

16 June 2009



Dear Sir/Mdm

INFLUENZA A (H1N1-2009) ADVISORY FOR EMPLOYMENT AGENCIES

On 11 June 09, the World Health Organisation (WHO) raised the Influenza A (H1N1-2009) alert level to Phase 6, indicating that a global pandemic is underway.

2 The Ministry of Manpower (MOM) is advising employers who have employees arriving or returning from countries with community transmission of H1N1 to exercise social responsibility and take the following precautions:

- i) Advise the employees to minimise contact with the wider community within 7 days of their arrival in Singapore
- ii) Where feasible, to consider separating the accommodation of the employees from other employees during this period
- iii) Closely monitor the employees for the following symptoms within 7 days of arrival:
 - a) High fever (> 38 deg C)
 - b) Sore throat
 - c) Cough
 - d) Body aches
 - e) Runny nose
 - f) Headaches
 - g) Tiredness
- iv) Advise employees who develop any of the above symptoms to wear surgical masks, and call 993 for a dedicated ambulance service to bring them for further assessment at Tan Tock Seng Hospital.

3 Employment agents who deal with or house foreign workers who have arrived from countries with community transmission of H1N1 should take the precautions outlined in paragraph 2 above. They should be attentive and conscientious in monitoring these workers before deploying them to their employers.

4 Some foreign workers live in households (such as domestic workers) or are housed in large groups where it may not be possible to separate them from other workers. For such cases, employers may choose the precaution of housing their workers at offsite accommodation for a period of 7 days after they have arrived in Singapore, before bringing them back to their regular accommodation or into the household (for domestic workers). Employment agents may be requested by the employers to work out the necessary arrangements.

5 We would like to seek the cooperation of employment agencies to actively keep employers informed of the above, so that they can choose whether or not they wish to accommodate their foreign workers offsite for the first 7 days. We would also like to seek your cooperation to provide assistance to employers who may need your help in arranging for offsite accommodation. Employment agencies are requested to provide the address of the offsite accommodation using the notification form found in the Annex.

6 You may wish to note that the usual Work Pass requirements and issuance procedures will not be affected as the foreign workers can continue to undergo medical examination and have their fingerprints taken at the Work Permit Services Centre (WPSC) upon their arrival in Singapore. Foreign domestic workers can also attend the Safety Awareness Course (SAC) and take the entry test. **As a further precaution, employment agencies are advised to separate foreign workers from countries with community transmission of H1N1 from other workers when transporting them to undergo the various Work Pass requirements and issuance procedures.** All foreign workers and foreign domestic workers may also be subjected to temperature checks at WPSC.

7 For the list of countries with community transmission of H1N1, please refer to the MOH website at www.moh.gov.sg. For more information, you can visit our website at www.mom.gov.sg/flu, or you can call the MOM Contact Centre at 64385122.

Yours faithfully,

CONTROLLER OF WORK PASSES

(This is a computer generated letter, no signature is required)

Foreign Manpower Management Division

NOTIFICATION FORM FOR EMPLOYMENT AGENCIES ON OFFSITE ADDRESS OF FOREIGN WORKERS

Employment agencies are requested to complete this notification form and submit to the Foreign Manpower Management Division via e-mail at mom_ofwas@mom.gov.sg. Alternatively, you may fax to us at 62352312.

Name of Employment Agency:

| No. | Name of Foreign Worker | Nationality | Work Pass number | Address during first 7 days |
|-----|------------------------|-------------|------------------|-----------------------------|
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Employer's Name: _____

Contact No: _____

Signature & Date: _____