

Emergency Ambulance Service (EAS) Regulations
Medical Transport Service (MTS) Regulations
Frequently Asked Questions

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A. Key Amendments to Emergency Ambulance Service and Medical Transport Service under the Healthcare Services Act [Updated as at Dec 2023]

1. Why is MOH allowing conditionally registered doctors to act as EAS crew leaders?	<ul style="list-style-type: none"> • MOH recognises that acute hospitals with an EAS licence may not always have a fully registered doctor who is suitable to be the doctor transporting an emergency patient on board an Emergency Ambulance (EA). Instead, the medical team will assess and decide who is the most suited to transport the patient safely and it may be a conditionally registered doctor working under the supervision of a specialist assigned to transport the patient. • EAS licensees intending to deploy conditionally registered doctors to act as crew leaders will have to ensure that the regulatory requirements stated in slide 21 of the consultation deck are met, including ensuring that the pre-requisite qualifications of the conditionally registered doctors and Singapore Medical Council (SMC)'s supervisory framework are met, and SMC's approval is sought prior to the conditionally registered doctor acting as an EAS crew leader. • MOH may request for SMC's approval for review during inspections.
2. What are the new Specified Services (SSes) that require approval under the Emergency Ambulance Service (EAS) licence?	<ul style="list-style-type: none"> • The SSes under the EAS licence that require approval are: <ol style="list-style-type: none"> a) Adult Cardiac Critical Care Service b) Adult General Critical Care Service c) Paediatric Critical Care Service d) Isolation Service • EAS licensees must seek MOH's approval to provide any of the above SSes. It is an offence under HCSA for EAS licensees to be providing any of the SSes without prior approval. Please note that approval regime for the SSes for EAS will be come into force in Mar 2024. • The definition and scope of the above EAS SSes are detailed in FAQ 4. • The above SSes will not be applicable to Medical Transport Service (MTS) licensees. There are currently no SSes under the MTS.
3. Why are there multiple SSes under the EAS?	<ul style="list-style-type: none"> • Given that the crew leader requirements differ among each of the four (4) SSes under the EAS, EAS licensees have the flexibility to apply to provide any of the relevant SSes and would have to meet the specific crew leader requirements for the relevant SSes. • MOH has to ensure that the specific crew leader requirements for each SSes applied by the EAS licensees are met before approving the EAS licensees to provide the SSes.

4. How was the list of equipment or medications used to provide SSeS selected?Adult Cardiac Critical Care Service, Adult General Critical Care Service and Paediatric Critical Care Service

- The following SSeS are services that require the use of an intensive or critical care support equipment on patients requiring conveyance to an acute hospital for medical attention while the patient is being conveyed in an EA:

S/No.	Name of SS	Type(s) of Equipment/ Medication Used by the Patient on Board the EA	Patient Profile
1	Adult Cardiac Critical Care Service	Extracorporeal membrane oxygenation (ECMO) or intra-aortic balloon pump (iABP)	Patients who are 18 years of age and above
2	Adult General Critical Care Service	Mechanical ventilator, chest tube, or continuous intravenous infusion of inotropes, sedatives and/or paralytics	Patients who are 18 years of age and above
3	Paediatric Critical Care Service	ECMO, iABP, mechanical ventilator, chest tube, or continuous intravenous infusion of inotropes, sedatives and/or paralytics	Patients who are less than 18 years of age

*A paediatric patient is defined as a person less than 18 years old (to align with the age limit of a "young person" under the Child and Young Persons Act).

- The above equipment/ medications were selected as patients with such equipment/medications on board the EA would minimally require a medical practitioner trained in critical care management to oversee the care and conveyance of the patient. Other equipment/medications may be added to the list along the way should enhanced regulatory requirements be required.

Isolation Service

- Isolation Service is a service provided to a patient who is clinically assessed to require an equipment for isolation during the conveyance in an EA.
- This service involves the use of portable medical isolation unit (PMIU). Other isolation equipment (e.g., for burns patients, patients with suspected / confirmed communicable infectious cases, or contaminated patients from chemical, biological, radiological or nuclear exposures) may be added if similar enhanced regulatory requirements are required.

5. Must an EAS licensee approved to provide an EAS SS adhere to the enhanced crew requirements for conveyances that do not involve patients on any of the critical care equipment/ medications or isolation equipment?

- An EAS licensee approved to provide an EAS SS will only need to adhere to the enhanced crew requirements for conveyances that involve patients on any of the critical care equipment/ medications or isolation equipment as stipulated in the definition and scope of each EAS SS (see slides 24 and 25 of the consultation deck).
- For conveyance of patients who are outside of the definition and scope of the EAS SS, an EAS licensee will minimally need to deploy a service crew stipulated in slide 8 of the consultation deck.

6. Can a private EAS or MTS provider convey non-emergency patients on critical care equipment (e.g., mechanical ventilator, chest tube) from an acute hospital to patient’s home or from patient’s home to an outpatient medical appointment without being subjected to the relevant Critical Care Service requirements?

- The three (3) types of Critical Care Service requirements **are intended for patients on critical care equipment requiring conveyance to an acute hospital for medical attention** as such patients would require enhanced service crew requirement to manage the clinical condition en-route to the acute hospital. Examples of such conveyances include: inter-acute hospital/intensive care unit (ICU) transfers, conveyance from home to acute hospital i.e., the Acute Hospital Service (AHS) and not the Outpatient Medical Service (OMS) of Acute Hospitals i.e., Specialist Outpatient Clinics (SOCs).
- The Critical Care Service requirements **will not be applied to EAS/MTS licensees conveying non-emergency patients on critical care equipment** in scenarios such as (1) from an acute hospital to patient’s home (e.g., mechanically ventilated patient for terminal discharge) or (2) from patient’s home to an outpatient medical appointment (e.g., patients on home ventilation and respiratory support requiring conveyance for follow-up visits to SOC). However, **EAS/MTS licensees are still required to ensure that the service crew possess the necessary capabilities to manage non-emergency patients on critical care equipment/ medications on board the EA/MT requiring conveyance to destinations other than an acute hospital.**

7. I am a private EAS provider who provides EAS with SS to acute hospitals. The acute hospitals may deploy their own team of doctors and nurses to care for the patients during the transfer. Am I expected to ensure that the service crew deployed to provide the SS possess the required skills and competencies?

- If the conveyance of a patient requiring an EAS SS is activated by acute hospitals and provided by a private EAS provider, the **private EAS provider will need to apply for the provision of the relevant SS and will be responsible for the enhanced requirements for the provision of the SS.**

<ul style="list-style-type: none"> The EAS licenses and the appointed Clinical Governance Officer (CGO) should work with the relevant clinical teams in the acute hospitals to: (a) establish, regularly review and update the clinical care protocols pertaining to the conveyance of patients requiring the relevant SS; and (b) ensure that the enhanced service crew requirements (including training of the service crew on the appropriate use of the equipment/ medications) are met.
<p>8. I am a private EAS provider who provides EAS with SS to acute hospitals. The acute hospitals may deploy their own medical practitioner who is privileged by the medical board or clinical board of the acute hospital to act as the EAS crew leader. Am I expected to ensure that the EAS crew leader deployed to provide the SS is privileged accordingly?</p>
<ul style="list-style-type: none"> Similar to FAQ 7, the EAS licensee and the appointed CGO should work with the relevant clinical teams in the acute hospitals to: (a) establish, regularly review and update the clinical care protocols pertaining to the conveyance of patients requiring the relevant SS; and (b) ensure that the enhanced service crew requirements are met. For an acute hospital which contracts a private EAS provider and deploy their own medical practitioner who is privileged by the medical board or clinical board of the acute hospital to act as the EAS crew leader on board the private EAS provider's EA, the private EAS provider has to ensure that the medical practitioner is privileged accordingly. The private EAS provider may also wish to ensure that the crew leaders augmented by the acute hospital are aligned with the EAS SS requirements as part of the contractual agreement between the private EAS provider and the acute hospital.
<p>9. I am an acute hospital provider with an existing EAS licence under the HCSA. Am I allowed to continue providing SS (e.g., conveying patients requiring ECMO on board the EA) with the EAS licence?</p>
<ul style="list-style-type: none"> Existing EAS licensees, including acute hospitals with an organic fleet of EA, will need to apply for the relevant SS and seek MOH's approval before providing the SS once the SSES come into force.
<p>10. Why is there an enhancement in the service crew requirements for the provision of Adult Cardiac Critical Care Service, Adult General Critical Care Service, and Paediatric Critical Care Service?</p>
<ul style="list-style-type: none"> The existing service crew for an EA minimally requires one crew leader and one qualified driver. The crew leader for the EA can either a paramedic, registered nurse or a medical practitioner (refer to slides 8 – 9 of the consultation deck for details of the existing service crew for EAS). Given that the three (3) types of critical care services require the use of an intensive or critical care support equipment or medications on patients requiring conveyance to an acute hospital for medical attention on board the EA, the crew leader has to

<p>possess relevant skills and competencies as per slides 26, 28 and 30 of the consultation deck to safely monitor and manage such patients.</p> <ul style="list-style-type: none"> • Further, the minimum number of service crew is increased from two (2) to three (3) to provide additional support to manage patients requiring any of the above three (3) SSES given the complexity of the condition of the patients.
<p>11. Is a specialist required to be the crew leader for the conveyance of an emergency patient requiring common critical care equipment such as mechanical ventilator or chest tube on board the EA?</p>
<ul style="list-style-type: none"> • The crew leader for the conveyance of an emergency patient requiring common critical care equipment such as mechanical ventilator or chest tube on board the EA may not always have to be a relevant specialist. Instead, the crew leader can be a non-specialist medical practitioner who is trained in critical care management. Please refer to the relevant qualifications of the crew leader for Adult General Critical Care Service and Paediatric Critical Care Service as per slides 28 and 30 of the consultation deck.
<p>12. Can adult patients on ECMO be conveyed with a crew leader who is a cardiothoracic surgeon, or a medical practitioner trained by a cardiothoracic surgeon?</p>
<ul style="list-style-type: none"> • An EAS licensee intending to convey adult patients on ECMO on board the EA would need to apply to provide Adult Cardiac Critical Care Service SS. • The crew leader for the conveyance of a patient requiring ECMO must be a registered medical practitioner with valid Advanced Cardiac Life Support (ACLS) certification and with either of the following competencies/ qualifications: <ol style="list-style-type: none"> a) is registered under section 22 of the Medical Registration Act 1997 as a specialist in the branch of cardiothoracic surgery; or b) is privileged by a medical board or clinical board of an acute hospital licensed under the Healthcare Services Act (HCSA) to manage a patient on ECMO conveyed from or to the acute hospital (as the case may be).
<p>13. Are specialists acting as crew leaders for EAS still required to hold a valid ACLS certification?</p>
<ul style="list-style-type: none"> • Based on the current Healthcare Services (Emergency Ambulance Service and Medical Transport Service) Regulations, registered medical practitioners (including specialists) acting as crew leaders for EAS are required to possess valid ACLS certifications as a baseline requirement. • Registered medical practitioners acting as crew leaders for EAS can have a valid ACLS course instructor/trainer status in lieu of possessing a valid ACLS certification.

<p>14. Is “Basic Assessment and Support in Intensive Care (BASIC)” course considered an equivalent certification to Fundamental Critical Care Support (FCCS) for the purposes of fulfilling the enhanced crew leader requirements for Adult General Critical Care Service?</p>
<ul style="list-style-type: none"> • Given the similarity in course syllabus on critical care management, BASIC course will be considered an equivalent certification to FCCS for the purposes of fulfilling the enhanced crew leader requirements for Adult General Critical Care Service. • BASIC certification is considered valid if the certification is obtained within 4 years from the course completion date.
<p>15. Why are cardiothoracic surgery and cardiology specialties not listed as the allowable specialties for a crew leader providing Paediatric Critical Care Service?</p>
<ul style="list-style-type: none"> • The proposed regulatory requirements for the crew leader providing Paediatric Critical Care Service mirrors the existing practice by a public acute hospital providing inter-hospital transfer of paediatric patients requiring critical care equipment/medications. • Based on the existing practice by the public acute hospital, cardiothoracic surgeons or cardiologists currently do not convey paediatric patients requiring critical care equipment/medications. Should cardiothoracic surgeons or cardiologists be deployed as crew leaders to convey such paediatric patients, an EAS licensee can proceed to do so if such specialists are privileged by a medical board or clinical board of the acute hospital to manage such paediatric patients.
<p>16. I am a private EAS provider intending to provide any of the three Critical Care Services. Am I able to engage a medical practitioner who is privileged by the medical board or clinical board of an acute hospital to act as my EAS crew leader and convey patients on board my EA?</p>
<ul style="list-style-type: none"> • Unless the private EAS provider is contracted/engaged by the acute hospital to convey the acute hospital’s patient, the above arrangement is not allowed since the conveyance done by the private EAS provider is beyond the oversight of the medical board or clinical board of the acute hospital. • The private EAS provider intending to provide any of the three critical care services may engage a medical practitioner who fulfils other requirements stipulated in slides 26, 28 and 30 of the consultation deck as its EAS crew leader.
<p>17. Why is there an enhancement in the service crew requirements for the provision of Isolation Service?</p>
<ul style="list-style-type: none"> • “Isolation Service” means a service that is provided to a patient who is clinically assessed to require an equipment for isolation during conveyance in an EA. This service involves the use of a portable medical isolation unit (PMIU).

- Unlike the existing service crew requirement for an EA which minimally requires two personnel as per FAQ 10, the EA would typically require three (3) service crew to monitor and convey a patient in a PMIU safely. Since a PMIU is likely to be infrequently used during conveyances, the service crew (other than the driver) is also required to be trained* and proficient in the use of the PMIU by undergoing routine training on the use of PMIU at least one a year.

**Training can either be: (a) conducted by the manufacturer/ vendor; or (b) in-house training by a service crew who had undergone vendor training previously (i.e., train-the-trainer). Training records should be documented.*

18. What are the enhanced service crew requirements for an EAS licensee who is providing more than one SS to a patient on board the EA (e.g., Adult General Critical Care Service and Isolation Service)?

- If an EAS licensee wishes to provide more than one SS to a patient on board an EA (e.g., adult patient is on a mechanical ventilator and in a PMIU), the SS with the higher service crew requirements would apply.

19. Why must the EAS licensee be responsible for checking if the receiving acute hospital has agreed to transfer a patient requiring any of the EAS SSES? This is a clinical decision made by the clinicians of the two acute hospitals.

- This requirement is intended to safeguard against the conveyance of patients requiring any of the EAS SSES from one acute hospital to another acute hospital without first establishing an agreement for such an inter-hospital transfer between all parties (i.e., “patient dumping” from a transferring hospital to a receiving hospital).
- The EAS licensee should sight documentary evidence on the agreement between the transferring and receiving acute hospitals and keep a record that such evidence had been sighted.
- If the EAS licensee knows that the patient has voluntarily discharged himself/herself from the acute hospital, the EAS licensee, must, before conveying the patient to another acute hospital, inform that acute hospital of the patient’s arrival.
- Further, the acute hospital service licensee must ensure that all of the criteria set out below are fulfilled before a patient in the Intensive Care Unit is transferred out of the transferring acute hospital to a receiving acute hospital: (a) the receiving medical practitioner has consulted with the referring medical practitioner; (b) the receiving medical practitioner has agreed to the transfer; and (c) the management of the referring and the receiving acute hospitals have been informed of the transfer arrangements.

20. When can existing EAS providers apply for the provision of the SSES?

- The SSES for EAS will be implemented in **Apr 2024**. EAS licensees providing the new SSES have to apply for the provision of these SSES in the electronic licensing system (i.e., Healthcare Applications and Licensing Portal). Please refer to slide 34 of the

<p>consultation deck for more details. MOH will announce the exact date of EAS SS implementation at a later date.</p>
<p>21. Is an approval for the provision of the SSES required for each EA?</p>
<ul style="list-style-type: none"> The approval to provide the SSES will be tied to the EAS licence and not specific EA vehicles.

B. Existing Requirements in the HCSA EAS and MTS Regulations

Part 1 General Licensing

<p>22. What are the various types of service licences related to private ambulance services under HCSA?</p>
<ul style="list-style-type: none"> Private Ambulance Operators (PAOs) who intend to provide MTS conveyances will be required to hold a valid MTS HCSA service licence. Likewise, PAOs who intend to provide EAS conveyances will be required to hold a valid EAS HCSA service licence. PAOs with a mixture of EAS-equipped and MTS-equipped vehicles providing the respective types of conveyances can either hold two separate service licences or an EAS-MTS bundled service licence. PAOs with EAS-equipped ambulances may also choose to use the ambulances to provide MTS and ferry non-emergency patients, by virtue of the higher standards for EAS ambulances. However, the relevant requirements for an EAS (i.e., crew member requirements, equipment etc.) would still apply even if EAS-equipped ambulances are used to ferry non-emergency patients.
<p>23. Is there a limit to the number of ambulances allowed per licence?</p>
<ul style="list-style-type: none"> There is no limit to the number of ambulances allowed per licence.
<p>24. Can an EAS licensee also provide MTS? Does a separate licence need to be applied?</p>
<ul style="list-style-type: none"> EAS licensees with EAS-equipped ambulances may choose to use the ambulances to provide MTS and ferry non-emergency patients without having to hold a separate MTS service licence. However, the relevant requirements for an EAS (i.e., crew member requirements, equipment etc.) would still apply even if EAS-equipped ambulances are used to ferry non-emergency patients. In addition, the siren and beacon lights in the EAS vehicles are only to be used when transporting an Emergency Patient. PAOs will need to hold separate EAS and MTS service licences if the fleet of ambulances contains both EAS-equipped and MTS-equipped vehicles.

25. Do the EAS and MTS Regulations only cover land vehicles, and not other modes of conveyances (e.g., air)?

- The EAS and MTS Regulations of HCSA are focused on ground conveyances operating as Emergency Ambulances or Medical Transport, and do not cover other modes of conveyances.

Part 2 Organisation, Management and Governance of Licensees

26. Can I appoint the same person to be the Principal Officer (PO) and Clinical Governance Officer (CGO) (previously referred to as the “Clinical Director” (CD))?

- The same person may be appointed as the PO and CGO as long as the person fulfils the requirements of the PO and CGO and is able to take on the associated roles and responsibilities.
- While the CD is now renamed as the CGO to align with the terminology used under HCSA in reference to the person responsible for providing such clinical/technical oversight, the nature of this role remains the same.

27. What is the requirement for the CGO to demonstrate good standing?

- This means that the doctor or nurse must not have been subject to any disciplinary actions by a Disciplinary Tribunal of the Singapore Medical Council or the Singapore Nursing Board (whichever is applicable) for the preceding three years before appointment as a CGO.
- This requirement is based on our concern with appointing doctors and nurses found guilty of more serious offences that suggests a defect in character or a lack of professionalism, and/or poor competency which may impede their ability to manage critical clinical incidents or otherwise predispose them to acts that can compromise patient safety.

28. For EAS, can specialists of specialties other than Emergency Medicine be appointed as the EAS CGO in my company?

- Only Emergency Medicine, Intensive Care, Anaesthesia and General Surgery Specialists accredited by the Specialist Accreditation Board and registered by the Singapore Medical Council may be appointed as an EAS CGO without further review, subject to their meeting other requirements.
- Other registered specialists from specialties with significant training and practice in acute and/or life-saving interventions will have their applications reviewed by an MOH-appointed panel.

29. What if I am unable to appoint a Key Appointment Holder that is able to meet the requirements stipulated in the Code of Practice?

- To allow greater flexibility for businesses to meet these clinical qualification/governance requirements, the CGO can fulfil the requirements and the KAH will be exempted from the clinical qualification requirement. Please refer to the FAQs for the Code of Practice for further information.

Part 3 Licensee Personnel

30. Can the same ambulance service crew be used to account for the staffing number for more than one ambulance?

- The number and qualifications of the ambulance crew must commensurate with the number of licensed ambulance vehicles in accordance with the EAS/MTS Regulations under HCSA. For example, an EAS licensee shall have a service crew comprising at least 2 appropriately qualified staff for each vehicle:
 - a) At least one qualified emergency ambulance driver (i.e., have a valid driving licence, is trained in defensive driving by a body recognised by the Land Transport Authority (LTA) of Singapore; and possess valid CPR+AED certification); and
 - b) At least one crew leader who is an appropriately qualified Ambulance Paramedic, Ambulance Nurse or Ambulance Doctor.

31. Can in-training personnel (i.e., pending certification/qualification) be counted towards the minimum requirement for ambulance service crew?

- Trainees / other staff not stipulated in the Regulations will not count towards fulfilment of the minimum requirements for ambulance service crew.

Part 4 Requirements for Conveyance and Equipment

32. What are the technical requirements that each ambulance vehicle must meet?

- The LTA requires all vehicles, including EAS and MTS vehicles, to be registered for use in Singapore and to comply with the registration and technical requirements set out in the Road Traffic Act and its subsidiary legislations under the Goods Vehicle class.

33. Is there any vehicular requirement for ambulances under the HCSA?

- Under HCSA, the vehicular requirements for ambulances are promulgated into the EAS and MTS Regulations and accompanying licensing terms and conditions.

- The vehicle must be able to accommodate: (a) the conveyance of lying and/or seated patients, and should not compromise their safety, or the safety of the ambulance crew at any time; and (b) all mandatory equipment and manpower without compromising safety or care of both patient/s and crew of the ambulance.
- Further, the licensee must ensure that the patient compartment* meet the min. regulatory requirement of 2.9m in length by 1.5m in width by 1.3m in height. A visual guidance of the patient compartment area can be found in slide 34 of the consultation deck.

**The patient compartment of the EA or MT means the space in the vehicle bound by:*

- a) any fixed partition installed behind the driver's seat and any forward-facing front seat alongside the driver's seat and separating those seats from the rest of the vehicle;*
- b) the permanent roof and floor of the vehicle; and*
- c) the tailgate or doors opening at the rear of the vehicle.*

Part 5 Provision of Healthcare Services

34. In the event that an MTS patient deteriorates into an emergency condition, what should the MTS provider do?

- The MTS crew should check with their CGO to determine whether they should proceed with the conveyance, or to stop the vehicle and focus on instituting the necessary clinical measures while activating SCDF for more advanced clinical support. In making this assessment, the CGO and MTS crew should take into consideration their ability to achieve the best care outcomes for the patient.

35. How should the licensee determine which hospital to send patients to?

- PAOs are required to develop and institute a clear triaging framework to determine the acuity of a patient's medical condition (e.g., whether the patient is an Emergency or a non-Emergency Patient) before conveying the patient.
- PAOs must transport: (a) Emergency Patients who are either already in a state of cardiovascular collapse, or in imminent danger of collapse to the nearest public hospital with an A&E department. The requirement applies even if the patient or patient's next-of-kin insist on going to a private hospital; and (b) all other Emergency Patients to the nearest public hospital with an A&E department that possesses the appropriate on-site specialties (e.g., adult cases to the nearest public general hospital, and paediatric cases to National University Hospital or KK Women's and Children's Hospital, whichever is nearer), unless the patient or patient's next-of-kin have given an indication to be ferried to a hospital of their choice.
- With the exception of the above scenarios for Emergency Patients, PAOs should develop a process to determine what is an appropriate hospital to convey the patient to at any point in time. This should take into account the patient's condition, the

<p>specialties which the hospital has, as well as the times when these specialties are available (e.g., whether the specialties in question are available on site at the time when the patient is estimated to arrive at the hospital).</p> <ul style="list-style-type: none"> To avoid disputes with the patient and/or the patient's next-of-kin over the destination, licensees are encouraged to clarify the above requirements, such as through a disclaimer on their website or as part of the triaging process.
<p>36. What does a proper handover of a patient entails?</p>
<ul style="list-style-type: none"> The service crew should ensure the pertinent information relating to the patient are properly documented. As guidance, this can be broken down into the following: There should be timely and adequate transfer of clinical information to facilitate proper handover to ensure no gaps arising from the patient handover. The overall responsibility for the patient resides with the licensee and will only cease upon complete patient handover and acknowledgement of takeover from the receiving party.
<p>37. Does HCSA regulate the pricing of private ambulance services?</p>
<ul style="list-style-type: none"> While the HCSA Regulations do not regulate the fees and charges of healthcare services, there are requirements for all licensees, including PAOs, to publish common charges for services they provide (e.g., displaying their fees prominently on their official website) and provide transparency to the bill components. PAOs are to ensure alignment in their published fees and the actual fees charged to patients in relation to the service(s) provided.
<p>38. In the event of an emergency which involves a first-time patient, how are we able to convey the common charges before accepting the patient and prior to actual conveyance?</p>
<ul style="list-style-type: none"> PAOs would have to inform patient or the patient's next-of-kin of the common charges before the service is engaged. Common charges include (a) base fee, (b) extra service charges (if any), (c) consumables (e.g., oxygen, bandages, drugs, equipment use, continuous monitoring). The patient or the patient's next-of-kin should also be informed of the option of conveyance with or without extra service charges (if any) and be allowed to make a choice unless the extra service charges are required for life-saving measures. The patient or the patient's next-of-kin should be notified promptly if there are changes to the earlier conveyed charges and the patient or the patient's next-of-kin should agree to the revised charges. Informed consent should be taken upon arrival prior to the conveyance of the patient. As part of the informed consent taking, PAOs should clearly communicate the updated rates associated with the changes in the treatment plan and obtain a signed agreement from the patient or the patient's next-of-kin, to

<p>consent to the new charges before proceeding to continue with the provision of service and charge the new rates.</p>
<p>39. In the event of a disagreement by the patient or next-of-kin to the higher or additional charges arising from the assessment of the patient's condition on arrival and prior to conveyance, what should the licensee do?</p>
<ul style="list-style-type: none"> • The licensee must present alternative arrangements for the patient to seek the necessary medical attention if the licensee does not intend to convey the patient to the intended location. If the licensee is handling an emergency patient, the licensee must also continue to provide clinical care and monitoring to the patient until the receiving party takes over the patient. Examples of alternative arrangements include contacting another licensee with the relevant competencies to manage such cases or contacting SCDF if the patient's condition warrants a conveyance in an emergency ambulance. • Do note that the overall responsibility for the patient resides with the referring licensee and will only cease upon complete patient handover and acknowledgement of takeover to the party that is taking over care of the patient.
<p>40. How should I go about obtaining signed acknowledgement on the charges that are applicable to the patient in the event of an emergency?</p>
<ul style="list-style-type: none"> • The licensee must obtain the signed acknowledgement from the patient or patient's next-of-kin in relation to the charges that are applicable to the patient. • However, in emergency situations where it is impracticable to obtain signed acknowledgement from the patient or patient's next-of-kin, licensees should proceed to perform urgent life-saving measures.

Part 6 Regulatory Controls on PAOs and Vehicles

<p>41. What aspects of the EAS and MTS are inspected under HCSA?</p>
<ul style="list-style-type: none"> • The inspection will be conducted in reference to the EAS and MTS Regulations under HCSA. As such, operators may use that as a guide to prepare their fleet of vehicles for inspection and relevant documents, policies and procedures for review.
<p>42. When and how will inspections/audits be conducted on private ambulance services?</p>
<ul style="list-style-type: none"> • Under HCSA, inspections/audits of PAOs will be conducted to assess compliance to the HCSA regulations. Inspections/audits may be conducted for the following scenarios: (a) prior to issuance of new EAS/MTS service licences; (b) prior to renewing an existing EAS/MTS service licence; and (c) following notification of changes made to the existing EAS/MTS service licence (e.g., addition of new and/or different types of vehicles, and >50% change in the management of the ambulance

company). MOH may also conduct post-licensing or ad-hoc compliance checks on PAOs at any time during the service licence period.
43. What are the disciplinary actions that can be taken on accredited / licensed PAOs for non-compliance?
<ul style="list-style-type: none"> Under HCSA, PAOs may have their service licence suspended or revoked, be fined up to \$20,000, and/or be given up to two years' imprisonment for non-compliance.
44. What are the disciplinary actions that can be taken for unlicensed PAOs operating under HCSA?
<ul style="list-style-type: none"> PAOs who are found to be providing private ambulance services without a valid service licence will be fined up to \$20,000, and/or given up to two years' imprisonment.

Part 7 Miscellaneous

45. What should I do if I wish to import an EAS/MTS vehicle for use in Singapore?
<ul style="list-style-type: none"> As an operator, you are required to inform Customs and LTA of the intention to import EAS/MTS vehicles. Once the vehicle(s) arrives in Singapore, you must declare the import permit to Customs and apply to MOH for vehicle inspection within three months of the vehicle(s) arriving in Singapore. The vehicle(s) must be retrofitted in accordance with the EAS/MTS Regulations and any other accompanying regulatory requirements under HCSA. Upon successful inspection, the details of the approved vehicle will be included in the HCSA licence and you may then proceed to inform Customs and register the vehicle(s) with LTA.
46. Will EAS and MTS vehicles have free parking?
<ul style="list-style-type: none"> All car parks are managed by private entities. As such, free parking for EAS and MTS vehicles will be at the discretion of the car-park operator.
47. Are PAOs allowed to loan licensed EAS/MTS vehicles to another licensed PAO?
<ul style="list-style-type: none"> PAOs, when engaged by clients/patients to provide EAS/MTS, are not allowed to use another PAO's vehicles for the service, as the unique details of each EAS/MTS vehicle is tied to the licence held by the PAOs and the PAOs will be held responsible/accountable for all activities undertaken by the EAS/MTS vehicles under their licence. Under HCSA, it is an offence to operate an ambulance vehicle with a vehicle registration number that is not reflected on the licensed PAO's licence.