incident Name Charles County	2. Operational Period: COVID-19	Date From: Time From:	5/9/20 8:00	Date to: Time to:	5/12/2020 8:00
3. Basic Local Communications Information:					
Name - Last	Name-First	Representing	Email	Phone	
Adams	Jennifer	DES FSC	AdamsJen@Charlescountymd.gov		
Baker	Cari	CCSO	bakerce@ccso.us		
Becker	Chris	La Plata Police	cbecker@townoflaplata.org		
Brown	Darrell	Business Director Econ Dev	Brownd@charlescountymd.gov		
Cress	Lauri	Charles Regional Medical Center	lauri.cress@umm.edu		
Ellis	Nick	DES- Logistics	DESLogistics@charlescountymd.gov		
Filer	John	DES- Liaison	FilerJ@charlescountymd.gov		
Finch	Stephen	DES	FinchS@charlescountymd.gov		
Fuqua	Donna	PIO	Fuquad@CharlesCountyMD.gov		
Harris	Jennifer	PIO	HarrisJ@CharlesCountyMD.gov		
Hoffmaster	Joe	Planning Section	DESPlanning@charlescountymd.gov HoffmasJ@CharlesCountyMD.gov		
Kaufmann	Mark Jr	PS Branch Dir. Vol Fire Chief	markeng1trk@hotmail.com		
Konschak	Matt	NSWC IHD	matthew.konschak@navy.mil		
Lilly	Michelle	CCDES Director, Unified Command	LillyM@charlescountymd.gov		
Lilly	Mary	C C Dept. of Health	Mary.Lilly@maryland.gov		
Lowry	Susan	MDH	suzan.lowry@maryland.gov		
Mills	D.J.	Vol Fire- Special Operations Chief	djm31_9@hotmail.com		
O'Malley Simpson	Katie	CCBOE PIO	Komalley@ccboe.com		
Proctor	Destiny	DES	proctord@charlescountymd.gov		
Quade	Thomas	MSP	Thomas.Quade@maryland.gov		
Rose	Tony	DES Deputy Director, Unified	RoseT@charlescountymd.gov		
Russell	Cindy	DSS	cindy.russell@maryland.gov		
Schmidt	Louis Chris III	CCSO	schmidtlo@ccso.us		
Seaman	Kevin	CCEMS	seamank@charlescountymd.gov		
Smith	Bill	CCVFA/CCAEMS	Smithb@ccvfireems.org		
Spalding	Andrew	Volunteer EMS Chief	chiefems@ccvfireems.org		
6. Prepared by: Name: <u>Joe Hoffmaster</u> Title: <u>PSC</u> Signature: _____					
ICS 205A	IAP Page <u>5</u>	Date/Time: <u>May 9, 2020</u> @ <u>14:00</u>			

COMMUNICATIONS LIST (ICS 205A)

1. Incident Name Charles County	2. Operational Period: COVID-19	Date From: Time From:	5/9/20 8:00	Date to: Time to:	5/12/2020 8:00
3. Basic Local Communications Information:					
Name - Last	Name-First	Representing	Email	Phone	
Stoddard	Jason	Intell	jstoddard@ccboe.com		
Ranston	Harvey	CCDOH	Ranston.harvey@maryland.gov		
Laschatt	Lisa	CCDOH	lisa.laschatt@maryland.gov		
Meiser	Michael	CCPS	mlmeiser@ccboe.com		
EOC- CC		CCEOCC	DESEOC@charlescountymd.gov		
Cherry	Lori	LOGS- Deputy	Cherry@charlescountymd.gov		
Herbert	Scott	PS LOGS	sherbert@hvdems.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		
Teleconference #			1-872-240-3212		
Tucker	Ed	Donations	DESDonations@Charlescountymd.gov Etucker@Charlescountymd.gov		
Barnes	Raena	DH-Liaison	raena.barnes@maryland.gov		
Wolf	Theresa	PH-DSS	Therese.Wolf@maryland.gov		
Higgins	David	Safety Officer-Assistant	HigginsD@charlescountymd.gov		
Jones	Robbie	HD-Liaison	JonesRob@Charlescountymd.gov		
Hicks	Ryan	Indian Head	ryan@townofindianhead.org		
Lewis	Mitchell	Volunteer EMS Chief, Assistant	mlewis@WaldorfVFD.com		
Mott	Robert (Bob)	VEIP Manager Document Facil.	capt302a@gmail.com		
Rands	Ray	VEIP Manager	raymond.rands@maryland.gov		
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 Charles County	2. Operational Period COVID-19	Date From: Time From:	5/9/20 8:00	Date To: Time To:	5/12/20 8:00
3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:					
"Did you Know... Drinking one soda a day for a year is equal to consuming 35 lbs of sugar. If COVID-19 does not get you, then beware of diabetes. Eat right, stay fit and thrive! "					
<p>1. Total identified PUI's transported as of 5/8: 618 Total # of patients testing positive : 109</p> <p>2. PPE stockpiles remain stable with an estimated supply range of 10+ days based on current call volumes.</p> <p>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.</p> <p>4. As this is a rapidly changing landscape, leaders should review any changes with their personnel each morning.</p> <p>5. Special 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.</p> <p>6. Personnel who report having a fever, sore throat, cough or other respiratory related symptoms should stay at home and self-isolate until they are symptom free for a period of 72 hours.</p> <p>7. The County's Peer Support Team has been activated and will make weekly wellness checks with our County's first responders.</p> <p>8. Please remember that PPE caches are for EVERYONE. We are all in this TOGETHER so there is NO career and volunteer PPE caches.</p> <p>9. Special Order 2020-03 V2.1 was updated on 05-06-20. New guidelines added on employee return to work procedures.</p> <p>10. Collection and limited re-use of PPE is starting the week as a Contingency Plan. Procedures are outlined in Special Order 2020-05 V1.1. The primary plan of single use PPE is still in Place.</p>					
<p>Site Safety Plan(s) Located At: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>5. Prepared by: Name: <u>John Filer</u> Title: <u>Safety Officer</u> Signature: _____</p>					
ICS 208	IAP Page <u>7</u>	Date/Time: <u>May 9, 2020</u> @ <u>14:00</u>			

ACTIVITY LOG (ICS 214)

ACTIVITY LOG (ICS 214)



DID YOU KNOW...

Drinking 1 Can of Soda per Day for a Year is equal to consuming 35 pounds of sugar? If COVID-19 doesn't get you, diabetes will. Eat right, stay fit and thrive.



PUBLIC HEALTH BRANCH BRIEFING COVID-19 PANDEMIC RESPONSE

May 9, 2020

GENERAL REPORTING INFORMATION

INFECTIOUS DISEASE

CASE COUNT—CHARLES COUNTY

As of 5/9/2020, total case count for Charles County is 729.

- *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 will be held Thursday, May 14, at 3 p.m. by CCDOH nurse liaisons.

ALL-PARTNER

- The all-partner call held will be held Thursday, May 14, 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: 31,534 (124,494 negative)
- 2) New cases: 1,049
 - 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 1,665; total ever 5,932
 - e) Deaths -- Total 1,510 (57 last 24 hours)
 - f) Release from isolation – 2,159

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

RESOURCE DISTRIBUTION

- New 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

- Nothing new to report

CAREGIVER SERVICE CORPS

- Nothing new to report

TESTING

VEIP TESTING SITE UPDATE

- Tested to Date: 872
- 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 5/9, total case count for Charles County was 729 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 **52 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. (New data will be pulled on Monday, May 11.)

- 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%)

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 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 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 at 9:00 am. (*New data will be pulled on Monday, May 11.*)

(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.

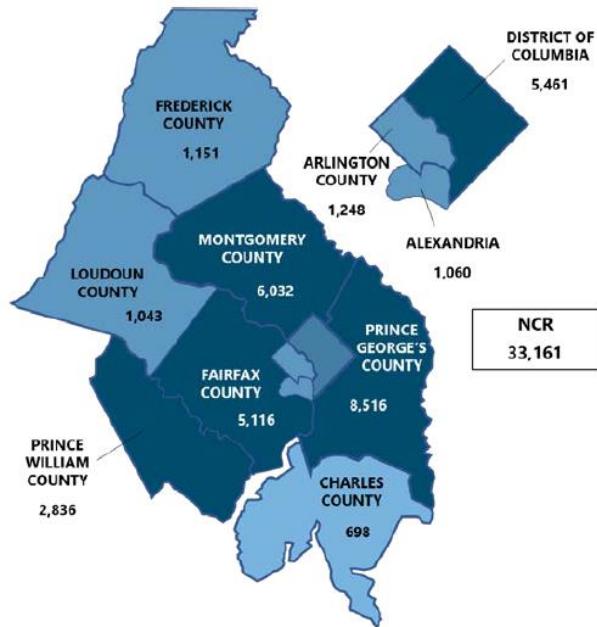
COVID-19 Positive Case Rate per 1000 residents for each zip code with 5 or more confirmed cases:	4/30	5/5	5/6	5/8
20601	3.188	4.057	4.098	4.512
20602	3.967	4.688	4.849	5.249
20603	5.316	5.834	6.041	6.490
20616	2.732	3.756	3.927	4.098
20622	0	1.429	1.429	1.429
20637	2.766	3.135	3.319	3.504
20640	2.108	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

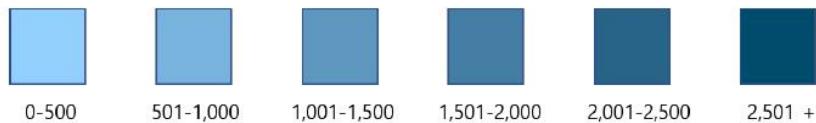
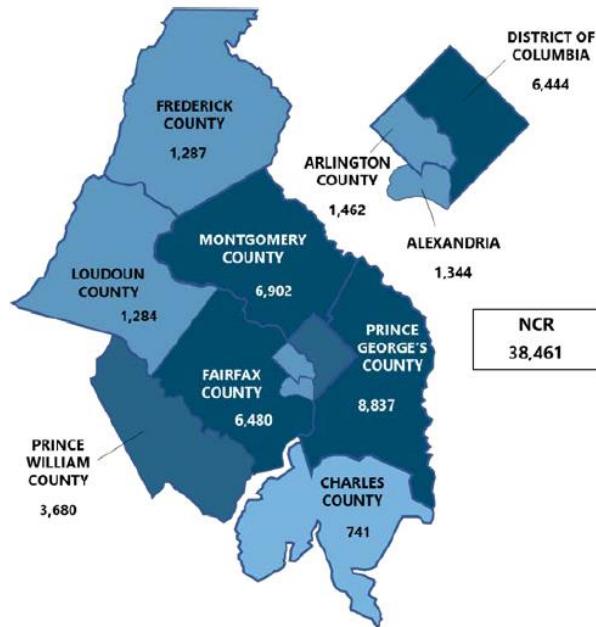
ADDITIONAL INFORMATION: *This includes the following:*

- Projections

Actual Confirmed Cases: 5/6/20



Projected Confirmed Cases: 5/13/20



	Actual Confirmed Cases On:			Projected Cases For:									5/20	5/27
	5/4	5/5	5/6	5/7	5/8	5/9	5/10	5/11	5/12	5/13				
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:						5/20	5/27	
	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 5-9-2020
 COVID Charles County
 Week 8

Updated Infection Numbers: As of 1232 hrs.

Total worldwide: 3,974,036 **+107,394** since the 5-8-20 brief.

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

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	5-8/9
82,692	54,266	88,162	86,724	74,919	79,860	79,091	90,538	90,975	107,394

Total fatalities worldwide: 276,421 **+12,015** since the 5-8-20 brief

Total confirmed cases in the US: 1,291,100 **+34,128** since the 5-8-20 brief

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

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	5-8/9
29,706	27,158	34,313	29,713	24,283	22,293	23,841	24,616	27,883	34,128

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: 77,489 **+1,819** since 5-8-2020

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

Total confirmed cases in State in of MD: 31,534 **+1049** since the 5-8-20 brief

Total tested in the State of MD: 124,494 **+2,792** over 5-8-20

Percent of those test that test positive: **25.3%**

Total Fatalities in State of MD: 1,510 **+57** change since the 5-8-20 brief

Number of probable deaths: 104

Total Ever Hospitalized: 5,932

Persons currently hospitalized: **1,665 -9** since 5-8-2020

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	5-8/9
+117	+66	-43	-9	-22	+14	+44	+14	-24	-33	-9

First Responder Numbers in Charles County: NUMBERS AS OF 5-9-2020 @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**

No weekend report.

Weather:

Sunday 62-45 Sun, Monday 57-39 sun, Tuesday 58-40 sun

Local:

No stores were visited this AM.

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.

UPDATE | MARYLAND STRONG: ROADMAP TO RECOVERY

NEW ACTIONS ANNOUNCED MAY 6

MDH will issue guidelines to **allow for elective procedures** at the discretion of hospitals and health care providers.

Effective at 7 a.m. on May 7, safe outdoor activities will include **golf, tennis, recreational boating, fishing, and camping.**

Schools will remain closed for the remainder of the academic year. Online and distance learning will continue.

LEARN MORE AT GOVERNOR.MARYLAND.GOV/RECOVERY | FOR HEALTH RESOURCES, VISIT CORONAVIRUS.MARYLAND.GOV

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

Region:

Over 35,227 cases in the NCR as of 1000 5-9-2020,

60,832 cases in Maryland, DC, and Virginia as of 1100 on 5-9-2020.

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 dual leadership/managerial roles at a moment's notice. This requires taking care of yourself and staying up on the latest tactics, strategies and knowledge.
- Planning for crisis recovery starts as soon as the crisis begins. Monday marks the 8th weeks of this crisis, 6th week of schools being closed. Partners and stakeholders should begin planning for what the return to the “new normal” looks like in their organization. Sharing of these plans will help each organization build more comprehensive processes.
- Over the weekend the US will likely eclipse 500,000 cases and 15,000 deaths. Md numbers will likely pass 5000 and 150 fatalities by Friday. These numbers will cause increased pressure to ratchet up rhetoric re: “stay at home orders” and could result in further sanctions and restrictions.
- As the confirmed case numbers continue to rapidly ascend the likelihood of jurisdictions issuing “travel bans” increases. Law enforcement should begin researching the constitutionality of these potential edicts and have plans in place for implantation and begin to develop a public communication strategy. Standardizing local “travel authorization documentation” should be explored by the lead jurisdiction having authority.
- Due to diverted attention, the international and domestic terrorism threat is rapidly increasing. Responders should be reminded to remain vigilant and of the DHS guidelines for spotting suspicion activities and terrorism indicators.
- As we enter into the reported peak of this situation communication, along with sharing of individual branch capability and capacity is more important now than ever. “We don’t know what we are going to need to know until we need to know it.”
- First responder organizations should begin surveying members for pre-existing conditions and other complicating medical conditions. Responders found to have pre-existing conditions should be placed in limited citizen contact roles.

- A review of the 179 countries that report COVID-19 cases, only two (South Korea and China) have somewhat “flattened the curve” of NEW infections. Both showed flattening roughly 30 to 45 days after the initial spikes. The initial spike in the US began around 3-18-2020.
- Reduced stability in the supply chain along with increased fear and anxiety can be expected with today’s “stay at home order.”
- After 3 weeks of social distancing and schools being closed non-english speaking communities within Charles County are likely feeling further isolated due to a lack of language specific communications. Direct and increased messaging to Spanish speakers is likely necessary.
- As mass transit continues to shrink in availability, plans should be made to ensure those who rely on it for essential supplies and trips have delivery resources.
- LE and EMS screening protocols should include questions about recent travel to NY, NJ, CT, and FL.
- Immediate attention is needed to direct companies and organization on the proper processes and appropriate contact to use (Donation Manager at the EOC) to donate PPE and cleaning materials to essential personnel
- The next 7 days will likely see a stabilization of a majority of the grocery supply chain. However, the potential for disruption moving forward continues to remain high.
- FOIA and PIA request from media and citizens groups will likely begin to increase the longer this event lasts. “New normal” processes need to be established as soon as possible.
- Lack of child care options will likely add to family stress. Additional resources, activity and options are needed.
- JIC staff should substantially amplify community resource communications
- As we enter the 2nd week of social distancing stress, anxiety, and fear will likely increase. Continuous reminders of patience and focusing on kindness will become increasingly important.
- Many stores restock overnight. Seniors and the vulnerable populations should be strongly encouraged to shop during the early morning hours when supplies are likely to be at their highest.
- As testing increased the confirmed cases in MD will increase. This will likely cause additional life restrictions.
- Supply chain issues will continue and likely increase as further life interruptions and travel restrictions are ordered. The possibility of violence increases as stress increases, especially at grocery stores.
- Commanders of responders and essential staff should have robust plans for potential quarantines and updated continuity of operations including plans for diminished manpower. Further, responder organizations should begin reviewing existing integration plans with the National Guard.
- Obtaining medical supplies and PPE will continue to be an issue for the foreseeable future. All services should use the command ordering process so orders can be tracked.

- The community of Charles County is showing increased signs of pulling together and assisting one another. The JIC should continue to encourage civility and increase positive press of good news stories occurring throughout our community.

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

Respectfully submitted by Jason Stoddard



Charles County Volunteer Firemen's Association, Inc.

Post Office Box #21, La Plata, Maryland 20646

May 9th, 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
51 Ems Related Incidents ----- 20 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