



MINISTRY OF HEALTH
SINGAPORE

Stakeholder Consultation for Amendments to Emergency Ambulance Service and Medical Transport Service under the Healthcare Services Act (HCSA)

Health Regulation Group (HRG)
Ministry of Health
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**1. Overview of HCSA and Existing Emergency Ambulance Service and Medical Transport Service Regulations
[For Information]**

Overview of HCSA and Existing Emergency Ambulance Service and Medical Transport Service Regulations

- Private ambulance services are regulated as either Emergency Ambulance Service (EAS) or Medical Transport Service (MTS) and licensed under the Healthcare Services Act (HCSA) since 3 January 2022.
- Licensed EAS and MTS providers must ensure that all conveyance services are provided in accordance with the requirements for EAS and MTS and general obligations under the HCSA. This includes:
 - **General Regulations, Fees Regulations, Advertisement Regulations:** General requirements, usually applicable to all licensees.
 - **Service-specific Regulations:** Unique requirements to each service i.e., Healthcare Services (Emergency Ambulance Service and Medical Transport Service) Regulations 2021
 - **Licence Conditions (LCs):** To complement service-specific Regulations and to set out specific technical requirements to be met. Non-compliances could result in regulatory sanctions.
- These service regulations and licence conditions have been published in Jan 2022 and are available at: www.moh.gov.sg/hcsa/resources.
- The **first section of the presentation provides a recap of the service requirements for EAS and MTS** that were previously published as part of stakeholder consultations in Feb 2021.

Duties of a Clinical Governance Officer

- A Clinical Governance Officer (CGO) has to be appointed by each EAS and MTS licensee.
- Responsibilities of a CGO include the following:
 - a) Ensure that clinical protocols relating to the assessment and management of patients are developed, implemented and maintained;
 - b) Conduct reviews of clinical protocols and give final endorsement;
 - c) Ensure the training and education of all of the licensee's personnel;
 - d) Provide appropriate input to all audits and patient care-related matters of the licensee and assists the licensee in ensuring that any necessary and appropriate corrective actions are taken and adhered to; and
 - e) Provide appropriate clinical consultation and medical advice to the licensee and service crew where necessary. Should a clinical situation requires specific expertise beyond the competency of the CGO, the CGO makes arrangement for a suitably qualified person to provide clinical advice to the licensee.

Qualifications of a CGO

EAS CGO	MTS CGO
<p>An EAS CGO must fulfil the following:</p> <ul style="list-style-type: none"> a) A fully registered medical practitioner; b) Either of the following: <ul style="list-style-type: none"> i. is accredited by the SMC Specialist Accreditation Board for Anaesthesiology, Emergency Medicine, General Surgery, or Intensive Care Medicine ; or ii. has at least 10 years of relevant experience in Anaesthesiology, Emergency Medicine, General Surgery, or Intensive Care Medicine; c) Holds valid certifications for the following courses recognised by MOH: (i) Emergency Medical Services Medical Directors Workshop; and (ii) Advanced Cardiac Life Support; and d) Must not have been subject to any disciplinary order by the SMC for the preceding three years before appointment as a CGO. 	<p>A MTS CGO must fulfil the following:</p> <ul style="list-style-type: none"> a) Either of the following: <ul style="list-style-type: none"> i. A fully registered medical practitioner with at least 5 years' experience, including at least 1 year experience in either Anaesthesiology, Emergency Medicine, General Surgery, or Intensive Care Medicine; or ii. A Registered Nurse with at least 5 years of nursing experience in either Emergency Medicine, Intensive Care, General Surgery, Anaesthesiology or any other branch of medicine involving the management of acute and critical patients as approved by the Director; b) Hold valid certifications for the following courses recognised by MOH: (i) Emergency Medical Services Medical Directors Workshop; and (ii) Basic Cardiac Life Support and Automated External Defibrillation; and c) Must not have been subject to any disciplinary order by the SMC or SNB for the preceding three years before appointment as a CGO.

Framework for Quality Assurance and Audit

- The Licensee shall:
 - a) Maintain both a medical record system and an ambulance or medical transport log system;
 - b) Ensure performance monitoring, reporting and evaluation of the service provided;
 - c) Ensure all adverse events are recorded and reviewed; and
 - d) Develop and implement road and vehicular safety standards to uphold patient safety.

Appointment of a Service Crew

- A licensee must appoint a service crew comprising the following personnel for each vehicle:
 - a) At least one crew leader who is an appropriately qualified Ambulance Paramedic, Relevant Ambulance Nurse or Ambulance Doctor. MTS licensees may also appoint an Emergency Medicine Technician (EMT) or Ambulance Nurse as a crew leader; and
 - b) At least one qualified driver.
- Staffing numbers must commensurate with the number of vehicles.
- If the Service Crew comprises 3 or more staff, the additional crew member(s) should be a qualified EMT, Ambulance Nurse, Relevant Ambulance Nurse, Paramedic or Ambulance Doctor.
- Service Crew must hold valid certifications. Trainees are not counted towards the staffing requirements of the Service Crew.

Qualifications of a Service Crew

Crew Member	Qualifications
Ambulance Doctor	A fully registered medical practitioner who holds one or more valid certifications certifying competency — (a) in the provision of Advanced Cardiac Life Support; and (b) in the use of Automated External Defibrillation;
Ambulance Nurse	An individual who – (a) is a registered nurse or an enrolled nurse; and (b) holds one or more valid certifications certifying competency — (i) in the provision of Basic Cardiac Life Support; and (ii) in the use of Automated External Defibrillation
Ambulance Paramedic	An individual who holds one or more valid certifications certifying competency — (a) for appointment as a paramedic, following the individual's successful completion of a course recognised by the Director*; (b) in the provision of Basic Cardiac Life Support; and (c) in the use of Automated External Defibrillation
Emergency Medical Technician	An individual who holds one or more valid certifications certifying competency — (a) for appointment as an emergency medical technician, following the individual's successful completion of a course recognised by the Director*; (b) in the provision of Basic Cardiac Life Support; and (c) in the use of Automated External Defibrillation
Relevant Ambulance Nurse	An ambulance nurse who — (a) is a registered nurse; and (b) holds a valid certification certifying —(i) the individual's competency in the provision of Advanced Cardiac Life Support; or (ii) the individual's successful completion of a Life Support Course for Nurses.

*Details on the approved courses are stipulated in the Licence Conditions for EAS and MTS

Licensed Conveyance

- Before a vehicle is used as an emergency ambulance (EA) or medical transport (MT) vehicle, the licensee must allow MOH to inspect the vehicle to ensure that it meets the requirements. If the vehicle meets the requirements, the vehicle details can be listed in the licence.
- Vehicle requirements include the following:

Emergency Ambulance	Medical Transport
<ul style="list-style-type: none"> • Have a system compatible for communication with the Singapore Civil Defence Force or other designated medical dispatch system for ambulances • Fitted with an adequate number of passenger seats and attendant seats which are equipped with safety belts • Equipped with appropriate navigational tools • Installed with frosted or tinted windows in the patient compartment to ensure patient privacy • Equipped with a fire extinguisher • Meets LTA vehicle specifications 	
<ul style="list-style-type: none"> • A siren and wail sound horn or two-tone horn, and red beacon lights • Siren and beacon lights are only used when travelling to and transporting an emergency patient* • Shall bear the letterings “EMERGENCY AMBULANCE” on the front, both sides and rear of the vehicle 	<ul style="list-style-type: none"> • Shall bear the letterings “MEDICAL TRANSPORT” on the front, both sides and rear of the vehicle • Shall not bear or identify itself as “EMERGENCY AMBULANCE” or similar, nor be fitted with sirens and beacon lights • Not used to convey patients who are assessed before or at the point of pick-up to be an emergency patient*

*Emergency patient means an individual who is suffering or believed to be suffering from an injury, or a condition of acute or sudden onset, that poses an immediate threat to the individual's life or jeopardises the long-term health of the individual.

Licensed Conveyance

The Licensee shall ensure that:

- a) The EA/MT is in a clean and sanitary condition at all times;
- b) The EA/MT has sufficient space to accommodate the conveyance of patients who are lying down and/or patients who are seated;
- c) The EA/MT has sufficient space for the Service Crew to administer life-saving measures on patients; and
- d) Any equipment and items in the EA/MT are securely fastened or stored in such a manner so as not to compromise the health and safety of any patients or the Service Crew.

Equipment

- Facilities and equipment in licensed conveyance are regularly checked, properly maintained and replenished or replaced as necessary.
- Each vehicle shall be equipped with the appropriate facilities and equipment for the safe operation of the EA or MT (as the case may be) and the safe and effective conveyance of and delivery of care to patients. Equipment include*:
 - a) Appropriate airway, ventilation and intravenous equipment;
 - b) Appropriate cardiac and immobilisation devices;
 - c) Trauma supplies, equipment and medication;
 - d) Infection control and injury prevention equipment; and
 - e) Basic first aid kit equipment,

which are to be functional and effective at all times when the vehicle is in operation.

*Detailed equipment requirements for EAS and MTS are stipulated in Annex B of the Licence Conditions for EAS and MTS respectively.

Requirements for Medical Management of Patients

- A licensee must put in place measures, including the establishment of written care protocols where appropriate, to:
 - a) Determine whether the patient is an Emergency or non Emergency Patient when the patient/next-of-kin (NOK) calls (at the initial conveyance request) and again upon arrival at the patient's location and clinical assessment of the patient;
 - b) Where it is assessed that the patient cannot be safely conveyed – make appropriate alternative arrangements for the safe and timely conveyance of the patient; and
 - c) Ensure appropriate management and care of patients, including the appropriate use of medical supplies and equipment.

- The written care protocols include:
 - a) The appropriate manpower, equipment and vehicular requirements necessary for the transportation of patients;
 - b) Appropriate management of patients, including the care and escalation of patients whose medical condition deteriorates while being conveyed; and
 - c) In cases where the EAS licensee owns a mixed fleet of EAS/MTS vehicles and service crew, there should be conditions for use of each vehicle, including but not limited to when emergency ambulances should be used, how it may be used to transport non-emergency patients and when the EAS service crew should be deployed. For example, beacons and sirens should only be used in emergency cases.

Requirements for Medical Management of Patients

- EAS licensees must transport emergency patients to the nearest public hospital with an A&E department that possesses the appropriate on site specialties in either of the 2 scenarios:
 - a) Patients already in a state of cardiovascular collapse, or in imminent danger of collapse; or
 - b) All other emergency patients (other than those in sub-paragraph (a)) who have not given an indication (whether by express or implied instructions) to be ferried to a hospital of choice.
- Where the patient has indicated (whether by express or implied instructions) to be ferried to a hospital of choice (except for patients who are already in a state of cardiovascular collapse, or in imminent danger of collapse), the licensee must not directly or indirectly influence the decision of the patient to be sent to a different hospital.

Handling of Medical Supplies and Equipment

Requirement	Summary
Usage of medical supplies and equipment	<ul style="list-style-type: none"> • Purchase from authorised sources licensed by the Health Sciences Authority. • Each EA or MT must have an appropriate and adequate supply of medicines, medical supplies and equipment. • All usage or administration of medicines, medical supplies and equipment should be in accordance to the medical advice of the CGO, any written protocols and applicable requirements and restrictions under any written law.
Maintenance of medical supplies and equipment	<ul style="list-style-type: none"> • Medical supplies and equipment are regularly checked, replenished, and maintained and in good working condition when the EA or MT is dispatched. • An updated inventory of medical supplies and equipment* that are presently available for use is kept.

*Specific requirements for medical supplies and equipment required EAS and MTS are stipulated in Annex B of the Licence Conditions for EAS and MTS respectively.

Infection Control

- The licensee shall develop and implement protocols on:
 - a) The handling of patients with infectious diseases, including instructions on appropriate action to take in the event of exposure to blood or other body fluids/substances including needle-stick injuries and other incidents; and
 - b) The decontamination of vehicles after transport of patients with infectious diseases, or in the event of contamination by body fluids, in accordance with the protocols or any written law or such standards/guidelines issued by MOH for the transportation and disposal of waste.

- The licensee shall also ensure that the Service Crew:
 - a) Is provided with adequate and appropriate personal protective equipment, and is trained in the proper use of the PPE such as N95 mask, gloves, gown/apron, face shield/ goggles; and
 - b) Undergo the necessary vaccinations, and maintaining records of their immunisations, in accordance with the prevailing vaccination requirements for healthcare workers under the Workplace Safety and Health Act and any other prevailing requirements issued by MOH.

Requirements for Price Transparency and Bill Itemisation

- A licensee shall ensure that the charges payable for the service are displayed or made available in the EA/MT operated by the licensee and on the website (if the licensee has an online presence).
- These charges must also be conveyed to the patient and the patient's NOK upfront based on the preliminary assessment of the patient over the phone and before the EAS or MTS accepts the patient.
- In the event of higher or additional charges arising from changes in patient's treatment care plan immediately before a patient is or while a patient is being conveyed, the licensee must, as far as reasonably practicable, communicate the higher or additional charges to the patient or patient's NOK without (directly or indirectly) attempting to influence, persuade or coerce the patient/NOK to agree to the higher or additional charges.
- Should the patient/NOK not agree to the higher or additional charges, the licensee must not refuse to convey or continue conveying the patient without first making appropriate alternative arrangements for the safe and timely conveyance of the patient.
- Patients shall be informed of the cost of each item or service charged for the conveyance through itemised billing. The itemised bill must include each of the following components:
 - a) Base fees
 - b) Medication
 - c) The use of any equipment, such as equipment for continuous monitoring of the patient's condition while being conveyed;
 - d) Consumables
 - e) Additional charges, if any
 - f) The total amount of the fees payable by the patient

2. Amendments to Regulatory Requirements [For Consult]



Amendments to HCSA Regulatory Requirements

- MOH will be introducing a set of amendments to (1) HCSA; (2) General Regulations; and (3) Service Regulations for EAS and MTS.
- This section of the presentation will **focus on the following amendments which are relevant to EAS/MTS providers:**
 1. Approval regime for the appointment of Clinical Governance Officer
 2. Removal of the 14-day notice period prior to modification of licence conditions
 3. Introduction of Specified Services (SSes) for Licensable Healthcare Services (including new SSes for EAS and the regulatory requirements for the SSes)
 4. Additional vehicular specifications for EAS and MTS

*EAS and MTS Licensees may wish to refer to the full details on the amendments to HCSA and General Regulations in the slide deck “Overview on HCSA and General Regulations” published on MOH website: <https://www.moh.gov.sg/hcsa/resources#HCSA-Amendments-and-Phase-2-Consultation-Resources>

Amendment 1. Approval Regime for the Appointment of CGO

- Currently, the duties and qualifications of the CGO for EAS and MTS are stipulated in the regulations and licensees have to ensure the CGO fulfils the duties and meet the qualifications.
- **[NEW]** To ensure that a competent and suitable individual is appointed upfront, licensees must **seek MOH's approval for each CGO appointment** (including at the point of new licence application and renewal).
 - Come 1 Jun 2023, existing licensees **must seek MOH's approval if there is a change in the existing CGO**. If the nominated CGO is deemed unsuitable (e.g. unsuitable qualifications), licensees will also be required to nominate another CGO for MOH's approval.

Amendment 2. Removing the 14-day Notice Period Prior to Modification of Licence Conditions

- Before any licence conditions are changed, licensees are given 14 days to write in to MOH to object or comment on the changes ([HCSA section 14](#)).
- **[NEW]** For special circumstances where there is immediate or imminent harm to patient safety where MOH needs to modify the licence conditions to require a group of licensees to **take immediate action to address urgent patient safety issues, the mandatory minimum 14-day period would be waived.**
 - E.g. Throughout the COVID-19 pandemic, there were times when MOH had to urgently require licensees to implement new healthcare protocols such as the imposition of screening requirements for patients and caregivers to mitigate the spread of COVID-19.
- For modification of licence conditions for individual licensees (e.g. to impose additional conditions on a particular licensee as a result of non-compliances), the mandatory minimum 14-day period will be retained, in the interest of natural justice.

Amendment 3. Introduction of Specified Services for Licensable Healthcare Services

- **[NEW]** MOH will be introducing Specified Services (SSes) for each Licensable Healthcare Service (LHS).
- SSes are related to the underlying LHS, but with distinct/additional requirements to be met.
- MOH will be introducing the following new SSes for EAS:

	EAS	MTS
Applicable SSes	1. Specialised critical care service 2. Specialised isolation service	Nil SS

- 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.**
- The definitions, scope and detailed requirements for the SSes for EAS will be presented in the next few slides.

Requirements for New Specified Services for Emergency Ambulance Service

- An overview of the **new requirements for Sses for EAS** are as follows:

Section	Summary
A) Definitions and Scope	Definitions and scope for Sses for EAS i.e., specialised critical care and specialised isolation services
B) Requirements for both Sses	Requirements for the roles and responsibilities of the CGO for EAS with the Sses and written care protocols for the provision of the Sses
C) Requirements Specific to Specialised Critical Care Service	Service Crew Requirements for specialised critical care service
D) Requirements Specific to Specialised Isolation Service	Service Crew Requirements for specialised isolation service

Definitions and Scope of SSeS for EAS

1. “Specialised critical care service” means a service that requires* an intensive or critical care support equipment that is used on emergency patients for conveyance in an emergency ambulance.
 - The service involves the use of any of the following four specified equipment: **(1) Extracorporeal Membrane Oxygenation (ECMO); (2) mechanical ventilator; (3) chest tube; or (4) intra-aortic balloon pumps^**. Other equipment may be added if similar enhanced regulatory requirements are required.
 2. “Specialised isolation service” means a service that is provided to a patient who is clinically assessed* to require an equipment for isolation during the conveyance in an emergency ambulance.
 - This service involves the use of the following specified equipment: **(1) 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.
- **Only EAS licensees who apply for the above SSeS and approved to do so are allowed to provide these SSeS. The above SSeS will not be applicable to MTS licensees** as the provision of these SSeS require the use of an Emergency Ambulance vehicle and the oversight and governance of an EAS licensee.

*The assessment as to whether the patient requires to use the abovementioned equipment should be based on the established clinical protocols endorsed by the Clinical Governance Officer appointed by the EAS licensee, or the clinical advice from the CGO, or both.

^As specified under the current Regulations, the licensee must ensure that all equipment used for provision of any licensable healthcare service (including the SS) are registered as a medical device under the Health Products Act where registration is required.

Roles and Responsibilities of the CGO for SSeS

- **[NEW]** The **EAS licensee providing specialised critical care service or specialised isolation service shall ensure that the appointed CGO:**
 - a) develops risk mitigation strategies for the clinical risk involved in the provision of the SS;
 - b) if the CGO assesses the need to deploy additional service crew to provide the SS, the CGO shall provide appropriate input to the skills and competencies of any additional service crew deployed to commensurate with the type of SS provided to the patient;
 - c) recommends appropriate training and competency assessment to ensure that the service crew involved in the conveyance of the patient requiring the SS is adequately trained and competent in the appropriate use of the equipment provided as part of the SS; and
 - d) reviews and endorses audits and assessments conducted on all cases of conveyance involving the provision of the SS.

Written Care Protocols for the Provision of the SSES

- **[NEW]** The EAS licensee providing specialised critical care service or specialised isolation service shall ensure that there are **written care protocols relating** to:
 - a) the **safe and proper provision** of the specialised critical care service or specialised isolation service; and
 - b) the **safe and proper handling and operation of any equipment used** in the provision of the specialised critical care service or specialised isolation service.

Service Crew Requirements for Specialised Critical Care Service

- [NEW]** The requirements for the service crew involved in the conveyance of an emergency patient requiring specialised critical care service will supersede the existing minimum service crew requirements for EAS and shall **minimally be a 3-man crew comprising the following members:**

	Conveyance involving a paediatric patient*	Conveyance involving a non-paediatric patient
Crew leader qualifications	<p>A fully registered medical practitioner with valid Advanced Paediatric Life Support (APLS) certification or equivalent and with either of the following competencies/ qualifications:</p> <p>a) registration under section 22 of the Medical Registration Act 1997 as a specialist in the branch of anaesthesiology, emergency medicine, neonatology or paediatric intensive care; or</p> <p>b) holds valid certifications in Paediatric Fundamental Critical Care Support (PFCCS) (validity period of 2 years); or</p> <p>c) have documented training and competency assessments^ provided for and endorsed by a specialist in one of the specialties stipulated in (a).</p>	<p>A fully registered medical practitioner with valid Advanced Cardiac Life Support (ACLS) certification and with either of the following competencies/ qualifications:</p> <p>a) registration under section 22 of the Medical Registration Act 1997 as a specialist in the branch of anaesthesiology, emergency medicine, general surgery or intensive care medicine; or</p> <p>b) holds valid certifications in Fundamental Critical Care Support (FCCS) (validity period of 4 years); or</p> <p>c) have documented training and competency assessments^ provided for and endorsed by a specialist in one of the specialties stipulated in (a).</p>
Requirements for additional service crew	<p>In addition to the crew leader above, the service crew shall comprise: (1) ambulance doctor, ambulance nurse, relevant ambulance nurse, ambulance paramedic or emergency medical technician; and (2) driver (see slide 9 for the existing qualifications for each service crew).</p>	

*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 frequency of training and competency assessment will be left to the professional judgement of the CGO.

Service Crew Requirements for Specialised Isolation Service

- **[NEW]** The service crew involved in the conveyance of a patient requiring specialised isolation service will supersede the existing min. service crew requirements for EAS and shall **minimally be a 3-man crew comprising the following members:**
 - a) A crew leader who is an ambulance doctor, a relevant ambulance nurse or an ambulance paramedic;
 - b) A service crew who is an ambulance doctor, ambulance nurse, ambulance paramedic, emergency medical technician or any other individual with knowledge or expertise relating to the provision of the applicable service as approved by MOH; and
 - c) A driver.
- **[NEW]** Given that equipment such as PMIU used for specialised isolation service is likely to be infrequently used during conveyances, the EAS licensee shall ensure that **service crew providing specialised isolation service undergo training* on the use of PMIU at least once a year.**
- **[New]** For emergency ambulance conveyances providing both specialised isolation and specialised critical care services, the service crew requirements for specialised critical care service applies (given that the service crew requirements for specialised critical care service is more stringent than those for specialised isolation service).

*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.

Amendment 4. Additional Requirement for Vehicular Specifications for EAS and MTS

- In addition to the [existing vehicular requirements](#) for EAS and MTS, MOH intends to stipulate a minimum space for the patient compartment area to ensure that an appropriate vehicle model with sufficient space for patient care and monitoring and resuscitation is used to operate as an EA or MT (such as having a stretcher in place within the vehicle and for the service crew to position behind the head of the patient, who is lying on the stretcher, to administer resuscitative measures).
- **[NEW]** The **minimum dimension of the patient compartment area*** in an EA or MT shall be as follows (see **Annex A** for details):
 - Length: 2.9m
 - Width: 1.5m
 - Height: 1.3m

*The minimum dimension of the patient compartment area is measured from existing vehicle models used e.g., Toyota Hiace, Nissan Urvan 3.0M, Mercedes-Benz Sprinter 316CDI, Renault Master 2.3, and Fiat Ducato 250.

Application and Licensing Matters for the Provision of SSeS by EAS Providers

- 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 (HALP). **Licensing fees will apply** for the provision of these SSeS.
 - MOH will announce the details on the application process and fees for these new SSeS at a later date.

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The End

Thank you



Annex A: Visual Guidance of the Patient Compartment Area

NEW

- 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

