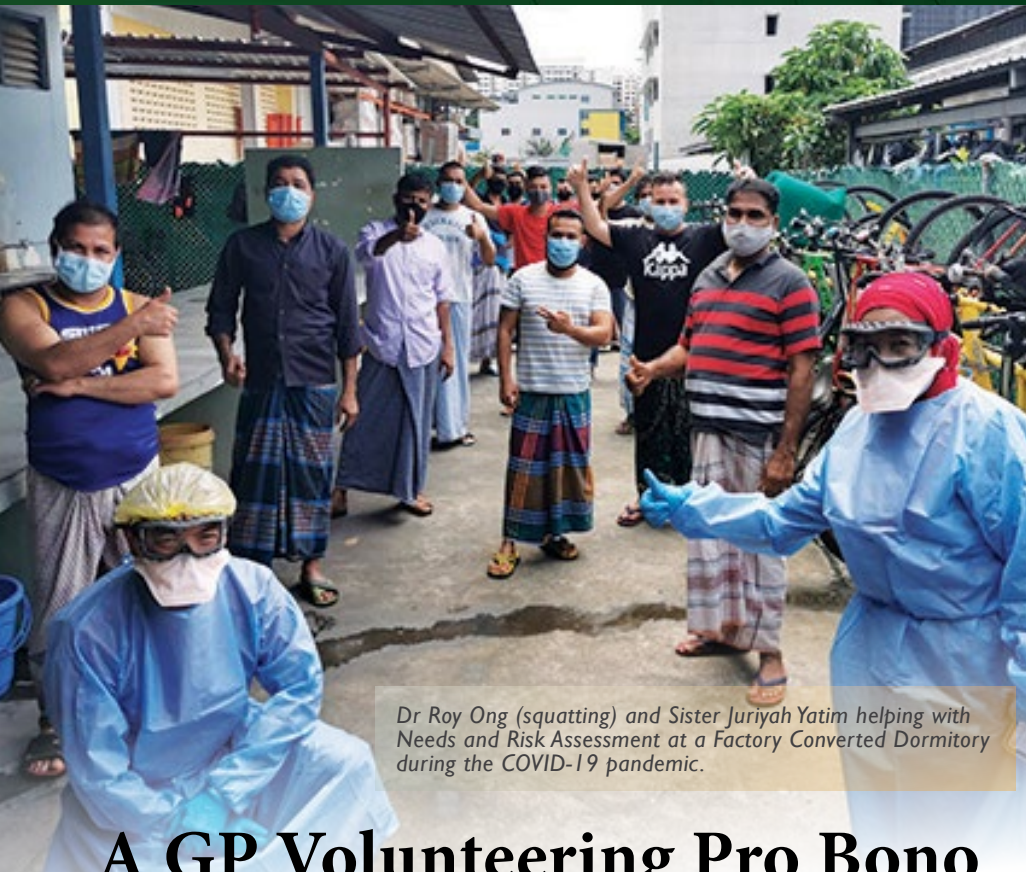




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Dr Roy Ong (squatting) and Sister Juriyah Yatim helping with Needs and Risk Assessment at a Factory Converted Dormitory during the COVID-19 pandemic.

A GP Volunteering Pro Bono at the Factory Converted Dormitories

by Dr Ong Eu Jin Roy, Family Physician

On January 21st, 2020 I went into my own personal lockdown. I started using my clinic N95 stockpile and socially distanced myself away from friends and relatives, only meeting people at workplace and family at home. When COVID-19 reached our shores, paranoid me was already using N95 while grocery shopping.

So, it was really antithetical when I agreed without hesitation to Dr Michael Lim's call to volunteer at the COVID-19 dormitories with Crisis Relief Alliance in April 2020. Perhaps it was my sense of duty. Looking back, I realised that it was a good decision on my part as I was about 2 months ahead of the COVID-19 measures curve at that point in time and my input was helpful. Also, I guess it was therapeutic for me since it is best to lean into our own personal fears.

I found the non-clinical work most gratifying. Diverse roles ranging from survey visits for Needs and Risk Assessment to being safety marshal for fruits deliveries or personal shopper/concierge for the quarantined workers. Invaluable to me was the eye opening to our migrant worker community's contributions. They undertake our unwanted shifts and menial uncomfortable jobs. They are silent, invisible heroes.

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(continued from Cover Page: A GP volunteering pro bono at the Factory Converted Dormitories)

Majority of the dormitories had good living conditions with a few examples at both ends of the spectrum. There was one which was impressive with communal area more akin to a business lounge and the gym better than the one at my condo. Living conditions may have been a culture shock for those of us who have not visited the rural villages in Indochina, Indonesia, or South Asia. Nevertheless, most residents did not perceive any deficiencies in their quarters. Most workers had catered meals with breakfast and lunch delivered at dawn and dinners delivered around 5pm. Monthly catering ranged from \$120 to \$150 on average.

Townhall meetings with dormitory residents where we allayed their fears and fielded their medical questions was productive and also helped us to establish trust with the residents. During such a dormitory townhall meeting, a resident complained of body pains for 5 days duration and was very insistent he had COVID-19. On systemic review he had no Acute Respiratory Infection symptoms, no constitutional changes nor any other issues. Clinically afebrile. Despite reassuring him, he was adamant he was unwell. I arranged for him to be sent to hospital for swab that afternoon. Results turned out positive that night, a lesson learnt that a high-risk patient may well be right despite all objective assessments.

Communication lines to resident representatives were my eyes and ears on the ground. Giving me a feel of the onsite situation and real time info to augment what was given by dormitory managements. The working relationships were further strengthened when residents extricated to quarantine facilities are supported via WhatsApp messaging. Support for the dormitory staff and management was provided also in the form of PPE supplies, psychosocial help, and a listening ear. They are our unseen front-liners.

The volunteers' diversity of backgrounds was heartwarming. Their willingness and rapid availability when needed, impressive. Donors were as varied as Temasek Foundation to religious organisations of different faiths to individual retirees and those who donated their Job Support Scheme payouts. With the donated funds, Crisis Relief Alliance was able to provide the dorms with weekly fruits, snacks and care packs, pulse oximeters, face shields and PPE. We brought joy to the workers during Hari Raya Puasa by distributing new clothes and goodie bags together with our Muslim colleagues.

I am most grateful to have been invited to join this COVID-19 initiative of Crisis Relief Alliance. It helped show me the silver lining of our current situation.

■ CM

Coping with COVID-19 DORSCON Orange at a Community Hospital

by Dr Ng Liling, Family Physician, Editorial Team Member (Team B)

Everything started when COVID-19 hit the shores of sunny Singapore. Things did not look that sunny and everyone in healthcare started preparing for war to start when the first case of COVID-19 reached Singapore. Increasing restrictions were placed on visitor numbers as the Disease Outbreak Response System Condition (DORSCON) level changed from yellow to orange.

Being unable to visit their loved ones, many family members grew more worried about the condition of their loved ones



Staff pantry at a Community Hospital after social distancing measures in place

who were hospitalised in the community hospital I was working in. More phone calls had to be made to communicate to relatives on the condition of their loved ones in the community hospital. Special caregiver visitation privileges were given to patients who had dementia and palliative conditions to reduce the distress that family members had. With increasingly stricter social distancing measures, volunteers and group

activities had to be stopped. Many of the group activities e.g. mahjong, reminiscence therapy sessions which were beneficial to our patients had to be stopped.