



**PROTOCOL FOR AIR TRAVEL
OPERATIONS DURING THE
COVID-19 PUBLIC HEALTH CRISIS**



JUNE 2020



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DEFINITIONS

“affected” means persons, baggage, cargo, containers, conveyances, goods, postal parcels or human remains that are infected or contaminated, or carry sources of infection or contamination, so as to constitute a public health risk;

“contamination” means the presence of an infectious or toxic agent or matter on a human or animal body surface, in or on a product prepared for consumption or on other inanimate objects, including conveyances, that may constitute a public health risk;

“crew” means persons on board an aircraft who are not passengers;

“disinfection” means the procedure whereby health measures are taken to control or kill infectious agents on a human or animal body surface or in or on baggage, cargo, containers, conveyances, goods and postal parcels by direct exposure to chemical or physical agents;

“health measure” means procedures applied to prevent the spread of disease or contamination; a health measure does not include law enforcement or security measures;

“infection” means the entry and development or multiplication of an infectious agent in the body of humans and animals that may constitute a public health risk;

“inspection” means the examination, by the competent authority or under its supervision, of areas, baggage, containers, conveyances, facilities, goods or postal parcels, including relevant data and documentation, to determine if a public health risk exists;

“isolation” means separation of ill or contaminated persons or affected baggage, containers, conveyances, goods or postal parcels from others in such a manner as to prevent the spread of infection or contamination;

“point of entry” means a passage for international entry or exit of travellers, baggage, cargo, containers, conveyances, goods and postal parcels as well as agencies and areas providing services to them on entry or exit;

“quarantine” means the restriction of activities and/or separation from others of suspect persons who are not ill or of suspect baggage, containers, conveyances or goods in such a manner as to prevent the possible spread of infection or contamination;

FOREWORD

The adverse impact of the Coronavirus (COVID-19) pandemic has been experienced in most sectors of the economy and the aviation industry is amongst the worst impacted. It is therefore necessary to put in place a protocol that will guide air travel operations and ensure its resumption during the crisis.



Kenya recognizes Air transport as a major contributor to its national economic growth. The aviation industry plays a vital role in the development of the country by facilitating movement of passengers, promoting trade and tourism.

The Protocol for Air Travel Operations during The Covid-19 Public Health Crisis has been developed to help contain the spread of the virus and ensure that the sector is opened up taking cognizance of the measures put in place by the Ministry of Health.

As we open up the sector we will expect to see the number of tourists from across the World gradually increase as States grapple with the pandemic and we expect these numbers to slowly continue growing. In addition, flights will open up markets for our flowers and horticultural produce, thus enabling Jomo Kenyatta International Airport (JKIA) retain its position as a regional hub airport and as the key gateway into East and Central Africa.

James W. Macharia, EGH
CABINET SECRETARY

1.1 INTRODUCTION

This protocol provides best practices on how to conduct commercial air transport passenger operations and ensuring the health and safety of the passengers, staff and crew by maintaining safe and secure operations whilst minimizing the risk of COVID-19 virus transmission.

Air Operators shall strictly follow the guidelines provided by the Government of Kenya, the Ministry of Health, World Health Organization (WHO) and other relevant bodies whilst implementing this protocol. To achieve full implementation, Air Operators will collaborate with Kenya Civil Aviation Authority (KCAA), Kenya Airports Authority (KAA), Port Health and other airport stakeholders to ensure enforcement by all parties.

1.1.1 Public Health Risk Mitigation Measures

These public health risk mitigation measures are divided into two sections. The first section contains generally applicable risk mitigation measures that apply in all phases of air passenger and cargo transport. The second section describes procedures that are specific to various aspects of air transport.

In the implementation of these measures, care should be taken to follow all applicable laws, regulations, requirements, standards, and guidance issued by the national government, county governments and international authorities. Nothing in this protocol is intended to supersede or contradict such requirements.

1.1.2 Generally Applicable Risk Mitigation Measures

Public Education: The Government and stakeholders shall work together to distribute accurate information quickly. Information shall be as clear, simple and consistent as possible across the entire passenger travel experience.

Physical Distancing: To the extent feasible, people should be able to maintain social distancing consistent with World Health Organization (WHO) or applicable Public Health guidelines and Legislation. Where physical distancing is not feasible (for example in aircraft cabins) adequate risk-based measures shall be used.

Face Covering and Mask: Face coverings should be worn, consistent with applicable public health guidelines. The type of face covering (non-medical or medical) should be selected based on the level of risk and the availability of masks while taking into consideration the potential risks and disadvantages of using masks. Surgical face masks must be prioritized for use as personal protective equipment by healthcare workers and symptomatic persons suspected of being infected with COVID-19. In all instances, best practices shall be followed about when and how to wear, remove, replace, and dispose of them, as well as hand wash with soap or sanitizing with approved sanitizer after removal.

Routine Sanitation: All areas with potential for human contact and transmission should be sanitized and disinfected as prescribed by public health authorities with frequency based on operational risk assessment.

Health Screening: Ports of entry will ensure that health screening is conducted in accordance with the protocols of the Ministry of Health. Screening could include pre-flight and post-flight self-declarations, temperature measurement and visual observation conducted by health professionals.

Such a screening could identify potentially high-risk persons that may require additional examination prior to working or flying. The availability of such information and insights shall be leveraged to adopt a risk-based approach which will further contribute to reassure the travelling public. This screening will be

conducted upon entry and/or exit.

If a person shows signs and symptoms suggestive of COVID-19 or indicates exposure to COVID-19 appropriate follow up would be necessary, including a focused health assessment performed by healthcare personnel either in a dedicated interview space at an airport, or in an offsite pre-identified health care facility in line with the Public Health Emergency Plan.

Contact Tracing: Methods for the collection of passenger and employee contact information will be provided including web applications, to support public health authorities in contact tracing. Updated contact information shall be requested as part of the health self-declaration and interaction between passengers and governments should be made directly through government portals. This will be in line with applicable data privacy protection rules.

Health Declarations: Health declaration forms for COVID-19 shall be used for all passengers, in line with the recommendations of relevant health authorities. Self-declarations prior to airport arrival is encouraged. Electronic tools shall be preferred to avoid paper forms.

1.1.3 Risk Mitigation Measures Applicable In Specific Procedures

A. Airport

The airport module contains specific guidance addressing elements for: Airport terminal building, cleaning, disinfecting, and hygiene, physical distancing, staff protection, access, check-in area, security screening, airside areas, gate installations, passenger transfer, disembarking, baggage claim and arrivals areas.

B. Aircraft

The aircraft module contains specific guidance addressing boarding processes, seat assignment processes, baggage, interaction on board, environmental control systems, food and beverage service, lavatory access, crew protection, management of sick passengers or crew members, and cleaning and disinfection of the flight deck, cabin, and cargo compartment.

C. Crew

In order to promote safe and sustainable international air travel, a closely coordinated international approach to the treatment of air crews, consistent with recognized public health standards, will be essential to alleviate burdens on critical transportation workers. These currently include screening, quarantine requirements, and immigration restrictions that apply to other travellers. The attached crew module contains specific guidance addressing the contact of a crew member with a suspected or positive COVID-19 case, reporting for duty, dedicated end-to-end crew layover best practices, crew members experiencing COVID-19 symptoms during layover, and positioning of crew.

D. Cargo

Cargo flight crews shall apply the same health and safety considerations as passenger flight crews and are collectively included in the crew section of this document. Whilst air cargo consignments do not come into contact with the travelling public, the cargo acceptance and hand over process does include interaction with non-airport employees. The Cargo Module addresses aviation public health including physical distancing, personal sanitation and hygiene, protective barriers point of transfer to the ramp and the loading and unloading, and other mitigation procedures.

1.2 AIRPORT

1.2.1 Airport Cleaning and Disinfection

Cleaning and disinfection of terminal infrastructure and all equipment shall be done on a regular basis and its frequency should be increased as needed based on traffic and as advised by Port Health.

Kenya Airports Authority shall enhance the cleaning activities both in amplitude and frequency by implementing the following procedures to ensure that the cleaning and disinfection is done in a consistent manner:

1. Regular cleaning and disinfection of all frequently touched surfaces using standard detergents and disinfectants with particular care paid to frequently touched surfaces (e.g. door handles, bannister rails, buttons, etc.). Intensified cleaning and disinfection of the plastic security screening trays after every use as they are a high source of contamination.
2. Hand sanitizers shall be placed at all access control points to encourage hand hygiene.
3. Proper air ventilation to minimize the percentage of air recirculation and allow the use of fresh air. Air conditioning in all passenger traffic areas shall always be serviceable and on and maintained at a reasonably cool temperature.
4. Enhanced maintenance of toilets, air conditioning system, including the employment of air filters and increasing the frequency of the filter replacement.
5. Cleaning and disinfection of Common User Self-Service (CUSS) machines after every use as per the OEM manufacturer's guidelines.

1.2.2. KAA Staff Protection

KAA shall ensure COVID-19 testing of their line staff who during temperature screening have a body temperature of 37.5° C (99.5 F) or higher. This will go hand-in-hand with provision of adequate and quality personal protective equipment for the line personnel at airports such as face masks and gloves or any other additional PPEs.

1.2.3 Airport Terminal Access, Markings and Announcements

Airport terminal access shall be restricted to workers, travellers and accompanying persons in situations such as for passengers with disabilities, reduced mobility or unaccompanied minors in an initial phase, as long as it does not create crowds and queues, which would then enhance risks of transmission as well as create a potential security vulnerability.

KAA shall provide signage, floor markings and announcements via Public Address (PA) system to encourage physical distancing. In addition, support communication of key prevention messages from health authorities through audio messages and signs at key touchpoints of the passenger journey.

1.2.4 Security Screening

1.2.4 Security Screening

KAA will implement the following:

1. The use of handheld metal detectors, Walk-Through Metal Detectors (WTMDs) and full-body scanners. Avoid hand pat downs of persons undergoing security screening.
2. Invest in whole body scanners to avoid invasive screening both for the safety of the passengers and staff.
3. Upgrade security cameras and CCTVs to be able to use biometrics even when people are wearing face masks.
4. Installation of four extra security-screening machines at the PSY at JKIA to ease congestion.
5. Dedicate a screening lane to ensure separate flows for crew and staff from the passengers thus guarantee physical distancing at all times.
6. Provide a crew access to the Apron for all crew after immigration to ensure that contact with transit guests is minimized.

Passengers and Air Operator crew shall be advised to remove items such as belts, and items from their pockets, like wallets, keys and phones, and put them in their carry-on bags instead of the bins to reduce touchpoints during the screening process. KAA shall dedicate special bins for shoes only and disinfect them regularly.

1.3 PASSENGER MANAGEMENT

1.3.1 Passenger Temperature Screening and Subsequent Testing

All passengers must have their temperature checked before entry into the airport with the aim of identifying passengers with body temperature of 37.5° C (99.5°F) or higher. Where a passenger's body temperature will be found to be 37.5°C or higher, temperature checks will be repeated at least once for confirmation purposes. Any passenger with an elevated body temperature shall be referred to secondary assessment by Port Health services present at the airport for COVID-19 testing and will not be allowed to travel.

1.3.2 Check-In Online

Passengers shall be encouraged to check-in online where they shall be required to provide detailed contact information for contact tracing before they are allocated a seat and provided with their boarding pass. Air Operators shall provide constant and consistent information to increase usage of its online check-in platforms.

1.3.3 Passenger Pack Smart

Passengers shall be advised to take extra care to ensure that they do not carry any prohibited items, such as Liquids, Gels or Aerosols (LAGs) greater than the recommended quantities. If a bag is found to contain a prohibited item, passengers may be directed to return outside of security to remove the item and dispose of the item before resubmitting their property for X-ray screening. This will limit touching by the Security officers, reducing the potential for cross-contamination.

1.3.4 Thermal Screening at the Departure Airport

1. KAA through identification of the required personnel shall ensure provision of Thermal Scanners and Thermal Guns at appropriate points at the airports for temperature screening. Where there will be staff performing manual checks, the staff shall be provided with appropriate protective equipment.
2. KAA shall provide a suitable location for the temperature checks before check-in and baggage drop-off.
3. The temperature check will be aimed at identifying passengers with body temperature of 37.5° C (99.5°F) or higher. Where a passenger's body temperature will be found to be 37.5°C or higher, temperature checks will be repeated at least once for confirmation purposes. Any passenger with an elevated body temperature shall be referred for secondary assessment by Port Health services present at the airport who will handle the passenger in accordance with the public health guidelines.
4. KAA shall conduct regular recalibration of the thermometers and in accordance with the manufacturer's instructions due to their intensive use.
5. KAA shall provide private assessment areas to cater for guests identified to be at risk of having communicable diseases so as to limit exposure to other passengers.

1.3.5 Assessment of Passengers' Fitness to Fly

1. Before accepting any passengers on the flight, the Air Operators Medical team in conjunction with the Port Health and Air Operators Passenger Services shall check the health conditions of the passengers by screening and profiling. Confirmed or suspected cases or those who can pose potential health risks shall be notified at the earliest opportunity and not be accepted for travel.
2. In cases where a passenger is suspected to be infected, the prescribed handling guidelines by the Ministry of Health officials shall be applied.
3. Temperature Screening: During pre-boarding, a non-contact infrared thermometer body temperature detection equipment (calibrated) shall be used to examine the body temperatures of the passengers and observe any potential symptoms. If any passenger is found with such symptoms as fever (≥ 37.5), fatigue and dry cough, he/she shall immediately be identified, isolated and handed over to the Health Officials for further verification and temperature checks to ascertain whether they are infected or not.
4. If a passenger is confirmed to have a fever he/she shall not be allowed to board.

1.4 AIRCRAFT AND ARRIVAL PROCESS

1.4.1 Check-In and Boarding

At the check-in and boarding gates, the following measures will be implemented:

1. Ensure face coverings through wearing of surgical masks by passengers.
2. Provision of sanitizers for passengers across the touch points shall be mandatory, therefore automatic hand sanitizers shall be installed by KAA at all Airports' terminal entry points for passenger to sanitize.
3. Re-labeling of check-in counters and layout to provide adequate self-baggage drop-off points/ counters to minimize passenger and staff interaction.
4. Physical distancing shall be maintained through visible markings that provide the recommended 1.5 metres between individuals. Clear marking of seats for usage in all terminals and boarding gates in consideration of social distancing requirements.
5. The usage of E-gate (digital) border management and self-service facilities are preferred at international departures.
6. There shall be adequate signage and accessible information at all the Airports on implemented safe behaviour procedures, as well as the required personal protective equipment for passengers. This information shall be prominently displayed at visible places within the airport and in the apron buses.
7. Constant reminders through the Public Address System (PAS) on the need to uphold personal health precautionary measures at the terminal.
8. There shall be promotion of digital payments in order to minimize touch points.
9. KAA shall encourage contactless operations at service delivery points like catering outlets and Duty Free, and as well as upgrading of concessions to cashless and phone Apps for making purchases.
10. KAA shall regularly review gate assignment to avoid side by side operations wherever possible and allowing guests more physical distance while in boarding lounges.
11. Passengers will keep possession of their boarding passes. Instead of passengers handing their boarding pass to a Customer Service Agent or Travel Document Unit (TDU) staff, they shall place their boarding pass (paper or electronic) on the boarding pass reader themselves. After scanning, travelers shall hold their boarding pass toward the Customer Service Agent or Travel Document Unit (TDU) staff to allow the staff to visually inspect it. This will reduce the need to touch a passenger's boarding pass thus reducing potential for cross-contamination.

12. Passenger boarding process at the gate shall commence from the last row. An orderly flow, as directed by the Customer Service Agent, must be maintained during boarding to ensure physical distancing. There shall be limited carry-on baggage to enable smooth boarding.

13. Up to a maximum of 100ml of liquid sanitizers, carried in transparent package, may be permitted per passenger as part of carry-on luggage.

14. The gates shall be sanitized after each boarding and disinfected regularly.

1.4.2 Management of Passengers On-board the Aircraft

1. Air Operators shall provide guidance material to passengers regarding application of the preventive measures on board, which include:

- Hand hygiene, particularly before eating or drinking and after use of the toilet;
- Appropriate use of surgical face masks;
- Respiratory etiquette i.e. coughing or sneezing into a tissue or folded elbow ;
- Limiting contact with cabin surfaces;
- Minimized on-board service; and
- Reduced movement within the aircraft.

2. Air Operators shall include in its safety demonstrations that, in case of emergency, passengers shall remove their face masks before using the aircraft oxygen masks.

3. Air Operators shall put measures into place to avoid passengers queuing in the aisle or the galleys for the use of the lavatories.

4. Air Operators aircraft where applicable shall use High Efficiency Particulate Air (HEPA) filters, according to the manufacturer's specifications.

Cabin Air Quality:

Cabin air quality is guaranteed by the use of cabin recirculation HEPA (High Efficient Particulate Air) filters on every aircraft, the same technology used in hospital to trap pollutants including COVID-19 virus, with an efficiency over 99.9%.

Airflow is provided from the top of the cabin and exhausted through return air grilles, where the sidewall meets the floor. Air distribution ducts and return air grilles run the length of the cabin, along both sides. Inside the cabin, air flows from the ceiling to floor, not front to back. Air distribution is uniform for the length of the aircraft to optimize air velocity and cabin noise levels. The aircraft exchange their entire volume of cabin air 20 to 30 times every hour (air is totally exchanged every 2-3 minutes) more frequently than the air in an office, and 5 to 6 times more than hospitals. Ventilation is continuous and air is constantly flowing in and out of the cabin. Therefore, the risk of transmission between passengers on board is low.

5. In addition to the other hygiene measures that must be observed at all times, Air Operators will ensure, to the extent possible, physical distancing among passengers. Where physical distancing cannot be guaranteed because of the passenger load, seat configuration or other operational constraints, the crew members will make constant on-board announcements reminding passengers to adhere at all times to all the other preventive measures including strict hand hygiene and respiratory etiquette and should wear a face mask.

6. Air Operators will reduce on-board service to the minimum necessary to ensure comfort and wellbeing standards for passengers and limit the contact between its crew members and passengers considering the duration of the flight. Among these measures the following will be considered:

- Reduced food and drink service;
- Preference for pre-packaged and sealed food and drink products, such as canned drinks; and
- As much as possible, payment procedures involving touch or contact, such as cash payments, should be avoided to mitigate transmission between crew members and passengers.

7. Passengers shall be reminded to remain seated with their seatbelt on as much as possible.

8. Passengers and crew shall strictly use surgical masks. Air Operators shall carry a sufficient amount of surgical face masks on board to provide to passengers, especially for long haul flights where the need to change masks may be advised by public health authorities. A safe mask disposal process has been put in place.

9. While on ground, doors and windows shall remain open for air circulation where applicable. For aircraft with an Auxiliary Power Unit (APU), it shall be on and the air conditioning selected on when passengers are boarding or on-onboard.

1.4.3 Management of Passengers On-board with Suspected COVID -19

For the management of a suspected passenger on board after take-off, who shows symptoms such as fever (person feels warm to the touch, gives a history of feeling feverish, or has an actual measured temperature of 37.5° C (99.5°F) or higher), persistent cough, difficulty in breathing or other flu-like symptoms, and has an epidemiological context (such as having been in recent contact with confirmed positive cases), the following measures should be adhered to:

1. The crew shall ensure the respective passenger is wearing and continues to wear a face mask in order to limit the potential spread of contaminated droplets.
2. The crew shall ensure the passenger has additional masks available to replace it in case it becomes wet after coughing or sneezing.
3. If a face mask cannot be tolerated, the sick person should cover their mouth and nose with tissues when coughing or sneezing. In the event the passenger is having difficulty breathing, medical assistance should be sought, and oxygen supplementation offered.

4. Air Operators with aircraft that have a seat capacity above 100 seats shall have the last three rows (1 Metre) on the right-hand side of the economy cabin blocked empty for the purpose of isolation of any passenger exhibiting symptoms of COVID-19.
5. The respective passenger shall be isolated on the last right-hand window seat where applicable for aircraft with a seat capacity of over 100 seats. If this is not possible the passenger shall maintain their allocated seat and the other passengers shall be moved from that area if possible.
6. The vents overhead this area shall be turned off.
7. The passenger shall remain in the last right-hand window seat.
8. The lavatory closest to the isolated passenger should be specifically designated for quarantine purpose.
9. The flight crew shall inform destination airport via the air traffic control system, follow their instructions and complete the health part of the aircraft general declaration to register the health information on-board and submit it to the Point of Entry health authorities when required by a State's representative.
10. After the flight has landed and other passengers have disembarked, the isolated passenger should be transferred in accordance with the instructions provided by the local public health authorities.
11. After removal of the COVID-19 suspected case, cleaning and disinfection of the aircraft should be performed in accordance with the aircraft cabin cleaning and disinfectant documented procedures. Used PPE, such as aprons, face masks, face shields should be disposed in a separate tightly closed waste bag which can be disposed as regular waste.

Where a suspected passenger is identified on board before take-off has been initiated, the airport and local health authorities should be informed, and their instructions should be followed. At this point no direct contact longer than 15 minutes should have taken place between the respective suspected passenger and the crew members, thus no additional measures should be taken regarding the management of the crew members.

Cabin crew will be required to wear appropriate PPE when providing services or care to passengers.

1.4.4 Management of Arriving Passengers

1.4.4.1 Disembarking

1. KAA and Air Operators shall work hand-in-hand to ensure physical distancing is practiced as much as possible during the disembarkation procedure.

2. Used face masks should be discarded safely in a separate tightly closed waste bag. However, passengers will be required to wear masks at all times.

3. Where buses will be used in the disembarkation process, the use of an increased quantity of buses shall be considered to ensure adherence to physical distancing while inside the bus.

4. Disembarkation will be conducted by rows starting with the closest rows to the exits in use, in the order aisle, middle and window seats, or any alternative procedure that will ensure physical distancing to the maximum extent possible and avoid queues.

1.4.4.2 Passenger Locator Card (PLC)

Air Operators shall provide, without undue delay and without prejudice to applicable data protection rules, the following data to the relevant public health authorities upon request for contact tracing purposes:

- Full name;
- Nationality;
- Passport or Identification Number;
- Telephone number of next of kin;
- Allocated seat; and
- Working phone number.

Air Operators shall ensure that PLC shall be filled while the passengers are on board the aircraft before disembarkation to the extent possible.

1.4.4.3 Thermal Screening at the Arrival Airport

1. KAA through identification of the required personnel shall ensure provision of Thermal Scanners and Thermal Guns at appropriate points at the airports for temperature screening. Where there will be staff performing manual checks, the staff will be provided with appropriate protective equipment.

2. KAA shall provide a suitable location for the temperature check point.

3. The temperature check will be aimed at identifying passengers with body temperature of 37.5° C (99.5°F) or higher. Where a passenger's body temperature will be found to be 38°C or higher, temperature checks will be repeated at least once for confirmation purposes. Any passenger with an elevated skin temperature will be referred to secondary assessment by Port Health services present at the airport who will handle the passenger in accordance with the instructions of the local public health authorities.

1.4.4.4 Baggage Claim and Exit from the Arrival Airport

1. Passengers shall have access to information through adequate signage as a reminder to adhere to the applicable preventive measures.

2. Provision of sanitizers for passengers across the touch points shall be mandatory.

3. For customs formalities, where possible green/red lanes for self-declarations are recommended. Appropriate sanitary measures must be taken at secondary screening points to protect passengers and staff.
4. With the help from Government of Kenya, Immigration should simplify border control formalities, by enabling contactless processes (e.g. relating to the reading of passport chips, facial recognition etc.) or passenger flow management with digital solutions and setting up special lanes where feasible. In addition to this, KAA should consider redesigning of immigration area.
5. KAA shall inform arriving passengers that after collecting their baggage they are advised to leave arrival terminal as soon as possible to minimize the possibility of transmission.
6. In conjunction with the Kenya Airports Police Unit (KAPU) KAA shall limit access to the terminal to passengers, crew members and airport staff. However, where meet and greet cannot be avoided (e.g. persons requiring assistance) a meet and greet area will be set up away from the exit gate, from the restricted area and the main passenger flow to reduce the risk of the arriving passengers crossing paths with other individuals.

1.4.5 Quarantine Procedures for Crew and Passengers (Facilitation)

1. All crew shall be exempt from quarantine after operating any flight if their body temperature is NOT above 37.5° C (99.5°F) and they do NOT have symptoms of COVID-19 and there was no suspected case of COVID-19 on their flight. With a suspected case of COVID-19 on the flight. The crew shall be quarantined at home or designated facility. If the results are negative they shall be allowed resume normal duties.
2. The Air Operator shall be responsible for ensuring proper screening, medical briefings and reporting any cases to the relevant authorities.
3. All passengers shall be exempt from quarantine on arrival if their body temperature is NOT above 37.5° C (99.5°F) and they do NOT have a persistent cough, difficulty in breathing or other flu-like symptoms. With a reported case of COVID-19 on the flight or if the above symptoms are detected, the passengers within 2 rows of the passenger with the symptoms shall be quarantined for testing. If the results are negative, they shall be allowed to leave the facility.

1.5 MANAGEMENT OF AIR OPERATORS CREW AND GROUND STAFF

1.5.1 Procedures for Crew and Staff Operating on Duty travel

In addition to practicing the hygiene measures of frequent hand washing with soap and use of sanitizers, the Air Operator will take the following precautions to protect its crew from infection and cross infection.

1. All crew and staff travelling on duty, who during temperature screening have a body temperature of 37.5° C (99.5°F) or higher must be tested for COVID-19 virus before they can operate a flight.
2. All crew and other staff will use personnel protection equipment (PPE) when in direct contact with passengers and when conducting service or giving care to passengers.
3. The PPE for the cabin crew staff shall be a surgical face mask. Gloves, a protective gown and/or a disposable apron shall be worn when conducting service or giving care to passengers.
4. The PPE for the flight crew staff (pilots) shall be a surgical face mask. Gloves may also be used. Pilots who load passenger bags must wear and dispose of gloves used during the task.

1.5.2 Conduct of Crew during Technical-stops or Turnaround

As an operator we shall take appropriate measures to avoid long stopovers and layovers in the high-risk areas. This will reduce the risk of contamination posed by the need for the crew members to exit the airport's restricted area and reduce unnecessary contact with the local population.

1. Only one flight or technical crew members should be allowed to disembark the aircraft for an external inspection, refueling, etc. In such case direct contact with the ground crew of the airport situated in a high-risk area should be avoided.
2. To the greatest extent possible, no ground personnel should be allowed to embark the aircraft except for remediation of technical problems or other ground staff whose presence on board is essential for performing their tasks. When such personnel are on board, they shall be required to wear appropriate personal protective equipment (PPE).
3. The doors should be closed immediately for the return trip after the last passenger is on board.

1.5.3 Conduct of Crew at Hotels

Where layovers at the destination are necessary, below mitigating measures shall be put in place in coordination with the airport operators and local authorities. These measures ensure that risk of exposure to crew members through contact with local population is reduced. Such measures shall be, but not limited to:

1. Crew transportation shall be done with a minimum separation of one seat between crew members.
2. The Air Operator shall ensure that crew do not share the transport with any passengers or other Air Operator crew.
3. At the resting facilities (hotel) the crew members shall not be allowed to leave the hotel facility or rooms except for emergency reasons.

4. Only hotel room service meals and drinks will be allowed.
5. The crew hotels rooms shall be disinfected prior to being used.

In addition to the above, when crew members operate into high risk areas, they shall practice health self-monitoring techniques, which should include:

1. Measuring of body temperature at least twice a day.
2. Monitoring for symptoms such as fever, persistent coughing, or breathing difficulties.
3. Clear and expeditious reporting means to inform the operator of potential signs of infection.

Note: The air operators shall be responsible for any form of non-compliance by its crew. Any incidence will therefore affect the overall compliance rating for the airline.

1.5.4 Precautionary Measures for Air Operators Ground Staff

The following guidelines shall be followed:

1. Staff shall be provided with awareness to make them conversant and comply with guidelines for the reporting and management of persons suspected to be infected and their possible contacts, in the context of COVID-19.
2. Take precautionary measures to reduce the possibility of infection by:
 - Avoiding rush hours in public transport and instead use private transport when possible.
 - Avoiding direct contact with other people while moving between the airport and ground transport.
 - Minimizing the time spent in public areas.
 - Applying physical distancing whenever out in public places by maintaining a distance of at least 1.5 meter from other people.
 - Washing your hands frequently with soap and water or using an alcohol-based hand rub if hands are not visibly dirty.
 - Avoid touching eyes, nose, and mouth with your hands.
 - Self-monitoring: If you develop fever, cough, or experience difficulty breathing, immediately isolate yourself according to local health procedures, wear a mask, report the matter to the Air Operator's doctors on Call using the contact number and email that was provided or contact the health authority.
3. Face masks must be worn at all times by staff while in direct contact with the passengers and other airport users. The face masks should be replaced regularly (at intervals not exceeding 4 hours or as recommended by the mask manufacturer).
4. The mask should be close to the face, covering the nose and mouth completely. Once dampened by secretions or contaminated by other contaminants, the facial masks must be replaced immediately with new ones, and hands should be cleaned with sanitizer both before and after the replacement.

5. Ensure physical distancing of 1.5 metre between individuals is maintained at all times, especially during check-in, security check, pre- boarding, boarding and disembarkation procedures, as well as passport control, where applicable. This can be achieved through by:

- Expanding the space between queue binders to allow for broader spacing of passengers at Check in, Boarding gates and Transfer areas
- Moving portable boarding scanners to enable self-scanning of the boarding passes by the passengers – this is to avoid the need for personnel to handle the boarding passes.

6. Ensure frequent hand washing with soap and water or use of a sanitizer, at least after each interaction with a passenger if one is not using gloves. Staff should remove and dispose of the used gloves (in accordance with the procedure for disposal of biohazards and dispose in the infectious waste bins provided), immediately at the end of their shift or after interaction with the passengers. Long term use of the gloves may facilitate the spread of the contaminated particles.

1.6 DISINFECTION AND SANITIZATION

1.6.1 Recommended Cleaning and Disinfection Preventive Measures:

1. Disinfection of the aircraft from high risk areas shall be done during turnaround time, and a daily disinfection done for other aircraft using the recommended disinfectants.
2. For routine cleaning, a wet process cleaning of the aircraft shall be applied during a stopover to avoid the onward spread of infectious substances, and a thorough cleaning upon the completion of the flight shall be carried out.
3. Preventive disinfection shall be done after flight based on the different risk level identified per destination.
4. Preventive disinfection shall be done on a regular basis, at least once a week, for low and medium risk flights. For high risk flights, preventive disinfection shall be conducted every time after flight, and the effect of post-flight disinfection shall be assessed on a regular basis if conditions allow.
5. Disinfection of key areas shall proceed in the following order:
 - i. Aisles: Overhead bins, reading lights, air outlets, sidewall panels, windows, seats (tray tables, armrests, passenger control units, decorative panels), cabinets/lockers, bulkheads, magazine racks, cabin attendant seats.
 - ii. Lavatories: The disinfection in lavatory should be progressed from contaminated to clean areas as follow: toilet bowls, waste bins, handbasins, lavatory sidewalls, door surfaces, doorknobs, ashtrays (if installed), and latches.
 - iii. Galleys: Ovens, water boilers, coffee makers, galley facilities, lockers/drawers, and waste bins.
6. Clean and disinfect the following areas (Lavatories, galley areas, IFE monitors, remotes, Armrests, Remote jacking units' point, baby bassinets, On board wheelchair, seatbelts buckles, food tray tables, overhead bins, window shades, stretchers, cradles).

7. Management of headsets to ensure that headsets coming from aircraft that have operated in high risk areas are disinfected before re-use.
8. PPE shall be provided to staff disinfecting the aircrafts i.e. surgical masks, overalls, gloves, goggles, face masks etc.
9. Turnaround cleaning shall be enhanced to include cabin cleaning of overhead bins, passenger seats (food tray tables, remote jacking units, video shrouds, cradle, armrest, seatbelt and buckles), baby bassinets, onboard wheelchairs, stretchers, passenger service units, cabin window and window shades, lavatory doors and aircraft sidewalls.
10. The rest of the cabin areas shall also be disinfected in addition to the galleys, lavatories and waste bins to include; overhead bins, passenger seats (food tray tables, remote jacking units, video shrouds, cradle, armrest, seatbelt and buckles), baby bassinets, onboard wheel chairs, stretchers, passenger service units, cabin window and window shades, lavatory doors and sidewalls for all cleaning schedules excluding transit cleaning.
11. Ensure the aircraft is disinfected before maintenance personnel are allowed to proceed with their duties on aircrafts.
12. All personnel carrying out disinfection or personnel carrying out maintenance on an aircraft shall put on the required PPEs and shall sanitize themselves before accessing the aircraft
13. All headsets shall be disinfected before re-use.
14. Ensure proper disposal of all used PPE and/or contaminated items.

1.6.2 Aircraft Cabin Cleaning

The following procedures for cleaning and disinfection of the aircraft shall be followed in conjunction with advice on cleaning, disinfecting and decontamination that may be provided by environmental health officers:

1. Ensure any disinfection is conducted using products recommended by the original equipment manufacturer (OEM) or the regulator.
2. The disinfectants must be tested according to the specifications of the aircraft manufacturers for material compatibility tests, and not be corrosive or detrimental to aircraft components.
3. The disinfectant should be applied according to the label instructions (e.g. concentration, method and contact time).
4. Any contaminated items must be handled appropriately to mitigate the risk of transmission i.e. Disposable items (hand towels, gloves, masks tissues) should be put in the biohazard bag or double plastic bags and disposed of according to national regulations for infectious waste.

5. Ensure that the cleaning and other measures meet the conditions required by the original equipment manufacturer (OEM) and the regulator.

1.6.3 Cargo Compartments

The cargo compartment touch surfaces should be cleaned and disinfected at an appropriate frequency to accommodate safe operations for the ground staff.

In addition, air operators shall put in place measures to protect cargo handling staff and truckers during the handover points for physical freight (in warehouse) and documentation (often office); protect staff during the Cargo facility handover to/from ramp crews in preparation for aircraft loading and unloading; and protect Cargo facility (warehouse) staff during business operations such as build-up, breakdown, repositioning and documentation handling.

1.6.4 Aircraft Cargo Hold Disinfection

If animal remains or suspicious contaminants of a contagious nature are found in the cargo hold, post-flight terminal disinfection shall be performed. The disinfection procedures are as follows:

1. The contaminated area in which the animal remains, or the contaminants were shall be disinfected and cleaned as the first step, followed by a thorough disinfection of the remaining areas of the cargo hold.
2. The method of spray disinfection and enclosed disinfection shall be used. Disinfection shall be performed from the upwind to the downwind direction and from top to bottom.
3. Before disinfecting the inside area of the cargo hold, the personnel in charge of disinfection shall spray around the door, close the door, enter into the cargo hold, and spray on the floor while moving forward till the whole floor is sprayed before disinfecting other areas of the cargo hold.
4. The personnel shall disinfect the ceiling of the cargo hold by spraying disinfectant from left to right and vice versa, and then spray the cargo hold wall from top to bottom. While disinfecting the ceiling and the wall, the amount of disinfectant sprayed shall not exceed the amount of the liquid that can be absorbed (the maximum amount of disinfectant the surface can absorb).
5. Upon completion, the cargo hold floor shall be disinfected again by spraying while moving backward. After returning to the ground along the steps/ladder, the ladder/steps shall be sprayed.

1.6.5 Aircraft Terminal Disinfection

1. If an aircraft is found to have carried passengers with suspicious symptoms, a post-flight terminal disinfection shall be conducted.
2. After all occupants disembark the aircraft, close cabin doors, and set the air conditioner wind flow to its highest to allow at least one complete air exchange in the cabin area.

3. Once the air exchange is finished, the sitting area of passengers with suspicious symptoms and lavatory shall be disinfected before proceeding with the all-encompassing terminal disinfection by following the general principle of thorough disinfection from out ring-to-center and top-down.
4. After disinfection, the passenger cabin shall be cleaned in accordance with the post-flight cleaning requirements.
5. For the stop-over flights carrying passengers with suspicious symptoms, as a first move, their sitting areas shall be disinfected during the stop-over, and at the final destination, a terminal disinfection shall be conducted covering the whole cabin.

This Protocol will be reviewed at least once every 3 months.