Extract from New York State Website https://forward.ny.gov/metrics-guide-reopening-new-york

Metrics to Guide Reopening New York

Overview

Governor Cuomo outlined guidelines that will help regions create individual plans based on facts and data to reopen New York.

Map of the 10 regions of the state and a list of counties within each region.

The state will monitor core factors to determine if a region can reopen.

The loosening of restrictions in New York will be considered on a regional basis, based on the following criteria. These criteria are designed to allow phased reopenings to begin in each region only if:

- The infection rate is sufficiently low;
- The health care system has the capacity to absorb a potential resurgence in new cases;
- Diagnostic testing capacity is sufficiently high to detect and isolate new cases; and
- Robust contact-tracing capacity is in place to help prevent the spread of the virus.

Regional Control Rooms

The regional control room will monitor regional metrics during the reopening process. These regional control rooms will monitor the hospitalization rate, death rate, number of new hospitalizations, hospital bed capacity, ICU bed capacity, testing and contact tracing within its region during reopening and alert the state if the region's metrics no longer meet the reopening guidelines and adjust the reopening plan for that region accordingly.

View a list of members of each regional control room.

Monitoring New Infections

The first key to reopening is continuing to control the rate of transmission of COVID-19, which limits infections and ensures that healthcare facilities are not overwhelmed.

Metric #1: Decline in Total Hospitalizations

The Centers for Disease Control and Prevention (CDC) recommends that reopening be dependent on a downward trajectory of hospitalizations and infections over a 14-day period. Before a phased re-opening begins, a region must experience a sustained decline in total net hospitalizations – the total number of people in the hospital each day, calculated on a three-day rolling average – over the course of a 14-day period. Alternatively, regions that have seen few COVID cases overall will satisfy this metric if the daily net increase in total hospitalizations (measured on a three-day rolling average) has never exceeded 15.

Metric #2: Decline in Deaths

Before reopening, a region must experience a sustained decline in the three-day rolling average of daily hospital deaths over the course of a 14-day period. Alternatively, regions that have seen few COVID cases overall will satisfy this metric if the three-day rolling average of daily new hospital deaths has never exceeded 5.

Metric #3: New Hospitalizations

In addition to monitoring the decline in disease trajectory, it's important to monitor the absolute level of infection in each region. This is because it's possible for a region that has seen a high level of infections – for example, New York City – to see a sustained decline in hospitalizations and deaths over a 14-day period, while still having an underlying infection rate that is too high to allow for a safe phased re-opening.

A phased re-opening for each region will be conditioned on the occurrence of fewer than two new hospitalizations per 100,000 residents (measured on a three-day rolling average).

Health Care Capacity

This pandemic has made clear that having enough hospital capacity is critical. Upon the recommendations of public health experts, every region must have the healthcare capacity to handle a potential second surge in

cases – regions must have at least 30 percent of their total hospital and ICU beds available at all times.

Metric #4: Hospital Bed Capacity

In addition to ensuring that disease progression is contained, guidance from both the CDC and World Health Organization (WHO) require that regional health system capacity remain sufficient to absorb a potential resurgence of new cases. Phased re-openings will therefore be conditioned on the hospital bed capacity in each region. Regions must have at least 30 percent of their total hospital beds available before a phased re-open can begin.

Metric #5: ICU Bed Capacity

Nearly 30% of hospitalizations for COVID-19 ultimately require critical care. It is therefore critical that regional health care systems not only maintain sufficient bed capacity for a potential resurgence in cases, but also achieve sufficient capacity for ICU beds specifically. Accordingly, regions must have at least 30 percent of their ICU beds available before a phased re-opening can begin.

In addition, to ensure nurses and doctors have the personal protective equipment (PPE) they need, every hospital must also have at least 90 days of PPE stockpiled. The State is working with the hospitals, nursing homes, and other facilities to develop a timeline to build a robust stockpile. We can't afford to risk another scramble for PPE while medical personnel are left under-protected.

Diagnostic Testing and Contact Tracing Capacity

The key to controlling the virus is aggressive testing and tracing, so that hotspots can quickly and effectively be isolated.

New York has worked hard to scale up testing at rates higher than any state or country in the world. Hospitalization rates are important, but testing identifies the full rate of spread. Regions can watch that rate move, and adjust their reopening strategies as needed.

Widespread testing is also key to effective contact tracing. This allows health officials to identify asymptomatic carriers, who are spreading the virus undetected, and isolate them before they infect others.

Metric #6: Diagnostic Testing Capacity

Widespread diagnostic testing is a key lynchpin on which our ability to contain the spread of the virus depends. Testing is critical to identifying new infections, isolating them, and tracing their contacts. Phased re-openings will depend on the ability of each region to achieve 30 tests per 1,000 people per month, consistent with the recommendation of Dr. Deborah Birx of the White House Coronavirus Task Force. New York scaled up testing at rates higher than any state or country in the world. The State is committed to continuing to rapidly expand our capacity statewide to help all regions meet this threshold.

Metric #7: Contact Tracing Capacity

The CDC and WHO also recommend that robust contact tracing programs be in place before local governments consider easing restrictions. Contact tracing helps prevent the spread of COVID-19 by rapidly interviewing positive patients; identifying their close contacts; interviewing and alerting those contacts to the risk of infection; and instructing those contacts to quarantine or isolate for 14 days, to be sure they don't spread COVID-19 to others. The New York State Department of Health (DOH) has partnered with former New York City Mayor Michael Bloomberg, the Johns Hopkins University School of Public Health, and Vital Strategies to recruit and train an army of contact tracers to meet the needs of each region statewide, including from State, City and County Health Departments. In collaboration with these partners, DOH has established region-specific thresholds for the number of contact tracers required, based on the characteristics within each region.

Contact tracing helps prevent the spread of COVID-19 through four key steps:

- First, labs report positive cases of COVID-19 to contact tracers on a daily basis via a state reporting system.
- Contact tracers then interview positive patients to identify people they may have been in contact with over the past 14 days. Based on the results of the interview, tracers will advise the positive individual to get tested, and either isolate or quarantine themselves for the following 14 days to prevent further spread of the virus.
- The contact tracer then notifies and interviews each contact of the original positive individual to alert them to their risk of infection, and instructs those contacts to quarantine or isolate for 14 days to prevent further spread.

- Finally, the contact tracer monitors those contacts by text throughout the duration of their quarantine or isolation to see if the contacts are showing any symptoms.

  Members of the tracing team will also work with any individual being traced who needs social services assistance, such as housing, food, or medicine, while they are quarantined or isolated.

Ongoing Monitoring

Once a phased reopening begins, it is essential that the rate of transmission be carefully monitored and remain under control. Each region must appoint an oversight institution as its "control room" to monitor the regional infection rate during the phased reopening. This team of local elected officials, as well as hospital and state representatives, will monitor the above metrics and other key indicators, and can slow or shut off reopening if indicators are problematic. This team will also monitor business' compliance with reopening guidelines and ensure that local officials are enforcing these rules when necessary.

Phased Reopening of Business

Each region will reopen businesses in phases, with at least two weeks in between each phase. This allows state and local leaders to monitor the effects of the reopening and ensure hospitalization and infection rates are not increasing before moving to the next phase and permitting more economic activity.

The phase-in plan prioritizes businesses considered to have a greater economic impact and inherently low risks of infection for the workers and customers, followed by other businesses considered to have less economic impact, and those that present a higher risk of infection spread.

Additionally, when phasing-in reopenings, regions must not open attractions or businesses that would draw a large number of visitors from outside the local area.

Read about the four phases and see if your business is eligible to resume operations.

NY Forward Book

A guide to reopening New York and building back better.