



MINISTRY OF HEALTH  
SINGAPORE

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Please refer to Distribution List

**[Update] PHASE TWO SERVICE RESUMPTION PLANS FOR NON-PUBLIC HEALTHCARE INSTITUTION (PHI) OUTPATIENT ALLIED HEALTH SERVICES**

This advisory outlines the service resumption plans for **non-PHI outpatient allied health services (AHS<sup>1</sup>) including psychology services<sup>2</sup>** in Phase Two.

**PHASE TWO**

2. On 15 June 2020, the Multi-Ministry Taskforce announced plans to move from Phase 1 post-Circuit Breaker to Phase Two on 19 June 2020 as community infection rates have remained generally stable.

3. In this next phase, the goal is to ensure that efforts taken during the circuit breaker period and Phase One of reopening are sustained. Hence, Allied Health Professionals (AHPs) should continue to adjust their work accordingly to ensure adherence to prevailing precautionary measures and safe distancing requirements relevant to each setting, as well as infection and control measures such as hand hygiene and Personal Protective Equipment (PPE) guidelines. Table 1 outlines the requirements that all non-PHI AHPs should adhere to for the provision of AHS for Phase Two, i.e. from 19 June 2020.

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<sup>1</sup> Exclude AHS in PHIs (including Polyclinics) and private hospitals

<sup>2</sup> AHS in this advisory refers to Audiology, Dietetics, Occupational Therapy, Physiotherapy, Podiatry, Prosthetics and Orthotics, Speech Therapy, Psychology and Mental Health Services

Table 1: Requirements for non-PHI outpatient AHS (including psychology and mental health services, where applicable) across different settings for Phase Two

Setting	Phase Two
Private AH Clinics/Private AH Home-based Therapy	<p><b>[Updated]</b></p> <ul style="list-style-type: none"> <li>• AHPs can resume full operations. Group therapy of up to 5 clients is allowed. AHPs and support staff are not included in the group size limit of 5.</li> <li>• AHPs can offer clinic-based services, home-based therapy or a combination of both. AHPs operating out of home-based offices can also resume services, subject to safe distancing and infection control measures highlighted below.</li> <li>• Refer to Para 4d of MOH Circular 102/2020 on Updated Guidance on Cross-Institutional Movement of Healthcare Workers at DORSCON Orange in Annex A for movement guidelines for AHPs in private AH Clinics</li> </ul>
Centre-based Services for Individuals with Disabilities	<p><b>[Updated]</b></p> <ul style="list-style-type: none"> <li>• AHPs can resume full operations with no restriction on the number of cases seen per week.</li> <li>• 1-1 therapy sessions only; each session should not <b>be longer than 1 hour</b>.</li> <li>• <b>Group therapy is not allowed.</b></li> <li>• Refer to Para 8 of MOH Circular 60/2020 and Para 4e of MOH Circular 102/2020 on Updated Guidance on Cross-Institutional Movement of Healthcare Workers at DORSCON Orange in Annex A for movement guidelines for AHPs in Centre-based Services for Individuals with Disabilities</li> </ul>
Community Hospitals (CHs)'s Day Rehab or Home therapy/ Senior Care Centres (SCCs)/ Day Rehab Centres (DRCs)/ Home Therapy (HT) Programme <sup>3</sup>	<p><b>[Updated]</b></p> <ul style="list-style-type: none"> <li>• HT Programme continues with no restriction on the number of cases seen per week</li> <li>• Centre-based services that have met safe management measures have resumed since 15 June<sup>4</sup>.</li> <li>• Each session should <b>not be longer than 1 hour</b>.</li> <li>• <b>Group therapy is not allowed.</b></li> <li>• Refer to Para 8 of MOH Circular 60/2020 and Para 4e of 102/2020 on Guidance on Cross-Institutional Movement of Healthcare Workers at DORSCON Orange in Annex A for movement</li> </ul>

<sup>3</sup> HT programme refers to MOH subvented Home Therapy programme (i.e. max. 18 sessions Active Rehab sessions)

<sup>4</sup> Refer to the Agency for Integrated Care (AIC) Advisory “Resumption Plan for Eldercare Services in Phase 2” dated 17 Jun 2020 for details

Setting	Phase Two
	<a href="#">guidelines for AHPs in long-term care (LTC) sector.</a>
Long-term Care, Residential Facilities – e.g. Nursing Homes (NHs) <sup>5</sup> Disability Homes (DHs), Welfare Homes (WHs) <sup>6</sup>	<p><b>[Updated]</b></p> <ul style="list-style-type: none"> <li>Refer to <a href="#">Para 8 of MOH Circular 60/2020</a> and <a href="#">Para 4e of 102/2020 on Guidance on Cross-Institutional Movement of Healthcare Workers at DORSCON Orange in Annex A</a> for movement guidelines for AHPs in LTC sector.</li> </ul>

4. Restrictions on movement of AHPs as per MOH Cir No 102/2020 (and 60/2020 for LTC settings) would still need to be in place for a few more weeks after 19 June 2020 until there is more certainty that the community transmission rates remain under control despite the resumption of additional activities.

5. All providers/AHPs do not need to apply for an exemption before resuming operations. For providers/AHPs that have yet to submit manpower details via the GoBusiness portal (<https://covid.gobusiness.gov.sg>), please do so within two weeks of the date of resumption of operations. In the interest of reducing physical contact between individuals, telecommuting should remain the default for all businesses where feasible.

### Phase Three

6. The Multi-Ministry Taskforce will continue to monitor the situation closely, with the aim of continuing to ease measures, until we reach a new normal in Phase Three. The Ministry will release further details in due course.

### PATIENT/CLIENT TRIAGING AND MANAGEMENT **[No Change]**

7. All providers/AHPs should ensure that there is a triage process in place. Triage should be carried out outside the clinic premise, if possible. Patients/clients that fulfil suspect case definition and whose conditions are medically stable should be asked to visit the nearest PHPC<sup>6</sup> or polyclinic for further evaluation immediately. If patient/client do not fit the prevailing case definition but have a recent history of fever and/or acute respiratory symptoms and require urgent or emergency management, he/she should be referred to the restructured hospitals, PHPC or polyclinics as appropriate. Please refer to MOH Circular 122/2020 on latest case definition ([Annex A](#)).

8. For home therapy/home visit, **it is mandatory to make a pre-visit phone call on the day of home therapy/home visit** to ascertain the patient's/client's health condition and potential exposure to COVID-19 prior to the therapy/visit and review the need to proceed with home therapy/home visit. **Patients/clients/household members/caregivers at the same premise should be encouraged to wear their own re-useable or surgical mask** during the session. Please refer to [Annex B](#) for the guidelines on the management of home therapy/home visit for patients/clients and/or

<sup>5</sup> Including short-stay unit in Ren Ci

<sup>6</sup> You can search for your nearest PHPC at [www.phpc.gov.sg](http://www.phpc.gov.sg)

any household members living within the same premise on Stay Home Notice (SHN) and Home Quarantine Order (HQO).

9. All providers/AHPs providing home therapy/home visit should comply to safe distancing measures i.e. minimise interaction with household members/caregivers, safe distancing of at least 1-2m with household members/caregivers if the layout allows.

## **SAFE MANAGEMENT MEASURES [Updated]**

10. On 9 May 2020, MOM has issued a list of Safe Management Measures<sup>7</sup> for general and specific workplace settings, which all employers including healthcare institutions (HCIs) have to implement and comply with. These broad measures (elaborated below) are meant to prevent the re-emergence of community cases and to avoid having to reintroduce the tighter measures as before.

### **A. Implement a Safe Management System**

11. All providers/AHPs should establish a system to implement these Safe Management measures to provide a safe working environment and minimise risks of further outbreaks. Components of such a system should include: detailed monitoring plans to ensure compliance and resolution of any issues (e.g. remedy of non-compliance, risk mitigation plans); and assign clinic staff to fulfil the role of Safe Management Officers (SMOs) to implement, coordinate, communicate and monitor the Safe Management system.

### **B. Reduce physical interaction and ensure safe distancing**

12. All providers/AHPs should continue with measures to ensure reduction of close physical interaction and safe distancing. These measures include:

- a. In common areas such as waiting areas and registration areas, all patients and accompanying visitors should keep a distance of one metre apart from one another;
- b. Staff should keep a distance of one metre apart from one another and from the patients, where possible. However, this does not apply to consultations, examinations and procedures done in the consultation and treatment rooms, provided the AHPs don Personal Protective Equipment (PPE) appropriate for the type of patient care they are providing;
- c. Patients with fever / respiratory symptoms should be segregated from other patients;
- d. The number of accompanying persons should be kept to a minimum. Patients should consult with the AHP alone if possible. If they need to be accompanied, the number of accompanying persons should be limited to one;
- e. Cross-institutional deployments should be minimised, per guidance in MOH Circular No 102/2020 (see Annex A). These measures should be guided by infection prevention and control principles;

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<sup>7</sup> <https://www.mom.gov.sg/covid-19/requirements-for-safe-management-measures>

- f. All staff who are able to work-from-home should do so if there is no need for physical presence in the clinic;
- g. Tele-conferencing should be used in place of physical meetings wherever possible. If there is a need for physical meetings, to minimise the occurrence, limit the number of attendees and keep the duration as short as possible;
- h. Stagger working and break hours for employees who have to report to work, and implement strict safe distancing measures during meal or rest time in staff areas or dining areas; and
- i. To reduce waiting time at the clinic, to provide appointments, teleconsultation and home delivery of medication where appropriate and available.

### **C. Support contact tracing requirements**

13. All providers/AHPs should limit movement of vendors and visitors into and within premises. From 12 May 2020, workplaces and services that are in operation are required to deploy SafeEntry to log the check-in of employees and visitors. **The use of SafeEntry is mandatory** even if there is already a system in place to log entry and exit information. Please refer to MOH Advisory 06/2020 on adoption of SafeEntry ([Annex A](#)).

14. The TraceTogether app was launched in March 2020 to support ongoing COVID-19 contact tracing efforts. To help MOH to more quickly identify potential close contacts of COVID-19 patients and reduce disease transmission, all providers/AHPs should encourage employees, patients and visitors to download and activate the TraceTogether app while they are in the clinic.

### **D. Ensure cleanliness of workplace premises**

15. All providers/AHPs should ensure regular cleaning of all common spaces and facilities, including high touch surfaces. HCIs should also ensure ample provision of soap and hand sanitizers in all toilets, hand wash stations and human traffic stoppage points.

### **E. Implementation of health checks and protocols to screen persons and prevent cluster formation**

16. All providers/AHPs should monitor employees' health status and MCs. Staff who are unwell, particularly those with acute respiratory infection symptoms, should consult a doctor, stay at home during the period of MC and not come to work. They should closely monitor their health before returning to the workplace and inform their employers of their COVID-19 test results (if performed). There should be proper processes planned out for the management of all unwell, suspected and at-risk employees.

17. Ongoing regular temperature/health screening and declarations for employees and visitors should be continued.

## INFECTION CONTROL AND APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT (PPE) USAGE [No change]

18. All providers/AHPs are reminded to **strictly adhere to infection control protocols** as well as **adopt appropriate PPE usage** at various clinical settings. Table 2 and 3 outlines the guidance on PPE usage. This will supersede MOH Circular 39/2020.

Table 2: Guidance on PPE use for Standard Care

Recommended Use of PPE	Frequency of PPE Use
Surgical mask to be worn by all staff whilst at work	Extended use up to 6hrs <sup>8</sup> , or if mask becomes soiled or soggy, or single use for home care services
Aprons and gloves only worn as per standard precautions (only for procedures with potential exposure to blood/body fluids)	Single use
Face shield / Goggles only worn as per standard precautions (only for procedures with potential blood/body fluid exposure to face and eyes) <sup>9</sup>	Extended use Goggles should be disinfected after each use, while face shields should be disposed of in accordance with manufacturer's instructions

Table 3: Guidance on PPE use in the following situations

Situation	Recommended Use of PPE	Frequency of PPE Use
When performing an AGP (e.g. swabbing, resuscitation, sputum induction)	N95 mask	Extended use up to 6hrs <sup>8</sup>
	Yellow high-risk gown	Single use only
	Gloves	
	Eye protection	Extended use. Goggles should be disinfected after each use, while face shields should be disposed of in accordance with manufacturer's instructions.

<sup>8</sup> Extended use should be for the period when staff are in clinical areas and stops when staff exit the clinical area e.g. to go to the toilet/ cafeteria etc. Exceptions include changing of mask in between home visits and evident contamination of PPE (e.g. blood spillage, dirt, etc.) in which case the mask should be disposed of. Staff should strictly adhere to hand hygiene practices in addition to PPE use to prevent cross contamination.

<sup>9</sup> Examples of procedures with potential blood/body fluid exposure to face and eyes include oral and tracheostomy suctioning

19. Please ensure that all staff are aware of the contents of this advisory and comply with all prevailing safe distancing and infection prevention and control measures.

20. For clarification on this advisory, please email [MOH\\_INFO@moh.gov.sg](mailto:MOH_INFO@moh.gov.sg).



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MOH Circular	Attachment
<b>MOH Circular 60/2020:</b> UPDATED GUIDANCE ON THE MOVEMENT OF HEALTHCARE WORKERS, PATIENTS AND VISITORS IN HEALTHCARE INSTITUTIONS AT DORSCON ORANGE	 MOH Cir No 60_2020_Updated Gu
<b>MOH Circular 102/2020:</b> UPDATED GUIDANCE ON CROSS-INSTITUTIONAL MOVEMENT OF HEALTHCARE WORKERS AT DORSCON ORANGE	 MOH Cir No 102_2020_20Apr20_s
<b>MOH Circular 122/2020:</b> REVISION OF SUSPECT CASE DEFINITION FOR CORONAVIRUS DISEASE 2019 (COVID-19)	 MOH Cir No 122_2020_8May2020
<b>MOH Circular 134/2020:</b> UPDATED NON-PUBLIC HEALTHCARE INSTITUTION (PHI) OUTPATIENT ALLIED HEALTH SERVICE CONTINUITY PLANS FOR THE CIRCUIT BREAKER PERIOD	 MOH Cir No 134_2020_25 May 20
<b>MOH ADVISORY 06/2020:</b> ADOPTION OF SAFEENTRY FROM 12 MAY 2020	 MOH Advisory No 06_2020_ADOPTION

**Additional precautionary measures to manage home therapy/home visit for patient/client or household member(s) living in the same premise on SHN/HQO**

Scenarios/when AHP was informed of status of SHN/HQO	Notified by patient/client or caregiver <u>before</u> home therapy/home visit	Notified by patient/client or caregiver <u>on arrival</u> at home premise	Notified by patient/client or caregiver <u>after</u> completing the home therapy/home visit
<b>Scenario A</b> <ul style="list-style-type: none"> <li>• Patient/client on SHN/HQO</li> <li>• Household member staying on same premise on SHN/HQO</li> </ul>	Continue to provide service remotely via teleconsultation if suitable. If remote service delivery is not possible, to defer non-urgent and/or non-critical services till after the SHN/HQO period.	Defer non-urgent and/or non-critical services till after the SHN/HQO period. If the need is urgent, refer patient/client to restructured hospitals.	AHP may continue to attend to other clients, if appropriate precautionary measures were taken during home therapy/home visit for affected patient.
<b>Scenario B</b> Patient/client is a suspect	Defer any service at patient's/client's home till patient received test outcomes.  If patient/client's is tested positive, no therapy is needed as patient will be hospitalised.  If patient/client is tested negative, to proceed to provide therapy with precautionary measures.	Defer any service at patient's/client's home till patient received test outcomes.  If patient/client is tested positive, no therapy is needed as patient will be hospitalised.  If patient/client is tested negative, to proceed to provide therapy with precautionary measures.	AHP should not provide service to any other patients/clients until patient's/client's test outcomes is out.  If patient/client is tested positive, AHP will be quarantined.  If patient/client is tested negative, AHP may continue to provide therapy to other patients.
<b>Scenario C</b> Household member staying in same premise is a suspect	Defer any service at patient's/client's home till household member received test outcomes.  If household member is tested positive, to follow guidelines for scenario A.  If household member is tested negative, to proceed to provide therapy with precautionary measures.	Defer any service at patient's/client's home till household member received test outcomes.  If household member is tested positive, to follow guidelines for scenario A.  If household member is tested negative, to proceed to provide therapy with precautionary measures.	AHP should not provide therapy to any other patients/clients until household member's test outcomes is out.  If tested positive for those with direct contact with AHP during the home therapy/home visit, AHP will be quarantined.  If household member is tested negative, AHP may continue to provide therapy to other patients/clients.
<b>Scenario D</b> Patient/client or household member staying in same premise is a confirmed covid-19 patient	No therapy at patient's/client's home as patient will be hospitalised.  If patient's/client's household member is confirmed case, follow scenario A	No therapy at patient's/client's home as patient will be hospitalised.  If patient's/client's household member is confirmed case, follow scenario A	AHP will be placed on quarantined order for 14 days from last point of direct contact with patient/client and/or his/her household member.