

Coronavirus Disease 2019 (COVID-19): Information and Resources for Transit



Coronavirus Disease 2019 (COVID-19) is a new respiratory virus that can spread through droplets in the air or by touching surfaces touched by someone with the virus. This technical brief will provide your transit agency staff and passengers with information and resources about the risks and evidence-based strategies. The brief covers what is known about COVID-19 at this time and the basics of planning, prevention and treatment.

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What is Coronavirus?

Coronaviruses are a group of viral infections that are named for their crown-like spikes (corona means crown in ancient Greek). Coronavirus Disease 2019 (COVID-19) is a novel (new) respiratory illness that was first discovered in late 2019 in a part of China. The Centers for Disease Control and Prevention (CDC) believes that COVID-19 may have emerged from an animal source. The illness affects the lower respiratory tract of the lungs. In most cases, it results in mild symptoms of fever, cough, and shortness of breath and usually resolves itself after a period of rest. Occasionally, it can lead to more severe effects like pneumonia. Older adults and persons with pre-existing health conditions (such as asthma or heart disease) and/or weakened immune systems are more at risk to becoming sicker with the virus.

There are a number of different Coronaviruses. One form of Coronavirus causes what is known as the “common cold.” Severe Acute Respiratory Syndrome (SARS) is another form of Coronavirus that was first discovered in China in 2002 and spread to other countries, but the disease was contained with no new cases reported anywhere in the world since 2004. The novel Coronavirus SARS-CoV-2 is the cause of COVID-19, and scientists and medical professionals are at work on prevention efforts to similarly contain COVID-19.

As of March 6, 2020, there were 164 confirmed and presumptive positive cases of COVID-19 in the United States in 19 states. CDC updates their webpage at www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html each business day. The World Health Organization (WHO) tracks confirmed cases on a global basis at www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/. As of March 5, 2020, there were 95,333 confirmed cases worldwide, and 80,565 of those cases were in China.

COVID-19 is spread through close contact (estimated at about 6 feet) with an infected person through airborne droplets when the person coughs or sneezes. The virus may also be spread when someone touches a surface or object with the virus on it and then touches their mouth, nose, or eyes. It is unknown at this time how long surfaces may remain infected. Symptoms may appear in as little as 2 days, or up to about 14 days after exposure. As the virus is so new, researchers and

medical professionals are still investigating the risk of contracting it, but at the time of this writing, CDC believes that it is low for U.S. residents who have not recently travelled to high-risk areas. It is unknown at this time how quickly people who recover from symptoms of COVID-19 would be at risk for reinfection.

What is different about COVID-19?

Many areas of the world have seen significant increases in new cases in a short timeframe. In WHO's Situation Report from January 20, 2020, 282 confirmed cases were reported in 4 countries. In their March 5, 2020 report, they listed 95,333 confirmed cases in 84 countries. As a point of comparison, in their surveillance report of February 29, 2020, CDC stated that so far this season there have been at least 34 million influenza (flu) illnesses in the United States. WHO declared COVID-19 a global health emergency and the U.S. Health and Human Services Secretary declared it a national public health emergency. Various U.S. cities, counties, and states have also declared a state of emergency. A number of high-risk areas such as China, Iran, Italy, Japan, and South Korea have enforced travel restrictions.

There are many “unknowns” about COVID-19. People may have contracted the virus and are not yet displaying symptoms, but still may be contagious. Unlike the flu, there are no vaccinations to date for COVID-19, nor are there treatments other than recommended practices for recovery from most illnesses: rest, drinking liquids, and taking over-the-counter medicines to treat symptoms like fever. Clinical trials have begun to investigate possible vaccines and treatments, although it is likely to be months before anything is available by prescription.

For preventive measures, all people are advised to follow good health hygiene for any contagious disease: frequent hand-washing, using hand sanitizers and wipes, and coughing or sneezing into a tissue or their elbow. The big difference with COVID-19 is that people with confirmed cases or who have travelled to high-risk areas during the past 14 days are being told to remain in quarantine for periods of time.

Government leaders, including the U.S. Department of Transportation (U.S. DOT), have been working together to combat this outbreak. H.R.6074 - Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (www.congress.gov/bill/116th-congress/house-bill/6074), became law on March 6, 2020 and provides \$8.3 billion in emergency funding for federal agencies to respond to the Coronavirus outbreak. The Act provides funding for developing, manufacturing, and procuring vaccines and other medical supplies and grants for state, local, and tribal public health agencies and organizations.

How can transit agencies help prevent the spread of COVID-19?

The CDC fact sheet, What to Do if You are Sick with Coronavirus Disease 2019 (COVID-19), advises people who are sick with the virus to “avoid using public transportation.” People who are sick are told to stay home other than to get medical care. CDC advises that the decision to discontinue home isolation should be made on a case-by-case basis, by consulting with their healthcare providers and state and local health departments. However, since riders may not know that they are carrying the virus before symptoms emerge, transit agencies can take these steps to help prevent future transmission.

Clean surfaces. Cleaning and wiping down surfaces are effective ways to prevent infection with viruses. This includes, but is not limited to: seats, seatbelts, wheelchair lifts, doors, windows, interior and exterior walls, steering wheels, floors, etc. In other words, clean every area of the bus. In

addition to bus surfaces, disinfect other surfaces such as computer keyboards, telephones, ticket booths, etc., as well as remove garbage, and sweep and/or vacuum floors and station platforms. One example of a successful infection control practice is from the Safety and Compliance team at Crawford Area Transit Authority in Meadville, PA, who created a “germ patrol” during an influenza outbreak. Staff meeting the buses at layover stops and disinfecting surfaces that were likely to be touched. Kitsap Transit in Washington State has been regularly cleaning their buses with an anti-viral solution that kills forms of Coronaviruses, even before the outbreak.

Other cleaning approaches that transit agencies have used include power washers for exterior bus surfaces, hospital-grade cleaning solutions that contain anti-viral and anti-microbial components, aerosol and electrostatic sprays, long-lasting disinfectants, backpack sprayers, and disinfectant bombs for empty vehicle interiors. There are commercial products available that have been federally tested and EPA approved (<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>) as effective for COVID-19, and state that on their labels. New cleaning products that may be effective against COVID-19 are under investigation.

Occupational Safety and Health Administration (OSHA) recommends that workplaces provide tissues, no-touch trash cans, soap, hand sanitizer, disinfectants and disposable towels to clean work surfaces. Various transit agencies have implemented policies to clean surfaces every 2 hours to disinfecting nightly and complete sanitization every 72 hours following the COVID-19 outbreak. Cleaning vehicles between each trip is a best practice. National RTAP’s training module Introduction to Preventive Maintenance offers guidance on bus cleaning, with detailed information on cleaning bus seats.

Clean hands. Hand-washing is a way to reduce COVID-19 transmission. It is recommended to use soap and clean, running water to scrub the fronts, backs, and between fingers for at least 20 seconds. Dry hands with clean towels or air dryers. Alcohol-based hand sanitizers or sanitizers with at least 60% alcohol can be used when hand washing is not convenient. Sanitizers should be rubbed over the hands for at least 20 seconds too. Some fleets have equipped their buses with hand sanitizer, including some that are refillable and portable. Drivers can also be supplied with voluntary disposable gloves for each shift. Some people have latex allergies, so rubber gloves are preferable. In addition to keeping hands clean, it is good practice to limit or avoid shaking hands or “high-fiving” people during an infectious disease outbreak. Riders who can safely do so can also wait for the bus to completely stop before getting up from their seats, to avoid touching the handrails.

Consider masks. At the time of this writing, CDC is not recommending masks for healthy people who are not front-line healthcare professionals. Training should be provided on when masks may be necessary, the right type of masks that protect against communicable diseases, and how to properly put on, wear, take off, and dispose of masks. WHO provides guidance on masks specifically for COVID-19 at www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks?. This page also provides graphics that may be downloaded and posted in public areas. N-95 masks are generally considered the best type of masks for protection against communicable diseases.

Staff testing. Staff who have recently traveled to countries in CDC-designated high-risk areas should be tested. It is also important to find out if staff may have family or live with people who have recently traveled to high-risk areas, such as foreign exchange students. COVID-19 testing is

performed in an approved lab and can be ordered by a physician. The test identifies signs of the infection in nasal secretions, blood, or body fluids. Note that Coronavirus testing not specifically approved for COVID-19 can also identify other forms of the virus. It typically takes 24 hours to get results. Some transit agencies in high-risk areas have been asking staff to take their temperature before coming to work and contact their physician if they think they may have symptoms.

Educate staff. Training should be in place to educate staff on how all communicable diseases are spread and on preventive measures, such as hand-washing and routinely cleaning all surfaces that are likely to have frequent hand contact (both on and off the bus, including computer keyboards, telephones, etc.). Some transit agencies have begun to set up drills for their staff on what to do should people in their area become affected. CDC provides a downloadable fact sheets on all aspects of COVID-19 at www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html that can be posted in public areas. On March 20, 2020 the American Public Transit Association (APTA) presented a comprehensive webinar on Public Transit Response to Coronavirus, which can be viewed for staff training at www.apta.com/public-transit-response-to-coronavirus.

Educate riders. Transit agencies can play a role in educating riders. Some agencies may want to post signs and hand out brochures and cards to riders on ways to prevent the spread of COVID-19. These tips can include general information and can recommend that riders carry tissues, hand sanitizers and disinfecting wipes. Agency websites and social media can also spread the word. Riders should be encouraged to report surfaces in need of cleaning to the driver or other transit staff. If there is space on the bus, it can be suggested to riders that they distance themselves from other passengers. Importantly, transit agencies should provide education in a way that does not inspire fear or panic. Information on epidemics can often bombard and even panic the public, and transit agencies can calm rider stress through common-sense communication.

Develop a plan. Agencies may want to develop a Contagious Virus Response plan (CVRP). APTA has a standard for developing a plan available at www.apta.com/wp-content/uploads/Standards_Documents/APTA-SS-SEM-S-005-09.pdf. The standard includes alert phases, education, disinfection, sanitary aid, and changes to service. Some agencies also develop plans for alternative routes and potential service reductions, should regular drivers contract the virus. Additional bus washers and other maintenance staff may need to be hired, or existing staff may need to be given extra paid hours. While all staff should be involved in the effort to combat infectious disease, it is a good practice for each agency to designate a point person to regularly follow up with the latest guidance from CDC, WHO, and public health officials to be able to communicate the new information to other staff through regular updates. Staff who should be involved in planning can include, but are not limited to: safety, operations, emergency management, and risk management staff. The transit industry can also include items in their plan to help riders during this time; for example, Amtrak, who temporarily canceled some service, waved fees for travel changes in light of the outbreak. Agencies may also want to implement or expand online ticket purchasing to limit potential exposure to the virus.

What to do if staff test positive for COVID-19

While it may be hard for transit staff to take time off work, CDC advises that individuals who test positive for COVID-19 remain in quarantine in their homes or in a healthcare facility, and that they should be symptom-free for a certain number of days before ending their isolation. Some staff may

be able to telecommute for some or all of their required hours. Others, like drivers, bus monitors, or travel trainers, will not be able to perform their regular job duties working with the public. Staff should discuss staying home with their manager or dispatcher. Agencies should have a policy and plan in place for coverage for driver absences, which can include part-time, temporary, and/or volunteer drivers, as well as coverage by other qualified personnel, including supervisory level staff. Management should take into account their sick leave policies and normal attendance policies if staff are not able to work due to the virus. For example, agencies may want to update their policies in regard to absences that have not been previously approved by management. Agencies that provide employee insurance coverage should also check with their insurance companies regarding COVID-19 coverage for testing and treatment, and communicate that to staff.

Further Information

American Public Transportation Association (APTA). Public Transit Response to Coronavirus or COVID-19. <https://www.apta.com/public-transit-response-to-coronavirus>.

Bus & Motorcoach News. Establish an Immediate Plan to Manage Coronavirus Fears. March 2, 2020. <https://www.busandmotorcoachnews.com/establish-an-immediate-plan-to-manage-coronavirus-fears/>

Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19) in the U.S. <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>

Centers for Disease Control and Prevention. What to Do if You are Sick with Coronavirus Disease 2019 (COVID-19) <https://www.cdc.gov/coronavirus/2019-ncov/downloads/sick-with-2019-nCoV-fact-sheet.pdf>

Centers for Disease Control and Prevention. What You Need to Know about Coronavirus Disease 2019 (COVID-19) <https://www.cdc.gov/coronavirus/2019-ncov/downloads/2019-ncov-factsheet.pdf>

Environmental Protection Agency. EPA's Disinfectants for Use Against SARS-CoV-2. <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

MedlinePlus. Coronavirus Testing. <https://medlineplus.gov/lab-tests/coronavirus-testing/>

National RTAP. Introduction to Preventive Maintenance: An Investment That Pays Off. 2000. <http://nationalrtap.org/Resource-Library/Advanced-Search/?fid=106>

World Health Organization (WHO). Coronavirus Disease (COVID-2019) Situation Reports. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/>

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