


<b>SUBJECT:</b>  <p style="text-align: center;">Code Blue</p>	<b>APPLICABLE TO:</b>  All individuals living on the Streets, Outreach Providers, Shelter and Drop in systems, DHS Staff, Collaborating City Agencies	<b>ISSUED:</b>  <p style="text-align: center;">November 1, 2007</p>
<b>ADMINISTERED BY:</b>  NYC Department of Homeless Services (DHS)		<b>APPROVED BY:</b>  <div style="text-align: center;">           Robert V. Hess, Commissioner       </div>

**CITY OF NEW YORK**  
**DEPARTMENT OF HOMELESS SERVICES (DHS)**  
**ADULT SERVICES**

**DHS CODE BLUE PROCEDURE**

**I. Introduction**

The New York City Office of Emergency Management (OEM) has established a Winter Weather Emergency Plan that is activated by periods of cold temperatures combined with wind chill and precipitation, as defined by the National Weather Service (NWS). This DHS plan takes OEM's Winter Weather Emergency plan into account and adds two lower thresholds for action to address the needs and vulnerability of people living on the streets. The DHS plan is comprised of the following 3 levels:

1. DHS Code Blue Level 1 – Issued within 24 hours prior to the onset of the temperature dropping to 32 degrees Fahrenheit (F). This temperature threshold may be affected by wind chill and other meteorological factors.
2. DHS Code Blue Level 2 – Issued within 24 hours prior to the onset of temperatures dropping to 20 degrees (F) with wind chill or when temperatures drop to 32 degrees (F) accompanied by steady or consistent precipitation for 1 consecutive hour.
3. NYC Winter Weather Emergency (WWE) – OEM calls a WWE when a combination of any of the following factors exists.
  - Snow greater than 6 inches
  - High temperature below 15 degrees (F) for a 48-hour period
  - A wind chill below 0 degrees (F)
  - Sustained winds of more than 4 miles per hour
  - Ice Storms and/or freezing rain
  - Moderate coastal flooding (greater than 3 feet)

\*For the purpose of this document it is assumed that when a higher level is activated, all activities encompassed in lower levels will also be included in the response

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

- Identify and regularly monitor clients, who may be at risk during cold weather
- Assist at-risk clients to come indoors, voluntarily, to facilities, that are adequately heated
- Arrange for the involuntarily transport of at-risk clients, when appropriate, to hospital Emergency Departments
- Participate and engage at-risk clients in accessing OEM or DHS activities/strategies such as warming buses or warming centers.

## II. Declaration of Code Blue

A DHS Code Blue is declared within 24 hours prior to the onset of the temperature falling to at least 32 degrees F. It lasts until 8am of the following day for which it is called, unless conditions worsen or continue for a prolonged period of time.

## III. DHS Code Blue Procedures

### A. DHS Operations

1. Reissues the Code Blue Procedure, annually, during the first week of November.
2. Holds mandatory training for the outreach teams in winter preparedness. These trainings will include a review of this Procedure, instruction on how to identify and assess at-risk clients, and resources available during a Code Blue.
3. Facilitates a conference call 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.
4. The DHS operations desk receives notification from OEM or calls Code Blue. The operations desk disseminates the information throughout the DHS system, participates in OEM conference calls, during a city wide Winter Weather Emergency, and collaborates with other appropriate City agencies to help each maximize its effectiveness in serving street homeless clients and helping to keep them warm and safe during DHS Code Blue or OEM Winter Weather Emergency.
5. Activates supplemental resources, as needed, throughout the season such as warming buses.

### B. Outreach Programs

1. During a DHS Code Blue Level 1 the following steps will be activated:

#### 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 in vehicles or living in encampments 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 throughout the winter.
- Individuals will be placed on the list if they are active alcohol and/or substance users; medically vulnerable with known chronic medical conditions, including, but,

not limited to diabetes, heart disease, peripheral vascular disease, respiratory conditions, have a severe mental illness especially if on anti-psychotic medications, anti-depressants, or medications for sleep, are aged 65 or older; are young children; and/or have been identified as at-risk.

- When necessary, 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 in on at-risk clients.
- Outreach teams will contact clients on the priority lists at least **two times per shift** during a Code Blue Level 1.
- Outreach teams will encourage clients to be transported to a safe place.

2. During a DHS Code Blue Level 2 or a Citywide Winter Weather Advisory the following steps will be activated:
  - a. **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). Teams will contact clients on their priority lists a minimum of **once every two hours**.
  - b. **Resource Linkages:** Outreach teams will be informed of OEM resources available during a Winter Weather Emergency, such as warming centers, and offer these to clients they encounter.
  - c. **Warming Buses:** DHS will operationalize warming buses that will roam throughout identified hotspots. The vans will serve as a temporary respite from the cold by providing heat, food and blankets. Clients accessing the buses will also have the option of a transport to any program within the DHS system.
3. During DHS Code Blue Level 1, 2 or a Citywide Winter Weather Emergency the following activities will be ongoing:

**Assessment:** Outreach teams will follow the guidelines in Appendix III when assessing clients during cold weather.

**Transport:** For at-risk clients, teams should make every effort to secure clients' cooperation with voluntary transport to a warm and safe setting.

**Involuntary Transport:** If at-risk clients refuse to go inside, or if a client appears to be at risk for cold-related injuries - including a body temperature lower than 96 degrees, 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 or Citywide Winter Weather Emergency, to advocate with EMS and/or NYPD and aid in involuntary transports as necessary. If outreach is unsuccessful in affecting a 9.58 and they have kicked it up 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.

**Coordination with other Agencies:** Outreach teams should meet with appropriate stakeholders in their catchment area and near encampments (ie: NYPD Homeless Outreach Unit) to collaborate and review Code Blue procedures).

C. 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; however, drop-in staff can also make arrangements for clients at other city-wide facilities, as appropriate.

D. DHS Shelters

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

During a Code Blue or Citywide Winter Weather Emergency:

- a. **Clients currently in shelter:** Shelters **cannot** suspend any individuals 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 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 clients brought in by outreach or those who walk-in during a Code Blue. All clients brought in during a Code Blue by outreach 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.

E. Hospital Emergency Departments

- a. During a Citywide Winter Weather Emergency, hospital Emergency Departments, throughout the city, will 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 affirming their cooperation throughout the winter (See Appendix IV).

F. Interagency Collaboration

- a. During a Code Blue Level 1, the following city agencies will be contacted by the OEM to assist with identification and reporting of homeless clients at-risk for exposure, and involuntary removals, if appropriate
  - NYPD (HOU)
  - FDNY
  - MTA – NYC Transit
  - PAOEM
- b. Additionally DHS will inform its Encampment Agency partners of a Code Blue or Winter Weather Advisory
  - NYC Department of Sanitation
  - NYC Parks Department
  - Department of Buildings
  - Department of Transportation

#### IV. Notification Instructions

The DHS Operations Desk calls a Code Blue Level 1 or Level 2. The NYC Office of Emergency Management calls a Citywide Winter Weather Emergency. At any of the 3 levels DHS Emergency Operations will disseminate the information across the DHS system. They will email the appropriate administrators listed below and the directors of all DHS Adult Shelters, Drop-ins, or Reception Centers found in Appendix I. They will also call the 24 hour on-call number of each outreach team as well as email each of the directors found in Appendix II.

#### Code Blue Administrator Notification List

Deputy Mayor Linda Gibbs	<a href="mailto:lgibbs@cityhall.nyc.gov">lgibbs@cityhall.nyc.gov</a>
Commissioner Robert V. Hess	<a href="mailto:rhess@dhs.nyc.gov">rhess@dhs.nyc.gov</a>
First Deputy Commissioner Fran Winter	<a href="mailto:fwinter@dhs.nyc.gov">fwinter@dhs.nyc.gov</a>
Chief of Staff Mark Neal	<a href="mailto:mneal@dhs.nyc.gov">mneal@dhs.nyc.gov</a>
General Counsel Michele Ovesey	<a href="mailto:movesey@dhs.nyc.gov">movesey@dhs.nyc.gov</a>
Deputy Commissioner George Nashak	<a href="mailto:gnashak@dhs.nyc.gov">gnashak@dhs.nyc.gov</a>
Agency Medical Director Dova Marder, MD	<a href="mailto:dmarder@dhs.nyc.gov">dmarder@dhs.nyc.gov</a>
Assistant Commissioner Jody Rudin	<a href="mailto:jrudin@dhs.nyc.gov">jrudin@dhs.nyc.gov</a>
Associate Commissioner Sara Freeman	<a href="mailto:sfreeman@dhs.nyc.gov">sfreeman@dhs.nyc.gov</a>
Deputy Commissioner Mike Gagliardi	<a href="mailto:mgagliar@dhs.nyc.gov">mgagliar@dhs.nyc.gov</a>
Assistant Commissioner Glenn Pannazolo	<a href="mailto:gpannazo@dhs.nyc.gov">gpannazo@dhs.nyc.gov</a>
Director of Emergency Operations Ruthie Vishlitzky	<a href="mailto:rvishlit@dhs.nyc.gov">rvishlit@dhs.nyc.gov</a>
Director of Communications Linda Bazerjian	<a href="mailto:lbazerji@dhs.nyc.gov">lbazerji@dhs.nyc.gov</a>
Press Secretary Tanya Valle-Batista	<a href="mailto:tvbatist@dhs.nyc.gov">tvbatist@dhs.nyc.gov</a>
Program Administrator Mary Hall	<a href="mailto:mhall@dhs.nyc.gov">mhall@dhs.nyc.gov</a>
Program Administrator Debra Hanton	<a href="mailto:dhanton@dhs.nyc.gov">dhanton@dhs.nyc.gov</a>
Program Administrator Jennifer Kelly	<a href="mailto:jkelly@dhs.nyc.gov">jkelly@dhs.nyc.gov</a>
Program Administrator Richard Matthews	<a href="mailto:rmatthew@dhs.nyc.gov">rmatthew@dhs.nyc.gov</a>
Deputy Director Danielle Minelli	<a href="mailto:dminelli@dhs.nyc.gov">dminelli@dhs.nyc.gov</a>
DOHMH Administrator Laura Grund	<a href="mailto:lgrund@health.nyc.gov">lgrund@health.nyc.gov</a>

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

## Appendix II

### Contact Information for DHS Street to Home Outreach Teams

Bronx Street to Home – Citizens' Advice Bureau  
24 hour number: (718) 893-3606  
Director: Helen Forde - [hforde@cabny.org](mailto:hforde@cabny.org)

Brooklyn/Queens Street to Home – Common Ground  
24 hour number: (347) 573-1544  
Director: Hilary Morgan - [hmorgan@commonground.org](mailto:hmorgan@commonground.org)

Manhattan Street to Home – Goddard  
24 hour number: (212) 465-1707 and ~~(212) 595-3066~~ - 718 915 5994  
Director: Kristen Edwards - [kedwards@goddard.org](mailto:kedwards@goddard.org)

Staten Island – Project Hospitality  
24 hour number: (718) 720-0079 ext 10  
Director: Mario Geritano - [mgeritano@projecthospitality.org](mailto:mgeritano@projecthospitality.org)

### Contact Information for non-DHS Outreach Teams

MTA Connections  
24 hour number: (646) 773-2944  
Director: Melissa Caruso – [mcaruso@mtahq.org](mailto:mcaruso@mtahq.org)

## Appendix III

### 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;
- History of alcohol use or current alcohol use;
- Known history of heart disease, diabetes, peripheral vascular disease and/or severe psychiatric illness

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 MUST BE CALLED OR A 9.58 REMOVAL PURSUED, DURING A CODE BLUE, FOR ANY HOMELESS PERSON WHO IS ACTIVELY DRINKING AND/OR HALLUCINATING/GROSSLY DISORGANIZED.**

### 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°F

1. Have you experienced a pins-and-needles sensation in your fingers, toes, nose or ears?
2. Has your skin turned a shade of white on your fingers, toes, nose or ears?
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, **They should call 911.**

# Hypothermia

## WHAT IS 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 or for ear temperature  $<96^{\circ}$  Fahrenheit.
- 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, begin CPR immediately, if you are trained; administer Naloxone if you are a certified OD Prevention Counselor.

## 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 IV**

### **Letters to GNYHA and HHC Hospitals in Advance of Winter Weather**

Dear

With the rapid approach of winter, we are working, with DOHMH, on ways to prevent the deaths of homeless people on the street due to the cold. Every year we encourage homeless people to use our shelters and drop-in centers. However, as the weather gets colder, many street homeless individuals, who avoid our shelters, look for alternative places to keep warm. These include subways, transportation hubs, public atriums, and hospital Emergency Department waiting rooms.

We wish to thank you in advance for allowing unregistered, homeless people to remain in HHC Emergency Department waiting rooms, during Cold Weather Emergencies. In past years, your hospitals' cooperation has helped to save lives. Our goal is to have no homeless person die from exposure on the streets of New York. Your continued cooperation and understanding will help us meet our goal.

Thank you again for your assistance in relaying this message to all of the HHC hospitals.

Sincerely,

Dova Marder M.D.  
DHS Agency Medical Director