

9 May 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 25 April are highlighted in yellow.)

It has been three weeks since the Multi-Ministry Taskforce (MTF) announced the easing of community and border measures. Since then, daily infection numbers had continued to fall and have stabilised. With the improvement in the situation, there will be further easing of several community and travel measures. However, we must continue to keep an eye on the risks ahead and take necessary precautions, including getting ourselves vaccinated and boosted. We also need to stay alert and stand ready to respond if new variants surface or if the public health situation takes a turn for the worse.

2. The Disease Outbreak Response System Condition (DORSCON) framework gives indication of the current disease situation. Given the improving local situation and the progressive easing of Safe Management Measures (SMMs), the DORSCON level will be adjusted from Orange to Yellow with effect from **26 April 2022**.

3. From **26 April 2022**, we will also implement adjustments to our SMM measures below, including measures within the SMM 1-5 Framework (namely (i) group sizes; (ii) mask-wearing; (iii) workplace requirements; (iv) safe distancing; and (v) capacity limits). For details, see MOH's press release at this [link](#).

Safe Management of 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. MSF will review these guidelines from time to time to ensure they are aligned with MOH's latest advisories.

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.

6. **Group Sizes:** There will no longer be a group size limit for both mask-on and mask-off activities.

7. Mask-Wearing: Staff and residents/clients are required to wear masks for indoor settings. However, it will be optional for outdoor settings. We encourage individuals to wear their masks even when outdoors for personal protection and to protect others, especially in crowded areas.

8. Workplace Requirements: All Facilities may have all employees return to the workplace. 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. While this concession will provide some flexibility for workers as more return to the workplace, everyone is advised to exercise social responsibility and maintain an appropriate safe distance from others while unmasked. Social gatherings among staff can proceed without a gathering size limit and workplace social events can proceed without capacity limits.

9. Safe distancing: As group size limits are lifted, safe distancing will no longer be required between individuals or between groups.

10. Vaccination-Differentiated SMMs (VDS): VDS will be removed from all facilities, except for events with >500 participants at any one time.

11. Workforce Vaccination Measures (WVM): WVM implemented by the Ministry of Manpower (MOM) will also be lifted. Nevertheless, given that the pandemic is not over and there are still significant risks in the coming months, 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.

12. Stopping Health Risk Notices (HRN): The Ministry of Health (MOH) will stop 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. Cat 1A Institutional Elderly Homes¹ and Cat 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.

13. Stepping down on the use of TraceTogether (TT) and SafeEntry (SE): As HRNs will no longer be issued, COVID-19 cases need not upload their TT data or submit their TT token. All facilities will no longer require for staff/clients/visitors to check in using the TT application or token, except larger events with more than 500 participants at any one time. TT/SE capabilities will still be maintained to conduct VDS checks where needed.

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

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</p> <ul style="list-style-type: none"> ☑ Homes/Centres are not to allow staff, residents and enrolled clients who have received a Stay-Home Notice (SHN) to enter the premises. For details, see ICA’s Safe Travel website at this link. ○ 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 <u>Annex B</u> 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> <ul style="list-style-type: none"> ☑ WVM implemented by the MOM will be lifted. Nevertheless, given that the pandemic is not over and there are still significant risks in the coming months, 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.
b.	<p>Restriction of visitors allowed in Category 1 Homes/Centres</p> <p>For Category 1A Institutional Elderly Homes:</p> <ul style="list-style-type: none"> ☑ In-person visitations are subject to these SMMs: <ul style="list-style-type: none"> ○ Pre-visit testing: Visitors are encouraged to self-test ART negative within 24 hours before the visit but Homes are not obliged to verify their ART results prior to granting entry. 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. ○ No. of designated visitors: There is no cap on the number of designated visitors per resident. ○ Visitors allowed per visit: Two designated visitors allowed per visit. To protect their 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 1 hour. ○ 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.

² Do note that this also includes unaccompanied individual outings.

	<p><input checked="" type="checkbox"/> 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.</p> <p>For Category 1A Non-Elderly Homes:</p> <p><input checked="" type="checkbox"/> There are no longer any restrictions on in-person visitation (e.g. number of designated visitors, number of visitors per visit, duration of visit, and number of visitors per facility per day).</p> <p><input checked="" type="checkbox"/> Homes are allowed the flexibility to manage the number of visitors to prevent crowding based on the availability of appointment slots per day.</p> <p>For Category 1B Centres:</p> <p><input checked="" type="checkbox"/> Up to two designated caregivers per client will be allowed to accompany each enrolled client.</p> <p><input checked="" type="checkbox"/> 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.</p> <p>For Category 1 Homes/Centres:</p> <p><input checked="" type="checkbox"/> 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.</p> <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. <p><input checked="" type="checkbox"/> Identify a holding area for visitor screening before entry. It should be well-ventilated and well-separated from staff, residents and enrolled clients.</p>
c.	<p>Restriction of vendors allowed in Category 1A Homes</p> <p><input checked="" type="checkbox"/> 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> <p>Restriction of vendors allowed in Category 1A Institutional Elderly Homes</p> <p><input checked="" type="checkbox"/> In addition to the restrictions above, when vendors need to physically enter the wards/living areas, they are encouraged to self-test ART-negative within 24 hours prior to their visit to the Homes.</p>

d. Health checks

- 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.
- On arrival: 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 minimise close contact with others.
- During the day: Homes/Centres are encouraged to conduct the following frequency of health checks for residents, enrolled clients and staff.
 - 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.

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.

Homes/Centres should ensure that any staff feeling unwell leave the premises immediately and seek medical treatment, and stay away until they have fully recovered. If tested positive, staff should follow MOH's protocols.

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.

e.	<p>Travel plans</p> <ul style="list-style-type: none"> ☑ 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 Safe Travel website (https://safetravel.ica.gov.sg) ☑ 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"> ☑ Homes are no longer required 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>: 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. Mask-wearing will be optional for outdoor settings, but we encourage individuals to wear their masks even when outdoors for personal protection and to protect others, especially in crowded areas.
b.	<p>Practise high levels of personal hygiene</p> <p>All staff, residents and clients are encouraged to maintain good personal hygiene such as:</p> <ul style="list-style-type: none"> ☑ Covering their mouth and nose with a tissue when sneezing or coughing, and to throw away the tissue immediately into a foot bin.

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

	<ul style="list-style-type: none"> ☑ Washing their hands 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. ☑ Not sharing food/drinks, eating utensils, toothbrushes or towels with others. ☑ Avoid touching their eyes, nose and mouth. ☑ 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).
c.	<p>Ensure high levels of environmental hygiene</p> <ul style="list-style-type: none"> ☑ Disinfect frequently touched points such as handrails and doorknobs 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.
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.

<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 each client wears a mask and refrain from talking/interacting during the journey to and from Centres. • Ensure that the vehicle is cleaned and sanitised before use every time. • Leave a window opening for better ventilation.
<p>c.</p>	<p>Group activities</p> <p>For All Facilities:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> There will no longer be a group size limit for both mask-on and mask-off activities. <input checked="" type="checkbox"/> <u>Safe distancing</u>: As group size limits are lifted, safe distancing will no longer be 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"/> Everyone is encouraged to keep their volume low in daily activities. Actions such as speaking/singing loudly may raise the risk of transmission. Vocalisation activities in groups may be allowed, subject to masks being worn throughout the vocalisation activity. <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:</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> <p><input checked="" type="checkbox"/> For All Facilities, all in-person training (internal or external) can be resumed, subject to prevailing SMMs.</p> <p>Social Gatherings among Staff</p> <p><input checked="" type="checkbox"/> For All Facilities, social gatherings among staff no longer have 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. VDS will apply to workplace events with more than 500 participants at any one time.</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"/> For distribution of essential aid (e.g. food delivery), refer to MSF's Advisory on Essential Aid Distribution Amid COVID-19 dated 25 April 2022.</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 be judicious and manage the number of volunteers on-site at any one time to prevent overcrowding.</p> <p><input checked="" type="checkbox"/> Volunteers should wear a surgical mask at all times when indoors and practice hand hygiene before entering and leaving the facility, and before and after every activity.</p>

14. 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.

15. 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. Drop-In Disability Programme c. Therapy Hub d. Sheltered Workshop e. 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 with effect from 25 April 2022

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. In addition, Homes should take a risk-managed approach based on considerations such as the proposed activities during the home leave period, the risk of community exposure of the resident during home leave, and the ability to comply with safe management measures by the resident and those around the resident during home leave (including past observation of such compliance).
- (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. Homes are to ask the caregiver to sign a letter of undertaking (refer to the attached for a sample template) as an acknowledgement of the precautions needed, to safeguard the health of other residents and staff.
- (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. To ensure the resident to wear a surgical mask when outside of the house at indoor settings, and outdoor settings where possible (especially at crowded places), practise good hand washing and personal hygiene and observe all the measures put in place by the relevant authorities;
 - d. 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) Prior to the resident's home leave, the caregiver should submit the following to the Home:
 - a. Declaration that the undertaking has been fulfilled (see sample letter below).

(viii) 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.

(ix) Residents returning from home leave should be monitored closely for 5 days from return to the Home. No testing required unless resident is symptomatic or with abnormal vital signs.

SAMPLE OF LETTER OF UNDERTAKING

(To be read in conjunction with Annex B)

[Insert Date]

[Insert Organisation Address]

Dear Sir/Mdm,

Letter of Undertaking for Home Leave

I request for my Next-of-Kin (NOK)/Ward, <Fill in Name and NRIC number> to be on home leave from <Date and Time> to <Date and Time>.

I understand and agree, at all times, to take reasonable care to comply with all regulations and measures set by the authorities and to ensure the well-being and safety of my NOK/Ward. I agree to:

- a. Adhere to prevailing safe management measures in the community. At no time should my NOK/Ward come into contact with individuals who are known to me and are tested positive for COVID-19, as well as individuals who are unwell with fever and/or symptoms of acute respiratory infection (ARI) and/or diagnosed with an infectious disease;
- b. Ensure that my NOK/Ward wears a surgical mask when out of my home at indoor settings, and outdoor settings where possible (especially at crowded places);
- c. Practise good hand washing and personal hygiene for my NOK and the accompanying caregiver;
- d. Monitor my NOK/ward for ARI symptoms and alert the Home immediately and bring my NOK/Ward to visit the doctor should he/she turn unwell; and
- e. Any other condition that the <Name of Organisation> or relevant authorities may require my NOK/Ward to adhere to, in order to ensure the safety and well-being of the resident.

Should I know of any person who came into contact with my NOK/Ward who has developed fever and/or ARI symptoms, test positive for COVID-19, or diagnosed with an infectious disease during the period of my NOK's/Ward's home leave and in the two (2) days from the date my NOK/Ward's return to the premises, I shall inform the Home of this on an immediate basis.

I agree to indemnify the organisation and staff from all liability, claims and actions which may be incurred arising from the home leave.

Best Regards,

Acknowledgement

Signature /Thumbprint:			
Name of Accompanying Caregiver:			
Relationship:			
NRIC Number:		Date:	
Mobile Number:		Time:	
Name and Designation of Staff who has briefed Caregiver on the above			