**Recommendations for High Rise Buildings Before and During**

**a Water-related Emergency**

###### Recommendations for water/wastewater utilities and health departments before an incident

* Complete geolocation mapping for high rise infrastructure to locate critical water and wastewater connections for each building, including connections for emergency power, shut-off valves for sewage back flow prevention, potential inlet points for emergency potable water connections, and other essential connections.
* Identify persons in the high rise buildings who will have difficulty accessing water, sanitation, and hygiene (WASH) resources and link them to the geolocation mapping.
* Review previous high rise emergency response situations within your jurisdiction; use the lessons learned to make improvements for future incidents.
* Participate in exercises with the owners and managers of high rise buildings to test the written plans and improve the plans as needed.

###### Recommendations for high rise building personnel before and during an incident

Before and during an emergency incident, landlords, doormen, superintendents, and other building personnel are often primary sources of information for residents of high rise buildings, particularly in situations where traditional forms of communication (e.g., TV, radio, internet, etc.) are not readily available due to power outages.

Before an incident takes place, those in charge of the emergency operations planning should provide materials to building personnel (e.g., door hangers, flyers, posters, etc.) to distribute to residents that cover how to prepare an emergency water supply in the event of a service interruption (recommendations listed below) as well as answers to common questions that may arise during a drinking water advisory. These can be created using the information found in the section of this toolbox entitled “**Frequently Asked Questions About Boil Water Advisories**.” 

Building managers should flush affected potable water taps until the water meets control limits in accordance with water management plans compliant with [**ASHRAE Standard 188**](https://www.ashrae.org/resources--publications/bookstore/ansi-ashrae-standard-188-2015-legionellosis-risk-management-for-building-water-systems). Monitoring of residual disinfectant and other relevant water quality parameters (such as HPC in recreational water or pH in utility water) in all building water systems should be performed. Disinfection of water systems may be necessary if control limits are not met. Contact with potable, recreational, or utility water that is not within established control limits should be limited until the systems are restored to normal operating conditions.

###### Recommendations for residents of high rise buildings before and during an incident

Preparing for an emergency

* Store 1 gallon of water per person per day, for drinking and sanitation needs; a 3-day supply is recommended.
	+ Nursing mothers, children and individuals who are sick may require more water. If the temperature is likely to be very warm, 2 gallons of water per person per day is recommended.
* Fill up bathtubs before the emergency with water to use for toilet flushing.
* Buy water treatment supplies from an outdoor supply store or unscented household bleach to disinfect tap water.
* Ensure you have batteries or recharging devices that do not require electricity so you can power your communication devices in case the electricity goes out.
* If you take medication, make sure you have a sufficient supply of it.
* Ensure you store all medical insurance and medication information in a safe place.

During an emergency

* Check in with sick, disabled, or elderly neighbors who may not be able to leave their apartments or navigate stairs to access additional sources of water.
* Form a bucket brigade or human chain to pass heavy items like bottled water up the stairs to higher floors.

###### Special Considerations

In emergencies involving high rise buildings, elderly and disabled residents are most likely to be adversely affected due to their limited mobility and reliance on home health aides, friends, or relatives who are unable to get to them in emergency situations. The needs and limitations of these residents should be taken into consideration by those in charge.