New York State Department of Health (NYSDOH)
Severe Cold Advisory for Healthcare Facilities and Providers
February 12, 2016

The coldest air mass of the season is expected this weekend. The very cold temperatures combined with strong gusty winds will allow for wind chill values to reach dangerous, to potentially life threatening levels. Temperatures will begin dropping on Friday evening with the coldest air and wind chill temperatures occurring Saturday night into Sunday. Wind chill levels for these days will range between twenty (20) to forty-five (45) degrees below zero.

Please immediately review your cold weather policies and procedures with all staff.

Health and residential care providers should take the necessary precautions to ensure that patients, residents and staff are comfortable and safe when indoors and well dressed for protection from hypothermia and frostbite when traveling outdoors throughout the winter months, but especially during this upcoming excessive cold.

Both New York State and Federal regulations require inpatient and residential healthcare providers to maintain comfortable and safe temperature levels within their facilities. These regulations may be reviewed in the following sections of code:

- Hospitals: 10 NYCRR 405.24 and CFR 482.41
- Nursing homes: 10 NYCRR 415.5 and 42 CFR 483.15 The regulations contained in 10NYCRR Part 713 require nursing homes to be equipped with a heating system capable of maintaining all resident areas at a minimum temperature of 75 degrees Fahrenheit.
- Adult care facilities: Section 461-q of Social Services Law requires the New York State Department of Health (Department) to set allowable temperatures for resident-occupied areas of the facility. Please refer to 18NYCRR 487.11 (m) and 488.11 (i)
- Home care and hospice: Review emergency response plan. Temperatures at hospice residence and inpatient hospice locations should be monitored. Homecare agencies should be ready to communicate with their patients during and immediately following this cold period to perform checks on their safety and condition of their health. Staff should pay attention to temperatures at patient homes upon visit. Review agency plan for managing situations where patients refuse to evacuate a hazardous situation (loss of heat in their home). Agencies should also take steps to ensure that their staff take measures to protect themselves from the cold when performing their patient care visits.

Health and residential care providers should ensure that staff are especially alert to the signs, symptoms and consequences of hypothermia and frostbite. During the winter months, the elderly, and those with health problems such as diabetes, circulatory or thyroid disease, poor nutritional status, those who are alcohol or drug intoxicated, those with spinal cord or nerve damage, Parkinson’s Disease, individuals of the male gender and those suffering from substance and alcohol abuse are at risk to develop hypothermia and frostbite. Hypothermia can occur when indoor air temperatures are 60 to 65 degrees Fahrenheit. If low room temperatures at the facility are identified, individual body temperatures should be monitored to ensure there is no risk of hypothermia to the patient/resident or staff. Detailed guidance is outlined in the Centers for Disease Control (CDC) Morbidity and Mortality Weekly Report (MMWR) published on February 20, 2015 and available at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6406a2.htm and in Mayo Clinic guidance, available at http://www.mayoclinic.org/diseasesconditions/hypothermia/basics/risk-factors/con-20020453.

The signs, symptoms and management of hypothermia and frostbite include:
- **Hypothermia:**
  - **Signs and Symptoms:** Shivering; confusion; memory loss; drowsiness; exhaustion; slurred speech; glassy stare; slow, irregular pulse; numbness; and decreased level of consciousness.
  - **Management:** remove all wet/cold clothing; Place individual in dry blankets/clothing; if conscious, provide warm beverage; Seek/provide medical attention if further treatment is required.

- **Frostbite:**
  - **Signs and Symptoms:** Any discoloration of the skin such as flushed, white, yellow, or blue depending on the length of exposure; waxy appearance of skin; and lack of feeling or numbness.
  - **Management:** Handle the frostbitten area gently; do not rub the area; Expose the affected area to a source of warmth.

The following measures should also be taken by providers prior to, and during this period of extreme cold and in general during the cold weather months:

- Immediately test all generators involved in supplying power to areas for patient care and in accordance with program regulations. Ensure that you have sufficient generator fuel on hand to cover at least the period of extreme cold.

- If you experience heating equipment malfunctions during normal business hours, immediately contact your service contractor and make sure to inform your NYSDOH Regional Office program. For malfunctions that occur on nights, weekends or holidays, contact the NYSDOH Duty Officer at 1-866-881-2809 and inform them of the problem. In the situation where heating equipment has failed, individual room temperatures should be frequently monitored.

- If emergency need arises, providers located in the 5 boroughs of NYC should contact New York City Emergency Management. Facilities in need of assistance on Long Island, the lower Hudson Valley and other regions of New York State should contact their County Emergency Operations Center (EOC) or County Office of Emergency Management if the EOC is not activated. If the need is for supplies or equipment, it is important to note that providers should rely on these resources as a backup; and not the primary source for items they may need.

- Ensure that carbon monoxide detectors are installed and frequently monitored to ensure functionality.

- Ensure that all means of egress to the public way are kept clear, free of ice and functional at all times.

- Check all doors/windows for drafts. Eliminate drafts when possible by drawing curtains or shades on days when the temperatures are below freezing. Encourage residents to sit away from the windows.

- Review emergency evacuation plans and ensure that they are up to date.

- Water mains in your area and pipes may burst due to the cold; ensure adequate supplies of potable water are available for drinking and cooking.

- At residential facilities, encourage residents to wear appropriate winter clothing while indoors and encourage residents to stay indoors unless absolutely necessary to go outdoors during the extreme cold period. If residents do go outdoors encourage residents to dress in layers with appropriate outerwear when leaving the building. Residents should always wear a hat (or ear covering) and gloves when going outdoors. Know the whereabouts of all residents to assure their health and safety is maintained.

- Offer warm fluids/beverages to patients and residents.

**The Homeless:**

Homeless individuals may present to your hospital or nursing home requesting shelter during extreme cold weather. Although hospital personnel are not required to perform a medical screen on these individuals on the basis of these circumstances alone, if a homeless individual presents to the hospital complaining of or exhibiting symptoms of
hypothermia, frostbite or other medical conditions, medical screening must be completed to rule out emergency medical conditions in accordance with normal operating procedures. If the individual does not have cold related condition but wishes to remain at the hospital to stay warm, please allow them to do so.

Nursing homes should also review their plans regarding reception and treatment of individuals seeking shelter from “…an internal or external emergency resulting from natural or man-made causes including but not limited to … severe weather…” per 10 NYCRR 415.26, and ensure that individuals are sent for any necessary emergency care or sent to emergency shelters.

On January 6th, the NYSDOH distributed a Dear Administrator Letter to hospital CEOs requesting that specific actions be taken by hospitals in response to Governor Andrew M. Cuomo’s Executive Order (EO) 151 of January 5, 2016, to protect the homeless from inclement winter weather and temperatures. The main requests put forth in the DAL are summarized here:

1. Homeless individuals may arrive at your hospitals seeking only a warm place to stay.

2. The EO 151 does not change the criteria for an admission pursuant to MHL Article 9, but when the temperature dips below freezing, if homeless individuals are taken to your facility and, upon examination, found not to meet the criteria for involuntary admission please ensure that they have transport to available housing or emergency shelter.

3. Similarly, when the temperature dips below freezing and you have homeless patients (including medical patients) ready to be discharged, if they wish to remain in a public area of the hospital to stay in a warm place, please allow them to remain. If these patients wish to leave the hospital, please follow your standard policy and procedure to ensure a safe and appropriate discharge for the individual and work with appropriate partner organizations to ensure that they have transport to available housing or emergency shelter.

4. Ensure that staff are aware of risk factors that predispose individuals to hypothermia, as discussed above.