

19 March 2020, 12pm

Dear Heads of Home / Centre Supervisors

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

In view of the heightened risk of importation of COVID-19 cases into Singapore, the Ministry of Health (MOH) has introduced additional measures for all travellers entering Singapore.

2. **[NEW]** With immediate effect, MOH advises Singaporeans to defer all travel abroad. This advisory will supersede the earlier advisory announced on 15 March to defer all non-essential travel abroad.

3. **[NEW]** With effect from 20 March 2020, 11.59pm, all Singapore Residents (Singaporean Citizens and Permanent Residents), Long-term pass holders and short term visitors entering Singapore will be issued with a 14-day Stay-Home Notice (SHN), except for Hubei¹.

Table 1: List of countries

Travel history in the last 14 days	Singapore Residents and Long-Term Pass Holders	Short Term Visitors
Table 1A		
<ul style="list-style-type: none">Hubei Province (mainland China)	14-day Home Quarantine order (HQO)	Not allowed entry or transit
Table 1B		
<ul style="list-style-type: none">Mainland China (except Hubei)IranRepublic of KoreaItalyFranceSpainGermany	14-day SHN	Not allowed entry or transit
All other countries	14-day SHN	14-day SHN Short-term visitors who are ASEAN nationals (i.e. Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Thailand, Vietnam) will also be required to submit requisite health

¹ Travellers from Hubei province shall be subject to quarantine.

Travel history in the last 14 days	Singapore Residents and Long-Term Pass Holders	Short Term Visitors
		information for approval before travelling.

Please refer to the press release from MOH for more details: <https://www.moh.gov.sg/news-highlights/details/additional-measures-for-travellers-to-reduce-further-importation-of-covid-19-cases>

UPDATED PRECAUTIONARY MEASURES (WITH EFFECT 20 MARCH)

4. **[NEW]** With effect from 20 March 2020, Homes/ Centres should **not allow anyone placed on SHN, as well as visitors who have travelled overseas (regardless of country or mode of travel) in the last 14 days, to enter the premises.**

5. **[NEW]** In addition, as some have travelled overseas during the March school holidays, Homes/ Centres are to implement a **14-day Leave of Absence (LOA) for all staff and enrolled clients returning from overseas travel on or after 14 March 2020 (regardless of country or mode of entry).** This measure would better ensure our Homes/ Centres continue to be a safe environment for our residents, clients and staff. This means that from 20 March 2020:

- a. Any staff or enrolled client who has returned from overseas travel on or after 14 March 2020 (regardless of country or mode of travel²) should not enter the Homes/ Centres for 14 days from the date of their return to Singapore³.
- b. The date of return to Singapore would be considered Day 0. The staff or enrolled client may then return to the Home/ Centre on Day 15.

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 from overseas exposure to protect the health and well-being of our staff, residents and clients. Refer to **Table 2** for the full set of updated guidelines.

6. Homes/ Centres should ensure service provision and maintain service standards, taking into consideration staff deployment and travel plans. **All staff, residents and enrolled clients of residential and community-based facilities are strongly encouraged to defer travel to all countries,** in line with MOH's travel advisory. Homes/ Centres 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.

² Includes travel to Malaysia via land or sea crossings.

³ This includes staff and enrolled clients who returned to Singapore on or after 14 March 2020, and went back to the Homes/ Centres for work or for service prior to 20 March 2020 (e.g. 18 March 2020). Homes/ Centres will still issue an LOA to this group from 20 March 2020.

7. In line with MOH’s recommended social distancing measures for events and gatherings, workplaces and public venues, a list of measures applicable to Residential and Community-based facilities can be found in **Annex A**.

Table 2: Summary of precautionary measures

Response Measure	What you should do
<u>Leave of Absence, Stay-Home Notice and Home Quarantine Order</u>	
(i) Any staff or enrolled client who recently returned from overseas travel within the last 14 days	<p>[Updated]</p> <ul style="list-style-type: none"> • Immigration and Checkpoints Authority (ICA) will issue SHN to all persons returning from Table 1B countries from 20 March 2020, 11.59pm. • 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 SHN has not been issued by ICA upon return to Singapore⁴. • Notify MSF of SHN or LOA given to staff or enrolled client. • Monitor affected staff or enrolled client through regular telephone calls.
(ii) Any staff or enrolled client who recently returned from Hubei (including Wuhan) i.e. Table 1A.	<ul style="list-style-type: none"> • Inform MSF of any staff or enrolled client placed under Quarantine Order by MOH. • Monitor affected staff/ enrolled client through regular telephone calls. • Staff or enrolled client will only return to the facility after the Quarantine Order expires and if well.
(iii) Any resident, staff or enrolled client living with any household members under Home Quarantine Order (HQO) – for all Category 1 Facilities	<ul style="list-style-type: none"> • Inform all residents, staff and enrolled clients to notify you if there is a household member under HQO. <ul style="list-style-type: none"> ○ Grant Leave of Absence to enrolled clients aligned to the period of household member’s HQO. ○ Consider measures such as redeploying staff to administrative tasks; or granting staff Leave of Absence aligned to the period of household member’s HQO. ○ Residents should not be granted home leave until after the household member’s HQO has expired. • Inform MSF immediately of any household member under HQO and any LOA given to a staff/ enrolled client living with the household member under HQO. • Monitor health of these residents/ staff/ enrolled clients through regular telephone calls.

⁴ This 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
<u>Travel plans and declarations</u>	
Staff, residents and enrolled clients	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.
Visitors	<p>[Updated]</p> <ul style="list-style-type: none"> • You should require all visitors entering the facility to fill in travel declaration. • Category 1: Visitors with a travel history to any countries in the last 14 days should not be admitted. • Category 2 and 3: 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. • 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. • Allow only a maximum of two designated caregivers/visitors per enrolled client/ resident to enter Category 1 facilities.
<u>Large group and communal activities</u> <u>[Refer to Annex A for more details.]</u>	
Large group communal activities	<ul style="list-style-type: none"> • Suspend organised excursions, outings and participation in external events to reduce the risk of exposure of the vulnerable groups to the general public. • Reduce 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.
<u>Large scale external events involving vulnerable groups</u>	<ul style="list-style-type: none"> • Reduce or suspend external large scale gatherings and events (e.g. festive celebrations, CSR events), involving vulnerable groups with other members of the public e.g. volunteers.
<u>Temperature and health checks</u>	
Staff, residents and enrolled clients	<ul style="list-style-type: none"> • Conduct minimally twice-daily temperature screening for all residents and enrolled clients in Category 1 facilities, if not already the arrangement.

Response Measure	What you should do
	<ul style="list-style-type: none"> • Implement twice-daily temperature taking for all staff, including administrative and non-care staff. • 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. • Limit cross deployment of staff across multiple facilities and settings, where possible.
Visitors	<ul style="list-style-type: none"> • 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. • Visitors who are unwell should not be allowed to enter Category 1 facilities, and should be advised to see a doctor promptly. • For visitors/ service users to Category 2 and 3 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 and the visitor/ client is not on SHN, they can be served, but with added precautions including for the unwell person to wear a mask and to minimise close contact with others.
<u>Infection Control</u>	
Infection Control	<ul style="list-style-type: none"> • Maintain strict hygiene and infection control practices. • Encourage staff, residents and clients to observe good personal hygiene practices, and ensure the premises, equipment etc are kept clean.

8. 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.

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

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

Annex A: 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 social distancing and ii) encouraging environmental hygiene and personal social responsibility.

(i) Precautionary measures for social distancing

- a) **Limit cross deployment** of staff across multiple facilities and settings, where possible. 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). Refer to MOM's advisory dated 15 March 2020 for suggested social 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 while seated or standing in waiting areas.
- c) **Seats for dining areas in Homes/ Centres could be set at least a metre apart.**
- d) **Reduce number of participants per activity 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.** Evidence suggests spread of COVID-19 is largely via droplets from an infected person over a short distance, such as when the person coughs or sneezes.
- e) **Ensure good ventilation when conducting activities,** for example conducting them outdoors, or keeping windows open and using fans when indoors.

(ii) Encourage environmental hygiene and personal social responsibility

- f) **Step up frequency and extent of cleaning,** especially for equipment/ furniture used by multiple client groups in a day.
- g) **Keep public toilets clean and dry.**

- h) **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.
- i) **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.
- j) **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.
- k) **Encourage adjustment of social norms** e.g.
 - i. Avoid shaking hands and hugging.
 - ii. Use separate utensils or serving spoons when sharing food.

(B) External Events

3. As a precautionary measure, SSAs can cancel or defer non-essential, large-scale external events to reduce the risk of community transmission of COVID-19. Smaller scale external events may continue, but SSAs should take the necessary precautionary measures, and scale back on what is non-essential.

	Large-scale events	Small-scale events
Essential e.g. serve a key business function	<p>Reduce the scale of events to below 250 participants where possible.</p> <ul style="list-style-type: none"> • Agencies should take special care for events involving vulnerable groups e.g. young children and frail elderly. 	<p>Proceed but take precautionary measures.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Training and development courses. • Corporate events such as workplan seminars, townhalls. • Community events.
Non-essential e.g. festive or celebratory events such as Dinner & Dance, Family Day	<p>Can cancel or defer to reduce risk of exposure of vulnerable groups to the general public.</p> <ul style="list-style-type: none"> • External large-scale gatherings and events (e.g. festive celebrations, CSR events), involving vulnerable groups with other members of the public (e.g. volunteers). 	<p>Proceed but take precautionary measures.</p>

4. For events which proceed, SSAs are advised to put in place the following measures:

- a) **Put in place temperature and health screening measures**, as well as turn away persons who are unwell.
- b) **Require travel declaration from participants.**
- c) **Put in place measures to facilitate contact tracing** if needed, such as obtaining contact details of participants.
- d) **Reduce the crowding of participants** and improve ventilation where possible. For example, participants could be seated at least a metre apart from one another, and be advised to reduce contact with others (e.g. avoid shaking of hands).
- e) **Ensure that event venues are ventilated** and are adequately equipped with facilities for hand washing.
- f) **Increase the frequency of cleaning** of commonly used areas.

(C) Communal Activities in Homes/ Centres

5. Suspend organised excursions, outings and participation in external events to reduce the risk of exposure of the vulnerable groups to the general public.

6. 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**):

- a) Reduce 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 or stagger the activities for different groups.

(D) Group Work/ Activities

7. Group Work/ Activities should generally continue, but with precautionary measures taken:

- a) Clients who are unwell or returned from **overseas travel** in the last 14 days should not participate; and
- b) 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)

8. 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) Volunteer Management

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

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> a. Parenting Support Programme b. Early Risk Marriage Programme c. Marriage Preparation Programme
<p>Note 1: Regular volunteers should be regarded and managed like staff in relation to this Advisory.</p> <p>Note 2: For Early Intervention Programme for Infants and Children, Pilot for Private Intervention Providers, Special Student Care Centres and Student Care Centres, please refer to separate Advisories issued.</p> <p>Note 3: Social service agencies not listed are advised to refer to the guide above to determine the application of the Advisory taking into account the nature of service.</p>		