

# Charles County COVID-19



## Incident Action Plan



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

## OPERATIONAL PERIOD

# INCIDENT OBJECTIVES (ICS 202)

<b>1. Incident Name</b>  Charles County      COVID-19	<b>2. Operational Period</b>	<b>Date From:</b> 6/23/20  <b>Time From:</b> 8:00	<b>Date To:</b> 6/30/20  <b>Time To:</b> 8:00
<b>3. Objectives</b>			
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.			
<b>4. Operational Period Command Emphasis</b>			
<b>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.</b>			
<b>General Situational Awareness</b>			
"When you cough or sneeze, cover your mouth with a tissue or sleeve."			
<b>5. Site Safety Plan Required?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Approved Site Safety Plan(s) Located at:</b>			
<b>6. Attachments (check if attached)</b>			
<input checked="" type="checkbox"/> ICS 203 <input type="checkbox"/> ICS 204 <input type="checkbox"/> ICS 205 <input checked="" type="checkbox"/> ICS 205A <input type="checkbox"/> ICS 206	<input type="checkbox"/> ICS 207 <input checked="" type="checkbox"/> ICS 208 <input type="checkbox"/> Map/Chart <input type="checkbox"/> Weather <input type="checkbox"/> Forecast/Tides/Currents	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>ICS 214</b> _____ _____ _____ _____
<b>7. Prepared by: Name:</b> <u>Joe Hoffmaster</u> <b>Position/Title:</b> <u>PSC</u> <b>Signature:</b> _____			
<b>8. Approved by Incident Commander: Name:</b> <u>Michelle Lilly</u> <b>Signature:</b> _____			
ICS 202	IAP Page <u>2</u>	Date/Time: <u>June 15, 2020 @08:30</u>	

## ORGANIZATION ASSIGNMENT LIST (ICS 203)

<b>1. Incident Name</b> Charles County      COVID-19		<b>2. Operational Period</b> <div style="display: flex; justify-content: space-between;"> <div>Date From: 6/23/20 Time From: 8:00</div> <div>Date to: 6/30/20 Time to: 8:00</div> </div>	
<b>3. Incident Commander and Staff</b>		<b>7. Operations Section</b>	
UC	Dr. Howard Haft	Chief	
UC	Michelle Lilly	Deputy	
Deputy	Melanie Gardiner		
Deputy	Tony Rose		
Safety Officer	John Filer	<b>a. Branch I</b>	<b>Public Health</b>
Public Information Office	Jennifer Harris    Donna Fuqua    Linda Warner	Branch Director	Ranston Harvey
Intell Officer	Jason Stoddard	Deputy	Mary Lilly
<b>4. Agency Representative</b>		DSS	
		Liaison Officer	Tom Brown    Robbie Jones
<b>Agency</b>	<b>Name</b>	Hospital	Bill Grimes    John Filer
Intell officer Deputy	Mike Meiser	Nursing Homes	Tiffany Brown
Lifestyles	Sandy Washington	Health Care Providers	Melanie Gardiner
Public Schools	Mike Meiser	Rehab Centers	Eddie Kratzer
		Assisted Living	Rosalinda Horton
		Funeral Services	Catarina Patterson
		<b>b. Branch II</b>	<b>Public Safety</b>
		Branch Director	Mark Kaufmann Jr.
		Deputy	Scott Herbert
		DES EMS	Steve Finch
		Vol EMS	Andrew Spalding    Mitchell Lewis
		Vol Fire	Scott Herbert
		Logistics	
<b>5. Planning Section</b>		<b>c. Branch III</b>	<b>Law Enforcement</b>
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			
<b>Technical Specialists</b>	<b>(name / specialty)</b>	<b>d. Branch IV</b>	<b>Infrastructure</b>
		Branch Director	
		Deputy	
		SMECO	Jennifer Raley
		Grocery	
<b>6. Logistics Section</b>		Propane	
Chief	Nick Ellis	Natural Gas	
Deputy			
<b>Support Branch</b>			
Donations	Ed Tucker		
Supply Unit			
Facilities Unit	Nick Ellis	<b>10. Finance Section</b>	
Ground Support Unit		Chief	Jennifer Adams
<b>Service Branch</b>		Deputy	
Service Branch Dir.		Time Unit	
Communications Unit	Jeffrey Clements	Procurement Unit	
Medical Unit		Comp/Claims Unit	
Security Unit		Cost Unit	
Food Unit			
<b>9. Prepared by: Name: Joe Hoffmaster      Position/Title: PSC      Signature</b>			
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ORGANIZATION ASSIGNMENT LIST (ICS 203)									
<b>1. Incident Name</b>				<b>2. Operational Period</b>					
Charles County COVID-19				Date From: 6/23/20		Date to: 6/30/20			
				Time From: 8:00		Time to: 8:00			
<b>3. Incident Commander and Staff</b>					<b>7. Operations Section</b>				
UC		Dr. Howard Haft			Chief				
UC		Michelle Lilly			Deputy				
Deputy		Melanie Gardiner							
Deputy		Tony Rose							
Safety Officer		John Filer			<b>a. Branch V</b>		<b>Governance</b>		
Public Information Office		Jennifer Harris	Donna Fuqua	Linda Warner					
Intell Officer		Jason Stoddard							
<b>4. Agency Representative</b>					Charles County Govern.		Michele Lilly		
<b>Agency</b>		<b>Name</b>			Town of LaPlata		Chris Becker		
Intell officer Deputy		Mike Meiser			Town of Indian Head		Ryan Hicks		
Lifestyles		Sandy Washington							
CC Public Schools		Michael Meiser							
					<b>b. Branch VI</b>		<b>Business</b>		
					Branch Director		Darre'll Brown		
					Deputy		Marcia Keeth		
					Economic Development		Darre'll Brown		
					Chamber of Commerce		Bonnie Grady		
<b>5. Planning Section</b>					<b>c. Group</b>		<b>Peer Support</b>		
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									
<b>Technical Specialists (name / specialty)</b>					<b>d. Branch VIII</b>				
					Branch Director				
					Deputy				
<b>6. Logistics Section</b>									
Chief		Nick Ellis							
Deputy					<b>e. Branch IX</b>				
<b>Support Branch</b>									
Donations		Ed Tucker							
Supply Unit									
Facilities Unit		Nick Ellis			<b>10. Finance Section</b>				
Ground Support Unit					Chief		Jen Adams		
<b>Service Branch</b>					Deputy				
Service Branch Dir.					Time Unit				
Communications Unit		Jeffrey Clements			Procurement Unit				
Medical Unit					Comp/Claims Unit				
Security Unit					Cost Unit				
Food Unit									
<b>9. Prepared by:</b> Name: __Joe Hoffmaster__ Position/Title: __PSC__ Signature _____									
ICS 203		IAP Page __4__			Date/Time: _____		June 15, 2020 @08:30		

## COMMUNICATIONS LIST (ICS 205A)

<b>1. Incident Name</b> Charles County COVID-19		<b>2. Operational Period:</b>		<b>Date From:</b> 6/23/20	<b>Date to:</b> 6/30/2020
				<b>Time From:</b> 8:00	<b>Time to:</b> 8:00
<b>3. Basic Local Communications Information:</b>					
Name - Last	Name-First	Representing	Email	Phone	
Adams	Jennifer	DES FSC	<a href="mailto:AdamsJen@Charlescountymd.gov">AdamsJen@Charlescountymd.gov</a>		
Baker	Cari	CCSO	bakerce@ccso.us		
Becker	Chris	La Plata Police	<a href="mailto:cbecker@townoflaplata.org">cbecker@townoflaplata.org</a>		
Brown	Darrell	Business Director Econ Dev	Brownd@charlescountymd.gov		
Cress	Lauri	Charles Regional Medical Center	<a href="mailto:lauri.cress@umm.edu">lauri.cress@umm.edu</a>		
Ellis	Nick	DES- Logistics	<a href="mailto:DESLogistics@charlescountymd.gov">DESLogistics@charlescountymd.gov</a>		
Filer	John	DES- Liaison	<a href="mailto:FilerJ@charlescountymd.gov">FilerJ@charlescountymd.gov</a>		
Finch	Stephen	DES	FinchS@charlescountymd.gov		
Fuqua	Donna	PIO	<a href="mailto:Fuquad@CharlesCountyMD.gov">Fuquad@CharlesCountyMD.gov</a>		
Harris	Jennifer	PIO	<a href="mailto:HarrisJ@CharlesCountyMD.gov">HarrisJ@CharlesCountyMD.gov</a>		
Hoffmaster	Joe	Planning Section	<a href="mailto:DESPlanning@charlescountymd.gov">DESPlanning@charlescountymd.gov</a>		
Kaufmann	Mark Jr	PS Branch Dir. Vol Fire Chief	<a href="mailto:markeng1trk@hotmail.com">markeng1trk@hotmail.com</a>		
Konschak	Matt	NSWC IHD	<a href="mailto:matthew.konschak@navy.mil">matthew.konschak@navy.mil</a>		
Lilly	Michelle	CCDES Director, Unified Command	<a href="mailto:LillyM@charlescountymd.gov">LillyM@charlescountymd.gov</a>		
Lilly	Mary	C C Dept. of Health	<a href="mailto:Mary.Lilly@maryland.gov">Mary.Lilly@maryland.gov</a>		
Lowry	Susan	MDH	<a href="mailto:suzan.lowry@maryland.gov">suzan.lowry@maryland.gov</a>		
Mills	D.J.	Vol Fire- Special Operations Chief	<a href="mailto:djm31_9@hotmail.com">djm31_9@hotmail.com</a>		
O'Malley Simpson	Katie	CCBOE PIO	<a href="mailto:Komalley@ccboe.com">Komalley@ccboe.com</a>		
Proctor	Destiny	DES	proctord@charlescountymd.gov		
Quade	Thomas	MSP	<a href="mailto:Thomas.Quade@maryland.gov">Thomas.Quade@maryland.gov</a>		
Rose	Tony	DES Deputy Director, Unified	RoseT@charlescountymd.gov		
Russell	Cindy	DSS	<a href="mailto:cindy.russell@maryland.gov">cindy.russell@maryland.gov</a>		
Schmidt	Louis Chris III	CCSO	schmidtlo@ccso.us		
Seaman	Kevin	CCEMS	<a href="mailto:seamank@chairescountymd.gov">seamank@chairescountymd.gov</a>		
Smith	Bill	CCVFA/CCAEMS	Smithb@ccvfireems.org		
Spalding	Andrew	Volunteer EMS Chief	<a href="mailto:chiefems@ccvfireems.org">chiefems@ccvfireems.org</a>		
<b>6. Prepared by:</b> Name: _____ Joe Hoffmaster _____ Title: _____ PSC _____ Signature _____					
ICS 205A	IAP Page 5	Date/Time: _____ June 15, 2020 @08:30 _____			

## COMMUNICATIONS LIST (ICS 205A)

<b>1. Incident Name</b>		<b>2. Operational Period:</b>		<b>Date From:</b>	6/23/20	<b>Date to:</b>	6/30/2020
Charles County COVID-19				<b>Time From:</b>	8:00	<b>Time to:</b>	8:00
<b>3. Basic Local Communications Information:</b>							
Name - Last	Name-First	Representing	Email	Phone			
Stoddard	Jason	Intell	<a href="mailto:jistoddard@ccboe.com">jistoddard@ccboe.com</a>				
Ranston	Harvey	CCDOH	<a href="mailto:Ranston.harvey@maryland.gov">Ranston.harvey@maryland.gov</a>				
Laschatt	Lisa	CCDOH	<a href="mailto:lisa.laschatt@maryland.gov">lisa.laschatt@maryland.gov</a>				
Meiser	Michael	CCPS	<a href="mailto:mlmeiser@ccboe.com">mlmeiser@ccboe.com</a>				
EOC- CC		CCEOC	<a href="mailto:DESEOC@charlescountymd.gov">DESEOC@charlescountymd.gov</a>				
Cherry	Lori	LOGS- Deputy	<a href="mailto:CherryL@charlescountymd.gov">CherryL@charlescountymd.gov</a>				
Herbert	Scott	PS LOGS	<a href="mailto:sherbert@hvfdeems.org">sherbert@hvfdeems.org</a>				
Haft	Howard	CCDH	<a href="mailto:Howard.haft@maryland.gov">Howard.haft@maryland.gov</a>				
Raley	Jennifer	SMECO	<a href="mailto:Jennifer.Raley@SMECO.Coop">Jennifer.Raley@SMECO.Coop</a>				
Farr	Courtney	SMECO	<a href="mailto:Courtney.Farr@SMECO.Coop">Courtney.Farr@SMECO.Coop</a>				
Law	Natasha	SMECO	<a href="mailto:Natsha.Law@SMECO.Coop">Natsha.Law@SMECO.Coop</a>				
Teleconfernce #			1-872-240-3212				
Tucker	Ed	Donations	<a href="mailto:DESDonations@Charlescountymd.gov">DESDonations@Charlescountymd.gov</a> <a href="mailto:Etucker@Charlescountymd.gov">Etucker@Charlescountymd.gov</a>				
Barnes	Raena	DH-Liaison	<a href="mailto:raena.barnes@maryland.gov">raena.barnes@maryland.gov</a>				
Wolf	Theresa	PH-DSS	<a href="mailto:Therese.Wolf@maryland.gov">Therese.Wolf@maryland.gov</a>				
Higgins	David	Safety Officer- Assistant	<a href="mailto:HigginsD@chalrescountymd.gov">HigginsD@chalrescountymd.gov</a>				
Jones	Robbie	HD-Liaison	<a href="mailto:JonesRob@Charlescountymd.gov">JonesRob@Charlescountymd.gov</a>				
Hicks	Ryan	Indian Head	<a href="mailto:ryan@townofindianhead.org">ryan@townofindianhead.org</a>				
Lewis	Mitchell	Volunteer EMS Chief, Assistant	<a href="mailto:mlewis@WaldorfVFD.com">mlewis@WaldorfVFD.com</a>				
Mott	Robert (Bob)	VEIP Manager Document Facil.	<a href="mailto:capt302a@gmail.com">capt302a@gmail.com</a>				
Rands	Ray	VEIP Manager	<a href="mailto:raymond.rands@maryland.gov">raymond.rands@maryland.gov</a>				
Edge	Bill	CCSO-Safety					
Peer	Support	Peer Support Team	<a href="mailto:DESPeersupport@charlescountymd.gov">DESPeersupport@charlescountymd.gov</a>				
Courtney	Shannon	Peer Support Team Leader	<a href="mailto:Shannonc@charlescountymd.gov">Shannonc@charlescountymd.gov</a>				

## SAFETY MESSAGE/PLAN (ICS 208)

<b>1. Incident Name</b> Charles County      COVID-19	<b>2. Operational Period</b>	<b>Date From:</b> 6/23/20 <b>Time From:</b> 8:00	<b>Date To:</b> 6/30/20 <b>Time To:</b> 8:00
<b>3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:</b>			
"When you cough or sneeze, cover your mouth with a tissue or sleeve."			
1. Total identified PUI's transported as of 6/24: 1050    Total # of patients testing positive : 156			
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.			
<a href="https://youtu.be/QYMLHwkQNVY">https://youtu.be/QYMLHwkQNVY</a>			
<b>Site Safety Plan(s) Located At:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>5. Prepared by:</b> Name: <u>John Filer</u> Title: <u>Safety Officer</u> Signature: _____			
ICS 208	IAP Page <u>7</u>	Date/Time: <u>June 15, 2020 @08:30</u>	



# Safety Officer's Report Charles County EOC

06-24-20

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

**Today's Safety Message:** "When you cough or sneeze, cover your mouth with a tissue or sleeve".

Total number of PUI's transported to date: 1050

Total number of patients transported by EMS testing + for COVID: 156

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



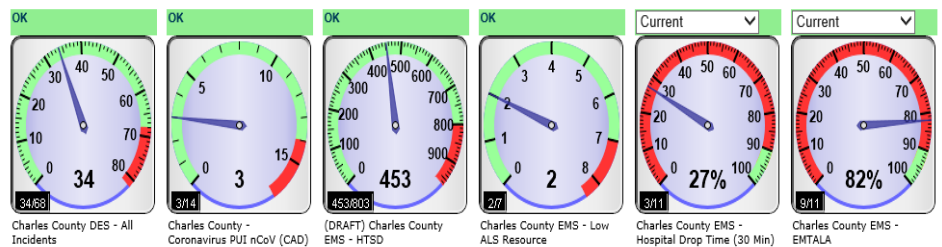
301-399-1143



[DESsafety@charlescountymd.gov](mailto:DESsafety@charlescountymd.gov)



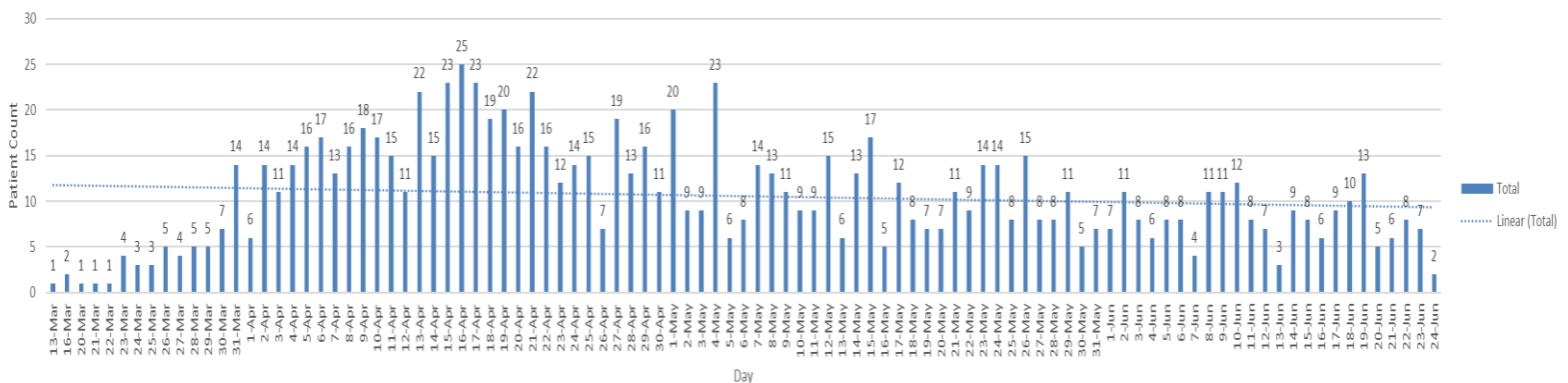
[www.charlescountymd.gov](http://www.charlescountymd.gov)



ePCR .Y

Count of Incident Number

PUI Incidents - 03-13-20 thru 06-24-20 @ 1253

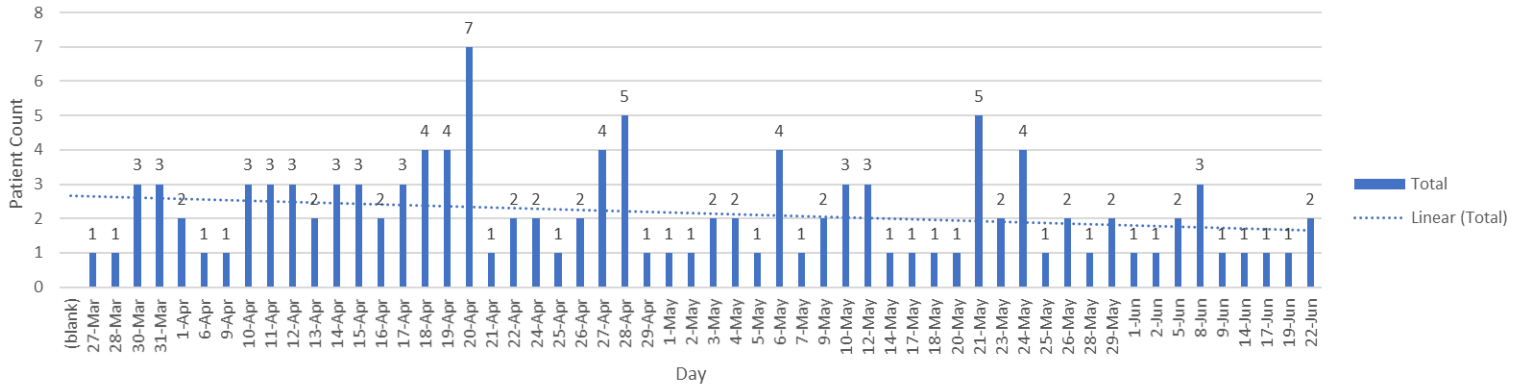


Sent to Queue



Count of Patient Name

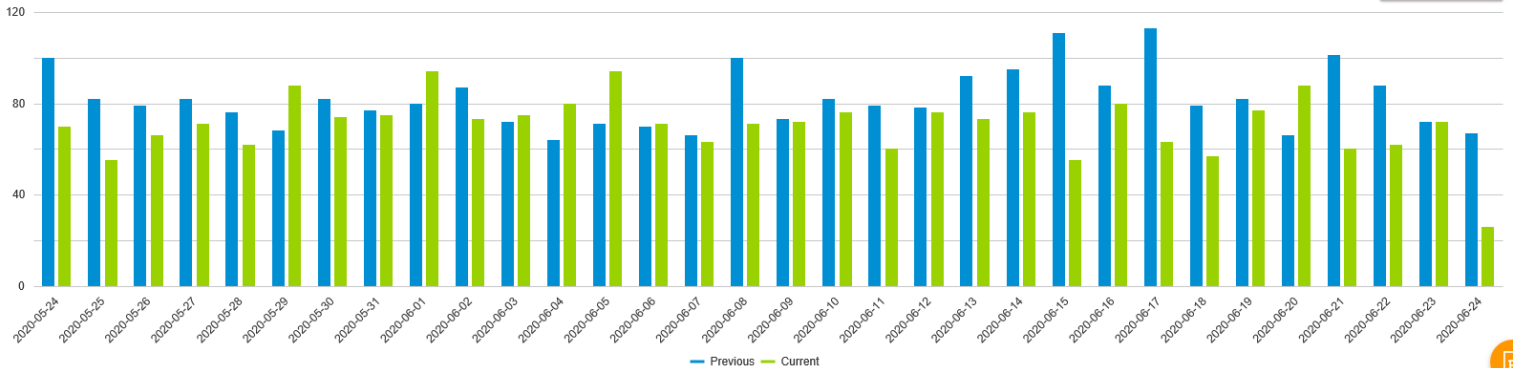
### YTD COVID+ Patients Transported by EMS



Date of EMS Transport

Count of Incident Reported

Compare To: One Year



# When you **Cough or Sneeze**

Cuando toses o estornudas



Cover your mouth and nose with:  
*a tissue **or** the inside of your arm!*

¡Cubrir tu boca y nariz con: *un tejido fino* **o** *el interior de tu brazo!*

*Other important things you should do...*

*Otras cosas importantes que debes hacer...*



Throw tissues away immediately.  
Botechas usadas al momento.



Wash your hands with soap and hot water for 20 seconds or clean with a waterproof hand sanitizer.  
Lávate las manos con el suficiente agua caliente por 20 segundos o limpiénlas con un desinfectante de manos a prueba de agua.



If you have a cough and fever, tell your doctor, nurse or the neighborhood.  
Si tienes tos y/o fiebre, avisa al doctor, enfermero o al vecindario.



If you have a respiratory infection, a doctor or nurse may tell you to wear a mask to keep from spreading your illness.  
Si tienes una infección respiratoria, un doctor o enfermero puede pedir que uses mascarilla para evitar de repartir la enfermedad.

## Stop the

Parar la extensión  
de gérmenes

# Spread of Germs



# PUBLIC HEALTH BRANCH BRIEFING COVID-19 PANDEMIC RESPONSE

June 24, 2020

## GENERAL REPORTING INFORMATION

### INFECTIOUS DISEASE

#### CASE COUNT—CHARLES COUNTY

**As of 6/24/2020, total case count for Charles County is 1,346.**

- *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: 65,337 (425,120 negative)
- 2) **New cases:** 330
  - 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 (-17 last 24 hours); total current 544; total ever 10,648

- e) Deaths -- Total 2,978 (15 last 24 hours)
- f) Release from isolation – 4,810

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

### RESOURCE DISTRIBUTION

- 9 orders were received on June 22&23.
- SNS Shipment received on June 23.

### VOLUNTEERS

#### MARYLAND MEDICAL RESERVE CORPS

- Nothing new to report.

#### CAREGIVER SERVICE CORPS

- Nothing new to report.

### TESTING

#### VEIP TESTING SITE UPDATE

- Tested to Date: 1,633
- The Waldorf VEIP operation runs Tuesday/Thursday from 8:00 am - Noon by appointment only. Next test date is Thursday, June 25.
- 31 tested, Tuesday, June 23
- 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 1,346 cases. (There was a total of 8 new cases in the last 24.)

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. The outbreak at the Charlotte Hall Veterans Home appears to be slowing down.

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:**

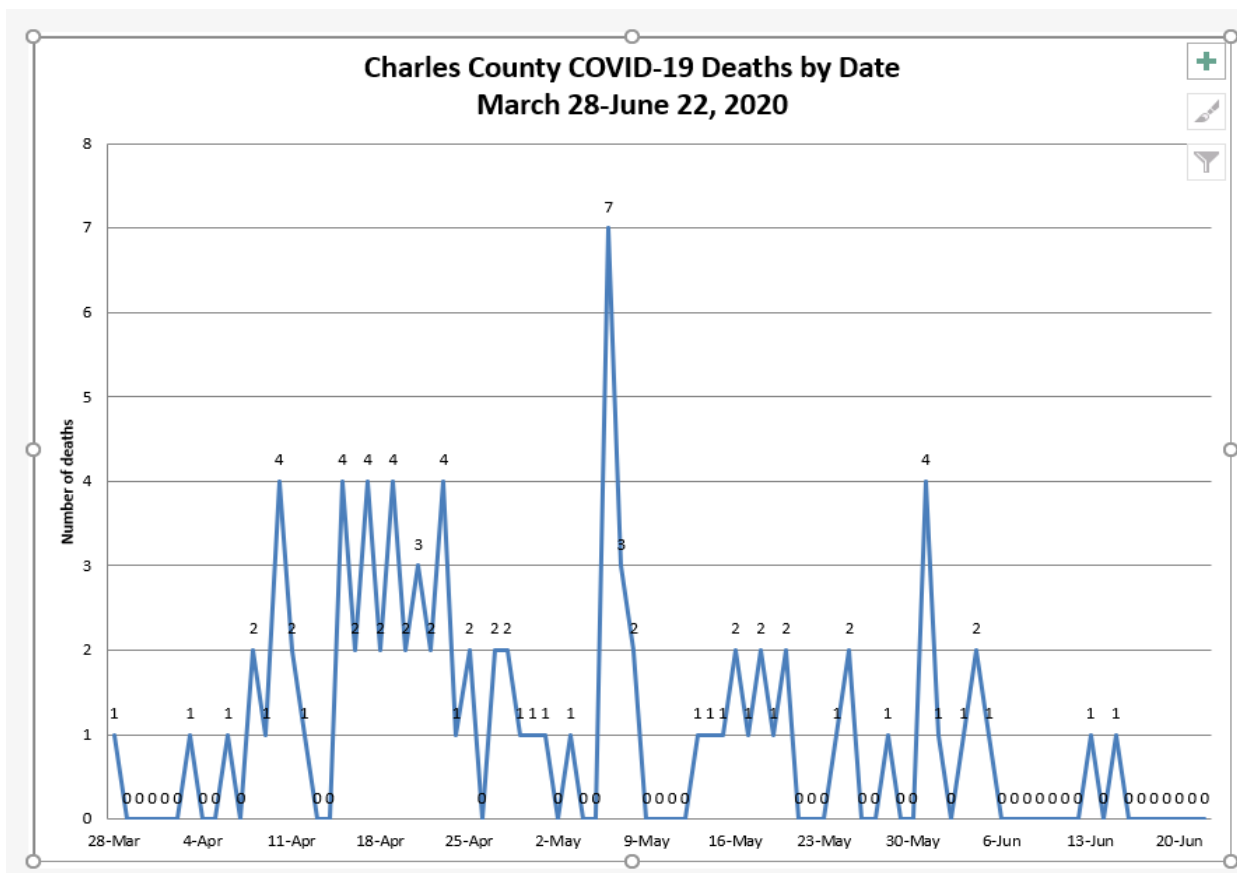
- 47 or 54.7% Female
- 39 or 45.3% Male

**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%



- Total Number of positive lab results: 1346
- Number of positive lab results in last 24 hours: 8
- Total Number of negative lab results: 10057
- Number of negative lab results in last 24 hours: 154
- Total testing volume for Charles County (positive and negative): 11403
- Total Positivity Rate for all lab results thus far: 11.8% (state 11.0%)
- Positivity Rate for all lab results in last 24 hours: 4.9%
- 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: 360
- Partially recovered with improved symptoms: 57
- Known asymptomatic cases: 38
- 229 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, 758 (56.3%) Female; 588 (43.7%) Male
- 10.6% Healthcare Workers
- 1.0% First Responders: EMS, Fire, Law Enforcement
- 27% have underlying health conditions
- Age range of positive COVID-19 cases: 0-100 years

#### Age Distribution for Charles County cases:

- Under 18 years: 53 (3.9%)
- 18-64 years: 1048 (77.9%)
- 65+ years: 245 (18.2%)

#### 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 20<sup>th</sup> or Sunday, June 21<sup>st</sup>. Patient volume was 46 patients on 6/20 and 41 on 6/21. All were discharged to home for self-care.

- On 6/22, 24 patients presented with ILI or at least one COVID-19 like symptoms (34% of total patient volume). 11 out of 24 ILI were there for either a COVID-19 test or COVID-19 Antibody test (46%). Diagnoses for ILI patients on Monday included contact with and exposure to other viral communicable diseases, encounter for screening for other viral diseases, migraine, shortness of breath, COVID-19, acute pharyngitis, nasal congestion, bronchitis, unspecified viral infection, streptococcal pharyngitis, localized enlarged lymph nodes, COPD with exacerbation, and acute bronchospasm. There was 1 case that was diagnosed with COVID-19. There were 7 Visit of Interest tags. 6 cases had exposure to a COVID-19 positive case and presented for a COVID-19 test. The remaining Visit of Interest tag was due to Lyme Disease from a non-venomous insect bite. There was one CDC Classifier tag for Negative Influenza on 6/22. They completed 11 COVID-19 tests on 6/22.
- On 6/23, 20 patients presented with ILI or at least one COVID-19 like symptoms (37% of total patient volume). 15 out of 20 ILI were there for either a COVID-19 test or COVID-19 Antibody test (75%). Diagnoses for ILI patients on Tuesday included contact with and exposure to other viral communicable diseases, encounter for screening for other viral diseases, COVID-19, acute tonsillitis, unspecified chest pain, encounter for screening for respiratory tuberculosis, and moderate persistent asthma with exacerbation. There was 1 case that was diagnosed with COVID-19. There were 9 Visit of Interest tags. All 9 cases had exposure to a COVID-19 positive case and presented for a COVID-19 test. They completed 14 COVID-19 tests and 1 COVID-19 antibody test on 6/23.

#### 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
- 6/22: 9
- 6/23: 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 6/24 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: 1,346 cases on 6/24 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: 17 (1.3%)
- Black/African American: 497 (36.9%)
- White: 283 (21.0%)
- Other /2+ races/American Indian/Alaskan Native: 105 (7.8%)
- Data not available/Declined to Answer: 444 (33.0%)

#### 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. The outbreak at Restore Health was closed on 6/15 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 now requires weekly, regular testing of staff at long term care facilities.
- MDH held a webinar on 6/23 for long term care facilities to outline the phases of the guidance for LTC reopening. Health Department staff will meet with the LTC directors on 6/25 at 2 pm to discuss their reopening plans and to collaborate on policies.

***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 (60.5%) 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 6/24 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 in the last 24 hours	Number of new negative labs in the last 24 hours	Case Rate per 1000 residents
20601	251	2	24	10.18
20602	261	3	27	10.74
20603	302	1	34	10.32
20604	3	0	2	NA
20611	6	0	1	4.64
20612	2	0	2	NA
20613	23	0	0	NA
20616	49	0	6	8.20
20617	1	0	0	NA
20622	20	0	0	3.88
20625	0	0	2	NA
20632	2	0	1	NA
20637	33	0	3	6.45
20640	51	0	7	4.98
20645	4	0	0	NA
20646	156	0	22	8.15
20658	5	0	1	NA
20659	1	0	0	NA
20662	18	0	1	6.13
20664	21	0	1	7.37
20675	10	0	3	5.98
20677	11	0	5	4.74
20693	3	0	0	2.76
20695	88	2	9	13.25

- 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:	6/3	6/5	6/8	6/9	6/10	6/12	6/15	6/17	6/18	6/19	6/22	6/24
20601	8.40	8.61	8.94	9.11	9.19	9.36	9.69	9.85	9.85	9.85	10.10	10.18
20602	8.94	9.22	9.38	9.34	9.62	9.74	9.98	10.10	10.22	10.22	10.54	10.74
20603	9.36	9.60	9.67	9.67	9.74	9.77	9.94	10.08	10.08	10.08	10.25	10.32
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	7.34	7.51	7.85	7.85	7.85	8.02	8.20	8.20	8.20	8.20	8.20	8.20
20622	3.06	3.06	3.47	3.47	3.67	3.88	3.88	3.88	3.88	3.88	3.88	3.88
20637	5.35	5.72	5.72	5.90	5.90	6.27	6.27	6.27	6.27	6.27	6.45	6.45
20640	4.41	4.50	4.60	4.60	4.69	4.69	4.69	4.89	4.89	4.89	4.98	4.98
20646	7.20	7.52	7.78	7.78	7.94	8.05	8.05	8.15	8.15	8.15	8.15	8.15
20662	5.79	6.13	6.13	6.13	6.13	6.13	6.13	6.13	6.13	6.13	6.13	6.13
20664	7.37	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	5.98	5.98	5.98	5.98	5.98	5.98	5.98	5.98	5.98
20677	5.17	5.17	5.17	4.74	4.74	4.74	4.74	4.74	4.74	4.74	4.74	4.74
20695	10.89	11.04	11.19	11.33	11.33	11.92	12.36	12.66	12.66	12.66	12.95	13.25

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

- 20607, Accokeek: 10.92
- 20613, Brandywine: 12.98
- 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: 12.15
- 20744, Fort Washington: 14.49

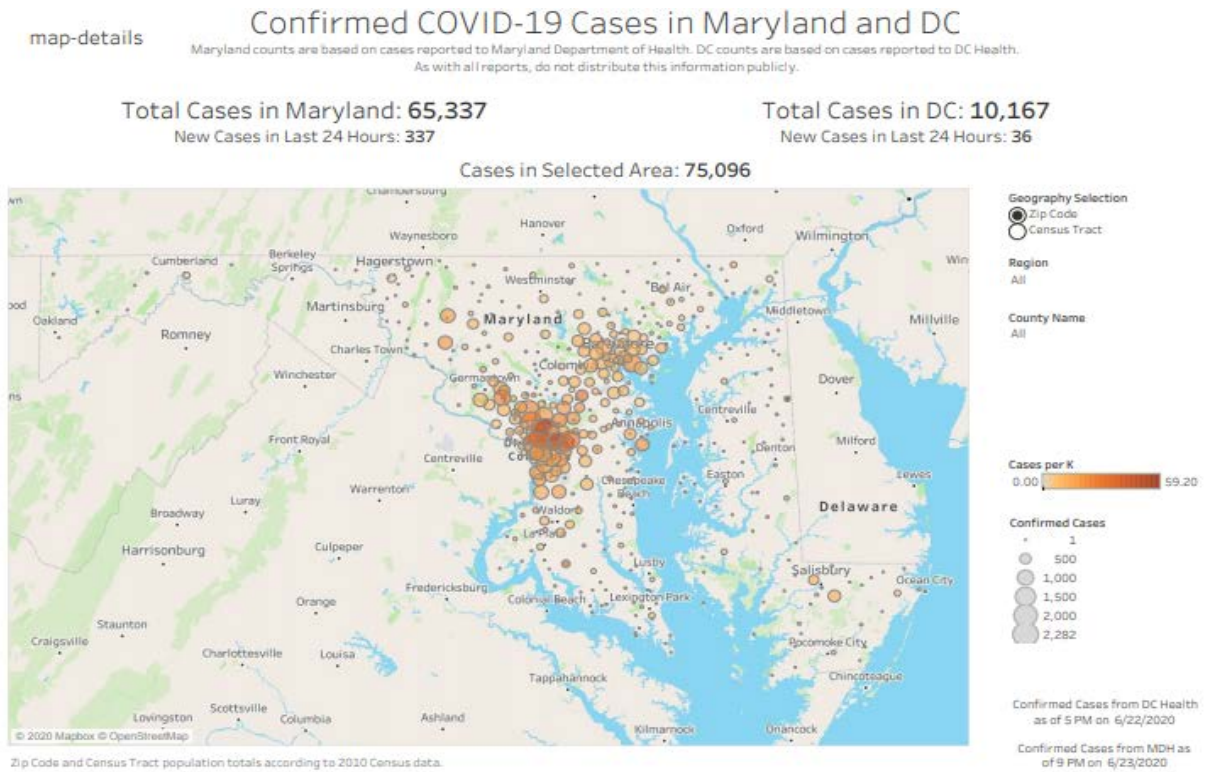
Highest Case Rates among Zip Codes in Prince George's County are in the northern region of the county that surrounds Washington DC, including Hyattsville, Riverdale, Lanham, Brentwood, and Bladensburg. They are the areas of Prince George's County that are the furthest from Charles County.

Zip Code	Case Rate per 1000 residents
20783	51.30
20782	35.96
20781	33.30
20737	45.88
20784	37.52
20706	32.41
20722	39.05
20710	29.42

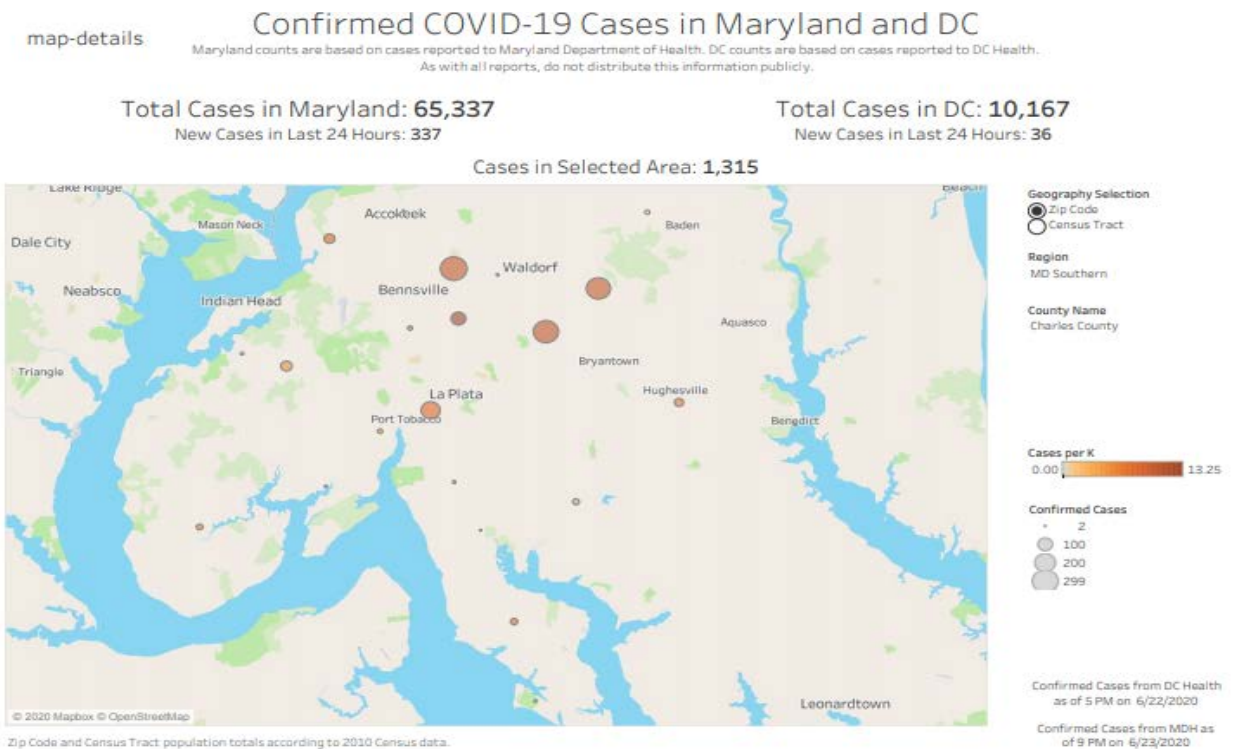
## MISCELLANEOUS

***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.

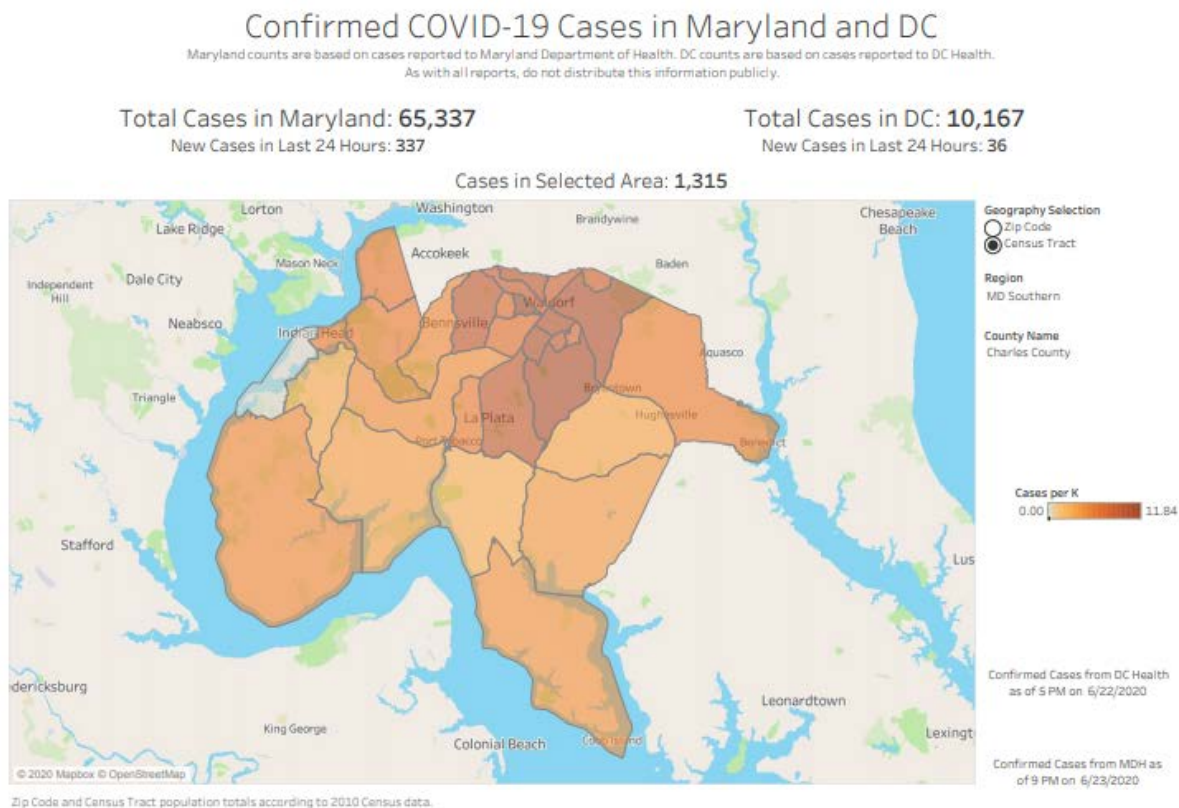
- Heat Map of Maryland



- Heat Map of Charles County

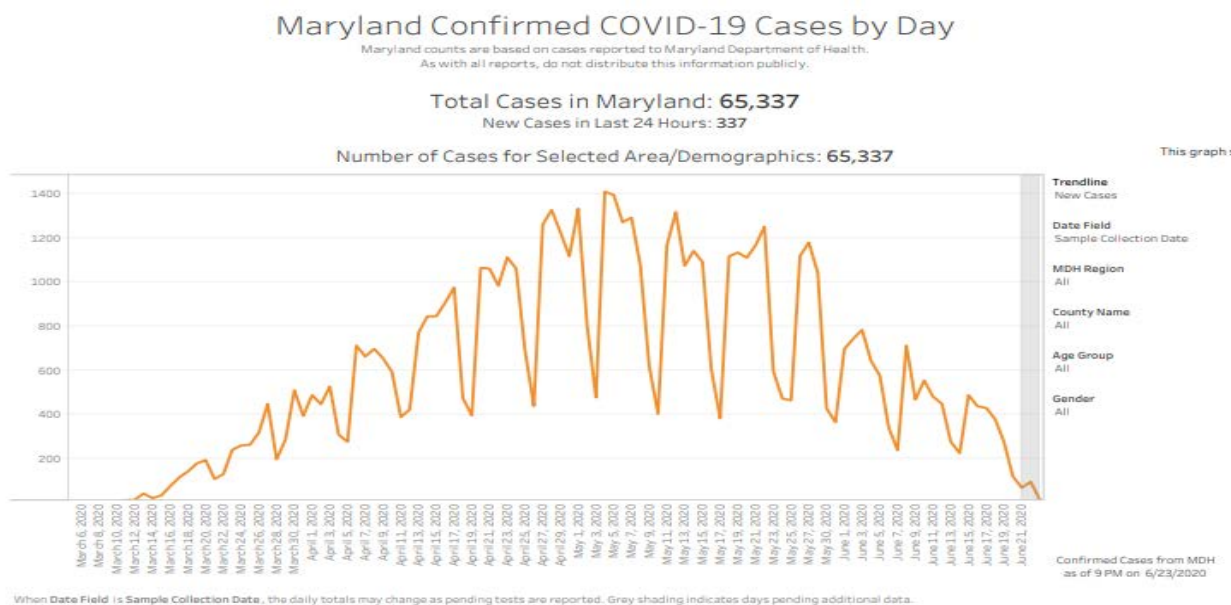
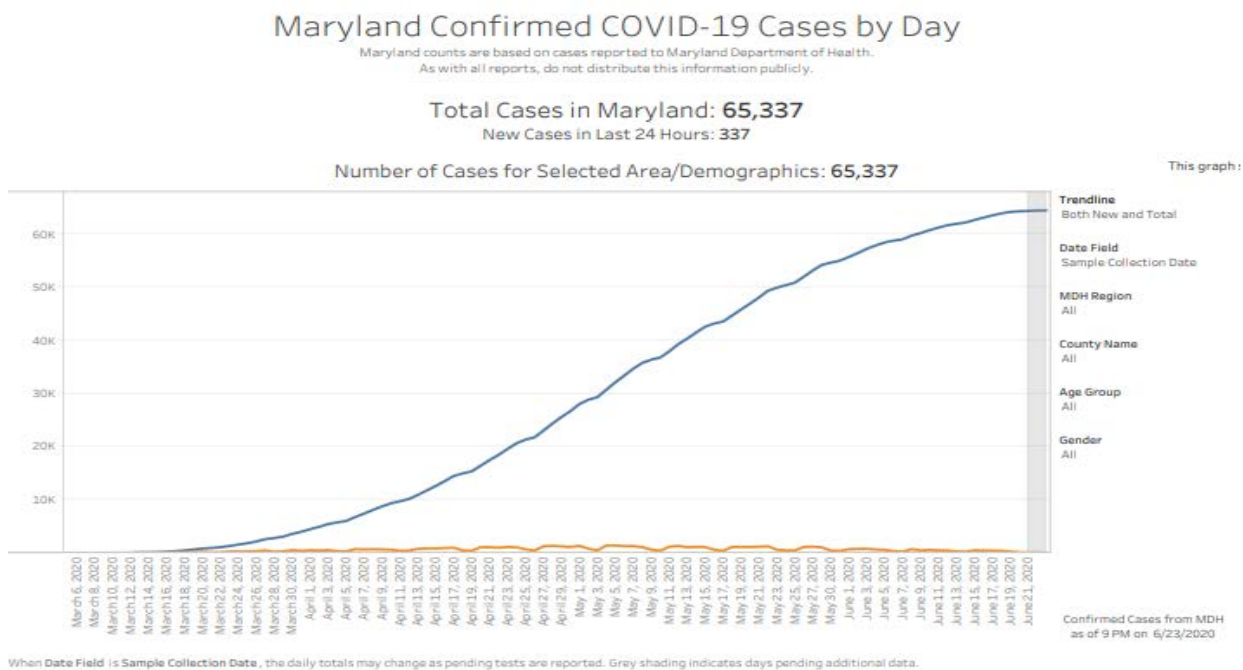


- **Confirmed Case Map of Charles County**



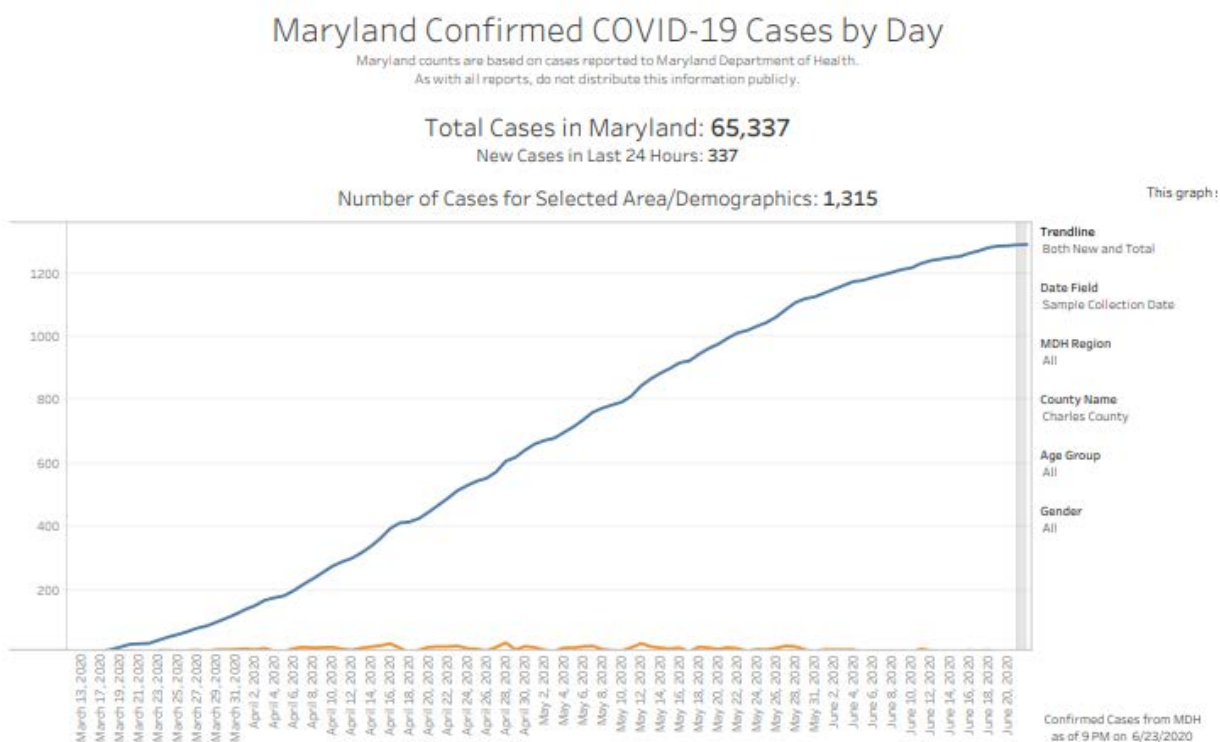
**Epidemiologist's Note:** The following include the epi curves for all total cases and for all new cases for Maryland, Southern Maryland, and Charles County. When you look at the graphs for new cases only, you will see that the peaks are different for all 3 regions. For Maryland, the peak in new cases 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**

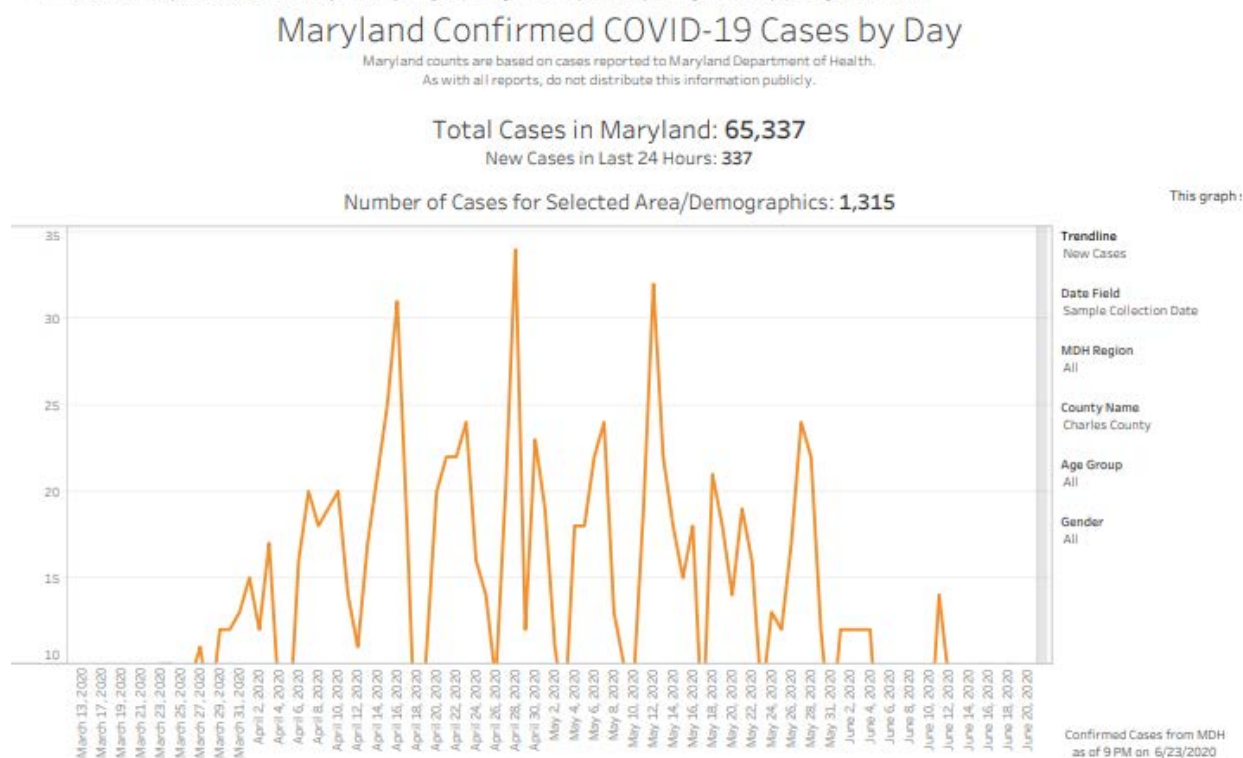




- **Charles County Confirmed Cases by Date**



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



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

*Respectfully submitted by Charles County PHEP*



Intelligence Briefing 6-24-2020  
COVID Charles County  
Week 15

**Updated Infection Numbers:** As of 0933 hrs.

Total worldwide: 9,293,272 **+286,515 since the 6-22-20 brief.**

**Worldwide increase of confirmed cases by 24-hour period over the last 26 days**

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	6-22/24
354,112	216,515	253,885	374,034	219,900	288,860	402,271	264,598	792,186	286,515

Total fatalities worldwide: 434,181 **+44,040 since the 6-22-20 brief**

Total confirmed cases in the US: 2,347,598 **+56,245 since the 6-22-20 brief**

**US increase of confirmed cases by 24-hours period over the last 26 days**

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	6-22/24
68,265	42,221	40,248	69,703	107,311	43,719	73,212	44,404	150,047	56,245

Total fatalities in US: 121,232 **+1,126 since 6-22-2020**

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

Total confirmed cases in State in of MD: 65,337 **+734 since the 6-22-20 brief**

Total tested in the State of MD: 572,731 **+19,231 over 6-22-20**

Percent of those test that test positive: **5.17%**

Total Fatalities in State of MD: 2,978 **+33 change since the 6-22-20 brief**

Number of probable deaths: 130

Total Ever Hospitalized: 10,648

**Persons currently hospitalized: 602 -234 since 6-22-2020**

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	6-22/24
+23	-4	-38	-122	-65	-33	-97	-24	-119	-91	-134	-234	-58

**First Responder Numbers in Charles County: NUMBERS AS OF 6-24-2020 @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 77,382 cases in the NCR as of 0700 6-22-2020.

**National:**

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

At least 26 states are seeing larger than normal increases in COVID 19 cases.

**Local critical infrastructure:**

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

**Predications/ Analysis:**

- While MD numbers continue to remain low, spikes in other areas, along with the upcoming travel season will likely lead to increased cases in Maryland. Responders and other public safety organizations should take this time to prepare for a resurging number of COVID cases. Areas are seeing spikes in a younger demographic due to increase summer travel and large gatherings. Death rates will likely remain low; however, hospitalization may push surge capacities in more rural affluent areas.
- The cascading effects of the prolonged closures, along with community fear and anxiety have led to unintended consequences that we likely have not explored. The recent reports of increasing measles outbreaks due to children not being inoculated likely due to fear and limited availability is a terrific example. It would be wise if task forces or committees were established to better identify, develop proactive frameworks for future responds, and potential solutions prior to full reopening.
- Pediatric Multi-system Inflammatory Syndrome is receiving increasing media coverage (100+ cases in NY, 3 at WDC Children's). We are likely to see increased reports from fearful parents who have limited knowledge but high fear. Factual information spread is needed, ongoing and open channel communication with local pediatricians must start now, redistribution of PPE may be needed, and we should likely begin adding them to EOC operations.
- We appear to be on the downward side or at least seeing a leveling of this crisis. Commander should take this time to review and collect documents needed to begin the

AAR process of the tactical portion of this event. Logistics should begin placing orders to build stockpiles for the next round.

- The change at the Gov. Office re: to releasing nursing home case counts and fatalities this week is likely to create more questions than answers. In addition, it is likely to create a public uproar and increase anger.
- The length and scope of this situation have exposed large cracks in food supply chains, medical supply chains, fossil fuel industries, and other major portions of everyday life. Local leaders should begin a gap analysis and start the after-action process so they can create and modernize resiliency plans, local stockpiles, and coming up with other forward leaning solutions so when the next disaster occurs they are more self-sufficient and better prepared.
- While we have concentrated our efforts on peer support and helping our responders, a proactive approach to including families of first responders is quickly emerging. The command structure should consider a Family Support liaison or expand the Peer support branch.
- The increased discussions about opening the economy, added with the on-going conversation about health care in-equity and racial disproportionality of infections is causing increased polarization, angry, and hate. Social media is rampant with spirited discussions. It is only a matter of time before we begin to see emotions spill over into the public. The small protest we have witnessed thus far could pale in comparison to what is to come. LE should be reviewing plans, manpower, and boosting intelligence gathering to better prepare for potential situations.
- Protests over the continuing of stay at home orders, and business closures are becoming more prevalent and boisterous. Law enforcement should begin to make plans on how to track these groups and respond to events.
- First responder staffing and exposure issues will likely continue to increase. Priority messaging about PPE, manpower reduction strategies, and outside the box thinking should be continued and solutions expedited.
- FOIA and PIA requests for detailed records on infections in assisted living and nursing homes will increase as investigative reporting on this issue increases.
- Grocery stores could become a hotbed of fear and anxiety due to limiting numbers of patrons, assigning shopping days, mask requirements, and now limited meat supplies.
- As critical case in Charles County remain low (outside of nursing homes and assisted living homes), needs in other local jurisdictions are growing. Resources should be prioritized and plans should be made to share/deploy critical resources, personnel, and/or facility space to meet the needs regionally.
- The longer this crisis continues the more likely we are to experience critical events that may not be related to the COVID crisis (incidents within the incident). Those in leadership positions need to be prepared to step into dual leadership/managerial roles at a moment's notice. This requires taking care of yourself and staying up on the latest tactics, strategies and knowledge.
- Planning for crisis recovery starts as soon as the crisis begins. Monday marks the 8<sup>th</sup> weeks of this crisis, 6<sup>th</sup> 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 2<sup>nd</sup> 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 Volunteer Firemen's Association, Inc.**

Post Office Box #21, La Plata, Maryland 20646

June 24<sup>th</sup>, 2020

Re: Volunteer Fire/EMS Brief - June 22<sup>nd</sup> and 23<sup>rd</sup>

**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
- Monday June 22<sup>nd</sup> - EMS Call Volume was average, and Fire Call Volume was average  
42 EMS Related Incidents ----- 20 Fire Related Incidents
- Tuesday June 21<sup>st</sup> - EMS Call Volume was above average, and Fire Call Volume was average  
52 EMS Related Incidents ----- 21 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