



MINISTRY OF HEALTH  
SINGAPORE

MH 34:24/8

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26 August 2022

Please refer to Distribution List

## UPDATED GUIDANCE ON MASK-WEARING REQUIREMENT FOR STAFF, STUDENTS AND VISITORS IN HEALTHCARE AND COMMUNITY CARE SETTINGS

On 24 August 2022, the Multi-Ministry Taskforce announced the next bound of changes to the Safe Management Measures (SMMs) as Singapore takes another step towards living with COVID-19. We will remove the legal requirement for mask-wearing in indoor settings from **29 August 2022**, except for settings where essential services are carried out in enclosed and crowded areas, and which are frequently used by vulnerable persons. This circular outlines the updated guidance on mask-wearing requirements for staff, students, visitors and patients/ residents for all enterprises and/or institutions<sup>1</sup>, including licensees and operators in the healthcare and community care sector, with effect from 29 August 2022 (inclusive).

### Mask-wearing requirement at healthcare and community care settings

2. While the national posture on legal requirement for mask-wearing in indoor settings will be eased, we still need to take precautionary measures for the healthcare and community care sector. This is because the healthcare and community care

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<sup>1</sup> Enterprises and/or institutions include MOH Holdings and all its entities, healthcare clusters and all public healthcare institutions (including public hospitals, community hospitals, national specialty centres and polyclinics), private healthcare institutions (including private hospitals, community hospitals, General Medical Clinics, Specialist Medical Clinics, General Practitioner (GP) Clinics, Dental Clinics, Private Allied Health (AH) Clinics/Private AH providers), Traditional Chinese Medicine (TCM) Clinics, Traditional & Complementary Medicine (T&CM) Service Providers, healthcare professional and related associations, councils and societies, Long Term Care (LTC) and community care/eldercare providers including service providers for residential care services (e.g. Nursing Homes, Inpatient Hospices, Psychiatric Rehabilitation Homes, Psychiatric Sheltered Homes), centre-based service providers (e.g. Active Ageing Centres, Active Ageing Care Hubs, Senior Care Centres, Active Ageing Hubs, Senior Activity Centres, Psychiatric Day Centres and related services such as CREST/COMIT, Cluster Support and Community Case Management Service), Home-based care service providers (e.g. Home Medical, Home Nursing, Home Palliative Care, Home Personal Care, including Home Personal Care component of Care Close to Home pilot, Home Therapy, home-based components of Integrated Home and Day Care Services and Interim Caregiver Service), renal dialysis centres, community mental health service providers, other LTC service providers such as home delivery service providers, case management service providers. In this regard, all healthcare institutions (HCIs) licensed under the Private Hospitals and Medical Clinics Act (PHMCA) and the Healthcare Services Act (HCSA) and all registered medical and dental practitioners, nurses, pharmacists and allied health professionals (registered or unregistered) would be included regardless of whether they are employees of a HCI, self-employed or in solo practice.



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sectors are settings where vulnerable individuals may need to access services, and where the risk of infection could be compounded by large crowds and prolonged close contact with others who might be infected. We will also need to protect our healthcare workers and preserve our healthcare capacity should there be an emergence of a new variant of concern with potentially significant public health risks. **As such, we will continue to require mask-wearing for all individuals who are six years old and above when they are at healthcare and community care premises.**

3. To balance the need to exercise caution without unnecessarily imposing the requirements across all healthcare and community care settings, we are taking a **risk-based approach**, based on the following three key principles:

- (a) Continuity of operations and preserving capacity of our hospitals and residential care homes (“Homes”) should be ensured where any risks of transmission and potential outbreak should be minimised as far as possible.
- (b) Protection of staff should be prioritised, especially those who are the first line to attend to patients with acute diseases and/or are unwell, to mitigate the potential risk of infection which could impact manpower deployment.
- (c) Safeguard and protect the sick and more vulnerable patients and residents who are at higher risk of developing more severe symptoms if infected.

4. In view of the abovementioned principles, the mask-wearing requirement will continue to be applicable to the following settings outlined in Table 1.

**Table 1: Healthcare & community care facilities/services with mask-wearing requirement**

Healthcare & community care facilities/services	Inclusions and Exclusions
<ul style="list-style-type: none"> <li>• Public and private hospitals, i.e., acute hospitals, community hospitals, and national specialty centres.</li> </ul>	<p>This includes all indoor premises within the healthcare building, including retail, food and beverages (F&amp;B) outlets, pharmacy, allied health, clinical labs, admin &amp; backroom facilities, enclosed car parks and other indoor facilities operating within the hospital compounds.</p>
<ul style="list-style-type: none"> <li>• Polyclinics</li> </ul>	<p>This includes all indoor premises of the polyclinics, including retail, F&amp;B outlets, pharmacy, allied health, clinical labs, admin &amp; backroom facilities and other indoor facilities operating within the polyclinic compounds.</p>
<ul style="list-style-type: none"> <li>• Private primary care facilities (e.g., General Practitioners’</li> </ul>	<p>This includes indoor premises of medical clinics, including those offering medical</p>

<b>Healthcare &amp; community care facilities/services</b>	<b>Inclusions and Exclusions</b>
(GPs) clinics) and specialist clinics	aesthetic services, paediatric services and the medical facilities at Changi Prison. Mask-wearing is required within the clinics and does not apply to other non-healthcare premises within the same building.
<ul style="list-style-type: none"> <li>• Dental clinics</li> </ul>	This includes indoor premises of dental clinics and does not apply to other non-healthcare premises within the same building.
<ul style="list-style-type: none"> <li>• Traditional Chinese Medicine (TCM) clinics</li> </ul>	This includes the clinic premises where the TCM practitioners are practicing but excludes any adjacent retail segment of a medicinal hall not sharing the same address as the clinic premises.
<ul style="list-style-type: none"> <li>• Renal Dialysis Centres</li> </ul>	This includes all indoor premises of the centres and does not apply to other non-healthcare premises within the same building.
<ul style="list-style-type: none"> <li>• Clinical and radiological laboratories, diagnostic and ancillary services</li> </ul>	This includes services operating outside the hospital premises including blood banking services, cord blood banking, radiological services, nuclear medicine assay services, nuclear imaging services, and clinical laboratory services.
<ul style="list-style-type: none"> <li>• Residential care homes</li> </ul>	This includes indoor premises of residential care homes such as nursing homes, inpatient hospices, psychiatric rehabilitation homes, psychiatric sheltered homes.
<ul style="list-style-type: none"> <li>• Day hospices</li> </ul>	This includes all indoor premises of the day hospices.
<ul style="list-style-type: none"> <li>• COVID-19 care facilities, testing centres and vaccination centres</li> </ul>	<p>This includes COVID-19 facilities with accommodation, including COVID-19 Treatment Facility (CTFs) and Transitional Care Facility (TCF).</p> <p>This also includes COVID-19 testing centres and vaccination centres.</p>
<ul style="list-style-type: none"> <li>• Emergency ambulances and medical transport vehicles</li> </ul>	Mask-wearing will be required while inside the vehicles.

5. Mask-wearing requirements shall apply to all Workers<sup>2</sup> and visitors who are six years old and above as long as they are onsite at these premises, regardless of whether the Workers are performing patient-facing or back-end functions. The same guidance applies for students who are on attachment, internships, research or clinical training, as well as volunteers and vendors who operate onsite at these settings. Patients and/or residents in these settings will also be required to wear a mask unless they are unable to do so due to their health/medical condition. In such instances, they could wear a face shield in lieu of a mask if their health/medical condition allows.

6. Workers, visitors, and patients/residents should put on a mask while at these premises except when they are:

- At their workstations in back-end areas when not interacting in person with another individual present in the same area
- Not in customer-facing areas where interaction is likely to happen
- Eating, drinking or consuming medication
- Engaging in strenuous physical exercises
- Engaging in public speaking and performance and/or during photo-taking or filming
- Wearing equipment that prevents mask-wearing and is required in the course of work

7. Masks must be put on again once they are no longer engaging in any of the above activities. Workers, visitors and patients/residents are encouraged to exercise social responsibility and maintain an appropriate safe distance from others when unmasking.

8. Given that the COVID-19 pandemic is not over, enterprises and/or institutions in the healthcare and community care settings where mask-wearing is optional (refer to [Annex A](#) for the full list) should continue to take precautionary measures to ensure workplace health and safety for their staff and to balance business continuity needs. They can exercise flexibility to continue to require staff, visitors and patients/residents to wear a mask while in their premises, in accordance with employment law and/or obligation of receiving care, if they deem such measures necessary for their business operations. If their clients and visitors are mainly seniors or children who are more vulnerable, they should encourage them to wear a mask while at their premises, to minimise any risks of transmission.

9. The decision on requiring mask-wearing for settings where mask-wearing is optional should be based on an assessment of the transmission risk in the healthcare and community care settings, assessed business continuity and operational needs and the need to ensure workplace health and safety for staff and protection of patients and/or residents. We urge everyone to continue to exercise personal and social

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<sup>2</sup> This includes staff and persons who work under the direction (e.g., contractors, subcontractors, vendors, locums, students on attachment, internships, research and clinical training and volunteers) of enterprises and/or institutions in the healthcare and community care sector.

responsibility, such as in wearing face masks when interacting with the vulnerable, in crowded places or if seeking medical or health care when unwell.

### Further Enquiries

10. For clarifications or more details on the guidelines outlined in this Circular, enterprises and/or institutions may contact the lead agency for healthcare and community care sector via [gobiz\\_healthcare@moh.gov.sg](mailto:gobiz_healthcare@moh.gov.sg).

11. This Circular is for compliance by all enterprises and/or institutions, including licensees and operators, in the healthcare and community care sector.



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## **Distribution List**

GCEOs, GCMBs, GCHROs and GCOOs of Clusters  
CEOs, CMBs, CHROs and COOs of Public Hospitals  
MDs, EDs and CHROs of National Specialty Centres  
CEOs, COOs, CHROs and Directors of Clinical Services of Polyclinics  
CEOs, GMs and MDs of Private Hospitals  
CEOs, COOs and MDs of Community Hospitals  
MD/CEOs and CHROs of MOHH, MOHT, AIC, IHiS and ALPS  
Public Hospital EP and Ops  
Licensees of General Medical Clinics  
Licensees of Specialist Medical Clinics  
Licensees of Dental Clinics  
Licensees of Nursing Homes  
Licensees of Clinical Laboratory Service and Radiological Service  
Licensees of Blood Banking Service and Cord Blood Banking Service  
Licensees of Nuclear Medicine Assay Service & Nuclear Medicine Imaging Service  
CEOs/Clinic Managers of General Practitioner Clinics  
All Registered Medical and Dental Practitioners  
All Registered TCM Practitioners  
All Registered Allied Health Professionals  
Licensed Retail Pharmacies  
Allied Health Associations and Societies  
TCM and T&CM Associations and Societies  
Licensees/Clinic Managers of Renal Dialysis Centres  
Operators of Long-Term Care Services  
Operators of registered emergency ambulances and medical transport vehicles

**Examples of healthcare and community care facilities/services where mask-wearing in indoor premises is optional**

Healthcare and community care facilities/services	Coverage
<ul style="list-style-type: none"> <li>• Non-residential community services which are operating outside the premises of hospitals, polyclinics or residential care homes.</li> <li>• Indoor premises of non-residential community services</li> </ul>	<p>This includes centre-based services (e.g. eldercare centres, senior care centres, active ageing hubs, day rehabilitative centres, psychiatric day centres), home care services (e.g. home medical, home nursing, home therapy, home personal care, home palliative care), community nursing/health posts and services, transitional care services (e.g. Hospital-to-Home programme), community mental health services such as COMIT and CREST, community case management services, community health screening services, functional screening services, meals delivery services, etc.</p> <p>Please refer to separate advisory issued to community care providers for more details.</p>
<ul style="list-style-type: none"> <li>• Private Allied Health Professionals (AHPs) clinics, operating outside the premises of hospitals and/or polyclinics</li> </ul>	<p>This includes but is not limited to Audiologist, Dietitian, Occupational Therapist, Physiotherapist, Podiatrist, Prosthetist and Orthotist, Psychologist, Speech Therapy, operating outside the premises of hospitals and polyclinics.</p>
<ul style="list-style-type: none"> <li>• Premises offering Traditional &amp; Complementary Medicine (T&amp;CM) Services</li> </ul>	<p>This includes premises offering services in chiropractic, traditional Indian medicine, etc.</p>
<ul style="list-style-type: none"> <li>• Retail pharmacies, operating outside the premises of hospitals and/or polyclinics</li> </ul>	<p>This includes retail pharmacies in shopping malls and other building complexes.</p>
<ul style="list-style-type: none"> <li>• Administrative and headquarter (HQ) functions for healthcare and community care institutions</li> </ul>	<p>Mask-wearing will be required for administrative and HQ offices located within the premises of hospitals, polyclinics or residential care homes.</p>

Healthcare and community care facilities/services	Coverage
	<p>Administrative offices in separate buildings where the buildings are not used for patient care and not accessible by patients will not be subject to the mask-on requirement.</p> <p>If the administrative offices are located outside the premises, mask-wearing will be optional.</p>



**ANNEX B**  
**FREQUENTLY ASKED QUESTIONS (FAQs) ON**  
**MASK-WEARING REQUIREMENTS**  
**FOR HEALTHCARE AND COMMUNITY CARE SETTINGS**

**1. Why is there a need for mask-wearing requirement in healthcare and community care premises while other sectors have lifted the requirement for indoor premises?**

While mask-wearing requirement for indoor premises will ease from 29 August 2022, healthcare and community care settings will continue to require mask-wearing while in these premises. These are settings where vulnerable persons may need to access services, and where the risk of infection is compounded by large crowds and prolonged close contact with others who might be infected. Hence, to protect the vulnerable persons receiving care and the healthcare staff delivering care services at these premises, mask wearing will continue to be required in healthcare and community care settings.

**2. Which are the healthcare and community care premises that require mask-wearing? Why are they selected?**

We have adopted a risk-based approach to determine the healthcare and community care premises where mask-wearing is still required. Mask-wearing requirement will continue to apply for the following premises outlined in [Table 1](#). This is based on the following key principles:

- (a) The need for continuity of operations and preserving the capacity of our hospitals and residential care homes to minimise any risk of transmission and potential outbreaks.
- (b) Prioritising staff protection especially for those who are the first line to attend to sick patients, to mitigate the potential risk of infection which could impact manpower deployment.
- (c) Safeguard and protect the sick and more vulnerable patients and residents who are at higher risk of developing more severe symptoms if infected.

**Table 1: Healthcare & community care facilities/services with mask-wearing requirement**

<b>Healthcare &amp; community care facilities/services</b>	<b>Inclusions and Exclusions</b>
<ul style="list-style-type: none"> <li>• Public and private hospitals, i.e. acute hospitals, community hospitals, and national specialty centres.</li> </ul>	This includes all indoor premises within the healthcare building including retail, food and beverages (F&B) outlets, pharmacy, allied health, clinical labs, admin & backroom facilities, enclosed car parks and other indoor facilities operating within the hospital compounds.
<ul style="list-style-type: none"> <li>• Polyclinics</li> </ul>	This includes all indoor premises of the polyclinics, including retail, F&B outlets, pharmacy, allied health, clinical labs, admin & backroom facilities

Healthcare & community care facilities/services	Inclusions and Exclusions
	and other indoor facilities operating within the polyclinic compounds.
<ul style="list-style-type: none"> <li>Private primary care facilities (e.g. General Practitioners' (GPs) clinics) and specialist clinics</li> </ul>	This includes indoor premises of medical clinics, including those offering medical aesthetic services, paediatric services and the medical facilities at Changi Prison. Mask-wearing is required within the clinics and does not apply to other non-healthcare premises within the same building.
<ul style="list-style-type: none"> <li>Dental clinics</li> </ul>	This includes indoor premises of dental clinics and does not apply to other non-healthcare premises within the same building.
<ul style="list-style-type: none"> <li>Traditional Chinese Medicine (TCM) clinics</li> </ul>	This includes the clinic premises where the TCM practitioners are practicing but excludes any adjacent retail segment of a medicinal hall not sharing the same address as the clinic premises.
<ul style="list-style-type: none"> <li>Renal Dialysis Centres</li> </ul>	This includes all indoor premises of the centres and does not apply to other non-healthcare premises within the same building.
<ul style="list-style-type: none"> <li>Clinical and radiological laboratories, diagnostic and ancillary services</li> </ul>	This includes services operating outside the hospital premises including blood banking services, cord blood banking, radiological services, nuclear medicine assay services, nuclear imaging services, and clinical laboratory services.
<ul style="list-style-type: none"> <li>Residential care homes</li> </ul>	This includes indoor premises of residential care homes such as nursing homes, inpatient hospices, psychiatric rehabilitation homes, psychiatric sheltered homes.
<ul style="list-style-type: none"> <li>Day hospices</li> </ul>	This includes indoor premises of the day hospices
<ul style="list-style-type: none"> <li>COVID-19 care facilities, testing centres and vaccination centres</li> </ul>	<p>This includes COVID-19 facilities with accommodation, including COVID-19 Treatment Facility (CTFs) and Transitional Care Facility (TCF).</p> <p>This also includes COVID-19 testing centres and vaccination centres.</p>
<ul style="list-style-type: none"> <li>Emergency ambulances and medical transport vehicles</li> </ul>	Mask-wearing will be required while inside the vehicles.

**3. Under what circumstances can individuals take off their mask in the healthcare and community care premises/settings that require mask-wearing?**

Masks can be temporarily removed within indoor premises during activities such as eating, drinking, consuming medication, engaging in strenuous physical exercise, photo-taking, public speaking, performing or filming.

Staff may remove their masks at their workstations: (a) when they are not interacting physically with others and (b) when they are not in customer-facing areas.

**4. What are the measures that employers may impose for employees who refuse to comply with the mask-wearing requirements?**

Employers can consider redeploying them to suitable jobs which can be done from home or at premises where mask-wearing is not required, or place them on no pay leave. As a last resort, employers may exercise their right to contractually terminate employment if the employees do not comply with the mask-wearing requirement.

As far as possible, employers should strongly encourage their staff to comply with the mask-wearing requirement. Action may be taken against employers who do not adhere to the mask-wearing requirement and allow their staff to continue working on-site without wearing a mask.

**5. Which are the settings in the healthcare and community care sector where mask-wearing is optional?**

Mask-wearing is optional for indoor premises of non-residential community services, the private allied health clinics, traditional & complementary medicine services, retail pharmacies operating outside a hospital, polyclinic or medical clinic, as well as administrative and headquarter offices of a healthcare or community care institution as outlined in Table 2 below.

**Table 2: Examples of Healthcare and community care settings where mask-wearing is optional**

Healthcare and community care facilities/services	Coverage
<ul style="list-style-type: none"> <li>• Non-residential community services which are operating outside the premises of hospitals, polyclinics or residential care homes.</li> <li>• Indoor premises of non-residential community services</li> </ul>	<p>This includes centre-based services (e.g. eldercare centres, senior care centres, active ageing hubs, day rehabilitative centres, psychiatric day centres), home care services (e.g. home medical, home nursing, home therapy, home personal care, home palliative care ), community nursing/health posts and services, transitional care services (e.g. Hospital-to-Home programme), community mental health services such as COMIT and CREST, community case management services, community health screening services, functional screening services, meals delivery services, etc.</p>

Healthcare and community care facilities/services	Coverage
	Please refer to separate advisory issued to community care providers for more details.
<ul style="list-style-type: none"> <li>Private Allied Health (AHPs) clinics, operating outside the premises of hospitals and/or polyclinics</li> </ul>	This includes but is not limited to Audiologist, Dietitian, Occupational Therapist, Physiotherapist, Podiatrist, Prosthetist and Orthotist, Psychologist, Speech Therapy., operating outside the premises of hospitals and polyclinics.
<ul style="list-style-type: none"> <li>Premises offering Traditional &amp; Complementary Medicine (T&amp;CM) Services</li> </ul>	This includes premises offering services in chiropractic, traditional Indian medicine, etc.
<ul style="list-style-type: none"> <li>Retail pharmacies, operating outside the premises of hospitals and/or polyclinics</li> </ul>	This includes retail pharmacies in shopping malls and other building complexes.
<ul style="list-style-type: none"> <li>Administrative and headquarter (HQ) functions for healthcare and community care institutions</li> </ul>	<p>Mask-wearing will be required for administrative and HQ offices located within the premises of hospitals, polyclinics or residential care homes. Administrative offices in separate buildings where the buildings are not used for patient care and not accessible by patients will not be subject to the mask-on requirement.</p> <p>If the administrative offices are located outside the premises, mask-wearing will be optional; examples will include the Ministry of Health offices, MOHH office, IHiS HQ, and NHG HQ office in Fusionopolis.</p>

**6. Would it be possible to continue the requirement for our staff and visitors to wear masks while in our premises, despite our institution being identified as a setting where mask-wearing is optional?**

Yes, healthcare and community care institutions will have the flexibility to determine whether their staff should be wearing a mask at their work premises. This can be done in accordance with employment law, if such measures are deemed necessary for their business operations and continuity.

It is not a legal requirement for mask-wearing for clients and visitors at indoor premises where mask-wearing is deemed as optional. However, healthcare and community care institutions could encourage clients and visitors to continue wearing mask for their own protection.

**7. The community care services including centre-based services (e.g. eldercare centres, active ageing hubs and active rehabilitation centres) provide services to seniors who are considered vulnerable, why is mask-wearing not a requirement?**

While these services are catered for seniors, the services are not the first line for those with acute diseases and/or are sick, unlike in the case of hospitals, polyclinics or GP clinics. Seniors attending the community services are generally well and those who are unwell will not be allowed entry into the premises and would be encouraged to seek medical attention instead. As the seniors are receiving centre-based care services on a regular basis, we have aligned the mask-wearing needs to other centre-based or community services delivered by other sectors where children are receiving care and services, e.g. childcare centres, tuition centres, and schools where mask-wearing will be made optional. Nevertheless, flexibility will be given to service providers to determine if they would require their staff and/or clients to wear a mask if they are at their premises. They should encourage those who are vulnerable with medical conditions to wear a mask for their own protection.

Likewise, mask-wearing for home care services will be made optional. While the patients requiring home care services might be vulnerable, home care service providers will have the flexibility to require their staff to be masked up when delivering services at the homes of individuals. They should strongly encourage their staff delivering home care services to wear a mask when attending to patients who are vulnerable and immuno-compromised.

#### **8. When will the mask-wearing requirement end?**

There is no current plan to remove the mask-wearing requirement for healthcare and community care settings. MOH will continue to review and calibrate this measure in line with the evolving situation.

#### **9. If our healthcare and community care premises are designated as required for mask-wearing, is it an offence not to wear a mask?**

Yes, mask-wearing in the healthcare and community care premises where mask-wearing is required is a legal requirement. Under the COVID-19 Control Order, any individual who fails to wear a mask at these mask-on zones/premises could be committing a chargeable offence.

#### **10. Why is mask-wearing required at retail and F&B outlets and pharmacies in hospitals and polyclinics, but not for those located within shopping malls?**

Individuals patronising retail, F&B outlets and pharmacies within the hospital/polyclinic premises would be using similar facilities and be present at the same premises as those seeking care services at the hospitals/polyclinics.