

29 January 2022

Dear Student Care Operators

## **Revised Measures for Student Care Centres (SCCs) Against COVID-19 (Coronavirus Disease 2019)**

*This circular summarises all relevant measures from all COVID-19 related circulars issued by MSF to-date.*

The Multi-Ministry Taskforce (MTF) has updated that the number of Omicron cases has started to rise more sharply over the past week. With Singapore's high vaccination rates, steady uptake of booster doses, and Safe Management Measures (SMMs), the number of severe cases remains low. However, as Omicron is more transmissible than Delta, it is important that we remain vigilant and prepare for further surges in infections in the weeks ahead.

### **COVID-Safe Access**

#### **a. Updated Healthcare Protocols**

2 In line with MTF's direction, we have updated the health protocols for SCC staff and children who are COVID-19 cases and close contacts of COVID-19 cases (please see table below). The changes are primarily to enable Singapore to deal with Omicron more nimbly and minimise disruption to normal activities. **These revised health protocols were announced by MOH on 21 January 2022 and will take immediate effect for SCCs.**

|  | <b>If SCC staff/child ...</b>  | <b>If SCC staff/child's household member(s) ...</b>   |
|--|--|---|
| <b>Protocol 1:</b><br><br><b>Is unwell</b> | <ul style="list-style-type: none"><li>• <b>[Updated]</b> Staff/child should see a doctor for medical advice. If staff/child tests positive and the condition is:<ul style="list-style-type: none"><li>a. Mild. Staff/child will receive an MC. <b>Refer to protocol 2.</b></li><li>b. Severe or high-risk<sup>1</sup>: Doctor will refer the child/staff to MOH for recovery procedure.<ul style="list-style-type: none"><li>• The individual will be isolated for the first 72 hours. Thereafter, he/she can be return to SCC if:</li></ul></li></ul></li></ul> | <ul style="list-style-type: none"><li>• Staff/child may return to SCC (during household member's isolation period) <b><i>if</i></b> he/she tests ART negative each day before entering the SCC. Staff/child is to produce daily evidence (e.g. present a time-stamped photo of the dated ART result).</li><li>• Notwithstanding this, we encourage parents to keep their children at home during the period if they can.</li><li>• Children who are unable to take the ART may only</li></ul> |

<sup>1</sup> This refers to **high-risk individuals** (e.g. elderly, pregnant, under 5 years old, etc) or those with **severe symptoms** (e.g. chest pain, shortness of breath, prolonged fever, etc)

|   | If SCC staff/child ...  | If SCC staff/child's household member(s) ...  |
|---|---|---|
|   | <p>1) ART is negative and individual is well after the 72 hours;<br/><b>OR</b></p> <p>2) the individual (including child aged 12 years and below) completes (a) 7 days of isolation if fully vaccinated; or (b) 14 days if unvaccinated.</p> <p>Whichever of the above is earlier will come into effect .</p>   | <p>return to SCC after the household member's isolation period.</p>   |
| <p><b>Protocol 2:</b></p> <p><b>Is well and tested positive, or condition assessed to be mild by a doctor</b></p> | <ul style="list-style-type: none"> <li>• Staff/child to self-isolate at home for at least 72 hours<sup>2</sup>.</li> <li>• After 72 hours, he/she may return to SCC if the second ART is negative and individual is well.</li> <li>• <b>[Updated]</b> Those who continue to test ART positive must continue to self-isolate and self-test daily, until: <ul style="list-style-type: none"> <li>- they obtain a negative ART result; <b>OR</b></li> <li>- Day 7 (for vaccinated individuals and children below 12 years old)</li> </ul> </li> <li>• <b>[Updated]</b> No medical certificate will be issued by a doctor if the individual has no symptoms. If the doctor assesses that there</li> </ul> | <ul style="list-style-type: none"> <li>• Staff/child may return to SCC (during household member's isolation period) if he/she tests ART negative each day before entering the SCC. Staff/child is to produce daily evidence (e.g. present a time-stamped photo of the dated ART result).</li> <li>• Notwithstanding this, we encourage parents to keep their children at home during the period, if they can.</li> <li>• Children who are unable to take the ART may only return to SCC after the household member's isolation period.</li> </ul> |

<sup>2</sup> MOH recommends the following individuals who test positive to see a doctor even if they are feeling well: a. Fully vaccinated and aged 70 years and above; b. Unvaccinated/partially vaccinated and aged 50 years and above; c. Aged 5 years and below; d. Had an organ transplant surgery in the past; e. Have any disease or are taking any medication that weakens the immune system; f. Have been diagnosed with cancer (including blood cancers) before; g. Are on dialysis; h. Are diagnosed with HIV or AIDS; i. Have a disease affecting the heart, lungs, kidneys, liver, or brain that required hospital admission in the last 6 months; j. Are pregnant; k. Are less than 12 years old and have any congenital condition or growth disorder that affects the heart, lungs or brain; or l. Are less than 12 years old and have Diabetes Mellitus or hypertension.

|   | If SCC staff/child ...   | If SCC staff/child's household member(s) ...  |
|---|--|---|
|   | is a mild condition, the individual will be issued an MC.  |   |
| <b>Protocol 3:</b><br><br><b>If identified as a close contact of an infected person</b>   | <ul style="list-style-type: none"> <li>• Staff/child will be issued a 7-day Health Risk Warning (HRW)</li> <li>• The staff/child may return to SCC during HRW period provided he/she tests ART negative each day for 7 days before entering the SCC. Staff/parents are to produce daily evidence (e.g. present a time-stamped photo of the dated ART result).</li> <li>• Notwithstanding, we encourage parents to keep their children at home during the period if they can.</li> <li>• Children unable to take the ART may return to the SCC after the 7-day HRW).</li> <li>• No further tests needed if the individual tests negative on Day 7.</li> </ul> | <ul style="list-style-type: none"> <li>• Staff/child may continue to attend SCC so long as household member tests ART negative daily. Staff/ child is to produce daily evidence of household member's negative test result (e.g. present a time-stamped photo of the dated ART result).</li> <li>• SCCs are to be more vigilant in their health checks (including checks on health of family members) and safe distancing.</li> </ul> |
| <b>Is unwell and tests negative for COVID-19</b><br><i>(with fever and/ or flu-like symptoms such as cough, runny nose, sore throat, shortness of breath)</i> | <ul style="list-style-type: none"> <li>• Staff/child may return to SCC only when medical leave period is over, <b>and</b> fully recovered (i.e. no longer displaying symptoms).</li> </ul>   | <ul style="list-style-type: none"> <li>• Staff/child may return to SCC when the unwell household member receives a negative COVID-19 test result (either PCR or ART test). Staff/ child is to produce evidence of household member's negative test result (e.g. present a time-stamped photo of the dated ART result).</li> </ul>   |

|   | If SCC staff/child ...  | If SCC staff/child's household member(s) ...   |
|---|---|--|
| <b>Issued with SHN in line with ICA's prevailing requirements</b> | <ul style="list-style-type: none"> <li>Staff/child may return to SCC after the SHN duration has ended.</li> </ul> | <ul style="list-style-type: none"> <li>Staff/child may attend SCC so long as household member tests ART negative each day.</li> <li>SCCs are to be more vigilant in their health checks (including checks on health of family members) and safe distancing.</li> </ul> |

## COVID-Safe Behaviour

### b. Arrangements for staff/ children

3 **[Updated]** In view that all SCC staff would be fully vaccinated by now, and continue to be on weekly rostered routine testing, SCCs will be given greater flexibility in deploying manpower within the centre. **From 31 January 2022, staff may be deployed flexibly within the SCC** to deliver the core programmes and manage staff absenteeism (e.g. staff affected by COVID-19, on MC, etc), where needed. SCCs can deploy **relief and auxiliary** staff across multiple SCCs, instead of only to 4 SCCs as allowed earlier. **But deployment of core staff across SCCs remains restricted.** All staff are to adhere strictly to the prevailing testing requirements and SMMs to safeguard the health of children and staff.

4 SCCs are to continue allocating children to fixed groups, with grouping in the following order of priority:

- i. **Same household**
- ii. **Classmates (in school of origin)**
- iii. **School mates (i.e. grouping by schools)<sup>3</sup>**
- iv. **Students from other schools, where reasonably practicable to do so.**

5 SCCs are to maintain the current minimum staff: child ratio of 1:20. If splitting a larger class/group into smaller groups for programmes and activities, the adult to child ratio should not be more than 1:20.

6 SCCs are to continue to segregate children by class/fixed group and ensure that there is no mixing or combining of children across classes/fixed groups. A concession may be allowed for SCCs impacted by a significant absenteeism of staff, i.e. 20% - 50% staff absenteeism rate (please refer to paragraph 7 for details).

<sup>3</sup> If children are grouped under (iv), reduce the number of schools in such mixed groupings, where possible. SCCs are to ensure that there is no mixing or combining of children across fixed groups.

### **c. Business Continuity Plans (BCP)**

7 **[New]** As observed in other countries which have already experienced Omicron waves, high case numbers in the workforce can disrupt business operations. Even if staff who are infected have mild or no symptoms, health protocols will require them to be isolated. As the number of infections could potentially be very large, absenteeism rate can go up very sharply. **SCCs should therefore ensure they put in place robust business continuity plans to manage such a scenario.**

8 **[New]** To provide SCCs with flexibility to manage operations in the event a significant proportion of staff are unable to report for work (i.e. 20% - 50% staff absenteeism rate), MSF is prepared to allow the following concessions:

- a. **Flexibility in staff-child ratio.** Affected SCCs may deviate from the required staff-child ratio of 1:20 and only need to have in place sufficient manpower to ensure the safety and supervision of children for the affected period.
- b. **Flexibility in programme plan.** SCCs may consider adjustments to the programme plan during the affected period to manage their manpower situation.
- c. **Flexibility in grouping children.** Affected SCC may combine classes, where necessary, for the affected period. As grouping of children in their classrooms is a key SMM to minimise transmission risk, SCCs should explore other options first and ease the grouping arrangement for children only as a last resort, and for a limited period.

9 **[New]** The concessions in paragraph 8 should be used only as part of SCCs' business continuity plans to manage the manpower situation when significantly affected by COVID-19. They should be in place only when conditions are met and only for the affected period. SCCs requiring any of the concessions highlighted in paragraph 8 must inform their Student Care Officer via email of the changes, stating clearly the duration of planned adjustments. SCCs with more than 50% of manpower affected by COVID-19 should reach out directly to their Student Care Officer for further guidance.

10 **[New]** As part of business continuity planning, we encourage SCCs to start to prepare home-based activity resources for children who may be affected by COVID-19 or choose to stay home should there be a surge in cases.

### **d. Reminder to Receive Booster Dose to Maintain Vaccinated Status after 14 Feb 2022**

11 **[New]** SCC staff who have been offered the booster dose should not delay receiving the booster dose beyond nine months after the last dose of their primary vaccination series. From 14 February 2022, persons aged 18 years and above who have completed the primary vaccination series and are eligible for booster vaccination will be considered as fully vaccinated for only 270 days after the last dose in their primary vaccination series. Beyond the 270 days, they will continue to maintain their vaccinated status only upon receiving their booster. Also, the Sinovac-CoronaVac vaccine should only be used as a booster by persons medically ineligible to receive the mRNA vaccines.

12 **[New]** Persons who have recovered from COVID-19 and have completed their primary series vaccination do not require an additional booster dose at this point in time. They will continue to be considered fully vaccinated after 14 February 2022. However, it is safe for such persons to receive a booster dose from five months after their last dose, and vaccination centres will not turn away such individuals.

**e. Submission of appeal for waiver the 50% minimum attendance requirement**

13 **[Updated]** From December 2022, SCCs can submit appeals for waiver of minimum attendance requirement to MSF, for children who do not meet the minimum 50% monthly attendance due to COVID-19 related reasons. SCCs are required to provide supporting document(s) from the parent / appellant to substantiate the COVID-19 reason for such waiver appeals. This is similar to the current practice for other attendance waiver scenarios such as medical reasons.

14 The appeal must be submitted via email to **MSF\_Comcare\_SCFA@msf.gov.sg** no later than 3 months from the period when the minimum attendance was not met (e.g. if the SCFA beneficiary did not meet the attendance requirement in December 2021, the SCC is required to submit the appeal latest by March 2022). The appeal should be made by submitting the following, with the relevant supporting documents in the Table below:

- a. Child's name and birth certificate number
- b. Parent/s name and contact details
- c. Month/s of non-attendance (e.g. Jan 2022)
- d. Reason/s for non-attendance due to Covid-19  
Supporting document(s) from parent/applicant (see Table below)

Supporting document(s) required from parent/applicant due to Covid-19 reasons

| <b>Covid-19 reasons provided by parent/applicant via centre</b>  | <b>Supporting document to be requested</b>   |
|--|--|
| Official reason: <ul style="list-style-type: none"><li>- Child is confirmed case, suspected case, served with Health Risk Warning (HRW), Leave of Absence (LOA), barred from entry to Singapore due to travel restrictions, etc.</li></ul> | - Copy of official document (e.g. email / SMS / screenshot) showing the official reasons related to the month. |
| For precaution: <ul style="list-style-type: none"><li>- Child is kept at home by their parents voluntarily as a precautionary measure.</li></ul>   | - Email/letter initiated by parents as supporting document for the month.                                      |

**Conclusion**

15 Please share the information with your staff. If you require assistance, please contact your respective Student Care Officer (SCO). **School-based SCCs are to refer to the advisories issued by MOE and/or school administration for more details.**

16 **[Updated]** As we need to monitor and assess the situation in SCCs, we seek operators' cooperation to continue to provide MSF with an update of staff and children on SHN/Confirmed cases (**PCR positive and symptomatic ART positive cases**) by 5pm daily via <https://go.gov.sg/msf-report-loa> or via the QR code below. We will continue to review the safe management measures in SCCs and update SCCs of any further developments.



17      **We would like to remind SCCs that children, staff and visitors who are unwell (even those with slight symptoms) should not be allowed to enter the SCC premises and should promptly seek medical attention.** Let us continue to work together as a community to keep SCCs safe for everyone and enable our children to learn and thrive.

Yours faithfully

DENISE LOW (MS)  
DIRECTOR  
SERVICE DELIVERY AND COORDINATION DIVISION (SDCD)  
MINISTRY OF SOCIAL AND FAMILY DEVELOPMENT

## Safe Management Measures for COVID-Safe SCCs: COVID-Safe ABCs

SCCs must ensure that the following safe management measures (SMMs) are clearly communicated to staff, and are implemented well and consistently:

### A. COVID-Safe Access

To ensure Safe Access, SCCs are to implement the following measures to ensure that individuals who may pose a risk to transmission are not allowed access into the SCC premises:

#### a. Health protocols for SCC staff and children who are confirmed COVID-19 cases and close contacts of confirmed COVID-19 cases

- ☑ **[Updated]** Please refer to Annex B for the health protocols for SCC staff and children who are confirmed COVID-19 cases and close contacts of confirmed COVID-19 cases.

#### b. From 15 January 2022, under the Workforce Vaccination Measures, only SCC staff who are fully vaccinated, certified to be medically ineligible for vaccination, or have recovered from COVID-19 within 180 days, can return to the SCC.

- ☑ Only SCC staff who are fully vaccinated, certified to be medically ineligible or have recovered from COVID-19 within 180 days, can return to the SCC.
- ☑ Partially vaccinated SCC staff (i.e. those who had completed one dose of the COVID-19 vaccine) will be given a grace period until 31 January 2022 to return to the SCC with a negative PET result. They must be fully vaccinated by 1 February 2022 to return to the SCC.
- ☑ Unvaccinated SCC staff will not be allowed to return to the SCC.
- ☑ **[Updated]** From 14 February 2022, persons aged 18 years and above who have completed the primary vaccination series and are eligible for booster vaccination will be considered as fully vaccinated for only 270 days after the last dose in their primary vaccination series. Beyond the 270 days, they will continue to maintain their vaccinated status only upon receiving their booster. Also, the Sinovac-CoronaVac vaccine should only be used as a booster by persons medically ineligible to receive the mRNA vaccines.
  - Persons who have recovered from COVID-19 and have completed their primary series vaccination do not require an additional booster dose at this point in time. They will continue to be considered fully vaccinated after 14 February 2022. However, it is safe for such persons to receive a booster dose from five months after their last dose and our vaccination centres will not turn away such individuals.

#### c. Restriction of persons conducting supplementary programmes

- ☑ SCCs may resume face-to-face enrichment programmes from 11 October 2021 but are strongly encouraged to hold enrichment classes online as much as possible. This is to reduce the risk of transmission within and across SCCs.



- ☑ Should SCCs resume in-person enrichment classes, external persons providing such programmes who are fully vaccinated may serve up to 4 SCCs, subject to the prevailing testing requirements and SMMs. All higher risk, mask-off enrichment programmes (e.g. those involving wind instruments) remain suspended.
- ☑ SCCs and supplementary programme providers must strictly adhere to the following SMMs for all supplementary programmes:
  - **Persons conducting these supplementary programmes must adhere to Workforce Vaccination Measures** (refer to page 8). From 15 January 2022, only persons who are fully vaccinated, certified to be medically ineligible for vaccination or have recovered from COVID-19 within 180 days, can enter the SCC to conduct these programmes.
  - **Persons conducting these supplementary programmes must adhere to the prevailing Rostered Routine Testing (RRT) and testing requirements** (refer to page 10).
  - **Persons conducting these supplementary programmes must engage children strictly within their existing classes/groups.** SCCs are not allowed to combine children from different classes/groups for any supplementary programme session. Where children are split into smaller groups within their regular class, they should remain within the same groups when attending the supplementary programme sessions and not mix.
  - **Persons conducting these supplementary programmes must ensure safe distancing of at least 1 metre from children at all times during the sessions.** They should also wash or sanitise their hands after each session. If a common space is used for the programme, the tables and high touch point areas should be wiped down and disinfected between each use by different classes.
  - **Persons conducting these supplementary programmes must use the TraceTogether (TT) App** on their mobile phones or the TT token at all times.
- ☑ There will be no cap on the number of classes that persons conducting supplementary programmes can serve within the SCC. This is naturally limited, as they are usually at the SCC on selected days for short periods of time and cater only to selected children.

#### **d. Restriction of visitors allowed in SCCs**

- ☑ SCCs are not to allow visitors who are on Isolation Order or Stay-Home Notice (SHN) to enter your premises. Those on a Health Risk Warning (HRW) are to produce proof of negative ART result for that day during the period of HRW.
- ☑ An SCC should NOT allow any child who is not enrolled in its centre, or who attends another branch's SCC, to enter its premises during operating hours. This follows the restrictions to entry by staff of other centres to minimise the risk of contamination across centres.
- ☑ SCCs are to restrict casual visitors to minimise the risk of community transmission. Only visitors who are needed to support the running of the SCCs (e.g. contractors) and those who need to perform necessary functions (e.g. MSF officers, MSF appointed auditors) may enter the premises.

- ☑ **From 1 January 2022, all visitors entering the SCC during operational hours must be fully vaccinated. In addition, as some of the SCC children are not vaccinated yet, visitors will need to undertake an ART.**

| Visitor   | Vaccination Requirement  | Testing Requirement   |
|---|--|---|
| <b>Those performing official government functions</b> (e.g. MSF officers, MSF appointed auditors)   | <ul style="list-style-type: none"> <li>- Must be fully vaccinated</li> <li>- Unvaccinated individuals not allowed entry</li> </ul> | <ul style="list-style-type: none"> <li>- Show evidence of a negative ART done within the week, before entering the SCC, <b><u>or</u></b></li> <li>- Undertake an ART at the SCC under ESSS</li> </ul>   |
| <b>Ad hoc visitors</b> <ul style="list-style-type: none"> <li>- Independent vendors needed to support running of SCCs (e.g. contractors, auditors, practicum and internship supervisors)</li> <li>- Parents accompanying newly enrolled children</li> </ul> |  | <ul style="list-style-type: none"> <li>- To undertake ART at home <u>within 24 hours of visit</u>; the test result must cover the duration of the visit</li> <li>- Show evidence of negative test result before entering the SCC (e.g. present a time-stamped photo of the dated ART result)</li> </ul> |

- ☑ If it is necessary to have a visitor in the SCC, temperature checks and travel declarations must be obtained. Visitors should keep a safe distance of **at least 2 metres** from staff and children, where possible.
- ☑ Fully vaccinated parents accompanying newly enrolled children may be allowed into the SCC premises, subject to the following SMMs:
- **Parent accompanying the child must be fully vaccinated** and produce evidence of a negative ART result prior to entering the SCC.
  - **The parent must undertake an ART self-swab** at home on the day of the visit. A negative ART result is required for each day the parent is present in the SCC.
  - **Parent may accompany their child for up to half a day for the first 2 days of SCC.** A different parent may accompany the child on separate days, if necessary. SCCs may exercise flexibility and allow more time for parents of children with additional needs (e.g. children with special needs), who may need a longer period for adjustment.

- **Only one parent may accompany the newly enrolled child and there must be no more than 5 parents in a class at any given time.** SCCs must ensure safe distancing and avoid overcrowding in the classroom and SCC. SCCs may schedule timeslots for each class if there are more than 5 parental requests for the day.
- **Parents accompanying their children should limit interactions to only their child and their child's teacher(s)/centre operator.** They should maintain a safe distance of at least 2 metres from other children and staff in the SCC and avoid interactions with other children/ staff/parents within the SCC.
- **Parents accompanying the child must use the TT App on their mobile phones or the TT token at all times.**
- ☑ All other parents remain restricted from entering the SCC premises. Parent-teacher conferences are to be carried out via teleconferences or online engagements (e.g. video conferencing). For potential parents, they must also not be allowed entry during operating hours. SCCs are to substitute with alternatives (e.g. virtual tours and photos).
- ☑ To minimise the number of casual visitors entering the SCC premises, SCCs should designate a 'drop-off point' outside the SCC for deliveries by vendors and ensure proper sanitisation and wiping down of all goods and items that are delivered.

#### **e. Health checks and temperature screening**

- ☑ **On arrival:** SCCs are to continue with temperature screening and health checks for all children, staff and visitors.

Besides health checks for visible symptoms, SCCs are to explicitly ask all children, staff and visitors the following questions during health checks:

- i. Are you unwell?
- 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?
- vii. Are you unwell in any way (besides the above)\*?
- viii. Are there adult household members who are unwell with fever and/ or flu-like symptoms such as cough, runny nose, sore throat, shortness of breath?

*\* During health checks, SCCs should look out for general signs of children who are unwell, beyond typical COVID-19 symptoms.*

- ☑ SCCs must not admit children, staff and visitors who are unwell, and recommend that they promptly seek medical attention. Children who test negative via the ART or PCR may only return to SCC after they are well (i.e. no longer displaying symptoms). If their respiratory symptoms persist, they should return to the same doctor for follow-up assessment, including whether testing is required. SCC staff with flu-like symptoms (fever and/or cough, runny nose, sore throat, shortness of breath) are required to see a doctor and to produce a negative COVID-19 test result (ART or PCR) before being allowed to return to SCC after they are well (i.e. no longer displaying symptoms).

- ☑ During the day: SCCs should conduct another temperature taking and health check for both children and staff. i.e. total of two temperature taking/health checks while in the centre. The timing for these checks must be scheduled and not left to the discretion of individual staff.

SCCs should direct all staff who are unwell to leave immediately and promptly seek medical attention. SCCs should advise staff not to clinic-hop. Where possible, operators/ principals 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).

Children who report feeling unwell should be immediately isolated in the sick bay, and their parents/ guardians should be notified to bring them home as soon as possible. There should be no more than one unwell child in each sick bay. If there is more than one unwell child in the sick bay, the children should be spaced 2 metres or more apart and be given masks to wear. If staff need to interact closely with the sick children (i.e. <2 metres from child), they should wear a mask and practise hand hygiene after contact with the child. The sick bay should be sanitised and wiped down frequently, especially after every use.

#### f. Targeted testing of SCC staff

- ☑ All staff working ins must undergo mandatory Rostered Routine Testing (RRT) via ART:

| Vaccination status  | Frequency of testing  |
|---|---|
| <b>Staff who are fully vaccinated <u>and</u> recovered from COVID-19<sup>4</sup></b>  | - Exempted from RRT   |
| <b>Staff who are:</b><br><ul style="list-style-type: none"> <li>- <b>Fully vaccinated; <u>or</u></b></li> <li>- <b>Certified to be medically ineligible; <u>or</u></b></li> <li>- <b>Unvaccinated <u>and</u> recovered from COVID-19 within 180 days</b></li> </ul> | - ART once a week as part of RRT  |
| <b>Staff who are unvaccinated</b>   | <u>From 15 January 2022</u><br>- Will not be allowed to return to the SCC |
| <b>Staff who are partially vaccinated</b>   | <u>1 – 31 January 2022</u><br>- PET for each day staff is at the SCC      |

<sup>4</sup> This includes persons who (a) recovered from a COVID-19 infection and subsequently receives at least one dose of COVID-19 vaccine (two doses if Sinovac or Sinopharm) that has been authorised under the Health Sciences Authority's Pandemic Special Access Route or listed on the World Health Organisation's Emergency Use Listing (WHO EUL) no earlier than 3 months after date of positive PCR; and (b) are fully vaccinated before being infected with COVID-19 and subsequently recovering from it. Persons who have received one dose of COVID-19 vaccine before being infected will need to receive their 2<sup>nd</sup> dose (3<sup>rd</sup> dose if Sinovac or Sinopharm) to be exempted.

| Vaccination status | Frequency of testing   |
|--------------------|--|
|                    | <ul style="list-style-type: none"> <li>- PET can count towards weekly RRT requirement (i.e., staff is not required to take the weekly RRT if he/she has undergone PET prior to going to SCC)</li> </ul> <p><u>From 1 February 2022</u></p> <ul style="list-style-type: none"> <li>- Will not be allowed to return to the SCC until staff has been fully vaccinated (i.e., 2 weeks after the second vaccination)</li> </ul> |

- ☑ The testing requirements will apply to all programme and non-programme staff (includes cooks, cleaning staff, administrative staff) working in SCCs, including personnel such as interns and HQ personnel. It will also apply to third-party vendors who come into contact with the children (e.g. enrichment providers, supplementary programme providers, bus drivers/attendants, etc.).
- ☑ RRT for all SCC staff will continue to be conducted under Employer Supervised Self-Swab (ESSS), where staff will carry out the ART under the supervision of a swab supervisor in the SCC. Supervision can be done on-site and/or virtually. SCCs need not test all staff on one day and can roster them on different days or times. SCCs may wish to consider conducting the regular tests towards the end of the day or the week (e.g. Friday) if activating alternative manpower within the same day is operationally challenging.
  - Fully vaccinated individuals who have recovered from COVID-19 may be exempted from all forms of RRT, Health Risk Warning (HRW) and bridging tests permanently, in view of their high level of protection from COVID-19.
  - The requirement to submit positive ART results has been adjusted from within 30 minutes to within 12 hours. However, SCCs must adhere to the following national health protocols for staff who test positive on an ART:
    - **[Updated]** For staff who test positive and are unwell, they should see a doctor. For individuals who subsequently test positive on PCR or ART at a healthcare provider, they will either be placed on Protocol 1 or 2 (refer to Annex B).
    - For staff who test positive and are well, they must self-isolate at home for the next 72 hours. After 72 hours, they can take a follow-up ART and if negative and they remain well, they may exit isolation and resume normal activities including returning to SCC. If they become unwell at any time, they must see a doctor. Please note that the follow-up ART does not need to be carried out under supervision and the results do not need to be uploaded to SRS. Staff are to use self-sourced ART test kits for the follow-up ART test and not those that have been supplied by the Government under the RRT regime.
- ☑ External persons providing higher-risk, mask-off activities (e.g. wind instrument classes) must adhere to safe management measures stipulated by Sport Singapore ([www.sportsingapore.gov.sg](http://www.sportsingapore.gov.sg)) or National Arts Council ([www.nac.gov.sg](http://www.nac.gov.sg)). This includes RRT for sports and arts instructors (e.g. wind

and brass instruments, speech and drama) who come into contact with unmasked participants in the course of their work.

- Testing of these enrichment instructors will be done outside the SCC. SCCs will only need to check that they have completed their RRT by checking the SMS notifications/records on HealthHub indicating the test results before allowing them entry for activities. Details can be found on the Sport Singapore and National Arts Council websites.

#### **f. Contact tracing of staff, children and visitors**

- ☑ All Student Care staff, children and visitors must use the Trace Together (TT) App on their mobile phones or TT token to check into SafeEntry<sup>5</sup> at SCCs and at all times, while in the Centres.
- ☑ **[Important]** All Student Care staff, children and visitors are to keep their TT App on mobile phones or TT tokens with them at all times.
- ☑ All SCCs must deploy the SafeEntry Gateway devices. Please refer to the SafeEntry website ([go.gov.sg/gateway-overview](https://go.gov.sg/gateway-overview)) for more details.
- ☑ SafeEntry is only necessary for visitors who enter the student care premises and does not apply to parents dropping off or picking up children, school bus drivers etc.

#### **g. Travel Plans and Declarations**

- ☑ **[Important]** With the evolving COVID-19 situation, SCCs are to continue monitoring the travel plans of staff and children to all countries closely. SCCs should inform staff and parents to declare the following, if not already done:
  - i. Of any intended/ updated travel plans by staff or enrolled children to other countries (including the city(s) of travel). SCCs must require all visitors entering the SCC to fill in a travel declaration form;
  - ii. When an enrolled child or staff or any household member has tested positive for COVID-19 (either ART or PCR); and
  - iii. When an enrolled child or staff or any household member is issued with a (i) Health Risk Warning or (ii) Stay Home Notice

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<sup>5</sup> SafeEntry records will reduce the time required by MOH to identify potential close contacts of COVID-19 patients and mitigate the risk of new waves of infection.

## **B. COVID-Safe Behaviour**

SCCs are to implement the following to ensure that staff and children adopt COVID-Safe Behaviour and norms to reduce the risk of transmission and ensure a safe environment within each class/group.

### **a. Wearing of masks and shields in SCCs**

- ☑ All SCC staff are to continue to wear disposable or reusable masks in the SCC. If there is close or prolonged contact between staff and children, they may wear both masks and face shields. Face shields alone (without mask) will not be allowed for staff even when conducting lessons and safe distancing can be ensured. Face masks must be used by all staff.
- ☑ SCCs are to educate staff and children on proper mask wearing/ removal and handling habits. Staff should wear a face mask that closely covers the nose and mouth (i.e. without leaving a gap between mask and face), particularly when attending to children in situations where safe distancing cannot be maintained (e.g. helping a child with homeworking or during toileting).
- ☑ The students are not required to wear a mask during their naps as it may not be safe to do so (e.g. risks of suffocation). However, the SCC should ensure the children's mattresses are spaced apart during nap times. Children should also be assigned their own mattresses and use mattress covers.
- ☑ There may be times during the day where it may not be practical or safe for children to wear masks/ face shields (e.g. during meals, nap time). As a precautionary measure, SCCs must position children further apart from one another (at least 1 metre apart) when there are children without a mask or face shield. Where space constraints limit how far children can be seated apart, SCCs must use of desk shields / Plexiglass barriers. If desk shields/ Plexiglass barriers are used, SCCs must ensure that they are wiped down and cleaned after every use.
- ☑ Face shields will be allowed only for specific exempt groups or settings. SCCs can exercise some flexibility in securing compliance for these groups. The groups which can wear face shields are as follows:
  - ii. Children 12 years and below, who may have difficulty wearing and keeping face masks on for prolonged period of time; and
  - iii. Persons who have health conditions that may result in breathing or other medical difficulties when a mask is worn for a prolonged period of time,

### **b. Conduct only small group activities within each class/group**

- ☑ Allocate children to fixed groups, with grouping in the following order of priority:
  - i. **Same household**
  - ii. **Classmates (in school of origin)**
  - iii. **School mates (i.e. grouping by schools)**
  - iv. **Students from other schools, where reasonably practicable to do so.**

- ☑ If children are grouped under (iv), reduce the number of schools in such mixed groupings, where possible. SCCs are to ensure that there is no mixing or combining of children across fixed groups.
- ☑ If splitting a larger class/group into smaller groups for programmes and activities, the adult to child ratio should not be more than 1:20, where reasonably practicable to do so.
- ☑ Within the small groups, staff are to speak softly. Everyone should keep their volume low. Actions such as speaking/singing loudly (like sneezing and coughing) increase expulsion of droplets that may contain viral particles and raise the risk of transmission of diseases like COVID-19.

**c. Ensure safe distancing between children and staff within each class/group**

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|-----------------------------------|---|
| <b>Programmes/<br/>activities</b> | <ul style="list-style-type: none"> <li>☑ Avoid programmes and activities that involve close physical contact among children and staff. Staff should avoid close physical contact with children e.g. hugs.</li> <li>☑ Space out seating arrangements and ensure designated seat for each child.</li> <li>☑ Arrange for children to queue 1m apart, where reasonably practicable to do so.</li> </ul>   |
| <b>Meals</b>                      | <ul style="list-style-type: none"> <li>☑ Children to have meals in their respective classrooms/bays. If meals have to be taken in a common dining space: <ul style="list-style-type: none"> <li>i. Stagger meal times with no mixing of classes/groups.</li> <li>ii. Seat children as far apart as reasonably practicable. SCCs must use desk shields / Plexiglass barriers where space is more restricted. If desk shields/ Plexiglass barriers are used, ensure that they are wiped down and cleaned after every use.</li> <li>iii. Surfaces (e.g. tables, chairs or desk shields) to be wiped down cleaned before the commencement of meals for the next class/group.</li> </ul> </li> <li>☑ Administrative and non-teaching staff should refrain from interacting with children, as far as possible.</li> <li>☑ Staff should not move to another bay to dine/collect lunch, where reasonably practicable to do so.</li> <li>☑ In the process of delivering food, SCCs are to ensure contactless food delivery between bays, where reasonably practicable to do so.</li> </ul> |



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| <b>Outdoor activities</b> | <ul style="list-style-type: none"> <li>☑ From 26 November 2021, SCCs may carry out outdoor activities in public spaces in small groups of no more than 5 persons (including staff) from the same class/group. SCCs must ensure that there is safe distancing of at least 1 metre between groups. Staff-child ratios for outdoor activities must be met.</li> <li>☑ Refrain from carrying out vigorous outdoor activities that involve close contact among children and staff during this period. Children should wear masks at all times.</li> <li>☑ Classes going outdoors must be staggered. There should be no mixing between fixed groups when preparing to go out/return from outdoors. Keep classes separate when outdoors.</li> <li>☑ Children should not be brought to crowded public spaces, which have high pedestrian traffic/ crowds.</li> <li>☑ Staff and children to practise hand hygiene before and after outdoor activities.</li> </ul> |
| <b>Routine care</b>       | <ul style="list-style-type: none"> <li>☑ Arrange for children to queue 1m apart when going to the toilet, where reasonably practicable to do so.</li> <li>☑ Limit showering to only on need-to basis (e.g. child has soiled himself or had skin disorder) to minimise use of common spaces. Rinse showers/contact areas carefully after showering each child before use by another child.</li> <li>☑ Minimise contact between children of different classes/groups during routine care, where reasonably practicable to do so.</li> </ul>  |

**d. No sharing of equipment**

- ☑ SCCs are to minimise cross-sharing of equipment, materials and toys across classes/groups.
- ☑ Equipment should be assigned individually within the class/group, if reasonably practicable to do so, and to be wiped down and cleaned after each use.

**e. Practise high levels of personal hygiene**

All staff and children are to maintain good personal hygiene such as:

- ☑ Washing their hands immediately upon entering the SCC. Thereafter all children are to change from their school uniform to their student care uniform, or a fresh/clean set of home clothes. This requirement should be observed by all children, including those who arrive later at the SCC (e.g. due to after-school activities)

- ☑ Covering their mouth and nose with a tissue when sneezing or coughing, and to throw away the tissue immediately into a foot bin.
- ☑ Washing their hands **at least every 2 hours** with soap, especially before eating or handling food, after toilet visits, or when hands are dirtied by respiratory secretions after coughing or sneezing.
- ☑ Not sharing food/ drinks, eating utensils, tooth brushes or towels with others.
- ☑ Avoid touching their eyes, nose and mouth

**f. Ensure high levels of environmental hygiene**

SCCs are to step up cleaning of the SCC premises and ensure high levels of environmental hygiene which includes the following:

|   |  |
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| <b>Housekeeping / Refuse Management</b> | <p><u>Housekeeping</u></p> <ul style="list-style-type: none"> <li>☑ Assign a team of staff to carry out cleaning and housekeeping <u>daily</u>.</li> <li>☑ Disinfect frequently touched points such as handrails and door knobs with disinfectant <u>at least twice a day</u>.</li> <li>☑ Clean and disinfect the tables, chairs, counter tops and shelves in the classrooms/bays, dining and activity areas with disinfectant <u>daily</u>.</li> <li>☑ Clean and disinfect communal toys, equipment or gadgets <u>daily</u>.</li> <li>☑ Wipe down and clean outdoor play equipment, especially high touch items, <u>between sessions / after each group</u>. Carry out regular cleaning/wash down of equipment.</li> <li>☑ Clean, wash and disinfect resources and materials <u>at least once a week</u>.</li> <li>☑ Premises, furniture, furnishings and fittings should be well maintained and kept clean, free from mould and mildew.</li> <li>☑ Outdoor space should be well maintained.</li> <li>☑ Keep all rooms well-ventilated. Open windows to allow plenty of fresh air into the indoor environment, where possible. SCCs may consider installing high efficiency air filters in air handling units or use portable air cleaners for localised air cleaning.</li> </ul> <p><u>Refuse management</u></p> <ul style="list-style-type: none"> <li>☑ Ensure bins are covered at all times and cleared <u>daily</u>. Tie refuse contained in plastic bags properly before disposal.</li> </ul> |
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|                                      | <ul style="list-style-type: none"> <li>☑ Clean up any refuse spillage (e.g. vomitus) <u>immediately</u> with dedicated equipment.</li> <li>☑ Engage licensed waste contractors to remove refuse <u>daily</u>.</li> <li>☑ Ensure that cleaning equipment are disinfected properly using diluted household bleach prior to re-use.</li> <li>☑ Dedicated equipment should be provided for cleaning toilets and should not be used to clean the rest of the SCC.</li> </ul>  |
| <b>Toilets and shower facilities</b> | <ul style="list-style-type: none"> <li>☑ Disinfect frequently touched areas such as water taps, door/ towel holder/ cistern handles, seats and cover flaps, wash basins, door knobs, buttons and switches with disinfectant <u>twice daily</u>.</li> <li>☑ Provide adequate supply of toilet paper, paper towels (if provided) or hand dryers and liquid soap at all times.</li> <li>☑ Toilet fittings and fixtures should be free from grime, dirt and mould.</li> <li>☑ Taps and flush system should be in good working condition at all times.</li> <li>☑ Toilet floors should be cleaned and disinfected <u>twice daily</u>.</li> <li>☑ Toilet floors should be clean and dry, and toilets should not have a bad odour.</li> <li>☑ Toilets should be well ventilated. Keep toilet exhaust fans running at full capacity for longer operating hours to enhance ventilation</li> <li>☑ All sanitary pipes and fittings should be in good working condition.</li> </ul> |

**g. Ensure good ventilation in SCC premises**

To minimise the risk of COVID-19 transmission for the health and wellbeing of all children and staff, SCCs must ensure that the indoor premises of the SCC are adequately ventilated. SCCs are advised to implement the following measures to improve ventilation of your premises:

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| <b>SCCs in air-conditioned premises with mechanical ventilation (ACMV) e.g. centralised air-conditioning system</b> | <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> <b>Contact your building owner or facilities managers to ensure that:</b><ul style="list-style-type: none"><li>○ Ventilation systems are adequate and in good working order.</li><li>○ Air Handling Unit (AHU) uses high-efficiency filters (at least MERV14 or F8 is recommended) to treat recirculated air.</li><li>○ They adhere to the recommended measures in the Guidance Note issued by BCA, NEA and MOH to enhance ventilation and air quality in indoor spaces, through the proper operations and maintenance of air-conditioning and mechanical ventilation (ACMV) systems.</li></ul></li><li><input checked="" type="checkbox"/> <b>Increase ventilation in premises with limited ventilation:</b><ul style="list-style-type: none"><li>○ Open windows and doors as frequently as possible, unless outdoor/outside air quality is poor.</li><li>○ Consider positioning fans at windows to blow air outwards and increase air exchange.</li><li>○ Operate exhaust fans (e.g. in toilets, kitchens) at full capacity to expel air from indoor spaces. Keep windows and other openings (e.g. back door) around exhaust fans closed to avoid short-circuiting of air flow.</li><li>○ Consider using portable air purifiers for localised air cleaning as an interim measure where ventilation is limited.</li></ul></li></ul> <p>Please note that <u>air cleaning does not replace the need for adequate ventilation</u>. Regular surface cleaning and disinfection should also continue, as portable air purifiers do not remove surface contamination.</p> |
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| <p><b>SCCs in enclosed air-conditioned premises without mechanical ventilation (e.g. split-unit air-conditioners)</b></p> | <ul style="list-style-type: none"> <li> <p><input checked="" type="checkbox"/> <b>Increase ventilation and enhance air exchange:</b></p> <ul style="list-style-type: none"> <li>○ Open operable windows and doors as frequently as possible, unless outdoor air quality is poor.</li> <li>○ Operate exhaust fans (e.g. toilet, kitchen) at full capacity to expel air from the indoor space. Keep windows or other openings (e.g. back door) around exhaust fans closed to avoid short-circuiting of air flow.</li> </ul> </li> <li> <p><input checked="" type="checkbox"/> <b>Consider installing window-mounted exhaust fans to enhance ventilation:</b></p> <ul style="list-style-type: none"> <li>○ If installing window-mounted exhaust fans, SCCs should check with the supplier that the fan system provides the minimum air changes specified in Singapore Standards SS553.<sup>6</sup></li> <li>○ SCCs should also request that the contractor aligns the air supply and exhaust system to provide uni-directional airflow in a poorly ventilated space.</li> </ul> </li> <li> <p><input checked="" type="checkbox"/> <b>Consider using portable air purifiers for localised air cleaning in enclosed spaces as an interim measure:</b></p> <ul style="list-style-type: none"> <li>○ Portable air purifiers should be equipped with high-efficiency air filters such as HEPA filters, which are effective at removing virus aerosols.</li> <li>○ Ensure that the size and number of portable air purifiers are adequate for the space. SCCs can check with their supplier, if unsure.</li> <li>○ If the portable air purifier has an ozone generation function, turn it off to avoid excessive exposure to ozone levels and by-products, which may be hazardous to health.</li> </ul> <p>Please note that <u>air cleaning does not replace the need for adequate ventilation</u>. Regular surface cleaning and disinfection should also continue, as portable air purifiers do not remove surface contamination.</p> </li> </ul> |
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<sup>6</sup> Singapore Standard SS553: Code of Practice for Air Conditioning and Mechanical Ventilation in Buildings.

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| <p><b>SCCs located in naturally ventilated premises</b></p> | <p><input checked="" type="checkbox"/> <b>Increase natural ventilation with fans:</b></p> <ul style="list-style-type: none"> <li>○ Keep windows and/or doors open at all times, unless outdoor air quality is poor or the weather condition does not allow.</li> <li>○ Position fans at windows to blow air outwards and increase air exchange.</li> <li>○ Operate exhaust fans (e.g. toilet, kitchen) at full capacity to expel air from the indoor space. Keep windows or other openings (e.g. back door) around exhaust fans closed to avoid short-circuiting of air flow.</li> </ul> <p><input checked="" type="checkbox"/> <b>Consider installing window-mounted exhaust fans to enhance ventilation:</b></p> <ul style="list-style-type: none"> <li>○ If installing window-mounted exhaust fans, SCCs should check with the supplier that the fan system provides the minimum air changes specified in SS553.</li> <li>○ SCCs should also request that the contractor aligns the air supply and exhaust system to provide uni-directional airflow in a poorly ventilated space.</li> </ul> |
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### C. COVID-Safe Classrooms/Bays

To ensure COVID-Safe Classrooms/Bays, it is critical that children and staff stay within a fixed group and designated spaces to minimise any risk of cross-transmission across classes/groups, in the event of a confirmed COVID-19 case in the SCC.

SCCs are to implement the following measures to ensure **minimal interaction/ mixing between children and staff from different classes**.

#### a. Safe distancing between classes/groups during drop off/ pick up times

- ☑ Children are to proceed directly into SCC on arrival. Do not combine classes/groups during arrival and departure periods. If children need to be located in a combined space, children of the same class/group must be assigned a specific zone within the area at least 2m apart from other class/group and children from different classes/groups should preferably be in the same space for less than 30 minutes. There should be no mixing of children from different bays/ floors/ classes.
- ☑ Children from different classes/groups to use separate routes and entrances/exits, where available.
- ☑ Where SCC engages bus services:
  - i. The ferried children must be going to only one SCC unless they are from the same school. Children from different schools and SCCs should not mix. If this arrangement is not feasible, the bus operator should assign seats to students based on their SCC e.g. children going to Centre A to be allocated seats in the front rows, whereas those in Centre B assigned to seats in the rows behind.
  - ii. Take children's temperatures prior to boarding.
  - iii. Assign specific seat to each child.
  - iv. Ensure each child wears a mask.
  - v. Alternate seating that is at least 1m apart for all children, where reasonably practicable to do so.
  - vi. Strongly encourage children to refrain from talking on the bus.
  - vii. Ensure that the bus is cleaned and sanitised before children's use every time.
- ☑ SCCs must engage parents to put in place staggered drop-off and pick-up times for classes/groups to prevent the formation of queues and crowding at SCCs. To facilitate this, SCCs have the flexibility to make adjustments to existing timetables.
- ☑ SCCs to demarcate queues; parents/guardians to stand at least 1 m apart. SCCs are to inform parents to not mingle with one another after pick-up, and to not engage in long conversations with staff. Parents can dialogue with staff via telephone / emails.

**b. Segregate children/ staff by bays/ floors/ classes during the day**

- ☑ Keep children within their own bays/floors/classes. Ensure there is no mixing of children from different bays/ floors/classes. Consider 'soft barriers' or markers to help with demarcation.
- ☑ Ensure that children do not interact with children from different classes/groups along walkways, corridors or common spaces, where reasonably practicable to do so.
- ☑ Stagger classes in their use of common areas and facilities (e.g. toilets, halls, common areas) to avoid mixing between classes, with scheduled cleaning in between use as far as possible.
- ☑ **[Updated]** From 31 January 2022, staff may be deployed flexibly within the SCC to deliver core programmes as well as manage staff absenteeism (e.g. staff affected by COVID-19, on MC, etc), where needed. Such deployment should be done only where necessary. Deployment of core staff across SCCs remains restricted.
- ☑ **[Updated]** Fully vaccinated relief or auxiliary staff may serve in multiple SCCs, instead of only to 4 SCCs as allowed earlier.
- ☑ All staff (regardless of vaccination status) must not be cross deployed across SCCs.
- ☑ Non-teaching staff, e.g. cleaners and administrative staff need to refrain from interacting with children, where reasonably practicable to do so. For example, cleaners to clean classrooms/bays when the children are not present.

**c. Suspend large group activities**

- ☑ Suspend large group and communal activities e.g. assemblies.
- ☑ Suspend excursions and field trips that expose children to large crowds

**d. Celebration of special events such as birthdays, National Day**

- ☑ SCCs may conduct celebrations (e.g. birthdays, National Day) only at class level/fixed groups, and must ensure that the following safe management measures are adhered to:
  - Children must remain within their respective classes/ groups; there must be no mixing of classes/groups.
  - Staff and children are to wear masks during the celebration.
  - There must be safe distancing among staff and children at all times.
  - Classes should minimise actions such as singing loudly as they increase expulsion of droplets that may contain viral particles and raise the risk of transmission of diseases like COVID-19. Children and staff must also avoid sharing a microphone.
  - External visitors remain disallowed (e.g. parents must not be invited to attend the celebration).



- If there are birthday cakes, there must be no blowing of candles.

☑ **Staff meetings, training, practicum and social gatherings**

- ☑ Internal staff meeting, and training should be conducted virtually.

- ☑ **Face-to-face training of the hands-on aspect of Child First Aid (CFA) training may continue.** This is only applicable to SCCs which need to send staff for training to meet the minimum requirement of staff with CFA. The theory aspect of the CFA course must continue to be delivered online. Face-to-face CFA training sessions are limited to no more than 5 persons per session and are subjected to existing safe management measures such as the need to maintain 1-metre safe distancing, wearing of masks at all times and wiping down and disinfection of high touch-points and first aid equipment. Such face-to-face CFA training sessions should be conducted at the premises of the training providers.

- ☑ **All other external training will continue to be carried out virtually until further notice.** Where online delivery of classes is not immediately possible, the classes will be rescheduled until adjustments are made for them to be delivered online, or to a later date altogether.

- ☑ From 1 January 2022, practicum and internship supervisors may resume face-to-face supervision of practicum students and interns in up to 4 centres per day, subject to the following testing requirements:

- To carry out Antigen Rapid Test (ART) at home within 24 hours of the visit to the SCC(s) for the day. The test result must cover the duration of the visit.
- Supervisors are to show the evidence of negative test result before entering the SCC (e.g. present a time-stamped photo of the dates ART result)

- ☑ Employers 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 SCCs.

- ☑ Staff should minimise socialising or congregating in groups at common areas, such as staff lounge and pantry, including during meals or breaks.

- ☑ There should be no cross-deployment or interaction between employees in different teams or SCCs, even outside of work.

**Updated health protocols for SCC staff/ children (with immediate effect)**

|  | If SCC staff/child ...   | If SCC staff/child's household member(s) ...  |
|--|--|---|
| <b>Protocol 1:</b><br><br><b>Is unwell</b> | <ul style="list-style-type: none"> <li>• <b>[Updated]</b> Staff/child should see a doctor for medical advice. If staff/child tests positive and the condition is:               <ul style="list-style-type: none"> <li>c. Mild. Staff/child will receive an MC. <b>Refer to protocol 2.</b></li> <li>d. Severe or high-risk<sup>7</sup>: Doctor will refer the child/staff to MOH for recovery procedure.                   <ul style="list-style-type: none"> <li>• The individual will be isolated for the first 72 hours. Thereafter, he/she can be return to SCC if:                       <ul style="list-style-type: none"> <li>3) ART is negative and individual is well after the 72 hours; <b>OR</b></li> <li>4) the individual (including child aged 12 years and below) completes (a) 7 days of isolation if fully vaccinated; or (b) 14 days if unvaccinated.</li> </ul> </li> </ul> </li> </ul> <p>Whichever of the above is earlier will come into effect .</p> </li></ul> | <ul style="list-style-type: none"> <li>• Staff/child may return to SCC (during household member's isolation period) <b>if</b> he/she tests ART negative each day before entering the SCC. Staff/child is to produce daily evidence (e.g. present a time-stamped photo of the dated ART result).</li> <li>• Notwithstanding this, we encourage parents to keep their children at home during the period if they can.</li> <li>• Children who are unable to take the ART may only return to SCC after the household member's isolation period.</li> </ul> |
| <b>Protocol 2:</b>                         | <ul style="list-style-type: none"> <li>• Staff/child to self-isolate at home for at least 72 hours<sup>8</sup>.</li> </ul>   | <ul style="list-style-type: none"> <li>• Staff/child may return to SCC (during household member's isolation period)</li> </ul>  |

<sup>7</sup> This refers to **high-risk individuals** (e.g. elderly, pregnant, under 5 years old, etc) or those with **severe symptoms** (e.g. chest pain, shortness of breath, prolonged fever, etc)

<sup>8</sup> MOH recommends the following individuals who test positive to see a doctor even if they are feeling well: a. Fully vaccinated and aged 70 years and above; b. Unvaccinated/partially vaccinated and aged 50 years and above; c. Aged 5 years and below; d. Had an organ transplant surgery in the past; e. Have any disease or are taking any medication that weakens the immune system; f. Have been diagnosed with cancer (including blood cancers) before; g. Are on dialysis; h. Are diagnosed with HIV or AIDS; i. Have a disease affecting the heart, lungs, kidneys,


|   | If SCC staff/child ...  | If SCC staff/child's household member(s) ...   |
|---|---|--|
| <b>Is well and tested positive, or condition assessed to be mild by a doctor</b>        | <ul style="list-style-type: none"> <li>• After 72 hours, he/she may return to SCC if the second ART is negative and individual is well.</li> <li>• <b>[Updated]</b> Those who continue to test ART positive must continue to self-isolate and self-test daily, until: <ul style="list-style-type: none"> <li>- they obtain a negative ART result; <b>OR</b></li> <li>- Day 7 (for vaccinated individuals and children below 12 years old)</li> </ul> </li> <li>• <b>[Updated]</b> No medical certificate will be issued by a doctor if the individual has no symptoms. If the doctor assesses that there is a mild condition, the individual will be issued an MC.</li> </ul> | <p>if he/she tests ART negative each day before entering the SCC. Staff/child is to produce daily evidence (e.g. present a time-stamped photo of the dated ART result).</p> <ul style="list-style-type: none"> <li>• Notwithstanding this, we encourage parents to keep their children at home during the period, if they can.</li> <li>• Children who are unable to take the ART may only return to SCC after the household member's isolation period.</li> </ul> |
| <b>Protocol 3:</b><br><br><b>If identified as a close contact of an infected person</b> | <ul style="list-style-type: none"> <li>• Staff/child will be issued a 7-day Health Risk Warning (HRW)</li> <li>• The staff/child may return to SCC during HRW period provided he/she tests ART negative each day for 7 days before entering the SCC. Staff/parents are to produce daily evidence (e.g. present a time-stamped photo of the dated ART result).</li> <li>• Notwithstanding, we encourage parents to keep their children at</li> </ul>   | <ul style="list-style-type: none"> <li>• Staff/child may continue to attend SCC so long as household member tests ART negative daily. Staff/child is to produce daily evidence of household member's negative test result (e.g. present a time-stamped photo of the dated ART result).</li> <li>• SCCs are to be more vigilant in their health checks (including checks on health of family members) and safe distancing.</li> </ul>                               |

liver, or brain that required hospital admission in the last 6 months; j. Are pregnant; k. Are less than 12 years old and have any congenital condition or growth disorder that affects the heart, lungs or brain; or l. Are less than 12 years old and have Diabetes Mellitus or hypertension.

|  | If SCC staff/child ...   | If SCC staff/child's household member(s) ...  |
|--|--|---|
|  | <p>home during the period if they can.</p> <ul style="list-style-type: none"> <li>Children unable to take the ART may return to the SCC after the 7-day HRW).</li> <li>No further tests needed if the individual tests negative on Day 7.</li> </ul> |   |
| <p><b>Is unwell and tests negative for COVID-19</b><br/> <i>(with fever and/ or flu-like symptoms such as cough, runny nose, sore throat, shortness of breath)</i></p> | <ul style="list-style-type: none"> <li>Staff/child may return to SCC only when medical leave period is over, <b>and</b> fully recovered (i.e. no longer displaying symptoms).</li> </ul>   | <ul style="list-style-type: none"> <li>Staff/child may return to SCC when the unwell household member receives a negative COVID-19 test result (either PCR or ART test). Staff/ child is to produce evidence of household member's negative test result (e.g. present a time-stamped photo of the dated ART result).</li> </ul> |
| <p><b>Issued with SHN in line with ICA's prevailing requirements</b></p>   | <ul style="list-style-type: none"> <li>Staff/child may return to SCC after the SHN duration has ended.</li> </ul>  | <ul style="list-style-type: none"> <li>Staff/child may attend SCC so long as household member tests ART negative each day.</li> <li>SCCs are to be more vigilant in their health checks (including checks on health of family members) and safe distancing.</li> </ul>  |

## Annex C

Please find the latest FET notice appended below, for your reference please.

|                               |   |
|-------------------------------|---|
| FET Notice (as of 3 Jan 2022) | <br>Notice for FET<br>RRT-030122.pdf |
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