

Charles County COVID-19

Incident Action Plan



From
5/21/20
8:00

To
5/23/20
8:00

OPERATIONAL PERIOD

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name Charles County COVID-19	2. Operational Period	Date From: 5/21/20 Date To: 5/23/20 Time From: 8:00 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					
The BLUE Bins at the Hospital, rightside of the Emergency door are for Masks that we intend to DECON. Use trash containers for Trash.					
General Situational Awareness <p>"Feeling Sick? We love you BUT STAY HOME. Coming to work sick only contributes to the spread of disease."</p>					
5. Site Safety Plan Required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Approved Site Safety Plan(s) Located at:					
6. Attachments (check if attached) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;"> <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"/> Forcast/Tides/Currents </td> <td style="width: 33%; padding: 5px; text-align: center;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </td> <td style="width: 33%; padding: 5px; text-align: center;"> ICS 214 <hr/><hr/><hr/><hr/><hr/> </td> </tr> </table>			<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"/> Forcast/Tides/Currents	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ICS 214 <hr/> <hr/> <hr/> <hr/> <hr/>
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7. Prepared by: Name: <u>Joe Hoffmaster</u> Position/Title: <u>PSC</u> Signature: _____					
8. Approved by Incident Commander: Name: <u>Michelle Lilly</u> Signature: _____					
ICS 202	IAP Page <u>2</u>	Date/Time: <u>May 20, 2020 @15:00</u>			

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name Charles County COVID-19		2. Operational Period Date From: 5/21/20 Date to: 5/23/20 Time From: 8:00 Time to: 8:00		
3. Incident Commander and Staff		7. Operations Section		
UC	Dr. Howard Haft	Chief		
UC	Michelle Lilly	Deputy		
Deputy	Melanie Gardiner			
Deputy	Tony Rose			
Safety Officer	John Filer	a. Branch I	Public Health	
Public Information Office	Jennifer Harris	Branch Director	Ranston Harvey	
Intell Officer	Jason Stoddard	Deputy	Mary Lilly	
4. Agency Representative		DSS		
Agency	Name	Liaison Officer	Tom Brown	Robbie Jones
Intell officer Deputy	Mike Meiser	Hospital	Bill Grimes	John Filer
Lifestyles	Sandy Washington	Nursing Homes	Tiffany Brown	
Public Schools	Mike Meiser	Health Care Providers	Melanie Gardiner	
		Rehab Centers	Eddie Kratzer	
		Assisted Living	Rosalinda Horton	
		Funeral Services	Cataria Patterson	
		b. Branch II	Public Safety	
		Branch Director	Mark Kaufmann Jr.	
		Deputy	Scott Herbert	D J Mills
		DES EMS	Steve Finch	
		Vol EMS	Andrew Spalding	Mitchell Lewis
		Vol Fire	Scott Herbert	
		Logistics	Scott Herbert	
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:		
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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:	May 20, 2020 @ 15:00	

COMMUNICATIONS LIST (ICS 205A)

1. Incident Name Charles County	2. Operational Period: COVID-19	Date From: Time From:	5/21/20 8:00	Date to: Time to:	5/23/2020 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 20, 2020</u> @ <u>15:00</u>			

COMMUNICATIONS LIST (ICS 205A)

1. Incident Name Charles County	2. Operational Period: COVID-19	Date From: Time From:	5/21/20 8:00	Date to: Time to:	5/23/2020 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:	5/21/20 8:00	Date To: Time To:	5/23/20 8:00
3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:					
"Feeling Sick? We love you BUT STAY HOME. Coming to work sick only contributes to the spread of disease"					
<p>1. Total identified PUI's transported as of 5/20: 737 Total # of patients testing positive : 121</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. Speical Order 2020-04 Version 1.1 was released on 05-05-2020. New guidelines for personnel at the beginning of their shift, end of their shift and at the station.</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 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.</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 20, 2020</u> @ <u>15:00</u>			

ACTIVITY LOG (ICS 214)

ACTIVITY LOG (ICS 214)

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
Tu, Th 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	
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.



Safety Officer's Report

Charles County EOC

05-20-20

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

Today's Safety Message: "Feeling Sick? We love you but stay home.
Coming to work sick only contributes to the spread of disease."

Total number of PUI's transported to date: 737

Total number of patients transported by EMS testing + for COVID: 123

Total number of first responders on self-isolation: 0

Total number of first responders on quarantine: 2

Total number of first responders + for COVID-19: 9

Total number of first responders out for COVID related mental health: 0

Total number of fire stations sanitized: 6

Daily Estimated PPE Burn Rate: 15 sets/day



10425 Audie Lane
La Plata, MD 20646



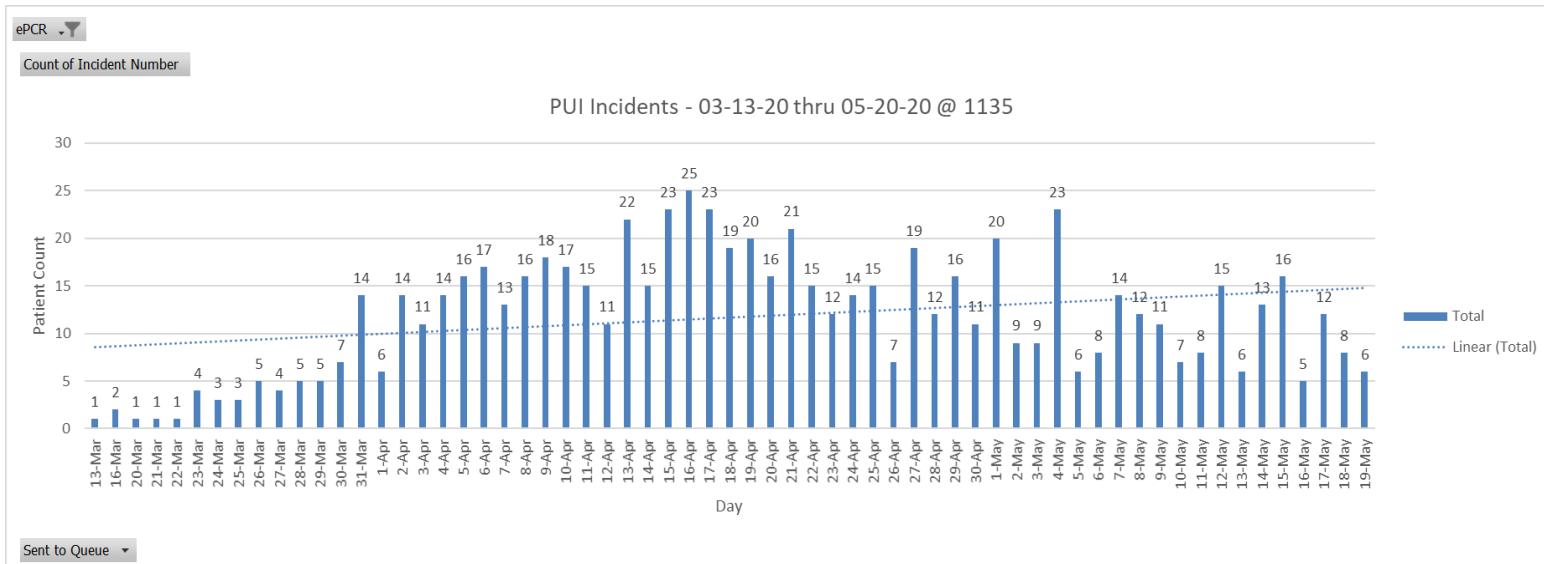
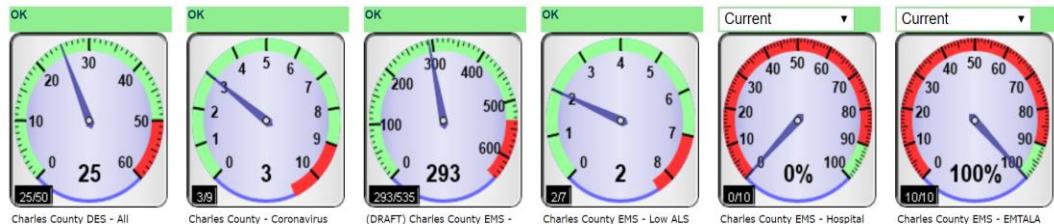
301-399-1143



DESSafety@charlescountymd.gov

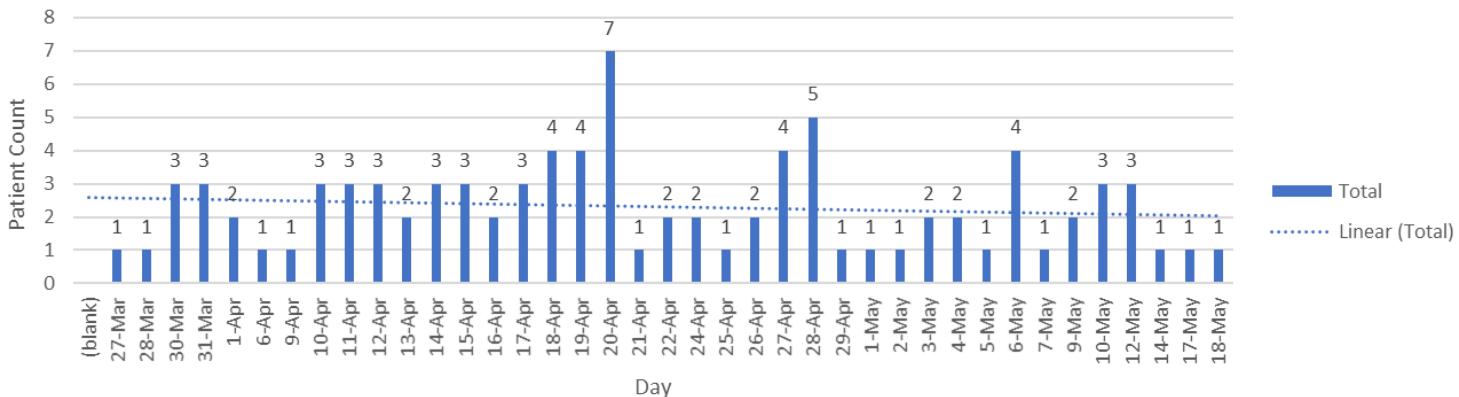


www.charlescountymd.gov



Count of Patient Name

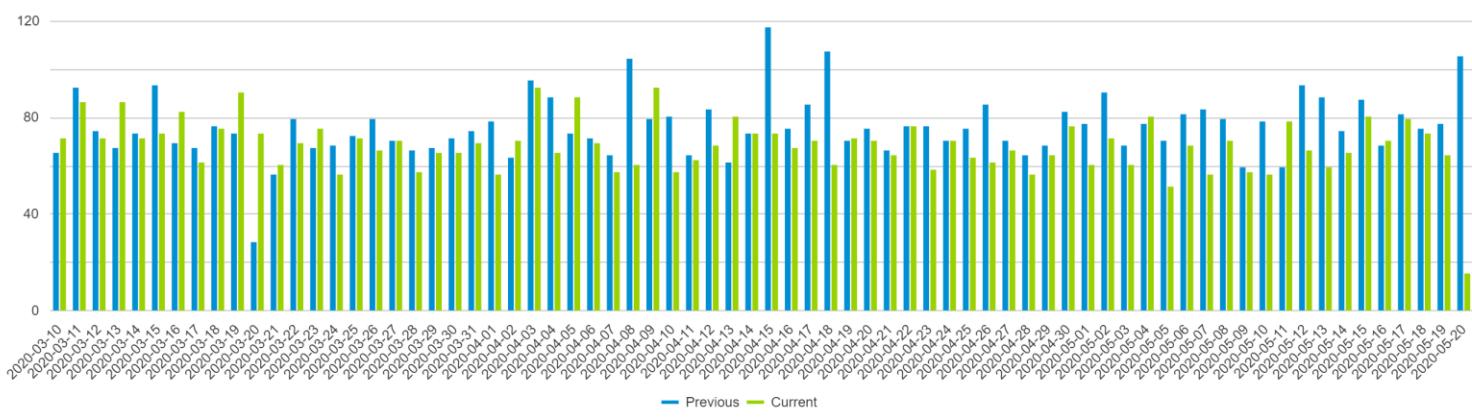
YTD COVID+ Patients Transported by EMS



Date of EMS Transport ▾

Count of Incident Reported

Compare To: One Year ▾





Feeling Sick?

We love you but **STAY HOME**. Coming to work sick only contributes to the spread of disease.



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

GENERAL REPORTING INFORMATION

INFECTIOUS DISEASE

CASE COUNT—CHARLES COUNTY

As of 5/20/2020, total case count for Charles County is 924.

- *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 intermittent. Current average is 237 per week. Most calls occur during normal business hours.

MEDIA, SOCIAL MEDIA AND WEBSITE

Message for the week

- Protect your friends and family -- Stay home
- Dr. Haft is planning to hold a virtual coalition meeting with leaders and businesses in Charles County to discuss safety measures for reopening. TBD.

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 tomorrow will tentatively be cancelled in lieu of virtual coalition meeting.

EPI SURVEILLANCE PROFILE FOR STATE

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

- 1) Latest case counts – total: 42,323 (173,007 negative)
- 2) New cases: 777
 - 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 (-11 last 24 hours); total current 1,410; total ever 7,393
 - e) Deaths -- Total 2,004 (41 last 24 hours)
 - f) Release from isolation – 2,993

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

RESOURCE DISTRIBUTION

- 6 requests received and filled (3 LTC, 1 AL, 1 Dental, 1 Cardiac Care)

VOLUNTEERS

MARYLAND MEDICAL RESERVE CORPS

- No new responders were accepted into MMRC today

CAREGIVER SERVICE CORPS

- A message was pushed out to all MD Responders to go into their profile and add Caregiver Service training to indicate their willingness to become part of that response effort. Will share as additional information becomes available.

TESTING

VEIP TESTING SITE UPDATE

- Tested to Date: 1166
- 168 appts were opened for Tues – 96 tested: 1 cancelled / 3 no shows / 1 turn-around w/out appt
- Next VEIP site testing is set for Thursday, May 20.

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 5/20 at 9 a.m., total case count for Charles County was 924 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 63 confirmed deaths associated with COVID-19. This equates to 6.8% of total confirmed cases. The Charles County death rate of 6.8% is higher than the MD state average death rate of 4.7%. However, it should be noted that the majority of deaths in Charles County are associated with outbreaks in skilled nursing facilities. There are 1 probable COVID-19 death. COVID-19 is listed as the cause of death, but laboratory testing has not yet confirmed.

Average age of fatalities: 77.0 years

Age Distribution of Fatalities:

- 0-39 years: 0
- 40-69 years: 12 (18.7%)
- 70-79 years: 27 (43.8%)
- 80+ years: 24 (37.5%)

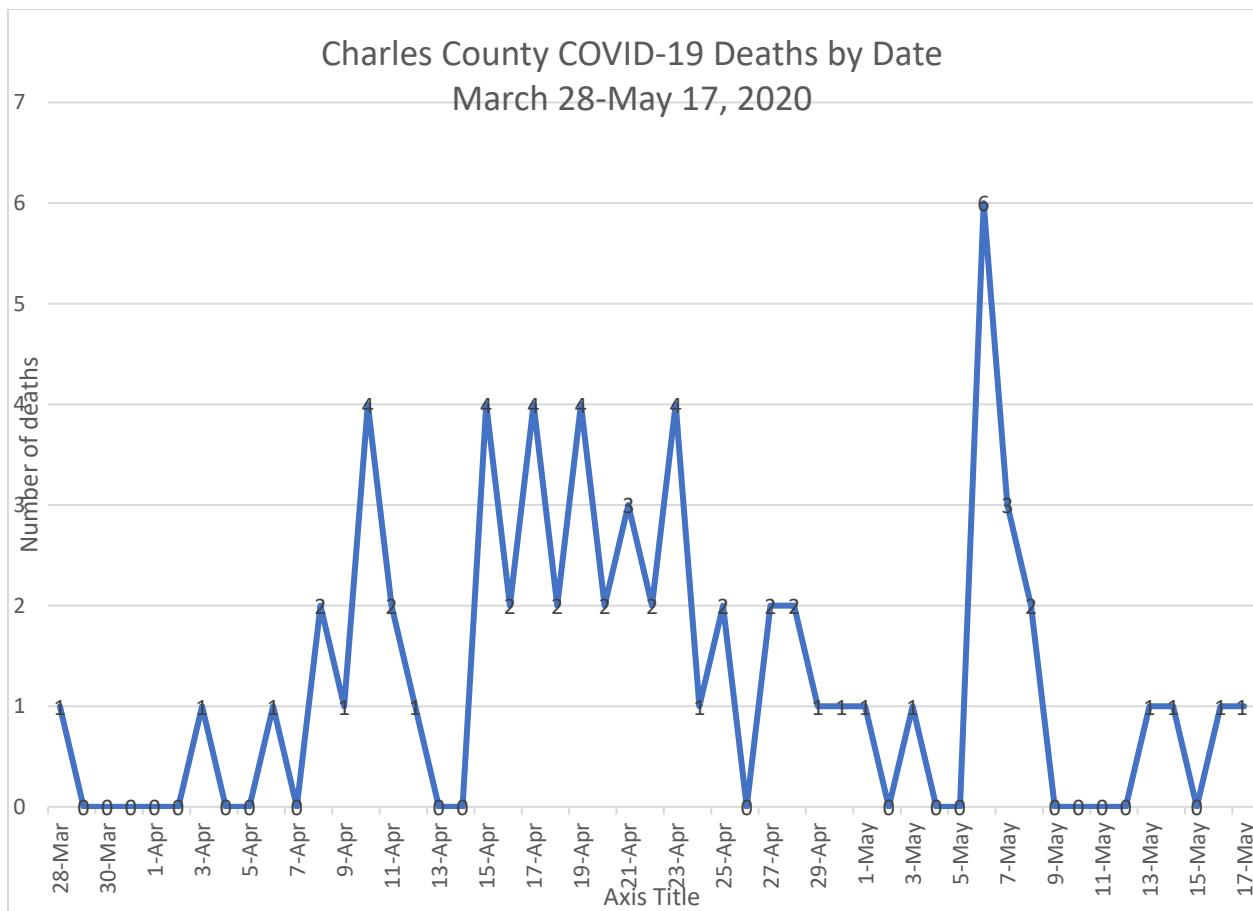
Gender breakdown among fatalities: 42 or 65.6% Female, 22 or 34.4% Male

Race breakdown among fatalities:

- 43.8% Non-Hispanic White
- 48.4% Non-Hispanic Black
- 3.1% Non-Hispanic Asian
- 3.1% Hispanic
- 1.6% Unknown

Location of death:

- Hospital Inpatient: 60.9%
- Nursing Home: 26.6%
- Other/Home/Emergency Room/Outpatient: 12.5%



- Number of negative lab results: 4754
- Positivity Rate: 16.3% (State positivity rate: 19.7%)
- Recovered and released from isolation: 250
- Partially recovered with improved symptoms: 56
- Known asymptomatic cases: 19
- 174 or 18.8% required hospitalization. Hospitalization rate is steadily decreasing. Peak in hospitalization rate coincided with the peak in the skilled nursing facility outbreaks.
- Among confirmed cases, 523 (56.6%) Female; 401 (43.4%) Male
- 13% Healthcare Workers
- 1.6% First Responders: EMS, Fire, Law Enforcement
- 27% have underlying health conditions
- Age range of positive COVID-19 cases: 0-100 years

Age Distribution for Charles County cases:

- Under 18 years: 27 (2.9%)
- 18-64 years: 691 (77.4%)
- 65+ years: 180 (19.7%)

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 5/20 at 9 a.m. Please be cognizant that data may differ from numbers pulled later in the morning since new positive lab results are being received by the health department and entered into NEDSS throughout the work day. This explains any discrepancies in the total count or denominator being used to calculate each data measure.

Total: 924 cases on 5/20 at 9 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 (1.5%)
- Black/African American: 370 (40.0%)
- White: 222 (24.0%)
- Other or 2+ races: 68 (7.4%)
- Data not available/Declined to Answer: 250 (27.1%)

Ethnicity Breakdown

- Hispanic 59 (6.4%)
- Non-Hispanic 600 (64.9%)
- Data not available/Declined to Answer: 265 (28.7%)

Surveillance of Urgent Care

- ESSENCE data for urgent care utilization at Patient First in Waldorf had a yellow alert for Tuesday, May 19th. Patient volume was 50 patients.
- Patient volume saw a decline over the weekend and is back up to normal weekday volume. All were discharged to home for self-care.
- On 5/19, 21 patients presented with ILI or at least one COVID-19 like symptoms (42% of total patient volume). Most ILI presented for a COVID-19 test (18/21).
- Diagnoses for ILI patients on Tuesday included contact with and exposure to other viral communicable diseases, encounter for screening for viral disease, bronchitis with or without tracheitis, and unspecified asthma.
- On 5/19, there were 12 "Visit of Interest" CDC Classifier tags that lead to the yellow alert. They were due to COVID-19 exposure to a positive case, and all cases presented for a COVID-19 test. There were no other CDC Classifier tags.
- They completed a total of 18 COVID-19 tests in their drive-up testing site on 5/19.

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 7 for 5/19. PUI EMS call volume has some fluctuation but remains low.

- 5/16: 8
- 5/17: 12
- 5/18: 11
- 5/19: 7

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: 55
- 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: 3
- Total currently hospitalized: 2
- Deaths: 47
- Pending tests for residents or staff at Skilled Nursing Facilities/Assisted Living Facilities: 7

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.
- Genesis La Plata and Waldorf tested their staff on Friday, 5/15. They are awaiting results. Restore and Sage Point have only tested staff who are persons under investigation at this time.

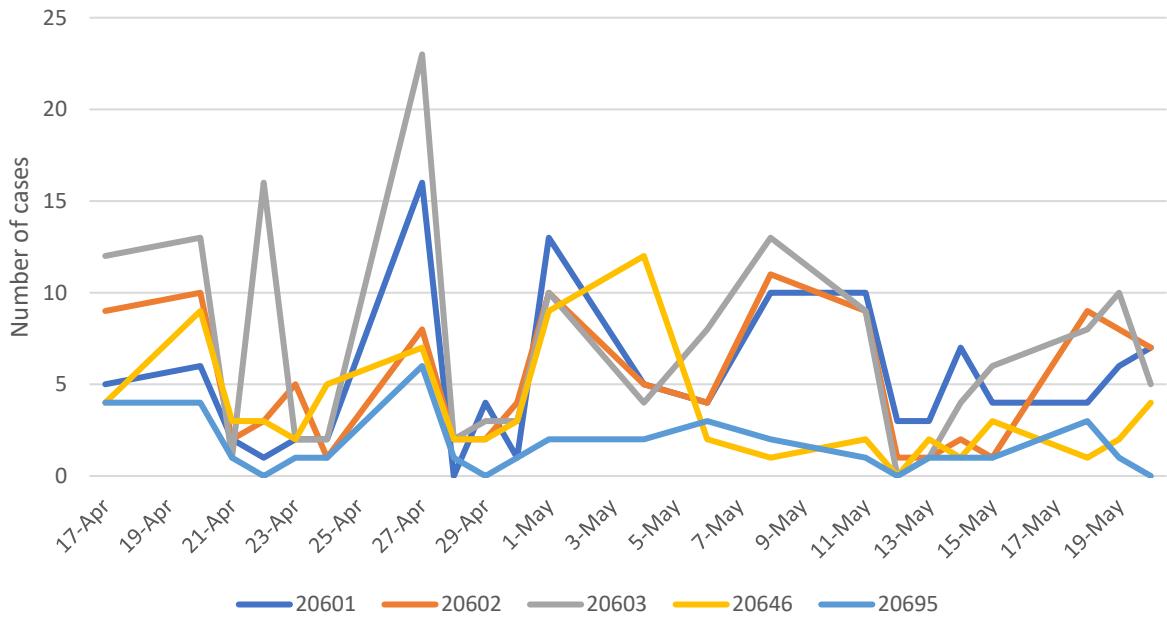
Epidemiologist Note: Please use caution when drawing any conclusions regarding race or ethnicity. There is still a percentage where race data is not available, and information regarding this missing population cannot be assumed. Additionally, it should be noted that the greatest number of cases (60.4%) 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 5/20 at 9 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:	5/8	5/11	5/12	5/13	5/14	5/15	5/18	5/19	5/20
20601	112	122	125	128	135	139	143	149	156
20602	128	137	138	139	141	152	161	169	176
20603	186	195	195	196	200	206	214	224	229
20604	2	2	2	2	2	2	2	3	3
20611	4	4	4	4	4	4	4	4	4
20613	16	17	17	21	22	23	23	23	23
20616	25	25	25	26	27	28	29	30	31
20622	3	4	4	4	4	4	6	6	6
20632	2	2	2	2	2	2	2	2	2
20637	18	20	20	20	20	20	20	20	20
20640	28	30	30	30	30	32	33	35	35
20645	1	1	1	1	1	1	2	2	2
20646	94	96	96	98	99	102	103	105	109
20658	3	3	3	4	4	4	4	4	4
20662	9	9	10	10	11	11	13	14	14
20664	8	8	9	9	11	13	14	16	16
20675	7	7	7	7	7	7	8	8	8
20677	9	9	9	10	10	11	11	11	11
20693	3	3	3	3	3	3	3	3	3
20695	46	47	47	48	49	51	54	55	55

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



COVID-19 Positive Case rate per 1,000 residents as of May 20, 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:	5/5	5/6	5/8	5/11	5/12	5/13	5/14	5/15	5/18	5/19	5/20
20601	4.057	4.098	4.512	4.926	5.009	5.175	5.464	5.630	5.796	6.044	6.375
20602	4.688	4.849	5.249	5.610	5.690	5.730	5.810	6.251	6.652	6.932	7.213
20603	5.834	6.041	6.490	6.801	6.801	6.835	6.973	7.181	7.422	7.767	7.940
20611	2.783	2.783	2.783	2.783	2.783	2.783	2.783	2.783	2.783	2.783	2.783
20616	3.756	3.927	4.098	4.268	4.268	4.439	4.610	4.781	4.951	5.122	5.293
20622	1.429	1.429	1.429	1.633	1.633	1.633	2.041	2.041	2.041	2.041	2.041
20637	3.135	3.319	3.504	3.688	3.872	3.872	3.688	3.688	3.872	3.872	3.872
20640	2.683	2.778	2.874	2.970	2.970	2.970	2.970	3.162	3.257	3.449	3.449
20646	4.817	4.923	4.976	5.082	5.082	5.188	5.241	5.400	5.453	5.506	5.714
20662	3.067	3.067	3.067	3.067	3.408	4.090	4.431	4.431	4.431	4.722	4.772
20664	2.678	2.678	3.013	3.013	3.348	3.348	4.017	4.687	5.022	5.691	5.691
20675	4.189	4.189	4.189	4.189	4.189	4.189	4.189	4.189	4.788	4.788	4.788
20677	3.445	3.876	3.876	3.876	3.876	4.307	4.307	2.737	4.737	4.737	4.737
20695	6.476	6.623	6.918	7.507	7.507	7.654	7.801	8.095	8.537	8.537	8.537

MISCELLANEOUS

ADDITIONAL INFORMATION: *This includes the following:*

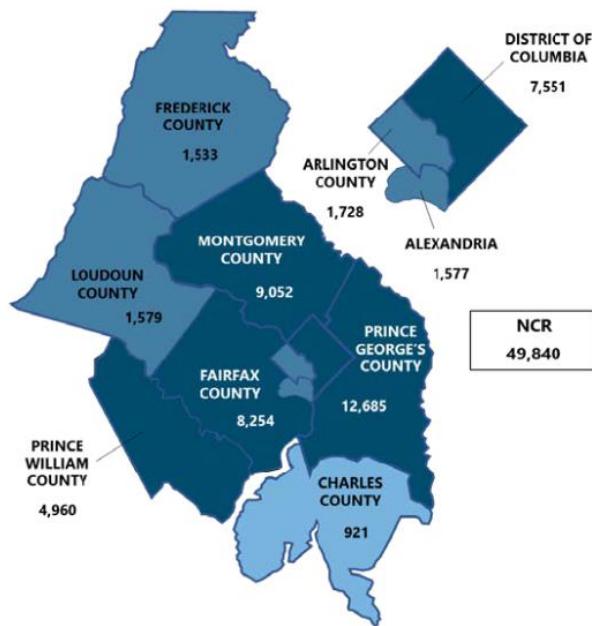
Epidemiologist's Note: Here are the NCR MWCOG case model and medical demand projections for May 20th.

Medical Demand Projections:

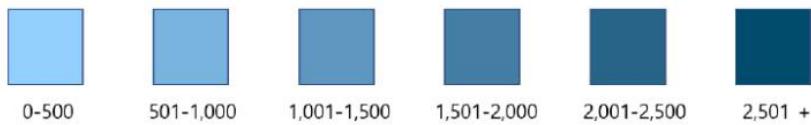
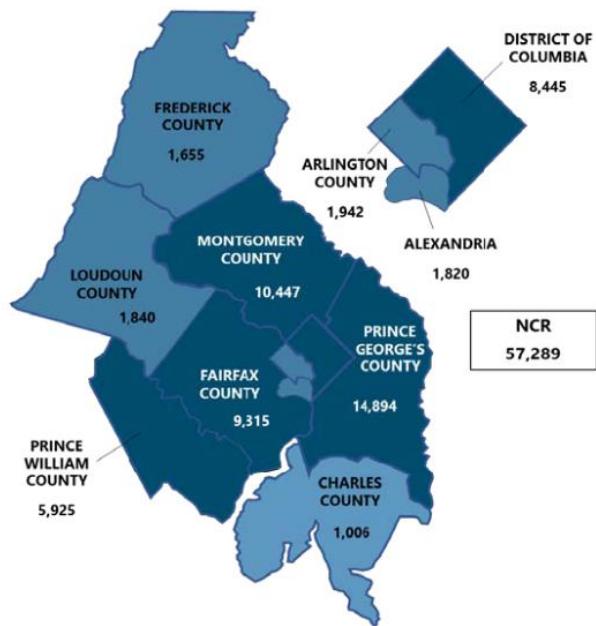
	Actual Confirmed Cases On:			5/26	Projected Cases			[Hospitalized]	[ICU]	[Ventilator]	For:
	5/17	5/18	5/19		6/2	6/9					
Washington DC	7,270	7,434	7,551	8,445 (1,689) [405] {203}	9,183 (1,837) [441] {220}	9,796 (1,959) [470] {235}					
Charles Co., MD	867	895	921	1,006 (201) [48] {24}	1,080 (216) [52] {26}	1,145 (229) [55] {27}					
Frederick Co., MD	1,477	1,503	1,533	1,655 (331) [79] {40}	1,749 (350) [84] {42}	1,821 (364) [87] {44}					
Montgomery Co., MD	8,417	8,950	9,052	10,447 (2,089) [501] {251}	11,604 (2,321) [557] {279}	12,571 (2,514) [603] {302}					
Prince George's Co., MD	11,717	12,240	12,685	14,894 (2,979) [715] {357}	16,872 (3,374) [810] {405}	18,653 (3,731) [895] {448}					
Arlington Co., VA	1,638	1,688	1,728	1,942 (388) [93] {47}	2,126 (425) [102] {51}	2,285 (457) [110] {55}					
Fairfax Co., VA	7,934	8,111	8,254	9,315 (1,863) [447] {224}	10,134 (2,027) [486] {243}	10,771 (2,154) [517] {259}					
Loudoun Co., VA	1,486	1,527	1,579	1,840 (368) [88] {44}	2,055 (411) [99] {49}	2,233 (447) [107] {54}					
Prince William Co., VA	4,585	4,816	4,960	5,925 (1,185) [284] {142}	6,765 (1,353) [325] {162}	7,500 (1,500) [360] {180}					
Alexandria, VA	1,510	1,544	1,577	1,820 (364) [87] {44}	2,026 (405) [97] {49}	2,202 (440) [106] {53}					
NCR	46,901	48,708	49,840	57,289 (11,458) [2,750] {1,375}	63,594 (12,719) [3,053] {1,526}	68,977 (13,795) [3,311] {1,655}					

	Actual Confirmed Cases On:			Projected Cases For:									6/2	6/9
	5/17	5/18	5/19	5/20	5/21	5/22	5/23	5/24	5/25	5/26				
Washington DC	7,270	7,434	7,551	7,690	7,825	7,956	8,084	8,207	8,328	8,445	9,183	9,796		
Charles Co., MD	867	895	921	934	947	959	971	983	995	1,006	1,080	1,145		
Frederick Co., MD	1,477	1,503	1,533	1,553	1,571	1,589	1,607	1,623	1,639	1,655	1,749	1,821		
Montgomery Co., MD	8,417	8,950	9,052	9,269	9,479	9,683	9,882	10,075	10,263	10,447	11,604	12,571		
Prince George's Co., MD	11,717	12,240	12,685	13,018	13,345	13,665	13,980	14,289	14,594	14,894	16,872	18,653		
Arlington Co., VA	1,638	1,688	1,728	1,761	1,793	1,824	1,854	1,884	1,914	1,942	2,126	2,285		
Fairfax Co., VA	7,934	8,111	8,254	8,424	8,587	8,744	8,895	9,040	9,180	9,315	10,134	10,771		
Loudoun Co., VA	1,486	1,527	1,579	1,620	1,659	1,698	1,735	1,771	1,806	1,840	2,055	2,233		
Prince William Co., VA	4,585	4,816	4,960	5,107	5,251	5,392	5,529	5,664	5,796	5,925	6,765	7,500		
Alexandria, VA	1,510	1,544	1,577	1,614	1,651	1,686	1,721	1,755	1,788	1,820	2,026	2,202		
NCR	46,901	48,708	49,840	50,990	52,108	53,196	54,258	55,291	56,303	57,289	63,594	68,977		

Actual Confirmed Cases: 5/19/20



Projected Confirmed Cases: 5/26/20



Respectfully submitted by Charles County PHEP

HOSPITAL BRIEF 5-20-2020

- The trigger point for starting up the tent operations outside of the hospital has not yet been activated. Activation will be determined by both staffing levels and patient census presenting to the ED.
- Hospital Bed Capacity = 166. Census = 50
- Hospital ICU Census = 11
- Hospital ICU in now a dedicated COVID-19 Unit, and 3 East is for ICU overflow.
- Isolation Room Capacity = 12
- Isolation Rooms Occupied = 5
- Confirmed positive cases of COVID-19 patient admissions = 5
 - Of the total five (5) COVID-19 positive patients, two (2) of the patients are located in the ICU. Three (3) are located in the 3 South dedicated COVID-19 unit.
- PUI admissions = 9
- Ventilated COVID-19 positive patients = 2
- Ventilators not in use = 18
- COVID-19 related deaths = 36 (Total to Date)
- CRMC has implemented a policy that requires ALL staff, visitors (which would be very limited), and contractors of any kind to wear a mask while in the hospital at all times.
- The 3 South patient unit at CRMC is dedicated to COVID-19 positive patients only.
- EMS staff transport for Tuesday, 5/19/2020: No report available today.
- CMCR total Lab tests to date = 1443
- Total COVID-19 positive Lab results to date = 272

Intelligence Briefing 5-20-2020
 COVID Charles County
 Week 10

Updated Infection Numbers: As of 0932 hrs.

Total worldwide: 4,931,057 **+94,728** since the 5-19-20 brief.

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

5-10/11	5-11/12	5-12/13	5-13/14	5-14/15	5-15/16	5-16/17	5-17/18	5-18/19	5-19/20
68,472	93,341	82,755	85,091	91,397	112,158	75,619	150,384	99,030	94,728

Total fatalities worldwide: 324,240 **+5,093** since the 5-19-20 brief

Total confirmed cases in the US: 1,532,212 **+21,224** since the 5-19-20 brief

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

5-10/11	5-11/12	5-12/13	5-13/14	5-14/15	5-15/16	5-16/17	5-16/17	5-17/18	5-19/20
17,276	21,449	21,607	18,383	28,625	30,406	18,308	18,870	23,541	21,224

Total fatalities in US: 92,128 **+1,755** since 5-19-2020

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

Total confirmed cases in State in of MD: 42,322 **+777** since the 5-19-20 brief

Total tested in the State of MD: 173,007 **+5,895** over 5-19-20

Percent of those test that test positive: **24.4%**

Total Fatalities in State of MD: 2,004 **+41** change since the 5-19-20 brief

Number of probable deaths: 119

Total Ever Hospitalized: 7,393

Persons currently hospitalized: **1,410 -11** since 5-19-2020

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	5-16/17	5-17/18	5-18/19	5-19/20
-33	-9	-25	-96	+19	-13	-12	-42	+4	-40	-40	-13	-11

First Responder Numbers in Charles County: NUMBERS AS OF 5-18-2020 @1230

5 Quarantine: means exposed and they can't come to work **-2** since last report

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

Weather:

Thursday 66-55 clouds, Fri 67-58 rain, Sat 75-57 storms

Local:

No stores visited this AM.

CCSO releases statement indicating they are monitoring commissioners' homes in re: to the release of home addresses.

Maryland Update:

Governor Hogan Announces Critical Milestone in COVID-19 Testing Strategy as State Broadens Criteria for Testing, Dramatically Expands Testing Availability Statewide

Maryland Expands Testing Criteria To Include Those Who Are Asymptomatic

Appointment-Free Testing in Maryland Begins Thursday; Two New VEIP Testing Sites to Open in Prince George's County

Emergency Order Authorizes All of Maryland's Licensed Pharmacists to Order and Administer COVID-19 Tests

Maryland Has Tested 3.5 Percent of State's Population, Far Exceeding Goals Established By Federal Health Officials

Public and private community pools will not open Memorial Day weekend for the traditional start of summer in Montgomery County, due to COVID-19 restrictions affecting the health and safety of patrons and employees. Restrictions apply to pools operated by Montgomery County Recreation, as well as apartment and condominium complex pools, and private swim clubs.

Montgomery County

Lack of open child care facilities is slowing recovery options (cascading effect)

<https://wtop.com/maryland/2020/05/child-care-faces-crunch-with-phase-one-reopening-fears-for-future/>

Region:

Over 49,181 cases in the NCR as of 1000 5-20-2020,

82,781 cases in Maryland, DC, and Virginia as of 1100 on 5-20-2020.

Open source: CNMC reporting 22 cases of Pediatric Multi-symptom Inflammatory Syndrome. 4 cases in MD, reporting 1 fatal. VA reported 1 at NOVA yesterday.

Several counties in VA offer free drive up testing.

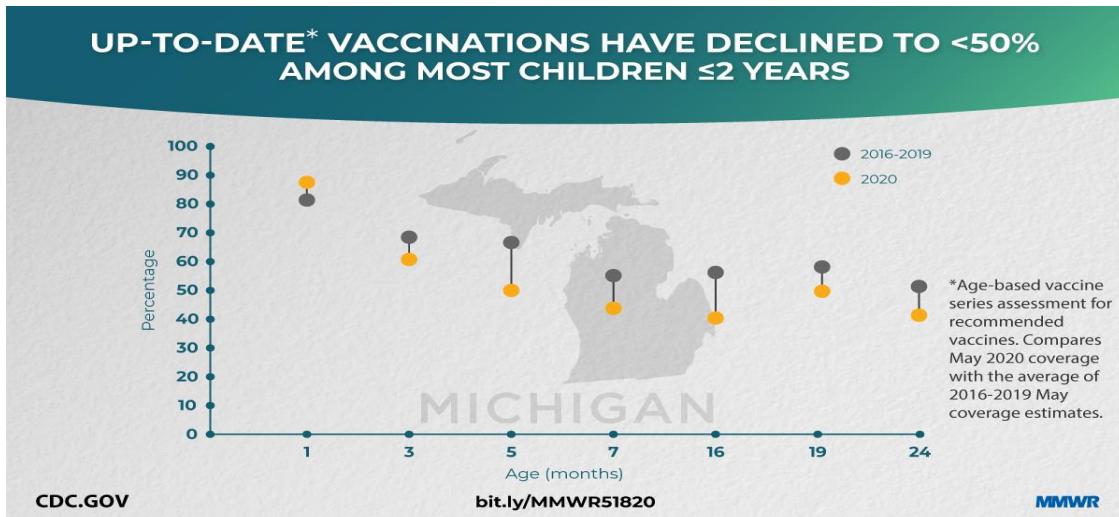
VA Beach to open this weekend

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>

CDC released graphic illustrating the decreasing vaccination rates in Michigan. Maryland is likely similar. See below:



Ga. has been reopened for several weeks and not seen any type of increase in COVID cases or deaths.

48 states have begun to reopen.

U.S. Secret Service has received reporting of a well-organized Nigerian fraud ring exploiting the COVID-19 crisis to commit large-scale fraud against state unemployment insurance programs. The primary state targeted so far is Washington, while there is also evidence of attacks in North Carolina, Massachusetts, Rhode Island, Oklahoma, Wyoming and Florida. It is extremely likely every state is vulnerable to this scheme and will be targeted if they have not been already. [GIOC Reference #20-027-I](#)

Local critical infrastructure:

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

Predictions/ 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 responds, 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 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” (Nutley and Marcus, 2019, Harvard Business Review)

Respectfully submitted by Jason Stoddard

Law Enforcement Branch Briefing

COVID-19 Charles County IMT

May 20th, 2020

Buildings:

Charles County Sheriff's Office: District 1 Lobby is closed for scheduled remodeling. The District 1 clerks have moved to the CCDC Annex building in the same parking area and that lobby is open as normal.

Maryland State Police: Restricted to public

Maryland Transportation Authority: Closed to Public

La Plata Police Department: Closed to the public

Natural Resources Police: Building Closed

Operations:

Charles County Sheriff's Office: Operations have gone to emergency scheduling in accordance with a CCSO level 3 All-Hazards activation. Patrol operational periods are 12 hours from 0700-1900 and 1900-0700. All other operations sections running with normal services being provided from modified locations. Services provided have not been reduced or augmented.

Maryland State Police: Operations as normal.

Maryland Transportation Authority: Operations as normal.

La Plata Police Department: Operations as normal; Doing screening in and screening out.

Natural Resources Police: Operations as normal.

Internal COVID-19:

Charles County Sheriff's Office:

- 2 Sworn Officer quarantined
 - 1 Officer who had contact with COVID positive person off-duty, estimated return date of 05/27/20.
 - 1 Officer who had contact with COVID positive person off-duty, estimated return date of 05/31/20
- 1 Sworn Officers isolated
 - Officers isolated based on symptoms and doctor order for testing
 - **One officer previously listed tested negative and returned to work**
- 1 Correctional Officer quarantined
 - 1 Correctional Officer who has family member with a positive test. Estimated return date - 05/25/20.
- 1 Correctional Officers isolated

- Officer isolated based on symptoms and awaiting test results. Has not worked since becoming symptomatic.
- 0 civilians quarantined.
- 0 civilians isolated.

Charles County Detention Center Population:

- 112 inmates
- 0 COVID positive inmates
- 0 Inmates with symptoms

Maryland State Police: None local

Maryland Transportation Authority: None local

La Plata Police Department: None

Natural Resources Police: None local

Definitions

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

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

Crime Stats:

Crime continues to be down in all aspects.

TRU:

Charles County Sheriff's Office: Open and working; triage site for COVID-19 calls for service.

Maryland State Police: Open and working.

Maryland Transportation Authority: Open and working.

La Plata Police Department: Open and working.

Natural Resources Police: Open and working.

Call Restrictions:

Charles County Sheriff's Office: None

Maryland State Police: None

Maryland Transportation Authority: None

La Plata Police Department: None

Natural Resources Police: None

Governor's Order Violations since Emergency Orders Issued:

Violation sustained calls for service: 61

Warnings: 58

Charges later: 2

On-scene arrest: 1

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

Calls for Service

Founded: 5

Unfounded: 10

Dispositions

Warnings: 5 issued

Items of Note: (Not for redistribution)

Changes denoted in red.



Multisystem Inflammatory Syndrome in Children (MIS-C)

Updated May 18, 2020

MIS-C is a severe inflammatory syndrome where pediatric patients present with features similar to Kawasaki disease and toxic shock syndrome. The condition can cause problems with the heart and other organs and may result in hospitalization.

MIS-C appears to be rare and most children who get COVID-19 will not develop MIS-C, according to the Centers for Disease Control and Prevention (CDC). However, children with this syndrome may become seriously ill. If you have any concerns about your child's health, please call your child's doctor.

What are the symptoms of MIS-C?

Symptoms of MIS-C might include persistent fever (temperature of 100.4 degrees F or 38.0 degrees C or greater), a rash or changes in skin color, red eyes or conjunctivitis, red cracked lips or red, bumpy tongue that looks like a strawberry, swollen hands and feet, abdominal pain or swollen lymph nodes.

When should I get emergency care?

Call your child's doctor and seek immediate care if your child has:

- Persistent fever (five or more days)
- Difficulty feeding (infants) or is too sick to drink fluids
- Severe abdominal pain, diarrhea or vomiting
- Dehydration with decreased frequency of urination
- Change in skin color or appearance — becoming pale, patchy or blue, swelling
- Trouble breathing, breathing is painful or breathing very quickly
- Racing heart or chest pain
- Acting unusually sleepy, dizzy or confused

If your child is severely ill, go to the nearest emergency room or call 911 immediately.

Is MIS-C contagious?

MIS-C is not contagious, but it is possible that your child has COVID-19 or another infection that may be contagious.

Is there a treatment for MIS-C?

Children with MIS-C are being treated with therapeutic medications to support the body's immune system and inflammatory response. Children may also receive medications to protect their heart, kidneys and other organs.

How can I prevent my child from getting MIS-C?

You should take steps to prevent your child from being exposed to COVID-19. Stay home when you can, practice social distancing and wear a mask if you must go out and wash hands frequently. Children with underlying medical conditions can be at higher risk for poor outcomes of COVID-19.

For more information about COVID-19 in Maryland, visit coronavirus.maryland.gov.

What does the surveillance look like locally for the newly linked Childhood Inflammatory disease? Is the Health Department aware of any cases locally? What is the normal case count of Kawasaki disease or similar disease in the region?

Most children with COVID-19 have mild clinical presentations. However, there have been numerous reports of a newly recognized inflammatory syndrome in children associated with COVID-19. It is being classified as Multisystem Inflammatory Syndrome in Children or MIS-C. The full spectrum of MIS-C is not yet characterized, but reports have included a severe inflammatory syndrome with Kawasaki disease-like features in children with laboratory evidence of SARS-CoV-2 or known exposure to COVID-19. These patients may present with prolonged fever and a constellation of other symptoms, including hypotension, multi-organ involvement, and elevated inflammatory markers; respiratory symptoms have NOT been present in all cases.

CDC has released new guidance this week along with a case definition for this condition. The Maryland Department of Health has responded to this guidance and issued a clinician letter on May 15, 2020 with the case definition and the required patient information for reporting the condition to public health. Clinicians have been advised to report all cases of MIS-C immediately to their local health department, including:

- o Patient demographic information
- o Maximum temperature
- o Laboratory value(s) fulfilling the above listed laboratory evidence of inflammation
- o Hospitalization status
- o Types of organ system involvement
- o SARS-CoV-2 testing results
- o Other relevant testing results (for example, those that have been used to exclude an alternative diagnosis)

While this is a serious condition that requires attention and surveillance, it is important to remember that children and youth under the age of 18 years make up 3% of the total confirmed cases in the county. It is also important to remember that MIS-C is a rare condition. Most COVID-19 cases in children are mild or moderate illness and in some cases, asymptomatic.

With requiring reporting of MIS-C by county providers, the Charles County Department of Health is prepared to respond if and when any cases of MIS-C occur in Charles County. Due to

patient confidentiality, the Charles County Department of Health cannot respond directly about any individual cases and must maintain patient confidentiality. Please be assured that the Infectious Disease Program would be alerted to any suspected or confirmed cases and would conduct the appropriate investigation.

Kawasaki disease is a rare but serious disease of children. From 2014-2018, there were 23 cases of Kawasaki Disease in Maryland. There are generally only a couple cases each year in the state of Maryland. There were no cases in Charles County from 2014-2018. No one knows what causes Kawasaki disease, but it is thought to start from an infection or from exposure to some toxin. There is no firm evidence that the disease can spread from one person to another. This disease primarily affects children under the age of 5. Most cases occur in 1 to 2 year old children. Asian children are more prone to get Kawasaki disease than non-Asian children. The disease is seen more often in the winter and spring seasons.

Kawasaki disease is treated in the hospital with medications that reduce inflammation. The treatment works best when it is started early, within 10 days of when the symptoms began.

Although most children recover completely, Kawasaki disease can cause complications. Twenty to 25% of children with this disease may develop swellings of the arteries in the heart if they are not treated. Early treatment can reduce the risk of complications.

Charles County Public Schools Briefing 5-20-2020
COVID Charles County

48-hour Priorities:

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

Meals:

Tuesday, 5/19/20 CCPS served 4923 meals at the 11 meal distribution sites. The total was - 1401 from the meals served on Monday, 5/18/20.

Closure:

Nothing new to report.

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

Instruction:

Nothing new to report.

As Charles County Public Schools (CCPS) moves into the fifth and sixth weeks of distance learning, new assignments are now available for students online at www.ccboe.com . Paper packets with the new material are available at our 11 meal distribution sites. New paper packets are being distributed May 18-29.

Community Wifi:

Access point equipment has not arrived in shipping as of yet. No construction on this project has begun.

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

Misc:

CCPS will conduct optional in person gradations for the Class of 2020 in the following order:

- June 1 Lackey 8:00
 McDonough 8:00
- June 2 Westlake 8:00
 Stone 8:00
- June 3 La Plata 8:00
 St. Charles 8:00
- June 4 North Point 8:00
- June 5 If we need it

Respectfully submitted by Jason Stoddard and Michael Meiser



Serving Charles County

Charles County Volunteer Firemen's Association, Inc.

Post Office Box #21, La Plata, Maryland 20646

May 20th, 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
- Yesterday's EMS Call Volume was below average, and Fire Call Volume was average
36 Ems Related Incidents ----- 26 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