

Charles County COVID-19



Incident Action Plan



From
6/29/20
8:00

To
7/14/20
8:00

OPERATIONAL PERIOD

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name Charles County COVID-19	2. Operational Period	Date From: 6/29/20 Date To: 7/14/20 Time From: 8:00 Time To: 8:00			
3. Objectives					
<p>A. Maximize the safety and overall health and well-being, including mental health of the residents, county employees, and responders, throughout this incident. Minimize the effects resulting from this incident on all personnel.</p> <p>B. Conduct surveillance of COVID-19 cases in collaboration with the health department, hospital, physicians, and other health care providers.</p> <p>C. Maintain timely, accurate and uniform communications with residents, employees and first responders as well as partners in the tri-County and National Capital Region and the state of Maryland.</p> <p>D. Prepare for and handle the human reaction crisis contingencies in long terms.</p> <p>E. Prepare for long term order maintenance.</p> <p>F. Prepare for and sustain our communities' hierarchy of needs throughout this incident.</p> <p>G. Ensure all practical steps to "Slow the Spread" of transmission of COVID-19.</p> <p>H. Prepare for the New Normal.</p> <p>I. Conduct an After Action Analysis including all divisions and functions of the COVID-19 response.</p>					
4. Operational Period Command Emphasis					
<p>Contractor decon services at CRMC end on July 1st.</p>					
<p>General Situational Awareness</p> <p>"If you are sick, stay home. Reporting to work sick contributes to the spread."</p>					
<p>5. Site Safety Plan Required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Approved Site Safety Plan(s) Located at:</p>					
<p>6. Attachments (check if attached)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;"> <input checked="" type="checkbox"/> ICS 203 <input type="checkbox"/> ICS 207 <input type="checkbox"/> ICS 204 <input checked="" type="checkbox"/> ICS 208 <input type="checkbox"/> ICS 205 <input type="checkbox"/> Map/Chart <input checked="" type="checkbox"/> ICS 205A <input type="checkbox"/> Weather <input type="checkbox"/> ICS 206 <input type="checkbox"/> Forcast/Tides/Currents </td> <td style="width: 33%; padding: 5px; text-align: center;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </td> <td style="width: 33%; padding: 5px; text-align: center;"> <hr/><hr/><hr/><hr/><hr/> </td> </tr> </table> <p style="text-align: right; margin-top: -10px;">ICS 214</p>			<input checked="" type="checkbox"/> ICS 203 <input type="checkbox"/> ICS 207 <input type="checkbox"/> ICS 204 <input checked="" type="checkbox"/> ICS 208 <input type="checkbox"/> ICS 205 <input type="checkbox"/> Map/Chart <input checked="" type="checkbox"/> ICS 205A <input type="checkbox"/> Weather <input type="checkbox"/> ICS 206 <input type="checkbox"/> Forcast/Tides/Currents	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<hr/> <hr/> <hr/> <hr/> <hr/>
<input checked="" type="checkbox"/> ICS 203 <input type="checkbox"/> ICS 207 <input type="checkbox"/> ICS 204 <input checked="" type="checkbox"/> ICS 208 <input type="checkbox"/> ICS 205 <input type="checkbox"/> Map/Chart <input checked="" type="checkbox"/> ICS 205A <input type="checkbox"/> Weather <input type="checkbox"/> ICS 206 <input type="checkbox"/> Forcast/Tides/Currents	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<hr/> <hr/> <hr/> <hr/> <hr/>			
<p>7. Prepared by: Name: <u>Joe Hoffmaster</u> Position/Title: <u>PSC</u> Signature: _____</p>					
<p>8. Approved by Incident Commander: Name: <u>Michelle Lilly</u> Signature: _____</p>					
ICS 202	IAP Page <u>2</u>	Date/Time: _____ <u>June 29, 2020 @16:30</u>			

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name Charles County COVID-19		2. Operational Period Date From: 6/29/20 Date to: 7/14/20 Time From: 8:00 Time to: 8:00		
3. Incident Commander and Staff		7. Operations Section		
UC	Dr. Howard Haft	Chief		
UC	Michelle Lilly	Deputy		
Deputy	Melanie Gardiner			
Deputy	Tony Rose			
Safety Officer	John Filer	a. Branch I	Public Health	
Public Information Office	Jennifer Harris	Branch Director	Ranston Harvey	
Intell Officer	Donna Fuqua			
	Linda Warner	Deputy	Mary Lilly	
4. Agency Representative		DSS		
		Liaison Officer	Tom Brown	Robbie Jones
Agency	Name	Hospital	Bill Grimes	John Filer
Intell officer Deputy	Mike Meiser	Nursing Homes	Tiffany Brown	
Lifestyles	Sandy Washington	Health Care Providers	Melanie Gardiner	
Public Schools	Mike Meiser	Rehab Centers	Eddie Kratzer	
		Assisted Living	Rosalinda Horton	
		Funeral Services	Cataria Patterson	
		b. Branch II	Public Safety	
		Branch Director	Mark Kaufmann Jr.	
		Deputy	Scott Herbert	
		DES EMS	Steve Finch	
		Vol EMS	Andrew Spalding	Mitchell Lewis
		Vol Fire	Scott Herbert	
		Logistics		
5. Planning Section		c. Branch III	Law Enforcement	
Chief	Joe Hoffmaster	Branch Director, CCSO	Chris Schmidt	
Deputy	Bill Smith	Deputy, CCSO	Cari Baker	
Resource Unit		La Plata Police	Chris Becker	
Situation Unit	Jen Adams	MD State Police	Thomas Quade	
Documentation Unit	Bill Smith	DNR	Catherine Meddelin	
Demobilization Unit		MdTA	Brian Lawrence	
Human Resources				
Technical Specialists	(name / specialty)	d. Branch IV	Infrastructure	
		Branch Director		
		Deputy		
		SMECO	Jennifer Raley	
		Grocery		
6. Logistics Section		Propane		
Chief	Nick Ellis	Natural Gas		
Deputy				
Support Branch				
Donations	Ed Tucker			
Supply Unit				
Facilities Unit	Nick Ellis	10. Finance Section		
Ground Support Unit		Chief	Jennifer Adams	
Service Branch		Deputy		
Service Branch Dir.		Time Unit		
Communications Unit	Jeffrey Clements	Procurement Unit		
Medical Unit		Comp/Claims Unit		
Security Unit		Cost Unit		
Food Unit				
9. Prepared by: Name: <u>Joe Hoffmaster</u>		Position>Title: <u>PSC</u>	Signature: _____	
ICS 203	IAP Page 3	Date/Time:	June 29, 2020 @ 16:30	

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name Charles County COVID-19		2. Operational Period Date From: 6/29/20 Date to: 7/14/20 Time From: 8:00 Time to: 8:00	
3. Incident Commander and Staff		7. Operations Section	
UC	Dr. Howard Haft	Chief	
UC	Michelle Lilly	Deputy	
Deputy	Melanie Gardiner		
Deputy	Tony Rose		
Safety Officer	John Filer	a. Branch V	Governance
Public Information Office	Jennifer Harris	Donna Fuqua	Linda Warner
Intell Officer	Jason Stoddard		
4. Agency Representative		Charles County Govern.	Michele Lilly
Agency	Name	Town of LaPlata	Chris Becker
Intell officer Deputy	Mike Meiser	Town of Indian Head	Ryan Hicks
Lifestyles	Sandy Washington		
CC Public Schools	Michael Meiser		
		b. Branch VI	Business
		Branch Director	Darre'll Brown
		Deputy	Marcia Keeth
		Economic Development	Darre'll Brown
		Chamber of Commerce	Bonnie Grady
5. Planning Section		c. Group	Peer Support
Chief	Joe Hoffmaster	Group Supervisor	Courtney Shannon
Deputy	Bill Smith	Deputy	Pam Gantt
Resource Unit			Debbie Gianinni
Situation Unit	Jen Adams		
Documentation Unit	Bill Smith		
Demobilization Unit			
Human Resources			
Technical Specialists	(name / specialty)	d. Branch VIII	
		Branch Director	
		Deputy	
6. Logistics Section			
Chief	Nick Ellis		
Deputy		e. Branch IX	
Support Branch			
Donations	Ed Tucker		
Supply Unit			
Facilities Unit	Nick Ellis	10. Finance Section	
Ground Support Unit		Chief	Jen Adams
Service Branch		Deputy	
Service Branch Dir.		Time Unit	
Communications Unit	Jeffrey Clements	Procurement Unit	
Medical Unit		Comp/Claims Unit	
Security Unit		Cost Unit	
Food Unit			
9. Prepared by: Name: Joe Hoffmaster		Position/Title: PSC	Signature_____
ICS 203	IAP Page 4	Date/Time: _____	June 29, 2020 @16:30

COMMUNICATIONS LIST (ICS 205A)

1. Incident Name Charles County	2. Operational Period: COVID-19	Date From: Time From:	6/29/20 8:00	Date to: Time to:	7/14/2020 8:00
3. Basic Local Communications Information:					
Name - Last	Name-First	Representing	Email	Phone	
Adams	Jennifer	DES FSC	AdamsJen@Charlescountymd.gov		
Baker	Cari	CCSO	bakerce@ccso.us		
Becker	Chris	La Plata Police	cbecker@townoflaplata.org		
Brown	Darrell	Business Director Econ Dev	Brownd@charlescountymd.gov		
Cress	Lauri	Charles Regional Medical Center	lauri.cress@umm.edu		
Ellis	Nick	DES- Logistics	DESLogistics@charlescountymd.gov		
Filer	John	DES- Liaison	FilerJ@charlescountymd.gov		
Finch	Stephen	DES	FinchS@charlescountymd.gov		
Fuqua	Donna	PIO	Fuquad@CharlesCountyMD.gov		
Harris	Jennifer	PIO	HarrisJ@CharlesCountyMD.gov		
Hoffmaster	Joe	Planning Section	DESPlanning@charlescountymd.gov HoffmasJ@CharlesCountyMD.gov		
Kaufmann	Mark Jr	PS Branch Dir. Vol Fire Chief	markeng1trk@hotmail.com		
Konschak	Matt	NSWC IHD	matthew.konschak@navy.mil		
Lilly	Michelle	CCDES Director, Unified Command	LillyM@charlescountymd.gov		
Lilly	Mary	C C Dept. of Health	Mary.Lilly@maryland.gov		
Lowry	Susan	MDH	suzan.lowry@maryland.gov		
Mills	D.J.	Vol Fire- Special Operations Chief	djm31_9@hotmail.com		
O'Malley Simpson	Katie	CCBOE PIO	Komalley@ccboe.com		
Proctor	Destiny	DES	proctord@charlescountymd.gov		
Quade	Thomas	MSP	Thomas.Quade@maryland.gov		
Rose	Tony	DES Deputy Director, Unified	RoseT@charlescountymd.gov		
Russell	Cindy	DSS	cindy.russell@maryland.gov		
Schmidt	Louis Chris III	CCSO	schmidtlo@ccso.us		
Seaman	Kevin	CCEMS	seamank@charlescountymd.gov		
Smith	Bill	CCVFA/CCAEMS	Smithb@ccvfireems.org		
Spalding	Andrew	Volunteer EMS Chief	chiefems@ccvfireems.org		
6. Prepared by: Name: <u>Joe Hoffmaster</u> Title: <u>PSC</u> Signature: _____					
ICS 205A	IAP Page <u>5</u>	Date/Time: <u>June 29, 2020 @16:30</u>			

COMMUNICATIONS LIST (ICS 205A)

1. Incident Name Charles County	2. Operational Period: COVID-19	Date From: Time From:	6/29/20 8:00	Date to: Time to:	7/14/2020 8:00
3. Basic Local Communications Information:					
Name - Last	Name-First	Representing	Email	Phone	
Stoddard	Jason	Intell	jstoddard@ccboe.com		
Ranston	Harvey	CCDOH	Ranston.harvey@maryland.gov		
Laschatt	Lisa	CCDOH	lisa.laschatt@maryland.gov		
Meiser	Michael	CCPS	mlmeiser@ccboe.com		
EOC- CC		CCEOCC	DESEOC@charlescountymd.gov		
Cherry	Lori	LOGS- Deputy	Cherry@charlescountymd.gov		
Herbert	Scott	PS LOGS	sherbert@hvdems.org		
Haft	Howard	CCDH	Howard.haft@maryland.gov		
Raley	Jennifer	SMECO	Jennifer.Raley@SMECO.Coop		
Farr	Courtney	SMECO	Courtney.Farr@SMECO.Coop		
Law	Natasha	SMECO	Natsha.Law@SMECO.Coop		
Teleconference #			1-872-240-3212		
Tucker	Ed	Donations	DESDonations@Charlescountymd.gov Etucker@Charlescountymd.gov		
Barnes	Raena	DH-Liaison	raena.barnes@maryland.gov		
Wolf	Theresa	PH-DSS	Therese.Wolf@maryland.gov		
Higgins	David	Safety Officer-Assistant	HigginsD@charlescountymd.gov		
Jones	Robbie	HD-Liaison	JonesRob@Charlescountymd.gov		
Hicks	Ryan	Indian Head	ryan@townofindianhead.org		
Lewis	Mitchell	Volunteer EMS Chief, Assistant	mlewis@WaldorfVFD.com		
Mott	Robert (Bob)	VEIP Manager Document Facil.	capt302a@gmail.com		
Rands	Ray	VEIP Manager	raymond.rands@maryland.gov		
Edge	Bill	CCSO-Safety			
Peer	Support	Peer Support Team	DESPeersupport@charlescountymd.gov		
Courtney	Shannon	Peer Support Team Leader	Shannonc@charlescountymd.gov		

COMMUNICATIONS LIST (ICS 205A)

1. Incident Name Charles County	2. Operational Period: COVID-19	Date From: Time From:	6/29/20 8:00	Date to: Time to:	7/14/2020 8:00
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3. Basic Local Communications Information:

Name - Last	Name-First	Representing	Email	Phone
Adams	Jennifer	DES FSC	AdamsJen@Charlescountymd.gov	301-609-3430
Baker	Cari	CCSO	bakerce@ccso.us	240-444-2564
Becker	Chris	La Plata Police	cbecker@townoflaplata.org	301-399-1395
Brown	Darrell	Business Director Econ Dev	Brownd@charlescountymd.gov	301-885-1346
Cress	Lauri	Charles Regional Medical Center	lauri.cress@umm.edu	
Ellis	Nick	DES- Logistics	DESLogistics@charlescountymd.gov	240-416-8955
Filer	John	DES- Liaison	FilerJ@charlescountymd.gov	301-399-1143
Finch	Stephen	DES	FinchS@charlescountymd.gov	240-507-3113
Fuqua	Donna	PIO	Fuquad@CharlesCountyMD.gov	301-752-1497
Harris	Jennifer	PIO	HarrisJ@CharlesCountyMD.gov	240-435-0169
Hoffmaster	Joe	Planning Section	DESPlanning@charlescountymd.gov HoffmasJ@CharlesCountyMD.gov	301-399-2600
Kaufmann	Mark Jr	PS Branch Dir. Vol Fire Chief	markeng1trk@hotmail.com	240-299-1017
Konschak	Matt	NSWC IHD	matthew.konschak@navy.mil	301-774-6504
Lilly	Michelle	CCDES Director, Unified Command	LillyM@charlescountymd.gov	301-481-3485
Lilly	Mary	C C Dept. of Health	Mary.Lilly@maryland.gov	240-435-0274, 301-609-6762
Lowry	Susan	MDH	suzan.lowry@maryland.gov	
Mills	D.J.	Vol Fire- Special Operations Chief	djm31_9@hotmail.com	
O'Malley Simpson	Katie	CCBOE PIO	Komalley@ccboe.com	
Proctor	Destiny	DES	proctord@charlescountymd.gov	
Quade	Thomas	MSP	Thomas.Quade@maryland.gov	301-536-1742
Rose	Tony	DES Deputy Director, Unified	RoseT@charlescountymd.gov	301-399-5068
Russell	Cindy	DSS	cindy.russell@maryland.gov	301-392-6415
Schmidt	Louis Chris III	CCSO	schmidtlo@ccso.us	240-419-1612
Seaman	Kevin	CCEMS	seamank@charescountymd.gov	240-776-2606
Smith	Bill	CCVFA/CCAEMS	Smithb@ccvfireems.org	301-934-3581
Spalding	Andrew	Volunteer EMS Chief	chiefems@ccvfireems.org	301-751-6154

6. Prepared by: Name: _____ Joe Hoffmaster Title: _____ PSC Signature _____

ICS 205A	IAP Page 5	Date/Time: June 29, 2020 @16:30
Stoddard	Jason	Intell istoddard@ccboe.com 301-399-7725

COMMUNICATIONS LIST (ICS 205A)

1. Incident Name Charles County COVID-19		2. Operational Period:	Date From: Time From:	6/29/20 8:00	Date to: Time to:	7/14/2020 8:00
3. Basic Local Communications Information:						
Name - Last	Name-First	Representing	Email		Phone	
Ranston	Harvey	CCDOH	Ranston.harvey@maryland.gov		443-905-1907	
Laschatt	Lisa	CCDOH	lisa.laschatt@maryland.gov		301-751-6758	
Meiser	Michael	CCPS	mlmeiser@ccboe.com		301-751-8798	
EOC- CC		CCEOC	DESEOC@charlescountymd.gov		301-609-3435	
Cherry	Lori	LOGS- Deputy	Cherryl@charlescountymd.gov		301-399-8157	
Herbert	Scott	PS LOGS	sherbert@hvfdems.org		301-399-1789	
Haft	Howard	CCDH	Howard.haft@maryland.gov		301-751-9330	
Raley	Jennifer	SMECO	Jennifer.Raley@SMECO.Coop		240-434-2532	
Farr	Courtney	SMECO	Courtney.Farr@SMECO.Coop		301-643-0089	
Law	Natasha	SMECO	Natsha.Law@SMECO.Coop		240-299-2218	
Teleconference #			1-872-240-3212		129605189#	
Tucker	Ed	Donations	DESDonations@Charlescountymd.gov Etucker@Charlescountymd.gov		301-399-5062	
Barnes	Raena	DH-Liaison	raena.barnes@maryland.gov			
Wolf	Theresa	PH-DSS	Therese.Wolf@maryland.gov		301-392-6601	
Higgins	David	Safety Officer-Assistant	HigginsD@charescountymd.gov		540-903-3681	
Jones	Robbie	HD-Liaison	JonesRob@Charlescountymd.gov		240-419-7706	
Hicks	Ryan	Indian Head	ryan@townofindianhead.org		240-375-4220	
Lewis	Mitchell	Volunteer EMS Chief, Assistant	mlewis@WaldorfVFD.com		301-535-0542	
Mott	Robert (Bob)	VEIP Manager Document Facil.	capt302a@gmail.com		301-653-6001	
Rands	Ray	VEIP Manager	raymond.rands@maryland.gov		240-216-4894	
Peer	Support	Peer Support Team	DESPeersupport@charlescountymd.gov		240-532-0558	
Courtney	Shannon	Peer Support Team Leader	Shannonc@charlescountymd.gov		443-871-1980	

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name Charles County COVID-19	2. Operational Period	Date From: 6/29/20	Date To: 7/14/20
		Time From: 8:00	Time To: 8:00
3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan: <p style="text-align: center;">"If you are sick, stay home. Reporting to work sick contributes to the spread."</p> <p>1. Total identified PUI's transported as of 6/29: 1086 Total # of patients testing positive : 157</p> <p>2. PPE stockpiles remain stable with an estimated supply range of 10+ days based on current call volumes.</p> <p>3. Special Order 2020-01 Version 5.0 has been updated and will roll out July 1st.</p> <p>4. PPE is for EVREYONE. Share, we have plenty.</p> <p>5. Contractor decon services at CRMC end on July 1st.</p> <p>6. Personnel who report having a fever, sore throat, cough or other respiratory related symptoms should stay at home and self-isolate until they are symptom free for a period of 72 hours.</p> <p>7. Instructional video for self decon of apparatus is located at the link below.</p> <p>https://youtu.be/QYMLHwkQNvY</p>			
Site Safety Plan(s) Located At: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
5. Prepared by: Name: <u>John Filer</u> Title: <u>Safety Officer</u> Signature: _____			
ICS 208	IAP Page <u>7</u>	Date/Time: <u>June 29, 2020 @16:30</u>	

ACTIVITY LOG (ICS 214)

ACTIVITY LOG (ICS 214)



Safety Officer's Report

Charles County EOC

06-29-20

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

Today's Safety Message: *"If you are sick, stay home. Reporting to work sick contributes to the spread".*

Total number of PUI's transported to date: 1086

Total number of patients transported by EMS testing + for COVID: 157

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



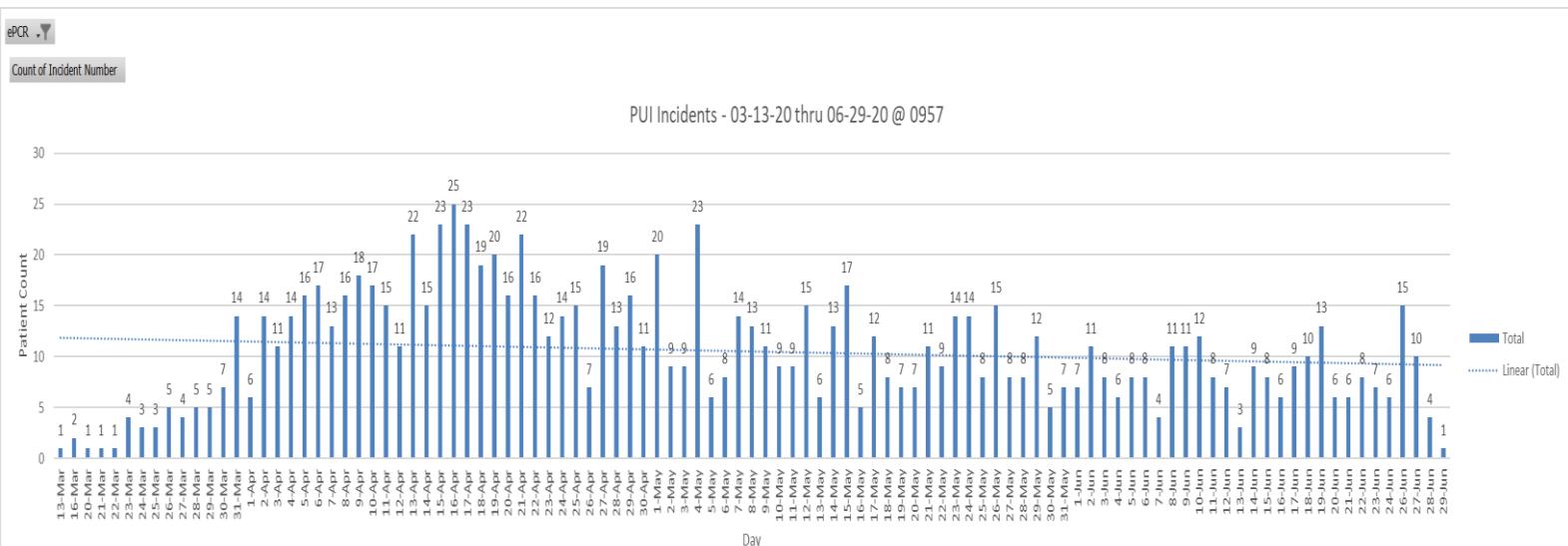
301-399-1143



DESSafety@charlescountymd.gov

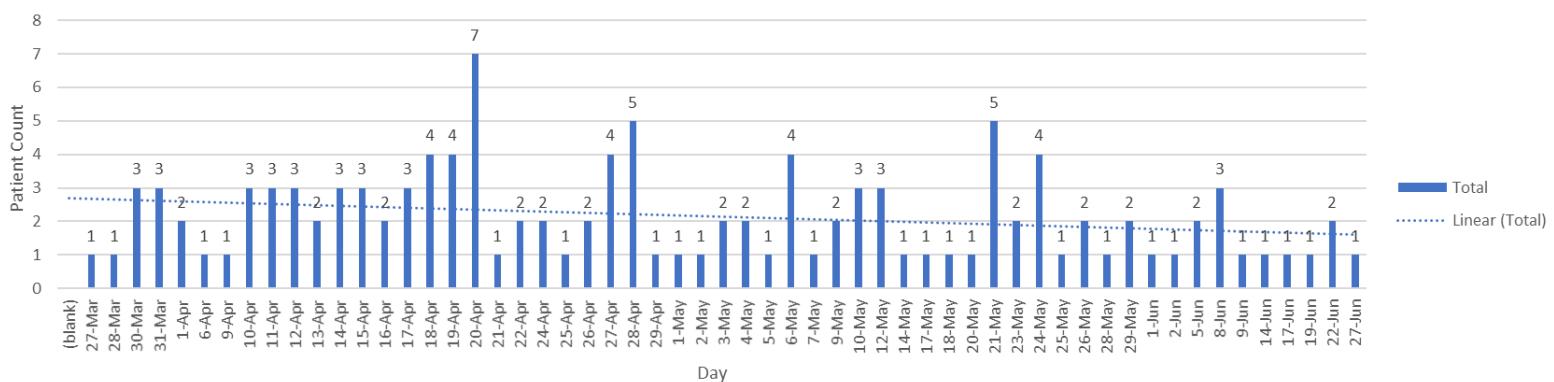


www.charlescountymd.gov



Count of Patient Name

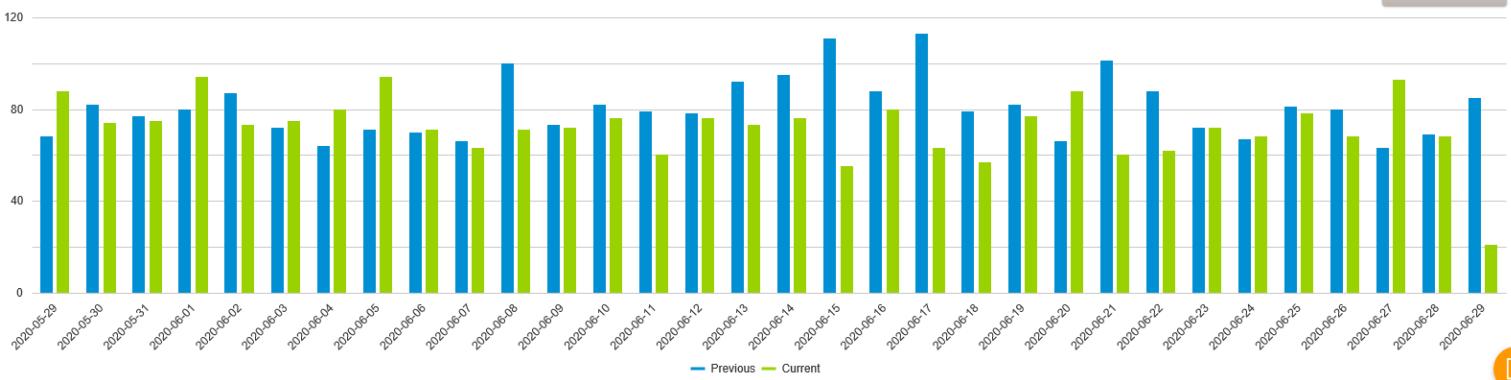
YTD COVID+ Patients Transported by EMS



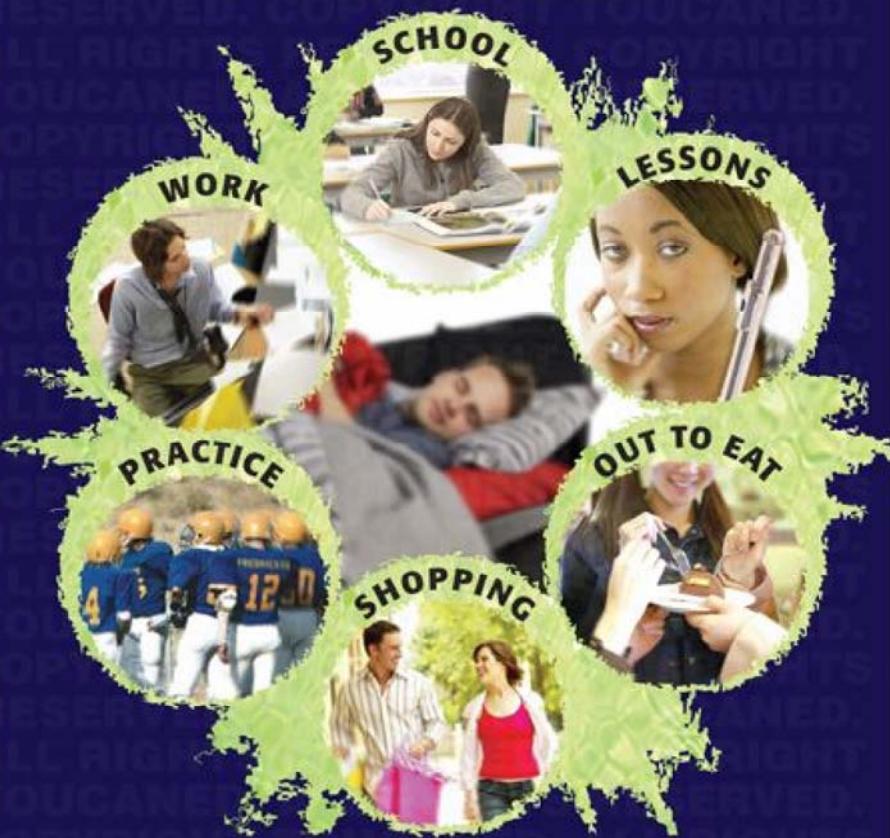
Date of EMS Transport ▾

Count of Incident Reported

Compare To: One Year ▾



If You Are Sick Don't Go...



Stay Home!

Stop the Spread of Cold and Flu Germs.

It's easy to spread cold and flu germs. If you are sick, you should stay home from work, school, and other places where you might infect people.

© ToucanEd Inc. (800) 386-4226 www.toucaned.com

TO: All County personnel
FROM: EOC Planning Section
THRU: EOC Unified Command
DATE: May 29, 2020
SUBJECT: EOC Status

MONITORING PERIOD

As of 6/1/2020, the EOC will be moving from an “Enhanced” status to a “Monitor” status. The following is an outline of the projected path.

GUIDELINE

During the “Monitoring Period” we will be using the following as a format or plan.

- After Action Analysis- With the input from all members of the audience who received the IAP and/or Sit/Rep, a team will be gathered to compile the thoughts and actions of all stakeholders. This effort will work up to June 8, 2020 in hopes of producing a “talking-point draft AAR”.
- After Action Report- A combined meeting with all stakeholders will discuss the incident’s strengths, weaknesses, and recommendations for improvement. The meeting will be held in a large auditorium setting. (Hold the Date – June 22, 2020 time tba)
- Meetings will be stepped down as we progress through the monitoring process. If progress remains at it has in the last two weeks, we will be taking our meetings, briefings, and communications to a Weekly, Bi-weekly, and then Monthly schedule.

Pieces that were discussed for this step-down process include:

- Safety Messages
- Decontamination of Ambulance plan
- Sit Rep
- Logistic Report
- Finance Report
- IAPs
- Planning Report

TACTICAL OPERATIONAL DISCUSSION:

Listed below are a few trigger points that will guide our plan

Trigger points to ramp up, ramp down

Ramp up- 10 day increase in “RATE of” positive cases and deaths = Enhanced EOC + virtual meetings MWF

Ramp up –15 day increase in “RATE of” positive cases and deaths = Enhanced EOC + meetings MTWTF

Ramp down- 14 day decrease rate of positive cases and deaths
Other trigger points will be added to this list.

TENTATIVE RAMP DOWN SCHEDULE:

May 30- May 31. IAP on Saturday only. Safety Messages will be on Saturday and Sunday
Branches will continue sending Briefs by 16:00.

June 1- June 28- Branches will send Monday, Wednesday, and Friday, Briefs for the group.
There will be **No meetings** with exception of Public Safety Branch meeting (virtual, every Monday @ 09:00)

Monday, Wednesday, Friday – Briefs sent to DESPlanning by 16:00

Safety Message once a day on Monday, Wednesday and Friday @ 12:00

IAP will come out once a week

June 29 – July 27- IAP and Briefs sent Bi-weekly (July 13 and July 27), Safety Message bi-weekly
Public Safety Branch only will have a virtual bi-weekly meeting.

Branches will send Monday Briefs for the group on June 29, July 13 and July 27. There will be
No meetings with exception of Public Safety Branch meeting (virtual, every other Tuesday @ 09:00)

Contractor Decon stops on June 30 @ 24:00 hours.

Monday– Briefs sent to DESPlanning by 16:00 on July 13 and July 27

Safety Message once on Monday, July 13 and July 27 @ 12:00

IAP will come out bi-weekly, June 29, July 13 and July 27

August – October- Monthly meeting on 2nd Monday of the Month @ 13:00

All of this is subject to change based on the emergent status.



PUBLIC HEALTH BRANCH BRIEFING

COVID-19 PANDEMIC RESPONSE

June 29, 2020

GENERAL REPORTING INFORMATION

INFECTIOUS DISEASE

CASE COUNT—CHARLES COUNTY

As of 6/29/2020, 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: 67,254 (462,059 negative)
- 2) **New cases:** 477
 - 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 (1 in last 24 hours); total current 447; total ever 10,822

- e) Deaths -- Total 3,048 (6 in last 24 hours)
- f) Release from isolation – 4,979

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

RESOURCE DISTRIBUTION

- 4 orders were received on June 26.

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, Thursday, June 25
- Waiting to see if self-appointments will be launched this 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 6/29 at 9 a.m., total case count for Charles County was 1,388 cases. (There was a total of 32 new cases since 6/26.)

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:

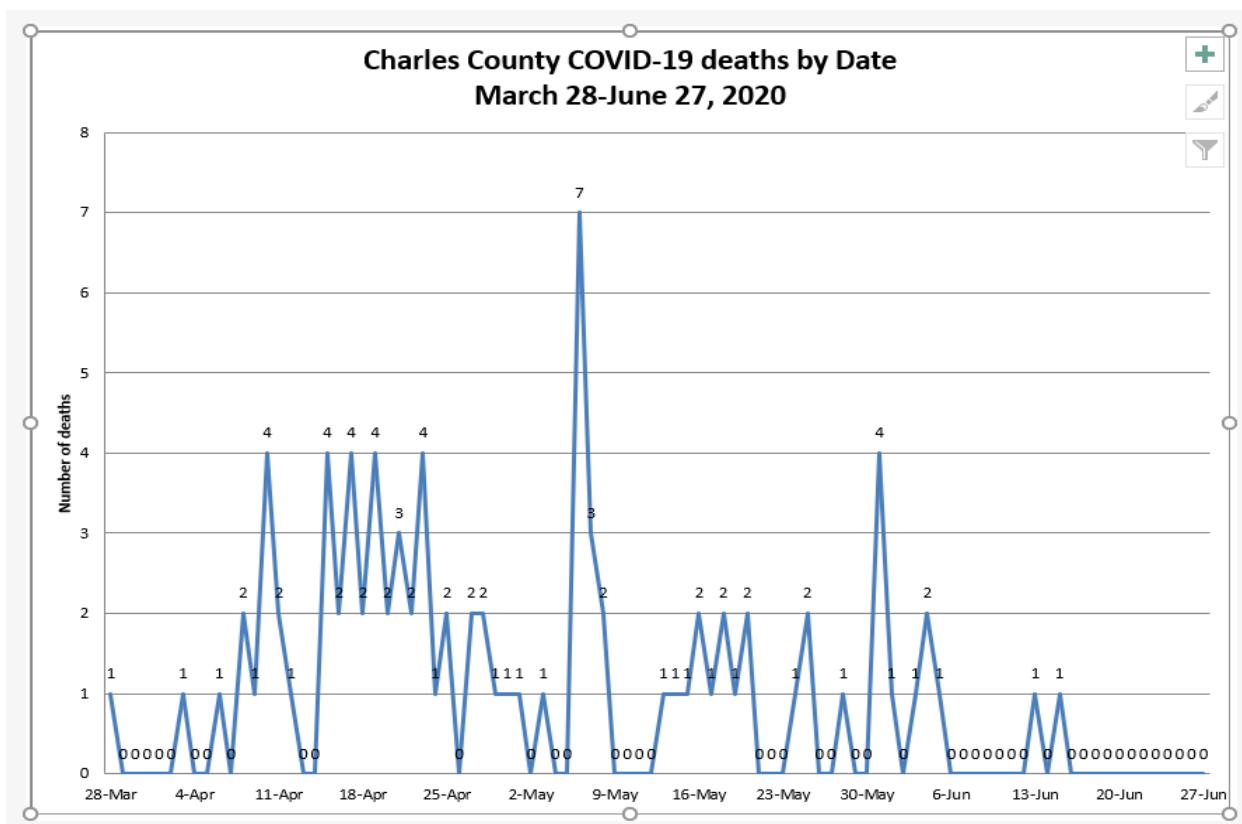
- 47 or 54.7% Female
- 39 or 45.3% Male

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: 1388
- Number of positive lab results since 6/26: 32
- Total Number of negative lab results: 10862
- Number of negative lab results since 6/26: 432
- Total testing volume for Charles County (positive and negative): 12250
- Total Positivity Rate for all lab results thus far: 11.3% (state 10.4%)
- Positivity Rate for all lab results since 6/26: 6.8%
- 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: 363
- Partially recovered with improved symptoms: 56
- Known asymptomatic cases: 38
- 232 or 16.7% required hospitalization. Hospitalization rate is steadily decreasing. Peak in hospitalization rate coincided with the peak in the skilled nursing facility outbreaks.
- Among confirmed cases, 778 (56.1%) Female; 610 (43.9%) Male
- Average age of confirmed cases: 48.7 years
- 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 alerts for Saturday, June 27th or Sunday, June 28th. Patient volume was 49 patients on 6/27 and 51 on 6/28. All were discharged to home for self-care.

- On 6/27, 22 patients presented with ILI or at least one COVID-19 like symptoms (45% of total patient volume). 19 out of 22 ILI were there for either a COVID-19 test or COVID-19 Antibody test (86%). Diagnoses for ILI patients on Saturday included contact with and exposure to other viral communicable diseases, encounter for screening for other viral

diseases, cough, acute maxillary sinusitis, COVID-19, and unspecified viral infection. 3 cases were diagnosed with COVID-19. There were 11 Visit of Interest tags. All cases had exposure to a COVID-19 positive case and presented for a COVID-19 test. There were no other CDC Classifier tags. They completed 18 COVID-19 tests and 1 antibody test on 6/27.

- On 6/28, 15 patients presented with ILI or at least one COVID-19 like symptoms (29% of total patient volume). 8 out of 15 ILI were there for either a COVID-19 test or COVID-19 Antibody test (53%). Diagnoses for ILI patients on Sunday included contact with and exposure to other viral communicable diseases, encounter for screening for other viral diseases, COVID-19, acute frontal sinusitis, other chest pain, shortness of breath, and acute maxillary sinusitis. There was 1 case that was diagnosed with COVID-19. There were 6 Visit of Interest tags. All cases had exposure to a COVID-19 positive case and presented for a COVID-19 test. There were no other CDC Classifier tags. They completed 8 COVID-19 tests on 6/28.

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:

- 6/27: 9
- 6/28: 5

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 6/29 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: 1,388 cases on 6/29 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: 507 (36.5%)
- White: 285 (20.5%)
- Other /2+ races/American Indian/Alaskan Native: 107 (7.7%)
- Data not available/Declined to Answer: 472 (34.0%)

Ethnicity Breakdown

- Hispanic 109 (7.8%)
- Non-Hispanic 878 (63.3%)
- Data not available/Declined to Answer: 401 (28.9%)

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: 0
- 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 Sagepoint 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 since 6/26	Number of new negative labs since 6/26	Case Rate per 1000 residents
20601	261	7	61	10.60
20602	272	8	105	11.06
20603	316	11	71	10.74
20604	3	0	3	NA
20611	6	0	1	4.64
20612	2	0	0	NA
20613	23	0	0	NA
20616	50	1	21	8.54
20617	1	0	5	NA
20622	20	0	0	3.88
20625	0	0	1	NA
20632	3	1	0	NA
20637	35	1	14	6.82
20640	53	2	26	5.17
20645	4	0	0	NA
20646	157	1	59	8.26
20658	5	0	7	NA
20659	1	0	0	NA
20662	18	0	1	6.13
20664	21	0	5	7.37
20675	10	0	2	5.98
20677	12	1	6	5.17
20693	3	1	3	2.76
20695	89	0	40	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:	6/10	6/12	6/15	6/17	6/18	6/19	6/22	6/24	6/25	6/26	6/29
20601	9.19	9.36	9.69	9.85	9.85	9.85	10.10	10.18	10.23	10.35	10.60
20602	9.62	9.74	9.98	10.10	10.22	10.22	10.54	10.74	10.74	10.86	11.06
20603	9.74	9.77	9.94	10.08	10.08	10.08	10.25	10.32	10.39	10.49	10.74
20611	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	8.02	8.20	8.20	8.20	8.20	8.20	8.20	8.20	8.20	8.54
20622	3.67	3.88	3.88	3.88	3.88	3.88	3.88	3.88	3.88	3.88	3.88
20637	5.90	6.27	6.27	6.27	6.27	6.27	6.45	6.45	6.45	6.45	6.82
20640	4.69	4.69	4.69	4.89	4.89	4.89	4.98	4.98	4.98	4.98	5.17
20646	7.94	8.05	8.05	8.15	8.15	8.15	8.15	8.15	8.15	8.15	8.26
20662	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
20675	5.98	5.98	5.98	5.98	5.98	5.98	5.98	5.98	5.98	5.98	5.98
20677	4.74	4.74	4.74	4.74	4.74	4.74	4.74	4.74	4.74	4.74	5.17
20695	11.33	11.92	12.36	12.66	12.66	12.66	12.95	13.25	13.25	13.39	13.39

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

- 20607, Accokeek: 11.32
- 20613, Brandywine: 14.17
- 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: 12.34
- 20744, Fort Washington: 14.73

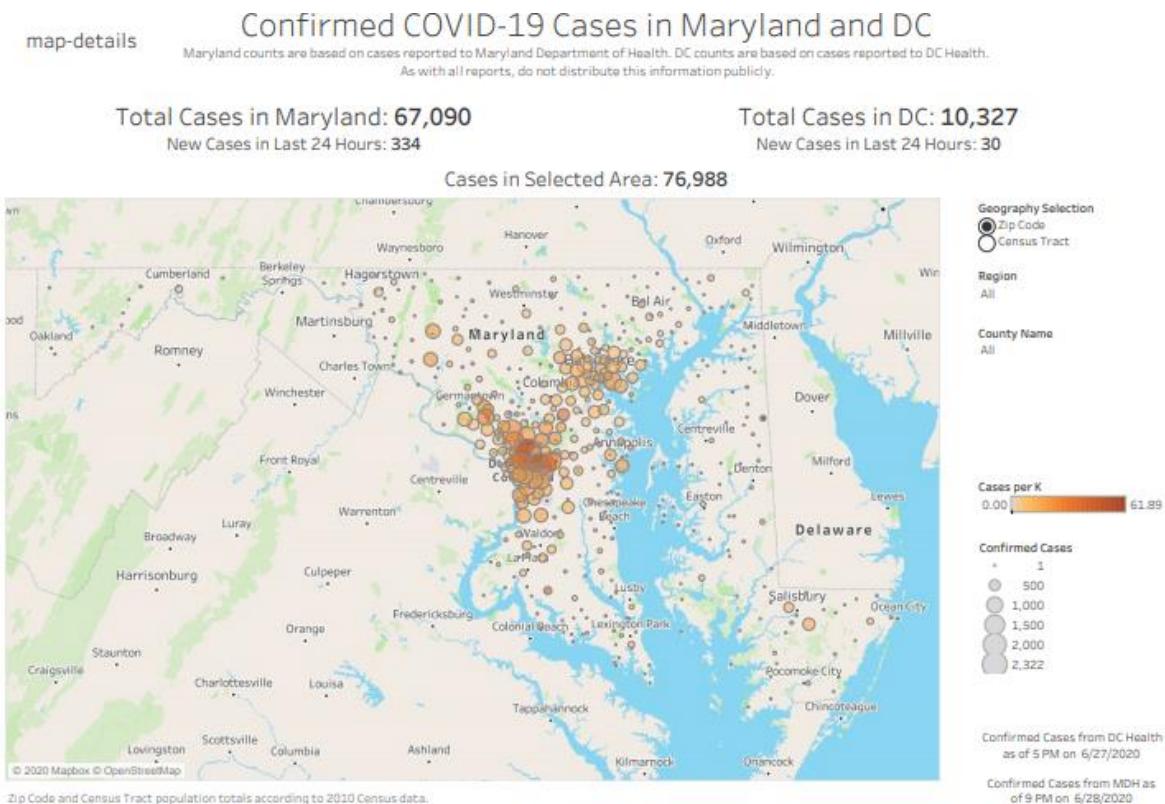
Highest Case Rates among Zip Codes in Prince George's County are in the northern region of the county that surrounds Washington DC, including Hyattsville, Riverdale, Lanham, Brentwood, and Bladensburg. They are the areas of Prince George's County that are the furthest from Charles County.

Zip Code	Case Rate per 1000 residents
20783	52.20
20782	36.52
20781	33.92
20737	46.36
20784	38.20
20706	33.06
20722	39.75
20710	29.85

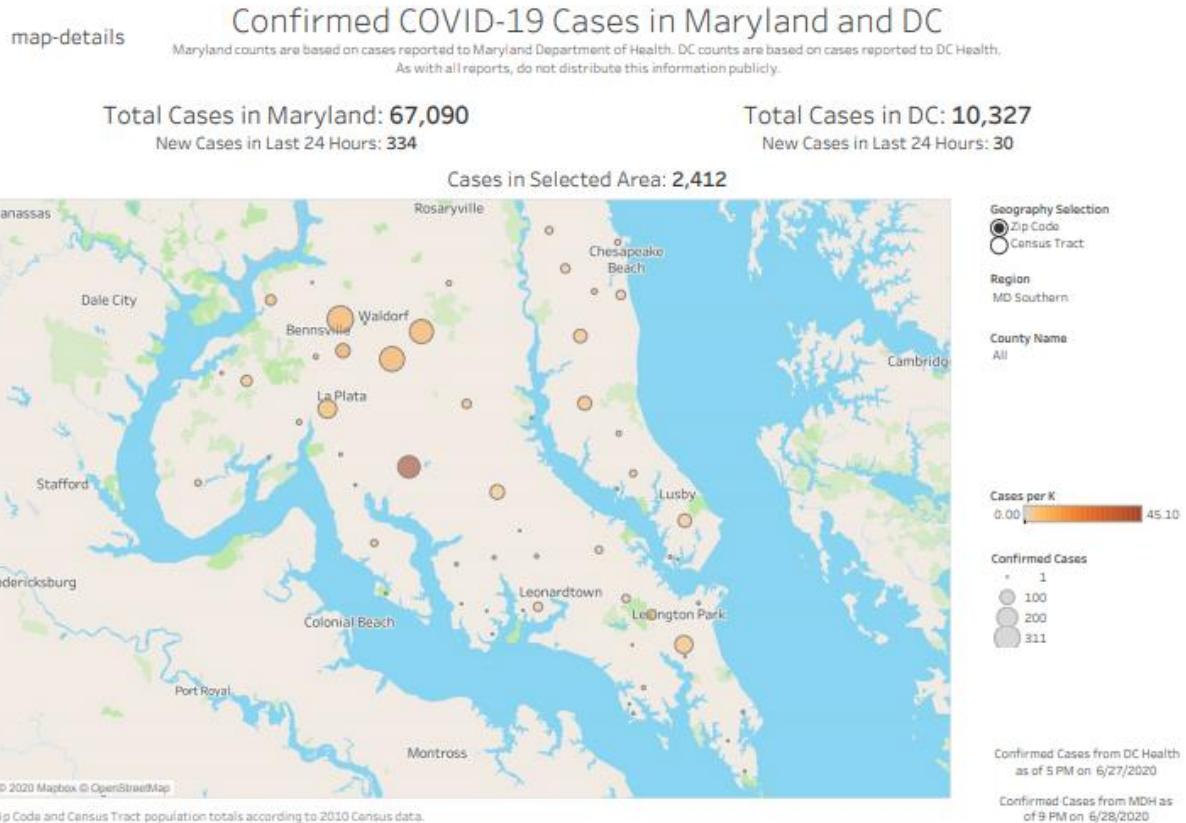
MISCELLANEOUS

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**



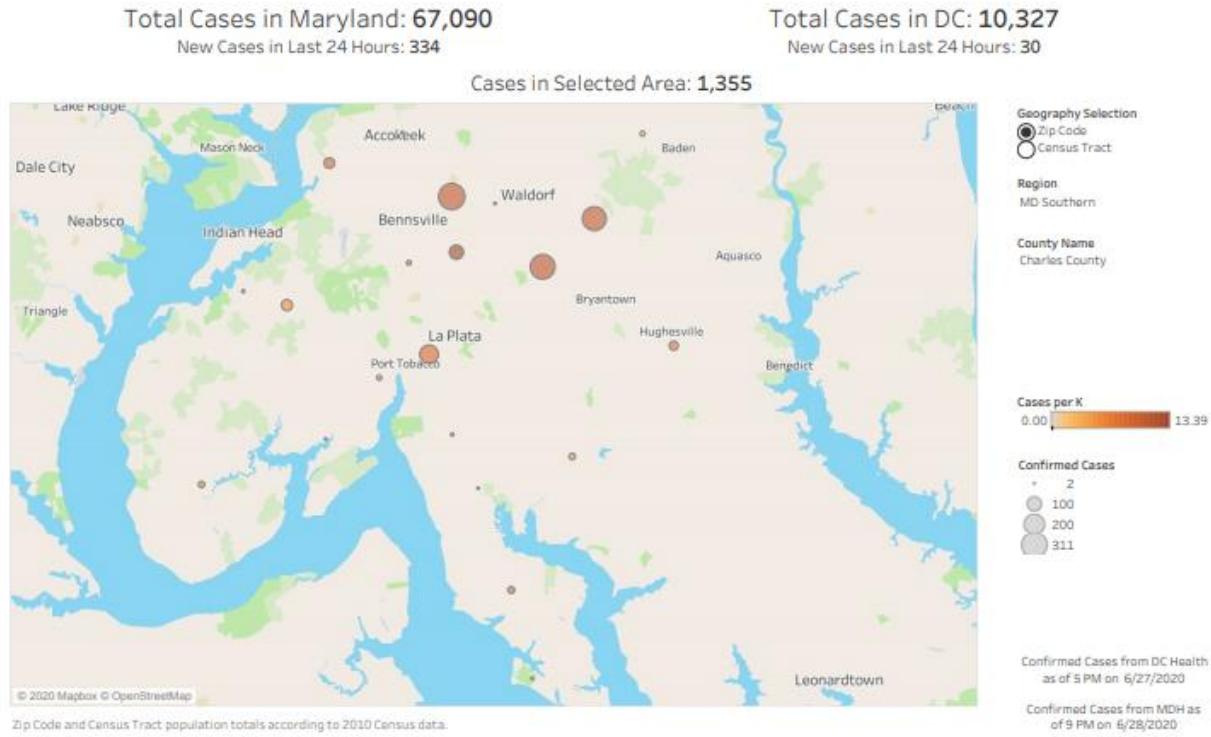
- Heat Map of Southern Maryland



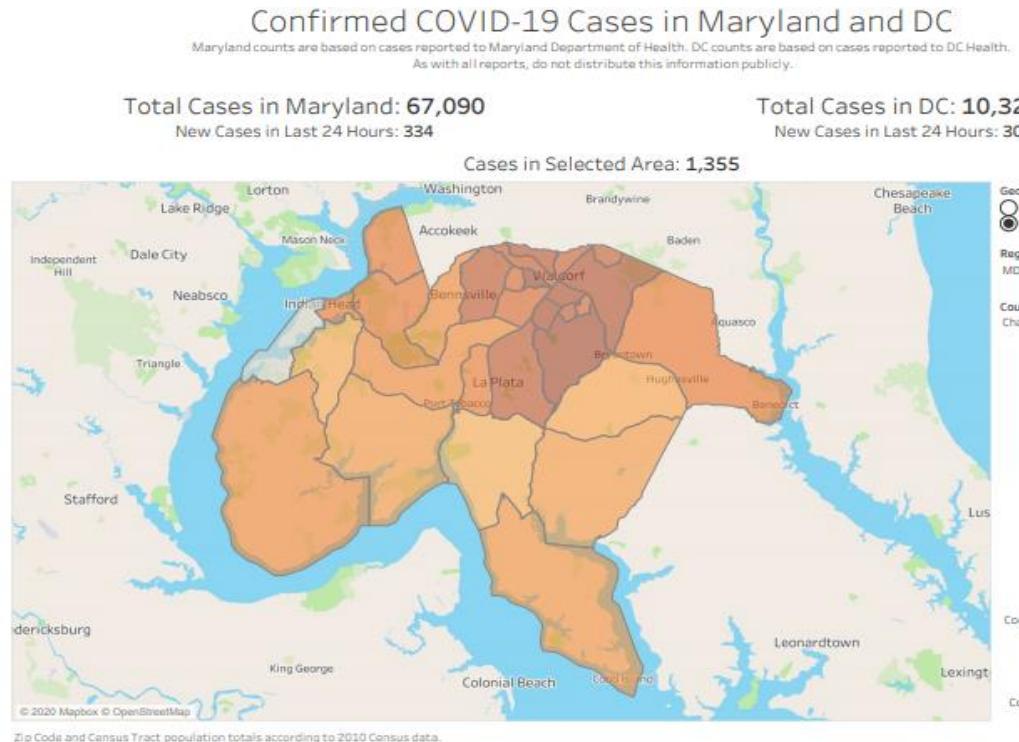
- Heat Map of Charles County

Confirmed COVID-19 Cases in Maryland and DC

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



- 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**

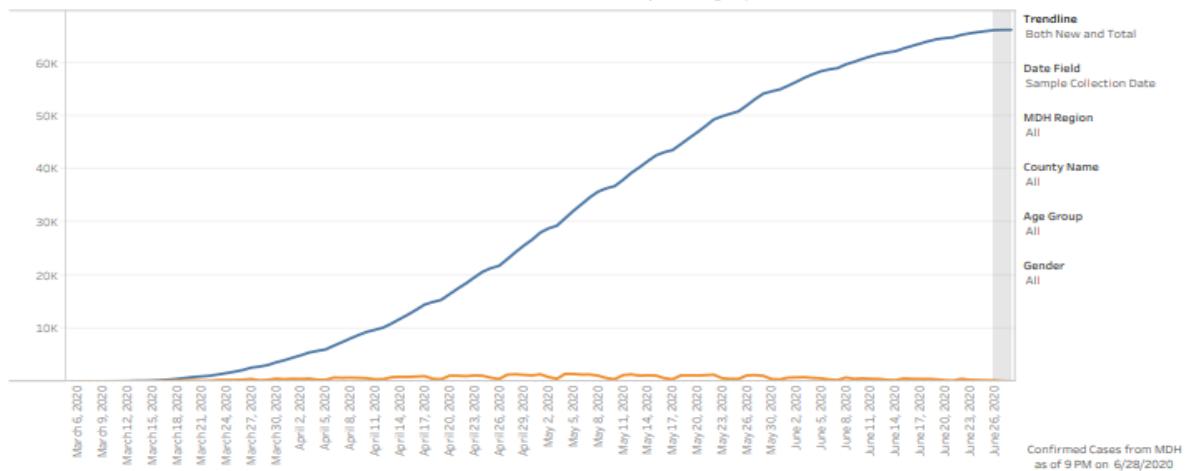
Maryland Confirmed COVID-19 Cases by Day

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

Total Cases in Maryland: 67,090
New Cases in Last 24 Hours: 334

Number of Cases for Selected Area/Demographics: 67,090

This graph:



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

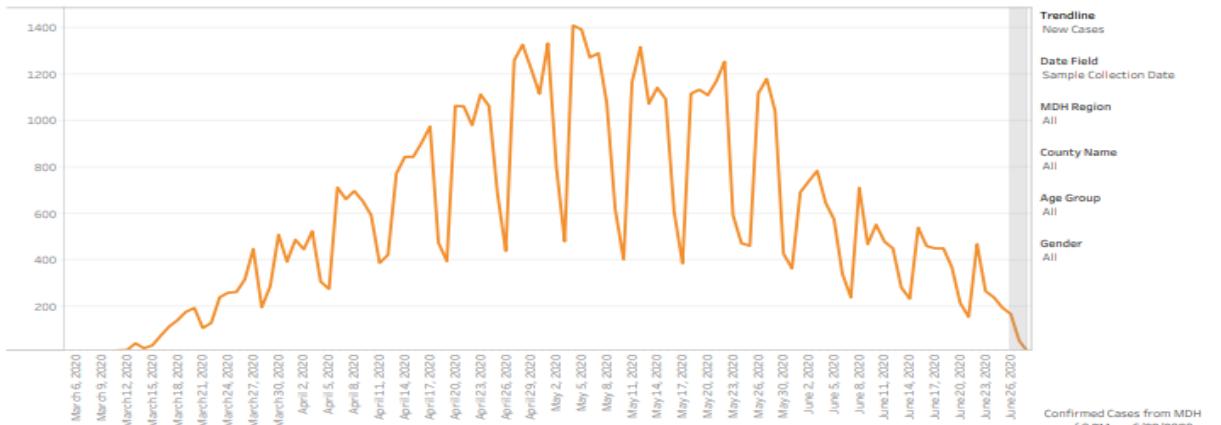
Maryland Confirmed COVID-19 Cases by Day

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

Total Cases in Maryland: 67,090
New Cases in Last 24 Hours: 334

Number of Cases for Selected Area/Demographics: 67,090

This graph:



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

- **Southern Maryland Confirmed Cases by Date**

Maryland Confirmed COVID-19 Cases by Day

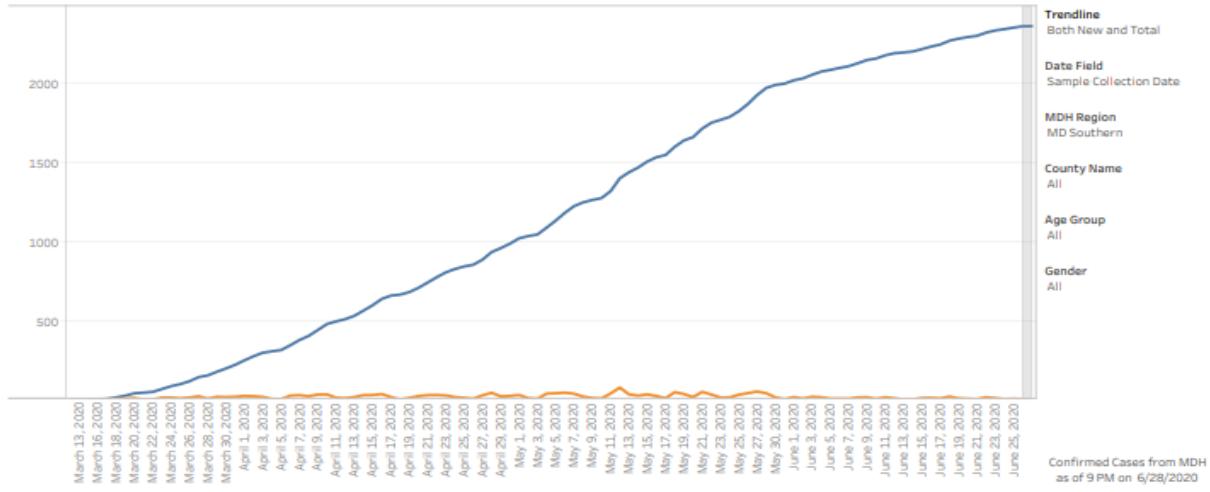
Maryland counts are based on cases reported to Maryland Department of Health.
As with all reports, do not distribute this information publicly.

Total Cases in Maryland: 67,090

New Cases in Last 24 Hours: 334

Number of Cases for Selected Area/Demographics: 2,412

This graph:



Maryland Confirmed COVID-19 Cases by Day

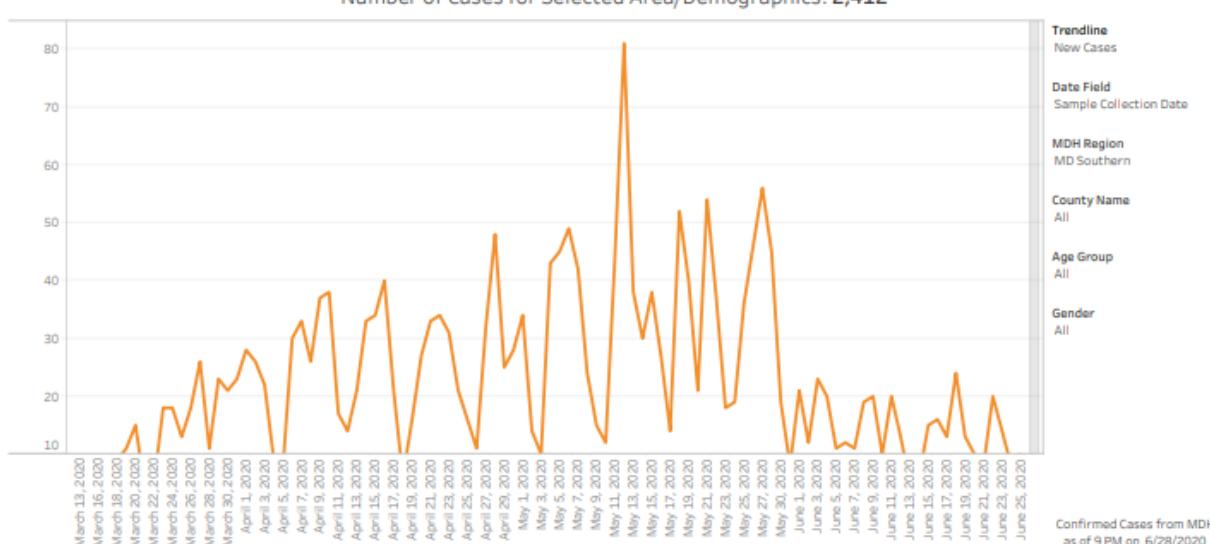
Maryland counts are based on cases reported to Maryland Department of Health.
As with all reports, do not distribute this information publicly.

Total Cases in Maryland: 67,090

New Cases in Last 24 Hours: 334

Number of Cases for Selected Area/Demographics: 2,412

This graph:



- Charles County Confirmed Cases by Date

Maryland Confirmed COVID-19 Cases by Day

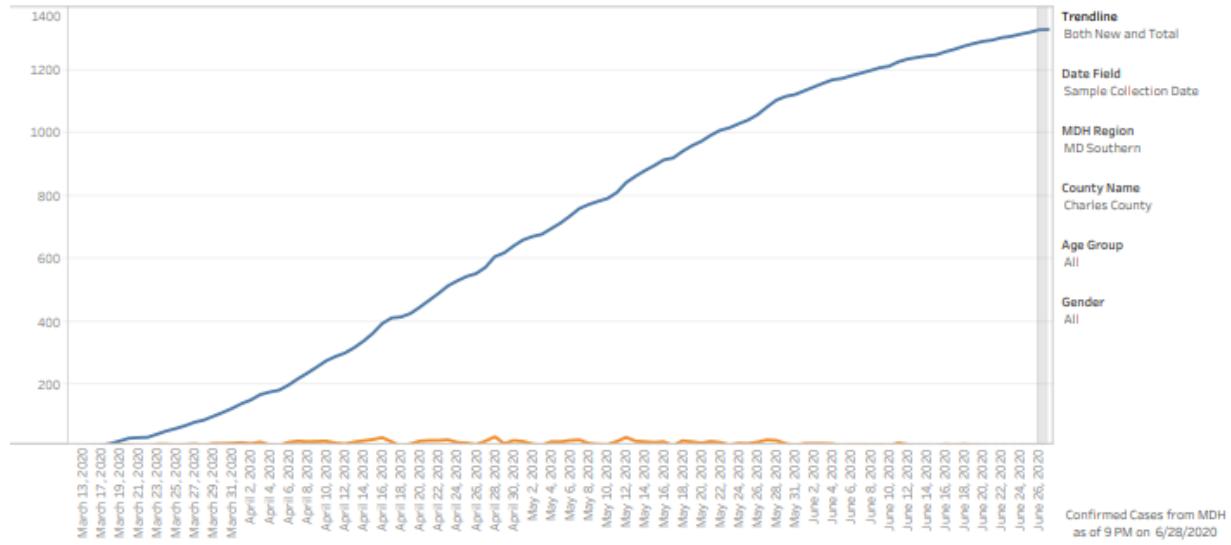
Maryland counts are based on cases reported to Maryland Department of Health.
As with all reports, do not distribute this information publicly.

Total Cases in Maryland: 67,090

New Cases in Last 24 Hours: 334

Number of Cases for Selected Area/Demographics: 1,355

This graph:



Maryland Confirmed COVID-19 Cases by Day

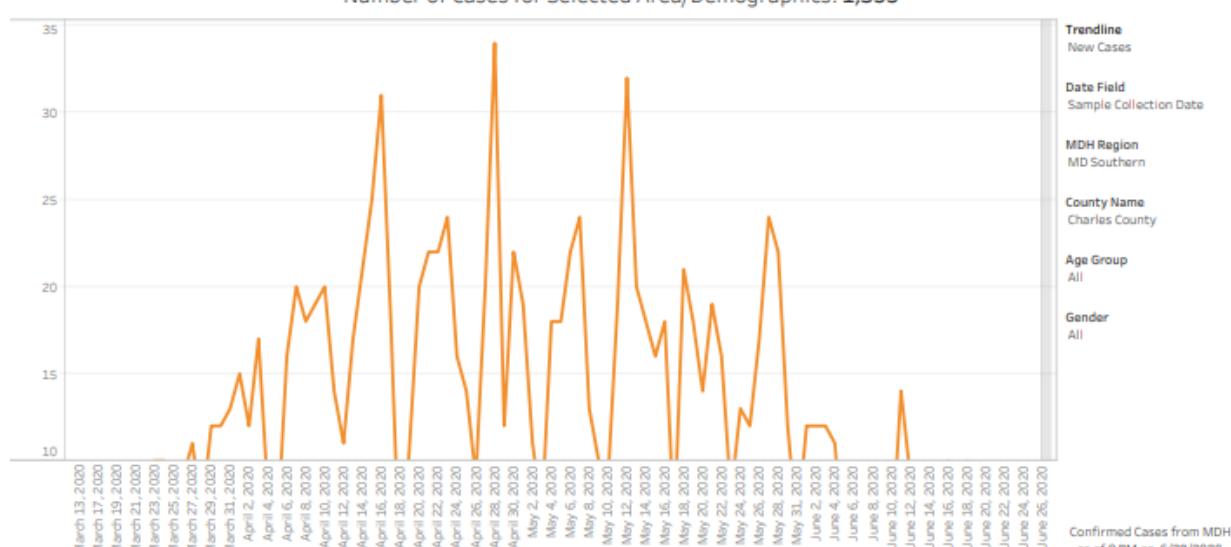
Maryland counts are based on cases reported to Maryland Department of Health.
As with all reports, do not distribute this information publicly.

Total Cases in Maryland: 67,090

New Cases in Last 24 Hours: 334

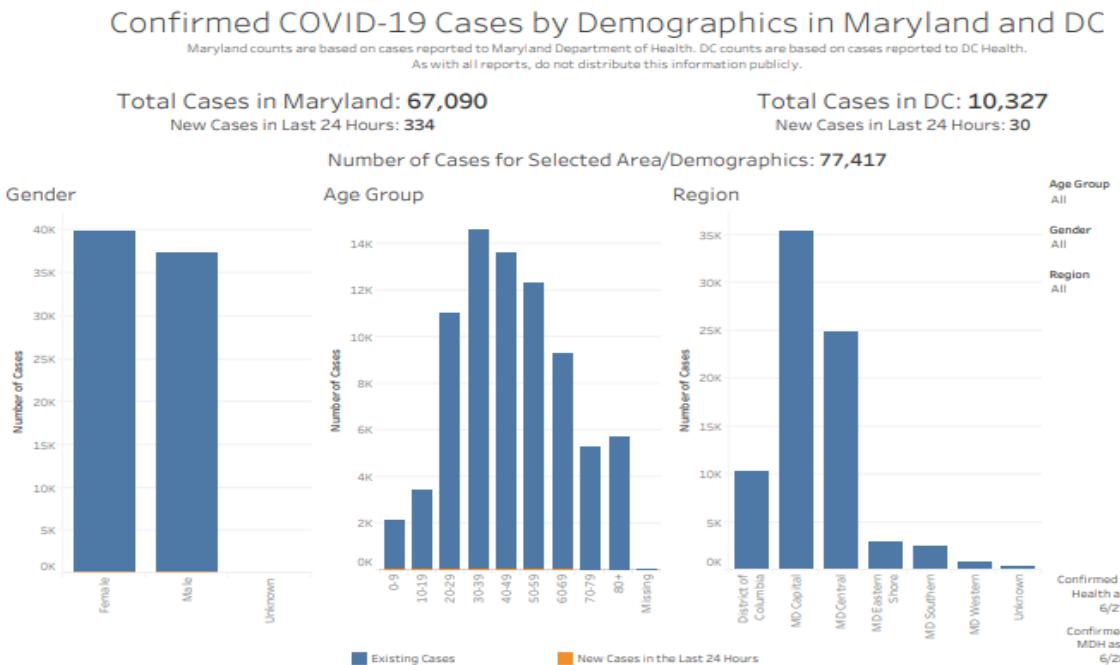
Number of Cases for Selected Area/Demographics: 1,355

This graph:

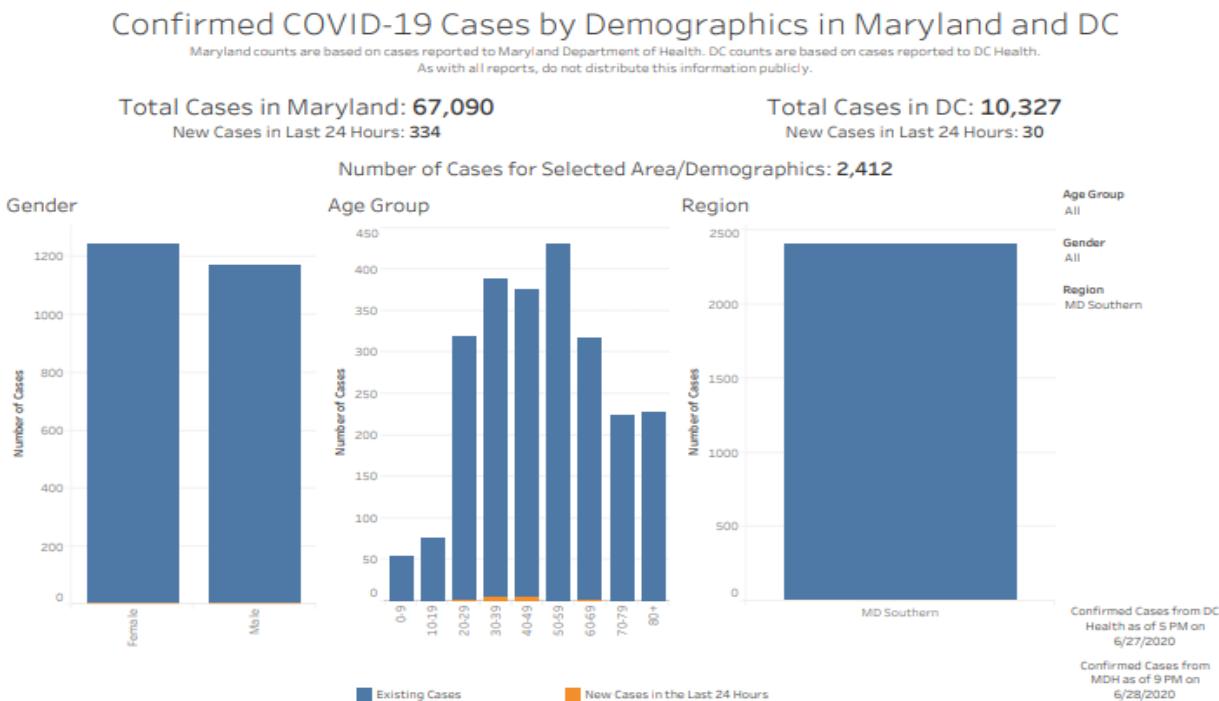


Epidemiologist's Note: Confirmed case demographics for Maryland and Southern Maryland. Demographics of MD fatalities and a graph of MD fatalities by date.

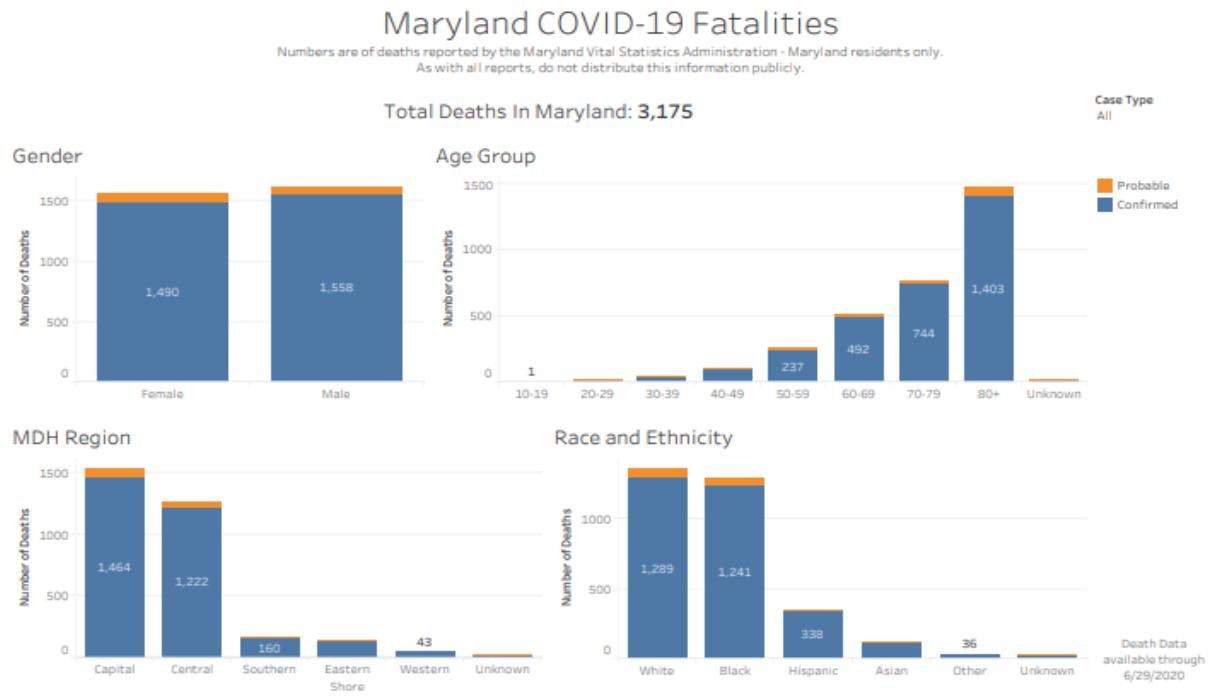
- Maryland Confirmed Cases by Demographics



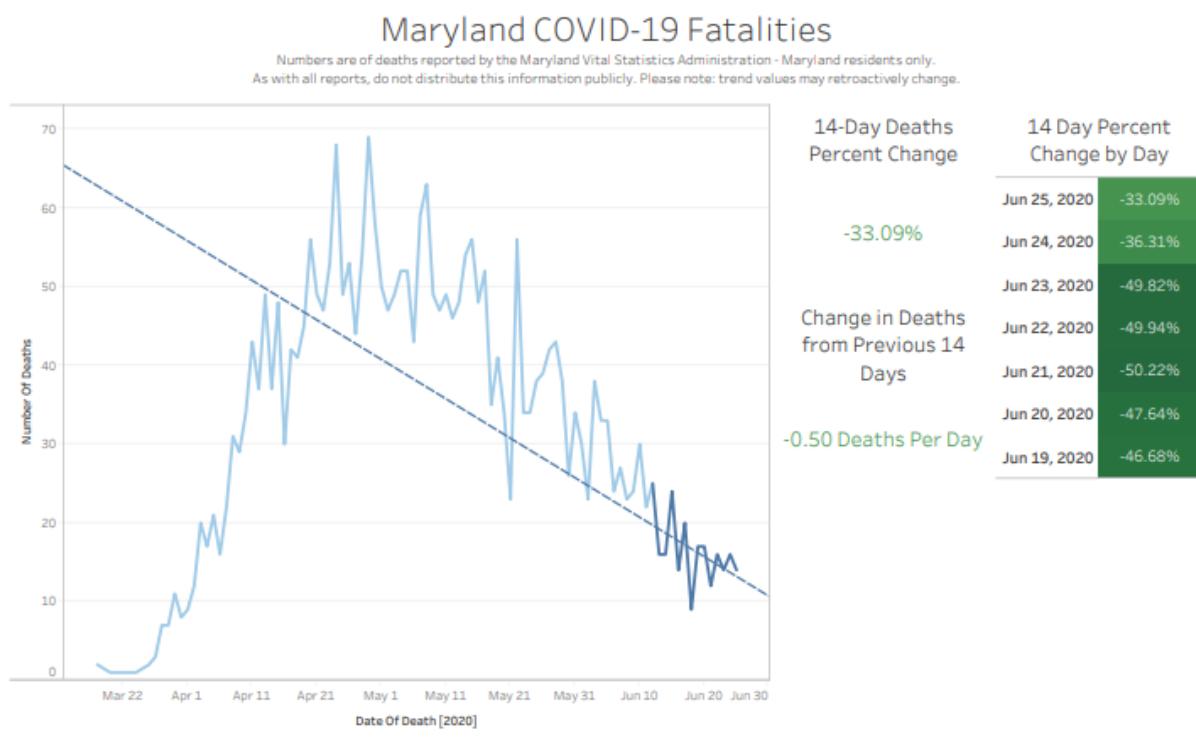
- Southern Maryland Confirmed Cases by Demographics



- Maryland Fatalities by Demographics



- Maryland Fatalities 14-day Change



Epidemiologist's Note: Data on demographics and trends of COVID-19 hospitalizations for Charles County and Maryland. Additionally, trends in COVID-19 testing volume for Charles County and Maryland.

- Maryland COVID Hospitalizations by Demographics

Confirmed COVID-19 Admit and Discharge Trends

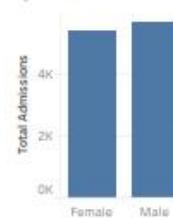
Hospitalization Data Available Through 6/27/2020

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

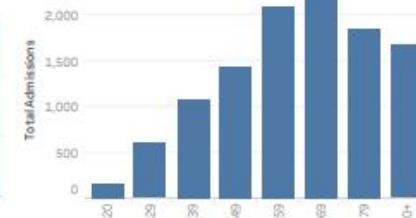
COVID-19 Hospitalizations by Demographics

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

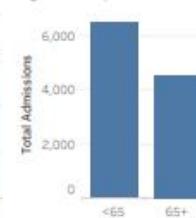
Hospitalizations by Gender



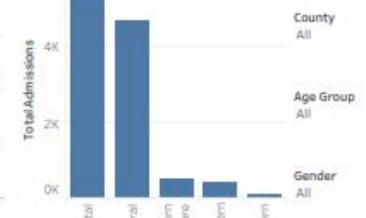
Hospitalizations by Age Group



Hospitalizations by Age Group



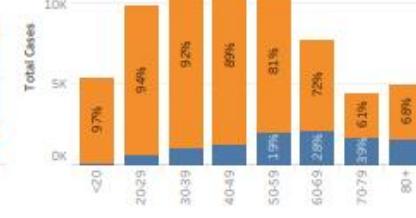
Hospitalizations by Region



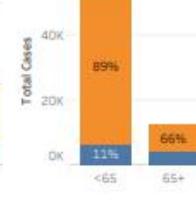
All COVID Confirmed Cases by Gender



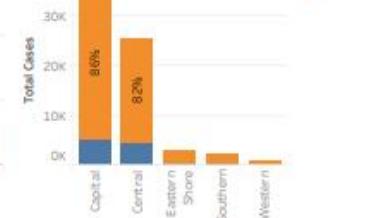
All COVID Confirmed Cases by Age Group



All COVID Confirmed Cases by Age Group



All COVID Confirmed Cases by Region



• Charles County COVID Hospitalizations by Demographics

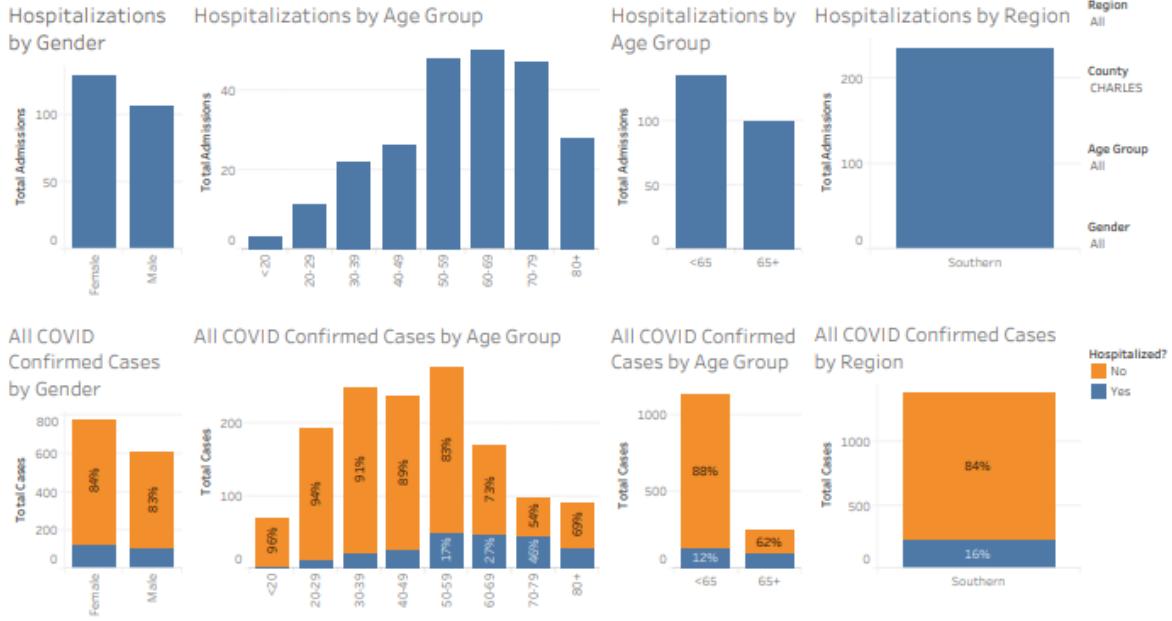
Confirmed COVID-19 Admit and Discharge Trends

Hospitalization Data Available Through 6/27/2020

COVID-19 Hospitalizations by Demographics

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

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

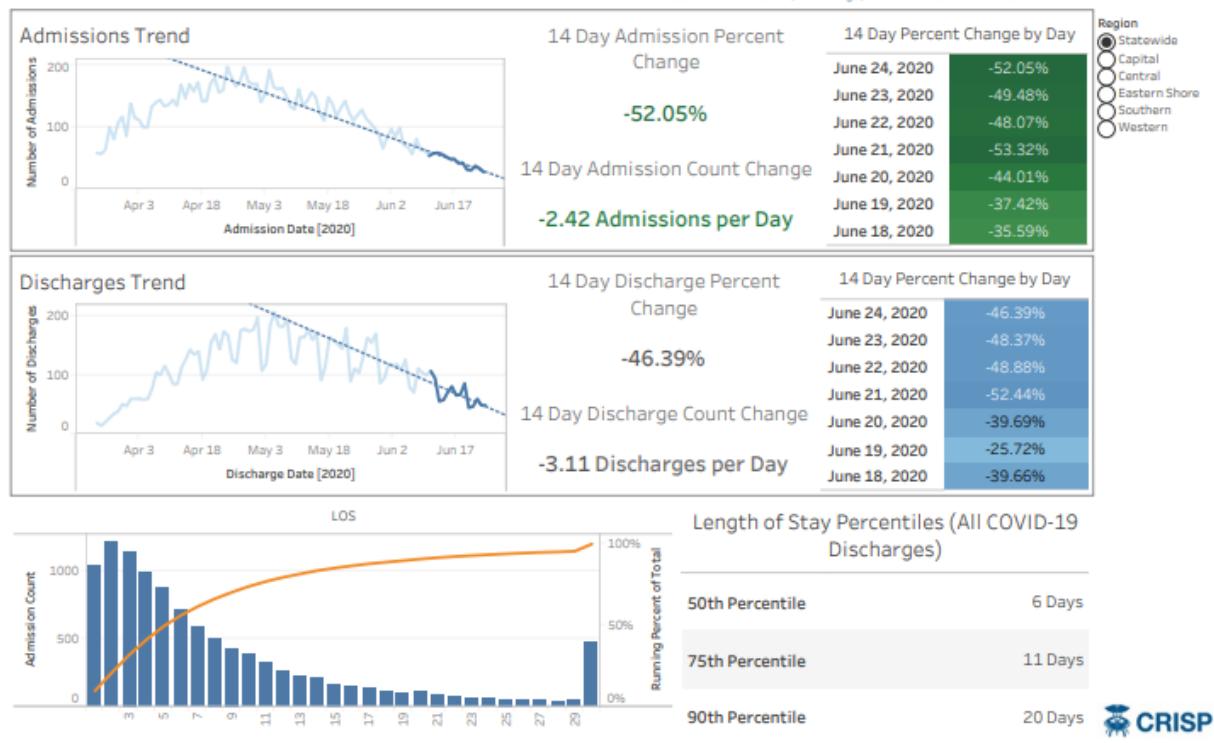


- Maryland COVID Hospitalizations 14-day Trends

Confirmed COVID-19 Admit and Discharge Trends

Hospitalization Data Available Through 6/27/2020

Admission and Discharge Trends for COVID-19 Positive Patients



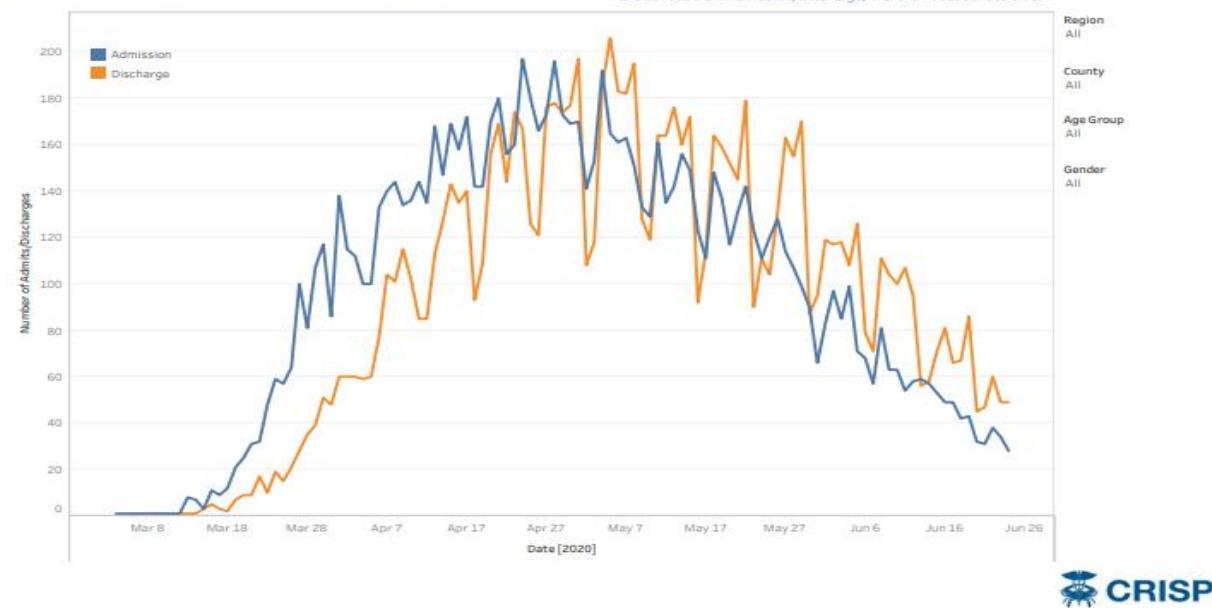
- Maryland COVID Admissions and Discharges

Confirmed COVID-19 Admit and Discharge Trends

Hospitalization Data Available Through 6/27/2020

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

COVID-19 Admissions and Discharges by Day



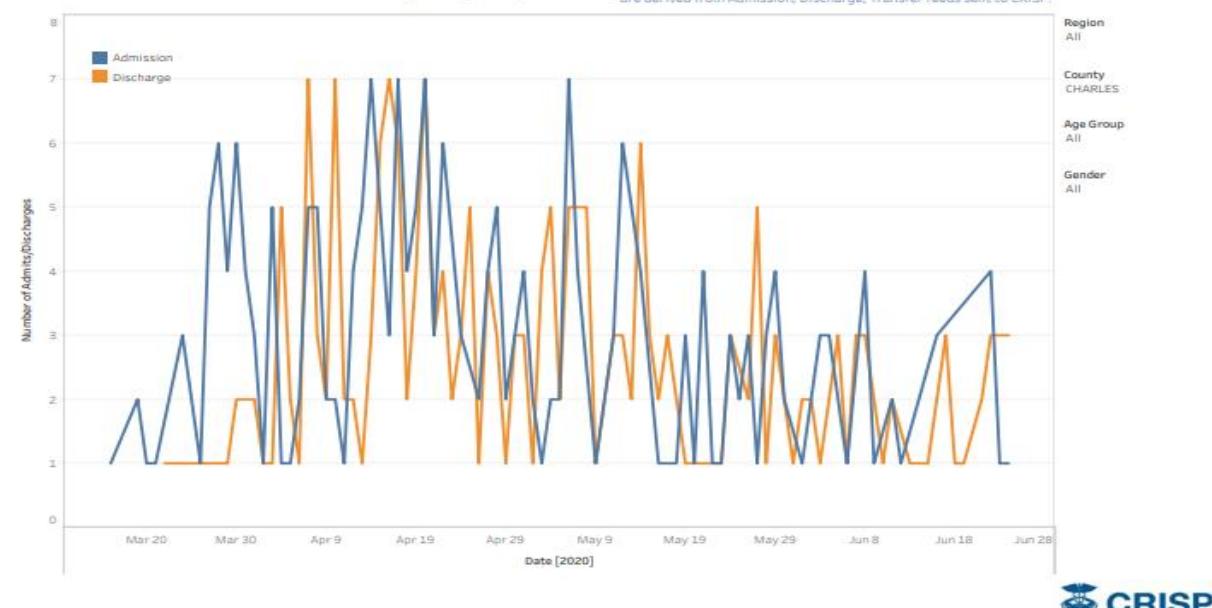
- Charles County COVID Admissions and Discharges

Confirmed COVID-19 Admit and Discharge Trends

Hospitalization Data Available Through 6/27/2020

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

COVID-19 Admissions and Discharges by Day

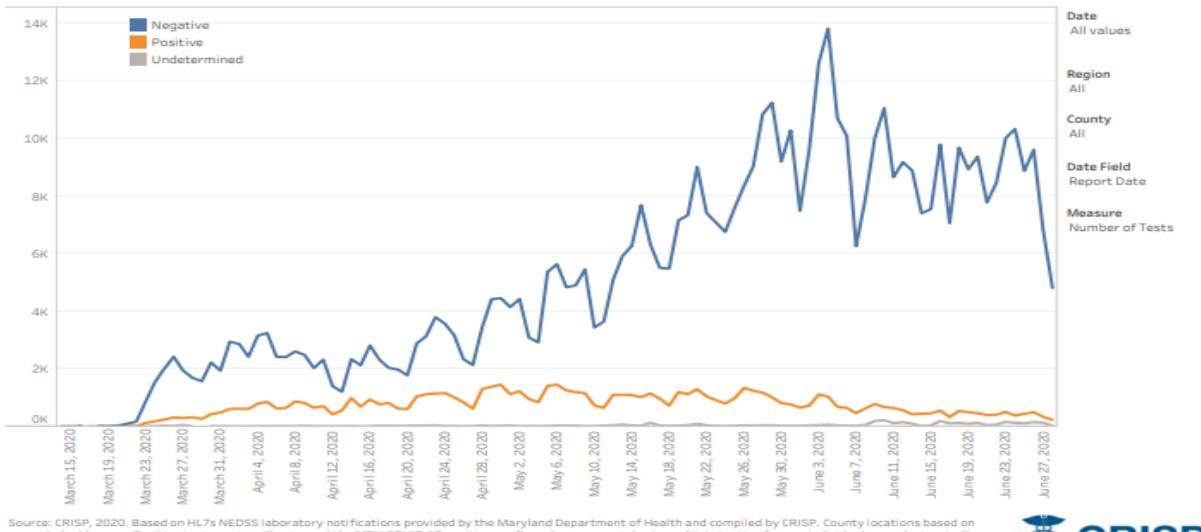


• Maryland COVID Testing Volume

Maryland - National Electronic Disease Surveillance System (NEDSS)

Labs data through 6/28/2020 11:59:00 PM

Volume of Lab Results by Report Date - COVID-19

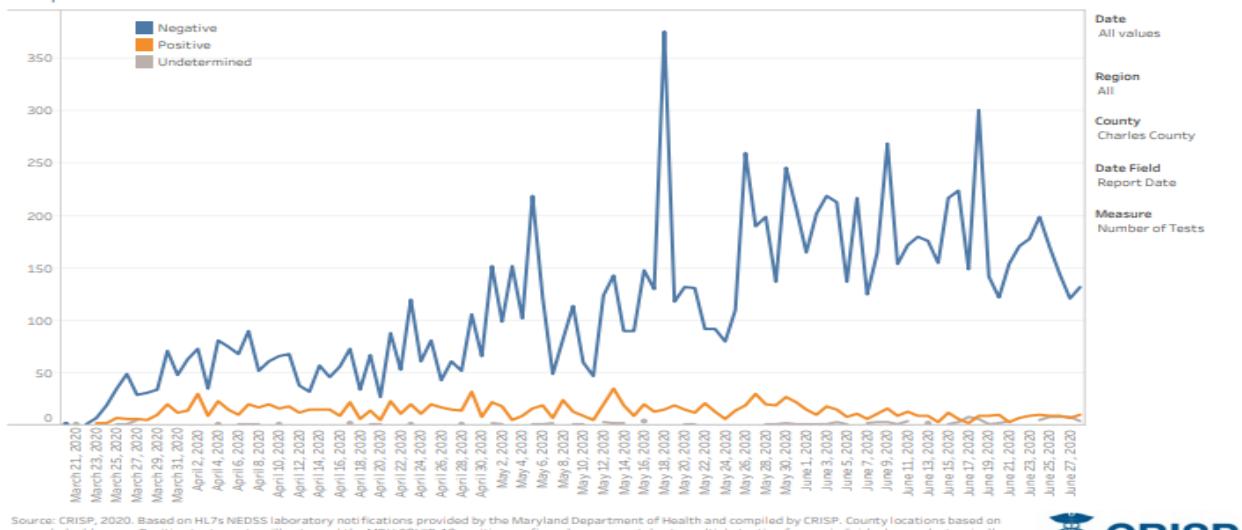


• Charles County COVID Testing Volume

Maryland - National Electronic Disease Surveillance System (NEDSS)

Labs data through 6/28/2020 11:59:00 PM

Volume of Lab Results by Report Date - COVID-19



Respectfully submitted by Charles County PHEP

HOSPITAL BRIEF 6-29-2020

- 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 = 72
- Hospital ICU Census = 4
- Hospital ICU in now a dedicated COVID-19 Unit, and 3 East is for ICU overflow.
- Isolation Room Capacity = 12
- Isolation Rooms Occupied = 9
- Confirmed positive cases of COVID-19 patient admissions = 5
 - Of the total five (5) COVID-19 positive patients all are located in the ICU Dedicated COVID-19 Unit.
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- PUI admissions = 4
- Ventilated COVID-19 positive patients = 3
- Ventilators not in use = 17
- 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 Sunday, 6/28/2020 = One (1) COVID-19 positive patients, and zero (0) PUI's.
- CMCR total Lab tests to date = 2568. COVID-19 positive tests = 347.

Intelligence Briefing 6-29-2020
 COVID Charles County
 Week 16

Updated Infection Numbers: As of 1335 hrs.

Total worldwide: 10,199,789 **+545,529** since the 6-26-20 brief.

Worldwide increase of confirmed cases by 24-hour 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	6-26/29
216,515	253,885	374,034	219,900	288,860	402,271	264,598	792,186	286,515	360,997	545,529

Total fatalities worldwide: 5092,947 **+12,315** since the 6-26-20 brief

Total confirmed cases in the US: 2,564,163 **+138,349** since the 6-26-20 brief

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

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	6-26/29
40,248	69,703	107,311	43,719	73,212	44,404	150,047	56,245	78,216	138,349

Total fatalities in US: 125,928 **+1,419** since 6-26-2020

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

Total confirmed cases in State in of MD: 67,254 **+1,139** since the 6-26-20 brief

Total tested in the State of MD: 572,731 **+71,295** over 6-26-20

Percent of those test that test positive: **4.84%**

Total Fatalities in State of MD: 3,015 **+33** change since the 6-26-20 brief

Number of probable deaths: 127

Total Ever Hospitalized: 10,822

Persons currently hospitalized: **487 -115** since 6-26-2020

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	6-26/29
-38	-122	-65	-33	-97	-24	-119	-91	-134	-234	-58	-115	-40

First Responder Numbers in Charles County: NUMBERS AS OF 6-29-2020 @1230

8 Quarantine: means exposed and they can't come to work (**increase of seven**)

2 Self Isolation: means sick or tested positive (**increase of two**)

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:

PG County begins Phase 2

MD COVID numbers continue to trend in the downward directly.

Region:

Over 78,857 cases in the NCR as of 0700 6-29-2020.

National:

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

NC makes masks mandatory

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



Serving Charles County

Charles County Volunteer Firemen's Association, Inc.

Post Office Box #21, La Plata, Maryland 20646

June 29th, 2020

Re: Volunteer Fire/EMS Brief - June 26th, 27th and 28th

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
- Thursday June 26th - EMS Call Volume was average, and Fire Call Volume was average 55 EMS Related Incidents ----- 16 Fire Related Incidents
- Friday June 27th - EMS Call Volume was above average, and Fire Call Volume was average 70 EMS Related Incidents ----- 22 Fire Related Incidents
- Saturday June 28th – EMS Call Volume was average, and Fire Call Volume was below average 57 EMS Related Incidents ----- 11 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