

ANNEX F

FREQUENCY ASKED QUESTIONS (FAQs) ON
VACCINATE OR REGULAR TEST (VoRT) REQUIREMENTS FOR ALL STAFF OF
HEALTHCARE AND ELDERCARE SECTORS

General (applicable for ALL settings)

1. When does the VoRT for healthcare and eldercare sectors come into effect?

All workers in the healthcare and eldercare sectors, including staff in non-patient/public facing, backroom and administrative functions (both onsite and offsite) and vendors operating onsite at premises of healthcare and eldercare institutions or have contact with clients (e.g. transport drivers), will be subject to VoRT requirements with effect from 1 October 2021. The VoRT will also apply to all students on training, attachment and internships or participating in any clinical activities in the healthcare and eldercare sectors. Staff who are not fully vaccinated* by 1 October 2021 would need to undergo mandatory testing on a regular basis.

2. What does “fully vaccinated” refer to?

For the purpose of the VoRT requirements, a fully vaccinated individual refers to any of the following:

Category	Requirement(s)	Period
(1) Vaccinated with no prior history of COVID-19 infection	(a) Individual must not have had a history of COVID-19 infection; (b) Individual must have been vaccinated against a COVID-19 infection by the administration of the appropriate regimen of any approved vaccine ¹ ; and (c) 14 days or more have elapsed after the day the individual was so vaccinated.	Starting 14 days after the day the individual was so vaccinated and ending 365 days later.

¹ These are limited to: (1) Tozinameran (Pfizer-BioNTech COVID-19 vaccine or Comirnaty COVID-19 vaccine); (2) Moderna COVID-19 vaccine; (3) Vaxzevria (AstraZeneca COVID-19 vaccine); (4) Covishield COVID-19 vaccine; (5) Johnson & Johnson's (J&J) Janssen COVID-19 vaccine; (6) Sinopharm COVID-19 vaccine; (7) Sinovac-CoronaVac COVID-19 vaccine; or (8) any other vaccine regimen as approved by the Ministry of Health (MOH). Where the individual is vaccinated under (3) to (8), their vaccination records must have been ingested into MOH's national IT systems before they will be recognised.

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(2) Recovered from COVID-19 infection without prior vaccination	(a) Individual must not have been vaccinated against COVID-19 infection; and (b) Individual must have recovered from COVID-19 infection.	Starting the day the individual first tested positive for SARS-CoV-2 via a PCR test and ending 270 days later.
	(a) Individual must not have been vaccinated against COVID-19 infection; and (b) Individual must have recovered from COVID-19 infection; and (c) Individual had a second COVID-19 infection and recovered from it.	Starting the day the individual first tested positive for SARS-CoV-2 upon via a PCR test for the second COVID-19 infection and ending 270 days later.
(3) Recovered from COVID-19 infection and subsequently vaccinated	(a) Individual must have recovered from COVID-19 infection (b) Individual must have been vaccinated against a COVID-19 infection by the administration of one dose of any approved vaccine ² ; and (c) 14 days or more have elapsed after the day the individual was so vaccinated.	Starting 14 days after the day the individual was so vaccinated and ending 365 days later.

3. Why is there a need for all staff and persons who work under the institutions' direction in the healthcare and eldercare sectors to be vaccinated? If the vaccinated individuals can still get infected with COVID-19, why should we continue to advocate for vaccination and have differentiated measures for vaccinated individuals?

As we transit into a COVID resilient nation, vaccination is important to keep our community safe. Vaccination offers protection to the vaccinated individual and, also for the healthcare and eldercare sectors which serves vulnerable segments of the population such as the elderly, sick, as well as children who cannot be vaccinated.

Studies have shown that vaccinated individuals are at reduced risks of being infected with COVID-19 (with a local vaccine efficacy/effectiveness rate of 55% in household contacts regardless of symptoms suffered by the infected person), and are at risk of having milder symptoms even when infected. In addition, they would also be more likely to have a lower

² Please refer to footnote S/N. 2.

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viral load at later stages of the disease due to more rapid viral clearance, which would result in less risk of transmission to others.

This risk reduction means that vaccinated persons can enjoy reduced surveillance testing and less stringent safe management measures. However, as not fully vaccinated individuals are more likely to become infected and suffer from severe illness, it is important for the not fully vaccinated staff to be more regularly tested to detect infections early such that appropriate treatment and ring-fencing may be commenced.

4. Is VoRT applicable for staff who are non-patient or non-client facing and those who primarily work from home (WFH) as they have minimal public contact?

VoRT is applicable for all staff working in the healthcare and eldercare sector, regardless of their job functions and locations of work. It will also apply to vendors, locums, students on attachment/internships, research and clinical training, and volunteers who are operating onsite at premises of healthcare and eldercare institutions.

5. Do vaccinated staff from the healthcare and eldercare sectors need to undergo testing on a regular basis come 1 Oct?

Vaccinated staff from the healthcare and eldercare sectors who are currently on mandatory rostered routine testing (RRT)/surveillance testing would continue to undergo regular testing. Testing frequency could differ between vaccinated and not fully vaccinated staff; with not fully vaccinated staff on RRT/surveillance testing regime possibly needing to be subject to additional VoRT testing requirements. However, if the RRT testing regime is similar or more frequent than the VoRT testing requirement, staff who are not fully vaccinated will not need to be subject to additional VoRT testing requirement³.

6. What is the frequency for not fully vaccinated staff to get tested?

From 1 October 2021, all not fully vaccinated staff from the healthcare and eldercare sectors will be required to undergo regular Fast and Easy Testing (FET) via Antigen Rapid Test (ART) twice a week to mitigate the risk of transmission to the patients, colleagues and the general public.

Healthcare and eldercare institutions could start VoRT earlier than 1 October 2021 if they wish.

³ Partners in the residential and non-residential long-term care settings may refer to the advisory “Enhanced Measures and Testing Protocols for Community Care Sector” that was circulated on 12 Sep 2021 (Ref: COVID-19/SEP/2021/1).

7. Would VoRT testing be required for staff with contraindications to vaccination?

As staff with medical contraindications to vaccination (i.e. mRNA vaccines), termed as medically ineligible (MI), face the same health risks as a not fully vaccinated staff, they would be subject to the same VoRT testing requirement as long as they are not fully vaccinated i.e. twice a week using ART/FET. For these individuals, the Government will support their ART/FET tests as a start (i.e. provide a box of 25 ART kits per MI individual).

8. How can employers identify the vaccination status of staff?

Employers can approach their staff to enquire about their vaccination status. The vaccination status of the individual can be found on their TraceTogether (TT) or HealthHub (HH) app. A local physical vaccination card could also be produced to show the staff's vaccination status. For more details, you can refer the methods to identify the vaccination status as set out on <https://go.gov.sg/acceptabledocs> (refer to the "For fully vaccinated individuals" and "For individuals who have recovered from COVID-19" sections) or Annex A of this Circular. All individuals working in the healthcare and eldercare settings will be subject to VoRT requirements from 1 October 2021. Employers should strongly encourage not fully vaccinated staff to go for vaccination.

9. What if employees do not want to share their vaccination status?

If the employees do not wish to share their vaccination status or produce proof of vaccination, they will be treated as not fully vaccinated workers and be subject to mandatory testing. The costs of this testing will not be funded.

Employers could counsel such staff and explain to them the rationale for the need for vaccination and highlight to them the requirement is under the Control Order. Employers should actively urge all their medically eligible employees who have yet to be vaccinated to do so, e.g. via public education programmes on vaccine safety and efficacy for their employees. Employers should facilitate vaccination by granting paid time-off to employees for COVID-19 vaccination, and additional paid sick leave (beyond contractual or statutory requirement) in the rare event that the employee experiences a vaccine-related adverse event. For more information, please visit MOM's website at www.mom.gov.sg/covid-19/advisory-on-covid-19-vaccination-in-employment-settings.

Under the Control Order, enterprises (including healthcare institutions and eldercare service providers) who do not subject their not fully vaccinated employees to mandatory testing could be fined or subjected to temporary closures.

10. Are not fully vaccinated staff who have recovered from COVID-19 infection (<270 days) subjected to VoRT testing?

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Individuals who have recovered from COVID-19 infection (<270 days) will be treated in the same manner as fully vaccinated individuals and will not be subjected to enhanced testing meant for not fully vaccinated staff. If they are under the RRT regime, mandatory RRT testing will still apply.

All not fully vaccinated staff, including those who had previously recovered from COVID-19 infection (≥270 days) would be subject to VoRT testing.

11. Are partially vaccinated staff subjected to VoRT testing?

Individuals who are partially vaccinated should undergo VoRT testing as they would not be considered fully vaccinated. They can stop VoRT testing once they have met the criteria for fully vaccinated, i.e. 14 days after the day the individual was so vaccinated.

12. If not fully vaccinated staff are on prevailing testing requirements e.g. on health risk alert (HRA) or on any RRT, will the RRT or ART testing count towards their VoRT testing requirement?

Yes, not fully vaccinated staff who are on any RRT (e.g. PCR/FET) testing due to being on HRA or on mandatory RRT regime may count their HRA or RRT testing towards fulfilling the VoRT testing for not fully vaccinated staff.

13. How can employers identify those with contraindications and whether they are medically ineligible for vaccination?

For staff who have yet to be vaccinated, employers may find out from their staff the reasons for not being vaccinated, using a self-declaration approach. However, only those who are issued a memo issued by a medical practitioner in Singapore (to refer to **Annex D** for sample template) or an SMS notification certifying that they are medically ineligible would be considered as medically ineligible (MI). Similarly, schools and training institutions are to ask their students to produce a memo issued by a medical practitioner in Singapore (using the prescribed template) or an SMS notification certifying that they are medically ineligible before they would be considered as medically ineligible.

14. What is the definition of “medical ineligible” in this context?

The medical ineligible for mRNA COVID-19 vaccines includes:

- a) Persons who developed an allergic reaction to a previous dose of any mRNA COVID-19 vaccine; or
- b) Persons who developed myocarditis or pericarditis following administration of any mRNA COVID19 vaccine; or

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- c) Persons who developed a severe adverse reaction to a previous dose of any mRNA COVID-19 vaccine and has been determined by a physician that he/she should not receive a second mRNA vaccine dose; or
- d) Persons who have not taken any COVID-19 mRNA vaccine but have been determined to be allergic to polyethylene glycol (PEG)/ polysorbate through a positive skin prick/ intradermal test; or
- e) Persons with/ under the following condition(s)/ treatment*
 - Transplant within past 3 months; and/or
 - Aggressive immunotherapy; and/or
 - Active cancer on treatment.

* Refers to patients in the listed groups who have been previously assessed by a doctor to be unsuitable to take the mRNA COVID-19 vaccines. This is however not an absolute contraindication to mRNA COVID-19 vaccinations. Please refer to MOH Circular No. 101/2021 for updated recommendations on contraindications and indications to mRNA COVID-19 vaccines.

Only those who are issued a memo issued by a medical practitioner in Singapore (to refer to **Annex D** for sample template) or an SMS notification certifying that they are medically ineligible would be considered as medically ineligible (MI)

15. What is the modality of testing for not fully vaccinated staff?

Not fully vaccinated staff will have to perform self-administered tests twice a week under the supervision of its employer. However, for healthcare and eldercare care institutions, besides using Employer Supervised Self-Swabs (ESSS), the VoRT testing regime may be done via unsupervised self-swabs if the employer has an internal system or documentation to track the results and monitor compliance and results can be provided to MOH on request within two working days.

16. Will employers be required to do any reporting to MOH? If so, how often and in what format?

For employers who are implementing ESSS for VoRT, they could use the Swab Registration System (SRS) V2 system to submit the ART test results for not fully vaccinated staff to enable overall sector's tracking of compliance. Frequency and process to upload the results are outlined in **Annex E**.

Employers in healthcare and eldercare sectors who require a SRS account could apply for an account at <https://go.gov.sg/srs-account-creation-healthcare>. Alternatively, they can use the QR code below to put in their request for a SRS account.

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<https://go.gov.sg/srs-account-creation-healthcare>

For employers who are implementing unsupervised self-administered swab, they are required to implement an internal tracking system or documentation to ensure staff's compliance to VoRT requirements. MOH may require these employers to provide updates on compliance periodically (e.g. once a fortnight or once a month) and collated results need to be provided within 2 working days after the request is made.

17. What is the protocol for not fully vaccinated staff who do not agree to be tested?

Employers are reminded that measures may be taken against employers who do not subject their not fully vaccinated staff to regular testing, including fines and/or temporary closures. As not fully vaccinated staff who refuses to undergo testing would be exposing the employer to the risk of such measures, employers may exercise their right to contractually terminate employment if not fully vaccinated employees do not comply with reasonable vaccination-differentiated workplace measures.

In addition, employers can also, on their own accord, implement other workplace measures. In doing so, employers must be prepared to justify to employees and/or the Government (e.g. in the event of a dispute) that such measures are reasonable and necessary for business operations and to better protect the health and safety of all employees. The Union and the employer may mutually agree on other vaccination-differentiated workplace measures.

As far as possible, employers should consider re-deploying not fully vaccinated employees to non-patient facing roles to minimise their risk of transmitting to others should they be infected. If there are no existing redeployment policies within the organisation, the terms and conditions for redeployment should be mutually agreed between employers and employees. For more information, please visit MOM's website at www.mom.gov.sg/covid-19/advisory-on-covid-19-vaccination-in-employment-settings.

18. Will there be funding for the test kits for not fully vaccinated staff?

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The Government will provide support for the tests for not fully vaccinated staff due to medical ineligibility (MI) till 31 December 2021. Employers could place a one-off order for 3 months' supply of ART kits on behalf of all its MI employees. Each MI employee will be provided with a box of 25 ART kits for the first 3 months (i.e. October to December 2021), with the ART kits delivered to employer's specified location. The costs of testing for all other not fully vaccinated staff will not be funded. Orders for government-funded ART kits could be made at the following link (<https://go.gov.sg/artkits-medicallyineligible>) or through the QR code below.



19. Where can employers procure ART kits for their not fully vaccinated staff?

Service providers may procure ART kits from ALPS, which would be sold at cost price if purchased in bulk (i.e. 1 carton, or equivalent to 800 tests for panbio and 360 tests for BD veritor).

Alternatively, providers may wish to refer to the list of approved ART suppliers at: https://www.hsa.gov.sg/consumer-safety/articles/covid19_ARTselftests to find out more about the different costing and delivery mechanisms available.

Please be reminded that reselling ART kits to staff/clients/caregivers at a higher price is strictly not allowed.

[For ILTC sector only] ILTC service providers can approach AIC for assistance in the procurement of ART kits from ALPS.

20. Should volunteers also be on VoRT?

All regular volunteers at healthcare and eldercare institutions should be subject to VoRT. Based on prevailing guidelines, we do not encourage ad hoc volunteers at healthcare and eldercare institutions. Ad hoc volunteers, if any, should be treated the same as visitors,

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and be subjected to the prevailing testing protocol for visitors (if any) at the respective facilities.

Non-Residential Long-Term Care

21. With the implementation of VoRT, should providers continue with existing testing arrangements for staff in non-residential long-term care?

Prevailing testing arrangements including PCR testing for new staff/students and those returning from long leave, ART/FET testing for those on HRA, and stipulated ART RRT for all staff who may come into contact with clients should continue regardless of staff's vaccination status⁴.

Not fully vaccinated staff who are on any RRT or ART testing due to being on HRA or on mandatory RRT may count their HRA or RRT ART testing towards fulfilling the mandatory twice weekly testing for not fully vaccinated staff.

Residential Long-Term Care⁵

22. If the not fully vaccinated staff is already on an existing RRT regime for staff, would they still be required to do additional mandatory ART/FET?

Not fully vaccinated staff will be required to undergo regular testing twice a week to mitigate risk of transmission to the public or residents/patients. A test done under the prevailing RRT regime would be counted towards this requirement. For example, for a staff on 14-day RRT, the first test done for RRT in the same week may be counted towards their VoRT testing requirement. Hence, they would be required to do 1 more ART testing for that week.

23. Should employers continue with RRT for vaccinated staff in residential care?

Employers in the residential care should continue with the existing RRT arrangements for vaccinated staff. We will review the testing framework for vaccinated staff and more information will be shared with ready.

Hospitals

⁴ Partners in the residential and non-residential long-term care settings may refer to the advisory "Enhanced Measures and Testing Protocols for Community Care Sector" that was circulated on 12 Sep 2021 (Ref: COVID-19/SEP/2021/1).

⁵ Refers to nursing home, psychiatric rehabilitation home, psychiatric sheltered home and inpatient hospice

24. If a staff who is not fully vaccinated staff is on existing RRT regime, would they still be required to do additional mandatory ART/FET?

Not fully vaccinated staff will be required to undergo regular testing twice a week to mitigate risk of transmission to the public. A test done under the existing RRT regime would be counted towards this requirement. For example, for a staff on 7-day RRT depending on testing modality, the first test done for RRT in the same week may be counted towards their VoRT testing requirement. Hence, they would be required to do 1 more ART testing for that week. However, if staff is on a twice weekly RRT, there is no requirement for further testing under VoRT for not fully vaccinated staff.

25. Does VoRT apply to staff not on RRT?

Yes, VoRT applies to all staff working in the hospitals, including staff that are not on RRT.

Healthcare Students

26. Does VoRT apply to healthcare students?

Healthcare students in clinical training and/or need to be in healthcare settings for other purposes (e.g. clinical activities, research, volunteering activities) are subjected to VoRT, similar to all healthcare workers in the various sectors as these students have the same risk exposure as staff working in these sectors. VoRT also applies to students on clinical observerships and overseas students on clinical attachment. Teaching staff (e.g. preceptors, clinical supervisors) that supervise students in the HCIs will also be subjected to VoRT.

27. How do schools and training institutions identify the vaccination status of healthcare students?

Relevant personnel of schools and training institutions are to obtain information on vaccination status from the students. The vaccination status of the individual can be found on the TraceTogether (TT) or HealthHub (HH) app. As mandatory testing on a regular basis will be applied to healthcare students in healthcare and eldercare sectors if they are not fully vaccinated by 1 Oct 2021, schools should strongly encourage not fully vaccinated students to go for vaccination before then.

28. Do vaccinated healthcare students undergoing clinical training in the HCIs need to undergo testing on a regular basis come 1 Oct?

Aligned with vaccinated healthcare workers, healthcare students who are currently on mandatory rostered routine testing (RRT) would continue to undergo regular testing.

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Testing frequency could differ between vaccinated and not fully vaccinated students; with not fully vaccinated students on RRT testing regime subject to additional VoRT testing requirements (see **FAQ 30**). However, if the RRT testing regime is similar or more frequent than the VoRT testing requirement, students who are not fully vaccinated will not need to be subject to additional VoRT testing requirement.

29. Would a healthcare student's clinical training be affected if he remains not fully vaccinated?

Healthcare students who are not fully vaccinated can continue their clinical training if they are on the regular testing protocols. For students who refuse both vaccination and regular testing, their clinical training will be suspended until they are fully vaccinated or agree to be on regular testing.

30. If a not fully vaccinated healthcare student is on existing PCR RRT regime, would they still be required to do additional mandatory ART/FET?

Not fully vaccinated students will be required to undergo regular testing twice a week to mitigate risk of transmission to the public. A test done under the existing RRT regime would be counted towards this requirement. For example, for a student on 7-day RRT depending on testing modality, the first test done for RRT in the same week may be counted towards their VoRT testing requirement. Hence, they would be required to do 1 more ART testing for that week. However, if student is on a twice weekly RRT, there is no requirement for further testing under VoRT for not fully vaccinated student.

Students are to follow the healthcare institutions' reporting system for their staff (whether they are using ESSS and report through SRS or using internal system for the unsupervised self-administered ART swabs).

31. Would students be able to get subsidy from MOH on their regular testing if they are unable to have vaccination due to medical contraindications? What about students who refused vaccination or do not wish to disclose their vaccination status?

For healthcare students who are unable to have vaccination due to medical contraindications, healthcare institutions should tap on government-funded sources to cover the cost of regular testing for the students first e.g. government-funded ART kits through ALPS etc.

For healthcare students who refused vaccination or do not wish to disclose their vaccination status, they will be subject to mandatory testing at their own cost. Schools should counsel these students and encourage them to go for vaccination if they have not done so.