

Guidance for Building Safety (rapid) Evaluations during COVID-19

An AIA Disaster Assistance Committee special advisory

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Federal disaster response has changed:

According to FEMA's COVID-19 Pandemic Operational Guidance for the 2020 Hurricane Season, May 2020; FEMA will enact the following procedural modifications to enhance FEMA employee and public safety when responding to a disaster.

- Limits on the number of personnel deployed to the field to ensure social distancing
- FEMA will utilize remote expanded windshield assessments and field work to evaluate damage as much as possible
- Minimization of travel and direct contact
- AHJs will need to be prepared to adapt to adjustments in how FEMA implements disaster assistance and delivers programs

These same limits may be applied to volunteers for building safety evaluations. Therefore, modifications to FEMA's response protocol suggest the need for AIA State Disaster Assistance Programs across the country to also evaluate how their procedures may need to change in response to COVID-19 and in alignment with national disaster response operational strategy. This advisory contains considerations for state and local AIA State Disaster Assistance Programs from the AIA Disaster Assistance Committee.

Our collective objective remains the same:

Building safety evaluations identify which homes are safe to return to – a task especially critical while shelter-at-home orders and physical distancing requirements are in place. However, maintaining the health and safety of volunteers remains a priority.

Go / No-go: a volunteer self-assessment

Volunteers are never expected to respond if they are not comfortable doing so. This volunteer self-evaluation now includes additional health considerations: a volunteer's first decision is to decide whether they want to enter the sort of environment that may expose them to COVID-19. In deciding whether or not to respond during COVID-19, a volunteer needs to ask themselves:

1. Am I physically well enough to go into that situation, knowing that pre-existing conditions make people more susceptible to the virus?
2. How many positive COVID-19 cases are in the area? Am I comfortable with this degree of risk?
3. Do I have or is the AHJ providing PPE in accordance with local health department or CDC recommendations; including face coverings, hand sanitizer, gloves, etc?
4. If I experience an injury or get sick while performing pro-bono safety evaluation services post-disaster, who will cover medical costs and associated expenses?
 - a. If an individual is volunteering **under EMAC**, workers' compensation travels with the individual being sent, unless a unique MOU says otherwise.
 - b. If the individual is volunteering **under the state or city**, an understanding of responsibility benefits all parties and should be defined in an MOU or other agreement before volunteer services are rendered.
5. Have "stay away/stay clear" orders been given to the community in order for assessments to be performed? If so,

how long has the area been cleared before safety evaluations are to begin? Am I comfortable with this degree of risk?

6. Will there be a potential need to enter a building while on this deployment, or will all operations be exterior? Will appropriate physical distancing be in place? Am I comfortable with these parameters and if so, how can I avoid touching common surfaces?
7. Has the AHJ provided information regarding what other responders may be on the scene? And am I okay with encountering homeowners, volunteer groups, emergency management coordinators, etc.?
8. Am I okay traveling in a closed vehicle with people I do not know? Sharing a bathroom and/or housing with other volunteers?
9. Am I prepared to enter areas that may not have running water or hand sanitizer for proper sanitation?
10. Am I prepared to put extra stress on my body from long hours, poor hydration and diet, and proximity to other health risks such as bacteria, viruses, insects, and animals?

Modifications to consider

If the AHJ, local AIA leadership, and volunteers feel comfortable responding, below are operational modifications for local AIA leadership and the AIA State Disaster Coordinator to consider with the AHJ.

1. Consult with the AHJ regarding potential use of available remote imagery to reduce travel to the field and/or pre-populate placards (e.g. severely damaged homes can be first virtually be Red Placarded) saving time in the field where just the posting would occur.

2. If possible, consider having the local lead health department officer attend the morning briefing, before volunteers deploy to the field, to provide current information and insights regarding the presence of known cases in the area to be evacuated.
3. Ask the AHJ how interior damage will be evaluated. If conducting an interior evaluation by entering the building, leave doors wide open to increase ventilation and limit the number of people in the structure to as few as safely possible.
4. When possible, host pre-evaluation briefings and end of day debriefs outdoors with appropriate physical distancing in place.
5. Ask AHJ if volunteers will be allowed to travel individually to and from the neighborhood / evaluation site.
6. Wear appropriately fitted PPE, as recommended by public health officials and the AHJ. Minimal PPE typically includes a hard hat, eye protection, face mask, gloves, weather appropriate clothing and work shoes. See field manual for more info.
7. Maintain minimum physical distance measures with team and community members.
8. Properly dispose of all contaminated PPE and wash hands and exposed skin.

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