



Covid-19 Vaccination Guidelines for Paratransit Operations

Purpose

As the first wave of Covid-19 vaccinations continues to ramp-up, we hope this document can be an important resource for paratransit agencies.

These guidelines provide paratransit operators guidance to ensure the safe, efficient, and equitable vaccination of paratransit customers and are the product of consulting a working group of paratransit industry professionals.

Guiding Principles



The health and well-being of our operators and customers are paramount.



Guidelines should be used in conjunction with local health unit recommendations. Transit agencies will also need to work cooperatively and communicate effectively with health agencies to ensure a safe and seamless experience for paratransit customers.



The vaccination of paratransit operators should be prioritized



Service delivery should be flexible, and agencies should be prepared to adapt quickly to unpredictable and rapidly changing circumstances.

Note these guidelines are a *living* document and will be continually updated with new recommendations and guidelines as new information becomes available.

CUTA will regularly review relevant issues and practices as it updates the guidelines.

This document was last updated: March 17, 2021.

Prior versions:

- None

Definitions

Safety of Operators – Measures taken to ensure operators can work safely and comfortably while mitigating risk

Safety of Customers – Measures taken to ensure paratransit customers can safely and reliably receive vaccination

Logistics —Internal coordination and operational considerations within the transit agency, and between managers and operators

Coordination –Refers to communication and coordination between the transit agency/operators and the local health unit/health care workers

Three Models

There are three models that can be used to vaccinate paratransit customers that can be used in combination depending on the needs of each jurisdiction. This may depend on the approach taken by local health units and local contexts.



Option 1 - Bring paratransit customers to vaccination centres



Option 2 - Bring health care workers and vaccines to paratransit customers



Option 3 - Bring paratransit customers and vaccines to 'pop-up' vaccination sites/drive-throughs using existing transit facilities

Option 3: What do we mean by Drive-Through?

Existing infrastructure such as park-and-ride lots, or underutilized shelters/stations could be temporarily modified to function as pop-up vaccination centres. Health care workers would work from these centres using vaccines provided by the health unit. Customers could be taken to these nearby drive-throughs via paratransit services, receiving their vaccine without having to leave the vehicle; trips would be round-trip.



Option 1

Bring paratransit customers to vaccination centres

Safety of Operators

- All PPE should be provided to operators by transit provider (e.g. face masks/shields, gloves, hand-sanitizer, clothing coverings, and sleeves).

- Any required PPE that exceeds the Occupational Health & Safety recommendations should be supplied or paid for by the local health unit.
- A Covid-19 symptom/exposure screening should be performed as part of a customer's booking process, and another should be conducted by the operator prior to boarding.

Safety of Customers

- Physical contact with customers should be limited when appropriate and where feasible to prioritize safety of customers—without denying assistance.
- Passengers should confirm when booking that they qualify for vaccination and that they have an appointment.
- Face masks (or alternatives in instances where the customer has demonstrated it is necessary) are mandatory.
- Wipes or hand sanitizer should be provided.
- Where safe physical distancing is not feasible, carry only one passenger per vehicle.

Logistics

- Operations
 - Surfaces should be disinfected between trips; payments and transfers should be touchless, and/or frequently disinfected.
 - If masks impede people with vision and hearing loss from communicating, consider using clear masks/shields, visible signage, and PA announcements.
 - The procedures should apply for trips to centralized vaccination centres or other locations such as pharmacies.
- Scheduling
 - A record of the number of vaccination bookings should be kept.

- Trips should anticipate slower on/offboarding than normal. Systems should also expect lower trip frequency than usual due to increased safety precautions and regular disinfecting; this should include a 15 minute wait period after vaccination to monitor for symptoms or reactions.
- Wait times for operators should be built into their routine when waiting for patients at the site.
- Travel booking and scheduling should be flexible enough to align with customers' vaccination appointments, or work with the local health authority to have flexibility in vaccination centre bookings. For example, allowing vaccinations within windows of time as opposed to exact-time appointments.

Coordination

- Transit agencies should communicate clearly with the local health unit about their abilities, capacity, and limitations, and advise them of their optimal plan.
- In cases where there are several paratransit vehicles going to the same vaccination centre, it would be helpful to have an on-site supervisor to assist with logistics such as identifying parking spots or coordinating with public health staff.
- On-Board:
 - The safest way to vaccinate is for vaccines to be administered by public health staff while the customer remains on-board a paratransit vehicle.
 - Designated parking areas should allow paratransit vehicles to wait with passengers; locations should be communicated to managers at the health unit.
- On-Site:
 - If on-board vaccination is not feasible, operators and health care providers should ensure customers are not waiting unattended or in harsh weather conditions.
 - There should be clearly identified and consistent pick-up and drop-off zones with designated heated waiting areas—with appropriate sheltering where necessary, and with sufficient seating.



Option 2

Bring health care workers and vaccines to paratransit Customers

Safety of Operators

- All PPE should be provided to operators by transit provider (e.g. face masks/shields, gloves, hand-sanitizer, clothing coverings, and sleeves).
- Any required PPE that exceeds the Occupational Health & Safety recommendations should be supplied or paid for by the local health unit.
- A Covid-19 symptom/exposure screenings should be performed as part of a customer's booking process, and another should be conducted by the operator prior to boarding.
- Health care providers should have their own PPE.

Safety of Customers

- Customers do not necessarily need to leave their residence, risk is minimized.
- Health care providers should disinfect (e.g. wipes, hand sanitizer, etc.) after each trip and before entering a customer's residence.
- Where appropriate and feasible, physical contact with customers should be limited to prioritize their safety—without denying assistance.
- Passengers should confirm when booking that they qualify for vaccination and that they have an appointment.
- Face masks (or alternatives where the customer has demonstrated it is necessary) are mandatory.
- Wipes or hand sanitizer should be provided.
- Where safe physical distancing is not feasible, carry only one passenger per vehicle if utilizing the paratransit vehicle for any part of the vaccination process.

Logistics

- Ideally, emergency response funds would pay for transportation.

- Vehicles should avoid idling in narrow streets or in front of building entrances.
- Vaccines will need to be appropriate for transportation.

Coordination

- Multiple health care workers may be transported to site(s) in a single vehicle.
- On-Board:
 - multiple sequential stops (e.g. door-to-door) within a neighbourhood may be possible, but this will require exceptional coordination between the provider, operator, and customer.
- On-Site:
 - Having one administered vaccine per trip may be an inefficient use of valuable health care workers' time. This option may only be feasible if multiple vaccinations can be administered at a single destination, such as in a group-living situation.



Option 3

Bring paratransit customers and vaccines to 'pop-up' vaccination sites

Safety of Operators

- All PPE should be provided to operators by transit provider (e.g. face masks/shields, gloves, hand-sanitizer, clothing coverings, and sleeves).
- Any required PPE that exceeds the Occupational Health & Safety recommendations should be supplied or paid for by the local health unit.
- A Covid-19 symptom/exposure screenings should be performed as part of a customer's booking process, and another should be conducted by the operator prior to boarding.
- Health care providers should have their own PPE.

- Fewer on/offboardings mean less exposure.
- Health care workers boarding the vehicle to administer the vaccine should enter from the side or rear of vehicle, to ensure minimal contact with the operator.

Safety of Customers

- While potential exposure is greater than in option 2, customers only need to onboard and offboard once, and do not need to enter a medical facility or wait outside before being vaccinated.
- Where appropriate and feasible, physical contact with customers should be limited to prioritize customers' safety—without denying assistance.
- Passengers should confirm when booking that they qualify for vaccination and that they have an appointment.
- Face masks (or alternatives where the customer has demonstrated it is necessary) are mandatory.
- Wipes or hand sanitizer should be provided.
- Where physical social distancing is not feasible, carry only one passenger per vehicle.

Logistics

- Operations
 - A coordinator will need to manage the transit vaccination sites. Specifically, coordinators should ensure vehicles do not wait in long lineups, and that paratransit vehicles are prioritized.
 - Location of vaccination site could use existing infrastructure or repurpose vehicles so they function similarly to mobile clinics.
 - Vaccination centres should have access to a power source and should avoid idling.
- Scheduling

- This option allows for greater flexibility in scheduling and appointments, since vaccines can be administered as customers arrive, and does not require precise timing between provider and operator.
- Vaccination centres should be accessible, located near other transit routes, and should not be exclusionary of conventional transit users.

Coordination

- Customers should be vaccinated on-board.
- Facilities should be located between a health care facility and the customer's location.
- Appointments will still require some degree of coordination with the provider to ensure vaccines are going to the correct people at the correct time and that vaccination centres do not causing congestion.
- Transit agencies should inform health units of their limitations.
- Agencies should use two separate fleets: one to transport paratransit customers, and the other to pick up/drop off health care providers at the end/start of their shift or to retrieve additional vaccines.
- Fleet services for health care workers should only be provided if it is requested and/or if transportation by health agency is unavailable.