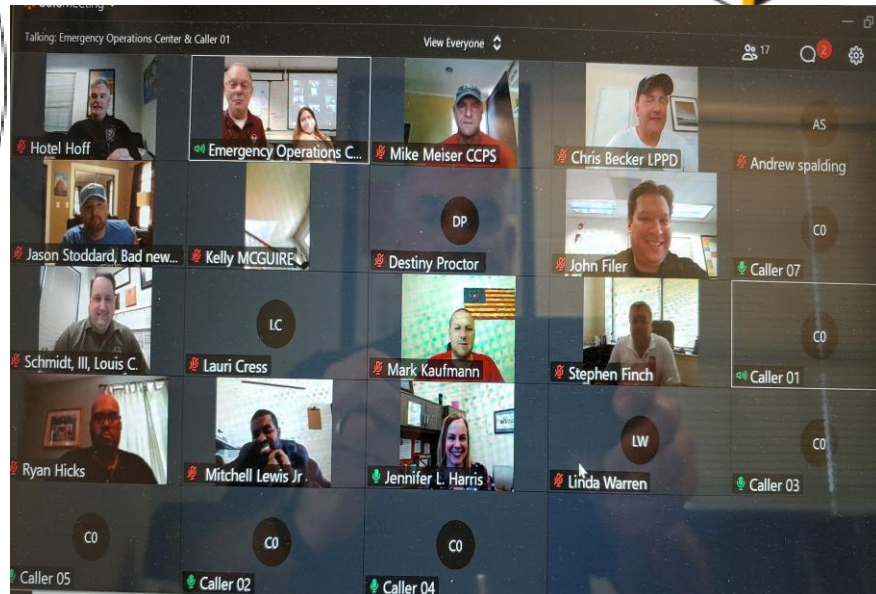


Charles County COVID-19

Incident Action Plan



From 5/16/20 To 5/19/20
8:00 - 8:00

OPERATIONAL PERIOD



INCIDENT OBJECTIVES (ICS 202)

1. Incident Name Charles County COVID-19	2. Operational Period	Date From: 5/16/20	Date To 5/19/20	Time From: 8:00	Time To: 8:00
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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

Starting 5/15/2020, EMT students are allowed to be the third on the ambulance to obtain their assessments.

General Situational Awareness

**"Contractor Decon Procedures @ CRMC End on May 31st. Decon equipment and supplies will be available on location after the listed end date."
 HAVE A PLAN B!**

5. Site Safety Plan Required? ☐ Yes ☒ No
Approved Site Safety Plan(s) Located at:

6. Attachments (check if attached)

<input checked="" type="checkbox"/> ICS 203 <input type="checkbox"/> ICS 207 <input type="checkbox"/> ICS 204 <input checked="" type="checkbox"/> ICS 208 <input type="checkbox"/> ICS 205 <input type="checkbox"/> Map/Chart <input checked="" type="checkbox"/> ICS 205A <input type="checkbox"/> Weather <input type="checkbox"/> ICS 206 <input type="checkbox"/> Forecast/Tides/Currents	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<div style="text-align: center;">ICS 214</div> <hr/> <hr/> <hr/> <hr/>
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7. Prepared by: Name: Joe Hoffmaster **Position/Title:** PSC **Signature:** _____

8. Approved by Incident Commander: Name: Michelle Lilly **Signature:** _____

ICS 202	IAP Page <u>2</u>	Date/Time: <u>May 15, 2020 @13:00</u>
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ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name Charles County COVID-19		2. Operational Period <div style="display: flex; justify-content: space-between;"> <div>Date From: 5/16/20 Time From: 8:00</div> <div>Date to: 5/19/20 Time to: 8:00</div> </div>	
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 Donna Fuqua Linda Warner	Branch Director	Ranston Harvey
Intell Officer	Jason Stoddard	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	Catarina 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: Joe Hoffmaster		Position/Title: PSC Signature	
ICS 203	IAP Page 3	Date/Time: May 15, 2020 @ 13:00	

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name		2. Operational Period	
Charles County COVID-19		Date From: 5/16/20 Date to: 5/19/20 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 Officer	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	Darre'll Brown
		Deputy	Marcia Keeth
		Economic Development	Darre'll 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 Gantt
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 15, 2020 @ 13:00</u>	

COMMUNICATIONS LIST (ICS 205A)

1. Incident Name Charles County COVID-19		2. Operational Period:		Date From: 5/12/20	Date to: 5/14/2020
				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- 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		
Kaufmann	Mark Jr	PS Branch Dir. Vol Fire Chief	HoffmasJ@CharlesCountyMD.gov		
Konschak	Matt	NSWC IHD	markeng1trk@hotmail.com		
Lilly	Michelle	CCDES Director, Unified Command	matthew.konschak@navy.mil		
Lilly	Mary	C C Dept. of Health	LillyM@charlescountymd.gov		
Lowry	Susan	MDH	Mary.Lilly@maryland.gov		
Mills	D.J.	Vol Fire- Special Operations Chief	suzan.lowry@maryland.gov		
O'Malley Simpson	Katie	CCBOE PIO	djm31_9@hotmail.com		
Proctor	Destiny	DES	Komalley@ccboe.com		
Quade	Thomas	MSP	proctord@charlescountymd.gov		
Rose	Tony	DES Deputy Director, Unified	Thomas.Quade@maryland.gov		
Russell	Cindy	DSS	RoseT@charlescountymd.gov		
Schmidt	Louis Chris III	CCSO	cindy.russell@maryland.gov		
Seaman	Kevin	CCEMS	schmidtlo@ccso.us		
Smith	Bill	CCVFA/CCAEMS	seamank@chairescountymd.gov		
Spalding	Andrew	Volunteer EMS Chief	Smithb@ccvfireems.org		
			chiefems@ccvfireems.org		
6. Prepared by: Name: _____ Joe Hoffmaster _____ Title: _____ PSC _____ Signature _____					
ICS 205A	IAP Page <u>5</u>	Date/Time: <u>May 15, 2020</u> @ <u>13:00</u>			

COMMUNICATIONS LIST (ICS 205A)

1. Incident Name		2. Operational Period:		Date From:	5/12/20	Date to:	5/14/2020
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	jestoddard@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@hvfdeems.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 Charles County COVID-19	2. Operational Period Date From: 5/16/20 Date To: 5/19/20 Time From: 8:00 Time To: 8:00	
3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:		
<p style="text-align: center;">"Contractor Decon Procedures @ CRMC END on May 31st. Decon equipment and supplies will be available on location after the listed end date. "</p>		
1. Total identified PUI's transported as of 5/13: 689 Total # of patients testing positive : 120		
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. 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.		
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 this 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.		
Site Safety Plan(s) Located At: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
5. Prepared by: Name: <u>John Filer</u> Title: <u>Safety Officer</u> Signature: _____		
ICS 208	IAP Page <u>7</u>	Date/Time: <u>May 15, 2020</u> @ <u>13:00</u>

EOC Operational Period Meeting Schedule

Time	<u>Meeting Schedule</u>	<u>Attendees and Mission</u>	<u>Deliverables</u>
7:30	Hospital Liaison	Attended by Hospital Liaison Officer to communicate patient count numbers, PUI's, PUI's transported by EMS	PUI's transported by EMS. Follow up information passed to Infection Control Officers.
8:00	EOC UC Objectives Meeting	Attended by Unified Command and Planning Section to adjust the objectives and voice concerns for the upcoming operational period.	Post Objectives Changes to Command and General Staff
9:00 Monday only	Strategy Meeting (C&GS) modified	Attended by Unified Command and General Staff to adjust the objectives and voice concerns for the upcoming operational period.	Post Strategy Changes to Branch Directors
After 09:30	BRANCH Tactics Meeting	Attended at Branch level, Branch Directors, PSC, LSC, SOF for the upcoming operational period.	Post unfilled needs outside of Branch Level to LOGS, PSC
After 09:30	Planning Meeting	Immediately following the Tactics meeting. Attended by Command Staff to support the IAP.	Open Action Items
10:00	State EMS Conference Call	EMS Chief conferences with MD State EMS Officials to share information and discuss	
13:00 M, W, F	Coordination Briefing	Attended by all Operations personnel especially Branch Directors and DIVS.	
15:00	IAP Deliverables Brief Deliverables	Following the Tactics meeting, all deliverables need to be sent to the Planning Section.	All Branch Directors will submit daily briefs and information bulletins to DESPlanning
15:00	MEMA Conference Call	Emergency Manager conference call with State Emergency Managers to discuss State Situational Updates	
16:00	IAP and Briefs Delivered	No Meeting	
16:15	Health Dept, EOC, Hospital	Conference call to discuss situational updates	
as needed	Critical Exchange	Branch Director, Section Chief, report up the chain	Written report up the chain as necessary to follow up after critical moment is being handled.

ACTIVITY LOG (ICS 214)

1. Incident Name Charles County COVID-19		2. Operational Period		Date From	5/16/2020	Date To:	5/19/2020
				Time From:	8:00	Time To:	8:00
3. Name:		4. ICS Position		5. Home Agency (and Unit):			
6. Resources Assigned							
Name		ICS Position		Home Agency (and Unit)			
7. Activity Log							
Date/Time		Notable Activities					
8. Prepared by: Name: _____ Position/Title: _____ Signature: _____							
ICS 214, Page 1		Date/Time: _____					

ACTIVITY LOG (ICS 214)

[illegible]

Instructions for Healthcare Facilities: Preparation and Collection of Compatible N95 Respirators for Decontamination by the Battelle Memorial Institute Using the Battelle Decontamination System

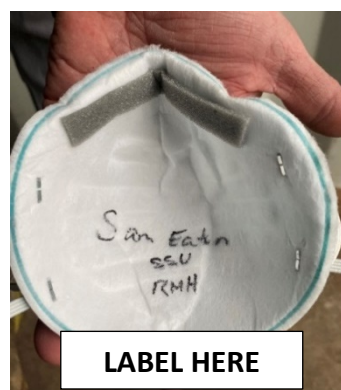
The U.S. Food and Drug Administration has authorized an Emergency Use Authorization (EUA) for the emergency use of the Battelle CCDS Critical Care Decontamination System™ (hereafter referred to as the “Battelle Decontamination System”) operated by the Battelle Memorial Institute (“Battelle”), for use in decontaminating compatible N95 or N95-equivalent respirators (“compatible N95 respirators”), for reuse by healthcare personnel. Healthcare personnel should follow these instructions, as well as procedures at their healthcare facility, to prepare compatible N95 respirators for decontamination by Battelle using the Battelle Decontamination System.

- **Due to incompatibility, the Battelle Decontamination System is not authorized for use with respirators containing cellulose-based materials**
- **All compatible N95 respirators provided to Battelle must be free of any visual soiling or contamination (e.g., blood, bodily fluids, makeup)**
- **If N95 respirators are soiled or damaged, they will be disposed of and not returned after decontamination**

On-Site Collection/Marking

1. Your organization should create a collection station at the point of generation (i.e. hospital floor/unit)
2. Each station should have a bag provided by the healthcare facility to collect compatible N95 respirators.
NOTE: Bags are for compatible N95 respirators only. Do not throw other personal protective equipment (such as gloves), paper towels, or waste in the collection bag.
3. With a permanent marker, the healthcare personnel should label their own individual compatible N95 respirators with a three-digit site code and a 2-digit location identifier (as shown below). The unique site code corresponds to the healthcare facility delivery address and will be assigned by Battelle. Your organization may designate the location identifier to correspond to a specific location/floor/unit within your site.
4. Healthcare personnel should follow the instructions provided by Battelle in Instructions for Healthcare Personnel: Preparation of Compatible N95 Respirators for Decontamination by the Battelle Memorial Institute Using the Battelle Decontamination.

Site Code **Site Location ID**
 (Assigned by Battelle Point Of Contact) (Assigned by Healthcare Facility)



Preparation for Shipment:

1. Bags containing the contaminated compatible N95 respirators to be decontaminated by Battelle ("primary collection bag") should be closed.
2. Place the primary collection bag into another bag ("secondary collection bag") (provided by the healthcare facility), which is then closed.
3. Decontaminate the secondary collection bag with alcohol or other suitable decontaminant.
4. Place the decontaminated bags into a rigid, closed box (supplied by the healthcare facility) clearly labeled with a biohazard symbol, and tape the box securely shut.
5. Label the outside of the box with the 3-digit site code and 2-digit location identifier.

Shipment under the healthcare facility's agreement with Battelle:

1. Gather all boxes; complete one chain of custody form (provided by Battelle) per shipment, noting the number of boxes.
2. Coordinate with your organization's courier service to arrange transfer to designated Battelle location.

Reuse Information:

Following decontamination, you will be provided **decontaminated compatible N95 respirators** that have been processed through a decontamination system for reuse by healthcare personnel in a healthcare setting during the COVID-19 pandemic. Before reuse, the healthcare facility should review the chain of custody form, which indicates successful decontamination, accompanying the returned respirators. The healthcare facility should also inspect each returned, decontaminated compatible N95 respirator for:

1. Numeric indication of the decontamination cycle number. **NOTE: Compatible N95 respirators will be disposed of after 20 decontamination cycles.**
2. Visible damage or soiling. **NOTE: Compatible N95 Respirators should be discarded and not reused if visually damaged or soiled.**

Any problems should be immediately reported to Battelle.

Battelle Contact: 1-800-201-2011 or solutions@battelle.org

Guide for Identifying FDA EUA Authorized N95 Respirators for Battelle CCDS™ Processing – April 24, 2020

Battelle, using the Battelle CCDS Critical Care Decontamination System™, has been authorized under the [FDA EUA](#)¹ to decontaminate N95 or N95 equivalent filtering facepiece respirators (FFR or respirators) that do not contain cellulose. Respirators that contain cellulose-based materials are excluded from the Battelle CCDS™ EUA and cannot be processed using Battelle CCDS™.

Battelle is providing the following information to assist hospitals with identifying N95 or N95 equivalent respirators containing cellulose from being collected and transported for decontamination. It is the responsibility of the organization to ensure only non-cellulose N95 and N95 equivalent respirators are transported to Battelle for decontamination.

NIOSH Respirators: A list of NIOSH-approved N95 Particulate FFRs can be found at this [CDC website](#)². Only non-cellulose containing, approved models should be submitted to the Battelle CCDS™ program for decontamination.

Non-NIOSH Respirators: Respirators must be certified by NIOSH or be listed in the FDA [EUA issued March 28, 2020](#)³ approving the use of certain imported non-NIOSH disposable FFRs. [Exhibit 1](#)⁴ of the EUA provides a detailed list of the makes and models that are approved. Only non-cellulose containing, approved models should be submitted to the Battelle CCDS™ program for decontamination.

Expired N95 Respirators: The FDA has also approved the use of certain makes and model of N95s that FFRs that were NIOSH-approved but have since passed the manufacturers' recommended shelf-life, are not damaged, and have been held in accordance with manufacturers' storage conditions in strategic stockpiles. The criteria under which these FFRs can be used can be [found in the EUA](#)⁵. You should review this information to ensure what types of FFRs are authorized. Expired, EUA authorized, non-cellulose containing N95s are able to be decontaminated with the Battelle CCDS™.

If you have a question about your specific respirator model, including if it contains cellulose or not, please contact the manufacturer directly.

- **3M** - please call 3M Personal Safety Division Technical Service at 1-800-243-4630
- **Kimberly-Clark Professional** - please contact our Customer Service Team at (888) 346-GOKC (4652) or your local Kimberly-Clark Sales Representative.
- **Moldex** – please contact at 1-800-421-0668 Ext 512
- **Gerson** – please contact at 508-947-4000
- **Halyard** – please contact at 844-425-9273
- **Honeywell** – please contact at 877-841-2840

Below are tables containing common N95 respirator manufacturers and product models. Included is information if the model is known to contain cellulose and if it is able to be processed using the Battelle CCDS™ process. *This list is not exhaustive.* If you have questions about a different respirator type, please call the manufacturer directly to understand if the respirator contains cellulose.

Select 3M N95 models, cellulose inclusion, and processability using Battelle CCDS™

Manufacturer	Model	Known to contain cellulose ⁶	Battelle CCDS™ processable (Yes / No)
3M	Health Care Particulate Respirator and Surgical Mask 1860 and 1860S , N95	NO	YES
3M	Aura™ Health Care Particulate Respirator and Surgical Mask 1870+ , N95	NO	YES
3M	Particulate Respirator 8110S , N95	NO	YES
3M	Particulate Respirator 8210 , N95	NO	YES
3M	Particulate Respirator 8210Plus , N95	NO	YES
3M	Particulate Respirator 8210V , N95	NO	YES
3M	Particulate Respirator 8211 , N95	NO	YES
3M	Particulate Respirator 8511 , N95	NO	YES
3M	Particulate Welding Respirator, N95, 8515/07189(AAD)	NO	YES
3M	Particulate Respirator 8516 , N95, with Nuisance Level Acid Gas Relief	NO	YES
3M	Aura™ Particulate Respirator N95, 9210+/37192	NO	YES
3M	Aura™ Particulate Respirator, N95, 9211+/37193 (AAD)	NO	YES
3M	VFlex™ Healthcare Particulate Respirator and Surgical Mask 1804 and 1804S , N95	YES	NO
3M	VFlex™ Health Care Particulate Respirator and Surgical Mask 1805 and 1805S , N95	YES	NO
3M	Particulate Respirator, N95, 8200/07023(AAD)	YES	NO
3M	Particulate Welding Respirator 8212 with Face seal, N95	YES	NO
3M	Particulate Respirator 8214 with Faceseal and Nuisance Level Organic Vapor Relief, N95	YES	NO
3M	Particulate Welding Respirator 8512 , N95	YES	NO
3M	Particulate Respirator 8514 , with Nuisance Level Organic Vapor Relief, N95	YES	NO
3M	Particulate Respirator 9010 , N95	YES	NO
3M	VFlex™ Particulate Respirator 9105 and 9105S , N95	YES	NO

Select Kimberly-Clark N95 models, cellulose inclusion, and processability using Battelle CCDS™

Manufacturer	Model	Known to contain cellulose ⁷	Battelle CCDS™ Processable (Yes / No)
Kimberly-Clark	N95, 46727	NO	YES
Kimberly-Clark	N95, 46767	NO	YES
Kimberly-Clark	N95, 46867	NO	YES
Kimberly-Clark	N95, 62126	NO	YES
Kimberly-Clark	N95, 62355	NO	YES

Select Moldex N95 models, cellulose inclusion, and processability using Battelle CCDS™

Manufacturer	Model	Known to contain cellulose ⁸	Battelle CCDS™ Processable (Yes / No)
Moldex	N95, 1512	NO	YES
Moldex	N95, 2200	NO	YES

Select Honeywell N95 models, cellulose inclusion, and processability using Battelle CCDS™

Manufacturer	Model	Known to contain cellulose ⁸	Battelle CCDS™ Processable (Yes / No)
Honeywell	N95, N1105	NO	YES
Honeywell	N95, N1125	NO	YES
Honeywell	N95, NBW95	NO	YES

Select ProTech N95 models, cellulose inclusion, and processability using Battelle CCDS™

Manufacturer	Model	Known to contain cellulose ⁸	Battelle CCDS™ Processable (Yes / No)
ProTech	N95, NON27501	YES	NO

References

- ¹ FDA Emergency Use Authorization for Battelle CCDS Critical Care Decontamination System™ Dated March 29, 2020 https://battelle-cms.ae-admin.com/docs/default-source/commercial-offerings/industry-solutions/battelle-eua.pdf?sfvrsn=646b94e_2
- ² CDC list of NIOSH-Approved Particulate Filtering Facepiece Respirators https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/N95list1.html
- ³ FDA Emergency Use Authority (EUA) for Non-NIOSH-Approved Disposable Filtering Facepiece Respirators; Dated March 28, 2020 <https://www.fda.gov/media/136403/download>
- ⁴ FDA EUA Non-NIOSH-Approved Disposable Filtering Facepiece Respirators; Exhibit 1: Authorized Respirators Updated: April 14, 2020 <https://www.fda.gov/media/136731/download>
- ⁵ FDA Emergency Use Authority (EUA) for Approved Expired Respirators <https://www.fda.gov/media/135763/download>
- ⁶ 3M letter to Battelle dated March 31, 2020 Re: Response to Request for information on Products (attached to this document)
- ⁷ Kimberly-Clark letter to Battelle dated April 9, 2020 Re: Mask Composition (attached to this document)
- ⁸ Assumed to not contain cellulose based on N95 Respirator characterization at Battelle. Materials of construction did not appear to contain cellulose during materials analysis of limited quantity respirator samples.



31 March 2020

Re: Response to Request for Information on Products

Dear Valued 3M Customer,

3M™ VFlex™ Healthcare Particulate Respirator and Surgical Mask 1804, N95
3M™ VFlex™ Healthcare Particulate Respirator and Surgical Mask 1804S, N95, Small
3M™ VFlex™ Health Care Particulate Respirator and Surgical Mask 1805, N95
3M™ VFlex™ Health Care Particulate Respirator and Surgical Mask 1805S, N95, Small
3M™ Particulate Respirator 8200/07023(AAD), N95
3M™ Particulate Welding Respirator 8212, N95 with Face Seal
3M™ Particulate Respirator 8214, N95, with Face Seal and Nuisance Level Organic Vapor Relief
3M™ Particulate Respirator 8233, N100
3M™ Particulate Respirator 8293, P100
3M™ Particulate Welding Respirator 8512, N95
3M™ Particulate Respirator 8514, N95, with Nuisance Level Organic Vapor Relief
3M™ Particulate Respirator 9010, N95
3M™ VFlex™ Particulate Respirator 9105, N95
3M™ VFlex™ Particulate Respirator 9105S, N95

On behalf of 3M Personal Safety Division, the following information applies to the products listed immediately above. The products listed immediately above *do contain cellulose*.

3M™ Health Care Particulate Respirator and Surgical Mask 1860, N95
3M™ Health Care Particulate Respirator and Surgical Mask 1860S, N95
3M™ Aura™ Health Care Particulate Respirator and Surgical Mask 1870+, N95
3M™ Particulate Respirator 8110S, N95
3M™ Particulate Respirator 8210, N95
3M™ Particulate Respirator 8210Plus, N95
3M™ Particulate Respirator 8210V, N95
3M™ Particulate Respirator 8211, N95
3M™ Particulate Respirator 8240, R95
3M™ Particulate Respirator 8246, R95, with Nuisance Level Acid Gas Relief
3M™ Particulate Respirator 8247, R95, with Nuisance Level Organic Vapor Relief
3M™ Particulate Respirator 8271, P95
3M™ Particulate Respirator 8511, N95
3M™ Particulate Welding Respirator 8515/07189(AAD), N95
3M™ Particulate Respirator 8516, N95, with Nuisance Level Acid Gas Relief
3M™ Particulate Respirator 8576, P95, with Nuisance Level Acid Gas Relief
3M™ Particulate Respirator 8577, P95, with Nuisance Level Organic Vapor Relief
3M™ Aura™ Particulate Respirator 9210+/37192, N95
3M™ Aura™ Particulate Respirator 9211+/37193(AAD), N95

On behalf of 3M Personal Safety Division, the following information applies to the products listed immediately above. The products listed immediately above have not been formulated to contain, and *do not knowingly contain cellulose*.

The information provided in this letter related to material content represents 3M Personal Safety Division's knowledge and belief as of the date it is provided, which may be based in whole or in part on information provided by suppliers to 3M.

In the event a 3M PSD product is proven not to conform with 3M's applicable product specifications or the information above, then, to the extent permitted by law, 3M's entire liability and customer's exclusive remedy, will be at 3M's option either: (i) repair or replacement of the non-conforming product with a conforming product; or (ii) refund of the purchase price paid by customer for each non-conforming product, within a reasonable time after written notification of said non-conformance and return of the affected product to 3M. 3M shall not under any circumstances be liable for direct, indirect, incidental, special, or consequential damages (including but not limited to loss of profits, revenue, or business) related to or arising out of this letter or the referenced product(s), including the use, misuse, or inability to use such product(s). Unless stated otherwise in a writing signed by 3M, the foregoing language cannot be waived, modified, or supplemented in any manner whatsoever.

I trust the above information is responsive to your request.

If you have any questions about the features or performance of this 3M product, please call 3M Personal Safety Division Technical Service at 1-800-243-4630. If you have questions related to health or safety, please contact me at 651-737-5646.

Regards,



Stuart Sexton | Product Steward
3M Personal Safety Div. - Regulatory Affairs
3M Center, 235-02-E-91 | Saint Paul, MN 55144 United States
Office: 651 737 5646
ssexton@mmm.com | www.3M.com



1400 Holcomb Bridge Road
Roswell, GA 30076

April 9, 2020

Re: Mask Composition

Kimberly-Clark N95 Respirators

Codes: 46727, 46767, 46827, 46867, 62126, 62355

Dear Valued Customer,

Thank you for your inquiry concerning Kimberly-Clark N95 Respirators. Please be advised that based on our knowledge of the raw materials, the product and packaging specifications, and the manufacturing processes, Kimberly-Clark confirms that cellulose is not intentionally added to the above products, nor is it used in the manufacturing or packaging process for the product. Because of this, Kimberly-Clark does not test the above product form for the presence of cellulose.

Should you require additional information, please contact our Customer Service Team at (888) 346-GOKC (4652) or your local Kimberly-Clark Sales Representative.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Emily Adams', written in black ink.

Emily Adams

Technical Support Specialist, Quality & Regulatory Team
Kimberly-Clark Professional

Chain of Custody Form - PPE Decontamination Treatment

Delivery to Battelle from Name of Site:

Location

Masks (Number of boxes)

Care Site Release

Signature

Date

Battelle

Receipt

Signature

Date

Battelle Receiving Barcodes:



PUBLIC HEALTH BRANCH BRIEFING COVID-19 PANDEMIC RESPONSE

May 16, 2020

GENERAL REPORTING INFORMATION

INFECTIOUS DISEASE

CASE COUNT—CHARLES COUNTY

As of 5/16/2020, total case count for Charles County is 844.

- *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
- Call Center volume is approximately 30 to 60 call per day.

MEDIA, SOCIAL MEDIA AND WEBSITE

- PIO working on Re-opening multimedia campaign.

PARTNER/STAKEHOLDER OUTREACH

LTC/AL

- The Long-Term Care and Assisted Living call will be held May 22 at 3 p.m. by CCDOH nurse liaisons.

ALL-PARTNER

- The all-partner call will be held May 22 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: 37,968 (152,207 negative)
- 2) **New cases:** 982
 - 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 (4 last 24 hours); total current 1,500; total ever 6,755
 - e) Deaths -- Total 1,842 (50 last 24 hours)
 - f) Release from isolation – 2,806

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

RESOURCE DISTRIBUTION

- 1 new request was received and filled.
- EM shipment arrived May 15. Six pallets are expected today with the projected distribution amounts as shown below:
 - Bleach: 251
 - Ecolab Multi Surface Cleaner: 8
 - Disinfecting Wipes: 88
 - Hand Cleaner: 13
 - Hand Sanitizer (mixed sizes): 130
 - SaniCloth Disinfectant: 3

VOLUNTEERS

MARYLAND MEDICAL RESERVE CORPS

- No new responders were accepted into MMRC today

CAREGIVER SERVICE CORPS

- Nothing new to report.

ISOLATION & QUARANTINE AGREEMENT

J:\COVID-19\ISOLATION AND QUARANTINE GUIDANCE\Enforced Quarantine ConOps (1) 05122020.pdf

This is the updated agreement with participating hotels in the state. The Hilton Garden Inn in Waldorf is identified.

TESTING

VEIP TESTING SITE UPDATE

- Tested to Date: 1070
- 135 appts were opened for Thursday, May 12. Tested: 99 (29 empty slots / 3 cancelled / 3 no shows)

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 5/16 at 10 a.m., total case count for Charles County was 844 cases.

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 60 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 in Charles County are associated with outbreaks in skilled nursing facilities. There are 2 probable COVID-19 deaths. COVID-19 is listed as the cause of death, but laboratory testing has not yet confirmed.

Average age of fatalities: 77.4 years

Age Distribution of Fatalities:

- 0-39 years: 0
- 40-69 years: 11 (18.1%)
- 70-79 years: 26 (42.6%)
- 80+ years: 24 (39.3%)

Gender breakdown among fatalities: 40 or 65.6% Female, 21 or 34.4% Male

Racial breakdown among fatalities:

- 44.3% Non-Hispanic White
- 50.8% Non-Hispanic Black
- 1.6% Non-Hispanic Asian
- 3.3% Hispanic

- Number of negative lab results: 4056
- Positivity Rate: 17.0% (State positivity rate: 20.2%)
- Recovered and released from isolation: 184
- Partially recovered with improved symptoms: 46
- Known asymptomatic cases: 14
- 166 or 20% required hospitalization.
- Among confirmed cases, 476 (57.2%) Female; 356 (42.8%) Male
- 13.3% Healthcare Workers
- 1.6% First Responders: EMS, Fire, Law Enforcement
- 27.8% have underlying health conditions
- Age range of positive COVID-19 cases: 0-100 years

Age Distribution for Charles County cases:

- Under 18 years: 26 (3.1%)
- 18-64 years: 632 (76%)
- 65+ years: 174 (20.9%)

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 13 for 5/14. PUI EMS call volume has some fluctuation but remains low.

- 5/9: 11
- 5/10: 8
- 5/11: 12
- 5/12: 16
- 5/13: 5
- 5/14: 13

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 5/15 at 8 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: 844 cases on 5/16 at 10 a.m. 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 (1.6%)
- Black/African American: 337 (40.5%)
- White: 206 (24.8%)
- Other or 2+ races: 53 (6.4%)
- Data not available/Declined to Answer: 222 (26.7%)

Ethnicity Breakdown

- Hispanic 44 (5.3%)
- Non-Hispanic 557 (66.9%)
- Data not available/Declined to Answer: 231 (27.8%)

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: 54
- 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: 4
- Total currently hospitalized: 2
- Deaths: 46
- Pending tests for residents or staff at Skilled Nursing Facilities/Assisted Living Facilities: 6

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

- All 4 skilled nursing facilities in Charles County completed resident testing by Friday, 5/1. Lab results have been received for each facility. 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 department staff is looking at previous line lists to determine which of those cases are previously positive cases and which are new positives for the facilities.
- Dr. Haft was able to get approval from the National Guard team lead for the Genesis locations and Restore to go ahead and test their residents. A weekly call is scheduled with the skilled nursing facilities for Friday, 5/15 to provide updates on next steps.

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 (59.7%) are the Waldorf zip codes of 20601, 20602, and 20603. Over half of the county population lives in those zip codes. Additionally, those zip codes have a very diverse population with minority populations comprising the majority of the zip code level population and with African Americans being the largest racial group in those zip codes.

Zip Code level data was also analyzed using the MDH line lists of confirmed cases in REDCap. Data was accessed on 5/15 at 8 a.m. *(Zip code level data with counts less than 7 cases cannot be shared publicly and must remain confidential.)*

Confirmed cases by zip code:

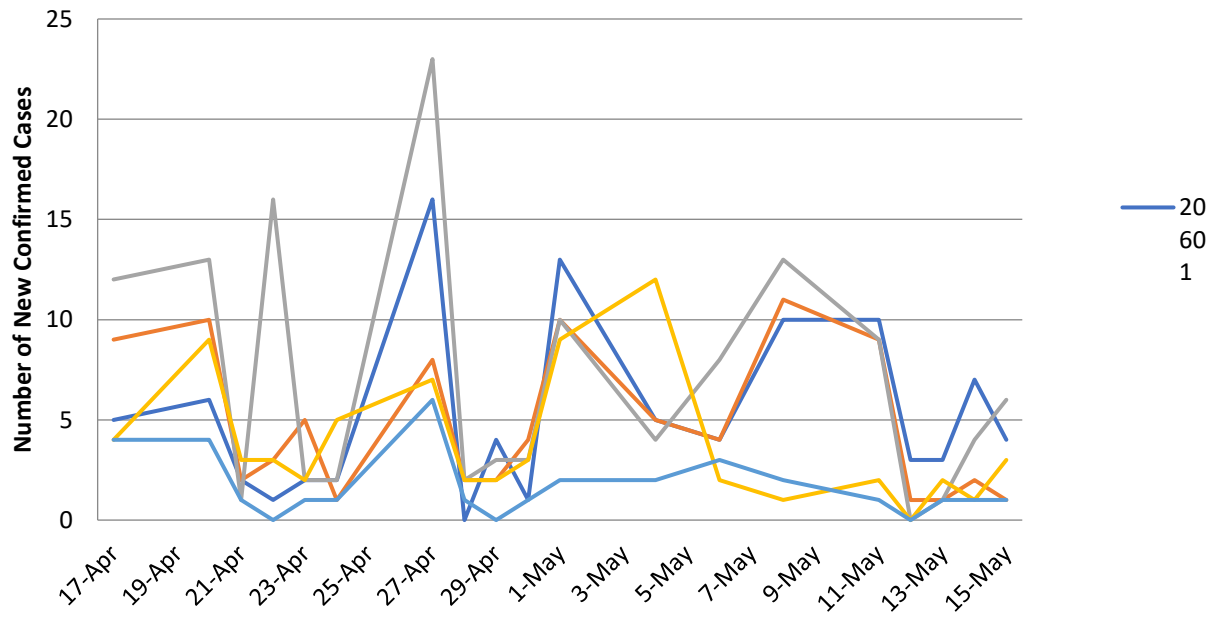
Zip code:	5/6	5/8	5/11	5/12	5/13	5/14	5/15
20601	102	112	122	125	128	135	139
20602	117	128	137	138	139	141	152
20603	173	186	195	195	196	200	206
20604	2	2	2	2	2	2	2
20611	4	4	4	4	4	4	4
20613	11	16	17	17	21	22	23
20616	23	25	25	25	26	27	28
20622	3	3	4	4	4	4	4
20632	2	2	2	2	2	2	2
20637	18	18	20	20	20	20	19
20640	28	28	30	30	30	30	32
20645	1	1	1	1	1	1	1
20646	93	94	96	96	98	99	102
20658	3	3	3	3	4	4	4
20662	9	9	9	10	10	11	11
20664	8	8	8	9	9	11	13
20675	7	7	7	7	7	7	7
20677	9	9	9	9	10	10	11
20693	3	3	3	3	3	3	2
20695	44	46	47	47	48	49	51

COVID-19 Positive Case rate per 1,000 residents as of May 15, 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	5/11	5/12	5/13	5/14	5/15
20601	3.188	4.057	4.098	4.512	4.926	5.009	5.175	5.464	5.630
20602	3.967	4.688	4.849	5.249	5.610	5.690	5.730	5.810	6.251
20603	5.316	5.834	6.041	6.490	6.801	6.801	6.835	6.973	7.181
20611	2.783	2.783	2.783	2.783	2.783	2.783	2.783	2.783	2.783
20616	2.732	3.756	3.927	4.098	4.268	4.268	4.439	4.610	4.781
20622	0	1.429	1.429	1.429	1.633	1.633	1.633	2.041	2.041
20637	2.766	3.135	3.319	3.504	3.688	3.872	3.872	3.688	3.688
20640	2.108	2.683	2.778	2.874	2.970	2.970	2.970	2.970	3.162
20646	3.759	4.817	4.923	4.976	5.082	5.082	5.188	5.241	5.400
20662	3.067	3.067	3.067	3.067	3.067	3.408	4.090	4.431	4.431
20664	1.674	2.678	2.678	3.013	3.013	3.348	3.348	4.017	4.687
20675	3.591	4.189	4.189	4.189	4.189	4.189	4.189	4.189	4.189
20677	2.153	3.445	3.876	3.876	3.876	3.876	4.307	4.307	2.737
20695	5.446	6.476	6.623	6.918	7.507	7.507	7.654	7.801	8.095

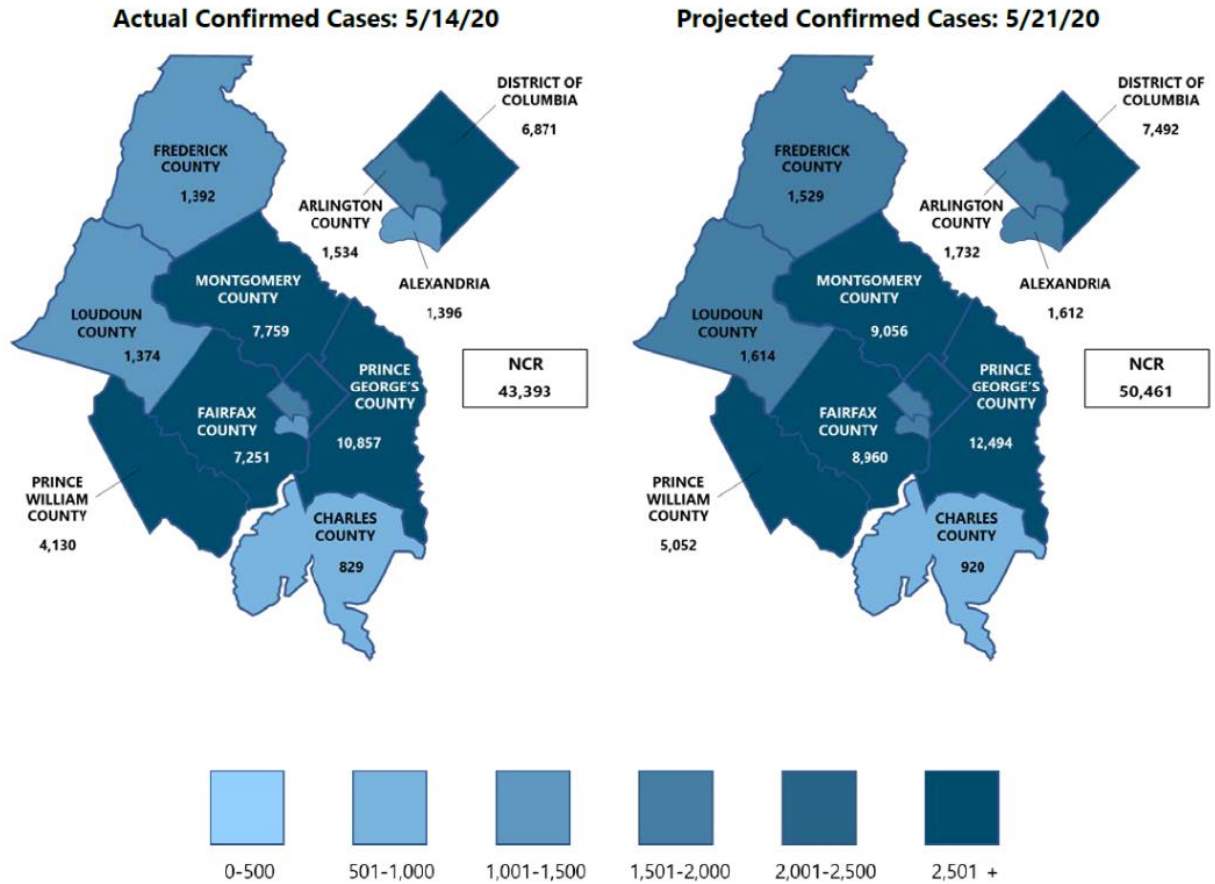
The Number of COVID-19 Positive Confirmed Cases by Date for the Top 5 Most Impacted Zip Codes



MISCELLANEOUS

ADDITIONAL INFORMATION: *This includes the following:*

Epidemiologist's Note: Here are the NCR MWCOG case model and medical demand projections for May 15th.



Medical Demand Projections:

	Actual Confirmed Cases On:			Projected Cases (Hospitalized) [ICU] (Ventilator) For:											
	5/12	5/13	5/14	5/21			5/28			6/4					
Washington DC	6,584	6,736	6,871	7,492	(1,498)	[360] {180}	7,972	(1,594)	[383] {191}	8,343	(1,669)	[400] {200}			
Charles Co., MD	778	796	829	920	(184)	[44] {22}	993	(199)	[48] {24}	1,053	(211)	[51] {25}			
Frederick Co., MD	1,321	1,347	1,392	1,529	(306)	[73] {37}	1,641	(328)	[79] {39}	1,734	(347)	[83] {42}			
Montgomery Co., MD	7,283	7,548	7,759	9,056	(1,811)	[435] {217}	10,147	(2,029)	[487] {244}	11,070	(2,214)	[531] {266}			
Prince George's Co., MD	10,240	10,459	10,857	12,494	(2,499)	[600] {300}	13,855	(2,771)	[665] {333}	14,994	(2,999)	[720] {360}			
Arlington Co., VA	1,460	1,499	1,534	1,732	(346)	[83] {42}	1,893	(379)	[91] {45}	2,026	(405)	[97] {49}			
Fairfax Co., VA	6,748	7,035	7,251	8,960	(1,792)	[430] {215}	10,273	(2,055)	[493] {247}	11,297	(2,259)	[542] {271}			
Loudoun Co., VA	1,283	1,339	1,374	1,614	(323)	[77] {39}	1,818	(364)	[87] {44}	1,991	(398)	[96] {48}			
Prince William Co., VA	3,792	4,036	4,130	5,052	(1,010)	[243] {121}	5,816	(1,163)	[279] {140}	6,456	(1,291)	[310] {155}			
Alexandria, VA	1,305	1,349	1,396	1,612	(322)	[77] {39}	1,793	(359)	[86] {43}	1,945	(389)	[93] {47}			
NCR	40,794	42,144	43,393	50,461	(10,092)	[2,422] {1,211}	56,201	(11,240)	[2,698] {1,349}	60,909	(12,182)	[2,924] {1,462}			

	Actual Confirmed Cases On:			Projected Cases For:								
	5/12	5/13	5/14	5/15	5/16	5/17	5/18	5/19	5/20	5/21	5/28	6/4
Washington DC	6,584	6,736	6,871	6,970	7,066	7,157	7,246	7,331	7,413	7,492	7,972	8,343
Charles Co., MD	778	796	829	843	857	870	883	896	908	920	993	1,053
Frederick Co., MD	1,321	1,347	1,392	1,413	1,434	1,454	1,474	1,493	1,511	1,529	1,641	1,734
Montgomery Co., MD	7,283	7,548	7,759	7,960	8,155	8,344	8,529	8,709	8,885	9,056	10,147	11,070
Prince George's Co., MD	10,240	10,459	10,857	11,112	11,358	11,598	11,831	12,058	12,279	12,494	13,855	14,994
Arlington Co., VA	1,460	1,499	1,534	1,565	1,595	1,624	1,652	1,679	1,706	1,732	1,893	2,026
Fairfax Co., VA	6,748	7,035	7,251	7,527	7,791	8,043	8,286	8,519	8,744	8,960	10,273	11,297
Loudoun Co., VA	1,283	1,339	1,374	1,411	1,447	1,482	1,516	1,550	1,582	1,614	1,818	1,991
Prince William Co., VA	3,792	4,036	4,130	4,274	4,414	4,549	4,680	4,807	4,931	5,052	5,816	6,456
Alexandria, VA	1,305	1,349	1,396	1,430	1,462	1,494	1,524	1,554	1,584	1,612	1,793	1,945
NCR	40,794	42,144	43,393	44,505	45,579	46,615	47,621	48,596	49,543	50,461	56,201	60,909

Respectfully submitted by Charles County PHEP

Intelligence Briefing 5-16-2020
COVID Charles County
Week 9

Updated Infection Numbers: As of 1005 hrs.

Total worldwide: 4,586,915 **+112,158 since the 5-15-20 brief.**

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

5-6/7	5-7/8	5-8/9	5-9/10	5-10/11	5-11/12	5-12/13	5-13/14	5-14/15	5-15/16
90,538	90,975	107,394	79,665	68,472	93,341	82,755	85,091	91,397	112,158

Total fatalities worldwide: 309,184 **+5,880 since the 5-15-20 brief**

Total confirmed cases in the US: 1,450,269 **+30,406 since the 5-15-20 brief**

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

5-6/7	5-7/8	5-8/9	5-9/10	5-10/11	5-11/12	5-12/13	5-13/14	5-14/15	5-15/16
24,616	27,883	34,128	20,823	17,276	21,449	21,607	18,383	28,625	30,406

Total fatalities in US: 87,841 **+1,877 since 5-15-2020**

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

Total confirmed cases in State in of MD: 37,968 **+982 since the 5-15-20 brief**

Total tested in the State of MD: 152,207 **+6,367 over 5-15-20**

Percent of those test that test positive: **24.9%**

Total Fatalities in State of MD: 1,842 **+50 change since the 5-15-20 brief**

Number of probable deaths: 115

Total Ever Hospitalized: 6,755

Persons currently hospitalized: **1,500 +4 since 5-15-2020**

5-3/4	5-4/5	5-5/5	5-6/7	5-7/8	5-8/9	5-9/10	5-10/11	5-11/12	5-12/13	5-13/14	5-14/15	5-15/16
+14	+44	+14	-24	-33	-9	-25	-96	+19	-13	-12	-42	+4

First Responder Numbers in Charles County: NUMBERS AS OF 5-15-2020 @1230

~~7 Quarantine: means exposed and they can't come to work~~ **+1 since last report**

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

No reports for the weekend

Weather:

Sunday 71-58 clouds, Monday 76-55 storms

Local:

Protest was well attended. About 80 pro open demonstrators, less than 10 counter-protestors

No stores were visited this AM

County Commissioners vote 3-2 to keep Charles County closed until 5-29-2020

Protest planned from 1700-1830 at the County Government Building

Maryland Update:

Ocean City allows short term rentals and hotels to open.

The State of Maryland issued an emergency order that allows court clerks to issue marriage licenses and conduct marriage oaths remotely. Maryland

Region:

Over 43,747 cases in the NCR as of 1000 5-16-2020,

74,693 cases in Maryland, DC, and Virginia as of 1100 on 5-16-2020.

Everbridge is hosting a two-day virtual symposium Coronavirus: The Road to Recovery, May 20-21 from 11:00AM-3:00PM (1100-1500), where comprehensive presentations will address strategic initiatives and key success factors for navigating the impacts of COVID-19 and preparing for the next phase of recovery – bringing employees back to work and citizens back to public spaces. Everbridge

National:

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

The CDC provided background information on several cases of a recently reported multisystem inflammatory syndrome in children (MIS-C) associated with COVID-19; and a case definition for this syndrome. CDC recommends healthcare providers report any patient who meets the case definition to local, state, and territorial health departments to enhance knowledge of risk factors, pathogenesis, clinical course, and treatment of this syndrome. This information was distributed via the CDC Health Alert Network. CDC

Local critical infrastructure:

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

Predications/ Analysis:

- The cascading effects of the prolonged closures, along with community fear and anxiety have led to unintended consequences that we likely have not explored. The recent reports of increasing measles outbreaks due to children not being inoculated likely due

to fear and limited availability is a terrific example. It would be wise if task forces or committees were established to better identify, develop proactive frameworks for future responses, and potential solutions prior to full reopening.

- Pediatric Multi-system Inflammatory Syndrome is receiving increasing media coverage (100+ cases in NY, 3 at WDC Children's). We are likely to see increased reports from fearful parents who have limited knowledge but high fear. Factual information spread is needed, ongoing and open channel communication with local pediatricians must start now, redistribution of PPE may be needed, and we should likely begin adding them to EOC operations.
- 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 inequity and racial disproportionality of infections is causing increased polarization, anger, 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” (Nutley and Marcus, 2019, Harvard Business Review)

Respectfully submitted by Jason Stoddard



Charles County Volunteer Firemen's Association, Inc.

Post Office Box #21, La Plata, Maryland 20646

May 16th, 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 – 1 Members across 1 Stations:

- EMS Station 3 – 1 Quarantined due to a Family Member testing positive.

Incidents/Call Volume:

- No Major Incidents to Report related to COVID-19
 - Increase in Motor Vehicle Accidents yesterday
 - Units operated for approximately 2 hours on a Fuel Spill in the Neale Sound last night.
 - Yesterday's EMS Call Volume was average, and Fire Call Volume was average
- 59 Ems Related Incidents ----- 22 Fire Related Incidents

Other Information:

- Continue to push out information about Social Distancing in the Stations.
- Continue to push out Peer Support Information.

Respectfully Submitted,

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