



MINISTRY OF HEALTH
SINGAPORE

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CIRCULAR NO. 93/2020

6 APRIL 2020

**Licensees of General Practitioner Clinics
Licensees of Specialist Medical Clinics**

CIRCULAR ON SERVICES DEFERMENT AND REDUCTION DURING COVID-19 CIRCUIT BREAKER PERIOD

On 3 April 2020, the Multi-Ministerial Task Force announced the implementation of very high safe distancing measures to reduce the risk of further local transmission of COVID-19. All non-essential activities (including businesses) will be suspended during this period. For licensed healthcare institutions, clinical services which are triaged as **non-essential should be deferred from 7 April onwards for 4 weeks** while essential services and COVID related operations should be continued.

ESSENTIAL SERVICES

2 **Essential** services/ procedures refer to those, if not provided or performed, would result in significant or rapid deterioration of the patient's medical condition, and potentially threatening their health and well-being. **Essential services/ procedures should continue to be provided.** See **Annex A** for some examples of essential services.

3 The doctor in-charge should assess the patient's medical condition and treatment progress to determine whether the service/ procedure is considered essential.

NON-ESSENTIAL SERVICES

4 From 7 April onwards, all licensed clinics should immediately triage and defer non-essential services/ procedures for 4 weeks. See **Annex B** for some examples of non-essential services.

5 All licensed clinics should inform patients and their caregivers, where appropriate, about the deferment of these services. The doctor should note that depending on the progression of the COVID-19 situation, the implementation of very high safe distancing measures may be extended. As such, medical staff should be careful in their communication with patients to avoid raising expectations that non-essential services/ procedures will be resumed after 4 weeks.

Ministry of Health, Singapore
College of Medicine Building
16 College Road
Singapore 169854
TEL (65) 6325 9220
FAX (65) 6224 1677
WEB www.moh.gov.sg



6 If there are appeals from patients to consider earlier appointment, the doctor in-charge should review these requests on a case-by-case basis, along the following principles:

- i. Risk assessment of patient's current condition: those with higher risk conditions, inclement disease progression, potential irreversible worsening of outcomes if treatment was delayed;
- ii. Availability and offering of alternative means of consultation e.g. tele-consultation, tele-rehab, tele-monitoring where clinically appropriate;
- iii. Availability and offering of alternative means of treatment e.g. remote prescribing and delivery of medication where clinically appropriate.

7 The final approval for patients to return to the licensed healthcare institutions to seek medical care remains the accountability of the doctor in-charge. The approval given to access care must be balanced against the safe distancing consideration and risk of community transmission of COVID-19.

REDUCTION OF NON-ESSENTIAL SERVICES

8 In addition, all licensed healthcare institutions must make specific operational plans to reduce the number of staff who do not need to be based on-site at the healthcare facilities. For example, backroom office staff should tele-commute as far as possible. Physical counter services should be scaled down, and substitute it with digital services where possible.

9 All licensed healthcare institutions must also implement strict safe distancing and infection prevention and control measures to reduce close interaction and mingling between staff, during and after office hours. These measures will reduce the risk of cross-infection in the healthcare facilities.

10 All licensed healthcare institutions should have received an email from MOH to inform that your organization has been whitelisted. However, you are still required to submit an application for general exemption to MTI (**Annex C**).

11 This circular is for your compliance. Please ensure that all staff are aware of the contents of this circular and comply with safe distancing and infection prevention and control measures, as well as the deferment of non-essential services from 7th April onwards for 4 weeks or longer, depending on the progression of the COVID-19 situation.



12 For clarification on this circular, please email MOH_INFO@moh.gov.sg.



A/PROF KENNETH MAK
DIRECTOR OF MEDICAL SERVICES
MINISTRY OF HEALTH



Ministry of Health, Singapore
College of Medicine Building
16 College Road
Singapore 169854
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Annex A. Examples of Essential Services

1. COVID-19-related care and services
2. Screening, testing and treatment of infectious diseases
3. Emergency medical and psychiatric conditions such as breathlessness, heart attack, etc.
4. Acute stroke and neurosurgical services
5. Acute cardiac and cardiothoracic procedures such as ePCI, ECMO
6. Trauma services
7. Burns
8. Procedures or surgeries required to prevent deterioration of the patient's condition
9. Urgent organ transplantation services including bone marrow transplants
10. Dialysis services and other renal replacement services
11. Cancer services when delayed would increase the chances of relapse or deterioration, including high risk biopsies
12. Services which would be impacted by time delay, such as in-vitro-fertilisation services, abortion services, etc.
13. Blood donation services and transfusion services
14. Radiography, phlebotomy, respiratory therapy, and other essential allied health services in hospitals
15. Management of chronic diseases with recent relapses and/or poor control, and medication refills. If patients are stable, if possible, switch to tele-consult and medicine delivery
16. Obstetric and child delivery
17. Outpatient antibiotic therapies
18. Acute outpatient consultations for patients with respiratory symptoms and other acute symptoms
19. TCM adjuvant treatment for cancer and chronic conditions
20. Child immunisation and developmental assessment for 0 to 18 months
21. Neonatal jaundice screening
22. Wound dressing
23. Inpatient rehabilitation, sub-acute, palliative and chronic sick services provided by Community Hospitals. However, rehab and therapy services which are maintenance in nature should be considered non-essential services.
24. Mental health services including counselling, psychology services for patients who have unstable mental health conditions who might be in danger of harm to self or to others. If patients are stable, where possible, switch to tele-consult and medicine delivery.
25. House call by doctors for patients with urgent needs but not constituting a medical emergency

Supporting services which are crucial in ensuring the smooth provision of the above essential services will also be allowed to continue, e.g. kitchen, housekeeping, security, cleaning, courier.



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Annex B. Examples of Non-Essential Services

1. Aesthetic services
2. Outpatient nursing, rehab/ therapy, and other allied health services such as diabetic foot and eye screening, dietetics, counselling, social work, psychologist, podiatry, etc.
3. Community outreach activities
4. Community nursing post
5. Management of stable sports medicine related conditions
6. Elective joint replacement surgeries for stable joint arthropathies
7. Elective eye procedures including cataract surgeries for stable cataracts
8. Skin conditions which are stable on long term follow up
9. Stable ENT conditions and elective ENT procedures such as septoplasty
10. Screening/surveillance services including scopes
11. Stable renal stones with no recurrent symptoms
12. Other TCM services, including acupuncture
13. Adult vaccination, including influenza vaccination
14. Well women services
15. Statutory health assessments for driving license and foreign domestic workers

The above services may continue remotely only if tele-consultation is feasible, or for cases assessed to have urgent needs.

Staff who do not need to be based on-site at the healthcare facilities should tele-commute as far as possible. e.g. back office functions that can continue remotely.

