



MINISTRY OF HEALTH  
SINGAPORE

MH 34:24/8

MOH Circular No. 14/2022

7 February 2022

To all registered TCM practitioners

## **UPDATED GUIDANCE ON THE PROVISION OF TCM SERVICES AND SAFE MANAGEMENT MEASURES FOR TCM SERVICE PROVIDERS**

On 20 November 2021, the Multi-Ministerial Task Force announced the further easing of our community Safe Management Measures (SMMs), in a careful and calibrated manner, as we enter a Transition Phase from 22 November 2021. **This Circular highlights the updated guidance on the provision of TCM services and SMMs in the Transition Phase.** This circular supersedes the earlier guidelines in MOH Circular No. 76/2021, dated 8 June 2021.

### **UPDATED GUIDANCE ON THE PROVISION OF TCM SERVICES**

2. From 7 February 2022, TCM service providers / TCM practitioners (TCMPs) may clinically manage patients with mild symptoms of acute respiratory infection (ARI) who:
  - a. have a self-administered negative Antigen Rapid Test (ART) result obtained within 12 hours prior to the visit; and
  - b. are assessed to be of low risk (See [Annex A](#) for a triage form template).
3. TCM clinics should segregate patients who fulfil the above criteria from other non-ARI patients seeking TCM consultation and treatment, and advise them to self-isolate at home as far as possible. In addition, TCMPs should advise them to monitor their condition and visit a Swab-and-Send-Home (SASH) Public Preparedness Clinic (PHPC) for management, if their ARI symptoms worsen and/or test ART positive subsequently.
4. TCM service providers / TCMPs who are not able to carry out the above triage should continue to refer all patients with ARI symptoms to SASH PHPCs. You can search for the nearest SASH PHPC at [www.phpc.gov.sg](http://www.phpc.gov.sg).



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5. Home based and mobile TCM services are not encouraged during Transition Phase, and should be deferred until full resumption of TCM services at a later date. Where services are deemed essential and not feasible for deferment, TCMPs delivering TCM services from their own homes can only receive up to 5 patients<sup>1</sup> per day, in accordance with the national measure of 5 distinct visitors per household per day. If households engage TCMPs to provide TCM essential services, e.g. acupuncture for disabled or bedbound patients, the TCMP will not count towards the limit of 5 distinct visitors per household per day.

6. A list of frequent asked questions (FAQs) is provided in [Annex B](#) for reference.

## SAFE MANAGEMENT MEASURES FOR TCM SERVICE PROVIDERS

7. Strict social distancing and infection prevention and control measures must continue to be implemented for all **staff, patients, caregivers, visitors and vendors regardless of their COVID-19 vaccination status**, including:

- a. All visitors, accompanying persons (including caregivers) and vendors should be denied entry if they are still within the isolation period for Protocols 1 and 2 (see [Annex C](#)). For persons issued with HRW (Protocol 3) and require entry into the clinic (e.g. only caregiver/ guardian of the patient who requires assistance), they may be allowed entry during the HRW period if they are able to produce photo evidence of a negative ART result obtained within 24h prior to the visit;
- b. If necessary, patients should be accompanied by only 1 caregiver;
- c. Check-in using TT-only SafeEntry;
- d. TCM service providers to maintain safe-distancing measures to prevent overcrowding;
- e. To wash their hands with soap and water for at least 20 seconds or applying at least 60% alcohol-based disinfection rubs before entry;
- f. Surgical masks must be worn by TCMPs and clinic staff. Patients, caregivers, visitors and vendors must wear minimally a reusable mask at **all** times;
- g. To maintain a distance of at least 1m between groups (e.g. from other patients and/or caregivers);
- h. Conduct regular cleaning of facilities and equipment, and surfaces with patient contact e.g. treatment couch/bed and pulse pillow etc. must be disinfected after each patient.

## STAFF MANAGEMENT

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<sup>1</sup> For avoidance of doubt, caregivers accompanying the patient will also count towards the limit of 5 distinct visitors per household per day.



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8. Please note the following enhanced workplace SMMs:

- a. Work-From-Home (WFH) arrangements: From 1 January 2022, up to 50% of employees who are able to work from work from home will be allowed to return to the workplace at any point in time. TCM service providers should continue to exercise business continuity plans (BCPs), including split team arrangements where practicable.
- b. Workplace Interactions: All social gatherings, work events, non-essential trainings<sup>2</sup> and meetings conducted at the workplace are not allowed. As far as possible, staff should have staggered break times and only have their meals in designated staff rest areas. They should refrain from intermingling with their colleagues when their masks are taken off.
- c. Staff Rostered Routine Testing (RRT): All TCM clinic staff (including TCMPs, admin staff and volunteers) who are required to work onsite who are not already subject to any mandatory RRT are strongly encouraged to carry out voluntary weekly RRT.

9. As the community situation remains fluid, MOH will continue to closely monitor the situation and will review the measures as required. The above is for information and compliance, please.

10. For enquires and clarifications on this circular, please email [MOH\\_INFO@moh.gov.sg](mailto:MOH_INFO@moh.gov.sg). Thank you.



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

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<sup>2</sup> For trainings held within TCM institutions, MOH would defer to TCM institutions to assess and decide whether these trainings are deemed necessary to be conducted during this period, subject to strict compliance to SMMs including mask-wearing, safe distancing, infection prevention and control measures. TCM institutions should be mindful to avoid mingling with course mates from different clinic branches.



**Triage Form Template for Patients with ARI symptoms AND test ART negative in the last 12h prior to visiting the TCM clinic**

Patients who fulfil any of the following criteria (i.e. answered “Yes” to any of the below criteria) should be referred to SASH PHPCs for further management, even if they test ART negative in the last 12h.

S/N	Description	Yes	No
1	Currently under Health Protocol 2 or Protocol 3 (Annex C)		
2	<ul style="list-style-type: none"> <li>• Vaccinated <math>\geq</math> 70 years old</li> <li>• Unvaccinated <math>\geq</math> 50 years old</li> <li>• Children <math>&lt;</math> 12 years old</li> </ul>		
3	Immunocompromised <ul style="list-style-type: none"> <li>• Organ or bone marrow transplant on immunosuppression</li> <li>• Active/current cancer, including on active cancer treatment</li> <li>• Active/current leukaemia/lymphoma/ haematological cancers</li> <li>• Disease or medications that may suppress immunity</li> <li>• End stage renal failure on dialysis</li> <li>• Advanced or untreated HIV</li> </ul>		
4	Severe chronic organ disease at high risk of deterioration (e.g. Decompensated Heart Failure, Liver Failure, COPD etc)- surrogate marker: Chronic organ disease <b>REQUIRING</b> a recent hospital admission in <b>past 6 months</b>		
5	Pregnant		
6	Poorly controlled diabetes		
7	Overweight (BMI $>$ 35 or $>$ 100kg)		
8	Any of the following symptoms of concern: <ul style="list-style-type: none"> <li>• Chest pain</li> <li>• Shortness of breath</li> <li>• Acute stroke symptoms</li> <li>• Severe headaches not better with usual pain medicines</li> <li>• Persistent diarrhoea and vomiting/unable to take fluids</li> <li>• Fever for <math>\geq</math> 3days</li> <li>• Chest palpitations</li> <li>• Deep Vein Thrombosis (DVT) symptoms</li> </ul>		
9	Any of the following signs of concern (for TCMP to assess): <ul style="list-style-type: none"> <li>• Tachycardia (HR <math>\geq</math> 100)</li> <li>• Tachypnea (RR <math>\geq</math> 20)</li> <li>• SPO2 <math>&lt;</math> 95% / Need supplementary oxygen</li> <li>• Hypotensive (SBP <math>&lt;</math> 100mmHg)</li> </ul>		



**Frequently Asked Questions on Provision of TCM Services for Patients with ARI Symptoms**

**1. Why am I allowed to see only low risk ARI patients who have tested ART negative within 12h prior to the visit?**

Patients who have tested ART positive within 12h prior to the clinic visit could have an active COVID-19 infection. High and intermediate risk patients are also more prone to develop severe symptoms or complications should their ARI symptoms be due to COVID-19. Hence, such patients should be referred to SASH PHPCs for further assessment by medical doctors and be placed on a higher COVID-19 protocol, if necessary.

**2. Are provider-administered ART acceptable as evidence of a negative ART result?**

Yes, provider-administered negative ART results are acceptable within its validity period shown in HealthHub or the TraceTogether app.

**3. If the ARI patient is assessed to be low risk but unable to show proof of a negative ART test result, can I offer to perform the ART at my TCM clinic? If yes, can I claim for the cost of the ART kit?**

To protect other non-ARI patients seeking TCM consultation and treatment, the ART should be performed prior to visiting the TCM clinic. The cost of the ART will be borne by the patients.

**4. I do not know / I am not able to carry out the triage procedure at my TCM clinic. Can I still see patients with ARI symptoms?**

TCM service providers / TCMPs who are not able to carry out the triage procedure for all reasons should continue to refer all patients with ARI symptoms to SASH PHPCs.

**5. Why do I need to segregate the ARI patients from other non-ARI patients since they were already tested ART negative?**

To prevent the spread of other influenza-like infections e.g. seasonal flu and common cold, TCM clinics should place these patients in a separate area while waiting to consult the TCMP. You may wish to refer to the General Advisory on Good Clinical Practice and Infection Control on TCM Practice, Section 3.2 TCM Clinic Workflow during Pandemic, and customise the guide to fit the physical constraints and layout of your TCM clinic.



**6. Can I choose not to see patients with ARI symptoms, even if they test ART negative ?**

TCM service providers / TCMPs may choose to continue to refer all patients with ARI symptoms to SASH PHPCs.

**7. Do I have to perform the triage for all my patients?**

The triage criteria attached in Annex A is only applicable for patients with ARI symptoms. Patients seeking treatment for non-ARI symptoms, e.g. pain management, adjuvant therapy for cancer etc., are not subject to the triage criteria.

**8. Am I allowed to see high and intermediate risk non-ARI patients who are seeking TCM treatment for other conditions?**

Yes, the triage criteria attached in Annex A is only applicable for patients with ARI symptoms. Patients seeking treatment for non-ARI symptoms, e.g. pain management, adjuvant therapy for cancer etc., are not subject to the triage criteria.



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# Updated Health Protocols




## You are unwell

See a doctor.  
If you test positive,  
and your condition is:

- **Mild:** You will get an MC. See **2**
- **Severe or at-risk:** Doctor will refer you to MOH for recovery procedure

Isolation order will be:

- 10 days, if vaccinated
- 14 days, if unvaccinated/partially vaccinated



## You test positive, but are well or assessed to have mild symptoms

- **First 72 hours:** Isolate at home. No need for MC if well
- **Thereafter,** take ART. End isolation when negative
- **If symptoms** (e.g. fever, cough) worsen, see **1**



## Identified by MOH as close contact of an infected person

- On Day 1, take ART and upload results at [go.gov.sg/agsubmit](https://go.gov.sg/agsubmit)
- Continue to take ART. Go out only if negative
- If negative after Day 7, no further test needed
- If ART is positive, see **2**



More information at:  
[covid.gov.sg](https://covid.gov.sg)

gov.sg



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MOH Circular No. 14/2022

7 February 2022

致：中医注册执业者

### 更新中医服务和中医服务提供者安全管理措施指导原则

政府跨部门工作小组于 2021 年 11 月 20 日宣布我国从 2021 年 11 月 22 日起进入冠病过渡阶段，以谨慎和不断检讨的方式进一步放宽社区安全管理措施。此通告介绍在过渡阶段提供的中医服务和中医服务提供者安全管理措施的最新指南。此通告取代卫生部于 2021 年 6 月 8 日发布的第 76 / 2021 号通告中的指导原则。

### 提供中医服务的最新指导原则

2. 从 2022 年 2 月 7 日起，中医服务提供者/中医师可对患有轻微急性呼吸道感染症状并符合以下条件的病人进行临床管理。
  - a. 在到诊所前的 12 小时内取得自行抗原快速检测阴性结果
  - b. 被评估为低风险（参阅附件 A：分诊表格模板）
3. 中医诊所应该将符合上述条件的病人与其他寻求中医诊疗的非急性呼吸道感染病人进行隔离，并劝请他们在中医治疗后尽可能在家自行隔离。此外，中医师应该建议病人监测自己的病情，如果急性呼吸道感染症状恶化和（或）抗原快速检测呈阳性，应该前往参与拭子检测计划（Swab-And-Send-Home，简称 SASH）的公共卫生防范诊所（PHPC）进行管理。
4. 无法进行上述分诊的中医服务提供者/中医师应该继续将所有出现急性呼吸道感染症状的病人转诊到 SASH PHPC。您可上网到 [www.phpc.gov.sg](http://www.phpc.gov.sg) 查询最靠近您的 SASH PHPC。
5. 在过渡阶段不鼓励居家和流动中医服务，并应该推迟此类服务直到中医服务可全面恢复。如果服务被认为是必要且不适合推迟的，在自家提供中医服务的中医师每



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日最多只允许为五位<sup>3</sup>病人看诊，以符合国家规定的每户每日登门访客不得超过五人的限制。如果是家户聘请中医师提供必要的中医服务，例如为残疾或卧床不起的病人进行针灸，中医师将不被算在每户每日不超过五位登门访客的限制内。

6. 附件 B列出了一些常见问答（FAQs），以供参考。

### 中医服务提供者安全管理措施

7. 所有员工、病人、看护者、访客和供应商等，无论是否已接种 **COVID-19** 疫苗，都必须遵守严格的社交距离和感染预防与控制措施，包括：

- a. 不允许任何仍处在冠病医疗方案 1 或 2 隔离期的病人、看护者、访客和供应商等进入场所（参阅附件 C）。对于接获并处于健康风险警告（HRW，即医疗方案 3）期间但需要进入场所的人士（例如需协助病人的一位看护者），只有在出示以照片为证的过去 24 小时抗原快速检测阴性结果的情况下，才可进入场所；
- b. 若有需要，病人应该只由一位看护者伴随；
- c. 仅使用“合力追踪登记” TT-only SafeEntry 来登记进入场所；
- d. 所有中医服务提供者必须继续实施严谨的安全距离措施，以避免出现拥挤现象；
- e. 在进入场所前，访客需用肥皂和清水洗手至少 20 秒，或使用含有至少 60 % 的酒精消毒搓手液；
- f. 中医师和诊所员工必须**时刻**穿戴手术口罩；病人、看护者、访客和供应商必须至少穿戴可重复使用性口罩；
- g. 在不同群组之间保持至少 1 米的距离（例如与其他病人和/或看护者）； 及
- h. 定期清洁设施和设备，以及与病人接触的表面，例如诊疗床、脉枕等必须在每位病人使用后进行消毒。

### 职员管理

8. 请注意以下对安全管理措施的更改：

- a. **居家办公安排**：从2022年1月1日起，在任何时候，高达50%可居家办公的职员将可返回工作场所办公。在可实行的情况下，中医服务提供者应该继续实行“业务连续性计划”（BCP），包括分组办公安排。

<sup>3</sup> 为避免疑义，陪同病人的看护者也将计算在每户每日登门访客不超过五人的限额内。



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- b. 工作场所的互动：工作场所的所有社交聚会、工作活动、非必要的培训和会议是不被允许的。员工应该尽可能错开休息时间，并只在指定的员工休息区用餐。员工应该避免在摘下口罩的时候与同事之间互相交流。
- c. 职员例行检测： 强烈鼓励所有需要在工作场所办公但不属于任何强制性例行检测安排的中医诊所职员（包括中医师、行政人员、义工等）积极参加每星期一次的自愿检测。

9. 由于社区冠病情况仍不稳定，卫生部将继续密切关注情况，并在必要时检讨冠病管理措施。以上资料供参考及遵守。

10. 若对此通告有任何疑问，请发送电邮至 [MOH\\_INFO@moh.gov.sg](mailto:MOH_INFO@moh.gov.sg)。谢谢。



卫生部医药总监  
麦锡威副教授

以上文件以英语原文为准



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## 对患有急性呼吸道感染症状并在到访诊所前的 12 小时内取得自行抗原快速检测阴性结果的病人的分诊表格模板

符合以下任何一项条件（即对以下任何一项描述的答案为“是”）的病人，即使他们在过去 12 小时的抗原快速检测结果为阴性，也应该转诊到 SASH PHPC 接受进一步管理。

编号	描述	是	否
1	目前属于冠病医疗方案 2 或 3（附件 C）		
2	<ul style="list-style-type: none"> <li>• 已接种疫苗，≥70 岁以上</li> <li>• 未接种疫苗，≥50 岁以上</li> <li>• &lt;12 岁以下儿童</li> </ul>		
3	免疫抑制的患者 <ul style="list-style-type: none"> <li>• 因器官或骨髓移植而免疫功能抑制</li> <li>• 目前患有癌症，包括正接受癌症治疗</li> <li>• 目前患有白血病 / 淋巴瘤 / 血癌</li> <li>• 患有导致免疫功能抑制的疾病或正服用此类药物</li> <li>• 接受血液透析的末期肾脏疾病患者</li> <li>• 晚期或未经治疗的艾滋病患者</li> </ul>		
4	严重慢性器官疾病（例如：心脏衰竭、肝脏衰竭、慢性阻塞性肺病等）并有恶化的高风险（例如因患有慢性器官疾病而在过去 6 个月需入院）		
5	怀孕		
6	糖尿病控制不良		
7	超重（BMI > 35 或 > 100kg）		
8	患有以下应关注的症状： <ul style="list-style-type: none"> <li>• 胸痛</li> <li>• 喘促</li> <li>• 急性中风症状</li> <li>• 剧烈头痛，并在服用常用止痛药后不能缓解</li> <li>• 持续腹泻和呕吐/无法摄入液体</li> <li>• 发烧 3 天或以上</li> <li>• 心悸</li> <li>• 深静脉血栓（DVT）症状</li> </ul>		
9	任何以下应关注的体征（由中医师评估）： <ul style="list-style-type: none"> <li>• 心跳过速（心率 ≥ 100/分钟）</li> <li>• 呼吸急促（呼吸率 ≥ 20/分钟）</li> <li>• 血氧饱和度（SPO2） &lt; 95% / 需要氧气补充</li> <li>• 低血压（收缩压 &lt; 100mmHg）</li> </ul>		

## 关于为患有急性呼吸道感染病人提供中医服务的常见问答

- 1. 为什么只允许中医师为在过去 12 小时内抗原快速检测阴性的低风险急性呼吸道感染病人提供诊疗？**

到诊所之前的 12 小时内抗原快速检测阳性的患者可能患有活跃 COVID-19 感染。对于中高风险病人，如果他们的急性呼吸道感染症状是由 COVID-19 引起，出现严重症状或并发症机率较高。因此，这类病人应该转诊到 SASH PHPCs 接受医生的进一步评估，并在必要时被安排接受更高等级的冠病医疗方案。

- 2. 由专人监督下进行的抗原快速检测（如在西医诊所或综合检测中心进行的抗原快速检测）阴性结果是否能被承认？**

由专人监督下进行的抗原快速检测阴性结果是在保健资讯网（HealthHub）或合力追踪应用程序（TraceTogether app）内显示的有效期内被接受的。

- 3. 如果急性呼吸道感染病人被评估为低风险，但是无法出示抗原快速检测阴性结果，我是否能让病人在诊所内进行检测？如果可以，检测仪的费用可否报销？**

为保护前来求诊的其他非急性呼吸道感染病人，病人应该在来访诊所前进行抗原快速检测。检测的费用应该由病人承担。

- 4. 我不清楚如何 / 我不能在我的诊所进行上述分诊程序。我是否还能急性呼吸感染的病人提供诊疗？**

因任何原因而无法进行上述分诊程序的中医服务提供者 / 中医师应该继续将所有患急性呼吸感染的病人转诊到 SASH PHPCs。

- 5. 既然急性呼吸感染的病人已呈现抗原快速检测为阴性，为什么我还需要将他们与其他病人进行隔离？**

为了避免其他类似流感的感染，如季节性流感和普通感冒的传播，中医诊所应该把这类病人与其他病人的等待区分开来。您可参考《中医行业的良好临床实践与传染控制的一般咨询》第 3.2 节，了解大流行病期间中医诊所应采纳的工作流程，并依照您的诊所布局和局限，做出适当调整。

- 6. 即使急性呼吸道感染病人抗原快速检测阴性，我可否选择不为他们提供诊疗？**

中医服务提供者 / 中医师可以选择继续将急性呼吸道感染病人转诊到 SASH PHPCs。



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## 7. 我需要为所有病人进行上述分诊吗？

附件 A 里的分诊标准只适用于患有急性呼吸道感染症状的病人。寻求其他治疗的非急性呼吸道感染病人（如疼痛管理、癌症辅助治疗等）无需进行上述分诊。

## 8. 我能为中高风险的非急性呼吸道感染病人提供中医治疗吗？

可以，附件 A 里的分诊标准只适用于患有急性呼吸道感染症状的病人。寻求其他治疗的非急性呼吸道感染病人（如疼痛管理、癌症辅助治疗等）无需进行上述分诊。



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# 更新

## 冠病医疗方案



### 如果您身体不适

请看医生。如果您的冠病检测结果呈阳性，而且出现以下情况：

- 症状轻微：  
医生会给您开病假单。  
请见 **2**
  - 病情严重或属于高风险群体：  
医生将通知卫生部，并由卫生部做出相关的康复安排
- 所接获的隔离令：
- 如果已完成疫苗接种，须隔离10天
  - 如果未接种疫苗或未完成接种，须隔离14天



### 如果您的冠病检测结果呈阳性，但身体状况良好，或只出现轻微症状

- 首72小时：  
请在家隔离。  
如果身体状况良好，您无需请医生开病假单
- 72小时后：  
请做抗原快速检测(ART)。检测结果呈阴性就可结束隔离
- 如果症状(例如发烧、咳嗽)恶化，请见 **1**



### 如果卫生部确认您和冠病患者有过密切接触

- 请在第1天做ART检测，并上网 [go.gov.sg/agsubmit](https://go.gov.sg/agsubmit) 提交检测结果
- 之后，继续做ART检测，结果须呈阴性才可外出
- 如果在第7天后检测结果呈阴性，则无须继续做检测
- 如果检测结果呈阳性，请见 **2**



欲知详情，  
请浏览 [covid.gov.sg](https://covid.gov.sg)

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