

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 Time From: 8:00 | Date To: 5/23/20 Time To: 8:00 |
| 3. Objectives | | | |
| A. Maximize the safety and overall health and well-being, including mental health of the residents, county employees, and responders, throughout this incident. Minimize the effects resulting from this incident on all personnel. | | | |
| B. Conduct surveillance of COVID-19 cases in collaboration with the health department, hospital, physicians, and other health care providers. | | | |
| C. Maintain timely, accurate and uniform communications with residents, employees and first responders as well as partners in the tri-County and National Capital Region and the state of Maryland. | | | |
| D. Prepare for and handle the human reaction crisis contingencies in long terms. | | | |
| E. Prepare for long term order maintenance. | | | |
| F. Prepare for and sustain our communities' hierarchy of needs throughout this incident. | | | |
| G. Ensure all practical steps to "Slow the Spread" of transmission of COVID-19. | | | |
| H. Determine trigger points for Continuity of Operations for all agencies, including government, public safety, schools, hospital, and other critical infrastructure systems. | | | |
| I. Prepare for the New Normal. | | | |
| 4. Operational Period Command Emphasis | | | |
| 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 | | | |
| "N95 Collection Bins are not trash cans! Keep them clean like your life depends on them. It may come to that one day." | | | |
| 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) | | | |
| <input checked="" type="checkbox"/> ICS 203 <input type="checkbox"/> ICS 204 <input type="checkbox"/> ICS 205 <input checked="" type="checkbox"/> ICS 205A <input type="checkbox"/> ICS 206 | <input type="checkbox"/> ICS 207 <input checked="" type="checkbox"/> ICS 208 <input type="checkbox"/> Map/Chart <input type="checkbox"/> Weather <input type="checkbox"/> Forecast/Tides/Currents | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | ICS 214 _____ _____ _____ _____ |
| 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 21, 2020 @15:00</u> | |

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: 5/21/20 Time From: 8:00</div> <div>Date to: 5/23/20 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 21, 2020 @ 15:00 | |

ORGANIZATION ASSIGNMENT LIST (ICS 203)

| | | | |
|--|--|--|---------------------|
| 1. Incident Name | | 2. Operational Period | |
| Charles County COVID-19 | | 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 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 21, 2020 @ 15:00</u> | |

COMMUNICATIONS LIST (ICS 205A)

| 1. Incident Name Charles County COVID-19 | | 2. Operational Period: | | Date From: 5/21/20 | Date to: 5/23/2020 |
|--|-----------------|---------------------------------------|--|---------------------------|---------------------------|
| | | | | 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 | 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@chalescountymd.gov | | |
| Smith | Bill | CCVFA/CCAEMS | Smithb@ccvfireems.org | | |
| Spalding | Andrew | Volunteer EMS Chief | chiefems@ccvfireems.org | | |
| 6. Prepared by: Name: _____ Joe Hoffmaster _____ Title: _____ PSC _____ Signature _____ | | | | | |
| ICS 205A | IAP Page 5 | Date/Time: May 21, 2020 @ 15:00 | | | |

COMMUNICATIONS LIST (ICS 205A)

| 1. Incident Name | | 2. Operational Period: | | Date From: | 5/21/20 | Date to: | 5/23/2020 |
|---|--------------|-----------------------------------|--|-------------------|---------|-----------------|-----------|
| 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: 5/21/20 Date To: 5/23/20 Time From: 8:00 Time To: 8:00 | |
| 3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan: | | |
| <p style="text-align: center;">"N95 Collection Bins are not trash cans! Keep them clean like your life depends on it. It may come to that one day."</p> | | |
| 1. Total identified PUI's transported as of 5/21: 747 Total # of patients testing positive : 124 | | |
| 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 bins for PPE are NOT TRASH BINS! Please do not dump trash in, next to, or on the collection bins. Trash includes rubbish, gloves, suits, gowns, towels, and linens. If it is not an N95 or eye protection it is trash to this system. | | |
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| | | |
| 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 21, 2020</u> @ <u>15:00</u> |

ACTIVITY LOG (ICS 214)

| | | | | | | | |
|--|--|-----------------------|--|----------------------------|-------------------|----------------------|-------------------|
| 1. Incident Name Charles County COVID-19 | | 2. Operational Period | | Date From Time From: | 5/21/2020 8:00 | Date To: Time To: | 5/23/2020 8:00 |
| 3. Name: | | 4. ICS Position | | 5. Home Agency (and Unit): | | | |
| 6. Resources Assigned | | | | | | | |
| Name | | ICS Position | | Home Agency (and Unit) | | | |
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| 7. Activity Log | | | | | | | |
| Date/Time | | Notable Activities | | | | | |
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| | | | | | | | |
| 8. Prepared by: Name: _____ Position/Title: _____ Signature: _____ | | | | | | | |
| ICS 214, Page 1 | | Date/Time: _____ | | | | | |

ACTIVITY LOG (ICS 214)

[illegible]



Safety Officer's Report Charles County EOC

05-21-20

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

Today's Safety Message: "N95 collection bins are not trash cans! Keep them clean like your life depends on it. It may one day."

Total number of PUI's transported to date: 747

Total number of patients transported by EMS testing + for COVID: 124

Total number of first responders on self-isolation: 0

Total number of first responders on quarantine: 1

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



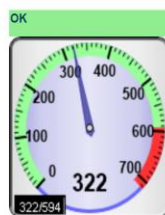
www.charlescountymd.gov



Charles County DES - All Incidents



Charles County - Coronavirus PUI nCoV (CAD)



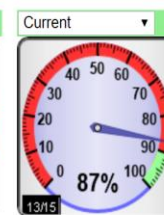
(DRAFT) Charles County EMS - HTSD



Charles County EMS - Low ALS Resource



Charles County EMS - Hospital Drop Time (30 Min)

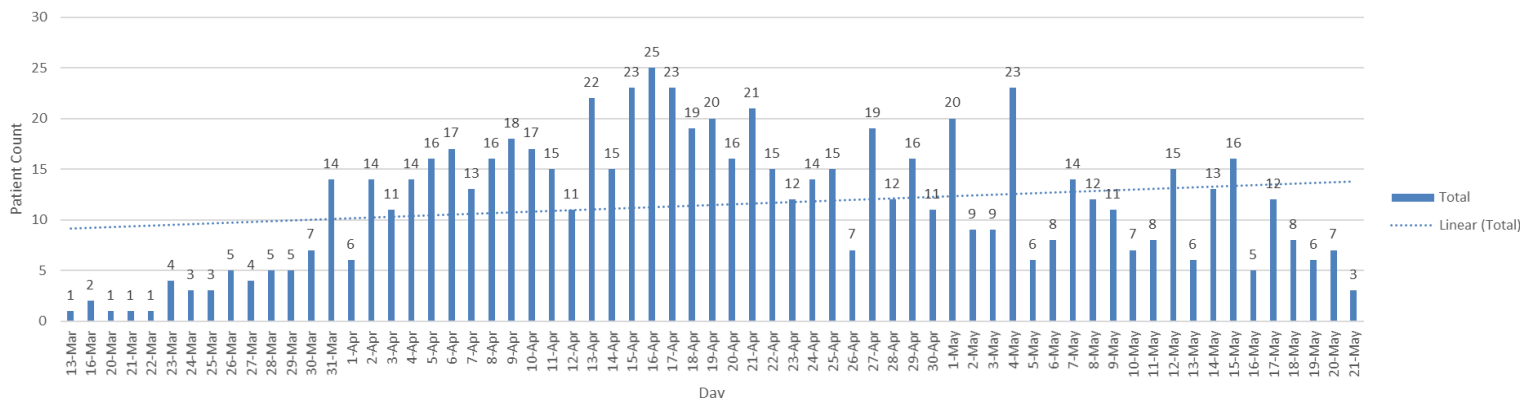


Charles County EMS - EMTALA

ePCR

Count of Incident Number

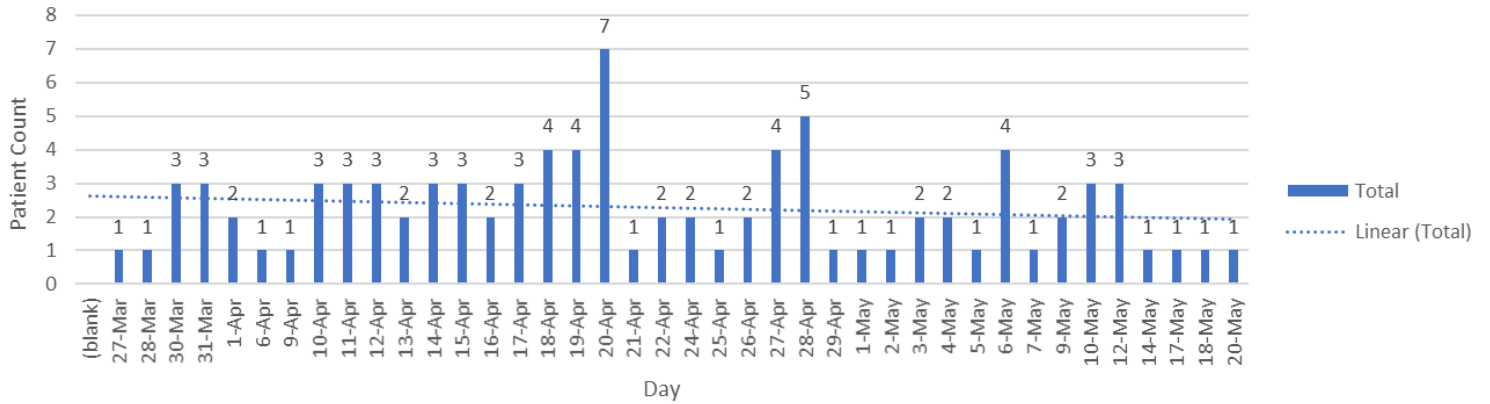
PUI Incidents - 03-13-20 thru 05-21-20 @ 0949



Sent to Queue

Count of Patient Name

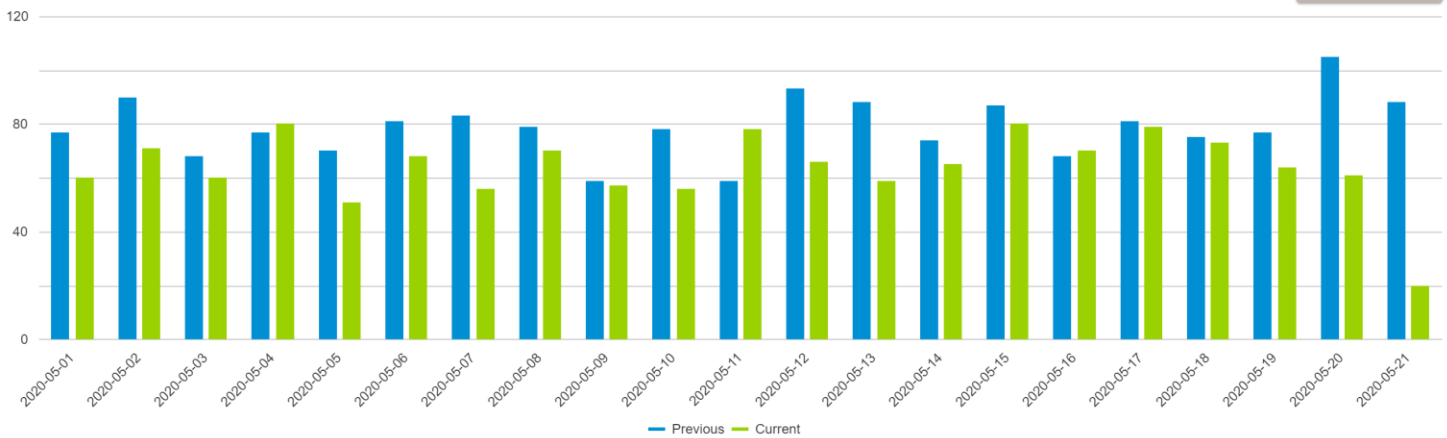
YTD COVID+ Patients Transported by EMS



Date of EMS Transport

Count of Incident Reported

Compare To: One Year





N95 Collection Bins
are not trash cans!

Keep them clean like your
life depends on it. It may
one day.



PUBLIC HEALTH BRANCH BRIEFING COVID-19 PANDEMIC RESPONSE

May 21, 2020

GENERAL REPORTING INFORMATION

INFECTIOUS DISEASE

CASE COUNT—CHARLES COUNTY

As of 5/21/2020, total case count for Charles County is 946.

- *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 held a virtual coalition meeting with leaders and businesses in Charles County to discuss safety measures for reopening and to bolster collaboration efforts.

PARTNER/STAKEHOLDER OUTREACH

LTC/AL

- The Long-Term Care and Assisted Living call was held today 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 today.

EPI SURVEILLANCE PROFILE FOR STATE

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

- 1) **Latest case counts** – total: 43,531 (176,702 negative)
- 2) **New cases:** 1208
 - 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 (-36 last 24 hours); total current 1,374; total ever 7,485
 - e) Deaths -- Total 2,045 (41 last 24 hours)
 - f) Release from isolation – 3,099

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

RESOURCE DISTRIBUTION

- 6 requests received and filled

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
- VEIP site testing is ongoing 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 5/21 at 9 a.m., total case count for Charles County was 946 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 64 confirmed deaths associated with COVID-19. This equates to 6.7% of total confirmed cases. The Charles County death rate of 6.7% 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: 77.1 years

Age Distribution of Fatalities:

- 0-39 years: 0
- 40-69 years: 12 (18.4%)
- 70-79 years: 28 (43.1%)
- 80+ years: 25 (38.5%)

Gender breakdown among fatalities: 42 or 64.6% Female, 23 or 35.4% Male

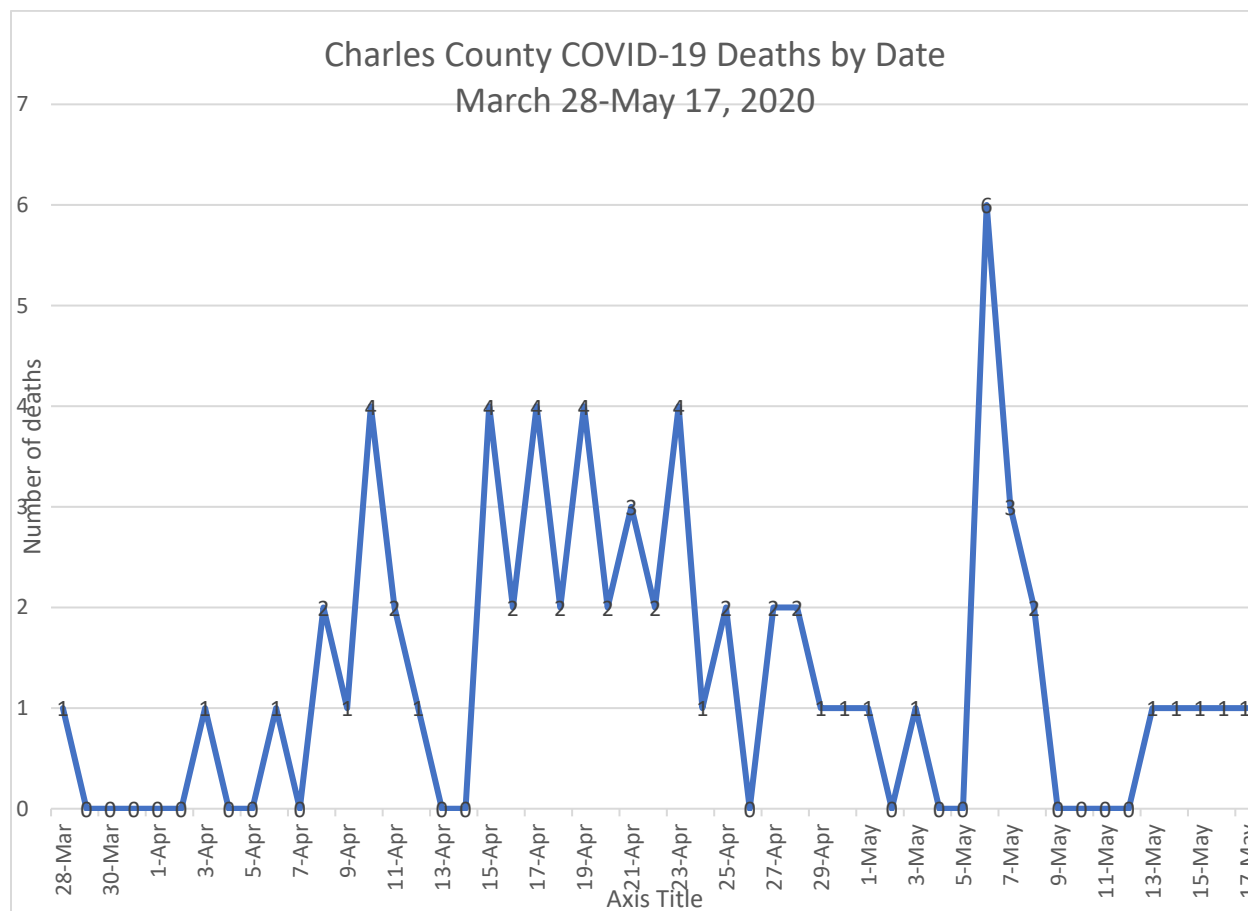
Race breakdown among fatalities:

- 43.1% Non-Hispanic White
- 47.7% Non-Hispanic Black
- 3.1% Non-Hispanic Asian
- 4.6% Hispanic
- 1.5% Unknown

Location of death:

- Hospital Inpatient: 61.5%
- Nursing Home: 26.2%

- Other/Home/Emergency Room/Outpatient: 12.3%



- Number of negative lab results: 4920
- Positivity Rate: 16.1% (State positivity rate: 19.8%)
- Recovered and released from isolation: 250
- Partially recovered with improved symptoms: 56
- Known asymptomatic cases: 19
- 174 or 18.4% required hospitalization. Hospitalization rate is steadily decreasing. Peak in hospitalization rate coincided with the peak in the skilled nursing facility outbreaks.
- Among confirmed cases, 533 (56.3%) Female; 413 (43.7%) 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 (77.3%)
- 65+ years: 180 (19.8%)

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 5/21 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 5/21 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: 383 (40.5%)
- White: 223 (23.6%)
- Other or 2+ races: 73 (7.7%)
- Data not available/Declined to Answer: 253 (26.7%)

Ethnicity Breakdown

- Hispanic 61 (6.4%)
- Non-Hispanic 611 (64.6%)
- Data not available/Declined to Answer: 274 (29.0%)

Surveillance of Urgent Care

ESSENCE data for urgent care utilization at Patient First in Waldorf had a yellow alert for Wednesday; May 20th. Patient volume was 41 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 5/20, 12 patients presented with ILI or at least one COVID-19 like symptoms (29% of total patient volume). Most ILI presented for a COVID-19 test (8/12). Diagnoses for ILI patients on Wednesday included contact with and exposure to other viral communicable diseases, encounter for screening for viral disease, other fatigue, cough, acute upper respiratory infection unspecified, and acute frontal sinusitis. On 5/20, there were 8 “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 8 COVID-19 tests in their drive-up testing site on 5/20.

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 10 for 5/20. PUI EMS call volume has some fluctuation but remains low.

- 5/16: 8
- 5/17: 12

- 5/18: 11
- 5/19: 7
- 5/20: 10

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: 1
- Deaths: 47
- 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.
- 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 |

- **Charles County Cases Rates by Date**

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: | 5/6 | 5/8 | 5/11 | 5/12 | 5/13 | 5/14 | 5/15 | 5/18 | 5/19 | 5/20 | 5/21 |
|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 20601 | 4.098 | 4.512 | 4.926 | 5.009 | 5.175 | 5.464 | 5.630 | 5.796 | 6.044 | 6.375 | 6.458 |
| 20602 | 4.849 | 5.249 | 5.610 | 5.690 | 5.730 | 5.810 | 6.251 | 6.652 | 6.932 | 7.213 | 7.453 |
| 20603 | 6.041 | 6.490 | 6.801 | 6.801 | 6.835 | 6.973 | 7.181 | 7.422 | 7.767 | 7.940 | 8.182 |
| 20611 | 2.783 | 2.783 | 2.783 | 2.783 | 2.783 | 2.783 | 2.783 | 2.783 | 2.783 | 2.783 | 2.783 |
| 20616 | 3.927 | 4.098 | 4.268 | 4.268 | 4.439 | 4.610 | 4.781 | 4.951 | 5.122 | 5.293 | 5.293 |
| 20622 | 1.429 | 1.429 | 1.633 | 1.633 | 1.633 | 2.041 | 2.041 | 2.041 | 2.041 | 2.041 | 2.041 |
| 20637 | 3.319 | 3.504 | 3.688 | 3.872 | 3.872 | 3.688 | 3.688 | 3.872 | 3.872 | 3.872 | 4.057 |
| 20640 | 2.778 | 2.874 | 2.970 | 2.970 | 2.970 | 2.970 | 3.162 | 3.257 | 3.449 | 3.449 | 3.545 |
| 20646 | 4.923 | 4.976 | 5.082 | 5.082 | 5.188 | 5.241 | 5.400 | 5.453 | 5.506 | 5.714 | 6.088 |
| 20662 | 3.067 | 3.067 | 3.067 | 3.408 | 4.090 | 4.431 | 4.431 | 4.431 | 4.722 | 4.772 | 4.772 |
| 20664 | 2.678 | 3.013 | 3.013 | 3.348 | 3.348 | 4.017 | 4.687 | 5.022 | 5.691 | 5.691 | 6.026 |
| 20675 | 4.189 | 4.189 | 4.189 | 4.189 | 4.189 | 4.189 | 4.189 | 4.788 | 4.788 | 4.788 | 4.788 |
| 20677 | 3.876 | 3.876 | 3.876 | 3.876 | 4.307 | 4.307 | 2.737 | 4.737 | 4.737 | 4.737 | 4.737 |
| 20695 | 6.623 | 6.918 | 7.507 | 7.507 | 7.654 | 7.801 | 8.095 | 8.537 | 8.537 | 8.537 | 8.684 |

MISCELLANEOUS

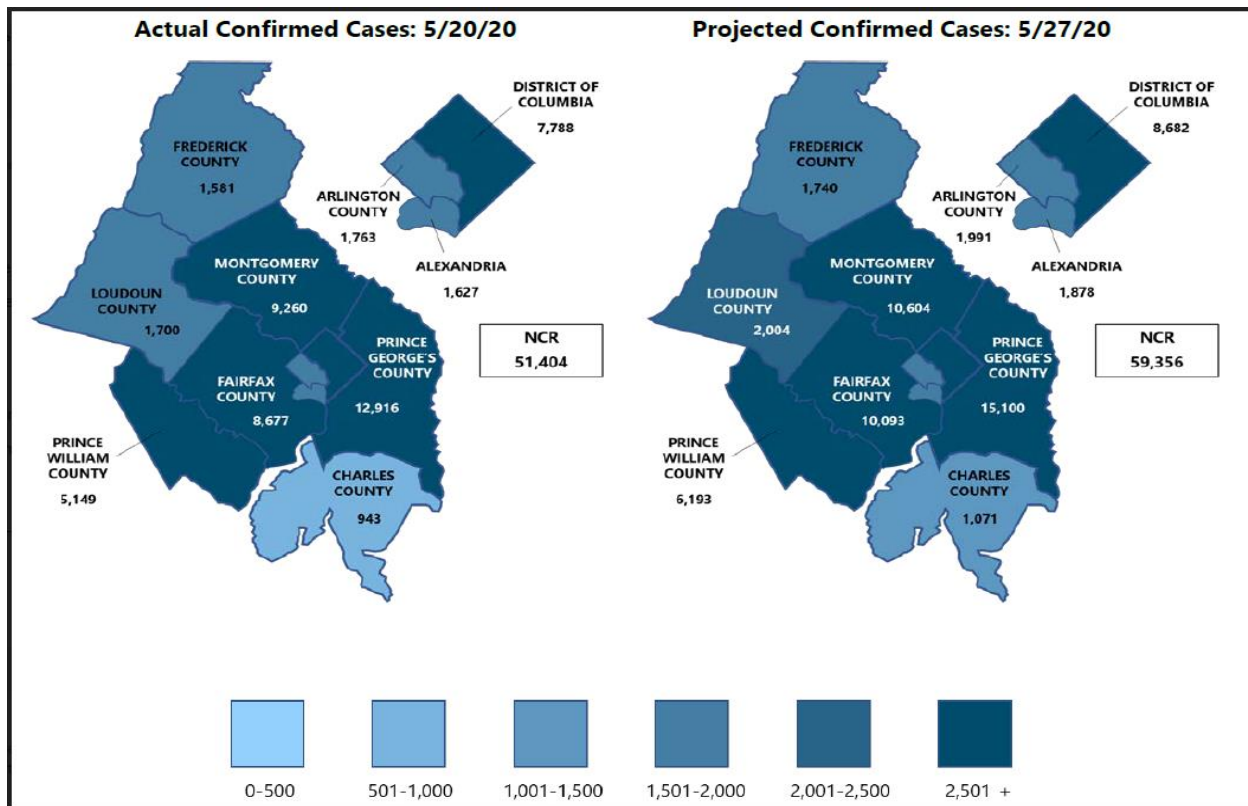
ADDITIONAL INFORMATION: *This includes the following:*

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

Medical Demand Projections:

| | Actual Confirmed Cases On: | | | Projected Cases (Hospitalized) [ICU] {Ventilator} For: | | | | | | | | | | | |
|-------------------------|----------------------------|--------|--------|--|----------|---------|---------|--------|----------|---------|---------|--------|----------|---------|---------|
| | 5/18 | 5/19 | 5/20 | 5/27 | | | | 6/3 | | | | 6/10 | | | |
| Washington DC | 7,434 | 7,551 | 7,788 | 8,682 | (1,736) | [417] | {208} | 9,463 | (1,893) | [454] | {227} | 10,151 | (2,030) | [487] | {244} |
| Charles Co., MD | 895 | 921 | 943 | 1,071 | (214) | [51] | {26} | 1,183 | (237) | [57] | {28} | 1,282 | (256) | [62] | {31} |
| Frederick Co., MD | 1,503 | 1,533 | 1,581 | 1,740 | (348) | [84] | {42} | 1,883 | (377) | [90] | {45} | 2,010 | (402) | [96] | {48} |
| Montgomery Co., MD | 8,950 | 9,052 | 9,260 | 10,604 | (2,121) | [509] | {255} | 11,715 | (2,343) | [562] | {281} | 12,640 | (2,528) | [607] | {303} |
| Prince George's Co., MD | 12,240 | 12,685 | 12,916 | 15,100 | (3,020) | [725] | {362} | 17,015 | (3,403) | [817] | {408} | 18,704 | (3,741) | [898] | {449} |
| Arlington Co., VA | 1,688 | 1,728 | 1,763 | 1,991 | (398) | [96] | {48} | 2,178 | (436) | [105] | {52} | 2,333 | (467) | [112] | {56} |
| Fairfax Co., VA | 8,111 | 8,254 | 8,677 | 10,093 | (2,019) | [484] | {242} | 11,323 | (2,265) | [543] | {272} | 12,399 | (2,480) | [595] | {298} |
| Loudoun Co., VA | 1,527 | 1,579 | 1,700 | 2,004 | (401) | [96] | {48} | 2,290 | (458) | [110] | {55} | 2,561 | (512) | [123] | {61} |
| Prince William Co., VA | 4,816 | 4,960 | 5,149 | 6,193 | (1,239) | [297] | {149} | 7,136 | (1,427) | [343] | {171} | 7,992 | (1,598) | [384] | {192} |
| Alexandria, VA | 1,544 | 1,577 | 1,627 | 1,878 | (376) | [90] | {45} | 2,088 | (418) | [100] | {50} | 2,265 | (453) | [109] | {54} |
| NCR | 48,708 | 49,840 | 51,404 | 59,356 | (11,871) | [2,849] | {1,425} | 66,274 | (13,255) | [3,181] | {1,591} | 72,337 | (14,467) | [3,472] | {1,736} |

| | Actual Confirmed Cases On: | | | Projected Cases For: | | | | | | | | |
|-------------------------|----------------------------|--------|--------|----------------------|--------|--------|--------|--------|--------|--------|--------|--------|
| | 5/18 | 5/19 | 5/20 | 5/21 | 5/22 | 5/23 | 5/24 | 5/25 | 5/26 | 5/27 | 6/3 | 6/10 |
| Washington DC | 7,434 | 7,551 | 7,788 | 7,924 | 8,057 | 8,187 | 8,314 | 8,439 | 8,561 | 8,682 | 9,463 | 10,151 |
| Charles Co., MD | 895 | 921 | 943 | 962 | 981 | 1,000 | 1,018 | 1,036 | 1,053 | 1,071 | 1,183 | 1,282 |
| Frederick Co., MD | 1,503 | 1,533 | 1,581 | 1,605 | 1,629 | 1,652 | 1,674 | 1,697 | 1,719 | 1,740 | 1,883 | 2,010 |
| Montgomery Co., MD | 8,950 | 9,052 | 9,260 | 9,470 | 9,673 | 9,870 | 10,061 | 10,247 | 10,428 | 10,604 | 11,715 | 12,640 |
| Prince George's Co., MD | 12,240 | 12,685 | 12,916 | 13,248 | 13,573 | 13,890 | 14,202 | 14,507 | 14,806 | 15,100 | 17,015 | 18,704 |
| Arlington Co., VA | 1,688 | 1,728 | 1,763 | 1,799 | 1,833 | 1,866 | 1,899 | 1,930 | 1,961 | 1,991 | 2,178 | 2,333 |
| Fairfax Co., VA | 8,111 | 8,254 | 8,677 | 8,893 | 9,104 | 9,311 | 9,512 | 9,710 | 9,903 | 10,093 | 11,323 | 12,399 |
| Loudoun Co., VA | 1,527 | 1,579 | 1,700 | 1,745 | 1,789 | 1,833 | 1,876 | 1,919 | 1,962 | 2,004 | 2,290 | 2,561 |
| Prince William Co., VA | 4,816 | 4,960 | 5,149 | 5,306 | 5,460 | 5,611 | 5,760 | 5,907 | 6,051 | 6,193 | 7,136 | 7,992 |
| Alexandria, VA | 1,544 | 1,577 | 1,627 | 1,666 | 1,704 | 1,741 | 1,776 | 1,811 | 1,845 | 1,878 | 2,088 | 2,265 |
| NCR | 48,708 | 49,840 | 51,404 | 52,618 | 53,803 | 54,961 | 56,092 | 57,203 | 58,289 | 59,356 | 66,274 | 72,337 |



Respectfully submitted by Charles County PHEP

HOSPITAL BRIEF 5-21-2020

- 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 = 55
- Hospital ICU Census = 5
- Hospital ICU is now a dedicated COVID-19 Unit, and 3 East is for ICU overflow.
- Isolation Room Capacity = 12
- Isolation Rooms Occupied = 6
- Confirmed positive cases of COVID-19 patient admissions = 5
 - All five (5) of the COVID-19 positive patients have been moved to ICU COVID-19 dedicated unit. Only 2 of the patients actually require ICU level care. The other three (3) patients were moved from the 3 South COVID-19 dedicated unit due to the very low census of COVID-19 positive patients on the COVID-19 dedicated 30 bed unit.
- PUI admissions = 8
- Ventilated COVID-19 positive patients = 3
- Ventilators not in use = 17
- COVID-19 related deaths = 37 (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 Wednesday, 5/20/2020: Zero (0) patients were transported to CRMC that were either positive or PUI.
- CMCR total Lab tests to date = 1468 / Positive COVID-19 tests to date = 272

Intelligence Briefing 5-21-2020
COVID Charles County
Week 10

Updated Infection Numbers: As of 1032 hrs.

Total worldwide: 5,027,7323 **+96,675 since the 5-20-20 brief.**

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

| 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 | 5-20/21 |
|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| 93,341 | 82,755 | 85,091 | 91,397 | 112,158 | 75,619 | 150,384 | 99,030 | 94,728 | 96,675 |

Total fatalities worldwide: 328,730 **+4,490 since the 5-20-20 brief**

Total confirmed cases in the US: 1,552,594 **+20,382 since the 5-20-20 brief**

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

| 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 | 5-20/21 |
|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| 21,449 | 21,607 | 18,383 | 28,625 | 30,406 | 18,308 | 18,870 | 23,541 | 21,224 | 20,382 |

Total fatalities in US: 93,471 **+1,343 since 5-20-2020**

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

Total confirmed cases in State in of MD: 43,531 **+1208 since the 5-120-20 brief**

Total tested in the State of MD: 176,702 **+3,695 over 5-20-20**

Percent of those test that test positive: **24.6%**

Total Fatalities in State of MD: 2,045 **+41 change since the 5-20-20 brief**

Number of probable deaths: 114

Total Ever Hospitalized: 7,485

Persons currently hospitalized: **1,374 -36 since 5-20-2020**

| 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 | 5-20/21 |
|-------|--------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| -9 | -25 | -96 | +19 | -13 | -12 | -42 | +4 | -40 | -40 | -13 | -11 | -36 |

First Responder Numbers in Charles County: NUMBERS AS OF 5-21-2020 @1230

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

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

Weather:

Fri 67-58 storms, Sat 80-57 sun, Monday 73-55 sun

Local:

No stores visited this AM.

2nd protest to re-open Charles County was peaceful. Attendance appeared to be about the same as the previous rally.

New drive thru testing at the CVS @ CVS Pharmacy, 4200 Altamont Place, White Plains, MD 20695.

Charles County Department of Recreation, Parks, and Tourism has canceled all upcoming summer camps due to the ongoing COVID-19 pandemic

Maryland Update:

State funded child care for first responders ends 6-7-2020.

MDH launched a new public service announcement encouraging parents to review their children's scheduled vaccination status and bring them up to date on missed vaccinations.

§ The department is raising awareness based on recent data showing a significant decrease in pediatric vaccination rates both in Maryland and across the United States after the national emergency was declared on March 13, due to the COVID-19 pandemic. [MDH](#)

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

Region:

Over 50,119 cases in the NCR as of 1000 5-21-2020.

82,781 cases in Maryland, DC, and Virginia as of 1100 on 5-21-2020.

CNMC reports an additional case of PMSI. Current case count: 23 on 5-21-2020.

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.

National:

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

CDC now says COVID 19 doesn't spread easily on surfaces.

600 Doctors sign a letter to the President expressing concern about the long term medical fall out as a result of the continued economic closure.

2.4 million additional Americans filed for unemployment.

Total of 38.6 million Americans have lost their jobs since March.

At least 2 sailor aboard the USS Roosevelt have tested positive for COVID 19 after recovering from their first infection.

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 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 21th, 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:

- 4 Sworn Officer quarantined
 - 2 Officers who had contact with COVID positive officer, estimated return to work on 05/25/20
 - 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 06/03/20 changed from 05/31/20 due to another family member testing positive and extending the necessary quarantine time
- 1 Sworn Officers isolated
 - Officer isolated due to positive test
- 1 Correctional Officer quarantined
 - 1 Correctional Officer who has family member with a positive test. Estimated return date - 05/25/20

- 0 Correctional Officers isolated
- 0 civilians quarantined.
- 0 civilians isolated.

Charles County Detention Center Population:

- 108 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.

Charles County Public Schools Briefing 5-21-2020
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:

Wednesday, 5/20/20 CCPS served 4614 meals at the 11 meal distribution sites. The total was - 309 from the meals served on Tuesday, 5/19/20.

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:

CDC released a new graph of how to resume to school safely. See Below:

New CDC Guidelines for Reopening Schools

- Wear masks if over the age of 2
- No sharing of items or supplies
- Clean and disinfect frequently touched surfaces between uses
- Develop a schedule for increased, routine cleaning and disinfection
- All belongings separated into individual cubbies or labeled containers
- No sharing electronic devices, toys, games, or learning aids
- Desks should be 6 feet apart and all facing the same direction
- One child per seat on school buses and skip rows between riders
- Install sneeze guards or partitions where 6 feet apart won't work
- One-way routes in hallways
- Tape on sidewalks and walls to ensure kids stay 6 feet apart
- No shared spaces, including cafeterias and playgrounds
- Physical barriers or screens between sinks in bathrooms
- Only pre-packaged boxes or bags of food instead of hot lunch lines
- Kids eat lunch in classrooms
- No field trips, assemblies, or external organizations in schools
- Same children stay with the same staff all day
- No switching groups or teachers
- Stagger student arrival and departure times to limit crowds of kids
- Limit volunteers and visitors
- If possible, daily health and temperature checks

Source: [cdc.gov](https://www.cdc.gov)

Updated May 19, 2020



Respectfully submitted by Jason Stoddard and Michael Meiser