Transit Manager Peer Roundtable Summary

December 16, 2020

There were approximately 65 participants. Below are notes from the roundtable and links that may be useful to attendees and others.

How are small rural systems handling the normal public transit requirements along with new COVID requirements with limited staff?

- Angie Jones of Grant County Transit District (People Mover) in Oregon and NRTAP Review Board:
  - It has been very challenging. We offer a regional service and have a wide service area, with very few staff. I’ve been driving a lot to keep the service going. We haven’t been able to hire any new drivers until recently, and only with hazard pay advertising. We had to employ a bus cleaner. We clean it all day long, but had to hire someone to deep clean every night. It has also been hard to stay on top of the mask requirements. The drivers are tired of dealing with the passengers who don’t want to wear it.

- Other Participants:
  - We have 20 employees in fixed route and 19 in contracted paratransit.
    - For fixed route, we haven’t had a squeeze in terms of funding, but have reduced service hours, so job duties have been modified. Staff are able to work in cleaning along with their other duties, due to reduced services. Two staff disinfect vehicles every evening.
    - Paratransit has also reduced due to people staying home more, which has allowed staff to participate in meal delivery programs for the county (Meals on Wheels, FEMA, social services like Great Plates). This is where 40% of driver hours are going to. We have been pivoting to different types of services and programs to keep people working, while also benefitting the community.
  - We have a very small agency – 4 vans, running on-demand service (day before or day of). We’ve seen a rise in calls to go to the hospital and they clean down the van after every ride. Drivers can come back and rest briefly. Our main challenge is passengers getting on without a mask.
  - Our agency, in a ski resort town, has 27 drivers, fewer than we usually do during the winter season. We’ve had to realign bus routes. We did an employee-only parking area so that workers can get on first and make sure they get a ride (vs. skiers wanting a quick ride to the ski mountain).

How are you dealing with “COVID fatigue” – personally, among staff, and/or in your community?

- Tim Geibel of the Crawford Area Transit Authority in Pennsylvania and the NRTAP Review Board:
  - We offer fixed route and paratransit services and have 60 vehicles. We have had to pivot a lot and make adjustments. We have had to take away some employee perks that we used to offer, like monthly lunches for employees (due to social distancing).
To prevent COVID fatigue among staff and lift spirits, we provided $50 before Thanksgiving. We had to deny vacation requests because of short staff, and a buyback of vacation was approved by board, which they usually don’t do. We are trying to engage with workers and get some safe face to face time. I recently went out to all of our satellite offices to see the staff in person.

Fatigue is setting in though. We can’t eat out in PA right now. We are just trying to keep a positive outlook with our workforce, and management is trying to be present for our front-line staff. He doesn’t like that drivers are on the front line and management is safe at home.

Other Participants:
- To combat COVID fatigue, boost morale, and take care of our staff, we have done a few things.
  - We have 3 break areas in our building and they have a destress box with aromatherapy lotion, candy/snacks, brain teaser games, etc.
  - We do a gratitude jar contest. Staff puts in the jar something that went well each day. At the end of the month, we randomly pick a winner and give them a prize (free coffee, lunch, etc.) and post all the things that people entered that are going well to boost morale and remind people of the good things.
  - We have held intermittent listening sessions over Zoom to get everyone together and let drivers and other staff share what’s going on and listen to suggestions. We try to put those into place, so they feel ownership and that they are being listened to.
- We had to do away with our normal potluck lunches, etc., but we are trying to continue bringing some pre-packaged snacks and treats in. For example, today is our holiday party and we usually have a big party, but we did individual catering and staff can come pick it up. The board members also shared cards with all staff and are doing a monetary holiday bonus (also did at thanksgiving). The staff appreciated the extra work the board took to write the cards etc.

**Are you transporting passengers who tested positive for COVID (e.g., to dialysis) or who are on their way to get tested?**

- Laura Corff of Cimarron Public Transit in Oklahoma and the NRTAP Review Board:
  - Our agency has had a few riders who when they have called to schedule a ride, they said they tested positive. The transit agencies response is that they have to quarantine and can’t ride. However, they make referrals to our EMTs or fire departments for NEMT, because they are better trained and have the right PPE.
  - They’ve also had requests from riders to go get tested. This is more complicated. The dispatcher asks questions (e.g., have they had COVID symptoms or had contact with a positive case). Others just need to get tested in order to have surgery or return to work, and they often do those trips.

- Other Participants:
  - We took one of our ADA accessible minivans and outfitted it as a COVID specific transport vehicle, with a plexiglass barrier between the driver and passenger compartment, and a barrier behind the passenger seating, in the trunk area. We partner with social services, probation, and the local community outreach team to offer trips to those people, often homeless, who need trips from the hospital. We haven’t gotten any community-based calls for this yet, but we are ready. And it wasn’t too expensive or difficult to do.
  - We are working with our county EMS to do a mobile free testing set up in our community in early January. We are talking with the EMS to get priority access for our buses. It will be testing over 3 days. We have good relationships with EMS in the counties we serve because of work over the
past few years to improve communication. We have staff talking to county EMS to provide free transportation to get there. We are looking for volunteer drivers, not making regular staff to do that. We already have barriers on our Gillig vehicles, and we are looking at additional PPE.

- We have a small agency - 12 buses. We’re working with our local hospital to provide trips to COVID positive cases for ambulatory individuals to dialysis and to people being released from the hospital, so that they don’t need to use an ambulance for all of these trips. We have a plexiglass barrier between the driver and passenger, and we use only one bus for COVID positive cases only. The person is on the bus alone, and then we use a disinfecting bomb provided by the hospital. We’re doing a training by the hospital about properly taking on/off PPE so we can provide that service to non-ambulatory passengers to dialysis and similar essential trips. The hospital also provides the PPE.

- We have 20 employees, 19 buses, and offer demand response services and one regional route. We are transporting individuals who want to be tested regardless of symptoms or not. The rider and driver are the only people on the bus and once the rider is transported back to their residence the driver immediately returns to base to fog the bus with vital oxide disinfectant. We have been fortunate to not have any employees test positive.

- We can take passengers who may have the virus by themselves in a bus that is safe for driver.

- We have referred passengers and community partners to a local NEMT provider that has agreed to transport positive patients.

- They have a statewide NEMT provider and they asked if they could sub contract to them for those who won’t wear masks or who are COVID-19 positive. Haven’t heard back yet.

- Recently FDA approved an over the counter take home COVID test which may be helpful.


- **Civil Rights Question 3:** May a transit agency deny service to a transit rider with a disability who is exhibiting symptoms of COVID-19?

  **Answer:** 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 service may be denied to any transit rider, regardless of whether they have a disability. The Americans with Disabilities Act (ADA) does not require an agency to exempt riders with disabilities from this local determination. The 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.”

**Do you require passengers to wear masks, and if so, how strict are you in adhering to that policy?**

**Have you had any issues with passengers complying?**

- With our fixed route service, our drivers are afraid of the virus. Law enforcement said in the beginning of the shutdown they would enforce the mask mandate. A few times passengers in April tried to get on without a mask, the drivers called 911 and the police removed them.

- We’ve been on the opposite side of that, our drivers have been going above and beyond and were willing to take groceries in for clients that can't handle carrying them in themselves. They keep a mask on at all time and clean afterwards, but they almost are not fearful enough.

- We have a mask mandate on public transit that is statewide as well as local. We have a developmentally disabled ADA client that cannot wear a mask or face shield and has a doctor note
to that effect. Our drivers and the union that represents them are refusing to drive that passenger without a mask. The county attorney got involved and they’re seeing if the individual can get a negative test result before riding.

- We have a state mandate that requires masks, but they also carry face shields, for those who can’t wear a mask. Riders have to use one or the other.
- We require face coverings as well. We have worked with a few exceptions; however, they are very few. If possible, we try to have these individuals as the only passenger.
- We do have quite a few people in the community who refuse to wear masks, even a board member. It’s frustrating at this point.
- The town we operate in has a very strict policy on wearing face coverings/masks...no mask no ride. It helps with compliance to have a state and county wide mask requirement.
- Drivers and riders are expected to wear masks at all time. We deny riders who do not wear masks. We provide masks to anyone without one. (Five other participants said the same thing.)

Federal Mask Requirement for Surface Transportation Providers:
https://www.transportation.gov/safety/mask-travel-guidance

- The Centers for Disease Control and Prevention (CDC) issued an Order on January 29, 2021, requiring the wearing of masks by travelers to prevent spread of the virus that causes COVID-19.

Is your agency thinking about the COVID vaccines (e.g., for your staff or a role you might play in distribution in your community)?

- Laura Corff of Cimarron Public Transit in Oklahoma and the National RTAP Review Board:
  - We’ve already started posting updates from the state health department about vaccine availability and phasing for our staff. Our transit agency anticipates recommending and assisting staff in getting the vaccine, but will not mandate it, just as they do with the flu. We are probably going to try to offer a drive through clinic.
  - I recently reviewed some information sent from our worker’s comp broker called HR Insights – COVID Vaccine Considerations for Employers, and few points I want to share:
    - EEOC/OSHA have issued guidance on vaccines in the employment context in the past, but have not made any recommendations about COVID yet (as of 12/16/20). It is suggested that agencies encourage, but don’t mandate the vaccine, due to potential risks around exemptions and discrimination. Other considerations to make as an organization are on-site clinics, who will pay for it, which vaccine to offer, and navigating legal risks in requiring it (if you do so).

- Other Participants:
  - Most of my drivers do not want to get the vaccine when first offered. (Three other participants said the same thing.)
  - I have had conversations with our drivers and quite a few don't get a flu shot yearly or at all. Most are hesitant on the COVID vaccine shot.
  - We have discussed it with our staff, and they are very adamant that if it is required, they wouldn’t take it and would quit. I hope the board just suggests getting the vaccine but doesn’t require it.
  - I went to board meeting and there was discussion of vaccine distribution. I went back to drivers and none trust it yet. I feel there is a strong need for education in order to change opinions.
  - In our state we have to offer the Hep B series vaccine, but don’t require it.
We offer flu shots in the fall to all employees, but don’t require it. Of 60 employees, 10-15 get a flu shot. Some get it at their doctor or pharmacy, but this is indicative of interest in COVID vaccine. We started with messaging to riders and employees, to throw subtle points of knowledge out there about how important vaccines are, and trying to keep on top of CDC recommendations. We want to be a source of knowledge and hopefully they will be more comfortable when the vaccine becomes available. But it might be a bit of a battle.

I plan to take the vaccine first and be a leader. A few are not quite “anti-vaxxers” but are likely to take the vaccine at first. Our drivers are concerned about the virus and he (and the health dept.) keeps saying the vaccine is a way to stay safe. Trying to motivate them to get it when available.

We offer a flu clinic at our transit offices. We are starting to share that they may be eligible for the vaccine and wanting to start the conversations. All along I have tried to respect where people are at and our different opinions. Sometimes I don’t understand where people are coming from, but I have to try to respect them (as long as it isn’t harming anyone else).

We are surveying staff this week about whether or not they would want the vaccine. We need to consider how the employees will get the vaccine in a timely manner, because we can’t have all employees get vaccinated the same day and still meet service demands.

We don’t require vaccines, but we do provide an onsite vaccine clinic which we will attempt to do with this one. Similar to the flu, we only expect about 5% of staff to take advantage of it.

The COVID Vaccine is unlike other vaccines. It is NOT a tiny portion of the COVID virus. It is a partial mRNA that apparently then manifests itself into enough of an immunization against infection by COVID. This is an education point we are trying to inform staff with.

More information about the COVID vaccine from Lincoln County Health Department in Oklahoma:

- The vaccine does not contain live virus. Instead, the COVID vaccine is an mRNA vaccine.
- mRNA vaccines are a type of vaccine to protect against infectious diseases. They teach our cells how to make a protein-or even a piece of a protein- that triggers an immune response inside our bodies. That immune response, which produces antibodies, is what protects us from getting infected if the real virus enters our bodies.
- COVID-19 mRNA vaccines give instructions for our cells to make a harmless piece of what is called the "spike protein," which is found on the surface of the virus that causes COVID-19. Our immune systems recognize that the protein doesn't belong there and begin building an immune response and making antibodies, like what happens in natural infection against COVID-19. At the end of the process, our bodies have learned how to protect against future infection.

U.S. Equal Employment Opportunity Commission Website: What You Should Know About COVID-19 and the ADA, the Rehabilitation Act, and Other EEO Laws

2) How are you using technology to adapt to the pandemic environment?

- Christy Warner of Kimball County Transit Services in Nebraska:
  - We are in Nebraska on the WY/CO border and cover 5 counties. We started with 1 bus and 1 driver 3 years ago, and now are up to 9 vehicles and 14 vehicles.
  - We have increased our technology usage in the pandemic. We were just getting off paper, but we are now really highlighting and leveraging the use of our technology. We use tablets and drivers take them home so there isn’t cross contamination. We use them for meetings and as a source of
connection, so they don’t feel alone. They have been very effective for communication. The extra funding from the CARES Act has been helpful and is improving their service over all.

- We also use new software for scheduling and the information shows up on the tablets.
- Microsoft Office 365 suite is also on the tablets, so the drivers have email on there and now we have Teams to share screens and have video calls. (Teams is a Microsoft app, sort of like email and sort of like a Facebook a forum - good for posting information and connecting). We also have a GPS locator, they clock in/out on the tablet, and use it to capture data and feel part of a team.

- Other Participants:
  - Our agency enabled most of our dispatchers to work remotely, using voice over internet protocol phones, and our Ecolane dispatch system works from home.

3) **If you are providing on-demand/microtransit services, what has your experience been? Or how has your service changed in the pandemic?**

- Christy Warner of Kimball County Transit Services in Nebraska:
  - We have always been demand-response and on-demand. There is a huge need for rides. COVID didn’t hit us hard until recently and more people are staying home, but we still get a lot of ride requests. We have diversified our work due to COVID, like delivering some of the school meals and Meals on Wheels. It has provided an opportunity to be seen, like by school families or other seniors, who may not have known about us because we don’t have visible bus stops.
  - When we get a trip request, we try to do it as soon as we can. When we started, people would call for a ride the same day. But now usually people call 24 hours in advance. If it’s a far trip, due to the size of our service area, then we won’t be able to do it in one day, but we do the best we can.

- Laura Corff of Cimarron Public Transit in Oklahoma and the NRTAP Review Board:
  - We operate in 5 counties. Before COVID, we preferred 24-hour notice, but now we have had more availability, so we are doing more same day service. We have a special Work-Ride Program for $1. More people are going back to work. We also still have seniors looking to go shopping or to nutrition sites. There are fewer medical or school trips, due to telehealth and remote school. But we need more drivers. We’ve been trying for 6 months and just now getting some applicants. So more and more we not able to meet demand, with more trip requests and not enough drivers, and due to limiting capacity on the vehicles. But we have gotten good feedback from drivers and riders about their barriers and other precautions.

- Other Participants:
  - We have a small transit system in Alaska and we have transitioned to only demand response.
  - We are pivoting our fixed route service to on-demand, so that we can increase service while still restricting our passenger count, but without it having to be the responsibility of the drivers. We want to get this in place before schools start in-person instruction again.
  - We are operating as a Dial-A-Ride instead of operating our four deviated fixed routes, so we can better manage the number of riders and promote social distancing on the bus.

**How are agencies handling the capacity limits due to COVID and what limits are you using?**

- Laura Corff of Cimarron Public Transit in Oklahoma and the NRTAP Review Board:
  - We limit it to 3 people on cutaways for social distancing. For minivans, it is one passenger (or more if in same household). It makes scheduling harder and resources more limited.

- Other Participants:
o We are limiting to 50% capacity on vehicles, with front seats blocked off. Sometimes we have to
leave people, but we are operating an extra bus using CARES act funding to pick up riders as
needed.

o We run 30’ Gilligs, originally limiting to 6 people. But we have installed seat back barriers to create
an enclosed space, so now we can have 10 passengers on those vehicles.

o We installed driver protective shields. On our fixed route, the buses are cleaned at the major hubs.
On the paratransit side, we disinfect after each passenger transported. On paratransit we do not
combine trips, and do not anticipate doing so until Summer/Fall 2021.

How did you develop your Public Transit Agency Safety Plan, what has been implemented, and has
anyone created a checklist assessment?

• Julia Castillo of Heart of Iowa Regional Transit Authority and NRTAP Review Board Member:
  o (Julia was not able to attend the roundtable, but she had this to share on this topic)
  o If anyone wants to see our Safety Plan, I would be happy to share it. (Julia’s email is available
    here.) Although we are not required to have one, FTA still reviewed it for us. Our board felt it
    was a good business practice to have one now, so we are ahead of the game if the time comes
    where FTA requires rural providers to have a plan too.
  o We are also in the process of hiring someone to handle Safety, Compliance and Training, and this
    plan will be a living document for them to follow. One the things I learned in developing it was
    that the training component of the plan needs to include safety training for ALL staff, not just
drivers (harassment, lifting, emergency evacuations, etc.).