




**Department of
Homeless Services**

PROCEDURE NUMBER 16-003

Subject	Applicable To	Effective Date
Code Blue Procedure	All individuals living on the Streets, Outreach Providers, Adult Shelter and Drop-In systems, DHS Staff, Collaborating City Agencies, all DHS Family with Children Shelters and all Adult Family Shelters	November 4, 2015 (Replaces Code BLUE Procedure 15-001)

Administered By	Approved By
Divisions of Security and Emergency Operations, Adult Services and Family Services	 Gilbert Taylor, Commissioner

I. PURPOSE

The Department of Homeless Services (DHS) developed this Code Blue Procedure to provide instruction concerning (1) Outreach, Drop-in and Adult Shelter operations (2) the temporary suspension of discharging ineligible families with children and adult families (collectively, “Families”) from shelter during cold weather periods described below (“Code Blue periods”); and (3) the temporary granting of shelter to ineligible Families who re-apply for shelter during Cold Blue periods.

II. INTRODUCTION

The New York City Department of Health and Mental Hygiene (DOHMH) has established a Cold Weather Alert that is activated during periods of cold temperatures reaching 32 degrees or below. This DHS plan uses DOHMH’s Cold Weather Alert as a threshold for calling a Code Blue and, based on predictions made by the National Weather Service (NWS), will require enhanced outreach for periods with wind chill and precipitation, as detailed below. The plan is meant address the needs and vulnerability of people living on the streets. It also lays out a plan addressing eligibility in the DHS Families Systems. During Code Blue periods described below, DHS will refrain from discharging Families found ineligible for shelter. In addition, all re-applicant Families seeking shelter during Code Blue periods will receive shelter upon reapplication whether or not they present with an immediate need for shelter pending DHS’ determination of their re-application. The temporary suspension of discharging ineligible Families and the temporary placement of re-applicant Families will be lifted at the conclusion of the Code Blue period.

III. PROCESS

A. Code Blue Threshold

A DHS Code Blue is called when DOHMH issues a Cold Weather Alert (temperature below 32⁰ F between 4pm and 8am).

B. The DHS Security and Emergency Operations Division (S.E.O.D) Role

The DHS Operations Desk, at the direction of the Emergency Operations Unit (EOPS) On-Call Responder, and in collaboration with the Deputy Commissioner of Security and the Senior Advisor for Security and Emergency Operations, issues the Code Blue Alert via email to the Code Blue Notification List.

Additionally, the Operations Desk will contact outreach providers by noon by phone and email for enhanced outreach, when a Code Blue is forecasted to also have any of the following characteristics also known as the Winter Weather Emergency:

- NWS predicts either steady or consistent precipitation, between 8pm and 8am or the temperature drops to 20⁰ F with wind chill
- Snow greater than 6 inches
- High temperature below 15⁰ F for a 48-hour period
- A wind chill below 0⁰ F
- Sustained winds of more than 40 miles per hour
- Ice Storms and/or freezing rain

Notification Procedure:

1. EOPS On-Call Response Staff monitors the NWS website and will direct the DHS Operations Desk to transmit a DHS Code Blue after consultation with S.E.O.D. Deputy Commissioner.
2. EOPS Staff receives notifications of NWS Extreme Weather Alerts from New York City Emergency Management (NYCEM).
3. DHS Operations Desk will disseminate the information across the DHS System upon the direction of the EOPS Unit On-Call Response staff member.
4. DHS Operations Desk will:
 - a. Monitor National Weather Service for Situational Awareness of extreme weather conditions.
 - b. Log name, date, and time of EOPS staff who confirmed the Code Blue.

- c. Issue a Code Blue Alert per procedure; telephone and or contact via email, appropriate administrators, Outreach programs, drop-ins, reception centers and shelters (the Code Blue Distribution List) that a Code Blue was declared. (See Appendix I).
- d. Participate in NYCEM Conference Calls during a Cold Weather Alert.
- e. Collaborate with other appropriate City Agencies to help maximize human service delivery to the street homeless population.

C. DHS Street Homeless Solutions Unit Role

The DHS Street Homeless Solutions Unit (SHS) will review the Code Blue Procedure annually, during the first week of November, and makes recommendations to the Policy Division for changes. Once the Code Blue Procedure is finalized, SHS:

1. Review the procedure with the outreach team directors and discuss winter preparedness. As needed, these trainings will also include a review of how to identify and assess at-risk clients, and resources available during a Code Blue.
2. Facilitate a conference call, as necessary, with representatives from all outreach teams in the week following the activation of a DHS Code Blue. The call will be used to identify where the teams may need more support and/or areas of collaboration.
3. Follow up with outreach providers to ensure they are aware when a Code Blue with enhanced outreach is called.

IV. OUTREACH OPERATIONS

The procedure below outlines the systematic steps that are taken to protect homeless individuals, living on the streets or in the subways, in parks or in poorly-insulated settings (i.e., vans, cars), who are at risk for cold-related injuries, and possible death, due to exposure. It is important to acknowledge that critical death prevention work also occurs in non-winter months, through the ongoing targeted placement of the most chronic and vulnerable street homeless clients into housing, with an enhanced focus of effort on the three months prior to winter. This procedure instructs the DHS-contracted outreach teams to do the following:

A. Develop a Code Blue Priority List

Each October, all outreach teams will create a **Code Blue Priority List** of clients and identify usual locations of where they congregate. Clients living in vehicles, or in exposed geographic areas (ex: near bodies of water), may be especially at risk and should be included on these lists. This list is to be updated as additional at-risk clients are identified through the winter. Individuals will be placed on the list if they are alcohol dependent; are known to have heart disease, severe mental illness; have suffered a previous cold weather injury (ex: frostbite, amputated toes, hospitalization for hypothermia); or are aged 60 or older or are young (under 40), Hispanic, alcohol-dependent, and street homeless adults.

B. During a DHS Code Blue, the Outreach Program does the following:

1. Beginning at 8pm, outreach teams contact clients on the priority lists at least **once** every four hours, and encourage them to accept transport to a safe place.
2. Collaborates with agency partners: Outreach teams should call the NYPD Homeless Outreach Unit (HOU) and/or Parks Enforcement Patrol (PEP) for assistance, when entering secluded or dangerous areas to check on at-risk clients.
3. Identify and regularly monitor clients who may be at risk, during cold weather;
4. Assist at-risk clients to come indoors, voluntarily, to facilities that are adequately heated;
5. Call 911 to request NYPD and EMS for individuals who have a medical or psychiatric emergency, that warrants transport to an emergency room;
6. Call NYPD for help trying to place at-risk individuals, who refuse to come indoors, but, who do not meet the 9.58 or EMS threshold. Outreach teams should involve NYPD/HOU because NYPD has more latitude than the outreach teams to transport clients, involuntarily, to indoor locations during cold weather emergencies;
7. Arrange for the involuntary transport, to hospital emergency departments, for individuals who meet the NYS Mental Health Law 9.58 criteria of having the appearance of a mental illness and behaving in such a way to be a danger to themselves or others; and
8. Participate and engage at-risk individuals in accessing NYCEM resources, such as warming centers.

C. During a DHS Code Blue with enhanced outreach, the following steps will be activated:

1. 24-Hour Coverage Plan: All outreach teams are required to submit plans that ensure adequate staff coverage during Code Blue Alerts with the heaviest coverage occurring during the coldest, most severe, part of the day (usually overnight). Beginning at 8pm, teams will contact individuals on their priority lists a minimum of **once every two hours**. They will be expected to double the number of vans operating on the overnight shift in each borough.
2. Outreach teams will report in each morning on the previous night's activities by 10am. Reporting indicators will be established at the beginning of each Winter.
3. Resource Linkages: Outreach teams will be informed of NYCEM resources available during a Winter Weather Emergency, such as warming centers, and offer these to clients they encounter.

D. During DHS Code Blue the following activities will be ongoing:

1. Assessment: Outreach teams will follow the guidelines in Appendix III when assessing individuals during cold weather.
2. Transport: For at-risk individuals, teams should make every effort to secure clients' cooperation with voluntary transport to a warm and safe setting.
3. Involuntary Transport: If at-risk individuals refuse to go inside, or if an individual appears to be at risk for cold-related injuries, the outreach team will call EMS and/or NYPD for involuntary transport. The outreach teams have all been trained as 9.58 mobile crisis teams and have the authority to request an involuntary transport for clients exhibiting the appearance of mental illness or behaviors that may lead to harm to self or others. They will also have a lead medical person on staff that will be on-call, at all times, during a DHS Code Blue to advocate with EMS and/or NYPD and aid in involuntary transports as necessary. If outreach is unsuccessful in effecting a 9.58 and they have fully utilized their organizational chain of command – including Shift Supervisor, Program Director and the lead medical professional/Agency Medical Director for the organization – they may call the DHS Agency Medical Director, Dova Marder, MD, for advocacy and support.
4. Coordination with other Agencies: DHS will review the Code Blue procedure with partner agencies, such as the NYPD, DSNY and the Parks Department, and solicit their help with encouraging individuals to come inside during Code Blue events. Outreach teams should also coordinate their Code Blue efforts directly with these agencies, at a borough level.

V. FAMILY SHELTER SYSTEMS

- A. During a Code Blue period, DHS will temporarily suspend shelter discharges of Families found ineligible.
- B. All re-applicant Families seeking shelter during Code Blue Periods will receive temporary shelter upon re-application pending DHS' determination of their re-application.
- C. The temporary suspension of discharges and placement of re-applicants will be lifted at the conclusion of the Code Blue period.
- D. The DHS Operations Desk will issue a Code Blue notice when a Cold Weather Alert is issued by DOHMH.
- E. Security and Emergency Operations, in consultation with DHS Family Services and Adult Services, may extend the Code Blue by calling it earlier than 4 p.m. or extending it beyond 8:00 a.m. If there is disagreement on this issue, the final decision will be made by the Commissioner or his designee.

VI. DROP-INS, ADULT SHELTERS, EMERGENCY DEPARTMENTS AND INTERAGENCY COLLABORATION

A. DHS Drop-In Centers

During a Code Blue, Drop-In Centers are required to take in as many clients as possible, within the fire and health code limitations. All efforts will be made to keep clients at the Drop-In centers where they entered. If a Drop-In Center cannot accommodate an individual who enters their facility during a Code Blue event, because of fire and health code limitations, the Drop-In Center will be expected to identify an alternative location, such as shelter, a warming center or another Drop-In Center, and provide transportation for the individual to the alternative location.

B. DHS Shelters

1, The DHS Shelters' role in this process will be reviewed, annually, at the Shelter Director's Meeting, held in the fall.

2. During Code Blue:

a. Clients currently in shelter: Shelters **cannot** suspend any clients when Code Blue is activated.

b. Clients returning to shelter: During a Code Blue, clients can access any shelter, not just their "official shelter". The shelter will check in with Intake and Vacancy Control ("IVC") to determine if a vacancy exists and, if so, the client will be given a bed. If no bed is available, the client will be given the option to sleep in a chair or be transferred to another shelter, where an overnight bed exists.

c. Outreach or new walk-in clients: Shelters will make available any beds, within the system, to accommodate all individuals, brought in by outreach, or those who walk-in, during a Code Blue. All individuals brought in by outreach, during a Code Blue, will be engaged by shelter case workers, the following morning, in an effort to encourage them to stay indoors and access various services.

d. All clients: Shelters will store clients' belongings overnight during a Code Blue.

Hospital Emergency Departments

During a Code Blue, hospital Emergency Departments, throughout the city, will be asked to accommodate street homeless individuals, who walk in and who are brought in by outreach, by allowing these individuals to stay in the ED waiting rooms, as possible, without being registered. The DHS Medical Director's Office will release an annual letter to the Health and Hospitals Corporation and Greater New York Hospital Association requesting their cooperation, throughout the winter (See Appendix III).

Interagency Collaboration

During a Code Blue, the following city agencies will be requested to assist with identification and reporting of homeless individuals at-risk for exposure, and involuntary removals, if appropriate:

NYPD (HOU)	MTA – NYC Transit
DSNY	PAOEM
FDNY	

Additionally, DHS will inform its Encampment Agency partners of a Code Blue

NYC Department of Sanitation	Department of Buildings
NYC Parks Department	Department of Transportation

VI. Notification Instructions

DHS Operations Desk calls a Code Blue based on a trigger from DOHMH DHS Operations Desk. They will disseminate “Code Blue” across the DHS system and email the appropriate people by using the Code Blue Distribution List housed in SEOD, put an alert in the CARES system that all shelters will see and call the 24-hour on-call number of each outreach team as well as email each of the directors, found in Appendix I.

- NYC Deputy Mayor for Social Services
- DHS Commissioner
- DHS First Deputy Commissioner
- DHS General Counsel and DHS Deputy General Counsel(s)
- DHS Deputy Commissioner for Security and Emergency Operations
- DHS Senior Advisor Security and Emergency Operations
- DHS Director of Emergency Operations
- DHS Deputy Commissioners for Adult and Family Services
- DHS Associate Commissioners for Adult and Family Services
- DHS Associate Commissioner for Street Homelessness
- DHS Assistant Commissioner(s) for Intake, Assessment and Operations Support
- DHS Assistant Commissioner for Family Intake
- DHS Family Services PATH Manager(s)
- DHS Assistance Commissioner for Housing and Program Planning
- DHS Program Administrator(s) for Adult and Family Services
- DHS Deputy Commissioner for Communications and External Affairs
- DHS Assistance Commissioner for Communications and External Affairs and Press Secretary
- DHS Director Community Relations
- DHS Director of Health Care Policy and Administration
- DHS Deputy Commissioner Capacity Planning and Development
- DHS Assistant Commissioner(s) Capacity Planning and Development
- DHS HERO
- DHS Deputy Commissioner for Administration
- DHS Assistant Commissioner(s) for Administration

All will be notified via email with “Code BLUE” in the subject line.

Appendix I

Contact Information for DHS Outreach Teams

Bronx Outreach BronxWorks
24-hour number: 718- 893-3606 ext 0
Director: Juan Rivera – jrivera@bronxworks.org

Brooklyn/Queens Street to Home Breaking Ground
24-hour number: Brooklyn: 347- 723-5229
 Queens : 347-573-1733
Director: Doug Becht – dbecht@commonground.org

Manhattan Outreach Consortium Goddard Riverside
24-hour number: 917-691-4935
Director: Cesar Vanegas – cvanegas@goddard.org

Staten Island Project Hospitality
24-hour number: 347-538-2314
Director: Teisha Diallo - teisha_diallo@projecthospitality.org

MTA Outreach BRC
24-hour number: 212-533-5151
Director: Jose del Toro - Jdeltoro@mtahq.org

Appendix II

Assessing Clients during a Code Blue

At all times, but, especially, when the weather is bad (extreme heat or cold, rain, snow, etc), all people living on the streets should be assessed with regard to:

- Protection from the elements:
 - Living conditions (structure or lack thereof)
 - Living in geographic areas that are more susceptible to the weather (i.e.: Coney Island)
 - Appropriate dress (layering; head, hands, and feet covered)
- Open fires, “contained fires”, and the risk for carbon monoxide poisoning;
- Ability to be logical and goal-directed toward meeting basic needs;
- Active signs of hallucinations or gross disorganization;
- Alcohol dependence (current);
- Known history of heart disease, diabetes, peripheral vascular disease and/or severe psychiatric illness
- History of cold-related injuries (frostbite, amputations, hospitalization for hypothermia)

Teams should keep, in each van (and at the office), a list of all at-risk, Priority Clients, in order to make sure they are visited in accordance with the operational standards, referenced in Code Blue

911/NYPD MUST BE CALLED DURING A CODE BLUE, FOR ANY HOMELESS PERSON, WHO IS AT RISK FOR COLD-RELATED INJURY AND IS REFUSING OUTREACH EFFORTS, BUT, FOR WHOM THERE IS NO NEED FOR EMS TRANSPORT or 9.58 REMOVAL, DUE TO MEDICAL OR PSYCHIATRIC EMERGENCY

Frostbite Detection

Frostbite is a serious problem that people on the streets face during the winter – it is imperative that Outreach Teams visit people, who are at risk, on a regular basis. Clients with a history of frostbite injuries should be automatically placed on the Outreach Team’s Priority List. Here is a quick guide to determining if a person needs medical attention.

Since frostbite has three stages, there are 3 questions that **must** be asked when the temperature is less than 32^o F.

1. Have you experienced a pins-and-needles sensation in your fingers, toes, nose, or ears?
2. Has your skin on your fingers, toes, nose, or ears turned a shade of white?
3. Is the skin on your fingers, toes, nose, or ears softer than usual?

If the person has answered **YES** to any **ONE** of the questions, above, then he/she may be experiencing frostnip. Proceed to next series of questions:

1. Have you recently had (in the past day), or do you presently have, any blisters on your fingers, toes, nose, or ears?
2. Do your fingers, toes, nose, or ears feel numb, waxy or frozen?

If the person has answered **YES** to any **ONE** of these questions, you need to assist the client to get indoors (shelter, emergency room, etc.), as he/she is experiencing superficial frostbite and is at high risk for deep frostbite. If the client refuses to go with the team, **the team should call 911 and describe the symptoms of incipient frostbite to the dispatcher.**

Hypothermia

Hypothermia is marked by unusually low body temperature, below 96 F – well below the body’s normal temperature of 98.6 F. Severe hypothermia can cause an irregular heartbeat leading to heart failure and death.

SIGNS AND SYMPTOMS:

The condition usually comes on gradually. Often, people are not aware that they need medical attention. Symptoms take effect in three stages.

- **Mild hypothermia:** bouts of shivering; grogginess; muddled thinking.
- **Moderate hypothermia:** violent shivering or shivering which suddenly stops; inability to think and pay attention; slow and shallow breathing; slow or weak pulse.
- **Severe hypothermia:** shivering stops; loss of consciousness; little or no breathing; weak, irregular or non-existent pulse.

WHAT TO DO:

- **CALL 911** for any degree of suspected hypothermia, describing the individual’s condition to the 911 dispatcher.
- If the affected person is alert and is able to swallow, have the person drink a warm, non-alcoholic beverage to help warm the body.
- Move the person out of the cold. Preventing additional heat loss is crucial. If unable to move the person out of the cold, shield the person from the cold as best as you can.
- Remove wet clothing and replace it with a dry covering. Cover the person’s head. Try not to move the person too much. Cut away clothing if necessary.
- Insulate the person’s body from the cold ground. Lay the person face-up on a blanket or other warm surface.
- Monitor breathing. A person with severe hypothermia may appear unconscious, with no apparent signs of pulse or breathing. If the person’s breathing has stopped or appears dangerously low or shallow, administer Naloxone, if you are a certified Opioid Overdose Responder. If the person is unresponsive, begin CPR, and administer Naloxone, if trained.

WHAT NOT TO DO:

- **Don’t** apply heat to arms and legs or give the person a hot bath. Heat applied to the arms and legs forces cold blood back toward the heart, lungs and brain causing the core body temperature to drop. This can cause death.
- **Don’t** massage or rub the person. People with hypothermia should be handled gently because they are at risk of cardiac arrest.
- **Don’t** provide alcoholic beverages. Alcohol lowers the body’s ability to retain heat.

Appendix III

Letter to GNYHA and HHC Hospitals in Advance of Winter Weather



Gilbert Taylor
Commissioner

Benjamin J. Charvat, PhD,
LCSW
Deputy Commissioner
Policy and Planning
bcharvat@dhs.nyc.gov

33 Beaver Street
13th Floor
New York, NY 10004

212.361.7990 tel
917.637.7832 fax

October 8, 2015

Dear Hospital Emergency Department,

I hope this message finds you well. I know you are as concerned as I, regarding unsheltered homeless individuals, who are at especial risk of cold weather injuries and exposure death. As the seasons change and the weather begins to grow colder, it is now time to increase our efforts to help homeless unsheltered individuals stay safe and warm inside. The DHS' Cold Weather Emergency protocol will be implemented effective November 2015. As in past years, we have two special requests.

1. **During Cold Weather Emergencies, when temperatures dip below freezing, please allow both ready-to-be-discharged and unregistered, homeless people to remain in your ED waiting room overnight.**
2. During Cold Weather Emergencies, please keep in mind that chronically street homeless individuals, described, below, in one or more of the following ways, are at highest risk of cold weather injury and death.
The broad criteria are:
 - Alcohol-dependent (actively drinking)
 - Suffering from heart disease
 - Men > Age 45
 - Individuals > Age 60
 - Anyone with a previous cold weather injury (frostbite or amputated toes, hospitalization for hypothermia)
 - Hispanic, male, alcohol-dependent, individuals, under the age of 40.

For any street homeless individual you encounter, meeting the above criteria, please leave a phone message with your borough's Outreach Team, with a description of the individual and details as to where the patient is likely to be found. A list of outreach team contacts is attached, for your use and reference. This will enable the team to try to find and engage the person in services.

We cannot succeed, fully, in preventing homeless deaths, during a Cold Weather Emergency or, at any other time, without your help. We, also, cannot succeed, in estimating the number of street homeless people, residing in NYC, without your help. Please complete the attached form, on the first shift (Midnight-0400), on Tuesday, 1/26/16. Please, also, encourage your staff to volunteer for the HOPE count, on Monday night, 1/25/16. A flier is attached for information as to how to register.

Thank you for all of your efforts on behalf of all homeless individuals.

Sincerely,

Felicia Martin
Director of Health Care Administration
Office of the Medical Director
212-361-0590