The Collaborative Q&A—Safely Advancing RAD+ Rehabs

While the all-hands-on deck focus now for PHAs and their partners continues to be addressing the immediate safety and health concerns of residents in their properties, soon enough that focus will extend to rehabbing units in need of repair, which is also a health and safety priority.

The *RC* asked Chad Wakefield *(CW)* of Revival Development Services, Katie Provencher *(KP)* of Housing Opportunities Unlimited (HOU), and Rosetta Brown *(RB)* of R.H. Brown & Company—each of whom are experienced relocation and resident support companies in different regions of the country—for their thoughts on how RAD and related rehab work can be done safely.

RC: It's hard to imagine now that anyone could be comfortable with letting work crews into their homes, let alone elderly public housing residents in multifamily settings and those with underlying health conditions. What are the first things PHAs and their partners can best do to assure residents that in-unit work can be safely done?

RB - It is imperative that we educate our residents and staff members to mitigate risks as the COVID pandemic continues. For example, PHAs could begin surveying residents in an effort to determine what's important to them, and to ease some of their immediate concerns or fears when someone is scheduled to enter into their unit. It's said that the brain responds to fear first. So how do we creatively ease those fears of our residents and staff and regain the trust of everyone? Also, it's important to ensure that any safety correspondence, i.e., posters, flyers, etc. are distributed in different languages represented by PHA residents and staff.

CW - Continuing communications with residents will be key. Asking them how they are feeling and about their concerns and fears so they can be quickly addressed can help. Establishing written policies and procedures that are shared in advance, and ensuring competent staffing to explain them is critical. However, they have to be followed, otherwise they are meaningless and confidence in the process goes down the drain. Effort needs to be made to show how those P&P are being carried out to build the trust and confidence of the residents.

KP - In addition, HOU has been working with clients in such situations to determine if there is an opportunity for residents to move out completely into another cleaned unit and then move back in (again, to a cleaned unit) when the work is completed. This avoids crews being in and out and interacting with a family on a daily basis and keeps everyone—residents and crew—more safe.

RC: Whether routine maintenance by PHA staff or mod rehab work undertaken while residents remain in place, in-unit workers will face new challenges—and resident concerns. What's being done now to orient, train and monitor staff and 3rd-parties on safe practices?

CW - With third-parties we have developed policies and procedures that have become part of their scope of work and enforced in their contract. Review of those P&P is done before anyone is allowed to work. Physical on-site monitoring and corrective action is enforced, including termination.

KP - Agreed, and employing measures such as daily health logs and temperature reading stations will prove helpful.

RB - A standard maintenance checklist created by the PHA is an easy step. This could be a process followed for each maintenance staff person to ensure cleanliness and safety on a daily basis. The checklist becomes part of a quick, daily routine for them. It's for their protection as well.

RC: It seems inevitable that even the most-rigorous safe-work and sanitary clean-up procedures won't be able to 100% insulate residents or workers from coming in contact with the corona virus in other daily activities. Are there protocols for what to do when a worker or resident tests positive where in-unit work has been going on?

RB - Protection, training and monitoring of staff and residents are essential. Self-quarantine measures should be immediate and testing and tracing should begin promptly. Tips on how to self-quarantine should be created and distributed to everyone involved as well. A short video on protection and safety should be created and viewed by all staff with sign-off.

CW - Specific, clear measures should include: the worker is sent home and treated per their physician's orders and is not allowed to return until they are verified negative; testing is then immediately arranged for affected residents; and units are disinfected, ideally without residents in place, and ventilated to the degree the unit configuration allows.

KP - And site managers really need to understand if the resident or worker in question came into contact with anyone else, the length of those interactions, if they wore PPE and/or remained 6 feet apart from each other. All of this information plays into the response that needs to be taken by all parties.

RC: All of the same concerns about undertaking rehab while residents remain in place would seem to extend to rehab requiring residents to temporarily relocate—but with a different set of workers like movers, lease-up staff, new maintenance crews and the like involved. What are some of the common and different challenges for this type of relocation and rehab activities to be done safely?

CW - Even prior to COVID, health and safety concerns existed including bed bug infestations, which had to be mitigated to guard against spread. The best tools have and still are initial assessments of each unit, risk planning (what will you do when "X" happens), and having written procedures to safeguard the health and safety of all involved.

KP - During this time more than ever you have to make sure everyone on the team—the owner, general contract, third-party vendors, residents—are communicating and on the same page. Everyone needs to really understand the COVID-19 response plan and implement it. It's one thing to agree upon cleaning measures, for example, but everyone on the team needs to implement them consistently across the board.

RB - Agreed. Communications and best practices are going to be critical. COVID-19 has made the public aware of the importance of cleanliness and self-protection. For example, some movers have provided a short list of their move requirements prior to entering the units on move day, i.e. mask, hand sanitizer, etc. It is now being conveyed to the residents prior to relocating to their new unit. This also includes bug infestation treatment, packing and unpacking of personal belongings, and a unit inspection prior to the move.

RC: Our response to the pandemic has been very much a state-by-state, even city-by-city set of directives and practices. How does this impact recommended protocols and guidelines for carrying out in-unit work?

KP - Monitoring varied requirements is almost a full time job. HOU enlisted the assistance of an occupational health, safety, environmental consultant to develop and implement a COVID-19 Response Plan. This same group is involved in monitoring the varying protocols and guidelines across the country for us.

CW - The notable difference across different geographies is the level of mandated care and use of certain types of PPE. Some areas are recommending or requiring just a mask whereas others went as so far to full-body coverings for movers.

RB- Agreed. Although construction workers perform interior and exterior work daily, a recommended set of guidelines may prove beneficial for them as well. But they require monitoring for consistency with local requirements.

RC: Assuming the best and safest practices for in-place rehabs and temporary relocations costs more. Beyond these costs being added to already tight operating expenses or development budgets, are there any available or likely new resources for PHAs and their partners to tap to help with these costs?

CW - A potential source is the CDBG-CV CARES Act funds, which have now gone through two rounds of allocations to states. Although not a panacea, it is a source with some flexibility. This challenge highlights the importance of doing a really thorough cost estimate with a contingency factor of at least 10%. By trimming cost all the way to the bone the project developer will almost always be caught by an unexpected cost and have for scramble to fill a gap—as many are doing now. For active projects the project developer will really need to analyze their current estimates and forecasts for budget items that can be re-programmed for additional health and safety protections.

RC Note– Housing authorities can also tap CARES Act supplemental admin funds, and potentially additional CARES Act-provided Operating Funds for RAD-converted and other PBV properties for these needs. HUD is also reviewing how it might extend CARES Act funds to RAD-converted and conventional PBRA properties.

RC: Finally, if PHAs and their partners are looking for more information or even how to safely get started with rehab activities under current circumstances, in the spirit of Ghostbusters—who should they be calling?

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