



MINISTRY OF HEALTH
SINGAPORE

MH 34:24/8

MOH Circular No. 111/2022

19 October 2022

See Distribution List

COVID-19 HARMONISED HEALTHCARE PROTOCOLS

This circular informs healthcare providers of the latest updates to our national healthcare protocols for COVID-19 and provides information on the various processes and workflows involved in the delivery of healthcare to COVID-19 patients. Other than the Medical Operations and Policy Centre (**MOPC**), the other task groups directly involved in the healthcare delivery are the Case Management Task Group (**CMTG**), Home Recovery Task Group (**HRTG**) and Community Facilities Task Group (**CFTG**). These task groups work in unison with MOPC to oversee five groups of patients who are designated as high-risk or vulnerable: (1) Pregnant women, (2) Paediatric patients, (3) Geriatric patients, (4) Immuno-compromised patients and (5) patients with Chronic Renal Failure. These five vulnerable groups have the worst prognosis following COVID-19 infection; hence, more attention and effort are focused on managing their recovery process.

Overview and Updates to the National COVID-19 Sorting Logic

2. Singapore has taken a risk-stratified approach to the management of COVID-19 patients. MOH risk stratifies COVID-19 cases according to **(1) vaccination status, (2) age, (3) comorbidities of concern and (4) symptoms/signs of concern**. This sorting criteria is regularly revised to align with the latest local and international evidence, and in response to new variants as we manage our patients under the streamlined Protocols 1, 2 and 3.

3. The National Sorting Logic Diagram in **Annex A** provides details on the various decisions, logical flow and entities involved in appropriately dispositioning COVID-19 patients and applying the correct protocol for care and recovery. To assist primary care physicians in diagnosing and triaging COVID-19 patients, the “*Primary Care Doctor COVID-19 Reference Script*” was developed as a detailed guide (see **Annex B** for details), documenting the workflows and processes that culminate in the appropriate care protocol implemented for each patient. To provide more detailed information on the COVID-19 diagnosis, testing, self-isolation and recovery



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process, clinicians can refer the patients to the “*Patient Information Sheet*” (Please see **Annex J** for details).

Antigen Rapid Test (ART) and Polymerase Chain Reaction Test (PCR) Swabbing Protocol

4. The ART and PCR swabbing protocol remain unchanged, as defined in MOH Circular No. 07/2022 dated 22 January 2022 “*STREAMLINING OF COVID-19 HEALTHCARE PROTOCOLS*”, however, the risk criteria for the Adults, Paediatrics and Pregnant Women had been updated to reflect changes in disease severity and population vaccination profiles (see **Annex C** for details).

Vulnerable Groups

5. **Pregnant Patients.** Pregnant patients are stratified according to their gestational age (**GA**) with the threshold set at 36 weeks. Pregnant patients with GA of 36 weeks or greater are near to their expected delivery dates and hence by default, conveyed to either KK Women’s and Children’s Hospital (**KKH**), National University Hospital (**NUH**) or Singapore General Hospital (**SGH**) for direct admission. **With effect from 25 October 2022, pregnant patients with GA of less than 36 weeks and if their household is suitable for self-isolation, are to be managed under the Protocol 2 (Primary Care) (P2PC)** (Table 1). If their household is unsuitable for self-isolation, they can be admitted to a Community Isolation Facility (**CIF**) via CMTG conveyance or self-convey upon assignment of CIF by CMTG. If pregnant patients have co-morbidities of concern or exhibit symptoms/signs of concern, they will be conveyed, regardless of GA and vaccination status, by CMTG to KKH, NUH or SGH for direct admission (see **Annex D** for details). Separately, **pregnant patients of GA 34 weeks and above should be advised to conduct self-monitoring** including monitoring of foetal movement (Annex B). **Table 1** summarises the default management of COVID-19 pregnant patients in Singapore across all age groups and vaccination status.

Gestational Age	Vaccination Status	
	Fully Vaccinated*	Not Fully Vaccinated*
<36 weeks	P2PC	
≥36 weeks	Care Facility	

Table 1: Summary of COVID-19 Pregnant patient management^ by gestational age in community.

*The vaccination status can be determined based on a patient's TraceTogether status or HealthHub records. Refer to the latest MOH circular for definition of vaccination status. For more details, individuals may check whether they are considered "fully vaccinated" at <https://go.gov.sg/vax-status-query>.

^The above **default dispositions only apply to individuals with no comorbidities of concern and no symptoms of concern.** The existing safety mechanisms to filter out high risk individuals with comorbidities of concern or severe symptoms will remain in effect, and will continue to flow these individuals to a Hospital.

To note:

- In the event of an emergency, utilise '995' escalation for conveyance to hospital.
- All GA, if co-morbidities of concern or symptoms/sign of concern are present, for direct admission to hospital (KKH/NUH/SGH) for recovery through CMTG. For direct admissions to hospital, depending on clinical acuity, patients may be conveyed to the Emergency Department (ED) to receive appropriate medical care while awaiting a designated hospital bed.
- P2PC individuals with unsuitable household to recover at CIF. HRP Protocol 1 individuals with unsuitable household to recover at CTF.
- Hospital clinicians can exercise clinical discretion to re-direct Protocol 1 individuals to HRP or CTF as required.
- Guidelines for self-conveyance to CMTG designated facilities:
 - Patients should not take public transport.
 - Patients can take their own private transport or a taxi / private hire car.
 - If patient is being chauffeured, please wear a mask at all times and sit alone in the back seat. Please do not consume food and drink during the journey as this entails removing the mask. Patients should also keep communications with the driver to the minimum. The windows of the car should be wound down and the air-conditioning switched off.

6. Paediatric Patients. Within the paediatric group, those aged less than 3 months are the most vulnerable, hence, these patients are conveyed for direct admission to either KKH or NUH for recovery by default (see **Annex E** for details). **With effect from 25 October 2022, paediatric patients aged 3 months to less than 1 year and if their household is suitable for self-isolation with a caregiver, they are able to be managed under the P2PC protocol (Table 2).** If their household is unsuitable for self-isolation with a caregiver, they can be admitted to a CIF for recovery through CMTG. They may self-convey to a CMTG-designated CIF once arrangements are finalised. If the paediatric patients exhibit co-morbidities of concern or symptoms/signs of concern, they will be conveyed to the KKH or NUH for recovery by CMTG (if stable) or 995 for emergency.

During the transition period, the HRP Paediatrics Team (HPT) will be restructured into a select group of community paediatricians who have volunteered to provide specialist advice to GPs in managing very young paediatric patients aged 3 months to less than 1 year old. The restructured HPT will assist in patient management either directly or through the GPs from 8 am to 8 pm daily, within 2 hours' turnaround

time. If services are needed during the silent hours, the GPs are advised to escalate the patient to the Children’s Emergency at KKH or NUH for urgent advice. GPs can access the restructured HPT’s services at **6916 0193**. Depending on the paediatric patients’ demand, this service shall cease on 24 November 2022, 8pm. However, the demand for this service shall be reviewed prior to the cessation date, to determine if there is a need to extend the service to a later date

GPs are advised to have an index of suspicion of MIS-C in children 0 to 19 years old (Annex B). **Table 2** summarises the default management of COVID-19 patients in Singapore based on age groups and vaccination status.

Age	Vaccination Status	
	Fully Vaccinated*	Not Fully Vaccinated*
<3 months#	Care Facility	
3 months to <70 years#	P2PC	
70 years to <80 years	P2PC	HRP Enhanced (Protocol 1)
≥80 years	HRP Enhanced (Protocol 1)	Care Facility

Table 2: Summary of COVID-19 patient management^ by age group in community.

*The vaccination status can be determined based on a patient’s TraceTogether status or HealthHub records. Refer to the latest MOH circular for definition of vaccination status. For more details, individuals may check whether they are considered “fully vaccinated” at <https://go.gov.sg/vax-status-query>.

#Children below 6 months old are currently not eligible for vaccinations in Singapore.

^The above **default dispositions only apply to individuals with no comorbidities of concern and no symptoms of concern**. The existing safety mechanisms to filter out high risk individuals with comorbidities of concern or severe symptoms will remain in effect and will continue to flow these individuals to a CTF (or a hospital, if acutely unwell).

To note:

1. In the event of an emergency, utilise ‘995’ escalation for conveyance to hospital.
2. For 3 months to <12 years old, if co-morbidities of concern or symptoms/signs of concern are present, direct admission to hospital (KKH/NUH) for recovery through CMTG. For direct admissions to hospital, depending on clinical acuity, patients may be conveyed to the Emergency Department (ED) to receive appropriate medical care while awaiting a designated hospital bed. For 12 years old and above, if any co-morbidities of concern or symptoms/signs of concern are present, for Telemedicine Doctor to assess and exercise clinical discretion to re-direct these Protocol 1 individuals to HRP (or CTF if household unsuitable) or Hospital as required.
3. P2PC individuals with unsuitable household to recover at CIF. HRP Protocol 1 individuals with unsuitable household to recover at CTF.
4. Hospital clinicians can exercise clinical discretion to re-direct Protocol 1 individuals to HRP or CTF as required.
5. Patients aged 3 months old to < 17 years old or unable to self-care require an accompanying caregiver at CIF. Without a caregiver, 14 to < 17 years old can recover at CTF while the under 14 years old will need to recover at Public Healthcare Institutions (PHIs).
6. Guidelines for self-conveyance to CMTG designated facilities:
 - Please avoid taking public transport.
 - Patients can take their own private transport or a taxi / private hire car.
 - If patient is being chauffeured, please wear a mask at all times and sit alone in the back seat. Please do not consume food and drink during the journey as this entails removing the mask. Patients should also keep communications with the driver to the minimum. The windows of the car should be wound down and the air-conditioning switched off.

7. **Geriatric Patients.** Statistical analysis of geriatric patients' data does not support any new changes to the national sorting logic. Hence, the criteria for geriatric patients remains unchanged (Please see **Annex F** for details).

8. **Immuno-compromised and Renal Patients.** The default care protocol for these patients is Protocol 1 HRP and if their households are unsuitable for self-isolation, they would be conveyed to a COVID-19 Treatment Facility (CTF) for recovery (Please see **Annex G** for details).

Healthcare Protocols, Conveyance, Funding and Subsidies (Updated)

9. Protocols 1, 2 and 3 were conceptualised to stratify patients according to their symptom severities, medical risk profiles, and healthcare needs, such that these COVID-19 patients are cared for at the appropriate care facility and be given the appropriate medical attention and treatment without straining healthcare resources.

a. **Protocol 1.** Protocol 1 is typically assigned to higher-risk patients requiring care either at designated care facilities (Public Healthcare Institutions (PHIs) and CTFs) or under Home Recovery Programme with Telemedicine assessment. In this programme, the household must be suitable for self-isolation and patients are assigned and provided government-subsidised telemedicine services to recover at home under the supervision of telemedicine providers. Patients tagged as Protocol 1 in the community would be assessed by telemedicine providers to verify their suitability, before being onboarded onto the Home Recovery Programme. Patients with households unsuitable for self-isolation will be conveyed by CMTG to a CTF for recovery.

b. **Protocol 2 and Protocol 2 Primary Care (P2PC).** Individuals with no symptoms can self-test, self-isolate and complete recovery at home under Protocol 2. Individuals with mild symptoms and low medical risk can recovery at home under P2PC after consulting with their primary care physicians or telemedicine provider. Subsidies for Protocol 2 patients have been removed with effect from 1 July 2022 (inclusive). Patients who require telemedicine services can select their desired provider from the "FLUGOWHERE" website (<https://flu.gowhere.gov.sg/>) at their own expense. In this programme, the household must be suitable for self-isolation for the patients to recover at home. Patients with households unsuitable for self-isolation can be admitted to a CIF for recovery through CMTG. Patients may self-convey to a CMTG designated CIF once arrangements are finalised. Asymptomatic patients who do not fulfil the high-risk criteria are to be tagged as P2 even if PCR test is

performed at the patient's request (i.e. self-paid PCR tests, pre-departure PCR tests, etc.).

c. **Protocol 3.** Protocol 3 which remains unchanged, is imposed on individuals who are identified by MOH as a close contact of an infected person. However, as of 26 April 2022 (Please see MOH press release dated 22 Apr 2022 "*FURTHER EASING OF COMMUNITY AND BORDER MEASURES*"), MOH no longer issues Health Risk Notices (HRN) to these close contacts. These individuals are advised to take and ART self-test daily before going out for the next 5 days and seek medical attention if they are unwell.

d. **Conveyance.** Coordination for direct admission to PHIs, CTFs and CIFs will be through CMTG. Specifically for PHIs, depending on clinical acuity, patients may be conveyed to the Emergency Department (ED) to receive appropriate medical care while awaiting a designated hospital bed. All conveyances to PHIs must be made via CMTG.

However, only clinically stable patients who can self-care may self-convey to CMTG designated CTFs, once arrangements are finalised, the rest will be conveyed by CMTG. For conveyance to CIFs, patients may self-convey to the CMTG designated CIFs.

e. **Funding and Subsidies.** Prevailing support in the form of government subsidies, as well as the use of MediSave, MediShield Life and financial assistance schemes will continue to apply at the respective healthcare settings, if applicable.

f. Patients who are being cared for by private specialists may elect to have their COVID-19-related medical care provided by these private specialists at private hospitals at their own expense. The accompanying administrative and conveyancing processes are to be self-initiated and informed to CMTG. Continuity of care for patients who wish to transfer from a PHI to a private hospital will continue to follow existing guidelines on inter-hospital transfer of patients (MOH Circular No. 86/2021).

Conclusion

10. The updated changes to our healthcare protocols are aligned with our strategy to appropriately allocate healthcare capacity and focus resources on managing severe cases and protecting vulnerable patients while progressing towards endemicity. The strong support from the healthcare providers, healthcare institutions and COVID-19 care, and isolation facilities is highly appreciated, as the evolving COVID-19 situation continues to require more attention and inputs from all stake holders. Please email **moh_mopc_operations@moh.gov.sg** for any clarifications.



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This Circular supersedes the following:

MOH Circular No. 16/2022, COVID-19 UPDATED PROTOCOLS, dated 16 February 2022

MOH Circular No. 36/2022, FURTHER STREAMLINING OF HEALTHCARE PROTOCOLS FOR PAEDIATRIC AGE GROUP (<12 YEARS OLD), dated 24 March 2022

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CSOG-CMTF
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Annexes

Annex A	National Sorting Logic Diagram
Annex B	Primary Care Doctor COVID-19 Reference Script
Annex C	Matrix for Antigen Rapid Test and Polymerase Chain Reaction Test Swabbing Protocols.
Annex D	Sorting Logic Rationale: Pregnant Women
Annex E	Sorting Logic Rationale: Paediatric Patients
Annex F	Sorting Logic Rationale: Adults and Geriatric Patients
Annex G	Workflow: Immunocompromised and Renal Patients
Annex H	Broad Roles and Responsibilities for Case Management Task Group, Home Recovery Task Group and Community Facilities Task Group and Health Alert Task Group
Annex I	COVID-19 FORMSG Questions
Annex J	Patient Information Sheet