



## Workplace Alliance for Health (WAH) Scheme Funding Guidelines

### 1. OBJECTIVE

The Workplace Alliance for Health (WAH) Scheme serves to increase the adoption of workplace health programmes amongst the medium to large private corporations by increasing the supply of corporate wellness solutions and matching these solutions to the readiness of companies.

### 2. ELIGIBILITY CRITERIA

- 2.1 Corporate wellness providers who are interested in providing workplace health promotion programmes or solutions to medium to large private corporations may apply for WAH Scheme.
- 2.2 Corporate wellness providers (“Grant Applicants”) must:
  - (a) Be registered and operating in Singapore, and
  - (b) Have at least one-year track record in delivering health and wellness solutions
- 2.3 Medium to large private corporations (“Companies”) are defined as those who are:
  - (a) Registered and operating in Singapore, and
  - (b) Have a workforce size  $\geq$  200 employees working in Singapore

### 3. OVERVIEW OF GRANT SCHEME

- 3.1 To cater to differing needs and readiness of companies, there are two categories of corporate wellness solutions that can be co-funded under WAH Scheme:
  - (a) Elementary Package
  - (b) Advanced Package

3.2 Details and requirements of each package are listed below:

**(a) Elementary Package**

<b>Objective</b>	The Elementary Package is generally easier to roll out and aims to encourage companies to start out on the journey on Workplace Health Promotion and join in the War against Diabetes.
<b>Package Components</b>	<p>Approved applicants (“Grant Recipients”) are required to:</p> <ol style="list-style-type: none"> <li>1) Conduct Health Screening and Follow-up for the company (Refer to Annex A for details on screening requirements)</li> <li>2) Facilitate company’s participation in at least <u>one</u> national programmes (Refer to Annex B for more details on the national programmes). <ol style="list-style-type: none"> <li>a. iQuit</li> <li>b. Cooking Demonstrations or Nutrition Workshops</li> <li>c. Mental Wellbeing Workshops</li> <li>d. Communicable Diseases Workshops</li> </ol> </li> </ol> <p><i>Note: This list of national programmes is subject to change. Grant Recipients should refer to HPB website for updated list of available national programmes for WAH Scheme.</i></p> <ol style="list-style-type: none"> <li>3) Ensure that company has successfully implemented at least one health promoting policy (Refer to Annex B for details on health promoting policies).</li> </ol>
<b>Duration of Package</b>	The Elementary Package should be completed within three to twelve months.
<b>Payment Terms</b>	<ol style="list-style-type: none"> <li>1) Co-funding will be reimbursed based on the number of unique participants achieved in the Elementary Package per company.</li> <li>2) A 10% penalty (based on completed project’s pay-out) will be imposed if Grant Recipients did not implement all required components of the package.</li> <li>3) There is a funding cap of \$7,000 per company.</li> </ol>

**Example (10% penalty for Elementary Package)**

Company ABC has 1000 employees and purchased Elementary Package from Grant Recipient XYZ who is receiving funding of \$10 per participant from HPB.

Grant Recipient XYZ only managed to conduct health screening and follow-up and facilitated Company ABC's participation in iQuit and Nutrition Workshop. Across these services, they achieved a participation of 400 unique employees from Company ABC. Grant Recipient XYZ can claim \$4,000 (\$10 x 400pax) funding from HPB.

However, as Grant Recipient XYZ failed to ensure that Company ABC implements at least 1 health promoting policy, the 10% penalty will apply and HPB will only provide funding of 90% x \$4,000 = \$3,600.

(b) **Advanced Package**

<b>Objective</b>	The Advanced Package is designed for companies who wish to embark on targeted interventions with specific health goals.
<b>Package Components</b>	Grant Recipients are required to implement 1) Targeted interventions in at least one of the following areas (refer to Annex C for detailed requirements of the targeted interventions): a. Smoking Cessation b. Weight Management c. Chronic Disease Management
<b>Duration of package</b>	The Advanced Package should be completed within twelve months (Refer to Annex C for minimum duration required for respective interventions).
<b>Deliverables</b>	No. of unique participants* who have at least 3 times engagement in the targeted intervention  * Refers to unique participants within the package as identified by their NRIC/FIN numbers. Participants must be working in Singapore.
<b>Payment Terms</b>	1) Co-funding will be reimbursed based on the number of unique participants* who have at least 3 times engagement in the targeted intervention (Pre requisite: all package components must be completed before payment can be made)  2) A 10% incentive (based on each completed project's payout) will be given if $\geq 50\%$ of unique participants* fulfilled at least three times engagement <u>AND</u> there are post-programme measurements.

**Example (10% incentive for Advanced Package)**

*Company ABC has 1000 employees and purchased a weight management programme from Grant Recipient XYZ who is receiving funding of \$50 per participant from HPB.*

*Grant Recipient XYZ successfully conducted the weight management intervention and achieved 200 total unique participants. However, only 100 of them have at least 3 times engagement in the intervention (i.e. only 100 are recognized as participants by HPB). Therefore, Grant recipient XYZ can claim \$5,000 (\$50 x 100pax) funding from HPB.*

*In addition, out of the 100 participants with at least 3 times engagement, 70 of them also had post-programme weight measurement. As 70 is more than 50% of 100, Grant Recipient XYZ is eligible for a 10% incentive of the completed project pay-out. Therefore, HPB will provide funding of \$5,000 + \$500 (10% incentive) = \$5,500.*

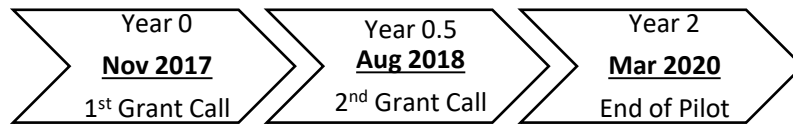
- 3.3 Companies may choose to embark on Elementary and /or Advanced Packages.
- 3.4 Each company is entitled to only 1 Elementary Package within a 12-month period
- 3.5 Companies can implement multiple Advanced Packages at any one time.

#### **4. CO-FUNDING**

- 4.1 Co-funding provided by HPB will be reimbursed on a per pax basis.
- 4.2 A Letter of Award along with the funding quantum will be issued to successful Grant Applicants. Successful Grant Applicants will have the option to accept or reject the Letter of Award. The Letter of Award, upon acceptance, is valid for the Grant Recipient up to 7 March 2020.
- 4.3 In order to receive any fund disbursement from HPB, the Grant Recipients must meet the funding criteria/ expected KPIs and submit the corresponding supporting documents for the respective packages.

## 5. GRANT DURATION & GRANT CALL CYCLE

5.1 The WAH Scheme is a two-year pilot scheme. There will be two grant calls during the first year of the scheme. Grant duration for all Letters of Award shall be valid until 7 March 2020.



5.2 Application period for each grant call are published on HPB website.

5.3 The start date of the grant duration will also be stated clearly in the Letter of Award.

## 6. SUBMISSION OF APPLICATIONS

6.1 Submission must include:

(a) Completed Application form with all required supporting documents.

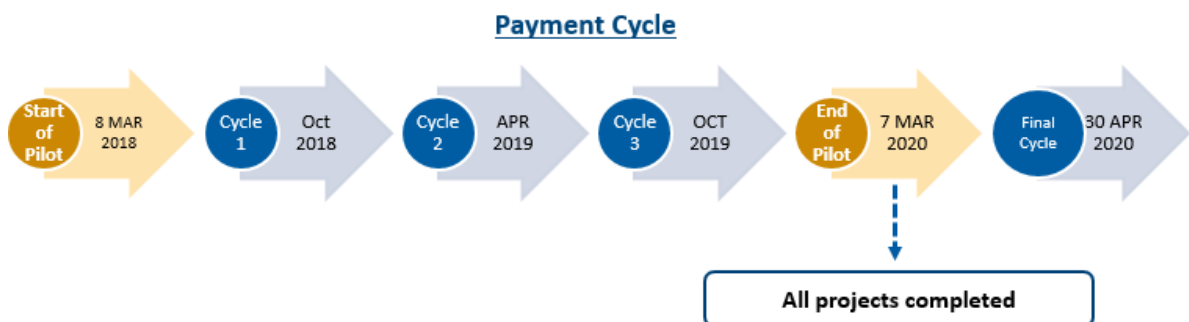
6.2 Completed applications (soft copies complete with signatures) should be sent to the following email address:

**HPB\_Health\_At\_Work@hpb.gov.sg**

**Subject: Workplace Alliance for Health Grant Application\_<insert organisation name>**

## 7. PAYMENT CYCLE AND FUNDING DISBURSEMENT

7.1 There will be a total of four payment cycles (six months apart) throughout the two-year pilot period ending 7 March 2020. Grant claims should be submitted by each payment cycle and the last claim is to be submitted by 30 April 2020.



7.2 Claims are to be submitted for completed projects only. No partial/progress payment will be processed.

7.3 To seek fund disbursement, please submit to HPB the following:

(a) Supporting documents for application and completion of programmes:

- Statement of claim certified by Grant Recipient's CFO/CEO or equivalent

- Companies' signed sales agreement
- (b) Supporting documents for employees participation and compliance to funding criteria as per stated in para 3.2:
- List of unique participants
  - Attendance list of activities
  - Photographs of activities, including policy statements
  - Pre-post outcome indicators report (for Advanced Package)

## **8. MONITORING AND AUDITING FOR SUCCESSFUL GRANT APPLICANTS**

- 8.1 Successful Grant Applicants are required to submit quarterly progress reports containing the following information:
- (a) No. of companies, names of companies and their workforce sizes
  - (b) Projected milestone KPIs for each company
  - (c) Employee participation rate achieved for each company (KPIs vs actual results achieved)
  - (d) Challenges and remedial actions
- 8.2 Should the total grant reimbursement for the year exceeds \$50,000, successful Grant Applicants are required to have their reimbursement claim and supporting documents duly audited by a Certified Public Accountant (CPA) to HPB. The audit fees will be reimbursed by HPB (subject to a cap of \$3,500 per engagement) and provided that HPB's prior approval for the appointment of CPA and the proposed audit fees have been sought. The scope of work for the approved CPA will be provided by HPB.
- 8.3 Random audits in the form of onsite visits to companies will be implemented by HPB throughout the course of the funding period.

## **Annex A – Health Screening & Health Coaching Requirements**

### **A. Details of Health Screening Provider**

1. Professional qualifications required of the Health Screening Provider are stated in table below.

	<b>Professional Qualifications</b>	<b>Relevant working experience</b>
<b>For Screening Provider</b>	Screening provider must be licensed under the Private Hospital and Medical Clinics Act (PHCM Act)	
<b>For Laboratory providing Health Screening Services</b>	The appointed laboratory providing health screening services should be a licensed healthcare institution.	Students and interns must not be deployed to provide any of the screening services required

2. Applicants are required to submit all supporting documents such as License under the PHCM Act.

### **B. Pre-Screening**

- 1) Diabetes Risk Assessment (DRA)\*: For individuals between 18 to 39 years old, the Grant Recipients should administer the DRA to determine their risk profile and to encourage those at risk to go for screening.

*\*DRA is an evidence-based, self-administered questionnaire, which is a means to identify individuals who may currently be at risk of undiagnosed diabetes. The quick and easy tool consists of up to eight questions, relating to parameters such as age, gender, family history of diabetes, body mass index (BMI), history of hypertension and gestational diabetes mellitus (GDM), physical activity and nutrition. All of these can affect one's risk of developing diabetes.*

- 2) Registration: Grant Recipients must ensure that the registration form, the consent form and the lifestyle survey are clearly explained, administered and fully completed at the registration counter.

### **C. Screening**

- 1) Conducting the screening tests: The Grant Recipients must conduct the tests in Table 1. Grant Recipients must ensure that adequate safety precautions are in place during screening and there is no lapse in safety measures. Grant Recipients must also submit a Standard Operating Procedure (SOP) for managing individuals screened and found to have critically high levels of blood sugar and/or blood pressure readings.

#### **Table 1:**

Conditions screened for	Test / Assessment
Obesity Chronic diseases (hypertension, diabetes, dyslipidemia)	<ul style="list-style-type: none"> <li>• Body Mass Index (BMI);</li> <li>• <del>Waist circumference</del></li> <li>• Blood pressure measurement;</li> <li>• Fasting venous glucose and lipids</li> </ul>

#### D. Post-screening


- 1) Results generation: The Grant Recipients must generate an individual health screening report for each participant. The results should be clearly presented to facilitate follow-up consultations.
- 2) Results distribution: For chronic disease screening, results generated should be distributed via face-to-face platforms, e.g. post-screening talk/health coaching session preferably within two (2) weeks after screening. For any non-face-to-face platforms, Grant Recipients are to distribute the health screening report to participants in a secure manner.
- 3) Post-screening follow-up: Grant Recipients must contact all participants who have one or more abnormal results within thirty (30) calendar days after the results are distributed to check if they have gone for follow-up with a GP/Polyclinic. If they have not done so, the Grant Recipients should strongly advise them to go for a follow-up as soon as possible. Follow-up will have to be tracked as per EISS Screening Result Template (see below).
- 4) Health Coaching: Health Coaching Sessions should also be carried out for participants who are identified to have health risk factors. Participants who are identified to have health risk factors are defined as:-
  - a. Participants with at least one abnormal reading
  - b. Participants with BMI  $\geq$  23.0
  - c. Participants who are smokers

Details of Health Coaching Sessions can be found in **Annex A**.

- 5) Submission of data: Grant Recipients must collate and submit all the HPB health survey data, health screening results and post-screening medical follow-up data to the Board in the prescribed format. Health screening and post-screening medical follow-up data should be submitted to the Board within sixty (60) calendar days from the health screening day.



- 6) Provision of Corporate Report: Corporate report for companies shall include anonymised results from both the health screening (BMI, ~~waist circumference~~, blood pressure, fasting glucose, and lipid panel) and lifestyle survey (past screening history, nutrition, physical activity, sleep, and smoking) in comparison to the National Health Survey. Grant Recipients shall provide an aggregated health screening report to HPB.
- 7) Record keeping: The Grant Recipients are required to keep records of all the registration forms, consent forms and laboratory reports in accordance with the Medical Records Retention Guidelines 2015. The Board will request for this information for verification on an ad-hoc basis.

<b>EISS SCREENING RESULT TEMPLATE</b>	 Annex K.2 EISS ScreeningResult Ten
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## **ANNEX A - Post Screening Health Coaching**

Grant Recipients shall provide at least one tailored health coaching session for screened participants who are identified to have one or more health risk factors. The session shall include interpreting the participants' screening results and making personalised recommendations on how to improve from baseline health status through adoption of positive behavioural change(s). Grant Recipients are also required to follow up with participants based on their health results e.g., if they have seen their doctors for further checks. The health coaching, which may be conducted in either one-to-one or small group format should take place within one month after health screening report collection.

- The health coaching sessions must achieve the following objectives:
  - a. Guiding the participants through the health screening report with interpretation and explanations on the medical findings
  - b. Using the health screening report and in discussion with the participants, set S.M.A.R.T<sup>1</sup> health goals for the participants together with a concrete holistic health action plan (e.g. diet and physical activity plans)

### **DATA REQUIRED**

- Grant Recipients are required to submit signed attendance for face-to-face individualised and group health coaching.
- For non-face-to-face coaching, details on successful coaching session conducted should be recorded (e.g. time of call). A list with contact details of participants who have completed the non-face-to-face coaching shall also be provided to HPB as random calls will be administered by HPB to verify if the phone coaching sessions have been conducted.

### **Annex B – Information on National Programmes and Health Promoting Policies**


<b>Programme</b>	<b>Programme Details</b>
<b>IQuit</b>	<p>At least one of the following to be conducted:</p> <p><b>A. Motivational Talk (For Smokers &amp; Non-smokers)</b> Motivational talks at workplaces to increase employees' awareness of the harmful effects of tobacco use on their health, fitness and spending power. The talks help to promote the benefits of leading a tobacco-free lifestyle and equip employees with the knowledge, skills and strategies to cope with stress and quit smoking. The minimum group size is 20 pax. Each talk will last about an hour with an optional 30-minute smokerlyser test at the end.</p> <p><b>B. I Quit group counselling sessions (For Smokers)</b> I Quit group counselling sessions is a six-week programme (one hour per session, one session a week) where a professional counsellor guides participants along in their 28-day journey to quit smoking. During the sessions, participants will develop</p>


<sup>1</sup> S.M.A.R.T. refers to Specific, Measurable, Attainable, Realistic, Timely

	<p>personalised quit strategies. The group size is 8 to 15 pax, and participants can listen to one another's experiences and provide support to each other. Any smokers can join these sessions if their company offers this programme. The participants will also concurrently go through the I Quit 28-Day Countdown within this six-week programme.</p> <p><b>C. I Quit Roadshows (For Smokers)</b> I Quit roadshows are 4 or 8 hours long and are roved to workplaces to facilitate publicity and sign-up for the I Quit 28-Day Countdown programme. The programme is an SMS-based intervention designed to assist smokers to quit smoking. Research shows being smoke-free for 28 days increases one's chances of quitting by 5 times. Participants will receive daily tips and encouragement. Participants can also choose their own start date, nominate a supporter and opt to receive calls from QuitLine (1800 438 2000) for further support.</p> <p><u>Please contact the following to arrange for the sessions:</u></p> <p>Name: Substance Abuse Department Email: <a href="mailto:HPB_SMOKING_CONTROL@hpb.gov.sg">HPB_SMOKING_CONTROL@hpb.gov.sg</a> Lead time required: 3 weeks</p>
<p><b>Cooking Demonstrations or Nutrition Workshops</b></p>	<p>At least one of the following sessions should be conducted:</p> <p><b>A. Cooking Demonstration</b> To promote healthy eating through sharing of nutrition tips &amp; healthier cooking methods with participants, based on HPB's dietary guidelines. The minimum group size is 15 pax.</p> <p><b>B. Nutrition Workshop</b> To educate the participants about nutrition and healthier food selections and encourage the adoption of healthy eating habits. The minimum group size is 15 pax.</p> <p><u>Please contact the following to arrange for the sessions:</u></p> <p>Name: HPB Health At Work Email: <a href="mailto:HPB_Health_At_Work@hpb.gov.sg">HPB_Health_At_Work@hpb.gov.sg</a></p>
<p><b>Mental Well Being Workshops</b></p>	<p>At least one session of Management Training Workshop <u>or</u> one session of experiential session should be conducted:</p> <p><b>A. Management Training Workshop</b> To capacity-build participants with supervisory roles to become supportive leaders and to provide self-care knowledge and skills. The minimum group size is 15 pax. Key topics include:</p> <ul style="list-style-type: none"> <li>• <b><u>Care for themselves</u></b> <ul style="list-style-type: none"> <li>• Effective stress management skills</li> <li>• Building up on personal resilience</li> </ul> </li> </ul>


	<ul style="list-style-type: none"> <li>• Developing a personal self-care strategy</li> <li>• <b>Care for others</b> <ul style="list-style-type: none"> <li>• Recognise common mental health issues and how to support staff in need</li> <li>• Start a conversation with staff and show appropriate supportive leadership</li> <li>• Manage difficult emotions and build staff's resilience</li> <li>• Build a supportive workplace environment and encourage help-seeking behavior</li> </ul> </li> </ul> <p><b>B. Experiential sessions (e.g. Music, Mindfulness, Plastic Shrink Art, and Terrarium)</b></p> <p>To enable staff of all levels to manage their stress and build resilience through practical tips and hands-on activities. The minimum group size is 15 pax. Participants will participate in hands-on therapeutic activities as well as receive information on:</p> <ul style="list-style-type: none"> <li>• How to better manage their stress well and build resilience.</li> <li>• Common stress symptoms</li> <li>• How therapeutic activities act as a way of stress coping</li> </ul> <p><u>Please contact the following to arrange for the sessions:</u></p> <p>Name: Michelle Lee  Email: <a href="mailto:Michelle_LEE@hpb.gov.sg">Michelle_LEE@hpb.gov.sg</a></p>
<p><b>Communicable Disease Workshops</b></p>	<p><b>Workplace Infectious Diseases Education Talk</b></p> <p>To empower staff of all levels to stay vigilant against infectious diseases and to reduce the stigma and discrimination of HIV/AIDS at the workplace. The minimum group size is 20 pax. Participants will receive information on:</p> <ul style="list-style-type: none"> <li>• Awareness and understanding of HIV, Tuberculosis and Influenza at an individual level</li> <li>• Good hygiene practices to prevent transmission</li> </ul> <p><u>Please contact the following for more information:</u></p> <p>Communicable Disease Education  Email: <a href="mailto:HPB_CDE@hpb.gov.sg">HPB_CDE@hpb.gov.sg</a>  <i>Lead time required: 2 weeks</i></p>

### Annex C: Requirements for Targeted Interventions for Advanced Package

Targeted Interventions	Deliverables/ Qualifications / Pre-Requisites	Duration of Programme	Outcome indicators (Definitions and frequency)	Methodology to determine unique participation	Exclusions
Smoking Cessation Programme	<p><b>For all smoking cessation programmes:</b></p> <ul style="list-style-type: none"> <li>Must contain evidence-based information with supporting literature</li> <li>Only Singapore approved cessation aid tools (NRT, medication) recommended</li> </ul>  <p><b>Academic Qualifications:</b></p> <ul style="list-style-type: none"> <li>Possess Certification for Quit Smoking Consultants (CQSC) Level 1, or</li> <li>Be a Singapore Registered Psychologist, Doctor, Pharmacist, Nurse or Dentist</li> </ul> <p><b>and</b></p> <p><b>Practical Qualifications:</b></p> <ul style="list-style-type: none"> <li>Possess 30 hours smoking cessation counselling experience within the last 2 years</li> </ul> <p>To find out more about CQSC, please click the following link:</p>	At least one session per week, at least 4 sessions in total	<p>Quit rate at 1 month required. (Smoker has to set a quit date 1 month from the start of the programme; Grant Applicant is to state applicable operating model clearly <i>i.e. quit rate by batch or flexible quit rate</i>)</p> <p>Verification can be done via smokerlyzer test, cotinine urine test or cotinine saliva test</p> <p>Encouraged to continue tracking quit rate at 3<sup>rd</sup> and 6<sup>th</sup> month post quit date.</p>	<p>No. of unique smokers who participate in the programme determined by NRIC/FIN number</p> <p>All smokers are eligible to participate in the programme.</p> <p><i>*Smokers must attend at least 3 sessions to be considered a participant.</i></p>	*No Hypnotherapy and acupuncture

	<p><a href="https://www.hpb.gov.sg/community/smoking-cessation-programme">https://www.hpb.gov.sg/community/smoking-cessation-programme</a></p> <p>App-based solutions must be complemented with Face-to-Face intervention.</p>				
<b>Chronic Disease Management Programme</b>	<p><b>Qualifications:</b></p> <p>Programmes are recommended to be holistic to include different areas such as Physical Activity, Nutrition etc. As such, individuals delivering these programmes must be certified to conduct these programmes. Do ensure that only evidence-based interventions will be considered.</p> <p>HPB reserves the right to approve trainers or turn down anyone HPB does not deem suitable.</p>	<p>At least 6 weeks long. <i>With no more than 2 weeks between each session.</i></p>	<p>Improvement in biometric indicators pre- and post programme</p> <p>Post-programme measurements must be objectively measured and not self-reported.</p> <p>Participants must have at least one abnormal reading in:-</p> <ul style="list-style-type: none"> <li>• Blood pressure,</li> <li>• Fasting blood glucose</li> <li>• Cholesterol</li> </ul> <p>In the event that the Chronic Disease Management Programme is targeted at specific chronic conditions only the relevant pre- and post- biometric measurements are required. e.g. diabetes management</p>	<p>No. of unique participants who participate in the programme determined by NRIC/FIN number.</p> <p>Eligible participants must have at least one abnormal reading in <u>any</u> of their pre-programme biometric measurements.</p> <p>Definition of abnormal results:</p> <p> Results Guidelines (abnormal).docx</p> <p><i>*Participants must attend at least 3 sessions to be</i></p>	<p>No TCM (especially for nutrition) e.g. bitter gourd for diabetes treatment, etc.</p> <p>No fad diets, e.g. liver detox diet, etc.</p>

			<p>programme would only require fasting blood glucose measurements for reporting.</p> <p>For generic Chronic Disease Management programmes, BMI readings are required as pre- and post- biometric indicators for reporting.</p>	<i>considered a participant.</i>	
<b>Weight Management Programme</b>	<p><b>Qualifications:</b></p> <p>Programmes are recommended to be holistic to include different areas such as Physical Activity, Nutrition etc. As such, individuals delivering these programmes must be certified to conduct these programmes. Do ensure that only evidence-based interventions will be considered.</p> <p>HPB reserves the right to decide on the suitability of appointed trainers.</p> <p>Weight Management Programme Guidelines:</p>	Recommended duration of at least 12 weeks (at least once a week, with a balance of nutrition and PA contents)	<p>Improvements in BMI and/or waist circumference ratio pre-, mid- and post programme (as long as the unit of measurement is the same throughout).</p> <p>Must be objectively measured and not self-reported.</p> <p>Encouraged to continue tracking maintenance rate at 3, 6 &amp; 12 months post end-date</p>	<p>No. of unique participants taking part in the programme as identified by NRIC/FIN number.</p> <p>Employees with BMI between 23.0 and 37.4kg/m<sup>2</sup> are eligible to participate in the programme.</p> <p><i>*Participant must take part in at least 3 sessions to be</i></p>	* No spa treatments or advocating of weight loss supplements, meal replacement shakes and/or other diet fads

	 WM Guidelines for Large Company Stra		Follow-up can be conducted via phone calls, SMS and emails.	<i>considered a participant.</i>	
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## Annex D: List of Health Promoting Policies

Category of policies	Type of policies
Healthy Eating	Healthier catering policies that are in accordance with HPB guidelines
	Healthier beverage policies that are in accordance with HPB guidelines: <ul style="list-style-type: none"> <li>- All drink stalls/cafes/kiosks are required to serve lower-sugar drinks as default option</li> <li>- All drinks stalls in food court/coffee shops are required to only display HCS drinks at store front</li> <li>- All vending machines are required to provide at least 70% HCS packaged drinks or zero-calorie products</li> </ul>
	Healthier dining policies where all F&B outlets are required to: <ul style="list-style-type: none"> <li>- Offer wholegrain staples as an option (when served in rice, porridge, noodle, bread and other cereal staple)</li> <li>- Use healthier oil (in accordance with HPB guidelines)</li> <li>- Serve at least 1 lower-calorie option (<math>\leq 500</math>kcal main dish/ set meal and <math>\leq 250</math>kcal side dish)</li> </ul>
Smoking Cessation	Policies that prohibit the sale of cigarettes on the premises
	Policies to support a smoke-free workplace (e.g. no smoking in uniform, no smoking in areas outside of designated smoking area)
Communicable Diseases	Policy for managing Tuberculosis (TB) at the workplace
	Policy for managing HIV/AIDS at the workplace
General Health	Protected time for employees to participate in health promotion activities
	Flexi-benefits scheme that supports options on healthy lifestyle and programmes
Holistic Workplace	Policies to support employee assistance, crisis management (e.g. trauma) and change management (e.g. retrenchment, re-designation)
	Work-Life Policies (e.g. Flexible work arrangements, telecommuting options)
	Policies to support breastfeeding staff (e.g. breastfeeding facilities)
	Strong workplace safety and health management systems in place to protect the wellbeing of employees
Others	Please specify.