

Coronavirus Disease 2019 (COVID-19) Frequently Asked Questions

January 10, 2022

Q: Has FTA waived any federal requirements?

A: FTA established an Emergency Relief docket that allows recipients in states in which the Governor has declared an emergency related to COVID-19 to request temporary relief from federal requirements under 49 U.S.C. Chapter 53 as well as the provisions of any non-statutory FTA requirements. Some federal requirements include specific provisions related to emergencies, and therefore, no FTA waiver is necessary. For example, federal procurement standards established in 2 CFR part 220.317-326 permit the use of a noncompetitive (sole source) procurement when the circumstances of an emergency (or public exigency) would not permit a delay resulting from competitive solicitation. National Environmental Policy Act (NEPA) continues to apply and will not be waived during the COVID-19 public health emergency. (From FTA web page at https://www.transit.dot.gov/frequently-asked-questions-fta-grantees-regarding-coronavirus-disease-2019-covid-19, accessed January 5, 2022.)

Q: Has FTA extended any deadlines?

A: If a state demonstrates, in writing, that extenuating circumstances will delay the submittal of a new or amended STIP past its update deadline, FTA and FHWA will consider and take appropriate action on a request to extend the approval beyond 4 years for all or part of the STIP for a period not to exceed 180 calendar days. FTA will use your 2018 data in the upcoming Fiscal Year (FY) 2021 apportionment of formula grants in lieu of your 2019 data. Your 2018 data will also be used for the FY 2022 apportionment in lieu of your 2020 data, and possibly the FY 2023 apportionment as well. FTA has issued a Notice of Enforcement Discretion stating that FTA will refrain from taking enforcement action pursuant to 49 U.S.C. Section 5329(g) and the FTA Master Agreement (26) (October 1, 2019) until August 21, 2022, against any FTA recipient subject to the PTSCTP regulation that is unable to certify that it has met the requirements of the regulation. FTA is providing relief from the Public Transportation Safety Certification Training Program regulation (49 CFR Part 672) August 20, 2021, compliance deadline by not taking any action until August 21, 2022. (From FTA web page at https://www.transit.dot.gov/frequently-asked-questions-fta-grantees-regarding-coronavirus-disease-2019-covid-19, accessed January 5, 2022.)

Q: Can CARES Act and CRRSAA funds can be used for transit agencies to deliver food, medicine, etc.?

A: Yes. The use of transit vehicles is eligible as an incidental use if the delivery services do not conflict with the provision of transit services or result in a reduction of service to transit passengers.

As part of Emergency Relief efforts authorized by 49 U.S.C. § 5324, FTA also will permit recipients to use Section 5307/5311 funds administered under the provisions of the Emergency Relief program, CARES Act or CRRSAA funds until January 20, 2022, to pay for the operational costs of such services. (From FTA web page at https://www.transit.dot.gov/frequently-asked-questions-fta-grantees-regarding-coronavirus-disease-2019-covid-19, accessed January 5, 2022.)

Q: Can CARES Act and CRRSAA funds be used to support Section 5310 (Enhanced Mobility of Seniors & Individuals with Disabilities) services?

A: CARES Act funds can only be used to support Section 5311 (Rural Formula Program) and Section 5307 (Urbanized Area Formula Program) services. CRRSAA funds can also be used to support Section 5310 (Enhanced Mobility of Seniors & Individuals with Disabilities) services.

Q: Where can we find samples of contingency plans for transit during the COVID-19 pandemic?

A: National RTAP has developed a Coronavirus Topic Guide at https://www.nationalrtap.org/Toolkits/Find-Anything-Toolkit/Free-and-Low-Cost-Resources/Hot-Topics#Coronavirus. We list some samples in our guide.

Q: What are best practices for drivers for helping passengers who use wheelchairs during the COVID-19 pandemic?

Community Transportation Association of America (CTAA) published a best practices article on wheelchair securement at https://ctaa.org/wp-content/uploads/2020/03/Wheelchair_Securement.pdf. They recommend asking passengers to turn their head towards the window as the driver secures their wheelchair, not having conversations during wheelchair securement, a process for sanitizing securement belts, and offering masks to riders.

Q: What conferences, specifically transportation conferences, are being cancelling due to COVID-19?

A: Many conferences are being canceled, postponed, or moved to virtual settings due to COVID-19. National RTAP is listing these in our eNews, beginning with the March 19, 2020 edition. See https://www.nationalrtap.org/News/eNews.

Q: How can we show the public that riding transit is not a threat to their health and increase ridership?

A: Transit agencies can calm rider stress through common-sense communication. Communications for transit services can be tailored to their current service provisions. Mobility Lab's How Mobility Messaging Can Inject Confidence Into a COVID-Changed Society (see https://bit.ly/2Xv59UH) is a helpful resource for marketing communications. Recommendations in the article include that transit messaging can emphasize rider and employee safety, provide real-time information about how crowded or empty each bus is, and forge trust by enabling other options that passengers may be comfortable with (such as bicycles and ride-sharing companies).

Q: How best should transit agencies meet increasing demand during phased reopening while having limited capacity on each vehicle?

A: Some agencies have been purchasing larger vehicles (CARES Act and CRRSAA funds can be used for this purpose). Agencies have also been using vehicles not currently in use by community partners (such as school buses). An idea to consider is increasing hours of service. Another idea is to deploy two buses to each fixed route stop so each bus so both can board fewer passengers.

Q: What are some best practices surrounding emergency preparedness and COVID-19?

A: The U.S. Federal Emergency Management Administration (FEMA) prepared COVID-19 Pandemic Operational Guidance All-Hazards at https://www.fema.gov/media-library/assets/documents/188203. The guidance discusses maintaining availability of mass transit and paratransit services for evacuation of people with disabilities in accordance with CDC guidance and social distancing requirements. The National Academies held a webinar on extreme events and the COVID-19 pandemic. The recording is available at https://www.nationalacademies.org/event/05-13-2020/webinar-on-environmental-extreme-events-and-covid-19-in-2020. Emergency response agencies in Missouri stress that it is important to plan for multiple emergency preparedness scenarios (such as a pandemic and an extreme weather event) simultaneously and proactively provide training on these types of situations (see https://bit.ly/3gCGxCa). If buses are used for evacuation purposes, transit agencies can provide

Q: Should transit agencies require drivers and passengers to wear masks?

gloves, masks and hand sanitizer for evacuees.

A: Mask wearing on public transportation is now mandated by the federal government and the CDC through March 18, 2022. CDC advises to wear masks in accordance with OSHA guidance and any state or local requirements. CDC recommends multi-layer, washable, snugly-fitting cloth face coverings that cover the mouth and nose for everyone in all public places to help slow the spread of COVID-19. CDC states that a person who has trouble breathing, is unconscious (for reasons other than sleeping), incapacitated, has a disability that prevents them from wearing a mask, or is unable to remove the face covering without assistance should not wear a face mask. Transit agency policies should include mask wearing for drivers and passengers. Our Transit Manager's Toolkit provides guidance for drivers at https://bit.ly/3rsKcH2 should passengers become angry about this.

Q: Have rural transit agencies begun reinstating fares that were free during the stay-at-home orders? What issues need to be considered?

A: A literature search conducted by the National RTAP Resource Center Manager found 17 agencies (6 serving rural populations) reinstating fares that were made free due to travel restrictions. Fare reinstatement ranged between April 12 – July 1, 2020, with a median date of May 18 and an average date of May 31. Policies and issues were discussed on the Rural Transit Manager's Forum. Transit agencies considering the change need to work with their governing bodies and State DOTs, and follow necessary public meeting guidelines. For agencies considering cashless fare technologies, they must ensure that their fare media changes do not result in disparities for riders protected under Title VI Civil Rights regulations.

Q: Can agencies deny riders if they are sick with COVID-19 and provide them with alternative transport?

A. FTA provided the following guidance: A transit agency should contact local and state public health officials, who generally coordinate information with the Centers for Disease Control and Prevention (CDC), to determine under what circumstances the agency may deny service to any transit rider. The U.S. DOT ADA regulations at 49 CFR 37.5(h) provide that an agency may deny service to a person with a disability who "represents a direct threat to the health or safety of others." A "direct threat" is defined, in part, by 49 CFR 37.3, as "a significant risk to the health or safety of others." (From FTA web page at https://www.transit.dot.gov/frequently-asked-questions-fta-grantees-regarding-coronavirus-disease-2019-covid-19, accessed January 5, 2022.)

Participants in our March 26, 2020 Transit Manager's Peer Roundtable said that Medicaid call centers are letting transit agencies know that they are not required to transport COVID-19 positive individuals and to let them know they can take an ambulance. The Centers for Medicare and Medicaid Services (CMS) published Medicare and Medicaid Programs; Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency in the Federal Register on April 6, 2020, which expanded on an interim basis the list of destinations that Medicare covers ambulance transportation to include all destinations, from any point of origin, that are equipped to treat the condition of the patient consistent with Emergency Medical Services protocols established by state and/or local laws where the services will be furnished.

Q: How do transit agencies respond to requests to transport COVID-19 positive passengers? In particular, how are requests handled for transportation to healthcare facilities, such as dialysis?

A: The National RTAP Resource Center was asked this question by a State RTAP Manager and we asked the transit managers on our Transit Manager's Forum to share their practices, which are summarized here. This is an area where agencies may develop local policies. Notice that individual transit agencies vary widely in their decisions and approaches to transporting COVID-19 positive passengers. We provide the following only for informational purposes as examples.

- We were asked to transport over 10 people who had potentially been exposed. We wanted to help, but determined that the risk was too high.
- We are the backup option for transporting COVID-19 patients home from the hospital who don't have family or friends who are able to pick them up. We retrofitted a bus with a vinyl curtain from floor to ceiling to completely close off the driver from the passenger. We have 3 volunteer drivers who were trained by medical personnel on how to don/doff personal protective equipment (PPE). The driver would not have any direct contact with the passenger. The bus would sit for 3 days and then be sanitized. We haven't transported any known COVID-19 positive patients, but we are ready to.
- Nonemergency EMTs should provide service to COVID-19 positive patients. They are prepared and have the proper resources.
- We recommended that all of our agencies work with their local Offices of Emergency
 Management (OEM) to determine who is best equipped to handle these situations. Most of
 our community providers do not have medical grade PPE or intensive disinfection solutions
 such as UV lights, so alternatives were found like ambulance services for transportation for
 COVID-19 positive patients.

• W received a call from the county health department nurse informing us that a homebound person whom we transport for dialysis had direct contact with a person infected with COVID-19. No informal supports were able to provide the 40-minute drive each way. We asked the nurse whether the masks, gloves and hand sanitizer were sufficient. Our vehicles are disinfected daily and fogged with an anti-viral weekly. We have plexiglass partitions on our buses, but not in our minivans that are used for single transports. We placed a clear shower curtain in our minivan between the driver and rider. We gave the driver the option to decline the transport, but he agreed to do it without hesitation.

Q: Have transit agencies added voluntary vaccinations to their standard safety requirements?

A: We have not found any rural or tribal transit agencies that have done so.

Q: Have many rural/5311 subrecipients that operate a shared-ride taxi system returned to shared rides?

A: National RTAP conducted research in April 2021, including online research and an original survey. We found over a dozen rural operators still offering this type of service at that time and identified two urban operators offering the service through National Transit Database data. Other operators ceased shared-ride taxi service due to COVID-19 concerns.

Q: Do you have any sample survey questions related to COVID to use as a guide for businesses to send to employees related to going back to work and commuting to work?

A:

- 1. What can employers do to support their employees in the return to the workplace?
- 2. Do you believe that appropriate safety protocols will be in place when you return to work?
- 3. What types of safety measures do you want to see in the workplace?
- 4. What strategies are important to protect vulnerable employees who are at higher risk of contracting COVID-19?
- 5. If given the choice, would you prefer to continue working at home or go back to your workplace?
- 6. Could your work schedule be accomplished with alternative hours that would reduce the number of workers onsite?
- 7. How do you feel about being required to return to work?
- 8. How comfortable are you about face mask requirements for employees?
- 9. How should the workplace address employees who are not able to wear face masks for medical reasons?
- 10. When you return to work, would you prefer face-to-face meetings with masks and social distancing, or virtual meetings?
- 11. What are your concerns with using shared spaces (meeting rooms, restrooms, break rooms, etc.)?
- 12. Does your office allow for adequate social distancing? If not, how can it be rearranged?
- 13. Is there any equipment that need to be installed (such as plexiglass physical barriers) to make your work environment safer?
- 14. What safety measures should be put in place for visitors to the workplace?
- 15. Do you have any childcare or family care needs (such as children at home performing virtual learning) that would impact your return to work?

- 16. What are the top safety measures that would improve your feelings about riding transportation, carpooling, or using other shared ride modes?
- 17. What would make you more willing to use shared ride modes?
- 18. What aspect worries you the most about using public transportation or shared ride modes during the pandemic?
- 19. Would you feel comfortable traveling for business meetings or to client sites?
- 20. How much extra time would you accept being added to your commute if it meant practices were put in place to reduce your chances of contracting the virus?

References:

https://www.virginiadot.org/travel/commuter-survey.asp

https://catmavt.org/sites/default/files/uploads/act_survey_report_09152020.pdf

https://www.shrm.org/resourcesandtools/tools-and-samples/hr-forms/pages/coronavirus-covid-

19-employee-return-to-work-survey.aspx

https://www.mcgeo.org/return-to-work-survey-covid-19/

Q: Are there sample rider surveys that identify changing rider needs within a COVID-19 framework?

A: The Small Urban and Rural Center on Mobility at the Upper Great Plains Transportation Institute of North Dakota State University published Surveys of Transit Riders and Agencies During the COVID-19 Pandemic at https://www.ugpti.org/resources/reports/downloads/sp-188.pdf

Here are some individual surveys and results that were available as of January 10, 2022:

- 1. California Integrated Travel Project (Caltrans) https://caltransitdashboard.net/wp-content/uploads/2020/12/survey_summary.pdf
- 2. Marin Transit https://marin.granicus.com/MetaViewer.php?view_id=31&clip_id=10177&meta_id=10725 81
- 3. Utah Transit Authority (UTA) https://www.rideuta.com/-/media/Files/About-UTA/Reports/COVID/COVID_Survey_Report_Riders_FINAL.ashx

Q: Are any transit agencies using temperature kiosks?

A: Some rural transit agencies have implemented this technology, such as Central Midlands Regional Transit Authority (The Comet) (https://catchthecometsc.gov/whats-new/the-comet-partners-with-sc-dhec-to-provide-covid-19-testing-to-riders/) and Suburban Mobility Authority for Regional Transportation (SMART, which operates in counties that have some rural areas) (https://www.smartbus.org/Portals/0/SafetyPlaybook_06.04.2020%20red.pdf)

Answers to additional questions asked during National RTAP COVID-19 Focused Peer Roundtables and Panel Discussions can be found on https://www.nationalrtap.org/Technical-Assistance/Peer-Roundtables-and-Chats.

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