



MINISTRY OF HEALTH  
SINGAPORE

MH 34:24/8

MOH Circular No. 76/2021

8 June 2021

To all registered TCM practitioners

## REVISION OF SUSPECT CASE DEFINITION AND UPDATED GUIDANCE ON THE PROVISION OF TCM SERVICES AND SAFE MANAGEMENT MEASURES FOR TCM SERVICE PROVIDERS DURING PERIOD OF PHASE 2 (HEIGHTENED ALERT)

On 14 May 2021, the Multi-Ministerial Task Force announced the further tightening of measures to reduce the risk of further local transmission of COVID-19. **This Circular highlights the revision of suspect case definition and updated guidance on the provision of TCM services and Safe Management Measures (SMMs) during Phase 2 (Heightened Alert).** This circular supersedes the earlier guidelines on MOH Circular No. 49/2021, dated 11 May 2021.

### REVISION OF SUSPECT CASE DEFINITION

2. With immediate effect, the suspect case criteria are **revised** as follows and apply regardless of vaccination status:

- a. A person with clinical signs and symptoms suggestive of Community-Acquired Pneumonia<sup>1</sup>;
- b. A person with an acute respiratory infection of any degree of severity with or without fever, (e.g. symptoms of cough, sore throat, runny nose, anosmia), **OR with a fever alone without any obvious localising symptoms or signs**, who within 14 days before onset of illness had:
  - i. Travelled abroad (outside Singapore); OR
  - ii. Close contact<sup>2</sup> with a case of COVID-19 infection; OR

<sup>1</sup> Excludes cases of nosocomial pneumonia and aspiration pneumonia with no links to confirmed cases.

<sup>2</sup> Close contact is defined as:

- Anyone who provided care for the patient, including a health care worker or family member, or anyone who had other similarly close physical contact;
- Anyone who stayed (e.g. household members) at the same place as a case; or



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- iii. Worked in occupations or environments with higher risk of exposure to COVID-19 cases<sup>3</sup>; OR
  - iv. **Exposure to the premises where large active clusters were located<sup>4</sup> (refer to <https://go.gov.sg/case-criteria-cluster>);**
- c. A person with prolonged acute respiratory infection (PARI) symptoms of 4 days or more, not recovering AND who had not undergone prior swabbing for ARI symptoms in the same episode of illness (under the enhanced SASH criteria);
- d. **A person with an acute respiratory illness of any degree of severity (with or without fever) OR with a fever alone without any obvious localising symptoms or signs, who tests positive on an Antigen Rapid Test (ART).**

## UPDATED GUIDANCE ON THE PROVISION OF TCM SERVICES

3. All TCM providers / TCM practitioners (TCMPs) must **continue to refer all patients who fulfil suspect case definition in para 2, and patients with symptoms of ARI, regardless of their COVID-19 vaccination status or any recent COVID-19 test result, to the PHPCs Swab-and-Send-Home (SASH) clinics.** You can search for the nearest SASH PHPC at [www.phpc.gov.sg](http://www.phpc.gov.sg).

4. Home based and mobile TCM services are not encouraged during Phase 2 Heightened Alert, 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 2 patients<sup>5</sup> per day, in accordance with the national measure of 2 distinct visitors per household per day. If households engage TCMPs to provide TCM essential services,

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- Anyone who had close contact (i.e. less than 2 metres and 15 min or more) with a case (e.g. shared a meal).

<sup>3</sup> These include but are not limited to any staff (healthcare worker or non-healthcare worker) working in:

- Public and private healthcare settings; spanning acute care, primary care, intermediate and long-term care and community care settings
- Community care facilities (CCFs)
- Ambulance and dedicated patient transport (including private hire vehicles)
- Frontline dormitory outbreak control, Stay Home Notice (SHN) or Quarantine operations
- Frontline operations at airports, seaports or land borders

<sup>4</sup> Patients who were at the places during the specified dates, published <https://go.gov.sg/case-criteria-cluster> via (a) an exposure alert based on their TraceTogether and SafeEntry records, or (b) self-declaration

<sup>5</sup> For avoidance of doubt, caregivers accompanying the patient will also count towards the limit of 2 distinct visitors per household per day.



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e.g. acupuncture for disabled or bedbound patients, the TCMP will not count towards the limit of 2 distinct visitors per household per day.

5. MOH and TCMP Board, in consultation with the TCM community have developed a General Advisory on Acupuncture and Other Related Treatment, which includes general guides on best practices in the safety of acupuncture and prevention of infection etc. A copy of the Advisory is included as part of this circular for your reference.

## UPDATE ON SAFE MANAGEMENT MEASURES FOR TCM SERVICE PROVIDERS

6. As a precautionary measure, TCM service providers should continue to track the entry and exit of individuals within their facility using TraceTogether-SafeEntry. **From 15 June 2021, it will be mandatory for TCM clinics to deploy the SafeEntry Gateway (SEGW) device, in either the App or Box version.** TCM clinics that have not deployed the SEGW are reminded to do so as soon as possible and are eligible to apply for 1 free SEGW Box if they wish to. For more information on SEGW, including user guides, FAQs and other resources, please visit [www.go.gov.sg/gateway-overview](http://www.go.gov.sg/gateway-overview). Home based services or TCMPs conducting house visits should maintain a log of the patients visited, including the patient's contact details, time and duration of visit.

7. In addition, TCM clinics may add a standardised questionnaire at entry points to assist in identifying persons who may be of higher risk of exposure to COVID-19. The questionnaire may include the following questions:

Within the last 14 days, have you been:

- i. notified by MOH that you have been deemed a close contact of a COVID-19 case and asked to go for a COVID-19 swab test?
- ii. placed on Stay-Home-Notice (SHN), Quarantine Order (QO), phone surveillance (PUPS) or on medical leave (MC)?

8. TCM clinics should defer entry for such visitors until after completion of period of SHN/QO/PUPS/MC or until 14 days after the date of receipt of the notification from MOH.

9. 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. No entry for anyone who presents with flu-like symptoms or on medical leave due to ARI;



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- 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; and
- i. TCM clinics must maintain a visitor log, including vendors who visited the premises, to facilitate contact tracing.

## STAFF MANAGEMENT

10. Please note the following changes to the SMMs:

- a) Work-From-Home (WFH) arrangements: WFH will remain the default arrangement for non-clinical staff, where feasible and practical. TCM service providers should continue to exercise business continuity plans (BCPs), including split team arrangements. Physical counter services should be scaled down and substituted with digital services where possible.
- b) Workplace Interactions: All social gatherings, work events, non-essential trainings<sup>6</sup> and meetings conducted at the workplace would not be 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.

11. We seek your understanding and compliance in implementing these additional measures to reduce transmission of COVID-19 in the community and stamp out the spread of cases. We are actively monitoring the situation and will calibrate the measures accordingly as the situation evolves.

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<sup>6</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 coursemates from different clinic branches.



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



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8 June 2021

致：中医注册执业者

## 修订的疑似病例定义及在“高警戒解封第二阶段”的更新中医服务和中医服务提供者安全管理措施指导原则

为进一步减少 COVID-19 在本地传播的风险，多部门工作小组于 2021 年 5 月 14 日宣布进一步收紧措施。此通告的重点在于修订疑似病例定义及在“高警戒解封第二阶段”的更新中医服务和安全管理措施的指导原则。此通告取代较早于 2021 年 5 月 11 日发出的卫生部第 49/2021 号通告。

### 修订疑似病例的定义

2. 从即日起，无论是否已接种疫苗，均使用以下修订的疑似病例标准：
  - a. 具疑似社区感染肺炎<sup>1</sup>的临床体征和症状的人士；
  - b. 无论是否伴有发烧，患有任何严重程度的急性呼吸道感染的人士（如咳嗽、喉咙痛、流鼻涕、失去嗅觉），或仅发烧而无任何明显局部症状或体征的人士，并且在患病前的 14 天内：
    - (i) 到国外旅行（新加坡境外）；或
    - (ii) 与 COVID-19 患者有密切接触<sup>2</sup>；或
    - (iii) 从事与 COVID-19 患者有接触而风险较高的职业，或在类似环境办公<sup>3</sup>；或

<sup>1</sup> 不包括医院获得性肺炎和吸入性肺炎的病例，并与 2019 冠病确诊病例无关。

<sup>2</sup> 密切接触的定义是：

- 为病患提供护理的人士，包括医疗保健员工或家属，或有其他同样密切肢体接触者；
- 与个案在同一地点逗留的人士（例如家庭成员）；或
- 任何与个案有密切接触（即少过 2 米和 15 分钟或以上）的人士（例如共用一餐）。

<sup>3</sup> 这包括但不限于在以下领域工作的任何员工（医疗保健员工和非医疗保健人员）：



(iv) 曾到过大型活跃感染集群所在的场所<sup>4</sup>（请参阅 <https://go.gov.sg/case-criteria-cluster>）；

- c. 患有连续/经久急性呼吸道感染（PARI）症状 4 天或以上，并未见好转的人士，并且在同一场急性呼吸道疾病中未接受拭子检测（属于符合 SASH 标准范围内）；
- d. 患有任何严重程度的急性呼吸系统疾病（无论是否伴有发烧），或仅发烧而无任何明显局部症状或体征的人士，并且快速抗原检测（ART）呈阳性。

### 提供中医服务的最新指导原则

3. 所有中医服务提供者/中医师必须继续将所有符合第 2 段中疑似病例定义和患有急性呼吸道感染症状的病人，无论他们是否已接种 COVID-19 疫苗或持有任何最近的 COVID-19 检测结果，都应转诊到最靠近并参与拭子检测计划（Swab-And-Send-Home，简称 SASH）的公共卫生防范诊所（PHPC）。您可上网到 [www.phpc.gov.sg](http://www.phpc.gov.sg) 查询最靠近您的 SASH PHPC。

4. 在高警戒解封第二阶段不鼓励居家和流动中医服务，并应推迟此类服务直到日后全面回复中医服务。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日最多只允许为两名病人<sup>5</sup>看诊，以符合国家规定的每户每日登门访客不超过两人的限制。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两位登门访客的限制内。

5. 卫生部和中医管理委员会与中医界协商后，制定了《针灸及其他相关治疗的一般咨询》，其中包括针灸的安全性和预防感染等最佳实践的一般指南。此通告附上一份该咨询供您参考。

### 中医服务提供者安全管理措施的最新进展

- 公共和私人医疗保健设施，涵盖急症护理、基层医疗、中级和长期护理以及社区护理设施
- 社区关怀设施
- 救护车和专用病人交通工具（包括私人出租车辆）
- 前线宿舍疫情防控、居家通知（SHN）或隔离行动
- 机场、海港或陆地边界的前线运营

<sup>4</sup> 在指定日期到访过这些场所的病人 <https://go.gov.sg/case-criteria-cluster>，通过（a）他们的 TraceTogether 和 SafeEntry 记录的接触警报，或（b）自我声明得知。

<sup>5</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两人的限额内。



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6. 作为预防措施，中医服务提供者应继续使用“合力追踪登记” TraceTogether-SafeEntry 追踪其设施内各位访客的出入。从 **2021 年 6 月 15 日起**，强制性实施所有中医诊所必须通过应用程序（App）或感应器（Box）部署 **SafeEntry Gateway（SEGW）**。提醒尚未部署 SEGW 的中医诊所必须尽快执行，并有资格申请一个免费 SEGW 感应器。有关 SEGW 的更多信息，包括使用指南、常见问题和其他资源，请游览网址 [www.go.gov.sg/gateway-overview](http://www.go.gov.sg/gateway-overview)。

7. 此外，中医诊所也可以在入口处添加标准化问卷，以助于识别具有较高 COVID-19 接触风险的人。问卷可包括以下问题：

在过去的 14 天内，您是否曾：

- i. 收到卫生部通知，您已被视为 COVID-19 病例的密切接触者，并被要求进行 COVID-19 拭子检测？
- ii. 需要履行居家通知令（SHN）、隔离令（QO）、电话监视（PUPS）或值病假（MC）？

8. 中医诊所应将以上访客进入场所的时间推迟至 SHN / QO / PUPS / MC 期限结束后，或是收到卫生部通知之日起的 14 天之后。

9. 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. 不允许任何出现类似流感症状或因急性呼吸道感染而值病假的人士进入场所；
- 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）；
- 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；及
- i. 为促进追踪接触者，中医诊所必须保持访客记录，其中包括到访的供应商等。



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## 职员管理

10. 请注意以下对安全管理措施的更改：

- a) **居家办公安排**：在实际和可行的情况下，居家办公仍是非临床工作人员的既定模式。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。实质的柜台服务应该减少，并尽可能以数码服务取代。
- 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<sup>6</sup>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。

11. 为减少 COVID-19 在社区的传播并阻止病例的扩散，我们寻求您的理解和遵从并执行以上措施。我们正积极监视局势，并将随着局势的发展相应地调整措施。

12. 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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<sup>6</sup> 对于中医机构内进行的培训，卫生部将交由中医机构评估并决定在此期间是否必要进行此类培训，并且必须严格遵守安全管理措施，包括佩戴口罩、安全距离、感染预防和控制措施。中医机构应谨记避免与来自不同机构分支的同学交流。



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