

Charles County COVID-19



Incident Action Plan



From
6/8/20
8:00

To
6/15/20
8:00

OPERATIONAL PERIOD

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name Charles County COVID-19	2. Operational Period	Date From: 6/8/20 Date To: 6/15/20 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. Prepare for the New Normal.</p> <p>I. Conduct an After Action Analysis including all divisions and functions of the COVID-19 response.</p>					
4. Operational Period Command Emphasis					
<p>After Action Analysis- Send in your 5 Ups and 5 Downs to DESPlanning@CharlesCountyMD.gov</p>					
<p>General Situational Awareness</p> <p>"Contractor ambulance and cruiser decon services at CRMC end on June 30th!"</p>					
<p>5. Site Safety Plan Required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Approved Site Safety Plan(s) Located at:</p>					
<p>6. Attachments (check if attached)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 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;"> <hr/><hr/><hr/><hr/><hr/> </td> </tr> </table> <p style="text-align: right; margin-top: -10px;">ICS 214</p>			<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"/>	<hr/> <hr/> <hr/> <hr/> <hr/>
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<p>7. Prepared by: Name: <u>Joe Hoffmaster</u> Position/Title: <u>PSC</u> Signature: _____</p>					
<p>8. Approved by Incident Commander: Name: <u>Michelle Lilly</u> Signature: _____</p>					
ICS 202	IAP Page <u>2</u>	Date/Time: _____ <u>June 8, 2020 @10:30</u>			

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name Charles County COVID-19		2. Operational Period Date From: 6/8/20 Date to: 6/15/20 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	
		DES EMS	Steve Finch	
		Vol EMS	Andrew Spalding	Mitchell Lewis
		Vol Fire	Scott Herbert	
		Logistics		
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				
Support Branch				
Donations	Ed Tucker			
Supply Unit				
Facilities Unit	Nick Ellis	10. Finance Section		
Ground Support Unit		Chief	Jennifer Adams	
Service Branch		Deputy		
Service Branch Dir.		Time Unit		
Communications Unit	Jeffrey Clements	Procurement Unit		
Medical Unit		Comp/Claims Unit		
Security Unit		Cost Unit		
Food Unit				
9. Prepared by: Name: <u>Joe Hoffmaster</u>		Position>Title: <u>PSC</u>	Signature _____	
ICS 203	IAP Page <u>3</u>	Date/Time:	June 8, 2020 @ 10:30	

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1. Incident Name Charles County COVID-19		2. Operational Period Date From: 6/8/20 Date to: 6/15/20 Time From: 8:00 Time to: 8:00		
3. Incident Commander and Staff		7. Operations Section		
UC	Dr. Howard Haft	Chief		
UC	Michelle Lilly	Deputy		
Deputy	Melanie Gardiner			
Deputy	Tony Rose			
Safety Officer	John Filer	a. Branch V	Governance	
Public Information Office	Jennifer Harris	Donna Fuqua	Linda Warner	
Intell Officer	Jason Stoddard			
4. Agency Representative		Charles County Govern.	Michele Lilly	
Agency	Name	Town of LaPlata	Chris Becker	
Intell officer Deputy	Mike Meiser	Town of Indian Head	Ryan Hicks	
Lifestyles	Sandy Washington			
CC Public Schools	Michael Meiser			
		b. Branch VI	Business	
		Branch Director	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		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		
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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COMMUNICATIONS LIST (ICS 205A)

1. Incident Name Charles County	2. Operational Period: COVID-19	Date From: Time From:	6/8/20 8:00	Date to: Time to:	6/15/2020 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>June 8, 2020 @10:30</u>			

COMMUNICATIONS LIST (ICS 205A)

1. Incident Name Charles County	2. Operational Period: COVID-19	Date From: Time From:	6/8/20 8:00	Date to: Time to:	6/15/2020 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 COVID-19	2. Operational Period	Date From: 6/8/20	Date To: 6/15/20
		Time From: 8:00	Time To: 8:00
3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan: <p style="text-align: center;">"Contractor ambulance and cruiser decon services at CRMC end on June 30th!"</p> <p>1. Total identified PUI's transported as of 6/5: 910 Total # of patients testing positive : 147</p> <p>2. PPE stockpiles remain stable with an estimated supply range of 10+ days based on current call volumes.</p> <p>3. 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. PPE is for EVREYONE. Share, we have plenty.</p> <p>5. Speical Order 2020-04 Version 2.1 was updated on 05-06-20-2020. New guidelines added on employee return to work procedures.</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. Speical Order 2020-03 Version 2.1 was updated on 05-06-20-2020. New guidelines added on employee return to work procedures.</p> <p>8. Instructional video for self decon of apparatus is located at the link below.</p> <p>https://youtu.be/QYMLHwkQNvY</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>			
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ACTIVITY LOG (ICS 214)

ACTIVITY LOG (ICS 214)



Safety Officer's Report

Charles County EOC

06-08-20

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

Today's Safety Message: "Contractor ambulance and cruiser decon services end on June 30th.

Total number of PUI's transported to date: 910

Total number of patients transported by EMS testing + for COVID: 147

Total number of first responders on self-isolation: 0

Total number of first responders on quarantine: 4

Total number of first responders + for COVID-19: 10

Total number of first responders out for COVID related mental health: 1

Total number of fire stations sanitized: 6

Daily Estimated PPE Burn Rate: 16 sets/day



10425 Audie Lane
La Plata, MD 20646



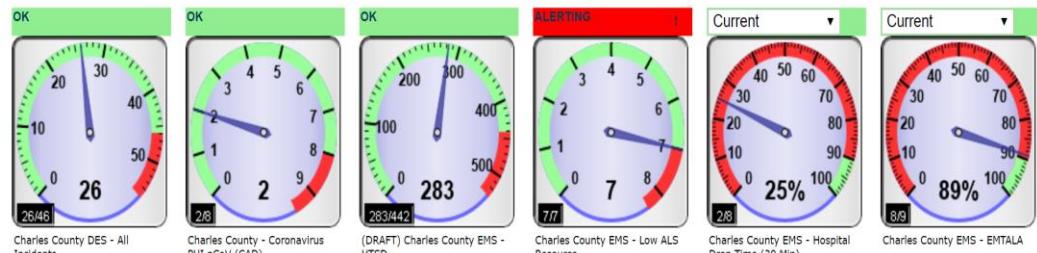
301-399-1143



DESafety@charlescountymd.gov



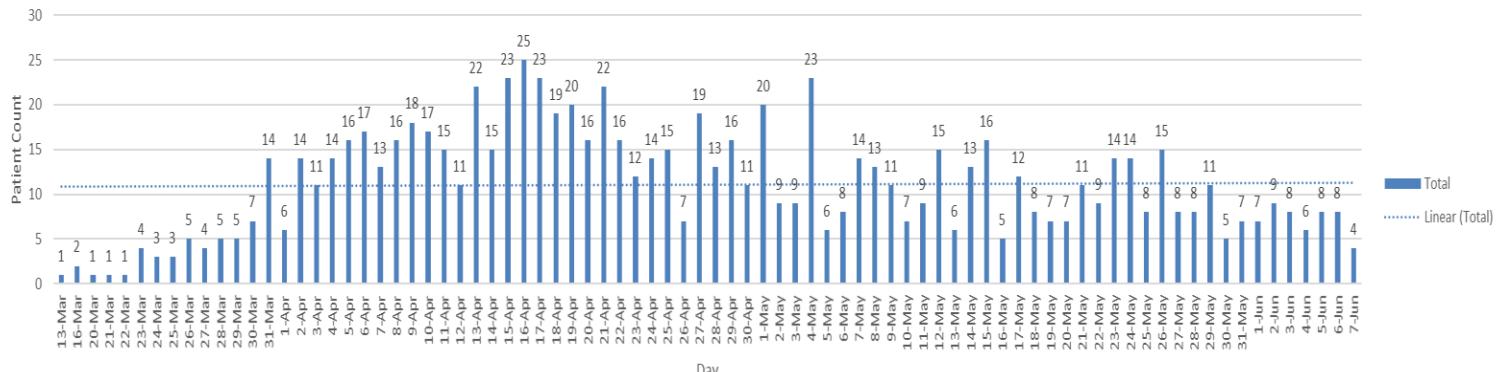
www.charlescountymd.gov



ePCR

Count of Incident Number

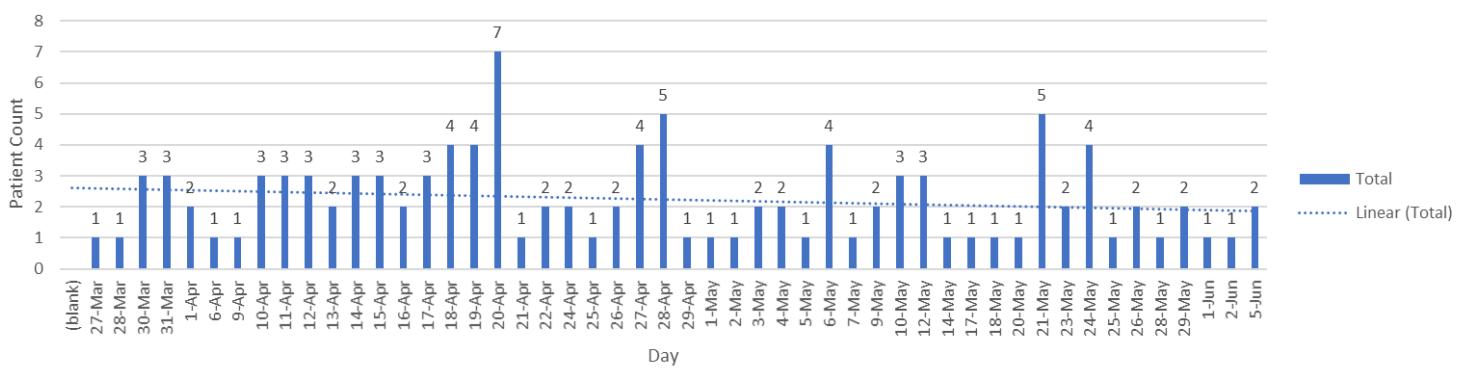
PUI Incidents - 03-13-20 thru 06-08-20 @ 0911



Sent to Queue

Count of Patient Name

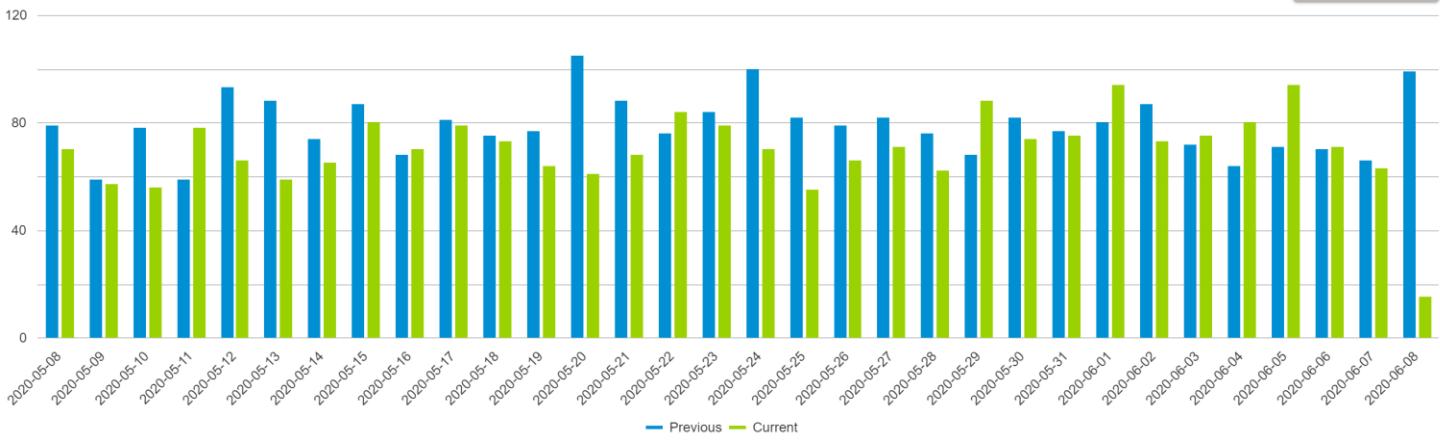
YTD COVID+ Patients Transported by EMS



Date of EMS Transport ▾

Count of Incident Reported

Compare To: One Year ▾





Contractor
ambulance and
cruiser decon
services at CRMC
end on June 30th.

A self service decon kiosk will be
available at CRMC after June 30th.

<https://youtu.be/QYMLHwkQNvY>



PUBLIC HEALTH BRANCH BRIEFING

COVID-19 PANDEMIC RESPONSE

June 8, 2020

GENERAL REPORTING INFORMATION

INFECTIOUS DISEASE

CASE COUNT—CHARLES COUNTY

As of 6/08/2020, total case count for Charles County is 1,217.

- *The line list with confirmed case counts for Charles County is continuously updated as lab reports are received from MDH, hospitals, and commercial laboratories.*
- *Contact tracing efforts are continuous with a focus on healthcare workers, EMS, and police.*

CALL CENTER UPDATE

- Operation time: 0800 to 2200.
- The numbers to call remain the same: 301.609.6717 or 301.609.6777
- Call Center volume is approximately 30 to 60 call per day. (*Last 3 days: 8, 15, & 39, respectively*)

MEDIA, SOCIAL MEDIA AND WEBSITE

- PIO working on re-opening coalition multimedia campaign.

PARTNER/STAKEHOLDER OUTREACH

LTC/AL

- The Long-Term Care and Assisted Living call will be held June 11 at 3 p.m. by CCDOH nurse liaisons.

ALL-PARTNER

- Now included in weekly coalition webinar with Dr. Haft.

MARYLAND EPIDEMIOLOGY & SURVEILLANCE PROFILE

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

- 1) Latest case counts – total: 58,404 (313,099 negative)
- 2) New cases: 431
 - 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 (-24 last 24 hours); total current 979; total ever 9,629
- e) Deaths -- Total 2,653 (28 last 24 hours)
- f) Release from isolation – 4,240

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

RESOURCE DISTRIBUTION

- 2 new PPE requests were received in the last 24 hours.

VOLUNTEERS

MARYLAND MEDICAL RESERVE CORPS

- Nothing new to report

CAREGIVER SERVICE CORPS

- Nothing new to report.

TESTING

VEIP TESTING SITE UPDATE

- Tested to Date: 1,445
- On Thursday, June 4, a total of 168 appointment slots were available: 42 tested
- On Tuesday, June 2, a total of 168 appointment slots were available: 32 tested
- Next test date is Tuesday, June 9.

CHARLES COUNTY EPIDEMIOLOGY & SURVEILLANCE PROFILE

***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 6/8 at 9 a.m., total case count for Charles County was 1217 cases. (There was a total of 27 new cases since 6/5).

There have been 78 confirmed deaths associated with COVID-19. This equates to 6.4% of total confirmed cases. The Charles County death rate of 6.4% is higher than the MD state average death rate of 4.5%. However, it should be noted that the majority of deaths in Charles County are associated with outbreaks in skilled nursing facilities. The death rate for Charles County is going down from a high of 7.3% now that the outbreaks at skilled nursing facilities have been contained and/or reduced. There has been a small uptick in nursing homes related deaths due to the current outbreak at the Charlotte Hall Veterans Home and other places in the state where some Charles County residents reside.

There were 2 probable COVID-19 deaths. COVID-19 is listed as the cause of death, but laboratory testing has not yet confirmed.

Average age of fatalities: 76.7 years

Age Distribution of Fatalities:

- 0-39 years: 0
- 40-69 years: 17 (21.3%)
- 70-79 years: 34 (43.0%)
- 80+ years: 29 (35.7%)

Gender breakdown among fatalities:

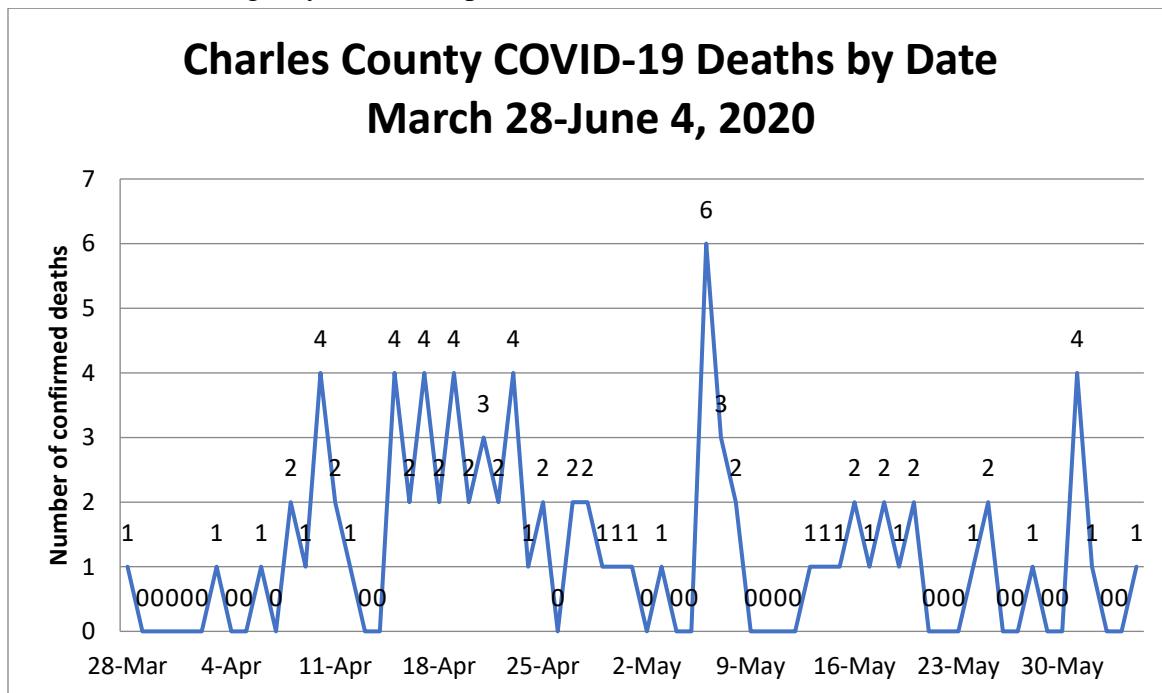
- 47 or 58.8% Female
- 33 or 41.2% Male

Race breakdown among fatalities:

- 42.4% Non-Hispanic White
- 50.0% Non-Hispanic Black
- 3.8% Non-Hispanic Asian
- 3.8% Hispanic

Location of deaths:

- Hospital Inpatient: 62.5%
- Nursing Home: 25.0%
- Other/Home/Emergency Room/Outpatient: 12.5%



- Total Number of positive lab results: 11217
- Number of positive lab results since 6/5: 27
- Total Number of negative lab results: 7559
- Number of negative lab results since 6/5: 380
- Total testing volume for Charles County (positive and negative): 8776
- Total Positivity Rate for all lab results thus far: 13.8% (state 13.4%)
- Positivity Rate for all lab results since 6/5: 7.1%
- Average number of days from specimen collection date to reporting to public health for all positive and negative lab results (N=1595) between May 28-June 3: 2.79 days
- Average number of days from specimen collection date to reporting to public health for all positive lab results (N=149) between May 28-June 3: 2.94 days
- Recovered and released from isolation: 286
- Partially recovered with improved symptoms: 57
- Known asymptomatic cases: 26
- 212 or 17.4% required hospitalization. Hospitalization rate is steadily decreasing. Peak in hospitalization rate coincided with the peak in the skilled nursing facility outbreaks.
- Among confirmed cases, 682 (56.0%) Female; 535 (44%) Male
- 12% Healthcare Workers
- 1.4% 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: 41 (3.4%)
- 18-64 years: 947 (77.8%)
- 65+ years: 229 (18.8%)

Surveillance of ED Hospital Data and Urgent Care through ESSENCE

- ESSENCE data for urgent care utilization at Patient First in Waldorf had no alert for Saturday, June 6th and no alert for Sunday, June 7th. Patient volume was 46 patients on 6/6 and 28 patients on 6/7. Patient volume is down after several days of high volume. All were discharged to home for self-care.
- On 6/6, 15 patients presented with ILI or at least one COVID-19 like symptoms (33% of total patient volume). 10 of those ILI came for a COVID test. Diagnoses for ILI patients on Saturday included contact with and exposure to other viral communicable diseases, encounter for screening for viral disease, enlarged lymph nodes, unspecified Dyspnea (shortness of breath), headache, pain in throat, and mild intermittent asthma. On 6/6, there were 6 “Visit of Interest” CDC Classifier tags. They were due to COVID-19 exposure to a positive case, and all cases presented for a COVID-19 test. No other CDC Classifier tags. They completed a total of 10 COVID-19 tests on 6/6.

- On 6/7, 9 patients presented with ILI or at least one COVID-19 like symptoms (32% of total patient volume). 5 ILI presented for a COVID-19 test (5/9). Diagnoses for ILI patients on Sunday included contact with and exposure to other viral communicable diseases, shortness of breath, unspecified chest pain, and cough.. On 6/7, there were 5 “Visit of Interest” CDC Classifier tags that were due to COVID-19 exposure to a positive case, and all cases presented for a COVID-19 test. There was 1 other Visit of Interest tag that was due Lyme Disease/non-venomous insect bite. No other CDC Classifier tags. They completed a total of 5 COVID-19 tests on 6/7.

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:

- 6/6: 8
- 6/7: 4

Epidemiologist's Note Concerning Race breakdown: *The data is now being captured in the MDH line lists of confirmed cases in REDCap. Data was accessed on 6/8 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: 1,217 cases on 6/8 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: 15 (1.2%)
- Black/African American: 422 (34.7%)
- White: 254 (20.9%)
- Other /2+ races/American Indian/Alaskan Native: 88 (7.2%)
- Data not available/Declined to Answer: 438 (36%)

Ethnicity Breakdown

- Hispanic 67 (5.5%)
- Non-Hispanic 626 (51.4%)
- Data not available/Declined to Answer: 524 (43.1%)

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: 56

- 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: 3
- Deaths: 48
- Pending tests for residents or staff at Skilled Nursing Facilities/Assisted Living Facilities: 6 residents and 7 staff
- The outbreak at Genesis Waldorf was closed on 5/4 after 14 days with no new positive cases among residents or staff. The outbreak at Sagepoint was closed on 5/19 after 14 days with no new positive cases among residents or staff.

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.
- Genesis La Plata and Waldorf tested their staff on Friday, 5/15. There were 2 positive staff members at Genesis Waldorf and 3 positive staff at Genesis La Plata. One case was a previous positive and has not worked since the first positive test.
- Restore tested all of their staff on Friday, 5/22. All staff results were negative.
- All Sagepoint and Genesis La Plata residents and staff was tested by the National Guard.
- The health department will be working next to help the assisted living facilities in testing all of their staff and residents. We will start with Morningside Assisted Living since they have had an outbreak.
- The health department is seeing more cases in other congregate living settings such as group homes for those with developmental disabilities. We are recommending that all staff and residents at these facilities be tested as well.
- Both Genesis La Plata and Genesis Waldorf have agreed to do regular testing of residents and staff on a voluntary basis.

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 (60.0%) 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 6/8 at 9 a.m. (Zip code level data with counts less than 7 cases cannot be shared publicly and must remain confidential. NA: Not Available. Case rates per 1000 residents are not calculated for zip codes with less than 5 cases and for zip codes with small populations due to rate instability.)

Confirmed cases by zip code:

Zip code:	Total number of positive cases	Number of new positive cases since 6/5	Number of new negative lab results since 6/5	Case Rate per 1000 residents
20601	220	7	74	8.94
20602	228	4	64	9.38
20603	282	4	79	9.67
20604	3	0	1	NA
20611	6	0	4	4.64
20613	23	0	0	NA
20616	46	2	11	7.85
20617	1	0	1	NA
20622	15	2	0	3.47
20625	0	0	1	NA
20632	2	0	0	NA
20637	30	0	9	5.72
20640	47	1	18	4.60
20645	3	0	4	NA
20646	148	5	48	7.78
20658	5	0	3	NA
20662	18	0	5	6.13
20664	21	0	6	7.37
20675	9	0	5	5.39
20677	12	0	4	5.17
20693	3	0	3	2.76
20695	74	1	30	11.19

- 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:	5/18	5/19	5/20	5/21	5/22	5/27	5/28	5/29	6/1	6/3	6/5
20601	5.796	6.044	6.375	6.458	6.541	7.162	7.245	7.327	8.36	8.40	8.61
20602	6.652	6.932	7.213	7.453	7.534	7.894	8.014	8.175	8.74	8.94	9.22
20603	7.422	7.767	7.940	8.182	8.320	8.561	8.596	8.907	9.22	9.36	9.60
20611	2.783	2.783	2.783	2.783	3.711	3.711	3.711	3.711	4.64	4.64	4.64
20616	4.951	5.122	5.293	5.293	5.464	6.488	6.488	6.488	7.34	7.51	
20622	2.041	2.041	2.041	2.041	2.041	2.041	2.041	2.449	NA	3.06	3.06
20637	3.872	3.872	3.872	4.057	4.241	4.610	4.610	4.610	5.35	5.35	5.72
20640	3.257	3.449	3.449	3.545	3.545	3.832	3.832	3.832	4.22	4.41	4.50
20646	5.453	5.506	5.714	6.088	6.141	6.458	6.511	6.617	6.72	7.20	7.52
20662	4.431	4.722	4.772	4.772	4.772	4.772	4.772	4.772	5.11	5.79	6.13
20664	5.022	5.691	5.691	6.026	6.026	6.026	6.026	6.361	6.70	7.37	7.37
20675	4.788	4.788	4.788	4.788	4.788	4.788	4.788	4.788	5.39	5.39	5.39
20677	4.737	4.737	4.737	4.737	4.737	4.737	5.168	5.168	5.17	5.17	5.17
20695	8.537	8.537	8.537	8.684	8.831	9.126	9.273	9.420	10.16	10.89	11.04

Case Rates for Zip Codes Shared by Charles County and Prince George's County:

- 20607, Accokeek: 9.9
- 20613, Brandywine: 11.72
- These are two of the lowest rates in Prince George's County. These rates are much closer to Waldorf and White Plains case rates.

Case Rates for Other Prince George's County Zip Codes that are Near Charles County:

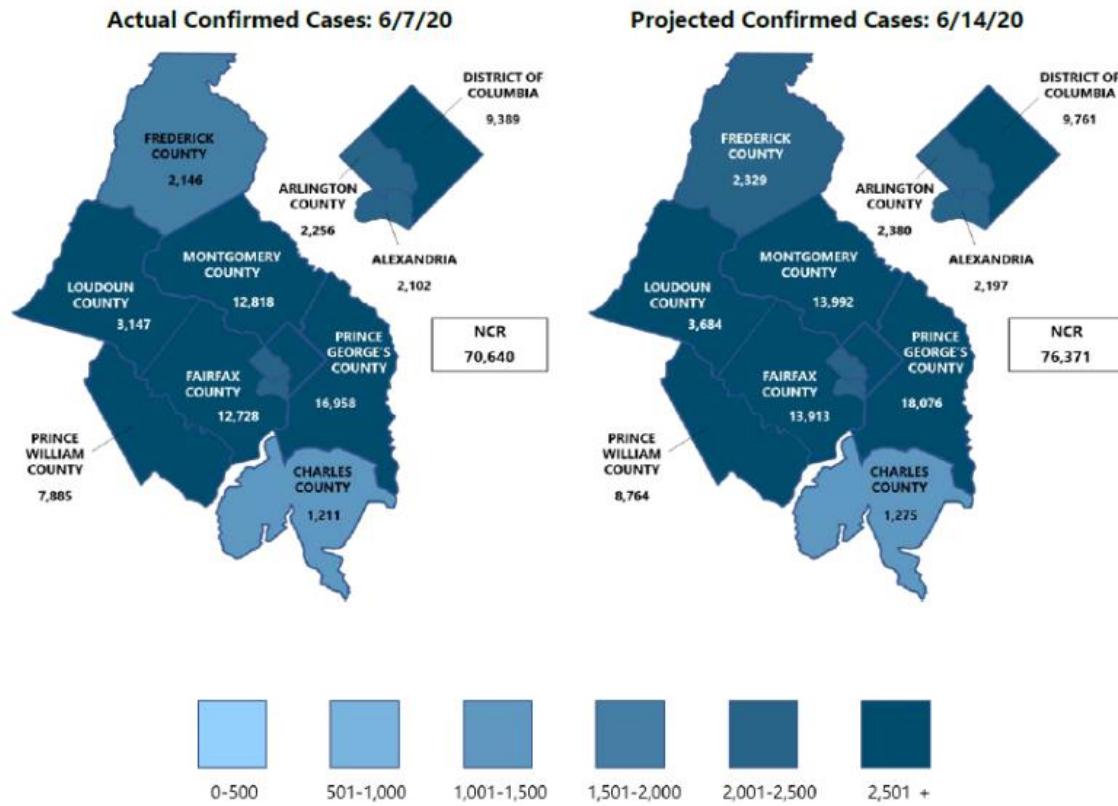
- 20623, Rosaryville: 10.57
- 20772, Upper Marlboro: 11.43
- 20744, Fort Washington: 12.95

Highest Case Rates among Zip Codes in Prince George's County are in the northern region of the county that surrounds Washington DC, including Hyattsville, Riverdale, Lanham, Brentwood, and Bladensburg. They are the areas of Prince George's County that are the furthest from Charles County.

Zip Code	Case Rate per 1000 residents
20783	46.64
20782	32.79
20781	31.03
20737	41.96
20784	33.92
20706	29.52
20722	35.20
20710	27.60

MISCELLANEOUS

ADDITIONAL INFORMATION: Here are the MCR MWCOG case and medical demand projections for June.



	Actual Confirmed Cases On:			Projected Cases For:								
	6/5	6/6	6/7	6/8	6/9	6/10	6/11	6/12	6/13	6/14	6/21	6/28
Washington DC	9,269	9,332	9,389	9,447	9,503	9,557	9,610	9,662	9,712	9,761	10,066	10,317
Charles Co., MD	1,196	1,202	1,211	1,220	1,229	1,239	1,248	1,257	1,266	1,275	1,337	1,398
Frederick Co., MD	2,113	2,135	2,146	2,171	2,196	2,222	2,248	2,275	2,302	2,329	2,534	2,761
Montgomery Co., MD	12,624	12,734	12,818	12,991	13,162	13,332	13,499	13,665	13,829	13,992	15,087	16,112
Prince George's Co., MD	16,711	16,838	16,958	17,130	17,298	17,462	17,622	17,777	17,928	18,076	19,008	19,787
Arlington Co., VA	2,195	2,225	2,256	2,275	2,294	2,312	2,330	2,347	2,364	2,380	2,482	2,567
Fairfax Co., VA	12,180	12,580	12,728	12,903	13,076	13,247	13,416	13,584	13,749	13,913	15,015	16,037
Loudoun Co., VA	2,939	3,094	3,147	3,216	3,287	3,361	3,437	3,517	3,599	3,684	4,372	5,250
Prince William Co., VA	7,686	7,790	7,885	8,012	8,139	8,265	8,391	8,516	8,640	8,764	9,612	10,431
Alexandria, VA	2,070	2,095	2,102	2,117	2,131	2,145	2,159	2,172	2,185	2,197	2,273	2,334
NCR	68,983	70,025	70,640	71,482	72,315	73,142	73,960	74,772	75,574	76,371	81,786	86,994

Medical Demand Projections:

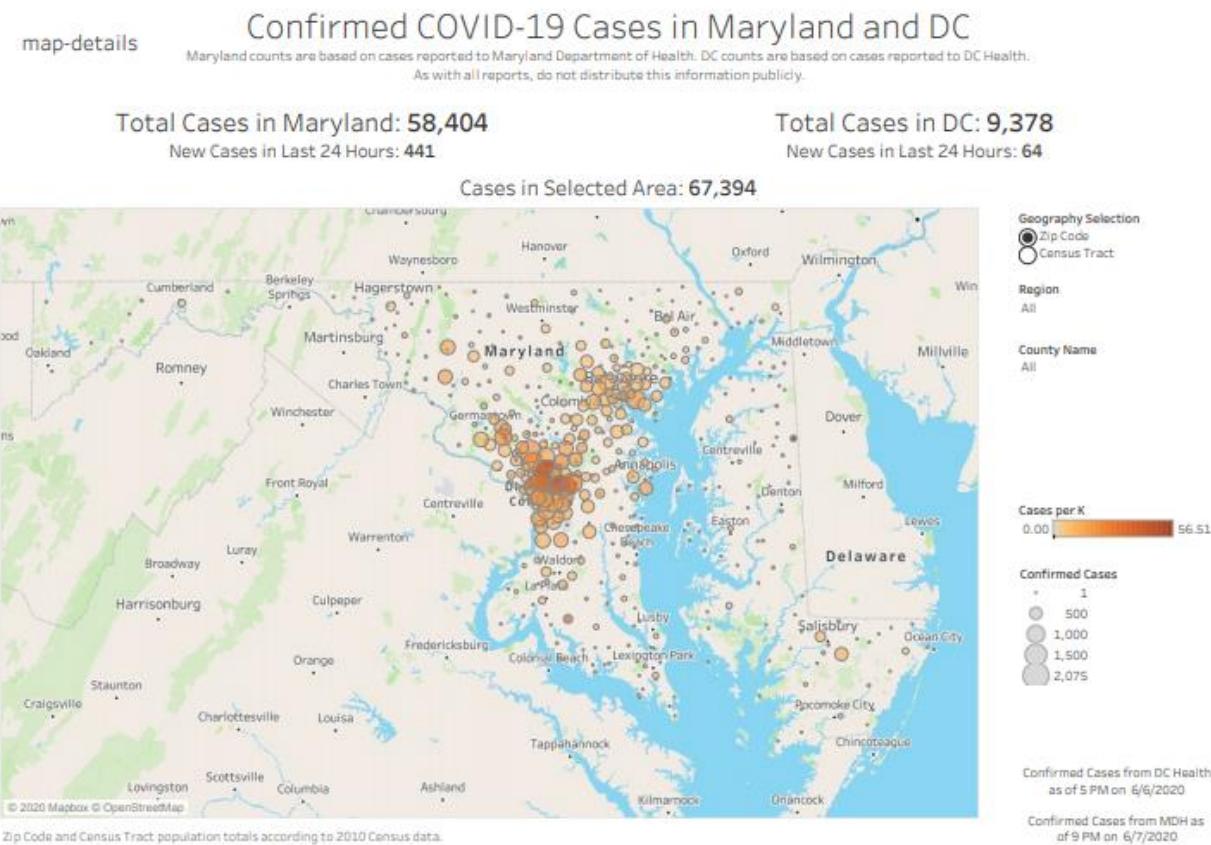
	Actual Confirmed Cases On:			Projected Cases (Hospitalized) [ICU] [Ventilator] For:								
	6/5	6/6	6/7	6/14	6/21			6/28				
Washington DC	9,269	9,332	9,389	9,761 (1,952) [469] [234]	10,066 (2,013) [483] [242]			10,317 (2,063) [495] [248]				
Charles Co., MD	1,196	1,202	1,211	1,275 (255) [61] [31]	1,337 (267) [64] [32]			1,398 (280) [67] [34]				
Frederick Co., MD	2,113	2,135	2,146	2,329 (466) [112] [56]	2,534 (507) [122] [61]			2,761 (552) [133] [66]				
Montgomery Co., MD	12,624	12,734	12,818	13,992 (2,798) [672] [336]	15,087 (3,017) [724] [362]			16,112 (3,222) [773] [387]				
Prince George's Co., MD	16,711	16,838	16,958	18,076 (3,615) [868] [434]	19,008 (3,802) [912] [456]			19,787 (3,957) [950] [475]				
Arlington Co., VA	2,195	2,225	2,256	2,380 (476) [114] [57]	2,482 (496) [119] [60]			2,567 (513) [123] [62]				
Fairfax Co., VA	12,180	12,580	12,728	13,913 (2,783) [668] [334]	15,015 (3,003) [721] [360]			16,037 (3,207) [770] [385]				
Loudoun Co., VA	2,939	3,094	3,147	3,684 (737) [177] [88]	4,372 (874) [210] [105]			5,250 (1,050) [252] [126]				
Prince William Co., VA	7,686	7,790	7,885	8,764 (1,753) [421] [210]	9,612 (1,922) [461] [231]			10,431 (2,086) [501] [250]				
Alexandria, VA	2,070	2,095	2,102	2,197 (439) [105] [53]	2,273 (455) [109] [55]			2,334 (467) [112] [56]				
NCR	68,983	70,025	70,640	76,371 (15,274) [3,666] [1,833]	81,786 (16,357) [3,926] [1,963]			86,994 (17,399) [4,176] [2,088]				

Epidemiologist's Note: Here are the confirmed case maps for Charles County. On a state level, the highest case rates are clustered around Baltimore City and Washington DC. Most of the cases in Maryland come from Montgomery, Prince George's, Baltimore City, and Baltimore County.

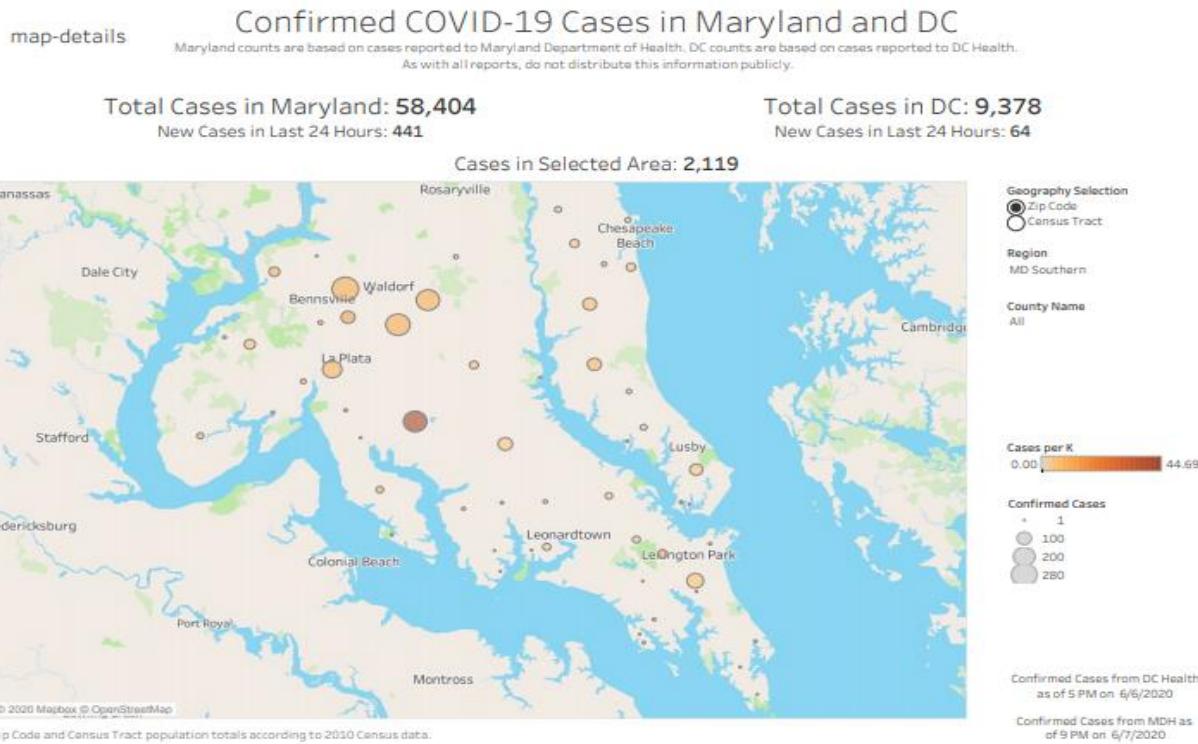
For Southern Maryland, the highest confirmed case rate is in the zip code 20622, Charlotte Hall. This zip code is shared between Charles and St Mary's counties. Charlotte Hall is also home to the Charlotte Hall Veteran's Home which currently has an active outbreak.

For Charles County, the largest number of cases continue to be along the Rt 301 corridor where the majority of the county population lives and where most of the businesses reside.

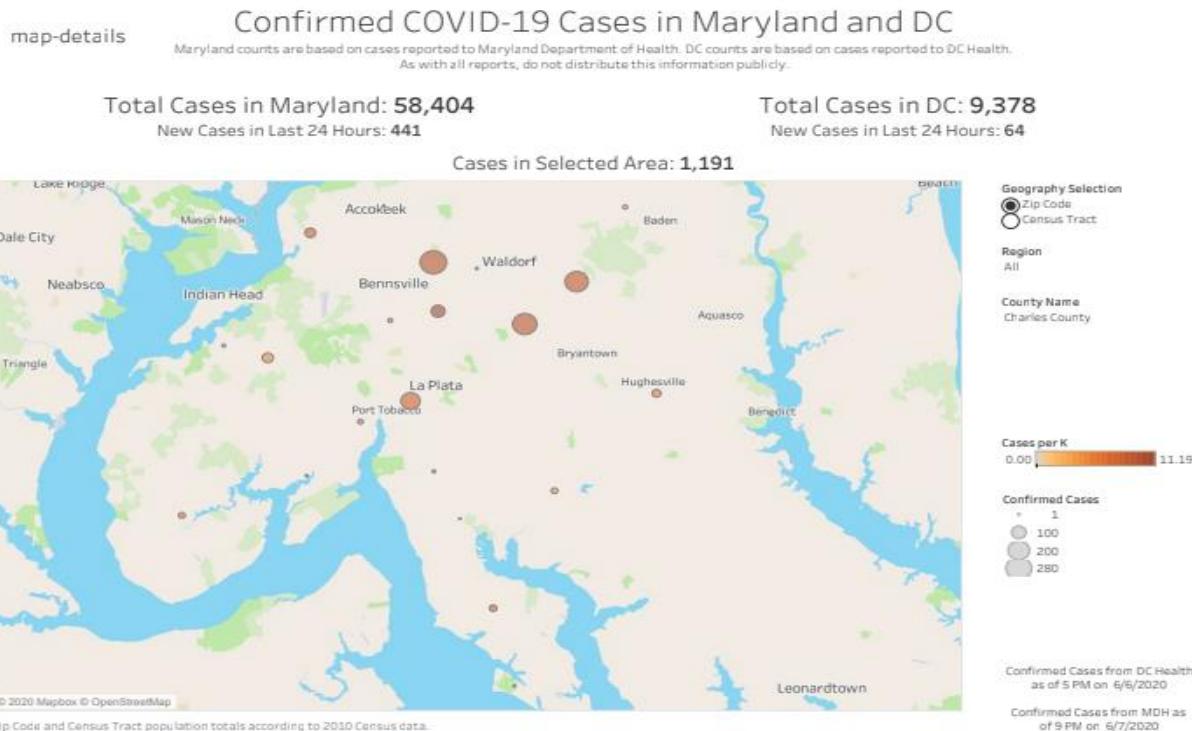
- **Heat Map of Maryland**



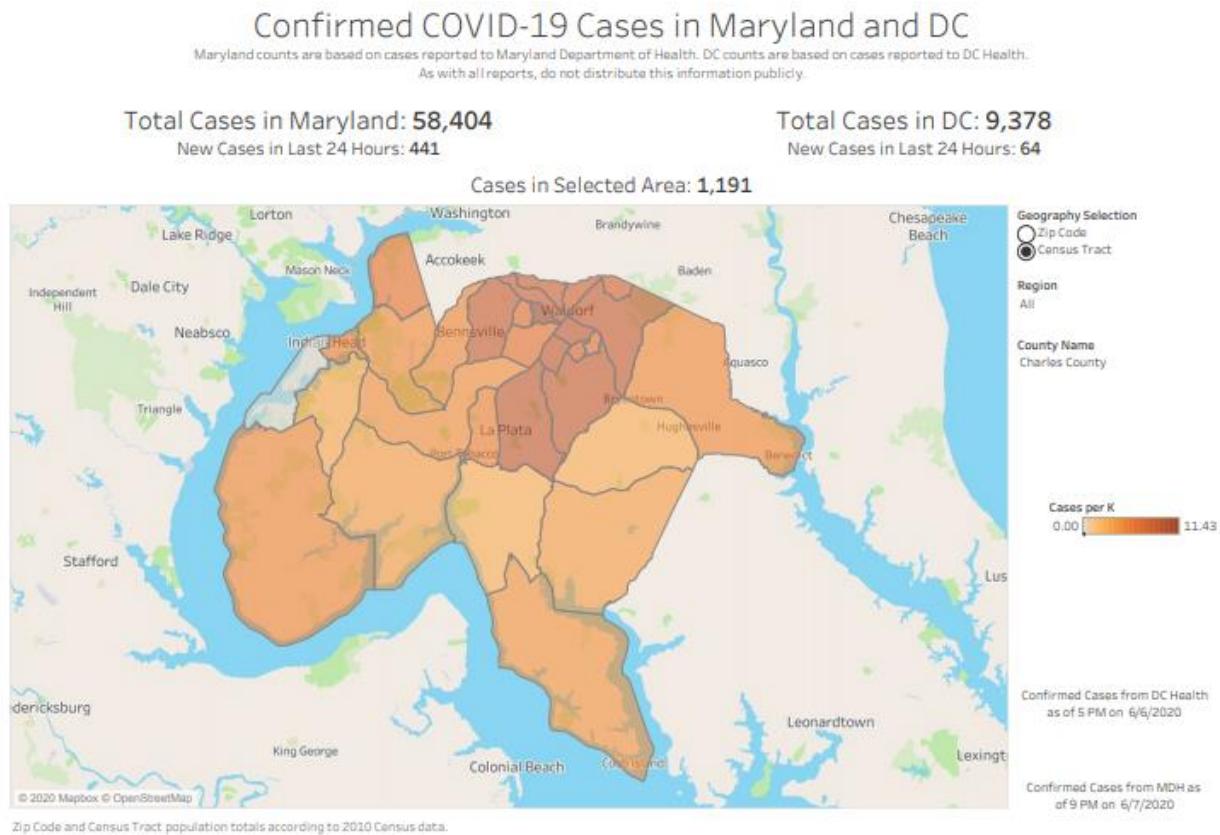
- Heat Map of Southern Maryland



- Heat Map of Charles County

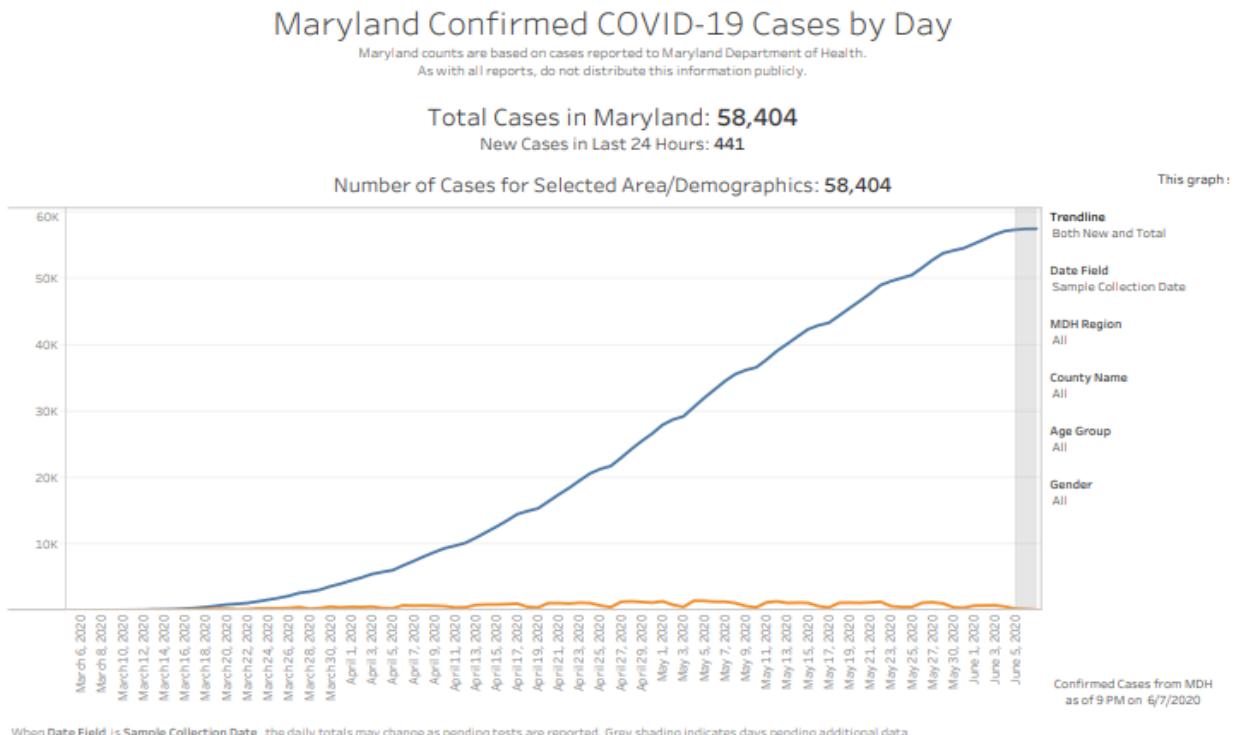


- Confirmed Case Map of Charles County



Epidemiologist's Note: Here are the epi curves that show the confirmed cases by date for Maryland and Charles County. The blue lines are the cumulative total of cases. You can observe how the blue lines on the state and county graphs are all starting to flatten out. The orange lines represent the new cases by date. For Maryland and Charles County, the peak in confirmed cases can be seen in late April. On the state and local level, the number of confirmed cases each day is beginning to decline.

- **Maryland Confirmed Cases by Date**



Maryland Confirmed COVID-19 Cases by Day

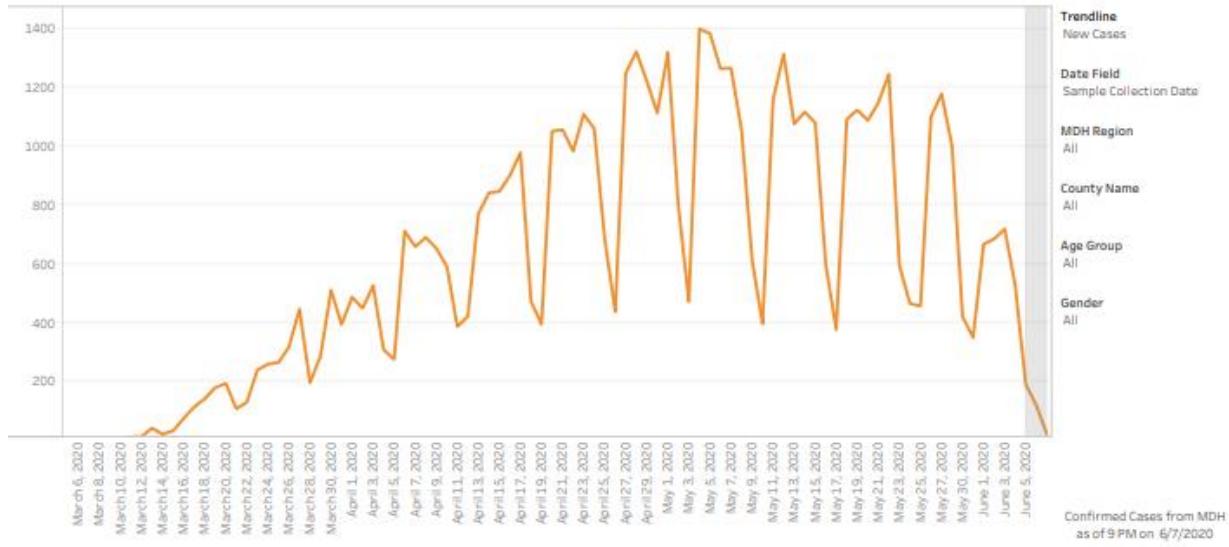
Maryland counts are based on cases reported to Maryland Department of Health.
As with all reports, do not distribute this information publicly.

Total Cases in Maryland: 58,404

New Cases in Last 24 Hours: 441

Number of Cases for Selected Area/Demographics: 58,404

This graph:



When Date Field is Sample Collection Date, the daily totals may change as pending tests are reported. Grey shading indicates days pending additional data.

- Charles County Confirmed Cases by Date

Maryland Confirmed COVID-19 Cases by Day

Maryland counts are based on cases reported to Maryland Department of Health.

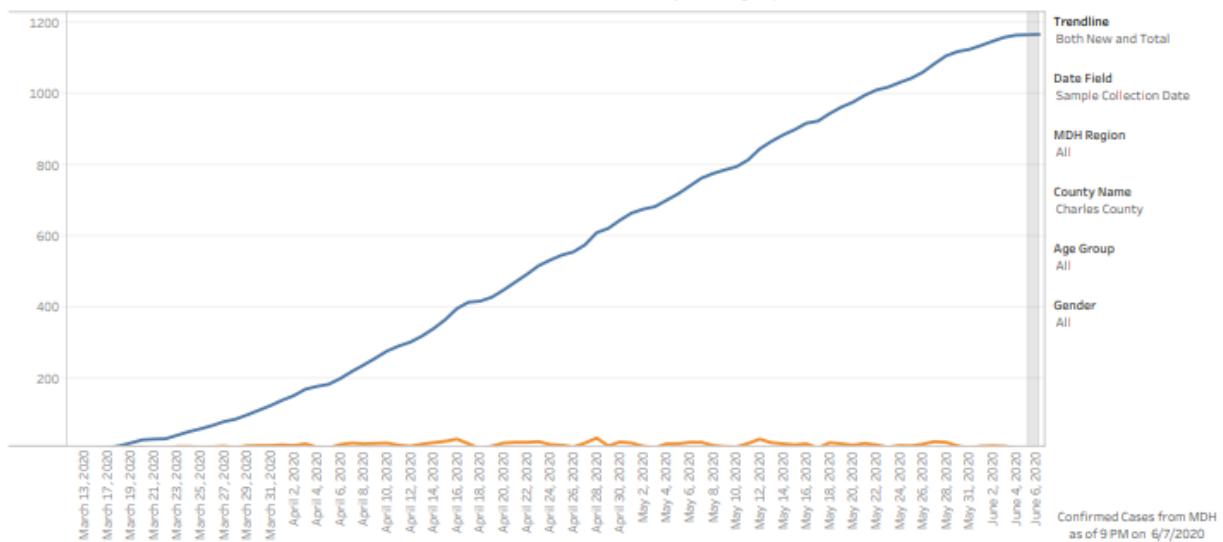
As with all reports, do not distribute this information publicly.

Total Cases in Maryland: 58,404

New Cases in Last 24 Hours: 441

Number of Cases for Selected Area/Demographics: 1,191

This graph:



Maryland Confirmed COVID-19 Cases by Day

Maryland counts are based on cases reported to Maryland Department of Health.

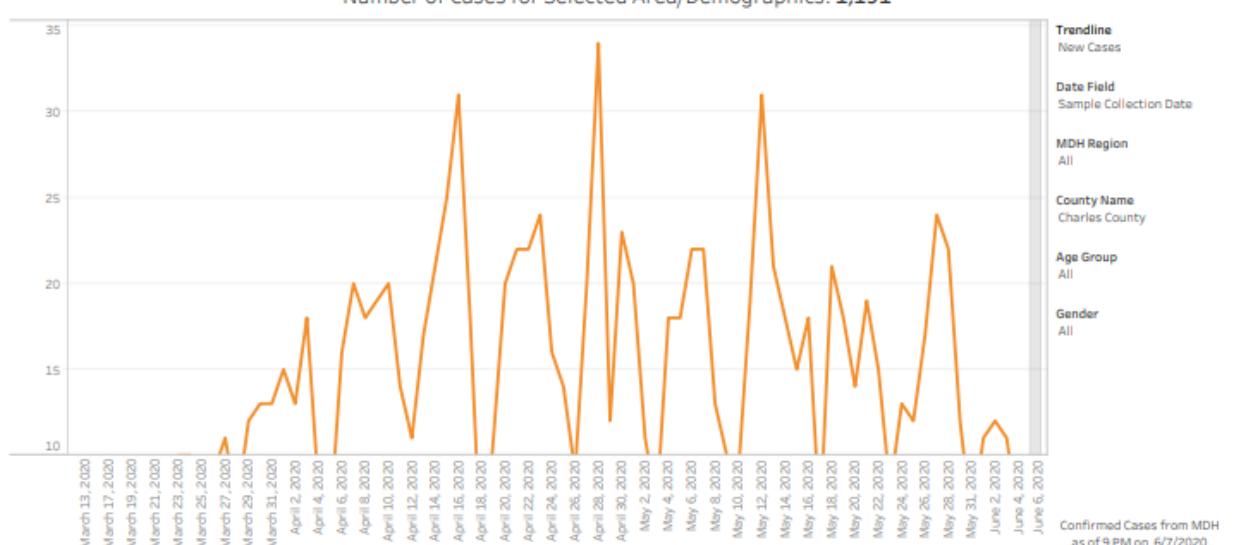
As with all reports, do not distribute this information publicly.

Total Cases in Maryland: 58,404

New Cases in Last 24 Hours: 441

Number of Cases for Selected Area/Demographics: 1,191

This graph:



Epidemiologist's Note: Looking at the demographics for MD confirmed cases, there are slightly more females than males. The most impacted age group are those aged 30-39 years with 12726 cases. Most cases are in the Capitol and Central regions of the state. For Southern Maryland, there are again slightly more females than males. The most impacted age group are those aged 50-59 years with 391 confirmed cases.

Looking at the demographics of MD fatalities, there were slightly more males than females. The 80+ population makes up 47% of all MD COVID-19 deaths. There are similar numbers of deaths for Whites and Blacks. Deaths are decreasing as outbreaks in nursing homes and assisted living facilities end or become under control.

- **Maryland Confirmed Case by Demographics**

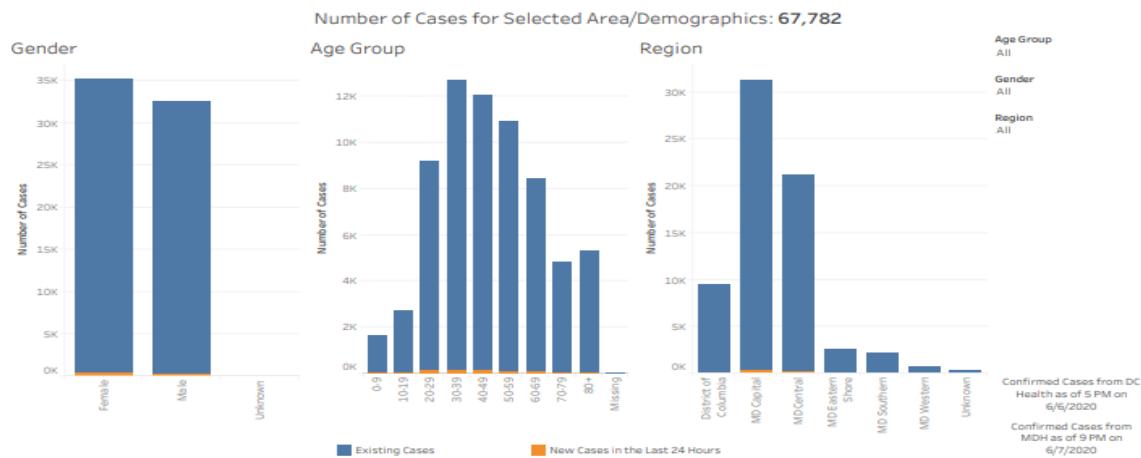
Confirmed COVID-19 Cases by Demographics in Maryland and DC

Maryland counts are based on cases reported to Maryland Department of Health. DC counts are based on cases reported to DC Health.

As with all reports, do not distribute this information publicly.

Total Cases in Maryland: 58,404
New Cases in Last 24 Hours: 441

Total Cases in DC: 9,378
New Cases in Last 24 Hours: 64



- **Southern Maryland Confirmed Case by Demographics**

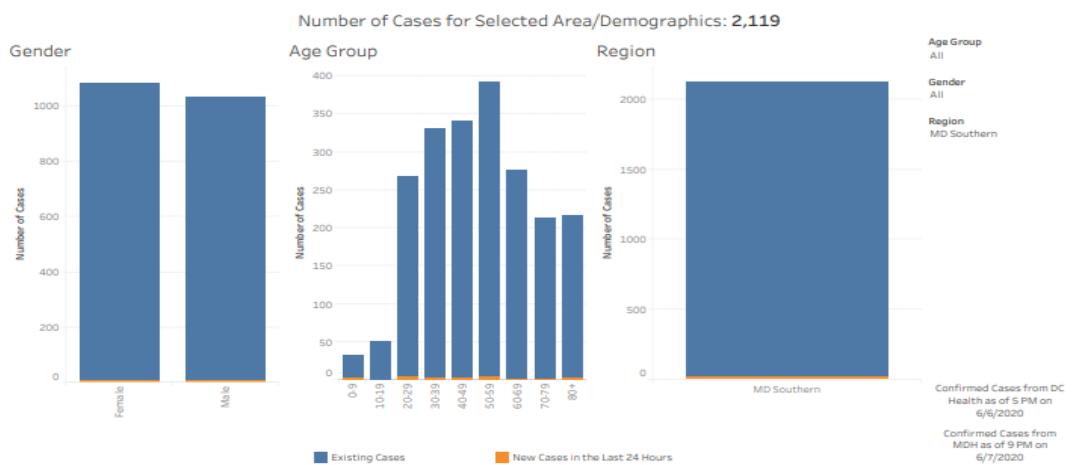
Confirmed COVID-19 Cases by Demographics in Maryland and DC

Maryland counts are based on cases reported to Maryland Department of Health. DC counts are based on cases reported to DC Health.

As with all reports, do not distribute this information publicly.

Total Cases in Maryland: 58,404
New Cases in Last 24 Hours: 441

Total Cases in DC: 9,378
New Cases in Last 24 Hours: 64



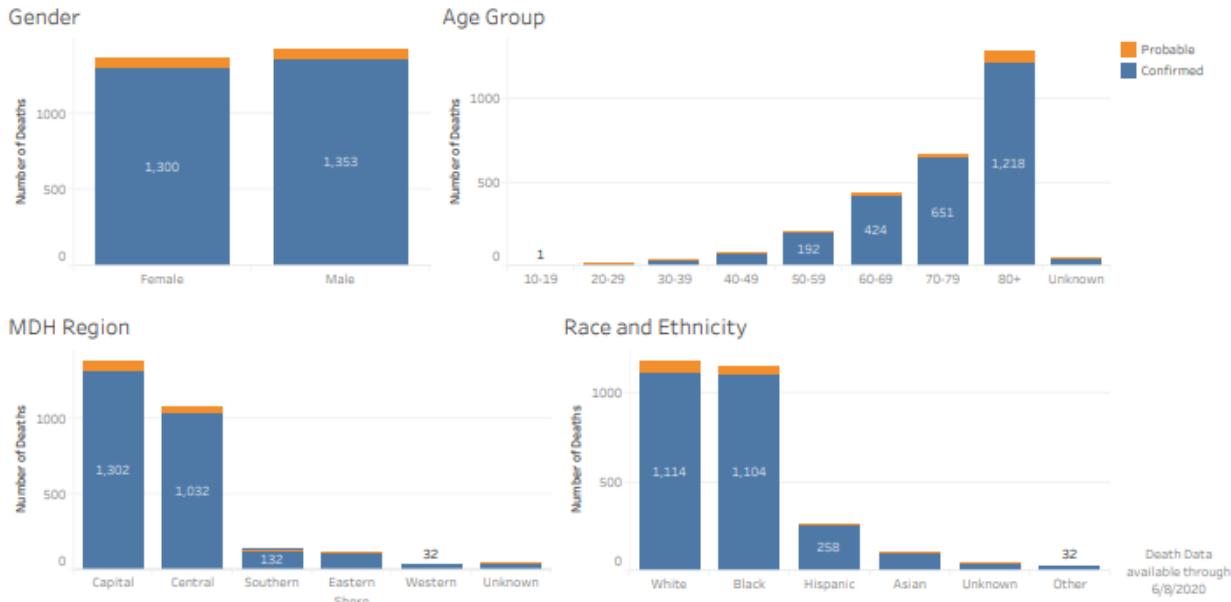
• Maryland COVID Fatalities

Maryland COVID-19 Fatalities

Numbers are of deaths reported by the Maryland Vital Statistics Administration - Maryland residents only.
As with all reports, do not distribute this information publicly.

Total Deaths In Maryland: 2,776

Case Type
All



Confirmed death: Laboratory-confirmed positive COVID-19 test result
Probable death: Death certificate lists COVID-19 as the cause of death but not yet confirmed by a laboratory test

Maryland COVID-19 Fatalities

Numbers are of deaths reported by the Maryland Vital Statistics Administration - Maryland residents only.
As with all reports, do not distribute this information publicly. Please note: trend values may retroactively change.



- Maryland Occupied Bed Capacity ICU

MIEMSS Facility Resources Emergency Database (FRED)

Data as of 6/7/2020

The data in this report is self-reported daily by hospitals to Maryland Institute for Emergency Medical Services Systems (MIEMSS). The data in this report reflect point in time counts. Please note data is presented as reported and is not edited or validated by CRISP.

Occupied Staffed Beds - Adult ICU

	May							June							Physical or Staffed Beds Staffed	Care Setting Adult ICU	Date 5/25/2020 to 6/8/2020
	25	26	27	28	29	30	31	1	2	3	4	5	6	7			
Statewide	80%	81%	82%	81%	79%	80%	80%	78%	79%	81%	82%	79%	80%	80%			
Region 1 - Garrett and Alle...	56%	70%	71%	75%	86%	79%	63%	58%	50%	63%	82%	75%	60%	80%			
Region 2 - Washington and...	71%	76%	78%	73%	73%	73%	65%	65%	58%	56%	51%	55%	58%	60%			
Region 3 - Central Maryland...	81%	81%	81%	81%	78%	80%	78%	78%	80%	82%	82%	78%	79%	80%			
Region 4 - Eastern Shore	62%	75%	74%	78%	77%	68%	77%	62%	68%	74%	82%	82%	79%	67%			
Region 5 - Capital and Sout...	85%	84%	87%	83%	82%	83%	82%	83%	85%	86%	86%	87%	87%	88%			

Region
 Region 1 - Garrett and Allegany Count...
 Region 2 - Washington and Frederick...
 Region 3 - Central Maryland/Baltimore...
 Region 4 - Eastern Shore
 Region 5 - Capital and Southern Maryl...

Occupied Staffed Beds - Adult ICU by Hospital

Hospital Name	May							June							County All	Hospital Name Charles Regional (UM)	Occupied %
	25	26	27	28	29	30	31	1	2	3	4	5	6	7			
Charles Regional (UM)	47%	47%	40%	40%	60%	53%	33%	33%	27%	40%	27%	27%	33%	33%			

Occupied %
 0% 100%

- Maryland Occupied Bed Capacity Acute Care

MIEMSS Facility Resources Emergency Database (FRED)
Data as of 6/7/2020

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Occupied Staffed Beds - Adult Acute Care

	May							June							Physical or Staffed Beds Staffed	Care Setting Adult Acute Care	Date 5/25/2020 to 6/8/2020
	25	26	27	28	29	30	31	1	2	3	4	5	6	7			
Statewide	81%	80%	82%	83%	83%	80%	81%	79%	82%	82%	84%	83%	81%	80%			
Region 1 - Garrett and Alle...	67%	62%	70%	71%	75%	73%	74%	75%	79%	72%	70%	73%	62%	60%			
Region 2 - Washington and...	74%	77%	83%	79%	81%	76%	74%	75%	79%	78%	70%	65%	70%	71%			
Region 3 - Central Maryland...	82%	83%	84%	85%	84%	83%	86%	82%	84%	84%	88%	87%	84%	82%			
Region 4 - Eastern Shore	76%	60%	77%	80%	81%	69%	76%	72%	74%	76%	82%	82%	71%	73%			
Region 5 - Capital and Sout...	83%	81%	80%	82%	80%	77%	76%	76%	78%	82%	82%	82%	79%	79%			

Region
 Region 1 - Garrett and Allegany Count...
 Region 2 - Washington and Frederick...
 Region 3 - Central Maryland/Baltimore...
 Region 4 - Eastern Shore
 Region 5 - Capital and Southern Maryl...

Occupied Staffed Beds - Adult Acute Care by Hospital

Hospital Name	May							June							County All	Hospital Name Charles Regional (UM)	Occupied %
	25	26	27	28	29	30	31	1	2	3	4	5	6	7			
Charles Regional (UM)	60%	69%	78%	79%	69%	67%	73%	74%	75%	82%	81%	89%	72%	72%			

Occupied %
 0% 100%

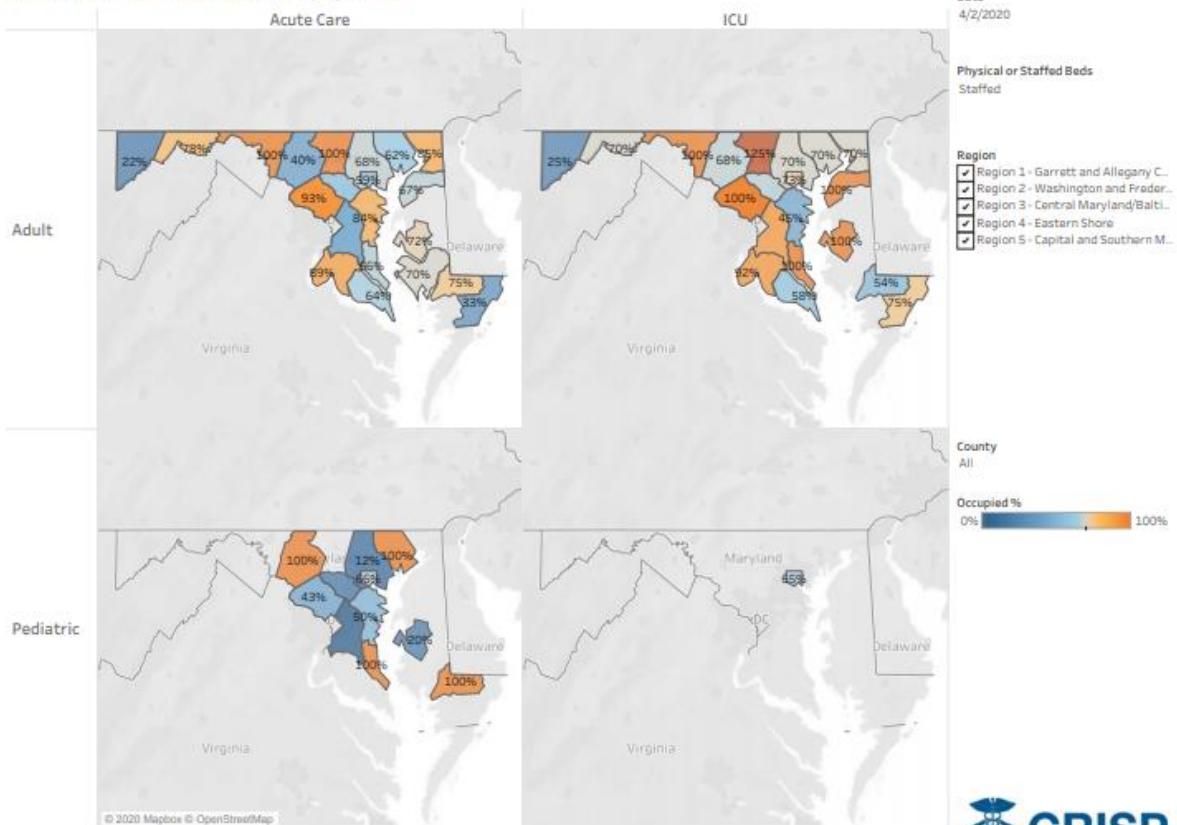
- Maryland Occupied Staffed Beds

MIEMSS Facility Resources Emergency Database (FRED)

Data as of 6/7/2020

The data in this report is self-reported daily by hospitals to Maryland Institute for Emergency Medical Services Systems (MIEMSS). The data in this report reflect point in time counts. Please note data is presented as reported and is not edited or validated by CRISP.

Occupied Staffed Beds on 4/2/2020



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



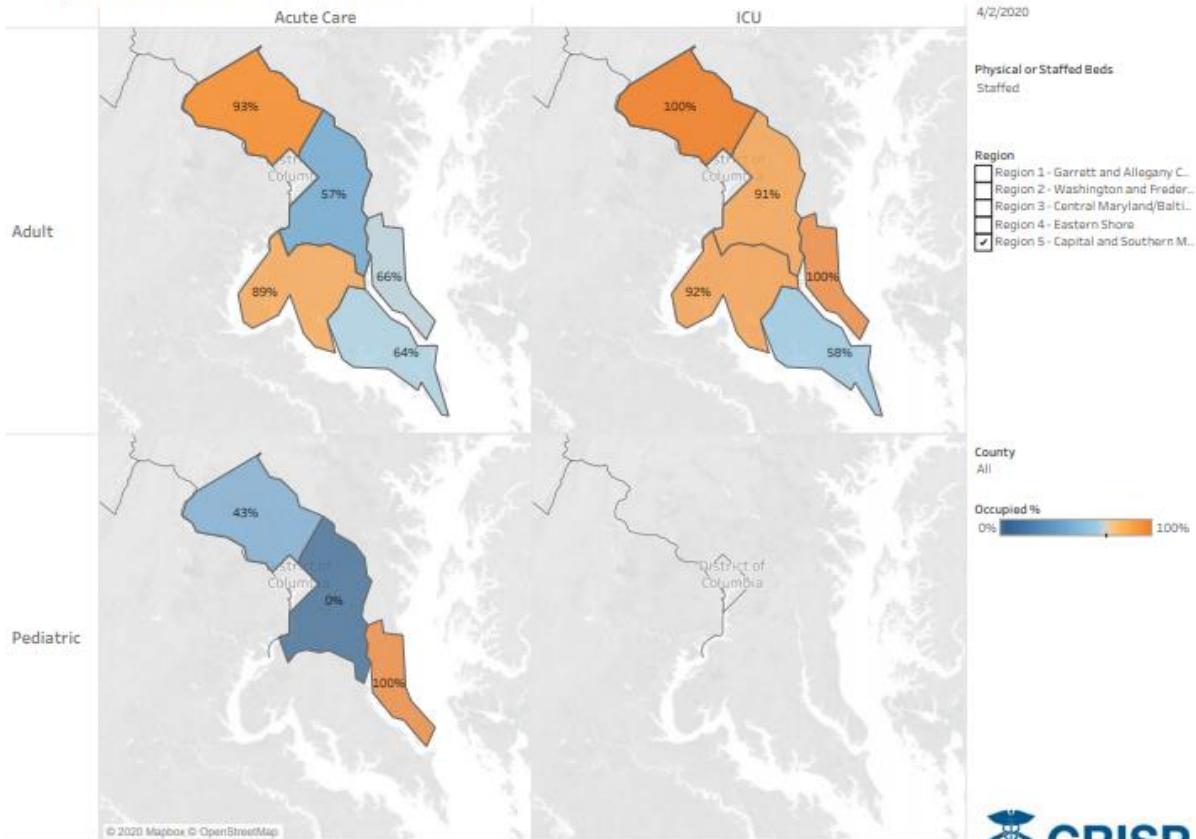
- Southern Maryland Occupied Staffed Beds

MIEMSS Facility Resources Emergency Database (FRED)

Data as of 6/7/2020

The data in this report is self-reported daily by hospitals to Maryland Institute for Emergency Medical Services Systems (MIEMSS). The data in this report reflect point in time counts. Please note data is presented as reported and is not edited or validated by CRISP.

Occupied Staffed Beds on 4/2/2020



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



Epidemiologist's Note: Looking at the MD Hospital Capacity Overview, 4 out of 5 data measures show improvement in a positive direction including the number of acute and ICU beds available going up, the number of patients in ED going down, and the number of occupied ICU and Acute Care beds going down. The graphs at the bottom show the reductions in those hospitalized for COVID-19 in Maryland. This trend is also seen on a county level as seen in the other two graphs attached. There are currently 6 people hospitalized at CRMC with COVID-19; 1 in ICU and 5 in acute care.

• Maryland Occupied Bed Capacity Overview

Statewide Capacity Overview

Available Acute Care and ICU Staffed Beds (Adult):	Ventilators Available:	Patients in the Emergency Department:
1,533	1,317	798
(1533/7578) = 20%	(1317/1952) = 67%	(798/2021) = 39%
Change from day before: +49 beds	Change from day before: -8 vents	Change from day before: -2 patients

Hospitalized Confirmed COVID-19 Patients

Staffed Acute Care Beds Occupied by COVID-19 Patients: 587

(587/6207) = 9%

Staffed ICU Beds Occupied by COVID-19 Patients: 392

(392/1371) = 29%

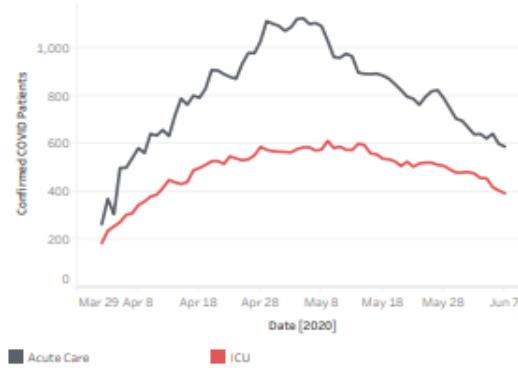
Change from day before:	-12 patients	Change from day before:	-12 patients
7-Day Trend	-10.27%	7-Day Trend	-19.63%
14-Day Trend	-30.21%	14-Day Trend	-23.24%

Bed Summary

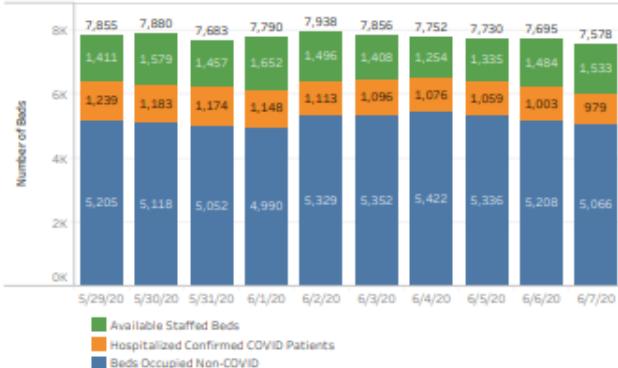
	Physical Beds	Staffed Beds	Occupied Beds	% Occupied Physical Bed	% Occupied Staffed Bed
Adult Acute Care	8,015	6,207	4,943	62%	80%
Adult ICU	1,733	1,371	1,102	64%	80%
Pediatric Acute Care	325	236	124	38%	53%
Pediatric ICU	65	55	41	63%	75%

Hospitalized COVID-19 Patients

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



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



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

Epidemiologist's Note: Here is the surge capacity for acute care and ICU at CRMC and MD.

- **Maryland Surge Bed Capacity Overview**

MIEMSS Facility Resources Emergency Database (FRED)

Data as of 6/7/2020

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

The data in this report is self-reported daily by hospitals to Maryland Institute for Emergency Medical Services Systems (MIEMSS). The data in this report reflect point in time counts. Please note data is presented as reported and is not edited or validated by CRISP.

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

Acute Care Surge Beds

	Occupied Beds	Staffed Beds	Physical Beds	Peak Surge Acute Care Beds	Incremental Acute Beds with ..	Total Acute Beds at Peak Surge
Statewide	4,943	6,207	8,015	9,585	479	10,064
Charles Regional (UM)	69	96	96	162	7	169

Region
 Region 1 - Garrett and Allegany Counties
 Region 2 - Washington and Frederick Counties
 Region 3 - Central Maryland/Baltimore
 Region 4 - Eastern Shore
 Region 5 - Capital and Southern Maryland

County
Charles County

Hospital Name
All

ICU Surge Beds

	Occupied Beds	Staffed Beds	Physical Beds	Peak Surge ICU Beds	Incremental ICU Beds with Tents	Total ICU Beds at Peak Surge
Statewide	1,102	1,371	1,733	3,382	251	3,633
Charles Regional (UM)	5	15	15	26	4	30

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



Epidemiologist's Note: The next graphs look at the trends in Acute Care and ICU occupancy over the last 14 days for CRMC and all of the Region 5 hospitals. The number of COVID-19 patients in acute care has increased at CRMC after seeing decreases over the last 2 weeks. The number of COVID-19 patients in the ICU has remained low.

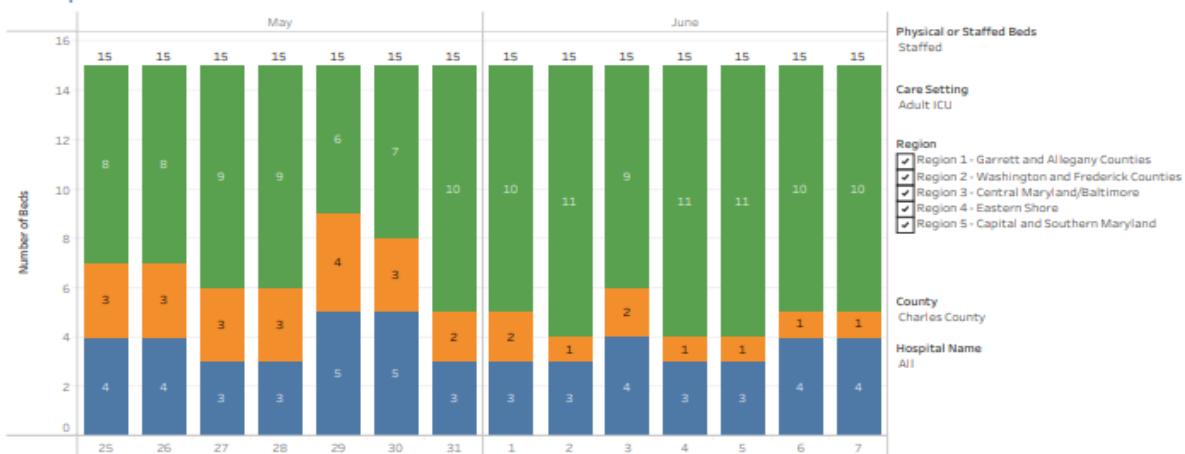
- Charles County Occupied Bed Capacity ICU

MIEMSS Facility Resources Emergency Database (FRED)

Data as of 6/7/2020

The data in this report is self-reported daily by hospitals to Maryland Institute for Emergency Medical Services Systems (MIEMSS). The data in this report reflect point in time counts. Please note data is presented as reported and is not edited or validated by CRISP.

Occupied Staffed - Adult ICU



Occupied Staffed by Hospital - Adult ICU



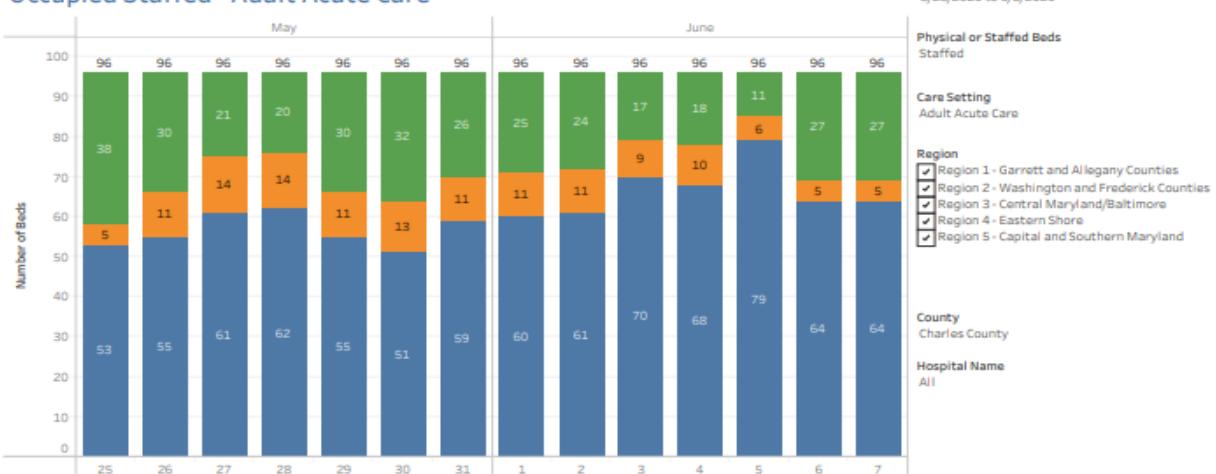
- Charles County Occupied Bed Capacity Acute Care

MIEMSS Facility Resources Emergency Database (FRED)

Data as of 6/7/2020

The data in this report is self-reported daily by hospitals to Maryland Institute for Emergency Medical Services Systems (MIEMSS). The data in this report reflect point in time counts. Please note data is presented as reported and is not edited or validated by CRISP.

Occupied Staffed - Adult Acute Care



Occupied Staffed by Hospital - Adult Acute Care



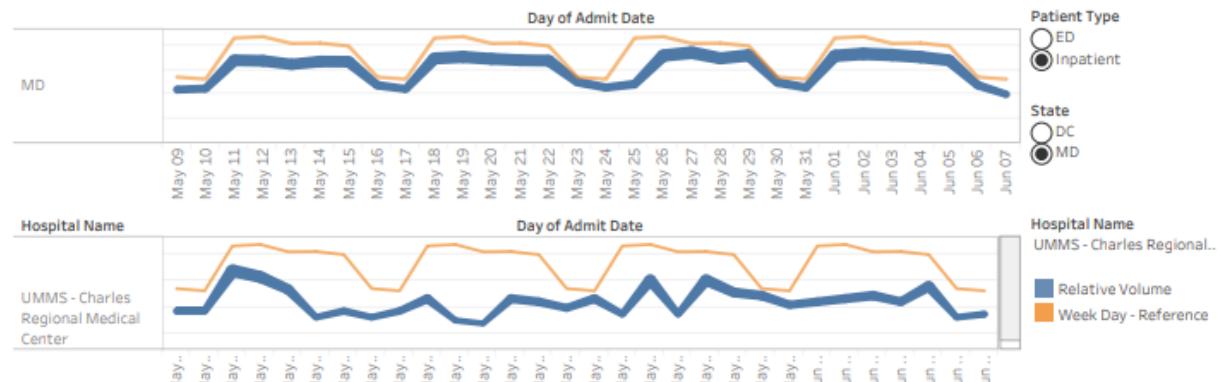
Epidemiologist's Note: I will continue to closely monitor the hospital utilization data for trends and changes.

- **Charles County Hospital Inpatient Volume**

Hospital Volume Trend Lines

These volume data are derived from real-time Admission/Discharge/Transfer feeds sent to CRISP. The thickness of the line is a measure of volume. These volume counts are imprecise for reasons such as differences in how feeds are implemented among hospitals. However, the trendlines provide utility in understanding directional volume change over time.

The orange reference line shows the statewide average relative volume by the day of the week, using all ADT data from January 1, 2020 to February 29, 2020.

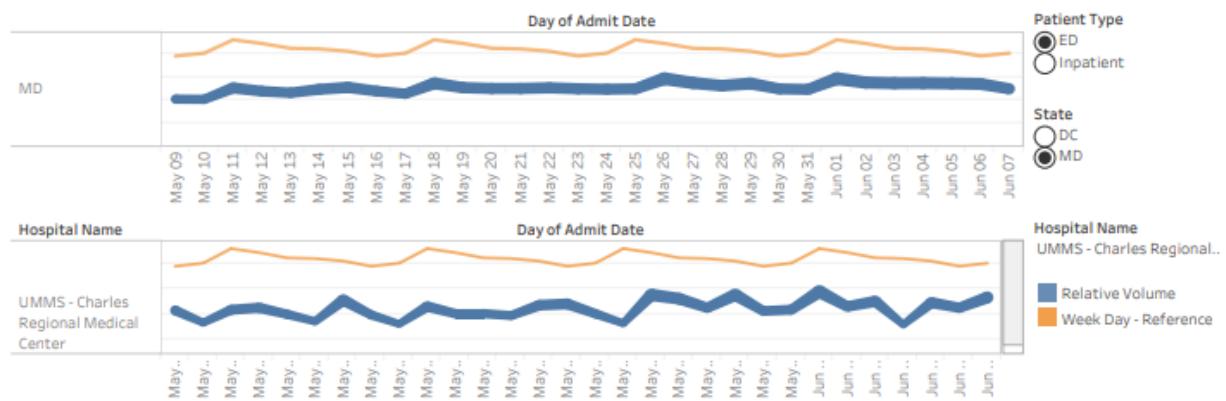


- **Charles County Hospital Emergency Department Volume**

Hospital Volume Trend Lines

These volume data are derived from real-time Admission/Discharge/Transfer feeds sent to CRISP. The thickness of the line is a measure of volume. These volume counts are imprecise for reasons such as differences in how feeds are implemented among hospitals. However, the trendlines provide utility in understanding directional volume change over time.

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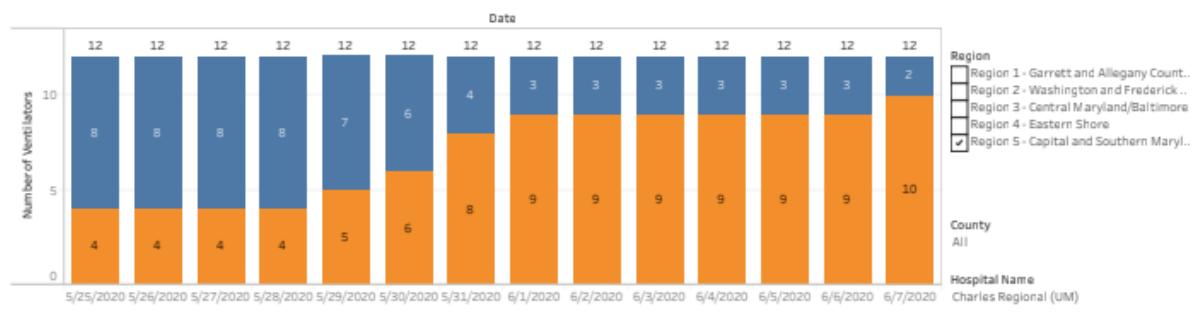
• Southern Maryland Ventilator Availability

MIEMSS Facility Resources Emergency Database (FRED)

Data as of 6/7/2020

The data in this report is self-reported daily by hospitals to Maryland Institute for Emergency Medical Services Systems (MIEMSS). The data in this report reflect point in time counts. Please note data is presented as reported and is not edited or validated by CRI&SP.

Ventilators Availability



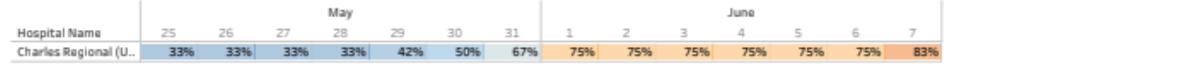
Additional Ventilators Supplied by Federal and State Government

Data as of 5/11/2020

Type	Source	Requested	Received	Distributed
Federal Ventilators	EMAC	100	100	0
	SNS	470	470	333
DGS Procured	Blue Door Pharma	400	0	
	Energy Audit	142	0	
	Percussionaire (mobile)	250	180	
	Percussionaire TXPS	200	50	
	Res Med Astral (mobile)	176	176	
	Vanguard	1,150	0	
Grand Total		2,888	976	333

Ventilators in Use by Hospital

Highlighting Indicates Percentage of Ventilators in Use



Respectfully submitted by Charles County PHEP

HOSPITAL BRIEF 6-08-2020

- The Emergency Department surge tents have been taken down due to the low patient census. The surge tents will be put back up if patient census indicates the need for surge tents in the future.
- Hospital Bed Capacity = 166. Census = 85
- Hospital ICU Census = 6
- Hospital ICU in now a dedicated COVID-19 Unit, and 3 East is for ICU overflow.
- Isolation Room Capacity = 12
- Isolation Rooms Occupied = 10
- Confirmed positive cases of COVID-19 patient admissions = 4
 - Of the total four (4) COVID-19 positive patients, one (1) of the patients are located in the ICU. Three (3) are located in the 3 South dedicated COVID-19 unit.
- PUI admissions = 4
- Ventilated COVID-19 positive patients = 2
- Ventilators not in use = 18
- COVID-19 related deaths = 42 (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 by half to COVID-19 positive patients only, and the other half of the unit is dedicated to PUI patients.
- EMS staff transport to CRMC on Saturday, 6/06/2020 and Sunday, 6/07/2020: System down. No report available at this time.
- CMCR total Lab tests to date = 1905. COVID-19 positive tests = 316.

Intelligence Briefing 6-8-2020
 COVID Charles County
 Week 13

Updated Infection Numbers: As of 0833hrs.

Total worldwide: 7,038,942 **+374,034** since the 6-5-20 brief.

Worldwide increase of confirmed cases by 24-hour period over the last 18 days

5-21/22	5-22/23	5-24/26*	5-26/27	5-27/28	5-28/29	5-29/6-1	6-1/3	6-3/5	6-5/8
100,760	123,960	267,426	87,047	120,704	112,740	354,112	216,515	253,885	374,034

Total fatalities worldwide: 391,686 **+11,581** since the 6-5-20 brief

Total confirmed cases in the US: 1,872,660 **+69,703** since the 6-5-20 brief

US increase of confirmed cases by 24-hours period over the last 18 days

5-21/22	5-22/23	5-24/26*	5-26/27	5-27/28	5-28/29	5-29/6-1	6-1/3	6-3/5	6-5/8
25,164	27,121	57,889	18,650	21,482	19,015	68,265	42,221	40,248	69,703

Total fatalities in US: 110,514 **+2,303** since 6-5-2020

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

Total confirmed cases in State in of MD: 58,404 **+1,634** since the 6-5-20 brief

Total tested in the State of MD: 405,414 **+29,949** over 6-5-20

Percent of those test that test positive: **7.38%**

Total Fatalities in State of MD: 2,653 **+134** change since the 6-5-20 brief

Number of probable deaths: 123

Total Ever Hospitalized: 9,626

Persons currently hospitalized: **979 -97** since 6-5-2020

5-18/19	5-19/20	5-20/21	5-21/22	5-22/23	5-23/26*	5-26/27	5-27/28	5-28/29	5-29/6-1	6-1/3	6-3/5	6-5/8
-13	-11	-36	-36	-9	-5	+23	-4	-38	-122	-65	-33	-97

First Responder Numbers in Charles County: NUMBERS AS OF 6-8-2020 @1230

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

0 Self Isolation: means sick or tested positive

Weather:

Tues 89-71 sun, Wed 89-73 sun, Thursday 84-66 storms

Local:

Visited several stores this am. Inventories look very good. There were a few holes in some prepackaged and canned items. Paper products, cleaning supplies, and hand sanitizer was in stock in each store. Please note: at the beginning of the crisis paper product manufacturers indicated that the run on paper products was 12 times the normal amount purchased in an averaged week. We are currently in week 13. Over the last two weeks paper products inventories have returned to almost normal levels. Input from supply chain/economics experts will be needed in future for nationwide crisis to predict supply chain restoration issues.

Maryland Update:

PG county opens a 2nd free community testing site in Chillum

Region:

Over 70,156 cases in the NCR as of 0700 6-8-2020.

119,004 cases in Maryland, DC, and Virginia as of 1100 on 6-8-2020.

National:

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

Unemployment DROPS to 13.3% from 14.7%. 2.5million jobs have been added.

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

June 8th, 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:

- 0 Sworn Officer quarantined
- 0 Sworn Officers isolated
- 1 Correctional Officer quarantined
 - Contact with household member who is COVID-19 positive, tested negative, estimated return date of 06/09/20
- 0 Correctional Officers isolated
- 1 civilians quarantined
 - 1 estimated return date of 06/09/20, family member tested negative.
- 0 civilians isolated.

Charles County Detention Center Population:

- 111 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: 66

Warnings: 63

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 6-8-2020
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:

Friday, 6/5/20 CCPS served 4167 meals at the 11 meal distribution sites. The total was +411 from the meals served on Thursday, 6/4/20.

NO MEAL DISTRIBUTION SATURDAY and SUNDAY.

The Summer Meals Program is a free meals program for all children and youth ages 18 and younger who live in Charles County.

Due to the COVID-19 social distancing requirements, Charles County Public Schools (CCPS) will continue to serve Grab and Go meals at our eleven existing meal sites beginning Friday, June 12 through Tuesday, June 30 between the hours of 11:00 a.m. to 1:00 p.m. CCPS will serve Summer Meals throughout the summer months until August 14; however, we are awaiting direction from the United States Department of Agriculture (USDA) regarding our Summer Meals Program beyond **June 30. More information will follow.**

CCPS meal distribution sites can provide parents food without their child being present. However, the pick-up person must be a child's parent or guardian. Parents/guardians must show staff their child's CCPS student identification (ID) badge or report card copy showing their student ID number.

Parents with children not yet enrolled in school should attempt to bring some type of age verification to show to site staff, such as a copy of a birth certificate.

There will be no need for parents to exit their vehicles to obtain the meals. Parents and guardians need only show their child's ID badge or report card to a staff member on site. The 11 meal sites operate 11 a.m. to 1 p.m. Monday through Friday. Curbside meals are provided at the following schools:

- Henry E. Lackey High School;
- Maurice J. McDonough High School;
- St. Charles High School;
- Westlake High School;
- Milton M. Somers Middle School;
- Dr. Thomas L. Higdon Elementary;
- Indian Head Elementary School;

- Mt. Hope/Nanjemoy Elementary School;
- Dr. Samuel A. Mudd Elementary School;
- J.C. Parks Elementary School; and
- J.P. Ryon Elementary School.

Parents can pick up the following for their child daily: one breakfast, one lunch, one dinner and a snack. Any requests from parents asking for additional meals on the same service day at other sites will not be honored. Visit the CCPS website at www.ccboe.com for the latest information.

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.

The final round of learning packets for elementary school students will be at meal sites starting May 28. There are no additional packets for secondary students. Starting on June 1, middle and high school teachers will use Teams for the final two weeks of instruction. Teams lessons are canceled for high school students on the day of their school's in-person graduation event.

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:

Nothing new to report.

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:

Respectfully submitted by Michael Meiser



Charles County Volunteer Firemen's Association, Inc.

Post Office Box #21, La Plata, Maryland 20646

June 8th, 2020

Re: Volunteer Fire/EMS Brief - June 5th, 6th, 7th

Items Being Worked On:

- Reduction of Force Policy – *Information gathering occurring.*
- Non COVID Related – Civil Disturbance Response Policy

Stations/Apparatus:

- No Station's with contamination issues.
- No Apparatus with any contamination issues.

Personnel Exposure:

None

Incidents/Call Volume:

- No Major Incidents to Report related to COVID-19
- Friday June 5th - EMS Call Volume was above average, and Fire Call Volume was average 72 EMS Related Incidents ---- 23 Fire Related Incidents
- Saturday June 6th - EMS Call Volume was average, and Fire Call Volume was above below average 60 EMS Related Incidents ---- 11 Fire Related Incidents
- Sunday June 7th – EMS Call Volume was average, and Fire Call Volume was average 50 EMS Call Related Incidents ---- 15 Fire Related Incidents

Other Information:

- Continue to push out information about Social Distancing in the Stations.
- Continue to push out Peer Support Information.
- The past week saw an increase of Overdoses.

Respectfully Submitted,

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