FOR:Campus InstitutionsFROM:Campus Disease Outbreak Taskforce 16ISSUE DATE:March 2020ISSUE NUMBER:RI-2020-52EFFECTIVE DATE:16 March 2020

S/N	Item	Guidelines / Work Processes (New / Updates in F	Blue Text)
1	Suspect Case Definition	Person with clinical signs and symptopneumonia or severe respiratory infe AND within 14 days before onset of i abroad (i.e. to any country outside	ction with breathlessness llness had travelled
		OR	
		 Person with an acute respiratory illness severity who, within 14 days before of a. Been to any of the areas requiring vigilance¹; OR b. Been to any hospital abroad; O c. Close contact² with a case of CO 	onset of illness had: ng heightened R
		¹ Refers to affected areas with high diseas Singapore. These are: Mainland China, Re France, Germany, Spain, Japan and the U	epublic of Korea, Italy, Iran,
2	Screening	 ² Close contact is defined as: Anyone who provided care for the patiworker or family member, or who had contact; Anyone who stayed (e.g. household macase. Anyone who had close (i.e. less than 2 (30min or more) with a case (e.g. share) 	other similarly close physical nembers) at the same place as 2m) and prolonged contact
	Measures		
		 Personnel Category DEM patients DEM accompanying persons Staff Clinic patients Inpatients 	Form to be Used Symptoms and Travel History Screening Form (link) Date Revised: 16 March 2020 Version No. 24
		All admitted patients (Areas performing admissions are to perform screening, including but not limited to Admissions Office, Same Day Admissions, Interventional Radiology, Specialist Outpatient Clinics)	Secondary Screening Form (link) Date Revised: 16 March 2020 Version No. 03 (Refer to: Disease Outbreak Resources page, Screening Forms section)

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2		(New / Updates in Blue Text)
2	Screening Measures	Personnel CategoryForm to be Used• Inpatients returning from Home LeaveInpatient Home Leave Form B
		Perimeter Screening
		Personnel Category Form to be Used
		 Patient Liaison Service (PLS) patients Outpatients accompanying persons Inpatient visitors All other persons entering SGH's premises, including corporate visitors, vendors, contractors and volunteers (excluding staff) Screening counters have been set up at the main entrances of SGH Blocks to carry out temperature screening of all persons entering SGH, in addition to the completion of the declaration form.
		(2) Staff are required to walk through the thermal scanners if they enter SGH through entrances of the main blocks (Blk 2 to 7). Staff identified to have a fever will be directed to SGH Staff Clinic, or SGH Emergency Department (outside of Staff Clinic's operating hours).
		(3) Patients who meet the following criteria will be further assessed:
		Criteria Action to be taken
		 Flu-like symptoms (e.g. fever, cough etc.) Ensure they are given a surgical mask to put on. Escort patient to holding area to conduct secondary screening to further assess patient (refer to SGH Secondary Screening Form).
		further assess patient (refer to SGH Secon

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2	Screening Measures	 (New / Updates in Blue Text) (4) Accompanying persons and visitors who meet the following criteria are not allowed to enter the hospital's premises:
		Criteria Action to be taken
		Returned from any of the following countries in the past 14 days: • Ensure they are given a surgical mask to put on. (i) Mainland China • unsk to put on. (ii) Mainland China • unsk to put on. (iii) Republic of Korea • unsk to put on. (iii) Italy • unsk to put on. (iv) Iran • unsk to put on. (v) Japan • unsk to put on. (vi) France • united Kingdom (vii) Spain • united Kingdom (x) United Kingdom • unites besides Singapore: Brunei • Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines,
		Thailand, VietnamFlu-like symptoms (e.g. fever, cough etc.)• Ensure they are given a surgical mask to put on.• Advise them to visit a Public Health
		 (5) Refer to "Screening Criteria for Patient Service Centres" as a guide on the management of the outpatients, accompanying persons and visitors following their completion of the declaration form. The document (effective 17 March 2020) is available on <i>Disease Outbreak Resources page, Screening Forms section</i> (link). (6) Staff not in uniform must wear name tag or present their
		(6) Staff not in uniform must wear name tag or present their staff pass at screening points to facilitate identification at the screening points and differentiation from the public.

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3	Management of Suspect & Confirmed Cases	 (New 7 updates in Bille Text) <u>Disposition Guide Summary for Potential Suspect Cases</u> For Patients: All Clinical Areas with doctors and isolation room Isolate patient, doctor to examine patient and contact COVID-19 ID physician on-call. Refer to Doctor-on-Call (link) or SingHealth mDirectory (mobile Staff Directory) for name and contact number. Patient's primary doctor and COVID-19 ID physician on-call are to discuss on the disposition of the patient. Stable patients who require admission for isolation may be transferred to Isolation Ward directly. Patients who require COVID-19 Brysician on-call only (with the exception of DEM and Staff Clinic). Note: The name of the COVID-19 swabs will be determined by COVID-19 Dhysician on-call only (with the exception of DEM and Staff Clinic). Note: The name of the COVID-19 swab test carried out is "SARS-CoV-2 (COVID-19 agent) PCR". Refer to "SGH Case Notification and Management Protocol" for the notification process when a potential suspect case is identified. SGH Case Notification and Management Protocol (link) Date Revised: 04 February 2020 Version No. 02 Refer to "Admission to Isolation Ward and Patient Movement" workflow for the transfer of suspect cases to Isolation Ward. The workflow for transfer of suspect cases from SGH services in SingHealth Tower has been included. Admission to Isolation Ward and Patient Movement (link) Date Revised: 06 February 2020 Version No. 04 (2) Patient-fronting areas without doctors or isolation room Escort patient to SGH DEM. Ensure details of patients are recorded. For Accompanying Persons & Visitors: PHPC or SGH D

S/N	ltem		Work Processes for Implementation ew / Updates in Blue Text)
4	Patient Transfers from Other Hospitals	 Patient transfers from acute hospitals into SGH are to be minimised and restricted to cases which are clinically indicated. Transfers which are not through DEM are to follow the referring workflow and screening criteria (updated 10 March 2020) on <i>Disease Outbreak Resources</i> <i>page, COVID-19-Specific Workflows and Guidelines</i> <i>section</i> (link). Appropriate transfers from Acute Hospitals to Community Hospitals will continue. There is no need to restrict transfers geographically. 	
5	Designated Wards for COVID-19 Management	J	rds for COVID-19 Management are . Refer to RI-Annex A (updated 13 March
	Management	Catagramy	Manda
		Category	Wards
6	Infaction	Isolation Acute Respiratory Infection (ARI) (Combination of Pneumonia & Respiratory Wards)	W68 (Single Rooms), W57A All Disciplines: W68 (Cohort Rooms), W66B (Rm 10 to 12, 14 to 17, 19), W67 (Rm 1 to 12, 14 to 29), W73A (Rm 1 to 12), W75A (Rm 1 to 12), W75B (Rm 23 to 26), W75C (Rm 16, 18 & 22) Surgical & MSK Disciplines: W47A (Rm 1 to 4) Haem: W48 (Rm 16 & 18) & W72 (Rm 18, 20 & 22) Onco: W48 (Rm 9 to 12, 16 & 18) Neurology: W74 (Rm 18) Renal: W42 (Rm 1, 2, 4 to 6) CTS / CVM: W56 (Single Rooms, Rm 9 to 12)
6	Infection Prevention &	Infection Prevention & PPE Requirements for Staff	
	Control Practices	 Practise good hand hygiene at all times. Staff must wear surgical masks at all times when in clinical and public-fronting areas. The PPE Guidelines for COVID-2019 have been updated. Refer to it for the PPE requirements for staff. Download the updated guidelines: PPE Guidelines for COVID-2019 (link) Date Revised: 16 March 2020 Version No. 20 The N95 mask is not suitable for staff with the following health considerations: Staff who are pregnant; Staff with asthma or COPD and confirmed unfit to wear N95 mask by an Occupational Medicine Physician; Staff with immune-compromised conditions. 	

0.01	•	Guidelines / Work Processes for Implementation
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6	Infection Prevention & Control Practices	They should be re-assigned to areas where staff only need to wear surgical mask, or avoid participating in aerosol-generating procedures.
		 <u>PPE Requirements for Patients</u> (1) All immunocompromised outpatients at clinics are required to put on surgical masks at all times.
		 (2) All outpatients who returned from the affected countries listed below in the last 14 days but do not have symptoms are required to put on surgical masks at all times: Mainland China Republic of Korea Italy Iran Japan France Germany
		 Spain Switzerland United Kingdom ASEAN Countries¹ ¹ASEAN countries besides Singapore: Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Thailand, Vietnam
		 <u>PPE Requirements for Visitors</u> (1) Visitors entering ICUs and high risk wards are required to put on surgical masks at all times. Examples of high risk wards are: ICUs RCCM: W45, W67 (Rm 8, 10, 11, 12, 14, 15, 17, 19, 22, 24, 26, 27); HAEM: W48A, W72, W77, W78; ONCO: W48; REN: W42, W64E
		Reference Materials (1) A video on PPE donning and doffing is available on Infection Prevention & Epidemiology's page (link). Refer to "Airborne and Contact Precautions" video.
		(2) Frequently Asked Questions (FAQs) on Infection Prevention is available on the Disease Outbreak Resources page, Staff / Patient Communications section (link). For queries on Infection Prevention matters, you may contact the Infection Prevention nurse on-call (link).
		(3) Staff are to stop the practice of using nebulizers and convert to MDI + spacer instead. Refer to guidelines (updated 30 January 2020) on <i>Disease Outbreak</i> <i>Resources page, COVID-19-Specific Workflows and</i>

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		Guidelines section (<u>link</u>).	
7	PAPR Training Materials	PAPR training videos for 3M Jupiter and 3M Scott Proflow can be downloaded from <i>Infopedia</i> (<u>link</u>). The training slides and posters for donning & doffing the PAPR can be downloaded from <i>Infopedia</i> (<u>link</u>).	
8	N95 Mask Fitting	 All patient-fronting staff are to be aware of their mask sizes. Patient-fronting staff who have yet to be mask-fitted are to go for mask fitting session. Refer to schedule on <i>Infection</i> <i>Prevention & Epidemiology page</i> (link). HODs / designated users will be able to generate staff's N95 mask sizes using the Staff Health Surveillance System (S3). Refer to user guide on <i>Disease Outbreak Resources</i> <i>page, S3 section</i> (link). 	
9	Infection Prevention & Control Refresher Training	Infection Prevention and Control refresher online training course is available on the SingHealth eLearning Portal (https://elearning.singhealthacademy.edu.sg/sh/login.aspx). Staff are encouraged to complete the refresher training.	
10	Visitor Policy	 (1) Visitors are not allowed to visit suspect and confirmed cases, and wards designated for COVID-19 management. (2) Accompanying persons and visitors who meet the following criteria are not allowed to enter the hospital's premises. Ensure that they are given a surgical mask to put on: Returned from any of the following countries in the past 14 days (i) Mainland China (ii) Republic of Korea (iii) Italy (iv) Iran (v) Japan (vi) France (vii) Germany (viii) Spain (ix) Switzerland (x) United Kingdom (xi) ASEAN Countries¹ ¹ASEAN countries besides Singapore: Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Thailand, Vietnam Flu-like symptoms (e.g. fever, cough etc). 	
		• Flu-like symptoms (e.g. fever, cough etc).	
		 (viii) Spain (ix) Switzerland (x) United Kingdom (xi) ASEAN Countries¹ ¹ASEAN countries besides Singapore: Brunei Darussalan Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Thailand, Vietnam 	

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10	Visitor Policy	(New / Updates in Blue Text) (3) The number of accompanying persons or visitors allowed per patient at any one time at the respective areas are: ED: 1 accompanying person Outpatient Clinics & 1 accompanying person Service Centres: 1 visitor at any one time (only 2 designated visitors allowed)
		 (4) The visitor limit for inpatients could be adjusted in the following situations: Patients on Dangerously III List (DIL) Deceased patients
		 (5) Visitors are to strictly adhere to following visiting hours: 12pm to 2pm 5pm to 8.30pm
		(6) Pregnant women and children (under 12 years old) are discouraged from visiting.
11	Movement of Staff between Healthcare Institutions	(1) Movement of healthcare staff are to be restricted within the same campus, or between designated Acute Hospital- Community Hospital pairings (SGH-Bright Vision Hospital & SGH-Outram Community Hospital). This will include locums and visiting consultants.
		(2) SGH Campus includes all institutions on SGH Campus, Connection One and Bright Vision Hospital.
		 (3) MOHH Staff Medical Officers (MOs) and Dental Officers (DOs) will stay within their existing institution until further notice. All PGY1s will complete their training within the same campus. MOHH will work with the institutions if redeployment of MOs, DOs and PGY1s within the same campus is required. Residents will stay within their existing institution until further notice. However, rotations between institutions within the same campus will be allowed.
		(4) Educators can travel to educational institutions, especially to conduct exams for graduating students, with strict enforcements of infection control measures and segregation of educators from different healthcare campuses.
		(5) Requests for consultants from other campuses to provide specialised, essential and time sensitive services must be approved by GCMB.

S/N	ltem		Processes for Impleme pdates in Blue Text)	entation
11	Movement of Staff between Healthcare Institutions	Orange must be appro MOH. These requests institutions' CEO for re approvals by GCMB,	Ithcare Workers at DOR oved by SingHealth lead are to be submitted to eview, and are subject to DGCEO (Medical & Clin ermitted to seek medica	SCON dership and the o subsequent ical Services)
12	Staff Travel Advisory	The Staff Travel Advisory SingHealth employed stat		iding non-
		 (1) Staff Returning from T The affected count (i) Returned from 2020, 11.59pn (ii) Returned from 11.59pm: Stay (iii) Returned from March 2020, 1 (iv) Returned from France, Spain 11.59pm: Stay (v) Returned from Switzerland ar 2020, 11.59pn All Staff who trave prior to travel profic calendar days Stareturn. Under the place of residence This period of SHI Staff who had trave countries and arrive days prior to travel prior t	Fravel Prohibitions Count tries / areas and time per mainland China after 1 is Stay-Home Notice South Korea after 26 F r-Home Notice Iran and Northern Italy 1.59pm: Stay-Home No Italy (outside of Northe and Germany after 15 N r-Home Notice ASEAN countries ² , Jap do the United Kingdom a h: Stay-Home Notice elled to affected countrie hibition are required to un y-Home Notice ³ (SHN) SHN, Staff will have to r a at all times during the N will not be part of Anni relled to the following aff yed / arriving back in Sir I prohibition are to comp in the SingHealth Circula Period of Arrival Back in Singapore	eriods are: 8 February ebruary 2020, ¹ after 04 tice rn Italy ¹), March 2020, ean, after 16 March s or areas ndergo 14 upon their emain in their 14-day period. ual Leave. fected ngapore 14 bly with the
		Italy, France, Spain	<i>(both dates inclusive)</i> 01 to 15 March 2020,	14/2020,
		and Germany	11.59pm	Paragraph 7
		ASEAN countries ² , Japan, Switzerland and United Kingdom	02 to 16 March 2020, 11.59pm	15/2020, Paragraph 8

		Guidelines / Work Processes for Implementation
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12	Staff Travel Advisory	 (2) Travel Restriction Staff are PROHIBITED from travelling to the countries listed below till further notice. All leave applications to affected countries will be cancelled and supervisors are NOT to approve any staff travel to affected countries. (i) Mainland China with effect from 03 February 2020 at 11.59pm (ii) South Korea with effect from 26 February 2020 at 11.59pm (iii) Iran and Northern Italy¹ with effect from 04 March 2020, 11.59pm (iv) Italy (outside of Northern Italy¹), France, Spain and Germany with effect from 15 March 2020, 11.59pm (v) ASEAN countries², Japan, Switzerland and the United Kingdom with effect from 16 March 2020, 11.59pm
		 Staff who have incurred travel expenses for trips booked to countries with travel prohibitions, and who are unable to negotiate for full refunds can submit documentary proof of their trip cancellation and costs incurred for air tickets, accommodation, tour package, travel insurance and / or administrative or cancellation fees charged by airlines and tour agencies to HR. Destination Submission Deadline Trips to Mainland China booked Latest by 31 March 2020 Trips to South Korea booked before 27 February 2020
		 Trips to Iran and Northern Italy¹ booked before 05 March 2020 Trips to Italy (outside of Northern Italy¹), France, Spain and Germany booked before 15 March 2020 Trips to ASEAN countries², Japan, Switzerland and the
		 United Kingdom before 16 March 2020 Staff are strongly advised to defer or cancel all non-essential overseas travel (beyond areas with travel prohibitions). Staff whose home is in Malaysia and need to commute to and from Malaysia to Singapore on a daily or weekly basis via land and/or sea crossings, are to complete the "Travel Declaration Letter" template (enclosed with SingHealth Circular 15/2020) and submit to HOD and Institution Head for approval to be exempted from the travel prohibition.

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Staff Travel Advisory	 (3) Staff may contact their respective institutions' HR personnel for queries on Staff Leave and Travel matters. SGH staff may contact SGH HR at 6326-5822 / 6326-5821 / 6326-5817. Frequently Asked Questions (FAQs) relating to Staff Travel and Leave during DORSCON Orange are available on the SingHealth COVID-19 Resource page (link). 	
	 Refer to SingHealth Staff Memos: Circular 11/2020: "COVID-19 – Update on Staff Advisory and Travel Cancellation" issued on 25 February 2020 Circular 12/2020: "COVID-19 – Update on Staff Advisory and Travel Cancellation" issued on 03 March 2020 Circular 13/2020: "COVID-19 – Staff Advisory on Travel & Precautionary Measures" Circular 14/2020: "COVID-19 – Update on Staff Advisory and Travel Cancellation" Circular 15/2020: "COVID-19 – Update on Staff Advisory and Travel Cancellation" Circular 15/2020: "COVID-19 – Update on Staff Advisory and Travel Cancellation" Northern Italy refers to eight administrative regions: Aosta Valley, Piedmont, Liguria, Lombardy, Emilia-Romagna, Veneto, Friuli-Venezia Giulia and Trentino-Alto Adige/Südtirol. The cities of Milan and Venice are in Northern Italy. ²ASEAN countries besides Singapore: Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Thailand, Vietnam. ³The imposition of SHN does not apply to land and sea crossings with Malaysia. 	
Staff Clinic	(1) With effect from 28 January 2020 (Tuesday), SGH Staff	
 Operating Hours: 8am to 5pm (Monday to Friday) 8am to 12noon (Saturday) 	 Clinic will operate out of 2 locations: Staff Clinic at Bowyer Block and Staff Clinic at former LIFE Centre (Bowyer Block A Level 1) (2) All staff seeking medical consultation at the SGH Staff Clinic should proceed to Staff Clinic@Bowyer Block for triage. They will be directed accordingly to either Staff Clinic@Bowyer Block or Staff Clinic@former LIFE Centre. <u>Guidelines for Staff who are Unwell</u> The following categories of staff should report sick at the SGH Staff Clinic's operating hours): (A) Staff with fever and / or respiratory symptoms (e.g. cough, runny nose) 	
	Staff Travel Advisory Staff Clinic Operating Hours: • 8am to 5pm (Monday to Friday) • 8am to 12noon	

		Guidelines / Work Processes for Implementation
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13	Staff Clinic	 (B) Staff working in the locations below: DEM
	 Operating Hours: 8am to 5pm (Monday to Friday) 8am to 12noon (Saturday) 	 Ward 68 and Designated COVID-19 Wards (refer to S/N 5) Staff Clinic Molecular Laboratory (C) Staff who had contact with suspect / confirmed cases of
		COVID-19 infection.
		(D) Staff who are currently on Home Isolation.
		Staff whose fever and / or respiratory symptoms still persist after completion of medical leave should report sick at the SGH Staff Clinic, or SGH Emergency Department (outside of Staff Clinic's operating hours). These staff must not return to work.
		Patient-fronting outsourced partners and agency staff who meet the above criteria are also required to report sick at the SGH Staff Clinic, or SGH Emergency Department (outside of Staff Clinic's operating hours).
		All other staff are encouraged to seek treatment from SGH Staff Clinic during its operating hours, as this allows detailed history taking and facilitates contact tracing, should the need arises.
14	Staff Surveillance	 <u>Staff Temperature Monitoring</u> (1) All staff are required to take temperature twice daily, regardless of whether staff is working for the day. The temperature readings are to be taken and submitted within the following time ranges: 1st Reading: 12 midnight to 11.59am (0000hr to 1159hr) 2nd Reading: 12 noon to 11.59pm (1200hr to 2359hr) (2) Staff employed by SingHealth Institutions Submit temperature readings to the Staff Health Surveillance System (S3) through: (i) Intranet (https://shss.healthgrp.com.sg/); OR (ii) Internet-based form (<u>www.sgh.com.sg/s3</u>). Temperature readings submitted through the Internet-based form will be uploaded to S3 on an hourly basis, with the time of reporting captured backend.
		 (3) Staff <u>not</u> employed by SingHealth Institutions These staff are not able to log in to S3. Their temperatures can be recorded through: (i) Excel sheet records maintained by the department; OR (ii) S3 Internet-based form (<u>www.sgh.com.sg/s3</u>), after department has created the staff profiles within S3.

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14	Staff Surveillance	(4) Staff with a temperature reading of ≥37.5°C should seek treatment at SGH Staff Clinic, or SGH Emergency Department (outside of Staff Clinic's operating hours).			
		(5) All supervisors are required to ensure that all their staff report their temperatures twice daily, and that staff with fever seek treatment accordingly.			
		(6) Refer to user guide "Temperature Reporting in S3" (updated 27 February 2020) for temperature reporting and generating temperature reports on <i>Disease Outbreak</i> <i>Resources page, S3 section</i> (<u>link</u>).			
		Staff Health Surveillance System (S3) S3 is accessible from Intranet (https://shss.healthgrp.com.sg/). Only SingHealth-employed staff are able to log in to S3. Staff accessing via VPN can launch the system by clicking on the S3 icon on Citrix Store.			
		(1) All SingHealth staff who work in multiple locations are required to log in to S3 and declare all work locations. This is to allow respective institutions' administrators to view your PPE and temperature records. Refer to user guide on <i>Disease Outbreak Resources page, S3 section</i> (link).			
		 (2) For SGH departments requiring updates or clarification on user access to S3, e-mail to <u>occ.opsofficer@sgh.com.sg</u> with the following information: Cost Number Number Name of Staff ADID of Staff 			
		 <u>Staff Contacts Identified by MOH</u> If a staff is contacted by MOH directly and identified as a contact of a confirmed case, the staff should immediately notify and e-mail the full set of MOH Quarantine Letter to: (1) His / Her Supervisor (2) Infection Prevention & Epidemiology for verification via email (epidemiology@sgh.com.sg). 			
		The supervisor is to remind these staff to report their temperature twice daily into the Staff Health Surveillance System (S3).			
		Visits to Areas with Possible Clusters Staff who had visited areas identified to have local clusters are to monitor their health closely. These staff who develop upper respiratory tract infections such as cough, sore throat or runny nose are to seek medical attention at SGH Staff Clinic, or SGH Emergency Department (outside of Staff Clinic's operating hours) and inform the triage nurse of his / her visit to the area. The areas with possible clusters are:			

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14	Staff Surveillance	 The Life Church and Missions Singapore WizLearn Technologies (Science Park II) SAFRA Jurong Boulder+ Gym, Kallang 			
15	Staff Leave	 (1) In order to ensure adequate manpower during this period, supervisors are NOT to approve the following types of leave: Overseas Business Leave Volunteer Leave (2) New applications for the following types of leave will be allowed with effect from 26 February 2020, subject to the staff being in Singapore and able to return to work at short notice in the event of emergency activation. In addition, HODs may exercise discretion and disallow leave applications if manpower is tight. Annual Leave Conference Leave Professional Development Leave Training Leave No Pay Leave (3) Staff whose Leave has been approved in principle by supervisors prior to 28 January 2020, but have not submitted the application in the eLeave system in People Connexion, will continue to be approved. (4) The following leave types may be approved: Family Care Leave Matriage Leave Matriige Leave Compassionate Leave for Critical Illness and Death of family members Maternity Leave Prolonged Illness Leave National Service Leave 			
16	Staff Training	All non-essential training courses (internal and external) for staff are to be rescheduled.			
17	SGH Staff Peer Support	(1) Should any staff require peer support, contact the SGH Peer support hotline (8879-3342). The hotline is available daily from 9am to 5pm. Slides on stress management and self-care are uploaded on <i>Disease Outbreak Resources</i> page, Caring for You section (link).			

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17	SGH Staff Peer Support	 (2) All departments (especially those with staff managing suspect / confirmed cases) are highly encouraged to assign 1 to 2 senior staff as peer supporters. These staff may get in touch with the following personnel from SGH Peer Support Network: Medical: Dr Gan Wee Hoe Nursing: Mdm Lim Fong Chee Allied Health: Ms Olivia Khoo Admin: Ms Emily Tan U-Tong
18	Management of Students	Clinical Placements for all healthcare students (medical, nursing, allied health, overseas electives) have been suspended with immediate effect. Students are report back to their schools.
19	Attachments to SGH	All planned attachments from China, South Korea, Iran, Italy, France, Spain, Germany, Switzerland, United Kingdom and ASEAN countries ¹ to SGH are suspended till further notice. All admin and research interns' attachments in SingHealth are suspended till further notice. ¹ ASEAN countries besides Singapore: Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Thailand, Vietnam
20	Research Activities (SGH)	All measures for research activities are to follow the guidelines from SGH Research Office (<u>link</u>).
21	Logistics	 PPE Items from MMD (SGH) (1) SGH departments are to request for surge PPE stocks from MMD by submitting the request form via email to MMD. The form is available from InfoNet (link). (2) For delivery / collection of PPE: For Wards and Clinical Centre: MMD will deliver to location For other areas: Department to bring completed form to Blk 8 Level 1 MMD Warehouse Handrub from Pharmacy Store (SGH) (1) SGH Clinical Areas can e-mail to SGH Pharmacy Store for urgent request of Softa-man Handrub 500ML. (2) E-mail to: pharmacystore.sgh@alpshealthcare.com.sg with the following details: Subject header: Ad hoc request of Softa-man for XXXX Quantity Required Cost Centre Number (3) Collection Time Monday to Friday: 8.30am to 4.30pm
		Quantity RequiredCost Centre Number

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22	Communication Materials	Frequently Asked Questions (FAQs) have been prepared to assist public-fronting colleagues with handling queries from patients and public. FAQs are uploaded on <i>Disease Outbreak</i> <i>Resources page, Staff / Patient Communications section</i> (link).