



Safety Officer's Report Charles County EOC

06-26-20

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

Today's Safety Message: "Reminder, contractor decon services at CRMC end at midnight on June 30th. A self-service decon kiosk will be available on July 1st".

Total number of PUI's transported to date: 1060

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: 0

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



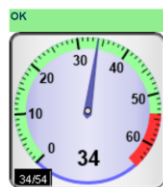
301-399-1143



DESsafety@charlescountymd.gov



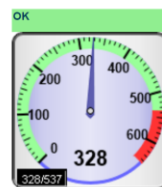
www.charlescountymd.gov



Charles County DES - All Incidents



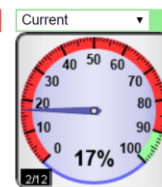
Charles County - Coronavirus PUI nCoV (CAD)



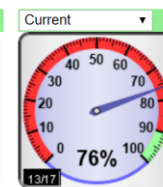
(DRAFT) Charles County EMS - HTSD



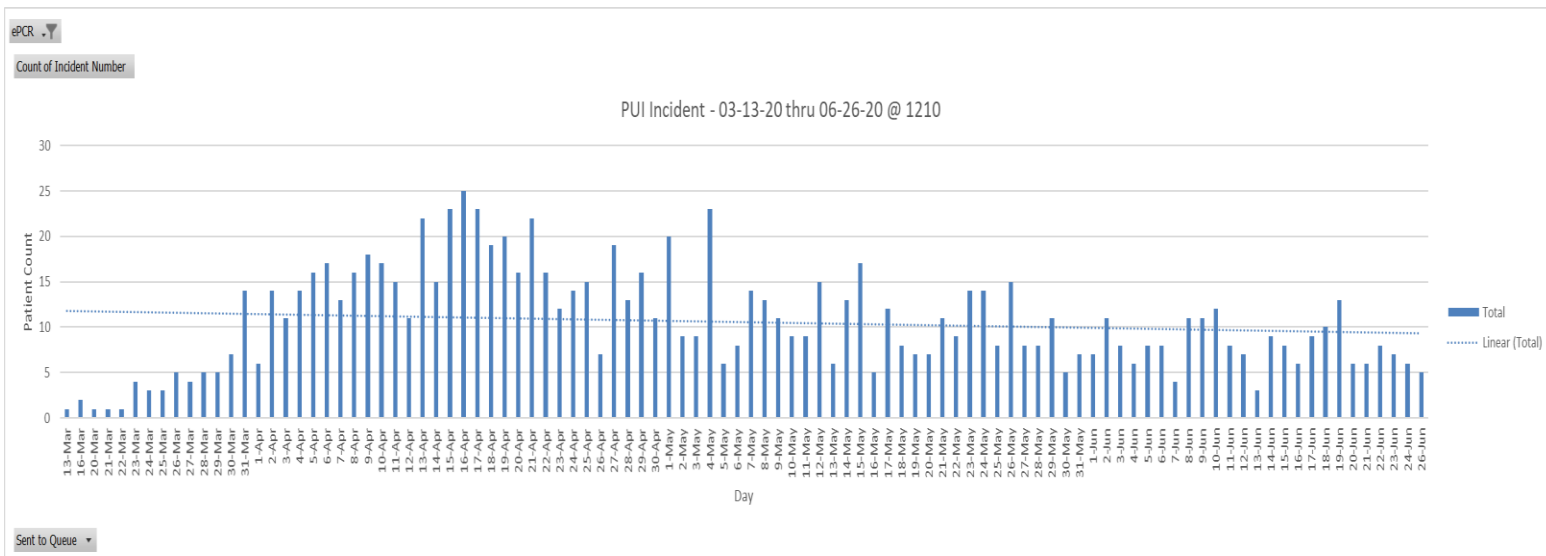
Charles County EMS - Low ALS Resource



Charles County EMS - Hospital Drop Time (30 Min)

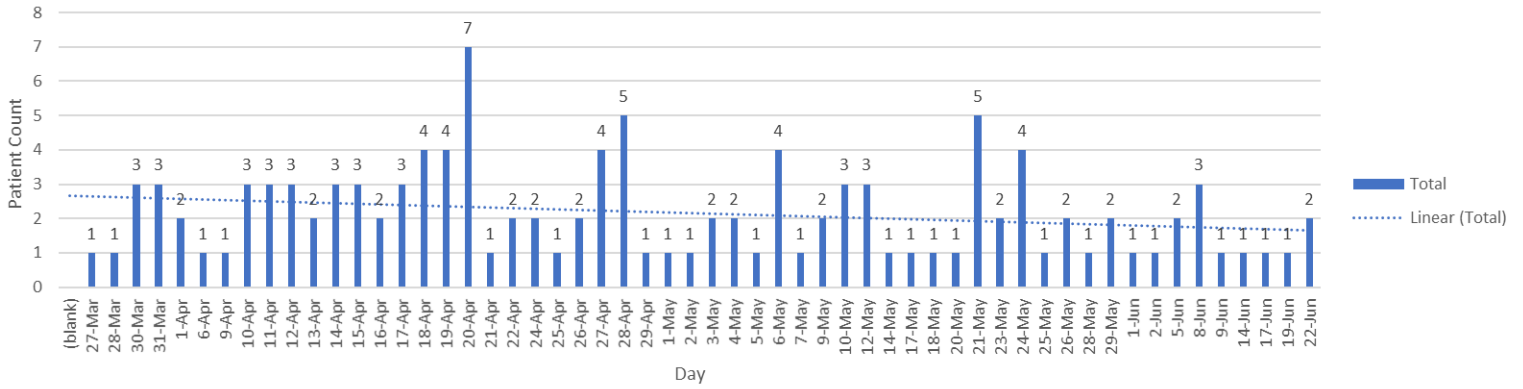


Charles County EMS - EMTALA



Count of Patient Name

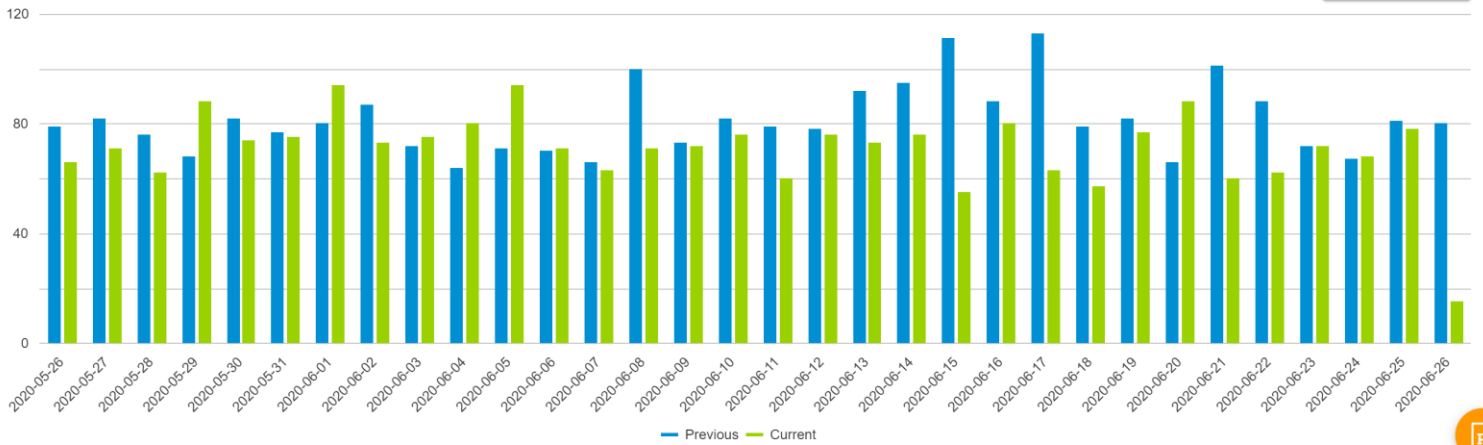
YTD COVID+ Patients Transported by EMS



Date of EMS Transport

Count of Incident Reported

Compare To: One Year





PUBLIC HEALTH BRANCH BRIEFING

COVID-19 PANDEMIC RESPONSE

June 26, 2020

GENERAL REPORTING INFORMATION

INFECTIOUS DISEASE

CASE COUNT—CHARLES COUNTY

As of 6/26/2020, 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 July 2 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: 66,115 (440,282 negative)
- 2) **New cases:** 338
 - a) **Age distribution:**
 - i) under 18 years - 2 %
 - ii) in 19-64 age range 74%
 - iii) in 65+ age range 24%
 - b) **Geographic distribution:**
 - i) National Capital 53%
 - ii) Baltimore Metro area 41%
 - iii) Eastern Shore 3%
 - iv) Southern 2%
 - v) Western 1%
 - c) Of cases, 53% female; 47% male
 - d) Hospitalizations (-24 last 24 hours); total current 487; total ever 10,725

- e) Deaths -- Total 3,014 (15 last 24 hours)
- f) Release from isolation – 4,903

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

RESOURCE DISTRIBUTION

- 12 orders were received on June 24-25.

VOLUNTEERS

MARYLAND MEDICAL RESERVE CORPS

- Nothing new to report.

CAREGIVER SERVICE CORPS

- Nothing new to report.

TESTING

VEIP TESTING SITE UPDATE

- Tested to Date: 1,687
- The Waldorf VEIP operation runs Tuesday/Thursday from 8:00 am - Noon by appointment only. Next test date is Tuesday, June 30.
- 54 tested, Tuesday, June 25
- Waiting to see if self-appointments will be launched next week.

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 6/26 at 9 a.m., total case count for Charles County was 1,356 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:

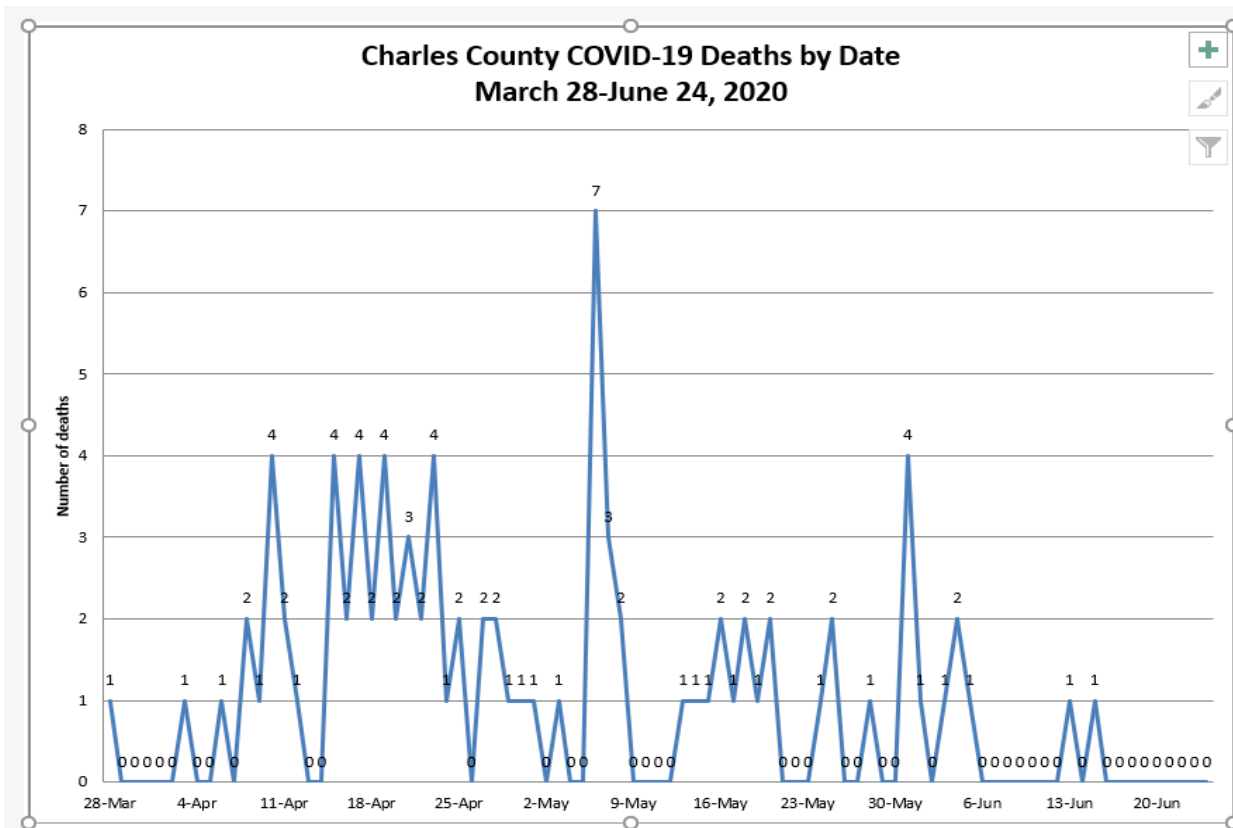
- 47 or 54.7% Female
- 39 or 45.3% Male

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: 1356
- Number of positive lab results in last 24 hours: 8
- Total Number of negative lab results: 10430
- Number of negative lab results in last 24 hours: 179
- Total testing volume for Charles County (positive and negative): 11786
- Total Positivity Rate for all lab results thus far: 11.5% (state 10.8%)
- 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=1594) between June 18-24: 3.69 days
- Average number of days from specimen collection date to reporting to public health for all positive lab results (N=58) between June 18-24: 3.74 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: 362
- Partially recovered with improved symptoms: 57
- Known asymptomatic cases: 38
- 229 or 16.9% required hospitalization. Hospitalization rate is steadily decreasing. Peak in hospitalization rate coincided with the peak in the skilled nursing facility outbreaks.
- Among confirmed cases, 761 (56.1%) Female; 595 (43.9%) 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: 1059 (78.1%)
- 65+ years: 244 (18.0%)

Surveillance of ED Hospital Data and Urgent Care through ESSENCE

ESSENCE data for urgent care utilization at Patient First in Waldorf had no alert for Wednesday, June 24th and no alert for Thursday, June 25th. Patient volume was 57 patients on 6/24 and 63 on 6/25. All were discharged to home for self-care.

- On 6/24, 13 patients presented with ILI or at least one COVID-19 like symptoms (23% of total patient volume). 5 out of 13 ILI were there for either a COVID-19 test or COVID-19 Antibody test (38%). Diagnoses for ILI patients on Wednesday included contact with and exposure to other viral communicable diseases, encounter for screening for other viral diseases, cough, acute frontal sinusitis, allergic rhinitis, acute pharyngitis, acute

maxillary sinusitis, and unspecified viral infection. There were 2 Visit of Interest tags. Both cases had exposure to a COVID-19 positive case and presented for a COVID-19 test. There was one CDC Classifier tag for Negative Influenza on 6/24. They completed 5 COVID-19 tests on 6/24.

- On 6/25, 22 patients presented with ILI or at least one COVID-19 like symptoms (35% of total patient volume). 18 out of 22 ILI were there for either a COVID-19 test or COVID-19 Antibody test (82%). Diagnoses for ILI patients on Thursday included contact with and exposure to other viral communicable diseases, encounter for screening for other viral diseases, COVID-19, acute tonsillitis, acute pharyngitis, and acute maxillary sinusitis. There were 3 cases that were diagnosed with COVID-19. There were 14 Visit of Interest tags. 13 cases had exposure to a COVID-19 positive case and presented for a COVID-19 test. One Visit of Interest tag was for a varicella vaccine. There was one CDC Classifier tag for Pneumonia. They completed 18 COVID-19 tests on 6/25.

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
- 6/24: 5
- 6/25: 1

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 6/26 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: 1,356 cases on 6/26 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: 502 (37.0%)
- White: 284 (21.0%)
- Other /2+ races/American Indian/Alaskan Native: 105 (7.7%)
- Data not available/Declined to Answer: 448 (33.0%)

Ethnicity Breakdown

- Hispanic 109 (8.1%)
- Non-Hispanic 878 (64.7%)
- Data not available/Declined to Answer: 369 (27.2%)

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: 1
- Total currently hospitalized: 0
- Deaths: 48
- Pending tests for residents or staff at Skilled Nursing Facilities/Assisted Living Facilities: 1 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 (60.7%) 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 6/26 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	254	2	27	10.35
20602	264	3	36	10.86
20603	305	2	34	10.49
20604	3	0	0	NA
20611	6	0	0	4.64
20612	2	0	0	NA
20613	23	0	0	NA
20616	49	0	7	8.20
20617	1	0	0	NA
20622	20	0	0	3.88
20625	0	0	0	NA
20632	2	0	0	NA
20637	34	0	12	6.45
20640	51	0	9	4.98
20645	4	0	0	NA
20646	156	0	27	8.15
20658	5	0	2	NA
20659	1	0	0	NA
20662	18	0	2	6.13
20664	21	0	2	7.37
20675	10	0	0	5.98
20677	11	0	0	4.74
20693	3	0	1	2.76
20695	89	1	20	13.39

- **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:	6/8	6/9	6/10	6/12	6/15	6/17	6/18	6/19	6/22	6/24	6/25	6/26
20601	8.94	9.11	9.19	9.36	9.69	9.85	9.85	9.85	10.10	10.18	10.23	10.35
20602	9.38	9.34	9.62	9.74	9.98	10.10	10.22	10.22	10.54	10.74	10.74	10.86
20603	9.67	9.67	9.74	9.77	9.94	10.08	10.08	10.08	10.25	10.32	10.39	10.49
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	7.85	7.85	7.85	8.02	8.20	8.20	8.20	8.20	8.20	8.20	8.20	8.20
20622	3.47	3.47	3.67	3.88	3.88	3.88	3.88	3.88	3.88	3.88	3.88	3.88
20637	5.72	5.90	5.90	6.27	6.27	6.27	6.27	6.27	6.45	6.45	6.45	6.45
20640	4.60	4.60	4.69	4.69	4.69	4.89	4.89	4.89	4.98	4.98	4.98	4.98
20646	7.78	7.78	7.94	8.05	8.05	8.15	8.15	8.15	8.15	8.15	8.15	8.15
20662	6.13	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	5.98	5.98	5.98	5.98	5.98	5.98	5.98	5.98	5.98	5.98	5.98
20677	5.17	4.74	4.74	4.74	4.74	4.74	4.74	4.74	4.74	4.74	4.74	4.74
20695	11.19	11.33	11.33	11.92	12.36	12.66	12.66	12.66	12.95	13.25	13.25	13.39

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

- 20607, Accokeek: 11.02
- 20613, Brandywine: 13.15
- 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: 12.03
- 20772, Upper Marlboro: 12.27
- 20744, Fort Washington: 14.57

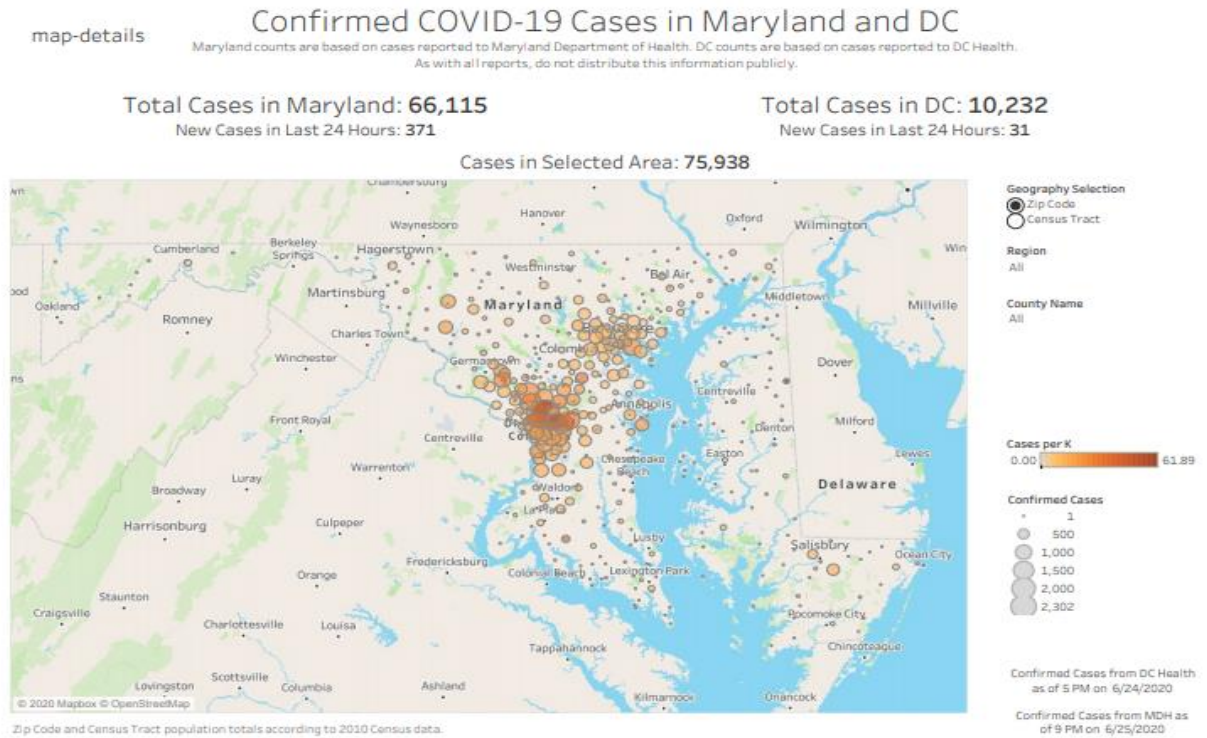
Highest Case Rates among Zip Codes in Prince George's County are in the northern region of the county that surrounds Washington DC, including Hyattsville, Riverdale, Lanham, Brentwood, and Bladensburg. They are the areas of Prince George's County that are the furthest from Charles County.

Zip Code	Case Rate per 1000 residents
20783	51.75
20782	36.32
20781	33.65
20737	46.12
20784	37.83
20706	32.88
20722	39.57
20710	29.53

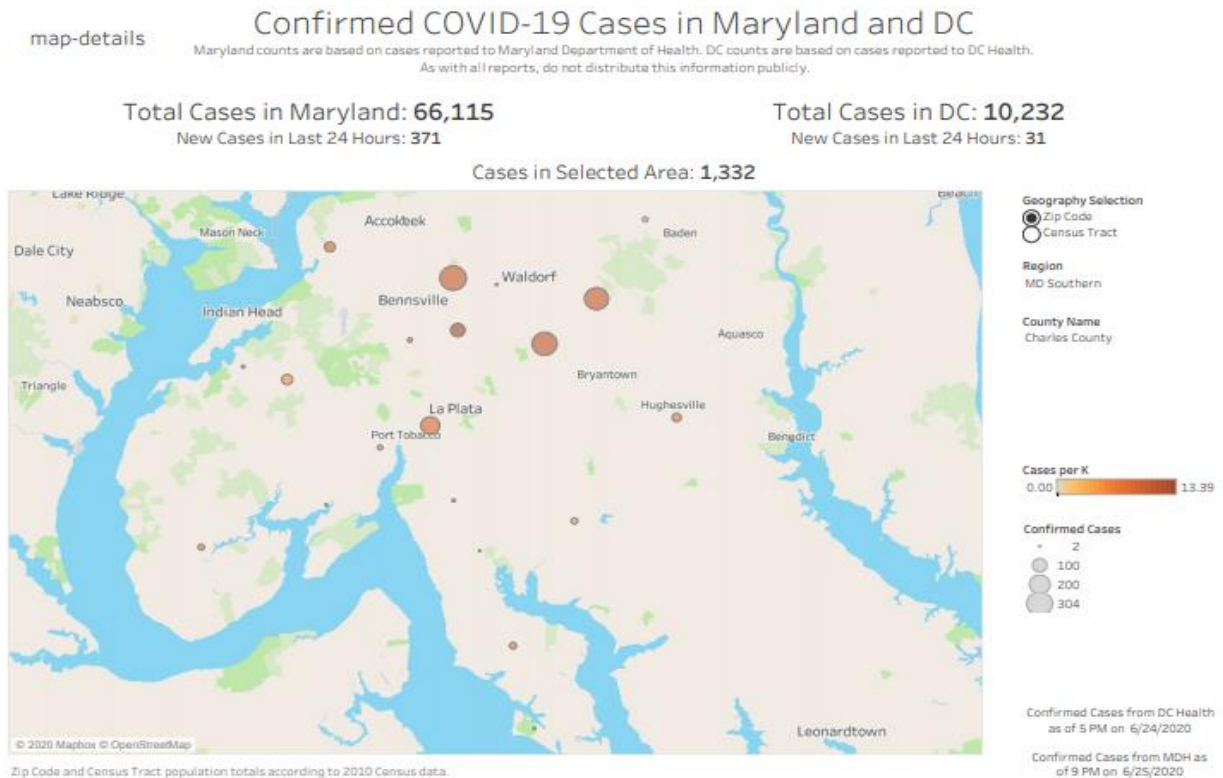
MISCELLANEOUS

***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

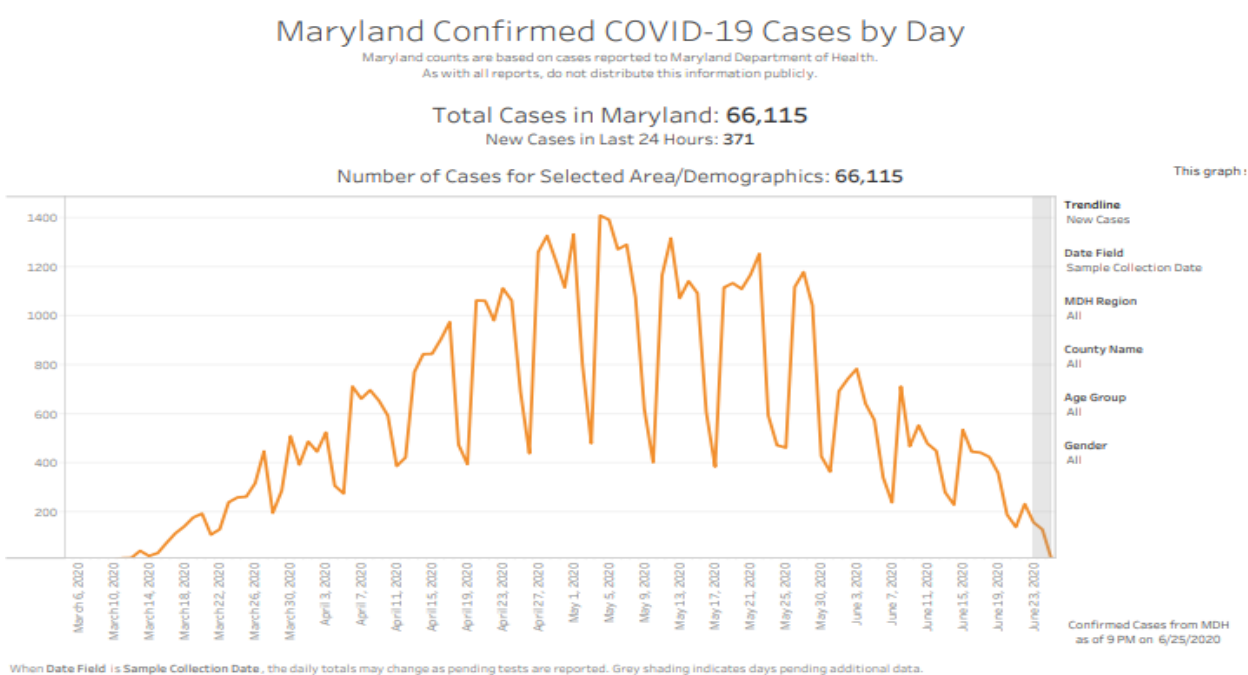
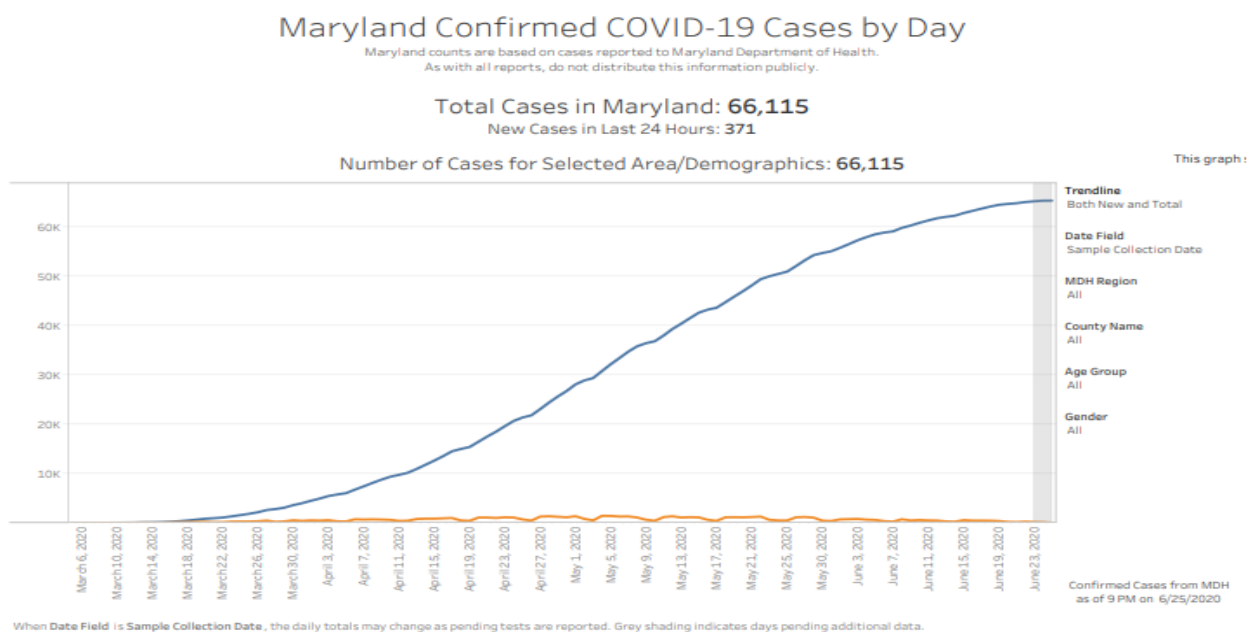


- Heat Map of Charles County

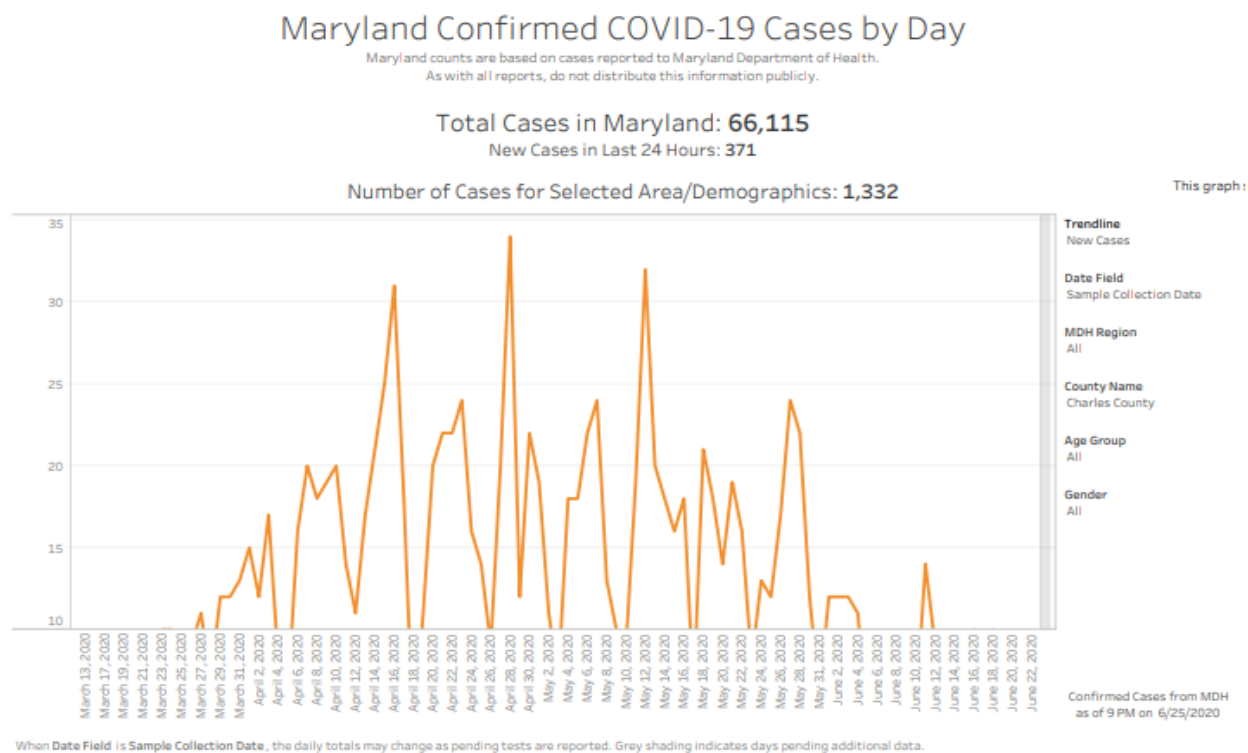
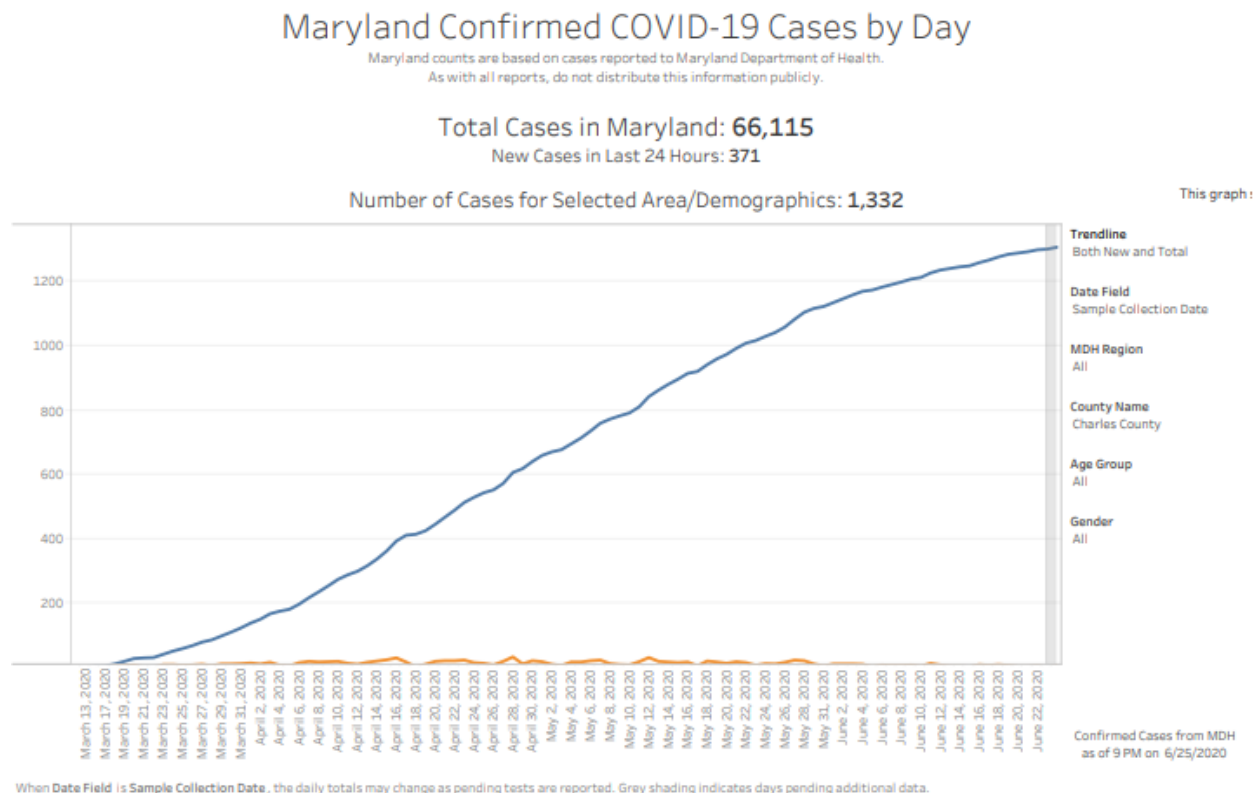


Epidemiologist's Note: The following include the epi curves for all total cases and for all new cases for Maryland, Southern Maryland, and Charles County. When you look at the graphs for new cases only, you will see that the peaks are different for all 3 regions. For Maryland, the peak in new cases occurred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



Respectfully submitted by Charles County PHEP

HOSPITAL BRIEF 6-26-2020

- 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 = 77
- Hospital ICU Census = 13
- Hospital ICU is now a dedicated COVID-19 Unit, and 3 East is for ICU overflow.
- Isolation Room Capacity = 12
- Isolation Rooms Occupied = 8
- Confirmed positive cases of COVID-19 patient admissions = 7
 - Of the total seven (7) COVID-19 positive patients all are located in the ICU Dedicated COVID-19 Unit.
 -
- PUI admissions = 1
- Ventilated COVID-19 positive patients = 0
- Ventilators not in use = 20
- 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 wear a mask while in the hospital at all times.
- The 3 South patient unit at CRMC is no longer being used as a COVID-19 dedicated unit. All COVID-19 positive patients are consolidated to the ICU Dedicated COVID-19 Unit. The 3 East patient unit is being utilized as the regular ICU patient unit until further notice.
- EMS staff transport to CRMC on Thursday, 6/25/2020 = Zero (0) COVID-19 positive patients, and zero (0) PUI's.
- CMCR total Lab tests to date = 2499. COVID-19 positive tests = 399.

Intelligence Briefing 6-26-2020
COVID Charles County
Week 15

Updated Infection Numbers: As of 1133 hrs.

Total worldwide: 9,654,269 **+360,997 since the 6-24-20 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	6-24/26
354,112	216,515	253,885	374,034	219,900	288,860	402,271	264,598	792,186	286,515	360,997

Total fatalities worldwide: 490,632 **+56,451 since the 6-24-20 brief**

Total confirmed cases in the US: 2,425,814 **+78,216 since the 6-24-20 brief**

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

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	6-24/26
42,221	40,248	69,703	107,311	43,719	73,212	44,404	150,047	56,245	78,216

Total fatalities in US: 124,509 **+3,277 since 6-24-2020**

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

Total confirmed cases in State in of MD: 66,115 **+778 since the 6-24-20 brief**

Total tested in the State of MD: 572,731 **+40,782 over 6-24-20**

Percent of those test that test positive: **4.92%**

Total Fatalities in State of MD: 3,015 **+37 change since the 6-24-20 brief**

Number of probable deaths: 127

Total Ever Hospitalized: 10,725

Persons currently hospitalized: 487 -115 since 6-24-2020

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	6-24/26
-4	-38	-122	-65	-33	-97	-24	-119	-91	-134	-234	-58	-115

First Responder Numbers in Charles County: NUMBERS AS OF 6-26-2020 @1230

1 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 78,145 cases in the NCR as of 0700 6-26-2020.

National:

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

At least 29 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 8th weeks of this crisis, 6th week of schools being closed. Partners and stakeholders should

begin planning for what the return to the “new normal” looks like in their organization. Sharing of these plans will help each organization build more comprehensive processes.

- Over the weekend the US will likely eclipse 500,000 cases and 15,000 deaths. Md numbers will likely pass 5000 and 150 fatalities by Friday. These numbers will cause increased pressure to ratchet up rhetoric re: “stay at home orders” and could result in further sanctions and restrictions.
- As the confirmed case numbers continue to rapidly ascend the likelihood of jurisdictions issuing “travel bans” increases. Law enforcement should begin researching the constitutionality of these potential edicts and have plans in place for implantation and begin to develop a public communication strategy. Standardizing local “travel authorization documentation” should be explored by the lead jurisdiction having authority.
- Due to diverted attention, the international and domestic terrorism threat is rapidly increasing. Responders should be reminded to remain vigilant and of the DHS guidelines for spotting suspicion activities and terrorism indicators.
- As we enter into the reported peak of this situation communication, along with sharing of individual branch capability and capacity is more important now than ever. “We don’t know what we are going to need to know until we need to know it.”
- First responder organizations should begin surveying members for pre-existing conditions and other complicating medical conditions. Responders found to have pre-existing conditions should be placed in limited citizen contact roles.
- A review of the 179 countries that report COVID-19 cases, only two (South Korea and China) have somewhat “flattened the curve” of NEW infections. Both showed flattening roughly 30 to 45 days after the initial spikes. The initial spike in the US began around 3-18-2020.
- Reduced stability in the supply chain along with increased fear and anxiety can be expected with today’s “stay at home order.”
- After 3 weeks of social distancing and schools being closed non-english speaking communities within Charles County are likely feeling further isolated due to a lack of language specific communications. Direct and increased messaging to Spanish speakers is likely necessary.
- As mass transit continues to shrink in availability, plans should be made to ensure those who rely on it for essential supplies and trips have delivery resources.
- LE and EMS screening protocols should include questions about recent travel to NY, NJ, CT, and FL.
- Immediate attention is needed to direct companies and organization on the proper processes and appropriate contact to use (Donation Manager at the EOC) to donate PPE and cleaning materials to essential personnel
- The next 7 days will likely see a stabilization of a majority of the grocery supply chain. However, the potential for disruption moving forward continues to remain high.
- FOIA and PIA request from media and citizens groups will likely begin to increase the longer this event lasts. “New normal” processes need to be established as soon as possible.

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

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

Respectfully submitted by Jason Stoddard

Law Enforcement Branch Briefing

COVID-19 Charles County IMT

June 26th, 2020

Buildings:

Charles County Sheriff's Office: District 1 Lobby is closed for scheduled remodeling. The District 1 clerks have moved to the CCDC Annex building in the same parking area and that lobby is open as normal.

Maryland State Police: Restricted to public

Maryland Transportation Authority: Closed to Public

La Plata Police Department: Closed to the public

Natural Resources Police: Building Closed

Operations:

Charles County Sheriff's Office: Operations have gone to emergency scheduling in accordance with a CCSO level 3 All-Hazards activation. Patrol operational periods are 12 hours from 0700-1900 and 1900-0700. All other operations sections running with normal services being provided from modified locations. Services provided have not been reduced or augmented.

Maryland State Police: Operations as normal.

Maryland Transportation Authority: Operations as normal.

La Plata Police Department: Operations as normal; Doing screening in and screening out.

Natural Resources Police: Operations as normal.

Internal COVID-19:

Charles County Sheriff's Office:

- 1 Sworn Officer quarantined
 - Expected to return to work on 7/1
- 0 Sworn Officers isolated
- 0 Correctional Officer quarantined
- 1 Correctional Officers isolated
- 0 civilians quarantined
- 0 civilians isolated.

Charles County Detention Center Population:

- 102 inmates
- 0 COVID positive inmates
- 0 Inmates with symptoms

Maryland State Police: None local
Maryland Transportation Authority: None local
La Plata Police Department: None
Natural Resources Police: None local

Definitions

Quarantine: Quarantine is the process of keeping an asymptomatic (no symptoms) person who had a reported exposure away from other people.

Isolation: Isolation is the process of keeping a symptomatic or positive person away from all other people.

Crime Stats:

Crime continues to be down in all aspects.

TRU:

Charles County Sheriff's Office: Open and working; triage site for COVID-19 calls for service.
Maryland State Police: Open and working.
Maryland Transportation Authority: Open and working.
La Plata Police Department: Open and working.
Natural Resources Police: Open and working.

Call Restrictions:

Charles County Sheriff's Office: None
Maryland State Police: None
Maryland Transportation Authority: None
La Plata Police Department: None
Natural Resources Police: None

Governor's Order Violations since Emergency Orders Issued:

Violation sustained calls for service: 66
Warnings: 63
Charges later: 2

On-scene arrest: 1

Health Department Order Violations (Between 04/16/20 and 04/18/20):

Calls for Service

Founded: 5

Unfounded: 10

Dispositions

Warnings: 5 issued

Items of Note: (Not for redistribution)

Changes denoted in red.

Charles County Public Schools Briefing 6-26-2020
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.

Thursday, 6/25/20 CCPS served 2496 meals at the 11 meal distribution sites. The total was -180 from the meals served on Wednesday, 6/24/20. 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.

Parents have received a survey to provide feedback on their input on how CCPS should open for SY 20-21.

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

June 26th, 2020

Re: Volunteer Fire/EMS Brief - June 24th and 25th

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
- Wednesday June 24th - EMS Call Volume was average, and Fire Call Volume was average
51 EMS Related Incidents ----- 17 Fire Related Incidents
- Thursday June 25th - EMS Call Volume was above average, and Fire Call Volume was average
57 EMS Related Incidents ----- 19 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