



MINISTRY OF HEALTH
SINGAPORE

MH 34:24/8

MOH Circular No. 41/2022

4 April 2022

To all registered TCM practitioners

UPDATED GUIDANCE ON THE PROVISION OF TCM SERVICES FOR TCM SERVICE PROVIDERS WITH EASING OF SAFE MANAGEMENT MEASURES

On 24 March 2022, the Multi-Ministerial Task Force announced the further easing of our community Safe Management Measures (SMMs) from 29 March 2022. **This Circular highlights the updated guidance on the provision of TCM services and SMMs following this announcement.** This circular supersedes the earlier guidelines in MOH Circular No. 14/2022, dated 7 Feb 2022.

EXPANSION OF SCOPE OF TCM SERVICES FOR ADULT AND PAEDIATRIC COVID-19 PATIENTS (<12 YEARS OLD)

2. The provision of TCM services for patients with mild symptoms of acute respiratory infection (ARI) will be expanded to include low risk¹ fully vaccinated adults below 80 years old, and fully vaccinated paediatric patients above 5 years old. Patients with mild symptoms of acute respiratory infection (ARI) who wish to be clinically managed by TCM service providers / TCM practitioners (TCMPs) should:

- a. present at TCM clinic with a self-administered negative Antigen Rapid Test (ART) result obtained within 12 hours prior to the visit; and
- b. be assessed to be of low risk (See Annex A for **updated** 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.

¹ Refer to triage form template in Annex A for patients with ARI symptoms AND test ART negative in the last 12h prior to visiting the TCM clinic



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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.

5. A list of frequent asked questions (FAQs) is provided in Annex B for reference.

RESUMPTION OF HOME-BASED AND MOBILE TCM SERVICES

6. Home-based and mobile TCM services are **allowed to resume**, subject to compliance with prevailing national SMMs. TCMPs delivering TCM services from their own homes can only receive up to 10 patients² at any one time, in accordance with the national policy of 10 distinct visitors per household at any one time.

UPDATED SAFE MANAGEMENT MEASURES FOR TCM SERVICE PROVIDERS

7. Though there is easing of community SMMs, compliance to relevant healthcare protocols 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 HRN (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 HRN 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. **In mask-on settings, 1-metre safe distancing will no longer be required but is still encouraged.** This includes areas such as TCM clinics' waiting areas. TCM institutions may wish to continue to implement safe distancing measures in areas that tend to be more crowded to protect patients and staff.
- e. Patients and caregivers are strongly encouraged to wear their masks even if they are waiting at an outdoor area of the TCM clinic. However, **for patients and caregivers with ARI symptoms, masks must be worn at all times.**

² For avoidance of doubt, caregivers accompanying the patient will also count towards the limit of 10 distinct visitors per household at any one time.



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- f. To wash their hands with soap and water for at least 20 seconds or applying at least 60% alcohol-based disinfection rubs before entry;
- g. Surgical masks must be worn by TCMPs and clinic staff. Patients, caregivers, visitors and vendors must wear minimally a reusable mask at **all** times;
- 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.

UPDATED STAFF MANAGEMENT

8. Please note the following updated workplace SMMs:
- a. Work-From-Home (WFH) arrangements: From 29 March 2022, up to 75% of employees who are able to work from home can return to the workplace. There will be no restrictions on cross-deployment of employees across institutions. There is also no requirement to implement split team arrangements though TCM service providers may wish to consider this for business continuity purposes.
 - b. Workplace Interactions: In line with the national posture, social gatherings of up to 10 persons will be allowed at TCM institutions so long as masking rules are adhered to. However, TCM service providers may wish to remind staff to reduce or minimise mask-off workplace social gatherings as much as possible, for business continuity reasons.
 - c. Cessation of Voluntary Rostered Routine Testing (RRT): As the COVID-19 situation is stabilising and in line with the pivot to live with COVID-19, **the voluntary RRT requirements for all TCM clinic staff (including TCMPs, admin staff and volunteers) who are required to work onsite will be suspended with immediate effect.** Nonetheless, TCM clinics with leftover ART kits from earlier rounds of distribution may continue with weekly testing or advise staff to self-test if they feel unwell.

Staff who feel unwell with mild or severe symptoms onset should self-test and follow the relevant national-level health protocols if they test positive. In line with MOM's advisory on work and leave arrangements³, staff should not have to produce a medical certificate (MC) to be absent from work if tested positive.

³ Advisory on work and leave arrangements for employees who test positive for COVID-19 but are mildly symptomatic or physically well (<https://www.mom.gov.sg/covid-19/advisory-on-work-and-leave-arrangements-for-employees-who-test-art-positive-but-are-physically-well>)



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9. We appreciate the patience and support of all registered TCMPs and TCM service providers as we continue to streamline current healthcare protocols in alignment with our goal of endemicity. The above is for information and compliance, please.

10. For enquires and clarifications on this circular, please email MOH_INFO@moh.gov.sg. Thank you.



A/PROF KENNETH MAK
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Annex A

(Updated 29 March 2022) 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"> Vaccinated \geq 80 years old Not fully vaccinated⁴ \geq 70 years old, or between 5 to 12 years old Children $<$ 5 years old 		
3	Immunocompromised <ul style="list-style-type: none"> Organ or bone marrow transplant on immunosuppression Active/current cancer, including on active cancer treatment Active/current leukaemia/lymphoma/ haematological cancers Disease or medications that may suppress immunity End stage renal failure on dialysis Advanced or untreated HIV 		
4	Severe chronic organ disease at high risk of deterioration (e.g. Decompensated Heart Failure, Liver Failure, COPD etc)- surrogate marker: Chronic organ disease REQUIRING a recent hospital admission in past 6 months		
5	Pregnant <ul style="list-style-type: none"> $>$ 36 weeks gestation Vaccinated $<$ 36 weeks gestation with any of the conditions listed in this table, and conditions listed below: <ol style="list-style-type: none"> Existing obstetric complications e.g. vaginal bleeding, signs and symptoms of preterm labour Gestational diabetes in current pregnancy / pre-existing DM Gestational hypertension / pre-eclampsia / pre-existing hypertension 		

⁴ Since 14 February 2022, persons aged 18 years and above who have completed the primary vaccination series and are eligible for booster vaccination will be considered as “fully vaccinated” for only 270 days after the last dose in their primary vaccination series. Those who have not gone for their booster vaccination after 270 days have lapsed from their last dose, as well as those who did not go for or complete the primary vaccination series will be considered as “not fully vaccinated”.



	<p>4) Serious chronic medical conditions e.g. cardiac disease, renal disease, chronic lung disease (well controlled asthma/childhood asthma does not preclude inclusion into HRP)</p> <p>5) Weight > 100kg</p> <ul style="list-style-type: none"> • Not fully vaccinated < 36 weeks gestation 		
6	Poorly controlled diabetes		
7	Overweight (BMI > 35 or > 100kg)		
8	<p>Any of the following symptoms of concern:</p> <ul style="list-style-type: none"> • Chest pain • Shortness of breath • Acute stroke symptoms • Severe headaches not better with usual pain medicines • Persistent diarrhoea and vomiting/unable to take fluids • Prolonged fever (i.e. fever $\geq 38^{\circ}\text{C}$ for at least 3 days) • Chest palpitations • Deep Vein Thrombosis (DVT) symptoms 		
9	<p>Any of the following signs of concern (for TCMP to assess):</p> <ul style="list-style-type: none"> • Tachycardia (HR ≥ 100) • Tachypnoea (RR ≥ 20) • Oxygen saturation (SPO₂) < 95% / Need supplementary oxygen • Hypotensive (SBP < 100mmHg) 		



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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. Why are ARI patients required to produce a negative ART result prior to their visit when they are considered fit for discharge after Day 7 of isolation, regardless of their ART results?

As TCMPs are not able to ascertain if a patient has indeed ended his/her isolation period, hence the need for patients to provide a negative ART result obtained within 12h prior to visiting the TCM clinic as proof of recovery from COVID-19 infection but may still experience ARI symptoms. This is also protects the TCMP and other vulnerable patients from possible COVID-19 infection as there are no vaccinated differentiated measures in place at TCM clinics.

3. 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.

4. 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.

5. 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 any reasons should continue to refer all patients with ARI symptoms to SASH PHPCs.



6. 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.

7. 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.

8. 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.

9. 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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Health Protocols

as of 18 Feb 2022

1

You are unwell

See a doctor. If positive:

- Inform close contacts
- Recover at home, COVID-19 treatment facility or hospital, depending on your GP's advice



You are well, but test positive

Inform close contacts

- First 72 hours: Isolate at home. No need for MC if well
- Thereafter, take ART. End isolation when negative
- Or if still positive, end isolation on
 - Day 7, if fully vaccinated or aged below 12
 - Day 14, if not fully vaccinated
- If at risk (e.g. elderly, pregnant) or feel unwell, see **1**



2



3



Received Health Risk Notice, or informed by infected person of exposure

- Take ART. Go out only if negative
- If negative after **Day 5**, no further test needed
- If ART is positive, see **2**



More information at: covid.gov.sg

gov.sg



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4 April 2022

致：中医注册执业者

随安全管理措施放宽，更新中医服务提供者给予中医服务的指导原则

政府跨部门工作小组于2022年3月24日宣布我国从2022年3月29日起进入抗疫新阶段，进一步放宽社区安全管理措施。此通告叙述在抗疫新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2022年2月7日发布的第14 / 2022号通告中的指导原则。

扩大对 COVID-19 成人和儿童（12 岁以下）患者的中医服务范围

2. 中医服务提供者/中医师为有轻微急性呼吸道感染症状的病人提供中医服务的范围将扩大，以包括 80 岁以下已完成疫苗接种的低风险¹成年人，以及已完成疫苗接种的 5 岁以上儿童。这些患有轻微急性呼吸道感染症状的病人到中医诊所求诊时，须符合以下条件：

- 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，和
- b. 被评估为低风险（参阅附件 A：最新的分诊表格模板）

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分离，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）进行治疗。

¹ 请查阅附件 A 对患有急性呼吸道感染症状并在到诊所前的 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。



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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 查询最靠近您的 SASH PHPC。

5. 附件 B 列出了一些常见问答 (FAQs)，以供参考。

恢复居家及流动中医服务

6. 在抗疫新阶段，在遵守现行的社区安全管理措施的前提下，居家和流动中医服务将可以恢复。在自家提供中医服务的中医师每次最多只允许为十位病人²看诊，以符合国家规定的每户每次登门访客不可超过十人的限制。

更新中医服务提供者安全管理措施

7. 虽然社区安全管理措施有所放宽，但所有员工、病人、看护者、访客和供应商等，无论是否已接种 COVID-19 疫苗都必须遵守冠病医疗方案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通知（HRN，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. 在须戴口罩的场所内，不同群组之间不强制但建议保持至少 1 米的安全距离。这些场所可包括中医诊所的等候区。中医服务提供者可在人潮较多的地方，继续实行安全距离措施，以保护病人和医护人员。
- e. 强烈鼓励病人和看护者在中医诊所的户外区等候时也戴上口罩。不过，患有急性呼吸道感染症状的病人和看护者，全程都必须戴上口罩。
- f. 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；
- g. 中医师和诊所员工必须每时每刻穿戴手术口罩；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；
- 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。

² 为避免疑义，陪同病人的看护者也将计算在每户每次登门访客不超过十人的限额内。



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3月29日起，高达75%可居家办公的职员将可返回工作场所办公。调配职员跨机构的安排将不受限制。此外，虽无强制，但中医服务提供者可考虑实施分组办公的安排，以维持业务的连续性。
- b. **工作场所的互动**：以符合国家规定，在须戴口罩的前提下，工作场所里的所有社交聚会只允许最多十人的限制。以维持业务的连续性，中医服务提供者可考虑提醒职员尽量减少或避免摘下口罩与同事之间互相交流。
- c. **暂停自愿性例行检测**：随着冠病情况已逐渐稳定，我国正迈向与冠病共存，**所有中医诊所职员（包括中医师、行政人员、义工等）的自愿性例行冠病检测，将立即暂停**。尽管如此，若中医诊所仍拥有由政府早前发放的快速抗原检测自助检测仪，可继续每周自愿检测一次，或劝请职员在感到不适时自行检测。

诊所职员若感到不适并出现轻微或严重症状应进行自我检测。若检测结果呈阳性，应遵守相关的国家级冠病医疗方案。根据人力部有关工作与假期安排的条例³，员工在检测呈阳性结果时，缺勤无须出示病假单。

9. 随着我国继续简化现有的医疗程序，我们感谢中医师和中医服务提供者的耐心和支持，让我们迈向与冠病共存的目标。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。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

³ 检测呈阳性但症状轻微或身体状况良好的员工的工作和休假安排建议：<https://www.mom.gov.sg/covid-19/advisory-on-work-and-leave-arrangements-for-employees-who-test-art-positive-but-are-physically-well>



（2022年3月29日更新）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"> 已完成疫苗接种，≥80 岁以上 未完成疫苗接种⁴，≥70 岁以上；或 5 到 12 岁 <5 岁以下儿童 		
3	免疫抑制的患者 <ul style="list-style-type: none"> 因器官或骨髓移植而免疫功能抑制 目前患有癌症，包括正接受癌症治疗 目前患有白血病 / 淋巴瘤 / 血癌 患有导致免疫功能抑制的疾病或正服用此类药物 接受血液透析的末期肾脏疾病患者 晚期或未经治疗的艾滋病患者 		
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 <ul style="list-style-type: none"> 怀孕 > 36 周期 已完成疫苗接种，怀孕 < 36 周期，并具有分诊表及以下所列的任何一个条件： <ol style="list-style-type: none"> 1) 现有妇产科并发症，如阴道出血、早产症状和体征 2) 患有妊娠糖尿病/孕前已患有糖尿病 3) 妊娠期高血压/子痫前症/孕前已患有高血压 4) 严重慢性疾病，如心脏病、肾病、慢性肺病（哮喘/儿童哮喘的控制良好，不排除被纳入居家康复计划） 5) 体重 > 100 公斤 未完成疫苗接种，怀孕 < 36 周期 		
6	糖尿病控制不良		

⁴ 自 2022 年 2 月 14 日起，年满 18 岁及以上且完成基本疫苗接种程序并有资格接受疫苗追加剂的人，在完成基本疫苗接种程序的最后一剂疫苗接种的 270 天内将被视为“已完成接种”。在 270 天之后仍未接种疫苗追加剂的人，以及没有接受或完成基本疫苗接种程序的人，将被视为“未完成接种”。



7	超重 (BMI > 35 或 体重 > 100kg)		
8	<p>患有以下应关注的症状:</p> <ul style="list-style-type: none"> • 胸痛 • 喘促 • 急性中风症状 • 剧烈头痛, 并在服用常用止痛药后不能缓解 • 持续腹泻和呕吐/无法摄入液体 • 持续发烧 (即发烧 $\geq 38^{\circ}\text{C}$ 至少 3 天或以上) • 心悸 • 深静脉血栓 (DVT) 症状 		
9	<p>任何以下应关注的体征 (由中医师评估):</p> <ul style="list-style-type: none"> • 心跳过速 (心率 ≥ 100/分钟) • 呼吸急促 (呼吸率 ≥ 20/分钟) • 血氧饱和度 (SPO2) < 95% / 需要氧气补充 • 低血压 (收缩压 < 100mmHg) 		



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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. 急性呼吸道感染患者在隔离第 7 天后，无论快速检测结果，已能结束隔离，为何仍须在中医就诊前出示阴性的检测结果？

由于中医师无法确认病人是否已结束隔离期，仍出现急性呼吸道感染症状的病人必须在到中医诊所看诊的 12 小时前出示阴性的快速抗原检测结果，作为康复于冠病感染的证明。加上因中医诊所没有实施区别疫苗接种的措施，这项要求也可降低中医师和其他易感染的病人感染冠病的风险。

3. 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可以在保健资讯网（HealthHub）或合力追踪应用程序（TraceTogether app）内显示的有效期内被接受的。

4. 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。

5. 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。

6. 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？



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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。

7. 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。

8. 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。

9. 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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冠病医疗方案

于2022年2月18日更新

1

若您身体不适

请看医生。若检测结果呈阳性：

- 请通知与您有密切接触的人
- 按家庭医生的建议
在家休养、入住冠病治疗设施或入院治疗

若您身体状况良好 但检测结果呈阳性

请通知与您有密切接触的人

- 首72小时：请在家隔离。若身体状况良好，无需病假单
- 之后请做抗原快速检测 (ART)，
只要结果呈阴性就可结束隔离
- 若检测结果仍呈阳性
 - 已完成疫苗接种者或未满12岁者：
到了第7天就可结束隔离
 - 未接种疫苗者：到了第14天就可结束隔离
- 若您属于高风险群体 (如年长者和孕妇)
或身体不适，请见 **1**

3

若您接获 健康风险通知 或病患通知您可能已被传染

- 请做ART检测，结果须呈阴性才可外出
- 若第5天的检测结果呈阴性，无须继续做检测
- 若检测结果呈阳性，请见 **2**



欲知详情，请上网: covid.gov.sg

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