



MINISTRY OF HEALTH  
SINGAPORE

MH 34:24/8

MOH Circular No. 104/2020

27 April 2020

Please refer to Distribution List

## OUTPATIENT NON-PUBLIC HEALTHCARE INSTITUTION (PHI) ALLIED HEALTH SERVICE CONTINUITY PLANS FOR THE CIRCUIT BREAKER PERIOD

### BACKGROUND

This circular outlines the service continuity plans for **outpatient non-PHI allied health services (AHS<sup>1</sup>) including psychology services<sup>2</sup>** from **29 April 2020 to 17 May 2020 (inclusive)**.

2. The Multi-Ministry Taskforce implemented an elevated set of heightened safe distancing measures, as a Circuit Breaker (CB) to pre-empt the trend of increasing local transmission of COVID-19. The aim is to significantly reduce movements and interactions in public and private places. These heightened safe distancing measures were to be implemented from 7 April 2020 until 4 May 2020 (inclusive), and have since been extended to 1 June 2020 (inclusive).

3. With the extension of the CB period until 1 June 2020, there will be more patients/clients who would require AHS support. Enhanced restrictions on social gathering and movement are also contributing to increased levels of stress and mental health issues, and psychology services are required to address this need. Therefore, we **have re-categorised outpatient non-PHI allied health services (AHS) including psychology as “essential services”** effective from 29<sup>th</sup> April onwards. **“Essential services” refers to those, if not provided or performed, would result in significant or rapid deterioration of the patient’s/client’s condition, and potentially threatening their health and well-being.**

4. To continue to minimize overall movement and interactions during this period of heightened safe distancing measures, **new measures for allowing the provision**

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<sup>1</sup> AHS in PHIs (including Polyclinics) should continue to plan for service continuity based on the definition of essential service: *“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.”*

<sup>2</sup> Outpatient service continuity plans for AHS in this circular applies to Audiologist, Dietitian, Occupational Therapist, Physiotherapist, Podiatrist, Prosthetist and Orthotist, Psychologist, Speech Therapy.



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**of non-PHI AHS will be implemented on a systematic and incremental basis. All non-PHI AHPs including psychologists must only provide essential services in accordance with the requirements outlined below and in Table 1. These requirements will be reviewed again before 17<sup>th</sup> May.**

- a) Leverage on tele-consult/tele-rehab to address clinical needs as far as possible.
- b) **Prioritise face-to-face consultations for patients/clients who require treatment/therapy, which if not provided or performed, would result in significant or rapid deterioration of the patient's/client's condition, and potentially threaten their health and wellbeing.**
- c) Provide only 1-to-1 consultation on appointment<sup>3</sup> basis. Group therapy is not allowed.

**Table 1: Requirements for non-PHI AHS across different settings for the period of CB**

<b>Non-PHI AHS</b>	<b>AHS</b>	<b>Requirements from 29<sup>th</sup> April to 17<sup>th</sup> May</b>
Private AHS Clinics/ Centre-based Services for Individuals with Disabilities, Developmental Needs or Special Educational Needs	All AHS excluding psychology services	<ul style="list-style-type: none"> <li>• Each AHP can see <b>no more than 6 patients/clients<sup>4</sup> (i.e. sessions) within 8 hours of operation from 9am-5pm in a single day in a week.</b></li> <li>• AH clinics/AHPs with               <ul style="list-style-type: none"> <li>○ <b>odd number for the last digit of Unique Entity Number (UEN)</b> can only provide service <b>on Wednesday.</b></li> <li>○ <b>even number for the last digit of UEN</b> can only provide service <b>on Monday.</b></li> </ul> </li> <li>• Each AHP must adhere to <b>1 place of practice during this period<sup>5</sup>.</b></li> <li>• Each session should not be longer than 1 hour.</li> <li>• AHPs can offer either clinic-based services or Home Therapy (HT), but not a combination of both.</li> </ul>
	Psychology services	<ul style="list-style-type: none"> <li>• <b>Companies with psychologist(s) that have been previously exempted, and individual psychologists registered on Singapore Register of Psychologists (SRP) can provide service for no more than 4 hours per day, for 5 days a week.</b> Face to face consultations should be for cases where teleconsultation is deemed unsuitable —such as urgent new cases, unstable cases, individuals who are unable to use teleconferencing platforms (e.g. elderly, paediatric, individuals with intellectual disability).               <ul style="list-style-type: none"> <li>○ For psychology services which have been previously exempted via <a href="https://www.covid.gobusiness.gov.sg">covid.gobusiness.gov.sg</a>, if psychologists providing service are not registered on SRP, an application must be submitted to</li> </ul> </li> </ul>

<sup>3</sup> Not applicable for Long-term Care, Residential Facilities

<sup>4</sup> Includes both new and repeat patients/clients

<sup>5</sup> This supersedes MOH Circular 102/2020 on Updated Guidance on Cross-Institutional Movement of Healthcare Workers at DORSCON Orange

Non-PHI AHS	AHS	Requirements from 29 <sup>th</sup> April to 17 <sup>th</sup> May
		<p><a href="mailto:psychologyservices@moh.gov.sg">psychologyservices@moh.gov.sg</a> for the current exemption to be extended to 1 June 2020 (applications will only be taken from 29 April 2020 onwards).</p> <ul style="list-style-type: none"> <li>○ For individual psychologists registered on the SRP, no further application is required.</li> <li>• <b>Psychologists who are not registered on the SRP will need to appeal by submitting a request to <a href="mailto:psychologyservices@moh.gov.sg">psychologyservices@moh.gov.sg</a> to provide service as per the requirements for those who are registered on the SRP (4 hours per day for 5 days a week). This application to provide service should be done as part of a <b>business</b> (psychology service), covering all psychologists providing service under that business. Applications will only be taken from <b>29 April 2020</b> onwards.</b></li> <li>• Psychologists must adhere to only <b>1</b> place of practice for this period.</li> <li>• All psychologists must submit their proposed operating hours prior to starting service provision. Services which were previously exempted via <a href="http://covid.gobusiness.gov.sg">covid.gobusiness.gov.sg</a> will also need to submit proposed operating hours. For group services with more than 1 psychologist, the operating hours must be submitted <b>as a group service</b>, with all psychologists adhering to the same operating hours. These operating hours must fulfill the criteria above (no more than 4 hours per day, for 5 days per week).</li> <li>• The submission of operating hours should be done through SRP (for individual-practitioner services, or group services where all individual psychologists are SRP-registered psychologists), or submitted on request by MOH for those services which were previously exempted, or have appealed via <a href="mailto:psychologyservices@moh.gov.sg">psychologyservices@moh.gov.sg</a> (<b>from 29 April onwards</b>).</li> </ul>
Community Hospitals (CHs)'s Day Rehab or Home therapy/ Senior Care Centres (SCCs)/ Day Rehab Centres (DRCs)/ Home Therapy	All AHS excluding psychology services	<ul style="list-style-type: none"> <li>• Each AHP can <b>see no more than 6 patients/clients (i.e. sessions) a week.</b></li> <li>• Community Rehabilitation to cease; <b>centre-based active rehabilitation clients may be referred to home therapy<sup>6</sup>.</b></li> </ul>
Long-term Care, Residential Facilities – e.g. Nursing Homes	All AHS excluding psychology services	<ul style="list-style-type: none"> <li>• All AHPs, e.g. Dietitians, Occupational Therapists (OT), Physiotherapists (PT), Podiatrists, and Speech Therapists (ST) can conduct <b>physical consultations at only one NH/DH/WH<sup>8</sup></b> during the Circuit Breaker period. <b>Where possible, AHPs are</b></li> </ul>

<sup>6</sup> This applies to home-based therapy/visit for the purpose of facilitating discharge

<sup>8</sup> This supersedes MOH Circular 102/2020 on Updated Guidance on Cross-Institutional Movement of Healthcare Workers at DORSCON Orange (Please see [Annex A](#))

Non-PHI AHS	AHS	Requirements from 29 <sup>th</sup> April to 17 <sup>th</sup> May
(NHs) <sup>7</sup> Disability Homes (DHs), Welfare Homes (WHs)		<p><b>to switch to tele/video consult with the help of NH/DH/WH staff</b> (e.g. ST and Dietitian visits).</p> <ul style="list-style-type: none"> <li>• NHs/DHs/WHs should <b>minimise the number of external AHPs entering the premises</b> to reduce chances of transmission to residents in NHs/DHs/WHs.</li> <li>• <b>Each resident should have either an OT or PT<sup>9</sup> manage his/her rehab goals during this period of time.</b> Where a resident was previously seen by both OT and PT, he/she should be seen by either an OT or PT during this period. This is to minimise physical contact and risk of transmission.</li> <li>• Should physical consultations be necessary, NHs/DHs/WHs are to <b>ensure AHPs perform only 1-1 intervention in their NHs/DHs/WHs, where possible.</b> If group exercise is required, NHs/DHs/WHs are to observe the prevailing safe distancing and segregation measures.</li> </ul>

5. The Ministry of Trade and Industry (MTI) requires all service providers listed as 'essential service providers' to **submit an application for general exemption on MTI website:** <https://covid.gobusiness.gov.sg> by 3<sup>rd</sup> May. You will only need to submit the following details: **Company Name, UEN and manpower numbers.** For all other fields, you may select the most appropriate response or indicate "NA". This does not apply to all psychology services (see [Table 1](#) for channels to submit an application to provide psychology services).

## PATIENT/CLIENT TRIAGING AND MANAGEMENT

6. All providers/AHPs must 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>10</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 100A/2020 on latest case definition ([Annex A](#)).

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

<sup>7</sup> Including short-stay unit in Ren Ci

<sup>9</sup> This refers to non-NH/DH/WH hired OT or PT

<sup>10</sup> You can search for your nearest PHPC at [www.phpc.gov.sg](http://www.phpc.gov.sg)

8. All providers/AHPs providing home therapy/home visit must 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.

## **STAFF MANAGEMENT**

9. All providers/AHPs 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 substituted with digital services where possible.

10. All providers/AHPs must also implement strict safe distancing and infection prevention and control measures to reduce close interaction and mingling between staff, during and after allowed operating hours. These measures will reduce the risk of cross-infection in the clinics.

11. MTI also requested for all essential services to register every individual who needs to commute to work. All providers/AHPs are required to put in place a daily movement log to track all employees' entry and exit times, and furnish the information to MTI upon request. This is intended to support contact tracing efforts. Alternatively, you may use *SafeEntry* on <http://go.gov.sg/safeentry> to track employees' attendance.

## **INFECTION CONTROL AND APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT (PPE) USAGE**

12. All providers/AHPs are reminded to **strictly adhere to infection control protocols** as well as **adopt appropriate PPE usage** at various clinical settings. Please refer to MOH Circular 39/2020 on Guidance on PPE ([Annex A](#)).

13. **This circular is for your compliance.** Please ensure that all staff are aware of the contents of this circular and comply with all prevailing safe distancing and infection prevention and control measures during period of heightened safe distancing measures ('Circuit Breaker' – CB).

14. All providers/AHPs should refer patients/clients with urgent care needs to the hospitals or polyclinics.

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



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## ANNEX A

<b>MOH Circular</b>	<b>Attachment</b>
<b>MOH Circular 39/2020:</b> GUIDANCE ON PPE USE FOR HEALTHCARE WORKERS DURING DORSCON ORANGE	 MOH Cir No 39_2020_7Feb20_Pte.
<b>MOH Circular 100A/2020:</b> REVISION OF SUSPECT CASE DEFINITION FOR CORONAVIRUS DISEASE 2019 (COVID-19)	 MOH Cir No 100A_2020_17Apr20.
<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

## ANNEX B

### 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.