



MINISTRY OF HEALTH
SINGAPORE

MH 34:24/8-20

MOH Circular No. 186/2020

15 Jul 2020

Please refer to Distribution List

UPDATED GUIDANCE ON CROSS-INSTITUTIONAL MOVEMENT OF HEALTHCARE WORKERS POST CIRCUIT BREAKER

Aim

1. The Ministry of Health (“Ministry”) had previously issued circulars to healthcare institutions that included guidance on movement restrictions for healthcare workers (HCWs) at DORSCON Orange. This Circular sets out updated guidance on the movement restrictions for HCWs post Circuit Breaker and takes effect from 17 July 2020.
2. This Circular will supersede the movement guidelines for healthcare workers stated in MOH Cir No 60/2020 and 102/2020.

Review of Cross-Institutional Movements Guidelines

3. Movement restrictions for HCWs were instituted in Feb 2020 as a safeguard to minimise infection risk and reduce the risk of cross-institutional transmission of COVID-19. However, the COVID-19 situation is expected to be drawn out over a protracted period, with healthcare resources deployed in new ways to support the care needs of patients. It is timely to review the cross-campus movement guidelines to ensure clinical care of patients can continue to be delivered, and to support the training needs of healthcare students, PGY1s/house officers, medical and dental officers, and residents. All these should be done with strict observation of infection prevention and control as well as safety measures to reduce the risk of healthcare associated COVID-19 infections.
4. As a principle, **unnecessary physical movements of HCWs between institutions should continue to be avoided**. However, we will **lift the restrictions**

of cross-institutional staff movements with effect 17 July 2020¹, with the exception of the Long-Term Care setting², to better enable concurrent resumption of previously deferred services and support for ongoing off-site COVID-19 operations.

5. For the long-term care setting, paragraph 8 of MOH Circular No. 60/2020 (dated 27 Feb 2020) would continue to apply. In particular, **we will continue to restrict cross institutional staff movements into and within the long-term care setting**, as an added precaution, in view of their client profile being more vulnerable to severe effects and complications of COVID-19. The following movement restrictions will continue to apply to the long-term care setting:

- a. HCWs can practice in no more than four places of practice within the long-term care setting, with no more than two places being renal dialysis centres (RDCs) or inpatient/day hospices (e.g. HCWs can practise in two RDCs and two Nursing Homes).
- b. To support continuity of care and ensure adequate medical coverage in the long-term care setting, HCWs from acute, intermediate and primary care, private pharmacists, private specialist clinics and private allied health professionals are allowed to practice in the long-term care setting. This would mean that HCWs can retain their base place of practice in their existing setting. In addition, they may practice at up to four secondary places of practice in the long-term care setting.
- c. For deviations from the above framework, HCWs should continue to seek approval from CEO / CMB / Medical Director or equivalent of all institutions involved, and surface such requests to the Ministry for evaluation on a case-by-case basis using Annex A. Approvals will be on a named HCW basis. Institutions should continue to aim to minimise such deviations and exercise discretion and accountability when reviewing requests for deviations. Proper documentation and record keeping of such approvals and agreements should also be ensured. The guidance does not apply to HCWs who are visiting patients/clients at their own homes and does not apply to home based care services.
- d. For avoidance of doubt, HCWs who have already received prior approval from the Ministry for earlier requests need not re-apply for approval.

6. MOH will continue to monitor the situation and assess when the manpower movement policy for the long-term care setting can be reviewed.

Continued Vigilance Needed

7. Requirement for testing. HCWs who are feeling unwell must report sick immediately. Per MOH Cir No 167/2020 issued on 25 Jun 2020, **any HCW with acute**

¹ For avoidance of doubt, limited residency rotations, HO/MO/DO rotations and clinical postings for healthcare students have been allowed to take place with effect from 1 July 2020.

² Healthcare institutions in the long-term care setting include renal dialysis centres, inpatient hospices, nursing homes, and centre based care organisations.

respiratory illness of any degree of severity, with or without fever, and who worked in environments with higher risk of exposure to COVID-19 cases, should be tested for COVID-19 on first presentation, as they would meet the suspect case definition. This ensures infections can be detected early, and precautionary measures taken.

8. Observance of Safety Precautions. With the lifting of cross-institutional manpower movements, it is even more imperative that individual and institutional level risk-mitigation measures continue to be strictly adhered to. The recent case of two HCWs becoming infected in a hospital highlights the need for continuous discipline in practice of safety precautions and strict adherence to strict infection prevention and control protocols, donning and doffing of appropriate PPEs, observing safe distancing and adhering to safe workplace management measures at **all** times. The requirement for surveillance as per Circular 63/2020 sent on 3 March 2020 regarding post-exposure risk assessment and follow-up actions if necessary, remains in place.

9. It is the duty of HCWs to protect themselves, their colleagues, and their patients by reducing close physical interactions and social interactions including strict observation of safe distancing both on and while off-duty. HCWs should also practise protective measures such as maintaining good personal hygiene, regular self-monitoring of health, reporting sick immediately if unwell, strictly not to come to work if unwell, and wearing of mask at all times except when eating and drinking, or engaging in strenuous exercise. **We believe that as trusted and dedicated HCWs, there is a shared understanding of the importance of these principles and responsibilities.** In the rare instance of HCWs found to be in egregious breach of such measures, they may be considered for disciplinary actions.

10. The Ministry will continue to work closely with you to safeguard the safety and welfare of our HCWs and patients in our healthcare institutions. Together, we can maintain the confidence in our healthcare system during this challenging time.

Thank you.



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