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**Security and Emergency Management
Working Group**

Developing a Transit Agency Response Plan to a Public Health Emergency

Abstract: This standard covers the creation and implementation of a basic response plan to a public health emergency.

Keywords: Continuity of Operations Plan (COOP), Emergency Operations Plan (EOP), prophylaxis, public health emergency (PHE), response, transit, virus

Summary: The Public Health Emergency Response Plan serves as a framework to guide transit agencies' response to a declared or imminent public health emergency (PHE). This plan should be used in conjunction with the agency's COOP, EOP and any other agency-specific emergency response standard operating procedures (SOPs) to provide comprehensive response planning. Transit agencies should consider aligning elements in this standard with their local health department's requirements, plans and policies. Once the Public Health Emergency Response Plan is prepared, the transit agency should provide it to appropriate state and local agencies to facilitate coordination.



Foreword

The American Public Transportation Association is a standards development organization in North America. The process of developing standards is managed by the APTA Standards Program's Standards Development Oversight Council (SDOC). These activities are carried out through several standards policy and planning committees that have been established to address specific transportation modes, safety and security requirements, interoperability, and other topics.

APTA used a consensus-based process to develop this document and its continued maintenance, which is detailed in the [manual for the APTA Standards Program](#). This document was drafted in accordance with the approval criteria and editorial policy as described. Any trade name used in this document is information given for the convenience of users and does not constitute an endorsement.

This document was prepared by the Security and Emergency Management Working Group as directed by the Security and Emergency Management Standards Policy and Planning Committee.

This document represents a common viewpoint of those parties concerned with its provisions, namely transit operating/planning agencies, manufacturers, consultants, engineers and general interest groups. APTA standards are mandatory to the extent incorporated by an applicable statute or regulation. In some cases, federal and/or state regulations govern portions of a transit system's operations. In cases where there is a conflict or contradiction between an applicable law or regulation and this document, consult with a legal adviser to determine which document takes precedence.

This document supersedes APTA SS-SEM-S-005-09, Rev. 2, which has been revised. Below is a summary of changes from the previous document version:

- Broadened document to address all PHEs.
- Incorporated relevant appendixes in body of document and removed unnecessary appendixes.



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Introduction

This introduction is not part of APTA SS-SEM-S-005-09, Rev. 3, “Developing a Transit Agency Response Plan to a Public Health Emergency.”

APTA recommends the use of this document by:

- individuals or organizations that operate public transit systems;
- individuals or organizations that contract with others for the operation of public transit systems; and
- individuals or organizations that influence how public transit systems are operated (including but not limited to consultants, designers and contractors).

Scope and purpose

The purpose of this standard is to help transit agencies develop a Public Health Emergency Response Plan. This standard outlines important planning elements and provides implementation suggestions.

This standard does not provide background information on public health emergencies. Ample background information and answers to frequently asked questions are available in guidelines developed by public health departments, the Department of Homeland Security, the Centers for Disease Control and Prevention (CDC), and APTA (see “Related APTA standards”).



This document is intended to cover extraordinary aspects specific to a public health emergency that are not normally covered in the COOP, EOP or other SOPs and should complement those documents. Consequently, if a public health emergency arises to the degree that it limits or restricts a transit agency's availability of personnel or cripples its ability to deliver normal service, transit agencies should trigger their COOP in conjunction with the Public Health Emergency Response Plan. See APTA SS-SEM-RP-019-24, "Emergency Operations Plan for Transit Agencies," for additional details about emergency operations planning.

Developing a Transit Agency Response Plan to a Public Health Emergency

1. Public health emergencies

The National Disaster Medical System Federal Partners Memorandum of Agreement defines a public health emergency as “an emergency need for health care [medical] services to respond to a disaster, significant outbreak of an infectious disease, bioterrorist attack or other significant or catastrophic event.” Since April 2009, the U.S. Department of Health and Human Services (HHS) has declared national-level PHEs for the following disasters: H1N1 flu, Zika virus, the opioid crisis, Mpox and COVID-19. During the same time frame, HHS declared state/territory-level PHEs for a variety of natural disasters, which included earthquakes, wildfires, severe storms and hurricanes.

Federal and state government agencies use different language to define PHEs and covered scenarios. Transit agencies should consult with their local jurisdictions to determine the PHE scenarios most relevant to their environment and triggers for enacting public health emergency protocols. Public health emergencies are often complex and require the involvement of a variety of stakeholders and authorities, as well as unique processes that may not follow traditional emergency management processes.

Public health emergencies typically include the following:

- infectious diseases
- bioterrorism
- radiological and chemical emergencies
- equipment and infrastructure failures
- natural disasters
- mass casualty incidents

The Bipartisan Infrastructure Law requires that transit agencies subject to the Public Transportation Agency Safety Plan (PTASP) regulation include strategies in Agency Safety Plans to minimize exposure to infectious diseases, consistent with guidelines from the CDC or a state health authority. A Public Health Emergency Response Plan can fulfill this requirement when referenced in the PTASP.

2. Elements of a Public Health Emergency Response Plan

Transit agencies can develop a standalone Public Health Emergency Response Plan or include it as an annex in their EOP or other agency plan. Regardless, the Public Health Emergency Response Plan should address PHE-specific elements that support other agency all-hazards response plans.

PHE plans should provide agencies information and flexibility to respond effectively to all PHE scenarios, not just those related to previously experienced PHEs (e.g., COVID-19, Mpox, Zika, H1N1 flu). At a minimum, transit agencies should address the following PHE-specific elements within the plan:

- Implementing command and coordination structures, if a standalone plan.
- Coordinating with federal, state and local government; nonprofit; and private sector partners for PHE-related issues, where applicable.
- Communicating with agency stakeholders, employees and the public.
- Identifying triggers for specific actions and phases.
- Tracking and reporting PHE-specific funding and expenditures.
- Developing and applying education and training programs for employees and the public.
- Acquiring, using and managing personal protective equipment (PPE) and countermeasures.
- Acquiring, using and managing sanitation, disinfection and/or decontamination supplies.
- Reducing and/or suspending service.
- Planning for recovery.
- Exercising, evaluating and updating PHE plans and procedures.

2.1 Coordinating with federal, state and local partners for PHE-related issues

As with all aspects of managing multi-jurisdictional disasters, creating partnerships with local, regional and state agencies is critical for enabling a coordinated response. Specifically, transit agencies should engage with the public health authorities that serve their area and identify impacts and protective measures for transit agencies.

Transit agencies should also work with partners to determine the information that should be shared between transit agencies and public health authorities. As demonstrated during the COVID-19 PHE, public health agencies can be overwhelmed and may not have effective methods for gathering and sharing information. Transit agencies need to engage with public health agencies to address specific lessons learned from past public health emergencies and establish working relationships and communication processes with local, state and federal public health authorities. Transit agencies should also seek or create opportunities to participate in public health preparedness activities, exercises and other forums.

Transit agencies should work with partners to consider the status of transit service during a PHE. If public transportation service will continue during a PHE, transit must be identified as an essential service with guidelines, waivers and exceptions to public health guidance to address considerations such as operations (e.g., determining service levels) and staffing (e.g., exempting staff from curfews to get to and from work). Transit agencies and partners should identify PHE scenarios that would require the shutdown of transit service and create guidelines for public health authorities and the transit agency to present a coordinated message to the public and transit workers.

Additionally, transit agencies that serve multiple jurisdictions may need to address differing jurisdictional policies, protective measures or legal requirements. While transit agencies may not be able to predetermine jurisdictional differences within the Public Health Emergency Response Plan, they should adopt an approach to balance agency, passenger and service area needs.

2.2 Communicating with agency stakeholders, employees and the public

Communication during emergency operations, including PHEs, is vital. Transit agencies must identify additional communications that may be necessary during a PHE, identifying key stakeholders (e.g., employees, labor organizations, community and riding public, media, partner agencies, vendors, services, board of directors, and health and government officials) and developing methods and plans for each type of

stakeholder. Plans should include identifying departments responsible for each stakeholder group and a process to ensure that all stakeholders receive consistent information and level of detail. The plan should also address processes for drafting, approving and distributing communications.

Additional communications planning considerations include the following:

- Transit agencies should pursue consistent messaging between other transit agencies and public health authorities within their service areas.
- Transit agencies should use plain language, languages other than English, and other accessible communication methods based on stakeholder needs.
- Transit agencies should identify different systems, methods and platforms for internal and external communication (e.g., mass notification tools, social media, public-facing websites, internal websites, visual message boards and information given during operator sign-in).
- Transit agencies should conduct regular tests of communication systems to ensure that stakeholders reliably receive information. Transit agencies should identify and address any communication gaps and evaluate and incorporate new tools and technologies as they become available.
- Transit agencies should ensure that messaging aligns with agency policies and applicable agreements (e.g., collective bargaining agreements and contracts). Employees and contractors may need reeducation on safeguarding protected health information or other sensitive information.
- Transit agencies should consider that communication is a two-way, continuous process of developing, refining, reinforcing and disseminating accurate and timely information.

2.3 Identifying PHE indicators and triggers

Transit agency Public Health Emergency Response Plans should be applicable to all PHEs that may threaten the health of local communities, passengers and employees. While a transit agency's response to a PHE will depend on the emergency's risks, impacts and other emergency-specific considerations, transit agencies can better prepare for PHEs by identifying potential leading indicators and triggers in their plans.

Leading indicators are trends and information that can reveal potential PHEs and their impact. Leading indicators may include the following:

- employee absenteeism and use of sick leave
- ridership changes
- employee and customer sentiment
- communication from public health authorities
- operational trends, which may include increases in calls for medical assistance or visible/reported health symptoms
- local and regional health and hospitalization data
- shifting worker's compensation trends
- law enforcement, national preparedness or public health information and intelligence

Triggers are events, actions, circumstances and decisions that may prompt or contribute to a PHE declaration and/or transition between PHE life cycle phases. Triggers may include the following:

- appearance of and transit agency reaction to one or a combination of the aforementioned leading indicators
- declaration of a PHE by a federal, state, regional or local public health agency or other authority
- withdrawal or expiration of a PHE declaration
- detection of or use of chemical, biological, radiological or nuclear weapons

- calls for service requiring specialty resources (e.g., hazardous materials teams) in operational areas
- infrastructure failures (e.g., in water, power or health systems)

2.4 Developing and applying information and education programs

Transit agencies should address approaches to inform employees and the public about PHEs in their Public Health Emergency Response Plans. Communication should be coordinated with appropriate local partners through the applicable JIC/JIS structure to reinforce consistent messaging.

Transit agencies should identify personnel who are responsible for developing and vetting information and education related to the public health emergency and the agency's response. Messages should be developed using guidance from a trusted public health authority and should amplify known best practices. Messaging should be adapted to fit a transit context and validated by applicable personnel in operations and safety to ensure that the information reflects the reality of transit operations. The information provided as part of these campaigns should be scalable and proportionate to the severity, duration and impact of the PHE on the community.

Information provided to internal stakeholders and the public should be based on the same principles and on the public information objectives identified by agency leadership. Agency staff should be provided information that presents a realistic assessment of the risks of the public health emergency, as well as the importance and efficacy of the protective measures the agency is taking. Agency employees will rightly be worried about the impact of the public health emergency on themselves and their families, particularly those in frontline roles. Agencies should be prepared to use strategies such as trusted messenger intervention and culturally competent communication to listen to, understand and address employee concerns regarding the impact of the emergency. Providing employees with clear, easy-to-understand and trustworthy information not only provides them with information to feel safe in their role in the response, but also helps to amplify the agency's public message by giving frontline staff information to share with the public.

Table 1 identifies sample internal transit agency information and education actions and responsibilities in response to a PHE. Note that actions and responsible parts of an organization will vary from agency to agency and may change over time as knowledge progresses and information expands.

TABLE 1
Sample Internal Information and Education Actions and Responsibility

Actions	Responsibility
<ul style="list-style-type: none"> • Coordinate messaging with public health authorities and other key stakeholders. 	Emergency manager/incident commander
<ul style="list-style-type: none"> • Update the transit agency's Injury and Illness Program Plan with a section on applicable precautions, as needed. • Distribute appropriate precautions information through available channels such as bulletins, emails and toolbox talks. 	Safety, Human Resources/Internal Communications
<ul style="list-style-type: none"> • Develop articles on appropriate employee precautions for the PHE. • Publish articles in various agency publications. 	Media and Public Affairs/Internal Communications/Marketing/Human Resources, Safety
<ul style="list-style-type: none"> • Disseminate articles through emails, the agency website and other forms of outreach. • Partner with public health and emergency management departments, especially their risk communication message and education sections, to acquire timely information and to coordinate appropriate news releases to employees and the riding public. 	Media and Public Affairs, Safety, and Emergency Management

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TABLE 1
Sample Internal Information and Education Actions and Responsibility

Actions	Responsibility
<ul style="list-style-type: none"> • Develop a training video and poster(s) on hygiene and precautionary measures against contagious infections both at work and in the home. • Commence disseminating the video and poster(s) to agency departments. • Place pertinent information on the agency website. 	Media and Public Affairs, with support from Safety as needed
<ul style="list-style-type: none"> • Develop and deliver a more formal awareness program that includes personal visits to employee work locations to disseminate facts and to address concerns. This will commence with briefings to managers and unions to solicit their support. • Continue to update employees with status reports on the public health emergency, using all appropriate means of distribution. 	Safety, Media and Public Affairs, select executive and department managers

Information for the public should amplify messaging from trusted public health authorities and should be tailored to the riding experience and impacts to transit service from the public health emergency. Transit agencies should identify the PHE's impacts and how the transit agency is addressing efforts to protect both staff and customers. Transit agencies should present realistic assessments of impacts and build trust with the public by demonstrating that they are doing their utmost to make the riding experience as safe as possible. Agencies should provide opportunities for customers to provide feedback on their response as a means of building trust in impacted communities. Additionally, agencies should leverage existing connections to community groups, rider organizations and other trusted venues to spread their message. Agencies should also look to develop new relationships that will allow them to reach new audiences with their important PHE-related messaging.

Table 2 identifies sample external transit agency information and education actions and responsibilities in response to a PHE. Similar to the internal communication actions, tasks and responsible parties will vary from agency to agency and may change over time as knowledge progresses and information expands.

TABLE 2
Sample External Information and Education Actions and Responsibility

Actions	Responsibility
<ul style="list-style-type: none"> • Coordinate messaging with public health authorities and other key stakeholders. 	Emergency manager/incident commander
<ul style="list-style-type: none"> • In accordance with information provided by public health authorities or other key stakeholders, put out information for passengers in the form of a fact sheet on the risks involved in the PHE. • The information should be issued with the widest dissemination appropriate. 	Media and Public Affairs
<ul style="list-style-type: none"> • Prepare outreach/education materials in the form of news releases, passenger bulletins and website articles that provide guidance on personal hygiene, and keep patrons informed on the risks involved. • Commence disseminating information prepared. 	Media and Public Affairs and Marketing
<ul style="list-style-type: none"> • Develop a video and poster(s) on personal hygiene and precautionary measures to take while riding on the system. Disseminate the video (including placing it on the public website) and poster(s), and continue to disseminate information. 	Media and Public Affairs and Marketing

TABLE 2
 Sample External Information and Education Actions and Responsibility

Actions	Responsibility
<ul style="list-style-type: none"> Partner with public health and emergency management departments, especially their risk communication message and education sections, to acquire timely information, coordinate appropriate news releases to employees and the riding public, and provide consistent messaging. Prepare communications to stakeholders regarding what the transit agency is doing. Engage with private, nonprofit and stakeholder organizations to promote cleaner trains/buses/stations. 	Government and Community Relations, Marketing, executive leadership
<ul style="list-style-type: none"> Continue to disseminate timely information to riding public. Start using station signage and on-vehicle posters to further the promotion of information. Issue communications to stakeholders. 	Media and Public Affairs, Marketing, Government and Community Relations

2.5 Acquiring and using PPE, disinfection supplies, countermeasures

During a public health emergency, transit agencies should evaluate recommendations from trusted public health sources and available research to determine whether PPE, disinfection or medical countermeasures are required to protect staff and customers. An agency's Public Health Emergency Response Plan should address selecting, acquiring and using PPE, disinfection supplies and countermeasures, including protocols, procedures and frequency of use. It should also state under what circumstances they are required. Not all public health emergencies will necessarily require all or any of these items, depending on the size, scope, scale and impact to the community the transit agency serves. Decisions about what PPE, disinfection or medical countermeasures are required should be led by a team from the agency that includes subject matter experts and key stakeholders—including those representing frontline workers to ensure their buy-in and trust that the agency is doing what they can to protect them.

NOTABLE TERMINOLOGY

- **PPE:** Equipment worn to minimize exposure to hazards.
- **Disinfection:** The killing of germs on surfaces or objects.
- **Sanitizing:** Lowering the number of germs on surfaces or objects—either by killing or removing them—to a safe level.

Once the appropriate PPE, disinfection supplies and countermeasures have been identified, transit agencies should work to acquire them in a rapid but cost-effective manner. In some circumstances, acquisition assistance may be available from local, regional or national public health or emergency management agencies. In other circumstances, supply chains may become unstable, irregular or otherwise compromised. Agencies should consider creating contingency contracts or other procurement mechanisms with trusted vendors to source required PPE or disinfection supplies during public health emergencies.

Agencies may consider limited stockpiling of commonly used PPE and disinfection supplies, such as masks, gloves or hand sanitizer, to facilitate operations during the initial phases of a public health emergency and to allow time for procurement processes to acquire additional necessary supplies. If agencies decide to stockpile PPE or disinfection supplies, they should check their stocks regularly and rotate supplies before expiration to ensure functionality when required.

Depending on the PPE or disinfection supplies required, some testing may be recommended to ensure that supplies function as intended. If supply chains are unstable or otherwise compromised, there is potential for counterfeit or ineffectual products to enter the marketplace. If this occurs, transit agencies should consider

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testing PPE or disinfection supplies in accordance with standards established by occupational health, safety or other appropriate authorities.

Once agencies acquire PPE, disinfection or countermeasures, they should plan to track and distribute these items to ensure that staff and customers have access to the resources they need. For certain items, tracking may need to be done at the individual level to ensure that all staff have and maintain the required PPE. Medical countermeasures may not be available directly to transit agencies and may be controlled by local health authorities or other government agencies. If transit agencies are not able to directly source countermeasures, they should work with the controlling authority to place transit workers in the highest possible priority or tier as essential frontline workers. Local distribution methodologies may vary from place to place within a service area, and transit agencies should pursue all available avenues to provide essential staff with access to countermeasures.

Transit agencies should plan to evaluate the effectiveness of their PPE, disinfection or countermeasure programs. Key measures could include the amount of PPE distributed, compliance with PPE requirements, uptake of medical countermeasures, or ability of staff to disinfect vehicles or workspaces. Transit agencies should regularly review the latest information and guidance provided by trusted public health authorities and update their policies and procedures based on this information. Additionally, agencies should make changes to policies and procedures if data indicates that current measures are not effective in protecting staff and/or customers.

TABLE 3
Sample PPE, Disinfection Supply and Countermeasure Actions and Responsibility

Action	Responsibility
<ul style="list-style-type: none"> • Determine the type and kind of PPE, disinfection supplies or countermeasures required to respond to a public health emergency. • Track PPE, disinfection supply or countermeasure usage and determine burn rates and ordering thresholds. • Track the development of guidelines for the allocation of countermeasures, as applicable to jurisdictions served and the public health emergency. • Partner with public health and emergency management agencies for prioritizing transit employees in distribution of countermeasures. 	Emergency Management/Public Safety/Safety
<ul style="list-style-type: none"> • Coordinate administering countermeasures to employees. • Determine priority among employees using risk of exposure and other factors as determined by public health authorities. 	Human Resources
<ul style="list-style-type: none"> • Establish funding authorization for PPE, disinfection or countermeasure expenses used in response to the public health emergency. • Procure PPE, disinfection or countermeasure supplies as directed by agency EOC or executive leadership. • Work with suppliers to ensure a secure supply chain for the agency. • Determine the availability and costs of purchasing countermeasures on the open market, and coordinate purchase with agency EOC or executive leadership. • Initiate contracting process to engage appropriate medical assistance for administering countermeasures to employees, as necessary. 	Procurement
<ul style="list-style-type: none"> • Store and track PPE, disinfection or countermeasure inventory. • Dispose of expired or unusable PPE, disinfection or countermeasure inventory. 	Maintenance/Warehouse/Inventory

TABLE 3
Sample PPE, Disinfection Supply and Countermeasure Actions and Responsibility

Action	Responsibility
<ul style="list-style-type: none"> Require employees who work in patron-dense environments (including train and bus operators and station agents) to use PPE, disinfection supplies or countermeasures in compliance with agency policies. Make identified PPE or disinfection supplies available to customers as deemed necessary. 	Operations
<ul style="list-style-type: none"> Follow agency policies and directives as provided by leadership and Safety/Emergency Management/Public Safety departments. Disseminate PPE, disinfection supplies and countermeasures for employee use as appropriate, including in transportation reporting locations, stations, workshops, revenue/nonrevenue vehicles and office buildings. 	All departments

2.6 Reducing, suspending and restoring service

During public health emergencies, transit agencies may need to modify, reduce or suspend service based on resource availability or public health directives. Thus, agencies should have plans, policies and procedures to guide the reduction or suspension of service and restoration of service. Within these plans, agencies should identify key indicators and triggers (e.g., staffing unavailability, vehicle shortages, supply chain impacts) that will prevent the delivery of satisfactory service. For example, a public health emergency may cause manufacturing supply chain issues that result in transit vehicle shortages, and transit agencies should therefore monitor their supply chains for metrics to determine service modifications and suspensions.

See APTA SS-SEM-RP-015-19, “Suspension of Service of a Public Transportation System and Recovery,” for additional information on plans, policies and procedures to guide the reduction, suspension and restoration of transit service. Additionally, see APTA SS-SEM-RP-016-20, “Developing a Pandemic Virus Service Restoration Checklist,” for information about restoring service following a pandemic virus.

2.7 Planning for recovery

Transit agencies should begin recovery planning at the earliest point possible, either before the onset of a PHE or when a PHE begins.

Transit agencies should begin planning to restore service to previous or newly identified levels as soon as the service is modified. Agencies should identify key indicators or triggers for consideration of service levels. Criteria could be binary, such as whether there is a declaration of emergency, or could be numerical, such as ridership, case counts or transmission rates. Once triggers are identified, agencies should determine a process and assign responsibility for monitoring the triggers within their agency. Restoration and reduction of service may be cyclical throughout the life of a PHE. Agencies should incorporate key indicators to determine whether service needs to be modified in response to the PHE after being restored.

Agencies with a Continuity of Operations Plan should use that plan as a resource during the restoration planning process. COOPs often provide guidance on how to reduce or reconstitute operations after disruptions and can be adapted for restoring service during or after a PHE. See APTA SS-SEM-S-001-08, “Continuity of Operations Plan for Transit Agencies,” for more information about continuity of operations planning.

When planning for service reconstitution, transit agencies should consider the following:

- **Facilities:**
 - Conducting inspections and evaluations based upon information from trusted public health authorities.
 - Implementing additional protective measures through disinfection, PPE or facility modifications.
- **Schedules and staffing levels:**
 - Conducting staff training and education in PHE-related changes, such as PPE, disinfection or space limitations.
 - Ensuring that staffing plans, procedures and changes meet collective bargaining agreement requirements and relevant regulatory requirements.
- **Rolling stock and vehicles:**
 - Installing disinfection supplies or protective equipment, such as air filters.
 - Developing procedures for use of vehicles, such as capacity limits, decontamination procedures or disinfection processes.
 - Considering signage or public information materials on vehicles.
- **System inspections:**
 - Inspecting safety and operational readiness for all rolling stock or vehicles.
 - Inspecting safety and operational readiness for all right-of-way and/or infrastructure.

In addition to the operational considerations above, transit agencies should develop a public information strategy that emphasizes timely, accurate and actionable information to facilitate reconstitution and recovery. Transit agencies should provide information on service levels and status and the agency's response to the PHE to both inform the public and encourage people to ride transit.

3. Approval of a Public Health Emergency Response Plan or annex

The CEO or other pertinent executive manager of the transit agency should define the process for approving, reviewing and revising an agency's Public Health Emergency Response Plan. Transit agencies should clearly identify individuals with authority to revise the plan.

4. Plan evaluation and maintenance

Agencies should regularly evaluate and update their Public Health Emergency Response Plan, assessing their existing capabilities to determine if those capabilities can meet the plan's requirements. If resources cannot meet the expected requirements, then agencies should seek opportunities to strengthen their capabilities, which may include seeking additional funding via agency budgets or grants.

Agencies may evaluate PHE-related plans via exercises and real-world events, using an after-action review process to identify lessons learned and recommendations to apply to future emergencies. See APTA SS-SEM-S-004-09, "Transit Exercises," for additional details about exercises in the transit environment.

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Related APTA standards

APTA SS-SEM-S-001-08, “Continuity of Operations Plan for Transit Agencies”

APTA SS-SEM-S-004-09, “Transit Exercises”

APTA SS-SEM-RP-015-19, “Suspension of Service of a Public Transportation System and Recovery”

APTA SS-SEM-WP-016-20, “Developing a Pandemic Virus Service Restoration Checklist”

APTA SS-SEM-RP-017-23, “Planning, Developing and Operating a Transit Agency Emergency Operations Center (EOC)”

APTA SS-SEM-RP-019-24, “Emergency Operations Plan for Transit Agencies,”

References

Centers for Disease Control and Prevention, www.cdc.gov.

Federal Transit Administration, “Emergency Relief Manual: A Reference Manual for States & Transit Agencies on Response and Recovery from Declared Disasters and FTA’s Emergency Relief Program (49 U.S.C. 5324),” September 2015. <https://www.transit.dot.gov/sites/fta.dot.gov/files/2023-03/FTA-Emergency-Relief-Manual-March-2023.pdf>

Abbreviations and acronyms

CDC	Centers for Disease Control and Prevention
COOP	Continuity of Operation Plan
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
JIC	Joint Information Center
JIS	Joint Information System
PHE	public health emergency
PTASP	Public Transportation Agency Safety Plan
SOP	standard operating procedure

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