



REPUBLIC OF KENYA

# PORT HEALTH SERVICES JOMO KENYATTA INTERNATIONAL AIRPORT

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# **ROLES OF PORT HEALTH IN SAFEGUARDING BORDER HEALTH**

## A Multi-stakeholder Approach





# INTRODUCTION

Port Health Services is a Division under the State Department of Public Health and Professional Standards ,Ministry of Health.

We serve as first line on defense against introduction of public health events and risks associated with international trade and travel





# Objectives of PHS at the POEs

1. Provision of emergency health services
2. Control of disease causing vectors and vermin
3. Inspection and verification of export and import of goods of public health concern.
4. Surveillance of communicable diseases and conditions
5. Ensuring rapid response to PHEICs
6. Ensuring proper sanitation ,safe water supply and Hygiene is maintained at POEs including waste management





# VISION

A country free of imported infectious diseases and harmful conditions





# MISSION

To prevent the spread of infectious diseases and other public health risks while facilitating international trade and travel through a dynamic, responsive and sustainable Port health Services





# Rallying call

Safeguarding our borders for a healthy nation





# CORE VALUES

- Professionalism
- Ethics
- Integrity
- Respect
- Partnership
- Sustainability







# LEGAL FRAMEWORKS

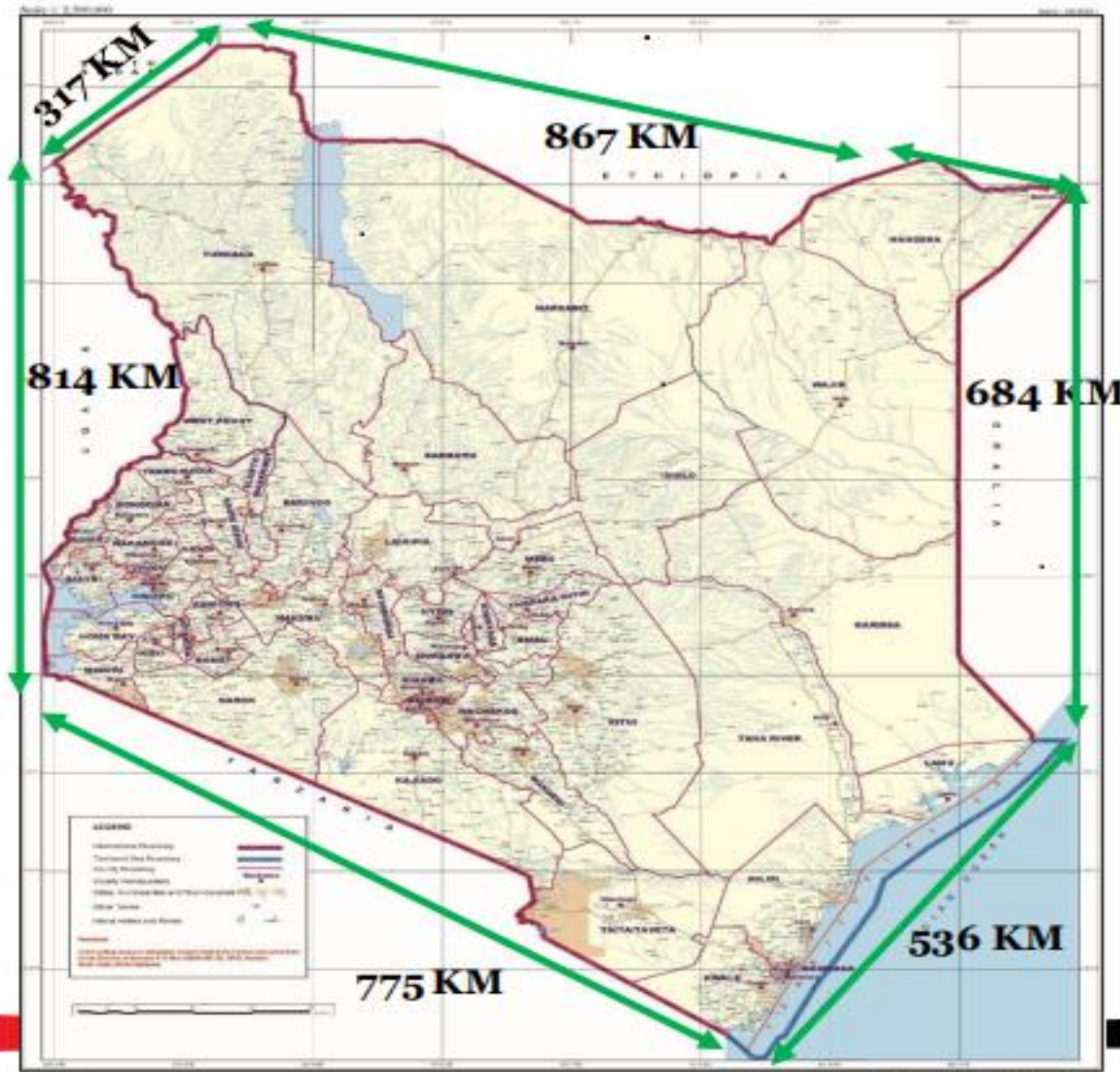
*Port Health Services are regulated by:*

- *Local statutes (Public Health Act Cap 242, and Food Drugs and chemical substance Act Cap 254 (Laws of Kenya)*
- *International Health Regulation (IHR 2005) that coordinates health services between countries.*
- *Adherence to ICAO annex 9 in carrying out our procedures*





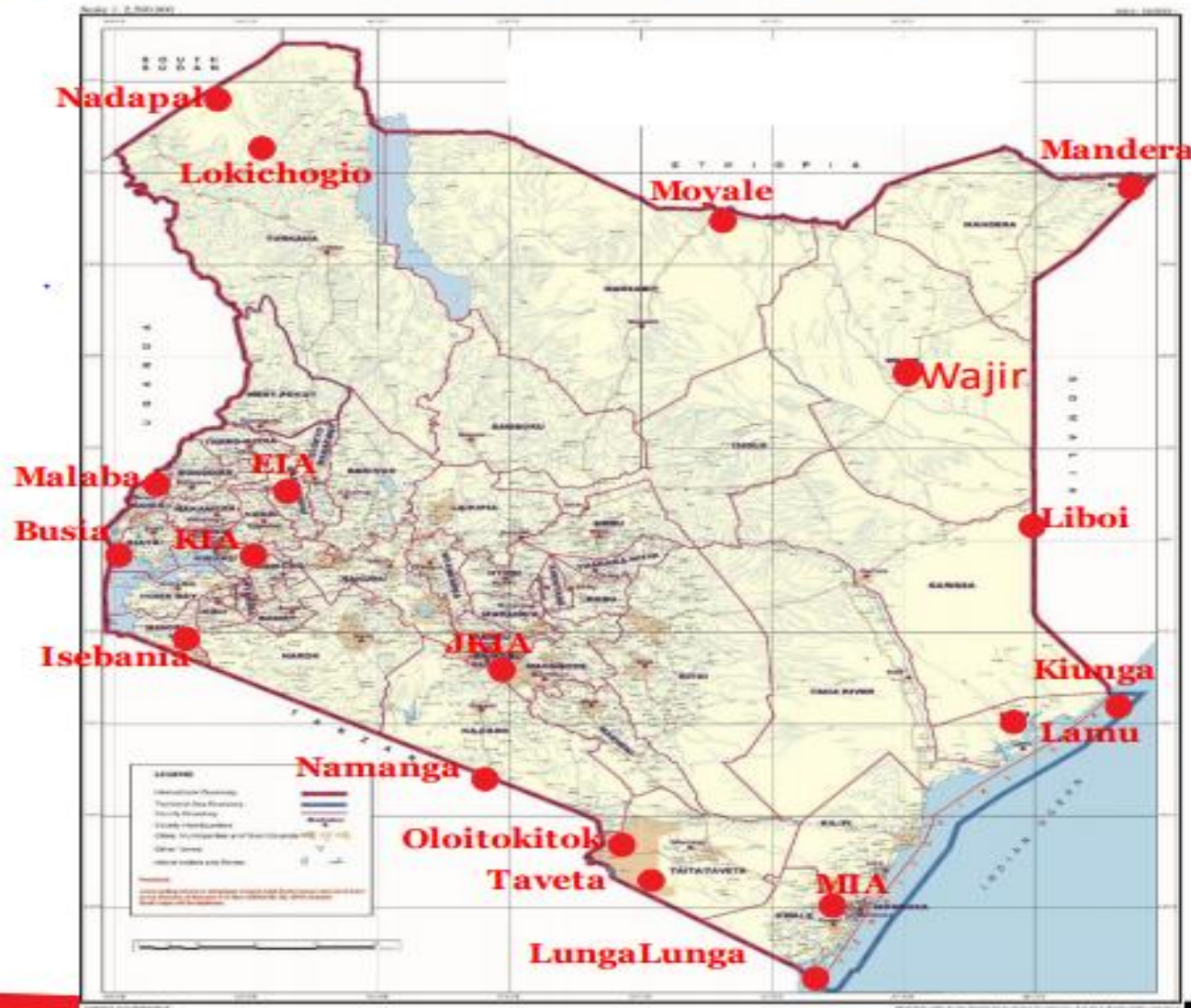
# KENYAN BORDERS





# LAND AND AIR BORDER CROSSINGS

## BORDER CROSSING POINTS





# AREAS OF OPERATIONS

- International Arrivals – 3 (T1A,T1E & T2)
- Cargo Terminals – (6) KAHL, Swiss-port , Africa Freight Services, Mitchell Cotts, Siginon and Document Handling Limited (DHL).

During Outbreaks Include :

- Domestic arrivals
- International Departures T1A,T1B,T1C & T2





# Passenger screening

100% screening of all passengers arriving/transiting through JKIA - an average of 262,443 passengers from 2097 flights per Month.

Visual & Temperature checks

**From yellow fever Endemic zones, PHS screens an average of :**

- 577 flights screened per month
- 44,323 passengers screened per month





# Stakeholders

## 1. Kenya Airport Authority

- Lead agency which helps in coordination of all stakeholders at the airport
- Ensure compliance by other stakeholders on requests by Port Health Services.
- Provides and maintains infrastructures

## 2. Immigration.

They assist in contact addresses of passengers in case of contact tracing  
Hold travel documents for passengers with medical conditions

## 3. Customs and Border Control

Ensure no goods of Public health importance identified during verification is released without port health clearance

## 4. Airlines Operation Committee

- During outbreaks whenever needed AOC provides the manifest and General Declaration of Health of airlines to enable contact tracing
- Allow boarding of passengers who meet entry requirements as per NOTAM in force





# Stakeholders

## 5. Kenya Police Services

Provides Security, containment, crowd control ,intelligence, investigation and escort services

## 6. Kenya International Forwarders and Warehousing Association

- Collaborations with officers at cargo to ensure smooth clearance of goods of Public Health importance

## 7. Kenya Wildlife Services.

- liaison in case of zoonotic disease alerts

## 8. Kenya Plant Health Inspectorate Services

- Collaboration for clearance of cargo and disease surveillance under One Health approach

**9. Directorate of Veterinary Services:** In case of any zoonotic diseases they alert the public health authority.





# Operational Structures

- Border Management Committee(BMC)- consists of all government agencies coming together to jointly make a decision
- Joint Operation centre (JOC)- Operational arm of the Border Management Committee
- Facilitation Committee
- Airline Operating Committee (AOC)
- Airport Security Committee (AVSEC)







# Standard Operating Procedure for Handling Ill Persons at the Airport

## Purpose

To provide guidance to Port Health Officers on the process of handling ill persons at the airport.

## Introduction

Port Health services will provide support for an ill person at the airport.

## Scope

This SOP provides guidelines to be followed by Port Health officers for purposes of handling ill persons at the airport.

## Requirements

First Aid emergency kit with the following;

- BP Machine,
- Glucometer ,
- Oximeter,
- Thermo gun,
- BVM,
- Stethoscope,
- Assorted Drugs,
- Non pharmaceuticals,
- PPEs





# SPECIFIC PROCEDURES :

1. The Nursing Officer on duty receives information or a call about an ill person within the airport.
2. The Nursing Officer on duty shall fill the information receiving call template.
3. The Nursing Officer assembles the Rapid Response Team (RRT).
4. The RRT picks emergency response kit and proceed to exact location within the airport
5. The Clinician interviews the ill person, companion(s) if any to get information about the illness.
6. The Nursing Officer will take the vital signs and record.
7. The clinician diagnoses and manages the ill person.
8. Document all the information and the treatment given in the traveler medical form in duplicate. A copy is given to the traveler and one left in the clinic file.
9. If stable discharge.
10. If unstable refer to the hospital of choice (see transportation SOP)
11. If it's a Prohibited Immigrant (PI), refer as per PI SOP





# Standard Operating Procedures

## Handling an ill Traveler on Board

### *Purpose*

- To provide guidance to Port Health Staff on the process of handling an ill traveler on board.

### *Introduction*

- Travelers can fall ill during the travel period. It can be at the time of taking off, in flight, or at the time of landing, but within the Kenyan space. They could be having chronic illness (non-communicable disease) or an acute illness of sudden onset of Public Health Emergency

### *Scope*

- These SOPs apply to all Clinical Officers, Nurses and Public Health Officers working at Port Health.





## ***Abbreviations***

- EARS- Emergency Alert Reporting System
- BP: Blood Pressure
- BVM: Bag valve Mask
- KAA: Kenya Airports Authority

## ***Requirements***

First Aid emergency kit with the following

- BP Machine,
- Glucometer ,
- Oximeter,
- Thermo gun,
- BVM,
- Stethoscope,
- Assorted Drugs,
- Non pharmaceuticals,
- PPE





# Specific procedures

1. The Nursing Officer on duty receives a call from the Air Traffic Controller, customer care desk (KAA) or any other reliable source of an ill traveler on board.
2. He/she disseminates the information to the Clinical Officer, Public Health Officer and driver on duty.
3. The response team picks the emergency kit and proceeds to the Bay as advised by the caller, awaiting the aircraft landing.
4. After the aircraft has parked at the bay, the Nurse and the Clinical Officer proceed inside the aircraft guided by the crew to where the ill traveler is seated.
5. The Clinical Officer then engages the crew / traveler's relatives if any / ill traveler if able to get more information about presentation of illness and any care given on board.





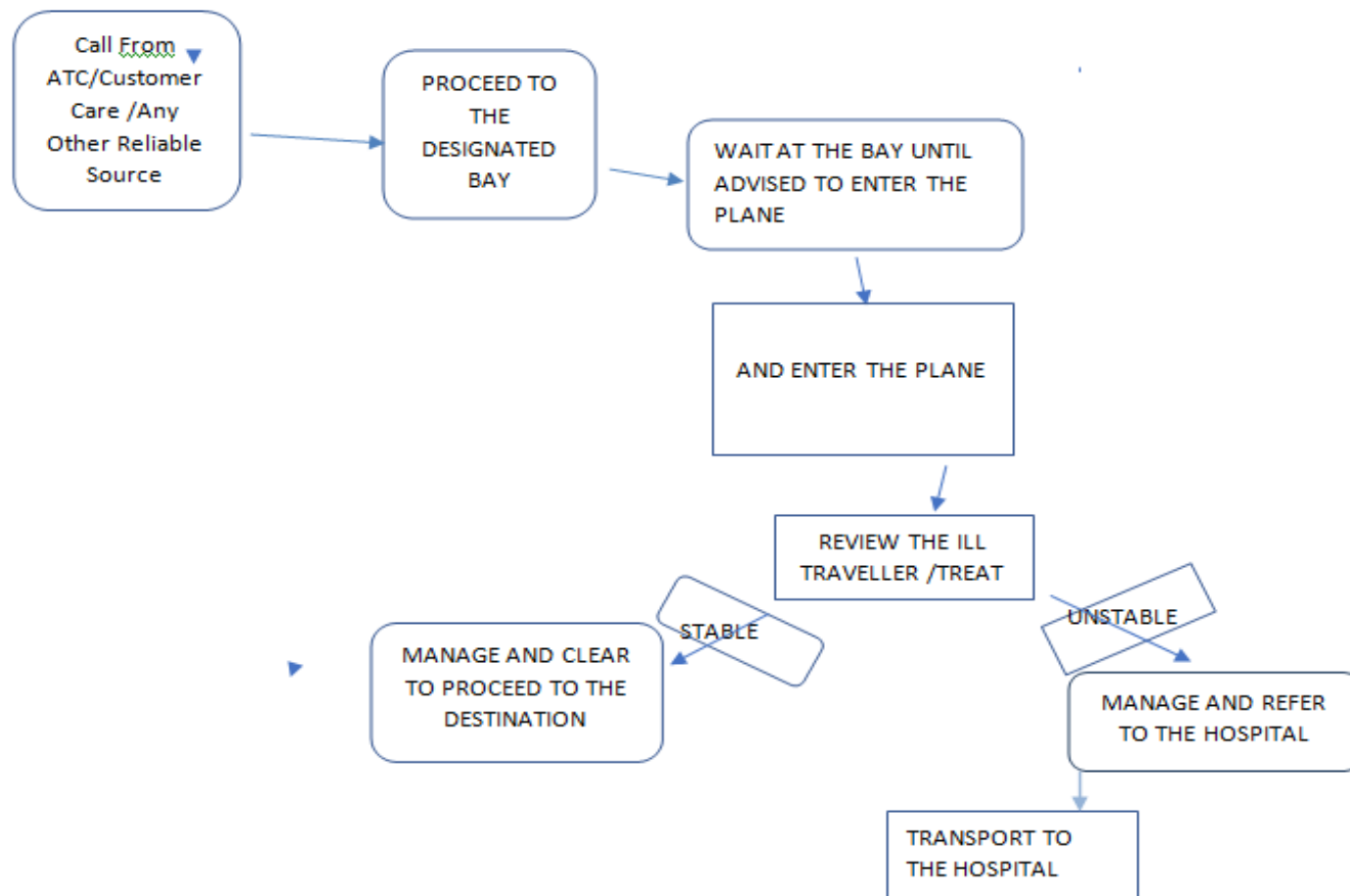
# Specific procedure- Cont

6. The Nursing Officer will take the observations and record.
7. The clinical officer diagnoses and treats the ill travelers. If he/she is stable; he or she is advised to proceed to their destination to be reviewed on arrival if necessary. If the ill traveler is unstable, off load the patient and refer/transport as per the ill traveler's transportation SOPs
8. Document all the information and the treatment given in the traveler's medical form in duplicate. A copy is given to the traveler and one left in the clinic file.





### 1. Flow chart





# Standard Operating Procedures Handling Possible Death onboard from a Communicable Disease

## Purpose

- To provide guidance to Port Health Officers on the procedure of handling possible death on board of a suspected case of a communicable disease.

## Introduction

- A traveler can die during the travel period from a communicable disease.

## Scope

- This SOP provides guidelines to be followed by Port Health officers for purposes of handling a possible death on board due to suspected communicable disease.

## Definition

- **Death on board:** Death during the inflight.
- **Communicable disease.** It can be transmitted from one person to another by contact with body fluid, breathing in air borne virus contaminated air, or being beaten by an insect.







## Requirements:

### **Step 1: preparation of disinfectant**

- Disinfectant solutions must be prepared on the same day
- 1% bleaching (chlorine) solution for disinfection of body and body bags
- 0.5% bleaching (chlorine) solution for disinfection of equipment
- 0.05% bleaching (chlorine) solution for disinfection of hands

### **Step 2: List of essential equipment and materials**

#### **Body bags**

- Two impermeable and robust plastic bags that can fit maximum body size and height
- One cloth bag (opaque) should be able to hold 80-120 kilos





# Materials to prevent infection

## Hand hygiene

- Alcohol based hand rub solution
- Clean running water and soap

## Equipment

- Stretcher
- One sanitizer
- Two leak proof infectious waste bags for disposable materials(destruction) and one for reusable materials(disinfection).

## Personal Protective Equipment

- Disposable gloves(non-sterile)
- Disposable coverall
- Faces protection goggles /face shield
- N95 mask
- Heavy duty gloves
- Footwear: gumboots, shoes cover





# Specific procedure

1. The captain shall inform the control tower of the possibility of death onboard.
2. The Nursing Officer on duty receives information or a call from ATC about possibility of death onboard (get details of the **flight no., country of origin and medical history and specific parking bay**).
3. The Nursing Officer on duty shall fill in the information receiving call template.
4. The Nursing Officer shall assemble the Rapid Response Team (RRT).
5. The public health officer will direct ATC to have the aircraft parked at the designated remote parking
6. The team leader/clinician shall assign roles and designate a communications person
7. RRT shall don appropriate PPE and pick emergency response kit and proceed to exact location within the airport
8. Upon arrival of the flight, Public Health Officer shall ensure that this information is captured in the General declaration of Health (GD).





# Specific procedure- Cont

9. The Clinician shall interview the crew, companion(s) if any to get information about the death.
10. The clinician shall assess and certify death and inform the Port Health Officer in-charge.
11. If death onboard is due to a suspected communicable condition:
  - ❖ The clinician shall reassure the other travelers and provide information about the disease, precaution measures, when and where to seek care.
  - ❖ The clinician notifies the port health officer in charge through the communication person to escalate to the head of port health services or their designate
  - ❖ The Public Health Officer shall provide appropriate PPE to all travelers and identify high-risk contacts (2 rows in front, 2 rows to the side, 2 rows to the back, and crew who have interacted with the dead passenger)





# Specific procedure- cont

- ❖ The Public Health Officer ensures that all passengers and crew on board complete the travelers' surveillance form
- ❖ The Public Health Officer disembarks the other passengers and directs the airline to which gate to access the terminal for screening by the Port Health Officer.
- ❖ The Public Health Officer shall confirm the information from the locator form is well-filled and conduct a health assessment for contacts.
- ❖ The Public Health Officer shall advise the contacts on the possibility of appropriate measures (quarantine or self-isolation) and disembark the contacts.

12. The laboratory officer shall collect appropriate samples using appropriate sample containers, transport media, and triple package.





# Specific procedure- cont

## Placement of body in a body bags.

The public health officer shall access the environment, ensuring all doors and windows are closed to prevent air enhanced air circulation and aerosolization

- ❖ Place the body bag along the body
- ❖ Open the body bag
- ❖ At least two persons take the body by arms and legs
- ❖ Place the body in the body bag
- ❖ Close the body bag, minimize air in the bag and seal with leak-proof tape along the zipper lines
- ❖ Disinfecting the outer side of the body bag by wiping with a cloth or mop over the surface of the bodybagwith0.5%chlorinesolution.
- ❖ Disinfect surfaces with 0.5% chlorine solution
- ❖ Remove utility gloves, perform hand hygiene and wear a clean pair of gloves
- ❖ Mark the outside of the body bag with the person's name, age, and identification number.





# Specific procedure- cont

## IMPORTANT NOTES

- *Manipulation of the body should be minimal*
- *Remains should not be sprayed, washed or embalmed*

13. The Public Health Officer shall carry out disinfection of the aircraft upon payment by the airline [see aircraft disinfection SOP].

14. The Public Health Officer shall issue a disinfection certificate and lift the quarantine restrictions for the aircraft after completion of disinfection.





## Specific procedure- cont

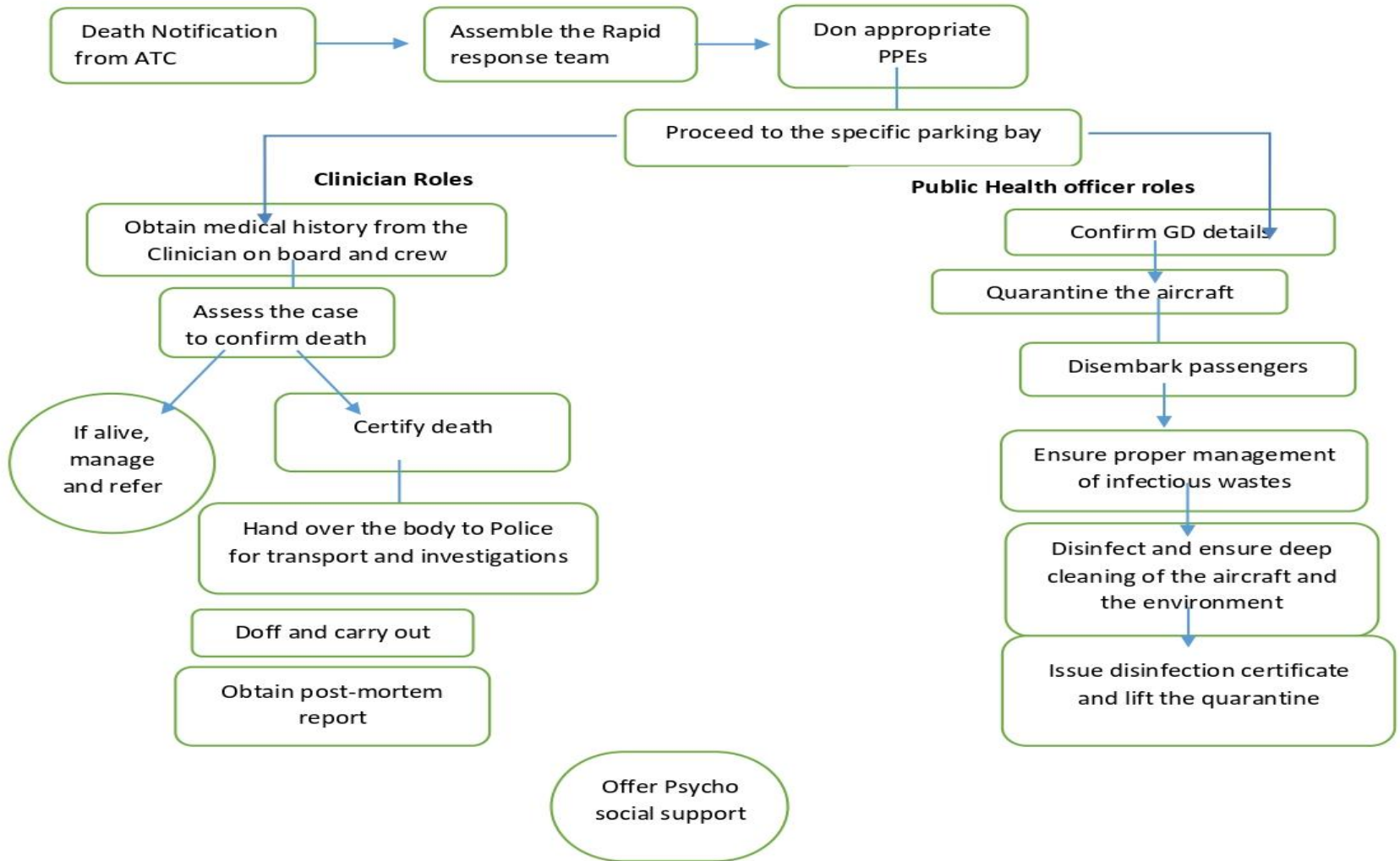
15. The Public Health Officer shall ensure proper waste management
16. The Public Health Officer shall request the passenger manifest, develop a contact list, and notify the PHEOC and Sub-County Disease Surveillance unit.
17. The Port health officer in charge shall follow up on laboratory results of the deceased to ascertain the cause of death.
18. Document all occurrences.







# 1. Process Flow





## Current Capacities of PHS

1. At all times PHS has capacities:

(a) to provide access to -

(i) an appropriate medical service including diagnostic facilities located so as to allow the prompt assessment and care of ill travelers, and

(ii) Trained staff (Clinical officers, Nurses, Public health officers and Laboratory Officers)

(b) to equipment and personnel for the transport of ill travelers to an appropriate medical facility;



## Cont....

- (c) Have trained personnel for the inspection of conveyances;
- (d) to ensure a safe environment for travelers using point of entry facilities, including potable water supplies, eating establishments, flight catering facilities, appropriate solid and liquid waste disposal services and other potential risk areas, by conducting inspection programs, as appropriate; and
- (e) to provide as far as practicable a program and trained personnel for the control of vectors and reservoirs in and near points of entry.



For responding to events that may constitute a public health emergency of international concern:

(a) to provide appropriate public health emergency response by establishing and maintaining a public health emergency contingency plan

(b) to provide assessment of and care for affected travelers or animals by establishing arrangements with local medical and veterinary facilities for their isolation, treatment and other support services that may be



required;(Embracing ONE HEALTH approach)



Cont..

(c) to provide appropriate space, separate from other travelers, to interview suspect or affected persons; KAA has provided the premise

(d) to provide for the assessment and, if required, quarantine of suspect travelers, preferably in facilities away from the point of entry;



(e) to apply recommended measures to dis-insect, de-rat, disinfect, decontaminate or otherwise treat baggage, cargo, containers, conveyances, goods or postal parcels .

(f) to apply entry or exit controls for arriving and departing travelers; and

(g) to provide access to specially designated equipment, and to trained personnel with appropriate personal protection, for the transfer of travelers who may carry infection or contamination.





**THANK YOU**

