



MINISTRY OF HEALTH
SINGAPORE

MH 34:24/8

24 May 2020

All registered TCM practitioners

MOH CIRCULAR 133/2020

TIERED RESUMPTION OF TCM SERVICES AFTER COVID-19 CIRCUIT BREAKER PERIOD ON 1 JUNE 2020 (INCLUSIVE)

Circulars 94/2020 and 111/2020 (Circular on Services Deferment and Reduction during COVID-19 Circuit Breaker Period, 6 April 2020 and Update on Essential TCM services for extended COVID-19 Circuit Breaker Period, 2 May 2020) directed TCM Practitioners (TCMPs) to defer non-essential TCM services¹. This Circular provides instructions on the gradual resumption of TCM services after the post Circuit Breaker (CB) period. This Circular will supersede Circulars 94/2020 and 111/2020.

GRADUAL RESUMPTION OF MORE TCM SERVICES

2. In the next few weeks, the resumption of more TCM services will be calibrated and tiered **based on the prevailing community transmission risk of COVID-19 in two phases:**

Phase One (“Safe Re-opening”)

- a. TCM needle acupuncture will be allowed for other conditions, other than pain management.
- b. TCM consultations and herbal dispensary may also resume for other conditions **except** for patients with flu-like symptoms such as fever, sore throat, runny nose and cough. These patients should be referred to Public Health Preparedness Clinics (PHPC) to focus our primary care efforts to better detect and manage COVID-19 infections.

¹ 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)



Ministry of Health, Singapore
College of Medicine Building
16 College Road
Singapore 169854
TEL (65) 6325 9220
FAX (65) 6224 1677
WEB www.moh.gov.sg



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- c. Manipulative therapies e.g. cupping, moxibustion, guasha and tuina massage could be resumed **only if assessed by the TCMPs to be necessary** e.g. acute/simple sprains and strains.

TCMPs must continue to observe proper infection control guidelines as prescribed in Annex B.

Phase Two (“Safe Transition”)

- d. Full resumption of TCM services, including TCM aesthetics and wellness services e.g. weight-loss management, hair growth treatment and tuina massage for relaxation and well-being.

GUIDING PRINCIPLES

3. Triage cases based on necessity & time-sensitivity. Essential and urgent TCM services should continue to be prioritised. The TCMP should assess the patient’s medical condition and treatment progress to determine whether the TCM service is 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
- c. Patients with condition(s) where they rely only on TCM treatment to manage their condition(s) (e.g. acupuncture for pain management)

4. Continue measures to conserve capacity and provide care safely. As the COVID-19 situation is still prevalent, where appropriate, TCMPs 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;





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- b. Continue to defer TCM services/ procedures that involve direct and prolonged contact with patients e.g. cupping, moxibustion and manipulative therapies like tuina massage, if assessed to be unnecessary.
 - c. Defer appointments from foreign patients to mitigate risks from importation of disease from overseas.
5. TCM 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 TCM services delivery efficiency and serviceable case load.
6. The final approval for patients to return to the TCM clinics to seek TCM services remains the accountability of the TCMPs-in-charge. The approval given to access care must be balanced against the safe distancing consideration and risk of community transmission of COVID-19.

DECLARATION OF PROVISION OF ESSENTIAL TCM SERVICES

7. TCMPs who have not practised during the CB period and would like to resume TCM practice after 1 June 2020 are reminded to submit to the Ministry of Health (MOH) only one place of practice and declare that you abide to provide the TCM treatment and for conditions stipulated only.
8. Please follow the below link or scan the QR code to submit the declaration, if you have not already done so.



www.go.gov.sg/moh-covid19-tcm-es-declaration

9. All TCM businesses/TCMPs do not need to apply for business exemption before resuming operations from 1 Jun onwards. For TCM businesses/TCMPs that have yet to submit manpower details via the GoBusiness portal



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(<https://covid.gobusiness.gov.sg>), please do so within two weeks of the date of resumption of operations.

COMMUNICATION WITH PATIENTS AND CAREGIVERS

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

CONTINUED VIGILANCE NEEDED

11. As strict mitigation and surveillance measures will continue to remain in place under DORSCON ORANGE, we seek TCMPs' 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 CB period is not a signal to TCM clinics and TCMPs to fully resume all non-essential TCM services.** TCM clinics and TCMPs should look out for further guidance from MOH on further resumption of non-essential TCM services.

12. 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.

13. For clarification on this circular, please email MOH_INFO@moh.gov.sg.

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



Ministry of Health, Singapore
College of Medicine Building
16 College Road
Singapore 169854
TEL (65) 6325 9220
FAX (65) 6224 1677
WEB www.moh.gov.sg



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ANNEX A

Essential TCM Services that have not been deferred during Circuit Breaker/Extended Circuit Breaker period

1. Essential TCM services / treatment 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.
2. Adjuvant treatment to patients with e.g. cancer and chronic conditions with recent relapses and/or poor control, limited to TCM consultation, herbal treatment and needle acupuncture only.
3. For follow-up of patients with stable chronic conditions, switch to tele-consult and medicine delivery, where possible. This should be done in accordance with section 4.1.1 para (c) of the TCMP Ethical Code and Ethical Guidelines (ECEG) on remote consultations in continuing care.
4. TCM needle acupuncture for pain management.



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INFECTION CONTROL GUIDELINES

TCMPs must comply with all infection control practices prescribed in the “General Advisory on Good Clinical Practice and Infection Control for TCM Practice (2020)” when providing essential TCM services to patients.

In particular, the following infection control practices must be observed when performing needle acupuncture, including manipulative therapies like cupping, moxibustion, guasha and tuina massage.

- i. Hand hygiene must be strictly observed.
- ii. Surgical masks, gloves and other protective gear (e.g. disposable gowns when appropriate) must be used when performing acupuncture and manipulative treatment.
- iii. Proper disposal of used acupuncture needles and all other wastes.
- iv. Maintain a clean work environment.



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FREQUENTLY ASKED QUESTIONS

Restrictions on TCM practice

Q1: Why are treatment modalities like cupping, moxibustion, guasha and tuina massage allowed only if assessed to be necessary?

A1: Even as we resume more TCM services, managing the current outbreak situation and preventing new clusters from forming remains MOH's priority. The resumption of more TCM services will be gradual and controlled, as we carefully balance patients' needs against the larger public health concerns and challenges.

As such, TCM services that involve direct prolonged contact with patients e.g. cupping, moxibustion, guasha and tuina massage, should only be performed after careful assessment by the TCMPs that, 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.

Q2: What if such manipulative therapies are part of my adjuvant therapy to cancer patients or patients with chronic conditions?

A2: These therapies will be allowed if assessed to be necessary while complying with infection control measures prescribed in [Annex B](#).

Q3: Will there be any practice restrictions as TCM needle acupuncture is allowed for other conditions besides pain management?

A3: The provision of TCM needle acupuncture for all conditions will be allowed, with the following restrictions:

- i. Only TCMPs in TCM clinics and those co-located within a TCM medical hall with dedicated treatment rooms can offer acupuncture treatment;
- ii. TCMPs must only perform acupuncture treatment on one patient at any one time i.e. no concurrent treatment of patients even in separate rooms;
- iii. Acupuncture treatment should be restricted to once a week per patient on appointment basis. Each session should not exceed 45 minutes; and
- iv. Masks must be worn by both TCMPs and patients throughout the acupuncture treatment session. TCMPs must also observe proper infection control guidelines as prescribed in [Annex B](#).



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Q4: Am I allowed to make house calls to deliver essential TCM services?

A4: Yes, house calls will be allowed but with the following restrictions:

- i. 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;
- ii. Consultation and treatment should be restricted to once a week per patient. Each session should not exceed 45 minutes;
- iii. Comply with safe distancing measures i.e. minimise interaction with household members/caregivers, safe distancing of at least 1-2m with household members/caregivers, if layout permits; and
- iv. Masks must be worn by both TCMPs and patients throughout the consultation and treatment session. TCMPs must also observe proper infection control guidelines as prescribed in Annex B.

Declaration of provision of essential TCM services by TCMPs

Q5: Must I declare again if I have previously received approval from MOH and MTI to provide only essential TCM services?

A5: You do not need to declare again, if you have previously submitted and declared.

Q6: Must I declare if I would like to perform acupuncture post CB period?

A6: You do not need to submit a separate declaration to perform acupuncture, if you have previously submitted and declared to provide only essential TCM services.

Q7: Am I allowed to practice at multiple places of practice?

A7: To minimise infection risk and cross-institutional transmission of COVID-19, TCMPs who wish to practice during phase 1 of post CB period are allowed to do so only at one place of practice.





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致：中医注册执业者

卫生部通告 133/2020

于**2020年6月1日**（包括）**2019冠状病毒疾病(COVID-19)阻断措施实施期后**，分阶段恢复中医服务

据卫生部通告 94/2020 和通告 111/2020 《在阻断 COVID-19 传播期间推迟及减少服务的通告(2020年4月6日)》与《COVID-19 阻断措施延长期间有关中医必要服务的通知(2020年5月2日)》的指示，中医师必须推迟非必要中医服务¹。此通告就阻断措施实施期过后，中医服务分阶段恢复运营给予指示，并取代通告 94/2020 以及 111/2020。

逐步恢复更多中医药服务

2. 在未来数周，卫生部将根据目前 COVID-19 在社区传播的风险，分两个阶段逐步恢复更多中医药服务：

第一阶段（“安全重开”）

- a. 除了疼痛管理以外，中医针刺将被允许用于其他适应症。
- b. 除了出现发烧、喉咙痛、流鼻涕和咳嗽等类似流感症状的病人以外，中医诊断以及中医处方也可恢复服务，允许用于其他适应症。为了集中基层医疗工作，

¹必要的中医药服务或治疗指的是：停止服务或治疗后将导致病人的病情急剧恶化，并可能威胁到他们的健康。(见附件 A 所列出的必要服务例子)

并更好地监管 COVID-19 感染，中医师应该继续将外感类病人转诊到公共卫生防范诊所(PHPC)。

- c. 其他中医操作治疗例如：拔罐、艾灸、刮痧和中医推拿等则**只有在中医师诊断并且评估为必要时**，才能为病患进行该治疗。例如：急性/单纯性扭伤和拉伤。

中医师必须遵守附件 B所规定的良好临床实践与感染控制指导原则。

第二阶段（“安全过渡”）

- d. 全面恢复中医药服务，包括中医美容和保健服务，例如：中医减肥，生发护发和保健推拿等。

指导原则

3. 根据必要性和紧急性为病人进行分诊。中医师应该继续地优先考虑提供属于必要和紧急的中医服务。中医师应该在评估病人的病情和治疗进度后，才确定是否需要优先为病人进行中医治疗。以下为分诊时可优先考虑的例子：

- a. 患有严重功能障碍/症状（例如：疼痛）和/或功能减退的病人
- b. 若进一步推迟将会提高临床风险或导致潜在并发症等具时效性的治疗
- c. 仅能依靠中医治疗来控制其病症的病人（例如：针灸疼痛管理）

4. 继续采取措施，节约资源及提供安全中医护理。由于 COVID-19 的情况仍然普遍，因此中医师应该：

- a. 尽可能继续通过远程咨询的方式，为病人进行诊断，并将药物通过快递的方式邮寄给病人。中医师可为病人交替地进行远程咨询和面对面复诊，以便为病人进行实体检查。
- b. 在评估为非必要的情况下，继续推迟那些需要与病人有长时间直接接触的中医药治疗，例如：拔罐、艾灸、刮痧和中医推拿等。
- c. 推迟外籍病人的预约，以减低从境外输入疾病的风险。



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5. 中医诊所应该综合地考虑人力资源的供应，以及所必须实施的 COVID-19 相关安全距离措施和感染预防和控制措施等所带来的运作局限，这将直接影响中医药服务的效率及诊所所能应付的病人数。

6. 是否允许病人回到在中医诊所求诊，应该由主治中医师判断，而最终的责任在于主治中医师。在允许病人求诊的同时，应该考虑到安全距离措施和 COVID-19 在社区内传播的风险，并在当中取得平衡。

提供必要中医服务的申报及声明

7. 在阻断措施期间没有执业，但希望在 2020 年 6 月 1 日之后恢复中医执业的中医师，必须向卫生部申报一个执业地点，并声明遵守所规定的中医治疗方法和条件。

8. 未申报的中医师，请通过以下链接或扫描 QR 码申报及提交声明。



www.go.gov.sg/moh-covid19-tcm-es-declaration

9. 所有在 6 月 1 日后恢复营业的中医企业/中医师，将无需申请商业豁免。至于尚未通过 GoBusiness 网站(<https://covid.gobusiness.gov.sg>)提交人力资源详情的中医企业/中医师，请在恢复营业后的两周内提交。

与病人和看护者的沟通

10. 所有中医诊所和中医师应该在适当的时候，通知病人和他们的看护者，关于恢复中医服务的相关讯息。中医诊所和中医师应该注意，安全距离措施的实施会根据 COVID-19 的进展情况调整并可能延长。因此，工作人员在与病人沟通时，应谨慎行事，避免提高病人对所有中医药服务都会立即恢复的期望。



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需要继续保持警惕

11. 在橙色警戒级别“DORSCON ORANGE”下，严格的监控措施将继续实施。卫生部希望中医师继续保持警惕，在病例激增/爆发疫情时（例如：COVID-19，骨痛热症等）支持并与官方配合缩减运营。**请注意，阻断措施期的结束并不意味着非必要中医服务的全面恢复。**中医诊所和中医师应该遵守卫生部的指示逐步恢复非必要中医药服务。

12. 请确保所有工作人员都了解并严格遵守本通告的内容与指示、安全距离和感染预防与控制措施。

13. 若对此通告有疑问，请发送电邮至 MOH_INFO@moh.gov.sg。



卫生部医药总监
麦锡威副教授

以上文件以英语原文为准



Ministry of Health, Singapore
College of Medicine Building
16 College Road
Singapore 169854
TEL (65) 6325 9220
FAX (65) 6224 1677
WEB www.moh.gov.sg

阻断措施期间/阻断措施延长期间必要的中医药服务

- i. 必要的中医药服务或治疗指的是：停止服务或治疗后将导致病人的病情急剧恶化，并可能威胁到他们的健康。
- ii. 中医辅助治疗（限于中医诊断、中药和针刺）给予在近日病情反复或控制不良例如：患有癌症或慢性疾病的病人。
- iii. 若情况允许，稳定的慢性疾病管理可通过远程咨询会诊和药物快递进行。中医师应该遵守“中医执业者道德准则及道德指导原则”中关于远程延续诊疗的条文 4.1.1 (c) 段进行。
- iv. 适用于疼痛管理的中医针刺



感染控制指导原则

在提供中医必要服务时，中医师必须遵守“中医行业的良好临床实践与传染控制的一般咨询”所规定的所有感染控制措施。

尤其是针刺、拔罐、艾灸、刮痧和中医推拿时，必须注意以下的感染控制措施。

- i. 必须严格遵守双手的卫生。
- ii. 在进行所有针刺和操作治疗时，必须使用手术口罩、手套和其他防护用具（例如：适当时使用防护服）。
- iii. 妥善处置使用过的针具和其他废物。
- iv. 保持清洁的工作环境。



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常见问题解答

对中医服务的限制

问 1: 为什么中医操作治疗例如: 拔罐、艾灸、刮痧和中医推拿等只有在中医师诊断并且评估为必要时, 才能为病患进行该治疗?

答 1: 尽管更多的中医服务已被允许恢复, 卫生部的优先考量依然是在管控疫情的发展和避免出现新的感染群。卫生部在允许中医服务逐渐恢复的同时, 也必须考虑到国家公共卫生问题, 并在当中取得平衡。

基于以上考量, 与病人有直接和长时间接触的中医药治疗, 例如: 拔罐、艾灸、刮痧和中医推拿等, 只能在中医师诊断并且评估为必要, 即停止服务或治疗将导致病人的病情急剧恶化, 并可能威胁到他们的健康的情况下, 才能为病患进行该治疗。

问 2: 若操作治疗是我对癌症患者或慢性疾病患者的辅助疗法的一部分, 我能为这些患者实施该治疗吗?

答 2: 在中医师诊断和评估为必要, 并遵守附件 B所列出的感染控制指导原则的情况下, 操作治疗是被允许的。

问 3: 中医针刺用于疼痛管理和其他适应症时, 有任何限制吗?

答 3: 中医针刺只能在符合以下条件下被允许:

- i. 只有在中医诊所和设有专用治疗室的药材店驻诊的中医师能提供针刺治疗;
- ii. 中医师为病人进行针刺治疗的整个过程中只限于一名病人, 即使在不同的诊室也不能在同一时间为多名病人进行针刺治疗;
- iii. 每名病人的针刺治疗应限于一周一次。每次的治疗不应超过 45 分钟; 以及
- iv. 在中医针刺治疗过程中, 中医师和病人都必须戴上口罩。中医师也必须遵守附件 B中所规定的良好临床实践与感染控制的指导原则。



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问 4: 我可以登门看诊提供必要的中医服务吗?

答 4: 登门看诊只能在符合以下条件下被允许:

- i. 登门看诊当天应该先致电联络病人, 并确认病人的健康状况及是否存有 COVID-19 感染的风险, 之后才决定是否继续登门看诊;
- ii. 看诊和治疗应限于一周一次。每次的治疗不应超过 45 分钟;
- iii. 遵守安全距离措施, 即减少与家居成员/看护者接触。在布局允许的情况下, 与家居成员/看护者保持 1-2 米的安全距离; 以及
- iv. 在中医针刺治疗过程中, 中医师和病人都必须戴上口罩。中医师也必须遵守 附件 B 中所规定的良好临床实践与感染控制的指导原则。

中医师提供必要中医服务的申报及声明

问 5: 如果我之前已获得卫生部和贸工部的批准提供必要的中医服务, 我是否必须再次申报?

答 5: 如果您之前已经提交申报, 您无需再次申报。

问 6: 如果我想在 COVID-19 阻断措施期后为病人提供针刺治疗, 我需要重新或额外申报吗?

答 6: 如果您之前已经提交申报, 您无需再次或额外申报提供针刺治疗。

问 7: 我可以在多场所提供必要的中医服务?

答 7: 为尽量减少 COVID-19 的感染风险和跨机构传播, 在阻断措施后的第一阶段期间中医师只能在一个执业地点行医。



Ministry of Health, Singapore
College of Medicine Building
16 College Road
Singapore 169854
TEL (65) 6325 9220
FAX (65) 6224 1677
WEB www.moh.gov.sg