



MINISTRY OF HEALTH  
SINGAPORE

MH 34:24/8-20

MOH Circular No. 224/2020

30 November 2020

Please see Distribution List

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

*This circular sets out the revised guidelines for healthcare workers (HCWs) resuming work duties after returning from overseas travel and supersedes MOH Circular No. 200/2020 and 200A/2020 with immediate effect.*

### BACKGROUND

Since 8 June 2020, Singapore has been gradually opening up its borders via different travel agreements. The re-opening of borders to more countries will mean more HCWs possibly going on overseas travel, subject to the approval of annual leave by their employer. Given the risk to vulnerable patients at healthcare institutions, healthcare institutions should take precautions to protect our patients through reducing the risk of COVID-19 transmission mediated through HCWs or other external vendors. This is crucial given the resurgence of COVID-19 cases in many countries around the world. In general, MOH continues to discourage HCWs from overseas travel due to the pandemic but recognises that some travel may still be essential for compassionate or personal reasons.

### REVISED MEASURES FOR HEALTHCARE WORKERS RETURNING FROM OVERSEAS

2. For HCWs returning from overseas, the following measures are applicable:
  - a. Notwithstanding these national guidelines, HCWs who are working in the public healthcare sector are to also follow their employing institutions' leave guidelines.
  - b. All HCWs are to follow the prevailing MOH and government's advisory on overseas travel. These include prevailing border and health control measures for inbound travellers, including SHN/SHN+ and COVID-19 swab test(s) as required. The only exceptions will be if prior approval for SHN waiver is obtained through the relevant channel. For more information on the border control and health policies for various countries, please visit [safetravel.ica.gov.sg](https://safetravel.ica.gov.sg).
3. With immediate effect, HCWs who travel overseas are required to abide by the guidelines as set out below:



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](http://www.moh.gov.sg)

- a. For HCWs (including travellers on Reciprocal Green Lane (RGL) or Periodic Commuting Arrangement (PCA)) returning from any country where 7 or 14-day SHN/SHN+ is required as a default for that country, **we will retain status quo as set out in MOH Cir No 200/2020, i.e. HCWs are to avoid patient-facing duties for a total of 14 days** (one incubation period) starting from the day of return to Singapore. The 14 days will be inclusive of the SHN duration, and applies to all HCW travellers from these countries even if HCWs were travelling on RGL or other SHN-waived travel lanes.
- b. For HCWs returning from any country where travellers are allowed to take a COVID-19 PCR-test on arrival in Singapore in lieu of SHN, **HCWs are to avoid patient-facing duties for a shorter 7 days duration** instead of 14 days following return to Singapore. In addition, the HCW should clear a **COVID-19 PCR test on or after Day 5 of return prior to resuming patient facing duties.**
- c. Within the period of restricted duty, HCWs are only allowed to engage in patient-facing duties for urgent<sup>1</sup> 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. HCWs who are granted approval by institution's CMB to manage patient-facing duties must be equipped with the appropriate 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).

Please refer to Table 1 for the detailed guidelines.

Table 1: Revised Measures for HCWs Returning from Overseas

No	Country of Travel & Border and Health Control Policies*	Key Restriction Measures on returning to work:	Additional details on returning to work	
1	Countries that require 14 days SHN/SHN+ (including HCWs travelling on RGL/PCA/ATP)	To avoid patient facing duties for a total of <b>14 days</b> following return to Singapore	<ul style="list-style-type: none"> <li>As SHN duration is 14 days, can return to duties on completion of SHN and if SHN exit test is negative.</li> </ul>	N.A.
2	Countries that require 7 days SHN (including HCWs travelling on RGL/ PCA/ ATP)		<ul style="list-style-type: none"> <li>Additional 7 days restricted duty on completion of SHN and if SHN exit test is negative</li> </ul>	WFH or non-patient fronting roles
3	Countries where on arrival PCR-test allowed in lieu of SHN	To avoid patient facing duties for a total of <b>7 days</b> following return to Singapore	<ul style="list-style-type: none"> <li>As no SHN needs to be served, can return to work on restricted duty for 7 days following return to Singapore</li> <li>Clear a COVID-19 PCR test on or after day 5 of arrival prior to resuming full duties</li> </ul>	WFH or non-patient fronting roles

\* For more information on the border control and health policies for various countries, please visit [safetravel.ica.gov.sg](https://safetravel.ica.gov.sg).

<sup>1</sup> Refers to time-sensitive, emergency cases where patients' conditions do not allow for delay of treatments.



4. For recovered HCWs travelling within the assumed immunity period<sup>2</sup> for COVID-19 reinfection, SHN and testing may be waived<sup>3</sup> subject to prevailing policy for recovered travellers, and the HCW can return to full duties without additional restrictions. However, individuals who are considered as being outside the immunity period for COVID-19 reinfection will be subject to all prevailing entry health policies and Return To Work policies would apply as per a COVID-19-naïve individual.

5. Continued vigilance is still necessary and is the mainstay in minimising any outbreak. Therefore, **HCWs are reminded to strictly adhere to the following precautionary measures upon returning to work:**

- a. 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.
- b. 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 this 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**

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.



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

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Directors/Medical Directors/Executive Directors of National Specialty Centres and Medical Centres

CEOs, COOs, and Medical Directors of Community Hospitals

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<sup>2</sup> Based on prevailing evidence and MOH policy.

<sup>3</sup> Assessment will be done by sectoral authorities



CEOs, COOs and Directors of Clinical Services of Polyclinics

Allied Health Associations and Societies

CEOs, CMBs/Medical Directors and COOs of Private Hospitals

CEOs/Clinic Managers of Private Ambulatory Surgical Centres, Private Specialist Clinics

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All Professional Boards

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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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**Frequently Asked Questions (FAQ)****Q1. Does the circular apply to optometrists, healthcare workers (HCWs) in non-healthcare settings such as schools?**

A: The guidelines stated in this circular, as well as circular no. 200/2020 are meant for HCWs who are working within the healthcare settings such as hospitals, specialty centres, clinics, and the specified community care settings.

**Q2. For countries where travellers are allowed to take a COVID-19 PCR-test on arrival in Singapore in lieu of SHN, can healthcare workers (HCWs) return to patient facing duties immediately after testing negative for COVID-19 if staff are equipped in appropriate PPE as per circular no. 200A/2020?**

A: The restriction to non-patient facing duties serves as an additional precaution for HCWs who are returning from overseas. This is in view of the need to minimise any potential risk of COVID-19 transmission and protect our patients as they are a vulnerable sector of the population. Therefore, it is important for HCWs to abide by the restriction to non-patient facing duties unless prior approval has been given by the institution's CMB to attend to urgent cases.

**Q3: Does it mean that HCWs who travelled overseas will have to use their annual leave if they are unable to be redeployed to non-patient facing duties during the period of restriction upon return from overseas travel?**

A: As much as possible, institutions should try to deploy staff for non-patient facing duties during the period of restriction such as for administrative work or to allow staff to attend courses/e-learning in the first instance. In the event that there are no suitable non-patient facing duties, staff might need to tap on their own annual leave to cover the restriction period or no-pay leave if annual leave has been exhausted, depending on the arrangement as agreed with their employers.