



FOR IMMEDIATE RELEASE

**RESETTING OUR MEASURES
TO LIVE WITH THE OMICRON VARIANT**

We are in the midst of an Omicron wave, and seeing up to about 20,000 daily cases. This is within our expectations, given the high transmissibility of Omicron. However, our high vaccination and booster rates, along with vaccination-differentiated Safe Management Measures (SMMs), have been effective in keeping the number of severe cases low, and our healthcare capacity available to treat the severely ill currently remains sufficient.

2. In the coming weeks, daily case numbers may rise even further before peaking, and may remain moderately high for some time before coming down. We will continue to closely monitor the capacity of our healthcare system, and prepare for further surges in infections. During this period, our strategy remains to safeguard our healthcare capacity and focus resources on managing severe cases and protecting vulnerable patients. In line with this, we will continue to suspend in-person visits to hospitals and residential care homes for an additional four weeks.

3. We will also further simplify our existing healthcare protocols, workplace testing requirements, and SMMs, so that everyone can understand the rules, focus on the measures that matter, and do our part in making sure our measures remain effective:

- a. More age groups of patients to be managed by primary care physicians under Protocol 2 if they exhibit mild symptoms;
- b. Shorter monitoring duration and simplified testing requirements for those under Protocol 3 (i.e. close contacts of COVID-19 cases);
- c. Focusing the Mandatory Rostered Routine Testing (RRT) on sectors where there are interactions with vulnerable population as well as the provision of essential services;
- d. Streamlining the SMMs to a set of five core parameters, so that it will be easier for everyone to comply with them on a daily basis; and
- e. Simplifying our country/region classification and streamlining our border testing measures given the reduced impact of imported cases.

4. These measures will allow us to respond nimbly to changes in the pandemic situation in the coming months, including to ease measures when the Omicron wave eventually subside, or tighten up should there be another unknown new variant.

Updates on Local Situation

5. Over the past week, daily case numbers have remained high, at an average of around 11,000 cases. The large majority of our cases continue to have mild or no symptoms. The number of cases which are hospitalised is around 1,400, of which

about 30% are 'incidental cases', (i.e. they were hospitalised due to other illness but subsequently tested to be COVID-19 positive). Meanwhile, hospitals are also increasing bed capacity to care for severe COVID-19 cases, while ensuring that care for non-COVID-19 patients are not compromised. About 70 of our hospitalised patients are children under 12 years old. The infection rates for children aged 0 to 4 years and those aged 5 to 11 years are currently high at about 243 and 258 per 100,000 population respectively. Individuals aged 12 to 19 years have the highest infection rate of about 269 per 100,000 population.

6. Aside from standing up more beds for children in our public and private hospitals, we are also actively converting beds in our COVID-19 Treatment Facilities for children and their caregivers. The proportion of severe COVID-19 infections and Multisystem Inflammatory Syndrome in Children associated with COVID-19 infection (MIS-C) cases is around 1 out of 1,000 paediatric infection cases. Vaccination of children will help lower the risk of such episodes.

7. The overall situation in our healthcare system remains stable. 23 cases are currently in ICU care, and 140 require oxygen supplementation. In the past 28 days, 0.04% and 0.3% of local cases required ICU care or oxygen supplementation respectively.

Continued Efforts to Safeguard our Healthcare System and Right-Site Patients

Extended Suspension of In-Person Visits to Hospitals and Residential Care Homes

8. We had previously suspended in-person visits to all hospital wards¹ and residential care homes ('Homes') for a period of four weeks through to 20 February 2022. As it remains crucial that we protect our healthcare capacity and vulnerable groups, the suspension of in-persons visits will be extended for a further four weeks, **from 21 February to 20 March 2022 (both dates inclusive)**, with a mid-point review after two weeks. Hospitals and Homes have the discretion to allow visits for exceptional cases (e.g. if the patient or resident is critically ill). These visitors will continue to be subject to visitor management measures (see [Annex A](#) for details). Hospitals and Homes will also continue to support alternative methods of communication such as through telephone or video calls to ensure that patients and residents remain connected with their loved ones.

In-situ Recovery for Selected Nursing Home Residents

9. Currently, nursing home residents infected with COVID-19 are moved from the nursing homes to recover at separate care facilities. However, the majority of Omicron cases in nursing homes were mildly symptomatic and generally did not require the level of medical care provided at hospitals or dedicated COVID-19 care facilities. Also, moving away from a familiar environment can be distressing to nursing home residents and disruptive to their holistic care. Hence, **from 16 February 2022**, the Ministry of Health (MOH) and the Agency for Integrated Care (AIC) will progressively support nursing homes to care for their fully vaccinated COVID-19 residents who are asymptomatic or mildly symptomatic within their premises, but isolated from the other

¹ Includes public acute hospitals, community hospitals and private hospitals.

uninfected residents. This will allow generally well residents with COVID-19 infection to recover safely under the care of their nursing home provider who is also most familiar with their needs. Residents assessed to be at higher risk, or who show signs of clinical deterioration, will continue to be conveyed to an appropriate care facility for further management.

Revised Healthcare Protocols

Expanded Application of Protocol 2 to More Patient Groups

10. Among patients infected since January 2022, the vast majority from most age groups have mild symptoms and can recover safely on their own. Even amongst the seniors, the incidence of severe illnesses have been low. For example, amongst seniors aged 60 to 69 years who were infected, only about 0.5% of fully vaccinated and 1.8% of non-fully vaccinated patients were treated as severe cases. Amongst vaccinated seniors aged 70 to 79 years, 1.2% fell severely ill after being infected. 4.5% of 3 to 4-year olds who attended Emergency Departments (EDs) required admission and less than 1% of them on Home Recovery Programme were escalated to the telemedicine providers for further management.

11. Hence, **from 16 February 2022**, all patients aged 3 to 69 years, regardless of vaccination status, and fully vaccinated² patients aged 70 to 79 years old can be managed by their primary care doctors under Protocol 2³. This is an expansion of the current age band, which applies to fully vaccinated patients aged 5 to 69 years, and non-fully vaccinated patients aged 5 to 49 years. Patients falling outside of these age brackets will continue to be managed by MOH, either through the Home Recovery Programme or at a care facility such as a COVID-19 Treatment Facility or a hospital. This will further right-site the care of COVID-19 patients and ensure that our healthcare capacity is preserved for those who require acute care. A summary of the revised management approach for COVID-19 patients for different age groups is in Annex B.

12. With the above changes, individuals under Protocol 2 with non-emergency conditions, including children, are strongly advised to avoid seeking treatment at the EDs of hospitals and to consult their primary care doctors or telemedicine providers should they require any medical assistance. Individuals with non-emergency conditions turning up at EDs may be diverted to other urgent care clinics for further assessment, so as to prioritise ED resources for patients requiring acute care. Individuals may also be diverted for admission to COVID-19 Treatment Facilities for further monitoring of their medical condition, as long as they do not require hospitalisation.

Changes to Protocol 3 for Close Contacts

13. Currently, close contacts of positive cases identified by MOH (i.e. under Protocol 1 or Protocol 2 managed by primary care doctors) are placed on Protocol 3.

² Individuals may check whether they are considered “fully vaccinated” at <https://go.gov.sg/vax-status-query>.

³ Those who test ART positive at non-clinical settings (e.g. unsupervised self-swab or supervised self-swab by test providers in non-clinical settings) but who belong to at-risk groups visit a doctor for medical advice even if they feel well. The list of at-risk groups can be found in Annex B.

These individuals are issued with a Health Risk Warning (HRW) lasting 7 days from the day of its issuance, with an ART-based daily self-testing regime imposed should they wish to leave their place of residence. However, close contacts of cases who self-test positive (i.e. under Protocol 2) are not able to be identified and are thus not issued the HRW.

14. Therefore from **18 February 2022**, we will introduce **two key changes to Protocol 3**. First, it will be changed from an order to an advisory, with the Health Risk Notice (HRN) replacing the Health Risk Warning (HRW) for close contacts identified by MOH under Protocol 3. Persons issued with HRN can continue to obtain their ART test kits through designated vending machines, to facilitate their self-testing during the monitoring period⁴. Second, the recommended self-monitoring period will be reduced from 7 days to 5 days, as individuals infected with the Omicron variant have been shown to have a shorter incubation period. That said, those who have already received HRWs should still complete their existing monitoring periods⁵.

15. Regardless of whether one receives a HRN from MOH, all persons who are aware of their recent exposure to a case should be socially responsible and follow Protocol 3. They should moderate their social activities, monitor their health and self-test with ART before leaving home for that day, especially if they are going to crowded places or are coming into contact with vulnerable individuals.

Streamlining the Rostered Routine Testing Regime

16. Rostered Routine Testing (RRT) was first introduced in dormitories and higher risk workplaces in August 2020. Over time, we have expanded it to cover more higher-risk work settings⁶, and shifted towards an ART-based RRT.

17. The RRT regime had served as an important part of our strategy to facilitate early detection and containment of transmission in the community. Testing continues to be an essential response to COVID-19. However, we are in a different situation today and our testing strategy needs to evolve. Our high vaccination coverage and the implementation of Vaccination-Differentiated SMMs (VDS) offer good protection to the workforce from severe disease due to COVID-19 infection. The high transmissibility and shorter incubation period of the Omicron variant have also meant a reduction in the effectiveness of RRT in containing community transmission. Furthermore, we have shifted our focus towards protecting the vulnerable population and managing severe cases.

18. Therefore, **from 18 February 2022**, we will streamline the RRT regime to focus only on settings catering to vulnerable groups (i.e. healthcare sector, eldercare sector,

⁴ For the healthcare, eldercare, and preschool sectors, additional requirements may be put in place for close contacts to protect the vulnerable individuals in these settings.

⁵ Individuals issued with HRWs prior to 18 February 2022 will be required to complete their monitoring period and testing requirements under the current HRW protocol.

⁶ Those currently on RRT includes: border frontline workers, COVID-19 frontline workers, staff interacting with vulnerable population (e.g. healthcare/eldercare workers, children aged below 12 years old), dorm-dwelling workers, Construction, Marine and Process workers, staff in dine-in F&B establishments, personal care services, gyms and fitness studios, retail mall and supermarket staff, last-mile delivery workers (including parcel and food delivery personnel), public and private transport workers, and workers in essential services.

and settings with children below 5 years old⁷) and selected essential services sectors^{8,9}. Other sectors which are currently on RRT will no longer be required to continue testing from 18 February 2022.

19. Even as we move to streamline RRT to those in vulnerable settings, we urge individuals to continue to exercise personal responsibility and conduct regular self-testing, especially prior to visiting crowded places or interacting with vulnerable groups during this period. Companies that have remaining kits that were already distributed to them for RRT are strongly encouraged to continue testing until the test kits are fully utilised.

Updates on Community Safe Management Measures

20. As we continue to transition to a COVID-19 resilient nation, we will simplify and rationalise our COVID-19 rules, which have accumulated over time and become overly complex.

21. This rationalisation and simplification is important. Responding to COVID-19 requires everyone to do their part. We can facilitate this by making rules less complicated and burdensome to remember. This will also lay the foundation for us to resume normal activities once the Omicron wave peaks and starts to subside.

22. We will rationalise the SMMs to **focus on the five most important and effective measures**, making them simpler to understand and comply with:

- a. Group sizes;
- b. Mask-wearing;
- c. Workplace requirements;
- d. Safe distancing; and
- e. Capacity limits.

23. From **25 February 2022 (unless otherwise stated below)**, we will implement the following streamlined SMMs (see Annex C). More details are provided in the sections as follows.

Group Sizes

24. For now, the permissible group size for social gatherings remains at 5 persons. The maximum number of unique visitors per household will be adjusted from 5 persons **per day**, to 5 persons **at any one time**.

⁷ This includes staff as well as third-party vendors in preschools, Early Intervention centres, and Private Education Institutions with children less than 5 years old.

⁸ Sectors which will continue on RRT as essential services will be informed by their respective Sector Lead agencies via sector-specific communication channels at a later date.

⁹ Sectors may choose to continue using the existing Swab Registration System (SRS) to upload their RRT test results. They may also onboard businesses onto “Sync”, a new platform launched this week by Open Government Products that enables individuals to easily declare their self-swab results and provide consent for sharing ART and PCR test results and vaccination statuses with organisations and employers. Companies can be onboarded to Sync via sync.gov.sg.

Mask-Wearing

25. Mask-wearing will continue to be required as a default. There are no new exceptions.

Workplace Requirements

26. We will maintain the current posture of allowing up to 50% of employees who can work from home to return to the office. As part of the streamlining of rules, workplace requirements will now be aligned with those for the community SMMs. For instance, workers who have their masks on will not need to maintain 1 metre safe distancing in the workplace. Social gatherings at workplaces will be allowed to resume with up to 5 persons for each social gathering. There will be no restrictions on cross-deployment of employees across workplaces, although employers may continue to do so for business continuity reasons.

Safe Distancing

27. Safe distancing is encouraged but will **not be required between individuals or groups in all mask-on settings**. Safe distancing will **continue to be required for all mask-off settings**. Where safe distancing is required, the distance will be streamlined to a single safe distance of 1 metre for all settings.

Capacity Limits

28. Instead of fixing size limits for various event types, we will move to setting event sizes based on the capacity of the venue. Hence, **from 4 March 2022**, we will lift specific event size limits for events such as religious services, business events, media conferences, funerary memorial events, wedding receptions, and mask-on classes¹⁰. Zoning requirements will also be removed, as the main protection is through masks and vaccinations.

29. However, for large events and settings which pose more infection risks, we will impose capacity limits, as a precaution. These will include attractions, cruises, MICE and large work-related events, as well as large performing arts venues or sports stadiums. For other settings such as shopping malls and large standalone stores, the current density limit of 10sqm/pax roughly translates to 50% capacity too. For now, we will set the threshold at 1,000 pax. This means that:

- a. For smaller settings/events with $\leq 1,000$ pax, they can proceed without being subject to any capacity limit.
- b. For larger settings/events with $> 1,000$ pax and are mask-on¹¹, they would be subject to a capacity limit of 50%. For mask-off events, they

¹⁰ These refer to events held outside the home. For home solemnisations, there can be up to 10 attendees or 5 non-resident visitors (whichever is higher). For home funerals, the current arrangement of up to 30 attendees remains. Refer to the relevant sectoral advisories for more details.

¹¹ For example, for a 1,200 pax event, the event would need to be held at a venue which accommodates 2,400 pax, or the event size would have to be capped at 1,000 pax. Events where 1m safe distancing and group size limits apply will not be subject to the 50% capacity limit, as the SMMs already ensure spreading out of attendees.

would be required to comply with the 1 metre safe distancing requirement and prevailing group size, which will already serve to limit capacity.

See Annex D for the list of settings/events covered.

Adjustments to VDS

30. From **25 February 2022**, unvaccinated children aged 12 years and below (i.e. born in 2010 or later) need not be from the same household to be included within a group entering premises or participating in activities with VDS.

Resuming Sports

31. The main driver of COVID-19 transmission has been prolonged close contact with infected persons, such as when eating together. There has been no compelling evidence showing that transient contact while playing sports leads to infections. Conversely, two years of SMMs have taken its toll on the physical, emotional and mental well-being of our people, especially the young.

32. With the rationalisation of SMMs, from **25 February 2022**, all sports will be allowed to proceed with up to 30 fully vaccinated persons (including players, coaches, umpires etc) , at supervised/operated sports facilities (e.g. ActiveSG facilities and approved private facilities). The prevailing SMMs will apply before and after the sport activity, and during rest breaks. No additional testing requirement will be imposed as long as all participants are fully vaccinated, but participants are strongly encouraged to self-test before arriving for the sports activity, and to stay home if they test positive or develop symptoms.

33. For all the updates on community SMMs above, relevant agencies will provide more details on the requirements specific to their sector.

Updates to Border Measures

Streamlining of Country/Region Classification and Border Measures

34. To date, our border measures such as pre-departure testing and Stay-Home Notice (SHN) had been aimed at controlling the number of imported cases. As Singapore's incidence rate is now comparable with most overseas destinations, imported cases are unlikely to affect the trajectory of local cases. Our focus has thus shifted to facilitating inflows from travellers who are less likely to become severely ill and burden our healthcare capacity while they are in Singapore. As vaccination offers good protection against severe disease, we will continue to work towards allowing SHN-free travel for all fully vaccinated travellers.

35. To better position ourselves to do so, we will begin by streamlining the country/region classification. The existing Categories II, III, and IV will be combined into a single General Travel category. Fully vaccinated travellers arriving via Vaccinated Travel Lane (VTL) arrangements can continue to enjoy quarantine-free border measures. For now, all travellers from Category I countries/regions, which have

very low infection rates, will continue to enjoy quarantine-free travel arrangements as well¹². We will also create a new Restricted category for countries/regions with developing COVID-19 situations that warrant stricter border measures imposed on arrivals. Under our revised classification, we would start with no Restricted countries/regions.

36. In tandem, we will simplify border measures for travellers arriving **from 21 February 2022, 2359 hours**, as follows:

- a. Travel history requirement will be reduced from 14 to 7 days;
- b. SHN duration will be standardised to 7 days across all country/region categories in view of Omicron's shorter incubation period;
- c. Enhanced testing regime for travellers arriving on VTLs will be ceased;
- d. VTL and Category I travellers will no longer need to perform an on-arrival PCR (Polymerase Chain Reaction) test. Instead, they will have up to 24 hours from their entry into Singapore to take a supervised self-swab (SSS) ART¹³ at one of the testing centres located across Singapore; and
- e. Vaccinated Long-Term Pass Holders¹⁴ (except Work Permit holders) will no longer have to obtain a Vaccinated Travel Pass (VTP) or an Entry Approval to enter Singapore. They will still need to adhere to border health measures on entry. Please refer to Annex E for more details.

Restoring and Expanding Vaccinated Travel Lanes (VTL)

37. To further facilitate vaccinated travel, we will restore and progressively increase VTL quotas. VTL (Air) quotas will be fully restored with **immediate effect**. VTL (Land) quotas will be fully restored **from 22 February 2022** (sales for additional bus tickets will commence on 16 February 2022).

38. A new VTL with Hong Kong and the previously deferred VTLs with Qatar, Saudi Arabia and the United Arab Emirates (UAE) will also be launched. VTP applications for travel from these four countries/regions will open on **22 February 2022, 1000 hours**, and the first VTL flights will take place from **25 February 2022**. We will progressively launch VTLs with more destinations as we move towards facilitating fully vaccinated travel.

¹² Taking into account recent developments in Hong Kong's COVID-19 situation, we will reclassify Hong Kong to the General Travel category with effect from **24 February 2022, 2359 hours**. To minimise disruptions to vaccinated travellers, we will concurrently launch a VTL with Hong Kong (please see para 38 for details).

¹³ Travellers should visit Quick Test Centres (QTCs) or Combined Test Centres (CTCs) for their OAT SSS ART. The weblink to book tests at QTCs or CTCs will be provided in the Testing Notice issued to travellers upon their entry into Singapore. Travellers should self-isolate prior to receiving the OAT test result and use private transport when going to the testing site. If you feel unwell, please visit a clinic for medical advice via private transport.

¹⁴ Individuals below the age of 12 will be able to enter without proof of vaccination. Unvaccinated or partially vaccinated individuals aged 12 to 17 years old at the point of arrival can enter without proof of vaccination on the condition that they complete the full vaccination regimen within two months after they arrive in Singapore. Pass holders who are medically ineligible for vaccination may appeal for exemption from the vaccination requirement, supported by a doctor's memo. The proof of exemption will need to be presented prior to boarding.

39. Bi-directional quarantine-free sea travel between Singapore and Indonesia will resume with the launch of VTL (Sea) from Bintan and Batam. The VTL (Sea) will benefit users of Indonesia's travel bubble to specific resorts in Bintan and Batam and facilitate short-term leisure travel. VTP applications will open on **22 February 2022, 1000 hours**, and the first ferry trip will take place on **25 February 2022**.

40. The Civil Aviation Authority of Singapore (CAAS), Ministry of Trade & Industry (MTI) and Maritime and Port Authority of Singapore (MPA) will provide further details for VTL(Air), VTL(Land) and VTL(Sea) respectively. We will continue to monitor the global COVID-19 situation and adjust our border measures in tandem with our roadmap to becoming a COVID-resilient nation.

41. The updated classification and associated border requirements can be found in [Annex F](#) and on the [SafeTravel website](#). Travellers are advised to visit the website to check the latest border measures for the associated country or region before entering Singapore, and be prepared to adhere to the prevailing border measures upon entry into Singapore.

Riding through the Omicron Wave

42. Our current measures serve as important safeguards to protect our healthcare system during this period as we continue to lead our daily lives normally. To ride out this wave safely, it remains key that we get our vaccination and booster doses promptly when offered, comply with existing safe management measures, and exercise personal responsibility to self-test before visiting crowded places or interacting with vulnerable groups such as seniors or children. Those who are tested positive should follow the latest health protocols. Patients should refrain from seeking medical attention at the EDs if they have only mild symptoms, so that EDs can focus on taking care of acutely ill patients. Only then can we emerge stronger to resume our transition towards safe re-opening and living with COVID-19.

MINISTRY OF HEALTH
16 FEBRUARY 2022

VISITOR MEASURES FOR HOSPITALS AND HOMES

In-person Visits at Hospitals

1. The following patient groups will continue to be allowed visitors on a case-by-case basis, as assessed by the hospitals:
 - a. Patients who are in critical condition;
 - b. Paediatric patients;
 - c. Birthing/post-partum mothers; and
 - d. Patients requiring additional care support from caregivers. Examples of caregivers include those providing assistance to inpatients who have mental incapacities or family members who are undergoing caregiver training to better care for their loved ones after hospital discharge.
2. The above patient groups would be allowed only one pre-designated visitor, with one visit per day. Patients who are in critical condition may be allowed up to five pre-designated visitors, with a maximum of two visitors at the patient's bedside at any one time.
3. All visitors approved to visit hospitals wards must don face masks with good filtration capability at all times. These include surgical masks and reusable masks that are made of two layers of fabrics. There must be no eating or drinking in the inpatient wards. Visitors must not use the patients' toilets in the wards and must avoid sitting on patients' beds.

Pre-Visit Testing Requirements at Hospitals and Homes

4. Visitors who are allowed into hospitals wards and Homes on exceptional basis will need to produce a valid negative antigen rapid test (ART) result obtained within the last 24 hours of the visit. All tests are to be self-funded. This is a mandatory requirement for all visitors regardless of vaccination status, except for persons who have recovered from COVID-19 and are able to present a valid Pre-Event Test (PET) exemption notice¹⁵.
5. Fully vaccinated or medically ineligible visitors can perform an unsupervised self-administered ART or opt for an ART administered by MOH-approved COVID-19 test providers (including tests performed at Quick Test Centres) for purpose of fulfilling the pre-visit testing requirement. Fully vaccinated or medically ineligible visitors who opt to undergo unsupervised self-administered ART will be required to show evidence of a valid ART result, e.g. present a time-stamped photo of the dated ART result and photo ID for verification prior to entry.
6. Non-fully vaccinated visitors would be required to show results of ART administered or supervised by MOH-approved COVID-19 test providers (including

¹⁵ Recovered individuals (within last 180 days) can obtain a PET Exemption Notice from any clinic offering ART or Polymerase Chain Reaction (PCR) testing services.

Quick Test Centres). Results from unsupervised self-administered ART will not be accepted for this group of visitors.

Summary of Default COVID-19 Patient Management[^] by Age Group

Age	Vaccination Status	
	Fully Vaccinated*	Not Fully Vaccinated*
<3 months [#]	Care Facility	
3 months to <3 years [#]	Home Recovery Programme	
3 years to <70 years [#]	Primary Care Doctors	
70 years to <80 years	Primary Care Doctors	Home Recovery Programme
≥80 years	Home Recovery Programme	Care Facility

[^] The above default dispositions **only apply to individuals with no comorbidities of concern and no symptoms of concern**. The existing safety mechanisms to filter out high risk individuals with comorbidities of concern or severe symptoms will remain in effect, and will continue to flow these individuals to a CTF (or a hospital, if acutely unwell).

* From 14 February 2022 onwards, persons aged 18 years and above who have completed the primary vaccination series and are eligible for booster vaccination will be considered as “fully vaccinated” for only 270 days after the last dose in their primary vaccination series. Those who have not gone for their booster vaccination after 270 days have lapsed from their last dose, as well as those who did not go for or complete the primary vaccination series will be considered as “not fully vaccinated”. For more details, individuals may check if they are considered “fully vaccinated” at <https://go.gov.sg/vax-status-query>.

Note: Those who test ART positive at non-clinical settings (e.g. unsupervised self-swab or supervised self-swab by test providers in non-clinical settings) but who have the following conditions should visit a doctor after testing positive for COVID-19, even if they are feeling well. Doctors will clinically assess these individuals and decide whether they can be managed under Protocol 2 or require referral to MOH for further management:

- a. Individuals aged 70 years old and above;
- b. Children below 3 years old;
- c. Had an organ transplant surgery in the past;
- d. Have any disease or are taking any medication that weakens the immune system;
- e. Have been diagnosed with cancer (including blood cancers) before;
- f. Are on dialysis;
- g. Are diagnosed with HIV or AIDS;
- h. Have a disease affecting your heart, lungs, kidneys, liver, or brain that required hospital admission in the last 6 months;
- i. Are pregnant;
- j. Are less than 12 years old and have any congenital condition or growth disorder that affects the heart, lungs or brain; or
- k. Are less than 12 years old and have Diabetes Mellitus or hypertension.

Five Core Parameters to Reset Our Safe Management Measures (SMMs)

Parameter	Current Posture
(1) Group size	5
(2) Mask-wearing	Required indoors and outdoors
(3) Workplace requirements	50% of those who can work from home may return to office
(4) Safe distancing	1m when mask off, between individuals or groups
(5) Capacity	50% for large settings and event sizes of >1,000 pax, where there is no 1m safe distancing ¹⁶
	Premises operators to avoid chokepoints and spread crowds as evenly as possible.

¹⁶ For example, for a 1,200 pax event, the event would need to be held at a venue which accommodates 2,400 pax, or the event size would have to be capped at 1,000 pax.

List of Setting/Events Subject to 50% Capacity Limit (for >1,000 Pax)

(Note: Imposition of capacity limits will take effect from 4 March 2022)

<u>Large venues/settings*</u>	
Attractions	Applies to large attractions which can accommodate more than 1,000 pax, where there are points where crowding can take place, e.g. shows, rides and exhibits
Cruises	Inclusive of the facilities on the cruise ships where this might apply, e.g. large performance venues
<u>Events</u>	<u>Venues where these events can be held (not exhaustive)</u>
<u>Fixed seating</u>	
Live performances	Performing arts theatres (e.g. Esplanade, and Victoria Theatre)
Sporting events	Stadiums (e.g. National Stadium, and Indoor Stadium)
<u>Both fixed and non-fixed seating (whether in configurable settings or standing/walking)</u>	
Business events (including MICE events, media conferences and work-related events)	Auditoriums, convention centres, multipurpose halls
Religious gatherings	Auditoriums, places of worship (e.g. temples, mosques, and churches)
Wedding receptions/solemnisations ¹⁷	Places of worship, function rooms, multipurpose halls, etc.
Funerals and funerary memorial events (e.g. 7 th month)	Funeral parlours, places of worship, function rooms, multipurpose halls, crematoriums etc.

*For other settings such as shopping malls and large standalone stores, and including show galleries and libraries, the current density limit of 10 sqm/pax (equivalent to a 50% capacity limit) continues to apply where there are more than 1,000 visitors at any one time.

¹⁷ Home solemnisations will remain capped at 10 attendees or 5 non-resident visitors (whichever is higher); and home funerals will remain at 30 attendees. Refer to the relevant sectoral advisories for more details.

Removal of Entry Approval Requirements for Certain Eligible Long-Term Pass Holders (LTPH)

1. Since March 2020, all Long-Term Pass Holders (LTPHs) have had to obtain approval prior to entering, as a precautionary measure to limit the number of imported COVID-19 cases into Singapore to contain the virus. Since then, the number of imported cases has diminished in relevance as a measure of travel health risk. Inbound LTPHs are required to be fully vaccinated and are well-protected from severe illness. As such, the entry approval requirement will be removed for **all fully vaccinated LTPHs except work permit holders (“eligible pass holders”)** with effect from **21 February 2022, 2359 hours** (Singapore Time).
2. Eligible pass holders entering on Vaccinated Travel Lanes (VTLs) will not need to apply for a Vaccinated Travel Pass (VTP). Eligible pass holders entering via non-VTL channels (e.g. Work Pass Holder General Lane, Student’s Pass Holder Lane) also do not need to apply for an Entry Approval but will have to adhere to the prevailing immigration entry requirements and health protocols. All eligible pass holders must produce their Long-Term pass/in-principle approval letter and proof of vaccination status/exemption¹⁸ for entry to Singapore. Pass holders will need to adhere to the prevailing immigration entry requirements and border health measures in Singapore, including testing and Stay-Home Notice (SHN) requirements.¹⁹
3. Work permit holders²⁰ should continue to obtain a VTP if entering via VTL (excluding work permit holders in the Construction, Marine Shipyard and Process sectors (CMP) and other dormitory bound work permit holders²¹); or an entry approval under non-VTL channels (Work Pass Holder General Lane via Safe Travel Office or MOM’s entry approval for CMP workers). This is to ensure work permit holders enter Singapore in a safe and calibrated manner given their larger numbers.
4. A summary of changes to entry approval requirements for arrivals from 21 Feb 2022, 2359 hours is in the appended table. Details on entry requirements and health protocols under VTL and non-VTL SafeTravel Lanes can be found on the [SafeTravel website](#).

¹⁸ Please refer to <https://safetravel.ica.gov.sg/health/vtsg> for details of requirements to be considered fully vaccinated. Individuals below the age of 12 will be able to enter without proof of vaccination. Unvaccinated or partially vaccinated individuals aged 12 to 17 years old at the point of arrival can enter without proof of vaccination on the condition that they complete the full vaccination regimen within two months after they arrive in Singapore. Pass holders who are medically ineligible for vaccination may appeal for exemption from the vaccination requirement, supported by a doctor’s memo. The proof of exemption will need to be presented prior to boarding.

¹⁹ Pass holders continue to be responsible for all costs associated with fulfilling border health measures, including COVID-19 tests and charges for SHN at dedicated SHN facilities.

²⁰ Including Migrant Domestic Workers (MDWs) and those with In-Principle Approval (IPA) for a work permit or MDW.

²¹ Work permit holders in CMP sectors or dormitory-bound work permit holders are not allowed to enter Singapore via VTL. Malaysian CMP work permit holders and female work permit holders will still be allowed to enter via VTLs as they generally do not reside in dormitories.

LTPHs	VTL	non-VTL
Long Term Visit Pass, Immigration Exemption Order , Student's Pass, Employment Pass, EntrePass, Personalised Employment Pass, Tech.Pass, Training Employment Pass, Work Holiday Pass, Dependant's Pass and S Pass holders	<p>Show Long-Term pass/in-principle approval letter and proof of vaccination status to transport operators/checkpoint staff</p> <p>No need to apply for or present entry approval/VTP</p>	
Non-Malaysian male work permit holders in the CMP sector or dormitory-bound work permit holders ²²	Not allowed to apply for entry through VTL	No change; continue to apply for and present entry approval
All other work permit holders (including Migrant Domestic Workers and Confinement Nannies)	No change; continue to apply for and present VTP	

5. All travellers must continue to submit a health and travel declaration via the SG Arrival Card (SGAC) e-Service²³ prior to their arrival. They will be required to provide their health status and recent travel history, as well as personal particulars and contact details.

²² Malaysians and female work permit holders will still be allowed to enter via VTLs as they generally do not reside in dormitories.

²³ SGAC e-Service is available at ICA's website at <https://eservices.ica.gov.sg/sgarrivalcard> and the mobile application can be downloaded for free from Apple AppStore and Google Play.

Summary of Border Measures from 21 February 2022, 2359 hours

	Summary of Country/ Region Classification for Recent 7-day travel history* (for entry into Singapore from 21 February 2022, 2359 hours)			
	Low-Infection (Category I)	General Travel (Category II/III/IV)		Restricted
		VTL~	Non-VTL	
Countries/ Regions	Macao, Mainland China and Taiwan	Australia, Brunei Darussalam, Cambodia, Canada, Denmark, Fiji, Finland, France, Germany, India, Indonesia, Italy, Malaysia, Maldives, the Netherlands, the Republic of Korea, Spain, Sri Lanka, Sweden, Switzerland, Thailand, Turkey, the United Kingdom, and the United States &	All other Countries/ Regions	Nil
Border Health Measures^	1. Pre-Departure Antigen-Rapid Test (ART) or Polymerase Chain Reaction (PCR) Test within 2 days before departure for Singapore			1. Pre-Departure PCR Test within 2 days before departure for Singapore
	2. On-Arrival Supervised Self Swab (SSS) ART within 24 hours of entry%		-	2. On-Arrival PCR Test
	-		3. 7-day Stay-Home Notice (SHN) at declared place of accommodation#	3. 7-day SHN at dedicated SHN facility@
	-		4. SHN exit PCR test+	

Travellers, who are not Singapore Citizens, Permanent Residents or LTPHs, may enter Singapore for short-term visits only if: (a) they are arriving from Category I countries/ regions (with travel histories in the past 7-days in these countries/ regions and/or Singapore); or (b) there are specific arrangements for short-term visits (e.g. VTLs, Reciprocal Green Lanes).

* 7-day travel history does not include countries/ regions where the traveller transited within 24 hours enroute to Singapore. This does not apply to travellers under the VTL. For travel history requirements under the VTL, please check the [SafeTravel website](#) for details.

~ VTL requirements apply – for instance, short term visitors will need to apply for a Vaccinated Travel Pass (VTP) to travel on designated VTL bus, ferry, or flight services.

& VTL arrangements with Hong Kong, Qatar, Saudi Arabia and the United Arab Emirates will commence from 25 Feb 2022.

^ There may be administrative, health and vaccination requirements for each Safe Travel Lane that are in addition or differ from the measures above. For example, Long-Term Pass Holders (LTPHs) with passes issued by the Ministry of Manpower (MOM) have to comply with additional requirements and measures. Check [SafeTravel website](#) for details.

% Travellers should visit Quick Test Centres (QTCs) or Combined Test Centres (CTCs) for their on-arrival SSS ART. The weblink to book tests at QTC or CTC will be provided in the Testing Notice issued to travellers upon their

entry into Singapore. Travellers should self-isolate prior to receiving the on-arrival test result. If you feel unwell, please visit a clinic for medical advice via private transport.

Travellers should isolate in their room and minimise contact with any household members, especially vulnerable household members. If this is not feasible, travellers or the vulnerable household members should consider alternative accommodation.

@ The charges for 7-day SHN at a dedicated SHN facility currently amount to \$1,015.

+ Travellers will be notified of their test appointment closer to the date of their exit PCR test.