



A NEW DIAL FOR

Protect Our Neighbors,
Safer at Home,
and Stay at Home

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During this pandemic, the State is working to make life as sustainable as possible, while ensuring we do not surpass our public health and health care capacities. Carefully maintaining the effective reproductive or R number at or below 1 helps prevent the exponential spread of the COVID-19 virus. Different levels of "openness" that are standardized at the county level will help maintain this delicate balance. This new framework recognizes unique local circumstances and uses an intuitive dial to visualize a community's success in containing the spread of COVID-19. By increasing simplicity and predictability, we can give local communities another tool to make life amidst the pandemic more sustainable until we have a major breakthrough in testing, treatments, or a vaccine. This dial goes into effect Tuesday, September 15.

THIS DIAL HAS FIVE LEVELS:

- **Protect Our Neighbors**
- **Safer at Home 1- Cautious**
- **Safer at Home 2- Concern**
- **Safer at Home 3- High Risk**
- **Stay at Home**



We heard from stakeholders that the colors should match Colorado's iconic fire-risk warning system. So, we switched to make the green for Protect Our Neighbors, and the blue for Safer at Home Level 1. We also flipped it to match the orientation as the fire warning system, with the left side for the least risk, and the right for the most risk.



The goal of each level is to strike that important balance between enabling economic and social activity while ensuring that our testing, contact tracing, and health care systems are able to contain the virus. Each level is defined by objective scientific metrics and has associated capacity limitations. A community will move between levels based on the metrics and based on local and state consultation to ensure unique local factors are appropriately considered. This tool will add simplicity and predictability to how we open -- or close -- based on virus transmission levels. This tool can be used by communities to implement locally-driven strategies to achieve the desired level.

WHAT DO THESE LEVELS MEAN?

Each county is at one of five levels. Each level has associated capacity restrictions.

At one end of the spectrum is Protect Our Neighbors, the level where once certified a county is able to exercise local control over reopening, so long as they initially stay under 50% capacity or 500 people, whichever is fewer. Over time, if a county consistently maintains compliance with the required metrics, they can increase that capacity threshold by 5% a month. So, a county with a low, stable, and contained virus transmission is able to take one step at a time back to restored capacity. The new dial does not change the original certification process for Protect Our Neighbors (learn more about that process [here](#)). At the other end of the spectrum is Stay at Home, where all but essential businesses close.

In between Protect Our Neighbors and Stay at Home is the Safer at Home level we are all familiar with, as defined by the public health order. CDPHE will revise the public health order to include this new dial, which creates three levels within Safer at Home. Safer at Home Level 2 (Concern/Yellow) is the baseline, meaning it encompasses the Safer at Home capacities we've been following for the past several months. There is a less restrictive level -- Safer at Home Level 1 (Cautious/Blue) for counties that have low virus transmission, but have not yet achieved Protect Our Neighbors. There is a more restrictive level -- Safer at Home Level 3 (High Risk/Orange), for counties that are seeing increases in the metrics and need to take action, but may not need to go into Stay at Home yet. In this way, we've moved away from reopening as a lightswitch (open or closed), and added more steps to make it a dial, where communities can gradually reopen or become more restrictive based on what is happening with the virus locally.

WHAT METRICS DEFINE THESE LEVELS?

There is no one metric that tells the full story, but together, three key metrics can help us understand the fuller picture. These metrics are:


1. **New cases** -- a measure of how much the virus is circulating in a community
2. **Percent positivity of COVID tests** -- a measure of how widespread infection is and whether there is sufficient testing occurring.
3. **Impact on hospitalizations** -- a measure of the impact on hospitals and how many cases are severe, by looking at the number of new hospital admissions and whether hospitalizations are increasing, stable, or declining.



In our draft, we proposed six metrics. We revised this down to three in response to stakeholder feedback that the metrics must be simple and objective. Additional metrics, such as the other three we proposed -- the direction of the epidemiological trend, anticipated future risk factors, and progress towards achieving Protect Our Neighbors all are important but are best interpreted while considering local context. So, they may -- and should -- be discussed during consultations between state and local officials but are not part of measuring the Safer at Home phase.



HERE ARE THE METRICS FOR EACH LEVEL:

	PROTECT OUR NEIGHBORS: CAREFUL	SAFER AT HOME			STAY AT HOME: SEVERE
		SAFER LEVEL 1: CAUTIOUS	SAFER LEVEL 2: CONCERN	SAFER LEVEL 3: HIGH RISK	
NEW CASES <i>(excluding outbreak-associated cases in residential facilities)</i>	Must achieve all 8 Protect Our Neighbors metrics and complete the certification process	0-75 / 100,000 2-week incidence	> 75-175 / 100,000 2-week incidence	> 175-350 / 100,000 2-week incidence	> 350 / 100,000 2-week incidence
PERCENT POSITIVITY		No greater than 5%	No greater than 10%	No greater than 15%	No limit
STABLE OR DECLINING HOSPITALIZATIONS?		Increasing, stable, or declining?	Increasing, stable, or declining?	Increasing, stable, or declining?	Increasing, stable, or declining?

New cases are defined by the rolling 2-week cumulative incidence. This means that every day, we observe new cases that have been reported in the previous two weeks. Looking at the number of new cases reported over this period of time helps balance between days where there are very high or very low numbers of new cases. We track 2-week cumulative incidence to understand what the current burden of disease is in a community and what the associated risk of exposure to disease may be to residents and visitors to that community. The current incidence is linked to the risk of outbreaks in businesses, schools, nursing homes, and other locations as well as the immediate need for public health and healthcare services, including hospital admissions. Incidence data also helps us understand what longer lasting health impacts communities and individuals may need to prepare for. These include some long-term consequences COVID-19 that we are just learning about, such as ongoing issues with heart and lung function, cognitive impairments, or the rare but severe multisystem inflammatory syndrome in children (MIS-C).

The two-week incidence levels in this dial are significantly more generous than the original levels when variances first were established. For example, to fall into the highest variance level under the original framework, a county would have to have a 2-week incidence below 25/100,000. In this framework, to fall into that same level, a county has to have a 2-week incidence below 75/100,000. The threshold was tripled



We heard many stakeholders ask if transmission alone can determine the level of risk in a community. No -- alone it cannot, but it is an important piece of the puzzle.

It is true that the clinical management of COVID-19 has improved significantly over the past few months. As a result, we significantly loosened this criteria. In the previous framework, you could only qualify for this level of capacity if the incidence was under 25/100,000. In our new framework, this is increased to 75/100,000. It is still important that we closely monitor and coordinate mitigation activities based on incidence. While the most severe cases often need hospitalization, we are still learning about the long term effects on many who have a difficult course of illness but never need hospitalization. Even if we are able to better



in this framework compared to our previous one as a result of recent improvements in testing, tracing, and treatment.

Percent positivity is defined as the percent of tests that come back positive out of the total number of tests performed. This is measured over a 14 day rolling average so that one day of low or high testing won't result in an inaccurate picture of the percent positivity. The global standard is that if the percent positivity is below 5%, then the community is testing enough people to adequately capture the level of virus transmission. If percent positivity is higher than 5%, then it's likely that many cases are being missed because there is not enough testing. This standard was established before widespread testing became available for communities primarily testing those who are symptomatic or exposed to a known case. It's recommended that communities doing widespread surveillance testing seek an even lower percent positivity.

Stable or declining hospitalization trend is a way to assess the trajectory of severe disease as a result of COVID-19. Every day we look at the new hospital admissions trend for the previous two weeks. Our goal is for new COVID-19 hospital admissions to be stable or decreasing for at least eight of the last 14 days in large counties (more than 30,000 residents). For smaller counties (30,000 or fewer residents), our goal is to have no more than two new hospital admissions per day in any of the last 14 days. Hospitalized patients are assigned to a county based on where they live.

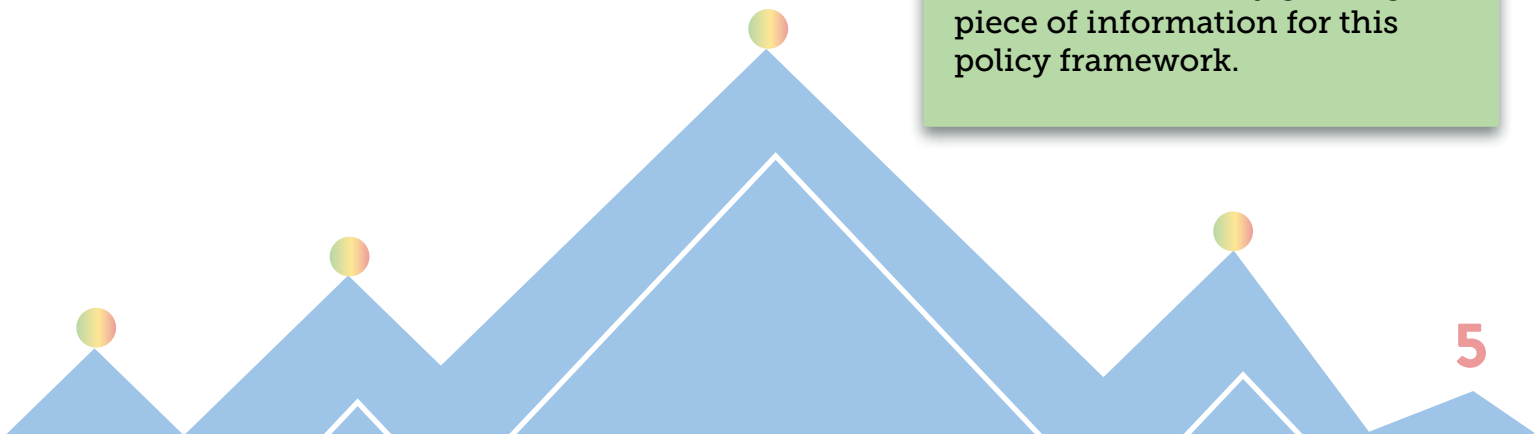
protect those most at risk, like older adults with underlying conditions, it is still important to minimize the number of people who catch COVID.




Measures of incidence per 100,000 can have more variability for counties with lower case counts or populations. The larger two week incidence levels in this framework ensure that small changes in the number of newly reported cases don't result in frequent changes the corresponding level.



Many stakeholders questioned whether hospitalizations were still proportional to the overall number of people with COVID-19. As the case incidence in a community rises, new hospitalizations rise at a similar rate, depending on the age and overall health status of the cases that are occurring. Tracking hospital admissions allows us to track the rate of severe disease. Notably, the collaborative model with the Colorado School of Public Health uses hospitalization data, not incidence data, to develop their estimates of social distancing levels which is a key guiding piece of information for this policy framework.



WHAT ARE THE CAPACITY RESTRICTIONS AT EACH LEVEL?

	PROTECT OUR NEIGHBORS: CAREFUL	SAFER AT HOME			STAY AT HOME: SEVERE
		SAFER LEVEL 1: CAUTIOUS	SAFER LEVEL 2: CONCERN	SAFER LEVEL 3: HIGH RISK	
VARIANCES	Eligible for both <u>outdoor and indoor</u> site-specific variances if approved by LPHA	Eligible for both <u>outdoor and indoor</u> site-specific variances if approved by LPHA	Eligible for <u>outdoor</u> site-specific variances if approved by LPHA	Not eligible	Not eligible
PERSONAL GATHERING SIZE	Per local guidance	25 people	10 people	10 people	None
P-12 SCHOOLS	In-person suggested	In-person suggested or hybrid, remote as appropriate	In-person, hybrid, or remote as appropriate	Remote or hybrid suggested, limited in-person as appropriate	Remote suggested, very limited in-person when necessary
HIGHER EDUCATION	In-person suggested	In-person suggested or hybrid, remote as appropriate	In-person, hybrid, or remote as appropriate and other strategies to increase social distancing	Remote or hybrid suggested, limited in-person as appropriate and other major strategies to increase social distancing	Remote and significant social distancing strategies
PLACES OF WORSHIP AND LIFE RITES	50%* capacity or 500 people 6ft between parties outdoors, per local zoning	50% capacity or 175 indoors 6ft between parties outdoors, per local zoning	50% capacity or 50 people (or up to 100 with calculator) 6ft between parties outdoors, per local zoning	25% capacity or 50 people 6ft between parties outdoors, per local zoning	Remote or virtual service
RESTAURANTS	50%* capacity or 500 people 6ft between parties outdoors, per local zoning	50% capacity or 175 indoors 6ft between parties outdoors, per local zoning	50% capacity or 50 people (or up to 100 with calculator) 6ft between parties outdoors, per local zoning	25% capacity or 50 people 6ft between parties outdoors, per local zoning	Take out or delivery only
NON-CRITICAL MANUFACTURING	50%* capacity or 500 people	50% capacity or 175 people	50% capacity or 50 people (or up to 100 with calculator)	25% capacity or 50 people	Closed
OFFICES	50%* capacity	50% capacity	50% capacity	25% capacity	Closed
BARS	50%* capacity or 500 people	Closed	Closed	Closed	Closed
GYMS/FITNESS	50%* capacity or 500 people	25% capacity or 75 people	25% capacity or 50 people	Virtual, or outdoors in groups less than 10	Virtual, or outdoors in groups less than 10
GROUP SPORTS AND CAMPS	50%* capacity or 500 people	50 person cap per activity	25 person cap per activity	Virtual, or outdoors in groups less than 10	Virtual, or outdoors in groups less than 10
RETAIL	50%* capacity	50% capacity	50% capacity	25% capacity	Curbside pick up and online only
PERSONAL SERVICES	50%* capacity or 500 people	50% capacity or 50 people	50% capacity or 50 people	25% capacity or 25 people	Closed
LIMITED HEALTH CARE SETTINGS	50%* capacity or 500 people	50% capacity or 50 people	50% capacity or 50 people	25% capacity or 25 people	Closed
INDOOR EVENTS	50%* capacity or 500 people	50%, 175 person cap	50%, 100 person cap (with calculator)	50%, 25 person cap (with calculator)	Closed
OUTDOOR EVENTS	50%* capacity or 500 people	50%, 250 person cap	50%, 175 person cap (with calculator)	50%, 75 person cap (with calculator)	Closed
OUTDOOR GUIDED SERVICES	50%* capacity or 500 people	50% capacity or 25 people	50% capacity or 10 people	25% capacity or 10 people	Closed

**Counties that enter Protect Our Neighbors are eligible to increase the percentage caps by 5% every month they continually sustain those metrics.

DO YOU HAVE TO FOLLOW THE CDPHE GUIDELINES FOR EACH SECTOR AT THE DIFFERENT LEVELS?

Yes, you still must follow all of the same protocols at every level -- including Protect Our Neighbors. The only things that change across levels are the capacity limits.

WHAT LEVEL WILL MY COMMUNITY BE AT WHEN THE DIAL TAKES EFFECT ON SEPTEMBER 15?

On Tuesday, September 15, every community starts at the status quo level based on any variances granted for that community. Counties will not experience a change in capacities -- in any direction -- on Tuesday. It's a move "sideways" to a new framework. All variance allowances remain intact when the dial launches -- either because the variance allowances are still possible by default under the new dial, or because variance allowances that did not fit into the dial are still recognized. This way, we transition to the new framework without any changes, and future changes occur according to the dial.

Starting September 15, counties may transition to a more or less restrictive level according to the process described in the following section of this document titled, "How do you move between levels?". According to the process, the earliest a county could move to a different level would be September 29.

Once the dial is implemented, community members can navigate to [this](#) CDPHE interactive dashboard to view their community's current level.

By default, communities will be measured by counties. Similar to the Protect Our Neighbors certification process, if multiple counties would like to form a region, they may do so. But, the whole region must move between levels together.

HOW DO YOU MOVE BETWEEN LEVELS?

The numerical metrics initiate the process of moving between levels. But, because metrics alone do not tell the whole story, state and local governments are then able to factor in local circumstances before changes are made.

In order to move to a less restrictive level (e.g., Level 2 to Level 1), you need to meet and sustain **all three metrics**: new cases, percent positivity, and stable or declining hospitalizations for a **two-week rolling period**.

For example, if a county in Level 2 (Concern/Yellow) met all 3 metrics for Level 1 (Cautious/Blue) starting on September 1, it must continue to meet all 3 metrics until September 14. If the county remains in compliance with all metrics for the two week period, the county may opt to transition to Level 1. If eligible, the local government makes the decision to move to a less restrictive level. While a county may be eligible,



Stakeholders expressed concern about "bouncing" between levels. Using a two week period to initiate the process of moving between levels will provide more stability in how we observe and consider metric levels within each county. In particular, we listened to concerns voiced by those in lower-population counties, whose overall epi trend may be skewed by even a small number of cases. By giving communities two weeks to change their trend, it will ensure that local control measures have enough time to work before further engagement with the state is needed.

it still must affirmatively tell the State that it would like to move to the less restrictive level. The local public health agency (LPHA) can submit a letter to the CDPHE co-signed by the required stakeholders, or a series of letters from the required stakeholders including:

- the local public health agency,
- all hospitals within the county or region (unless no hospitals are located in the county)
- Hospitals must verify that they have the capacity to serve all people needing their care.
- a majority of county commissioners (or other county-level governing body), and
- If a sovereign nation is present in the county, support from the sovereign nation for the variance request.

Letters should be submitted through this [form](#).

The process of moving to a more restrictive level in the Safer at Home level begins with a consultation with CDPHE if a county is out of compliance with any of the three metrics for a **two-week period**. This two-week period is a grace period. If compliance is restored in that timeframe, no further action is needed. If compliance is not restored, then a consultation between the county and the state must take place to determine next steps. At this consultation, detailed metrics including these three, but also many others like the epidemiological trends, impacted populations, and local factors will be discussed and considered in partnership between state and local officials.

For example, if a county has a significant increase in cases and passes beyond the threshold for the 2-week incidence on September 15, and the number is back below the threshold by September 29, then no further action is needed. If instead, at the end of the two week period, compliance is not restored, then key local leaders will meet with CDPHE to discuss their own data, sources of transmission, and local mitigation efforts.

This consultation is critical because it ensures that local factors are taken into consideration. For example, if cases are clustered at a university, or in a part of the county that is geographically distinct, then targeted actions may be more appropriate than county-wide actions. Unique circumstances may influence unique actions, and so the consultation process ensures that a robust discussion happens before actions are taken.

At the end of the consultation, CDPHE will assess whether local trends are improving, the risk to the community, and the strength of local mitigation efforts. After considering all of these factors, CDPHE will either:

1. Provide an extension for another 2-week period to remain in the same dial level while continuing existing local mitigation strategies,
2. Provide an extension, on the condition that additional, specifically defined local mitigation strategies are put in place, or
3. Require the county to transition to a more restrictive level.

In other words, if local mitigation efforts are successful, then a county may get significantly more time to realize the benefits of their actions before needing to move to a more restrictive level. The state will make it a priority to support local mitigation efforts, so that state restrictions are a last resort. But, if state restrictions are placed, it will only be after a robust process that is initiated by metrics, accounts for local circumstances, and fosters partnership between the State and local leadership.

WHAT HAPPENS TO VARIANCES?

This process replaces the variance process for most variances. The highest variance a county can get under the original variance process includes a 175 person cap for indoor events and 250 person cap for outdoor events. These are the same capacities permitted in Level 1 (Cautious/Blue) of the dial. It is easier to meet the metric thresholds to qualify for Level 1 than the thresholds set in the original variance process. Further, the permitted capacities in Level 1 of the dial can be achieved without having to use the spacing calculator.

While general variances for sectors like restaurants or gyms are replaced by the dial framework, CDPHE will still consider applications for site-specific variances for unique facilities, like zoos, theaters, or other extra large venues or events. Variance requests must conform to CDPHE requirements, and be submitted by the LPHA. You can find the requirements [here](#).

ARE THE CAPACITY RESTRICTIONS WITHIN THE LEVELS REQUIRED?

Yes. Once a county transitions to a new level, then the associated capacity levels are the highest limits a county can employ. A local government may choose to be more restrictive than the level. In other words, the capacity limits are a "ceiling."

ARE THE P-12 SCHOOL LEVELS REQUIRED?

These are high-level recommendations. At this stage in the pandemic, whether a school is able to support in-person instruction is a local decision that may depend on many more factors other than the level of virus in a community, such as staffing, facility, or student needs. School districts and schools should be working with their local public health agencies to make reopening decisions. While this dial can be a guide at a high level, we applaud local public health and education partnerships that are developing and utilizing local indicators to guide decision making at a more granular level based on local circumstances.

DOES THIS CHANGE ANYTHING ABOUT QUALIFYING FOR PROTECT OUR NEIGHBORS?

No, counties and regions must follow the same certification process to enter Protect Our Neighbors (PON). Click [here](#) to learn more about the PON level, [here](#) to view the PON certification guide, and [here](#) to view the PON certification form.

CAN WE DO CONTAINMENT IF THERE IS A SIGNIFICANT DELAY IN TEST RESULT TURNAROUND TIME?

Contact tracing and containment is reliant on timely test results for symptomatic or exposed individuals. The state will work to maximize speed of turn around time at the State Lab, and work in partnership with counties to facilitate testing contracts or partnerships based on local circumstances. If the turn around time of tests becomes so delayed as to impair the ability to do containment, then all movement to less restrictive levels may be paused until more rapid turnaround time is resorted.

