



MINISTRY OF HEALTH
SINGAPORE

Stakeholder Consultation for Nursing Home Service under the Healthcare Services Act (HCSA) – Nursing Home Service Regulations

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

Agenda

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Definition and Scope

Definition and Scope of Nursing Home Service*

“Nursing Home Service” means —

- (a) the provision of **residential accommodation** to an inpatient who —
 - (i) is an **elderly or disabled, or is labouring under a life-limiting condition or illness**;
 - (ii) requires **continuous nursing care**; and
 - (iii) whose general medical condition is under the care of an attending medical practitioner.

where “**Residential Accommodation**” means the use of the licensed premises of a licensee as a **primary place of abode** at which an inpatient can live indefinitely on payment of consideration to the licensee; and includes

- (b) the **provision of a service that is provided by a nurse** in the course of his or her practice as a nurse to an inpatient;
- (c) the **provision of any of the following services to an inpatient, or the arrangement for an inpatient to have access to** any of the following services:
 - (i) a service that is provided, or an act that is done, by a medical practitioner in the course of his or her practice as a medical practitioner;
 - (ii) a service that is provided, or an act that is done, by a dentist in the course of his or her practice as a dentist;
 - (iii) a service that is provided by an allied health professional in the course of his or her practice as an allied health professional;
 - (iv) a service that is provided as a necessary supporting service to the provision of any service mentioned in sub-paragraph (i), (ii) and (iii);
and
- (d) excludes all of the following:
 - (i) any intensive care service;
 - (ii) any surgical service other than the conduct of minor surgical procedure;
 - (iii) the provision of any treatment or conduct of any procedure that requires the administration of general anaesthesia;
 - (iv) the administration of general anaesthesia

Licensing Matters

Overview of transition from PHMCA to HCSA

1. Under PHMCA

- a) One licence is issued to each nursing home (NH) or inpatient hospice (IPH).
 - i. All activities within the NH or IPH is regulated under the licence.
- b) To provide a specialised service (e.g. blood transfusion service) in the Second Schedule of the PHMC regulations, IPHs require MOH's approval.

2. Under HCSA

- a) One licence is issued to each NH or IPH.
- b) NH service (including IPH) is only to be provided in a fixed premises.
- c) To provide a specified Service (SS) under the NH Service licence, licensees require MOH's approval.

[NEW] Table 1: List of Specified Services offered under the NH service licence

Nursing Home Service	
Specified Services*	Inpatient Palliative Care ("IPC")
	Blood Transfusion Service ("BTS")#
	Collaborative Prescribing ("CP")

*Specific requirements for each SS will be published at a later date

#BTS will only be allowed in NHs with IPC

Other HCSA licences that the NH licensee might need to hold

1. **[NEW]** NH service licensees who **provide** other licensable healthcare services, will have to take on other HCSA service licences as appropriate.
 - a) **For example, a NH which holds the NH service licence, will also need to hold**
 - i. **The MS licence**, if it provides home medical or home palliative service to residents in other licensees' nursing homes.
 - ii. **The MTS licence**, if it provides medical transport service;
 - iii. **The DS licence**, if it has dental chairs.
2. **[NEW]** NH service licensees who **receive** licensable healthcare services from other providers will need to ensure that the services are procured from licensed providers or registered healthcare professionals.

When does a NH licensee need to hold a MS licence?

NH residents' general medical conditions are to be under the care of a medical practitioner even though there is no need for a doctor to be onsite in the NH at all times. To support the medical care needs of its residents, the NH licensee may choose to do either or all of the following:-

1. The NH licensee employs its own doctor

- a) If the doctor only sees own licensee's residents within the licensee's NH premises → The NH licensee does not need to hold a separate MS licence. The NH licensee is accountable for the medical service provided to its own residents at all its NH premises, and this is regulated under its NH licence.
- b) If the doctor also sees residents from other NH licensees → **The NH licensee needs to hold MS “Temp” licence** as it is providing medical services to another licensee.

In these instances, the doctor practising in the NH(s) run by the NH licensee does not need to hold a MS licence.

**If licensee runs just one NH 'X', 'own residents' refers to residents from NH 'X'. If NH licensee is a corporation 'ABC Pte Ltd' which runs NH 'A' NH 'B' and NH 'C' under the same licensee, own residents refers to all residents from NH 'A', NH 'B' and NH 'C'.*

When does a NH licensee need to hold a MS licence?

2. The NH licensee has a contract with a fee-for-service provider

- a) If the NH licensee's contract is with a clinic/hospital/home medical service provider → the clinic/hospital/home medical service provider needs to hold a MS 'Temp' licence.
- b) If the NH licensee's contract is with an individual doctor → the individual doctor needs to hold a MS 'Temp' licence.

3. The NH licensee has engaged a volunteer doctor i.e. no fee for service

- a) If the doctor's total volunteering hours (not limited to the NH) is >56 hours per year → the volunteer doctor needs to hold a MS 'Temp' licence.
- b) If the doctor's total volunteering hours (not limited to the NH) is ≤ 56 hours per year → The NH licensee is accountable for the medical service provided to its residents, and this is regulated under the NH licence.

Who needs to hold a MS licence when providing medical care to NH residents?

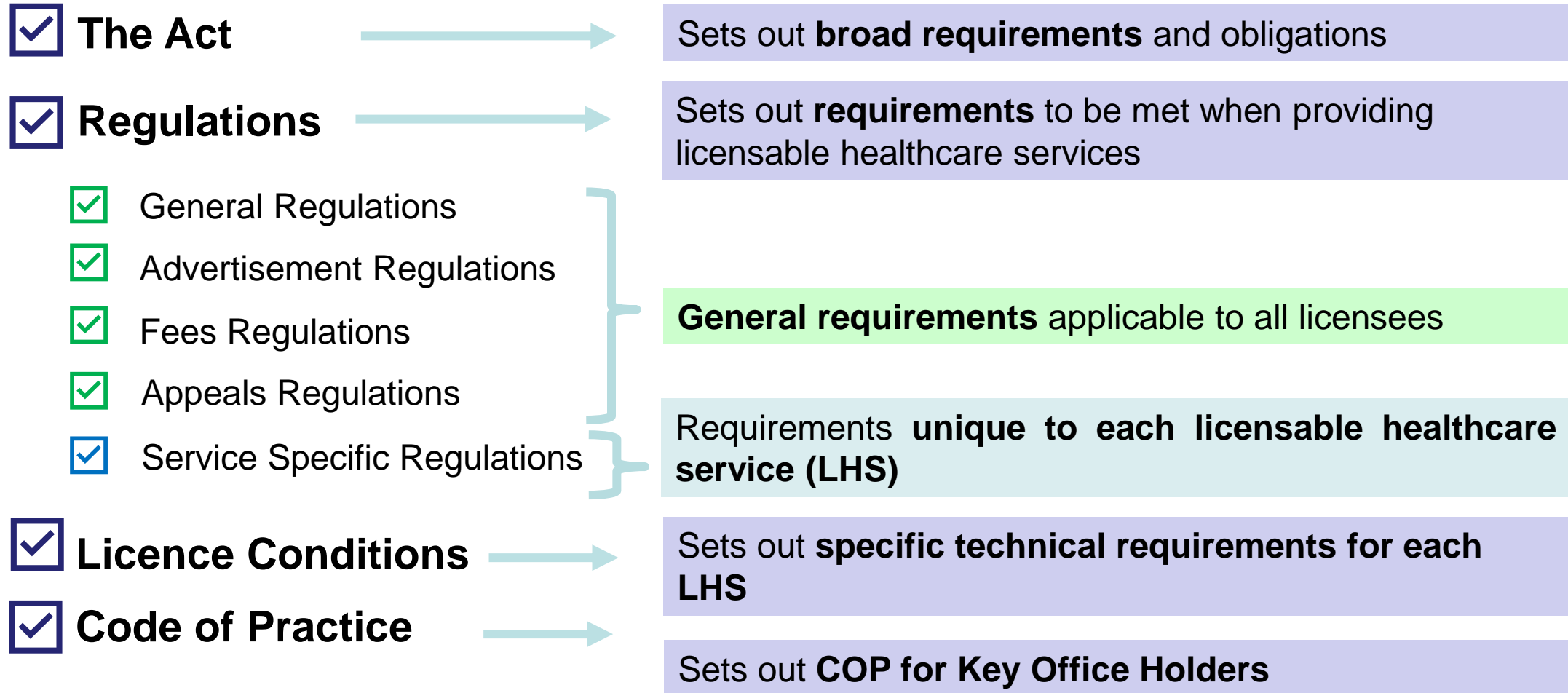
Scenarios	Nursing Home	Doctor	Medical Service Provider (e.g. Clinic, Hospital, Home medical service provider)
The doctor employed by NH licensee only sees own licensee's residents within NH premises	X	X	N.A
The doctor employed by NH licensee treats residents in other NH licensees' premises or day care clients	✓ NH to hold a MS licence	X	N.A
NH licensee "contracts" an individual doctor to treat its residents	X	✓ Individual doctor to hold a MS (Temporary) licence	N.A
NH licensee "contracts" clinic/hospital/home medical provider to treat its residents	X	X	✓ Clinic/hospital/home medical provider to hold a MS licence
NH licensee engages regular volunteers [total volunteering hours (not limited to the NH) is >56 hours per year]	X	✓ If volunteering on individual capacity, doctor to hold a MS licence	✓ If volunteering under the auspices of the clinic/hospital/home medical provider, provider to hold a MS licence.
NH licensee engages ad-hoc volunteers [total volunteering hours (not limited to the NH) is ≤56 hours per year]	X	X	

When does a NH licensee need to hold a DS licence?

1. NH licensees shall arrange for their residents to receive dental care & treatment from licensed dental service providers when required.
2. If the NH receives dental services from a volunteer dentist (same as for volunteer doctor):-
 - a) On an “ad-hoc” basis and if the total volunteering hours by the dentist is ≤ 56 hours per year (not limited to the NH) → **The NH licensee holds a separate DS licence and becomes responsible for DS provided in the NH***.
 - b) On a “regular” basis and if the total volunteering hours by the dentist is > 56 hours per year (not limited to the NH) → **The volunteer dentist must hold a DS (Temporary) licence.**
3. **NH licensees with dental chairs must hold separate DS licences** (even if they only use them for their NH residents) as they are responsible for the dental chair/equipment maintenance within their premises.

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 ENHS and the NH LTCs for NH Service Regulations will be retained except for the highlighted aspects.

Requirements set out in ENHS & NH LTCs

Domain 1: Clinical Aspect of Care

1. Care Planning
2. Medical services
3. Medication management ([Slide 26-29](#))
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. Contenance Management
10. Allied Health Services
11. Infection Control ([Slides 23-25](#))
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 ([Slide 15-19](#))
2. Duties and Responsibility of Head of Nursing ([Slide 15-19](#))
3. Staff Organisation and Management
4. Staff Training, competency and Supervision ([Slide 33-35](#))
5. Financial Management
6. Feedback Management
7. Continuous Improvement ([Slide 20-22](#))
8. Emergency Preparedness ([Slide 30-32](#))

New requirements under NH Service Regulations

Key Office Holders in a NH

Key Office Holders in a NH

[NEW] NHs shall appoint a Clinical Governance Officer (CGO), who is either a registered medical practitioner or a registered nurse.

Objective: There is a need for strong clinical and/or nursing oversight to manage the increasingly complex social and care needs of the residents being admitted to NHs.

1. **[NEW]** The role of the NH manager shall be formalised as a CGO since the NH manager under PHMCA and the CGO under HCSA exercise similar roles and responsibilities in the NH context.
2. **The requirement to appoint a Head of Nursing (HoN) for the NH in the current LTCs is retained.**
 - 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.

Key Office Holders in a NH

[NEW] Prescribed qualifications and experience for a registered medical practitioner appointed as CGO

1. The qualifications and experience of a **medical doctor appointed as CGO will be aligned** with the CGO criteria for Medical Services under HCSA:

[NEW] Fully registered medical practitioner, who is in good standing* and is either:

- 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.

**HCSA Section 2(3) sets out the considerations to determine the suitability or good standing of the individual (for example, undischarged bankruptcy, fraud, prior conviction of offences under the Professional Acts).*

Key Office Holders in a NH

[NEW] Prescribed qualifications and experience for a registered nurse appointed as CGO

1. The qualifications and experience of a **registered nurse appointed as CGO** are as follows:

[NEW] Fully registered nurse (RN), who is in good standing, with:

- a) At least 10 years nursing experience as a registered nurse, of which 5 years shall be in a NH, Geriatric or Palliative care setting; and
- b) Shall hold any of the following:
 - i. Advanced Diploma in Nursing (Medical-Surgical);
 - ii. Advanced Diploma in Nursing (Community Health);
 - iii. Advanced Diploma In Nursing (Palliative Care);
 - iv. Advanced Diploma in Nursing (Gerontology);
 - v. Advanced Diploma in Nursing (Chronic Disease Management); and
 - vi. Other post-graduate qualifications in nursing (e.g. Masters in Nursing).

**HCSA Section 2(3) sets out the considerations to determine the suitability or good standing of the individual (for example, undischarged bankruptcy, fraud, prior conviction of offences under the Professional Acts).*

Key Office Holders in a NH

[NEW] Prescribed qualifications and experience for a registered nurse appointed as CGO

Implementation Plan

1. With effect on 01 Jan 2024, RNs appointed as CGOs shall have at least 10 years nursing experience as a RN, of which 5 years shall be in a NH, Geriatric or Palliative care setting.
2. A sunrise period of 5 years will be provided to allow time for NHs to support their CGO nurses to meet the academic requirements for advanced diplomas.

Quality Assurance Committee Requirements for NHs

QAC requirements for NHs

[UPDATED] NHs must set up a QAC, with an appointed QAC supervisor, to monitor, evaluate and review resident safety and clinical quality issues in the NH.

Objective: NHs will need to adopt a more structured and formalised approach in identifying and evaluating the safety and clinical quality issues in the NH.

- 1. [UPDATED]** NHs shall set up a QAC, consisting of **three or more persons**, including:
 - a) **A QAC supervisor; and**
 - b) **At least one medical or nursing or allied health professional.**

- 2. [NEW]** **The QAC supervisor shall be directly employed by the licensee.**
 - a) Other members of the QAC may comprise of persons who are not the NH employees.*

- 3. [NEW]** **The QAC supervisor shall have relevant training and experience** in risk assessment, quality improvement and quality assessment in the healthcare setting.
 - a) The relevant training may include courses in risk assessment, risk management, quality improvement and quality assessment in the healthcare setting, such as:
 - i. Healthcare Quality Society of Singapore (HQSS) – Healthcare quality course, patient safety course and quality improvement courses.
 - ii. NHG Institute of Healthcare Quality (IHQ) – Root cause analysis, patient safety and quality improvement and quality improvement tool kit courses.
 - iii. SingHealth Institute of Patient Safety and Quality (IPSQ) – Root cause analysis etc.

*NHs may seek out external experts to be appointed to the QAC.

QAC requirements for NHs

4. **[NEW]** The functions and duties of a QAC shall be as follows:

- a) To devise and maintain a quality assurance programme for the purposes of evaluating and monitoring-
 - i. the quality and clinical appropriateness of the nursing home service provided to residents; and
 - ii. the procedures and practices of the licensee in relation to the provision of the nursing home service;
- b) To identify and evaluate any safety incidents to assess if the quality of the service provided is acceptable;
- c) To identify, develop and monitor the implementation of solutions to rectify and prevent safety incidents from recurring;
- d) To make recommendations to the licensee to improve the quality of the nursing home service; and
- e) To ensure that any directives issued by DMS in relation to quality assurance activities are complied with.

Implementation Plan

- 5. **With effect on 01 Jan 2024, NHs must have a QAC that complies with the requirements set out on the composition, Terms of Reference, role and function of the QAC.**
- 6. **A sunrise period of 5 years will be provided for the prerequisite training for the QAC supervisor to be implemented.**

Infection Control Committee Lead

Infection Control Committee Lead

[NEW] NH must appoint an Infection Control Committee lead who has completed formal training in infection control and performs his/her stipulated functions and duties.

Objective: Findings from licensing inspections and Covid-19 readiness assessments highlighted the need for a trained infection control lead who can provide adequate oversight over the NH's Infection Control Programme.

- 1. [NEW]** NH must appoint an Infection Control Committee Lead who shall have relevant training in infection control.
- 2. [NEW]** The Infection Control Committee Lead shall be directly employed by the licensee.
 - a) Other members of the Infection Control Committee may comprise of persons who are not the NH employees.*
- 3. [NEW]** The functions and duties of an Infection Control Committee Lead shall be as follows:
 - i. To ensure that the NH has an Infection control Programme, documented infection control activities and written policies and guidelines to deal with any infection acquired or brought into the NH;
 - ii. To coordinate and monitor compliance with internal infection control procedures;
 - iii. To ensure that the NH's infection control policies and procedures are current, relevant, acceptable and evaluated yearly;
 - iv. To ensure proper disinfection and disposal of infectious waste materials by licensed biohazard waste disposal operators, in accordance with all relevant laws and requirements.

*NHs may seek out external experts to be appointed to the Infection Control Committee.

Infection Control Committee Lead

Implementation Plan

4. With effect on 01 Jan 2024, the NH is to appoint an Infection Control Committee Lead who shall fulfil the stipulated functions and duties.
5. **[NEW]** A sunrise period of 5 years will be provided for the Infection Control Committee Lead to complete the relevant training, such as through structured courses e.g.:
 - i. Infection Prevention and Control (both intermediate and advance) courses by Ren Ci Learning Academy, or
 - ii. Asia Pacific Society of Infection Control (APSIC) training courses;
 - iii. Infection Prevention and Control (Intermediate) by St. Luke Academy.

Medication Management

Medication Management - Controlled Drugs

[NEW] NHs shall have appropriate facilities to store controlled drugs (CDs)

Objective: NH residents may increasingly require the use of CDs as part of their care management, and NHs can readily take in residents requiring CD.

1. **[NEW]** NHs shall have appropriate CD storage facilities regardless of whether there are residents requiring the use of CDs.
 - a) Appropriate CD storage facilities comprise minimally of a locked cupboard in a controlled access area that is not easily accessible by residents, or any other unauthorized persons.
 - b) All other requirements, such as compliance with the Misuse of Drugs Act and for a RN to have overall responsibility of CDs will remain unchanged.

Medication Management – Administration of Injections

[NEW] NHs shall 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

Objective: To raise End-of-Life (EOL) capabilities in NHs and ensure that they are able to administer S/C or I/M injections at all times.

1. **[NEW]** NHs shall have at least one nurse (whether EN or RN) competent in the administration of S/C and I/M injections at all times.
 - a) If the injections are CDs, ENs shall only administer pre-drawn injections.
 - b) The administration of S/C and I/M injections by ENs will continue to be under the supervision of a RN. For clarity, this does not necessarily mean that the RN must be onsite - the level of supervision accorded will depend on the EN's competency in relation to the patient / task in question.

Implementation Plan

2. A **sunrise period of 5 years** will be provided for all NHs to meet the manning requirement to have at least one RN or EN onsite at all times, to administer S/C or I/M injections.

Medication Management – Donated Medications

[NEW] NHs must have a policy in place for the management of donated medications

Objective: NHs may occasionally receive donated medications from residents, next-of-kin or the public. The requirements are set forth to ensure consistency in practice across all NHs.

1. **[NEW]** NHs must have a **policy in place to handle donated medications.**
 - a) For clarity, the NHs may have a policy not to accept any donation of medications.

2. **[NEW]** Donated medications shall be inspected by a pharmacist before releasing the donated medications to the NH's medication supplies.
 - a) The inspection may be conducted by the pharmacist either remotely (via photos or video) or onsite.
 - b) The medications shall preferably be inspected at the point when they are handed over from the donor to the NH.
 - c) The above does not apply to medications previously kept by the NH before donation (e.g. before resident's passing or discontinuation of medication)
 - i. The NH shall establish a policy and process to ensure that these donated medications remain fit for use.

Resuscitation Requirements

Resuscitation Requirements

Objective: To ensure that NHs have readily available resuscitation capabilities, drugs and equipment within the NH, to use, when the need arises.

1. **[NEW]** The licensee must ensure that **all registered healthcare professionals^ (HCPs) maintain valid certification in Basic Cardiac Life Support (BCLS) and in the use of Automated External Defibrillator (AED).**
2. For registered HCPs, **who are not medically-fit to perform essential life-saving measures, they are still required to maintain valid BCLS and AED certification, but only for the theory component.**
 - a) Not medically fit refers to HCPs who are:-
 - i. Pregnant; or
 - ii. Medically certified as not fit to perform BCLS.
3. **[NEW]** In the event that the registered HCP with the valid BCLS (theory and practical) and AED certification is not on-site, the licensee must ensure that there is **at least one staff in the clinical area who has valid CPR and AED certification, and is physically fit to medically administer CPR.**

Implementation Plan

4. MOH will be providing a **3-year sunrise period** from 01 Jan 2024 for the implementation of this requirement.

^ Registered HCPs refer to registered medical practitioners, nurses, pharmacists and allied health professionals. In addition, MOH would also like to encourage all non-registered HCPs to be trained in cardiopulmonary resuscitation and the use of AED.

**Valid certification in BCLS and AED include both the theory and practical component.*

Resuscitation Requirements

[UPDATED] NHs are expected to continue to keep and maintain a list of resuscitation drugs and equipment within the NH for use when a doctor is on site.

1. There is an adequate supply of resuscitation drugs available at all times, including but not limited to the following:
 - a) Injection adrenaline;
 - b) Injection antihistamine;
 - c) Injection steroid e.g. hydrocortisone; and
 - d) [NEW]** Inhaled or nebulised bronchodilators.

2. The resuscitation equipment that must be available at all times includes, but is not limited to:
 - a) Manual resuscitator;
 - b) Airways of at least two sizes;
 - c) Infusion set;
 - d) IV infusion fluid; and
 - e) [NEW]** Appropriate delivery devices for bronchodilator (e.g. spacer, nebuliser)

Background Screening

Background Screening

Objective: To prevent recalcitrant individuals with potential to harm others from being employed in NHs involving vulnerable residents.

1. **[NEW]** NH licensees (includes NHs and IPC service providers) **will require MOH's approval to hire prospective employees or engage individuals with criminal history who will have access to vulnerable residents.**
 - a) This includes all staff of the NH.
 - b) If vendors are not screened, they need to be supervised when they are within the NH premises.
 - c) Volunteers are currently exempted from screening.

2. **[NEW]** The NH licensee shall not employ/engage any individuals who have committed prescribed offences before, unless MOH gives approval.

Background Screening

3. **[NEW]** NH licensees are required to submit the name and NRIC of the prospective employees to MOH for screening.
4. **[NEW]** 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 with details such as the job scope of the position applied, reasons for supporting the employment of this individual despite his past convict history and mitigating measures to reduce the risk of this individual harming residents.

**More details on the administrative process will be shared in due course.*

Price Transparency and Financial Counselling

Price Transparency

Objective: To ensure NH residents and/or their next-of-kin can make informed choices with regards to the charges and fees imposed by the NH.

1. **[NEW]** A licensee must display or make available the charges applicable for the Nursing Home Services upon admission. The charges must include:
 - a) Monthly NH charges based on RAF category of resident and subsidy level based on means testing;
 - 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).

2. **[NEW]** A licensee must, at the request of any resident or the resident's appointed NOK, inform the resident of the estimated applicable charges (including administrative charges) for any aspect of the Nursing Home Service, including prior to billing.

Issuance of Bill:

1. **[NEW]** A licensee must issue an itemised bill to the patient after the provision of NH Service, unless the resident/next-of-kin declines.
 - a) If the bill cannot be generated instantaneously, it is acceptable for licensees to inform the resident of the delay and provide the bill at a later date as soon as available.

Financial Counselling

1. **[NEW]** Before providing a healthcare 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 (e.g. when there is a change in resident's RAF category)
2. **[NEW]** 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.
3. **[NEW]** A licensee must inform the resident or next-of-kin of the following if the resident has been assessed to be eligible for said public subsidies:
 - a) The status of the licensee's accreditation or participation in a public scheme and whether the licensee's accreditation or participation in the public scheme has been suspended, terminated or revoked.
 - b) The impact of any subsidy or grant under the public scheme on the fees chargeable for the licensable healthcare service
4. **[UPDATED]** The licensee must inform the resident or next-of-kin prior to implementing changes to charging policy.

Key Takeaways

New requirements for NH Service Regulations under HCSA Phase 3

1. Slides 15-19: (1) **NHs must appoint a Clinical Governance Officer (CGO)** who is either a registered medical practitioner or a registered nurse with appropriate qualifications. (2) The requirements on Head of Nursing for the NH is retained under HCSA.
2. Slides 20-22: **NHs must set up a QAC and appointed QAC supervisor** to monitor, evaluate and review resident safety and clinical quality issues in the NH.
3. Slide 23-25: **NHs must appoint an Infection Control Committee lead who has completed formal training in infection control.**
4. Slide 27: **NHs must have appropriate facilities to store controlled drugs (CDs).**
5. Slide 28: **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.**
6. Slide 29: **NHs must have a policy in place for the management of donated medications.**
7. Slide 30-32: **NHs must ensure that all registered healthcare professionals (HCPs) maintain valid certification in Basic Cardiac Life Support (BCLS) and the use of Automated External Defibrillator (AED).**
8. Slide 33-35: **NHs will require MOH's approval to hire prospective employees or engage individuals who will have access to vulnerable residents.**
9. Slide 36-38: **NHs must comply with requirements on financial counselling and price transparency.**

Implementation plans

1. Licensees will be given a sunrise period of (i) 5 years to meet the training-related and manning requirements and (ii) 3 years to meet the BCLS + AED requirement.
2. **MOH will work with AIC to support the upskilling requirements for the NHs and the roll-out plans.**
3. All other requirements come into effect on **1 Jan 2024**.

Stay connected with us

MOH will provide more information along the way



Visit ***HCSA.sg***
for more information and
to provide feedback



Write to us at
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The End

Thank you



MINISTRY OF HEALTH
SINGAPORE

Annexes

Guide to Enhanced Nursing Home Standards (“ENHS”)



Guide to ENHS

Licensing Terms and Conditions on Nursing Homes (“NHLTCs”)



NHLTCs

Directives for Quality Assurance Committees for Nursing Homes



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