Code of Practice for Social Residential Homes (SRHs)

(First Edition)

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Introduction

The Code of Practice ("COP") for Social Residential Homes ("SRHs") is issued by the Director-General of Social Welfare (the "Director-General") and the Ministry of Social and Family Development ("MSF"), under Section 24 of the Social Residential Homes Act (the "Act").

The COP sets out the requirements for licensees in the management and operations of an SRH. These are the minimum requirements that must be met to ensure the safety and wellbeing of the residents and staff.

A breach of these COP requirements may result in regulatory action being taken against the Licensee, depending on the nature of the breach. Regulatory actions include but are not limited to:

a. Suspension or revocation of the licence;

b. Shortening of the term of the licence;

c. Modification of the conditions of the licence; and

d. Immediate regulatory action against the Licensee, including the issuance of an interim order.

For the avoidance of doubt, the requirements in the COP are without prejudice, and in addition to the requirements imposed under the Act, as well as any Regulations and other applicable licensing conditions, directions, and codes of practice made thereunder.

Domain 1: Management of SRH

DESIRED OUTCOMES

The SRH is governed and managed in a sustainable and efficient manner, to optimise outcomes for the residents.

Systems, processes and operational frameworks are established and maintained to ensure that the Licensee, Key Appointment Holders, Person-in-Charge, and SRH staff discharge their duties competently and effectively.

1.1 Obligations and Duties of the Licensee

1.1.1 The Licensee is defined in Section 2(1) of the Act as the person (i.e. entity or individual), to whom a licence is granted to operate an SRH.

1.1.2 In accordance with Regulation 16 of the SRH (General) Regulations, the Licensee must work closely with and provide necessary support and supervision to the SRH's Key Appointment Holders (KAHs), Person-in-Charge (PIC) and approved individuals, and ensure compliance with all regulatory requirements under the Act.

1.1.3 In addition to regulatory requirements under the Act, the Licensee must ensure adherence to all other applicable requirements such as:

a. Conditions and regulations imposed by other relevant authorities or any other applicable legislation; and

b. The Code of Governance for Charities and Institutions of a Public Character (IPCs), if the Licensee is registered as a Charity.

Compliance with Act, etc.

16.—(1) The licensee of a licensable SRH is responsible for complying with —

(*a*) the provisions of the Act and these Regulations, the licence conditions and all directions and codes of practice given or issued under the Act that are applicable to the licensee; and

(*b*) the provisions of any other written law regulating or relating to the operation of the licensable SRH in a safe and proper manner, that are applicable to the licensee.

(2) For the purposes of compliance under paragraph (1) —

(*a*) the licensee must ensure that each key appointment holder and person-in-charge appointed by the licensee has the necessary authority and is adequately empowered to carry out his or her duties under the Act and these Regulations;

(*b*) the licensee must not obstruct any key appointment holder or person-in-charge from carrying out his or her duties in compliance with the Act and these Regulations; and

(*c*) the licensee must ensure that there is close supervision, adequate training and regular competency assessments of each approved individual, to enable the approved individual to perform the approved individual's work effectively and safely.

Regulation 16 of the General Regulations

1.2 Obligations and Duties of Key Appointment Holders (KAHs)

1.2.1 The KAH of a Licensee is defined in Section 2(1) of the Act.

1.2.2 The duties of the KAHs are set out under Regulation 12.

Duties of key appointment holders

12.—(1) Subject to paragraph (2), every approved individual who is appointed as a key appointment holder for a licensable SRH must, in relation to the licensable SRH —

(*a*) provide financial governance, including budget planning and ensuring the appropriate use of the licensee's funds that are allocated to the operation of the licensable SRH;

(*b*) advise the licensee in guiding the person-in-charge of the licensable SRH and all approved personnel on the operation of the licensable SRH;

(*c*) provide guidance in formulating policies that govern the licensable SRH's operations and the management of residents of the licensable SRH, and devise systems to implement those policies;

(*d*) ensure that the person-in-charge implements the policies governing the licensable SRH's operations and the management of residents of the licensable SRH, and regularly reviews those policies and the systems that implement those policies;

(*e*) advise the licensee in monitoring the performance of the licensable SRH and quality of care provided to residents;

(*f*) ensure that any weakness or inadequacy related to the care of residents is promptly identified and remedied;

(*g*) immediately notify the licensee of any matter that the key appointment holder knows or has reason to suspect may affect compliance with any licence condition applicable to the licensable SRH;

(*h*) where the key appointment holder knows or has reason to believe that there is a contravention or failure to comply with any provision of the Act, a licence condition or a code of practice applicable to the licensee — ensure that the contravention or failure to comply is rectified as soon as is practicable.

(2) Paragraph (1)(*b*), (*e*) and (*g*) does not apply where the approved individual who is appointed as a key appointment holder is also the licensee.

Regulation 12 of the General Regulations

1.2.3 The Licensee must ensure that the minimum number of KAHs as prescribed in Regulation 11, is maintained at all times.

Minimum number of key appointment holders

11.—(1) For the purposes of section 17(1) of the Act, the minimum number of key appointment holders to be appointed by the licensee to manage and supervise the business of a licensable SRH is 3.

(2) Where —

(*a*) an approved individual (*A*) ceases to be appointed as a key appointment holder for a licensee, including by reason of the Director-General cancelling or suspending *A*'s approval under section 33 or 35 of the Act; and

(*b*) the cessation results in the number of key appointment holders appointed by a licensee falling below the minimum number mentioned in paragraph (1),

the licensee must submit an application for the approval of another individual as a key appointment holder within 14 days after the date of cessation of *A*'s appointment.

Regulation 11 of the General Regulations

1.3 Obligations and Duties of Person-in-Charge (PIC)

1.3.1 The PIC is defined in Section 2(1) of the Act as an individual who is, among others, involved in the day-to-day management of the operations of the SRH.

1.3.2 The duties of the PIC are set out in Regulation 13.

Duties of persons-in-charge

13. Every approved individual who is appointed as the person-in-charge of a licensable SRH must, in relation to the licensable SRH —

(*a*) maintain oversight over the day-to-day operations of the licensable SRH;

(*b*) ensure that the licensable SRH (including any equipment or device provided by the licensee for the purposes of delivering care) is, at all times, operated in a manner that ensures the safety, welfare and well-being of the residents;

(*c*) implement and regularly review policies and processes that govern the licensable SRH's operations and the management of residents of the licensable SRH;

(*d*) ensure all approved personnel comply with the policies and processes mentioned in paragraph (*c*); and

(*e*) give to any member of the Board of Visitors appointed under section 36 of the Act all assistance in connection with the discharge and performance of the Board of Visitors' functions and duties under the Act.

Regulation 13 of the General Regulations

1.3.3 As Section 18(1) of the Act requires there to be a PIC appointed at all times, the Licensee must ensure that in addition to the PIC, an approved individual is designated as the alternate PIC. In the event that the individual appointed as the PIC is unable to continue his/her duties, or his/her appointment as PIC ceases for any reason, the alternate PIC will assume the responsibilities of the PIC.

1.3.4 The Licensee must ensure that when the PIC is unavailable for temporary periods (e.g. on annual/medical leave, attending training, or the PIC's shift has ended for the day), a suitable approved individual is appointed to deal with urgent matters in the PIC's absence. For the avoidance of doubt, the PIC maintains oversight over the day-to-day operations of the SRH.

1.4 Obligations and Duties of Approved Personnel

1.4.1 An approved personnel is defined in Regulation 2(1) as an approved individual deployed to carry out a duty mentioned in Regulation 14 in the licensable SRH.

1.4.2 The duties of approved personnel are set out in Regulation 15.

Duties of approved personnel

15. Every approved personnel for a licensable SRH must, in relation to the licensable SRH —

(*a*) assist the person-in-charge of the licensable SRH in the day-to-day operations of the licensable SRH;

(*b*) comply with the policies and processes established by the licensee for the operations of the licensable SRH and management of residents of the licensable SRH;

(*c*) assist the person-in-charge in ensuring that the licensable SRH (including any equipment or device provided by the licensee for the purposes of delivering care) is, at all times, operated in a manner that ensures the safety, welfare and wellbeing of the residents; and

(*d*) immediately notify the person-in-charge of any matter that may compromise the safety, welfare or wellbeing of the residents.

Regulation 15 of the General Regulations

1.5 Definition of Individuals Carrying Out Prescribed Duties

1.5.1 The Licensee must ensure that in accordance with Section 19(1) of the Act read with Regulation 14(1), any individual carrying out a prescribed duty or a duty belonging to a prescribed class of duties is approved by the Director-General before deployment. Such individuals would include:

a. All individuals employed by the Licensee who have direct physical contact with any resident or carry out any duty within the SRH;

b. Vendors, contractors and third-party service providers who have direct physical contact with residents in the SRH, such as providing care and support services; and

c. Vendors, contractors and third-party service providers who carry out any duty that involves physical access to a licensable SRH.

1.5.2 In accordance with Regulation 14(2), an individual who is required to be accompanied by an approved individual when deployed to carry out any duty in the SRH is excluded from Section 19(1), (2) and (3) of the Act. This would cover volunteers, and vendors who provide one-time services (e.g. maintenance work), as long as such volunteers and vendors are accompanied by an approved individual while deployed to carry out their duties.

1.5.3 For the avoidance of doubt, individuals who do not have direct physical contact with any resident or carry out any duty within the SRH (e.g. a Licensee's employee who is based in the head office(s)) are not covered by Section 19 of the Act and consequently the Director-General's prior approval is not required for their deployment.

Prescribed duties

14.—(1) For the purposes of section 19(1), (2) and (3) of the Act, the following are prescribed duties:

(*a*) any duty that involves direct physical contact with any resident of a licensable SRH, including the provision of care to a resident;

(*b*) any duty that is carried out within the premises of a licensable SRH or otherwise involves physical access to a licensable SRH.

(2) Section 19(1), (2) and (3) of the Act does not apply in relation to an individual who is required to be accompanied by an approved individual when deployed to carry out any duty mentioned in paragraph (1).

Regulation 14 of the General Regulations

1.6 Approvals for the Appointment of KAHs, PIC and Deployment of Individuals Carrying Out Prescribed Duties

1.6.1 The Licensee must ensure that approval to appoint an individual as a KAH or PIC is granted by the Director-General, as required under Section 21 of the Act.

1.6.2 The Licensee must ensure that approval to deploy individuals carrying out prescribed duties is granted by the Director-General, as required under Section 19 of the Act.

Joint Applications and Declarations

1.6.3 The Licensee must ensure that applications for approval to appoint an individual as KAH, PIC or individual carrying out prescribed duties, are made jointly by the Licensee and the individual, as required under Section 20(1) of the Act. The Licensee must submit the joint application on behalf of both parties.

1.6.4 The Licensee must obtain a declaration by the individual for the purposes of the joint application, in accordance with Regulation 10, and retain the declaration for the period specified in Regulation 10(4). The Licensee must immediately notify the Director-General in writing if the Licensee knows or has reason to believe that the information in the declaration is false in a material particular, or the individual is being investigated or charged with any offence, or the individual is no longer suitable for appointment as an approved individual.

Declarations to be made before application

10.—(1) Before a licensee and an individual make a joint application under section 20(1) of the Act for the approval of the individual as an approved individual, the licensee must obtain a declaration by the individual, in the form specified by the Director-General, that any information in relation to the individual submitted in the application is true and accurate.

(2) The individual must immediately notify the licensee in writing if the individual, at any time after the individual makes the declaration, is investigated for, or charged with, any offence.

(3) The licensee must immediately notify the Director-General in writing if the licensee, at any time after the application is submitted, knows or has reason to believe that —

(*a*) the declaration is false in a material particular;

(*b*) the individual is being investigated for, charged with, or convicted of any offence; or

(*c*) the individual is no longer suitable to act as an approved individual.

(4) The licensee must keep the declaration made by an individual for an application for so long as —

(*a*) the application is pending; and

(*b*) where approval has been granted, the individual is an approved individual in relation to the licensee or a licensable SRH operated by the licensee.

Regulation 10 of the General Regulations

Suitability Assessment

1.6.5 The Licensee who applies for a licence must undergo suitability assessment as required under Section 3(1) of the Act.

1.6.6 For individuals seeking approval to be appointed as KAH, PIC, or individuals carrying out prescribed duties, the Licensee must ensure that the Director-General's approval is first obtained, and that for the purpose of such individuals undergoing suitability assessment per Section 3(1) of the Act:

a. The individual is informed of the suitability assessment, and the matters that the Director-General must consider under this assessment, in accordance with Regulation 9; and

b. The particulars[1] of the individual are furnished to the Director-General for the purposes of the suitability assessment.

1.6.7 The Licensee must ensure that the individual is informed of the outcome of the suitability assessment.

[1] Includes full name, identification number, date of birth and nationality (where relevant) of the relevant individuals, and a copy of their self-declaration form.

Suitability assessment

9.—(1) For the purposes of section 3(1) of the Act, the Director-General must have regard to the following matters when assessing the suitability of any person for any purpose mentioned in section 3(1)(*a*), (*b*), (*c*), (*d*) or (*e*) of the Act:

(*a*) whether the person has been investigated for, charged with, or convicted of (whether before, on or after 1 July 2026) any offence —

(i) under the Act, or any Act mentioned in sub-paragraph (*b*) or (*d*);

(ii) specified in the First Schedule to the Registration of Criminals Act 1949;

(iii) specified in the Second Schedule to the Act;

(iv) whether in Singapore or elsewhere, involving fraud or dishonesty;

(v) whether in Singapore or elsewhere, the conviction for which involved a finding that the person had acted dishonestly;

(vi) under the Adoption of Children Act 2022; or

(vii) involving any of the following:

(A) violence or serious physical hurt or harm;

(B) sexual or child abuse;

(C) drugs, psychoactive substances or intoxicating substances;

(D) making false statements to or obstructing public authorities;

(E) breach of national security;

(F) any act that is likely to cause offence to any racial or religious group in Singapore;

(G) cruelty to animals;

(H) harassment;

(I) arms and weapons;

(J) organised crimes, money laundering, robbery or human or drug trafficking;

(*b*) any evidence of the cancellation or suspension (whether before, on or after 1 July 2026) of the person's registration, certificate or enrolment under any of the following provisions:

(i) section 16, 17, 18 or 19 of the Allied Health Professions Act 2011;

(ii) section 14, 14A, 14B, 14C or 21 of the Dental Registration Act 1999;

(iii) section 18, 25, 36B, 36C, 36D, 36E or 36G of the Legal Profession Act 1966;

(iv) section 20, 21, 22, 22A, 23 or 24 of the Medical Registration Act 1997;

(v) section 14, 15, 16 or 17 of the Nurses and Midwives Act 1999;

(*c*) any evidence of the cancellation, modification or suspension (whether before, on or after 1 July 2026) of any approval granted to the person under the Act or the Early Childhood Development Centres Act 2017;

(*d*) any evidence of the revocation, shortening, modification or suspension (whether before, on or after 1 July 2026) of any licence granted to the person under the Act or any of the following Acts:

(i) the Children and Young Persons Act 1993;

(ii) the Early Childhood Development Centres Act 2017;

(iii) the Foreign Employee Dormitories Act 2015;

(iv) the repealed Homes for the Aged Act 1988;

(v) the Healthcare Services Act 2020;

(vi) the repealed Private Hospitals and Medical Clinics Act 1980;

(*e*) whether the person has committed or been found guilty of professional misconduct.

(2) For the purposes of section 3(1)(*a*), (*b*) and (*c*) of the Act, the Director-General, when assessing the suitability of a person for any purpose mentioned in those provisions, must also have regard to any evidence that the person is, or is likely to be, declared a bankrupt or has gone, or is likely to go, into compulsory or voluntary liquidation other than for the purpose of amalgamation or reconstruction.

Regulation 9 of the General Regulations

1.7 Staff Management

1.7.1 The Licensee must ensure that there is, at all times, having regard to the size of the SRH and the care needs of the residents, an adequate number of suitably

qualified, competent and experienced staff[2], to ensure the safety and quality of care that the Licensee is reasonably expected to provide.

1.7.2 The Licensee must ensure that appropriate policies and processes on the recruitment and management of staff are established and implemented. These include but are not limited to:

a. Conducting interviews to ascertain the individual's suitability for working in an SRH;

b. Conducting reference checks with past employers and referees; and

c. Establishing a code of conduct for staff that includes:

i. Appropriate and respectful interactions with residents (e.g.: physical boundaries, language and professional conduct);

ii. Guidelines on maintaining the privacy of residents, such as appropriate use of social media and devices that may capture photos/videos of residents; and

iii. Procedures for addressing grievances and staff misconduct.

1.7.3 The Licensee must establish and maintain proper systems to ensure adequate division of duties and clear reporting lines for proper accountability and supervision of all staff.

1.7.4 The Licensee must ensure that staff adhere to relevant professional codes of conduct or practice applicable to their roles[3].

[2] For the purposes of clauses 1.7 (Staff Management), 1.8 (Staff Training), and 1.9 (Supervision of Residents), 'staff' refers to approved personnel who are (a) directly involved in caring for the residents; and (b) deployed to the SRH on a regular or long-term basis. This would include (a) Allied Health workers (e.g. social worker/psychologist/therapist); and (b) Care and healthcare workers (e.g. personal care officers, nurses), including the PIC, whose duties involve caring for residents.

[3] For example, the Singapore Association of Social Workers Code of Professional Ethics, and the Ministry of Health's Allied Health Professions Council Code of Professional Conduct.

1.7.5 The Licensee must ensure that staff adhere to good hygiene practices and up-to-date guidelines[4]. All good hygiene practices and prevailing guidelines must be communicated and made accessible to staff.

1.7.6 The Licensee must ensure that all staff, including the PIC, have undergone a medical examination and been certified medically fit for employment at the SRH, before commencing work at the SRH premises in accordance with Regulation 18. The Licensee must also ensure that all staff comply with applicable prevailing requirements issued by relevant authorities (e.g. the Ministry of Health (MOH)), including those arising from a public health situation or crisis.

Medical examination of staff

18. The licensee of a licensable SRH must not permit any employee of the licensee to carry out any duty at the licensable SRH unless the individual has undergone a medical examination by a medical practitioner and is certified by the medical practitioner to be medically fit for employment at the licensable SRH;

Regulation 18 of the General Regulations

1.8 Staff Training

1.8.1 The Licensee must ensure that all new staff complete an orientation and induction programme within four weeks of deployment at the SRH. The orientation and induction programme may include but is not limited to:

a. Standards of conduct, care, and professional practice expected of all staff (e.g. ethics in residential care);

[4]For example, the Health Promotion Board's guide on handwashing, where applicable.

b. Equipping staff with the knowledge and skills necessary to perform their duties effectively; and

c. Safeguarding the safety, dignity, and wellbeing of all residents at all times.

1.8.2 The Licensee must ensure that all staff receive the necessary supervision and guidance to perform their duties effectively. The Licensee must ensure that all staff, including staff on probation, have completed or are enrolled in the following training within six months of their employment:

a. First aid, including the use of an automated external defibrillator (AED) or performing cardiopulmonary resuscitation (CPR);

b. Fire safety; and

c. Food hygiene (for food handlers[5]).

1.8.3 To ensure that there is adequate staff equipped to respond to emergencies, the Licensee must ensure that at all times, at least:

a. One staff member who is trained in and holds a valid certification in first aid and fire safety must be present on-site at the SRH; and

b. 70% of the SRH's total staff members are trained in and hold a valid certification in first aid.

1.8.4 The Licensee must ensure that all caseworkers and care staff[6] receive training in the following areas as soon as practicable after commencement of employment:

a. Managing violent behaviours;

[5] Staff whose primary job scope/role is handling food, will require food safety training to ensure they are competent in food safety practices.

[6] 'Caseworkers' refer to staff providing case management to residents, such as social workers. 'Care staff' refer to staff providing care, healthcare or support to residents for activities of daily living.

b. Management of abuse[7]; and

c. Recognising the signs and risks of self-harm behaviour and suicide.

1.8.5 To address specific needs and risks of residents, the Licensee must ensure that at least two staff[8] are trained in:

a. Fall risk assessment (for SRHs with adult residents[9]); and

b. Suicide intervention skills (for all SRHs).

A summary of staff training requirements can be found in the Annex.

1.9 Supervision of Residents

1.9.1 The Licensee must ensure that appropriate policies and processes on the supervision of residents are established and implemented.

1.9.2 The Licensee must ensure that there is adequate staffing to supervise residents at all times, in accordance with the minimum staff-to-resident ratio for each SRH type in Table 1.

[7] The training on management of abuse should cover the prevention of abuse, recognition of the indicators of abuse, and responding to suspected and actual incidents of abuse.

[8] For smaller SRHs, MSF may consider whether one trained staff is sufficient, based on the SRH's size, resident capacity and operational needs.

[9] These SRHs include Adult Disability Homes (excluding Adult Disability Hostels), Welfare Homes and Sheltered Homes.

Table 1: Minimum staff-to-resident ratios

SRH Type	Staff-to-Resident ratio (During hours residents are scheduled to be awake)	Staff-to-Resident ratio (During hours residents are scheduled to be asleep)
Adult Disability Home (ADH)	No less than one staff to nine residents	No less than one staff to 20 residents
Adult Disability Hostel (ADHL)	No less than one staff to 16 residents	Not required
Children and Young Persons Home (CH)	No less than one staff to ten residents	No less than one staff to 20 residents
Children Disability Home (CDH)	No less than one staff to ten residents	No less than one staff to 20 residents
Sheltered Home (SH)	No less than one staff to 40 residents at all times	No less than one staff to all residents
Welfare Home (WH)	No less than one staff to 17 residents	No less than one staff to 40 residents

1.9.3 For the purpose of meeting the staff-to-resident ratio, the Licensee must ensure that the staff included in the staff-to-resident ratio are able to supervise the residents and respond to their immediate care needs.

1.9.4 The Licensee must ensure that regular checks on residents are conducted by staff during the night-time hours. The frequency of checks may be determined by the needs of the residents and staffing levels of the SRH[10]. For SRHs that are CHs and CDHs, checks must be performed at least hourly.

1.9.5 The Licensee must ensure that appropriate policies and processes for proper shift-to-shift handovers are established and implemented.

1.9.6 The Licensee must ensure that residents assigned any tasks for the purpose of assisting in the operations of the SRH are:

a. Supervised by staff; and

b. Not given sole responsibility for completing such tasks.

1.9.7 Tasks covered by the requirement in 1.9.6 include but are not limited to:

a. Food preparation and serving;

b. Building and grounds maintenance; and

c. Housekeeping duties.

1.10 Volunteer Management

1.10.1 The Licensee must ensure that appropriate policies and processes for the management of volunteers are established and implemented. These include but are not limited to:

[10] With the exception of Adult Disability Hostels, which do not have a minimum staff to resident ratio for night-time.

a. Volunteers are provided with clear information on their roles and responsibilities and code of conduct (including confidentiality requirements, activity boundaries, appropriate conduct, and restrictions on private or unsupervised contact with residents) prior to deployment;

b. Volunteers receive appropriate orientation and training before being assigned duties, including on the profile and needs of residents and the handling of challenging behaviours;

c. Volunteers are accompanied and supervised by staff during volunteer activities, whether conducted on or off the SRH premises, (except where unsupervised contact has been expressly permitted by MSF); and

d. As far as practicable, volunteer activities in the SRH must take place in areas with closed circuit television (CCTV) coverage. CCTV is intended to complement and not substitute staff supervision of volunteers.

1.10.2 The Licensee must adhere to the prevailing guidelines issued by MSF or SG Enable (SGE) where relevant, on the management of volunteers and screening requirements.

1.11 Standard Operating Procedures (SOPs)

1.11.1 The Licensee must ensure that SOPs relating to the operations of the SRH and the management of residents are maintained and reviewed regularly. In particular, the Licensee must ensure that:

a. SOPs for behaviour management and incident management are reviewed at least once every two years; and

b. SOPs for business continuity plans are reviewed at least once a year.

1.11.2 The Licensee must ensure that all staff are aware of, trained in and adhere to the SRH's SOPs.

1.12 Records Management

General Requirements

1.12.1 The Licensee must ensure that complete and accurate records are maintained in respect of the operations of the SRH and the management of residents, including but not limited to:

a. Policies, systems, measures, or processes required under the Regulations and every activity undertaken under them;

b. Equipment management including installation, maintenance, servicing and repair of all equipment used in the operations of the SRH; and

c. Such other records as the Director-General may direct from time to time.

1.12.2 The Licensee must ensure that there is proper security and access management for records, including ensuring that:

a. Only authorised persons have access to residents' personal information in records;

b. All records are securely stored and disposed of; and

c. All records are made available for inspection by any member of the Board of Visitors at all times.

Resident Records

1.12.3 The Licensee must ensure that comprehensive resident records are maintained, including but not limited to:

a. Admissions and discharges, including records of personal effects handed to the SRH for safe-keeping or disposal;

b. Daily operations, including the resident muster[11] and resident movements such as home leave and participation in external activities; and

c. Records of medical care received by the resident, such as reviews by registered medical practitioners, medical treatment, hospitalisation records and discharge summaries, and any first aid rendered.

1.12.4 The Licensee must ensure that residents' case files are updated, including but not limited to:

a. Residents' personal particulars, including information on the next-of-kin (NOK) or deputyship records (where applicable);

b. Assessments and case notes (e.g. medical/psychological/social assessments, individual care plans, notes on sessions conducted with the resident, referrals to other agencies, consultations with other professionals, case transfers, and case reviews on internal or external case review platforms); and

c. Other information pertaining to the administration of care to the resident (e.g. granting of home leave, legal proceedings such as custody, care and control arrangements and court orders, financial assistance, fees and payments, and termination/discharge summaries).

1.12.5 The Licensee must ensure that residents' records are retained for at least five years after the transfer, discharge or death of the resident, before they are disposed of.

[11] Daily muster refers to the number of residents at the SRH facility at any point in time.

Operational Records

1.12.6 The Licensee must ensure that comprehensive operational records are maintained, including but not limited to:

a. Financial transactions including expenditures, fees or donations received, and cash disbursed to or administered on behalf of residents;

b. Visitor management and visitor logs, including visits by members of the Board of Visitors; and

c. Administrative records such as incident reports and shift handover documents.

Domain 2: Physical Management of Premises and Facilities

DESIRED OUTCOME

Residents are provided with a safe, clean and conducive living environment that is well maintained and equipped with adequate facilities that support quality care.

2.1 General Requirements

Premises

19.—(1) In the operation of a licensable SRH, the licensee must ensure that the premises of the licensable SRH are safe, sanitary and appropriately equipped.

(2) The person-in-charge of a licensable SRH must —

(*a*) establish and implement processes to ensure that the premises of the licensable SRH are safe, sanitary and appropriately equipped; and

(*b*) ensure that every resident in, staff member of and visitor to the licensable SRH complies with the processes.

(3) Every approved personnel for the licensable SRH must comply with the processes mentioned in paragraph (2).

Regulation 19 of the General Regulations

2.1.1 The Licensee must ensure that the SRH's premises are not used for purposes unrelated to the function or operations of the SRH, without informing MSF or SGE where relevant[12]. The Licensee must also ensure the SRH premises are not used in any manner that compromises the safety and wellbeing of residents.

2.1.2 The Licensee must ensure that approval is obtained from the relevant authorities (e.g. Building and Construction Authority (BCA), Singapore Land Authority (SLA),

[12] For the purposes of this and all other similar reporting requirements, Disability Homes and Hostels are required to inform SGE instead of MSF; all other SRHs must inform MSF instead.

etc.) before making any changes to the approved use of the premises or undertaking any Addition & Alteration (A&A) works.

2.1.3 In accordance with Regulation 19, the Licensee must ensure that reasonable efforts are made to maintain the SRH's premises, and to repair and replace all equipment, furnishings and fittings to ensure that the SRH is safe, clean and conducive for residents.

2.1.4 The Licensee must ensure that the SRH's premises are kept tidy and free from clutter to maintain a safe environment and prevent health and safety hazards for residents and staff.

2.1.5 The Licensee must ensure that staff and residents do not keep personal pets[13] within the SRH's premises to prevent potential health and safety risks.

2.2 Resident Dormitories

2.2.1 The Licensee must ensure that there is adequate spacing between residents' beds, including sufficient room for residents using mobility aids to access their beds. In the event of an infectious disease outbreak or public health emergency, the Licensee must ensure that bed spacing adheres to the prevailing requirements as may be prescribed by the authorities.

2.2.2 The Licensee must ensure that there is sufficient ventilation and lighting in the resident dormitories.

2.2.3 The Licensee must ensure that each resident is provided with sufficient personal storage space that is secure and accessible.

[13] This excludes pets approved by MSF (e.g. for the purposes of pet therapy), or pets which residents would have no contact with, such as fish.

2.3 Communal Facilities

2.3.1 The Licensee must ensure that sufficient indoor and outdoor spaces are provided to support social, recreational and therapeutic activities for residents.

2.3.2 The Licensee must ensure that there are adequate shower and toilet facilities with appropriate fixtures to protect residents' privacy and dignity (e.g. doors/screens), and to accommodate residents with accessibility needs (e.g. handrails).

2.3.3 The Licensee must provide for the residents' laundry needs. Where laundry is done in-house, sufficient space and equipment must be provided, including facilities for washing, drying and storage of laundry.

2.4 Separation Room

2.4.1 The Licensee must ensure that suitable separation room(s) are provided if the SRH practises separation[14] of residents.

[14] The Licensee should refer to clause 4.11 on the requirements for the separation of residents.

Separation of resident

26.—(1) The licensee and person-in-charge of a licensable SRH must establish and implement policies and processes to ensure that —

…

(d) the room in which the separated resident is kept —

(i) does not contain anything that may enable the resident to harm himself or herself, or cause the resident to suffer any harm;

(ii) has ventilation and lighting;

(iii) where the resident is to be kept in the room overnight, has a bed or bedding;

(iv) has sufficient space for the resident to lie down;

(*e*) the separated resident has access to sanitary facilities; and

(*f*) the separated resident is monitored during the period of separation and has means to communicate with an approved individual in the licensable SRH at any time.

Regulation 26(1)(d-f) of the General Regulations

2.4.2 The Licensee must ensure that the separation room is conducive, safe and comfortable, in accordance with the specifications in Regulation 26(1)(d-f).

2.4.3 The Licensee must ensure that sanitary facilities are provided en-suite in the separation room where possible, and are designed in a manner to maintain the resident's privacy.

2.4.4 The Licensee must ensure that ventilation and lighting in the separation room include natural sources where possible.

2.5 Isolation Room

2.5.1 The Licensee must ensure that there is at least one designated isolation room, to accommodate residents suffering or suspected to be suffering from an infectious

disease.

2.5.2 The Licensee must ensure that the isolation room meets the following specifications:

a. Is separate from other resident accommodation;

b. Is of adequate size to accommodate at least one resident;

c. Is situated in an area where staff can sufficiently monitor residents placed there;

d. Has a communications channel or means for residents to access or signal to staff;

e. Has sufficient ventilation and lighting; and

f. Is equipped with hand-washing facilities (where practicable).

2.5.3 The Licensee must ensure that regular checks are done to monitor residents placed in the isolation room, depending on the resident's medical condition and the advice of a medical practitioner.

2.6 Staff Quarters

2.6.1 The Licensee must ensure that live-in staff (if any) do not share accommodation with residents. Where staff quarters are provided for on the SRH's premises, the staff quarters must meet the following specifications:

a. Have sufficient beds and secure lockers for personal belongings;

b. Have sufficient ventilation and lighting;

c. Are equipped with sanitary facilities;

d. Have adequate electrical points;

e. Have proper housekeeping and maintenance; and

f. Have access to laundry facilities or services.

2.7 Closed Circuit Television (CCTV) Cameras

2.7.1 The Licensee must install CCTV cameras in the SRH's premises where necessary to ensure the safety and security of residents and staff.

2.7.2 The Licensee must ensure that CCTV cameras are not installed in toilets, showers and staff quarters (where applicable) to ensure privacy.

2.7.3 The Licensee must ensure that the following requirements are met where CCTV cameras are installed:

a. Cameras within the premises must capture and record real-time footage at all times;

b. Cameras must be able to capture and record full, unobstructed views of the relevant area, with clear images that allow identification of individuals in the footage[15];

c. Cameras must record and store at least 30 days of footage;

d. The date and timestamp on every camera must be set correctly, to accurately show the exact day and time the footage was recorded; and

e. The CCTV system and its cameras must be maintained and be in good working condition.

[15] With the exception of areas where body searches are conducted. In such areas, the CCTV footage should capture the staff, but not the resident (with reference to requirements on body searches in clause 4.15.3).

2.7.4 Where requested by MSF, the actual recorded CCTV footage must be provided to facilitate investigation of incidents. Actions will be taken against the Licensee and/or any individual if:

a. The requested footage is destroyed;

b. The requested footage cannot be retrieved, due to a failure to turn on or maintain the CCTV cameras or otherwise;

c. The footage furnished is not the actual recorded footage that was requested for;

d. The footage furnished has been tampered with; or

e. The request is not complied with for any other reason.

2.7.5 The Licensee must comply with the requirements under the Personal Data Protection Act (PDPA) 2012 on the collection, use, disclosure and usage of individuals' personal data.

2.8 Food Safety and Hygiene

2.8.1 Where food is prepared, served or provided to residents, the Licensee must ensure that adequate kitchen facilities and equipment are provided for the preparation of meals and washing of dishes, according to food safety and hygiene laws, regulations and standards.

2.8.2 The Licensee must ensure that appropriate policies and processes related to food hygiene are established and implemented. These include but are not limited to:

a. Requirements for food handlers (e.g. training, supervision, and medical screening);

b. Food handling practices (e.g. preparation and serving of food, proper storage of uncooked and cooked food, temperature control);

c. Cleaning of cooking utensils, equipment and working areas;

d. Proper storage of uncooked and cooked food; and

e. Cleanliness and hygiene of food served.

2.8.3 Where residents assist in the preparation of the food, the Licensee must ensure that the residents are supervised by staff, and necessary precautions are taken to prevent accidents and injuries.

2.9 Fire Safety Management

2.9.1 The Licensee must ensure that appropriate policies and processes for fire safety management are established and implemented, in adherence to prevailing fire safety regulations[16].

2.9.2 To safeguard the SRH in the event of a fire, the Licensee must ensure that these policies and processes include but are not limited to:

a. Fire-fighting equipment (e.g. fire extinguishers, fire alarm, hose reels) must be provided at suitable and easily accessible locations, and maintained in good working condition;

b. Fire exits and fire escape routes must be clearly indicated, and all exits, passageways and staircases are unobstructed at all times; and

c. Appropriate fire protection insurance coverage must be maintained for the property, fittings, and equipment within the building.

[16] For example, the Singapore Civil Defence Force (SCDF)'s Fire Code.

2.9.3 The Licensee must ensure that staff are made aware of fire emergency plans and are adequately prepared to execute emergency procedures in event of a fire. This includes but is not limited to:

a. Appointment of a fire safety manager trained in fire safety management, to oversee the fire emergency plan; and

b. Regular fire drills for residents and staff at varied timings to assess emergency preparedness under different conditions. Records must be maintained of such fire drills.

Domain 3: Case Management

DESIRED OUTCOMES

Residents are appropriately admitted based on their needs, and where applicable, safely discharged through processes that prioritise resident safety and wellbeing.

Residents receive individualised care based on comprehensive assessments of their needs, with care plans that are regularly reviewed and support their reintegration with family or community.

3.1 Admission

3.1.1 The Licensee must ensure that policies and intake processes on admissions to the SRH are established and implemented.

3.1.2 The Licensee must ensure that at admission:

a. Information on any mental, physical and psychosocial conditions from the referring agency or other relevant stakeholders, is obtained no later than three working days from admission; and

b. Information on pre-existing medical conditions, allergies (if any) and medications that the resident is taking, is obtained from the resident or their authorised representative[17].

[17] As defined in the SRH (General Regulations), "authorised representative", in relation to a resident of a licensable SRH, means —
(a) where the resident is a child or young person — the resident's parent (including adoptive parent), guardian, care-giver, protector or approved welfare officer; or
(b) where the resident lacks capacity within the meaning of section 4 of the Mental Capacity Act 2008 —
(i) a deputy appointed or deemed to be appointed for the resident by the court under the Mental Capacity Act 2008 with power in relation to the person for the purposes of these Regulations; or
(ii) a donee under a lasting power of attorney registered under the Mental Capacity Act 2008 with power in relation to the resident for the purposes of these Regulations.

If the information above is not available, staff should document their efforts to obtain the information.

3.1.3 The Licensee must ensure that at admission, residents and their authorised representative are informed of:

a. Services and care provided;

b. Policies and procedures on behaviour management for residents, including the use of restraints and separation (if practiced by the SRH); and

c. Channels where feedback, complaints and grievances may be raised, including the role of the Board of Visitors who may receive and hear reports or complaints made by residents in accordance with Regulation 8 of the SRH (Board of Visitors) Regulations.

Additional function of Board

8. In addition to the functions mentioned in section 36(4) of the Act, it is also a function of a Board to receive and hear any report or complaint made by any resident of a licensable SRH.

Regulation 8 of the Board of Visitors Regulations

This process must be documented, including the signed acknowledgement from residents or their authorised representative.

3.1.4 The Licensee must ensure that upon admission, all residents are examined by a registered medical practitioner, in accordance with Regulation 22.

Medical examination of residents

22.—(1) Subject to paragraph (2), the licensee and person-in-charge of a licensable SRH must establish and implement policies and processes to ensure that every resident of the licensable SRH, as soon as practicable after the resident's admission to the licensable SRH, undergoes a medical examination by a medical practitioner.

(2) Paragraph (1) does not apply in relation to a resident if —

(*a*) the resident had undergone a medical examination by a medical practitioner within 6 months before the date of the resident's admission to the licensable SRH; and

(*b*) the licensee has a copy of the resident's medical report in relation to that medical examination.

(3) Every approved personnel for the licensable SRH must comply with the processes mentioned in paragraph (1).

Regulation 22 of the General Regulations

3.2 Individual Care Plan (ICP)

3.2.1 The Licensee must ensure that every resident has an ICP[18].

3.2.2 The Licensee must ensure that the ICP takes into consideration an assessment of the resident's needs, which includes but is not limited to:

a. Health and care needs;

b. Education/employment/vocational needs (where applicable); and

c. Social, cultural, religious, spiritual and language needs.

[18] Except for residents who are on interim trial, respite care, or are crisis placement cases.

3.2.3 The Licensee must ensure that every resident's ICP sets out the following:

a. Intended care goals for the resident;

b. Action plan, including time frame to achieve the care goals;

c. Measures to continually monitor and assess the resident's needs and care provided; and

d. Discharge and aftercare plans (for residents with potential for discharge).

3.2.4 The Licensee must ensure that care planning is initiated for residents within the first month of their admission. Within the first month, the ICP should cover the following critical information to ensure the safe care of residents:

a. Health needs: Medical conditions, medications and allergies;

b. Care needs: Daily care needs and schooling arrangements (where applicable);

c. Emotional and psychological needs: Mental health concerns[19], including self-harm/suicide ideation, if any; and

d. Contact arrangements: Details of family members and other persons allowed to contact/visit the resident.

3.2.5 The Licensee must ensure that the full ICP in accordance with 3.2.3 above is completed within three months of the resident's admission, or within the first month for SRHs that are WHs.

[19] This can be based on information from referral agencies, or the SRH's own screening at admission.

3.2.6 The Licensee must ensure that ICPs are drawn up by suitably qualified personnel[20].

3.2.7 The Licensee must ensure that care planning is undertaken in consultation with residents and their authorised representative, as far as practicable. Where residents or their authorised representative is unable or choose not to be involved in the care planning process, this must be recorded.

3.3 Review of ICPs

3.3.1 The Licensee must ensure that appropriate policies and processes for the review of ICPs are established and implemented. These include but are not limited to:

a. Review process and format (e.g. frequency);

b. Documentation of the outcomes of reviews; and

c. Monitoring the schedule of ICPs to be reviewed.

3.3.2 The Licensee must ensure that every resident's ICP is reviewed at least once every six months to ensure that care plans remain appropriate for the resident's needs. Any changes to the resident's ICP must be properly documented and communicated to the resident and their authorised representative.

3.3.3 The Licensee must ensure that where the care provided to residents has deviated from their ICP (e.g. change in care arrangements, medications or interventions), the following must be promptly identified and documented:

a. Reason for the deviation;

[20] SRHs that are Sheltered Homes and do not have sufficient staff to draw up ICPs for residents, may rely on qualified volunteers, such as persons trained in social work, nursing, allied health and medical practitioners, to draw up the residents' ICPs.

b. Details of the care provided to that resident; and

c. Outcome of the care provided to that resident.

3.3.4 The Licensee must ensure that any deviations or changes to the resident's ICP are communicated to all relevant staff involved in the care of the resident, to ensure that the care of the resident is coordinated and consistent.

3.3.5 The Licensee must ensure compliance with all external case reviews and assessment requirements as required by the Court, MSF, external case review committees appointed by MSF, or any other appropriate authority.

3.4 Case Discharge

3.4.1 The Licensee must ensure that residents are assessed for discharge potential as part of care planning and their ICPs. For residents with discharge potential, discharge plans should be developed in consultation with the residents and their authorised representative, and all other relevant parties.

3.4.2 The Licensee must ensure that appropriate policies and processes on the discharge of residents are established and implemented. These include but are not limited to:

a. Discharge criteria that take into consideration the best interests and safety of the residents;

b. Preparation of residents for discharge in a manner that is appropriate to their age and developmental needs. This includes the residents' living arrangements or support needed for independent living post-discharge;

c. Documentation of the discharge process (e.g. date of discharge, reason for discharge, return of personal effects and belongings, name and contact

details of persons to whom the residents were discharged, forwarding contact of residents, aftercare support, and relevant referrals made); and

d. Protocols for early discharge/termination of residents where necessary.

Domain 4: Resident Management

DESIRED OUTCOMES

Residents receive adequate and appropriate care that addresses their physical, health and psychosocial needs, to ensure their quality of life.

Residents are treated with dignity and respect. They are protected from abuse and harm, and their privacy is maintained.

Domain 4A: Resident Health and Wellbeing

4.1 Personal Care

4.1.1 The Licensee must ensure that appropriate policies and processes on the management of personal effects are established and implemented. These include but are not limited to procedures for recording, safeguarding, and obtaining acknowledgement from the resident or their authorised representative for items such as personal belongings and valuables.

4.1.2 The Licensee must ensure that residents have access to basic care items to meet their hygiene needs.

4.1.3 The Licensee must ensure that issues of personal hygiene are dealt with sensitively and respectfully by staff.

4.2 Healthcare Management

4.2.1 The Licensee must ensure that necessary measures are taken to manage residents' health, including securing the necessary medical, dental, or other health services to meet their individual needs.

4.2.2 The Licensee must ensure that each resident is provided with guidance, advice, and support that is appropriate to their age, needs and culture, in relation to:

a. Substance misuse (including drugs, alcohol, and solvents);

b. Smoking;

c. Sex education and sexual health (including HIV infection & sexually transmitted infections); and

d. General health and social issues.

4.2.3 The Licensee must ensure that residents are accompanied by a staff member or the resident's authorised representative for medical appointments, unless the resident is assessed to be able to attend medical appointments independently.

4.2.4 The Licensee must ensure that the resident's consent[21] is obtained before any medical examination or medical treatment is carried out. If the resident has no mental capacity, the consent of their authorised representative must be obtained.

4.3 Administration of Medication

4.3.1 The Licensee must ensure that any administration of medication to residents is in accordance with Regulation 21.

[21] For residents admitted into an SRH gazetted under the Children and Young Persons Act 1993 (CYPA), the Licensee should note Section 100 of the CYPA on obtaining consent for medical examination or medical treatment. For vulnerable adults admitted to SRHs, the Licensee should also note Section 18 of the Vulnerable Adults Act 2018 on obtaining consent for administering medical or dental treatment to a vulnerable adult.

Administration of medication

21.—(1) The licensee of a licensable SRH must establish and implement policies and processes to ensure —

(*a*) that every medicinal product or health product that is prepared, dispensed and administered by any individual deployed by the licensee is accurately prepared, dispensed and administered in accordance with a prescription that is issued by —

(i) a dentist;

(ii) a medical practitioner; or

(iii) a collaborative prescribing practitioner in accordance with a collaborative practice agreement; and

(*b*) the keeping and maintenance of proper and accurate records of each medicinal product or health product prepared, dispensed or administered under sub-paragraph (*a*).

(2) The person-in-charge of a licensable SRH must —

(*a*) implement processes mentioned in paragraph (1); and

(*b*) ensure that every staff member of the licensable SRH complies with the processes.

(3) Every approved personnel for the licensable SRH must comply with the processes mentioned in paragraph (1).

(4) In this regulation —

"collaborative practice agreement" and "collaborative prescribing practitioner" have the meanings given by regulation 2 of the Healthcare Services (Collaborative Prescribing Service) Regulations 2023 (G.N. No. S 398/2023);

"dentist" means an individual who is registered under the Dental Registration Act 1999 as a registered dentist and holds a valid practising certificate under that Act;

"health product" has the meaning given by section 2 of the Health Products Act 2007;

"medicinal product" has the meaning given by section 3 of the Medicines Act 1975.

Regulation 21 of the General Regulations

4.3.2 The Licensee must ensure that any medicine storage area in the SRH is kept secure.

4.3.3 The Licensee must ensure that medication prescribed for individual residents must not be kept for general use by other residents.

4.3.4 Residents above the age of 21 years, who are assessed to be capable of or are preparing for independent living may be allowed to self-administer medication[22] in accordance with a registered medical practitioner's prescription. In such instances, the Licensee must ensure that:

a. Residents are provided with appropriate storage space to keep their medications, according to storage instructions on the medication labels.; and

b. Residents are supported in managing their medications in a safe and proper manner, including conducting routine checks to ensure that residents are storing their medications appropriately.

4.3.5 Except for SRHs that are CHs and CDHs, the Licensee may administer over-the-counter medications (OTCs)[23] to residents for minor ailments. In addition, the Licensee must ensure that:

a. The use of the OTC medication is reviewed by a registered medical practitioner when the resident is next seen by a registered medical practitioner, to ensure that it is safe, does not interact with other medications, and is part of the resident's overall healthcare management; and

b. This is recorded in the resident’s medical records.

[22] This includes any Traditional Chinese Medicine and supplements that the resident may be self-administering.

[23] Over-the-counter medications are medications that may be obtained without consulting a doctor or pharmacist.

4.3.6 The Licensee must ensure that any Traditional Chinese Medicine and supplements administered to or used by a resident are reviewed by a registered medical practitioner who is familiar with the resident.

4.3.7 The Licensee must ensure that records are kept of any refusal by a resident to take prescribed medications or to undergo treatment advised by a registered medical practitioner.

4.4 Medical Emergencies

4.4.1 The Licensee must ensure that medical emergencies are managed in accordance with Regulation 23.

Medical emergencies

23.—(1) Where a resident of a licensable SRH sustains any injury or develops any symptom or condition that requires emergency medical attention, the licensee must ensure that the resident receives the necessary medical assistance and treatment.

(2) The person-in-charge of a licensable SRH must —

(*a*) establish and implement processes to ensure that any resident mentioned in paragraph (1) receives the necessary medical assistance and treatment in relation to the injury, symptom or condition; and

(*b*) ensure that every staff member of the licensable SRH complies with the processes.

(3) Every approved personnel for the licensable SRH must comply with the processes mentioned in paragraph (2).

Regulation 23 of the General Regulations

4.4.2 The Licensee must ensure that there is at least one clearly labelled first-aid kit on every floor of the premises, where residents convene or rest in. The first-aid kit should:

a. Be kept in an accessible and safe location;

b. Be sufficiently equipped; and

c. Not have expired items.

4.4.3 The Licensee must ensure that when a resident is admitted to a hospital due to a medical emergency (e.g. sudden decline in health, presentation of abnormal symptoms, injury as a result of an accident etc.), their authorised representative is informed no later than 24 hours after admission. Records of such communication must be kept.

4.5 Infection Control

4.5.1 The Licensee must ensure infection control is managed in accordance with Regulation 20, and prevailing infection and control guidelines and standards[24].

[24] Such as the National Infection Prevention and Control Guidelines for Long Term Care Facilities issued by MOH, the Guidelines for Reporting Infectious Diseases Clusters in Psychiatric, Transitional Care and Long-Term Care Facilities issued by the Communicable Diseases Agency, or any guidelines that may be issued by MSF or relevant authorities during any infectious disease outbreaks of public health situations.

Infection control

20.—(1) The licensee of a licensable SRH must prevent, manage, control and contain the spread of any infection that is, or is suspected to be, connected with the operation of the licensable SRH.

(2) The person-in-charge of a licensable SRH must —

(*a*) establish and implement processes for the licensable SRH to ensure the prevention, management, control and containment of the spread of any infection, that is or suspected to be, connected with the operation of the licensable SRH; and

(*b*) ensure that every resident in, staff member of or visitor to the licensable SRH complies with the processes.

(3) Every approved personnel for the licensable SRH must comply with the processes mentioned in paragraph (2).

Regulation 20 of the General Regulations

4.5.2 The Licensee must ensure that the residents who have, or are suspected of having an infectious disease, are assessed by a registered medical practitioner on the suitability of stay in the SRH.

4.5.3 The Licensee must abide by registered medical practitioner's advice or prevailing guidelines/requirements as may be prescribed by the authorities on the duration for the isolation of residents to manage the spread of infectious diseases.

4.6 Food and Nutrition

4.6.1 The Licensee must ensure that residents are provided with adequate meals which comply with Regulation 24.

Food and nutrition

24. The licensee and person-in-charge of a licensable SRH must ensure that —

(*a*) every resident of the licensable SRH is supplied with a variety of food that is adequate for the nutritional needs of the resident; and

(*b*) the food supplied is in accordance with the resident's medical or religious dietary requirements, if any.

Regulation 24 of the General Regulations

4.6.2 In relation to Regulation 24, the Licensee must ensure that:

a. Residents are provided with a daily diet consisting of at least three nutritionally balanced meals[25], including food and drink;

b. Residents are provided with access to fresh drinking water at all times;

c. Meals are served at appropriate times, and residents are given adequate time to consume their food;

d. Residents who miss a scheduled meal are provided with a substitute meal and drink; and

e. Additional snacks and drinks are provided at appropriate intervals, where required.

4.6.3 The Licensee must ensure that medical advice is sought and documented, if a resident consistently refuses to eat, or if there are concerns over the resident's eating patterns or diet.

4.6.4 The Licensee must ensure that residents requiring assistance with eating are supervised or assisted during mealtimes.

[25] SRHs can reference HPB's resources, such as My Healthy Plate for guidelines on nutrition and meal planning.

4.7 Religious Observance

4.7.1 The Licensee must ensure that residents are able to carry out their religious observances where requested during their stay in the SRH, in accordance with Regulation 27.

Religious observance

27. The licensee and person-in-charge of a licensable SRH must ensure that, where requested by a resident or the resident's authorised representative and as far as is practicable —

(*a*) reasonable arrangements are made to enable the resident to adhere to the observances required by the religion that the resident professes; and

(*b*) ministers of religion are given access to the licensable SRH for the purpose of visiting or giving religious instruction to residents belonging to their particular faiths.

Regulation 27 of the General Regulations

Domain 4B: Resident Safety and Behaviour Management

4.8 Safeguard against Abuse and Neglect

4.8.1 The Licensee must ensure that safeguards against abuse and neglect are implemented for residents in accordance with Regulation 28.

Safeguard against abuse and neglect

28.—(1) The licensee and person-in-charge of a licensable SRH must establish and implement policies and processes to ensure that —

(a) every resident is protected from abuse or neglect by any other individual (including another resident or an approved individual) at all times within the licensable SRH; and

(b) any approved personnel who knows or has reason to believe that a resident has been subject to abuse or neglect by any other individual reports this fact to the Director-General and licensee as soon as is practicable.

(2) Every approved personnel for the licensable SRH must comply with —

(a) the processes mentioned in paragraph (1)(*a*); and

(b) the processes mentioned in paragraph (1)(*b*).

Regulation 28 of the General Regulations

4.8.2 The Licensee must take appropriate measures to:

a. Prevent unauthorised persons from entering the SRH; and

b. Ensure that residents do not leave the SRH premises without permission.

4.8.3 The Licensee must ensure that residents are provided with guidance, advice, and support on protecting themselves from abuse and bullying, both within and outside the SRH, in a manner that is appropriate to their developmental needs and cognitive abilities.

4.8.4 The Licensee must ensure that a resident who has been abused or is suspected of being abused is:

a. Attended to immediately when they report the abuse;

b. Provided with help and support to report the abuse to the authorities and to receive medical treatment;

c. Kept safe from further abuse, including separating the alleged perpetrator from the resident where necessary;

d. Provided with care, treatment and support without discrimination; and

e. Kept informed of the progress of investigations regarding their report of abuse, where possible. This includes keeping the resident's authorised representative informed, where applicable.

4.9 Behaviour Management

4.9.1 The Licensee must ensure that appropriate policies and processes for the management of residents' behaviours are established and implemented, referencing MSF's guidelines where applicable. These include but are not limited to:

a. Definition and categorisation of types of behaviours;

b. Principles and strategies on behaviour management;

c. Reward or incentive system;

d. Discipline or sanction system; and

e. Code of conduct for staff to implement reward or discipline measures.

4.9.2 The Licensee must ensure that positive strategies are adopted in the first instance to motivate and reinforce good behaviour, before disciplinary measures are considered.

4.9.3 When disciplinary measures are imposed on a resident, such measures must be imposed in accordance with Regulation 25.

4.9.4 In relation to Regulation 25(4)(b), the Licensee must ensure that the resident's authorised representative is informed as soon as practicable where a disciplinary measure is imposed on a resident specifically in response to a major infringement or serious misconduct.

Fair discipline

25.—(1) The licensee and person-in-charge of a licensable SRH must establish and implement policies and processes —

(*a*) for the appropriate management of residents' behaviour and the use of discipline;

(*b*) that ensure that disciplinary measures are imposed fairly on residents; and

(*c*) that ensure that disciplinary measures are not imposed except by an approved personnel and with the approval of the person-in-charge.

(2) Subject to regulation 26, the person-in-charge of a licensable SRH must not approve the imposition of any of the following measures:

(*a*) depriving a resident of any meal or other basic need;

(*b*) depriving a resident access to any activity or thing that is basic to ensuring or promoting the resident's wellbeing, whether physical, social or emotional;

(*c*) subjecting a resident to corporal punishment or any form of physical violence;

(*d*) requiring a resident to pay any pecuniary penalty;

(e) subjecting a resident to harsh, humiliating, belittling or degrading response of any kind, including verbal, emotional or physical response.

(3) Every approved personnel for the licensable SRH —

(*a*) must comply with the processes mentioned in paragraph (1); and

(*b*) must not impose any of the measures mentioned in paragraph (2).

(4) Where any disciplinary measure is imposed, the person-in-charge must —

(*a*) record the following:

(i) details of the disciplinary measure that was imposed;

(ii) the reasons for imposing the disciplinary measure; and

(*b*) as soon as practicable after the imposition of the disciplinary measure, inform the resident's authorised representative or next-of-kin of the fact.

(5) The licensee must keep and maintain the records mentioned in paragraph (4)(*a*).

(6) For the purposes of paragraphs (1)(*a*), (2) and (4), the person-in-charge of a licensable SRH may authorise another approved individual to exercise and perform the person-in-charge's powers and duties in those paragraphs.

Regulation 25 of the General Regulations

4.10 Calming of Residents

4.10.1 Where calming of residents[26] is practised at the SRH, the Licensee must ensure that appropriate policies and processes for calming residents are established and implemented. These include but are not limited to the following:

a. Staff should assess that calming is the appropriate approach and poses minimal or no risk of harm to the resident, or other residents and staff;

b. There is adequate supervision while a resident is being calmed. For residents below 12 years of age and residents who are non-verbal, there should be continuous physical supervision[27] by staff;

[26] Calming of residents refer to using strategies and techniques for regulating the resident when they are overstimulated or dysregulated but remain safe to engage with. This includes the use of strategies (e.g. modelling self-regulation techniques like deep breathing) and environmental modifications such as reducing stimuli and removing triggers.

[27] Physical supervision means that staff must be physically present with the resident at all times.

c. Calming of a resident is implemented in a suitable space, i.e. an open space or unlocked room, that the resident is not confined in or restricted from leaving;

d. Therapeutic elements may be used to assist calming, including beanbags, stress balls, weighted blankets, sensory toys, and other appropriate calming aids; and

e. There is a behavioural management plan in place for alternative intervention if the resident cannot be regulated after calming strategies have been implemented for a period of time. If the resident's behavior escalates to severe distress or poses risk of harm to the resident, or other residents and staff, alternative measures such as separating the resident in a safe environment, or sending the resident for further medical attention, must be considered.

4.11 Separation of Residents

4.11.1 Where separation of residents is practiced at the SRH, this must be in accordance with Regulation 26. Separation should be used as a last resort, when needed to ensure the safety of residents and staff.

4.11.2 In relation to Regulation 26, separation means placing a resident alone in a locked room[28] for a limited time to manage immediate[29] or imminent[30] risk of harm to self and/or others (e.g. active suicidal, self-harming or aggressive behaviours).

[28] The Licensee should refer to clause 2.4 on the separation room requirements.

[29] Immediate risk refers to harm that is happening and needing attention now.

[30] Imminent risk refers to harm that is likely to occur very soon, where the threat is probable and serious.

Separation of resident

26.—(1) The licensee and person-in-charge of a licensable SRH must establish and implement policies and processes to ensure that —

(*a*) a resident is not separated from other residents of the licensable SRH except where —

(i) it is necessary to ensure the safety of any individual in the licensable SRH, including the resident; and

(ii) the resident is of 12 years of age or older;

(*b*) the period of separation for a separated resident —

(i) is kept to the shortest period necessary to ensure the safety of any individual in the licensable SRH, including the separated resident; and

(ii) is appropriate for the separated resident's age and developmental needs;

(*c*) except where the resident is at imminent risk of harming any individual, the resident is separated from other residents of the licensable SRH only with the prior approval of the person-in-charge;

(*d*) the room in which the separated resident is kept —

(i) does not contain anything that may enable the resident to harm himself or herself, or cause the resident to suffer any harm;

(ii) has ventilation and lighting;

(iii) where the resident is to be kept in the room overnight, has a bed or bedding; and

(iv) has sufficient space for the resident to lie down;

(*e*) the separated resident has access to sanitary facilities; and

(*f*) the separated resident is monitored during the period of separation and has means to communicate with an approved individual in the licensable SRH at any time.

(2) Every approved personnel for the licensable SRH must comply with the processes mentioned in paragraph (1).

(3) Where a resident is separated, the person-in-charge must —

(*a*) keep a record of the duration of and reasons for the separation; and

(*b*) as soon as practicable after the resident is separated, inform the resident's authorised representative of the fact.

(4) For the purposes of paragraphs (1)(c) and (3), the person-in-charge of a licensable SRH may authorise another approved individual to exercise and perform the person-in-charge's powers and duties in those paragraphs.

(5) In this regulation, "separate", in relation to a resident, means to place the resident alone in a locked room and to restrict the resident to the locked room.

Regulation 26 of the General Regulations

4.11.3 In relation to Regulation 26(1)(b), the Licensee must ensure that:

a. Residents below 12 years of age must not be separated[31];

b. For residents between 12 to below 21 years of age, the period of separation must not exceed six consecutive hours. In exceptional circumstances, the duration of separation may be extended with the PIC's approval, for up to a further 42 consecutive hours (i.e. maximum duration in total must not exceed 48 hours); and

c. For residents 21 years of age and above, the period of separation must not exceed 24 consecutive hours. In exceptional circumstances, the duration of separation may be extended with the PIC's approval, for up to a further 24 consecutive hours (i.e. maximum duration in total must not exceed 48 hours).

4.11.4 In relation to Regulation 26(1)(c), the Licensee must ensure that in situations where the resident is at imminent risk of harm and is separated without prior approval of the PIC, the PIC is informed as soon as practicable.

4.11.5 In relation to Regulation 26(1)(f), the Licensee must ensure that there are minimally hourly checks on residents who are separated. These checks can be done through visually observing the resident from outside of the separation room, observing the resident through CCTV or by directly engaging with the resident.

[31] For residents below 12 years of age, other behavioural measures such as calming measures, should be used instead.

4.11.6 The Licensee must ensure that if the resident is still at risk of harm after the maximum duration of separation allowed, that alternatives are activated (e.g. seek medical assistance, admission to hospital).

4.11.7 For the purposes of Regulation 26(3), the Licensee must ensure that records on each instance of resident's separation must include:

a. Date, time and duration;

b. Reasons for separation;

c. Who provided the authorisation or approval;

d. Notification to authorised representative; and

e. Support provided after the use of separation.

4.12 Use of Force and Mechanical Restraints

4.12.1 The Licensee must ensure that:

a. Force or mechanical restraints may only be used by SRHs prescribed in Regulation 31(1), 32(1) and 33; and for the purposes specified in Section 37(4) of the Act; and

b. Any use of force or mechanical restraints is in accordance with Regulations 31 and 32, and MSF's guidelines where applicable.

Use of force on residents

31.—(1) For the purposes of section 37(3)(*a*) of the Act, the use of force is permitted in the following types of licensable SRHs:

(*a*) an adult disability home;

(*b*) a home for children and young persons;

(*c*) a sheltered home;

(*d*) a welfare home.

(2) For the purposes of section 37(3)(*d*) of the Act, force may only be used on a resident if —

(*a*) the resident is at imminent risk of harm to any individual, including the resident; or

(*b*) where the following conditions are satisfied:

(i) all reasonable and less restrictive measures to achieve a purpose mentioned in section 37(4) of the Act have been attempted but are unsuccessful, and the use of force is the last resort;

(ii) the person-in-charge of the licensable SRH gives prior approval for the use of force on the resident.

(3) If an authorised person uses force on a resident under paragraph (2)(*a*), the authorised person must inform the person-in-charge as soon as practicable of the use of force.

(4) The licensee and person-in-charge of a licensable SRH must —

(*a*) establish and implement policies and processes to ensure that —

(i) the use of force to achieve a purpose mentioned in section 37(4) of the Act is a last resort;

(ii) the following records are kept:

(A) the nature or description of the force used;

(B) the reasons for and duration of the use of force;

(C) the approved personnel involved in the use of force;

(D) the actions taken before and after the use of force to support the resident; and

(iii) the resident's authorised representative or next-of-kin is informed as soon as practicable of the use of force on the resident; and

(*b*) review every instance where force is used on a resident to implement measures or interventions to minimise the need to use force on the resident in the future.

(5) Every approved personnel for the licensable SRH must comply with the processes mentioned in paragraph (4).

Use of mechanical restraints on residents

32.—(1) For the purposes of section 37(3)(*a*) of the Act, the use of mechanical restraints is permitted in any licensable SRH that provides care, biopsychosocial intervention and support to carry out daily activities to any resident who has autism or any intellectual, physical or sensory disability or any combination of those disabilities.

(2) For the purposes of section 37(3)(*d*) of the Act, mechanical restraints may only be used on a resident if —

(*a*) the resident is at imminent risk of harm to any individual, including the resident; or

(*b*) where the following conditions are satisfied:

(i) all reasonable and less restrictive measures to achieve a purpose mentioned in section 37(4) of the Act have been attempted but are unsuccessful, and the use of mechanical restraints is the last resort;

(ii) the person-in-charge of the licensable SRH gives prior approval for the use of mechanical restraints.

(3) If an authorised person uses mechanical restraints on a resident under paragraph (2)(*a*), the authorised person must inform the person-in-charge as soon as practicable of the use of mechanical restraints.

(4) The licensee and person-in-charge of a licensable SRH must —

(*a*) establish and implement policies and processes to ensure that —

(i) the use of mechanical restraints to achieve a purpose mentioned in section 37(4) of the Act is a last resort;

(ii) mechanical restraints are used only for as long as they are necessary to achieve a purpose mentioned in section 37(4) of the Act;

(iii) the following records are kept:

(A) the reasons for and duration of the use of mechanical restraints;

(B) the approved personnel involved in the use of mechanical restraints;

(C) the actions taken before and after the use of mechanical restraints to support the resident; and

(iv) the resident's authorised representative or next-of-kin is informed as soon as practicable of the use of mechanical restraints on the resident; and

(*b*) review every instance where mechanical restraints are used on a resident to implement measures or interventions to minimise the need to use mechanical restraints on the resident in the future.

(5) Every approved personnel for the licensable SRH must comply with the processes mentioned in paragraph (4).

(6) For the purposes of the definition of "mechanical restraint" in section 37(7) of the Act, the following are prescribed mechanical restraints:

(*a*) any cloth-based hand, limb, or body vest restraint;

(*b*) any cushioned safety belt.

Regulation 32 of the General Regulations

4.12.2 The Licensee must ensure that chemical restraints[32] are not used in the SRH.

4.12.3 For the purposes of Regulation 31(3) and Regulation 32(3), the Licensee must ensure that the PIC is informed within four hours of the use of force or mechanical restraints respectively.

4.12.4 The Licensee must ensure that persons authorised under Section 37(7)(a) of the Act to use force or mechanical restraint on a resident, have completed the following training:

a. For use of force: Crisis Prevention Institute (CPI) Safety Intervention Foundation Programme, Institute of Mental Health (IMH) Care & Response course, or equivalent.

b. For mechanical restraint: Nanyang Polytechnic (NYP) Mechanical Restraints: Safe Practice, or equivalent.

4.12.5 For the purposes of Regulation 32(4)(a)(ii), the Licensee must ensure that hourly checks are conducted on the resident when mechanical restraints are being used, to ensure the resident's safety and wellbeing.

[32] Chemical restraints: the use of medication or chemical substances to primarily influence an individual's behaviour or movement. It excludes the use of medication prescribed by a medical practitioner or collaborative prescribing practitioner for the treatment or management of, or to enable treatment or management of, a mental disorder, a physical illness or physical conditions.

4.12.6 In addition to the requirements in Regulation 31(4)(a)(ii) and 32(4)(a)(iii), the Licensee must ensure that records on each instance of use of force or mechanical restraint must include:

a. Date and time that the force or mechanical restraint was used;

b. Who provided the authorisation or approval; and

c. Notification to authorised representative.

4.12.7 The Licensee must ensure that mechanical restraints are not used for more than four hours. If there is a need for the use beyond four hours, the Licensee must ensure that approval from the PIC is obtained for the continued use, up to a maximum extended period of another four hours (i.e. total of eight hours).

4.12.8 In cases where mechanical restraints are needed for beyond eight hours, the Licensee must ensure that approval from the PIC is obtained, and that:

a. The resident has conditions that require extended mechanical restraint use;

b. The extended use of mechanical restraints is reviewed by a medical or allied health practitioner as soon as practicable but not longer than after two weeks of initiation, and once every six months thereafter; and

c. Where a change in the resident's condition requires extended use of mechanical restraints, the resident's authorised representative is consulted, as far as practicable.

4.12.9 For avoidance of doubt, where mechanical restraints are used solely for the purpose of fall risk management (i.e. to prevent accidental injuries), the requirements in Section 37 of the Act and clauses 4.12.3 to 4.12.8 above would not apply.

4.12.10 The Licensee must ensure that medical attention is sought immediately if a resident being restrained is at risk of self-injury, in extreme distress, or the situation is assessed to be beyond the management capabilities of the SRH.

4.13 Privacy, Dignity and Confidentiality of Residents

4.13.1 The Licensee must ensure that residents' privacy and dignity are respected in the course of their care, in accordance with Regulation 29.

Respect for resident's dignity and privacy

29.—(1) The licensee and person-in-charge of a licensable SRH must establish and implement policies and processes to ensure that where a resident has to be in a state of undress for the purposes of an approved individual providing the resident any care or support to carry out daily activities, the approved individual provides the care or support in a manner and in a place that protects the dignity and privacy of the resident.

(2) Every approved personnel for the licensable SRH must comply with the processes mentioned in paragraph (1).

Regulation 29 of the General Regulations

4.13.2 The Licensee must ensure the following in the course of providing intimate care[33] to residents:

a. Bedside screens are used when the resident is in a state of undress;

b. Staff must not be present when the resident is using the toilet or shower facilities, unless the resident requires assistance. The resident's consent must be obtained for the provision of such assistance;

[33] Intimate care refers to care tasks of an intimate nature, involving the bodily functions, personal hygiene or contact with the resident's private body parts.

c. Where staff's assistance is needed for toileting/showering, there must be other staff present, where practicable. There should be a record kept of the staff providing assistance during showering;

d. No male staff must attend to a female resident for their toileting/showering or intimate care needs; and

e. If it is necessary for staff to share the same toilet or shower facilities as residents, staff must not use these facilities at the same time as residents.

4.13.3 The Licensee must ensure that residents aged seven years and above must not share the same bedroom/dormitory with the opposite sex. This may be allowed in exceptional cases (e.g. family members), but only with valid reasons and supported by the appropriate risk and needs assessment.

4.13.4 The Licensee must ensure that the collection, use and disclosure of residents' personal information is in accordance with the prevailing laws, requirements and guidelines from relevant authorities, including:

a. Obtaining consent from the resident or their authorised representative, to collect, use and disclose their personal information;

b. Ensuring the information is used and disclosed only for the specific purposes consented to; and

c. Limiting the disclosure of resident information to staff, with information disclosed outside of the SRH only with approval from the PIC.

4.14 Search of Residents' Personal Belongings

4.14.1 The Licensee must ensure that any searches conducted and confiscation of residents' personal belongings are only carried out when necessary to safeguard the safety and wellbeing of the residents and staff.

4.14.2 The Licensee must ensure that the search and confiscation of residents' personal belongings is conducted in a transparent manner, including:

a. Explaining the reason(s) for the search and confiscation to the resident concerned; and

b. Documenting the details of the search process, including the date and time, reason(s) for the search, name of staff conducting or present at the search, and details of the item(s) found or confiscated.

4.15 Body Searches

4.15.1 The Licensee must ensure that any body searches are carried out in accordance with Regulation 30. The staff conducting the search should complete the task professionally and expeditiously, while maintaining the resident's dignity and privacy.

Body searches

30.—(1) The licensee and person-in-charge of a licensable SRH must establish and implement policies and processes to ensure that —

(*a*) a resident is not searched by any approved individual, except for the following purposes:

(i) to detect whether a resident possess any item prohibited by the licensee;

(ii) to detect whether the resident has sustained an injury, if an approved individual reasonably suspects that the resident has sustained an injury;

(*b*) a search of a resident that requires the resident to remove any article of clothing is conducted —

(i) only with the person-in-charge's prior approval; and

(ii) without any direct physical contact with the resident's body; and

(*c*) a search of a resident must be made by an approved individual of the same sex as the resident.

(2) Every approved personnel for the licensable SRH must comply with the processes mentioned in paragraph (1).

(3) The licensee of a licensable SRH must —

(*a*) ensure that before an approved individual searches a resident, the approved individual explains the reason for the search to the resident; and

(*b*) keep records of the details of the search, including the date, time, reason for search, names of every approved individual who conducted the search or witnessed the search, and results of the search.

Regulation 30 of the General Regulations

4.15.2 The Licensee must ensure that frisk and pat down searches are used as far as possible, as opposed to strip searches where the resident's clothing is removed. Frisk and pat down searches should be conducted on a fully clothed resident. The staff may run hands over the resident's clothing to detect any concealed prohibited items.

4.15.3 In relation to Regulation 30(1)(b), where strip searches are conducted on a resident, the Licensee must ensure that:

a. Only visual inspection of the resident's body is permitted, including the outer portions of all orifices and cavities;

b. The search is conducted in a private area away from other residents, and is witnessed by another staff of the same sex as the resident; and

c. There is CCTV coverage in the area the search is conducted, but CCTVs must not capture any footage/images of the resident unclothed.

4.15.4 The Licensee must ensure that no photographs are taken of an unclothed resident, unless required to facilitate medical consultation on physical marks or injuries. Such photographs should only be taken for official use using authorised equipment (as far as practicable), with access to the photographs limited to staff appointed by PIC. All photographs should be deleted when they are no longer needed.

Domain 5: Incident Management and Reporting

DESIRED OUTCOME

Incident management systems are in place to support prompt reporting of incidents, effective resolution and organisational learning and improvement.

5.1 Incident Management and Reporting

5.1.1 The Licensee must ensure that appropriate policies and processes for incident management are established and implemented. These include but are not limited to:

a. Roles and responsibilities of staff in managing incidents;

b. Business Continuity Plans (BCPs) that are regularly updated;

c. Adequate resources for effective incident management; and

d. Up-to-date and accessible emergency contact list of key personnel and authorities.

5.1.2 The Licensee must ensure that staff are made aware of incident management policies and processes and are adequately prepared to execute incident management procedures when incidents occur.

5.1.3 In the event of incidents that are serious and urgent, the Licensee must ensure that:

a. MSF, or SGE where relevant[34], is notified[35] in adherence to prevailing guidelines issued by MSF or SGE.

b. Relevant authorities (e.g. Police) are notified;

c. An incident report is submitted to MSF, or SGE where relevant, within 24 hours of the incident; and

d. A final report is submitted to MSF, or SGE where relevant, after the incident has been resolved.

5.1.4 Incidents that are serious and urgent include but are not limited to:

a. Death of a resident, staff or any other individual on the SRH premises, arising from unnatural causes[36];

b. Serious harm (i.e. life-threatening injury) sustained by a resident, staff or any other individual on the SRH premises; and

c. Events that disrupt or threaten to disrupt the operations of the SRH and care of residents, such that acceptable service quality cannot be maintained[37].

5.1.5 For incidents that are serious but non-urgent[38], the Licensee must ensure that an incident report is submitted to MSF or SGE where relevant within 24 hours of the

[34] For the purposes of the requirements in Domain 5, Disability Homes and Hostels are required to report to SGE instead of MSF; all other SRHs must notify MSF instead.

[35] Notification may include through email, voice call, SMS text, or instant messaging.

[36] This includes death from suicide or injuries, death not related to any known health conditions, and death from suspected incidents such as choking/asphyxiation, contraindications to medication, poisoning or severe allergic reactions.

[37] Such events include infrastructure failures of facility damage (e.g. fires, structural failures and infrastructure damage), security related events (e.g. bomb threats, hostage taking, terrorist activity), major data breaches or IT system outages, mass incidents involving five or more residents (e.g. rioting, abscondment).

[38] Such incidents include but are not limited to: major illnesses or injuries that are not immediately life-threatening, actual or alleged abuse involving residents, actual or suspected serious crimes, and outbreak of communicable diseases.

occurrence or detection of the incident. For all other incidents, the Licensee may still submit an incident report at its own discretion.

5.1.6 The Licensee must ensure that incident reports to MSF, or SGE where relevant, include the following:

a. Incident date, time and location;

b. Nature and detailed description of the incident;

c. Impact assessment (e.g. injuries sustained, property damage, operational disruptions);

d. Immediate actions taken (e.g. measures to contain the situation and mitigate further risk);

e. Stakeholders notified or consulted (e.g. family members, relevant authorities and emergency services);

f. Risk assessment, where applicable (e.g. information or property compromised and impact to operations);

g. Intended follow-up actions;

h. Police or media involvement, if any;

i. Additional relevant information (e.g. ongoing investigations, multi-agency involvement); and

j. Reporting officer’s details, including name, designation, contact information, date and time of incident report.

5.1.7 The Licensee must ensure that relevant individuals cooperate fully with any investigations by MSF, and submit internal investigation reports to MSF when requested.

5.1.8 The Licensee must ensure that appropriate and timely support is provided to affected staff and residents following critical incidents, including crisis support/intervention, further psychological/counselling services if needed, and necessary adjustments to duties or care arrangements.

5.1.9 The Licensee must ensure that processes are established for the review of and learning from incidents to prevent recurrence and improve safety and service quality.

5.1.10 The Licensee must ensure that improvement plans arising from incident reviews are monitored and evaluated to support continuous improvement in incident prevention, safety, and service quality.

5.2 Emergency Preparedness

5.2.1 The SRH must adhere to any advisories and guidelines relating to Business Continuity Management (BCM) issued by MSF.

5.3 Complaints and Grievance Management

5.3.1 The Licensee must ensure that appropriate policies and processes for managing complaints and grievances are established and implemented. These include but are not limited to:

a. Clear information on how residents, their authorised representative, staff, and other individuals, may lodge complaints and grievances;

b. Processes for handling complaints and grievances, including timeframes for responses, escalation channels and updates to complainants;

c. Recording of complaints and grievances received, including details of investigations, actions taken and outcomes;

d. Ensuring the complainant's confidentiality is maintained; and

e. Ensuring that the individual(s) against whom the complaint is made do not conduct the investigation or influence the outcome.

5.3.2 The Licensee must ensure that investigations into complaints and grievances are conducted in an objective and transparent manner, with safeguards to ensure residents who make complaints do not face discrimination, withdrawal or reduction of services.

5.3.3 The Licensee must ensure that all complaints and grievances are promptly addressed, handled and followed up on, with complainants kept informed of the progress.

Annex

Summary of Training Requirements under the COP

Requirements	Staff to be trained	By when	Training course examples
First Aid	All new staff	Six months of employment	• Basic First Aid course, covering CPR or AED by certified training providers
	At least 70% of staff	At all times	
Fire Safety	All new staff	Six months of employment	• SCDF Responders Plus Programme (RPP) Online component • For staff appointed as the fire safety manager under 2.9.3 (a), they will need to complete the e-learning and in-person component of the RPP.
	Staff in the Company Emergency Response (CERT) team	Six months of employment	• SCDF CERT course

Requirements	Staff to be trained	By when	Training course examples
	(Only for premises where SCDF requires CERT)		
Food Hygiene	Only staff whose primary job scope is handling food	Six months of employment	• Singapore Food Agency (SFA) Food Safety Course
Managing Violent Behaviours	All care staff and caseworkers[39]	No specific timeline	• Managing Violent Behaviors (E-Learning) by Social Service Institute (SSI) • Staff with valid CPI Safety Intervention certificate are considered trained.
Management of Abuse	All care staff and caseworkers (Recommended for one staff to attend training on management of abuse	No specific timeline	• Introduction to Child Protection Framework (E-learning) by SSI • Management of Family Violence: Management of Elder

[39] 'Caseworkers' refer to staff providing case management to residents, such as social workers. 'Care staff' refer to staff providing care, healthcare or support to residents for activities of daily living.

Requirements	Staff to be trained	By when	Training course examples
	to support in-house training for other care staff/caseworkers to prevent, detect and respond to incidents of abuse)		Abuse and Neglect by SSI
Use of force (Physical restraints)	Staff authorised to use force (physical restraints)	No specific timeline	• Institute of Mental Health (IMH) Care and Response Course • Crisis Prevention Institute (CPI) Safety Intervention Foundation Programme by SSI
Mechanical restraints[40]	Staff authorised to use mechanical restraints		• Mechanical Restraints: Safe Practice by Nanyang Polytechnic • Enrolled/Registered Nurses who have undergone equivalent

[40] For Adult Disability Homes (excluding Adult Disability Hostels) and Children Disability Homes.

Requirements	Staff to be trained	By when	Training course examples
			training may be considered as trained
Fall Risk[41]	At least two staff (Care staff or caseworker recommended)	No specific timeline	• Falls Prevention in the Elderly (Intermediate) by Kwong Wai Shiu Hospital • Physical/Occupational Therapists or Enrolled/Registered Nurses who have undergone equivalent training may be considered trained
Suicide Intervention Skills	At least two staff to be trained (Care staff or caseworker recommended)	No specific timeline	• Applied Suicide Intervention Skills Training (ASIST) • Suicide Intervention Skills Workshop (SISW) • ASIST: Suicide First Aid

[41] For Adult Disability Homes (excluding Adult Disability Hostels), Welfare Homes and Sheltered Homes.

Requirements	Staff to be trained	By when	Training course examples
			(Training providers include SSI, Samaritans of Singapore (SOS), Singapore Association of Social Workers)
	All other care staff and caseworkers to be trained in recognising the signs and risks of suicide (this can be in-house training or shorter courses)		• Be a Samaritan Programme by SOS