Charles County COVID-19

Incident Action Plan

From		To
6/23/20 8:00	-	6/30/20 8:00

OPERATIONAL PERIOD

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name	2. Operational Period	Date From:	6/23/20	Date To	6/30/20
Charles County COVID-19		Time From:	8:00	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. Prepare for the New Normal.

I. Conduct an After Action Analysis including all divisions and functions of the COVID-19 response.

4. Operational Period Command Emphasis

On EMS calls- one person in (minimum of gloves, and N95) investigate, if a PUI, STOP and gown up including eye protection. SO 2020-01, Section B-3.

General Situational Awareness

"Remember, contract decon procedures end on June 30th. A self-service decon kiosk will be available at CRMC after June 30th."

5. Site Safety Plan Required?   ☐ Yes   ☑ No

Approved Site Safety Plan(s) Located at:

6. Attachments (check if attached)

			ICS 214
☑ ICS 203	☐ ICS 207	☑	_____
☐ ICS 204	☑ ICS 208	☐	_____
☐ ICS 205	☐ Map/Chart	☐	_____
☑ ICS 205A	☐ Weather Forcast/Tides/Currents	☐	_____
☐ ICS 206		☐	_____

7. Prepared by: Name: __Joe Hoffmaster_____   Position/Title: _PSC_____ Signature: _____

8. Approved by Incident Commander: Name: ___Michelle Lilly_____   Signature: _____

ICS 202	IAP Page __2____	Date/Time: _____ _____June 15, 2020 @08:30_____

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name		2. Operational Period			
Charles County COVID-19		Date From:	**6/23/20**	Date to:	**6/30/20**
		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 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	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: ___Joe Hoffmaster_____	Position/Title: __PSC_____	Signature_____
ICS 203	IAP Page ____3_____	Date/Time: _____ _____June 15, 2020 @08:30_____

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name		2. Operational Period				
Charles County COVID-19		Date From:	6/23/20	Date to:	6/30/20	
		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		Charles County Govern.		Michele Lilly

4. Agency Representative

		Town of LaPlata		Chris Becker
Agency	Name	Town of Indian Head		Ryan Hicks
Intell officer Deputy	Mike Meiser			
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_____

ICS 203	IAP Page __4_____	Date/Time: _____ _____June 15, 2020 @08:30_____

COMMUNICATIONS LIST (ICS 205A)

1. Incident Name	2. Operational Period:	Date From:	6/23/20	Date to:	6/30/2020
Charles County COVID-19		Time From:	8:00	Time to:	8:00

3. Basic Local Communications Information:

Name - Last	Name-First	Representing	Email	Phone
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- Logisitics	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@chalrescountymd.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: _____ _____June 15, 2020 @08:30_____

COMMUNICATIONS LIST (ICS 205A)

1. Incident Name		2. Operational Period:	Date From:	6/23/20	Date to:	6/30/2020
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	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		CCEOC	DESEOC@charlescountymd.gov	
Cherry	Lori	LOGS- Deputy	Cherryl@charlescountymd.gov	
Herbert	Scott	PS LOGS	sherbert@hvfdems.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	2. Operational Period	Date From:	6/23/20	Date To:	6/30/20
Charles County COVID-19		Time From:	8:00	Time To:	8:00

3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:

"Remember, contract decon procedures end on June 30th. A self-service decon kiosk will be available at CRMC after June 30th."

1. Total identified PUI's transported as of 6/22: 1034 Total # of patients testing positive : 154

2. PPE stockpiles remain stable with an estimated supply range of 10+ days based on current call volumes.

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.

4. PPE is for EVREYONE. Share, we have plenty.

5. Speical Order 2020-03 Version 2.1 was updated on 05-06-20-2020. New guidelines added on employee return to work procedures.

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. Instructional video for self decon of apparatus is located at the link below.

https://youtu.be/QYMLHwkQNvY

Site Safety Plan(s) Located At: ☐ Yes   ☑ No

5. Prepared by: Name: ____John Filer_____ Title: __Safety Officer_ Signature:_____

ICS 208 | **IAP Page ___7___** | **Date/Time:** _____June 15, 2020 @08:30_____

ACTIVITY LOG (ICS 214)

1. Incident Name Charles County COVID-19	2. Operational Period	Date From 6/23/2020 Time From: 8:00	Date To: 6/30/2020 Time To: 8:00
3. Name:	**4. ICS Position**	**5. Home Agency** (and Unit)**:**	

6. Resources Assigned

Name	ICS Position	Home Agency (and Unit)

7. Activity Log

Date/Time	Notable Activities

8. Prepared by: Name: _____Position/Title: _____Signature: _____

ICS 214, Page 1	Date/Time: _____

ACTIVITY LOG (ICS 214)

1. Incident Name		2. Operational Period	Date From	6/23/2020	Date To:	6/30/2020
Charles County	COVID-19		Time From: 8:00		Time To:	8:00

7. Activity Log (continuation)

Date/Time	Notable Activities

8. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 214, Page 2   Date/Time: _____

Safety Officer's Report
Charles County EOC

06-22-20

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

Today's Safety Message: "Reminder, contract decon procedures end on June 30th. A self-service decon kiosk will be available at CRMC after June 30th."

Total number of PUI's transported to date: 1034
Total number of patients transported by EMS testing + for COVID: 154
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: 10
Total number of first responders out for COVID related mental health: 0
Total number of fire stations sanitized: 6
Daily Estimated PPE Burn Rate: 20 sets/day
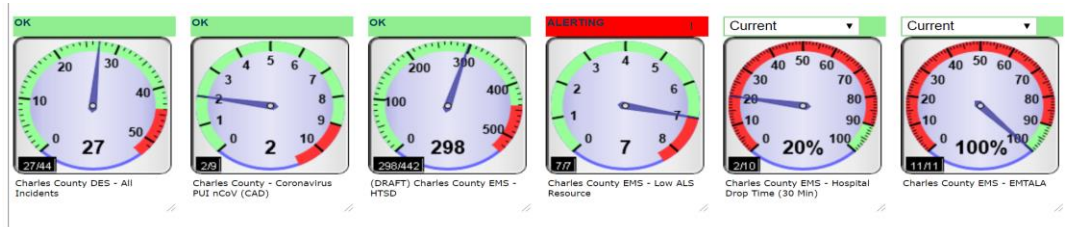
10425 Audie Lane
La Plata, MD 20646

301-399-1143

DESsafety@charlescountymd.gov

www.charlescountymd.gov

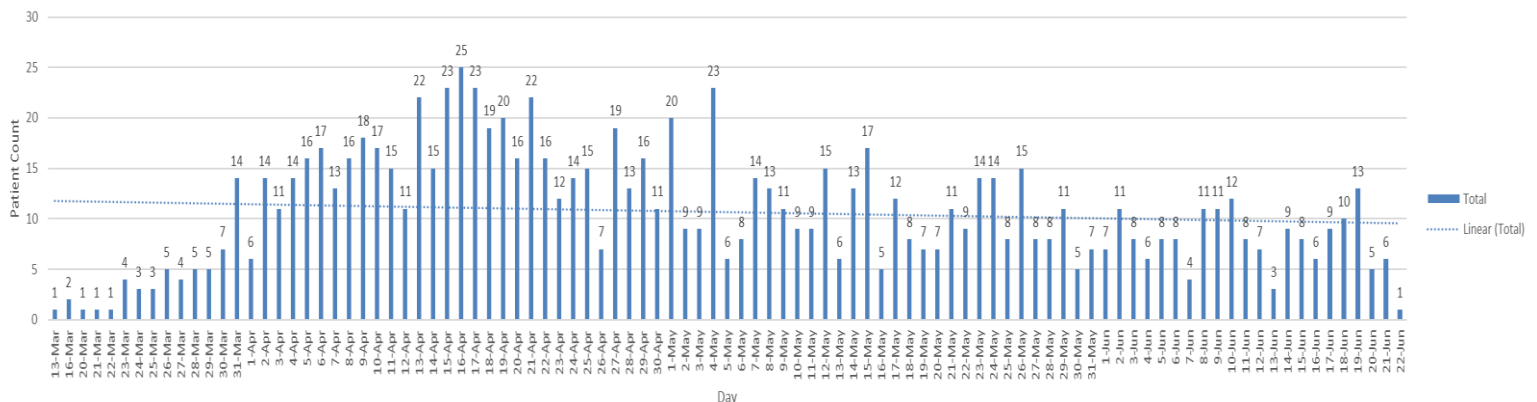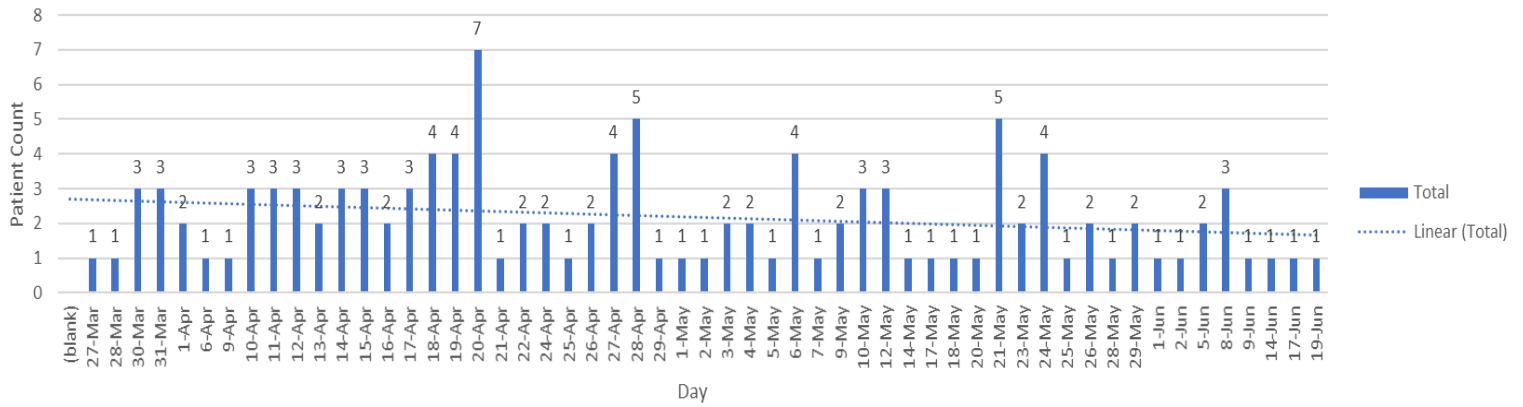PUI Incidents - 03-13-20 thru 06-22-20 @ 0905

Count of Patient Name

YTD COVID+ Patients Transported by EMS

Date of EMS Transport ▼

Count of Incident Reported

Compare To: One Year ▼

Legend: ▬ Previous ▬ Current
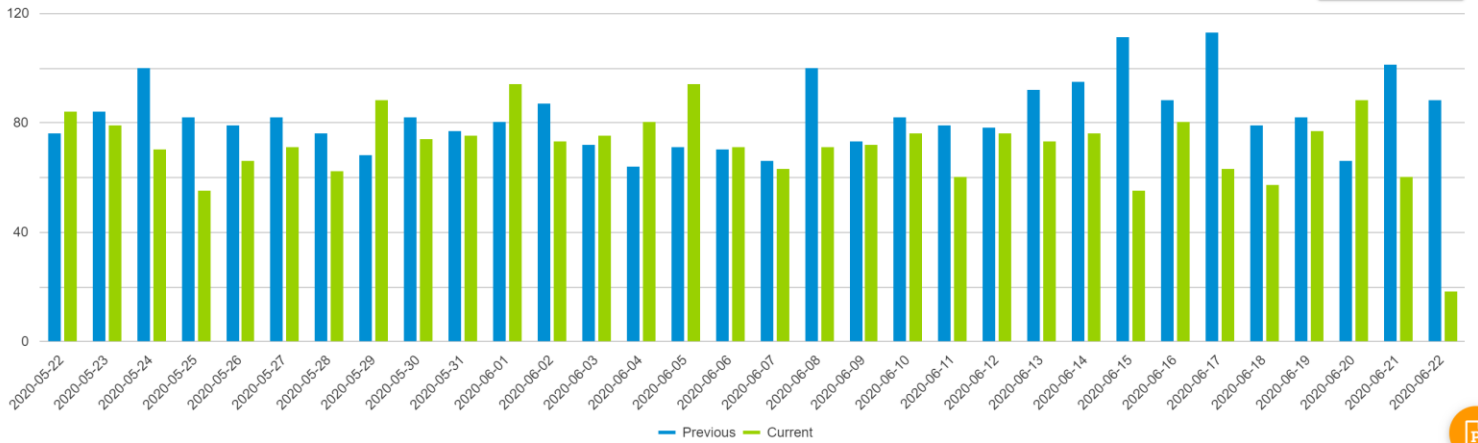
6 Steps for Safe & Effective Disinfectant Use

Step 1: Check that your product is EPA-approved
Find the EPA registration number on the product. Then, check to see if it is on EPA's list of approved disinfectants at: *epa.gov/listn*

Step 2: Read the directions
Follow the product's directions. Check "use sites" and "surface types" to see where you can use the product. Read the "precautionary statements."

Step 3: Pre-clean the surface
Make sure to wash the surface with soap and water if the directions mention pre-cleaning or if the surface is visibly dirty.

Step 4: Follow the contact time
You can find the contact time in the directions. The surface should remain wet the whole time to ensure the product is effective.

Step 5: Wear gloves and wash your hands
For disposable gloves, discard them after each cleaning. For reusable gloves, dedicate a pair to disinfecting COVID-19. Wash your hands after removing the gloves.

Step 6: Lock it up
Keep lids tightly closed and store out of reach of children.

coronavirus.gov

TIPS FOR CAR CLEANING

If you are using your vehicle to go to work or run essential errands while practicing social distancing, we recommend disinfecting the interior of your vehicle regularly.

WHAT TO USE

Soft cloth or microfiber cloth
Dampen the cloth with soap and water to wipe down the hard surfaces of the vehicle interior. Dry with a clean dry cloth.

Isopropyl Alcohol
Solutions that contain at least 70% alcohol are effective against coronavirus according to The Centers for Disease Control and Prevention. Many interior surfaces of a vehicle can be cleaned with a soft cloth or microfiber cloth dampened with isopropyl alcohol.

Cleaning leather
Many automobile leather and leather-like materials have a protective coating, which is safe to be cleaned with alcohol. However, over time, cleaning leather with alcohol can leave it susceptible to damage and discoloration.

➕ An alternative is soap and water to clean spots and spills, followed by the use of a good leather conditioner.

WHAT NOT TO USE

Avoid bleach, hydrogen peroxide, benzene, thinners or other harsh and abrasive cleaners. They will damage your vehicle's upholstery and/or interior surfaces.

Do not use ammonia-based cleaners on the Infotainment screen, as they can damage the anti-glare and anti-fingerprint coatings

WHERE TO CLEAN

☑ Steering wheel

☑ Key and remote fob

☑ Exterior door handles, both sides

☑ Trunk lid or lift gate grab areas

☑ Interior door pulls, both sides and interior door panels

☑ Start button, if equipped

☑ Rear view mirror, back and edges

☑ HVAC vents

☑ Gear selector

☑ Turn signal lever

☑ Windshield wiper controls

☑ Center stack knobs

☑ Center console and arm rest

☑ Seat belt and buckle.
Avoid harsh cleaners on the belt itself. They can degrade the fibres and belt's strength.

☑ Parking brake handle, parking brake or release lever

The Infotainment screen is a high-touch area, but not a surface that should come in contact with aggressive cleaners. Use screen wipes which are not anti-microbial, or wipe with a soft cloth dampened with soap and water. Wipe dry with a clean, soft cloth.

➕ Avoid touching the center screen, and use your voice commands more often.

➕ Remember to wear gloves while disinfecting your vehicle, and try to do so in a well-ventilated area.

PUBLIC HEALTH BRANCH BRIEFING
COVID-19 PANDEMIC RESPONSE
June 22, 2020

GENERAL REPORTING INFORMATION
INFECTIOUS DISEASE
CASE COUNT—CHARLES COUNTY
As of 6/22/2020, total case count for Charles County is 1,333.
- *The line list with confirmed case counts for Charles County is continuously updated as lab reports are received from MDH, hospitals, and commercial laboratories.*
- *Contact tracing efforts are continuous with a focus on healthcare workers, EMS, and police.*

CALL CENTER UPDATE
- Operation time: 0800 to 2200.
- The numbers to call remain the same: 301.609.6717 or 301.609.6777
- Call Center volume is approximately 30 to 60 call per day.

MEDIA, SOCIAL MEDIA AND WEBSITE
- PIO working on re-opening coalition multimedia campaign.

PARTNER/STAKEHOLDER OUTREACH
LTC/AL
- The Long-Term Care and Assisted Living call will be held June 25 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: 64,603 (410,122 negative)
2) **New cases:** 297
   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 (-6 last 24 hours); total current 602; total ever 10,572

e) Deaths -- Total 2,945 (8 last 24 hours)
f) Release from isolation – 4,776

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

RESOURCE DISTRIBUTION
- 5 orders were received on June 19.

VOLUNTEERS
MARYLAND MEDICAL RESERVE CORPS
- Nothing new to report.

CAREGIVER SERVICE CORPS
- Nothing new to report.

TESTING
VEIP TESTING SITE UPDATE
- Tested to Date: 1,602
- The Waldorf VEIP operation runs Tuesday/Thursday from 8:00 am - Noon by appointment only. Next test date is Tuesday, June 16.
- State is working towards having sites become 'no provider'. Meaning that anyone would be able to set their own appointment without a doctor's order.
- CCDOH is working out the process internally to actually use 'our' provider number to allow the health department help any positive resulting tests to the care they will need.
- We are hoping that this will increase testing numbers at sites.
- Appointments can also be entered by providers.

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 6/22 at 9 a.m., total case count for Charles County was 1,333 cases. *(There was a total of 34 new cases since 6/19).*

There have been 84 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 4.6%. 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. We continue to see nursing homes related deaths due to the current outbreak at the Charlotte Hall Veterans Home 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: 76.9 years

Age Distribution of Fatalities:
- 0-39 years: 0
- 40-69 years: 22 (25.6%)
- 70-79 years: 38 (44.2%)
- 80+ years: 26 (30.2%)

Gender breakdown among fatalities:
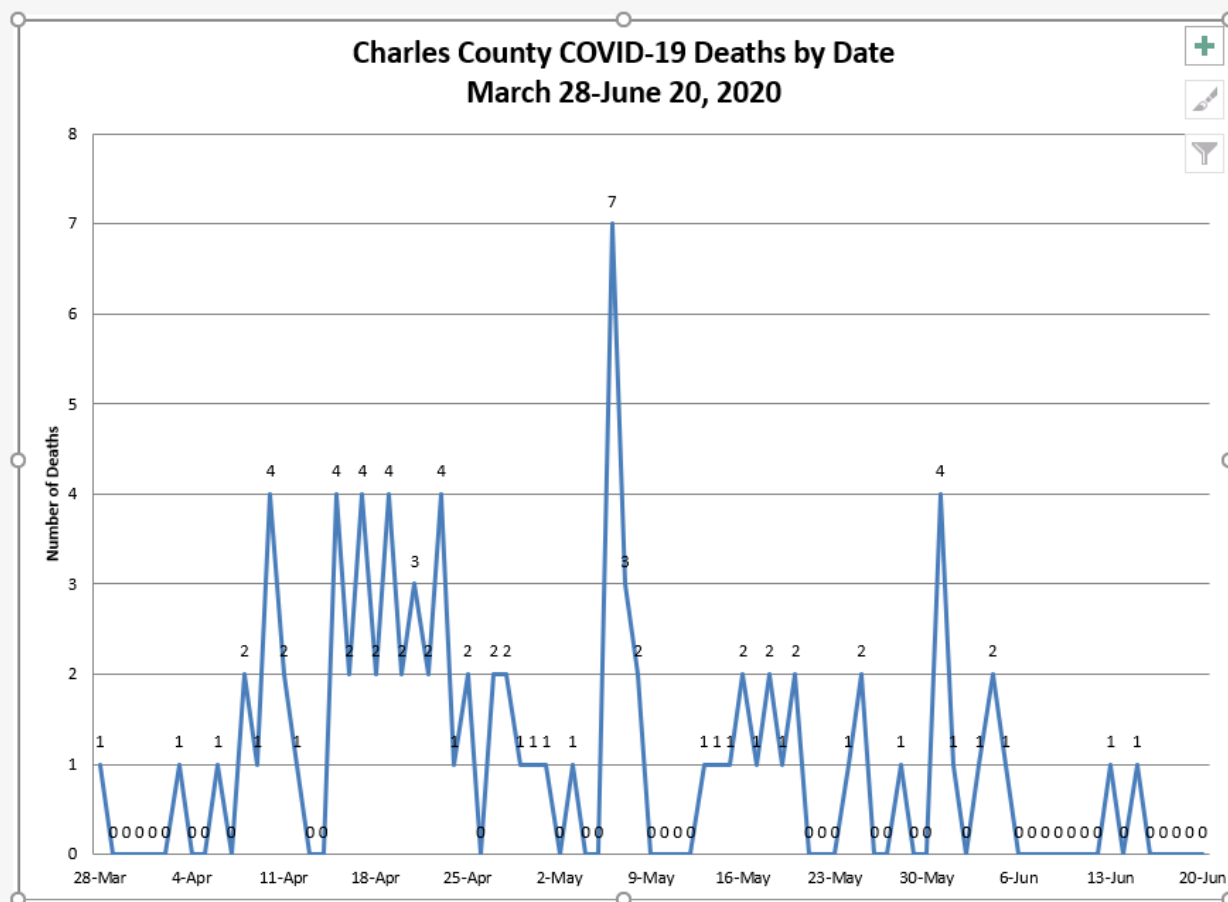- 47 or 54.7% Female
- 39 or 45.3% Male

Race breakdown among fatalities:
- 45.3% Non-Hispanic White
- 47.7% Non-Hispanic Black
- 3.5% Non-Hispanic Asian
- 3.5% Hispanic

Location of deaths:
- Hospital Inpatient: 53 or 61.6%
- Nursing Home: 22 or 25.6%
- Other/Home/Emergency Room/Outpatient: 11 or 12.8%

Charles County COVID-19 Deaths by Date
March 28-June 20, 2020

- Total Number of positive lab results: 1333
- Number of positive lab results since 6/19: 34
- Total Number of negative lab results: 9767
- Number of negative lab results in last 24 hours: 133
- Total testing volume for Charles County (positive and negative): 11100
- Total Positivity Rate for all lab results thus far: 12.0% (state 11.3%)
- Positivity Rate for all lab results since 6/19: 8.5%
- Average number of days from specimen collection date to reporting to public health for all positive and negative lab results (N=1425)   between June 12-18: 6.14 days
- Average number of days from specimen collection date to reporting to public health for all positive lab results (N=49) between June 12-18: 3.35 days
- Data on average number of days from specimen collection date to public health reporting will be done on a weekly basis and reported on the Friday report.
- Recovered and released from isolation: 358
- Partially recovered with improved symptoms: 57
- Known asymptomatic cases: 38
- 227 or 17.0% required hospitalization. Hospitalization rate is steadily decreasing. Peak in

hospitalization rate coincided with the peak in the skilled nursing facility outbreaks.
- Among confirmed cases, 749 (56.2%) Female; 584 (43.8%) Male
- 10.7% Healthcare Workers
- 1.0% First Responders: EMS, Fire, Law Enforcement
- 28% have underlying health conditions
- Age range of positive COVID-19 cases: 0-100 years

Age Distribution for Charles County cases:
- Under 18 years: 52 (3.8%)
- 18-64 years: 1038 (77.9%)
- 65+ years: 243 (18.3%)

Surveillance of ED Hospital Data and Urgent Care through ESSENCE

ESSENCE data for urgent care utilization at Patient First in Waldorf had no alerts for Saturday, June 20th or Sunday, June 21st. Patient volume was 46 patients on 6/20 and 41 on 6/21. All were discharged to home for self-care.

- On 6/20, 24 patients presented with ILI or at least one COVID-19 like symptoms (52% of total patient volume). 21 out of 24 ILI were there for either a COVID-19 test or COVID-19 Antibody test (88%). Diagnoses for ILI patients on Saturday included contact with and exposure to other viral communicable diseases, encounter for screening for other viral diseases, unspecified chest pain, and acute frontal sinusitis. There were 10 Visit of Interest tags. All 10 cases had exposure to a COVID-19 positive case and presented for a COVID-19 test. There were no other CDC Classifier tags for 6/20.   They completed 21 COVID-19 tests on 6/20.

- On 6/21, 14 patients presented with ILI or at least one COVID-19 like symptoms (34% of total patient volume). 11 out of 14 ILI were there for either a COVID-19 test or COVID-19 Antibody test (79%). Diagnoses for ILI patients on Sunday included contact with and exposure to other viral communicable diseases, encounter for screening for other viral diseases, COVID-19, pneumonia, shortness of breath, and acute upper respiratory infection. There were 7 Visit of Interest tags. All 7 cases had exposure to a COVID-19 positive case and presented for a COVID-19 test. There was 1 CDC classifier tag for Pneumonia.   They completed 11 COVID-19 tests on 6/21.

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:
- 6/20: 6
- 6/21: 7

Epidemiologist's Note Concerning Race breakdown: The data is now being captured in the MDH line lists of confirmed cases in REDCap. Data was accessed on 6/22 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: 1,333 cases on 6/22 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 (1.1%)
- Black/African American: 445 (33.4%)
- White: 263 (19.7%)
- Other /2+ races/American Indian/Alaskan Native: 90 (6.8%)
- Data not available/Declined to Answer: 520 (39.0%)

Ethnicity Breakdown
- Hispanic 66 (4.9%)
- Non-Hispanic 626 (47.0%)
- Data not available/Declined to Answer: 641 (48.1%)

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: 61
- Among those 144 resident cases, 109 are in skilled nursing facilities and 35 are in assisted living facilities.
- Current residents or staff who are Persons Under Investigation (PUI) in Skilled Nursing Facilities/Assisted Living Facilities: 3
- Total currently hospitalized: 2
- Deaths: 48
- Pending tests for residents or staff at Skilled Nursing Facilities/Assisted Living Facilities: 3 residents and 3 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 Sage Point 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. All staff results from Genesis La Plata have come back negative. That outbreak will be closed.
- 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.
- CMS recommends regular testing of staff and residents at long term care facilities. It is expected that an executive order will come from the state for routine testing of staff members and possibly residents in the near future.

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 6/22 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 6/19	Case Rate per 1000 residents
20601	249	6	10.10
20602	256	7	10.54
20603	300	6	10.25
20604	3	0	NA
20611	6	0	4.64
20612	2	1	NA
20613	23	0	NA
20616	48	0	8.20
20617	1	0	NA
20622	20	5	3.88
20625	0	0	NA
20632	2	0	NA
20637	33	1	6.45
20640	51	1	4.98
20645	4	0	NA
20646	155	1	8.15
20658	5	0	NA
20659	1	1	NA
20662	18	0	6.13
20664	21	0	7.37
20675	10	0	5.98
20677	11	0	4.74
20693	3	0	2.76
20695	86	1	12.95

- **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:	6/1	6/3	6/5	6/8	6/9	6/10	6/12	6/15	6/17	6/18	6/19	6/22
20601	8.36	8.40	8.61	8.94	9.11	9.19	9.36	9.69	9.85	9.85	9.85	10.10
20602	8.74	8.94	9.22	9.38	9.34	9.62	9.74	9.98	10.10	10.22	10.22	10.54
20603	9.22	9.36	9.60	9.67	9.67	9.74	9.77	9.94	10.08	10.08	10.08	10.25
20611	4.64	4.64	4.64	4.64	4.64	4.64	4.64	4.64	4.64	4.64	4.64	4.64
20616	6.488	7.34	7.51	7.85	7.85	7.85	8.02	8.20	8.20	8.20	8.20	8.20
20622	NA	3.06	3.06	3.47	3.47	3.67	3.88	3.88	3.88	3.88	3.88	3.88
20637	5.35	5.35	5.72	5.72	5.90	5.90	6.27	6.27	6.27	6.27	6.27	6.45
20640	4.22	4.41	4.50	4.60	4.60	4.69	4.69	4.69	4.89	4.89	4.89	4.98
20646	6.72	7.20	7.52	7.78	7.78	7.94	8.05	8.05	8.15	8.15	8.15	8.15
20662	5.11	5.79	6.13	6.13	6.13	6.13	6.13	6.13	6.13	6.13	6.13	6.13
20664	6.70	7.37	7.37	7.37	7.37	7.37	7.37	7.37	7.37	7.37	7.37	7.37
20675	5.39	5.39	5.39	5.39	5.98	5.98	5.98	5.98	5.98	5.98	5.98	5.98
20677	5.17	5.17	5.17	5.17	4.74	4.74	4.74	4.74	4.74	4.74	4.74	4.74
20695	10.16	10.89	11.04	11.19	11.33	11.33	11.92	12.36	12.66	12.66	12.66	12.95

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

- 20607, Accokeek: 10.81
- 20613, Brandywine: 12.73
- 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: 11.66
- 20772, Upper Marlboro: 12.13
- 20744, Fort Washington: 14.27

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.

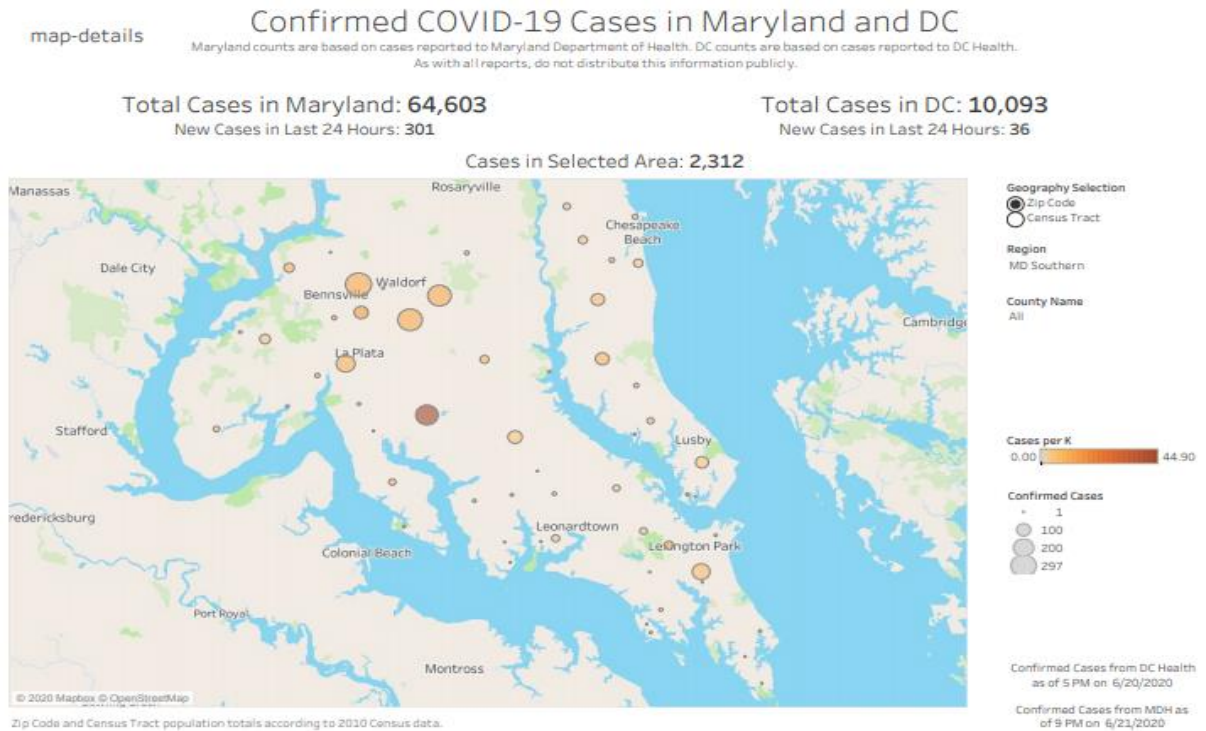| Zip Code	Case Rate per 1000 residents
20783	50.46
20782	35.18
20781	33.22
20737	45.69
20784	37.18
20706	31.82
20722	38.70
20710	29.31

MISCELLANEOUS

Epidemiologist's Note: Here are the COVID-19 heat maps for Maryland, Southern Maryland, and Charles County. For Maryland, the majority of cases are clustered around the large cities (DC and Baltimore). The counties most impacted include Prince George's, Montgomery, Baltimore City, Baltimore County, and Anne Arundel. For Southern Maryland, the towns with the largest populations have been impacted greater than the more rural areas. Towns such as La Plata, Waldorf, Prince Frederick, and Lexington Park have larger case counts and rates. The zip code with the highest COVID-19 case rate is Charlotte Hall. This is largely due to the outbreak at the Charlotte Hall Veterans Home. For Charles County, the locations most impacted by COVID-19 include Waldorf, White Plains, and La Plata. The majority of the county population lives in the 5 zip codes that represent these towns. They are also located along Rt 301 where the majority of residents live and where many of the county businesses reside.
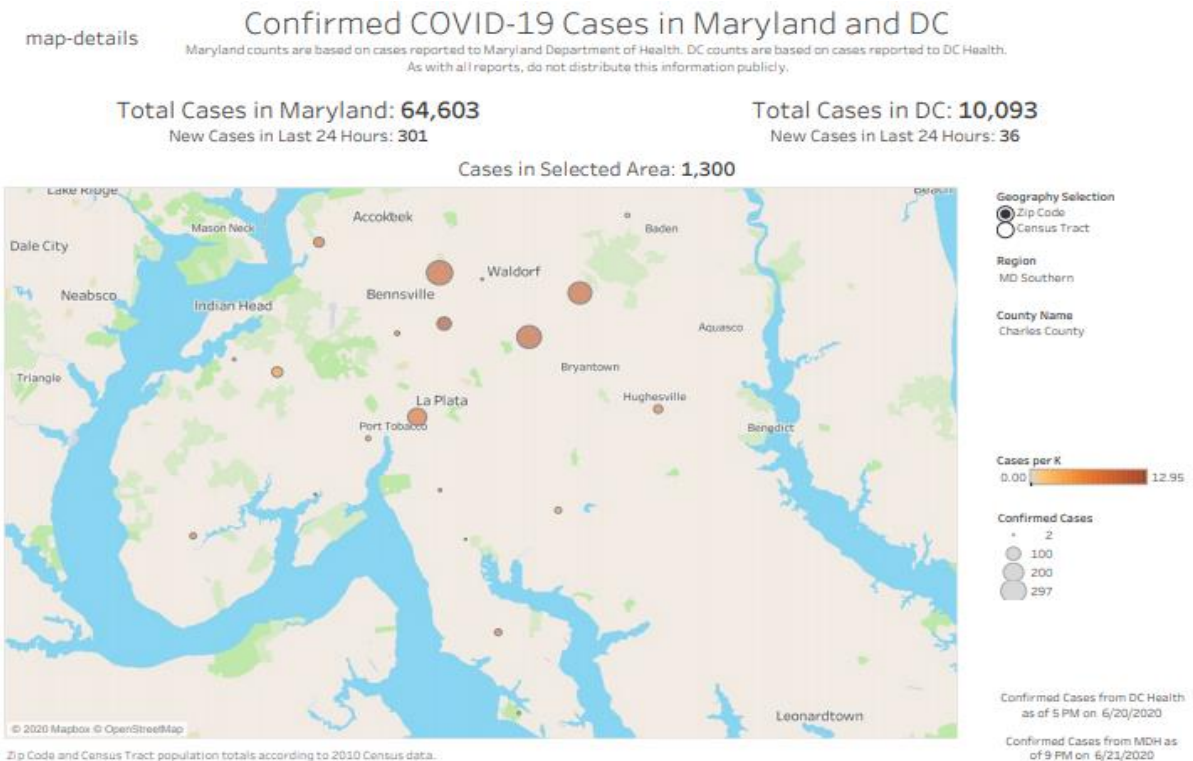
- **Heat Map of Maryland**

Confirmed COVID-19 Cases in Maryland and DC
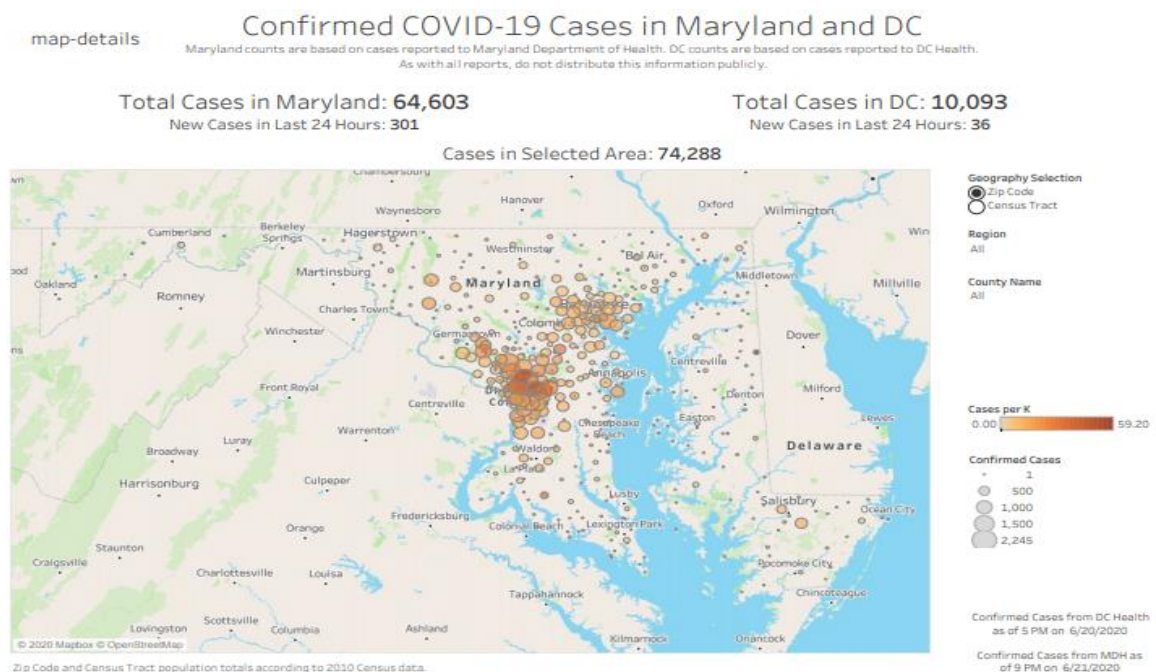
- **Heat Map of Southern Maryland**

- **Heat Map of Charles County**

- **Confirmed Case Map of Charles County**
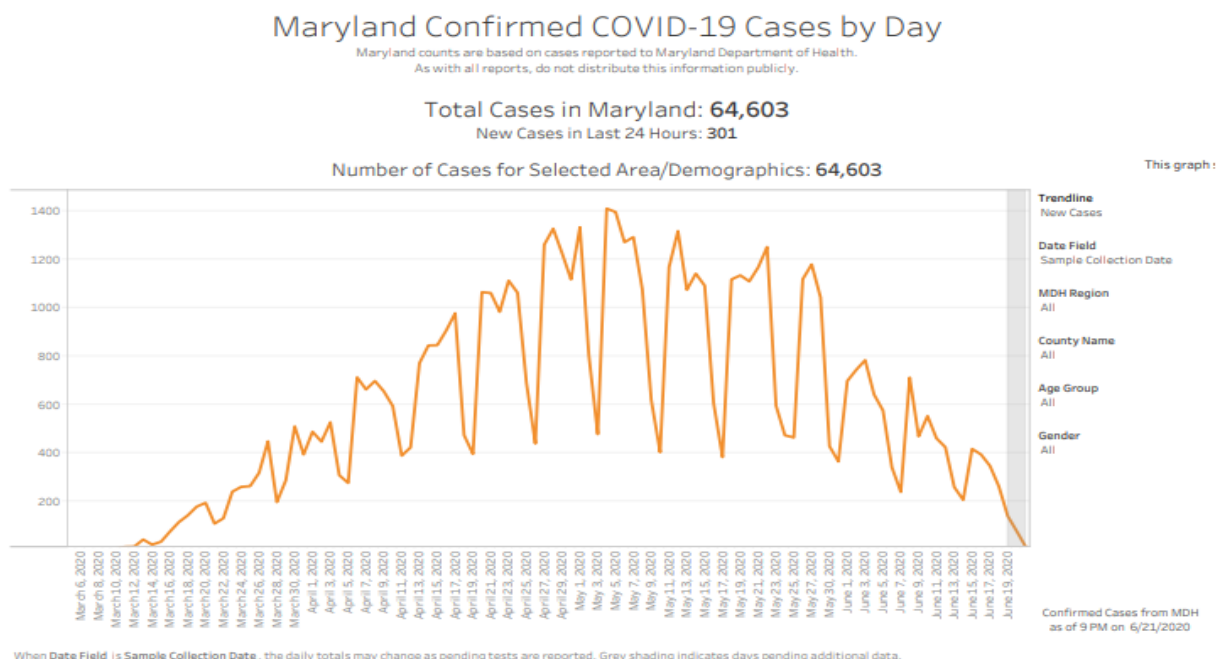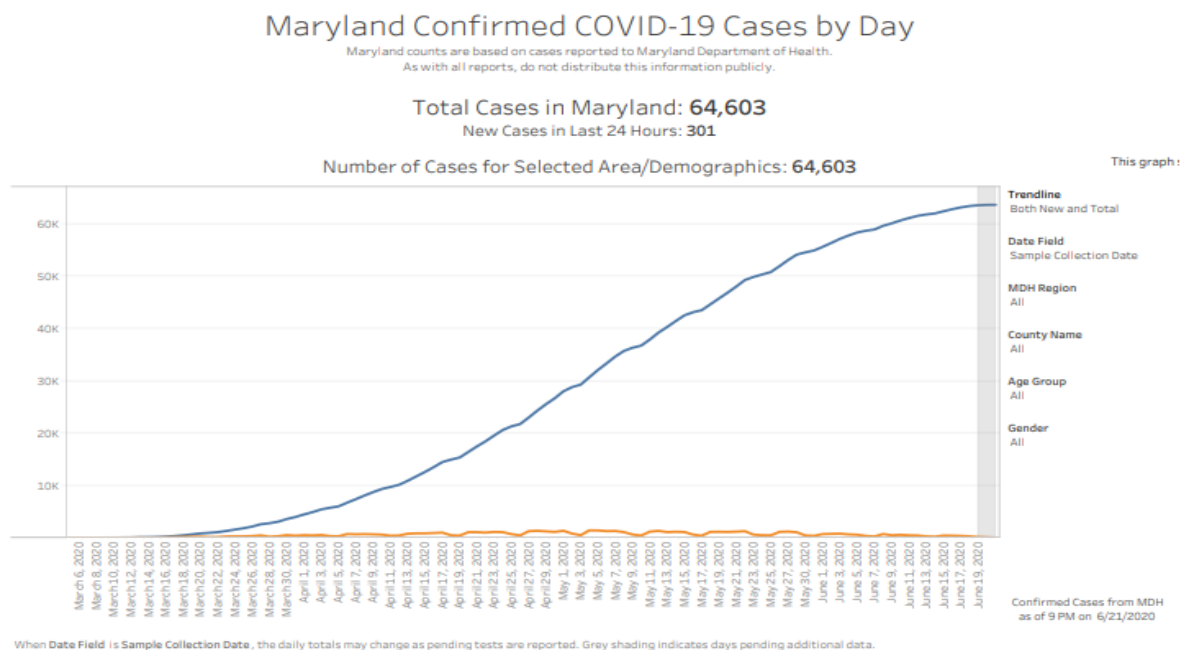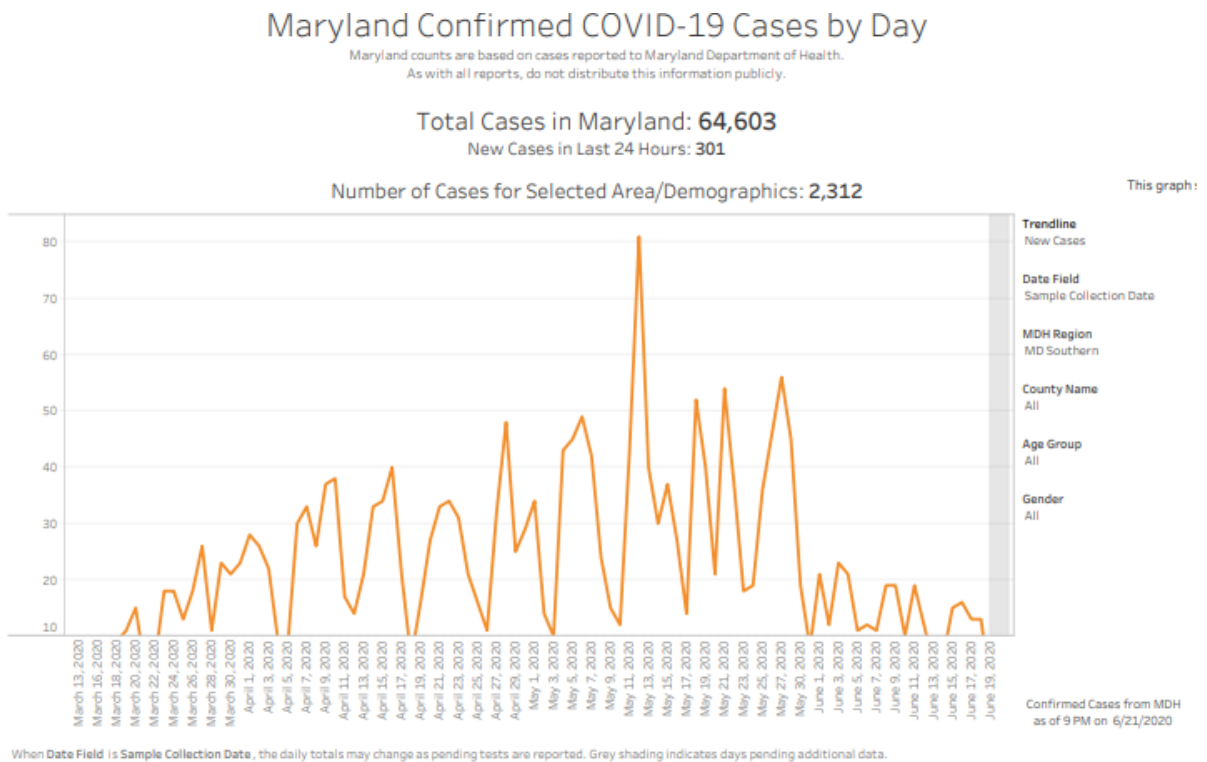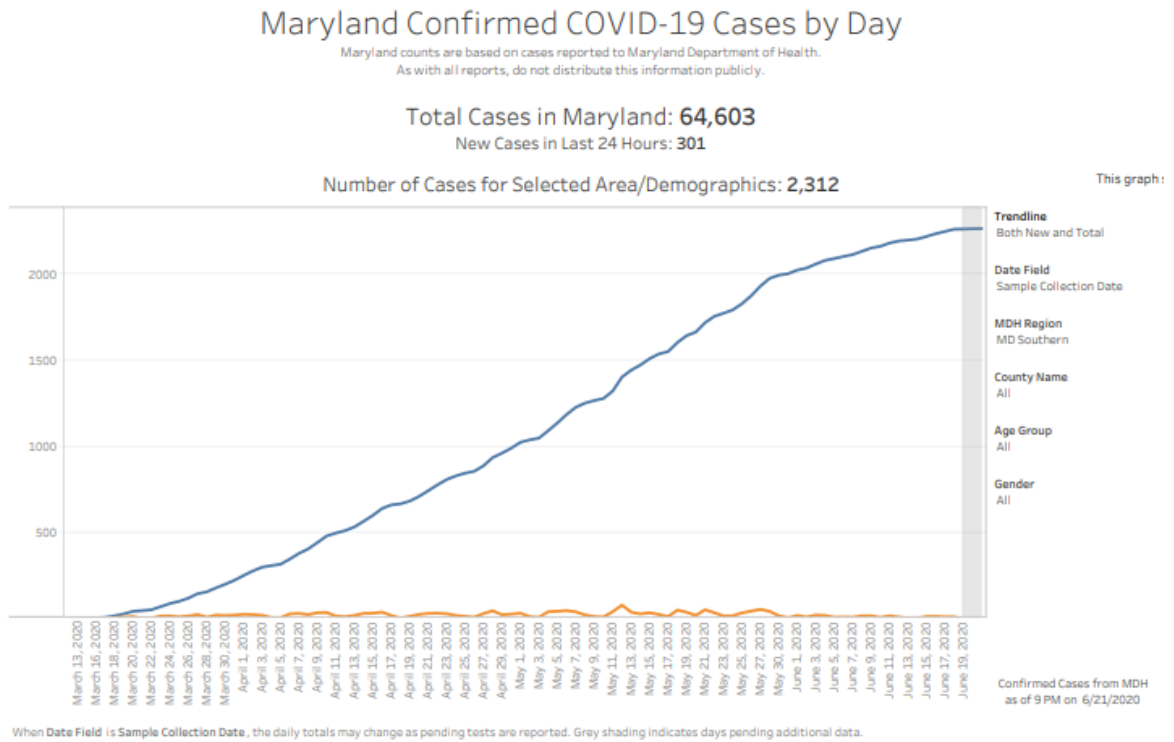

Confirmed COVID-19 Cases in Maryland and DC

Epidemiologist's Note: *The following include the epi curves for all total cases and for all new cases for Maryland, Southern Maryland, and Charles County. When you look at the graphs for new cases only, you will see that the peaks are different for all 3 regions. For Maryland, the peak in new cases occurred in the first week of May. For Southern Maryland, the peak was much later in May and corresponds to the Charlotte Hall outbreak. The Charles County new case graph shows a peak in late April. This is when the outbreaks at the skilled nursing facilities were highest. The lines with the total number of cases for all three graphs are starting to level out.*

- **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: 64,603
New Cases in Last 24 Hours: 301

Number of Cases for Selected Area/Demographics: 64,603

This graph:

Trendline
Both New and Total

Date Field
Sample Collection Date

MDH Region
All

County Name
All

Age Group
All

Gender
All

Confirmed Cases from MDH
as of 9 PM on 6/21/2020

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

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: 64,603
New Cases in Last 24 Hours: 301

Number of Cases for Selected Area/Demographics: 64,603

This graph:

Trendline
New Cases

Date Field
Sample Collection Date

MDH Region
All

County Name
All

Age Group
All

Gender
All

Confirmed Cases from MDH
as of 9 PM on 6/21/2020

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

- **Southern Maryland Confirmed Cases by Date**
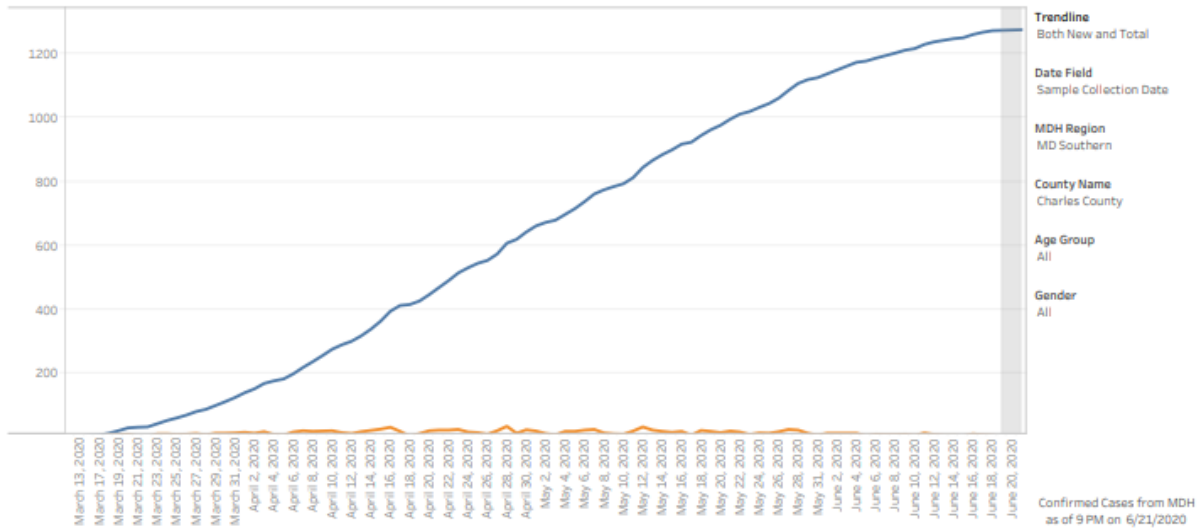
Maryland Confirmed COVID-19 Cases by Day

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: 64,603
New Cases in Last 24 Hours: 301

Number of Cases for Selected Area/Demographics: 2,312

This graph :

Trendline
Both New and Total

Date Field
Sample Collection Date

MDH Region
MD Southern

County Name
All

Age Group
All

Gender
All

Confirmed Cases from MDH
as of 9 PM on 6/21/2020

When **Date Field** is **Sample Collection Date**, the daily totals may change as pending tests are reported. Grey shading indicates days pending additional data.
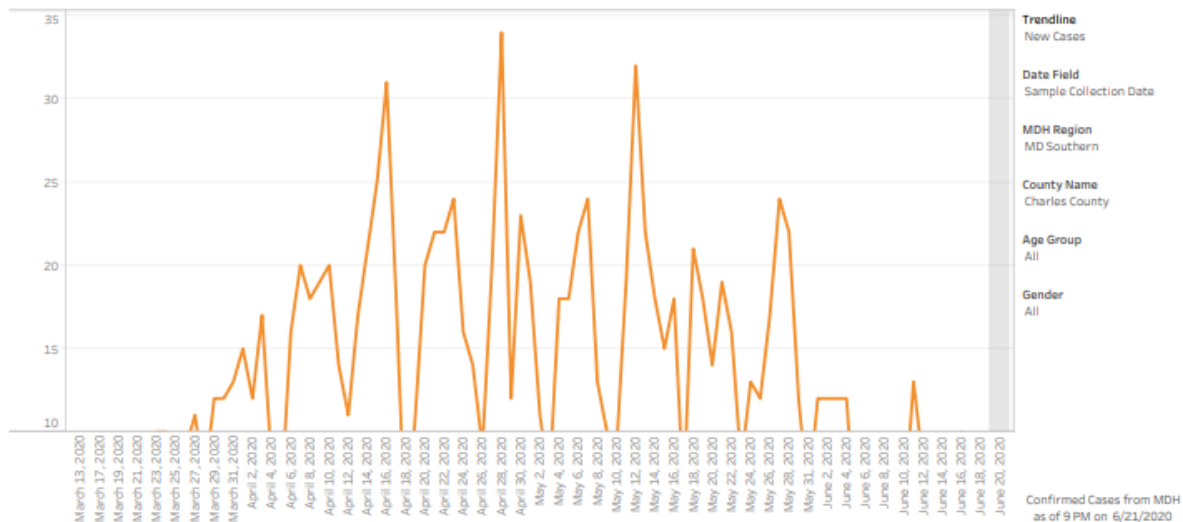
Maryland Confirmed COVID-19 Cases by Day

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: 64,603
New Cases in Last 24 Hours: 301

Number of Cases for Selected Area/Demographics: 2,312

This graph :

Trendline
New Cases

Date Field
Sample Collection Date

MDH Region
MD Southern

County Name
All

Age Group
All

Gender
All

Confirmed Cases from MDH
as of 9 PM on 6/21/2020

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

- **Southern 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: **64,603**
New Cases in Last 24 Hours: **301**

Number of Cases for Selected Area/Demographics: **1,300**

This graph:

Trendline
Both New and Total

Date Field
Sample Collection Date

MDH Region
MD Southern

County Name
Charles County

Age Group
All

Gender
All

Confirmed Cases from MDH
as of 9 PM on 6/21/2020

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

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: **64,603**
New Cases in Last 24 Hours: **301**

Number of Cases for Selected Area/Demographics: **1,300**

This graph:

Trendline
New Cases

Date Field
Sample Collection Date

MDH Region
MD Southern

County Name
Charles County

Age Group
All

Gender
All

Confirmed Cases from MDH
as of 9 PM on 6/21/2020

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

Epidemiologist's Note: For Maryland, there are slightly more females impacted by COVID-19 than males. The age group with the most cases are those aged 30-39 years, followed by those 40-49 and 50-59 years. Most of the cases are found within the Central and Capital Regions of the state. For Southern Maryland, there are slightly more females impacted by COVID-19 than males. The age group with the most cases are those aged 50-59 years, followed by those 30-39 years and then those 40-49 years.

- **Maryland Confirmed Cases by Demographics**
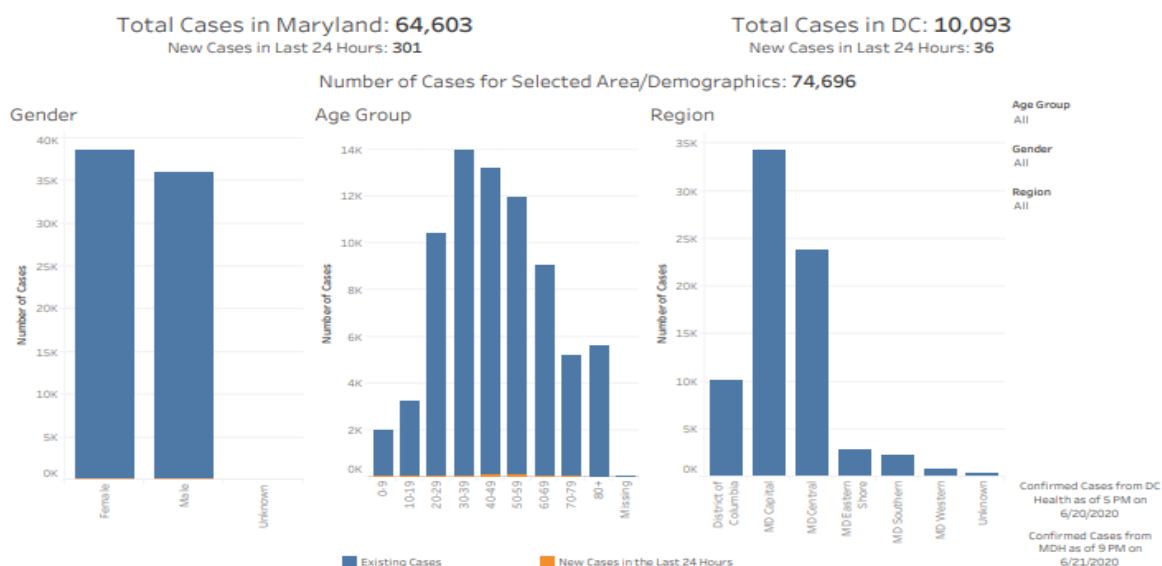
- **Southern Maryland Confirmed Cases by Demographics**
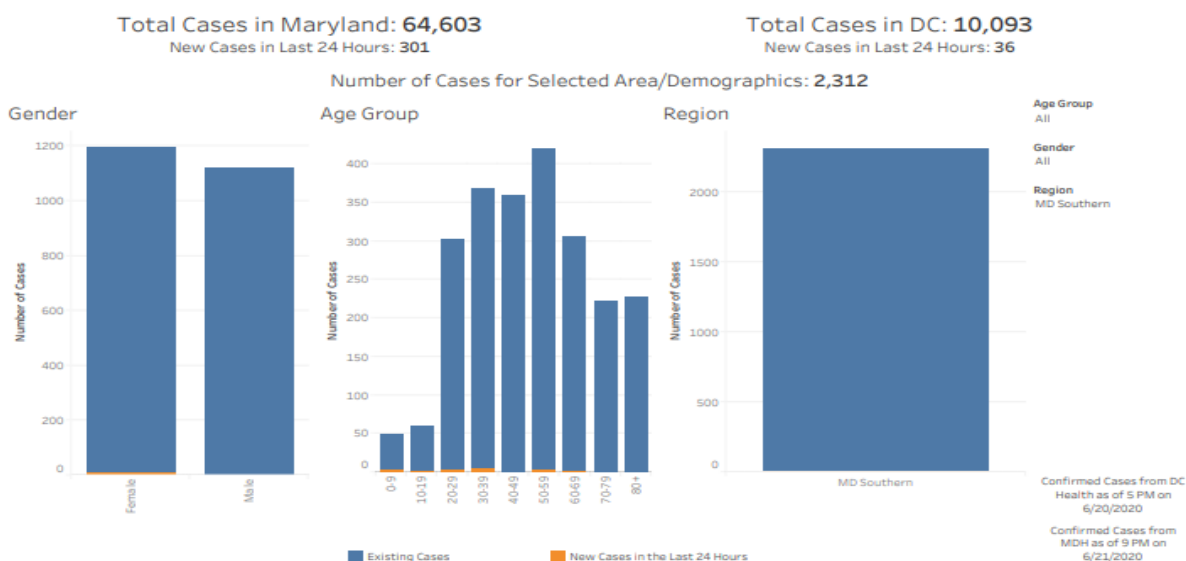
Epidemiologist's Note: Fatality demographics for Maryland show slightly more deaths among males than females. Individuals over the age of 80 years make up nearly half (47%) of the COVID-19 deaths in Maryland. There are slightly more deaths among White Marylanders than Black Marylanders. The peak for COVID-19 deaths in Maryland occurred late April to early May.

- **Maryland Fatalities by Demographics**

Maryland COVID-19 Fatalities — demographics charts (Gender, Age Group, MDH Region, Race and Ethnicity). Total Deaths In Maryland: 3,074.

Maryland COVID-19 Fatalities — deaths by date of death trend chart with 14-Day Deaths Percent Change table.
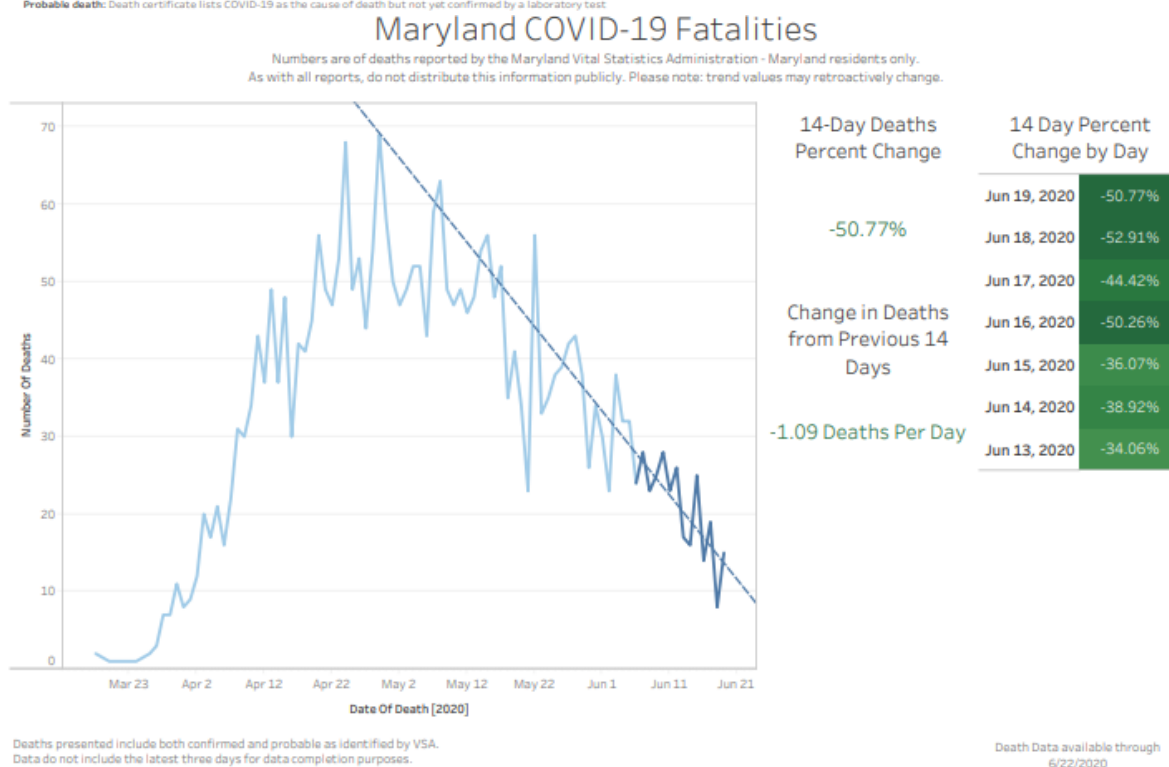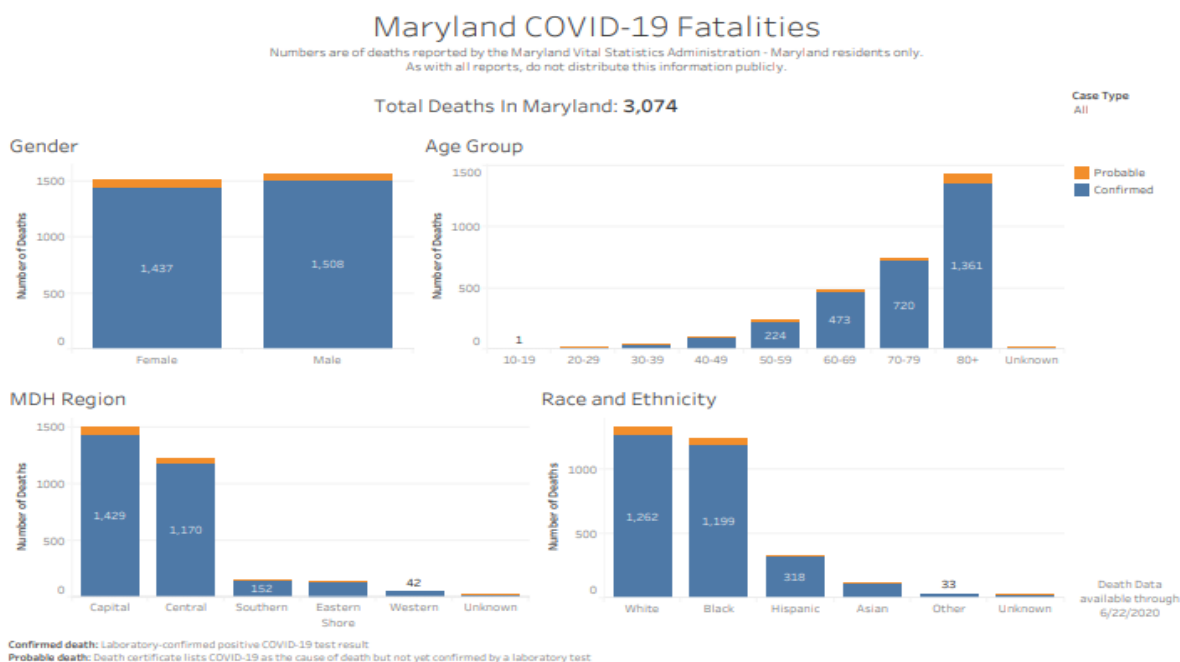
Epidemiologist's Note: *The next group of graphs show the trends in hospitalizations for COVID-19 positive patients in Maryland. The trends show a reduction in hospitalizations due to COVID-19 since the peak in cases in early May. There have been slightly more males than females. Most cases were from the Capital and Central regions. The age group with the most hospitalizations were those aged 60-69 years, followed by those 50-59 years. Individuals aged 65+ were more likely to require hospitalization than those under 65 years. County level trends are similar.*
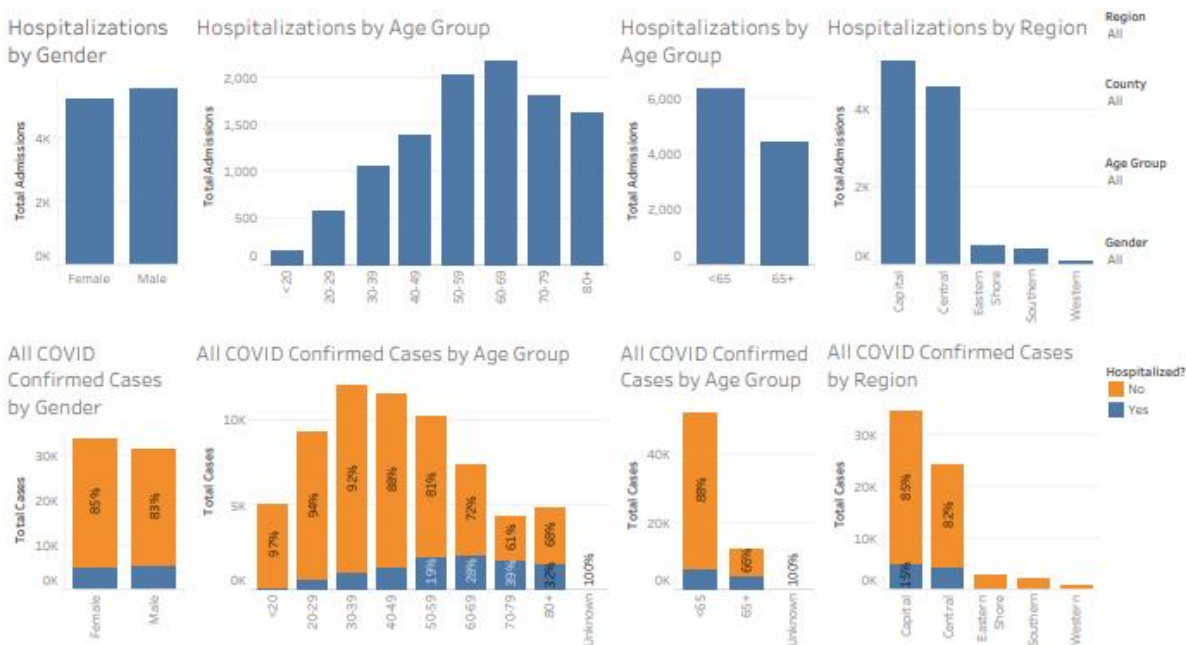
- **Maryland COVID Hospitalizations**

Confirmed COVID-19 Admit and Discharge Trends

Hospitalization Data Available Through 6/20/2020

This report displays inpatient admissions and discharges for confirmed COVID positive patients. Hospitalizations must occur between 7 days prior to specimen collection date and 28 days after specimen collection to be included. Due to irregularities in data submission for the period 5/5/20 to 5/21/20, data for this period will be revised as corrected data are available. Please note: trend values may retroactively change as new cases are identified.

Confirmed cases are reported by Maryland Department of Health. Admissions and discharges are derived from Admission, Discharge, Transfer feeds sent to CRISP.

COVID-19 Hospitalizations by Demographics
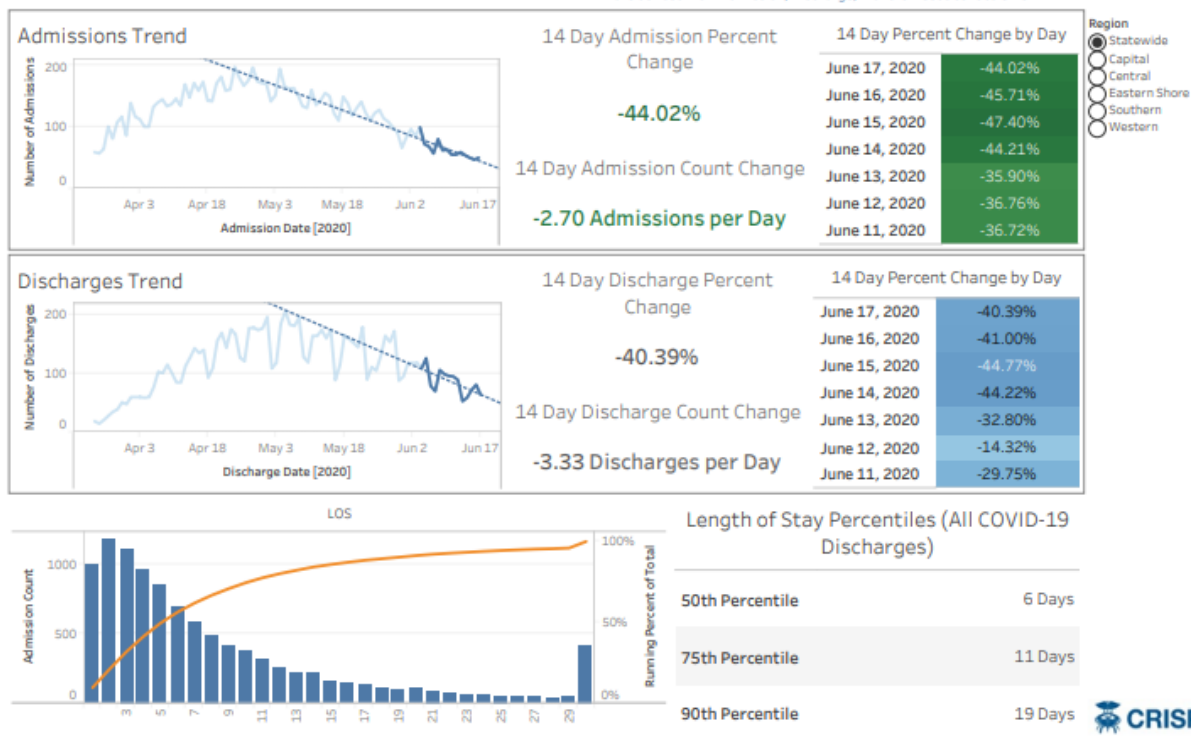
- **Maryland COVID Hospitalization Trends**

Confirmed COVID-19 Admit and Discharge Trends

Hospitalization Data Available Through 6/20/2020

Admission and Discharge Trends for COVID-19 Positive Patients

This report displays inpatient admissions and discharges for confirmed COVID positive patients. Hospitalizations must occur between 7 days prior to specimen collection date and 28 days after specimen collection to be included. Due to irregularities in data submission for the period 5/5/20 to 5/21/20, data for this period will be revised as corrected data are available. Please note: trend values may retroactively change as new cases are identified.

Confirmed cases are reported by Maryland Department of Health. Admissions and discharges are derived from Admission, Discharge, Transfer feeds sent to CRISP.

Admissions Trend

14 Day Admission Percent Change

-44.02%

14 Day Admission Count Change

-2.70 Admissions per Day

14 Day Percent Change by Day

Date	
June 17, 2020	-44.02%
June 16, 2020	-45.71%
June 15, 2020	-47.40%
June 14, 2020	-44.21%
June 13, 2020	-35.90%
June 12, 2020	-36.76%
June 11, 2020	-36.72%

Region
- Statewide
- Capital
- Central
- Eastern Shore
- Southern
- Western

Discharges Trend

14 Day Discharge Percent Change

-40.39%

14 Day Discharge Count Change

-3.33 Discharges per Day

14 Day Percent Change by Day

Date	
June 17, 2020	-40.39%
June 16, 2020	-41.00%
June 15, 2020	-44.77%
June 14, 2020	-44.22%
June 13, 2020	-32.80%
June 12, 2020	-14.32%
June 11, 2020	-29.75%

LOS

Length of Stay Percentiles (All COVID-19 Discharges)

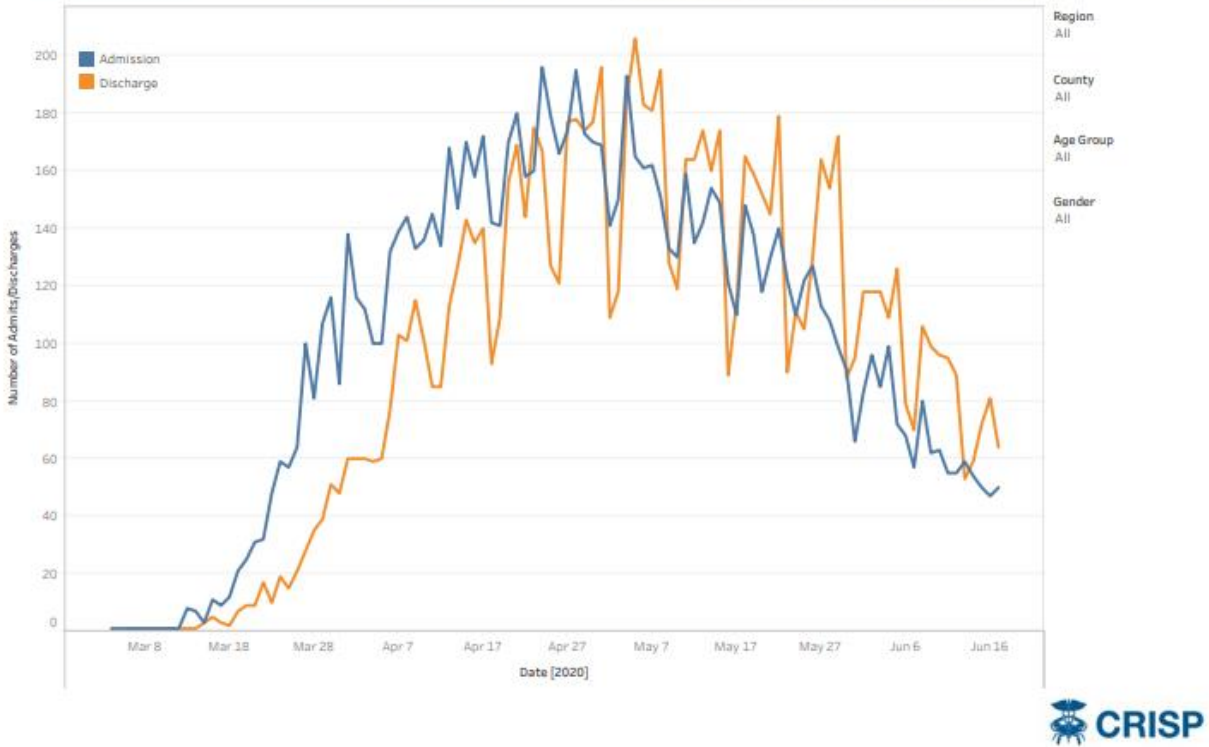|	
50th Percentile	6 Days
75th Percentile	11 Days
90th Percentile	19 Days

CRISP

- **Maryland COVID Hospitalization Trends**

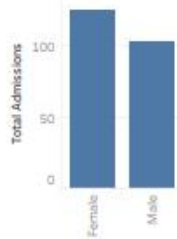Confirmed COVID-19 Admit and Discharge Trends

Hospitalization Data Available Through 6/20/2020

This report displays inpatient admissions and discharges for confirmed COVID positive patients. Hospitalizations must occur between 7 days prior to specimen collection date and 28 days after specimen collection to be included. Due to irregularities in data submission for the period 5/5/20 to 5/21/20, data for this period will be revised as corrected data are available. Please note: trend values may retroactively change as new cases are identified.
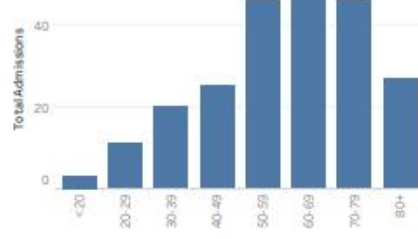
COVID-19 Admissions and Discharges by Day

Confirmed cases are reported by Maryland Department of Health. Admissions and discharges are derived from Admission, Discharge, Transfer feeds sent to CRISP.

CRISP

- **Charles County COVID Hospitalization Trends**

Confirmed COVID-19 Admit and Discharge Trends

Hospitalization Data Available Through 6/20/2020

This report displays inpatient admissions and discharges for confirmed COVID positive patients. Hospitalizations must occur between 7 days prior to specimen collection date and 28 days after specimen collection to be included. Due to irregularities in data submission for the period 5/5/20 to 5/21/20, data for this period will be revised as corrected data are available. Please note: trend values may retroactively change as new cases are identified.

COVID-19 Hospitalizations by Demographics

Confirmed cases are reported by Maryland Department of Health. Admissions and discharges are derived from Admission, Discharge, Transfer feeds sent to CRISP.
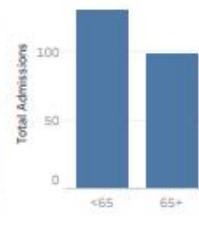
- **Charles County COVID Hospitalization Trends**

Confirmed COVID-19 Admit and Discharge Trends

Hospitalization Data Available Through 6/20/2020

This report displays inpatient admissions and discharges for confirmed COVID positive patients. Hospitalizations must occur between 7 days prior to specimen collecti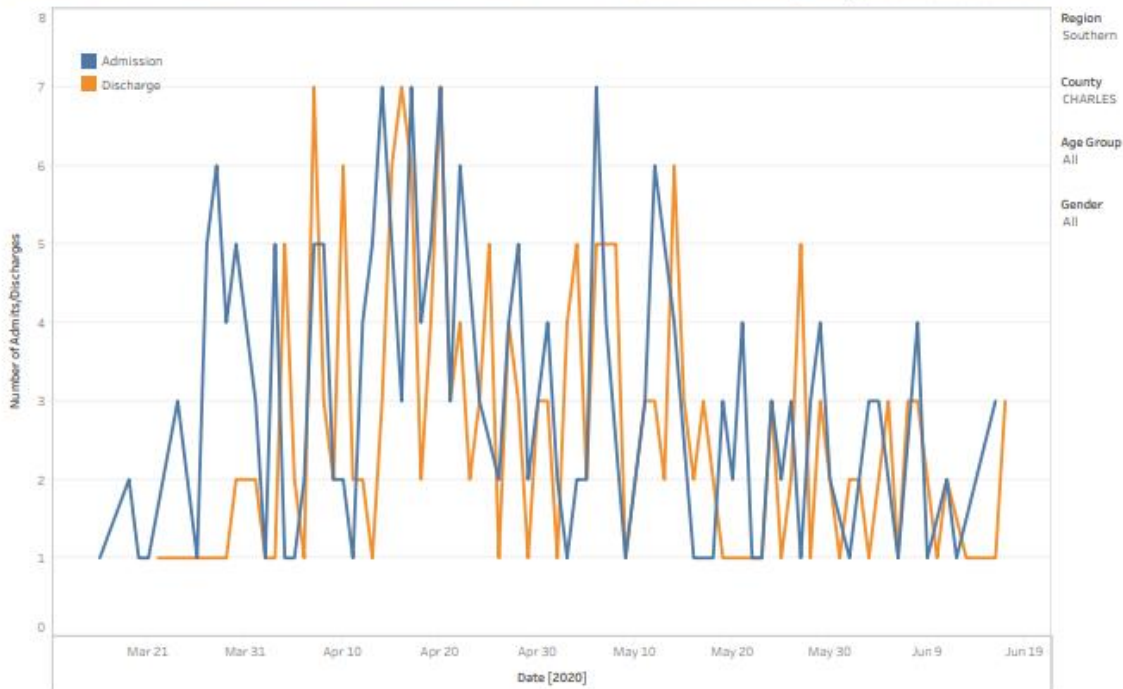on date and 28 days after specimen collection to be included. Due to irregularities in data submission for the period 5/5/20 to 5/21/20, data for this period will be revised as corrected data are available. Please note: trend values may retroactively change as new cases are identified.

COVID-19 Admissions and Discharges by Day

Confirmed cases are reported by Maryland Department of Health. Admissions and discharges are derived from Admission, Discharge, Transfer feeds sent to CRISP.

Region
Southern

County
CHARLES

Age Group
All

Gender
All

CRISP

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

Actual Confirmed Cases: 6/18/20

Projected Confirmed Cases: 6/25/20

0-500	501-1,000	1,001-1,500	1,501-2,000	2,001-2,500	2,501 +
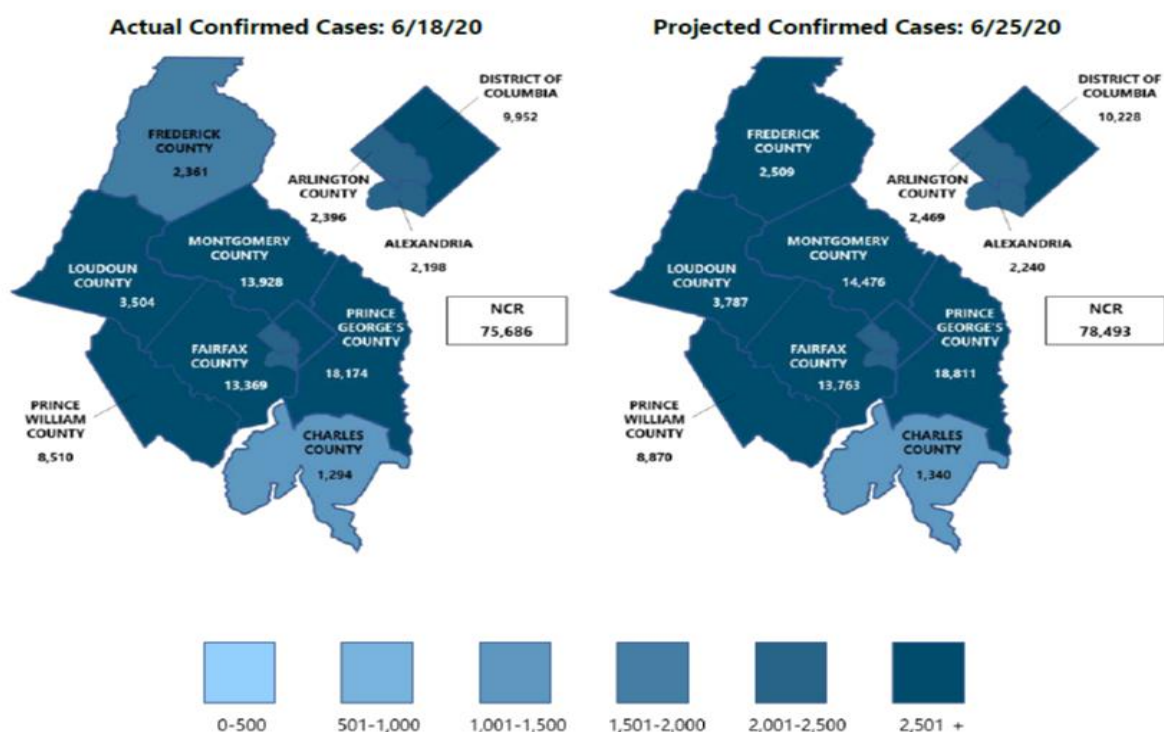
Medical Demand Projections:

	Actual Confirmed Cases On:			Projected Cases (Hospitalized) [ICU] {Ventilator} For:		
	6/16	6/17	6/18	6/25	7/2	7/9
Washington DC	9,847	9,903	9,952	10,228 (2,046) [491] {245}	10,455 (2,091) [502] {251}	10,643 (2,129) [511] {255}
Charles Co., MD	1,291	1,294	1,294	1,340 (268) [64] {32}	1,379 (276) [66] {33}	1,411 (282) [68] {34}
Frederick Co., MD	2,336	2,342	2,361	2,509 (502) [120] {60}	2,652 (530) [127] {64}	2,788 (558) [134] {67}
Montgomery Co., MD	13,819	13,862	13,928	14,476 (2,895) [695] {347}	14,908 (2,982) [716] {358}	15,249 (3,050) [732] {366}
Prince George's Co., MD	17,992	18,106	18,174	18,811 (3,762) [903] {451}	19,318 (3,864) [927] {464}	19,722 (3,944) [947] {473}
Arlington Co., VA	2,372	2,382	2,396	2,469 (494) [119] {59}	2,528 (506) [121] {61}	2,574 (515) [124] {62}
Fairfax Co., VA	13,279	13,334	13,369	13,763 (2,753) [661] {330}	14,051 (2,810) [674] {337}	14,265 (2,853) [685] {342}
Loudoun Co., VA	3,458	3,499	3,504	3,787 (757) [182] {91}	4,054 (811) [195] {97}	4,307 (861) [207] {103}
Prince William Co., VA	8,364	8,414	8,510	8,870 (1,774) [426] {213}	9,143 (1,829) [439] {219}	9,349 (1,870) [449] {224}
Alexandria, VA	2,175	2,186	2,198	2,240 (448) [108] {54}	2,269 (454) [109] {54}	2,290 (458) [110] {55}
NCR	74,933	75,322	75,686	78,493 (15,699) [3,768] {1,884}	80,757 (16,151) [3,876] {1,938}	82,598 (16,520) [3,965] {1,982}

	Actual Confirmed Cases On:			Projected Cases For:								
	6/16	6/17	6/18	6/19	6/20	6/21	6/22	6/23	6/24	6/25	7/2	7/9
Washington DC	9,847	9,903	9,952	9,995	10,037	10,077	10,117	10,155	10,192	10,228	10,455	10,643
Charles Co., MD	1,291	1,294	1,294	1,301	1,308	1,315	1,321	1,328	1,334	1,340	1,379	1,411
Frederick Co., MD	2,336	2,342	2,361	2,383	2,404	2,425	2,447	2,468	2,489	2,509	2,652	2,788
Montgomery Co., MD	13,819	13,862	13,928	14,015	14,098	14,179	14,257	14,333	14,406	14,476	14,908	15,249
Prince George's Co., MD	17,992	18,106	18,174	18,274	18,371	18,465	18,556	18,644	18,729	18,811	19,318	19,722
Arlington Co., VA	2,372	2,382	2,396	2,408	2,419	2,430	2,440	2,450	2,460	2,469	2,528	2,574
Fairfax Co., VA	13,279	13,334	13,369	13,433	13,494	13,553	13,609	13,662	13,714	13,763	14,051	14,265
Loudoun Co., VA	3,458	3,499	3,504	3,545	3,587	3,627	3,668	3,708	3,748	3,787	4,054	4,307
Prince William Co., VA	8,364	8,414	8,510	8,568	8,624	8,677	8,728	8,777	8,825	8,870	9,143	9,349
Alexandria, VA	2,175	2,186	2,198	2,205	2,212	2,218	2,224	2,230	2,235	2,240	2,269	2,290
NCR	74,933	75,322	75,686	76,127	76,554	76,966	77,367	77,755	78,132	78,493	80,757	82,598

Respectfully submitted by Charles County PHEP

HOSPITAL BRIEF   6-22-2020

- 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 = 64

- Hospital ICU Census = 8

- Hospital ICU in now a dedicated COVID-19 Unit, and 3 East is for ICU overflow.

- Isolation Room Capacity = 12

- Isolation Rooms Occupied = 7

- Confirmed positive cases of COVID-19 patient admissions = 2

    - Of the total two (2) COVID-19 positive patients all are located in the ICU Dedicated COVID-19 Unit.
    -
- PUI admissions = 2

- Ventilated COVID-19 positive patients = 0

- Ventilators not in use = 19

- COVID-19 related deaths = 44 (Total to Date)

- CRMC has implemented a policy that requires ALL staff, visitors (which would be very limited), and contractors of any kind to were 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 Sunday, 6/21/2020 = One (1) COVID-19 positive patient and zero (0) PUI's

- CMCR total Lab tests to date = 2359. COVID-19 positive tests = 333.

Intelligence Briefing 6-22-2020
COVID Charles County
Week 15

Updated Infection Numbers: As of 1333 hrs.

Total worldwide: 8,214,571 +792,186 since the 6-17-20 brief.

Worldwide increase of confirmed cases by 24-hour period over the last 21 days

5-28/29	5-29/6-1	6-1/3	6-3/5	6-5/8	6-8/10	6-10/12	6-12/15	6-15/17	6-17/22
112,740	354,112	216,515	253,885	374,034	219,900	288,860	402,271	264,598	792,186

Total fatalities worldwide: 434,181 +35,039 since the 6-17-20 brief

Total confirmed cases in the US: 2,141,306 +44,404 since the 6-15-20 brief

US increase of confirmed cases by 24-hours period over the last 21 days

5-28/29	5-29/6-1	6-1/3	6-3/5	6-5/8	6-8/10	6-10/12	6-12/15	6-15/17	6-27/6-22
19,015	68,265	42,221	40,248	69,703	107,311	43,719	73,212	44,404	150,047

Total fatalities in US: 120,106 +3,073 since 6-17-2020

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

Total confirmed cases in State in of MD: 64,603 +2571 since the 6-17-20 brief
Total tested in the State of MD: 572,731 +71,940 over 6-17-20
Percent of those test that test positive: 5.03%
Total Fatalities in State of MD: 2,945 +172 change since the 6-17-20 brief
Number of probable deaths: 129
Total Ever Hospitalized: 10,572

Persons currently hospitalized: 602 -234 since 6-17-2020

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	6-8/10	6-10/12	6-12/15	6-15/17	6-17/22
-5	+23	-4	-38	-122	-65	-33	-97	-24	-119	-91	-134	-234

First Responder Numbers in Charles County: NUMBERS AS OF 6-22-2020 @1230

2 Quarantine: means exposed and they can't come to work:
0 Self Isolation: means sick or tested positive

Local:

Store inventories have been checked daily recently. Prices have increased on many products but inventories appear to be back to pre-March levels.

Maryland Update:

MD COVID numbers continue to trend in the downward directly.

Region:

Over 76,600 cases in the NCR as of 0700 6-22-2020.
Dewey Beach is experience a spike in COVID cases after "Senior Week." Widespread calls for teenagers to be tested.

National:
AP infection map: https://apnews.com/7b5a2994d351e5c1697e2c7478e2969c

Florida COVID cases are increasing drastically.

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 we 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 duel leadership/managerial roles at a moment's notice. This requires taking care of yourself and staying up on the latest tactics, strategies and knowledge.
- Planning for crisis recovery starts as soon as the crisis begins. Monday marks the 8th weeks of this crisis, 6th week of schools being closed. Partners and stakeholders should begin planning for what the return to the "new normal" looks like in their organization. Sharing of these plans will help each organization build more comprehensive processes.
- Over the weekend the US will likely eclipse 500,000 cases and 15,000 deaths. Md numbers will likely pass 5000 and 150 fatalities by Friday. These numbers will cause

increased pressure to ratchet up rhetoric re: "stay at home orders" and could result in further sanctions and restrictions.

- As the confirmed case numbers continue to rapidly ascend the likelihood of jurisdictions issuing "travel bans" increases. Law enforcement should begin researching the constitutionality of these potential edicts and have plans in place for implantation and begin to develop a public communication strategy. Standardizing local "travel authorization documentation" should be explored by the lead jurisdiction having authority.
- Due to diverted attention, the international and domestic terrorism threat is rapidly increasing. Responders should be reminded to remain vigilant and of the DHS guidelines for spotting suspicion activities and terrorism indicators.
- As we enter into the reported peak of this situation communication, along with sharing of individual branch capability and capacity is more important now than ever. "We don't know what we are going to need to know until we need to know it."
- First responder organizations should begin surveying members for pre-existing conditions and other complicating medical conditions. Responders found to have pre-existing conditions should be placed in limited citizen contact roles.
- A review of the 179 countries that report COVID-19 cases, only two (South Korea and China) have somewhat "flattened the curve" of NEW infections. Both showed flattening roughly 30 to 45 days after the initial spikes. The initial spike in the US began around 3-18-2020.
- Reduced stability in the supply chain along with increased fear and anxiety can be expected with today's "stay at home order."
- After 3 weeks of social distancing and schools being closed non-english speaking communities within Charles County are likely feeling further isolated due to a lack of language specific communications. Direct and increased messaging to Spanish speakers is likely necessary.
- As mass transit continues to shrink in availability, plans should be made to ensure those who rely on it for essential supplies and trips have delivery resources.
- LE and EMS screening protocols should include questions about recent travel to NY, NJ, CT, and FL.
- Immediate attention is needed to direct companies and organization on the proper processes and appropriate contact to use (Donation Manager at the EOC) to donate PPE and cleaning materials to essential personnel
- The next 7 days will likely see a stabilization of a majority of the grocery supply chain. However, the potential for disruption moving forward continues to remain high.
- FOIA and PIA request from media and citizens groups will likely begin to increase the longer this event lasts. "New normal" processes need to be established as soon as possible.
- Lack of child care options will likely add to family stress. Additional resources, activity and options are needed.
- JIC staff should substantially amplify community resource communications

- As we enter the 2nd week of social distancing stress, anxiety, and fear will likely increase. Continuous reminders of patience and focusing on kindness will become increasingly important.
- Many stores restock overnight. Seniors and the vulnerable populations should be strongly encouraged to shop during the early morning hours when supplies are likely to be at their highest.
- As testing increased the confirmed cases in MD will increase. This will likely cause additional life restrictions.
- Supply chain issues will continue and likely increase as further life interruptions and travel restrictions are ordered. The possibility of violence increases as stress increases, especially at grocery stores.
- Commanders of responders and essential staff should have robust plans for potential quarantines and updated continuity of operations including plans for diminished manpower. Further, responder organizations should begin reviewing existing integration plans with the National Guard.
- Obtaining medical supplies and PPE will continue to be an issue for the foreseeable future. All services should use the command ordering process so orders can be tracked.
- The community of Charles County is showing increased signs of pulling together and assisting one another. The JIC should continue to encourage civility and increase positive press of good news stories occurring throughout our community.

"The most effective leaders in crises ensure that someone else is managing the present well, while focusing their attention on leading beyond the crisis toward a more promising future" (Nutley and Marcus, 2019, Harvard Business Review)

Respectfully submitted by Jason Stoddard

Charles County Public Schools Briefing 6-22-2020
COVID Charles County

48-hour Priorities:
- Maintaining instructional continuity
- Maintaining food service
- Develop a plan for opening SY 20-21

Meals:

No meal distribution Saturday and Sunday.

Friday, 6/19/20 CCPS served 2811 meals at the 11 meal distribution sites. The total was -120 from the meals served on Thursday, 6/18/20. We are seeing a drop in meals being served at our 11 meal distribution sites.

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.

Reopening SY 2020-2021:

A CCPS virtual town hall will be held June 29, 2020 at 4:00 PM for staff, 6:00 PM for public regarding school openings.

On Monday, July 6, CCPS will begin a safe and gradual reopening of CCPS buildings and facilities. This includes the return to work for all 12-month employees. Buildings will remain closed to the public until July 27 and operate on a summer hours schedule of 7:30 a.m. to 3:30 p.m. Summer hours remain in effect until Aug. 3. CCPS will share more details on how our buildings will reopen to the public soon.

CCPS has made some changes to our buildings to comply with workplace health and safety recommendations provided by the Centers for Disease Control and Prevention (CDC). This includes health monitoring, frequent handwashing, using face masks or face coverings in high traffic areas in buildings, physical distancing of six feet and the frequent cleaning of high touch surfaces. You can review the CDC recommendations online here.

Many are wondering how and if schools will open for the 2020-21 school year. While the Maryland State Department of Education (MSDE) has provided a recovery plan for school systems, CCPS is working on options that support the continuation of learning for all students. Friday, 6/19/20, five committees will report out to staff on how CCPS can safely reopen schools. Committees include staff from elementary school, middle school, high school, operations, and health and safety. CCPS also will survey our parents in the coming weeks for their thoughts on the reopening of schools. MSDE's recovery plan is posted at http://marylandpublicschools.org/newsroom/Documents/MSDERecoveryPlan.pdf.

Instruction:

Nothing new to report.

Report cards: Elementary school teachers will post report cards to ParentVue by June 15. Report cards for middle and high school students will be mailed to the address on file with CCPS on June 22.

Virtual summer school starts July 7, registration begins Wednesday: Summer school begins online July 7. Courses will use a mix of Microsoft Teams instruction and the Apex Learning platform. Students can take a maximum of two make-up courses during summer school. The cost of make-up courses has been waived by CCPS this year. Summer school also offers four courses

for original credit and are $300 each. Registration begins at 8 a.m. June 17. All courses run July 7 through Aug. 6. Read here for more information.

CCPS planning summer learning opportunities: CCPS staff is planning summer learning opportunities for students in all grade levels, ranging from virtual enrichment and Advanced Placement (AP) camps, to Summer Olympics Go for the Gold activities parents can do with their children at home. CCPS will share more information about summer learning opportunities next week.

Misc:

Respectfully submitted by Michael Meiser

Charles County
Volunteer Firemen's Association, Inc.

Post Office Box #21, La Plata, Maryland 20646

Serving Charles County

June 22nd, 2020

Re: Volunteer Fire/EMS Brief - June 19th, 20th and 21st

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 19th - EMS Call Volume was average, and Fire Call Volume was below average
  65 EMS Related Incidents ----- 13 Fire Related Incidents
- Saturday June 20th - EMS Call Volume was above average, and Fire Call Volume was average
  70 EMS Related Incidents ----- 17 Fire Related Incidents
- Sunday June 21st – EMS Call Volume was average, and Fire Call Volume was average
- 46 EMS 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.

Respectfully Submitted,

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