

AERONAUTICAL INFORMATION CIRCULAR (AIC) 'A 06/2020'
REPUBLIC OF RWANDA



Aeronautical Information
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POST COVID-19 LOCKDOWN RESTART OF AVIATION OPERATIONS

This AIC A06/2020 is promulgated for information, guidance and necessary action.



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RWANDA CIVIL AVIATION AUTHORITY

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1.0 INTRODUCTION

1.1 Definitions and acronyms

1.1.1 Definitions

“affected”	means persons, aircraft, equipment, 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”	A person assigned by an air operator to duty on an aircraft during a flight duty period.;
“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 aircraft, equipment, 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;
“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, aircraft, 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 aircraft, equipment, baggage, containers, conveyances or goods in such a manner as to prevent the possible spread of infection or contamination;

“Person with reduced mobility”	Any person whose mobility is reduced due to a physical incapacity (sensory or locomotor), an intellectual deficiency, age, illness or any other cause of disability when using transport and whose situation needs special attention and the adaptation to the person’s needs of the services made available to all passengers.
“Minor”	A person whose age is 16 years and below.
“Unaccompanied Minor”	A person whose age is 16 years or below travelling alone or travelling only in the company of another minor.

1.1.2 Acronyms

“AIC”	Aeronautical Information Circular
“AOC”	Air Operator Certificate
“ATO”	Aviation Training Organization
“HLTF”	AFCAC High Level Taskforce
“CART”	Council Aviation Recovery Taskforce
“RCAA”	Rwanda Civil Aviation Authority
“MoH”	Rwanda Ministry of Health
“ICAO”	International Civil Aviation Organization
“PLF”	Passenger Locator Form
“IATA”	International Airline Transport Association
“RBC”	Rwanda Biomedical Center
“SRAs”	Security Restricted Areas
“SOPs”	Standard Operating Procedures
“STPC”	Stopover Paid by Carrier
“RT-PCR”	Real-Time Polymerase Chain Reaction
“WHO”	World Health Organization
“PRM”	Passenger with Reduced Mobility
“PHC”	Public Health Corridor
“PPE”	Personnel Protective Equipment
“OEM”	original equipment manufacturer

1.2 Background

COVID-19 has posed unprecedented challenges to the international air transport sector worldwide. The biggest challenge is sustaining commercial air operations while also ensuring that air transport does not become a significant route for the further spread of COVID-19. Meeting this challenge requires substantial and dynamic changes across the cycle of the air travel experience: pre-flight, at the departure airport, onboard, and post-flight.

Rwanda adopted the recommendations and measures issued by ICAO Council Aviation Recovery Taskforce (CART) and African Union High Level Taskforce (HLTF) through publication of Directive number RCAA-DD-002- “Post COVID-19 Lockdown Aviation Industry Restart Guidance- Safety and Security” (Directive RCAA-DD-002) available on RCAA website.

These protocols provide best practices on how to conduct commercial air transport 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.

1.3 References

- (a) ICAO Guidelines including guidelines established by CART,
- (b) Measures proposed by HLTF,
- (c) World Health Organization (WHO) Guidelines,
- (d) WHO International Health Regulations (2005)
- (e) Rwanda Ministry of Health (MoH) Guidelines,
- (f) Rwanda Civil Aviation Authority Directive RCAA-DD-002

1.4 Effectivity

- (a) AIC A 06/2020 is effective as of 21st of August 2020.
- (b) AIC A 06/2020 supersedes AIC A 05/2020 and AIC A 02/2020.

1.5 Applicability

This Aeronautical Information Circular (AIC) and referenced protocols are applicable to:

- (a) All Air Operators (private operators, local and foreign AOC holders) operating in and out of Rwanda;
- (b) Aviation Training Organizations (ATO),
- (c) All Airport Operators in Rwanda,
- (d) Providers of Air Navigation Services in Rwanda,
- (e) Ground Handling Companies operating at certified or licensed airports in Rwanda,
- (f) All Aircraft Maintenance Organizations approved to maintain Rwandan registered aircraft,
- (g) All entities working at certified or licensed airports in Kigali,
- (h) Aviation professionals licensed or certified by the Authority, and
- (i) Any other entities or persons as shall be determined by the Authority.

2.0 PUBLIC HEALTH RISK MITIGATION MEASURES

2.1 Generally Applicable Risk Mitigation Measures

2.1.1 Public Education: Air Operators, Airport Operators and Air Navigation Service Providers shall distribute accurate information quickly to relevant stakeholders including travelling persons. Information shall be as clear, simple and consistent as possible across the entire passenger travel experience.

2.1.2 Physical Distancing: To the extent feasible, persons shall maintain physical distancing consistent with WHO or applicable Public Health guidelines and Legislation.

2.1.2.1 Where physical distancing is not feasible (for example in aircraft cabins), an operator shall apply acceptable alternative means of compliance as approved by the Authority.

2.1.2.2 Where members of the same family who have been together for the last 120 hours prior to the flight and are on a private air operation, social distancing on board the aircraft may not be necessary provided the operator has SOPs for use by crew members. The SOPs shall be in alignment with WHO and shall include the management of a suspected case for communicable disease on board the aircraft.

2.1.3 Use of PPE: All persons shall wear appropriate PPE consistent with applicable public health guidelines. The type of PPE (non-medical or medical) should be selected based on the level of risk and the availability of PPE while taking into consideration the potential risks and disadvantages of using them. Healthcare workers, crew and symptomatic persons suspected of being infected with COVID-19 must prioritize surgical facemasks for use as PPE. 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.

2.1.4 Routine Sanitation:

2.1.4.1 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.

2.1.4.2 All persons shall observe appropriate health measures including frequent sanitization.

2.1.5 Health Screening:

2.1.5.1 Airports will ensure that health screening is conducted in accordance with the protocols of the MoH.

2.1.5.2 Screening could include pre-flight and post-flight self-declarations, temperature measurement and visual observation conducted by health professionals.

2.1.5.3 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.

2.1.5.4 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.

2.1.6 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 www.rbc.gov.rw/travel. This will be in line with applicable data privacy protection rules, provisions of ICAO Annex 9, Facilitation and MoH guidelines. Where there is a conflict in guidelines, MoH guidelines shall be applicable.

2.1.7 Declarations:

2.1.7.1 Health Declarations: - Unless otherwise authorized by the Authority

- (a) Each passenger shall, prior to departure, complete and submit to MoH, an electronic Passenger Locator Form (PLF) available on portal www.rbc.gov.rw/travel. Electronic tools are preferred to minimize cross-infection through exchange of hard copies.
- (b) Each crew member shall, before departing for Rwanda, complete and submit to Health Officials at the airport “Crew COVID-19 Status Card” through the following email: mfservice@caa.gov.rw. Electronic submissions are preferred to avoid paper forms and possible cross-infection.

Note: It is the responsibility of air operators to establish acceptable procedures that ensure assigned crew members are fit to fly. In an event that a crew member is identified to have had contact with suspect COVID-19 case, the crew is required to obtain medical clearance (including a new PCR COVID-19 Test Certificate) before resuming operations.

2.1.7.2 Customs Declarations: -Unless otherwise authorised by customs officials in coordination with health officials,

- (a) persons making customs declaration shall use electronic options (mobile and QR codes) to minimize human to human contact; and
- (b) For customs formalities, arriving persons shall use the available green/red lanes for self-declarations.

2.1.8 COVID-19 Testing:

- 2.1.8.1 Unless otherwise authorised by the appropriate authorities, all arriving, transferring and transiting persons are expected to test negative for COVID-19 within 120 hours prior to departure. Persons will take RT-PCR COVID-19 test in the country of origin at a certified laboratory. No any other test, including Rapid Test, is acceptable in Rwanda.
- 2.1.8.2 Arriving, transferring and transiting passengers are required to submit the results of the test referred in 2.1.8.1 using the electronic PLF before departure and also upon arrival at any international airport in Rwanda.
- 2.1.8.3 Unless otherwise authorised by appropriate authorities, all arriving persons will take a RT-PCR COVID-19 test upon arrival in Rwanda and wait 24 hours for the results of the test at designated hotels. The associated costs will be incurred by the individual or their organization.
- 2.1.8.4 A RT-PCR COVID-19 test is required for departing passengers. Persons are to take the test within 120 hours prior to departure.
- 2.1.8.5 In the event, a person tests positive to COVID-19, the person will receive medical treatment in accordance with the Ministry of Health standards of care. The cost of treatment will be incurred by the individual or their organization.
- 2.1.8.6 While in the country, all persons are expected to abide by guidelines of MoH and specific guidelines for tourists' attractions including National Parks.
- 2.1.8.7 For any emergency, question, and/or feedback related to COVID-19, persons may call on toll-free number 114 or contact Airport Health Officials on duty 24/7: (+250) 781415724.

Note: By submitting the required information mentioned in this document, it is construed that the individual has authorized the competent health authority to professionally use the information. However, the Authority is absolved of any liability for any offense related to the submitted declaration or information contained in the submission.

2.1.9 Departure at Kigali International Airport

- 2.1.9.1 Arrival at the airport: - Passengers are required to arrive at the Kigali International Airport in the indicated time slot in order to avoid congestion as the passengers move through screening and security checkpoints.
- 2.1.9.2 Unless otherwise the appropriate authorities find it fit, charter and private operators will inform the airport operator of their intended time of departure and advise their passengers to arrive at the airport at least 2 hours before departure.
- 2.1.9.3 Unless authorized by appropriate health officials in Rwanda, departing passengers are required to show the results of the test referred in 2.1.8.1 upon arrival at Kigali International Airport.

3.0 RISK MITIGATION MEASURES APPLICABLE TO SPECIFIC PROCEDURES

3.1 Airport

3.1.1 General requirements:

This section 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.

3.1.2 Airport Cleaning and Disinfection:

- 3.1.2.1 Airport Operators shall clean and disinfect terminal infrastructure and all equipment on a regular basis and its frequency should be increased as needed based on traffic and as advised by MoH. Airport operator shall also ensure other airport stakeholders clean and disinfect their operational infrastructures and complete airport area disinfection/cleaning control sheet (Template is available on RCAA website).
- 3.1.2.2 Airports Operators 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:
 - (a) 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.
 - (b) Hand sanitizers shall be placed and clearly identified at all access control points to encourage hand hygiene for all persons.
 - (c) 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, in use and maintained at a reasonably cool temperature.
 - (d) Enhanced maintenance of toilets, air conditioning system, including the employment of air filters and increasing the frequency of the filter replacement.
 - (e) Cleaning and disinfection of Common User Self-Service machines after every use as per the Original Equipment Manufacturer (OEM) manufacturer's guidelines.

3.1.3 Organizations working at the airport

3.1.3.1 Organisations working at the airport shall ensure COVID-19 testing of their line staff:

- (a) Who during temperature screening have a body temperature above 37.5° C (99.5 F),
- (b) Every 14 days for crew and front line personnel who come into contact with passengers,
- (c) Every 30 days for other personnel working at airports.

3.1.3.2 Air operators, airport operators or any other organizations working at the airport shall provide adequate and quality personal protective equipment (PPE) for the line personnel at airports such as face masks and gloves or any other additional PPE.

3.1.3.3 Air operators, airport operators or any other organizations working at the airport shall provide sufficient sanitizers and ensure personnel frequently sanitize.

3.1.4 Airport Terminal Access, Markings and Announcements

3.1.4.1 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.

3.1.4.2 Airport Operator 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.

3.1.5 Security Screening- Air Operators will implement the following:

3.1.5.1 As screening checkpoint layouts and processes are modified to accommodate sanitary measures, and as the number of passengers will increase overtime, the Airport Operator shall determine the number of staff necessary at checkpoints to ensure an efficient and effective screening process while maintaining sanitary measures, such as physical distancing, for both staff and passengers.

3.1.5.2 In the event that during a period of operational inactivity the sterility of a designated Security Restricted Areas (SRAs) may have been compromised, security measures including sweep and search of any such areas should be completed prior to the re-commencement of operations. The designation and identification of SRAs at airport are established in the individual Airport Security Programmes,

- 3.1.5.3 The use of handheld metal detectors, Walk-Through Metal Detectors (WTMDs) and full-body scanners. Minimize hand pat downs of persons undergoing security screening,
- 3.1.5.4 Provide whole body scanners to avoid invasive screening both for the safety of the passengers and staff,
- 3.1.5.5 Upgrade security cameras and CCTVs to be able to use biometrics even when people are wearing face masks,
- 3.1.5.6 Dedicate a screening lane to ensure separate flows for crew and staff from the passengers thus guarantee physical distancing at all times,
- 3.1.5.7 Provide a crew access to the Apron for all crew after immigration to ensure that contact with transit guests is minimized.
- 3.1.5.8 Advise Passengers and Air Operator crew 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. Airport operator shall dedicate special bins for shoes only and disinfect them regularly.
- 3.1.5.9 For Airport Staff, the verification of a valid identification permit (e.g. airport badge and aircraft operator identification) necessary for granting access to airside and SRA of airports should not require the holder to hand over the permit to security officers at access points. Security officers should stay at least one meter away from the person so that a check of the picture, the area authorized (if applicable) and the validity date can be made.
- 3.1.5.10 Since the use of certain biometric identification systems for access control may help spread the virus (e.g. fingerprint readers), airport operators should consider discontinuing the use of such access control methods during the COVID-19 pandemic, in favour of other types of readers that do not require direct contacts such as iris scanners and facial recognition equipment. When using facial recognition equipment, face coverings and masks should be removed in accordance with the equipment's requirements.
- 3.1.5.11 Should contact-prone access control systems be used (e.g. access card reader), airport operator shall ensure these are frequently disinfected in accordance with manufacturers' guidelines as to not impair their performance. Complementarily, airport operators should consider requiring staff to disinfect their hands before and after touching an access control system (disinfectant dispensers should therefore be installed next to access control systems).
- 3.1.5.12 Consider limiting access to the SRAs to personnel who have an operational need to be granted such access, taking into account the fact that certain persons who were granted SRA access before the pandemic may no longer need it.

- 3.1.5.13 Keep to minimum the number of vehicles authorized to enter the SRAs as far as operationally practicable. In order to help reduce the need for physical inspections of vehicles to the extent practicable, access to SRAs should only be granted if vehicles have a legitimate and operational reason to enter the area.
- 3.1.5.14 During the inspection of vehicles entering the SRAs, PPE that is capable of covering areas of the body that can be in contact with the surface of the vehicle should be used.
- 3.1.5.15 Due to an unusual period of inactivity resulting from the pandemic, airport operators or entities providing such service shall ensure that security equipment undergo proper maintenance and calibration before being brought back into operation in order to ensure it is properly functioning and serviceable. Maintenance and calibration checks should therefore be performed by trained staff in accordance with the manufacturer's instructions. All relevant maintenance and calibration information should be recorded and logged for quality assurance purposes.
- 3.1.5.16 Airport operator shall ensure screening takes place in non-adjacent lines to the extent possible, taking into consideration the screening checkpoint layout, space availability and constraints inherent in applying sanitary requirements, including physical distancing measures. Flow control measures at screening checkpoints should be implemented in order to avoid aggregations of people leading to and exiting checkpoints.
- 3.1.5.17 Clear information on proper divestment procedures (i.e. removal of coats, jackets and personal items like wallets) shall be provided by airport operators to passengers and staff before screening in order to reduce the number of false alarms.
- 3.1.5.18 In order to limit the handling of personal items by screeners, airport operators shall provide passengers and staff with information via verbal commands, signage or public announcements on how to best prepare for the screening of their belongings. This should include information on how to proceed with cabin baggage and other bulky items (e.g. baby strollers) and what items should be placed in separate trays (e.g. electronic items and liquids).
- 3.1.5.19 When passengers need to be reunited with their hold baggage as part of the alarm resolution process, airport operator shall ensure proper physical distancing should be maintained between passengers and staff members, and applicable health measures should be observed. PPE should be used by both screening staff and passengers during the reconciliation and screening processes, in particular when the facilities do not allow for proper physical distancing.

3.1.6 Aircraft Operator Security Programmes (AOSP)

3.1.6.1 Aircraft operators shall ensure interim procedures implemented as a consequence of the impact of COVID-19 on air carriers' security operations are added as an appendix to their AOSP. Such interim procedures shall reflect the interim measures implemented to comply with States' requirements in accordance with the Director General's Directives. Air operators shall demonstrate compliance with the provisions of RCAA Directive number RCAA-DD-002.

3.1.7 Management of Passengers

3.1.7.1 Airport Operators shall provide Passenger Temperature Screening and Subsequent Testing Equipment and ensure all passengers 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 is 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.

3.1.7.2 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.

3.1.7.3 Air Operators shall advise passengers to take extra care and in coordination with security, ensure that passengers 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.

3.1.7.4 Thermal Screening at the Departure Airport. Airport operators shall:

- (a) 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.
- (b) provide a suitable location for the temperature checks before check- in and baggage drop-off.

***Note:** 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.

- (c) conduct regular recalibration of the thermometers and in accordance with the manufacturer's instructions due to their intensive use.
- (d) 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.

3.1.7.5 Assessment of Passengers' Fitness to Fly

- (a) Before accepting any passengers on the flight, Air Operators, 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.
- (b) In cases where a passenger is suspected to be infected, the prescribed handling guidelines by the MoH officials shall be applied.
- (c) Temperature Screening: During pre-boarding, Air operators shall provide a calibrated non-contact infrared thermometer body temperature detection equipment 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 medical examination.
- (d) If a passenger is confirmed to have a fever, the person shall not be allowed to board the aircraft.

3.1.8 Check-In and Boarding

3.1.8.1 At the check-in and boarding gates, air operators shall implement the following measures:

- (a) Ensure face coverings through wearing of surgical masks by passengers.
- (b) Provision of sanitizers for passengers across the touch points shall be mandatory, therefore automatic hand sanitizers shall be installed by airport operator at all airports' terminal entry points for passenger to sanitize.
- (c) Re-labeling of check-in counters and layout to provide adequate self-baggage drop-off points/ counters to minimize passenger and staff interaction.
- (d) Physical distancing shall be maintained through visible markings that provide the recommended 1meter between individuals. Clear marking of seats for

usage in all terminals and boarding gates in consideration of physical distancing requirements.

- (e) The usage of E-gate (digital) border management and self-service facilities are preferred at international departures.
- (f) There shall be adequate signage and accessible information at all the airports on implemented safe behaviour procedures, as well as the required PPE for passengers. This information shall be prominently displayed at visible places within the airport and in the apron passenger/staff ground transportation.
- (g) Constant reminders through the Public Address System (PAS) on the need to uphold personal health precautionary measures at the terminal.
- (h) There shall be promotion of digital payments in order to minimize touch points.

3.1.8.2 Airport Operators shall:

- (a) 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.
- (b) regularly review gate assignment to avoid side by side operations wherever possible and allowing guests more physical distance while in boarding lounges.

3.1.8.3 Passengers will:

- (a) keep possession of their boarding passes and, 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 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.
- (b) be permitted to carry up to a maximum of 100ml of liquid sanitizers, carried in transparent package, as part of carry-on luggage.

3.1.8.4 Where safe to do so, 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.

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

3.1.9 Management of Passengers On-board the Aircraft

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

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

3.1.9.2 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.

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

3.1.9.4 Rwanda requires physical distancing on board the aircraft. However, an air operator meeting the conditions listed below is considered to have provided an acceptable alternative means of compliance:

- (a) The aircraft cabin is designed in such a way that passengers sit facing forward and not toward each other,
- (b) The aircraft is fitted with operational Highly Effective Particulate Air (HEPA) filters; the same technology used in hospital to trap pollutants including COVID-19 virus, with an efficiency over 99.9%.
- (c) 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;
- (d) 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.
- (e) Air operators have procedures in place to limit movement onboard aircraft once passengers are seated.

- 3.1.9.5 In addition to the other hygiene measures that must be observed at all times, air operators will ensure, to the extent possible, 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.
- 3.1.9.6 Air operators will reduce on-board service to the minimum necessary to ensure comfort and well-being 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:
- (a) Reduced food and drink service;
 - (b) Preference for pre-packaged and sealed food and drink products, such as canned drinks; and
 - (c) 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.
- 3.1.9.7 Pilot in Command or a crew acting on his/her behalf, shall remind passengers to remain seated with their seatbelt on as much as possible.
- 3.1.9.8 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.
- 3.1.9.9 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.

3.1.10 Management of Persons On-board with Suspected COVID-19

- 3.1.10.1 For the management of a suspected person 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:
- (a) 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.
 - (b) The crew shall ensure the passenger has additional masks available to replace it in case it becomes wet after coughing or sneezing.

- (c) 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.
 - (d) Air Operators shall block empty seats for the purpose of isolation of any passenger exhibiting symptoms of COVID-19. Seats shall be blocked in such a manner that ensures physical distancing of 3 meters of the isolated passenger seated on the last right-hand window seat.
 - (e) If this is not possible the passenger shall maintain their allocated seat and the other passengers shall be moved from that area if possible.
 - (f) The vents overhead this area shall be turned off.
 - (g) The passenger shall remain in the last right-hand window seat.
 - (h) The lavatory closest to the isolated passenger should be specifically designated for quarantine purpose.
- 3.1.10.2 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.
- 3.1.10.3 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.
- 3.1.10.4 After removal of the COVID-19 suspected case, deep 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.
- Note: 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.*
- 3.1.10.5 Cabin crew shall wear appropriate PPE when providing services or care to passengers.

3.1.11 Management of Arriving Passengers

3.1.11.1 Disembarking

- (a) Airport operators and air operators shall coordinate to ensure physical distancing is practiced as much as possible during the disembarkation procedure.
- (b) 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.
- (c) 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. Air operators shall ensure passengers sanitize before boarding buses.
- (d) Where possible and safe to do so, 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 other acceptable alternative procedure that will ensure physical distancing to the maximum extent possible and avoid queues.

3.1.12 Thermal Screening at the Arrival Airport

- 3.1.12.1 Airport operator 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.
- 3.1.12.2 Airport operator shall provide a suitable location for the temperature check point.
- 3.1.12.3 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 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 MoH.

3.1.13 Baggage Claim and Exit from the Arrival Airport

- 3.1.13.1 Passengers shall have access to information through adequate signage as a reminder to adhere to the applicable preventive measures.
- 3.1.13.2 Provision of sanitizers for passengers across the touch points shall be mandatory.
- 3.1.13.3 For customs formalities, where possible green/red lanes for self-declarations are recommended. Airport operators shall put in place appropriate sanitary measures to be taken at secondary screening points to protect passengers and staff.

- 3.1.13.4 Immigration shall, where possible, 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. When necessary to handle a person's travel document, Immigration personnel shall sanitizer after serving each traveler.
- 3.1.13.5 Airport operator shall redesign immigration area to minimize congestion and cross-infection.
- 3.1.13.6 Airport operators 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.
- 3.1.13.7 In conjunction with the Special Airports Police Unit (SAPU) air operators 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.

3.1.14 Quarantine Procedures for Crew and Passengers (Facilitation)

- 3.1.14.1 All crew shall be exempt from quarantine after operating any flight, provided each crew member observes the following:
 - (a) body temperature is NOT above 37.5° C (99.5°F),
 - (b) does NOT have symptoms of COVID-19 and there was no suspected case of COVID-19 on their flight;
 - (c) Has a certificate of a PCR COVID-19 negative test conducted in the last 14 Days, and
 - (d) Submit Crew COVID-19 Status card using email mfservice@caa.gov.rw.

Note: Health officials have the prerogative of conducting random testing to gather data that may be used for making decisions. If any crew member is to be randomly tested, the crew will be notified and requested to avail themselves at their convenient time before their departure.

- 3.1.14.2 With a suspected case of COVID-19 on the flight, the crew member, if was wearing appropriate PPE, the crew member shall be tested and quarantined designated facility. If the results are negative they shall be allowed resume normal duties.
- 3.1.14.3 The Air Operator shall be responsible for ensuring proper crew screening, medical briefings and reporting any cases to the relevant authorities.

- 3.1.14.4 Consistent with Public Health Corridor concept and WHO/MoH requirements, passengers shall be responsible for ensuring that they are COVID-19 free before travelling using air transport.
- 3.1.14.5 Arriving, transferring and transiting passengers will take COVID-19 RT-PCR (Real-Time Polymerase Chain Reaction) test in the country of origin at a certified laboratory. They are required to submit the results of the test to the electronic Passenger Locator Form (PLF)/Health declaration form before departure and also upon arrival at Kigali International Airport.
- 3.1.14.6 All Passengers will take a RT-PCR COVID-19 test upon arrival in Rwanda. They will be expected to wait 24 hours for the results of the test at designated transit hotels in Rwanda. The passengers whose results come out negative will be allowed to continue with their business while those whose results come out positive will be treated following MoH guidelines. The associated costs will be incurred by the individual.
- 3.1.14.7 A passenger with a positive RT PCR COVID-19 test result who wishes to leave Rwanda will leave following Medical evacuation procedures.
- 3.1.14.8 Travel restriction: A passenger shall not travel if he/she is traveling from a containment zone or has tested positive for COVID-19. The passengers are expected to certify the status of their health by submitting a duly completed electronic PLF.
- 3.1.14.9 If a passenger who is not permitted to fly, undertakes an air journey he/she shall be liable for penal action.
- 3.1.14.10 Vulnerable persons and persons with pre-existing health conditions are advised to take extra health precautions as prescribed by health professionals, as they travel. Infants will travel as guided by the Health officials.
- 3.1.14.11 Every passenger is encouraged to ensure that he/she has made a web check-in and obtained a boarding pass.
- 3.1.14.12 In the initial stage, passengers would be entitled to carry a maximum of one hand baggage as per the specifications by the airline of his/her travel.
- 3.1.14.13 All visitors to Rwanda are required to have an internationally accepted travel insurance.

3.1.15 Procedures for Crew and Staff Operating on Duty Travel

- 3.1.15.1 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.
 - (a) 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.

- (b) All crew and other staff will use PPE when in direct contact with passengers and when conducting service or giving care to passengers.
- (c) 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.
- (d) The PPE for the flight crew staff (pilots) shall be a surgical face mask. Gloves may also be used.

3.1.15.2 Pilots who load passenger bags must wear and dispose gloves used during the task.

3.1.16 Conduct of Crew during Technical-stops or Turnaround

- 3.1.16.1 Air Operators 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.
- 3.1.16.2 At airports located in high risk areas, only one flight or technical crew member 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.
- 3.1.16.3 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 PPE.
- 3.1.16.4 Aircraft doors should be closed immediately for the return trip after the last passenger is on board.

3.1.17 Conduct of Crew at Hotels

- 3.1.17.1 Where layovers at the destination are necessary, air operators shall put in place the following mitigating measures 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:
 - (a) Crew transportation shall be done with a minimum separation of one seat between crew members.
 - (b) The air operator shall ensure that crew do not share the transport with any passengers or other air operator crew.
 - (c) At the resting facilities (hotel) the crew members shall not be allowed to leave the hotel facility or rooms except for emergency reasons.
 - (d) Only hotel room service meals and drinks will be allowed.

- (e) The crew hotels rooms and vehicles shall be disinfected prior to being used.

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

- (a) Measuring of body temperature at least twice a day.
- (b) Monitoring for symptoms such as fever, persistent coughing, or breathing difficulties.
- (c) 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.

3.1.18 Precautionary Measures for Air Operators Ground Staff

3.1.18.1 Air operator 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.

3.1.18.2 Air operator staff shall take precautionary measures to reduce the possibility of infection by:

- (a) Avoiding rush hours in public transport and instead use private transport when possible.
- (b) Avoiding direct contact with other people while moving between the airport and ground transport.
- (c) Minimizing the time spent in public areas.
- (d) Applying physical distancing whenever out in public places by maintaining a distance of at least 1 meter from other people.
- (e) Washing your hands frequently with soap and water or using an alcohol-based hand rub if hands are not visibly dirty.
- (f) Avoid touching eyes, nose, and mouth with your hands.
- (g) Self-monitoring: If crew member develops 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.

3.1.18.3 Air operator shall ensure face masks are 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).

- 3.1.18.4 Persons shall wear masks 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.
- 3.1.18.5 Airport and or air operator persons providing a service to passengers shall ensure physical distancing of 1 meter 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:
- (a) Expanding the space between queue binders to allow for broader spacing of passengers at Check in, Boarding gates and Transfer areas.
 - (b) 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.
- 3.1.18.6 Airport and or air operator persons shall 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.

3.1.19 Procedures for Transportation of Unaccompanied Minors and Persons with Reduced Mobility

- 3.1.19.1 All minors are required to be accompanied. When the Authority finds it fit, unaccompanied minor may be accepted to travel provided:
- (a) Air operator retains the responsibility and shows an acceptable process of handover at each stage;
 - (i) Airline receiving minor;
 - (ii) Airline handing over the minor to hotel,
 - (iii) Hotel handing over the minor to parents.
 - (b) A contractual arrangement is entered between the airline and the person with legal custody of the minor;

Note: An “Unaccompanied Minor Handover Form” available on the RCAA website shall be duly completed and a copy kept at every stage. The final copy shall be submitted to the RBC official at the designated Hotel.

3.1.19.2 Where an unaccompanied minor is authorized to travel to Rwanda;

- (a) A person with legal custody of the minor shall confirm under oath his or her full responsibility for bearing the costs:
 - (i) associated with COVID-19 testing,
 - (ii) for hotel accommodation while the minor awaits results and
 - (iii) treatment costs in case the minor is COVID-19 positive.
- (b) Stay in a transit hotel designated for Unaccompanied Minors,
- (c) Where the Authority, in consultation with the airline, finds it fit for the safety of the unaccompanied minor, the person with legal authority of the unaccompanied minor may stay with the minor in the same designated hotel for the period the unaccompanied minor awaits the COVID-19 test results.

3.1.19.3 Passenger with reduced mobility (PRM);

- (a) Unless otherwise authorized by health officials, PRM shall be accompanied at all times.
- (b) Where necessary, the accompanying person may share the same hotel facilities with the PRM provided the facilities are adequately equipped for sharing.

3.1.20 Layover Passengers

3.1.20.1 Transfer passengers: - Taking advantage of the Public Health Corridor, health screening for transfer passengers is limited body temperature screening and clinical examinations.

- (a) In case of any suspect case, health officials reserve the right to conduct further tests and provide appropriate care and treatment as per the MoH.
- (b) All transfer passengers are required to have a COVID-19 PCR test certificate issued by a certified laboratory within 120 hours prior to departure.

3.1.20.2 Layover passengers: - Layover passengers who include Stopover Paid by Carrier (STPC) passengers and Passengers from canceled/delayed flights and connections less than 24 hours will be considered under the Public Health Corridor (PHC). While in the country, the air operator shall ensure these passengers;

- (a) Will comply with health measures that will include body temperature screening;
- (b) Stay in designated hotels for passenger accommodation; and
- (c) Use clean, safe and secure ground transportation to and from the airport.

Note 1: All layover passengers are required to have a COVID-19 PCR test certificate issued by a certified laboratory within 120 hours of their travel.

Note 2: In case of any suspect case, health officials reserve the right to conduct further tests and provide appropriate care and treatment as per MoH procedures.

3.2 Cleaning and Disinfection Preventive Measures

3.2.1 Air Operators or contracted entities shall ensure:

- 3.2.1.1 Disinfection of the aircraft from high risk areas is done during turnaround time, and a daily disinfection done for other aircraft using the recommended disinfectants.
- 3.2.1.2 For routine cleaning, a wet process cleaning of the aircraft is applied during a stopover to avoid the onward spread of infectious substances, and a thorough cleaning upon the completion of the flight is carried out.
- 3.2.1.3 Preventive disinfection shall be done after flight based on the different risk level identified per destination.
- 3.2.1.4 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.
- 3.2.1.5 Disinfection of key areas proceeds in the following order:
 - (a) 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.
 - (b) Lavatories: The disinfection in lavatory should be progressed from contaminated to clean areas as follow: toilet bowls, waste bins, hand basins, lavatory sidewalls, door surfaces, doorknobs, ashtrays (if installed), and latches.
 - (c) Galleys: Ovens, water boilers, coffee makers, galley facilities, lockers/drawers, and waste bins.
- 3.2.1.6 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).
- 3.2.1.7 Management of headsets to ensure that headsets coming from aircraft that have operated in high risk areas are disinfected before re-use.
- 3.2.1.8 PPE are provided to staff disinfecting the aircrafts i.e. surgical masks, overalls, gloves, goggles, face masks etc.

- 3.2.1.9 Turnaround cleaning is 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.
- 3.2.1.10 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.
- 3.2.1.11 Ensure the aircraft is disinfected before maintenance personnel are allowed to proceed with their duties on aircrafts.
- 3.2.1.12 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.
- 3.2.1.13 All headsets shall be disinfected before re-use.
- 3.2.1.14 Ensure proper disposal of all used PPE and/or contaminated items.

3.2.2 Aircraft Cabin Cleaning

- 3.2.2.1 Air operators, in coordination with environmental health officers, shall establish procedures for cleaning and disinfection of the aircraft to be followed when cleaning, disinfecting and decontamination of aircraft. The procedures shall ensure:
 - (a) Any disinfection is conducted using products recommended by the original equipment manufacturer (OEM) or the regulator.
 - (b) The disinfectants are tested according to the specifications of the aircraft manufacturers for material compatibility tests, and not be corrosive or detrimental to aircraft components.
 - (c) The disinfectant is applied according to the label instructions (e.g. concentration, method and contact time).
 - (d) Any contaminated items are 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.
 - (e) After every flight before boarding of the next, cleaning or sanitization of touch surfaces are conducted unless otherwise prohibited by the OEM.

- (f) The cleaning and other measures meet the conditions required by the OEM and the regulator.

3.2.3 Cargo Compartments

- 3.2.3.1 It is the responsibility of the air operators or the contracted service provider to ensure that cargo compartment touch surfaces are cleaned and disinfected at an appropriate frequency to accommodate safe operations for the ground staff.
- 3.2.3.2 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.

3.2.4 Aircraft Cargo Hold Disinfection

- 3.2.4.1 If animal or human 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:
 - (a) The contaminated area in which the animal or human remains, or the contaminants where shall be disinfected and cleaned as the first step, followed by a thorough disinfection of the remaining areas of the cargo hold.
 - (b) 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.
 - (c) 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.
 - (d) 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).
 - (e) 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.

3.2.4.2 Repatriation of COVID-19 Human Remains by Air

3.2.4.2.1 All parties, including aircraft operators are required to comply with the WHO interim guidance on Infection Prevention and Control for the Safe Management of a Dead Body in the context of COVID-19. The link can be found here: https://apps.who.int/iris/bitstream/handle/10665/331538/WHO-COVID-19-IPC_DBMgmt-2020.1-eng.pdf.

3.2.4.2.2 Current guidance for repatriation of COVID-19 human remains by air- When a person has died from COVID-19, considerations for final disposition may include on-site cremation, internment at the location of death or repatriation of human remains to the State requested by the next of kin. Many aircraft operators provide services for the transport of cremated and non-cremated human remains. Each air operator shall develop acceptable policies and procedures for transportation of COVID-19 Human remains.

Note: In general, there are three possible options for the transportation of human remains by air:

- (a) *Cremains, or cremated remains contained in a funeral urn. This is often the least complicated option for air transport.*
- (b) *Embalmed human remains enclosed in a sealed coffin. This option may be challenging since States may have opposing laws regarding embalment. It should be noted that at the time of issue of this guidance document the WHO does not recommend the practice of embalming for COVID-19 remains to avoid excessive manipulation of the body.*
- (c) *Human remains that have not been embalmed in an enclosed, sealed coffin. Specific requirements for this type of transport may vary by country, and States of destination or admission may not allow the export or import, as applicable, of non-embalmed remains.*

3.2.4.2.3 Air operators shall also observe the requirements of departure, transit and arrival States. These national legislations will ultimately determine the limitations, if any, associated with the handling, disposition, repatriation and admission of human remains.

3.2.4.3 Unless otherwise authorised by appropriate Government authorities, human remains are accepted into the country if conditions listed herein are fulfilled;

- (a) Medical certificate of cause of death.
- (b) Post-mortem report or comprehensive medical report from the attending doctor/health facility.

- (c) Embalming certificate (embalming may not be done for COVID-19 bodies).
- (d) Copy of identification document of the deceased (the original passport/travel document/identification document to be presented to immigration authorities).
- (e) Import license/import authorization from the director general of health services.
- (f) Appropriate packaging-wrapped in a waterproof body bag then placed in a zinc lined coffin and an outer metal or wooden box.
- (g) The relatives of the deceased shall contact the ministry of foreign affairs for guidance in coordination with the ministries of health and internal affairs.

3.2.5 Aircraft Terminal Disinfection

- 3.2.5.1 If an aircraft is found to have carried passengers with suspicious symptoms, a post-flight terminal disinfection shall be conducted.
- 3.2.5.2 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.
- 3.2.5.3 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.
- 3.2.5.4 After disinfection, the passenger cabin shall be cleaned in accordance with the post-flight cleaning requirements.
- 3.2.5.5 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.

Note 1: This Protocol will be reviewed at least once every 2 months or earlier.

Note 2: This AIC shall be read in conjunction Directive number RCAA-DD-002 Post COVID-19 Lockdown Aviation Industry Restart Guidance- Safety and Security available on <https://caa.gov.rw/fileadmin/templates/documents/>.

4.0 DEVIATIONS AND AUTHORIZATIONS

- 4.1** When a provision of this AIC section contains phrases such as “unless otherwise authorized by the Authority,” “the authority may,” “if the authority finds,” “the authority may authorize,” “the authority allows a deviation,” “notwithstanding the authority may issue operations specifications,” or other similar wording, then it implies a regulatory flexibility that may be issued by the Authority.
- 4.2** When an AIC section stipulates that a deviation or authorization is permitted, a person or entity may apply for such deviation or authorization providing sufficient measures to mitigate the perceived risk. Application for Deviation or Authorization shall be in a form of a letter signed by the applicant and delivered or mailed to the Authority.
- 4.3** In coordination with appropriate health officials, the Authority shall determine whether the applicant has provided an equivalent level of public safety during the conduct of any operation under a deviation or authorization. If the application is denied, the reasons for denial must be specified in a letter to the applicant.

5.0 FEES AND PENALTIES

5.1 COVID-19 Testing Fees

5.1.1 The cost of conducting COVID-19 Test in Rwanda is approved and published by MoH.

5.2 Penalties

5.2.1 Pursuant to the provisions of Rwanda Civil Aviation Regulations 1.165(a) if;

5.2.1.1 an air operator brings a person without a PCR COVID-19 Test Certificate, the Air Operator shall be penalized for 3000 USD.

5.2.1.2 person comes in Rwanda without a PCR COVID-19 Test Certificate, the person shall be penalized for 1000 USD.

5.2.1.3 person comes in Rwanda with a fraudulent, or intentionally falsified or altered PCR COVID-19 Test Certificate, shall be held liable for the appropriate offence.

5.2.1.4 A person or organization that violates any of the provisions of this AIC shall be penalized for 500 USD per every violated provision.

5.2.2 The penalties mentioned in 5.2.1 shall be paid directly into the Rwanda Civil Aviation Account.