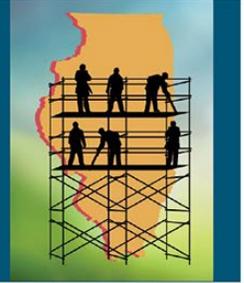




Illinois
State
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Restore Illinois: Criteria for Moving Between Phases



Last Updated July 16, 2020

Restore Illinois is the State of Illinois' five-phase plan to reopen the state. Each phase includes certain business, education, and recreation activities that would be allowed, and is based on regional health care availability in IDPH's 11 Emergency Medical Services Regions.

As of [July 15](#), each of the [11 regions](#) (see page 2) can move through each phase independently. The increased number of regions allows the State to make more granular and local assessments during this stage of its response to the virus, whereas the original plan included only four regions. Movement between each phase is dependent on meeting certain criteria. As new research becomes available and the potential for new treatments and vaccines is realized, the plan is likely to be updated.

The July 15 update to the plan also establishes a menu of mitigation options organized by risk level. In addition to the existing criteria for moving between phases established under the original plan, the following developments will also cause a region to become more restrictive:

Sustained increase (7 out of 10 days) in 7-day rolling average positivity rate

AND ONE OF THE FOLLOWING

Sustained 7-day increase in hospital admissions for COVID-19 like illness

Reduction in hospital capacity threatening surge capabilities (ICU capacity or medical/surgical beds under 20% available)

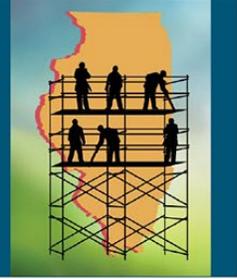
OR

Three consecutive days averaging greater than or equal to 8% positivity rate.

When a region meets the criteria for resurgence, the state has established a [tiered menu of mitigation options](#) (see page 3) that will be considered by state officials. If resurgence continues, further mitigation steps from higher tiers could be added.

For example, initial mitigation options for hospitals include reducing elective procedures, limiting visitation and implementing twice daily bed-reporting.

The original criteria for the five phases remain in effect, as follows.



Phase 1: Rapid Spread – Characterized by harsh mitigation measures, such as stay-at-home orders and social distancing.

Criteria for moving to Phase 2

- Slowing of new case growth
- Availability of surge capacity in adult medical and surgical beds, ICU beds, and ventilators
- Ability to perform 10,000 tests per day statewide
- Testing available in region for any symptomatic health care workers and first responders

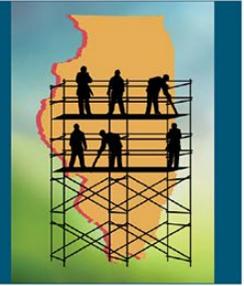
Phase 2: Flattening – The infection rate is stabilizing, and health care resource use is stabilizing.

Criteria for moving to Phase 3 (tracked from the time a region enters Phase 2)

- At or under a 20 percent positivity rate and increasing no more than 10 percentage points over a 14-day period, AND
- No overall increase (i.e. stability or decrease) in hospital admissions for COVID-19-like illness for 28 days, AND
- Available surge capacity of at least 14 percent of ICU beds, medical and surgical beds, and ventilators
- Testing available for all patients, health care workers, first responders, people with underlying conditions, and residents and staff in congregate living facilities
- Begin contact tracing and monitoring within 24 hours of diagnosis

Potential causes for moving back to Phase 1

- Sustained rise in positivity rate
- Sustained increase in hospital admissions for COVID-19 like illness
- Reduction in hospital capacity threatening surge capabilities
- Significant outbreak in the region that threatens the health of the region



Phase 3: Recovery – Infection rate is stable or declining, and health care resource use is stable or declining. Select industries can return to work, and retail stores can open with limited capacity.

Criteria for moving to Phase 4 (tracked from time a region enters Phase 3)

- At or under a 20 percent positivity rate and increasing no more than 10 percentage points over a 14-day period, AND
- No overall increase (i.e. stability or decrease) in hospital admissions for COVID-19-like illness for 28 days, AND
- Available surge capacity of at least 14 percent of ICU beds, medical and surgical beds, and ventilators
- Testing available in region regardless of symptoms or risk factors
- Begin contact tracing and monitoring within 24 hours of diagnosis for more than 90% of cases in region

Potential causes for moving back to Phase 2 are the same as above.

Phase 4: Revitalization – Continued decline in infection rate, and hospital capacity allows for readiness for a surge of new cases. Schools and restaurants can reopen with social distancing policies in place.

Criteria for moving to Phase 5

- Post-pandemic conditions, including a vaccine, effective and widely available treatment, or elimination of new cases over a sustained period of time

Potential causes for moving back to Phase 3 are the same as above.

Phase 5: Illinois Restored – Testing, tracing, treatment and/or vaccine availability is such that health care capacity is no longer a concern, or there are no new cases over a sustained period of time. Things return to normal, but with new health and hygiene practices permanently in place.