COVID-19 Micro-Cluster Plan Continuation of Operations for the Sayville Library

I. Statement of Plan

A. <u>Purpose</u>

In an effort to identify small geographic areas where the spread of the Novel Coronavirus (COVID-19) has reached levels requiring additional State action, the State of New York (NYS) has put in place a *Micro-Cluster Strategy*. This *Strategy* contains five key processes: Monitor Data; Identify Area of Concern & Create Specific Geographic Focus Areas; Implement Cluster Zone Focus Area to Control the Virus; Review Data; and Adjust Restrictions.

Further, NYS has developed a *Micro-Cluster Approach*, whereby cluster identification is more targeted and identifies data in a small geographic area where COVID-19 spread has reached levels requiring additional State action. The *Approach* is based on a variety of factors including: Testing, Hospitalizations, Geographic Considerations, and Other Epidemiological Factors as defined by the NYS Department of Health.

Communities and areas experiencing a concerning increase in COVID-19 spread may be designated as a *Micro-Cluster Focus Zone*: Red Zone, Orange Zone, or Yellow Zone.

Information regarding the *Strategy* is attached as **Appendix A**.

The Sayville Library recognizes its responsibility to have a **COVID-19 Micro-Cluster Plan** to address Library operations in the event our community is designated as a *Micro-Cluster Focus Zone*.

B. Sayville Library Plan

If the Sayville Library falls within a *Micro-Cluster Focus Zone*, the Library will respond accordingly. For the purposes of implementing this PLAN, Sayville Library shall be identified as a *Business* under the *Micro-Cluster Type of Activity* (see Appendix A - Section 3 *Implement Cluster Zone Focus Area*).

The Sayville Library's COVID-19 REOPENING SAFETY PLAN shall continue to be enforced under all *Micro-Cluster Focus Zone* levels.

The Sayville Library will cooperate with New York State, Suffolk County and local government officials.

The Sayville Library shall implement the following:



YELLOW ZONE	ORANGE ZONE	RED ZONE
The Library continues day-to-day operations	The Library Building is CLOSED	The Library Building is CLOSED
 Hours of operation may be modified as deemed necessary Curbside & material locker pick-up services continues Book Drops remain open Returned items are quarantined for 7 days; fines are suspended Public computers available with restrictions in place Online Services continue including: Virtual programming Downloadable eBooks & eAudiobooks Downloadable magazines, movies & music Online learning (online tutors, courses, workshops, etc.) Chat with a Librarian No in-person meetings or programs No tutoring allowed; limited seating Signage is placed on doors Library website and social media accounts are modified to reflect change Deliveries allowed unless otherwise determined by Library Administration 	 Staff may report to the Library or be assigned to work remotely Curbside & material locker pick-up services continues Book Drops remain open Returned items are quarantined for 7 days; fines are suspended Online Services continue including: Virtual programming Downloadable eBooks & eAudiobooks Downloadable magazines, movies & music Online learning (online tutors, courses, workshops, etc.) Chat with a Librarian No public allowed in the building Signage is placed on doors Library website and social media accounts are modified to reflect change Deliveries allowed unless otherwise determined by Library Administration 	 No staff in building; key staff are assigned to work remotely Curbside & material locker pick-up services suspended Material "holds" are redirected Due dates for materials checked out are extended; fines are suspended Book Drops are closed No in-person meetings or programs Online Services continue including: Virtual programming Downloadable eBooks & eAudiobooks Downloadable magazines, movies & music Online learning (online tutors, courses, workshops, etc.) Chat with a Librarian Custodial staff report to the Library only to conduct essential cleaning and maintenance Signage is placed on doors Library website and social media accounts are modified to reflect change Deliveries suspended unless otherwise determined by Library Administration

New York "Micro-Cluster" Strategy

October 21, 2020

Executive Summary

Since the onset of the COVID crisis, New York State has relied on data and metrics, science, and public health expertise to make all decisions regarding economic closings and openings, and other measures warranted to protect the public from COVID.

With a low baseline rate of COVID in the general population, New York has the opportunity to identify and limit spread from COVID "micro-clusters," defined as outbreaks of new cases within a limited and definable geographic area. With the fall and winter approaching, New York is implementing a new strategy of aggressively responding to micro-clusters in order to limit COVID spread in a defined geographic area and by doing so prevent broader viral transmission that would result in widespread economic shutdowns.

New York's "Micro-Cluster" strategy contains five key processes:

- 1. **Monitor Data:** Using the dozens of daily data inputs, including from tests, hospital admissions, transmission rate data, to closely monitor COVID impact, trends, and detect spread levels across New York State
- 2. **Identify Area of Concern & Create Specific Geographic Focus Area:** Using data monitoring to identify areas such as ZIPs, townships, census tracts, etc. that are experiencing a concerning increase in COVID spread, and then using epidemiological data to form a defined and specific geographic area that transcends traditional boundaries such as ZIPs, town lines, county borders, to create a specific zone for particular focus on reducing viral transmission
- 3. **Implement Cluster Zone Focus Area to Control the Virus:** Once geographic area has been formed, including buffer areas where necessary, implement appropriate restrictions relative to viral transmission, including pausing of non-essential economic activities, transition to remote education, limiting mass gatherings and attendance at houses of worship. In addition, increase community testing access and improve compliance enforcement mechanisms.
- 4. **Review Data:** Closely monitor data within focus area to track whether restrictions are reducing viral spread, and monitor data in neighboring buffer zones to ensure COVID is not spreading beyond cluster zone focus area.
- 5. **Adjust Restrictions:** Once data demonstrates COVID spread has decreased to a manageable level, ease restrictions, or if spread continues, tighten as needed

New York Micro-Cluster Approach

In May 2020, New York State introduced a metrics-based system to decide when a region should begin reopening and then when to advance to next phase of economic activity. When New York's reopening began on May 15, 2020, the state required each of the ten regions to meet specific benchmarks including demonstrated hospital capacity, declining daily deaths, testing capacity, and contact tracing abilities. Then, between each Phase of the reopening, a team of global public health experts reviewed fourteen days worth of data – testing positivity rates, new tests per capita, new daily hospital admissions, rate of transmission estimates – to assess whether viral transmission was low enough to support moving to a new phase of increased economic activity.

New York's micro-cluster strategy approach will similarly be based on science and metrics, but is different in several ways from the state's original reopening strategy:

- **First, cluster identification is more targeted:** Instead of analyzing data by region, county, or even just ZIP, the micro-cluster strategy will use granular data to pinpoint the epicenters of viral outbreaks in neighborhoods and smaller areas.
- Second, containment efforts are more calibrated and focused: Instead of across the-board shutdowns of schools, non-essential businesses, and social gatherings, containment efforts (and subsequent reopening efforts) will be calibrated and focused, including to actions that may be shown by contact tracing data as driving viral spread, or in situations where community spread is present, limiting activities and entities most likely to contribute to further spread.

1. Data Monitored as Part of NY's Micro-Cluster Approach

The metrics to identify a small geographic area where COVID spread has reached levels requiring additional state action cannot be based on a single data point, and will, similar to those used during New York's phased economic reopening, will be a combination of a numerical data figures and epidemiological judgment informed by four key factors: testing, hospitalizations, additional data driven factors informed by geography and population density, and epidemiology of the outbreak. These are outlined below:

Testing

- Positivity Rate: The rate of tests coming back positive, reflected in the daily positivity rate, is a useful measure to gauge if enough tests are being performed to identify infected individuals and contain the disease. It also sheds light on how COVID-19 is spreading in a given geographic region. However, positivity rates must be understood in context, and do not necessarily allow one geographic area to be compared to another geographic area based solely on this metric. For example, the positivity rates can change drastically in areas where targeted testing is occurring, resulting in one population being continually or repeatedly (i.e. pooled testing on college campuses). High positivity rates, when balanced for population and new cases per capita, can also demonstrate low testing volumes rather and be indicative of COVID spread. New York State currently tests approximately 0.6% of the population daily.
- <u>Positive cases per capita:</u> The number of positive cases proportionate to the population of a geographic areas is a helpful metric to balance the varying sizes of counties, ZIP codes, census tracts, and other areas being tracked for testing results. However, as testing capacity continues to

increase, it is expected that more positive cases will be found on a per capita basis – even as positivity rates may decrease – and therefore it is important that this metric is understood in context with total tests being performed. In addition, targeted testing in congregate facilities – particularly those with outbreak situations in rural communities – can lead to temporarily large spikes in positive cases per capita that may not be indicative of broad COVID spread within the wider community.

Hospitalizations

While most increases in COVID hospitalizations occur following upticks in new positive cases / positivity, hospitalization data can help reveal areas where there may be outbreak situations that COVID testing data did not fully reveal severity thereof. New York State tracks hospital admissions primarily two ways:

- <u>Daily Admissions (Demographic Survey):</u> New York State tracks and reports the number of new daily admissions of people who enter the hospital and are COVID positive. The state tracks the residency of the patient to understand what neighborhoods or areas are contributing to new COVID hospital admissions. Daily hospital admissions data is a helpful metric but is also a lagging indicator of COVID spread that may only show increase weeks after an outbreak situation.
- <u>Total Admissions</u>: New York State tracks and reports daily the total number of COVID positive individuals in the state's hospital system, and which county and region these individuals are in the hospital. This metric is helpful to understanding a community's hospital capacity.

Geographic Considerations

• New York is a diverse state consisting of densely populated urban areas, moderately populated suburban counties, small to mid-size cities and townships, and sparsely populated rural areas. Every metric and data point must take into close consideration not only the size – including population and population density – of the geographic area, but also how the area's location may influence the risk of future viral spread.

Other Epidemiological Factors

- Age & other demographic information of individuals testing positive: NYS DOH and LHDs closely track the age and other demographic information of individuals who test positive and conduct analyses over time to identify trends and better understand test results. If a recent increase in COVID cases can be explained in large part by a larger than normal number of test results from a certain age bracket or demographic group, this factor may warrant an epidemiological judgment that an outbreak may be driven by a certain age group or demographic population that requires a specialized approach.
- Contact Tracing: NYS DOH and LHDs conduct contract tracing to determine origin of new cases. If a series of new cases can be traced back to a singular event, gathering, workplace, or other unique cluster scenario, this factor may warrant an epidemiological judgment that actions should be taken specific to these situations rather than a geographic area at large.

• Congregate Facility: An outbreak at a congregate facility, such as a nursing home, college dormitory, or corrections facility, can sometimes explain an uptick in cases and hospitalizations in a defined geographic area. This factor may warrant an epidemiological judgment that caveats the increase in cases and hospital admissions for this geographic area.

2. Identify Area of Concern & Define Calibrated Geographic Boundaries of Micro-Clusters Zones

Daily data monitoring enables the State to identify areas that are experiencing a concerning increase in COVID spread. Based on the above listed factors and consideration of epidemiological factors, ZIP codes and other geopolitical or other common geographic subdivisions such as county, census tracts, or contiguous neighborhoods will be identified where clusters may be occurring. Geocoded case location data will be used to examine the location of cases within the flagged zip code and within surrounding zip codes/geographic areas to determine concentration of cases.

The defined area may be designated as requiring to be placed into a focus zone: a Red Zone (with accompanying Orange and/or Yellow buffer zones) or an Orange Zone (with potential for accompanying yellow buffer zone) or solely a Yellow zone. In densely populated urban areas, two buffer zones – an Orange Buffer Zone and a Yellow Buffer Zone may be required.

- Red Zone Micro-Cluster: A "Red Zone" focus area is put in place to contain spread from a specific, defined geographic area.
- Orange Zone Warning/Buffer: An Orange Zone area either is put in place primarily in densely populated urban areas as a tight buffer zone around a Red Zone micro-cluster ("Orange Buffer Zone") area OR is implemented independently as a focus area based on the below metrics ("Orange Warning Zone"). The purpose of an Orange Buffer Zone is to 1) restrict activity to prevent further spread from Red Zone area; 2) provide a defined geographic area where metrics can be monitored daily to ensure COVID is not spreading beyond the Red Zone.
- Yellow Zone Precautionary/Buffer: A "Yellow Zone" area either is put in place as a broader buffer area to ensure COVID outbreak is not spreading into the broader community ("Yellow Buffer Zone") OR is implemented independently based on the below metrics ("Yellow Precautionary Zone"). The purpose of a Yellow Buffer Zone is to 1) restrict some activity to help prevent further spread from Red and/or Orange Warning Zone area; 2) provide a larger defined geographic area where metrics can be monitored daily to ensure COVID is not spreading beyond the Red Zone or Orange Warning Zone.

NYS DOH in coordination with local health authorities will use case incidence and mapping data to refine boundaries that balance epidemiological priorities with geographic realities (e.g. location of non-residential areas such as parks, housing and road locations so as not to create unnatural bisections of dwellings). Case incidence and mapping data will also be used to refine and establish boundaries for the Orange and/or Yellow "buffer zones" around the designated cluster zone to ensure spread from the high priority zone does not broaden into the wider community.

<u>Micro-Clusters – Metrics to Enter Red "Micro-Cluster" Zone, Orange Warning Zone, Yellow Precautionary Zone</u>

Geographic Area	TARGET METRIC FOR ENTERING YELLOW PRECAUTIONARY	TARGET METRIC FOR ENTERING ORANGE WARNING ZONE	TARGET METRIC FOR ENTERING RED ZONE	ADDITIONAL FACTORS FOR ENTERING THESE ZONES
	ZONE			
Tier 1	Geographic area has 7-day	Geographic area has 7-day	Geographic area has 7-day	AND
Geographic area (ZIP, census	rolling average positivity	rolling average positivity	rolling average positivity	
tract, etc.) is located within a	above 2.5% for 10 days	above 3% for 10 days	above 4% for 10 days	Geographic areas has
county of 900,000 or more				minimum of 5 new cases
people or located within city of	AND	AND	AND	per day on 7-day average
90,000 or more people.				for geographic areas (i.e.
	Geographic area has 10 or	Geographic area has 10 or	Geographic area has 10 or	ZIP code) with 10,000 or
	more new daily cases per	more new daily cases per	more new daily cases per	more residents, minimum
Included in Tier 1: New York	100,000 residents on 7-day	100,000 residents on 7-day	100,000 residents on 7-day	of 3 new cases on 7-day
City boroughs; Nassau,	average	average	average	average per day for areas
Suffolk, Westchester, Erie				with less than 10,000
counties; cities of Buffalo,				residents
Rochester, Syracuse, Albany,				AND
Yonkers	0 1: 1 7.1	0 1: 1 7.1	0 1: 1 7.1	AND
Tier 2	Geographic area has 7-day	Geographic area has 7-day	Geographic area has 7-day	The incurses in acciding
Geographic area (ZIP, census	rolling average positivity	rolling average positivity	rolling average positivity	The increase in positive
tract, etc.) is located within a	above 3% for 10 days	above 4% for 10 days	above 5% for 10 days	cases or positivity reflect
county of 150,000 or more	AND	AND	AND	community spread and
people (and jurisdiction is not	AND	AND	AND	cannot be mostly
included in Tier 1).	G	C12	C	explained by a cluster in
Counties included in Tier 2	Geographic area has 12 or	Geographic area has 12 or	Geographic area has 12 or	a single institution (e.g.
include:	more new daily cases per	more new daily cases per	more new daily cases per	nursing home, factory,
	100,000 residents on 7-day	100,000 residents on 7-day	100,000 residents on 7-day	college, etc.) or household transmission
Monroe Onondogo Orongo	average	average	average	Household transmission
Monroe; Onondaga; Orange; Rockland; Albany; Dutchess;				AND
				AND
Saratoga; Oneida; Niagara;				

Broome; Ulster; Rensselaer; and Schenectady counties Tier 3	Casaranhia araa haa 7 day	Cooperation area has 7 day	Casarahia aras has 7 day	The State Department of Health (DOH), in consultation with the local department of health, finds that based on the above listed metrics, and other epidemiological factors,
Geographic area (ZIP, census	Geographic area has 7-day rolling average positivity	Geographic area has 7-day rolling average positivity	Geographic area has 7-day rolling average positivity	such as an upward trend
tract, etc.) is located within a	above 3.5% for 10 days	above 4.5% for 10 days	above 5.5% for 10 days	in total and daily hospital
county of 50,000 or more	J	J		admissions from
people.	AND	<u>AND</u>	AND	residents of this
	C 1: 1 15	C 1: 1 15	C 1: 1 15	geographic area, that a zone designation is
Counties in Tier 3 include:	Geographic area has 15 or more new daily cases per	Geographic area has 15 or more new daily cases per	Geographic area has 15 or more new daily cases per	appropriate.
Chautauqua; Oswego;	100,000 residents on 7-day	100,000 residents on 7-day	100,000 residents on 7-day	
Jefferson; Ontario; St.	average	average	average	
Lawrence; Tompkins; Putnam;	-			
Steuben; Wayne; Chemung;				
Clinton; Cayuga; Cattaraugus;				
Sullivan; Madison; Warren; Livingston; Herkimer;				
Washington; Otsego;				
Columbia; Genesee; Fulton;				
Franklin counties				
Tier 4	Geographic area has 7-day	Geographic area has 7-day	Geographic area has 7-day	
	rolling average positivity	rolling average positivity	rolling average positivity	
Geographic area (ZIP, census tract, etc.) is located within a	above 4% for 10 days	above 5% for 10 days	above 6% for 10 days	
county of less than 50,000	AND	AND	AND	
people	<u>mu</u>	IIID	THU	
respec	Geographic area has 15 or	Geographic area has 15 or	Geographic area has 15 or	
Counties in in Tier 4 include:	more new daily cases per	more new daily cases per	more new daily cases per	
	100,000 residents on 7-day	100,000 residents on 7-day	100,000 residents on 7-day	
Montgomery; Tioga; Cortland;	average	average	average	
Chenango; Greene; Allegany;				

Delaware; Orleans; Wyoming;		
Essex; Seneca; Schoharie;		
Lewis; Yates; Schuyler;		
Hamilton counties		

Note: These metrics are designed based on current state and nationwide positivity and case prevalence data as of October 2020. They are subject to change based on viral prevalence and spread statewide and nationwide.

3. Implement Cluster Zone Focus Area:

Once the geographic focus area has been formed, including buffer areas where necessary, the state will implement appropriate restrictions - listed below relative to limit spread of the virus. In addition, all zone areas will be subject to:

- Increased community testing efforts
- Increased enforcement and compliance efforts
- Outreach from state officials to support local containment and educational efforts
- Increased contact tracing support
- Increased public education outreach where necessary

Type of Activity	RED	ORANGE (BUFFER & WARNING)	YELLOW (BUFFER & PRECAUTIONARY)
Worship	25% capacity 10 people maximum	33% capacity 25 people maximum	50% capacity
Mass Gathering	Prohibited	10 people maximum, indoor and outdoor	25 people maximum, indoors and outdoors
Businesses	Only essential businesses open	Closing high-risk non-essential business (gyms, personal care, etc.)	Open
Dining	Takeout/delivery only	Outdoor dining only, 4 person maximum per table	Indoor and outdoor dining, 4 person maximum per table
Schools	CLOSED Remote-only		Open Mandatory 20% weekly testing of students and teachers/staff for in-person settings.

4. Metrics to Reopen

After 14 days from being placed in a focus zone, the State DOH, in coordination with the local health department, and in consultation with global health experts, will determine whether data sufficiently demonstrate that the focus area (Red "Micro-Cluster" Zone, Orange Warning Zone, Yellow Precautionary Zone) has successfully reduced viral spread to a level able to be contained given testing, contact tracing and other health system metrics. Based on the below metrics and expert advisement, the State DOH will decide whether the Focus Zone will be extended, modified (redrawn geographic boundaries based on case prevalence and positivity data), or ended.

<u>NOTE</u>: Orange and Yellow Zones that are put in place solely as "buffer zones" to monitor case spread beyond a designated focus zone will be evaluated based on positivity data, cases per capita, and daily hospital admissions over the entire 14 day period to ensure there are no signs of broader spread from the focus area that prompted the zone creation. If after 14 days there has been no notable increase in positivity, new cases, or new hospital admissions from the buffer zone, the zone will - based on other epidemiological factors – become eligible to qualify for a new zone designation, or ending a zone designation, if appropriate.

Geographic Area	TARGET METRIC	TARGET METRIC	TARGET METRIC	ADDITIONAL FACTORS
	FOR ANY ZONE TO	TO LEAVE	TO LEAVE RED	FOR ALL ZONE
	LEAVE ANY ZONE	ORANGE	"MICRO-	DESIGNATION
	AREA	WARNING ZONE	CLUSTER" ZONE	DECISIONS
Tier 1	Geographic area	Geographic area	Geographic area	<u>OR</u>
Geographic area (ZIP, census	demonstrates decline in	demonstrates decline in	demonstrates decline in	
tract, etc.) is located within a	positivity (daily 7-day	positivity (daily 7-day	positivity (daily 7-day	The State Department of
county of 900,000 or more	rolling average) over	rolling average) over	rolling average) over	Health (DOH), in consultation
people or located within city of	10-day period AND	10-day period AND	10-day period AND	with the local department of
90,000 or more people.	has positivity below	has positivity below	has positivity below	health, may find that based on
	1.5% (7-day rolling	2% (7-day rolling	3% (7-day rolling	the above listed metrics,
	average) for at least 3	average) for at least 3	average) for at least 3	epidemiological considerations
Included in Tier 1: New York	consecutive days at	consecutive days at	consecutive days at end	and/or other relevant factors,
City boroughs; Nassau,	end of 10-day period.	end of 10-day period.	of 10-day period.	or other circumstances that a
Suffolk, Westchester, Erie				new zone designation is
counties; cities of Buffalo,				appropriate, or further data is
Rochester, Syracuse, Albany,				required before a new zone
Yonkers				designation can occur.
Tiers 2, 3, 4 Geographic Areas	Geographic area	Geographic area	Geographic area	Additional considerations
(Monroe; Onondaga; Orange;	demonstrates decline in	demonstrates decline in	demonstrates decline in	include:
Rockland; Albany; Dutchess;	positivity (daily 7-day	positivity (daily 7-day	positivity (daily 7-day	 Trends in the daily
Saratoga; Oneida; Niagara;	rolling average) over	rolling average) over	rolling average) over	hospital admissions
Broome; Ulster; Rensselaer;	10-day period AND	10-day period AND	10-day period AND	from the geographic
Schenectady; Chautauqua;	has positivity below	has positivity below	has positivity below	area

Oswego; Jefferson; Ontario;	2% (7-day rolling	3% (7-day rolling	4% (7-day rolling	A finding that new
St. Lawrence; Tompkins;	average) for at least 3	average) for at least 3	average) for at least 3	cases are tied to a
Putnam; Steuben; Wayne;	consecutive days at	consecutive days at	consecutive days at end	specific congregate
Chemung; Clinton; Cayuga;	end of 10-day period.	end of 10-day period.	of 10-day period.	facility, or defined
Cattaraugus; Sullivan;				cluster
Madison; Warren; Livingston;				 Increased compliance
Herkimer; Washington;				and enforcement
Otsego; Columbia; Genesee;				actions taken by local
Fulton; Franklin; Montgomery;				government
Tioga; Cortland; Chenango;				Community
Greene; Allegany; Delaware;				cooperation to reduce
Orleans; Wyoming; Essex;				viral spread
Seneca; Schoharie; Lewis;				r
Yates; Schuyler; Hamilton				
counties)				

Note: These metrics are designed based on current state and nationwide positivity and case prevalence data as of October 2020. They are subject to change based on viral prevalence and spread statewide and nationwide.