



**MINISTRY OF HEALTH**  
SINGAPORE

MH 34:24/8

MOH CIRCULAR NO. 130/2020

19 MAY 2020

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

**TIERED RESUMPTION OF HEALTH SERVICES DURING & AFTER COVID-19 CIRCUIT BREAKER PERIOD**

Circular 93/2020 (Circular on Services Deferment and Reduction during COVID-19 Circuit Breaker Period, 6 April 2020) directed healthcare institutions (HCIs) to defer healthcare services which were triaged as non-essential while essential services<sup>1</sup> and COVID related operations should continue. This Circular provides instructions on the gradual resumption of more healthcare services during and after the post Circuit Breaker (CB) period. This Circular will supersede Circular 93/2020.

**GRADUAL RESUMPTION OF MORE HEALTHCARE SERVICES**

2. In the next few weeks, the resumption of more healthcare services will be calibrated based on tiered framework based on the prevailing community transmission risk of COVID-19. This resumption of more services must be based on medical necessity, carefully balanced with the need to set aside sufficient capacity and manpower to cover ongoing COVID-19 operations. For example, dormitory-related operations need to continue to be prioritised over the provision of less essential services at the current stage of the outbreak.

3. MOH proposes two phases for the resumption of more of the healthcare services (See **Annex B** for examples in some specialties):

- a. From **19 May 2020** onwards, for services that cannot be further deferred for >2 weeks, or where continued suspension will lead to adverse outcomes;
- b. Following **end of extended Circuit Breaker period** (exact date to be publicly announced), for other necessary services that cannot be deferred for >4 weeks.

<sup>1</sup> 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 (see **Annex A** for examples of essential services)



## GUIDING PRINCIPLES

4. Triage based on medical necessity & time-sensitivity. Essential and semi-urgent procedures/ services and emergency conditions (see **Annex A** for examples) should continue to be prioritised. The doctor should assess the patient's medical condition and treatment progress to determine whether the service/ procedure is considered medically necessary to be prioritised for care. The following triage considerations can be considered:

- a. Patients with significant impairment/ symptoms (e.g. pain) and/ or decreased function
- b. Time sensitive cases where further delay will lead to higher clinical risk or potential complications (e.g. patients requiring more frequent monitoring, such as those given a shorter re-appointment of one month or less, and those whose appointments have been deferred more than 3 months should be reviewed and given appointment if medically necessary)
- c. Patients with conditions where there are no effective non-operative treatment options.
- d. Recommended adult vaccinations, prioritising persons with clinical indications e.g. immunocompromised, persons with chronic diseases, and the elderly.

5. Continue measures to conserve capacity and provide care safely. As the COVID-19 situation is still prevalent, where appropriate, licensed medical clinics should:

- a. Continue the use of tele-consultation as a means to conduct consultations with patients, where possible. In such instances, medicines may be couriered to the patients. Tele-consultations can be alternated with face-to-face consultations, e.g. to allow for physical examination;
- b. Continue to defer non-essential services/ procedures that can still be safely deferred. e.g. aesthetic services;
- c. Continue to defer new specialist appointments from foreign patients to mitigate risks from importation of disease from overseas, and limit procedures that compete for inpatient/ ICU resources in this group of patients.

6. Licensed medical clinics should consider the availability of manpower resources, COVID-19 related safe-distancing and infection prevention and control measures, and operational limitations, all of which may impact the healthcare services delivery efficiency and serviceable case load.



7. The final approval for patients to return to the licensed clinics 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.

### Communication with patients and caregivers

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

### CONTINUED VIGILANCE NEEDED

9. As strict mitigation and surveillance measures will still remain in place under DORSCON ORANGE, we seek HCIs' continued vigilance and support in staying prepared to scale back to support any surges in the event of additional outbreaks (e.g. COVID-19, dengue, and the like). **Please note that the end of Circuit Breaker period is not a signal to HCIs to fully resume all non-essential services.** HCIs should look out for further guidance from MOH on further resumption of non-essential services.

10. 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.

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



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## ANNEX A

### Examples of Essential Services that have not been deferred during Circuit Breaker period

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, where 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. Emergency dental services and procedures
21. Child immunisation and developmental assessment for 0 to 18 months
22. Neonatal jaundice screening
23. Wound dressing
24. 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.
25. 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.

*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*



Examples (Non-exhaustive) of services that can be considered for resumption

	Column A	Column B
Settings/ Specialty	For Resumption from 18 May 2020	For Resumption after end of Circuit Breaker period
	Services that cannot be further deferred for >2 weeks subject to available capacity (manpower/ drugs/ beds), or where continued suspension will lead to adverse outcomes	Services that cannot be deferred for >4 weeks subject to available capacity (manpower/ drugs/ beds)
<b>Primary and preventive care/ Community services</b>	In addition to continuing essential services (Annex A): <ul style="list-style-type: none"> <li>Recommended adult vaccinations (seasonal influenza and pneumococcal vaccination)</li> <li>New referrals for services that cannot be delayed e.g. Child Development, urgent specialist referrals</li> <li>Higher need allied health professional (AHP) services and ancillary services (e.g. podiatry, diabetic eye/foot screening)</li> </ul>	<ul style="list-style-type: none"> <li>As in Column A</li> <li>Other recommended adult vaccinations</li> <li>Cancer screening (high risk patients)/ surveillance services, including scopes</li> <li>Chronic appointments that were deferred by &gt; 3 months</li> <li>AHP and ancillary services supporting chronic disease management</li> <li>RHS-led community services: Home/ physical visits for existing patients, and critical and essential new referrals</li> </ul>
<b>Dental<sup>2</sup></b>	As per continuing essential services (Annex A):	<ul style="list-style-type: none"> <li>Ongoing dental procedures not involving/minimal AGP only</li> <li>Surgical procedures limited only to NSCs/HDCs</li> </ul>
<b>ENT</b>	<ul style="list-style-type: none"> <li>Paediatric time-sensitive conditions e.g. hearing restoration (implants)</li> </ul>	<ul style="list-style-type: none"> <li>As in Column A</li> <li>Chronic infections e.g. chronic sinusitis/ otitis media</li> </ul>
<b>General medical and other specialist services</b>	In addition to continuing essential services (Annex A): <ul style="list-style-type: none"> <li>All IVF procedures</li> </ul>	<ul style="list-style-type: none"> <li>As in Column A</li> <li>Symptomatic conditions (e.g. skin, joints, stable renal stones) requiring procedures</li> </ul>

<sup>2</sup> Dentists should ensure 15 min ventilation of treatment room between patients and should operate on only one dental chair (i.e. each dentist should only operate on one dental chair, regardless of the number of chairs in the dental clinic) for all the above levels.



	<b>Column A</b>	<b>Column B</b>
<b>Settings/ Specialty</b>	<b>For Resumption from 18 May 2020</b>	<b>For Resumption after end of Circuit Breaker period</b>
	<b>Services that cannot be further deferred for &gt;2 weeks subject to available capacity (manpower/ drugs/ beds), or where continued suspension will lead to adverse outcomes</b>	<b>Services that cannot be deferred for &gt;4 weeks subject to available capacity (manpower/ drugs/ beds)</b>
	<ul style="list-style-type: none"> <li>Existing patients who require semi-urgent follow-up but whose appointments have been deferred by more than 3 months</li> </ul>	<ul style="list-style-type: none"> <li>Resume follow-up for existing patients with TCU of 4-6 months, and who have not been reviewed for 6 months or more; accept new referrals for semi-urgent conditions</li> </ul>
<b>General Surgery and other surgical specialties</b>	As per continuing essential services (Annex A)	<ul style="list-style-type: none"> <li>As in Column A</li> <li>Symptomatic hernias/ cholecystectomies/ venous diseases</li> <li>Perianal procedures</li> <li>Stoma closures</li> <li>Elective organ transplantation counselling</li> </ul>
<b>Ophthalmology</b>	<ul style="list-style-type: none"> <li>Proliferative diabetic retinopathy</li> <li>Acute glaucoma</li> <li>Orbital inflammatory disorders e.g. thyroid eye</li> <li>Childhood refractive errors (amblyopia)</li> <li>Cornea disorder at risk of ectasia</li> <li>Vitreous haemorrhage</li> <li>Cornea grafts for subacute conditions</li> </ul>	<ul style="list-style-type: none"> <li>As in Column A</li> <li>Advanced cataracts/ glaucoma procedures</li> <li>Symptomatic ectropion/ entropion</li> <li>Chronic dacryocystitis</li> <li>Macula surgery</li> <li>Surgery to protect vision in patients who are dependent on a single eye to see</li> </ul>
<b>Orthopaedics</b>	<p>In addition to continuing essential services (Annex A):</p> <ul style="list-style-type: none"> <li>Spine surgery with neurological deficit</li> <li>Those with progressive issues not responsive to medications/ injections, or unstable joints where procedures should not be delayed further</li> </ul>	<ul style="list-style-type: none"> <li>As in Column A</li> <li>Management of sports medicine related conditions</li> <li>Higher need joint replacements</li> <li>Nerve entrapment decompression affecting function e.g. carpal tunnel syndrome</li> </ul>

	<b>Column A</b>	<b>Column B</b>
<b>Settings/ Specialty</b>	<b>For Resumption from 18 May 2020</b>	<b>For Resumption after end of Circuit Breaker period</b>
	<b>Services that cannot be further deferred for &gt;2 weeks subject to available capacity (manpower/ drugs/ beds), or where continued suspension will lead to adverse outcomes</b>	<b>Services that cannot be deferred for &gt;4 weeks subject to available capacity (manpower/ drugs/ beds)</b>
		<ul style="list-style-type: none"> <li>• Hand surgery</li> </ul>
<b>Renal</b>	<p>In addition to continuing essential services (Annex A):</p> <ul style="list-style-type: none"> <li>• Insertion of catheters/ fistulas for peritoneal dialysis and haemodialysis patients</li> </ul>	<ul style="list-style-type: none"> <li>• As in Column A</li> <li>• All fistuloplasty for arteriovenous fistula or graft malfunction</li> <li>• Creation of arteriovenous fistula/ graft for those already on dialysis/ needing dialysis immediately</li> <li>• Home visits for peritoneal dialysis</li> </ul>



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