



HEALTH AND SAFETY RESPONSE PLAN

APPROVALS

REVISION HISTORY

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TABLE OF CONTENT

1	PURPOSE	3
2	RESPONSE PLANS	3
2.1	Fire	3
2.2	Pandemic Flu	3



1 PURPOSE

The purpose of this document is to set out measures, actions and procedures to be initiated by SCWO-Star Shelter in the event of the following incidents:

- Fire
- Pandemic Flu

2 RESPONSE PLANS

2.1 Fire

Refer to SCWO Fire Emergency Response Plan

2.2 Pandemic Flu

2.2.1 Purpose

This documents sets out measures, actions and procedures to be initiated the event of a flu pandemic outbreak in Star Shelter.

2.2.2 Key Considerations

In the event of outbreak of Flu pandemic, there are four key considerations:

- Exercise high vigilance to prevent import of any case into the shelter;
- Proactively look out for suspected cases within the shelter;
- Containment of the spread of virus/bacteria; and
- Timely medical attention for affected residents or staff

2.2.3 Overview of Response Plan

This Response Plan comprises two portions:

- For **awareness** - Parameters and assumptions adopted in developing this plan.
- For **compliance** - Actions to be put in place by officers in the event of outbreak of flu pandemic.

2.2.4 Awareness

- **Suspected Case**
 - Anyone who exhibits flu-like symptoms with travel history to affected areas in the last 7 days, OR
 - Anyone who exhibits flu-like symptoms and come in contact with probable/confirmed cases in the last 7 days.
- **Probable Case**
 - Anyone who has been laboratory diagnosed for influenza A but is unsubtypeable by reagents used to detect seasonal influenza.
- **Confirmed Case**
 - Anyone that has been laboratory-diagnosed positive for the influenza.
- **Flu-like Symptoms**
 - Fever (38°C);
 - Cough/ Sore throat;
 - Running nose; or/and
 - Breathing difficulty.
- **Alert/ Containment/ Mitigation**

The three possible disease response phases are Alert, Containment and Mitigation.



- a. Alert
The disease is mainly restricted to overseas. The response is to detect and minimise importation of disease. This requires border control measures and may require measures to try to stop spread from individual cases or resultant clusters if they are imported into Singapore.
- b. Containment
The disease has arrived in Singapore. The response is to stop or limit spread of disease as much as possible. This requires extensive contact tracing and quarantine measures.
- c. Mitigation
The disease is spreading widely through the community, and measures to try to stop its spread are no longer effective. The response is to reduce overall impact of disease in the community. This requires an overall activation of business continuity plans (BCPs), surge capacity for healthcare and essential services, and community-based public health measures.

2.2.5 Disease Outbreak Response System Condition (DORSCON)

The Disease Outbreak Response System Condition (DORSCON) is a generic framework that enables the Whole-Of-Government (WOG) to respond immediately to any outbreak. DORSCON serves as the basis to ramp up for a higher level of response during a pandemic.

The phases of operations are based on risk assessment and denoted by four DORSCON levels: **Green**, **Yellow**, **Orange** and **Red**. The measures are modular, allowing for flexibility and gradation to be taken for any DORSCON level based on MOH's continual assessment of risks.

Green	Yellow	Orange	Red
Awareness of Infection	Disease is assessed to have low to moderate public health impact.	Virus has evolved into a human disease and several outbreaks in one country are spreading to other neighboring countries. Local confirmation of new cases and evidence of more than one transmission is reported.	Widespread infection has taken place and resulted in increase in death cases. High absenteeism from work may occur. Essential services need added protection to ensure full operational capacity.

Level 1 - Green

- Management Measures**
- a. Encourage staff and residents to practice good hygiene such as:
 - regular and thorough hand washing with soap and water
 - spitting on the floor, sneezing and coughing into tissues;
 - careful disposal of the tissues etc.
 - b. Train staff to carry out
 - temperature screening of visitors;
 - put on Personal Protective Equipment (PPE);
 - do mask fit test; and
 - use no contact thermometers



- c. The Manager shall appoint officers from relevant units to prepare staff policy for:
 - overseas travel;
 - recall of staff;
 - absentee policy; and
 - medical leave policy in high alert levels.
 - Prepare health declaration forms for volunteers; and
 - Review current BCP to incorporate latest advisories and national response plan where applicable.
- d. The Manger shall:
 - ensure mandatory sick leave for those who come into contact with flu-affected individuals or return from flu-affected countries;
 - modify frequency and type of face-to-face contact (e.g. hand shaking, meetings, and events) among staff and between staff and residents.

Resident Management

- a. Staff to encourage residents to practice good hygiene such as:
 - regular and thorough hand washing with soap and water
 - spitting on the floor, sneezing and coughing into tissues;
 - careful disposal of the tissues etc.
- b. Staff shall:
 - refer unwell residents for immediate medical attention and isolate them; and
 - conduct temperature checks on unwell residents during morning and evening muster check.

Volunteer Management

- a. The Shelter shall allow volunteers to have normal contact with residents;
- b. Staff shall visually screen volunteers for any signs/symptoms of flu such as coughing, running nose, sore throat, etc. and ensure that they complete Volunteer Log;
- c. In the event volunteers display signs/symptoms of flu through visual scanning, proceed to do a thermometer scan (two scans set at 10 min apart to allow visitor to cool down and take final reading at second attempt) to ascertain if there is any fever; and
- d. If more than 38°C; advise volunteers to leave premises and seek medical attention.

Preparation of Facility & Infection Control Isolation Room

The Shelter shall continue with normal cleaning schedule as per guidelines.

- a. The Manager shall:
 - designate and prepare isolation room for residents with fever (38°C and above) and those with flu symptoms;
- b. Care staff shall ensure:
 - clothing of residents, bedspreads, pillowcases and blankets in the isolation room are washed separately;
 - surface dirtied by spit, phlegm, mucus or vomit are washed and wiped with disinfectant.
- c. All staff to practice normal hygiene and protective measures for infection control.



Maintenance of Supplies

a. The Manager shall assign a staff to:

- check and ensure serviceability of Personal Protection Equipment (PPE) stocks such as respirator masks, surgical gowns, gloves and other equipment like thermometers and disinfectants; and
- ensure stockpile of at least 4 weeks' supply of PPE.

Level 2 - Yellow

Management Measures

- a. Staff shall take temperature twice-daily and record their daily temperatures;
- b. The Manager to inform all staff of the situation, disseminate to staff information and material on disease characteristics as advised by MOH;
- c. Staff to take heed of health advisories as issued by MOH, and exercise social responsibility and observe personal hygiene (staff to see doctor and stay away from work if they feel unwell);
- d. The Manager to give instructions on mandatory sick leave for staff with fever and flu like symptoms;
- e. The Manager shall conduct Table-Top Exercise (TTX) to validate and familiarise staff with the flu pandemic plan; and
- f. Every staff shall maintain social distancing to minimise person-to-person contact in order to minimise spread of infection. E.g. as far as possible, staff should maintain about a 1m distance from each other during handing/taking over of duty; operations and care staff shall leave the Home once handing over of duty is done.

Resident Management

- a. Care staff shall:
 - ensure that residents conduct self-administered temperature checks twice a day and upon returning from school/work, external movement or home leave;
 - ensure that residents record their temperatures in the Temperature Log;
 - isolate unwell residents and refer them for immediate medical attention;
 - conduct temperature checks on unwell residents during morning and evening muster check;
 - ensure that residents discharged from hospitals and those returned from absence are isolated for 7 days (or any longer period according to the latency of the disease concerned) before discharge to the dormitories;
- b. Manager/ Counsellor/ Social Worker/ Social Service Executive to receive new clients shall ensure all new admissions to the Shelter go through necessary medical checks and are quarantined for 7 days at isolation room/dormitory, as far as operationally feasible, before being transferred to other dormitories with residents.

Volunteer Management

- a. Staff shall arrange to display health advisory prominently for volunteers to see;
- b. Staff shall ensure:
 - volunteers will conduct self-administered temperature checks and maintain records of attendance and temperature before any volunteering activity. (This would be required for contact tracing); and
 - unwell volunteers do not enter the shelter and come in contact with residents and are advised leave the premises to seek medical assistance.

Environment Cleaning & Infection Control

The shelter shall increase cleaning frequency of isolation room, dormitories and common areas.

Isolation room

- a. Care staff shall:
 - use disposable plates and cutlery for serving food to residents in isolation rooms /dormitories;



- ensure that clothing of residents, bedspreads, pillowcases and blankets in isolation rooms /dormitories are washed separately;
- use PPE (masks and gloves) when cleaning isolation rooms /dormitories; and
- ensure that surface dirtied by spit, phlegm, mucus or vomit is washed with disinfectant

Maintenance of Supplies

- a. Care staff shall:
- monitor stock level of PPE and replenish where needed; and
 - purchase and increase stockpile of critical items accordingly.

Level 3 - Orange

Main Entrance

- a. Staff to conduct self-administered temperature checks at the main entrance of the office and record their temperature in the temperature log.
- b. Everyone should disinfect their hands before measuring their temperature and wash/ disinfect their hands as often as practicable;
- Anyone having temperatures above 38°C shall be asked to rest for 10 minutes and temperature taken again; and
 - if the second reading is still above 38°C, staff shall (for staff who are above 38°C they shall inform their supervisors via phone) go and see a doctor. Surgical mask could also be given for the affected person.

Management Measures

- a. The Manager shall ensure mandatory sick leave for staff with fever and flu like symptoms and that staff who have travelled to countries affected by the disease practice voluntary home quarantine;
- b. Staff shall don PPE (surgical masks and gloves) when attending to unwell residents or staff;
- c. Staff shall be segregated into 2 teams. Team A and Team B will alternate between office and home on a weekly basis until further notice from management.

Resident Management

- a. The Manager shall:
- ensure that there is no movement or transfer of residents between dormitories and SCWO premises
 - give instructions to suspend residents' outings, home leave; and
 - give instructions to effect compartmentalising of home's operations to increase social distance between residents and staff

Volunteer Management

- a. The Manager shall enforce following:
- No volunteers are allowed into the Shelter; and
 - Volunteering activities are suspended.

Environment Cleaning & Infection Control

- a. The Shelter shall:
- increase cleaning frequency of isolation rooms, dormitories and common areas.

Isolation room

- a. Care staff shall:
- ensure that clothing of residents, bedspreads, pillowcases and blankets in isolation rooms / segregation dormitory are washed separately;
 - ensure residents use PPE (masks and gloves) when cleaning isolation room/ dormitory.



Medical Support

- a. Manager/ Counsellor/ Social Worker/ Social Service Executive to check with IMH / respective restructured hospitals on rescheduling of non-urgent medical appointments and collection of regular medications for chronic conditions.
- b. Staff shall send residents who have fallen ill to in-house doctor.

Level 4 - Red

The Shelter shall refer to MOH DORSCON and any advisory issued by MOH at www.moh.gov.sg for instruction to ensure adequate protection and the Service Level and Standards are well maintained at DORSCON RED level. The response measures are:

Management Measures

- a. The Manager shall activate:
 - suspension of volunteering activities and postponement of all public gatherings and events;
 - split staff system to increase the social distance between co-workers. Each team should, where possible, avoid contact with the other team;
 - Business Continuity Plan (BCP) for staff recall, meal supplies and stockpiling of essential supplies; and
 - Operations to lead and coordinate with the staff appointed by unit heads in contact tracing upon activation by the authorities on a confirmed or suspected case of flu and submit Interim Report and Progress Report to MSF HQ within 24 hours and 3 days respectively.

Resident Management

- a. The Manager shall:
 - ensure that there is no movement or transfer of residents between dormitories and SCWO premises
 - give instructions to suspend residents' outings; and
 - give instructions to effect compartmentalising of home's operations to increase social distance between residents and staff
 - suspend all activities involving mass gathering;
 - effect compartmentalising of home's operations to increase social distance between residents / staff, e.g. staggering mealtimes of residents;
 - ensure only emergency cases will be admitted and separated from other residents for 7 days (or for such longer duration as may be necessary after considering the latency of the disease concerned); and
 - no admittance of those with fever and/or obvious flu symptoms

Volunteer Management

- a. The Manager shall enforce following:
 - No volunteers are allowed into the Shelter; and
 - Volunteering activities are suspended.

Environment Cleaning & Infection Control

- a. The Shelter shall:
 - increase cleaning frequency of isolation rooms, dormitories and common areas.
 - use disposable plates and cutleries for serving food to all staff and residents.

Isolation Rooms

- a. Care staff shall:
 - ensure that clothing of residents, bedspreads, pillowcases and blankets in isolation rooms / segregation dormitory are washed separately;
 - ensure residents use PPE (masks and gloves) when cleaning isolation room/ dormitory.



Medical Support

- a. Manager/ Counsellor/ Social Worker/ Social Service Executive to check with IMH / respective restructured hospitals on rescheduling of non-urgent medical appointments and collection of regular medications for chronic conditions.
- b. Staff shall send residents who have fallen ill to in-house doctor.

2.2.6 Response to Confirmed Cases Occurring in the Homes

In the event supervisors or staff observe or receive a report of a staff/ resident who is unwell and is present in the Home, the unwell person should:

- Be provided with a surgical mask to wear in order to reduce amount of droplets coughed into the air. Masks should be changed if they become wet, hard to breathe in, physically damaged or visibly soiled;
- Be advised to cover his/her mouth and nose with tissues when coughing or sneezing;
- Be isolated and moved to a room or area away from other people;
- Be advised to use designated toilet facility for him/her (if possible);
- Arrange for suspected case to be taken to designated hospital (Inform Board/MC and MSF at the same time);
- Prepare relevant document to facilitate transfer and admission of suspected staff/client to designated hospital. Documents include identification card and family contacts; and
- Follow MOH's advisory and conduct contact tracing, medical checks on all staff and clients who have been to the Home during the specified period.

2.2.7 Additional Control Measures

- In addition, Homes should keep number of staff attending to ill persons to a minimum. Staff attending to ill persons should wear, at least surgical masks or, if MOH has explicitly recommended during a pandemic, N95 masks and disposable gloves.
- For emergency situations (e.g. person is unconscious or has difficulty breathing), 995 emergency ambulance should be activated.
- The areas around the suspected case shall be cordoned off for cleaning and disinfection before reopening for use.

3 INCIDENT REPORTING

Significant incidents must be reported to MSF over the phone within the first 3 hours followed by an interim report within 12 hours and a final report within the next 3 days.