COVID-19 Guidance for Charles County

Maryland Department of Health

Charles County Health Department

31 August 2020
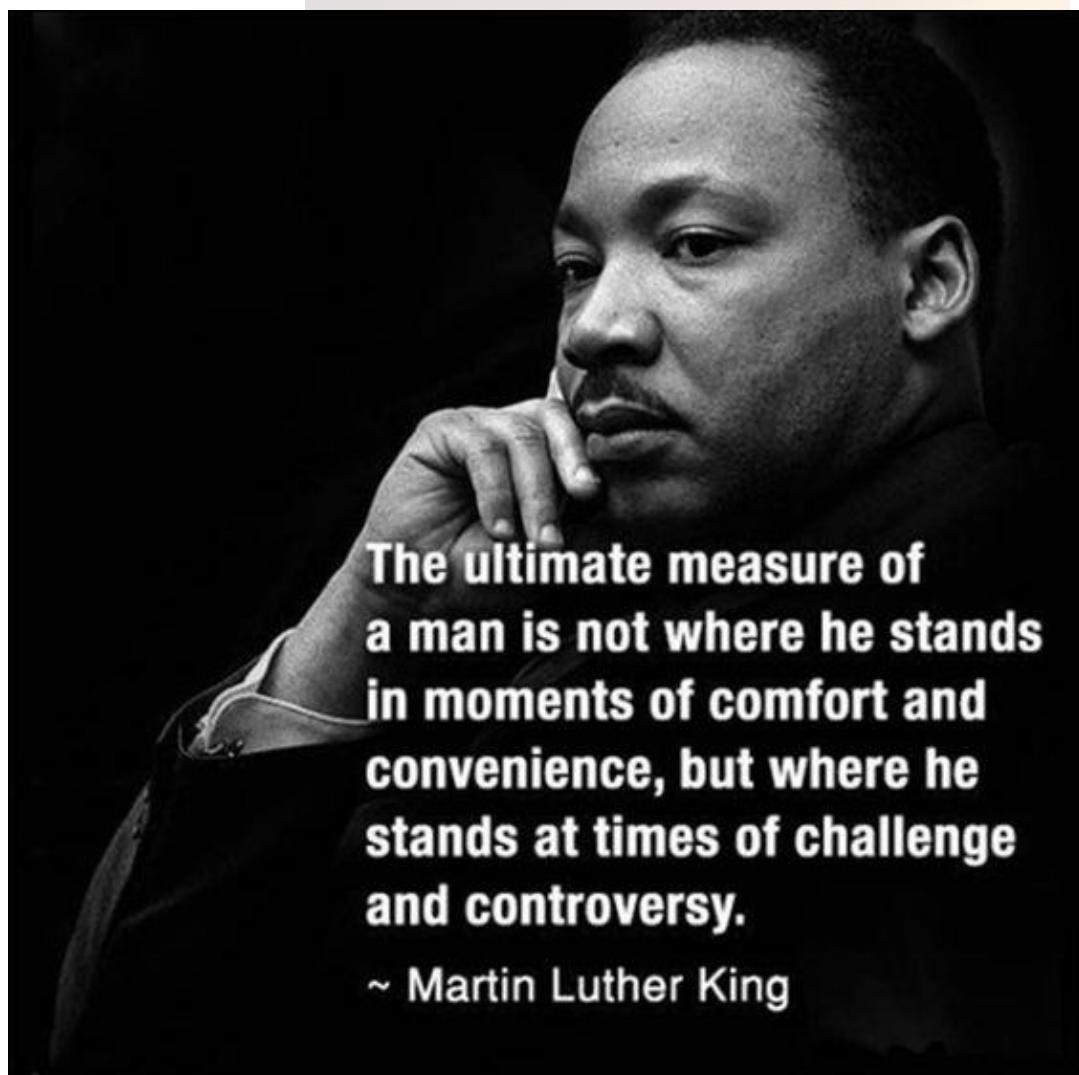
The ultimate measure of a man is not where he stands in moments of comfort and convenience, but where he stands at times of challenge and controversy.

~ Martin Luther King

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Resilience

"And once the storm is over, you won't remember how you made it through, how you managed to survive. You won't even be sure whether the storm is really over. But one thing is certain. When you come out of the storm, you won't be the same person who walked in. That's what this storm's all about."—*Haruki Murakami*

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Housekeeping

❖Questions in chat box- answered at the end, please be succinct

❖Resources links in the appendix

❖Presentation will be emailed to all registered participants, recording will be posted

❖Moving to new day and time next week-

❖Mondays at 5:30 PM

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Agenda

❖Phase 2 Recovery- What's Important Now
- ➤Keep Vulnerable people safe
- ➤Data on Covid-19- Global, National, State and Charles County
- ➤Testing
- ➤Contact Tracing
- ➤Vaccines, Medications and the future

❖Seeking volunteers for Medical Reserve Corps

❖Closing comments

❖Questions

❖ Resources- links

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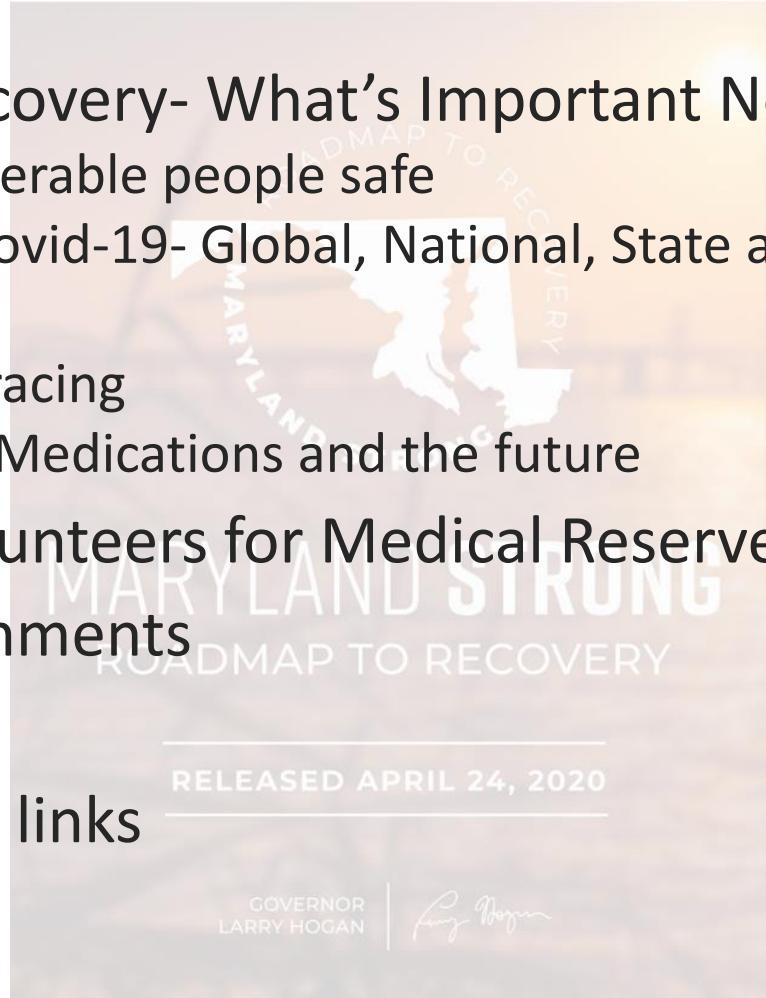
The basic and essential plan to safely get through the pandemic

Businesses that will keep their employees and customers safe

Neighbors who will keep their neighbors safe

High risk public will stay out of harm's way

Hand Hygiene-Face coverings- Social distancing- Screen and Test Safer at Home

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Harm Reduction for Vulnerable Populations

❖ People over the age of 60

❖ People with significant underlying medical conditions- hypertension, COPD, diabetes, obesity

❖ People with immune compromise (cancer therapy, etc)

❖ Pregnant women

❖ Stay away from high risk environments

❖ Businesses create safe zones and times

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Average daily cases per 100,000 people in the past week

← Fewer   More →
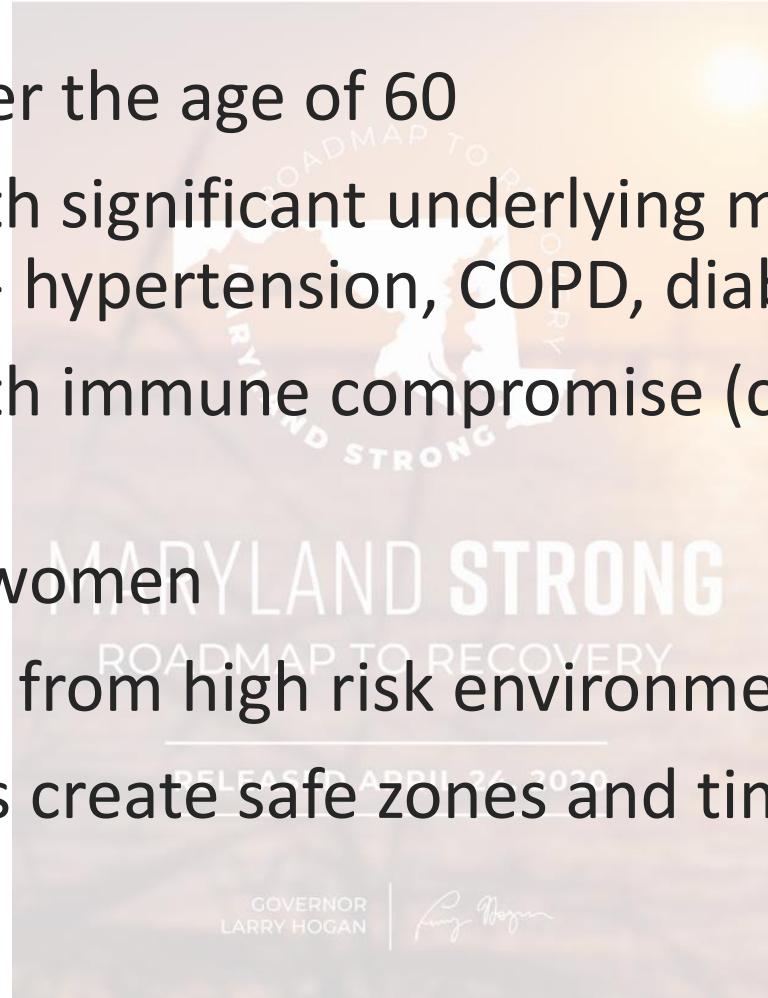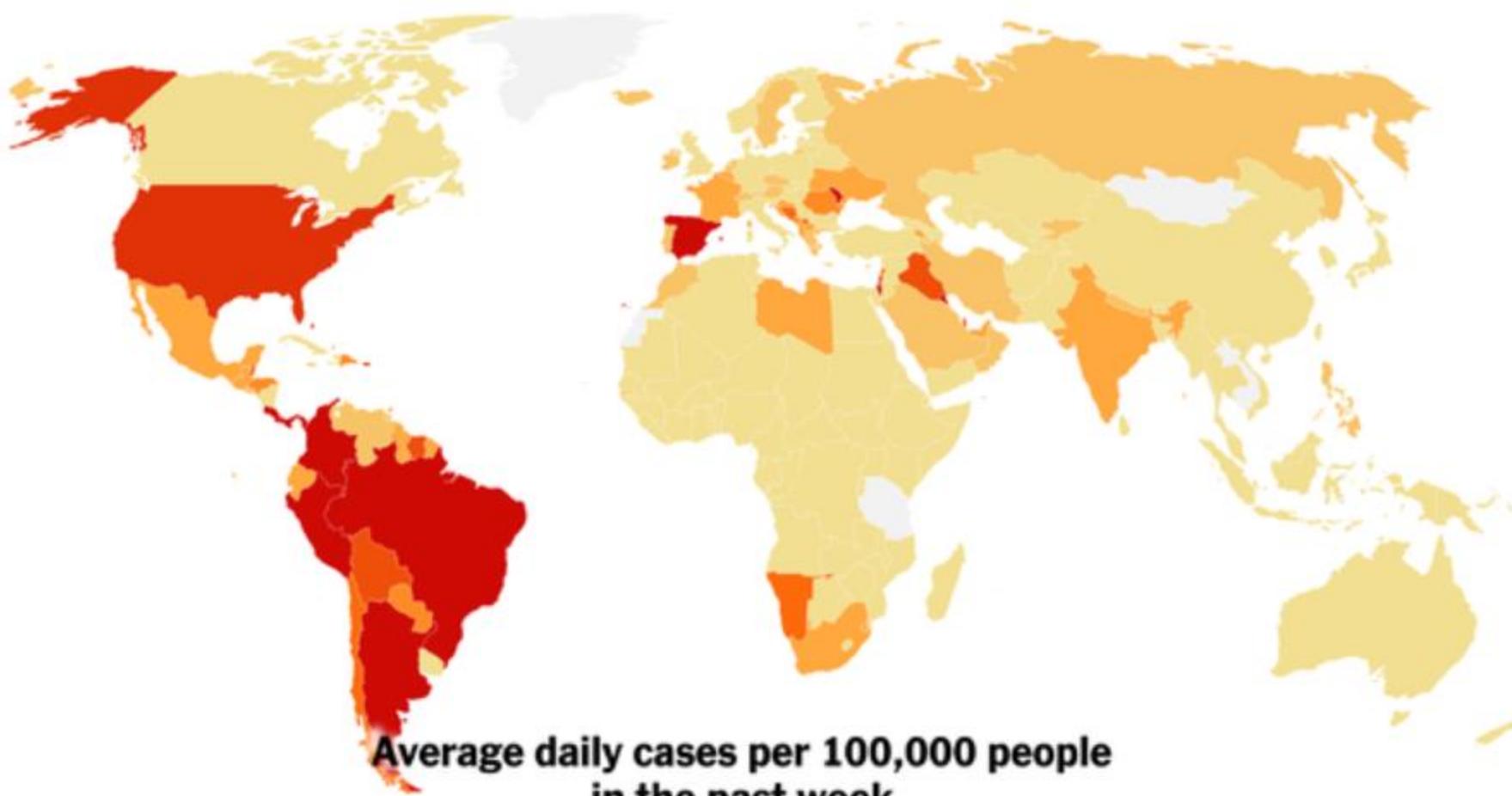
The New York Times

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Source: MDH, CDC, New York Times

COVID-19 Outbreak US Hotspots
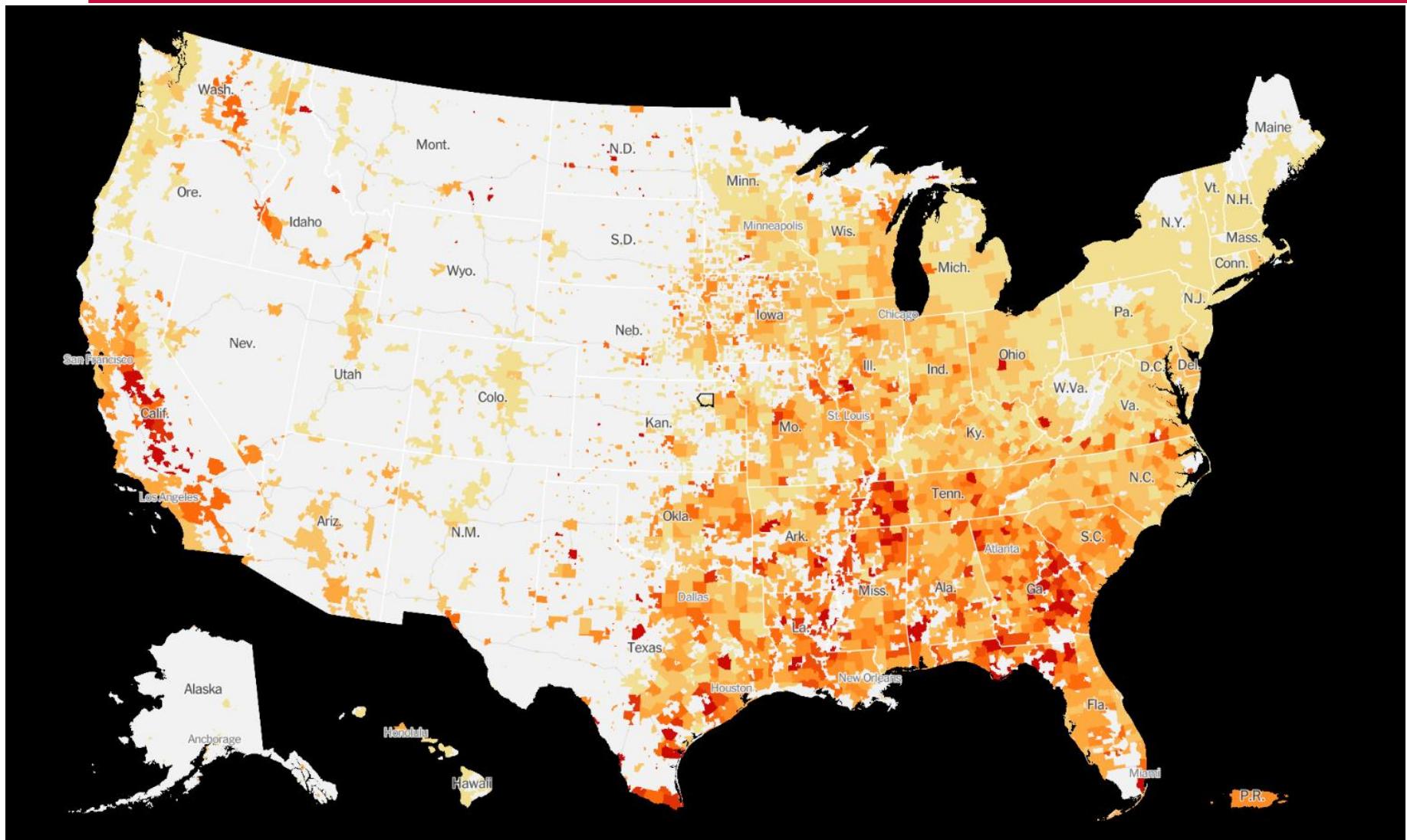
Morbidity and Mortality Update

Cumulative Cases - Global	**25,029,791**
Cumulative Cases- US	**5,961,884**
Cumulative deaths - Global	**842,992**
Cumulative Deaths- US	**182,785**

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COVID-19 Daily Report - Maryland Department of Health

Data reported as of 8/30/2020

| **107,791** confirmed cases	**24,745** tests reported 8/29	**1,919,155** cumulative tests	**3,609** confirmed deaths
+497 cases reported on 8/29*	**2.51%** daily positivity reported 8/29	**3.30%** 7-day avg. positivity** reported 8/29	**+6** deaths reported on 8/29

## 7-Day Avg. Percent Positive Testing** and Total Testing Volume
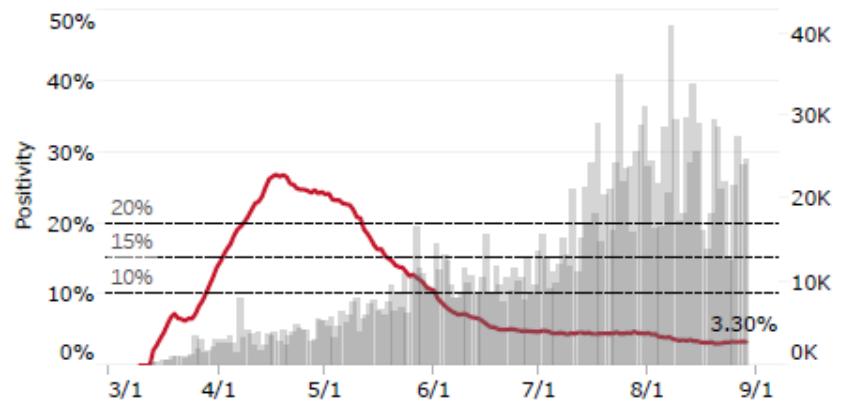

Statewide Acute/ICU Beds Occupied by COVID Patients

Total 358
Acute 251
ICU 107
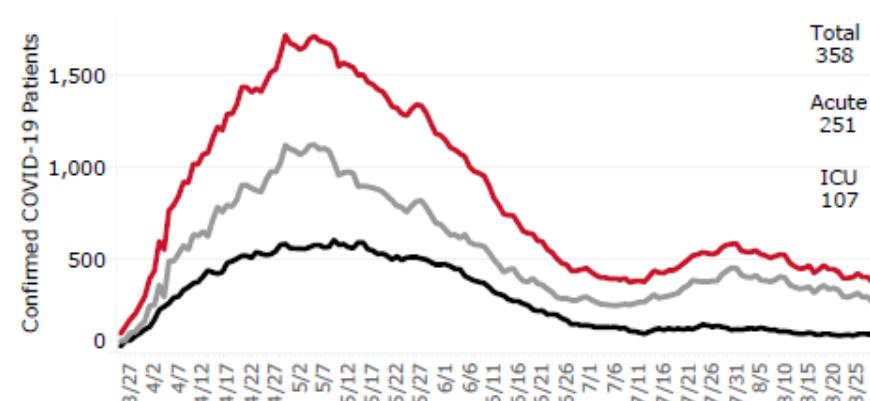
Cases and Rates by County of Residence

Region	Rate
BMA	1,695.4
Eastern	1,217.7
NCR	2,233.5
Southern	1,157.9
Western	703.5
Maryland	1,782.9
DC	1,954.5
DMV Virginia***	1,403.5
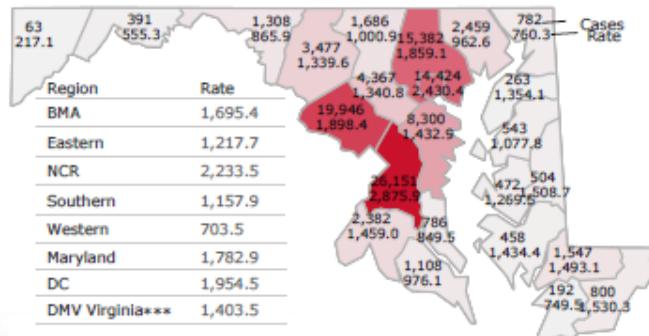
Daily Cases
by Specimen Collection Date

Daily Deaths
PROBABLE CONFIRMED
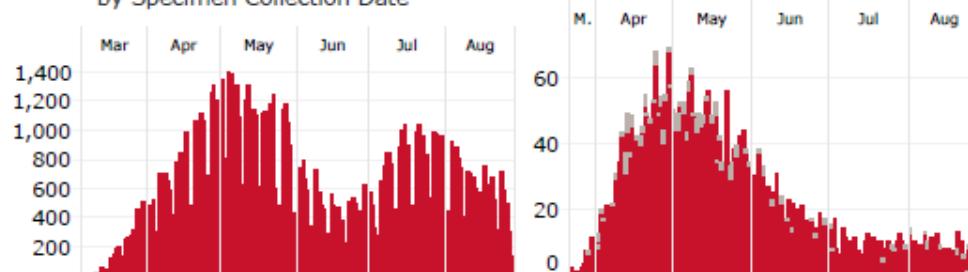
All case-related counts on this dashboard are of individual people infected with COVID-19.
Report date: the day a case was reported to the Maryland Deptartment of Health.
Specimen date: the day the initial lab specimen was collected.
BMA: Baltimore Metro Area; NCR: National Capital Region. DMV: DC, Maryland, and Virginia Area
Rates calculated using total confirmed cases and 2019 population estimates. Rates do not exclude recovered cases. Rates are calculated as cases
per 100,000 population. 2019 Maryland Population estimates from the Maryland Department of Planning, March 2020.
*Daily case increase uses report date.
**Positivity calculated using a 7-day rolling average
***DMV Virginia includes Alexandria, Arlington, Fairfax, Fairfax City, Falls Church, Loudoun, Manassas, Manassas City, and Prince William.

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Maryland Daily Positivity Rate

7-Day Avg. Percent Positive Testing** and Total Testing Volume

Updated 8/25
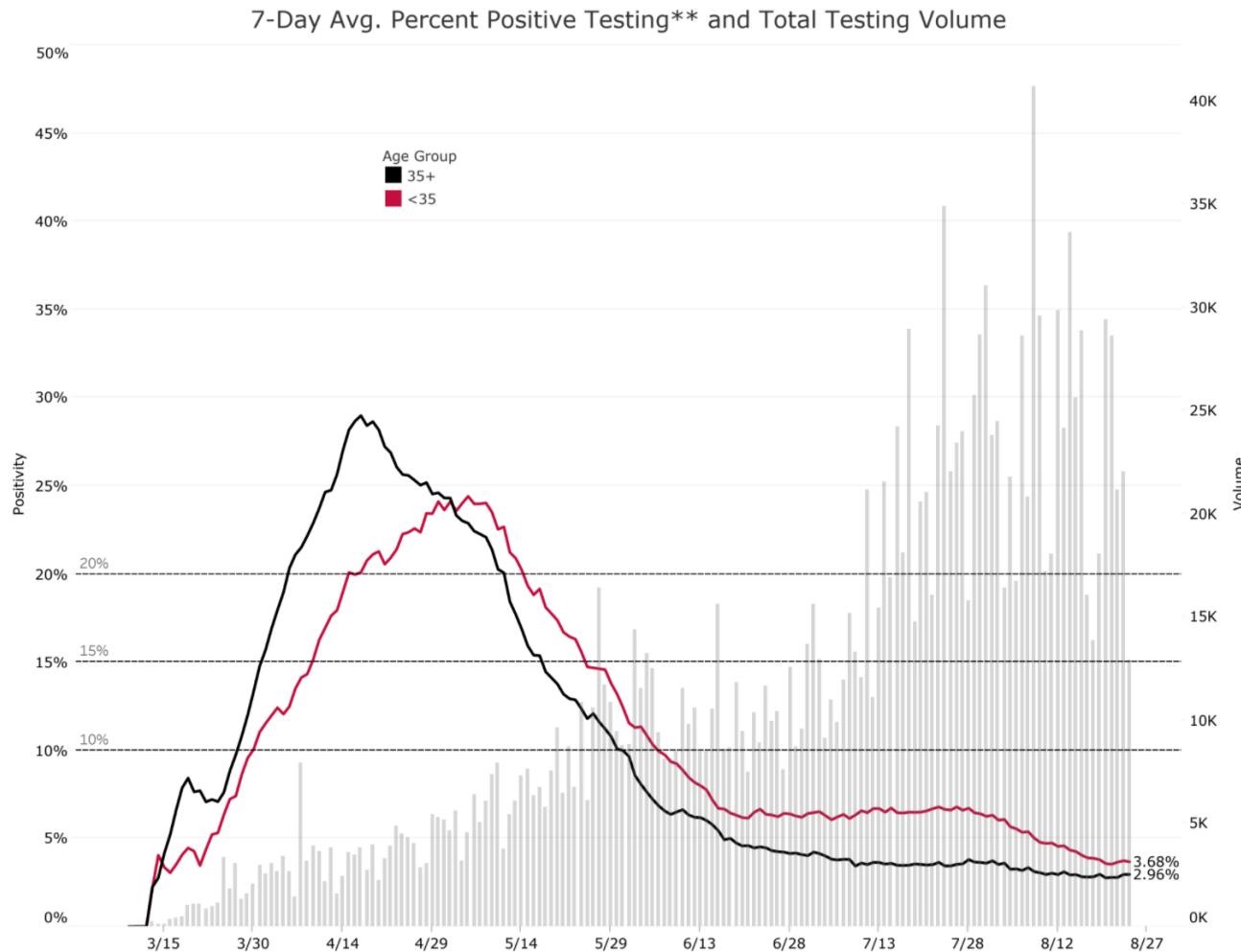
# Social Distancing

Social distancing

Reducing human contact (as measured by cell phone **mobility** data) can drive down infections so that mask use, testing, isolation, and contact tracing can work to contain the virus.

Daily Deaths

14
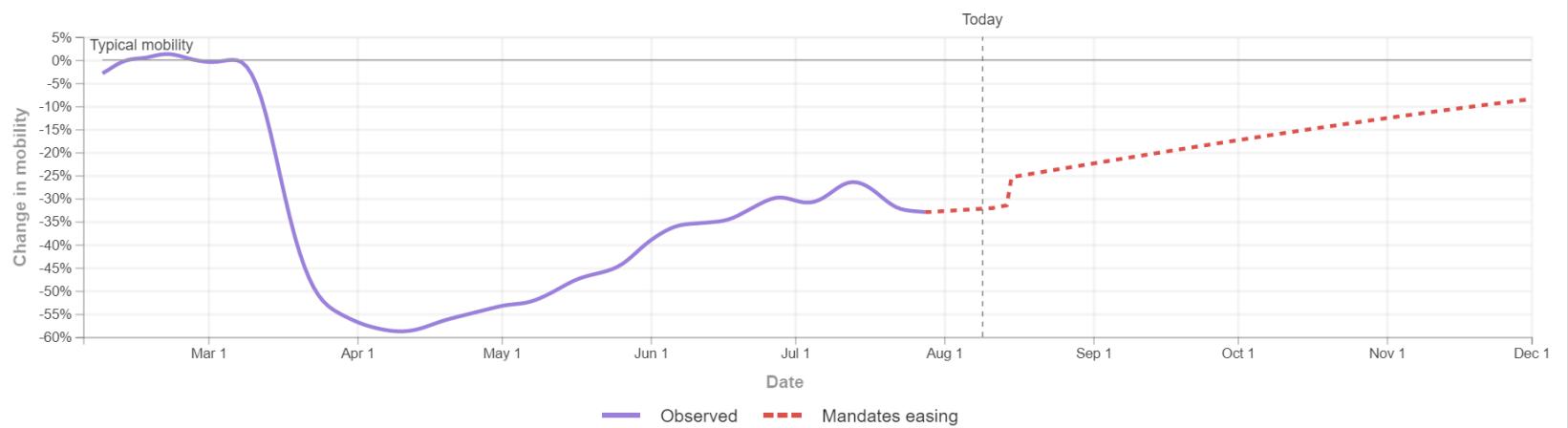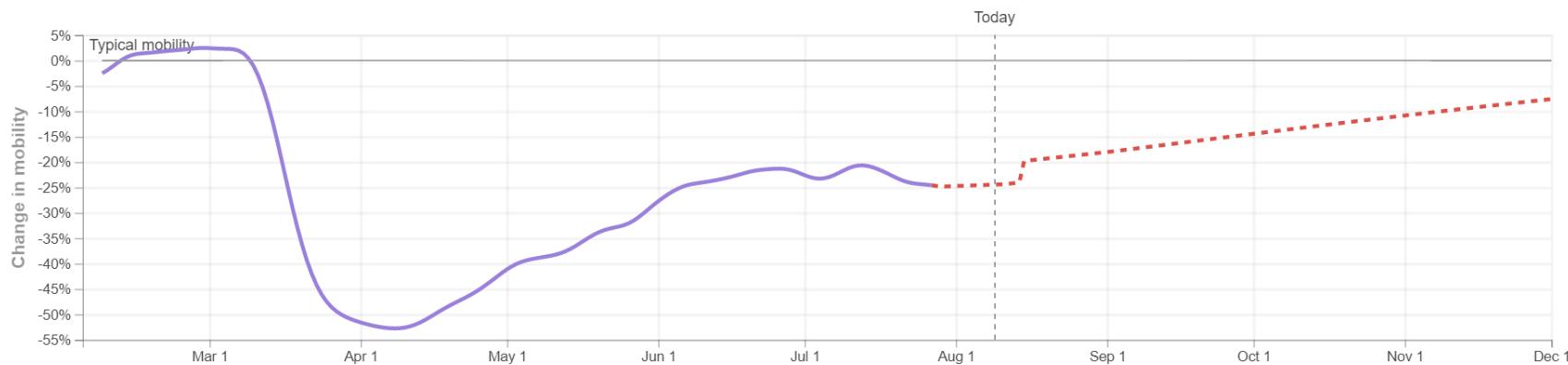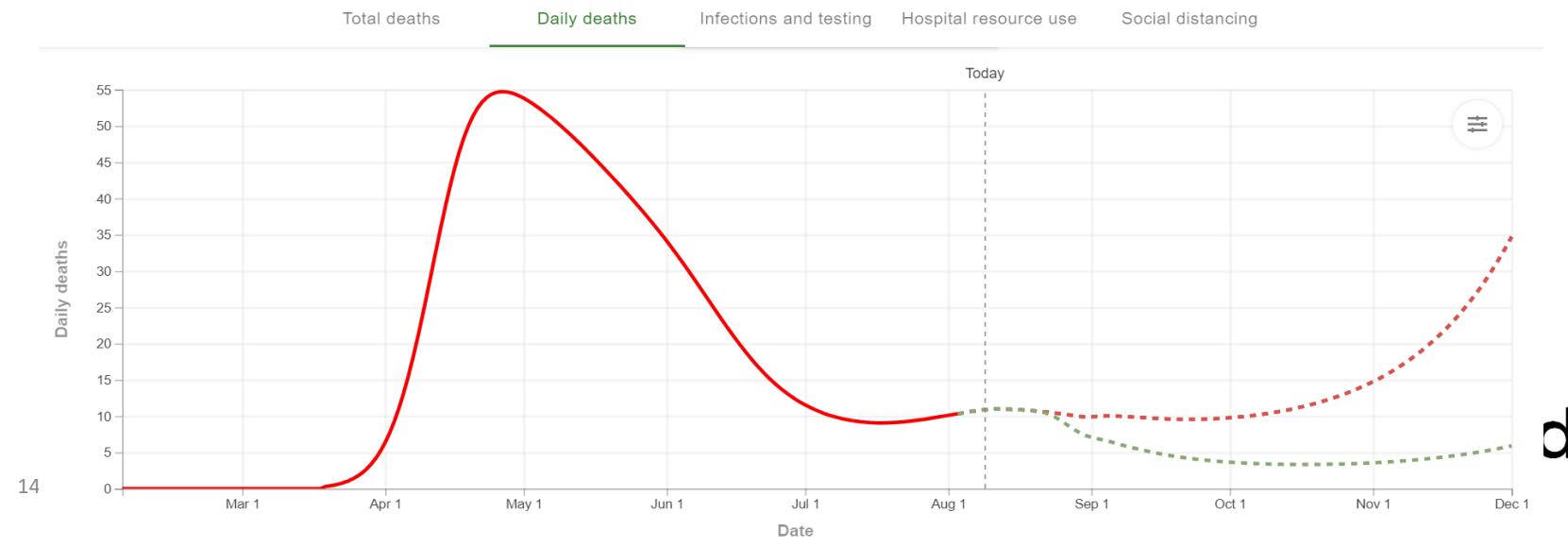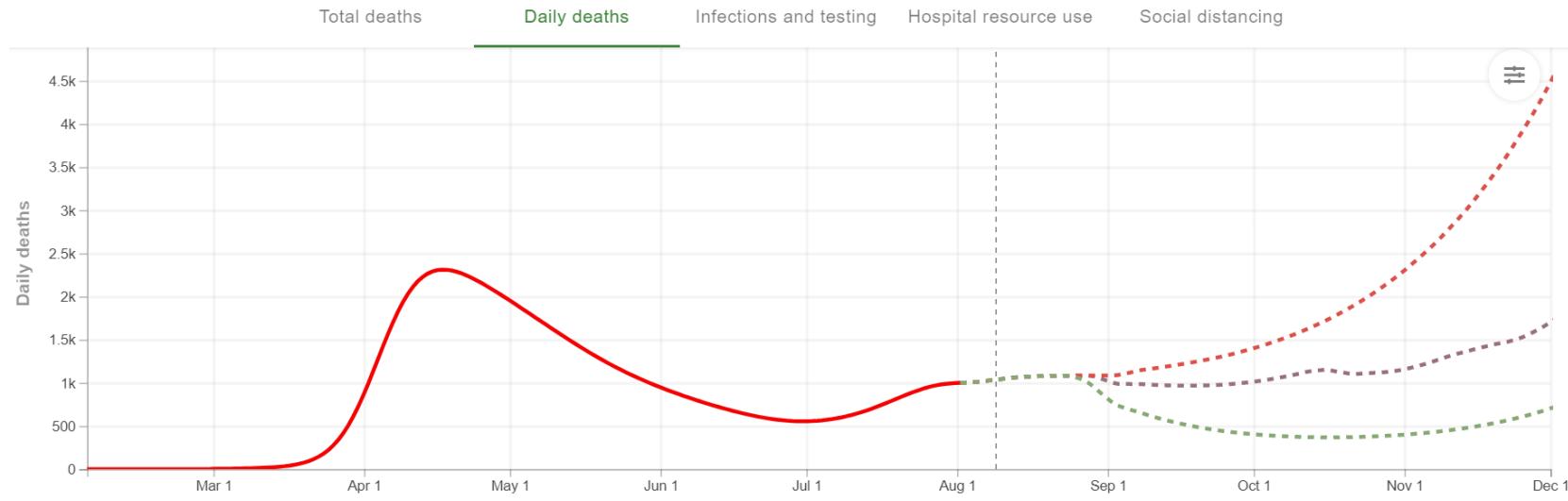
Maryland Testing and Positivity by County

State and Jurisdiction	Positives	Total Pop Tested	% Pop Tested	Daily Testing Volume	Total Testing Volume	7-day Positivity %	7-day Case Rate
Maryland	**107,791**	**1,319,238**	**21.8%**	**24,745**	**1,919,515**	**3.3%**	**8.9**
Allegany County	391	17,594	24.8%	352	25,691	2.0%	4.9
Anne Arundel County	8,300	113,625	19.7%	1,468	157,504	3.4%	8.4
Baltimore County	15,382	191,133	23.1%	3,709	287,644	3.9%	11.9
Baltimore City	14,424	163,494	27.1%	3,402	243,053	3.4%	11.7
Calvert County	786	13,701	14.9%	181	18,367	2.1%	3.7
Caroline County	504	7,202	21.6%	216	9,911	4.3%	8.1
Carroll County	1,686	33,096	19.7%	651	48,218	1.4%	3.5
Cecil County	782	14,695	14.3%	194	20,536	2.1%	2.6
Charles County	2,382	28,802	17.8%	411	40,813	4.8%	10.2
Dorchester County	458	9,262	28.9%	217	13,276	2.7%	10.7
Frederick County	3,477	59,983	23.5%	902	86,374	2.6%	7.6
Garrett County	63	4,429	15.2%	330	8,354	0.5%	1.0
Harford County	2,459	45,014	17.7%	955	63,317	3.1%	8.5
Howard County	4,367	71,603	22.2%	1,288	98,688	2.6%	7.1
Kent County	263	5,371	27.7%	107	7,964	2.5%	5.1
Montgomery County	19,946	226,808	21.5%	3,657	317,409	2.4%	6.5
Prince George's County	26,151	191,560	21.1%	4,454	265,260	4.7%	11.3
Queen Anne's County	543	9,789	19.5%	122	13,093	3.6%	7.9
Somerset County	192	8,047	31.3%	38	10,744	3.1%	8.9
St. Mary's County	1,108	19,660	17.4%	287	31,325	1.6%	3.3
Talbot County	472	9,947	26.9%	148	13,727	3.2%	12.7
Washington County	1,308	38,278	25.4%	941	56,256	2.3%	7.7
Wicomico County	1,547	23,702	23.0%	452	34,743	3.6%	13.2
Worcester County	800	12,443	24.0%	121	15,983	5.2%	12.0

**USA
7 day Positivity
6.9%**

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Source: MD

Updated 8/25

Weekly Summary of New COVID+ (Positive) & COVID Deaths

Weekly COVID+ Positives and Deaths

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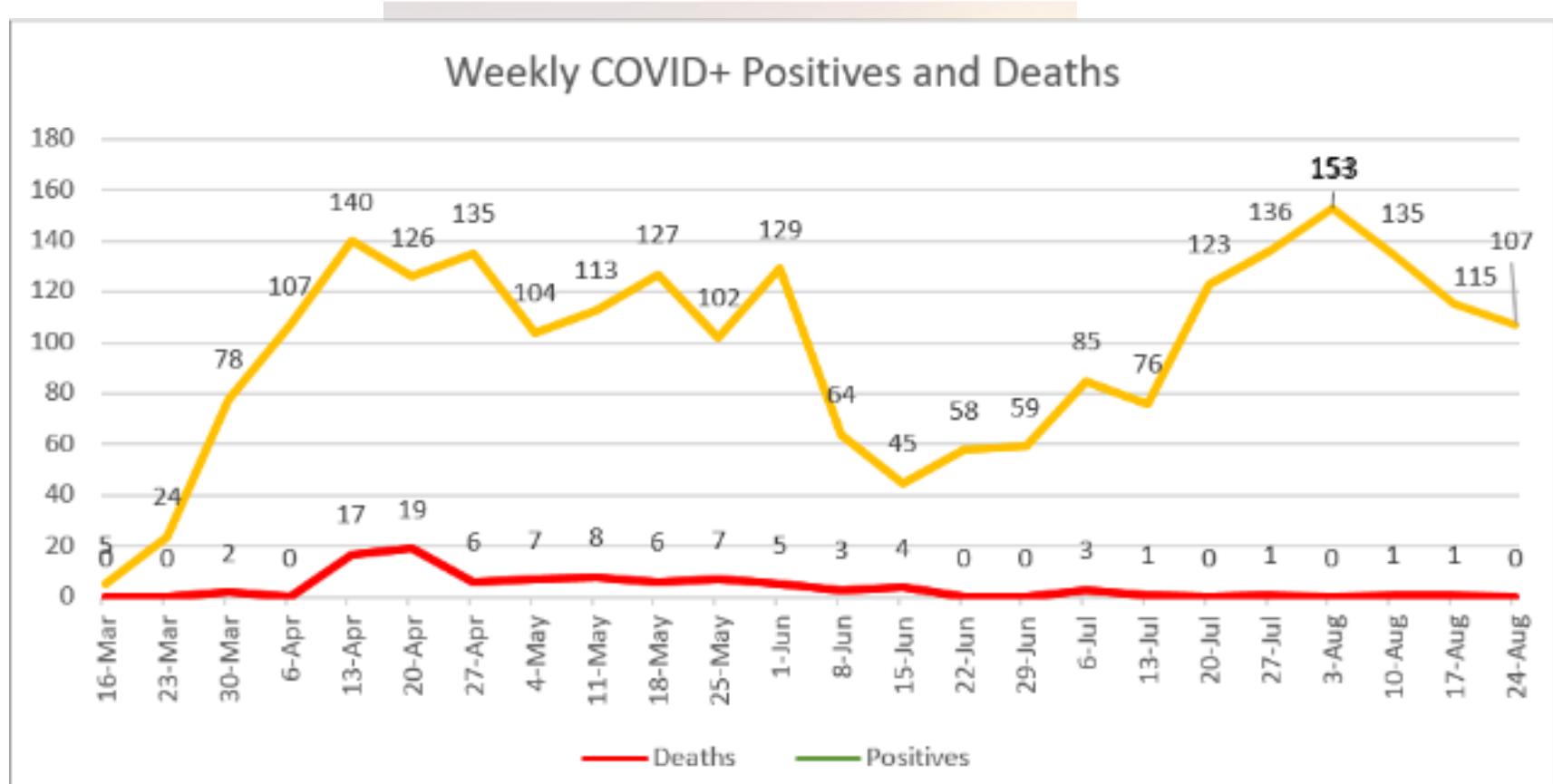
Weekly Summary of Negative Tests
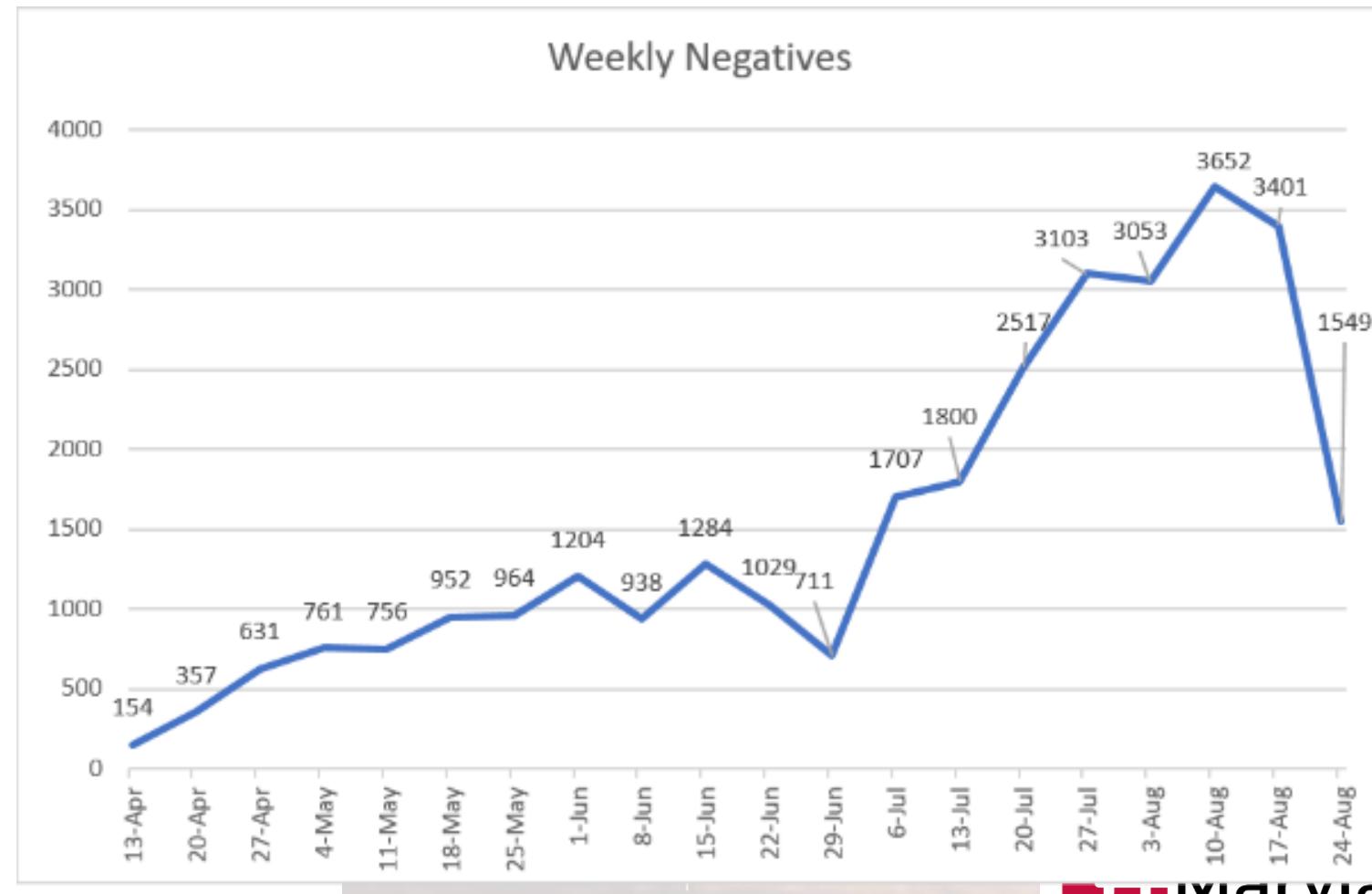
County Weekly COVID Positivity Percentage(average)

Weekly COVID+ Percentage
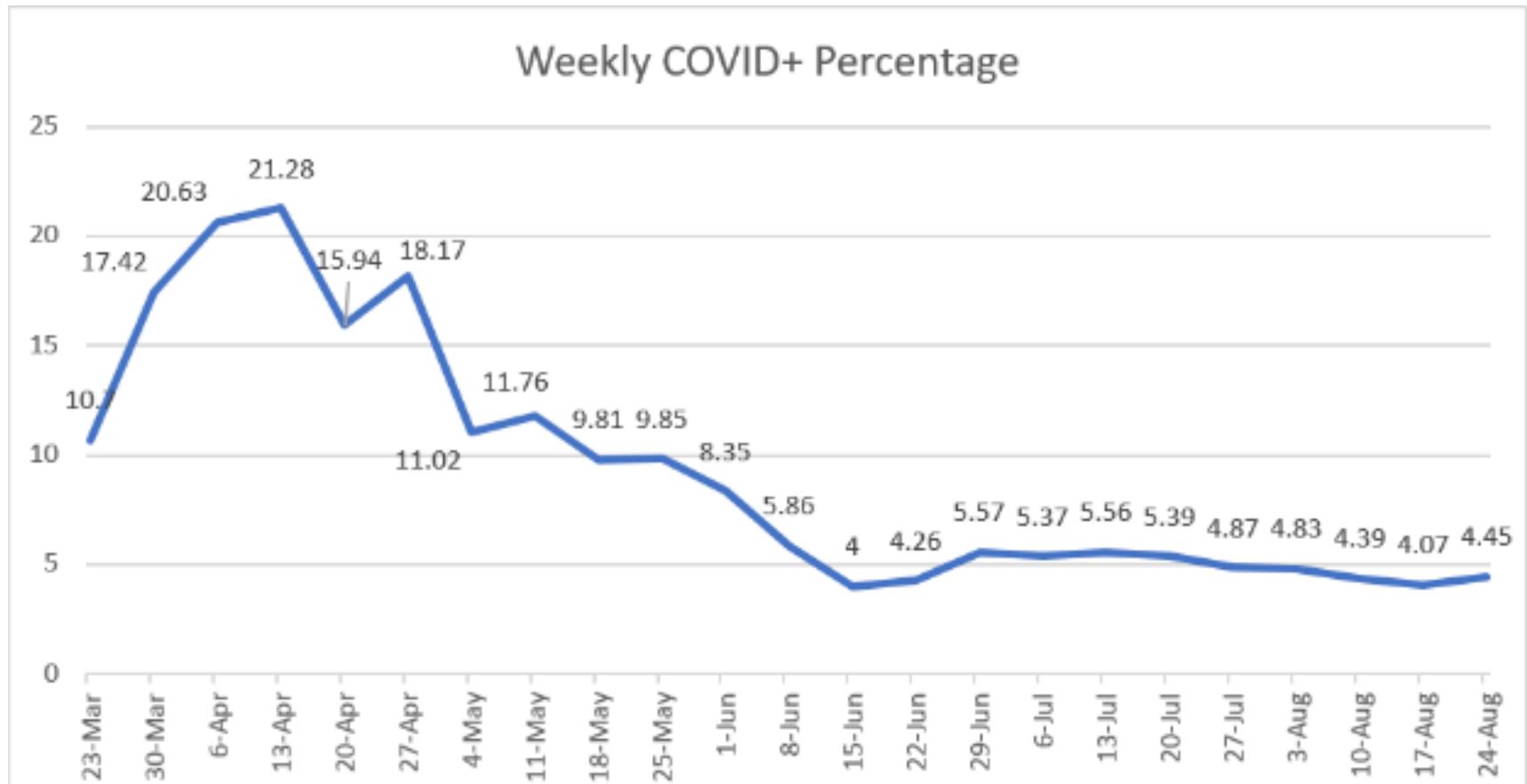
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CRMC COVID+ Patients per week (average)

CRMC COVID+ average of COVID+ patients admitted per week
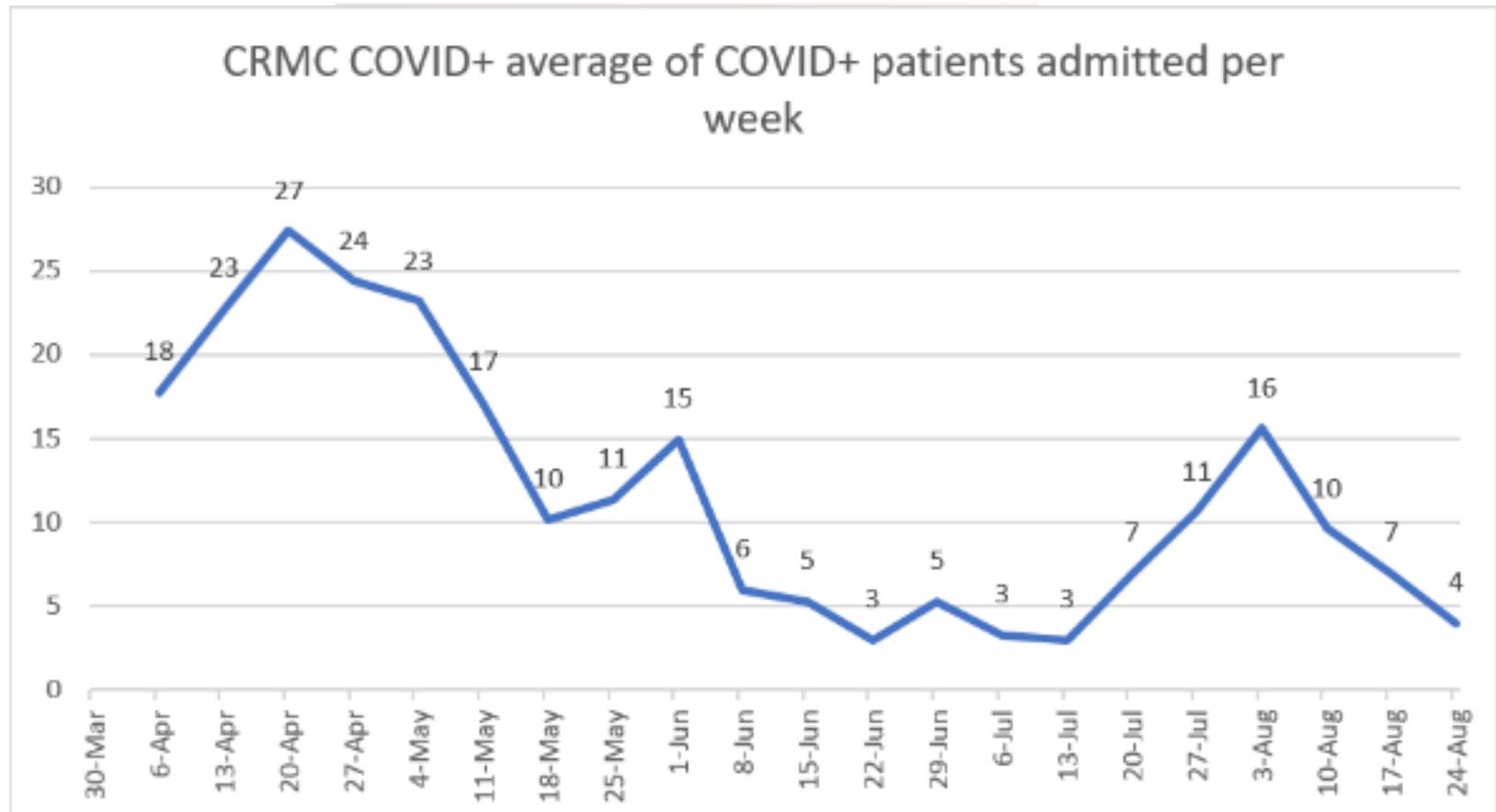
Percent of Population Tested for COVID-19 in Maryland Counties

Data reported as of 8/30/2020

Jurisdiction Rank
- 1st Quartile
- 2nd Quartile
- 3rd Quartile
- 4th Quartile

County	% Population Tested
Somerset	31.3%
Dorchester	28.9%
Kent	27.7%
Baltimore City	27.1%
Talbot	26.9%
Washington	25.4%
Allegany	24.8%
Worcester	24.0%
Frederick	23.5%
Baltimore	23.1%
Wicomico	23.0%
Howard	22.2%
Caroline	21.6%
Montgomery	21.5%
Prince George's	21.1%
Anne Arundel	19.7%
Carroll	19.7%
Queen Anne's	19.5%
Charles	17.8%
Harford	17.7%
St. Mary's	17.4%
Garrett	15.2%
Calvert	14.9%
Cecil	14.3%

Why Test?

❖To know who are the asymptomatic carriers
  ➢So that they will not unknowingly infect others
❖To know who are the pre-symptomatic carriers
  ➢So that they will not infect others
❖To know if you are not infected after travel
❖To know if you are not infected after exposure
❖To know if your employees are infected
❖For peace of mind
❖This is the only way we can stop the spread of this virus

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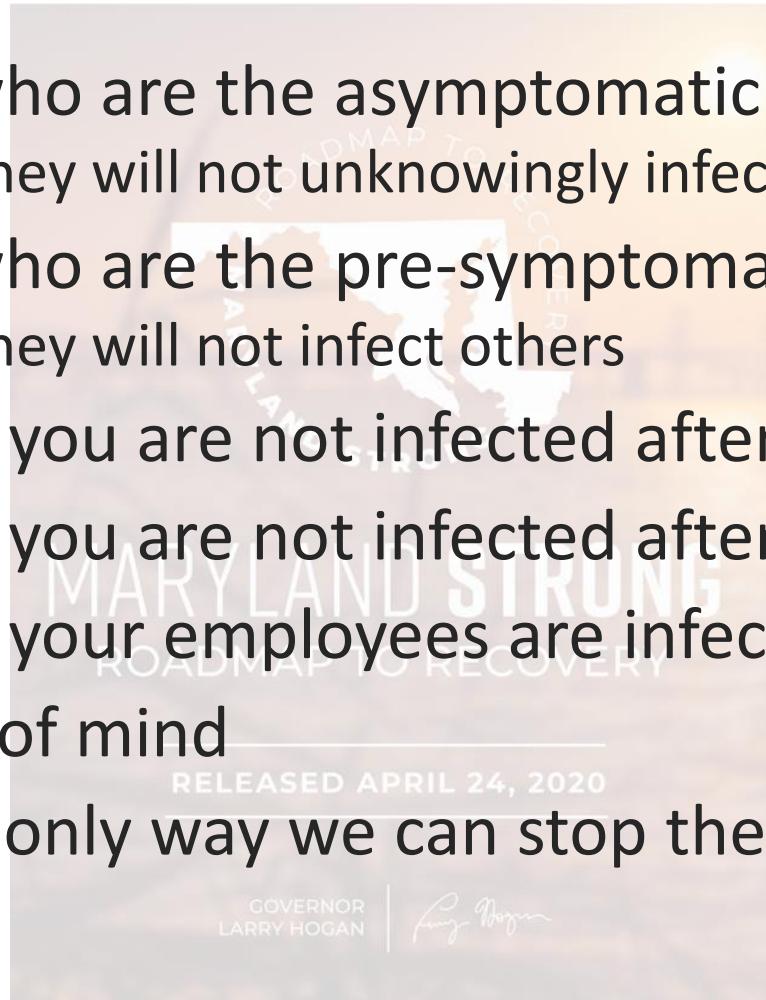
Who and Where to Test

❖ Who to test
   ➢ Anyone on demand
   ➢ Anyone with symptoms
   ➢ Anyone work related
   ➢ Anyone in contact
   ➢ Anyone with potential exposure, travel, crowds, etc.

❖ Where to test
   ➢ Provider's office
   ➢ Urgent Care
   ➢ VEIP site
   ➢ Pharmacy drive through
   ➢ Current list of testing sites, please click here
   ➢ **Businesses- Contact Charles County Department of Health at 301-609-6900 if interested**
   ➢ State target 20,000/day
   ➢ Charles target 500/day

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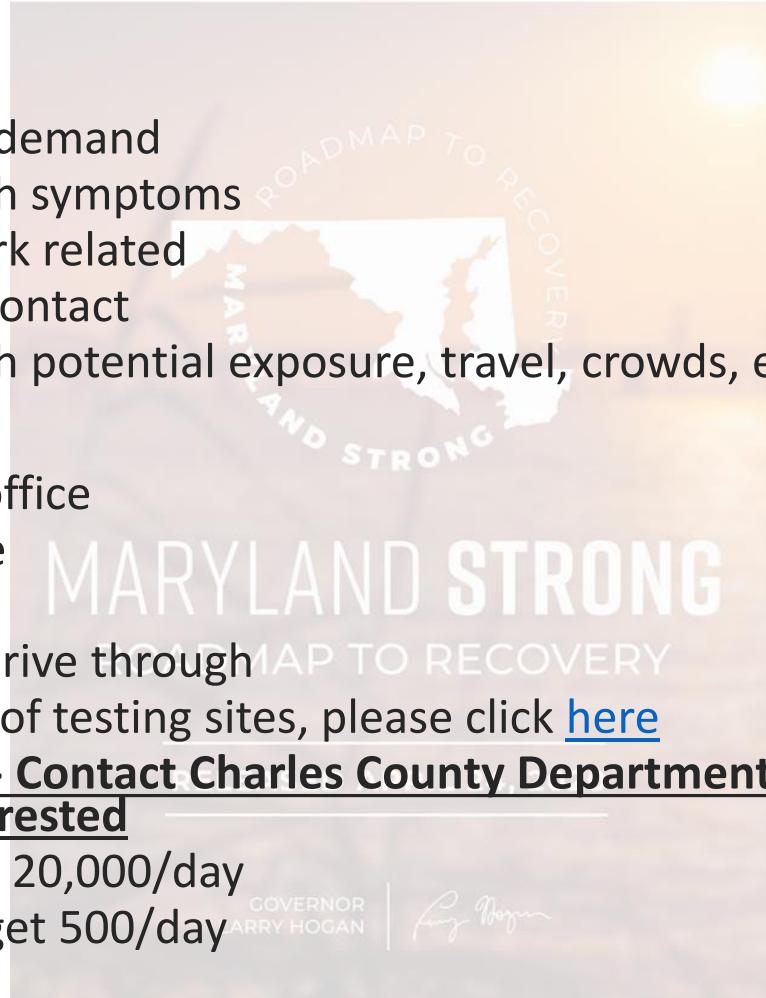
Testing is Easy, Painless and Free

❖ Self administered nasal swabs
  ➢ Easy
  ➢ Painless
  ➢ Free to you

❖ Drive through at VEIP
  ➢ With or without provider orders

❖ Drive through at pharmacy

❖ Go to your doctor's office

❖ https://coronavirus.maryland.gov/pages/symptoms-testing

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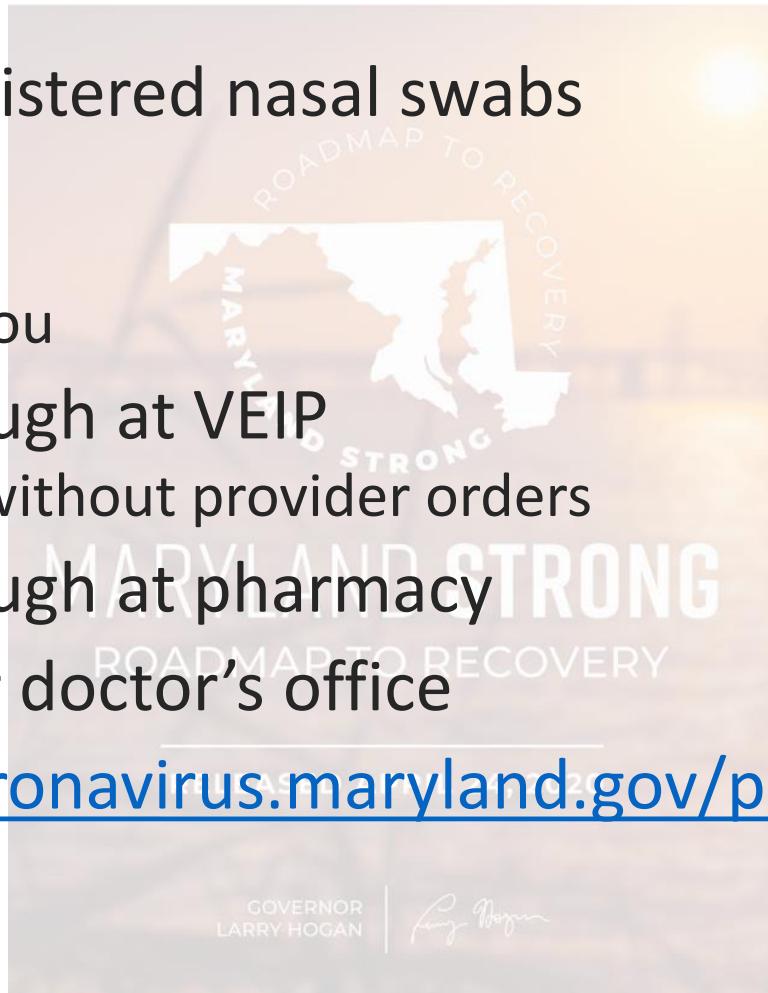
Contact Tracing to Limit the Spread of Virus

❖If positive test expect a call

❖Provide as much information as possible

❖Self isolate with household members

❖Support as needed- contact Health Department

MARYLAND STRONG

ROADMAP TO RECOVERY

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High Risk Gatherings and Locations

High Risk Gatherings

| Number of Cases Reporting No High Risk Gatherings	Number of Cases with >=1 Gathering Identified	Percent of Cases with >=1 Gathering Identified
155	60	16%

High Risk Gatherings - Number of Selected Responses

FAMILY GATHERINGS	HOUSE PARTIES	OUTDOOR EVENT	DINNER PARTIES	OTHER LARGE GATHERING	RELIGIOUS SERVICES	FUNERAL	WEDDING	SPORTING EVENTS
30	11	8	6	5	5	4	3	2
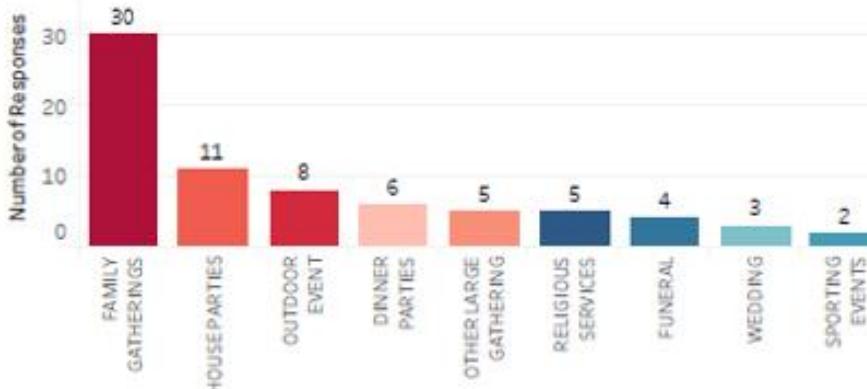
High Risk Locations

Number of Cases Reporting No High Risk Locations	Number of Cases with >=1 Location Identified	Percent of Cases with >=1 Location Identified
76	139	38%

High Risk Locations - Number of Selected Responses

INDOOR RETAIL / SHOPPING	WORK OUTSIDE THE HOME	INDOOR DINING	OUTDOOR DINING	PERSONAL SERVICES	OUTDOOR RECREATION	INDOOR RECREATION	FITNESS CENTERS/HEA..	CASINOS/ RACETRACK..	RELIGIOUS FACILITIES
72	66	32	23	23	15	7	6	4	4

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25
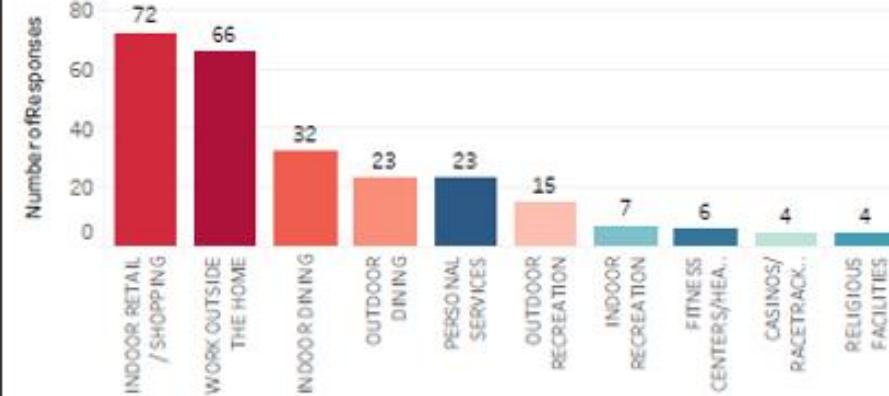
CDC Update: Isolation Guidelines

❖ **Need to self-quarantine > everyone who has been in close contact with someone who has COVID-19**

(**Includes people who've had COVID-19 and those who've taken an antibody test and have antibodies to the virus**)

❖ **Close contact means:**
  ➢ **Being within 6 ft for at least 15 mins of someone who has COVID-19**
  ➢ **You cared for someone sick with COVID-19**
  ➢ **You touched, hugged or kissed the infected person**
  ➢ **You shared eating or drinking utensils**
  ➢ **They sneezed, coughed or somehow got respiratory droplets on you**

❖ **Do:**
  ➢ **Stay home for 14 days after your last contact with a COVID-19-infected person**
  ➢ **Watch for fever, cough, shortness of breath, or other symptoms of COVID-19**
  ➢ **If possible, stay away from others, especially people at higher risk of getting sick from COVID-19**

Additional CDC information: Duration of Isolation and Precautions for Adults with COVID-19

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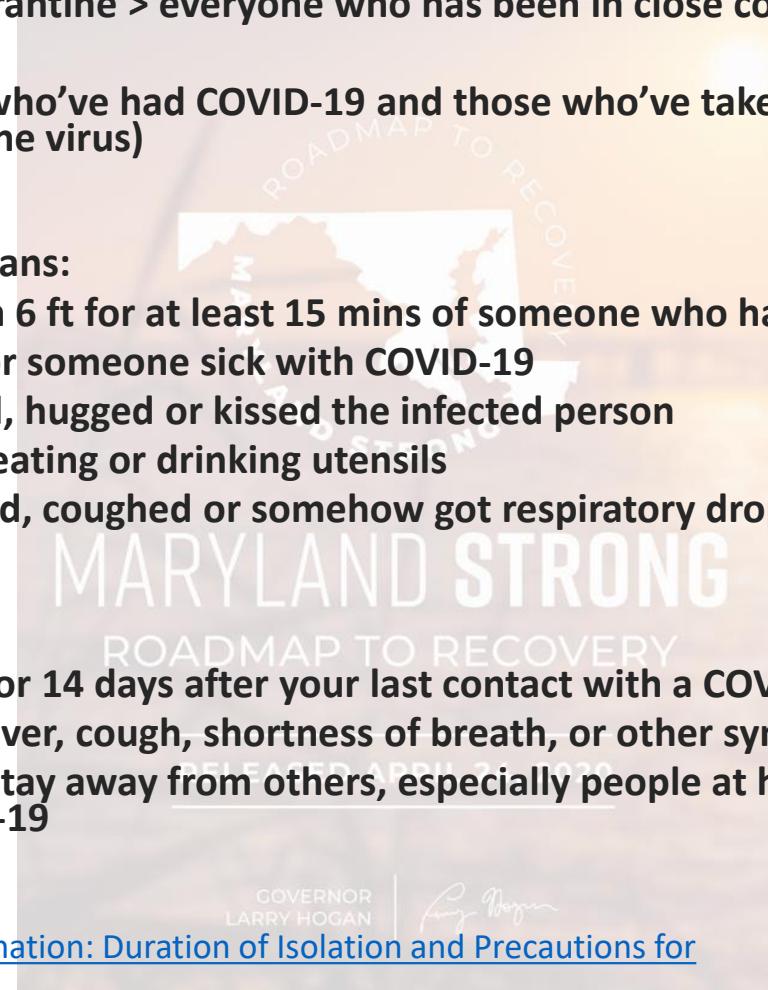
Release from Isolation

❖**Duration of isolation and precautions**

➢ For most persons with COVID-19 illness, isolation and precautions can generally be discontinued 10 days *after symptom onset*[1] and resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms.

➢ For persons who never develop symptoms, isolation and other precautions can be discontinued 10 days *after the date of their first positive RT-PCR test for SARS-CoV-2 RNA.*

❖**Role of PCR testing[2] to discontinue isolation or precautions**

➢ Is no longer recommended except to discontinue isolation or precautions earlier than would occur under the strategy outlined in Part 1, above.

❖**Role of serologic testing**

➢ Serologic testing should not be used to establish the presence or absence of SARS-CoV-2 infection or reinfection.

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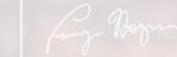
STOP THE SPREAD.
COVID-19 TESTING
CALL 301-609-6717

Charles County
Department of Health

MY MASK PROTECTS YOU.

YOUR MASK PROTECTS ME.

"Corona Lisa"
by Leonardo da Vinci

Facemasks- Required and Essential

❖Retail Establishments

❖Public Transportation

❖Food Service Facilities

❖Alcohol Manufacturer/Sales - Outdoor Dining

❖Personal Services (Salons, Tanning, Tattoos, Massage Parlors)

❖Indoor & Outdoor Sport Activities (when feasible)

❖Youth Camps (when feasible)

❖Swimming Pools (when possible)

❖New updates from CDC- on Face Shields

https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html

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Type and level of group activity	Low occupancy			High occupancy		
	Outdoors and well ventilated	Indoors and well ventilated	Poorly ventilated	Outdoors and well ventilated	Indoors and well ventilated	Poorly ventilated
Wearing face coverings, contact for short time						
Silent	Green	Green	Green	Green	Green	Yellow
Speaking	Green	Green	Green	Green	Green	Yellow
Shouting, singing	Green	Green	Yellow	Yellow	Yellow	Red
Wearing face coverings, contact for prolonged time						
Silent	Green	Green	Yellow	Green	Yellow	Red
Speaking	Green	Green *	Yellow	Yellow *	Yellow	Red
Shouting, singing	Green	Yellow	Red	Yellow	Red	Red
No face coverings, contact for short time						
Silent	Green	Green	Yellow	Yellow	Yellow	Red
Speaking	Green	Yellow	Yellow	Yellow	Red	Red
Shouting, singing	Yellow	Yellow	Red	Red	Red	Red
No face coverings, contact for prolonged time						
Silent	Green	Yellow	Red	Yellow	Red	Red
Speaking	Yellow	Yellow	Red	Red	Red	Red
Shouting, singing	Yellow	Red	Red	Red	Red	Red

Risk of transmission
Low (green)   Medium (yellow)   High (red)

* Borderline case that is highly dependent on quantitative definitions of distancing, number of individuals, and time of exposure

Gating Benchmark Metrics

"Stop Signs"

- An unexpected increase in hospitalizations or a sustained increase in cases requiring intensive care; and sustained increase in cases over a period of five or more days
- Increase in number of daily COVID deaths
- Indications that Marylanders are disregarding physical distancing guidelines
- Significant outbreaks of community transmission where contact tracing cannot establish the route of the spread

13

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Compliance is a Complaint Driven Process

❖Complaints from customers

❖Complaints from employees

❖Complaints from other sources

❖Leads to Health Department on site education

❖Health department order of immediate compliance

❖Health department order for closure

❖Enforcement by local and state police

❖Contact 301-609-6733 or 301-609-6751 for complaints

Covid Tip Line- **1-833-979-2266**

prevent.covid@maryland.gov

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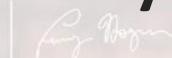
What's Important Now (WIN)

❖ Best Practices for businesses

❖ Best Practices for employees

❖ Testing for Covid-19

❖ Social Distancing

❖ Facial Covering

❖ Hand hygiene and surface cleaning

❖ Patience

❖ We can get through by supporting one another
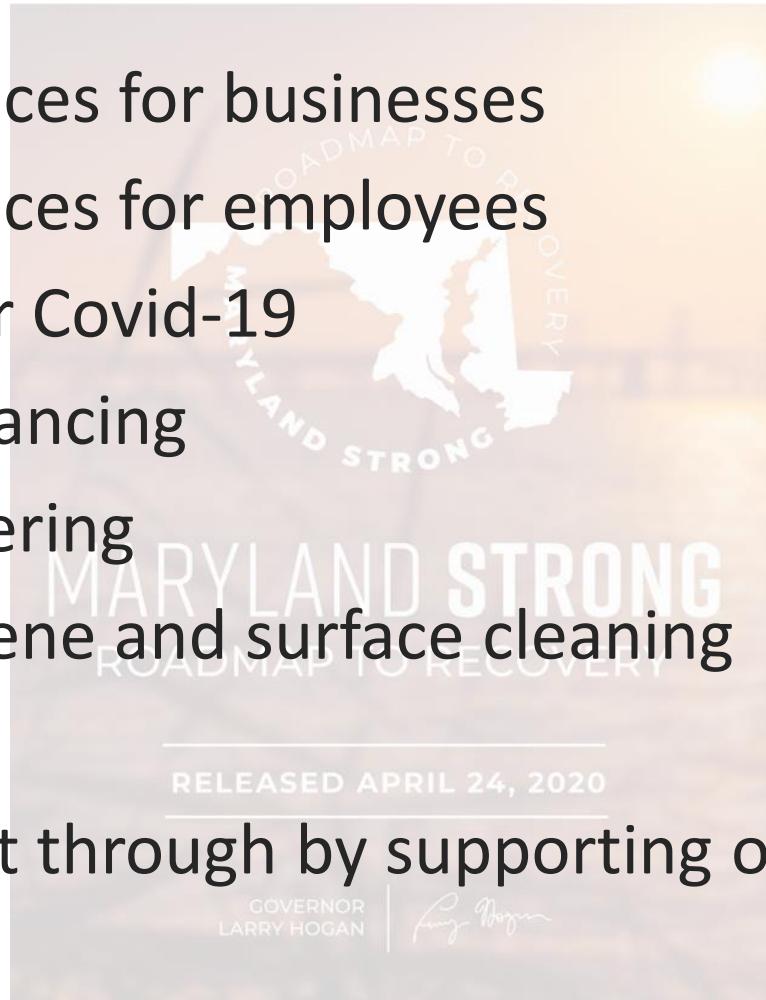
Helpful Links

- [Social Gathering FAQs](#)
- [Face Covering Exemptions & FAQs](#)
- [Best Practice Documents for Several Businesses](#)
- [MDH Secretary Orders](#)
- [Governor's Executive Orders](#)

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Questions and Resources

❖Resources in following slides
  ➢PPE sources
  ➢Religious organization guidance
  ➢Return to work guidance
  ➢Links to CDC and Maryland business specific guidance
  ➢Environmental cleaning

❖Write questions in chat box

https://www.charlescountymd.gov/government/other-agencies/charles-county-department-of-health-covid-19-updates

**The next webinar will be held on Monday, September 14 , 2020

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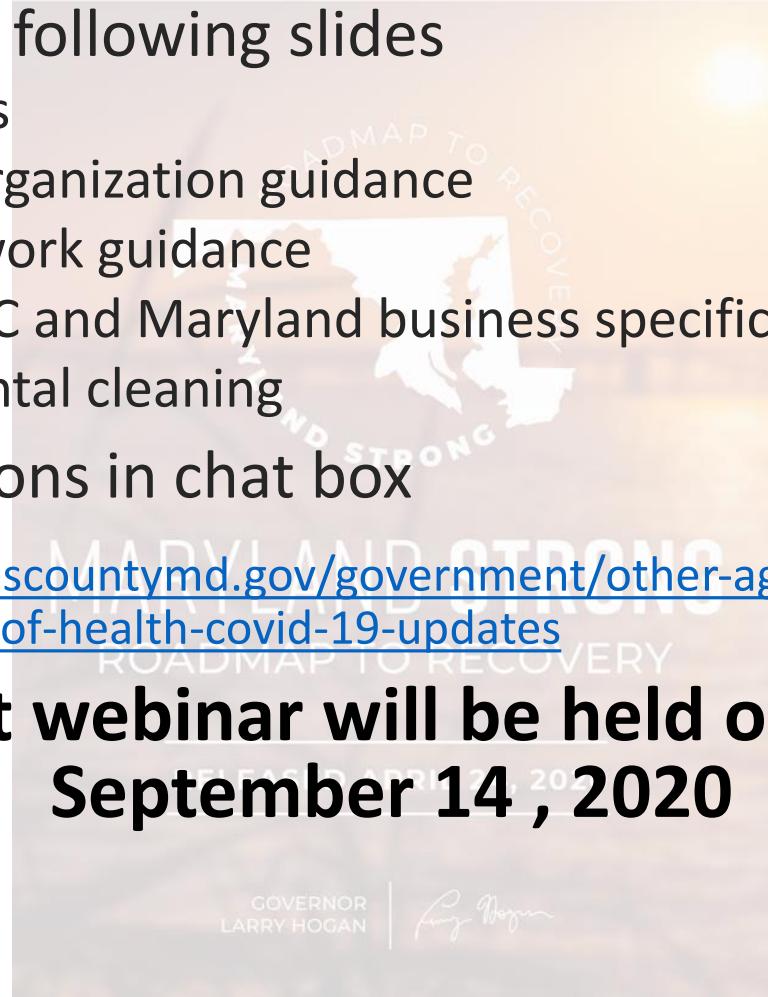
Resources and References

❖ Maryland Coronavirus (https://coronavirus.maryland.gov/)

❖ CDC Coronavirus Website (https://www.cdc.gov/coronavirus/2019-nCoV/index.html)

❖ CDC Guidance:

➢ Interim Guidance for Businesses and Employers Responding to Coronavirus Disease 2019 (COVID-19), May 2020 (https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html)

➢ Prepare your Small Business and Employees for the Effects of COVID-19 (https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-small-business.html)

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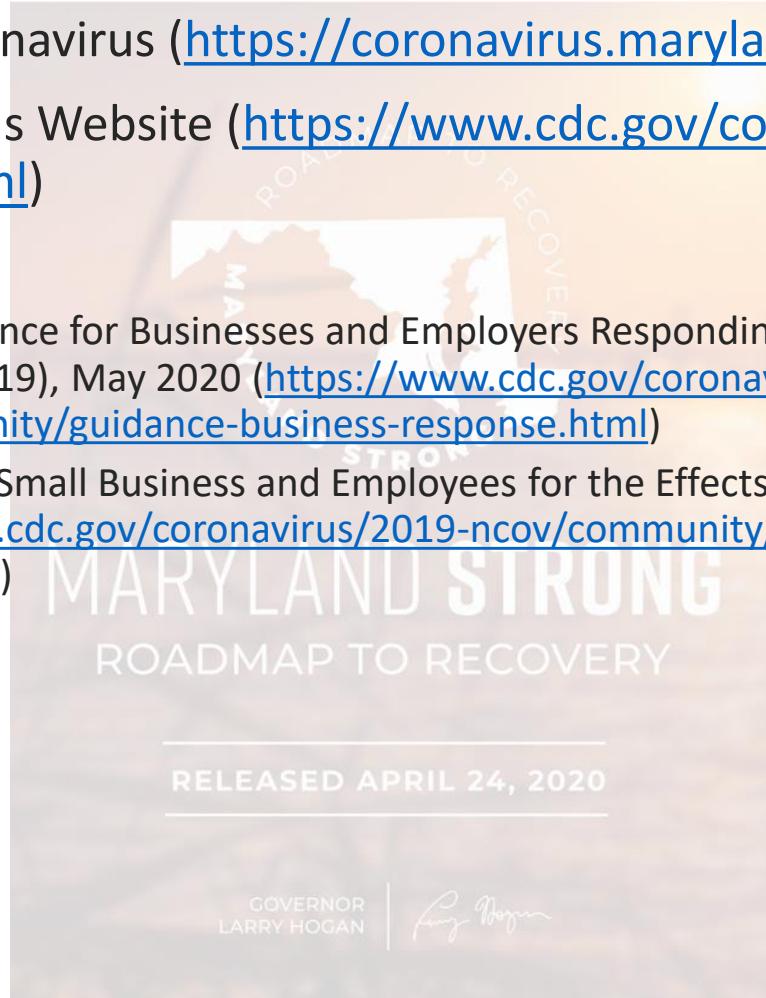
Resources and References

❖ Back to Business in Maryland- Safety Best Practices

- ➢ **General Business Best Practices**
  (https://commerce.maryland.gov/Documents/BusinessResource/General-Business-COVID-19-Best-Practices.pdf)
- ➢ **Manufacturing**
  (https://commerce.maryland.gov/Documents/BusinessResource/Manufacturing-COVID-19-Best-Practices.pdf)
- ➢ **Personal Services**
  (https://commerce.maryland.gov/Documents/BusinessResource/Personal-Services-COVID-19-Best-Practices.pdf)
- ➢ **Visit** (https://open.maryland.gov/backtobusiness/) **for additional guidance for retail, golf and marinas**

❖ FDA Best Practices for Re-opening Retail Food Establishment
 (https://bit.ly/3dUYWrI)

❖ Maryland Higher Education https://mhec.maryland.gov

❖ OSHA

- ➢ **Additional resources** (https://www.osha.gov/SLTC/covid-19/additional_resources.html)

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Resources and References

❖ Faith Based Community recommendations:
https://goci.maryland.gov/wp-content/uploads/sites/2/2020/05/Faith-Based-Recommendations.pdf

❖ State & Charles County Emergency Vendors Link:
https://tinyurl.com/y83zpv83
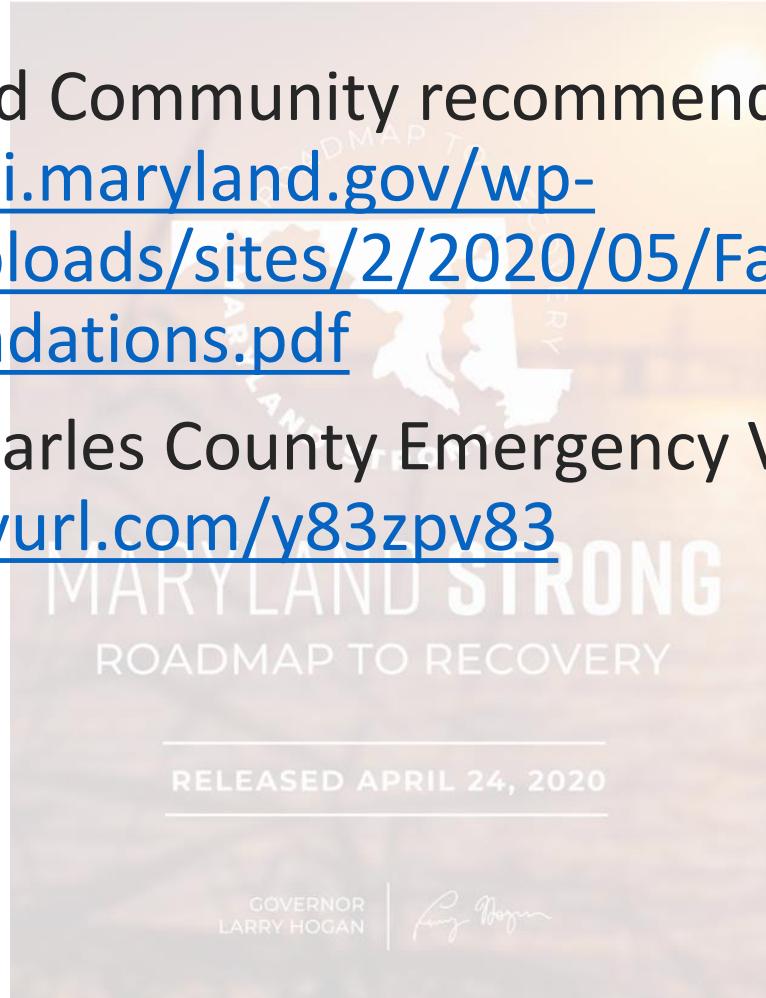
Personal Protective Equipment (PPE) Sources and Requests

❖ Routed through Local Health Departments

❖ Priority as previously stated - may change over time

❖ Maryland PPE Manufacturers List

❖ **National and International PPE Supplier List**

❖ **PPE request forms and local contacts**

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State Launches Maryland PPE Network Supplier Portal

❖ Increasing Maryland's supply of PPE – one of the 4 building blocks on the Road to Recovery

❖ Maryland has launched the [Maryland Manufacturing Network Supplier Portal](#), an online platform that helps connect Maryland suppliers with buyers in need of critical resources

❖ Large daily deliveries come into the state's warehouses

❖ For additional business resources during COVID-19, visit [businessexpress.maryland.gov/coronavirus](#)

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Maryland Companies Producing Personal Protective Equipment in Response to COVID-19

| Grant Recipient	County	Typical Production	COVID-19 Production
Awesome Ninja Labs	Baltimore City	Medical devices	Face shields
CoastTec	Carroll	Battery back-ups for computers	Battery packs for Vyaire ventilators
CR Daniels	Howard	Textile, plastics, and metal manufacturing	Face masks and gowns
DiPole Materials	Baltimore City	Custom nanofiber manufacturing	Filters for medical masks and respirators
DVF Corporation	Washington	Metal and plastic fabrications	Plastic components of respirators
Fashions Unlimited	Baltimore City	Apparel manufacturing	Surgical masks and protective gowns
Fabrication Events	Howard	Special event decor	Face masks, head coverings, and other PPE
Harbor Designs	Baltimore City	Manufacturing design and engineering	Ventilators
Hardwire, LLC	Worcester	Bulletproof body armor and equipment for law enforcement and the military	Face shields
K&W Finishing	Baltimore City	Traditional die cutting, coating, and other bindery services	Face shields

Grant Recipient	County	Typical Production	COVID-19 Production
Key Technologies	Baltimore City	Medical devices	Blower units for positive air pressure respirators
LAI International	Carroll	Components for aerospace and defense, medical devices and infrastructure systems	Face shields
Manta BioFuels	Baltimore County	Energy technology	Face shields
Marty's Bag Works	Anne Arundel	Canvas boating products, cushions, laser printing, and bags	Surgical masks, face shields, and lightweight gowns
Nations Photo Lab	Baltimore County	Full-service photo printing	Face shields
NRL & Associates	Queen Anne's	Ultra-precision machining, fabrication, and assembly	Ventilators
Potomac Photonics	Baltimore County	Biotech and medical devices	PPE visors
Rankin Upholstery	Montgomery	Auto, marine, aircraft and custom upholstery	Masks, gowns, and other PPE
Strouse	Carroll	Adhesive solutions	N-95 masks
X-Laser	Howard	Laser light show systems	Face shields
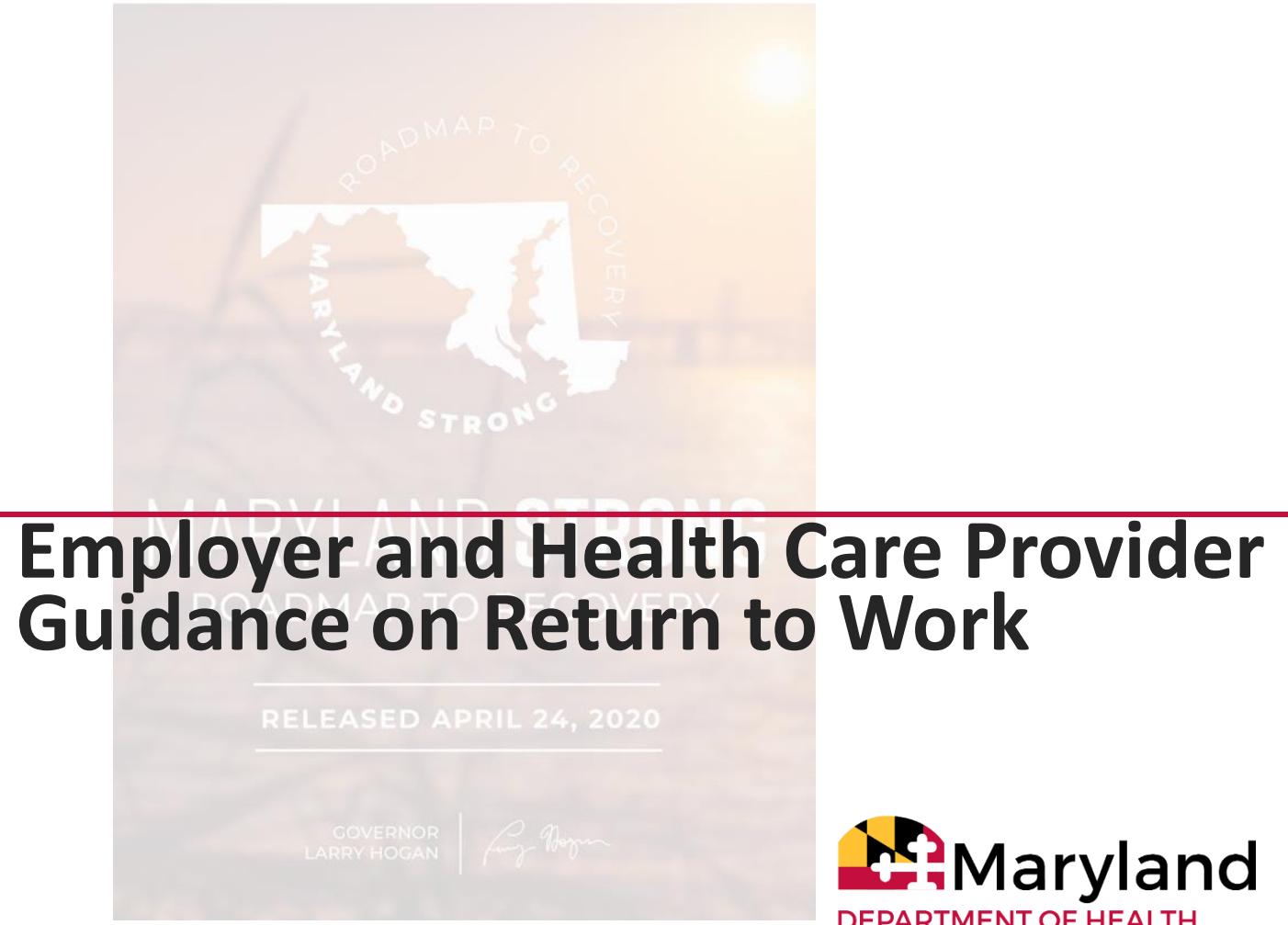
Employer and Health Care Provider Guidance on Return to Work

Employee Return to Work – Confirmed or Suspected COVID-19

1. Employee has suspected COVID-19 (suspected means the employee has symptoms* but has not been tested), or has symptoms and has tested positive. ***Symptoms include cough, shortness of breath or difficulty breathing, fever (subjective, or measured temperature of 100.4º F. or more), chills, muscle pain, sore throat, new loss of taste or smell, or gastrointestinal symptoms like nausea, vomiting, or diarrhea**	**Return to Work Based on Symptoms** **The employee may return to work when:** • **At least 3 days (72 hours) have passed fever-free without the use of fever-reducing medications; AND** • **Improvement in respiratory symptoms (e.g., cough, shortness of breath); AND,** • **At least 10 days have passed *since symptoms first appeared*.**
2. Employee has confirmed COVID-19 (has had a positive laboratory test), but has had no symptoms.	At least 10 days have passed since the date of the first positive COVID-19 diagnostic test, and the employee has not subsequently developed symptoms since their positive test. If symptoms develop, use Return to Work guidance in Category 1, above. Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding (infectiousness) could be longer or shorter than 10 days after their first positive test.

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Employee Return to Work – Exposed Employee

3. Employee has no symptoms, but: a) has a household member; OR b) has an intimate partner; OR c) is providing care in a non-healthcare setting without using precautions to an individual… who has suspected or confirmed COVID-19.	Send employee home for a period of 14 days. If the employee develops no symptoms, the employee may return to work. If the employee develops symptoms, the employee may return to work after these three things have happened: • There has been no fever for at least 72 hours (that is <u>three full days</u> of no fever without the use of medicine that reduces fevers); AND • Other symptoms have improved (for example, when cough or shortness of breath have improved); AND • At least 10 days have passed since symptoms first appeared.
4. Employee has been within 6 feet for longer than 15 minutes with someone who has suspected or confirmed COVID-19.	Send employee home for a period of 14 days. If the employee develops no symptoms, the employee may return to work (note: if employee is essential worker in a critical infrastructure sector business, employee may return to work as specified in Category 6). If the employee develops symptoms or is tested and confirmed to be COVID-19 positive, the employee may return to work under the conditions in as specified in Category 1 (if symptomatic), or Category 2 (if tested and found positive but has not developed symptoms).

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Employee Return to Work – Unexposed, Critical Infrastructure Workers

5. Employee has been in the same indoor environment (e.g., a classroom, a hospital waiting room) as a person with suspected or confirmed COVID-19 for longer than 15 minutes but does not meet the definition of close contact (within 6 feet).	**No work restrictions. Employee should self-monitor for symptoms, fever. If symptoms develop, self-isolate and return to work as specified above, depending on whether employee has symptoms or is tested (see Category 1).**
6. Employee has had close contact (6 feet or less for longer than 15 minutes) with someone who has suspected or confirmed COVID-19, AND is a Critical Infrastructure Employee	If possible, employee should be off for 14 days. If not possible, employee may return to work with the following conditions: • Employer should measure the employee's temperature and assess symptoms prior to them starting work. Ideally, temperature checks should happen before the individual enters the facility. • As long as the employee doesn't have a temperature or symptoms, they should self-monitor under the supervision of their employer's occupational health program. • The employee should wear a face mask at all times. • Employee should maintain social distancing practices at all times. • Regular cleaning and disinfection of work areas, especially "high-touch" areas.

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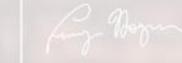
Environmental Cleaning

❖ EPA list of disinfectants registered for use against COVID-19 (SARS-CoV-2) available at: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2

❖ CDC interim guidance for cleaning in homes with suspected or confirmed COVID-19 https://www.cdc.gov/coronavirus/2019-ncov/community/home/cleaning-disinfection.html;

❖ CDC interim guidance for cleaning community facilities with suspected or confirmed COVID-19 https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html

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Maryland Strong: Roadmap to Recovery

❖ Home page of Maryland Strong: Roadmap to Recovery: (https://governor.maryland.gov/recovery/)

❖ Downloadable version of the Roadmap

❖ Executive Order 20-05-13-01, Amending and Restating the Order Of May 6, 2020, Allowing Reopening of Certain Businesses and Facilities, Subject to Local Regulation: https://governor.maryland.gov/wp-content/uploads/2020/05/Gatherings-SIXTH-AMENDED-5.13.20.pdf

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