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MOH Circular No. 200/2020

7 September 2020

Please see Distribution List

GUIDELINES FOR HEALTHCARE WORKERS RESUMING WORK DUTIES AFTER RETURNING FROM OVERSEAS TRAVEL

This circular sets out the guidelines for healthcare workers (HCWs) resuming work duties after returning from overseas travel with immediate effect.

BACKGROUND

2. Since 8 June 2020, Singapore has been gradually opening up its borders with bilateral travel agreements such as the Singapore-China Fast Lane for travel to six Chinese provinces and municipalities¹, Singapore-Malaysia Reciprocal Green Lane (RGL). These travellers are required to serve a Stay-Home-Notice (SHN) but may apply for SHN waiver if they have met the required criteria. For more information, please visit safetravel.ica.gov.sg.

3. On 21 August 2020, the Government has further announced the unilateral opening of borders to Brunei and New Zealand that will take effect from 1 September 2020. Travellers who have stayed in these countries within the last 14 consecutive days prior to coming/returning to Singapore can take an on-arrival swab test for COVID-19 in lieu of the 14-day SHN.

4. The re-opening of borders to more countries will mean more HCWs possibly going on overseas travel. In view that HCWs are working with vulnerable patients, there is a need for healthcare institutions to take extra precautions to minimise the risk of COVID-19 transmission and protect our patients.

ENHANCED MEASURES FOR HEALTHCARE WORKERS

5. To enhance our vigilance during the COVID-19 period, HCWs who are overseas and are returning to Singapore are required to abide by the guidelines as set out below, **regardless of the scheme they have travelled under:**

¹ As at 28 May 2020, the municipalities and provinces are Chongqing, Guangdong, Jiangsu, Shanghai, Tianjin and Zhejiang.

(a) Restrictions of duties for HCWs upon return to Singapore

- i. HCWs are required to restrict their duties to non-patient facing² work for 14 days upon return. For avoidance of doubt, please refer to Table 1 below on how the restriction will apply in terms of the duration of SHN that HCWs are required to serve upon return to Singapore.

Table 1: Guidelines on restrictions of duties

No.	Duration of SHN	Restrictions of duties
1	14 days	As the 14-day SHN has been served, there is no need for additional 14 days restriction of duties.
2	7 days	After serving out their 7-day SHN, HCWs are restricted to non-patient facing duties for 7 days when they return to work.
3	0 days (For those with SHN waived)	As SHN has been waived, HCWs are restricted to only non-patient facing duties for 14 days.

- ii. HCWs are only allowed to engage in patient-facing duties for urgent³ cases and **approval to do so must be granted by the respective institution's approving authorities**. For public healthcare institutions, the approving authority would be the institution's CMB.
- iii. HCWs do not need to undergo additional swab tests on top of the prevailing requirements when returning to Singapore from the respective countries of travel. For more information on swab requirements for travellers, please visit the website as stated in Paragraph 2 and <https://www.ica.gov.sg/covid-19/shn>.

(b) Precautionary measures that HCWs must adhere to upon returning to work

- i. Strict monitoring of health with temperature-taking twice a day. To stop work immediately and report to supervisor/HOD if feeling unwell, and seek medical attention.
- ii. Don minimally a surgical mask at all times regardless of prevailing national mask policy.
- iii. HCWs who are granted approval by institution's CMB to manage patient-facing duties must be equipped with full Personal Protective Equipment (PPE) when having direct patient contact with vulnerable groups (e.g. patients who are 60 years old and above and those who are immunocompromised).
- iv. HCWs must adhere to prevailing safe distancing measures.

6. For community care sector, please refer to **Annex A** as attached for the list of relevant settings that the circular will apply to. MOH will continue to monitor the situation and review of the guidelines above depending on changes to the prevailing situation.

FOR COMPLIANCE

² Includes teaching that is not based in the clinic/ward setting, attending meetings, backend administrative work.

³ Refers to time-sensitive, emergency cases where patients' conditions do not allow for delay of treatments.



7. We would appreciate it if you could help to disseminate the information in this circular to your staff who have travelled/are travelling overseas and ensure that they comply with the guidelines. For avoidance of doubt, healthcare employers may choose to separately decide on the overseas leave policy for your staff, as this will depend on considerations such as staffing adequacy within your institution(s).



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Annex A

S/N	Community Care Settings
1	Residential Care – Nursing Homes, Psychiatric Rehabilitation Homes, Psychiatric Sheltered Home, Inpatient Hospice
2	Home Care – Home Medical, Home Nursing, Home Palliative Care, home-based components of Integrated Home and Day Care (IHDC) services, Interim Caregiver Service, Home Personal Care, including Home Personal Care component of Care Close to Home (C2H) pilot, Home Therapy, Medical Escort and Transport
3	Active Ageing Hubs
4	Senior Activity Centres (SACs), Community Resource, Engagement and Support Teams (CREST)
5	Community Intervention Team (COMIT)/ Community Case Management Service (CCMS)/ Cluster Support
6	Centre-based Care – Day Hospice, Senior Care Centres, centre-based components of IHDC services, Psychiatric Day Centres



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