

27 December 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 one month since the emergence of the COVID-19 Omicron variant. Given the uncertainty around Omicron's characteristics, we had initially adopted a more cautious risk containment approach. This strategy was effective in delaying the introduction of the variant into our community and slowing local spread. It bought us valuable time to learn about its nature and behaviour based on overseas and local data. The following measures will take effect from 27 December 2021 until further notice, unless specified otherwise. Please refer to MOH's website [here](#) for more details.

Safe Management of Staff

2. Homes/Centres should continue to urge unvaccinated staff who are medically eligible for vaccination to be fully vaccinated. Homes/Centres should also urge fully vaccinated staff to receive their booster once eligible. Vaccinations and boosters provide strong protection against severe illness, and help protect the residents and clients served by Homes/Centres.

For Category 2 and 3 Facilities

3. From 1 January 2022, more staff may return to the workplace to better support in-person collaboration and business operations. Nonetheless, Facilities are encouraged to support as many staff in working from home as possible.

- i. Risk of transmission remains. Facilities must ensure that **no more than 50% of employees who are able to work from home are at the workplace at any point in time.**¹
- ii. Facilities are encouraged to support as many staff in working from home as possible. This will help to limit the number of staff exposed at the workplace at any point in time, and reduce crowding in common areas, e.g. pantries, toilets, lifts. Having more staff work from home will also help sustain business operations should a case emerge at the workplace.

¹ For example, a company with 100 employees who can work from home can have up to 50 of these employees at the workplace at any point in time. There is no limit on the proportion of an individual employee's working time that can be spent at the workplace.

- iii. Work-from-home measures should enable staff to maintain work-life harmony while continuing to meet business needs².
- iv. Facilities may continue to adopt split zone/team arrangements for business continuity purposes if they so choose.

For all Facilities

4. From 15 January 2022, the Pre-Event Testing (PET) concession will be removed for unvaccinated persons returning to the workplace under the Workforce Vaccination Measures, i.e. unvaccinated persons will not be able to return to the workplace with a negative PET result. Partially vaccinated workers (i.e. those who have taken at least one dose of vaccine but are not yet fully vaccinated) will be granted a grace period until 31 January 2022 to complete their vaccination regime. During the grace period, they will continue to be able to enter the workplace with a negative PET result.

Safe Management of Residents and Clients

5. 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.

For Category 1 Homes/Centres

6. Category 1 Homes/Centres should only select fully vaccinated³ volunteers.

For Category 2 and 3 Facilities

7. 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.

8. Homes/Centres should continue to urge unvaccinated residents and clients who are medically eligible for vaccination to be fully vaccinated. Homes/Centres should also urge fully vaccinated residents and clients to receive their booster once eligible. Vaccinations and boosters provide strong protection against severe illness.

² The [Tripartite Advisory on mental well-being at workplaces](#) sets out practical guidance on measures that employers can adopt to support their employees' mental well-being under a variety of work arrangements.

³ Fully vaccinated individuals are those who have received two doses of the COVID-19 vaccination under Singapore's national vaccination programme or any other vaccine regimen as approved by the Ministry of Health (MOH). Please refer to the First Schedule of the Infectious Diseases (Mass Gathering Testing for Coronavirus Disease 2019 Regulations 2021) for the most updated information on the vaccination regimen and approved vaccines.

This is especially so given the vulnerable profile of some of the residents and clients served by Homes/Centres.

9. 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.

10. 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.

UPDATED PRECAUTIONARY MEASURES (FROM 17 SEPTEMBER 2021)

11. **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

12. 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.

13. **For Adult Disability Homes, Sheltered Homes and Welfare Homes, all staff staying at the Homes or their own places of residence should refrain from leaving the premises of Homes/their places of residence, except for essential needs, and should avoid crowded places in the community if they go out.** All staff should take the necessary precautions (e.g. keeping masks on, maintaining safe distancing) when travelling to and from work to minimise risk of contagion. Homes should also work with their staff to encourage the other members living in their same household to similarly avoid going out to crowded places in the community, other than for essential purposes, e.g. work, school.

14. All staff in Adult Disability Homes, Sheltered Homes and Welfare Homes should also be encouraged to tap on tele-medicine or locum doctors within the Home when they are not feeling well, except for serious medical conditions or when a physical consultation is necessary (e.g. if X-ray/injection is required). Similarly, the family

members of the staff should also be encouraged to tap on tele-medicine when they are unwell. Staff should also be **strongly** encouraged to utilise online delivery services for essential needs (e.g. groceries, food delivery) to minimise the need for going out in the community.

15. **For other Category 1A Homes and all Category 1B Centres, staff should reduce their non-essential social activities.** They should avoid crowded places in the community, limit their social circle to a small group of regular contacts, and limit themselves to one social gathering a day.

Table 1: Summary of precautionary measures

1	<u>SAFE ACCESS</u> <i>Homes/Centres are to implement the following measures to ensure that individuals who may pose a risk to transmission are not allowed access into the premises of Homes/Centres:</i>
a.	Restriction of staff, residents and enrolled clients allowed in Homes/Centres <ul style="list-style-type: none"> ☑ Homes/Centres are not to allow staff, residents and enrolled clients who have received a Leave of Absence (LOA) or Stay-Home Notice (SHN) to enter the premises. Homes/Centres can allow staff, residents and enrolled clients who have received a Health Risk Warning (HRW) to enter the premises, subject to the measures in <u>Annex A</u>. See <u>Annex A</u> on the detailed measures for the respective public health status (e.g. SHN, LOA, HRW). ☑ Category 1A Homes serving elderly residents: Suspend home leave, outings with caregivers, and Day Release Scheme/work schemes for all residents. Exceptions will only be allowed on a case-by-case basis (e.g. for compassionate reasons such as critically ill family member) and with the necessary safety precautions in place⁴. ☑ Other Category 1A Homes: Where applicable, limited home leave may be allowed for residents from these Homes. ☑ 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 <ul style="list-style-type: none"> ☑ For Adult Disability Homes and Hostels, Sheltered Homes and Welfare Homes: In-person visits may resume only for fully vaccinated⁵ persons (i.e. both the resident and the visitor must

⁴ 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.

⁵ Fully vaccinated persons are those who have received two doses of the COVID-19 vaccination under Singapore's national vaccination programme or any other vaccine regimen as approved by the Ministry of Health (MOH). Please refer to the First Schedule of the Infectious Diseases (Mass Gathering Testing for Coronavirus Disease 2019 Regulations 2021) for the most updated information on the vaccination regimen and approved vaccines. For the purpose of in-person visits to Adult Disability Homes and

	<p>be fully vaccinated). As a concession, in-person visits will be allowed for medically ineligible residents and/or visitors.</p> <ul style="list-style-type: none"> ○ In-person visits involving non-fully vaccinated persons (i.e. either the resident or visitor is not fully vaccinated, or both) will not be allowed, unless for exceptional reasons (e.g. critically ill resident). ○ All visitors must produce a verifiable, negative Antigen Rapid Test (ART) result obtained within 24 hours before visiting.⁶ Homes may accept the result of an offsite unsupervised self-test (e.g. at visitor's home). Homes also may request visitors to bring their own ART kits to the Home for testing at the entrance before visitation takes place to ensure the accuracy of the ART results. Homes may also exercise discretion to bear the cost of testing for visitors on an exceptional basis. However, Homes should not use Government-funded or supplied ART kits for such cases. ○ Up to four visitors per resident may be pre-designated, with only one pre-designated visitor allowed to enter Homes at any one time with precautions 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: <ul style="list-style-type: none"> ▪ Visitors are to schedule visitation appointments in advance; ▪ 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); ▪ Visit duration must be limited to 30 minutes or less; ▪ 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; ▪ Number of visitors must be limited to no more than 15% 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) continue to be properly practised. Homes must also ensure that residents should not come into contact with residents of other zones. <p>☑ For Senior Group Homes, Community Group Homes and Transitional Shelters located in a community-based setting, each</p>
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Hostels, Sheltered Homes and Welfare Homes fully vaccinated persons also include those who have recovered from COVID-19 are approached the same way as fully vaccinated persons for 180 days after having first tested positive for COVID-19 on PCR testing.

⁶ The following groups of persons will be exempted from pre-visit testing: Persons who have recovered from COVID-19 within the last 180 days, regardless of their vaccination status; and (ii) Persons who have recovered from COVID-19 more than 180 days ago, and are fully vaccinated.

	<p>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. As far as possible, households should accept only visitors who are vaccinated.</p> <ul style="list-style-type: none"> ☑ Other Category 1A Homes: Allow only a maximum of two designated caregivers/visitors per resident/enrolled client with precautions, including ART regimes, in place⁷. ☑ 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 should ask: <ul style="list-style-type: none"> ○ If the visitor is currently placed on a Stay Home Notice (SHN) or Leave of Absence (LOA), or tested PCR-positive or ART-positive in the last 14 days; or ○ If the visitor or the visitor's household member is placed on a Health Risk Warning (HRW). ☑ For visitors who are currently on SHN or LOA, Homes/Centres should defer entry until after completion of the period of SHN or LOA. ☑ For visitors who tested PCR-positive or ART-positive in the last 14 days, Homes/Centres should ensure that the visitor has adhered to relevant national protocols. ☑ For visitors on HRW or whose household members are on HRW, Homes/Centres can allow entry onto the premises, subject to the prevailing ART regime for visitors to the respective Homes. <ul style="list-style-type: none"> ○ For Homes/Centres that do not test visitors ART prior to entry, visitors on HRW should show proof of their ART-negative self-test result on the same day. This should be shown to the Home/Centre staff. Visitors whose household members on HRW should show proof of their household members' ART-negative test result on the same day. This should similarly be shown to the Home/Centre staff. ☑ 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. All visitors are 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.
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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 30 minutes or less; (iii) Other measures to further mitigate risks and ensure safe distancing, taking into account the setting 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 two persons, within each visitation room. There should be no interactions between small groups.

	<ul style="list-style-type: none"> ☑ 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.	<p>Restriction of vendors allowed in Category 1A Homes</p> <ul style="list-style-type: none"> ☑ Designate a 'drop-off zone' for vendors for deliveries outside the Home, separated from other areas used by residents. Staff can then pick up the deliveries and reduce the contact time with vendors. ☑ Homes should ensure proper sanitisation and wiping down of all goods and items that are delivered to the designated 'drop-off zone', before it is handled by other staff and residents. ☑ Homes may continue maintenance work that does not require access into living quarters or contact with residents (e.g. grass cutting), subject to the prevailing ART regime for visitors to the respective Homes⁸, but should defer non-critical repair/maintenance works which require access into the living quarters of residents. ☑ 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 entry into living quarters is unavoidable, the contractors/vendors should wear surgical masks, gloves, and gowns. ☑ In line with prevailing MSF advisories, screen vendors for health status (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.	<p>Health checks</p> <ul style="list-style-type: none"> ☑ <u>On arrival:</u> Homes/Centres are to continue with 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

⁸ This does not apply to Senior Group Homes, Transitional Shelters and Community Group Homes, which are located in a community-based setting.

	<p>questions during health checks, and record the responses even when they do not have any symptoms:</p> <ol style="list-style-type: none"> Have you been having a fever? Do you have a cough? Do you have a sore throat? Do you have a runny nose? Do you have shortness of breath? Do you have a loss of sense of smell or taste? Are there household members who are unwell with fever and/or flu-like symptoms such as cough, runny nose, sore throat, shortness of breath? <p>Homes/Centres should not admit staff, residents, clients and visitors who are unwell, and recommend that they promptly seek medical attention.</p> <p>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.</p> <p>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.</p> <p><input checked="" type="checkbox"/> <u><i>During the day:</i></u> Homes/Centres should conduct the following frequency of health checks for residents, enrolled clients and staff.</p> <ol style="list-style-type: none"> Category 1 Facilities – minimally twice-daily checking of respiratory symptoms for all residents, enrolled clients, and all staff (including administrative and non-care staff, even if not at work), if not already the arrangement. <p>The timing for these checks must be scheduled and not left to the discretion of individual staff. Record respiratory symptoms for residents, enrolled clients and staff daily. Keep declaration records of respiratory symptoms (e.g. cough, runny nose, sore throat, loss of smell or taste, shortness of breath) for at least 28 days for inspection purposes.</p> <p>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</p>
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	<p>(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 certificate⁹ duration should not return to work and should follow up with the same medical practitioner.</p> <p>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.</p> <p>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.</p>
e.	<p>Contact tracing of staff, residents, clients and visitors</p> <ul style="list-style-type: none"> ☑ 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/Centres¹⁰ should use TT tokens to help the residents/clients auto-log their close contacts for contact tracing purposes.

⁹ Reg 3(2) of the Infectious Diseases (COVID-19 Stay Orders) Regulations 2020 promulgated under the Infectious Diseases Act gazetted on 25 March 2020.

¹⁰ For Homes and Centres that receive TT tokens distributed by MSF.

f.	<p>Travel plans and declarations</p> <p>☑ 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:</p> <ul style="list-style-type: none"> 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) <p>MSF may request for the above information periodically.</p> <p>All staff, residents and enrolled clients are advised to defer all travel overseas¹¹ to higher-risk countries/regions. More information on the latest border measures can be found at this link: https://safetravel.ica.gov.sg.</p> <p>All staff, residents and enrolled clients who are fully vaccinated¹² with vaccines authorised under the Pandemic Special Access Route (PSAR) by the Health Sciences Authority (HSA) or the World Health Organisation Emergency Use Listing (WHO-EUL) may travel overseas to other countries/regions not mentioned above (e.g. Brunei or Germany via the Vaccinated Travel Lane).</p> <p>All staff, residents and enrolled clients who are unvaccinated or not fully vaccinated are advised to defer all forms of travel overseas except for the following:</p> <ul style="list-style-type: none"> i. Travel to Category I countries/regions¹³; ii. If they are pursuing academic studies or professional qualifications overseas, for courses or examinations which require physical presence in the foreign educational institution¹⁴; iii. If they are taking on or returning to employment overseas, for employment opportunities which require physical presence overseas¹⁵; 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. <p>You are advised to be judicious in approving overseas leave for staff, and also closely monitor the travel plans of staff, residents and</p>
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	enrolled clients in view of the SHN imposed upon return from overseas. Please inform MSF immediately if you intend to allow any of your staff to proceed with their travel plans.
g.	COVID-19 Preparation Information Dossier <ul style="list-style-type: none"> ☑ To facilitate contact tracing and impact analysis should a staff or resident become a confirmed case, Category 1A Homes should ensure that the COVID-19 Preparation Information Dossier is updated daily. The list of information to be recorded can be found in <u>Annex D</u>.
2	<u>SAFE BEHAVIOUR</u> <i>Homes/Centres are to implement the following to ensure that staff, residents and clients adopt safe behaviour to reduce the risk of transmission and ensure a safe environment within Homes/Centres.</i>
a.	Wearing of masks in Homes/Centres <ul style="list-style-type: none"> ☑ All staff should wear masks within facilities¹⁶. 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 masks¹⁷ 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 <p>All staff, residents and clients are to maintain good personal hygiene such as:</p>

¹¹ Cruises to nowhere, which depart from Singapore and do not have any ports of call, will not be considered overseas travel.

¹² Fully vaccinated individuals are those who have received two doses of the COVID-19 vaccination under Singapore's national vaccination programme or any other vaccine regimen as approved by the Ministry of Health (MOH). Please refer to the First Schedule of the Infectious Diseases (Mass Gathering Testing for Coronavirus Disease 2019 Regulations 2021) for the most updated information on the vaccination regimen and approved vaccines.

¹³ Category I countries/regions comprise Hong Kong, Macao, Mainland China, and Taiwan.

¹⁴ Students enrolled in local educational institutions may travel overseas to complete a compulsory course component or examination that cannot be completed locally. Students below the age of 18 may be accompanied by an adult. Mature students may travel overseas with their dependents who will be residing with them for the duration of their studies.

¹⁵ Those travelling to take on or return to employment overseas may travel with their dependents who will be residing with them for the duration of their employment.

¹⁶ 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**.

¹⁷ 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.

	<ul style="list-style-type: none"> ☑ Covering their mouth and nose with a tissue when sneezing or coughing, and to throw away the tissue immediately into a foot bin. ☑ Washing their hands at least every 2 hours with soap, especially before eating or handling food, after toilet visits, before and after activities or when hands are dirtied by respiratory secretions after coughing or sneezing. ☑ Not sharing food/drinks, eating utensils, toothbrushes or towels with others. ☑ Avoid touching their eyes, nose and mouth. ☑ Staff interacting with seniors should take extra care to ensure personal hygiene. Staff should not interact with seniors when they are unwell. ☑ Encourage adjustment of social norms, e.g. avoid shaking hands and hugging. ☑ Put up signages to remind clients to be socially responsible, e.g. see a doctor and stay home if they are unwell or if they have travel history to affected countries.
c.	<p>Ensure high levels of environmental hygiene</p> <ul style="list-style-type: none"> ☑ Disinfect frequently touched points such as handrails and door knobs with disinfectant at least twice a day. ☑ Minimise cross-sharing of equipment and materials across split zones/teams. Equipment should be assigned individually, if reasonably practicable to do so, and to be wiped down and cleaned after each use. ☑ Step up frequency and extent of cleaning, especially for equipment/furniture used by multiple client groups in a day. ☑ Keep public toilets clean and dry. ☑ Ensure that hand washing facilities and/ or hand sanitisers are readily available.
d.	<p>Appoint Safe Management Officers who are responsible for:</p> <ul style="list-style-type: none"> 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. <p>The full requirements for Safe Management Measures can be found at mom.gov.sg/covid-19/requirements-for-safe-management-measures.</p>
e.	<p>Vaccinate or Regular Test (from 1 October 2021 until 31 December 2021)</p> <ul style="list-style-type: none"> ☑ All staff of Category 1 Homes/Centres, and Category 2 & 3 Facilities serving the elderly and/or children under 12¹⁸ should get vaccinated.

¹⁸ These include Family Service Centres, Family Violence Specialist Centres, Child Protection Specialist Centres, Integrated Services for Individual and Family Protection Specialist Centre, Mandatory Counselling Centres, Divorce Support Specialist Agencies, Youth!GO Agencies, Integrated Service Providers, Fostering Agencies, HOPE Mentoring Agencies, S3Ps, Parenting Support

	<ul style="list-style-type: none"> ☑ The “Vaccinate or Regular Test” regime is in effect from 1 October 2021 for all staff in Category 1A Homes not serving elderly residents, Category 1B Centres, and Category 2 & 3 Facilities serving the elderly and/or children under 12. ☑ The “Vaccinate or Regular Test” regime will take effect from the following day after the last day of stepped-up testing of staff for all staff in Category 1A Homes serving elderly residents. ☑ Beyond the above dates, any unvaccinated staff will have to be tested with an antigen rapid test (ART) kit twice a week. ☑ The “Vaccinate or Regular Test” regime will end on 31 December 2021, and be replaced with the Workforce Vaccination Measures (see below).
f.	<p>Workforce Vaccination Measures (from 1 January 2022 onward)</p> <ul style="list-style-type: none"> ☑ Only employees who are fully vaccinated¹⁹ or have recovered from COVID-19 within the past 180 days, can return to the workplace. ☑ From 15 January 2022, the Pre-Event Testing (PET) concession will be removed for unvaccinated persons returning to the workplace, i.e. unvaccinated persons will not be able to return to the workplace with a negative PET result. Partially vaccinated workers (i.e. those who have taken at least one dose of vaccine but are not yet fully vaccinated) will be granted a grace period until 31 January 2022 to complete their vaccination regime. During the grace period, they will continue to be able to enter the workplace with a negative PET result. ☑ For more details, please refer to MOM's Advisory on COVID-19 vaccination at the workplace available here.
3	<p><u>SAFE FACILITIES</u></p> <p><i>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.</i></p>
a.	<p>Segregate by zones/worksites</p> <ul style="list-style-type: none"> ☑ Homes/Centres are encouraged to support as many staff in working from home as possible. For functions where

Programme (if serving elderly), Early Risk Marriage Programme (if serving children under 12), and various unfunded social service programmes run by SSAs that serve seniors and / or children.

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

	<p>telecommuting is not feasible, such as frontline operations, employers should take the following precautions:</p> <ul style="list-style-type: none"> • 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. <p>For Category 1 Facilities:</p> <ul style="list-style-type: none"> ☑ 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/team²⁰. 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). <p>For Category 2 and 3 Facilities:</p> <ul style="list-style-type: none"> ☑ Centres must ensure that no more than 50% of employees who are able to work from home are at the workplace at any point in time. ☑ Centres may continue to adopt split zone/team arrangements for business continuity purposes if they so choose.
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²⁰ 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.

	<p><input checked="" type="checkbox"/> For staff at the workplace, Centres should stagger start times and allow flexible workplace hours²¹: 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.</p> <ul style="list-style-type: none"> 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 spaces²².
b.	<p>Safe distancing between split zones/teams during drop off/pick up times</p> <p><input checked="" type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> Where transport services are used:</p> <ul style="list-style-type: none"> Ensure no mixing of clients from different zones as far as possible. 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.	<p>Suspend large group activities</p> <p>For Category 1 Facilities:</p> <p><input checked="" type="checkbox"/> Suspend organised excursions, outings and participation in external events to reduce the risk of exposure of the vulnerable groups to the general public.</p> <p><input checked="" type="checkbox"/> 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</p>

²¹ Workplace hours here refers to the hours spent at the physical workplace.

²² E.g. arrange for different groups of employees to arrive/depart through different entrances/exits.

	<p>participants (e.g. CSR events involving volunteers). This is to reduce the risk of exposure and cross infection within an institution.</p> <p><input checked="" type="checkbox"/> Suspend communal activities across facilities, dormitories or blocks.</p>
d.	<p>Small group activities</p> <p>For Category 1 Facilities:</p> <p><input checked="" type="checkbox"/> 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) ²³.</p> <p><input checked="" type="checkbox"/> For Category 1 Facilities, staff, clients and residents should also strictly adhere to the split zone arrangements when participating in the group activities.</p> <p><input checked="" type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> For Category 1A Homes, suspend small group outings until further notice.</p> <p><input checked="" type="checkbox"/> 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.</p> <p>For Category 2 and 3 Facilities:</p> <p><input checked="" type="checkbox"/> 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.</p> <p>For all Facilities:</p> <p><input checked="" type="checkbox"/> Space out the seats in communal areas (such as dining areas), interview rooms, service counters in Homes/Centres at least 1 metre apart.</p> <ul style="list-style-type: none"> • 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.

²³ 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.

	<ul style="list-style-type: none"> ☑ 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. <ul style="list-style-type: none"> • Ensure good ventilation when conducting activities, for example conducting them outdoors, or keeping windows open and using fans when indoors. • Facilities are strongly encouraged to adopt MOH/BCA/NEA's recommended measures to enhance ventilation and air quality in indoor spaces, which can be found at this link, to minimise the risk of COVID-19 transmission.
e.	<p>Staff meetings, training and social gatherings</p> <p>Meetings</p> <ul style="list-style-type: none"> ☑ 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. <p>Training</p> <ul style="list-style-type: none"> ☑ All training (internal or external) are to be held online until further notice. <p>No social gatherings among staff in all Facilities</p> <ul style="list-style-type: none"> ☑ There shall be no events, mass gatherings (e.g. conferences, exhibitions, festivals) or social gatherings (e.g. birthday celebrations, team bonding activities, etc.), 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. ☑ Homes/Centres are not to organise social gatherings outside the workplace and should 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.
f.	<p>Limit home visits and outreach activities (i.e. face-to-face sustained contact with clients) to urgent or at-risk cases</p> <ul style="list-style-type: none"> ☑ 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,

	<p>or where the situation warrants a home visit, with precautionary measures:</p> <ul style="list-style-type: none"> • 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 HRW, and any persons who are unwell in the household. <ul style="list-style-type: none"> • Homes/Centres may defer home visits to clients on SHN, LOA or HRW. For urgent cases where home visits to such clients are necessary, staff should be in full PPE during the home visits. • For non-clients, before entering the residence, check for travel history, persons on SHN, LOA or HRW, 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 the client is unwell or there are persons on LOA, SHN or HRW 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 homes²⁴ 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. <p><input checked="" type="checkbox"/> For distribution of essential aid (e.g. food delivery), refer to MSF's Advisory on Essential Aid Distribution Amid COVID-19 dated 22 November 2021.</p>
g.	<p>Volunteer management</p> <p><input checked="" type="checkbox"/> Volunteers may be required to support your services and your service users.</p> <p><input checked="" type="checkbox"/> 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.</p>

²⁴ 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 22 November 2021.

- ☑ 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Limit to five volunteers within Homes at any one point in time.
Category 1B facilities	<ul style="list-style-type: none"> • 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.

	<ul style="list-style-type: none"> ☑ Homes/Centres should only select fully vaccinated²⁵ volunteers. ☑ 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.
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16. As the COVID-19 situation may persist for a duration of time, facilities should use your resources such as surgical masks and sanitisers prudently.

17. 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.

18. 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.

²⁵ Fully vaccinated individuals are those who have received two doses of the COVID-19 vaccination under Singapore's national vaccination programme or any other vaccine regimen as approved by the Ministry of Health (MOH). Please refer to the First Schedule of the Infectious Diseases (Mass Gathering Testing for Coronavirus Disease 2019 Regulations 2021) for the most updated information on the vaccination regimen and approved vaccines.

Annex A: Response Measures towards Public Health Status

Response Measure	What you should do
(i) Any staff or enrolled client who recently returned from overseas travel within the last 14 days, except for those entering Singapore from Category I countries/regions ²⁶	<ul style="list-style-type: none"> • Immigration and Checkpoints Authority (ICA) will issue SHN to some 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 or enrolled client who within the last 14 days have been placed on Stay-Home-Notice (SHN), Leave of Absence (LOA), Health Risk Warning (HRW)?	<ul style="list-style-type: none"> • For enrolled clients: <ul style="list-style-type: none"> ○ Defer entry for enrolled clients on SHN/LOA until after completion of SHN/LOA. ○ Enrolled clients on HRW should adhere to the national HRW protocol as a baseline. In addition to the national protocol, enrolled clients should take ART daily from Day 2 to 6 of the HRW. If enrolled clients test ART-negative, they may return to the Centre on that day. <ul style="list-style-type: none"> ▪ If enrolled clients are unable to take ART daily from Days 2 to 6, they should stay away from the Centre for the entire duration of the HRW. • For residents: <ul style="list-style-type: none"> ○ In Welfare Homes, Adult Disability Homes and Sheltered Homes, residents on HRW should take the following tests for the duration of the HRW. <ul style="list-style-type: none"> ▪ <u>Day 1</u> – take both ART and PCR ▪ <u>Days 2, 4, 5 and 7</u> – take ART ▪ <u>Days 3 and 6</u> – take PCR ○ For all other Category 1A Homes, residents on HRW should adhere to the national HRW protocol as a baseline. In addition to the national protocol, enrolled clients should take ART daily from Day 2 to 6 of the HRW. • For staff: <ul style="list-style-type: none"> ○ Defer entry for staff on SHN/LOA until after completion of SHN/LOA.

²⁶ Travellers, Singapore Citizens, Permanent Residents and Long-Term Pass holders entering Singapore and who have remained in Category I countries/regions in the last consecutive 14 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
	<ul style="list-style-type: none"> ○ Staff in Welfare Homes, Adult Disability Homes and Sheltered Homes who are on HRW should be subject to the following tests. <ul style="list-style-type: none"> ▪ <u>Day 1</u> – take both PCR and ART <ul style="list-style-type: none"> • If both tests are negative, staff can return to the Home to work on the same day ▪ <u>Days 2 to 6</u> – take ART daily <ul style="list-style-type: none"> • If test is negative for that day, staff can return to the Home to work on the same day ▪ <u>Day 7</u> – take ART <ul style="list-style-type: none"> • If test is negative, staff can exit HRW. ○ Staff in all other Category 1A Homes, and Category 1B Centres who are on HRW should adhere to the national HRW protocol as a baseline. In addition to the national HRW protocol, staff should take ART daily from Day 2 to 6 of the HRW. If staff tests negative, they may return to the Centre on that day.
<p>(iii) Any staff of all Category 1 Facilities or enrolled client of Category 1B Facilities:</p> <ul style="list-style-type: none"> • living with any household members under Stay-Home Notice (SHN) • living with any household members who have received Health Risk Warning (HRW) 	<ul style="list-style-type: none"> • Inform all enrolled clients/staff to notify you if there is a household member under SHN or HRW • For enrolled clients: <ul style="list-style-type: none"> ○ If household member is on SHN, grant Leave of Absence aligned to the period of household member's SHN ○ If household member is on HRW, require enrolled client to provide proof of household member's ART-negative test on the same day as the client's return to Centre • For staff: <ul style="list-style-type: none"> ○ If household member is on SHN, grant Leave of Absence aligned to the period of household member's SHN or redeploy staff to administrative tasks ○ If household member is on HRW, require staff to show proof of household member's ART-negative test on the same day as the staff's return to Centre • Inform MSF immediately of: <ul style="list-style-type: none"> ○ Any household member under SHN or HRW ○ Any LOA given to enrolled client/staff living with the household member under SHN or HRW • 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	<p><u>Category 1A: Residential facilities</u></p> <ul style="list-style-type: none"> a. Singapore Boys' Home b. Singapore Girls' Home c. Children and Young Persons Homes d. Welfare Homes* e. Sheltered Homes* f. Children's Disability Homes g. Adult Disability Homes* h. Crisis Shelters i. Transitional Shelters* j. Senior Group Homes* k. Community Group Homes* l. Disability Hostels* <p>*Facilities serving elderly residents</p> <p><u>Category 1B: Disability centres and programmes</u></p> <ul style="list-style-type: none"> a. Day Activity Centres b. Drop-In Disability Programme c. Therapy Hub d. Sheltered Workshop e. Community Based Integration Support
2	<p>Facilities providing social services to vulnerable groups, involving sustained contact e.g. case interview, counselling session</p> <p>[As a guide: services involving physical contact, or within 2 metres with a contact time of ≥ 30 minutes]</p>	<p><u>Social services and programmes, including but not limited to:</u></p> <ul style="list-style-type: none"> a. Social Service Offices b. Family Violence Specialist Centres c. Family Service Centres d. Child Protection Specialist Centres e. Integrated Services for Individual and Family Protection Specialist Centre f. Mandatory Counselling Centres

Category	Nature of Service	Facility/ Programme/ Service
		g. Divorce Support Specialist Agencies h. Strengthening Families Programme@Family Service Centres (FAM@FSC) i. Youth!GO Agencies j. Integrated Service Providers
3	Facilities providing frontline services to the general public	<u>Social services and programmes, including, but not limited to:</u> a. Parenting Support Programme b. Early Risk Marriage Programme c. Marriage Preparation Programme
<p>Note 1: Regular volunteers should be regarded and managed like staff in relation to this Advisory.</p> <p>Note 2: For Early Intervention Programme for Infants and Children, Pilot for Private Intervention Providers, Special Student Care Centres and Student Care Centres, please refer to separate Advisories issued.</p> <p>Note 3: Social service agencies not listed are advised to refer to the guide above to determine the application of the Advisory taking into account the nature of service.</p>		

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

(Home Leave is disallowed and will only be granted on exceptional basis.)

Category 1A Homes serving elderly residents²⁷ 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 Home Recovery Programme (HRP), the national ART-positive protocol (i.e. in self-isolation after testing ART-positive), Stay Home Notice (SHN), Health Risk Warning (HRW), or unwell with fever and/or symptoms of acute respiratory infection (ARI)²⁸ 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);

²⁷ Homes that serve elderly residents include Senior Group Homes, Sheltered Homes, Welfare Homes, Adult Disability Homes, Disability Hostels, Community Group Homes, and Transitional Shelters.

²⁸ 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 SHN, HRW, as well as individuals who are unwell with fever and/or symptoms of acute respiratory infection (ARI)²⁹ 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 efficiency³⁰ 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°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 SHN/HRW, 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.
- (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 SHN/HRW, 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.

²⁹ Symptoms of ARI include cough, fever, runny nose, sore throat and anosmia.

³⁰ For reference, the recent reusable masks distributed by the Government in May and June 2020 carry this specification.

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

- a. Residents on Day Release Scheme (DRS)/leave the Home for work activities should be cohorted and swabbed twice a week with ART on Days Four and Seven. Homes are to continue with prevailing precautionary measures, such as routine monitoring of residents for ARI symptoms.
- b. Residents on Home Leave should be cohorted and undergo the following testing regime:
 - Residents who go on Home Leave for no more than one day should undergo ART testing on Days Four and Seven.
 - Residents who go on Home Leave for more than one day should undergo ART testing on Days One, Four and Seven.
 - Residents should remain cohorted until the last ART test returns negative. These residents should also be closely monitored for any symptoms during the 14 days from their return to the Home. Homes which do not have adequate cohorting capacity should not commence home leave arrangements.

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