

NEW YORK CITY DEPARTMENT OF HOMELESS SERVICES

Procedure Number: DHS-PB-2019-007

<p>SUBJECT:</p> <p>Revised Code Blue Procedure</p>	<p>APPLICABLE TO:</p> <p>All individuals living on the street, Outreach Providers, DHS Adult and Family Shelter, Intake and Safe Havens, Drop-in Centers, DSS & DHS Security & Staff, DSS Emergency Management, NYPD and other Collaborating City Agencies</p>	<p>ISSUED:</p> <p>04/03/2019</p> <p>(Replaces DHS-PB-2018-014 Code Blue Procedure)</p>
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<p>ADMINISTERED BY:</p> <p>Adult Services, Family Services, Street Homeless Solutions and Emergency Management</p>	<p>APPROVED BY:</p> <p>Joslyn Carter, Administrator Department of Homeless Services</p>
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PURPOSE

This Code Blue procedure describes and directs Agency operations required during Code Blue and Winter Weather Emergency Alerts to protect individuals living on the street and to prevent injury and death resulting from cold exposure by providing instructions concerning: (1) enhanced and expanded 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 (NYS) Regulation 18 NYCRR § 304.1 (“Emergency Measures for the Homeless during Inclement Winter Weather”). Consistent with that NYS regulation, the threshold for issuing a Code Blue Alert has been revised, and the actions to be taken by DHS reflect the directions 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.*

INTRODUCTION

DSS Emergency Management (EM), with input and guidance from NYC Office of Emergency Management (NYC OEM), determines when the threshold for a Code Blue Alert has been met, based on the “feel like” temperature, in conjunction with wind chill, dropping to 32⁰ Fahrenheit or below, between the hours of 4:00 p.m. and 8:00 a.m.

The baseline for Code Blue temperature, as established by the NYS Regulation, is referred to as inclement winter weather. Inclement winter weather results in enhanced and expanded outreach beyond standard practice. NYC conducts robust street outreach 24 hours a day 365 days a year. DHS contracted Outreach teams visit locations that street homeless individuals are known to frequent, including individuals on their caseload, 24 hours a day to engage the individuals, build trust, and refer to needed services. They also assist those who are willing into transitional and permanent housing opportunities. The contracted Outreach teams also respond to requests for homeless assistance through the 311 call center and mobile app. The presence of inclement winter weather and a corresponding Code Blue Alert will be determined daily, in order to define which hours require enhanced and expanded outreach, so as to:

1. Address the needs of vulnerable people living on the streets who are “reasonably believed to be homeless and unwilling/unable to find shelter necessary for safety and health in inclement winter weather” during a Code Blue Alert by requiring that the standard outreach operations be expanded to require greater frequency of client contacts between 8:00 p.m. and 8:00 a.m., and/or by requiring enhanced outreach services as described below, which may direct/offer to move such individuals to the appropriate shelter facility; and
2. Provide shelter to individuals “reasonably believed to be homeless and unwilling/unable to find shelter necessary for safety and health in inclement winter weather” in accordance with NYS regulations and administrative directives. Notably, and consistent with DHS policy, during a Code Blue, and as is the case 24/7, no eligible DHS client who is reasonably believed to be homeless will be required to leave the shelter during the day - while shelters may require clients to leave their dorms, clients always have the option remain in common areas of the shelter facility.

REQUIRED ACTION

I. CODE BLUE ALERT NOTIFICATION PROCESS

DSS EM shall issue a Code Blue Alert when temperatures reach 32⁰ Fahrenheit (F) or below, including wind-chill, between the hours of 4:00 pm and 8:00 am. This will be done in coordination between New York City Office of Emergency Management (NYC OEM) and DSS EM, who will issue the official Code Blue Alert to all stakeholders.

The following steps will take place for activating and coordinating Code Blue:

1. DSS EM will issue the official Code Blue activation by emailing (DSSemergency@dss.nyc.gov) the Code Alert Distribution List, no later than 12pm on the day of the activation. Email notifications will contain “NYC DHS CODE BLUE OUTREACH NOTIFICATION” in the subject line.
2. DSS will enter the alert into CARES to notify all shelter operators.
3. The External Affairs Unit will ensure notification of a Code Blue Alert is posted to the DHS website and to DHS social media.

The presence of a Code Blue Alert entails expanded outreach services, as described below.

II. ENHANCED OUTREACH NOTIFICATION PROCESS FOR WINTER WEATHER EMERGENCIES

Certain weather conditions can create a Winter Weather Emergency. When a Code Blue Alert is called, *and* when the following Winter Weather Emergency conditions are forecasted, DSS Emergency Management will send notification for Enhanced Outreach through the same Code Blue Alert process outlined above.

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 notification steps for a Winter Weather Emergency are the same as above, with the following exceptions:

- Email notifications will have “NYC DHS CODE BLUE OUTREACH NOTIFICATION WITH ENHANCED OUTREACH” in the subject line.
- The notification itself will state the criteria being met for enhanced outreach (e.g. “*NWS anticipates wind chills this evening below zero degrees, meeting Code Blue with Enhanced Outreach criteria*”)

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

III. STREET OUTREACH OPERATIONS' ROLES

New York 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. (18 NYCRR §304.1) 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 Alert 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. These standard DHS Street Outreach services are expanded and enhanced during a Code Blue Alert or Winter Weather Emergency Alert, as follows:

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 Winter Weather Emergency Alerts, to encourage them to accept transport to a safe place. Expanded and enhanced outreach continues from 8:00 p.m. until 8:00 a.m.
2. Offer available NYC OEM resources, such as warming centers, to clients during a Winter Weather Emergency Alert.
3. Collaborate with agency partners by, among other methods, telephoning the New York City Police Department (NYPD) Crisis Outreach Support Unit (HOU) and/or the New York City Department of Parks and Recreation (DPR) Parks Enforcement Patrol (PEP) for assistance in secluded or dangerous areas.
4. Identify and monitor at-risk clients during inclement weather.
5. Assist at-risk clients to voluntarily move indoors to heated facilities/warming centers.
6. Call 911 to request assistance from NYPD and New York City Fire Department Emergency Medical Services (EMS) for individuals manifesting a medical/psychiatric emergency that dictates transport to an emergency room.

7. Call NYPD/HOU for at-risk clients who refuse to come indoors and who 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 Team has utilized its entire chain of command including the Shift Supervisor, the Program Director, and the lead medical professional/Agency Medical Director, 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 expanded and enhanced outreach 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 a 24-hour Coverage Plan outlining adequate staff coverage, taking into account the coldest, most severe part of the day, and submit it to DHS SHS;
2. Double the number of vans operating on the overnight shift in each borough; and
3. Submit Code Blue Recording Indicator numbers to DHS SHS by 9:00 a.m. each morning. Recording indicators, established at the beginning of the winter, are listed in Appendix II.

IV. DROP-IN CENTERS, ADULT AND FAMILY SHELTERS, HOSPITAL EMERGENCY DEPARTMENTS, INTERAGENCY ROLES, & 311

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 the thresholds of fire safety and health code regulations. Every effort will be made to keep an individual at the Drop-In Center of entry. If a Drop-In Center cannot accommodate an individual who enters it during a Code Blue due to health and safety regulations, it will identify an alternative location, such as a Shelter, a Warming Center, or another Drop-In Center.

2. DHS Adult, Family and Street Solutions Shelters/Safe Havens

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 NYS 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 NYS Regulation 18 NYCRR § 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 at such shelter, staff will check in with Intake and Vacancy Control to determine if a vacancy exists and, if so, give the client 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.

Outreach and/or new walk-in clients to Shelter/Safe Haven: Shelters/Safe Havens 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/Safe Haven caseworkers the following morning, in an effort to encourage them to stay indoors and access services. In the event that a bed is not accessible in a Safe Haven, a client will be able to secure shelter in the facility as a bed may not be available.

- C. In the event a bed is not available, the client will be afforded space in a common area within the Safe Haven until the end of the Code Blue Alert.
- D. All clients: Shelters will store clients' belongings overnight.
- E. In the event of a Priority One incident, requiring a need for safety transfer, the client will be transferred immediately at the end of the current Code Blue event (unless, in an extreme case, immediate transfer is warranted).

3. Hospital Emergency Departments

The DHS Medical Director's Office shall release an annual letter to New York City Health + Hospitals and the Greater New York Hospital Association to request their cooperation (Appendix III) during Code Blue/Winter Weather Emergency Alerts. Hospitals will allow street homeless individuals who are 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 having to be registered, unless they present with a medical need or ask to be seen by a medical provider.

4. Interagency Roles

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

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

DHS will inform the following Encampment Agency partners of a Code Blue Alert:

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

5. 311 Service Requests

During a Code Blue Alert, a Homeless Person Assistance service request becomes a "Homeless Person in Need of Immediate Attention" service inquiry.

Requests to 311 are routed to 911. If a member of the public attempts to make a Homeless Person Assistance service request via 311 during a Code Blue Alert, the 311 Operator will inform the caller that 911 will accept a report of a homeless person who is:

- Outside during weather emergencies, and/or
- Creating a hazard, such as blocking a sidewalk or ATM, and/or
- Outstretched or sleeping in a subway, on the tracks, or in another Transit District area and/or
- Creating a danger to themselves or others.

V. 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. Solicits support of NYPD in the process.
3. Requests training from DOHMH on NYS Mental Hygiene Law, section 9.58 removals.
4. Initiates a conference call to Emergency Management Leaders to facilitate procedure maintenance, identify the process for approval, walk through the Winter Weather Season, and provide updates to the group.

DHS Office of the Medical Director's Role

1. Reviews and edits the Code Blue procedure as needed, then issues a letter describing Code Blue to all NYC hospitals, requesting their cooperation, and reminding them of their role.
2. Reviews the code blue procedure and edits as needed.

DHS Street Homeless Solutions Unit's Role

Every year during the first week in November, the DHS SHS, in conjunction with the Department of Social Services (DSS) Office of Policy, Procedures, and Training (OPPT) and Office of Legal Affairs (OLA), will review the Code Blue Procedure.

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

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 assistance to encourage individuals to go inside during Code Blue alerts.

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

1. Coordinate Code Blue efforts directly with agencies, including 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.

REFERENCES:

18 NYCRR § 304.1

18 NYCRR § 352.35

NYS Mental Hygiene Law, section 9.58

APPENDICES

- I. Contact Information for DHS Outreach Teams
- II. Code Blue Indicators
- III. Assessing Clients During a Code Blue
- IV. Letter to GNYHA and NYC Health + Hospitals Hospitals in Advance of Winter Weather

Appendix I

Contact Information for DHS Outreach Teams

Bronx Outreach
24-hour number:
Director: Juan Rivera

BronxWorks
718- 893-3606
jrivera@bronxworks.org

Brooklyn/Queens Street to Home
24-hour number:
Director: Chris Tabellario

Breaking Ground
Brooklyn: Casey Burke 917-753-1837
Queens: Chris Tabellario 347-225-1996
ctabellario@breakingground.org

Manhattan Outreach Consortium
24-hour number:
Director: Erica Strang

CUCS
212-222-9806
212-724-1001 or estrang@cucs.org

Staten Island
24-hour number:
Director: Teisha Diallo

Project Hospitality
347-538-2314
teisha_diallo@projecthospitality.org

MTA Outreach
24-hour number:
Director: Jose del Toro-Alonso

BRC
212-533-5151
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 Index¹:

- **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/HOU 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.

¹ 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 32⁰ 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, nonalcoholic 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.

Appendix IV

Letter to GNYHA and NYC Health + Hospitals Hospitals in Advance of Winter Weather



Steven Blanka
Commissioner
Department of Social Services

Fabienne Laraque, MD, MPH
Medical Director
Dept of Homeless Services

33 Beaver Street
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New York, NY 10004

212.261.8000 Tel
212.261.8001 Fax
212.261.7217 TDD

Date

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 Code Blue protocol was implemented in November. The Department of Social Services Emergency Management (DSS EM) with the assistance of DHS shall issue a Code Blue Alert when cold temperatures reach 32° Fahrenheit (F) or below between the hours of 4:00 PM and 8:00 AM, including National Weather Service calculations for wind-chill. A secondary reminder is New York City Emergency Management's Cold Weather Alert, following the same criteria.

During a DHS Code Blue Alert and/or NYCEM Cold Weather Alert:

1. Please allow homeless individual to remain in your emergency department (ED) waiting room or other indoor, warm space, overnight, from 4:00PM to 8:00AM, 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 hospitalizations for hypothermia*
 - *HIV/AIDS*
 - *Tri-morbidity: co-occurring psychiatric, substance abuse, and chronic medical conditions*
3. If a street homeless person presents to your hospital emergency department, please call the DHS 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.

We appreciate your assistance.

Sincerely,

Fabienne Laraque, MD, MPH

Medical Director