

28 March 2022

Dear Heads of Home / Centre Supervisors

Enhanced Precautionary Measures for Residential and Community-based Facilities Amid COVID-19 (Coronavirus Disease 2019)

(This advisory summarises all relevant measures from all COVID-19-related advisories issued by MSF to date.)

1. On 16 February 2022, the Multi-Ministry Taskforce (MTF) announced the streamlining of Safe Management Measures (SMMs) to five key parameters (SMM 1 – 5), namely: (i) group sizes; (ii) mask-wearing; (iii) workplace requirements; (iv) safe distancing; and (v) capacity limits.

2. Thanks to the collective efforts of everyone in Singapore, the daily local case numbers and the number of COVID-19 related hospitalisations have declined steadily. While the workload of our healthcare workers remains high with the increase in non-COVID-19 admissions, our overall conditions have improved significantly. We are now in a position to make a significant move to ease our community SMMs and make further progress towards living with COVID-19.

3. As the local situation has improved considerably, we will ease the community SMMs below along the five key parameters from 29 March 2022 (unless otherwise specified). For details, see MOH's press release at this [link](#).

Safe Management of Staff, Residents and Clients

For All Facilities

4. All Facilities should ensure that staff strictly follow all guidelines. We seek your understanding and cooperation to comply with the measures in order to limit the risk of transmission and protect the health and well-being of our staff, residents and clients. These measures must be adhered to, regardless of one's COVID-19 vaccination status, or whether they are recovered cases. Refer to **Table 1** for the full set of guidelines. MSF will review these guidelines from time to time to ensure they are aligned with MOH's latest advisories.

5. MSF will continue to conduct checks to ensure all Facilities have put in place adequate infection control measures and precautionary measures as laid out in the MSF advisories issued.

6. Safe distancing continues to be encouraged but will not be required between individuals and groups for mask-on activities. Facilities may review and increase their maximum capacity in line with this change. A safe distance of 1 metre between groups for mask-off activities up to the prevailing group size of 10 persons will continue to be required. Safe distancing and group size does not apply for mask-on activities.

7. All group activities (e.g., indoor and outdoor activities, group tours, outings) and in-person volunteer activities may be resumed, subject to prevailing Safe Management

Measures (SMMs). Vocalisation activities, including singing, are allowed with masks on. Volunteers and residents/clients participating in such activities should have their mask on throughout the activity.

8. Staff and residents/clients are required to wear masks for indoor settings. However, it will be optional for outdoor settings. We encourage individuals to wear their masks even when outdoors for personal protection and to protect others, especially in crowded areas.

9. All Facilities may resume social gatherings among staff in the workplace, cross-deployment of staff across worksites and in-person meetings, subject to prevailing SMMs. All Facilities may have up to 75% of their employees, who are able to work from home, return to office.

10. For workplace social events with $\leq 1,000$ pax, organisers can proceed without being subject to any capacity limit, subject to prevailing SMMs. For events with $> 1,000$ pax that are mask-on, they will be subject to operating within 75% of the capacity limit of the venue. For events with meals, organisers should continue to comply with the prevailing SMMs (e.g., up to 10 persons per table, safe distance of 1 metre between tables). Participants should exercise prudence and restraint, and limit their interactions to the same group they are seated with, especially when eating and drinking. If such events are carried out within the premises of the facility, organisers should ensure that the event is conducted in a designated well-ventilated area, away from the client/resident areas. Following the completion of the event, organisers should ensure proper cleaning of event areas.

For All Facilities (except for Category 1A Institutional Elderly Homes¹)

11. Social gatherings among staff do not have a gathering size limit but are subject to prevailing SMMs. Workplace social events may resume from 29 March 2022.

For Category 1A Institutional Elderly Homes:

12. Social gatherings among staff are allowed only up to a gathering size limit of 10 persons. Workplace social events (e.g., fundraisers, official openings) in particular may resume from 4 April 2022.

13. For all group activities, in addition to the prevailing SMMs (i.e., 1 metre safe distancing for mask-off activities between groups of 10 persons), the following should be adhered to for mask-off activities: (i) 1 metre safe distancing between individuals during physical activities, (ii) no cross-mixing between groups² and (iii) limit of 50 persons per activity (including instructors/staff) at any single point in time.

14. In-person visitations will continue to be suspended until 3 April 2022 (date inclusive). This is to better protect our vulnerable residents. Homes may exercise discretion for exceptional cases (e.g., visit to critically ill resident/family member). When in-person visitations resume on 4 April 2022, they will be subject to the

¹ Welfare Homes, Sheltered Homes, and Adult Disability Homes and Hostels.

² For regular mask-off activities in groups, such as dining and physical activities in the Homes, Homes should maintain fixed groups of 10 as far as possible to minimise the risk of cross-infections.

prevailing SMMs. The updates to the prevailing SMMs are: (i) Visitors who are fully vaccinated³ (FV) or medically ineligible (MI) for vaccination⁴ are encouraged to self-test and obtain a negative result via ART within 24 hours before the visit, but Homes are not obliged to verify their ART results prior to granting entry⁵, and (ii) there will no longer be a cap on the number of visitors per Home per day and Homes are allowed the flexibility to manage the number of visitors to prevent crowding based on the availability of appointment slots per day.

15. Home leave⁶ and Day Release Scheme/work schemes for all residents will also continue to be suspended until 3 April 2022 (date inclusive). Homes may exercise discretion for exceptional cases (e.g., visit to critically ill resident/family member). When home leave and Day Release Scheme/work schemes resume on 4 April 2022, there will be no limit on the duration of Home Leave. Homes should continue to evaluate the reasons for going on home leave and assess the medical suitability and safety of the resident before home leave is granted or the resumption of the Day Release Scheme/work schemes. Refer to **Annex B** for more details.

For Category 1A Homes:

16. From 4 April 2022, maintenance work by vendors which require access into wards/resident living areas may resume.

For Category 2 and 3 Facilities:

17. Face-to-face services and interventions, such as counselling, are no longer limited to moderate and high needs. These may be resumed to serve clients of all needs, subject to prevailing SMMs.

Table 1: Summary of Precautionary Measures

1	<u>SAFE ACCESS</u> <i>Homes/Centres are to implement the following measures to ensure that individuals who may pose a risk to transmission are not allowed access into the premises of Homes/Centres:</i>
a.	Restriction of staff, residents and enrolled clients allowed in Homes/Centres

³ Based on prevailing definition of “fully vaccinated persons”. Homes/Centres may refer to Annex B of the document at <https://go.gov.sg/vdsmminfo> for the prevailing definition. Persons who have recovered from COVID-19 i.e. persons with positive Polymerase Chain Reaction (PCR) test result and persons with positive Antigen Rapid Test (ART) result obtained at approved test providers are approached the same way as FV persons for 180 days after having first tested positive for COVID-19, and such persons will also be referred as FV for ease of reference.

⁴ Unvaccinated or Partially Vaccinated visitors allowed in on exceptional basis are required to produce verifiable negative ART test results, administered or supervised by MOH-approved COVID-19 test providers. The following groups of persons will be exempted from pre-visit testing: Persons who have recovered from COVID-19 **within** the last 180 days, regardless of their vaccination status; and (ii) Persons who have recovered from COVID-19 **more than** 180 days ago and are fully vaccinated.

⁵ Onsite testing should be discouraged but may be offered by the Homes as an option for exceptional reasons (e.g. visit of the critically ill). MSF will not provide any additional ART kits for visitor testing. If visitors are unable to self-swab, they may visit a MOH-approved provider for **Pre-Event Testing (PET)** or a **Quick Test Centre (QTC)**.

⁶ Do note that this also includes unaccompanied individual outings.

	<ul style="list-style-type: none"> ☑ Homes/Centres are not to allow staff, residents and enrolled clients who have received a Stay-Home Notice (SHN) to enter the premises. For details, see ICA's Safe Travel website at this link. ☑ Homes/Centres can allow staff, residents and enrolled clients who have received a Health Risk Notice (HRN) to enter the premises, subject MOH's Protocol 3. For details, see MOH's HRN website at this link. ☑ Category 1A Institutional Elderly Homes: Home Leave and Day Release Scheme/Work Schemes for all residents will continue to be suspended until 3 April 2022 (date inclusive). Homes may exercise discretion for exceptional cases (e.g., visit to critically ill resident/family member). When Home Leave⁷ and Day Release Scheme/Work Schemes resume on 4 April 2022, there will be no limit on the duration of Home Leave. Homes should continue to evaluate the reasons for going on home leave and assess the medical suitability and safety of the resident before home leave is granted or the resumption of the Day Release Scheme/work schemes. Refer to Annex B for more details. ☑ Other Category 1A Homes: Where applicable, limited home leave may be allowed for residents from these Homes. ☑ Category 1 Facilities: Face-to-face pre-admission screening may resume, subject to prevailing SMMs. ☑ Sheltered Workshops and Day Activity Centres: Implement Vaccination-Differentiated Safe Management Measures (VDS) for clients' access to these Facilities. Details are in Annex D. <p>Workforce Vaccination Measures (since 1 January 2022)</p> <ul style="list-style-type: none"> ☑ Only employees who are fully vaccinated⁸ or have recovered from COVID-19 within the past 180 days, can return to the workplace. ☑ For more details, please refer to MOM's Advisory on COVID-19 vaccination at the workplace available here.
b.	<p>Restriction of visitors allowed in Category 1 Homes/Centres</p> <p>For Category 1A Institutional Elderly Homes:</p> <ul style="list-style-type: none"> ☑ Suspend all in-person visits until 3 April 2022 (date inclusive). Homes may exercise discretion for exceptional cases (e.g., visits to critically ill residents, residents whose psychosocial well-being would be significantly improved with a visit, residents whose conditions are declining but are not yet critically ill, residents whose family relationships are at risk of deterioration, or visits from family members who have returned from overseas especially for the visit/who will be leaving Singapore for a period of time) with the necessary precautions in place.

⁷ Do note that this also includes unaccompanied individual outings.

⁸ Fully vaccinated individuals are those who have received the appropriate regimen of the COVID-19 vaccines under Singapore's national vaccination programme, or any other vaccine regimen as approved by the Ministry of Health (MOH). Please refer to the First Schedule of the Infectious Diseases (Mass Gathering Testing for Coronavirus Disease 2019 Regulations 2021) for the most updated information on the vaccination regimen and approved vaccines.

	<p> <input checked="" type="checkbox"/> When in-person visitations resume on 4 April 2022, they are subject to these SMMs: </p> <ul style="list-style-type: none"> <input type="checkbox"/> Vaccination-Differentiated SMMs (VDS): Only fully vaccinated (FV) visitors and visitors who are medically ineligible (MI) for vaccinations can visit FV/MI residents. <input type="checkbox"/> Pre-visit testing: FV/MI visitors are encouraged to self-test ART negative within 24 hours before the visit but Homes are not obliged to verify their ART results prior to granting entry. <input type="checkbox"/> No. of designated visitors: Each FV or MI resident will be allowed up to four designated FV or MI visitors. <input type="checkbox"/> Visitors allowed per visit: One designated visitor allowed per visit. <input type="checkbox"/> Duration of visit: Each visit capped at 30 minutes. <input type="checkbox"/> Cap on number of visitors: There will no longer be a cap on the number of visitors per facility per day. Homes are allowed the flexibility to manage the number of visitors to prevent crowding based on the availability of appointment slots per day. <p>For Senior Group Homes and Transitional Shelters located in a community based setting⁹:</p> <p> <input checked="" type="checkbox"/> Each household shall limit visits to not more than ten persons at any one time. As far as possible, households should accept only visitors who are fully vaccinated. </p> <p>For Category 1A Non-Elderly Homes:</p> <p> <input checked="" type="checkbox"/> In-person visitations are subject to these SMMs: </p> <ul style="list-style-type: none"> <input type="checkbox"/> No. of designated visitors: Each resident will be allowed up to four designated visitors. <input type="checkbox"/> Visitors allowed per visit: Four designated visitors allowed per visit. <input type="checkbox"/> Duration of visit: Each visit capped at 45 minutes. <input type="checkbox"/> Cap on number of visitors: There is no cap on the number of visitors per facility per day. Homes are allowed the flexibility to manage the number of visitors to prevent crowding based on the availability of appointment slots per day. <p>For Category 1B Centres:</p> <p> <input checked="" type="checkbox"/> Up to two designated caregivers per client will be allowed to accompany each enrolled client. </p> <p>For Category 1 Homes/Centres:</p> <p> <input checked="" type="checkbox"/> Face-to-face sessions with caregivers to discuss Individual Care Plans (ICP) may resume on an appointment basis, subject to prevailing SMMs. </p> <p> <input checked="" type="checkbox"/> Homes/Centres may add a standardised questionnaire at entry points to ask if the visitor is currently on SHN, HRN or tested PCR-positive or ART-positive in the last 14 days. </p>
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⁹ Senior Group Homes and Transitional Shelters are Category 1A Community Elderly Homes.

	<ul style="list-style-type: none"> ○ <u>For visitors on SHN:</u> Homes/Centres should defer entry until after completion of the period of SHN. ○ <u>For visitors on HRN:</u> Homes/Centres should allow entry only if they can show proof of their ART-negative self-test result taken on the same day. ○ <u>For visitors who tested PCR-positive or ART-positive in the last 14 days:</u> Homes/Centres should ensure that the visitor has adhered to MOH's protocols. <p>☑ All visitors are to use TraceTogether-only SafeEntry (TT-only SE).</p> <p>☑ Identify a holding area for visitor screening before entry. It should be well-ventilated and well-separated from staff, residents and enrolled clients.</p>
c.	<p>Restriction of vendors allowed in Category 1A Homes</p> <ul style="list-style-type: none"> ☑ Homes are encouraged to designate a 'drop-off zone' for vendors for deliveries outside the Home, separated from other areas used by residents. Staff can then pick up the deliveries and reduce the contact time with vendors. ☑ Homes should ensure proper sanitisation and wiping down of all goods and items that are delivered to the designated 'drop-off zone' before it is handled by other staff and residents. ☑ Homes may continue maintenance work that does not require access into living quarters or contact with residents (e.g. grass cutting), subject to the prevailing ART regime for visitors to the respective Homes¹⁰, but should defer non-critical repair/maintenance works which require access into the living quarters of residents. From 4 April 2022, maintenance work by vendors which require access into wards/living areas may resume. When vendors have to physically enter the wards/living areas, they should be screened by Homes to be physically well and adhere to prevailing SMMs and good practices (e.g., enforce hand hygiene, TraceTogether-only SafeEntry is used for contact tracing, minimise time spent in living quarters, wear surgical masks, gloves and gowns). Residents and care staff should not have any contact with external contractors and should not be in the same room or location where the contracted work is being done. Stricter measures should be put in place to avoid possible contamination of "high-touch" surfaces such as tables and doorknobs. There should also be wiping down of the areas where works are carried out before opening up the space for residents' use. <p>Restriction of vendors allowed in Category 1A Institutional Elderly Homes</p> <ul style="list-style-type: none"> ☑ In addition to the restrictions above, when vendors need to physically enter the wards/living areas, they should produce a negative pre-entry ART.

¹⁰ This does not apply to Senior Group Homes, Transitional Shelters, which are located in a community-based setting.

d.	<p>Health checks</p> <ul style="list-style-type: none"> ☑ All staff, clients, visitors, volunteers and vendors should be reminded to stay home if they feel unwell with symptoms of COVID-19 and undergo appropriate COVID-19 testing. Staff and clients are to promptly declare if they are ART-positive/PCR-positive or on HRN so that Homes/Centres can take the necessary actions. ☑ Routine regular testing (RRT) for staff across all facilities will be suspended with effect from 29 Mar 2022. Staff who feel unwell with mild or severe symptoms should self-test via ART and follow the relevant national-level health protocols if they test positive. In line with MOM's advisory on work and leave arrangements, staff should not have to produce a medical certificate (MC). ☑ <u>On arrival:</u> Homes/Centres are to check if staff, residents, clients and visitors are on SHN or HRN. Those who received HRN should produce evidence of a negative self-test ART for the day. Category 1 Facilities should not admit staff, residents, clients and visitors who are unwell, and recommend that they promptly seek medical attention. For visitors/service users of Category 2 and 3 Facilities who are unwell, staff should arrange for services to be delivered remotely (e.g., over the phone or online) where possible. However, if the case is assessed to be urgent, they can be served, but with added precautions including for the client to wear a mask and to minimise close contact with others. ☑ <u>During the day:</u> Homes/Centres are encouraged to conduct the following frequency of health checks for residents, enrolled clients and staff. <ul style="list-style-type: none"> i. Category 1 Facilities – minimally twice-daily checking of respiratory symptoms for all residents, enrolled clients, and all staff (including administrative and non-care staff, even if not at work), if not already the arrangement. <p>Homes/Centres are encouraged to schedule the timing for these checks and not leave it to the discretion of individual staff. Homes/Centres are also encouraged to record respiratory symptoms for residents, enrolled clients and staff daily and keep declaration records of respiratory symptoms (e.g. cough, runny nose, sore throat, loss of smell or taste, shortness of breath) for at least 28 days.</p> <p>Homes/Centres are encouraged to ensure that any staff feeling unwell leave the premises immediately and seek medical treatment, and stay away until they have fully recovered. Homes/Centres are encouraged to advise staff not to clinic-hop. Where possible, Homes/Centres are encouraged to ensure that each staff visits only one clinic for check-ups if unwell. Otherwise, staff should inform the clinic of all recent doctor visits over the past 14 days for any symptoms that may be related to COVID-19</p>
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	<p>(including but not limited to typical symptoms such as fever, cough and shortness of breath). If tested positive, staff should follow MOH's protocols. Staff who are still unwell after the medical certificate¹¹ duration should not return to work and should follow up with the same medical practitioner.</p> <p>Homes/Centres are encouraged to isolate residents and enrolled clients with fever and respiratory symptoms immediately. Homes/Centres are encouraged to refer residents and enrolled clients with respiratory symptoms and/or fever to a doctor for assessment. It is encouraged not to have more than one unwell resident/client in each sick bay. If there is more than one unwell resident/client in the sick bay, Homes/Centres are encouraged to space residents 2m or more apart where possible and be given masks to wear. If staff need to interact closely with the sick resident/client (i.e. <2m from resident/client), they are encouraged to wear a mask, face shield, gown and gloves, and sanitise or wash their hands with soap after contact with the resident/client. Homes/Centres are encouraged to sanitise and wipe down the sick bay frequently, especially after every use.</p> <p>For Category 1A facilities, any staff or resident who present with ARI symptoms (e.g. cough, fever, sore throat) should go through ART testing at the first instance. If the symptoms are more severe, the staff and resident should go to the nearest Public Health Preparedness Clinic (PHPC)/Polyclinic. The staff/resident should inform the doctor about their symptoms and that they are working/living in communal residential settings (i.e. MSF residential homes), and request to be swabbed via ART. If staff or resident is found to be positive with COVID-19, the doctor will provide medication and issue the staff/resident with an MC. The staff/resident should then take private transport back to their place of residence/the Home with windows wound down, and follow MOH's protocols.</p>
e.	<p>Contact tracing of staff, residents, clients and visitors</p> <ul style="list-style-type: none"> ☑ It is mandatory for all Homes/Centres to deploy SafeEntry Gateway (SEGW) devices. Staff, residents, clients and visitors of Homes/Centres must use the TraceTogether (TT) App on their mobile phones or TT token to check in via SafeEntry and at all times, while in the Home/Centre, to facilitate contact tracing. ☑ Homes/Centres¹² should use TT tokens to help the residents/clients auto-log their close contacts for contact tracing purposes.

¹¹ Reg 3(2) of the Infectious Diseases (COVID-19 Stay Orders) Regulations 2020 promulgated under the Infectious Diseases Act gazetted on 25 March 2020.

¹² For Homes and Centres that receive TT tokens distributed by MSF.

f.	Travel plans <ul style="list-style-type: none"> ☑ All staff, residents and enrolled clients are advised to adhere to prevailing travel rules and requirements. You may refer to the latest travel rules and requirements at the Safe Travel website (https://safetravel.ica.gov.sg) ☑ Homes/Centres may wish to monitor the travel plans of all staff, residents and enrolled clients to ensure that they adhere to the travel rules and requirements, in particular upon return.
g.	COVID-19 Preparation Information Dossier <ul style="list-style-type: none"> ☑ To facilitate contact tracing and impact analysis should a staff or resident become a confirmed case, Category 1A Homes should ensure that the COVID-19 Preparation Information Dossier is updated daily. The list of information to be recorded can be found in <u>Annex C</u>.
2	<u>SAFE BEHAVIOUR</u> <i>Homes/Centres are to implement the following to ensure that staff, residents and clients adopt safe behaviour to reduce the risk of transmission and ensure a safe environment within Homes/Centres.</i>
a.	<ul style="list-style-type: none"> • All Facilities should continue to urge unvaccinated staff, residents and clients who are medically eligible for vaccination to be fully vaccinated. All Facilities should also urge fully vaccinated staff, residents and clients to receive their booster once eligible. Vaccinations and boosters provide strong protection against severe illness and help protect everyone in our Facilities. • All Facilities should also continue with existing precautions to better protect residents and reduce the likelihood of COVID-19 occurring in these facilities even as they resume more activities. <p>Wearing of Masks in Homes/Centres</p> <ul style="list-style-type: none"> • All staff and residents/clients should wear masks for indoor settings (e.g., within facilities¹³). However, it will be optional for outdoor settings. We encourage individuals to wear their masks even when outdoors for personal protection and to protect others, especially in crowded areas. • Disposable/reusable masks may be used as alternatives. For staff with prolonged and close contact with residents and clients, face shields may be used in conjunction with masks for additional protection.
b.	Practise high levels of personal hygiene All staff, residents and clients are encouraged to maintain good personal hygiene such as:

¹³ For Homes, exceptions can be made outside of working hours and within living areas for staff that stay on-site in dormitories. Homes/Centres may also make exceptions for residents/enrolled clients within their facilities where appropriate. However, these staff and residents/visitors should continue to practise safe distancing and minimise any mingling and contact in mask-off settings.

	<ul style="list-style-type: none"> ☑ Covering their mouth and nose with a tissue when sneezing or coughing, and to throw away the tissue immediately into a foot bin. ☑ Washing their hands at least every 2 hours with soap, especially before eating or handling food, after toilet visits, before and after activities or when hands are dirtied by respiratory secretions after coughing or sneezing. ☑ Not sharing food/drinks, eating utensils, toothbrushes or towels with others. ☑ Avoid touching their eyes, nose and mouth. ☑ Staff interacting with seniors should take extra care to ensure personal hygiene. Staff should not interact with seniors when they are unwell. ☑ Encourage adjustment of social norms, e.g., avoid shaking hands and hugging. ☑ Put up signages to remind clients to be socially responsible (e.g. see a doctor and stay home if they are unwell).
c.	Ensure high levels of environmental hygiene <ul style="list-style-type: none"> ☑ Disinfect frequently touched points such as handrails and doorknobs with disinfectant at least twice a day. ☑ Minimise cross-sharing of equipment and materials across split zones/teams. Equipment should be assigned individually, if reasonably practicable to do so, and to be wiped down and cleaned after each use. ☑ Step up frequency and extent of cleaning, especially for equipment/ furniture used by multiple client groups in a day. ☑ Keep public toilets clean and dry. ☑ Ensure that hand washing facilities and/ or hand sanitisers are readily available.
3	<u>SAFE FACILITIES</u> <i>Homes/Centres are to implement the following measures to ensure minimal interaction/ mixing between staff, residents and clients from different worksites, so as to minimise risk of cross-transmission in the event of a confirmed COVID-19 case in Homes/Centres.</i>
a.	Workplace Requirements For all Facilities: <ul style="list-style-type: none"> ☑ Appoint Safe Management Officers who are responsible for: <ul style="list-style-type: none"> • Implementation, coordination and monitoring of safe management measures; Communication and explanation of the safe management measures to staff prior to resuming work. • The full requirements for Safe Management Measures at the workplace can be found at mom.gov.sg/covid-19/requirements-for-safe-management-measures. ☑ All Facilities may have up to 75% of employees, who are able to work from home, return to office. ☑ All Facilities may resume the cross-deployment of staff across worksites.

	<p><input checked="" type="checkbox"/> All Facilities are encouraged to maintain split zone/team arrangements for business continuity purposes where operationally feasible.</p>
b.	<p>Safe Management Measures for residents/clients during drop off/pick up times</p> <p>For Category 1 Facilities:</p> <p><input checked="" type="checkbox"/> Where transport services are used:</p> <ul style="list-style-type: none"> • Bus attendants/drivers or staff to visually screen clients for symptoms. If clients are unwell, to ask clients not to board. • Assign a specific seat to each client. • Ensure each client wears a mask and refrain from talking/interacting during the journey to and from Centres. • Ensure that the vehicle is cleaned and sanitised before use every time. • Leave a window opening for better ventilation.
c.	<p>Group activities</p> <p>For All Facilities:</p> <p><input checked="" type="checkbox"/> Safe distancing continues to be encouraged but will not be required between individuals and groups for mask-on activities. Facilities may review and increase their maximum capacity in line with this change. A safe distance of 1 metre between groups for mask-off activities up to the prevailing group size of 10 persons will continue to be required. Safe distancing and group size do not apply for mask-on activities.</p> <p><input checked="" type="checkbox"/> All group activities (including indoor and outdoor activities, group tours, outings) can be resumed, subject to prevailing SMMs.</p> <p><input checked="" type="checkbox"/> For mask-off activities, space out the seats in communal areas (such as dining areas), interview rooms, service counters etc in Homes/Centres to maintain at least 1 metre between individuals or between groups of up to the prevailing group size of 10 persons.</p> <ul style="list-style-type: none"> ○ Stagger mealtimes where possible. ○ Surfaces (e.g., tables, chairs) to be cleaned before the commencement of meals for the next group. <p><input checked="" type="checkbox"/> Desk shields / plastic dividers / Plexiglass barriers may be as added precaution for service counters, dining tables and other areas if safe distancing cannot be maintained. Ensure that these equipment are wiped down and cleaned after every use.</p> <p><input checked="" type="checkbox"/> Everyone is encouraged to keep their volume low in daily activities. Actions such as speaking/singing loudly increase expulsion of droplets that may contain viral particles and raise the risk of transmission of diseases like COVID-19. Vocalisation activity in groups may be allowed subject to masks being worn throughout the vocalisation activity.</p> <p><input checked="" type="checkbox"/> Keep all rooms well-ventilated. Open windows to allow plenty of fresh air into the indoor environment, where possible.</p>

	<ul style="list-style-type: none"> ○ Ensure good ventilation when conducting activities, for example conducting them outdoors, or keeping windows open and using fans when indoors. ○ Facilities are strongly encouraged to adopt MOH/BCA/NEA's recommended measures to enhance ventilation and air quality in indoor spaces, which can be found at this link, to minimise the risk of COVID-19 transmission. <p>For Category 1A Institutional Elderly Homes:</p> <ul style="list-style-type: none"> ☑ For all group activities, in addition to the national SMMs (i.e., 1 metre safe distancing for mask-off activities between groups of 10 persons), the following should be adhered to for mask-off activities: (i) 1 metre safe distancing between individuals during physical activities, (ii) no cross-mixing between groups¹⁴ and (iii) limit of 50 persons (including instructors/staff) at any single point in time. <p>For Category 1 Facilities:</p> <ul style="list-style-type: none"> ☑ For group outings, the Home/Centre is encouraged to adhere with the following best practices¹⁵: <ul style="list-style-type: none"> ○ Residents should be advised to minimise their activities in the community (e.g., avoid going to crowded places and meeting with many different people). ○ These group outings should be staff-supervised. ○ Residents are to download and activate the TraceTogether app or bring along the wearable TraceTogether token. ○ Residents should shower and change his/her clothing immediately after returning to the Home. <p>For Category 1A Elderly Homes and Category 1B Disability Centres:</p> <ul style="list-style-type: none"> ☑ Homes/Centres should ensure that unvaccinated residents/clients test negative with an ART, before they are allowed to participate in group activities. <ul style="list-style-type: none"> ○ If the unvaccinated resident/client had tested negative with an ART earlier on the same day, that same negative ART result can be used to allow the unvaccinated resident/client to participate in group activities (i.e., the unvaccinated resident/client need not undergo another ART). <p>For Category 2 and 3 Facilities:</p>
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¹⁴ For regular mask-off activities in groups, such as dining and physical activities in the Homes, Homes should maintain fixed groups of 10 as far as possible to minimize the risk of cross-infections.

¹⁵ These best practices also apply for unsupervised individual outings, which will resume with effect from 4 April 2022. In addition to those best practices, for unsupervised individual outings, the resident should inform the Home on where he/she would be going and the time of return before the Home grants the unsupervised individual outing.

	<ul style="list-style-type: none"> ☑ Face-to-face services and interventions, such as counselling, are no longer limited to moderate and high needs. These may be resumed to serve clients of all needs, subject to prevailing SMMs.
d.	<p>Workplace events, training and social gatherings</p> <p>Meetings</p> <ul style="list-style-type: none"> ☑ For All Facilities, all in-person meetings (internal and external) can be resumed, subject to prevailing SMMs. <p>Training</p> <ul style="list-style-type: none"> ☑ For All Facilities, all in-person training (internal or external) can be resumed, subject to prevailing SMMs. <p>Social Gatherings among Staff</p> <ul style="list-style-type: none"> ☑ For All Facilities (except for Category 1A Institutional Elderly Homes), social gatherings among staff (e.g. farewell lunch, team bonding activity) are allowed with no gathering size limit, subject to prevailing SMMs. ☑ For Category 1A Institutional Elderly Homes, in addition to prevailing SMMs, social gatherings among staff are allowed only up to a gathering size limit of ten persons¹⁶. <p>Workplace Events (e.g., Fundraisers, Official Openings)</p> <ul style="list-style-type: none"> ☑ For events with ≤1,000 pax, organisers can proceed without being subject to any capacity limit, subject to prevailing SMM. For events with >1,000 pax that are mask-on, they will be subject to operating within 75% of capacity limit of the venue. For events with meals, organisers should continue to comply with the prevailing national SMMs (e.g., up to 10 persons per table, safe distance of 1 metre between tables). Participants should exercise prudence and restraint, and limit their interactions to the same group they are seated with, especially when eating and drinking. Should such events be carried out within the premises of the facility, organisers should ensure that the event is conducted in a designated well-ventilated area, away from the client/resident areas. Following the completion of the event, organisers should ensure proper cleaning of event areas. ☑ For All Facilities (except for Category 1A Institutional Elderly Homes), workplace events may resume from 29 March 2022, subject to prevailing SMMs. ☑ For Category 1A Institutional Elderly Homes, workplace events may resume from 4 April 2022, subject to prevailing SMMs.

¹⁶ Including at common spaces such as staff canteens, pantries, water coolers / vending machines, and smoking corners.

e.	<p>Home visits and outreach activities (i.e. face-to-face sustained contact with clients) to all cases</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> For All Facilities, home visits and outreach activities may be resumed, subject to prevailing SMMs (e.g., limit of ten visitors at any one time per household). <ul style="list-style-type: none"> • Conduct pre-screening over a call or before entering the residence. If anyone in the household is unwell, on SHN or HRN, Homes/Centres are encouraged to defer these home visits. If such home visits are necessary, staff are encouraged to follow safety precautions (e.g., don PPE). <input checked="" type="checkbox"/> For distribution of essential aid (e.g. food delivery), refer to MSF's Advisory on Essential Aid Distribution Amid COVID-19 dated XX March 2022.
f.	<p>Volunteer management</p> <p>For All Facilities:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> All volunteer activities may be resumed subject to prevailing SMMs. <input checked="" type="checkbox"/> All Facilities should only select fully vaccinated volunteers for in-person volunteering activities. Volunteers should be screened for health and contact status, but pre-entry ART testing is not required. They should not enter the facility and should see a doctor if unwell. <input checked="" type="checkbox"/> Volunteers may be cross-deployed to more than one Category 1, Category 2 and 3 Facility. <input checked="" type="checkbox"/> Homes/Centres are allowed to decide on the maximum number of volunteers to be allowed into the Home/Centre per day, subject to the maximum capacity of the centre. Homes/Centres are encouraged to be judicious and manage the number of volunteers on-site at any one time to prevent overcrowding. <input checked="" type="checkbox"/> There is no restriction on the duration of volunteer activities. <input checked="" type="checkbox"/> Volunteers should wear a surgical mask at all times when indoors and practice hand hygiene before entering and leaving the facility, and before and after every activity. <input checked="" type="checkbox"/> Volunteers should stay in the same assigned groups of residents or clients where possible to minimise the number of close contacts. All activities must adhere to prevailing SMMs. Vocalisation activities, including singing, are allowed with masks on. Volunteers and residents/clients participating in such activities should have their mask on throughout the activity.

18. As the COVID-19 situation may persist for a duration of time, facilities should use your resources such as surgical masks and sanitisers prudently.

19. We encourage you to check the MOH website (www.moh.gov.sg) regularly for further updates and Health Advisories. All of us have a part to play to keep our facilities clean and safe for our residents, clients and staff. We encourage Heads of Home,

Centre Supervisors and Social Service Agencies serving vulnerable groups to share this information with your staff.

20. Please contact your respective MSF Division contacts if you require any assistance or clarifications on precautionary measures to be put in place. Alternatively, you may contact MSF at 6355 5000 (Monday to Friday: 8:30am to 6pm; Saturday: 8:30am to 1pm) or at www.msf.gov.sg/Pages/Contact-Us.

Annex A: Classification of Services

Category	Nature of Service	Facility/ Programme/ Service
1	Facilities providing care and social services to vulnerable groups	<p>Category 1A: Residential facilities</p> <ul style="list-style-type: none"> a. Singapore Boys' Home b. Singapore Girls' Home c. Children and Young Persons Homes d. Welfare Homes* e. Sheltered Homes* f. Children's Disability Homes g. Adult Disability Homes* h. Crisis Shelters i. Transitional Shelters* j. Senior Group Homes* k. Disability Hostels* <p>*Facilities serving elderly residents</p> <p>Category 1B: Disability centres and programmes</p> <ul style="list-style-type: none"> a. Day Activity Centres b. Drop-In Disability Programme c. Therapy Hub d. Sheltered Workshop e. Community Based Integration Support
2	Facilities providing social services to vulnerable groups, involving sustained contact e.g. case interview, counselling session [As a guide: services involving physical contact, or within 2 metres with a contact time of ≥ 30 minutes]	<p>Social services and programmes, including but not limited to:</p> <ul style="list-style-type: none"> a. Social Service Offices b. Family Violence Specialist Centres c. Family Service Centres d. Child Protection Specialist Centres e. Integrated Services for Individual and Family Protection Specialist Centre f. Mandatory Counselling Centres g. Divorce Support Specialist Agencies h. Strengthening Families Programme@Family Service Centres (FAM@FSC) i. Youth!GO Agencies j. Integrated Service Providers
3	Facilities providing frontline services to the general public	<p>Social services and programmes, including, but not limited to:</p> <ul style="list-style-type: none"> a. Parenting Support Programme b. Early Risk Marriage Programme c. Marriage Preparation Programme
<p>Note 1: Regular volunteers should be regarded and managed like staff in relation to this Advisory.</p> <p>Note 2: For Early Intervention Programme for Infants and Children, Pilot for Private Intervention Providers, Special Student Care Centres and Student Care Centres, please refer to separate Advisories issued.</p> <p>Note 3: Social service agencies not listed are advised to refer to the guide above to determine the application of the Advisory based on the nature of the service.</p>		

Annex B: Precautions on Home Leave for Category 1A Institutional Elderly Homes with effect from 4 April 2022

(Home Leave is suspended until 3 April 2022 (date inclusive) and will only be granted on exceptional basis.)

Category 1A Institutional Elderly Homes should implement the following precautions when granting home leave for residents to better protect vulnerable seniors and reduce the likelihood of COVID-19 occurring in these facilities:

- (i) Homes should evaluate the reasons for going on home leave and assess the medical suitability and safety of the resident before home leave is granted. In addition, Homes should take a risk-managed approach based on considerations such as the proposed activities during the home leave period, the risk of community exposure of the resident during home leave, and the ability to comply with safe management measures by the resident and those around the resident during home leave (including past observation of such compliance).
- (ii) There will be no cap in duration of home leave allowed.
- (iii) Home leave is not permitted should anyone living in the same residence be tested COVID-19 positive, on Health Risk Notice (HRN), or unwell with fever and/or symptoms of acute respiratory infection (ARI)¹⁷ and/or infectious disease.
- (iv) Before the resident goes on home leave, Homes should ensure that the caregiver understands the precautionary measures to undertake. Homes are to ask the caregiver to sign a letter of undertaking (refer to the attached for a sample template) as an acknowledgement of the precautions needed, to safeguard the health of other residents and staff.
- (v) The caregiver/resident should be advised on the following:
 - a. To adhere to prevailing SMMs in the community e.g. social gatherings of up to 10 persons per gathering;
 - b. To strictly disallow the resident's contact with individuals who are tested positive for COVID-19, under SHN, HRN, as well as individuals who are unwell with fever and/or symptoms of acute respiratory infection (ARI) and/or diagnosed with an infectious disease;
 - c. To ensure the resident to wear a surgical mask when outside of the house at indoor settings, and outdoor settings where possible (especially at crowded places), practise good hand washing and personal hygiene and observe all the measures put in place by the relevant authorities;
 - d. To download and activate the TraceTogether application or bring along the wearable TraceTogether token (if issued to the resident) when outside of the house;
 - e. The caregiver is to monitor resident for symptoms of ARI and alert the provider and bring the resident to visit a doctor immediately if the resident turns unwell whilst on home leave.

¹⁷ Symptoms of ARI include cough, fever, runny nose, sore throat and anosmia.

- (vi) Two caregivers can enter the Home's premises to pick up the resident for home leave. Homes can designate a waiting area and bring the resident to the caregiver, so that the caregiver does not enter the dormitories. The caregiver should comply with the prevailing precautionary measures at the Home.
- (vii) At the end of the resident's home leave, the caregiver should submit the following to the Home:
 - a. Temperature records of the resident whilst on home leave;
 - b. Movement history of the resident whilst on home leave; and
 - c. Declaration that the undertaking has been fulfilled (see sample letter below).
- (viii) Should any individual who came into contact with the resident during the period of his/her home leave, develop fever and/or ARI symptoms, is tested positive for COVID-19, or diagnosed with an infectious disease during the period of home leave or in the two (2) days from the date the resident returns to the Home, the caregiver is to inform the Home of this information immediately.
- (ix) Residents returning from home leave should be monitored closely for 5 days from return to the Home. No testing required unless resident is symptomatic or with abnormal vital signs.

SAMPLE OF LETTER OF UNDERTAKING

(To be read in conjunction with Annex B)

[Insert Date]

[Insert Organisation Address]

Dear Sir/Mdm,

Letter of Undertaking for Home Leave

I request for my Next-of-Kin (NOK)/Ward, <Fill in Name and NRIC number> to be on home leave from <Date and Time> to <Date and Time>.

I understand and agree, at all times, to take reasonable care to comply with all regulations and measures set by the authorities and to ensure the well-being and safety of my NOK/Ward. I agree to:

- a. Adhere to prevailing safe management measures in the community (e.g. social gatherings of up to 10 persons per gathering). At no time should my NOK/Ward come into contact with individuals who are known to me and are tested positive for COVID-19 or under Health Risk Notice (HRN) as well as individuals who are unwell with fever and/or symptoms of acute respiratory infection (ARI) and/or diagnosed with an infectious disease;
- b. Ensure that my NOK/Ward wears a surgical mask when out of my home at indoor settings, and outdoor settings where possible (especially at crowded places);

- c. Practise good hand washing and personal hygiene for my NOK and the accompanying caregiver;
- d. Monitor my NOK/ward for ARI symptoms and alert the Home immediately and bring my NOK/Ward to visit the doctor should he/she turn unwell;
- e. Download and activate the TraceTogether app for my NOK/ward on home leave; and
- f. Any other condition that the <Name of Organisation> or relevant authorities may require my NOK/Ward to adhere to, in order to ensure the safety and well-being of the resident.

Should I know of any person who came into contact with my NOK/Ward who has developed fever and/or ARI symptoms, test positive for COVID-19 or on HRN, or diagnosed with an infectious disease during the period of my NOK's/Ward's home leave and in the two (2) days from the date my NOK/Ward's return to the premises, I shall inform the Home of this on an immediate basis.

I agree to indemnify the organisation and staff from all liability, claims and actions which may be incurred arising from the home leave.

Best Regards,

Acknowledgement

Signature /Thumbprint:			
Name of Accompanying Caregiver:			
Relationship:			
NRIC Number:		Date:	
Mobile Number:		Time:	
Name and Designation of Staff who has briefed Caregiver on the above			

Annex C: COVID-19 Preparation Information Dossier

Category 1A facilities should ensure that the Dossier is updated daily with the below information:

- Background of home – residents' profile, physical layout, shared facilities
- Full list of all staff, contractors/vendors (e.g. cleaning staff) and residents at the Home, including contact details
- Daily records of residents (name, NRIC, ward and bed number, temperature and symptoms) with fever or respiratory symptoms for the past 30 days
- Daily records of staff reporting sick and/or on medical leave for the past 30 days
- Daily records of visitors to the Home (including which cubicle/ward they visited) for past 30 days
- Daily records of contractors to the home for the past 30 days
- Staff, resident movements on the ground, e.g. if movement is strictly controlled or free mixing is allowed
- All movements of residents in and out of the Home for the past 30 days (from and to hospitals, polyclinics, home leave, outings)
- Care and medical procedures performed at the Homes, particularly those that require close contact e.g. need assistance in daily tasks like showering, medication feeding
- Additional health information of residents: Addiction issues, chronic psychiatric conditions, and/or disabilities (if any)
- Group all residents into two categories:
 - Residents that are independent in Activities of Daily Living (ADL), no care needs, ambulant. This group should also include residents who may not be medication compliant, but can be served medication at the Government Quarantine Facilities (GQF) by the staff;
 - Residents that have some/high care needs e.g. dialysis patients, frail, dementia, ADL dependent & behaviourally non-compliant.
- MSF Home split zone arrangements (if relevant)
- Size and occupancy of Home
- Floor plans of Home

Following a confirmed case, Homes should also immediately prepare information about the confirmed case:

- Confirmed case information: name, NRIC, age, ambulatory status, health history
- Date of first onset of fever/respiratory symptoms of confirmed case
- List of staff/vendors/residents who have been in contact with the confirmed case and who entered the cubicle of the confirmed case
- Location of confirmed case's bed and areas where the confirmed case had been from 2 days before first onset of symptoms

Annex D: Vaccination-Differentiated Safe Management Measures for Clients' Access to Sheltered Workshops and Day Activity Centres

Client Profile	Measure
Medically Eligible Fully Vaccinated ¹⁸ Client	<ul style="list-style-type: none"> Client is allowed to access the Sheltered Workshops and Day Activity Centres without need for pre-entry ART
Medically Eligible Partially Vaccinated Client (i.e., received first dose and planning to receive second dose)	<ul style="list-style-type: none"> Client is allowed to access the Sheltered Workshops and Day Activity Centres, subject to a negative ART result prior to entry <ul style="list-style-type: none"> ART kit to be provided by the caregiver
Medically Eligible Client Unvaccinated by Choice	<ul style="list-style-type: none"> Client is not allowed to access the Sheltered Workshops and Day Activity Centres
Medically Eligible Client Unvaccinated Due to Behavioural Issues or Medically Ineligible Unvaccinated Client	<ul style="list-style-type: none"> Client is allowed to access the Sheltered Workshops and Day Activity Centres, subject to a negative ART result prior to entry <ul style="list-style-type: none"> ART kit to be provided by Sheltered Workshops and Day Activity Centres
Client Who Displays Behavioural Issues During Pre-Entry ART	<ul style="list-style-type: none"> Client is allowed to access the Sheltered Workshops and Day Activity Centres without pre-entry ART on a case-by-case basis as assessed by SG Enable <ul style="list-style-type: none"> Caregiver will be required to provide a formal declaration on the reasons why the client needs to access the Sheltered Workshops and Day Activity Centres (e.g., no alternative caregiving arrangement and/or client has high care needs)

¹⁸ Fully vaccinated individuals are those who have received an appropriate regimen of the COVID-19 vaccines under Singapore's national vaccination programme, or any other vaccine regimen as approved by the Ministry of Health (MOH). Please refer to the First Schedule of the Infectious Diseases (Mass Gathering Testing for Coronavirus Disease 2019 Regulations 2021) for the most updated information on the vaccination regimen and approved vaccines.