

20 October 2021

Advisory on Essential Aid Distribution Amid COVID-19 (Coronavirus Disease 2019)

1. Singapore entered the Stabilisation Phase on 27 September 2021 to slow down the rate of transmission and protect our healthcare system. However, the present wave of infection has not crested, and we must be prepared for cases to continue to increase and remain high for some time. We will ride this wave while ensuring that our healthcare system is not overwhelmed. The following measures will be in effect until further notice, unless specified otherwise. Please refer to MOH's website [here](#) for more details.

2. The community and volunteers continue to play a key role in the fight against COVID-19. Their activities include promoting social responsibility, supporting essential services and caring for the vulnerable segments. **From 22 July 2021, SSAs and community groups distributing essential aid (i.e. supplies necessary for daily sustenance e.g. cooked food and food rations, and urgent financial aid) to vulnerable persons and families may continue their activities.** However, as we are within the Stabilisation Phase, it is critical that we exercise caution and strictly adhere to safe management measures to ensure that community transmission remains low. Social service agencies (SSAs) and community groups providing aid are strongly encouraged to limit face-to-face interventions to critical cases in need of urgent aid and essential supplies.

3. SSAs and groups distributing essential aid should plan the modality of essential aid distribution to adhere with strict safe management measures and submit to National Council of Social Service (NCSS) the following information via this link www.go.gov.sg/distributioncontact **at least 3 working days** before SSAs/community groups commence activities:

- i. Name of SSA or community group;
- ii. Person-in-charge and contact details;
- iii. List of staff and volunteers;
- iv. Number of beneficiaries served;
- v. Type of essential aid being distributed (e.g. cooked meals, personal care products, vouchers);
- vi. Modality and frequency of essential aid distribution; and
- vii. Number of staff/volunteers needed to distribute essential aid.

4. For non-urgent cases, SSAs and community groups providing aid are encouraged to engage known aid recipients remotely (via telephone, online, video-

conference) to check on their well-being, and provide a contact number for them to seek urgent help where necessary.

5. Should face-to-face intervention be necessary in order to provide essential aid, SSAs and community groups should:

- i. Limit the number and physical movement of staff and volunteers involved. Keep a register and track movement using a movement log, in order to facilitate contact tracing, if necessary.
- ii. Reduce frequency and duration of physical interactions with beneficiaries. Consolidate essential aid to be delivered to reduce the number of physical trips. Avoid physical interactions by leaving supplies at the door. If physical interactions are unavoidable, limit interactions to short durations with minimal physical contact and maintain safe distance of at least 1m from beneficiaries e.g. at the gate.
- iii. Observe strict safe management measures, including for backend activities such as food preparation and packing of supplies, and ensure staff and volunteers wear a mask. They should not participate if unwell.
- iv. Avoid involving children, persons with chronic or underlying conditions, and pregnant women as volunteers.
- v. Deliver essential aid to seniors to their doorstep as far as possible, so that they do not have to venture out to do collection.
- vi. Limit essential aid distribution to vulnerable persons in the community who are existing beneficiaries. Avoid general door-to-door outreach at this time. General outreach should be done remotely, where possible.
- vii. Transfer financial aid via electronic means, where possible. If that is not possible, cash can be delivered to the beneficiaries. Cash can also be delivered together with other essential aid.

6. SSAs and community groups should ensure no social mixing among different groups of staff/volunteers, and schedule their activities in fixed teams to avoid cross-interactions between groups. The need for and duration of physical interactions should be strictly reduced. More details on the precautionary and safe management measures can be found in **Annex A**.

7. SSAs and community groups that are unable to comply with the advisory should not proceed with your activities so as to safeguard the health and safety of your staff, volunteers and beneficiaries. Please contact NCSS to make alternative arrangements for the vulnerable groups that you serve. For seniors requiring assistance, please



contact the Agency for Integrated Care (AIC) Hotline at 1800-650-6060. SSAs and community groups that encounter Singaporeans who require social assistance can contact ComCare Call at 1800-222-0000.

8. SSAs and community groups that require any assistance or clarifications on precautionary measures to be put in place can contact NCSS at CHUA_Yi_Xian@ncss.gov.sg or NCSS_Membership@ncss.gov.sg.

ANNEX A

Precautionary and Safe Management Measures

In addition to the precautionary measures in Paras 5 to 6, SSAs and community groups should implement the following precautionary measures for essential aid distribution activities.

Precautionary Measures for Staff/Volunteers

- Remind staff/volunteers prior to the start of the activity that they are not to attend or participate in the activity if they are unwell, have travelled overseas in the last 14 days or are under Leave of Absence (LOA)/Stay Home Notice (SHN) (pre-screening measures). Staff/volunteers on Health Risk Warning (HRW) are allowed to participate in essential aid distribution activities, if they are able to show proof of testing ART-negative on the same day.
- Brief staff/volunteers of the precautionary measures implemented by the SSA or community group.
- Administer temperature screening and health/travel declarations of staff/volunteers.
- Turn away staff/volunteers who are unwell, have recent travel history or are under LOA/SHN. Staff/volunteers on HRW are to show proof of testing ART-negative on the same day before being allowed to participate in essential aid distribution activities.
- Provide a clean and well-ventilated environment for staff/volunteers and ensure a safe distance of at least 1 metre between persons at all times.
- Encourage personal social responsibility among staff/volunteers
 - Practice good personal hygiene (i.e. washing of hands and using tissues when sneezing or coughing)
 - Adjust social norms (e.g. avoiding handshakes, hugging, etc.)
- Require staff/volunteers to inform the SSA or community group if they were later found to have been in contact with persons confirmed to have COVID-19, or if they have fallen ill after the activity.
- To enable contact tracing to be carried out quickly and effectively, all workplaces and facilities used for backend activities (e.g. food preparation, packing) must use the TraceTogether-only SafeEntry system to log the check-in and check-out of

staff/volunteers from premises. Visit <https://www.tracetgether.gov.sg> for TraceTogether-only SafeEntry, and to refer to the user guidelines and FAQs. Upon registration, an onboarding guide with links to all the key resources, digital posters, step-by-step user guides and demo videos will be provided.

- Staff/volunteers should download and activate the TraceTogether app. This will help MOH to more quickly identify potential close contacts of COVID-19 patients and reduce disease transmission. Data recorded by TraceTogether is stored on the user's phone, and is only uploaded when required by MOH, e.g. when the user is suspected to have COVID-19. More information on TraceTogether can be found at www.tracetgether.gov.sg.

Safe Management Measures for Interaction with Service Users

- SSAs and community groups should plan the modality of essential aid distribution to strictly comply with the advisory to ensure the health and safety of your staff, volunteers and beneficiaries.
- Designated collection points should be set up in the vicinity with the necessary precautionary measures to ensure safe management, e.g. staggered collection times, safe distance of at least 1m between persons, wearing of masks, etc. Beneficiaries should collect their essential supplies and immediately return home. Buffet set-ups are strictly prohibited and beneficiaries must not congregate to consume their meals.
- For meals/essential food supplies to frail seniors and those who are home bound, these should be delivered to them as far as possible and left at the door to avoid physical interaction. If there is a need to check on them, maintain at least 1m safe distance.
- Carry out all activities, including packing and other preparation activities, in smaller groups of no more than 10 persons, e.g. by staggering the timing and implementing split teams. For delivery of essential aid to the doorstep, these should be conducted in groups of no more than two persons.¹

¹ Should there be a need to conduct home visits, limit visits to not more than two persons at any one time, with a cap of two distinct visitors per household per day in accordance with MOH's guidelines on household visits from 27 September 2021. During the home visits, maintain at least 1m distance from the beneficiary and limit each visit to ≤1 hour. Staff/volunteers should don surgical mask and practise hand hygiene before/ after each home visit. During the home visit, residents and family members should also wear a mask as far as possible.