



PROCEDURE NUMBER DHS-PB-2017-03

Subject:	Applicable To:	Effective Date
Code Blue Procedure	All individuals living on the street, Outreach Providers, DHS Adult and Family Shelter, Intake and Safe Havens, Drop-in Centers, DHS Staff, and Collaborating City Agencies	September 14, 2017 (Replaces Code BLUE Procedure 16-003)

Administered By:	Approved By:
Adult Services, Family Services, Street Homeless Solutions and Emergency Management	Joslyn Carter, Administrator Department of Homeless Services

I. PURPOSE

This Code Blue procedure describes and directs Agency operations required for the protection of individuals living on the street and for the prevention of injury and death resulting from cold exposure by providing instructions concerning: (1) services provided by Street Homeless Solutions (Outreach, Safe Havens, and Drop-in Centers) and DHS Shelter Operations; and (2) the provision of shelter to individuals “reasonably believed to be homeless and unwilling or unable to find the shelter necessary for safety and health in inclement winter weather” in accordance with New York State Regulation 18 NYCRR § 304.1 (“Emergency Measures for the Homeless during Inclement Winter Weather”). Consistent with New York State Regulation 18 NYCRR § 304.1, the threshold for calling a Code Blue for DHS has been revised and the actions to be taken reflect the direction in the Regulation that shelter must be offered to all individuals “reasonably believed to be homeless and unwilling or unable to find the shelter necessary for safety and health in inclement winter weather.” *Id.*

The NYC DSS Emergency Management (EM) determines if a Code Blue Alert must be issued based on cold temperatures reaching 32^o Fahrenheit (F) or below between the hours of 4:00 p.m. and 8:00 a.m., which shall include National Weather Service calculations for wind-chill. This baseline for Code Blue temperature corresponds to the New York State Regulation, and is also referred to as inclement winter weather. The necessity for Code Blue will be determined

daily in order to determine which hours require enhanced outreach, in addition to ongoing street outreach, so as to:

1. address the needs of vulnerable people living on the streets who are “reasonably believed to be homeless and unwilling or unable to find the shelter necessary for safety and health in inclement winter weather” during a Code Blue by requiring that the outreach which normally occurs be expanded to greater frequency between the hours of 8:00 p.m. to 8:00 a.m. and/or by requiring enhanced outreach services as described below, which may direct and offer to move such individuals to the appropriate shelter facility; and
2. provide shelter to individuals “reasonably believed to be homeless and unwilling or unable to find the shelter necessary for safety and health in inclement winter weather” in accordance with New York State regulations and administrative directives.

II. CODE BLUE ALERT NOTIFICATION PROCESS

The DSS EM shall issue a Code Blue Alert when cold temperatures reach 32⁰ Fahrenheit (F) or below between the hours of 4:00 p.m. and 8:00 a.m., which shall include National Weather Service calculations for wind-chill and, in collaboration with the EM leadership, shall direct the DHS Operations Desk to transmit a DHS Code Blue Alert. (*The New York State OTDA may issue further statewide guidance on how to calculate wind chill, as well as the duration of such wind chill, at which time this procedure will be updated.*)

The DHS Operations Desk shall then email a Code Blue Alert to the Code Blue notification list, and shall:

1. Log name, date, and time that EM staff confirmed the Code Blue Alert.
2. Issue a Code Blue Alert and emails and/or calls the DHS Distribution list.
3. Call the 24-hour on-call number for each outreach team as well as emails each of the directors (Appendix I). All email notifications will have “**Code BLUE Alert**” in the subject line.
4. Put an alert in CARES to notify all shelter operators.
5. Ensure notification of a Code Blue Alert is posted to the DHS website and to DHS social media.

III. ENHANCED OUTREACH NOTIFICATION PROCESS

When a Code Blue Alert is called, and when the following Winter Weather Emergency conditions are forecasted, DHS Operations Desk shall include notification for Enhanced Outreach with the Code Blue Alert. A Winter Weather Emergency shall be called upon forecast of any of the following conditions:

1. NWS predicts steady or consistent precipitation between the hours of 4:00 p.m. and 8:00 a.m.; or
2. Snowfall is greater than six inches; or

3. Temperatures are below 15⁰ F for a 48-hour period; or
4. Wind chills are below 0⁰ F; or
5. There are sustained winds of more than 40 miles per hour; or
6. There are ice storms and/or freezing rain.

The presence of a Winter Weather Emergency entails enhanced outreach services, as described below.

IV. OUTREACH OPERATIONS ROLE

State regulation requires that local social services districts work with police agencies, including the New York State Police, and state agencies to take all necessary steps to identify individuals “reasonably believed to be homeless and unwilling or unable to find the shelter necessary for safety and health in inclement winter weather” and to direct and offer to move such individuals to the appropriate sheltered facilities. This requirement is based on the State’s recognition that inclement winter weather presents a threat to the life, health, and safety of homeless persons.

In the same spirit and based on the goal of the State regulation, DHS’ critical death prevention work occurs throughout the year with targeted placement of the most chronic and vulnerable street homeless clients into housing and includes implementation of an enhanced plan three (3) months prior to the winter months.

DHS Street Outreach during Code Blue and Winter Weather Emergencies

Regardless of the presence of a Code Blue or Winter Weather Emergency Alert, DHS Street Outreach teams operate throughout the day and night reaching-out to each street homeless client at least once per day. During a Code Blue or Winter Weather Emergency Alert, the following describes the required expanded and enhanced services provided by DHS Street Outreach teams:

1. Contact individuals on their Code Blue Priority Lists a minimum of once (1) every four (4) hours beginning at 8:00 p.m. during Code Blue Alerts, and once (1) every two (2) hours beginning at 8:00 p.m. for Enhanced Code Blue Alerts, to encourage them to accept transport to a safe place. This expanded and enhanced outreach continues from 8:00 p.m. until 8:00 a.m.
2. Offer available NYCEM resources, such as warming centers, to clients during a Winter Weather Emergency Alert.
3. Collaborate with sister agency partners, which includes calling the NYPD Crisis Outreach Support Unit (COSU) and/or Parks Enforcement Patrol (PEP) for assistance in secluded or dangerous areas.
4. Identify and monitor at-risk clients during cold weather.
5. Assist at-risk clients to voluntarily come indoors to heated facilities or warming centers.

6. Call 911 to request NYPD and EMS assistance for individuals with a medical or psychiatric emergency in need of transport to an emergency room.
7. Call NYPD/COSU for at-risk clients who refuse to come indoors and who do not meet the requirements of NYS Mental Hygiene Law, section 9.58, or EMS threshold for involuntary transport. If outreach is unsuccessful in effecting a section 9.58 removal to a hospital and the Outreach teams 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 Medical Director for support.
8. Arrange for the involuntary transport to a hospital emergency department for at-risk clients who meet the NYS Mental Hygiene Law, section 9.58 criteria.

DHS Street Outreach Teams’ Administrative Role

In addition to the enhanced services offered to clients during a Code Blue/Winter Weather Emergency Alert, DHS Street Outreach teams shall also have the following administrative roles:

1. Create and submit a 24-hour coverage plan with adequate staff coverage taking into account the coldest, most severe part of the day (usually overnight) to DHS SHS;
2. Double the number of vans operating on the overnight shift in each borough; and
3. Submit to DHS SHS Code Blue Recording Indicator numbers by 9:00 a.m. each morning. Recording indicators, established at the beginning of the winter, are listed in Appendix II.

V. DROP-IN CENTERS, ADULT AND FAMILY SHELTERS, EMERGENCY DEPARTMENTS, AND INTERAGENCY COLLABORATORS’ ROLE

During a Code Blue/Winter Weather Emergency Alert, DHS-operated or -contracted Drop-In Centers and Shelters shall implement the following additional services and/or standards:

1. DHS Drop-In Centers

During a Code Blue Alert, Drop-In Centers are required to accept all clients within fire safety and health code regulations. 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 the facility during a Code Blue because of health and safety regulations, the Drop-In Center will identify an alternative location, such as a shelter, a warming center, or another Drop-In Center, and provide transportation to the alternative location.

2. DHS Adult and Family Shelters

A. Clients currently in shelter:

- i. Shelters shall not suspend or discharge any clients via sanction (see 18 NYCRR 352.35) during any Code Blue Alert period.

- ii. Any clients whose shelter has been temporarily discontinued through a sanction (see 18 NYCRR 352.35) may return to shelter during any Code Blue Alert period.
 - iii. In accordance with prior directives, clients found ineligible for shelter because they are not reasonably believed to be homeless pursuant to New York State regulations and administrative directives and served with 4002 notices do not need to exit shelter until the morning following service of such 4002 notice.
 - iv. In accordance with prior directives regarding providing daytime programming, no shelter shall require any client in receipt of temporary housing assistance to leave shelter during daytime hours. Recreational space, waiting rooms, and other common areas may be offered to clients if dorm rooms require cleaning. If space in common areas is too limited to accommodate the residents remaining in shelter during the day, shelters should permit clients to remain in the dorm rooms.
- B. Clients returning to shelter: In accordance with New York State Regulation 18 N.Y.C.R.R. § 304.1, during Winter Weather Emergency periods, as described in Section III above, single adult shelter clients may access any shelter to seek a shelter bed. At all other times, single adult shelter clients who already have a shelter assignment must return to their official shelter. Upon arrival to such shelter, staff will check in with Intake and Vacancy Control 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 remain at the shelter or to be transferred to another shelter where an overnight bed exists.
- C. Outreach and/or new walk-in clients to shelter: Shelters will make beds available to accommodate individuals brought in by DHS Street Outreach teams or who walk-in on their own. All such individuals will be engaged by shelter case workers the following morning in an effort to encourage them to stay indoors and access services.
- D. All clients: Shelters will store clients' belongings overnight.

3. Hospital Emergency Departments

The DHS Medical Director's Office shall release an annual letter to the Health and Hospitals Corporation and Greater New York Hospital Association to request their cooperation (Appendix III) during Code Blue/Winter Weather Emergency Alerts. Hospitals will allow street homeless individuals, brought in by outreach or who walk in on their own, to stay in emergency department waiting rooms (or other areas as designated by the particular institution), as much as possible, without being registered.

4. Interagency Collaboration

DHS shall coordinate with the following NYC sister agencies to identify and report at-risk homeless individuals, and involuntary removals, when appropriate:

NYPD Crisis Outreach Support Unit (COSU) and/or Parks Enforcement Patrol (PEP)	MTA – NYC Transit
Department of Sanitation, NYC	Port Authority OEM
Fire Department, NYC	

DHS shall also inform its Encampment Agency partners of a Code Blue Alert:

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

VI. CODE BLUE PLANNING

During the non-winter months, DHS engages in Code Blue Planning to prepare for the subsequent winter season, as follows:

Emergency Management Operations Unit’s Role

1. Reviews and revises the Code Blue procedure as needed.
2. Issues a letter describing Code Blue to all NYC hospitals requesting their cooperation and reminding them of their role.
3. Solicits support of NYPD in the process.
4. Requests training from DOHMH on NYS Mental Hygiene Law, section 9.58 removals.
5. Initiates a conference call to Emergency Management Leaders to facilitate procedure maintenance, identifies the process for approval, walks through the Winter Weather Season, and provides updates to the group.

DHS Street Homeless Solutions Unit’s Role

During the first week in November each year, the DHS SHS and Medical Director’s Office, together with the DSS OPPM and OLA shall review the Code Blue Procedure.

When the Code Blue Procedure is finalized and approved, DHS SHS shall:

1. Review the procedure with outreach team directors and discuss winter preparedness. Training(s) may be offered on identification and assessment of at-risk clients and resources.
2. Facilitate conference calls with outreach teams to identify areas of collaboration and/or the need for more support.
3. Notify outreach teams when Code Blue with enhanced outreach is implemented.
4. Coordinate with other Agencies. DHS reviews the Code Blue procedure with partner agencies, such as the NYPD, DSNY, and the Parks Department, and solicits their help with encouraging individuals to come inside during Code Blue events.

The DHS-contracted outreach teams conduct the following prevention planning:

1. Coordinate Code Blue efforts directly with agencies, such as the NYPD, DSNY, and the Parks Department, at a borough level.
2. Develop a Code Blue Priority List in October.
 - a. The Code Blue Priority list may be updated throughout the winter when other at-risk clients are identified.
 - b. DHS uses the Vulnerability Index¹:
 - More than three (3) hospitalizations or emergency room visits in a year
 - More than three (3) emergency room visits in the previous three (3) months
 - Aged 60 or older
 - Cirrhosis of the liver
 - End-stage renal disease
 - History of frostbite, immersion foot, or hypothermia
 - HIV/AIDS
 - Tri-morbidity: co-occurring psychiatric, substance use disorder, and chronic medical condition

In addition, determine whether the following at-risk characteristics are present:

- Exposure to the elements
- Living conditions (structure or lack thereof)
- Appropriate dress (layering or 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

¹ Community Solutions, James J. Connell, 2007. Vulnerability Index

Appendix I

Contact Information for DHS Outreach Teams

Bronx Outreach	BronxWorks
24-hour number:	718- 893-3606
Director: Juan Rivera	jrivera@bronxworks.org
Brooklyn/Queens Street to Home	Breaking Ground
24-hour number:	Brooklyn: Casey Burke 917-753-1837 Queens: Chris Tabellario 347-225-1996
Director: Chris Tabellario	ctabellario@breakingground.org
Manhattan Outreach Consortium	Goddard Riverside
24-hour number:	212-234-9631
Director: Mario Arias	212-724-1001 or marias@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-Alonso	jtoro@brc.org

Appendix II

Code Blue Indicators

Indicators	Numbers
Code Blue List – Vulnerable Clients	
Vulnerable Clients	
Contacts with Vulnerable Clients	
911 calls	
9.58 removals	
Emergency Room Transports	
Shelter, Transitional, Drop-in and/or other Housing Placements	
Non-Traditional Warming Locations (Emergency Rooms, etc.)	
Transports, Removals or Placements requiring NYPD Assistance	
Code Blue Stations	
Visits to the Code Blue Stations	

Team Member Notes:

Appendix III
Assessing Clients during a Code Blue

A. At all times, but especially when the weather is dangerous (extreme cold, rain, snow, etc.), all people living on the streets should be assessed using the following Vulnerability Index²:

- **More than three (3) hospitalizations or emergency room visits in the last year**
- **More than three (3) emergency room visits in the previous three (3) months**
- **Aged 60 or older**
- **Cirrhosis of the liver**
- **End-stage renal disease**
- **History of frostbite, immersion foot, or hypothermia;**
- **HIV/AIDS**
- **Tri-morbidity: co-occurring psychiatric, substance use disorder, and chronic medical condition**

In addition determine whether or not the following characteristics are present:

- **Exposure to the elements:**
 - **Living conditions (structure or lack thereof)**
 - **Appropriate dress (layering, and 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**

B. Outreach teams should keep the Code Blue Priority List in their vans and at the office to ensure clients are visited in accordance with the operational standards referenced in Code Blue.

C. **Call NYPD/COSU for at-risk individuals who refuse to come indoors and who do not meet the NYS Mental Hygiene Law, section 9.58, or EMS threshold for involuntary transport.**

D. **Frostbite Detection Guide to Determine if a Need for Medical Attention**
Outreach Teams should visit people on the streets and at-risk on a regular basis.

² Community Solutions, James J. Connell, 2007. Vulnerability Index.

1. To assess for frostbite, here are three (3) questions that **must** be asked when the temperature is below 32^o F:
 - a. Have you experienced a pins-and-needles sensation in your fingers, toes, nose, or ears?
 - b. Has your skin on your fingers, toes, nose, or ears turned a shade of white?
 - c. Is the skin on your fingers, toes, nose, or ears softer than usual?
2. If the person has answered **YES** to any **ONE (1)** of the questions above then he/she may be experiencing frostnip. Proceed to next series of questions:
 - a. Have you recently had (in the past day) or do you presently have any blisters on your fingers, toes, nose, or ears?
 - b. Do your fingers, toes, nose, or ears feel numb, waxy, or frozen?
3. If the person has answered **YES** to either **ONE (1)** of these two questions please 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.**

E. Hypothermia – SIGNS AND SYMPTOMS

Hypothermia is marked by unusually low body temperature (below 96 F), which is well below the body's normal temperature of 98.6 F. Severe hypothermia can cause irregular heartbeat leading to heart failure and death. Hypothermia usually comes on gradually; often people are not aware that they need medical attention. Symptoms take effect in three (3) stages:

1. **Mild hypothermia:** bouts of shivering; grogginess; muddled thinking
2. **Moderate hypothermia:** violent shivering or shivering which suddenly stops; inability to think and pay attention; slow and shallow breathing; slow or weak pulse
3. **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, describe the person's condition to the dispatcher.
- If the affected person is alert and 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 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. This could force 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.



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September 25, 2017

Dear Hospital Emergency Department Director:

The New York City (NYC) Department of Homeless Services (DHS) is greatly concerned about the risks that unsheltered homeless individuals face during the cold weather months in NYC. Many have chronic conditions that put them at higher risk of cold weather-related injuries and death. Therefore, it is time to renew our efforts to help unsheltered individuals stay safe and warm inside. The DHS Cold Weather Emergency protocol will be implemented in November. We appreciate your assistance with the below.

During Cold Weather Emergencies, when temperatures fall below freezing:

1. Please allow homeless individuals to remain in your emergency department (ED) waiting room overnight, whether they are patients ready to be discharged or unregistered in the hospital.

2. Be aware that some chronically homeless individuals are at higher risk of cold weather-related injury and death. Risk factors for cold-related injury and deaths include:

- *More than three (3) hospitalizations or emergency room visits in a year*
- *More than three (3) emergency room visits in the previous three (3) months*
- *Aged 60 or older*
- *Cirrhosis of the liver*
- *End-stage renal disease*
- *Frostbite, immersion foot, or hospitalization for hypothermia*
- *HIV/AIDS*
- *Tri-morbidity: co-occurring psychiatric, substance use, and chronic medical conditions*

1. If a street homeless person presents to your hospital emergency department, please call the DHS Outreach Team in your borough. A list of Outreach Team contacts can be found in Appendix I. Please keep each of these individuals warm and offer them a blanket.

On behalf of all homeless individuals, thank you for your help in preventing homeless deaths during Cold Weather Emergencies. Let me know if you have any questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to read "Fabienne Laraque", with a long, sweeping underline.

Fabienne Laraque, MD, MPH
Medical Director
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