

9 Nov 2022

Dear Heads of Home / Centre Supervisors

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

(This advisory summarises all relevant measures from all COVID-19-related advisories issued by MSF to date. Further changes from the advisory disseminated on 12 Oct 2022 are highlighted in yellow.)

From 14 October 2022, in view of the rising number of COVID-19 cases, we had tightened the Safe Management Measures (SMMs) for in-person visitors to Cat 1A Institutional Elderly Homes¹ for a period of four weeks from 14 October 2022 to 10 November 2022 (both dates inclusive). While the daily number of local COVID-19 cases has fallen over the past weeks, our hospitals continue to be under stress with a significant number of COVID-19 patients still warded in hospitals. Homes are also caring for an increased number of COVID-positive residents on-site compared to the previous months. To relieve pressure on the staff in our hospitals and Homes, and to protect vulnerable patients and residents, we will extend the restrictions until 23 November 2022 (inclusive).

2. All residents will be allowed up to four pre-designated visitors, and only one visitor may visit at any one time with the visit duration limited to 30 minutes. Visitors should strictly adhere to prevailing safe management measures within the Homes. This includes remaining within the designated visitor areas, outside of the living quarters. Refer to **Table 1** for the full set of guidelines.

3. We will review and calibrate these measures regularly in line with the evolving situation. We seek the understanding and cooperation of all concerned as we work to reduce the risk of COVID-19 transmission in our Homes.

Safe Management of Visitors, Staff, Residents and Clients

For All Facilities

4. All Facilities should ensure that staff strictly follow all guidelines. We seek your understanding and cooperation to comply with the measures to limit the risk of transmission and protect the health and well-being of our staff, residents and clients. These measures must be adhered to, regardless of one's COVID-19 vaccination status, or whether they are recovered cases. Refer to **Table 1** for the full set of guidelines.

5. MSF will continue to conduct checks to ensure all Facilities have put in place adequate infection control measures and precautionary measures as laid out in the MSF advisories issued.

¹ Welfare Homes, Sheltered Homes, and Adult Disability Homes and Hostels

6. Mask-Wearing: For Category 1A Institutional Elderly Homes, visitors, staff, and residents/clients are required to wear masks for indoor settings. However, masks will be optional for outdoor settings. Notwithstanding the mask-on requirement in indoor settings, workers will be allowed to remove their masks at the workplace: (i) when they are not interacting physically with others and (ii) when they are not in client-facing areas. For all other facilities, mask-wearing is no longer required. However, we encourage individuals to wear their masks when they are unwell or plan to have contact with vulnerable persons for personal protection and to protect others, especially in crowded areas.

7. Workplace Requirements: All Facilities may have all employees return to the workplace.

8. Safe distancing: Safe distancing is not required between individuals or between groups.

9. Vaccination-Differentiated SMMs (VDS): VDS has been removed from all settings with effect from 10 Oct 2022.

10. Lifting of Workforce Vaccination Measures (WVM): WVM implemented by the Ministry of Manpower (MOM) has been lifted. Nevertheless, given that the pandemic is not over, tripartite partners have agreed that employers should have the flexibility to continue implementing vaccination-related instructions for employees for workplace health and safety and business continuity reasons, and in accordance with employment law. This applies to all Facilities for all staff/volunteers/vendors. Refer to MOM's website for further details.

11. Stopping Health Risk Notices (HRN): The Ministry of Health (MOH) has stopped issuing HRNs to close contacts. However, persons should continue to exercise social responsibility. For example, COVID-19 positive persons should inform their close contacts so that the contacts can take the necessary precautions under Protocol 3, i.e. test themselves to be negative before leaving their homes, to prevent further spread. Category 1A Institutional Elderly Homes and Category 1B Sheltered Workshops and Day Activity Centres should request proof of a negative Antigen Rapid Test (ART) result for persons with recent exposure before allowing entry.

12. Stepping down on the use of TraceTogether (TT) and SafeEntry (SE): As HRNs are no longer issued, COVID-19 cases need not upload their TT data or submit their TT token. All facilities need not require staff/clients/visitors to check in using the TT application or token.

Table 1: Summary of Precautionary Measures

1	<u>SAFE ACCESS</u> <i>Homes/Centres are to implement the following measures to ensure that individuals who may pose a risk to transmission are not allowed access into the premises of Homes/Centres:</i>
a.	Restriction of visitors, staff, residents and enrolled clients allowed in Homes/Centres

	<p> <input checked="" type="checkbox"/> Homes/Centres are not to allow visitors, staff, residents and enrolled clients who have received a Stay-Home Notice (SHN) to enter the premises. For details, see ICA’s website. </p> <ul style="list-style-type: none"> ○ Category 1A Institutional Elderly Homes: There is no limit on the duration of Home Leave². Homes should continue to evaluate the reasons for going on home leave and assess the medical suitability and safety of the resident before home leave is granted. Refer to Annex B for more details. ○ Other Category 1A Homes: Where applicable, home leave may be allowed for residents from these Homes. <p>Workforce Vaccination Measures (WVM)</p> <p> <input checked="" type="checkbox"/> WVM implemented by the MOM has been lifted. Nevertheless, given that the pandemic is not over, tripartite partners have agreed that employers should have the flexibility to continue implementing vaccination-related instructions for employees for workplace health and safety and business continuity reasons, and in accordance with employment law. This applies to all Facilities. Refer to MOM’s website for further details. </p>
<p>b.</p>	<p>Restriction of visitors allowed in Category 1 Homes/Centres For Category 1A Institutional Elderly Homes (from 14 Oct to 23 Nov 2022 – both dates inclusive):</p> <p> <input checked="" type="checkbox"/> In-person visitations are subject to these SMMs: </p> <ul style="list-style-type: none"> ○ Pre-visit testing: Visitors are encouraged to self-test ART negative on the day of visit prior to arrival. Homes should check with visitors if they have any ARI symptoms or have had exposure to COVID-19 positive persons. For persons with recent exposure, homes should allow entry only if they can show proof of their ART negative result taken on the same day. They must don face masks with good filtration capability at all times. These include surgical masks and reusable masks that are made of two layers of fabric. Scheduling of visits: Visitors should schedule their visits with the Home ahead of time. Visits should be confined to designated visitor areas outside the living quarters if possible. Visitors are reminded not to eat or drink in the homes dormitories, or use the toilets designated for residents. They should avoid sitting on residents’ beds. ○ Mask-wearing: Visitors are required to wear masks for indoor settings. However, masks will be optional for outdoor settings. ○ No. of designated visitors: 4 pre-designated visitors allowed per resident ○ Visitors allowed per visit: One pre-designated visitor allowed per visit at any one time to protect their vulnerable or unvaccinated residents, Homes have the flexibility to place further restrictions on the number of visitors to these residents. ○ Duration of visit: Each visit capped at 30 mins.

² Do note that this also includes unaccompanied individual outings.

	<ul style="list-style-type: none"> ○ Cap on number of visitors: There is no limit on the number of visitors per facility per day. Homes are allowed the flexibility to manage the number of visitors to prevent crowding based on the availability of appointment slots per day. <ul style="list-style-type: none"> ☑ Homes can continue to exercise discretion on visit duration and number of visitors for exceptional cases beyond those who are critically ill, such as for residents whose psychosocial well-being is at risk, whose conditions are declining but are not yet critically ill, or whose family relationships are at risk of deterioration. ☑ Homes may also impose stricter visitor limits (e.g., additional testing requirements) to protect unvaccinated residents. ☑ Homes should not allow visits if they are managing an active COVID-19 cluster (i.e., 10 or more COVID-19 cases). <p>For Category 1A Non-Elderly Homes:</p> <ul style="list-style-type: none"> ☑ There are no restrictions on in-person visitation (e.g., number of designated visitors, number of visitors per visit, duration of visits, and number of visitors per facility per day). ☑ Homes are allowed the flexibility to manage the number of visitors to prevent crowding based on the availability of appointment slots per day. <p>For Category 1B Centres:</p> <ul style="list-style-type: none"> ☑ There are no restrictions on the number of designated caregivers per client allowed to accompany each enrolled client. ☑ For Category 1B Sheltered Workshops and Day Activity Centres: For persons with recent exposure, centres should allow entry only if they can show proof of their ART negative result taken on the same day. Testing can cease after 5 days. <p>For Category 1 Homes/Centres:</p> <ul style="list-style-type: none"> ☑ Homes/Centres may add a standardised questionnaire at entry points to ask if the visitor is currently on SHN or tested PCR-positive or ART-positive in the last 14 days. <ul style="list-style-type: none"> ○ <u>For visitors on SHN:</u> Homes/Centres should defer entry until after completion of the period of SHN. ○ <u>For visitors who tested PCR-positive or ART-positive in the last 14 days:</u> Homes/Centres should ensure that the visitor adheres to MOH's protocols. ☑ Identify a holding area for visitor screening before entry. It should be well-ventilated and well-separated from staff, residents and enrolled clients.
c.	<p>Restriction of vendors allowed in Category 1A Homes</p> <ul style="list-style-type: none"> ☑ Homes may continue maintenance work, including work that requires access into living quarters or contact with residents (e.g. grass cutting). When vendors have to physically enter the wards/living areas, they should be screened by Homes to be physically well and adhere to prevailing SMMs and good practices (e.g., enforce hand hygiene).

	<p>Restriction of vendors allowed in Category 1A Institutional Elderly Homes</p> <ul style="list-style-type: none"> ☑ In addition to the restrictions above, when vendors need to physically enter the dormitories/living areas, they are encouraged to self-test ART-negative within 24 hours prior to their visit to the Homes.
<p>d.</p>	<p>Health checks</p> <ul style="list-style-type: none"> ☑ All staff, clients, visitors, volunteers and vendors should be reminded to stay home if they feel unwell with symptoms of COVID-19 and undergo appropriate COVID-19 testing. Staff and clients are to promptly declare if they are ART-positive/PCR-positive so that Homes/Centres can take the necessary actions. ☑ Staff who feel unwell with mild or severe symptoms should self-test via ART and follow the relevant national-level health protocols if they test positive. In line with MOM’s advisory on work and leave arrangements, staff should not have to produce a medical certificate. ☑ <u>On arrival:</u> Homes/Centres are to check if staff, residents, clients and visitors are on SHN. Category 1 Facilities should not admit staff, residents, clients and visitors who are unwell, and should recommend that they promptly seek medical attention. For visitors/service users of Category 2 and 3 Facilities who are unwell, 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 client to wear a mask and to minimize close contact with others. ☑ <u>During the day:</u> Homes/Centres are encouraged to conduct the following frequency of health checks for residents, enrolled clients and staff. <ul style="list-style-type: none"> i. Category 1 Facilities – minimally twice-daily checking of respiratory symptoms for all residents, enrolled clients, and all staff (including administrative and non-care staff, even if not at work), if not already the arrangement. <p>Homes/Centres are encouraged to schedule the timing for these checks and not leave it to the discretion of individual staff. Homes/Centres are also encouraged to record respiratory symptoms for residents, enrolled clients and staff daily and keep declaration records of respiratory symptoms (e.g., cough, runny nose, sore throat, loss of smell or taste, shortness of breath) for at least 28 days.</p> <p>Homes/Centres should ensure that any staff feeling unwell leave the premises immediately and seek medical treatment,</p>

	<p>and stay away until they have fully recovered. If tested positive, staff should follow MOH's protocols.</p> <p>Homes/Centres should isolate residents and enrolled clients with fever and respiratory symptoms immediately. Homes/Centres should refer residents and enrolled clients with respiratory symptoms and/or fever to a doctor for assessment.</p>
e.	<p>Travel plans</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> All staff, residents and enrolled clients are advised to adhere to prevailing travel rules and requirements. You may refer to the latest travel rules and requirements at the ICA website. <input checked="" type="checkbox"/> Homes/Centres may wish to monitor the travel plans of all staff, residents and enrolled clients to ensure that they adhere to the travel rules and requirements, in particular upon return.
f.	<p>Movement records</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homes do not need to update the COVID-19 Preparation Information Dossier daily. Homes are strongly encouraged to continue maintaining movement records on all staff, residents, contractors/vendors and visitors to facilitate contact tracing, for business continuity purposes in preparation for any future disease outbreaks.

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.	<ul style="list-style-type: none"> • All Facilities should continue to urge unvaccinated staff, residents and clients who are medically eligible for vaccination to be fully vaccinated. All Facilities should also urge fully vaccinated staff, residents and clients to receive their boosters once eligible. Vaccinations and boosters provide strong protection against severe illness and help protect everyone in our Facilities. <p>Wearing of Masks in Homes/Centres</p> <ul style="list-style-type: none"> • <u>Mask-Wearing:</u> <ul style="list-style-type: none"> ○ For Category 1A Institutional Elderly Homes, visitors, staff and residents/clients are required to wear masks for indoor settings (e.g. within facilities³). Notwithstanding the mask-on requirement in indoor settings, workers will be allowed to remove their masks at the workplace: (i) when they are not interacting physically with others and (ii) when they are not in client-facing areas. ○ For all other facilities, mask-wearing is no longer required. However, we encourage individuals to wear their masks when they are unwell or plan to have contact with vulnerable persons for personal protection and to protect others, especially in crowded areas.
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 worksites, so as to minimise risk of cross-transmission in the event of a confirmed COVID-19 case in Homes/Centres.</i></p>
a.	<p>Workplace Requirements</p> <p>For all Facilities:</p> <ul style="list-style-type: none"> ☑ Appoint Safe Management Officers who are responsible for: <ul style="list-style-type: none"> • Implementation, coordination and monitoring of safe management measures; Communication and explanation of the safe management measures to staff prior to resuming work. • The full requirements for Safe Management Measures at the workplace can be found at mom.gov.sg/covid-19/requirements-for-safe-management-measures. ☑ All Facilities may have all employees return to the workplace. ☑ All Facilities may resume the cross-deployment of staff across worksites. ☑ All Facilities are encouraged to maintain split zone/team arrangements for business continuity purposes where operationally feasible.

³ For Category 1A Institutional Elderly Homes, exceptions can be made outside of working hours and within living areas for staff that stay on-site in dormitories. Homes may also make exceptions for residents/enrolled clients within their facilities where appropriate.

<p>b.</p>	<p>Safe Management Measures for residents/clients during drop off/pick up times</p> <p>For Category 1 Facilities:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Where transport services are used: <ul style="list-style-type: none"> • 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 that the vehicle is cleaned and sanitised before use every time. • Leave a window opening for better ventilation. • [For Category 1A Institutional Elderly Homes] Encourage each resident/client to wear a mask during the journey to and from Homes.
<p>c.</p>	<p>Group activities</p> <p>For All Facilities:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> There are no group size limits for both mask-on and mask-off activities. <input checked="" type="checkbox"/> <u>Safe distancing</u>: Safe distancing is not required between individuals or between groups. <input checked="" type="checkbox"/> All group activities (including indoor and outdoor activities, group tours, outings) can be resumed, subject to prevailing SMMs. <input checked="" type="checkbox"/> Desk shields / plastic dividers / Plexiglass barriers may be as added precaution for service counters, dining tables and other areas. Ensure that these equipment are wiped down and cleaned after every use. <input checked="" type="checkbox"/> Keep all rooms well-ventilated, especially when conducting activities. Facilities are strongly encouraged to adopt MOH/BCA/NEA’s recommended measures to enhance ventilation and air quality in indoor spaces, which can be found at this link, to minimise the risk of COVID-19 transmission. <p>For Category 1A Elderly Homes and Category 1B Disability Centres and programmes:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> To protect the unvaccinated residents/enrolled clients, Homes/Centres have the flexibility to place additional precautionary measures for these residents/enrolled clients.
<p>d.</p>	<p>Workplace events, training and social gatherings</p> <p>Meetings</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> For All Facilities, all in-person meetings (internal and external) can be resumed, subject to prevailing SMMs. <p>Training</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> For All Facilities, all in-person training (internal or external) can be resumed, subject to prevailing SMMs.

	<p>Social Gatherings among Staff</p> <p><input checked="" type="checkbox"/> For All Facilities, social gatherings among staff have no group size limits.</p> <p>Workplace Events</p> <p><input checked="" type="checkbox"/> For All Facilities, workplace events (e.g., fundraisers, official openings) may resume without any capacity limits. Should such events be carried out within the premises of the facility, organisers should ensure that the event is conducted in a designated well-ventilated area, away from the client/resident areas. Following the completion of the event, organisers should ensure proper cleaning of event areas.</p>
e.	<p>Home visits and outreach activities (i.e. face-to-face sustained contact with clients) to all cases</p> <p><input checked="" type="checkbox"/> For All Facilities, home visits and outreach activities may be resumed, subject to prevailing SMMs</p> <ul style="list-style-type: none"> • Conduct pre-screening over a call or before entering the residence. If anyone in the household is unwell or on SHN, Homes/Centres are encouraged to defer these home visits. If such home visits are necessary, staff are encouraged to follow safety precautions (e.g., don PPE). <p><input checked="" type="checkbox"/> The last version of MSF’s Advisory on Essential Aid Distribution Amid COVID-19 dated 25 Apr 2022 has ceased effect since 29 Aug 2022. As SMMs have largely been lifted apart from in selected settings, there will no longer be SMMs specific to essential aid distribution. Staff and volunteers involved in essential aid distribution should continue to adhere to any prevailing national SMMs unless otherwise advised.</p>
f.	<p>Volunteer management</p> <p>For All Facilities:</p> <p><input checked="" type="checkbox"/> All volunteer activities may be resumed subject to prevailing SMMs.</p> <p><input checked="" type="checkbox"/> Facilities are strongly encouraged to only select fully-vaccinated volunteers for in-person volunteering activities. Volunteers should be screened for health and contact status, but pre-entry ART testing is not required. They should not enter the facility and should see a doctor if unwell.</p> <p><input checked="" type="checkbox"/> Volunteers may be cross-deployed to the Homes/Centres.</p> <p><input checked="" type="checkbox"/> Homes/Centres are allowed to decide on the maximum number of volunteers to be allowed into the Home/Centre per day, subject to the maximum capacity of the centre. Homes/Centres are encouraged to</p>

	<p>be judicious and manage the number of volunteers on-site at any one time to prevent overcrowding.</p> <p>For Category 1A Institutional Elderly Homes:</p> <ul style="list-style-type: none"><input checked="" type="checkbox"/> In addition to the above, volunteers should wear a mask at all times when indoors and practice hand hygiene before entering and leaving the facility, and before and after every activity.
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13. Please 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.

14. 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: Classification of Services

Category	Nature of Service	Facility/ Programme/ Service
1	Facilities providing care and social services to vulnerable groups	<p>Category 1A: Residential facilities</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. Disability Hostels* <p>*Facilities serving elderly residents</p> <p>Category 1B: Disability centres and programmes</p> <ul style="list-style-type: none"> a. Day Activity Centres b. Therapy Hub c. Sheltered Workshop d. Community Based Integration Support
2	Facilities providing social services to vulnerable groups, involving sustained contact e.g. case interview, counselling session [As a guide: services involving physical contact, or within 2 metres with a contact time of ≥ 30 minutes]	<p>Social services and programmes, including but not limited to:</p> <ul style="list-style-type: none"> a. Social Service Offices b. Family Violence Specialist Centres c. Family Service Centres d. Child Protection Specialist Centres e. Integrated Services for Individual and Family Protection Specialist Centre f. Mandatory Counselling Centres g. Divorce Support Specialist Agencies h. Strengthening Families Programme@Family Service Centres (FAM@FSC) i. Youth!GO Agencies j. Integrated Service Providers
3	Facilities providing frontline services to the general public	<p>Social services and programmes, including, but not limited to:</p> <ul style="list-style-type: none"> 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. 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. Note 3: Social service agencies not listed are advised to refer to the guide above to determine the application of the Advisory based on the nature of the service.</p>		

**Annex B: Precautions on Home Leave for Category 1A Institutional Elderly Homes
[Please note that the Home Leave requirements have been simplified]**

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

- (i) Homes should evaluate the reasons for going on home leave and assess the medical suitability and safety of the resident before home leave is granted.
- (ii) There will be no cap in duration of home leave allowed.
- (iii) Home leave is not permitted should anyone living in the same residence be tested COVID-19 positive, or unwell with fever and/or symptoms of ARI and/or infectious disease.
- (iv) Before the resident goes on home leave, Homes should ensure that the caregiver understands the precautionary measures to undertake.
- (v) The caregiver/resident should be advised on the following:
 - a. To adhere to prevailing SMMs in the community;
 - b. To strictly disallow the resident's contact with individuals who are tested positive for COVID-19 or under SHN, as well as individuals who are unwell with fever and/or symptoms of ARI and/or diagnosed with an infectious disease;
 - c. The caregiver is to monitor resident for symptoms of ARI and alert the provider and bring the resident to visit a doctor immediately if the resident turns unwell whilst on home leave.
- (vi) Two caregivers can enter the Home's premises to pick up the resident for home leave. Homes can designate a waiting area and bring the resident to the caregiver, so that the caregiver does not enter the dormitories. The caregiver should comply with the prevailing precautionary measures at the Home.
- (vii) Should any individual who came into contact with the resident during the period of his/her home leave, develop fever and/or ARI symptoms, is tested positive for COVID-19, or diagnosed with an infectious disease during the period of home leave or in the two (2) days from the date the resident returns to the Home, the caregiver is to inform the Home of this information immediately.