8 July 2021

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.)

A. NEW MEASURES

1. It has been about two months since Singapore shifted to Heightened Alert. Through the cooperation and efforts of everyone, we have managed to stabilise community cases and contain the spread of local clusters. Following the easing of measures in two stages, on 14 June 2021 and 21 June 2021, the Multi-Ministry Taskforce (MTF) has announced the resumption of more economic and community activities to take effect from 12 July 2021. Please refer to the press release issued on 7 July 2021 for details: https://www.moh.gov.sg/news-highlights/details/updates-on-phase-3-(heightened-alert)-measures-7Jul.

Safe Management of Residents and Clients

2. Homes/Centres should 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.

3. **With effect from 12 July 2021, Category 1A Homes** may resume the following activities with precautions in place:

i. Resume home leave and Day Release Scheme/work schemes for all residents.
   a. **Category 1A Homes serving elderly residents**[1] should implement the precautions in Annex C to better protect vulnerable seniors and reduce the likelihood of COVID-19 occurring in these facilities.

ii. **For Adult Disability Homes and Hostels, Sheltered Homes and Welfare Homes,** visitors[2] who enter the Homes should be subjected to the prevailing Antigen Rapid Test (ART) regime for visitors.

[1] Homes that serve elderly residents include Senior Group Homes, Sheltered Homes, Welfare Homes, Adult Disability Homes, Disability Hostels, Community Group Homes, Transitional Shelters.
[2] Homes should designate a 'drop-off zone' for vendors for deliveries outside the Home, separated from other areas used by residents. Visitors, other than staff, regular volunteers/vendors and residents, refers to anyone who needs to enter the facility beyond the delivery drop-off zone (e.g. vendors doing maintenance works, external visitors).

a. More physical visitations may be resumed with ART regime in place. **Up to four visitors (e.g. caregivers) per resident[3] may be pre-designated, with only two pre-designated visitor allowed to enter Homes at any one time** with precautions in place:
   - The number of visitors per day should be limited to no more than 40% of licensed bed capacity. Homes may impose a lower limit depending on the size of the visitation area, as they should continue to ensure there is a distance of 1 metre between residents/visitors. Homes should also ensure that residents should not come into contact with residents of other zones.
   - Visit duration should be limited to 1 hour or less.
   - Homes should continue to offer caregivers the option to switch to telephone or video calls as an alternative to physical visits.

iii. Maintenance work in living quarters of residents may resume, subject to the prevailing ART regime for visitors to the respective Homes[4]. A contractor entering living quarters should wear a surgical mask, gloves, and gown.

4. Homes/Centres 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 Homes/Centres have put in place adequate infection control measures and precautionary measures as laid out in the MSF advisories issued.

[3] The pre-designated visitors list should not be changed once designated.
[4] This does not apply to Senior Group Homes, Transitional Shelters and Community Group Homes, which are located in a community-based setting.

B. UPDATED PRECAUTIONARY MEASURES (FROM 12 JULY 2021)

6. **From 14 June 2021, all Homes/Centres should restrict services to service users with moderate to high needs while ensuring compliance with safe management measures and minimal staff strength onsite**. Homes/Centres should ensure that activities are conducted safely to minimise the risk of transmission, and to keep communities and vulnerable persons safe while resuming more social support services.

Safe Management of Staff

7. Homes/Centres should continue to implement a system of safe management measures that will protect staff, residents and clients and strengthen the resilience of their services to any further disruptions. These safe management measures include working from home as the default, staggered working hours, split zone/team arrangements, suspending physical meetings, safe distancing, regular disinfection of common touch points and equipment, and ensuring regular cleaning with disinfecting agents.

8. **For Category 1A Homes, staff should avoid crowded places in the community**.

Safe Management of Residents and Clients

For Category 2 and 3 Facilities:

9. Services should continue to be delivered remotely where possible**. Face-to-face services and intervention, such as counselling, should be limited to moderate to high needs, and may take place at the Centres as needed, with the necessary safe management measures in place.** These measures include serving cases by appointment and conducting interventions on an individual case basis. Essential interventions delivered through group work/activities should be limited to **no more than five persons with safe management precautions**, e.g. ensure a safe distance of 1 metre between participants. Discretionary group work/activities e.g. educational workshops should be delivered remotely or deferred.

Table 1: Summary of precautionary measures

1	***SAFE ACCESS*** *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:*
a.	**Restriction of staff, residents and enrolled clients allowed in Homes/Centres** ☑ Homes/Centres are not to allow staff, residents and enrolled clients on Quarantine Order (QO), Leave of Absence (LOA) and Stay-Home

	Notices (SHN) to enter premises. See Annex A on Leave of Absence and Stay-Home Notices. ☑ **Category 1A Homes:** Home leave and Day Release Scheme/work activities may be allowed for all residents with precautions in place[5]. ☑ **Category 1A Homes:** All outings should be suspended until further notice. Suspend face-to-face pre-admission screening.
b.	**Restriction of visitors allowed in Homes/Centres** ☑ **For Adult Disability Homes and Hostels, Sheltered Homes and Welfare Homes**: **With effect from 12 July 2021, up to four visitors per resident[6] may be pre-designated, with only two pre-designated visitors allowed to enter Homes at any one time** with precautions, including ART regime, in place. Homes may exercise discretion on the number of visitors per resident on compassionate grounds (e.g. critically ill). The precautions to be put in place are to include the following: (i) Visitors are to schedule visitation appointments in advance; (ii) Visitors must wear masks at all times during the duration of the visit and adhere to safe management measures (e.g. maintain 1 metre distance from resident, enforce hand hygiene protocols before entering and leaving the visitation area); (iii) Visit duration must be limited to 1 hour or less: (iv) Visits must take place at designated areas outside of living quarters and segregated from other residents. Physical barriers (e.g. glass/Perspex screens) between the resident and visitors to be set up, where possible; (v) Number of visitors must be limited to no more than 40% of licensed bed capacity per day. Homes may impose a lower limit to ensure that the precautions (e.g. sizing the visitation area to ensure there is a distance of 1 metre between residents/visitors, on-site supervised self-swab ART) continue to be properly practised. Homes must also ensure that residents should not come into contact with residents of other zones. ☑ **For Senior Group Homes, Community Group Homes and Transitional Shelters** located in a community-based setting, each household shall limit visits to not more than five persons at any one time, with a cap of five distinct visitors per household per day, in accordance with MOH's guidelines on safe homes and community. ☑ **Other Category 1A Homes**: Allow only a maximum of two designated caregivers/ visitors per resident/ enrolled client with precautions in place[7].

[5] Category 1A Homes serving elderly residents should implement the precautions in Annex C to better protect vulnerable seniors and reduce the likelihood of COVID-19 occurring in these facilities.
[6] Once the list of pre-designated visitors has been set, it should not be changed.
[7] These precautions include: (i)Visitors should wear masks during the duration of the visit and enforce hand hygiene protocols before and after the visit; (ii) Visit duration should be limited to 1 hour or less; (iii) Other measures to further mitigate risks and ensure safe distancing, taking into account the setting

	☑ **Category 1B Centres**: Only one caregiver per client allowed to accompany enrolled client with precautions in place. ☑ **Category 1 Facilities**: Suspend face-to-face sessions with caregivers to discuss Individual Care Plans (ICP). ☑ Homes/Centres may add a standardised questionnaire at entry points to assist in identifying persons who may be of higher risk of exposure to COVID-19. The questionnaire may include the following questions: Within the last 14 days, (i) have you been: ▪ notified by MOH that you have been deemed a possible close contact of a COVID-19 case and asked to go for a COVID-19 swab test as part of an ongoing MOH community surveillance testing for visitors within the stipulated duration to identified venues? ▪ placed on Stay-Home-Notice (SHN), Quarantine Order (QO), phone surveillance (PUPS) or on medical leave (MC)? (ii) has any of your household members been: ▪ notified by MOH that they have been deemed a possible close contact of a COVID-19 case and asked to go for a COVID-19 swab test as part of an ongoing MOH community surveillance testing for visitors within the stipulated duration to identified venues? ▪ placed on QO? ☑ For visitors who are on QO, SHN, LOA, PUPS, MC/household members who are on QO, Homes/Centres should defer entry until after completion of the period of SHN/QO/LOA/PUPS/MC. For visitors/household members who have been notified by MOH that they have been deemed a possible close contact of a COVID-19 case and asked to go for a COVID-19 swab test as part of an ongoing MOH community surveillance testing for visitors within the stipulated duration to identified venues, Homes/Centres should defer entry until 14 days after the visit to the identified venues, unless the visitors/household members have received a negative COVID-19 PCR test result after the visit to the identified venues. Exceptions may be granted on compassionate grounds, where applicable. For **Category 2 and 3** facilities, staff should arrange for services to be delivered to them remotely e.g. over the phone or online. ☑ Only visitors who are needed to support the running of facilities (e.g. contractors) and agencies who need to perform necessary functions may enter the premises. If it is necessary to have a visitor in the facility, temperature checks should be conducted. All visitors to be screened for travel, health, and contact history and to use TraceTogether-only SafeEntry. Visitors should keep a safe distance from staff, residents and clients. In addition, **Category 1A Homes** must maintain a visitor log, including the visitor's movement within the Homes' premises to facilitate contact tracing.

of the Home, e.g. use of desk shields/Plexiglass barriers between residents and visitors and other means of ensuring a safe distance of at least 1 metre; (iv) Limit to 10 persons, in groups of up to five persons, within each visitation room. There should be no interactions between small groups.

	☑ Identify a holding area for visitor screening before entry. It should be well-ventilated and well-separated from staff, residents and enrolled clients. Advise visitors to avoid crowding and to maintain increased spacing of at least 1 metre apart while seated or standing in waiting areas.
c.	**Restriction of vendors allowed in Category 1A Homes** ☑ 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 resume all maintenance work. ☑ For auxiliary personnel such as cleaners, security guards, caterers and other contractors, Homes should work with service vendors to ensure that the personnel deployed to the Homes do not reside in foreign worker dormitories with confirmed cases. ☑ **Where such contractors have to physically enter the premises, they should wear surgical masks**. 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 door knobs. There should also be wiping down of the areas where works are carried out before opening up the space for residents' use. If contact with residents is unavoidable, the contractors/vendors should wear surgical masks, gloves, and gowns. ☑ In line with prevailing MSF advisories, screen vendors for health status (temperature and respiratory symptoms) and travel and contact history, enforce hand hygiene before vendors enter the facility, record vendor contact details and movement within the Homes for contact tracing using SafeEntry and TraceTogether, and minimise the time they spend in the living quarters.
d.	**Health checks and temperature screening** ☑ *On arrival*: Homes/Centres are to continue with temperature screening and health checks for all staff, residents, clients and visitors. Besides health checks for visible symptoms, Homes/Centres are to explicitly ask all staff, residents, clients and visitors the following questions during health checks, and record the responses even when they do not have any symptoms: i. Have you been having a fever? ii. Do you have a cough? iii. Do you have a sore throat? iv. Do you have a runny nose? v. Do you have shortness of breath?

vi. Do you have a loss of sense of smell or taste?
vii. Are there household members who are unwell with fever and/or flu-like symptoms such as cough, runny nose, sore throat, shortness of breath?

Homes/Centres should not admit staff, residents, clients and visitors who are unwell, and recommend that they promptly seek medical attention.

For visitors/service users to **Category 2 and 3** facilities who are unwell or declared to be in close contact with a confirmed case, 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 unwell person to wear a mask and to minimise close contact with others.

Staff, residents, clients and visitors with household members who are unwell (with fever and/ or flu-like symptoms such as cough, runny nose, sore throat, shortness of breath) are encouraged to stay home, if possible.

☑ *During the day*: Homes/Centres should conduct the following frequency of temperature taking and health checks for residents, enrolled clients and staff.

i. **Category 1** facilities – minimally twice-daily temperature screening and checking of respiratory symptoms for all residents and enrolled clients, if not already the arrangement.

ii. All facilities – at least twice-daily temperature taking and checking of respiratory symptoms for all staff, including administrative and non-care staff, even if not at work.

The timing for these checks must be scheduled and not left to the discretion of individual staff. Record temperatures and respiratory symptoms for residents, enrolled clients and staff daily. Keep declaration records of temperature taking and other indications including respiratory symptoms (e.g. cough, runny nose, sore throat, loss of smell or taste, shortness of breath) for at least 28 days for inspection purposes.

Ensure that any staff feeling unwell leave the premises immediately and seek medical treatment, and stay away until they have fully recovered. Homes/Centres should advise staff not to clinic-hop. Where possible, Homes/Centres must 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 (including but not limited to typical symptoms such as fever, cough and shortness of breath). For the duration of their medical certificate,

	the staff must not leave his or her place of accommodation and must follow the same social-distancing procedures as those on Stay Home Notices. Staff who are still unwell after the medical certificate[8] duration should not return to work and should follow up with the same medical practitioner. **Isolate residents and enrolled clients with fever and respiratory symptoms immediately.** Refer residents and enrolled clients with respiratory symptoms and/or fever to a doctor for assessment. There should be no more than one unwell resident/client in each sick bay. If there is more than one unwell resident/client in the sick bay, they should be spaced 2m or more apart and be given masks to wear. If staff need to interact closely with the sick resident/client (i.e. <2m from resident/client), they should wear a mask, face shield, gown and gloves, and sanitise or wash their hands with soap after contact with the resident/client. The sick bay should be sanitised and wiped down frequently, especially after every use. **For Category 1A facilities, any staff and resident who present with ARI symptoms (e.g. cough, fever, sore throat) should go to the nearest Public Health Preparedness Clinic (PHPC)/Polyclinic immediately.** 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 for Covid-19. If the doctor assesses that they do have symptoms suggestive of Covid-19 infection, the PHPC/Polyclinic will perform the Covid-19 swab at the clinic if they participate in the Swab and Send Home (SASH) initiative, or will refer the resident/staff to another PHPC clinic for the swab. They will also provide medication and issue the staff/resident with MC. The staff/resident should then take private transport back to their place of residence/the Home with windows wound down, and be isolated for the duration of the medical leave while pending swab results.
e.	**Contact tracing of staff, residents, clients and visitors** ☑ From 15 June 2021, it is mandatory for all Homes/Centres to deploy SafeEntry Gateway (SEGW) devices. Staff, residents, clients and visitors of Homes/Centres must use the Trace Together (TT) App on their mobile phones or TT token to check into SafeEntry and at all times, while in the Home/Centre, to facilitate contact tracing**.** ☑ Homes/Centres[9] should use TT tokens to help the residents/clients auto-log their close contacts for contact tracing purposes.

[8] Reg 3(2) of the Infectious Diseases (COVID-19 Stay Orders) Regulations 2020 promulgated under the Infectious Diseases Act gazetted on 25 March 2020.
[9] For Homes and Centres that receive TT tokens distributed by MSF.

f.	**Travel plans and declarations** ☑ With the evolving COVID-19 situation, Homes/Centres are to continue monitoring the travel plans of staff, residents and enrolled clients to all countries closely. Homes/Centres should inform staff residents and enrolled clients to declare the following, if not already done: i. Any recent travel history; and ii. Intended/updated travel plans by staff, residents or enrolled clients to other countries (including the city(s) of travel) MSF will request for the above information periodically. MOH has updated its travel advisory to allow overseas travel: i. To Australia (excluding New South Wales), Brunei Darussalam, New Zealand, and Mainland China (excluding Guangdong province); ii. If they are pursuing academic studies or professional qualifications overseas, for courses or examinations which require physical presence in the foreign educational institution; iii. If they are taking on or returning to employment overseas, for employment opportunities which require physical presence overseas; iv. For essential travel for business, official and work purposes under Green/Fast Lane arrangements and the Periodic Commuting Arrangement; v. For compassionate reasons (e.g. due to death of / critically ill family member); vi. To seek medical treatment which cannot be reasonably received in Singapore; or vii. To return to country of residence to attend to, or after attending to, legal/contractual obligations. **All staff, residents and enrolled clients are advised to defer all other forms of travel overseas[10].** You are encouraged to be judicious in approving overseas leave for staff, and also closely monitor the travel plans of staff, residents and enrolled clients in view of the SHN imposed upon return from overseas. **Inform MSF immediately if you intend to allow any of your staff to proceed with their travel plans.**
g.	**COVID-19 Preparation Information Dossier** ☑ 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 Annex D.

[10] Cruises to nowhere, which depart from Singapore and do not have any ports of call, will not be considered overseas travel.

2	***SAFE BEHAVIOUR*** *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.*
a.	**Wearing of masks in Homes/Centres** ☑ All staff should wear masks within facilities[11]. 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. ☑ **For Category 1A Homes, all staff should wear surgical masks[12] during the course of work.** ☑ All visitors should bring their own masks and wear a mask at all times whilst in the facility.
b.	**Practise high levels of personal hygiene** All staff, residents and clients are to maintain good personal hygiene such as: ☑ 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, tooth brushes 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 or if they have travel history to affected countries.
c.	**Ensure high levels of environmental hygiene** ☑ Disinfect frequently touched points such as handrails and door knobs with disinfectant at least twice a day.

[11] For Homes, exceptions can be made outside of working hours and within living areas for staff that stay on-site in dormitories. However, these staff should continue to practise safe distancing and minimise any mingling and contact **at all times**.

[12] Surgical masks should be changed after a maximum of 6 hours of use, or if mask becomes soiled or soggy. Staff must strictly adhere to hand hygiene practices in addition to mask use to prevent cross contamination.

	☑ 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.
d.	**Appoint Safe Management Officers who are responsible for:** i. Implementation, coordination and monitoring of safe management measures; and ii. Communication and explanation of the safe management measures to staff prior to resuming work. The full requirements for Safe Management Measures can be found at mom.gov.sg/covid-19/requirements-for-safe-management-measures.
3	***SAFE FACILITIES*** *Homes/Centres are to implement the following measures to ensure **minimal interaction/ mixing between staff, residents and clients from different zones/worksites**, so as to minimise risk of cross-transmission in the event of a confirmed COVID-19 case in Homes/Centres.*
a.	**Segregate by zones/worksites** ☑ **Homes/Centres are encouraged to support as many staff in working from home as possible.** For functions where telecommuting is not feasible, such as frontline operations, employers should take the following precautions: • **Restrictions against cross-deployment across worksites shall continue to remain in place for all Homes/Centres: no staff should work at more than one worksite. There should be no physical interactions between teams working in different locations/worksites.** • **Reduce duration and proximity of physical interactions** among staff within the same worksite during their course of work, as well as during their meal and break times. • **Stagger working hours** to reduce possible congregation of staff at common spaces. • Stagger use of common areas and facilities (e.g. toilets, halls, common areas) to avoid mixing between split zones. **For Category 1 Facilities:** ☑ Implement split zones/teams (e.g. by floors). All residents, clients and staff (including contracted staff and vendors) should only

operate within a single zone/team[13]. Homes/Centres are to ensure that non-resident/client-facing staff work from home.

- ☑ Review staffing plans so that each zone can function autonomously. Residents, clients and staff within each zone should not cross into other zones or come into contact with residents, clients and staff of other zones at all times, including non-working hours. As part of this split zone arrangement, staff from different zones should not be rostered to serve the same residents/clients on different days. Where this is not possible, the exceptions and mitigating factors should be documented.
- ☑ Maintain a staff movement log, which will facilitate impact analysis should a staff, client or resident become a confirmed case.

Staff should also avoid social and physical interaction with other staff. This includes limiting interaction and practicing safe distancing during common times such as lunch or tea breaks, and in shared spaces such as staff pantries or common dining areas. Staff must also practise safe distancing when not on duty, including but not limited to avoiding crowds, gatherings and minimising any physical contact (e.g. handshakes).

For Category 2 and 3 Facilities:

- ☑ Working from home (WFH) will be the default at workplaces. Centres must ensure that staff who are able to work from home do so.
- ☑ Centres may continue to adopt split zone/team arrangements for business continuity purposes if they so choose.
- ☑ For staff at the workplace, Centres should **stagger start times and allow flexible workplace hours[14]**: This will spread out staff across time and place, and reduces possible congregation of staff at common spaces at or near the workplace, such as entrances, exits, lobbies, canteens, pantries. It also reduces congestion of people in public places, including public transport.
  - Homes/Centres are encouraged to stagger the start times for staff at the workplace such that **at least half of the staff arrive at the workplace at or after 10am,** as far as possible. If physical meetings are needed, they can be scheduled after 10 am. These measures would enable more staff to avoid peak-hour travel, especially if staff require the use of public transport. Timings of lunch and other breaks should also be staggered accordingly**.**
  - If it is not feasible to implement staggered start times, flexible workplace hours, and staggered break hours due to operational reasons, Centres must implement other systemic arrangements to reduce congregation of employees at common spaces[15].

[13] For Category 1A Homes serving elderly residents, crossing of zones should only be done on an exceptional basis, and staff who need to interact with residents across zones should minimise interactions with all persons who are in that zone. Staff who cross zones are not required to wear additional PPE provided no close physical body contact is anticipated. If close physical body contact is necessary, staff should don a blue gown and switch to a new gown when there is evident contamination. Used gowns should be removed before leaving a zone.

[14] Workplace hours here refers to the hours spent at the physical workplace.

[15] E.g. arrange for different groups of employees to arrive/depart through different entrances/exits.

b.	**Safe distancing between split zones/teams during drop off/pick up times** ☑ There should be no mixing of clients from different zones/teams during arrival and departure periods. E.g. use separate routes and entrances/exits, where available. ☑ Where transport services are used: • Ensure no mixing of clients from different zones as far as possible. • Take client's temperatures prior to boarding. • 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. • Alternate seating that is at least 1 metre apart for all clients, where reasonably practicable to do so. • Ensure that the vehicle is cleaned and sanitised before use every time. • Leave a window opening for better ventilation.
c.	**Suspend large group activities** **For Category 1 Facilities** ☑ Suspend organised excursions, outings and participation in external events to reduce the risk of exposure of the vulnerable groups to the general public. ☑ Suspend large group communal activities and mass gatherings within the institutions (e.g. morning muster, gathering of all service users and staff). Suspend those involving large groups of external participants (e.g. CSR events involving volunteers). This is to reduce the risk of exposure and cross infection within an institution. ☑ Suspend communal activities across facilities, dormitories or blocks.
d.	**Small group activities** **For Category 1 Facilities** ☑ **Ensure that these activities are carried out with safe management precautions**. Homes/ Centres should stagger the activities, have more frequent sessions so that they can be carried out in smaller groups, ensure there is a distance of 1 metre between residents/ clients, and enforce hand hygiene protocols before and after the activity. Category 1 Facilities should carry out activities in smaller groups of no more than 10 persons (up to five persons if seniors are involved for Category 1B Centres) [16].

[16] Category 1B Centres should continue with individual activities among clients where individuals are 1 metre apart and do not interact or participate in shared activities or use shared materials within the small groups. Groups should also be apart from other groups with minimal physical interaction across groups.

- ☑ For Category 1 Facilities, staff, clients and residents should also strictly adhere to the split zone arrangements when participating in the group activities.
- ☑ **Reduce density, intensity and duration of activities.** Reduce number of participants per activity to 10 persons or less to ensure sufficient space between participants, adjust the rigour of activities to minimise contact and exertion, and shorten the duration of organised activities to minimise exposure. Avoid strenuous activities that will require participants to remove their masks. Indoor physical exercise of low intensity can continue with masks on.
- ☑ For Category 1A Homes, suspend small group outings until further notice**.**
- ☑ Category 1B Centres can allow small group outings of no more than five persons (staff and clients inclusive), supervised by staff, to non-crowded areas for walks or exercise.

For Category 2 and 3 Facilities

- ☑ Essential interventions delivered through group work/activities should be limited to **no more than five persons with safe management precautions**, e.g. ensure a safe distance of 1 metre between participants. Discretionary group work/activities e.g. educational workshops should be delivered remotely or deferred.

For all Facilities

- ☑ **Space out the seats in communal areas (such as dining areas), interview rooms, service counters in Homes/Centres at least 1 metre apart.**
  - Stagger meal times with no mixing of split zones/teams.
  - Surfaces (e.g. tables, chairs) to be cleaned before the commencement of meals for the next split zone/team.
- ☑ **Use desk shields / plastic dividers / Plexiglass barriers as added precaution for service counters, dining tables and other areas should safe distancing cannot be maintained.** Ensure that these equipment are wiped down and cleaned after every use.
- ☑ **Everyone should 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.
- ☑ **Keep all rooms well-ventilated.** Open windows to allow plenty of fresh air into the indoor environment, where possible.
  - 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.

e.	**Suspend staff meetings, training and social gatherings** ☑ All work-related events are to be held virtually or deferred. **Meetings** ☑ Conduct all internal and external staff meetings virtually, e.g. by using tele-conferencing facilities. If there is a critical need for physical internal staff meetings to proceed, staff should limit the number of attendees to 10 persons or less and shorten their duration. There should be clear physical spacing of at least 1 metre between persons at all times. **Training** ☑ All training (internal or external) are to be held online until further notice. **Social gatherings between staff** **For Category 1 Facilities** ☑ All events, mass gathering (e.g. conferences, exhibitions, festivals) and social gatherings (e.g. birthday celebrations, team bonding activities, etc.) must be cancelled or deferred, regardless of size. ☑ Staff are not to socialise or congregate in groups at common areas, such as staff lounge and pantry, including during meals or breaks. ☑ Staff may have meal breaks at the workplace, but refrain from intermingling with their colleagues when their masks are taken off. In addition, all staff in Homes/Centres should have staggered break and meals times, and consume their meals within staff break areas. There should be no interaction between staff from different teams/zones/locations. In the event of any positive cases, such mixing may result in a larger group of staff being quarantined across multiple zones and facilities. ☑ Homes/Centres should not organise social gatherings outside the workplace and also remind their staff not to socialise outside of the workplace, both during or outside working hours (e.g. going out together for lunch, dinner breaks or drinks), including with colleagues from separate teams/shifts/Homes/Centres. **For Category 2 and 3 Facilities** ☑ Homes/Centres must not organise or encourage large-scale social gatherings (e.g. parties, celebrations (e.g. birthdays), team bonding activities, D&D, gala dinners, etc.) within or outside the Homes/Centre. Social gatherings, such as team bonding events organised by the Home/Centre, will be allowed but must be limited to a total size of no more than five persons.

	☑ Staff should minimise socialising or congregating in groups[17] at common areas, such as staff lounge and pantry, including during meals or breaks.
f.	**Limit home visits and outreach activities (i.e. face-to-face sustained contact with clients) to urgent or at-risk cases** ☑ Some programmes have home visits related to case work and outreach components conducted by staff or regular volunteers. In general, these activities should be limited to urgent or at-risk cases, or where the situation warrants a home visit, with precautionary measures: • For known clients and service users, conduct pre-screening over phone for known clients and service users to check for travel history, persons on SHN, LOA or Persons Under Quarantine (PUQ), and any persons who are unwell in the household. • For non-clients, before entering the residence, check for travel history, persons on SHN, LOA or PUQs, and any persons who are unwell in the household. • Check if clients/ service users are comfortable for staff and volunteers to enter their residence. • **If there are PUQs or SHN in the household**: Staff should arrange for services to be delivered remotely e.g. over the phone or online. • **If the client is unwell or there are persons on LOA in the household**: Staff should arrange for services to be delivered remotely e.g. over the phone or online. However, if the case is assessed to be urgent, they can be served, but with added precautions including for the unwell person to wear a mask and to minimise close contact with others. • **Outreach activities/ programmes (e.g. befriending, food delivery) to seniors should be delivered remotely over the phone or online utilising technology, where possible**. If engagement needs to be done face-to-face (e.g. seniors with no phone numbers), additional precautions and strict safe distancing measures should be taken e.g. limiting engagement to less than 1 hour, and maintaining at least 1 metre apart from seniors in their homes[18] or at the gate. Staff should don surgical masks 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.

[17] Homes/Centres must ensure that staff adhere to the permissible group size based on prevailing guidelines on social gatherings at the workplace, including during meals or breaks.

[18] Should there be a need to conduct home visits or outreach, limit activities to not more than five persons at any one time, with a cap of five distinct visitors per household per day in accordance with MOH's guidelines on household visits from 14 June 2021.

☑ For distribution of essential aid (e.g. food delivery), refer to MSF's Advisory on Essential Aid Distribution Amid COVID-19 dated 11 June 2021.

g. Volunteer management

Volunteers may be required to support your services and your service users.

☑ Activities involving regular volunteers who perform essential and routine functions can continue. They should be regarded and managed as staff and take the necessary precautions.
☑ Activities involving **adhoc volunteers** who perform non-essential functions, or who might be in close contact with vulnerable groups, should be suspended. Facilities are encouraged to conduct these activities virtually.
☑ Category 1 facilities may resume volunteer-led activities with the following safe management precautions:

Facility	**Precautions**
Category 1A facilities serving elderly residents	• Only **white-listed volunteer-led activities that cannot be conducted remotely and have direct impact on the well-being/hygiene of residents** (e.g. nail-cutting, hair-cutting and dental care) can resume with safe distancing measures. Please contact the MSF/SGE officer in charge of your programme to white-list volunteer-led activities. • Up to 10 volunteers may be pre-designated, with no more than five volunteers per Home allowed to interact with residents at any given point in time as part of volunteer-led activities; where back-end support for these activities is needed, up to five other volunteers, also on the list of 10 pre-designated volunteers, may provide such back-end support in roles that do not involve in-person interactions with the residents or resident-facing staff. Volunteers involved in back-end support roles are not to enter residents' or staff's living areas. • Each volunteer-led activity should be limited to two hours or less.

		Category 1A facilities serving non-elderly residents	• Limit to five volunteers within Homes at any one point in time.
		Category 1B facilities	• Pre-designate up to 10 volunteers, and limit to no more than five volunteers at any one point in time. • Volunteers should keep to a fixed group of clients and minimise close physical contact with clients.

☑ Homes/Centres are encouraged to select volunteers that have completed the full COVID-19 vaccination regime.
☑ Volunteers should not be cross-deployed to more than one Home/Centre.
☑ Volunteers are to adhere to the same safe management measures as staff, including split team arrangements.
☑ Singing and other activities that expel saliva even with mask on should not be allowed.

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

11. 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.

12. 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: Leave of Absence, Stay-Home Notice and Home Quarantine Order

Response Measure	What you should do
(i) Any staff or enrolled client who recently returned from overseas travel within the last 21 days, except for those entering Singapore from Brunei Darussalam, New Zealand, or Mainland China[19]	• Immigration and Checkpoints Authority (ICA) will issue SHN to all persons returning from overseas travel. • Notify MSF of SHN given to staff or enrolled client. • Monitor affected staff or enrolled client through regular telephone calls.
(ii) Any staff of all Category 1 Facilities or enrolled client of Category 1B Facilities: • living with any household members under Home Quarantine Order (HQO)/Quarantine Order (QO)/Stay-Home Notice (SHN)/phone surveillance (PUPS)/medical leave (MC) • living with any household members who have been notified by MOH to have been deemed a possible close contact of a COVID-19 case and asked to go for a COVID-19 swab test as part of an ongoing MOH community surveillance testing for visitors within the	• Inform all residents/enrolled clients/staff to notify you if: ○ there is a household member under QO/SHN ○ there is close contact who is a confirmed case • **For enrolled clients**, grant Leave of Absence, aligned to ○ the period of household member's HQO/QO/SHN/PUPS/MC; ○ 14 days after the date that the household member visited the identified venues, or after the household member receives a negative COVID-19 PCR test result; or ○ 14 days from the last contact with the close contact who is a confirmed case • **For staff**, consider these precautionary measures: ○ Grant Leave of Absence aligned to the period of household member's HQO/QO/SHN/PUPS/MC; 14 days after the date that the household member visited the identified venues, or after the household member receives a negative COVID-19 PCR test result; or 14 days from the last contact with the close contact who is a confirmed case; or ○ Redeploy staff to administrative tasks • Inform MSF immediately of: ○ Any household member under HQO/QO/SHN ○ Any LOA given to enrolled client/ staff living with the household member under HQO/QO/SHN, or has a close contact who is a confirmed case

[19] Travellers, Singapore Citizens, Permanent Residents and Long-Term Pass holders entering Singapore and who have remained in either Brunei Darussalam, New Zealand, or Mainland China in the last consecutive 21 days prior to their entry will not be required to serve a SHN. Instead, they will undergo a COVID-19 test upon arrival at the airport and only be allowed to go about their activities in Singapore after receiving a negative test result. Prior to receiving the test results for COVID-19, staff, residents and clients should remain in isolation at their places of residence and not come into contact with other staff, residents and clients of Homes/Centres.

Response Measure	What you should do
stipulated duration to identified venues • Has a close contact who is a confirmed case	• Monitor health of these residents/ enrolled clients/ staff through regular telephone calls.

Annex B: Classification of Services

Category	Nature of Service	Facility/ Programme/ Service
1	Facilities providing care and social services to vulnerable groups	**Category 1A**: Residential facilities 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. Community Group Homes* l. Disability Hostels* *Facilities serving elderly residents
		Category 1B: Disability centres and programmes 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]	Social services and programmes, including but not limited to: 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

Category	Nature of Service	Facility/ Programme/ Service
		g. Divorce Support Specialist Agencies h. Youth!GO Agencies i. Integrated Service Providers
3	Facilities providing frontline services to the general public	<u>Social services and programmes, including, but not limited to:</u> a. Parenting Support Programme b. Early Risk Marriage Programme c. Marriage Preparation Programme
Note 1: Regular volunteers should be regarded and managed like staff in relation to this Advisory. 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. Note 3: Social service agencies not listed are advised to refer to the guide above to determine the application of the Advisory taking into account the nature of service.		

Annex C: Precautions on Home Leave for Category 1A Homes Serving Elderly Residents

Category 1A Homes serving elderly residents[20] 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 movement plans and 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). If there is significant risk of exposure to COVID-19 if home leave is granted, a resident's request for home leave must be rejected.

(ii) Duration of home leave is limited to a maximum of three consecutive calendar days (72 hours).

(iii) Home leave is not permitted should the resident's caregiver/family members living in the same residence be on Quarantine Order (QO), Stay Home Notice (SHN), placed under phone surveillance for close contact with a confirmed COVID-19 case, notified by MOH to have been deemed a possible close contact of a COVID-19 case and asked to go for a COVID-19 swab test as part of an ongoing MOH community surveillance testing for visitors within the stipulated duration to identified venues, or unwell with fever and/or symptoms of acute respiratory infection (ARI)[21] and/or infectious disease.

(iv) Before the resident goes on home leave, Homes are to brief the caregiver on the precautionary measures to undertake. Homes are to ask the caregiver to sign a letter of undertaking 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 minimise the resident's activities in the community (e.g. avoid going to crowded places and meeting with many contacts in the community, adhere to prevailing safe management measures in the community strictly, a limit of five distinct household visitors visiting the resident at home in a day);

[20] Homes that serve elderly residents include Senior Group Homes, Sheltered Homes, Welfare Homes, Adult Disability Homes, Disability Hostels, Community Group Homes, and Transitional Shelters.
[21] Symptoms of ARI include cough, fever, runny nose, sore throat and anosmia.

b. To strictly disallow the resident's contact with known individuals placed under quarantine, SHN or on phone surveillance for close contact with a confirmed COVID-19 case, notified by MOH to have been deemed a possible close contact of a COVID-19 case and asked to go for a COVID-19 swab test as part of an ongoing MOH community surveillance testing for visitors within the stipulated duration to identified venues, as well as individuals who are unwell with fever and/or symptoms of acute respiratory infection (ARI)[22] and/or diagnosed with an infectious disease;
c. For the resident to always wear a surgical mask (preferred) or reusable mask with at least 95% bacterial filtration efficiency[23] when in the community and at home if there are visitors if mask-wearing is tolerated, 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 app or bring along the wearable TraceTogether token when in the community;
e. For the caregiver to monitor the resident for fever (38^{o}C and above) and symptoms of ARI twice a day. The caregiver is to alert the Home and bring the resident to visit a doctor immediately if the resident turns unwell whilst on home leave.
f. To submit the resident's planned movement prior to home leave and movement history to the Home at the end of the home leave.

(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 (e.g. SafeEntry, travel/health screening, temperature check, avoid entering the dorms and minimise contact with other staff/residents).

(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, including that the resident did not come into contact with any individual who was on QO/SHN/under phone surveillance for close contact with a confirmed COVID-19 case, notified by MOH to have been deemed a possible close contact of a COVID-19 case and asked to go for a COVID-19 swab test as part of an ongoing MOH community surveillance testing for visitors within the stipulated duration to identified venues, or unwell with fever and/or ARI symptoms and/or infectious disease. Should the resident come into contact with any such individual, the caregiver is to inform the Home of this immediately and update the Home on the outcome of the individual's swab test, if he/she is tested for COVID-19, as well as any other instructions or directives issued to the individual by MOH.

[22] Symptoms of ARI include cough, fever, runny nose, sore throat and anosmia.
[23] For reference, the recent reusable masks distributed by the Government in May and June 2020 carry this specification.

(viii) Should any individual who came into contact with the resident whilst on home leave develop fever and/or ARI symptoms, or be placed on QO/SHN/phone surveillance for close contact with a confirmed case, have been notified by MOH to have been deemed a possible close contact of a COVID-19 case and asked to go for a COVID-19 swab test as part of an ongoing MOH community surveillance testing for visitors within the stipulated duration to identified venues, or be diagnosed with an infectious disease during the period of home leave or in the 7 days from the date the resident returns to the Home, the caregiver is to inform the Home of this on an immediate basis and to update the Home on the outcome of the individual's swab test, if he/she is tested for COVID-19.

(ix) Residents returning from home leave will be subject to the following swabbing and/or isolation protocol:

a. For day leave (e.g. day trip of not more than 8 hours or those on Day Release Scheme (DRS)/leave the Home for work activities), Homes are to continue with prevailing precautionary measures, such as routine monitoring of residents for ARI symptoms. No isolation or COVID-19 test is required unless resident is symptomatic. Residents on DRS/leave the Home for work activities should be swabbed once in every 2 weeks, according to the Home's regular swabbing regime.
b. For consecutive day leave of two or more days and leave involving an overnight stay or longer (e.g. more than 8 hours), returning residents from home leave should be isolated for 7 days upon the resident's return, and tested for COVID-19 on Day 7. The resident is to remain isolated until the test results for COVID-19 returns negative. During the 14 days from the residents' return to the Home or until the test results for COVID-19 returns negative, whichever is later, the Home should closely monitor the resident for any symptoms. Homes which do not have adequate isolation capacity should not commence home leave arrangements with overnight stay.

Annex D: 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 can be quarantined in Govt Quarantine Facilities (GQF) independently: 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 GQF by the staff
    - Residents that have to be quarantined in-situ within the Home: 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