



**MINISTRY OF HEALTH**  
SINGAPORE

# **Clarification session with Key Office Holders appointed to Nursing Homes under the Healthcare Services Act**

Health Regulation Group (HRG)  
Ministry of Health  
14 Sep 2023

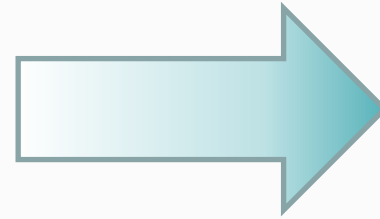
# Agenda

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# What is the Healthcare Services Act (HCSA)?

- The Healthcare Services Act (HCSA) replaces the Private Hospital and Medical Clinics Act (PHMCA), and sets out a services-based approach to the licensing and regulation of health services.

**Private Hospitals and Medical Clinics Act (PHMCA)**  
Premises-based  
*Licensable Premises*



**Healthcare Services Act (HCSA)**  
Services-based  
*Licensable Healthcare Services*

Hospitals



Nursing Homes



Medical Clinics



Clinical Laboratories



Nursing Home Service



Acute Hospital Service



Radiological Service



Clinical Laboratory Service

- Under HCSA, Nursing Homes (NHs) and Inpatient Hospices (IPHs) will both be issued a NH service licence.
- Additionally, Inpatient Hospices will be a specified service (SS) under the NH Service licence, where MOH's approval is required.

# Enhanced Governance in NHs to Better Safeguard NH Residents

One of the key changes under HCSA is the enhanced governance framework, to ensure greater oversight of the NH service, so as to better safeguard patient safety and welfare.

## The enhanced governance framework requires:-



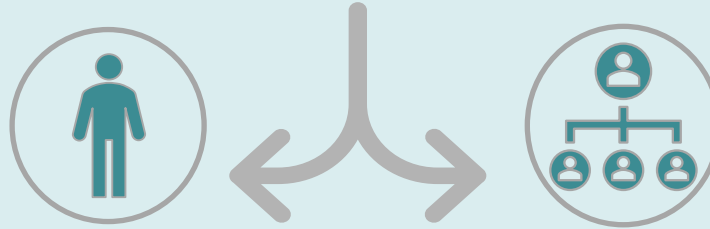
- **Suitable individuals to be appointed in key governing roles**
- **Appropriate clinical and corporate risk management**
- **Transparency and accountability to key stakeholder groups**
- **Business continuity assurance**

# Overview of Key Office Holders

## Licensee

Responsible and accountable for overall compliance with HCSA

May be an individual or a corporate entity



If the licensee is an individual, s/he is also the **Key Appointment Holder (KAH)**, i.e. the governing body responsible for strategic leadership and general management oversight.

If the licensee is a corporate entity, depending on how the business structure is registered with the Accounting and Corporate Regulatory Authority (ACRA) the **KAH(s)** are:

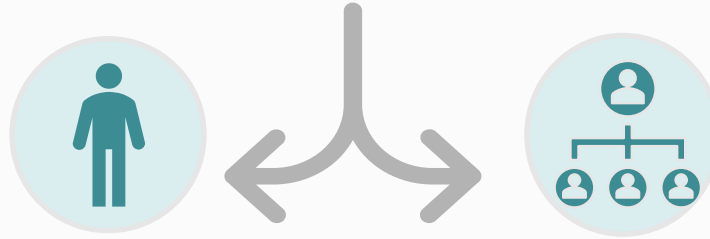
- a) all members\* of the board, or
- b) all partners in a partnership, or
- c) the owner in a sole proprietorship.

\*For licensees who are corporate entities or charities, all the board members are the KAHs even though the Board oversees various different services, and the NH service is but a small part of the charity or business.

# Overview of Key Office Holders (continued)

## Licensee

May be an individual or a corporate entity



If the licensee is an individual, s/he is also the Key Appointment Holder (KAH).

**The same individual can also be the Clinical Governance Officer and Principal Officer** as long as s/he meets the requisite requirements and has the bandwidth to juggle multiple roles effectively.

If the licensee is a corporate entity, the KAH(s) are:

- a) all members of the board, or
- b) all partners in a partnership, or
- c) the owner in a sole proprietorship.

### Clinical Governance Officer (CGO)

The CGO is similar to the **HCI manager** under PHMCA and **oversees the clinical aspects of the NH service to ensure safe and quality care.**

### Principal Officer (PO)

The **PO** is similar to the **Chief Executive Officer** or the **operations manager**, under PHMCA and **oversees the day-to-day management and operational compliance to HCSA**

# **Suitability and Requirements for Key Office Holders**

# Who is suitable to be a licensee, PO, CGO, KAH

A person is not considered **suitable** to be a licensee, PO, CGO or KAH if he/she:-

- Has been **charged with or convicted** of:
  - a) An offence involving **fraud or dishonesty**
  - b) An offence under the **HCSA, the PHMCA or any other applicable Act (see Annex A)**
  - c) An offence specified in the **Third Schedule to the Registration of Criminals Act (Cap. 268)**
  - d) Any other offence involving **abuse, ill treatment, assault or physical violence**
- Is an **undischarged bankrupt**
- Has his/her **professional registration under MOH's professional acts cancelled, removed or suspended**
- Has been a **director or manager** of an entity carrying on the business of providing healthcare services which has its **registration or licence suspended, cancelled or revoked**
- Has his/her **accreditation/approval to participate in MOH-administered public schemes revoked or suspended**
- **Lacks capacity** within the meaning of the Mental Capacity Act 2008 (Cap.177A)



# KAH Requirements

The corporate governance requirements imposed under HCSA on KAHs **complement** the other governance standards and relevant legislation that they may already be subjected to (e.g. the Code of Governance for Charities/Societies or Co-operative societies)

Tier Category	Basic Tier	Enhanced Tier
Requirements	No additional corporate governance requirements are imposed under HCSA on the KAHs.	<p>At least 1 KAH should have <b>5 years of prior experience in managing a business in general or a NH service or a relevant licensed healthcare service of comparable or greater staff strength than that of the NH service</b> for which they are now deemed KAHs.</p> <p>This requirement cannot be fulfilled by a CGO or PO.</p>
Examples	<ul style="list-style-type: none"> <li>• Company limited by guarantee</li> <li>• Charity (including an Exempt Charity that is an Institution of Public Character (IPC))</li> <li>• Society</li> <li>• Co-operative society</li> </ul>	All other companies that do not fall under the Basic Tier

# NH CGO requirements

- The NH CGO can **either** be a medical practitioner fully registered with the Singapore Medical Council (CGO Doctor) **or** a nurse fully registered with SNB (CGO Nurse) who fulfils the experience and academic qualification requirements listed below.
- **CGO Doctor Requirements (No change to what was previous communicated during NH Consults in Feb 2023)**
  - a) Registered as a specialist in any branch of medicine, OR
  - b) Registered as a family physician, OR
  - c) Had previously been deployed as a medical practitioner for a continuous period of 5 years, or an aggregate period of 5 years during a continuous period of 10 years.
- **CGO Nurse Requirements (Updated)**
  - a) Incumbent Nursing Leaders appointed as CGO nurses immediately before 15 Dec 2023 shall be grandfathered.
  - b) CGO nurses appointed after 15 Dec 2023 will be required to meet the following qualifications and experience requirements by Dec 2028: -
    - i. S/he must have served an aggregate period of 5 years in a leadership role in the last 10 years as a RN in a NH, Geriatric or Palliative Care setting.
    - ii. S/he shall hold a degree in Nursing; AND either an advanced diploma in nursing; OR post-basic nursing qualifications; OR post-graduate qualifications in clinical nursing.

Note: The Post-basic nursing qualification or Advanced Diploma can be in any one of the following disciplines and is not limited to: Medical-surgical, Community Health, Palliative Care, Gerontology, Chronic Disease Management, ICU, Orthopaedic, Psychiatry, Oncology

# Inpatient Hospice (IPH) CGO requirements

## CGO Doctor

### Experience

[Unchanged] At least 5 years of experience as a medical practitioner within a period of 10 years.

### Academic Qualification

#### Nursing Home\*

- a) Registered as a specialist in any branch of medicine, OR
- b) Registered as a family physician

#### Inpatient Hospice (IPH) SS

- a) Registered as a **palliative medicine** specialist

\* NHs may also appoint a Nurse of suitable qualification as a CGO. This will not be applicable to the IPH SS Licensees.



# **Roles and Responsibilities of the Key Office Holders**

# Roles and Responsibilities of the Licensee

The licensee is responsible for:-

- **Overall compliance with HCSA** including the Regulations, the licence conditions and all directions and codes of practice given or issued under the Act
- **Compliance with any other written law regulating or relating to the provision of the NH service** in a safe and proper manner, that is applicable to the licensee
- **Appointing a competent PO and CGO and adequately empowering them** to carry out their duties. The licensee must not obstruct the PO and CGO from carrying out their duties in compliance with the Act.
  - a) **The licensee needs MOH's approval for the CGO appointment (unlike the appointment of the PO)** as the CGO needs to have met specific requirements for competencies and qualifications.
- **Ensuring that there is always a PO and CGO** overseeing the operational and clinical aspects of the nursing home service:-
  - a) Licensees must appoint a **new PO within 10 calendar days** after the previously appointed PO stops acting, or is unable to act, as the PO.
  - b) **Licensees must not operate their services without a suitable CGO.** There must be succession plans & business continuity plans in place such that if the CGO has resigned and is serving notice, the licensee is able to appoint the next CGO almost immediately (**i.e., within 1 calendar day**). In the event of an unexpected demise or sudden departure of a CGO, licensees must appoint a new CGO **within 20 calendar days** after the previous CGO has left.

# Roles and Responsibilities of the KAH

- **All KAHs have a duty to safeguard patient safety and welfare**, regardless of whether the KAH
  - a) Is a volunteer or is remunerated;
  - b) Oversees various other services in addition to the NH service; and
  - c) Is clinically trained.
- If there is non-compliance and the facts of the case suggest that KAH may also be culpable, action against the KAH along with the licensee and other KOHs may also be considered.
- KAHs may consider implementing the following measures to mitigate the risk to patient safety and welfare<sup>1</sup>:-
  - a) Implementation of corporate and clinical risk management frameworks
  - b) Appointment of the right people with the right skillsets to the job, with their expected duties, responsibilities and delineation of duties between various roles stated and documented upfront
  - c) Provision of adequate resources to support and empower staff to perform their roles in compliance to HCSA
  - d) Measures to increase staff retention rate (e.g. sufficient staff recognition and benefits) as well as succession plans including contingency plans that can be operationalised
  - e) An internal reporting framework whereby KAHs receive regular updates regarding the audit processes and compliance checks led by the relevant staff, to ensure that the standard operating procedures (SOPs) are being implemented and corrective actions taken where not (e.g. from the Infection Control Committee, Serious Reportable Event Quality Assurance Committee etc)
  - f) Regular review of work processes to ensure they are relevant and updated
  - g) Training for staff to ensure they stay up-to-date with the latest developments in clinical practice

<sup>1</sup>A list of recommendations on KAH composition and processes are provided as good practice guidelines for licensees' reference in the COP (see Annex A).

# Roles and Responsibilities of the PO

- The PO is **responsible for providing oversight over the day-to-day management of NH service** and ensuring **operational compliance with HCSA** (e.g., ensuring the structure, facility, equipment or devices used are safe, the premises as a whole is safe, the NH is operating smoothly).
- The PO **must reside in Singapore, at all times be contactable and available** to tend to all matters which require his/her attention. If the PO cannot be available, the PO must appoint a suitably qualified and competent employee to handle the matter on the PO's behalf.
- **Before making any decision on a clinical matter, the PO must consult the CGO** who is appointed to oversee the clinical aspects of the NH service.

# Roles and Responsibilities of the NH CGO

- The CGO is expected to oversee the delivery, co-ordination and evaluation of **clinical aspects of the NH service** to ensure safe and quality care.

This does not mean that the NH CGO interferes with the professional practice of his/her peers in other disciplines

- ✓ Establishing and coordinating the overall clinical governance means that the CGO: -
  - a) Works closely with respective healthcare professionals to
    - i. Design and develop clinical pathways, protocols and guidelines
    - ii. Periodically review policies and procedural guidelines
  - b) Co-ordinates with the QAC supervisor on quality assurance activities which include the review of clinical incidents and serious reportable events, and facilitates the implementation of recommendations and quality improvements arising from the reviews.
  - c) Works closely with the QAC supervisor, Infection Control Committee Lead, Head of Nursing and other relevant personnel to conduct regular audits (e.g. documentation audit, infection control audit, hand hygiene audit, clinical care and quality audits).
  - d) Implements and regularly reviews policies and systems for clinical governance, clinical risk management and effective quality management systems.
  - e) Advocates a culture of safety and quality where near misses and incidents are reported so that mitigating measures can be implemented.



# Roles and Responsibilities of the NH CGO

- The CGO is expected to oversee the delivery, co-ordination and evaluation of **clinical aspects of the NH service** to ensure safe and quality care.
  - f) Reviews complaints, identifies the gaps and rectifies them with appropriate escalation to licensee.
  - g) Supervises and guides the NH care staff in the delivery of care and in incident management.
  - h) Escalates issues to licensee's attention and action where needed.
  - i) Ensures appropriate skills mix and adequate manpower resourcing for all shifts and types of services.
    - i. Plans and negotiates for resources required for care delivery.
    - ii. Selects appropriate staff to be recruited into the care team in collaboration with the management team.
    - iii. Guides orientation/induction programmes and preceptorship for all new staff.
    - iv. Ensures close supervision, adequate training and regular competency assessments for staff to work effectively, safely and independently

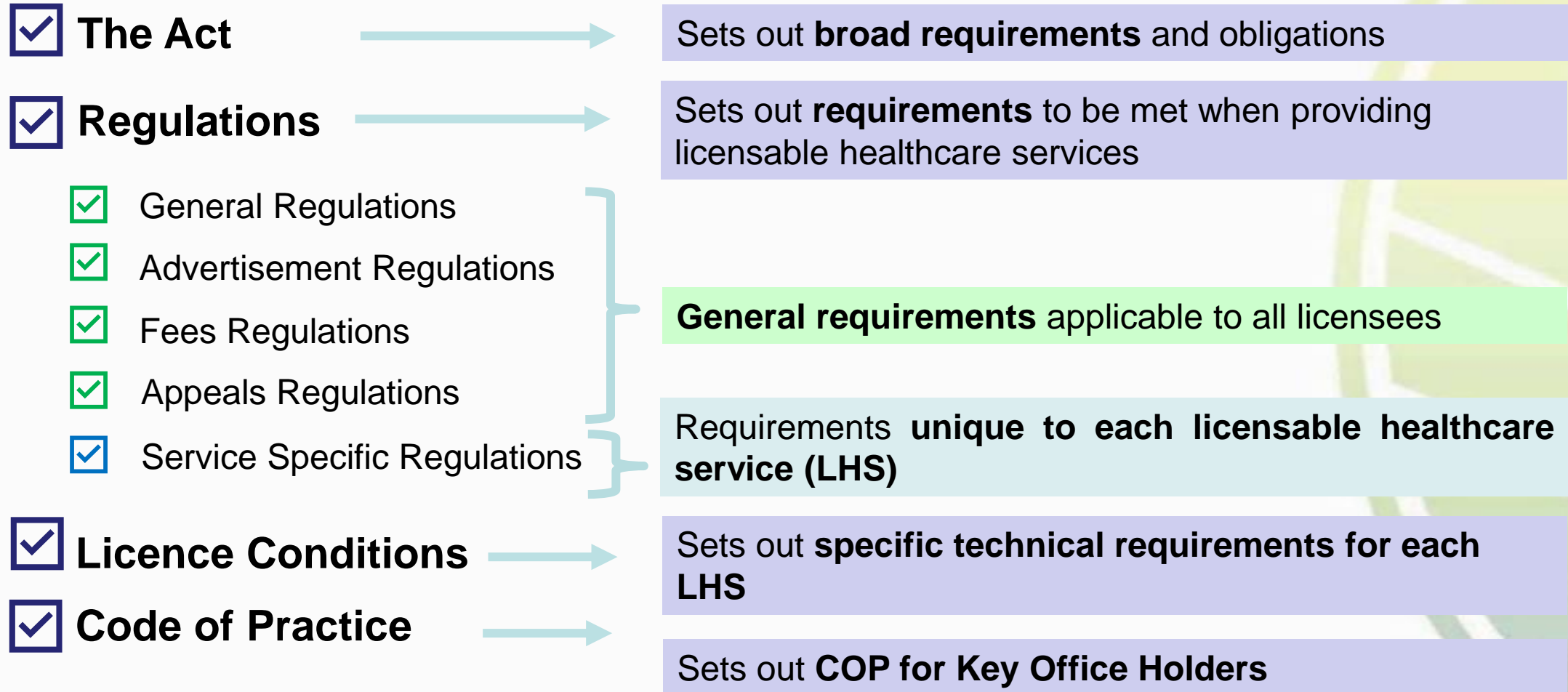
# Roles and Responsibilities of the CGO

- The CGO **must reside in Singapore, at all times be contactable and available** to tend to all matters which require his/her attention. If the CGO cannot be available, the CGO must appoint a suitably qualified and competent employee to handle the matter on the CGO's behalf.
- **The NH may appoint more than 1 CGO, but the responsibilities of each CGO must be clearly delineated and all the CGOs must know their respective responsibilities.** (e.g. For Inpatient Palliative Hospice SS approval, the NH licensee must appoint a CGO who is a palliative medicine specialist. Additionally, a CGO nurse may also be appointed to oversee the nursing care and administration.)
- **While the same individual can be appointed as the CGO for several licensees or licensable services simultaneously,** subject to them meeting the specific requirements on skills and competencies of the CGO stipulated in the specific service regulations, **licensees should take into consideration their bandwidth and capacity as part of assessing their suitability and ability for the role. The CGO should also consider the same before taking on the role.**

# **NH Requirements under HCSA**

# Overview of requirements applicable to NH licensees

NH licensees must comply with **ALL of the following requirements\***



*\*FAQs/Guidance which carry illustrations of good practices to help licensees interpret and meet the requirements in the Regulations and LCs are not enforceable.*

# Current Regulatory Standards for Nursing Homes

The current requirements set out under the NH Licensing Terms and Conditions (LTCs) will be retained except for the highlighted aspects.

## Requirements set out in the NH LTCs

### Domain 1: Clinical Aspect of Care

1. Care Planning
2. Medical services
3. Medication management
4. Advance Care Planning
5. Pains Management
6. Falls Prevention and Mobility
7. Skin Care and Pressure Ulcers
8. Oral Hygiene and Dental Care
9. Continence Management
10. Allied Health Services
11. Infection Control
12. Food Services

### Domain 2: Social Aspects of Care

1. Dignity of Care
2. Psychosocial and mental health care
3. Informed Care
4. Use of Restraint
5. Living Environment
6. Ancillary Services

### Domain 3: Governance and Organisational Excellence

1. General Management duties and responsibilities
2. Duties and Responsibility of Head of Nursing
3. Staff Organisation and Management
4. Staff Training, competency and Supervision
5. Financial Management
6. Feedback Management
7. Continuous Improvement
8. Emergency Preparedness

# Proposed NEW NH Requirements under HCSA

## Head of Nursing (Updated)

1. **The requirement to appoint a HoN for the NH remains** (as communicated at Feb 2023 NH Consult).
  - a) If the CGO is a nurse, (s)he can also concurrently be the HoN in the NH.
  - b) If the CGO is a medical doctor, a registered nurse, with relevant experience, (s)he will need to be appointed as the HoN in the NH.
  
2. **[NEW] The HoN shall meet the following prescribed qualification and experience requirements** (as communicated at CNO-NL on 07 Aug 2023) :-
  - a) 5 years experience as a RN serving in a supervisory and/or leadership role (i.e. as a nurse manager/ nurse educator/ nurse clinician)
  - b) Either a degree in Nursing or an Advanced diploma in nursing; or Post-basic nursing qualifications\* or Post-grad qualifications in clinical nursing.
  
3. MOH is in the midst of reviewing feedback received from NHs, on allowing conditionally registered nurses (RN) with the Singapore Nursing Board (SNB) to be appointed as the HoN. We will update on the agreed policy position in due course.

\*Note: The Post-basic nursing qualification or Advanced Diploma can be in any one of the following disciplines but is not limited to: Medical-surgical, Community Health, Palliative Care, Gerontology, Chronic Disease Management, ICU, Orthopaedic, Psychiatry, Oncology

# Proposed NEW NH Requirements under HCSEA

## Quality Assurance Committee (as communicated at Feb 2023 NH Consult)

1. **With effect from 01 Jan 2024, NHs must set up a QAC and appointed QAC supervisor** to monitor, evaluate and review resident safety and clinical quality issues in the NH.
2. The QAC shall consist of **three or more persons**, including:
  - a) **A QAC supervisor; and**
  - b) **At least one medical or nursing or pharmacist or allied health professional.**
3. **The QAC supervisor shall be directly employed by the licensee.** Other members of the QAC may comprise of persons who are not the NH employees.
4. **The QAC supervisor has a 5-year sunrise period to attain relevant training and experience** in risk assessment, quality improvement and quality assessment in the healthcare setting.

## Infection Control Committee Lead (as communicated at Feb 2023 NH Consult)

1. **With effect from 01 Jan 2024, NHs must appoint an Infection Control Committee lead.**
2. The Infection Control Committee Lead has a **5-year sunrise period to complete relevant formal training in infection control.**

# Proposed NEW NH Requirements under HCSA

## Background screening (as communicated at Feb 2023 NH Consult)

1. The NH licensee shall not employ/engage any individuals who have committed prescribed offences before, **unless MOH gives approval.**
2. If the prospective employee has committed prescribed offences before but the licensee wishes to hire the individual despite his criminal history, the NH has to submit an appeal to MOH.
3. MOH is working out the implementation details and will update the NHs during the Regulatory Forum, tentatively scheduled for Nov.

## **[NEW]** Mandatory reporting of alleged or actual abuse incidents

1. NHs to report to MOH any alleged or actual abuse incidents of the following nature:-
  - a) sexual abuse
  - b) physical abuse
2. Reporting timelines:
  - a) The initial report – within 48 hours  
[With details of the preliminary investigation and immediate actions taken by the NH (e.g. report to police, refer victim for medical attention, safety plan for the victim)].
  - b) The final report – within 2 weeks  
[With details of internal investigation outcome and actions to prevent future recurrence].



# Proposed NEW NH Requirements under HCSPA

Medication Management (as communicated at Feb 2023 NH Consult)

- 1. With effect from 01 Jan 2024, NHs must have appropriate facilities to store controlled drugs (CDs).**
  - a) For clarity, we did not impose upon NHs to hold CDs as ward stock (the requirement is for NHs to be able to store and manage CDs, it does not specify whether this should be CDs via named prescription or as ward stock. The intent was for NHs to be able to readily take in residents requiring CDs as NH residents may increasingly require the use of CDs as part of their care management. Notwithstanding, neither HCSPA nor MDA prohibits NHs from stocking CDs.
  
- 2. NHs must have at least one registered nurse or enrolled nurse competent in the administration of S/C and I/M injections onsite at the NH at all times. A sunrise period of 5 years will be provided for all NHs to meet the this manning requirement.**
  
- 3. NHs must have a policy in place for the management of donated medications.**
  - a) For clarity, the NHs may have a policy not to accept any donation of medications.

# Proposed NEW NH Requirements under HCSA

Resuscitation requirements (as communicated at Feb 2023 NH Consult)

1. **All registered healthcare professionals (HCPs)** (e.g., doctors, nurses, pharmacists, allied health professionals) **must maintain valid certification in Basic Cardiac Life Support (BCLS) and in the use of Automated External Defibrillator (AED) when in clinical areas (e.g. NH wards).**
2. Registered HCPs, **who are not medically-fit to perform essential life-saving measures, must still maintain valid BCLS and AED certification, but only for the theory component.**
3. If there are no registered HCPs with valid BCLS and AED certification present, **there must be 1 personnel on-site at the clinical area at all times with valid CPR and AED certification.**
  - a) This requirement will only be enforced from **1<sup>st</sup> Jan 2027.**
4. NHs are to keep and maintain a list of resuscitation drugs and equipment within the NH for use when a doctor is on-site. **Additionally, NHs are required to keep inhaled or nebulised bronchodilators and appropriate delivery devices** for the bronchodilator (e.g. spacer, nebuliser).

# Proposed NEW NH Requirements under HCSA

Price Transparency, Display of Charges and Financial Counseling (as communicated at Feb 2023 NH Consult)

## Price Transparency

1. A licensee must, upon request, inform a resident or any person who intends to receive a NH service from the licensee, of the applicable charges (including any administrative fee).

## Display of Charges

1. A licensee must display or make available the charges applicable for the NH service upon admission. The charges must include:
  - a) Monthly NH charges
  - b) Any administrative fee or any other charge that is to be imposed in respect of the Nursing Home Service on the resident (e.g. medical consumables, transport, medications, medical charges and other incidental charges).

## Financial Counseling

1. Before providing NH service to the resident, the licensee must, as soon as reasonably practicable, conduct financial counselling to the resident or the resident's next-of-kin if the fee information is new to the resident, including where:-
  - a) The resident is a new resident of the licensee; or
  - b) The change in bill size is substantial or unanticipated.
2. A licensee must record all financial counselling conducted and obtain the resident's or the next-of-kin's written acknowledgement upon the completion of the financial counselling.

# Proposed NEW NH Requirements under HCSA

On when an Outpatient Medical Service (OMS) Licence is required in the NH context (**Updated**)

1. NH residents' general medical conditions are to be under the care of a doctor even though there is no need for a doctor to be onsite in the NH at all times. This can be achieved through doctors who are:
  - a) **Employed by the NH Licensee;**
  - b) **Volunteers;** or
  - c) **Contracted (contract can be with an individual doctor or with the medical clinic/hospital who deploys the doctor to the NH).**
  
2. Where the NH employs the doctor to support the medical care needs of the NH's own residents, **this is regulated under the NH licence → An OMS licence is not required.**
  
3. Where the NH engages individual doctors who are not the NH's employees to provide medical services to its residents, the doctor is required to provide medical services under an OMS licence, regardless of whether the doctor/service providers (e.g., medical clinics) are volunteers, or are remunerated.
  - a) A doctor (including all volunteers, regardless of their frequency of volunteering), who is providing medical services to the NH residents in his individual capacity, must hold an OMS licence with approval for temporary Mode of Service Delivery (MOSD).
  - b) A doctor who is deployed by a clinic or hospital to the NH to provide medical care to the NH residents do not need to hold an OMS licence. In this case, the NH licensee must ensure that the clinic or hospital has a valid OMS licence with approval for temporary MOSD.

# Proposed NEW NH Requirements under HCSA

On when an Outpatient Dental Service (ODS) Licence is required in the NH context **(Updated)**

1. Trained non-dental healthcare professionals (e.g. nurses) in the NH **are expected to**
  - a) **perform basic oral hygiene** (e.g. brushing, flossing of teeth);
  - b) **conduct basic oral health screening** (e.g. look out for common oral health conditions such as tooth decay, presence of calculus, gum inflammation, ulcers, loose teeth, poorly fitting dentures, etc); and
  - c) **refer NH residents for onward management/treatment to a dentist when required.**

→ **An ODS licence is not required for any of the above.**

2. **Where the dentist goes to the NH to perform any diagnostic/curative procedures** such as dental screening, simple extractions and denture work, **an ODS licence is required**, because dental services are not subsumed under the NH service licence.
  - a) The dentist is required to provide dental services under an ODS licence, regardless of whether the dentists/service providers (e.g., dental clinics) are volunteers, or are remunerated. Details on who can hold the ODS licence are presented in the subsequent slides.

# Proposed NEW NH Requirements under HCSA

## Who holds the ODS Licence (Updated)

*Where the NH has a dental chair:*

**Option 1** is for the NH to hold the ODS licence with approval for permanent premises MOSD.

**Option 2** is for either the individual dentist (if providing the services for a fee/volunteering in their own individual capacity) or the dental service provider (e.g. dental clinic) to apply for the ODS licence on HALP.

- a) The applicable MOSD for Option 2 is
  - i. Permanent premises – if the dentist is providing the service at the clinic with the dental chair
  - ii. Temporary – if the dentist is providing the service at the wards (similar to house-calls)

*Where the NH does not have a dental chair:*

The individual dentist (if providing the services in their own individual capacity) or the dental service provider (e.g., dental clinic) shall apply for the ODS licence with approval for temporary MOSD on HALP.

# Proposed NEW NH Requirements under HCSA

On when a Medical Transport Service (MTS) Licence is required in the NH context  
(as communicated at Feb 2023 NH Consult)

1. NHs which provide medical transport service (MTS) are required to hold a MTS licence for the transport of a resident who requires some form of clinical care on board.
  - a) **For clarity, a MTS licence is not required in the following scenarios:-**
    - i. The transfer of an otherwise medically stable resident e.g., using a car, van or bus.
    - ii. If a NH personnel (e.g., the healthcare attendant or nursing staff from the NH) is on board the vehicle to accompany the medically stable patient but not to provide some form of care or monitoring.

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# The End

# Thank you



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# Annexes

<b>Annex A</b>	<b>Code of Practice for Key Office Holders under HCSA</b>	 Adobe Acrobat Document
<b>Annex B</b>	<b>HCS General Regulations FAQs</b>	 Adobe Acrobat Document
<b>Annex C</b>	<b>Tiering for KAHs</b>	 Adobe Acrobat Document