

25 March 2020, 7.45am

Dear Heads of Home / Centre Supervisors

## **Enhanced Precautionary Measures for Residential and Community-based Facilities Against COVID-19 (Coronavirus Disease 2019)**

*(This advisory summarises all relevant measures from all COVID-19 related advisories issued by MSF to-date)*

### **A. NEW MEASURES**

1. **[NEW]** Recently, we have seen an increase in the number of imported COVID-19 cases involving Singapore residents who have returned from overseas. To better protect vulnerable groups, Homes/ Centres should implement the following two additional precautionary measures for **enrolled clients of Category 1 Facilities**:

- a. **Enrolled clients staying in the same household as a person who has returned from any country to Singapore on and after Wednesday, 25 March 2020, 1159pm, will be placed on 14-day LOA<sup>1</sup>**. This means such clients must no longer come to Homes/ Centres from Thursday, 26 March.
- b. **Enrolled clients staying in the same household as a person who had returned to Singapore from the UK, US or ASEAN countries on or after 14 March 2020, will be placed on 14-day LOA<sup>12</sup>**.

We understand that these new measures will cause inconvenience to the Homes/ Centres and clients/ caregivers. We seek your understanding and cooperation to comply with the measures in order to limit the risk of transmission and protect the health and well-being of our staff, residents and clients. Refer to **Table 1** for the full set of updated guidelines.

### **Safe Distancing Measures**

2. **[NEW]** With effect from 26 March 2020, 11.59pm, MOH will implement tighter safe distancing measures to minimise activities and exposure, so as to significantly reduce the risks of seeding new local clusters. These measures include **limiting gatherings outside of work and school to 10 persons or fewer, and ensuring that physical distancing of at least one metre** can be achieved in settings where interactions are non-transient. An updated list of measures applicable to Residential and Community-based facilities is found in **Annex A**.

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<sup>1</sup> The day the person in the household returned to Singapore would be considered Day 0. The enrolled client may then return to the Home/ Centre on Day 15.

<sup>2</sup> For clients affected by the LOA and who may be present in Homes/ Centres on 25 March 2020 because caregivers are unable to arrange alternative caregiving at short notice, Homes/ Centres can consider taking additional precautionary measures to minimise the client's interaction with others (e.g. placing the client in a separate area).

## **Support Measures for Service Providers and Staff Affected by LOA/ SHN**

3. For employees under LOA/ SHN, where flexible work arrangements are not possible, employers are encouraged to provide paid leave for the LOA/ SHN period over and above employees' annual leave entitlements.

4. Service providers can tap on MOM's Leave of Absence Support Programme (LOASP), which aims to help employers affected by LOA requirements due to COVID-19.

5. Under the LOASP, eligible employers can apply for \$100 daily per affected worker for the required duration of paid LOA or SHN granted to the employee.

- For example, the LOASP will only be applicable to staff of Homes/ Centres who had travelled out of Singapore before the travel restrictions and SHN requirements were announced.
- Please refer to the MOM website ([www.mom.gov.sg/covid-19/loasp](http://www.mom.gov.sg/covid-19/loasp)) for more information on eligibility criteria and how to apply.

6. For staff who still proceeded to travel overseas even after the issuance of MOH's travel advisories, the employer may require the staff to use their own annual leave entitlements to cover the duration of any mandatory SHN (where applicable), Home/ Centre-imposed LOA duration, or any extended period of travel in the destination country.

- If the staff does not have sufficient annual leave entitlements, the service provider may allow the staff to consume advance leave or put the staff on no-pay leave.
- Employers are reminded to be fair and apply the relevant HR policies to all employees. Please refer to MOM's advisory for more details: <https://www.mom.gov.sg/covid-19/advisory-on-non-essential-travel>

## **B. UPDATED PRECAUTIONARY MEASURES (FROM 24 MARCH 2020)**

**Table 1: Summary of precautionary measures**

| <b>Response Measure</b>   | <b>What you should do</b>   |
|---|---|
| <b><u>Leave of Absence, Stay-Home Notice and Home Quarantine Order</u></b>                          |   |
| (i) Any staff or enrolled client who recently returned from overseas travel within the last 14 days | <ul style="list-style-type: none"><li>• Immigration and Checkpoints Authority (ICA) will issue SHN to all persons returning from overseas travel from 20 March 2020, 11.59pm.</li><li>• For staff and enrolled clients returning from overseas travel (regardless of country or mode of entry) on or after 14 March 2020, Homes/ Centres to grant 14-day LOA if</li></ul> |

| Response Measure   | What you should do   |
|--|--|
|  | <p>SHN has not been issued by ICA upon return to Singapore<sup>3</sup>.</p> <ul style="list-style-type: none"> <li>• Notify MSF of SHN or LOA given to staff or enrolled client.</li> <li>• Monitor affected staff or enrolled client through regular telephone calls.</li> </ul>  |
| (ii) Any staff or enrolled client who recently returned from Hubei (including Wuhan)   | <ul style="list-style-type: none"> <li>• Inform MSF of any staff or enrolled client placed under Quarantine Order by MOH.</li> <li>• Monitor affected staff/ enrolled client through regular telephone calls.</li> <li>• Staff or enrolled client will only return to the facility after the Quarantine Order expires and if well.</li> </ul>  |
| (iii) For all Category 1 Facilities - any resident, staff or enrolled client living with any household members: <ul style="list-style-type: none"> <li>• Under Home Quarantine Order (HQO)</li> <li>• Returned from any country to Singapore on or after Wednesday, 25 March 2020, 1159pm</li> <li>• Returned to Singapore from the UK or US or ASEAN countries on or after 14 March 2020</li> </ul> | <p><b>[Updated]</b></p> <ul style="list-style-type: none"> <li>• Inform all residents/ enrolled clients/ staff to notify you if there is a household member: <ul style="list-style-type: none"> <li>○ Under HQO;</li> <li>○ Who has returned from any country to Singapore on or after Wednesday, 25 March 2020, 11.59pm; or</li> <li>○ Who has returned from the UK or US or ASEAN countries on or after 14 March 2020</li> </ul> </li> <li>• <b>For enrolled clients</b>, grant Leave of Absence, aligned to the period of household member's HQO/ 14 days from date of return to Singapore</li> <li>• <b>For residents</b>, do not grant home leave until after household member's HQO/ 14 days from date of return to Singapore</li> <li>• <b>For staff</b>, consider these precautionary measures: <ul style="list-style-type: none"> <li>○ Grant Leave of Absence aligned to the period of household member's HQO/ 14 days from date of return to Singapore; or</li> <li>○ Redeploy staff to administrative tasks</li> </ul> </li> <li>• Inform MSF immediately of: <ul style="list-style-type: none"> <li>○ Any household member under HQO/ who has returned from any country to Singapore on or after Wednesday, 25 March 2020, 1159pm/ who has returned to Singapore from the UK or US or ASEAN countries on or after 14 March 2020</li> <li>○ Any LOA given to enrolled client/ staff living with the household member under HQO/ who has returned from any country to Singapore on or after Wednesday, 25 March 2020, 1159pm/ who has returned to Singapore from the UK or US or ASEAN countries on or after 14 March 2020</li> </ul> </li> </ul> |

<sup>3</sup> This includes persons returning from Malaysia via land or sea crossings. This also includes staff and clients who returned to Singapore on or after 14 March 2020, and went back to Homes/ Centres prior to 20 March 2020 (e.g. 18 March 2020). Homes/ Centres will still issue a LOA to this group from 20 March 2020. The date of return to Singapore would be considered Day 0.

| Response Measure  | What you should do   |
|---|--|
|   | <ul style="list-style-type: none"> <li>• Monitor health of these residents/ enrolled clients/ staff through regular telephone calls.</li> </ul>  |
| <p><b><u>Travel plans and declarations</u></b></p>  |  |
| <p>Staff, residents and enrolled clients</p>  | <ul style="list-style-type: none"> <li>• You should inform staff, residents and enrolled clients to notify you of any recent travel history and any intended travel plans to all countries. MSF will request for the information periodically.</li> <li>• <b>All staff, residents and enrolled clients are strongly encouraged to defer travel to all countries.</b></li> <li>• You are encouraged to be judicious in approving overseas leave for staff, and also closely monitor the travel plans of staff, residents and enrolled clients in view of the 14-day SHN imposed upon return from overseas. <b>Inform MSF immediately if you intend to allow any of your staff to proceed with their travel plans.</b></li> </ul>  |
| <p>Visitors</p>   | <ul style="list-style-type: none"> <li>• Allow only a maximum of two designated caregivers/ visitors per enrolled client/ resident to enter <b>Category 1</b> facilities.</li> <li>• Only visitors who are needed to support running of facilities (e.g. contractors) and agencies who need to perform necessary functions may enter the premises.</li> <li>• You should require all visitors entering the facility to fill in travel declaration.</li> <li>• <b>Category 1:</b> Visitors with a travel history to any countries in the last 14 days should not be admitted.</li> <li>• <b>Category 2 and 3:</b> Visitors with a travel history to any countries in the last 14 days should be advised to stay away from the facility until the 14 days are over. Staff should arrange for services to be delivered remotely e.g. over the phone or online.</li> </ul> |
| <p><b><u>Large group and communal activities</u></b><br/><b><u>[Refer to Annex A for more details.]</u></b></p> |  |
| <p><b>[Updated]</b> Large group communal activities</p>   | <ul style="list-style-type: none"> <li>• Suspend organised excursions, outings and participation in external events to reduce the risk of exposure of the vulnerable groups to the general public.</li> <li>• <b>Suspend</b> large group communal activities and mass gatherings within the institutions (e.g. morning muster, gathering of all service users and staff). Suspend those involving large groups of external participants (e.g. CSR events involving volunteers). This is to reduce the risk of exposure and cross infection within an institution.</li> </ul>   |

| Response Measure                                      | What you should do   |
|---|--|
| [Updated] External events involving vulnerable groups | <ul style="list-style-type: none"> <li>• Suspend external gatherings and events (e.g. festive celebrations, CSR events), involving vulnerable groups with other members of the public e.g. volunteers, <b>regardless of size.</b></li> </ul>   |
| <b><u>Temperature and health checks</u></b>           |  |
| Staff, residents and enrolled clients                 | <ul style="list-style-type: none"> <li>• Conduct minimally twice-daily temperature screening for all residents and enrolled clients in <b>Category 1</b> facilities, if not already the arrangement.</li> <li>• Implement twice-daily temperature taking for all staff, including administrative and non-care staff.</li> <li>• Monitor staff, residents and enrolled clients closely to identify and manage unwell persons promptly. Remind staff on the latest MOH health advisory, to remain vigilant and adopt general precautions.</li> <li>• Limit cross deployment of staff across multiple facilities and settings.</li> </ul>   |
| Visitors  | <ul style="list-style-type: none"> <li>• Implement temperature screening, travel and health declaration for visitors for all facilities. Record contact details of all visitors to facilitate contact tracing if needed. There is no need, at this point in time, to mandate staff conducting temperature screening to wear a mask.</li> <li>• Visitors who are unwell should not be allowed to enter <b>Category 1</b> facilities, and should be advised to see a doctor promptly.</li> <li>• For visitors/ service users to <b>Category 2 and 3</b> facilities who are unwell, they should be advised to see a doctor promptly and stay away from the facility. Staff should arrange for services to be delivered remotely e.g. over the phone or online where possible. However, if the case is assessed to be urgent <b>and the visitor/ client is not on SHN</b>, they can be served, but with added precautions including for the unwell person to wear a mask and to minimise close contact with others.</li> </ul> |
| <b><u>Infection Control</u></b>                       |  |
| Infection Control                                     | <ul style="list-style-type: none"> <li>• Maintain strict hygiene and infection control practices.</li> <li>• Encourage staff, residents and clients to observe good personal hygiene practices, and ensure the premises, equipment etc are kept clean.</li> </ul>  |

7. As the COVID-19 situation may persist for a duration of time, facilities should use your resources such as surgical masks and sanitisers sensibly, and only when necessary. Only individuals who are recovering from an illness need to wear a mask.

8. We encourage you to check the MOH website ([www.moh.gov.sg](http://www.moh.gov.sg)) regularly for further updates and Health Advisories. All of us have a part to play to keep our facilities clean and safe for our residents, clients and staff. We encourage Heads of Home, Centre Supervisors and Social Service Agencies serving vulnerable groups to share this information with your staff.

9. Please contact your respective MSF Division contacts if you require any assistance or clarifications on precautionary measures to be put in place. Alternatively, you may contact MSF at 6355 5000 (Monday to Friday: 8:30am to 6pm; Saturday: 8:30am to 1pm) or at [www.msf.gov.sg/Pages/Contact-Us](http://www.msf.gov.sg/Pages/Contact-Us).

## **Annex A: Ensuring Service Provision and Normalcy in Residential and Community-based Facilities**

1. This Annex further clarifies the measures to be taken to ensure service provision and normalcy in community activities.

### **(A) Service Provision**

2. Social service agencies (SSAs) should continue providing social services to clients/ service users and maintain service standards. Homes/ Centres should maintain normalcy in operations as far as possible while i) taking precautionary measures for safe distancing and ii) encouraging environmental hygiene and personal social responsibility.

#### **(i) [Updated] Precautionary measures for safe distancing**

- a) **Where employees can perform their work by telecommuting from home, employers should ensure that they do so. Tele-conferencing should be used in place of physical meetings where possible.** For functions where telecommuting is not feasible, such as frontline operations, employers should take the following precautions:
  - i. **Limit cross deployment** of staff across multiple facilities and settings. Currently, it is not necessary to activate split team arrangements for staff (e.g. one team staying at home to telecommute, the other team coming to office).
  - ii. **Reduce duration and proximity of physical interactions** among staff.
  - iii. **Stagger working hours** to reduce possible congregation of staff at common spaces.
  - iv. **Defer non-critical work events and scale down critical work events (e.g. essential training) to 10 persons or less.**

Refer to MOM's advisory dated 24 March 2020 for details on safe distancing measures at the workplace.

- b) **Identify a holding area for visitor screening before entry.** It should be well-ventilated and well-separated from staff, residents and enrolled clients. Advise visitors to avoid crowding and to maintain increased spacing of at least one metre apart while seated or standing in waiting areas.
- c) **Space out the seats in communal areas in Homes/ Centres, such as dining areas, at least one metre apart.**
- d) **Reduce density, intensity and duration of activities.** Reduce number of participants per activity **to 10 persons or less** to ensure sufficient space between participants, adjust the rigour of activities to minimise contact and exertion, and shorten the duration of organised activities to minimise exposure.

- e) **Ensure good ventilation when conducting activities**, for example conducting them outdoors, or keeping windows open and using fans when indoors.
- f) **Staff interacting with seniors should take extra care with personal hygiene.** Staff should avoid interacting with seniors when they are unwell.

***(ii) Encourage environmental hygiene and personal social responsibility***

- g) **Step up frequency and extent of cleaning**, especially for equipment/ furniture used by multiple client groups in a day.
- h) **Keep public toilets clean and dry.**
- i) **Put up signages to remind clients to be socially responsible**, e.g. see a doctor and stay home if they are unwell or if they have travel history to affected countries.
- j) **Beyond temperature screening, actively look out for those who look unwell.** Advise them to see a doctor promptly and stay at home, to ensure the health and well-being of other service users.
- k) **Encourage good personal hygiene** e.g.
  - i. Hand washing upon entering and leaving the premises, as well as before and after activities. Homes/ Centres should ensure that hand washing facilities and/ or hand sanitisers are readily available.
  - ii. Use a tissue whenever sneezing or coughing, and bin your own litter and soiled tissues.
- l) **Encourage adjustment of social norms** e.g.
  - i. Avoid shaking hands and hugging.
  - ii. Use separate utensils or serving spoons when sharing food.

**(B) [Updated]Events and Gatherings**

3. **All events and mass gatherings (e.g. conferences, exhibitions, festivals, concerts, sporting events, trade fairs) must be deferred or cancelled, regardless of size.** This is a tightening of the previous requirement where all events and gatherings were to be limited to fewer than 250 participants.

**(C) [Updated]Communal Activities in Homes/ Centres**

- 4. Suspend organised excursions, outings and participation in external events to reduce the risk of exposure of the vulnerable groups to the general public.
- 5. To reduce risk of exposure and cross infection in the Homes / Centres serving vulnerable groups (i.e. Category 1 and 2 services in **Annex B**) should:

- a) **Suspend** large-group communal activities and mass gatherings within the Homes/ Centres (e.g. morning muster, gathering of staff and residents/ enrolled clients).
- b) Suspend activities involving large groups of external participants (e.g. CSR events involving large number of volunteers).
- c) Minimise communal activities across facilities, dormitories or blocks if feasible.
- d) Carry out activities in smaller groups **of 10 persons or less** by staggering the activities for different groups.

**(D) [Updated]Group Work/ Activities**

6. Group Work/ Activities can generally continue, but with precautionary measures taken:

- a) **Carry out activities in smaller groups of 10 persons or less. Clients to remain in their groups and not switch between groups.**
- b) Clients who are unwell or returned from overseas travel in the last 14 days should not participate; and
- c) Reduce or suspend activities involving vulnerable groups e.g. young children and frail elderly.

## **(E) Home Visits and Outreach Activities (i.e. face-to-face sustained contact with clients)**

7. Some programmes have home visits related to case work and outreach components conducted by staff/ regular volunteers. In general, these activities should still proceed, but with precautionary measures:

- a) For known clients and service users, conduct pre-screening over phone for known clients and service users to check for travel history, persons on SHN, LOA or Persons Under Quarantine (PUQ), and any persons who are unwell in the household.
- b) For non-clients, before entering the residence, check for travel history, persons on SHN, LOA or PUQs, and any persons who are unwell in the household.
- c) Check if clients/ service users are comfortable for staff and volunteers to enter their residence.
- d) **If there are PUQs or SHN in the household:** Staff should arrange for services to be delivered remotely e.g. over the phone or online.
- e) **If the client is unwell or there are persons on LOA in the household:** Staff should arrange for services to be delivered remotely e.g. over the phone or online. However, if the case is assessed to be urgent, they can be served, but with added precautions including for the unwell person to wear a mask and to minimise close contact with others.
- f) **Outreach activities/ programmes (e.g. befriending, food delivery) to seniors who are known clients should continue.** Where possible, outreach and services should be delivered remotely over the phone or online utilising technology. If engagement needs to be done face-to-face (e.g. seniors with no phone numbers), additional precautions and strict safe distancing measures should be taken e.g. limiting engagement to 15 minutes and maintaining one metre apart from seniors in their homes or at the gate. Outreach to seniors, who are previously unknown clients, can proceed with additional precautions and strict safe distancing measures, and if necessary, to reduce such engagements, so as not to expose these seniors to greater risks to their health.

## **(F) Volunteer Management**

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

- a) Activities involving **regular volunteers** who perform essential and routine functions can continue. They should be regarded and managed as staff and take the necessary precautions.
- b) Activities involving **adhoc volunteers** who perform non-essential functions, or who might be in close contact with vulnerable groups, should be reduced or suspended.

## Annex B: Classification of Services

| Category | Nature of Service   | Facility/ Programme/ Service   |
|----------|---|--|
| 1        | Facilities providing care and social services to vulnerable groups  | <p><u>Residential facilities</u></p> <ul style="list-style-type: none"> <li>a. Singapore Boys' Home</li> <li>b. Singapore Girls' Home</li> <li>c. Children and Young Persons Homes</li> <li>d. Welfare Homes</li> <li>e. Sheltered Homes</li> <li>f. Children's Disability Homes</li> <li>g. Adult Disability Homes</li> <li>h. Crisis Shelters</li> <li>i. Transitional Shelters</li> <li>j. Senior Group Homes</li> <li>k. Community Group Homes</li> <li>l. Disability Hostels</li> </ul> <p><u>Disability centres and programmes</u></p> <ul style="list-style-type: none"> <li>a. Day Activity Centres</li> <li>b. Drop-In Disability Programme</li> <li>c. Therapy Hub</li> <li>d. Sheltered Workshop</li> <li>e. Community Based Integration Support</li> </ul> |
| 2        | <p>Facilities providing social services to vulnerable groups, involving sustained contact e.g. case interview, counselling session</p> <p>[As a guide: services involving physical contact, or within 2 metres with a contact time of <math>\geq</math> 30 minutes]</p> | <p><u>Social services and programmes, including but not limited to:</u></p> <ul style="list-style-type: none"> <li>a. Social Service Offices</li> <li>b. Family Violence Specialist Centres</li> <li>c. Family Service Centres</li> <li>d. Child Protection Specialist Centres</li> <li>e. Mandatory Counselling Centres</li> <li>f. Divorce Support Specialist Agencies</li> </ul>  |

| Category   | Nature of Service   | Facility/ Programme/ Service   |
|--|---|--|
| 3  | Facilities providing frontline services to the general public | <u>Social services and programmes, including, but not limited to:</u><br>a. Parenting Support Programme<br>b. Early Risk Marriage Programme<br>c. Marriage Preparation Programme |
| <p>Note 1: Regular volunteers should be regarded and managed like staff in relation to this Advisory.</p> <p>Note 2: For Early Intervention Programme for Infants and Children, Pilot for Private Intervention Providers, Special Student Care Centres and Student Care Centres, please refer to separate Advisories issued.</p> <p>Note 3: Social service agencies not listed are advised to refer to the guide above to determine the application of the Advisory taking into account the nature of service.</p> |   |  |