

2 Nov 2020, 12PM

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. As the number of community cases has remained low, the Multi-Ministry Taskforce will ease measures to facilitate business operations, by enabling more employees to return to the workplace from 28 Sep 2020.

More staff may return to Homes/Centres

2. Working from home remains the default mode of working. We will allow more staff (presently working from home) to return to their workplaces in Homes/Centres. However, Homes/Centres must ensure that (i) such staff continue to work from home for at least half their working time, and (ii) no more than half of such staff are at the workplace at any point in time.¹

3. With more staff returning to the workplace, Homes/Centres should play their part in minimising crowding and possible congregation at common spaces, including on public transport. They can do so by:

- a. Implementing flexible workplace hours to allow staff who can, to work partly at home and partly at Homes/Centres such that they travel outside of peak periods, e.g. blocks of 10am-4pm or 1-5pm in-office hours, or return to Homes/Centres only for meetings and work-from-home the rest of the time.
- b. Further staggering of reporting times such that half of all staff start work at or after 10am.

4. In addition, split team or shift arrangements must continue to be implemented, with each team restricted to one worksite. Homes/Centres must also ensure clear separation of staff on different teams or shifts.

¹ To illustrate, for a full-time staff with a 6-day work week, he or she may be allowed to be in the office for up to three days in a week. Alternatively, a Home/Centre with 10 full-time staff who are currently working from home may split the 10 staff into two teams, and ask each team to return to the workplace every alternate week while the other team continues to work from home. Returning to the workplace can either be initiated by the staff and agreed upon with the Home/Centre, or directed by the Home/Centre.

Staff meetings and training

5. Homes/Centres should continue to conduct staff meetings and internal staff training online as much as possible. In line with the Ministry of Manpower's updated safe management measures for workplaces, Homes/Centres may hold physical staff meetings and internal training (i.e. training for staff within one Home/Centre, by staff within the same organisation), if necessary, with the following Safe Management Measures (SMMs):

- a. No mixing of staff across Homes/Centres during the meeting and cap at 50 persons (or lower depending on venue capacity based on safe management principles);
- b. At least 1m safe distancing between all individuals;
- c. Food and drinks should preferably not be served. If deemed necessary for practical reasons to serve meals, individuals must be seated and served individually and minimise contact with one another while eating. Meal durations should be kept short to minimise the period that individuals are unmasked, and the meal should not be a main feature of the meeting. **Category 1 Facilities** should not serve food and beverage during the meeting;
- d. Masks should be worn at all times during the meeting;
- e. Meeting venue can be within Home/Centre or at a third-party venue (third-party venues are allowed from 22 October 2020, subject to any additional premise owners' policies);
- f. For meeting venues within the Home/Centre, high-touch point areas in the meeting room (e.g. table) to be wiped down and disinfected after each use.

6. To minimise the risk of transmission across Homes/Centres, external training must continue to be conducted online until further notice.

7. As per existing guidelines, Homes/Centres must not organise or encourage larger scale social gatherings within or outside the workplace such as parties, celebrations, team bonding activities, dinner-and-dance (D&D), and gala dinners.

8. Homes/Centres should ensure that staff strictly follow all guidelines. We seek your understanding and cooperation to comply with the measures in order to limit the risk of transmission and protect the health and well-being of our staff, residents and clients. Refer to **Table 1** for the full set of guidelines. MSF will review these guidelines from time to time to ensure they are aligned with MOH's latest advisories.

9. MSF will continue to conduct checks to ensure Homes/Centres have put in place adequate infection control measures and precautionary measures as laid out in the MSF advisories issued.

B. UPDATED PRECAUTIONARY MEASURES (FROM 2 NOVEMBER 2020)

1. From 19 June 2020, all Homes/Centres may resume services for service users with moderate to high needs while ensuring compliance with safe management measures and minimal staff strength onsite. Homes/Centres should ensure that activities are conducted safely to minimise the risk of transmission, and to keep communities and vulnerable persons safe while resuming more social support services.

Safe Management of Staff

2. Homes/Centres should continue to implement a system of safe management measures that will protect staff, residents and clients and strengthen the resilience of their services to any further disruptions. These safe management measures include retaining work from home arrangements as much as possible, staggered working hours, shift or split team arrangements, avoiding physical meetings (both business and social), safe distancing, regular disinfection of common touch points and equipment, and ensuring regular cleaning with disinfecting agents.

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

Safe Management of Residents and Clients

For Category 1 Facilities:

4. **Category 1A Homes** should continue with existing precautions to better protect residents and reduce the likelihood of COVID-19 occurring in these facilities.

5. **Category 1B Centres may resume services to serve enrolled clients with moderate to high needs with safe management measures in place.** Centres should put in place additional precautions for elderly clients and other vulnerable persons with co-morbidities being served at Centres. These measures include separating seniors from the rest of clients, limiting activities involving seniors to no more than five per group (staff and clients inclusive), or serving them by appointment.

For Category 2 and 3 Facilities:

6. Services should continue to be delivered remotely where possible. **Face-to-face services and intervention, such as counselling, should be limited to moderate to high needs, and may take place at the Centres with the necessary safe management measures in place.** These measures include serving cases by appointment and conducting interventions on an individual case basis.

Table 1: Summary of precautionary measures

1	<p><u>SAFE ACCESS</u> <i>Homes/Centres are to implement the following measures to ensure that individuals who may pose a risk to transmission are not allowed access into the premises of Homes/Centres:</i></p>
a.	<p>Restriction of staff, residents and enrolled clients allowed in Homes/Centres - Quarantine Order/ Leave of Absence/ Stay-Home Notice</p> <p><input checked="" type="checkbox"/> Homes/Centres are not to allow staff, residents and enrolled clients on Quarantine Order (QO), Leave of Absence (LOA) and Stay-Home Notices (SHN) to enter premises. See <u>Annex A</u> on Leave of Absence and Stay-Home Notices.</p> <p>Category 1A Homes: Home leave and Day Release Scheme (DRS)/work activities may be allowed for all residents from 11 Sep 2020 with precautions in place².</p>
b.	<p>Restriction of visitors allowed in Homes/Centres</p> <p><input checked="" type="checkbox"/> Category 1A Homes serving elderly residents³: Pre-designate up to four visitors per resident⁴, with only one pre-designated visitor allowed to enter Homes at any one time with precautions in place⁵. Homes may exercise discretion on the number of visitors per resident on compassionate grounds (e.g. critically ill).</p> <p><input checked="" type="checkbox"/> For Senior Group Homes, Community Group Homes and Transitional Shelters located in a community-based setting, each household should limit visits to not more than five persons at any one time, in accordance with MOH's guidelines on safe homes and community.</p>

² Category 1A Homes serving elderly residents should implement the precautions in Annex C to better protect vulnerable seniors and reduce the likelihood of COVID-19 occurring in these facilities.

³ Homes that serve elderly residents include Senior Group Homes, Sheltered Homes, Welfare Homes, Adult Disability Homes, Disability Hostels, Community Group Homes and Transitional Shelters.

⁴ The pre-designated visitors list should not be changed once designated.

⁵ These precautions include:

- (i) Visitors should schedule visitation appointments in advance;
- (ii) Visitors should wear masks at all times during the duration of the visit and adhere to safe management measures (e.g. maintain 1 metre distance from resident, enforce hand hygiene protocols before entering and leaving the visitation area);
- (iii) Visit duration should be limited to **1 hour** or less;
- (iv) Visits should take place at designated areas outside of living quarters and segregated from other residents. Physical barriers (e.g. glass/Perspex screens) between the resident and visitors to be set up, where possible;
- (v) **Number of visitors should be limited to no more than 20% of bed capacity per day. For Homes with 60 beds or less, 12 visitors are allowed per day.** Homes may impose a lower limit depending on the size of the visitation area, as they should continue to ensure there is a distance of 1 metre between residents/visitors. Homes should also ensure that residents should not come into contact with residents of other zones.

	<ul style="list-style-type: none"> ☑ Other Category 1A Homes: Allow only a maximum of two designated caregivers/ visitors per resident/ enrolled client with precautions in place⁶. ☑ Category 1B Centres: Only one caregiver per client allowed to accompany enrolled client with precautions in place. ☑ Homes/Centres are not to allow visitors, who are on QO, SHN, LOA or declared to have a close contact who is a confirmed case to enter your premises. For Category 2 and 3 facilities, staff should arrange for services to be delivered to them remotely e.g. over the phone or online. ☑ Only visitors who are needed to support the running of facilities (e.g. contractors) and agencies who need to perform necessary functions may enter the premises. If it is necessary to have a visitor in the facility, temperature checks, health and travel declarations should be obtained. Visitors should keep a safe distance from staff, residents and clients. ☑ 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.
<p>c.</p>	<p>Restriction of vendors allowed in Category 1A Homes</p> <ul style="list-style-type: none"> ☑ Designate a 'drop-off point' for vendors for deliveries outside the Home. Staff can then pick up the deliveries and reduce the contact time with vendors. ☑ Homes should ensure proper sanitisation and wiping down of all goods and items that are delivered to the designated 'drop-off point', before it is handled by other staff and residents. ☑ Homes may resume maintenance work that do not require access into living quarters or have contact with residents (e.g. grass cutting), but should continue to defer non-critical repair/maintenance works which require access into the living quarters of residents. ☑ For auxiliary personnel such as cleaners, security guards, caterers and other contractors, Homes should work with service vendors to ensure that the personnel deployed to the Homes do not reside in foreign worker dormitories with confirmed cases. ☑ Where such contractors have to physically enter the premises, they should wear surgical masks. Residents and care staff should not have any contact with external contractors and should not be in the same room or location where the contracted work is being done. Stricter measures should be put in place to avoid possible contamination of "high-touch" surfaces such as tables and door knobs. There should also be wiping down of the areas where works

⁶ These precautions include: (i) Visitors should wear masks during the duration of the visit and enforce hand hygiene protocols before and after the visit; (ii) Visit duration should be limited to **1 hour** or less; (iii) Other measures to further mitigate risks and ensure safe distancing, taking into account the setting of the Home, e.g. use of desk shields/Plexiglass barriers between residents and visitors and other means of ensuring a safe distance of at least 1 metre.

	<p>are carried out before opening up the space for residents' use. If contact with residents is unavoidable, the contractors/vendors should wear surgical masks, gloves, and gowns.</p> <p><input checked="" type="checkbox"/> In line with prevailing MSF advisories, screen vendors for health status (temperature and respiratory symptoms) and travel history, enforce hand hygiene before vendors enter the facility, record vendor contact details and movement within the Homes for contact tracing using SafeEntry and TraceTogether, and minimise the time they spend in the living quarters.</p>
<p>d.</p>	<p>Health checks and temperature screening</p> <p><input checked="" type="checkbox"/> <u>On arrival:</u> Homes/Centres are to continue with temperature screening and health checks for all staff, residents, clients and visitors.</p> <p>Besides health checks for visible symptoms, Homes/Centres are to explicitly ask all staff, residents, clients and visitors the following questions during health checks, and record the responses even when they do not have any symptoms:</p> <ol style="list-style-type: none"> i. Have you been having a fever? ii. Do you have a cough? iii. Do you have a sore throat? iv. Do you have a runny nose? v. Do you have shortness of breath? vi. Do you have a loss of sense of smell or taste? vii. Are there household members who are unwell with fever and/or flu-like symptoms such as cough, runny nose, sore throat, shortness of breath? <p>Homes/Centres should not admit staff, residents, clients and visitors who are unwell, and recommend that they promptly seek medical attention.</p> <p>For visitors/service users to Category 2 and 3 facilities who are unwell or declared to be in close contact with a confirmed case, staff should arrange for services to be delivered remotely, e.g. over the phone or online where possible. However, if the case is assessed to be urgent, they can be served, but with added precautions including for the unwell person to wear a mask and to minimise close contact with others.</p> <p>Staff, residents, clients and visitors with household members who are unwell (with fever and/ or flu-like symptoms such as cough, runny nose, sore throat, shortness of breath) are encouraged to stay home, if possible.</p> <p><input checked="" type="checkbox"/> <u>During the day:</u> Homes/Centres should conduct the following frequency of temperature taking and health checks for residents, enrolled clients and staff.</p>

- i. **Category 1** facilities – minimally twice-daily temperature screening and checking of respiratory symptoms for all residents and enrolled clients, if not already the arrangement.
- ii. All facilities – at least twice-daily temperature taking and checking of respiratory symptoms for all staff, including administrative and non-care staff, even if not at work.

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

Ensure that any staff feeling unwell leave the premises immediately and seek medical treatment, and stay away until they have fully recovered. Homes/Centres should advise staff not to clinic-hop. Where possible, Homes/Centres must ensure that each staff visits only one clinic for check-ups if unwell. Otherwise, staff should inform the clinic of all recent doctor visits over the past 14 days for any symptoms that may be related to COVID-19 (including but not limited to typical symptoms such as fever, cough and shortness of breath). For the duration of their medical certificate, the staff must not leave his or her place of accommodation and must follow the same social-distancing procedures as those on Stay Home Notices. Staff who are still unwell after the medical certificate⁷ duration should not return to work and should follow up with the same medical practitioner.

Isolate residents and enrolled clients with fever and respiratory symptoms immediately. Refer residents and enrolled clients with respiratory symptoms and/or fever to a doctor for assessment. There should be no more than one unwell resident/client in each sick bay. If there is more than one unwell resident/client in the sick bay, they should be spaced 2m or more apart and be given masks to wear. If staff need to interact closely with the sick resident/client (i.e. <2m from resident/client), they should wear a mask, face shield, gown and gloves, and sanitise or wash their hands with soap after contact with the resident/client. The sick bay should be sanitised and wiped down frequently, especially after every use.

For Category 1A facilities, any staff and resident who present with ARI symptoms (e.g. cough, fever, sore throat) should go to the nearest Public Health Preparedness Clinic (PHPC)/Polyclinic immediately. The staff/resident should inform

⁷ Reg 3(2) of the Infectious Diseases (COVID-19 Stay Orders) Regulations 2020 promulgated under the Infectious Diseases Act gazetted on 25 March 2020.

	<p>the doctor about their symptoms and that they are working/living in communal residential settings (i.e. MSF residential homes), and request to be swabbed for Covid-19. If the doctor assesses that they do have symptoms suggestive of Covid-19 infection, the PHPC/Polyclinic will perform the Covid-19 swab at the clinic if they participate in the Swab and Send Home (SASH) initiative, or will refer the resident/staff to another PHPC clinic for the swab. They will also provide medication and issue the staff/resident with 5 days MC. The staff/resident should then take private transport back to their place of residence/the Home with windows wound down, and be isolated for the 5 days of medical leave while pending swab results.</p>
<p>e.</p>	<p>Contact tracing of staff, residents, clients and visitors</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> From 12 May 2020 onwards, Homes/Centres are required to use SafeEntry to collect entry and exit information of staff, residents, clients and visitors to facilitate contact tracing. <input checked="" type="checkbox"/> Staff, residents, enrolled clients and vendors should download and activate the TraceTogether app to facilitate contact tracing. <input checked="" type="checkbox"/> Homes/Centres⁸ should use Trace Together (TT) tokens to help the residents/clients auto-log their close contacts for contact tracing purposes.
<p>f.</p>	<p>Travel plans and declarations</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> With the evolving COVID-19 situation, Homes/Centres are to continue monitoring the travel plans of staff, residents and enrolled clients to all countries closely. Homes/Centres should inform staff residents and enrolled clients to declare the following, if not already done: <ul style="list-style-type: none"> i. Any recent travel history; and ii. Intended/updated travel plans by staff, residents or enrolled clients to other countries (including the city(s) of travel) <p>MSF will request for the above information periodically. With the lifting of border restrictions to visitors from Australia, Brunei Darussalam, Mainland China, New Zealand and Vietnam, MOH will update its travel advisory to allow general travel to Australia, Brunei Darussalam, Mainland China, New Zealand and Vietnam⁹. All staff, residents and enrolled clients are advised to defer all other forms of travel overseas. Essential travel for business, official and work purposes will continue to be permitted under Green/Fast Lane arrangements and the Periodic Commuting Arrangement. You are encouraged to be judicious in approving overseas leave for staff, and</p>

⁸ For Homes and Centres that receive TT tokens distributed by MSF.

⁹ **General travel to Victoria State (Australia) and Mainland China will be allowed from 6 November 2020, 0000 hours.**

	<p>also closely monitor the travel plans of staff, residents and enrolled clients in view of the SHN imposed upon return from overseas. Inform MSF immediately if you intend to allow any of your staff to proceed with their travel plans.</p> <p>Homes/Centres should require all visitors entering Homes/Centres to fill in a travel declaration form.</p>
g.	<p>COVID-19 Preparation Information Dossier</p> <p><input checked="" type="checkbox"/> To facilitate contact tracing and impact analysis should a staff or resident become a confirmed case, Category 1A Homes should ensure that the COVID-19 Preparation Information Dossier is updated daily. The list of information to be recorded can be found in <u>Annex D</u>.</p>
2	<p><u>SAFE BEHAVIOUR</u> <i>Homes/Centres are to implement the following to ensure that staff, residents and clients adopt safe behaviour to reduce the risk of transmission and ensure a safe environment within Homes/Centres.</i></p>
a.	<p>Wearing of masks in Homes/Centres</p> <p><input checked="" type="checkbox"/> All staff should wear masks within facilities¹⁰. Disposable/reusable masks may be used as alternatives. For staff with prolonged and close contact with residents and clients, face shields should be used in conjunction with masks for additional protection.</p> <p><input checked="" type="checkbox"/> For Category 1A facilities, all staff should wear surgical masks¹¹ during the course of work.</p> <p><input checked="" type="checkbox"/> All visitors should bring their own masks and wear a mask at all times whilst in the facility.</p>
b.	<p>Practise high levels of personal hygiene</p> <p>All staff, residents and clients are to maintain good personal hygiene such as:</p> <p><input checked="" type="checkbox"/> Covering their mouth and nose with a tissue when sneezing or coughing, and to throw away the tissue immediately into a foot bin.</p> <p><input checked="" type="checkbox"/> Washing their hands at least every 2 hours with soap, especially before eating or handling food, after toilet visits, before and after activities or when hands are dirtied by respiratory secretions after coughing or sneezing.</p> <p><input checked="" type="checkbox"/> Not sharing food/drinks, eating utensils, tooth brushes or towels with others.</p>

¹⁰ For Homes, exceptions can be made outside of working hours and within living areas for staff that stay on-site in dormitories. However, these staff should continue to practise safe distancing and minimise any mingling and contact **at all times**.

¹¹ Surgical masks should be changed after a maximum of 6 hours of use, or if mask becomes soiled or soggy. Staff must strictly adhere to hand hygiene practices in addition to mask use to prevent cross contamination.

	<ul style="list-style-type: none"> ☑ Avoid touching their eyes, nose and mouth. ☑ Staff interacting with seniors should take extra care to ensure personal hygiene. Staff should not interact with seniors when they are unwell. ☑ Encourage adjustment of social norms, e.g. avoid shaking hands and hugging. ☑ Put up signages to remind clients to be socially responsible, e.g. see a doctor and stay home if they are unwell or if they have travel history to affected countries.
c.	<p>Ensure high levels of environmental hygiene</p> <ul style="list-style-type: none"> ☑ Disinfect frequently touched points such as handrails and door knobs with disinfectant at least twice a day. ☑ Minimise cross-sharing of equipment and materials across split zones/teams. Equipment should be assigned individually, if reasonably practicable to do so, and to be wiped down and cleaned after each use. ☑ Step up frequency and extent of cleaning, especially for equipment/furniture used by multiple client groups in a day. ☑ Keep public toilets clean and dry. ☑ Ensure that hand washing facilities and/ or hand sanitisers are readily available.
d.	<p>Appoint Safe Management Officers who are responsible for:</p> <ol style="list-style-type: none"> i. Implementation, coordination and monitoring of safe management measures; and ii. Communication and explanation of the safe management measures to staff prior to resuming work. <p>The full requirements for Safe Management Measures can be found at mom.gov.sg/covid-19/requirements-for-safe-management-measures.</p>
3	<p><u>SAFE FACILITIES</u> <i>Homes/Centres are to implement the following measures to ensure minimal interaction/ mixing between staff, residents and clients from different zones/teams, so as to minimise risk of cross-transmission in the event of a confirmed COVID-19 case in Homes/Centres.</i></p>
a.	<p>Segregate by zones/teams</p> <ul style="list-style-type: none"> ☑ Where employees can perform their work by telecommuting from home, employers should ensure that they do so¹². For functions where telecommuting is not feasible, such as frontline operations, employers should take the following precautions: <ul style="list-style-type: none"> • Limit cross deployment of staff across multiple facilities and settings by implementing split zones and split teams. There

¹² Homes/Centres must ensure that (i) such staff continue to work from home for at least half their working time, and (ii) no more than half of such staff are at the workplace at any point in time.

	<p>should also be no physical interactions between teams working in different locations.</p> <ul style="list-style-type: none"> • Reduce duration and proximity of physical interactions among staff within the same team during their course of work, as well as during their meal and break times. • Stagger working hours to reduce possible congregation of staff at common spaces. • Stagger use of common areas and facilities (e.g. toilets, halls, common areas) to avoid mixing between split zones/teams. <p>For Category 1 Facilities:</p> <ul style="list-style-type: none"> ☑ Implement split zones (e.g. by floors). All residents, clients and staff (including contracted staff and vendors) should only operate within a single zone. ☑ Review staffing plans so that each zone can function autonomously. Residents, clients and staff within each zone should not cross into other zones or come into contact with residents, clients and staff of other zones at all times, including non-working hours. As part of this split zone arrangement, staff from different zones should not be rostered to serve the same residents and clients on different days. Where this is not possible, the exceptions and mitigating factors should be documented. ☑ Maintain a staff movement log, which will facilitate impact analysis should a staff, client or resident become a confirmed case. Staff should also avoid social and physical interaction with other staff. This includes limiting interaction and practicing safe distancing during common times such as lunch or tea breaks, and in shared spaces such as staff pantries or common dining areas. Staff must also practise safe distancing when not on duty, including but not limited to avoiding crowds, gatherings and minimising any physical contact (e.g. handshakes).
<p>b.</p>	<p>Safe distancing between split zones/teams during drop off/pick up times</p> <ul style="list-style-type: none"> ☑ There should be no mixing of clients from different zones/teams during arrival and departure periods. E.g. use separate routes and entrances/exits, where available. ☑ Where transport services are used: <ul style="list-style-type: none"> • Ensure no mixing of clients from different zones/teams. • Take client's temperatures prior to boarding. • Bus attendants/drivers or staff to visually screen clients for symptoms. If clients are unwell, to ask clients not to board. • Assign a specific seat to each client. • Ensure each client wears a mask and refrain from talking/interacting during the journey to and from Centres. • Alternate seating that is at least 1m apart for all clients, where reasonably practicable to do so.

	<ul style="list-style-type: none"> • Ensure that the vehicle is cleaned and sanitised before use every time.
c.	<p>Suspend large group activities</p> <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. ☑ Suspend large group communal activities and mass gatherings within the institutions (e.g. morning muster, gathering of all service users and staff). Suspend those involving large groups of external participants (e.g. CSR events involving volunteers). This is to reduce the risk of exposure and cross infection within an institution. ☑ Suspend communal activities across facilities, dormitories or blocks.
d.	<p>Small group activities</p> <p>For Category 1 Facilities</p> <ul style="list-style-type: none"> ☑ Ensure that these activities are carried out with safe management precautions. Homes/ Centres should stagger the activities, have more frequent sessions so that they can be carried out in smaller groups of no more than 10 persons, ensure there is a distance of 1 metre between residents/ clients, and enforce hand hygiene protocols before and after the activity. ☑ Staff and residents/ clients should also strictly adhere to the split zone arrangements when participating in the group activities. ☑ Reduce density, intensity and duration of activities. Reduce number of participants per activity to 10 persons or less to ensure sufficient space between participants, adjust the rigour of activities to minimise contact and exertion, and shorten the duration of organised activities to minimise exposure. ☑ Category 1A Homes can allow small group outings of no more than five persons, supervised by staff, to non-crowded areas for walks or exercise within the Home’s vicinity (e.g. neighbourhood parks). ☑ Category 1B Centres can allow small group outings of no more than five persons (staff and clients inclusive), supervised by staff, to non-crowded areas. <p>For Category 2 and 3 Facilities</p> <ul style="list-style-type: none"> ☑ Essential interventions delivered through group work/activities should be limited to no more than five persons with safe management precautions e.g. ensure a safe distance of 1 metre between participants. <p>For all Facilities</p> <ul style="list-style-type: none"> ☑ Space out the seats in communal areas (such as dining areas), interview rooms, service counters in Homes/Centres at least one metre apart. <ul style="list-style-type: none"> • Stagger meal times with no mixing of split zones/teams.

	<ul style="list-style-type: none"> • Surfaces (e.g. tables, chairs) to be cleaned before the commencement of meals for the next split zone/team. ☑ Use desk shields / plastic dividers / Plexiglass barriers as added precaution for service counters, dining tables and other areas should safe distancing cannot be maintained. Ensure that these equipment are wiped down and cleaned after every use. ☑ Everyone should keep their volume low in daily activities. Actions such as speaking/singing loudly increase expulsion of droplets that may contain viral particles and raise the risk of transmission of diseases like COVID-19. ☑ Keep all rooms well-ventilated. Open windows to allow plenty of fresh air into the indoor environment, where possible. <ul style="list-style-type: none"> • Ensure good ventilation when conducting activities, for example conducting them outdoors, or keeping windows open and using fans when indoors.
e.	<p>Suspend staff meetings, training and social gatherings</p> <p>Staff meetings and internal training</p> <ul style="list-style-type: none"> ☑ While staff meetings and training should remain online as a default, Homes/Centres may hold physical staff meetings and internal staff training (i.e. conducted for staff within one Home/Centre, by staff within the same organisation), if necessary, with SMMs in place¹³. <p>External training</p> <ul style="list-style-type: none"> ☑ All external training are to be held online until further notice. <p>Social gatherings between staff</p> <ul style="list-style-type: none"> ☑ Homes/Centres must not organise or encourage large scale social gatherings (e.g. parties, celebrations (e.g. birthdays), team bonding activities, D&D, gala dinners, etc.) within or outside the Homes/Centre. ☑ Staff should minimise socialising or congregating in groups¹⁴ at common areas, such as staff lounge and pantry, including during meals or breaks. ☑ There should be no interaction between staff in different teams or locations outside of work.
f.	<p>Limit home visits and outreach activities (i.e. face-to-face sustained contact with clients) to urgent or at-risk cases</p> <ul style="list-style-type: none"> ☑ Some programmes have home visits related to case work and outreach components conducted by staff or regular volunteers. In general, these activities should be limited to urgent or at-risk cases, or where the situation warrants a home visit, with precautionary measures:

¹³ Homes/Centres should implement the SMMs in Section A, paragraphs 5 for physical staff meetings and internal trainings.

¹⁴ Homes/Centres must ensure that staff adhere to the permissible group size based on prevailing guidelines on social gatherings at the workplace, including during meals or breaks.

- For known clients and service users, conduct pre-screening over phone for known clients and service users to check for travel history, persons on SHN, LOA or Persons Under Quarantine (PUQ), and any persons who are unwell in the household.
 - For non-clients, before entering the residence, check for travel history, persons on SHN, LOA or PUQs, and any persons who are unwell in the household.
 - Check if clients/ service users are comfortable for staff and volunteers to enter their residence.
 - **If there are PUQs or SHN in the household:** Staff should arrange for services to be delivered remotely e.g. over the phone or online.
 - **If the client is unwell or there are persons on LOA in the household:** Staff should arrange for services to be delivered remotely e.g. over the phone or online. However, if the case is assessed to be urgent, they can be served, but with added precautions including for the unwell person to wear a mask and to minimise close contact with others.
 - **Outreach activities/ programmes (e.g. befriending, food delivery) to seniors should be delivered remotely over the phone or online utilising technology, where possible.** If engagement needs to be done face-to-face (e.g. seniors with no phone numbers), additional precautions and strict safe distancing measures should be taken e.g. limiting engagement to less than one hour, and maintaining at least one metre apart from seniors in their homes or at the gate. Staff should don surgical masks and practise hand hygiene before / after each home visit. During the home visit, residents and family members should also wear a mask as far as possible.
- For distribution of essential aid (e.g. food delivery), refer to MSF's Advisory on Essential Aid Distribution Against COVID-19 dated 17 June 2020.

g. Volunteer management

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

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

Facility	Precautions
Category 1A facilities serving elderly residents	<ul style="list-style-type: none"> • Only white-listed volunteer-led activities that cannot be

			<p>conducted remotely and have direct impact on the well-being/hygiene of residents (e.g. nail-cutting, hair-cutting and dental care) can resume with safe distancing measures. Please contact the MSF officer in charge of your programme to white-list volunteer-led activities.</p> <ul style="list-style-type: none"> • Pre-designate up to 10 volunteers, and limit to no more than five volunteers at any one point in time.
		Category 1A facilities serving non-elderly residents	<ul style="list-style-type: none"> • Limit to 10 volunteers within Homes at any one point in time.
		Category 1B facilities	<ul style="list-style-type: none"> • Pre-designate up to 10 volunteers, and limit to no more than five volunteers at any one point in time. • Volunteers should keep to a fixed group of clients and minimise close physical contact with clients.
		<input checked="" type="checkbox"/> Volunteers should not be cross-deployed to more than one Home/Centre.	

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

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

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

Annex A: Leave of Absence, Stay-Home Notice and Home Quarantine Order

Response Measure	What you should do
<p>(i) Any staff or enrolled client who recently returned from overseas travel within the last 14 days, except for those entering Singapore from Australia, Brunei Darussalam, Mainland China, New Zealand and Vietnam¹⁵</p>	<ul style="list-style-type: none"> • Immigration and Checkpoints Authority (ICA) will issue SHN to all persons returning from overseas travel. • Notify MSF of SHN given to staff or enrolled client. • Monitor affected staff or enrolled client through regular telephone calls.
<p>(ii) Any staff of all Category 1 Facilities or enrolled client of Category 1B Facilities:</p> <ul style="list-style-type: none"> • living with any household members under Home Quarantine Order (HQO) • living with any household members under Stay-Home Notice (SHN) • Has a close contact who is a confirmed case 	<ul style="list-style-type: none"> • Inform all residents/enrolled clients/staff to notify you if: <ul style="list-style-type: none"> ○ there is a household member under HQO/SHN ○ there is close contact who is a confirmed case • For enrolled clients, grant Leave of Absence, aligned to <ul style="list-style-type: none"> ○ the period of household member's HQO/SHN; or ○ 14 days from the last contact with the close contact who is a confirmed case • For residents, do not grant home leave until after household member's HQO/SHN • For staff, consider these precautionary measures: <ul style="list-style-type: none"> ○ Grant Leave of Absence aligned to the period of household member's HQO/SHN, or 14 days from the last contact with the close contact who is a confirmed case; or ○ Redeploy staff to administrative tasks • Inform MSF immediately of: <ul style="list-style-type: none"> ○ Any household member under HQO/ SHN ○ Any LOA given to enrolled client/ staff living with the household member under HQO/SHN, or has a close contact who is a confirmed case • Monitor health of these residents/ enrolled clients/ staff through regular telephone calls.

¹⁵ Travellers, Singapore Citizens, Permanent Residents and Long-Term Pass holders entering Singapore and who have remained in either Australia (excluding Victoria State), Brunei Darussalam, New Zealand or Vietnam in the last consecutive 14 days prior to their entry will not be required to serve a SHN. Instead, they will undergo a COVID-19 test upon arrival at the airport and only be allowed to go about their activities in Singapore after receiving a negative test result. From 6 November 2020, 0000 hours, this same arrangement will be extended to visitors from Victoria State (Australia) and Mainland China. From 6 November 2020, 0000 hours Singapore Citizens, Permanent Residents and Long-Term Pass holders returning from Victoria State (Australia) and Mainland China who fulfil the above condition will similarly undergo a COVID-19 test upon arrival and will not have to serve SHN. Prior to receiving the test results for COVID-19, staff, residents and clients should remain in isolation at their places of residence and not come into contact with other staff, residents and clients of Homes/Centres.

Annex B: Classification of Services

Category	Nature of Service	Facility/ Programme/ Service
1	<p>Facilities providing care and social services to vulnerable groups</p>	<p><u>Category 1A: Residential facilities</u></p> <ul style="list-style-type: none"> a. Singapore Boys' Home b. Singapore Girls' Home c. Children and Young Persons Homes d. Welfare Homes* e. Sheltered Homes* f. Children's Disability Homes g. Adult Disability Homes* h. Crisis Shelters i. Transitional Shelters* j. Senior Group Homes* k. Community Group Homes* l. Disability Hostels* <p>*Facilities serving elderly residents</p> <hr/> <p><u>Category 1B: Disability centres and programmes</u></p> <ul style="list-style-type: none"> a. Day Activity Centres b. Drop-In Disability Programme c. Therapy Hub d. Sheltered Workshop e. Community Based Integration Support
2	<p>Facilities providing social services to vulnerable groups, involving sustained contact e.g. case interview, counselling session</p> <p>[As a guide: services involving physical contact, or within 2 metres with a contact time of \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 g. Youth!GO Agencies h. Integrated Service Providers

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>		

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

Category 1A Homes serving elderly residents¹⁶ should implement the following precautions when granting home leave for residents to better protect vulnerable seniors and reduce the likelihood of COVID-19 occurring in these facilities:

- (i) Duration of home leave is limited to a maximum of three calendar days (72 hours).
- (ii) Home leave is not permitted should the resident's caregiver/family members living in the same residence be on Quarantine Order (QO), Stay Home Notice (SHN), placed under phone surveillance for close contact with a confirmed COVID-19 case, or unwell with fever and/or symptoms of acute respiratory infection (ARI) and/or infectious disease.
- (iii) Before the resident goes on home leave, Homes are to brief the caregiver on the precautionary measures to undertake. Homes are to ask the caregiver to sign a letter of undertaking as an acknowledgement of the precautions needed, to safeguard the health of other residents and staff.
- (iv) The caregiver/resident should be advised on the following:
 - a. To minimise the resident's activities in the community (e.g. avoid going to crowded places and meeting with many contacts in the community);
 - b. To strictly disallow the resident's contact with known individuals placed under quarantine, SHN or on phone surveillance for close contact with a confirmed COVID-19 case, as well as individuals who are unwell with fever and/or symptoms of acute respiratory infection (ARI)¹⁷ and/or diagnosed with an infectious disease;
 - c. For the resident to always wear a surgical mask (preferred) or reusable mask with at least 95% bacterial filtration efficiency¹⁸ when in the community, practise good hand hygiene and observe all the measures put in place by the relevant authorities;
 - d. To download and activate the TraceTogether app or bring along the wearable TraceTogether token if issued to the resident when in the community;
 - e. For the caregiver to monitor the resident for fever (38°C and above) and symptoms of ARI twice a day. The caregiver is to alert the Home and bring the resident to visit a doctor immediately if the resident turns unwell whilst on home leave.

¹⁶ Homes that serve elderly residents include Senior Group Homes, Sheltered Homes, Welfare Homes, Adult Disability Homes, Disability Hostels, Community Group Homes, and Transitional Shelters.

¹⁷ Symptoms of ARI include cough, fever, runny nose, sore throat and anosmia.

¹⁸ For reference, the recent reusable masks distributed by the Government in May and June 2020 carry this specification.

(v) Only one caregiver can enter the Home's premises to pick up the resident for home leave. Homes can designate a waiting area and bring the resident to the caregiver, so that the caregiver does not enter the dormitories. The caregiver should comply with the prevailing precautionary measures at the Home (e.g. SafeEntry, travel/health screening, temperature check, avoid entering the dorms and minimise contact with other staff/residents).

(vi) At the end of the resident's home leave, the caregiver should submit the following to the Home:

- a. Temperature records of the resident whilst on home leave; and
- b. Declaration that the undertaking has been fulfilled, including that the resident did not come into contact with any individual who was on QO/SHN/under phone surveillance for close contact with a confirmed COVID-19 case, or unwell with fever and/or ARI symptoms and/or infectious disease. Should the resident come into contact with any such individual, the caregiver is to inform the Home of this immediately and update the Home on the outcome of the individual's swab test, if he/she is tested for COVID-19, as well as any other instructions or directives issued to the individual by MOH.

(vii) Should any individual, who came into contact with the resident whilst on home leave, develop fever and/or ARI symptoms in the 7 days from the date the resident returns to the Home, the caregiver is to inform the Home of this on an immediate basis and to update the Home on the outcome of the individual's swab test, if he/she is tested for COVID-19.

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

- a. For day leave (e.g. day trip of not more than 8 hours or those on DRS/engaged in work activities), Homes are to continue with prevailing precautionary measures, such as routine monitoring of residents for ARI symptoms. Residents on DRS/engaged in work activities should be swabbed once in every 2 weeks, according to the Home's regular swabbing regime.
- b. For leave involving an overnight stay or longer (e.g. more than 8 hours), returning residents from home leave should be isolated for 7 days upon the resident's return, and tested for COVID-19 on Day 7. The resident is to remain isolated until the test results for COVID-19 returns negative. During the 14 days from the residents' return to the Home or until the test results for COVID-19 returns negative, whichever is later, the Home should closely monitor the resident for any symptoms. Homes which do not have adequate isolation capacity should not commence home leave arrangements with overnight stay.

Annex D: COVID-19 Preparation Information Dossier

Category 1A facilities should ensure that the Dossier is updated daily with the below information:

- Background of home – residents profile, physical layout, shared facilities
- Full list of all staff, contractors/vendors (e.g. cleaning staff) and residents at the Home, including contact details
- Daily records of residents (name, NRIC, ward and bed number, temperature and symptoms) with fever or respiratory symptoms for the past 30 days
- Daily records of staff reporting sick and/or on medical leave for the past 30 days
- Daily records of visitors to the Home (including which cubicle/ward they visited) for past 30 days
- Daily records of contractors to the home for the past 30 days
- Staff, residents movement on the ground e.g. if it is strictly controlled, or free mixing
- All movements of residents in and out of the Home for the past 30 days (from and to hospitals, polyclinics, home leave, outings)
- Care and medical procedures performed at the Homes, particularly those that require close contact e.g. need assistance in daily tasks like showering, medication feeding
- Additional health information of residents: Addiction issues, chronic psychiatric conditions, and/or disabilities (if any)
- Group all residents into two categories:
 - Residents that can be quarantined in Govt Quarantine Facilities (GQF) independently: Independent in Activities of Daily Living (ADL), no care needs, ambulant. This group should also include residents who may not be medication compliant, but can be served medication at the GQF by the staff
 - Residents that have to be quarantined in-situ within the Home: Have some/high care needs e.g. dialysis patients, frail, dementia, ADL dependent & behaviourally non-compliant
- MSF Home split zone arrangements (if relevant)
- Size and occupancy of Home
- Floor plans of Home

Following a confirmed case, Homes should also immediately prepare information about the confirmed case:

- Confirmed case information: name, NRIC, age, ambulatory status, health history
- Date of first onset of fever/respiratory symptoms of confirmed case
- List of staff/vendors/residents who have been in contact with the confirmed case and who entered the cubicle of the confirmed case
- Location of confirmed case's bed and areas where the confirmed case had been from 2 days before first onset of symptoms