



## ***EFFECTS OF COVID-19: CODE BLUE OPERATIONS***

In accordance with NYCDOH COVID-19 guidance, the following program areas are expected to be impacted during Code Blue events of 2021/2022:

***Code Blue Notifications:*** To assist program areas in operational expectations during Code Blue events, DSS Emergency Management will differentiate between normal Code Blue operations and COVID Code Blue until the pandemic is declared over (**NYC DHS CODE BLUE NOTIFICATION vs. NYC DHS COVID CODE BLUE NOTIFICATION**).

***Emergency Department Waiting Rooms:*** Due to social distancing measures, ED waiting rooms will not be able to accommodate street homeless clients. If individual experiencing homelessness does not need medical attention but accepts/requests DHS Services, the ED will call the DHS Joint Command Center (**see Medical Director's memo to hospital partners**).

***General Screening & Testing:*** COVID screening should remain in place until further notice. Screening questions include:

1. Has client experienced any of the following within the past 10 days: **fever of 100.0 degrees Fahrenheit or greater, a new cough, loss of taste or smell, or shortness of breath?**
2. In the past 10 days, has the individual tested positive for COVID-19 using a test that tested saliva, or used a nose/throat swab (nasal, naso-pharyngeal (NP))?
3. Have they been in close contact with anyone diagnosed with COVID-19?
4. Have they traveled internationally?

If client answers 'yes' to the above questions or exhibit symptoms, the client should be sent to or recommended to be in isolation (yes to Q1-2) and tested for COVID-19 (yes to Q1). If client answers yes to Q2-3, client needs to quarantine for 14 days since last exposure and potentially be tested. Please note, clients who respond no to all the questions above may still not be able to stay in common areas if physical distancing guidelines cannot be met and no shelter beds available.

Thank you & Stay safe!



## OFFICE OF POLICY, PROCEDURES AND TRAINING

James K. Whelan  
Executive Deputy Commissioner

DHS-PB-2021-015

<b>Subject:</b>	<b>Applicable To:</b>	<b>Effective Date</b>
Code Blue Procedure	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	November 03, 2021  (Replaces Code Blue Procedure DHS-PB-2020-017 [R1])

<b>Administered By:</b>	<b>Approved By:</b>
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, Stabilization Beds, 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 § 301.4 (“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.**

DSS Emergency Management (EM), with input and guidance from NYC Emergency Management (NYCEM), determines when Code Blue triggers are met based on Central Park temperatures reaching 32<sup>o</sup> Fahrenheit (F) or below, including windchill, between the hours of 4:00 p.m. and 8:00 a.m.

The baseline for Code Blue temperature corresponds to the New York State Regulation and is also referred to as inclement winter weather. Code Blue will be determined daily in order to define which hours require enhanced outreach, in addition to continuous 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**

DSS EM shall issue a Code Blue alert when Central Park temperatures are forecast to reach 32<sup>o</sup> Fahrenheit (F) or below, including windchill, between the hours of 4:00 pm and 8:00 am. This will be done in coordination between New York City Emergency Management (NYCEM) 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](mailto: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 EM 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.

### **ENHANCED OUTREACH NOTIFICATION PROCESS**

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 for Central Park:

1. National Weather Service (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 15<sup>o</sup> F for a 48-hour period; or
4. Wind chills are below 0<sup>o</sup> 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 will be 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 enhanced outreach services, as described below.

**LATE CODE BLUE NOTIFICATIONS** – Due to the unpredictable nature of weather, it is not always possible to send notifications by the 12pm deadline. To remain compliant with our legal obligations, any forecast changes received after 12pm will be distributed to the CodeAlert group as soon as possible.

### **III. 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 canvassing and engaging with individuals experiencing unsheltered street homelessness. During a Code Blue or Winter Weather Emergency Alert, the following describes the 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 any available NYCEM resources to clients during a Winter Weather Emergency Alert.
3. Collaborate with agency partners when appropriate 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. 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. If outreach is unsuccessful in affecting 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 contact the DHS Medical Director's Office for support, in particular if admission to a hospital seems necessary and the hospital is not inclined to admit the patient.
8. Consult with appropriate DHS staff before bringing any clients to 30<sup>th</sup> Street or overnight facilities in order to ensure appropriate space and staff coverage.

### **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. Add additional vans operating on the overnight shift in each borough;
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.

**2. DHS Adult Shelters, Family Shelters, and Street Homeless Solutions Safe Havens and Stabilization Beds**

**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.

**Note:** This policy is not limited to code blue situations, and is standard DHS practice throughout the year.

- 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 single adult 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. This does not include late arrival facilities or quarantine sites. Upon arrival to such shelter, staff will check in with 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 and be accommodated in the waiting room, or be transferred to another shelter where an overnight bed exists.
- C. Outreach and/or new walk-in clients to shelter/Safe Haven: Shelters/Safe Havens/Stabilization Beds 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 case workers the following morning in an effort to encourage them to stay indoors and access services. In the event a bed is not available, a client will be able to remain in the facility in a designated area, as a bed may not be available.
- 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 an extreme case exists for an immediate transfer).

**3. Hospital Emergency Departments**

The DHS Medical Director’s Office shall release an annual letter to NYC 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, 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, unless they present with a medical need or ask to be seen by a medical provider.

**4. Interagency Collaboration**

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

NYPD and/or Parks Enforcement Patrol (PEP)	MTA – NYC Transit NYC Sheriff’s Dept.
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
NYC Department of Education	

***311 Service Requests - How does the 311 process change during Code Blue?***

- Homeless Person Assistance service requests become “Homeless Person in Need of Immediate Attention” service inquiries during Code Blue.
- 311 phone calls are routed directly to 911. If the public attempts to make a Homeless Person Assistance service request via the 311 call center during Code Blue, the call taker explains the following:
  - **911 accepts reports of homeless people who are:**
  - **Outside during weather emergencies**
  - **Creating a hazard, such as blocking a sidewalk or ATM**
  - **Outstretched or sleeping in a subway, on the tracks, or in another Transit District area**
  - **Creating a danger to themselves or others**



- The 311 mobile app does not allow users to submit requests; instead, users are prompted to call 911 to request assistance for a homeless person with the following message, “Extreme cold weather activates a Code Blue period from 4 pm to 8 am. During this time, 311 Street Homeless Service Requests are routed directly to 911”
- Any 311/911 concerns during a Cold Weather event, should be directed to 911.

## **VI. CODE BLUE PLANNING**

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

### **DSS Emergency Management’s Role**

1. Reviews and revises the Code Blue procedure as needed.
2. Requests training from DOHMH on NYS Mental Hygiene Law, section 9.58 removals.
3. 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.
4. Maintains the CodeAlert Distribution List. Any individuals that would like to receive Code Blue Notifications must email the DSS Emergency Management mailbox ([DSSEmergency@dss.nyc.gov](mailto:DSSEmergency@dss.nyc.gov)).
5. Share procedure with NYC Emergency Management at the start of the Code Blue season for situational awareness.

### **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 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 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.

### ***Appendix I***

#### ***Contact Information for DHS Outreach Teams***

<p>Bronx Outreach 24-hour number: Director: Juan Rivera</p>	<p>BronxWorks 718- 893-3606 <a href="mailto:jrivera@bronxworks.org">jrivera@bronxworks.org</a></p>
<p>Brooklyn/Queens Street to Home 24-hour number:  Director: Chris Tabellario</p>	<p>Breaking Ground Brooklyn: Casey Burke 917-753-1837 <a href="mailto:cburke@breakingground.org">cburke@breakingground.org</a> Queens: Cara Ochsenreiter 631-875-4353 <a href="mailto:cochsenreiter@breakingground.org">cochsenreiter@breakingground.org</a> <a href="mailto:ctabellario@breakingground.org">ctabellario@breakingground.org</a></p>
<p>Manhattan Outreach Consortium 24-hour number: Director: Erica Strang</p>	<p>CUCS 212-222-9806 212-724-1001 or <a href="mailto:estrang@cucs.org">estrang@cucs.org</a></p>
<p>Staten Island 24-hour number: Director: Teisha Diallo</p>	<p>Project Hospitality 347-538-2314 <a href="mailto:teisha_diallo@projecthospitality.org">teisha_diallo@projecthospitality.org</a></p>
<p>MTA Outreach 24-hour number: Director: Tim Long</p>	<p>BRC 212-533-5151 <a href="mailto:tlong@brc.org">tlong@brc.org</a></p>

**Appendix II****Code Blue Indicators**

<b>Code Blue Shift Indicators</b>
Number of Vulnerable Clients on Priority List
Number of Vulnerable Clients Contacted
Total Number of Contacts with Vulnerable Clients
Number of Voluntary Placements to Shelter, Transitional Housing, Drop-In Centers, or Permanent Housing (already housed),
Number of Voluntary Placements to Hospital ERs for Medical Issues
Number of Voluntary Placements to Hospital ERs or Waiting Rooms for shelter only
Number of Voluntary Placements to Warming Centers, and of those
Number of Voluntary Placements to Other Warm Spaces
Number of 911 calls
Number of 9.58 removals
Number of EDP Involuntary Removals with NYPD
Number of Subway Teams in the Field
Number of Code Blue Stations (Subway Outreach Only)
Number of Visits to the Code Blue Stations (Subway Outreach Only)
Number of Contacts that the Staten Island Ferry Terminal (Staten Island Only)
Important Notes or Significant Information

### **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 Index<sup>1</sup>:

- **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 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.**

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<sup>1</sup> Community Solutions, James J. Connell, 2007. Vulnerability Index.

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. To assess for frostbite, here are three (3) questions that **must** be asked when the temperature is below 32<sup>o</sup> F:
  - a. Are you experiencing pins-and-needles sensation in your fingers, toes, nose, or ears?
  - b. Is your skin on your fingers, toes, nose, or ears turning 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 wet 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**



**Steven Banks**  
Commissioner

**Joslyn Carter**  
DHS Administrator

**Fabienne Laraque, MD, MPH**  
Medical Director

**33 Beaver Street**  
New York, NY 10004

212 361 8000 tel  
212 361 8001 tty  
212 361 7977 fax

October 28th, 2021

Dear Hospital Emergency Department Director:

As we approach the winter, the NYC Department of Homeless Services (DHS) is concerned about the risks that unsheltered New Yorkers experiencing homelessness 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.

Similar to prior years, DHS will declare a Code Blue Alert under the circumstances described in the attached procedure. Unlike prior years, we are still in the Covid-19 pandemic and asking hospitals to allow individuals in need to use the hospital ED waiting room or hospital space may be unfeasible, depending on how high the case rates are. If the pandemic continues or there is a resurgence, we will seek other options and ask that you work with DHS and its outreach teams to achieve the most appropriate outcome for our clients.

If an individual experiencing homelessness presents to your hospital emergency department, does not need immediate medical care, and requests or accepts DHS services, please call the DHS Joint Command Center at 212-607-6040 or email [SHCCC@dhs.nyc.gov](mailto:SHCCC@dhs.nyc.gov).

On behalf of all New Yorkers, thank you for your help in assisting individuals experiencing homelessness during cold weather emergencies.

For any questions, related to DHS Code Blue please contact Shane Cox at [scox@dhs.nyc.gov](mailto:scox@dhs.nyc.gov).

We appreciate your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Fabienne", written over a horizontal line.

Fabienne Laraque, MD, MPH  
Medical Director