



MINISTRY OF HEALTH
SINGAPORE

MH 34:24/8

MOH Circular No. 06/2023

14 February 2023

Please refer to Distribution List

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

On 9 February 2023, the Multi-Ministry Taskforce announced the stepping down to DORSCON green as Singapore takes a further step towards living with COVID-19. We will remove the legal requirement for mask-wearing with immediate effect for all settings. This circular outlines the updated guidance on mask-wearing and vaccination for staff, students, visitors and patients/ residents for all enterprises and/or institutions¹, including licensees and operators in the healthcare and community care sector, with immediate effect.

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 sectors as these 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

¹ 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.



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

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, even as we step down to DORSCON Green, we should not expect to return to pre-COVID-days. Mask-wearing will need to be normalised as part of healthcare service delivery especially during interaction with patients where the risk of infection and transmission is assessed to be higher.

3. To balance the need to exercise caution without unnecessarily imposing the requirements across all healthcare and community care settings, we shall continue to take 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, **mask-wearing for all individuals who are six years old and above shall be required during face-to-face patient interaction or care delivery and/or at patient-facing areas at indoor premises of some healthcare and community care facilities/services. This includes but is not limited to inside ambulatory care clinics, inpatient wards, at the Emergency Department (ED) and ward/designated visitor areas in the Homes. Table 1** outlines the applicable mask-wearing requirements while at these healthcare and community care premises.

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"> • Public and private hospitals, community hospitals, and national specialty centres. 	<p>Indoor premises where care is delivered to patients and their accompanying visitors, e.g., inpatient wards, Day Surgery Centres, ED/24 hour clinics, outpatient clinics, pharmacy, allied health areas, waiting areas, etc.</p> <p>Mask-wearing is required within patient-facing areas within the buildings but does not apply to retail areas, food and beverages (F&B) outlets, clinical labs, admin & backroom facilities, staff rest areas, enclosed car parks.</p>

Healthcare & community care facilities/services	Inclusions and Exclusions
<ul style="list-style-type: none"> Polyclinics, Private primary care facilities (e.g., General Practitioners' (GPs) clinics) and specialist clinics 	<p>Patient-facing indoor premises, ambulatory care clinics, including waiting areas. Including clinics offering medical aesthetic services, paediatric services and the medical facilities at Changi Prison.</p> <p>Excludes retail, F&B outlets, clinical labs, admin facilities and other non-patient facing indoor facilities operating within the same premises/compounds, e.g., backroom, staff rest areas.</p>
<ul style="list-style-type: none"> Dental clinics 	<p>This includes patient-facing indoor premises of dental clinics and waiting areas but does not apply to other non-patient-facing areas within the same premises e.g., backroom, staff rest areas.</p>
<ul style="list-style-type: none"> Traditional Chinese Medicine (TCM) clinics 	<p>This includes the patient-facing clinic premises (including waiting areas) where the TCM practitioners are practicing but excludes any adjacent retail segment of a medicinal hall sharing or not sharing the same address as the clinic premises.</p>
<ul style="list-style-type: none"> Renal Dialysis Centres 	<p>This includes all indoor patient-facing premises of the centres (including waiting areas) but does not apply to other non-patient-facing areas within the same premises e.g., backroom, staff rest areas.</p>
<ul style="list-style-type: none"> Clinical and radiological laboratories, diagnostic and ancillary services 	<p>This applies only to during activities involving direct patient interaction for 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.</p>
<ul style="list-style-type: none"> Residential care homes ("Homes") 	<p>This includes indoor resident-facing premises of Homes such as nursing homes, inpatient hospices, psychiatric rehabilitation homes and psychiatric sheltered homes (e.g., all visitors to residents' rooms/ward/designated visitor areas are required to wear a mask) but does not apply to other non-resident-facing areas within</p>

Healthcare & community care facilities/services	Inclusions and Exclusions
	the same premises e.g., backroom, staff rest areas.
<ul style="list-style-type: none"> COVID-19 care facilities, testing centres and vaccination centres 	<p>This includes COVID-19 facilities with accommodation, including COVID-19 Treatment Facility (CTFs) and Transitional Care Facility (TCF).</p> <p>This also includes patient-facing areas in COVID-19 testing centres and vaccination centres (including waiting areas) but does not apply to other non-patient-facing areas within the same premises e.g., backroom, staff rest areas.</p>
<ul style="list-style-type: none"> Emergency ambulances (EA) and medical transport (MT) vehicles 	Mask-wearing will be required during all patient-facing interactions, including while inside the EA and MT vehicles.

5. Mask-wearing requirements shall apply to all Workers² and visitors who are six years old and above when they are onsite at patient-facing areas in these premises. 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. With the exception of residents in Homes, patients in these settings will also be required to wear a mask during interaction or care delivery 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. As a good practice, residents in Homes should wear a mask, if tolerated, when they are unwell or develop any flu-like symptoms.

6. Workers, visitors, and patients should put on a mask while at indoor patient-facing areas in these premises except when they are:

- 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

² 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.

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 there are still risks of transmission of COVID-19, 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 during direct patient interaction or care delivery while in their indoor premises, as part of their institution policy, 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 patient-facing areas in their indoor premises, to minimise any risks of transmission.

9. Any decision on requiring mask-wearing for those settings where mask-wearing is optional should be based on institution's own assessment of the transmission risk in their institution, 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 responsibility, such as in wearing face masks when interacting with the vulnerable, in crowded places or if seeking medical or health care when unwell.

Vaccination-differentiated requirements on employees

10. Recap. Since April 2022, with the lifting of the Workforce Vaccination Measures (WVM), all Workers³ in the healthcare and community care sector, regardless of vaccination status, may return to work onsite. MOH Circular 52/2022 advised that only fully vaccinated staff are to be deployed in inpatient and residential care settings (including emergency departments). Staff deployed on other healthcare and community care settings would be aligned to prevailing national posture.

11. With the transition to DORSCON Green, staff protection from the risks of COVID-19 is still required. Moving forward, **we strongly encourage all Workers in the healthcare and community sector (including healthcare students) to achieve at least minimum protection⁴, to work onsite in healthcare and community care settings, if they are medically eligible. This is especially so for those who work**

³ This includes staff in non-patient or non-public facing, backroom, and administrative functions, operating from home 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.

⁴ To achieve minimum protection, persons aged 5 years and above should complete three doses of mRNA vaccines or four doses of Sinovac-CoronaVac, as per prevailing age indications and recommendations for each vaccine. These would be doses that were previously referred to as the primary vaccination series and the first booster. A person is considered up-to-date with their COVID-19 vaccination if they have received at least the minimum protection and their last vaccine dose was received within the past one year.

in patient care areas or are involved in direct patient care. For Workers who are ≥60 years of age or who are medically vulnerable, per national recommendations, they should take booster around one year after the last booster dose. 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 on a regular basis. Where the above guidance is not feasible, institutions are given the flexibility to consider other risk mitigation measures instead.

12. This additional precautionary measure enables us to preserve our healthcare capacity by reducing the risk of COVID-19 among our healthcare workers, particularly that of developing severe illness. Adoption of this precautionary measure would also facilitate a smooth transition at these settings should there be a need to legally re-impose vaccinated-differentiated Safe Management Measures (VDS)/WVM at short notice in these settings.

13. As a good practice, we encourage all enterprises and/or institutions in the healthcare and community care sector to **communicate clearly the rationale and the institution's policy on any vaccination-differentiated requirements to staff, and in mutual agreement with Union (where applicable).**

14. For staff and/or students whose job/training requires working onsite but are unable to be vaccinated, enterprises and/or institutions in the healthcare and community care sector should work with these individuals on a case-by-case basis to explore redeployment to other suitable jobs if such jobs are available, with remuneration commensurate with the responsibilities of the alternative jobs. Alternatively, they could work out mutually agreed risk-mitigation measures with these individuals to enable onsite work with appropriate measures for staff protection.

15. Enterprises and/or institutions may refer to the Tripartite Advisory issued in October 2022 to guide employers and employees on COVID-19 vaccination at the workplace [\[https://www.mom.gov.sg/covid-19/advisory-on-covid-vaccination-in-employment-settings\]](https://www.mom.gov.sg/covid-19/advisory-on-covid-vaccination-in-employment-settings)

Support For Workers for Vaccination

16. As we transit to DORSCON Green, vaccination remains important to ensure patient and healthcare workers are protected from the risks of COVID-19. We strongly encourage all Workers in the healthcare and community sector (including healthcare students) to adhere to the national vaccination recommendations.

17. Enterprises and/or institutions should facilitate vaccination by granting paid time-off to Workers for their vaccination appointments, and additional paid sick leave (beyond contractual and/or statutory requirements) in the rare event that the Worker experiences a vaccine-related adverse reaction.

Exercising Personal and Social Responsibility

18. Enterprises and/or institutions should remind Workers who are returning to the workplace onsite that they are encouraged to do a COVID-19 self-test when they feel unwell or have recent contact with an infected person. Workers who are unwell should refrain from working onsite. All workers in the healthcare and community care sector should continue to exercise personal and social responsibility through maintaining hygiene, testing and minimizing social interactions when unwell, and adhere to the national vaccination recommendations. These will help to ensure we continue to preserve our healthcare capacity and remain vigilant to address any new variants that may emerge from time to time.

Further Enquiries

19. 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 or refer to the Tripartite Advisories/Guidelines on MOM's website

20. This Circular is for guidance to all enterprises and/or institutions, including licensees and operators, in the healthcare and community care sector.



PROF KENNETH MAK
DIRECTOR OF MEDICAL SERVICES
MINISTRY OF HEALTH

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"> Healthcare and community care facilities/services outlined in Table 1 	<p>All non-patient facing areas in premises outlined in Table 1, e.g., admin and backroom facilities, staff rest areas, enclosed car parks.</p>
<ul style="list-style-type: none"> Non-residential community services which are operating outside the premises of hospitals, polyclinics or residential care homes (“Homes”). Indoor premises of non-residential community services 	<p>This includes centre-based services (e.g. eldercare centres, senior care centres, active ageing hubs, day rehabilitative centres, psychiatric day centres), day hospices, 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"> Private Allied Health Professionals (AHPs) clinics, operating outside the premises of hospitals and/or polyclinics 	<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"> Premises offering Traditional & Complementary Medicine (T&CM) Services 	<p>This includes premises offering services in chiropractic, traditional Indian medicine, etc.</p>
<ul style="list-style-type: none"> Retail pharmacies 	<p>This includes retail pharmacies in shopping malls and other building</p>

Healthcare and community care facilities/services	Coverage
	complexes, including premises within the hospitals and polyclinics.
<ul style="list-style-type: none"> Administrative and headquarter (HQ) functions for healthcare and community care institutions 	Mask-wearing will be optional for administrative and HQ offices regardless of the location of the offices. This includes offices within the premises of hospitals, polyclinics or residential care homes.