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No. S 2

HEALTHCARE SERVICES ACT 2020

HEALTHCARE SERVICES (EMERGENCY AMBULANCE SERVICE AND MEDICAL TRANSPORT SERVICE) REGULATIONS 2022

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In exercise of the powers conferred by section 57 of the Healthcare Services Act 2020, the Minister for Health makes the following Regulations:

Citation and commencement

1. These Regulations are the Healthcare Services (Emergency Ambulance Service and Medical Transport Service) Regulations 2022 and come into operation on 3 January 2022 at 8 a.m.

Definitions

2. In these Regulations, unless the context otherwise requires —

“acute hospital” means an approved permanent premises of an acute hospital service licensee;

[S 1050/2024 wef 01/01/2025]

“acute hospital service licensee” means a person licensed under the Act to provide an acute hospital service;

[S 1050/2024 wef 01/01/2025]

“adult cardiac critical care service”, in relation to an emergency ambulance service, has the meaning given by paragraph 1 of the Schedule;

[S 1050/2024 wef 01/01/2025]

“adult general critical care service”, in relation to an emergency ambulance service, has the meaning given by paragraph 2 of the Schedule;

[S 1050/2024 wef 01/01/2025]

“ambulance doctor” means a fully registered medical practitioner or conditionally registered medical practitioner who holds —

- (a) a valid practising certificate under the Medical Registration Act 1997; and
- (b) one or more valid certifications certifying competency —
 - (i) in the provision of Advanced Cardiac Life Support; and
 - (ii) in the use of Automated External Defibrillation;

[S 1050/2024 wef 01/01/2025]

“ambulance nurse” means an individual who —

- (a) is a registered nurse or an enrolled nurse;
- (b) holds a valid practising certificate under the Nurses and Midwives Act 1999; and
- (c) 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;

[S 1050/2024 wef 01/01/2025]

“ambulance paramedic” means 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-General;
- (b) in the provision of Basic Cardiac Life Support; and
- (c) in the use of Automated External Defibrillation;

[S 1050/2024 wef 01/01/2025]

“applicable service” means an emergency ambulance service or a medical transport service, as the case may be;

“approved emergency ambulance” means an emergency ambulance that is approved under the Act to be used for the provision of an emergency ambulance service by an emergency ambulance service licensee;

[S 397/2023 wef 26/06/2023]

“approved medical transport” means a medical transport that is approved under the Act to be used for the provision of a medical transport service by a medical transport service licensee;

[S 397/2023 wef 26/06/2023]

“certification”, in relation to an individual, means a certification issued by a body recognised by the Director-General, certifying the individual’s competency in relation to a specified matter;

[S 397/2023 wef 26/06/2023]

“Clinical Governance Officer” means a Clinical Governance Officer appointed by a licensee under section 24(2) of the Act;

“conditionally registered medical practitioner” means a person registered in Part II of the Register of Medical Practitioners in accordance with section 21(1) or (2) of the Medical Registration Act 1997;

[S 1050/2024 wef 01/01/2025]

“emergency ambulance” and “emergency ambulance service” have the meanings given by paragraph 2 of the First Schedule to the Act;

[S 397/2023 wef 26/06/2023]

“emergency ambulance service licensee” means a person who holds a licence to provide an emergency ambulance service;

“emergency medical technician” means 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-General;
- (b) in the provision of Basic Cardiac Life Support;
- (c) in the use of Automated External Defibrillation; and
- (d) in the provision of first aid;

[S 1050/2024 wef 01/01/2025]

“emergency patient” has the meaning given by paragraph 2 of the First Schedule to the Act;

“enrolled nurse” and “registered nurse” have the meanings given by section 2 of the Nurses and Midwives Act 1999;

“fully registered medical practitioner” has the meaning given by section 2 of the Medical Registration Act 1997;

“General Regulations” means the Healthcare Services (General) Regulations 2021 (G.N. No. S 1035/2021);

“isolation service”, in relation to an emergency ambulance service, has the meaning given by paragraph 3 of the Schedule;

[S 1050/2024 wef 01/01/2025]

“licence” means a licence under the Act authorising the licensee to provide an applicable service;

“licensee” means an emergency ambulance licensee or a medical transport service licensee;

“medical transport” and “medical transport service” have the meanings given by paragraph 2 of the First Schedule to the Act;

[S 397/2023 wef 26/06/2023]

“medical transport service licensee” means a person who holds a licence to provide a medical transport service;

“paediatric critical care service”, in relation to an emergency ambulance service, has the meaning given by paragraph 4 of the Schedule;

[S 1050/2024 wef 01/01/2025]

“relevant hospital” means any of the following healthcare institutions:

- (a) Changi General Hospital;
- (b) Khoo Teck Puat Hospital;
- (c) KK Women’s and Children’s Hospital;
- (d) National University Hospital;
- (e) Ng Teng Fong General Hospital;
- (f) Sengkang General Hospital;
- (g) Singapore General Hospital;
- (h) Tan Tock Seng Hospital;
- (i) Woodlands Health;

[S 382/2024 wef 02/05/2024]

“service crew”, in relation to an approved emergency ambulance or approved medical transport, means a group of 2 or more service crew members deployed to the approved emergency ambulance or approved medical transport, as the case may be;

[S 397/2023 wef 26/06/2023]

“service crew member”, in relation to a licensee, means an individual employed or engaged by the licensee and deployed to a service crew.

Application of Regulations

3.—(1) Unless otherwise expressly provided in these Regulations —

- (a) the provisions of these Regulations apply in addition to the provisions of the General Regulations; and

- (b) the provisions of these Regulations prevail if, and to the extent that, there is any inconsistency between these Regulations and the General Regulations insofar as the matter relates to a licensee.

(2) To avoid doubt, these Regulations do not affect any requirement, duty or obligation that applies to or in relation to an emergency ambulance or a medical transport, or the operation or use of an emergency ambulance or a medical transport, under the Road Traffic Act 1961 or any other written law.

Specified services

4. For the purposes of section 9A(1) of the Act, the services set out in the Schedule are specified services for an emergency ambulance service.

[S 1050/2024 wef 01/01/2025]

General obligations of applicable licensees

5. A licensee is responsible, in accordance with the requirements in these Regulations, for the following:

- (a) appointing one or more Clinical Governance Officers for the applicable service that the licensee is authorised to provide by a licence under the Act;
- (b) appointing a service crew for each approved emergency ambulance or approved medical transport (as the case may be), and ensuring that the service crew members of each service crew have the necessary training, competencies and certifications to provide the applicable service in a safe and efficient manner;

[S 397/2023 wef 26/06/2023]

- (c) ensuring that —
 - (i) written care protocols relating to the assessment and management of patients transported by the applicable service are developed, implemented and maintained; and

- (ii) each service crew member of the applicable service is trained and proficient in carrying out the written care protocols.

Qualifications, skills and competencies of Clinical Governance Officer

6.—(1) For the purposes of section 24(3)(b) of the Act, a suitably qualified individual to be appointed a Clinical Governance Officer for an emergency ambulance service is one who has all of the following qualifications, skills and competencies:

- (a) registration under section 20(1) or (2) of the Medical Registration Act 1997 as a fully registered medical practitioner;
- (aa) a valid practising certificate under the Medical Registration Act 1997

[S 836/2023 wef 18/12/2023]

(b) either of the following:

- (i) 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;
- (ii) at least 10 years of work experience in any or any combination of the following branches of medicine:
 - (A) anaesthesiology;
 - (B) emergency medicine;
 - (C) general surgery;
 - (D) intensive care medicine;

(c) valid certifications of competency in both of the following:

- (i) appointment as a Clinical Governance Officer of the emergency ambulance service;
- (ii) the provision of Advanced Cardiac Life Support.

[S 836/2023 wef 18/12/2023]

(2) For the purposes of section 24(3)(b) of the Act, a suitably qualified individual to be appointed a Clinical Governance Officer for a medical transport service is one who has either the qualifications, skills and competencies in sub-paragraph (a) or (b):

(a) a fully registered medical practitioner who —

- (i) holds a valid practising certificate under the Medical Registration Act 1997;
- (ii) has at least 5 years of work experience, including at least one year of work experience in the branch of anaesthesiology, emergency medicine, general surgery or intensive care medicine; and
- (iii) has valid certifications of competency in all of the following:
 - (A) appointment as a Clinical Governance Officer of the medical transport service;
 - (B) the provision of Basic Cardiac Life Support;
 - (C) the use of Automated External Defibrillation;

[S 836/2023 wef 18/12/2023]

(b) subject to paragraph (3), a registered nurse who —

- (i) holds a valid practising certificate under the Nurses and Midwives Act 1999;
- (ii) has at least 5 years of work experience in carrying out acts of nursing for or in relation to anaesthesia, emergency medicine, general surgery or intensive care medicine or any other branch of medicine involving the management of acute and critical patients as approved by the Director-General; and
- (iii) has valid certifications of competency in all of the following:
 - (A) appointment as a Clinical Governance Officer of the medical transport service;
 - (B) the provision of Basic Cardiac Life Support;

(C) the use of Automated External Defibrillation.

[S 836/2023 wef 18/12/2023]

[S 836/2023 wef 18/12/2023]

(3) For the purposes of paragraph (2)(b), the licensee must not appoint as Clinical Governance Officer a registered nurse whose registration is subject to a condition that he or she must work under the supervision of any person.

(4) In this regulation, “act of nursing” has the meaning given by section 26(2) of the Nurses and Midwives Act 1999.

[S 836/2023 wef 18/12/2023]

Disqualifications for Clinical Governance Officer

7.—(1) A licensee must not appoint as a Clinical Governance Officer an individual who has been subject to any disciplinary order in the 3 years preceding the individual’s appointment.

(2) In paragraph (1), “disciplinary order” means —

- (a) in the case of a fully registered medical practitioner — a decision or an order made under Part 7 of the Medical Registration Act 1997 by a Disciplinary Tribunal appointed under that Act; or
- (b) in the case of a registered nurse — a decision of the Singapore Nursing Board made in exercise of the powers under section 19(1) read with section 19(2) or (3) of the Nurses and Midwives Act 1999.

Quality assurance and audit

8.—(1) A licensee must implement and maintain a system for quality assurance and audit.

(2) Without limiting paragraph (1), the licensee must —

- (a) maintain an ambulance log system in respect of the movements of every approved emergency ambulance or approved medical transport, as the case may be;

[S 397/2023 wef 26/06/2023]

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- (b) ensure that —
 - (i) the performance of the applicable service provided by the licensee is continuously monitored and evaluated; and
 - (ii) the licensee and each Clinical Governance Officer appointed by the licensee are informed periodically of the performance of the applicable service;
 - (c) ensure that, in relation to a relevant event —
 - (i) the occurrence of the relevant event is contemporaneously and accurately recorded;
 - (ii) the circumstances of the relevant event are reviewed to identify its causes; and
 - (iii) appropriate steps are taken to prevent or reduce the likelihood of the recurrence of the relevant event; and
 - (d) develop and implement written protocols, written care protocols and processes to ensure that the applicable service is provided safely and in accordance with the Act, the licence conditions imposed under section 13(1) of the Act and any other written law.
- (3) In this regulation, “relevant event”, in relation to the applicable service provided by the licensee, means —
- (a) any adverse event affecting the care and safety of patients using the applicable service; or
 - (b) any finding or observation that indicates or implies that the care and safety of patients using the applicable service may have been adversely affected.

Service crew

9.—(1) A licensee must ensure that a service crew that complies with the requirements in this regulation is deployed to each approved emergency ambulance or approved medical transport, as the case may be.

[S 397/2023 wef 26/06/2023]

(2) Each service crew must include the following members:

(a) a driver who —

- (i) holds a valid driving licence under the Road Traffic Act 1961 to drive an emergency ambulance or a medical transport, as the case may be;
- (ii) is trained in defensive driving by a body recognised by the Land Transport Authority of Singapore;
- (iii) holds one or more valid certifications certifying competency —
 - (A) in the use of Automated External Defibrillation; and
 - (B) in the provision of cardio-pulmonary resuscitation; and
- (iv) possesses appropriate competencies in the care and evacuation of patients;

(b) subject to paragraph (2A), a crew leader who is any of the following:

- (i) where the crew leader is deployed to an approved emergency ambulance — an ambulance doctor, a relevant ambulance nurse or an ambulance paramedic;

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- (ii) where the crew leader is deployed to an approved medical transport — an ambulance doctor, ambulance nurse, ambulance paramedic or emergency medical technician.

[S 397/2023 wef 26/06/2023]

[S 1050/2024 wef 01/01/2025]

(2A) If a licensee wishes to deploy as a crew leader to an approved emergency ambulance or approved medical transport an ambulance doctor who is a conditionally registered medical practitioner, the licensee must, before deploying that ambulance doctor, notify the Singapore Medical Council.

[S 1050/2024 wef 01/01/2025]

(3) Where a licensee deploys one or more service crew members to an approved emergency ambulance or approved medical transport (as the case may be) in addition to the members mentioned in paragraph (2), each additional service crew member must be an ambulance doctor, ambulance nurse, ambulance paramedic or emergency medical technician or any other individual with such knowledge or expertise relating to the provision of the applicable service as is acceptable to the Director-General.

[S 397/2023 wef 26/06/2023]

(3A) Where a licensee deploys a conditionally registered medical practitioner mentioned in paragraph (2A) as a crew leader, the licensee must ensure that the conditionally registered medical practitioner —

- (a) complies with all conditions and restrictions imposed on his or her registration by the Singapore Medical Council under the Medical Registration Act 1997 in relation to his or her deployment as a crew leader; and
- (b) performs the duties and functions of a crew leader under the supervision of an ambulance doctor who is a fully registered medical practitioner and is employed or engaged by the licensee.

[S 1050/2024 wef 01/01/2025]

(4) A driver who is deployed to an approved emergency ambulance must, in addition to satisfying the requirements in paragraph (2)(a), be trained in the appropriate use, while conveying patients, of any sirens and beacon lights fitted to the approved emergency ambulance in accordance with these Regulations.

[S 397/2023 wef 26/06/2023]

(5) A licensee must ensure that each service crew member (other than the driver) deployed to an approved emergency ambulance or approved medical transport (as the case may be) must be able to properly and safely handle and operate all equipment for the care and monitoring of patients that is installed or made available in the approved emergency ambulance or approved medical transport, as the case may be.

[S 397/2023 wef 26/06/2023]

(6) A service crew must not include —

- (a) an individual who is training to be a driver of an emergency ambulance or a medical transport, as the case may be; or
- (b) an individual who is training to be an ambulance doctor, ambulance nurse, ambulance paramedic or emergency medical technician.

(7) To avoid doubt, paragraphs (2)(b)(i) and (4) apply to the service crew of an approved emergency ambulance, whether or not the approved emergency ambulance is being used to convey an emergency patient.

[S 397/2023 wef 26/06/2023]

(8) In this regulation —

[Deleted by S 1050/2024 wef 01/01/2025]

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“relevant ambulance nurse” means 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.

Service crew of adult cardiac critical care service

9A.—(1) Despite anything in regulation 9(2), this regulation applies to an emergency ambulance service licensee that is approved to provide an adult cardiac critical care service (called in this regulation the applicable EAS licensee).

(2) An applicable EAS licensee that uses or intends to use extracorporeal membrane oxygenation on any emergency patient in the course of providing the adult cardiac critical care service must ensure that each service crew deployed to an emergency ambulance

used to provide the adult cardiac critical care service includes the following members:

- (a) a driver who satisfies the requirements in regulation 9(2)(a);
- (b) a crew leader who is an ambulance doctor and —
 - (i) is registered under section 22 of the Medical Registration Act 1997 as a specialist in the branch of cardiothoracic surgery; or
 - (ii) is granted clinical privileges by an applicable acute hospital service licensee to manage patients who require the use of extracorporeal membrane oxygenation;
- (c) a service crew member who is an ambulance doctor, ambulance nurse, ambulance paramedic or emergency medical technician or any other individual with such knowledge or expertise relating to the provision of the adult cardiac critical care service as is acceptable to the Director-General.

(3) An applicable EAS licensee that uses or intends to use an intra-aortic balloon pump on any emergency patient in the course of providing the adult cardiac critical care service must ensure that each service crew deployed to an emergency ambulance used to provide the adult cardiac critical care service includes the following members:

- (a) a driver who satisfies the requirements in regulation 9(2)(a);
- (b) a crew leader who is an ambulance doctor and —
 - (i) is registered under section 22 of the Medical Registration Act 1997 as a specialist in the branch of cardiology or cardiothoracic surgery; or
 - (ii) is granted clinical privileges by an applicable acute hospital service licensee to manage patients who require the use of an intra-aortic balloon pump;

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- (c) a service crew member who is an ambulance doctor, ambulance nurse, ambulance paramedic or emergency medical technician or any other individual with such knowledge or expertise relating to the provision of the adult cardiac critical care service as is acceptable to the Director-General.
- (4) Where a crew leader mentioned in paragraph (2)(b) or (3)(b) is a conditionally registered medical practitioner, the applicable EAS licensee must additionally comply with regulation 9(2A) and (3A).
- (5) In this regulation, “applicable acute hospital service licensee” means either of the following:
- (a) the acute hospital service licensee of the acute hospital to which an emergency patient is conveyed, unless sub-paragraph (b) applies;
 - (b) where an emergency patient is conveyed from an acute hospital to another acute hospital, the acute hospital service licensee of either acute hospital.

[S 1050/2024 wef 01/01/2025]

Service crew of adult general critical care service

9B.—(1) Despite anything in regulation 9(2), this regulation applies to an emergency ambulance service licensee that is approved to provide an adult general critical care service (called in this regulation the applicable EAS licensee).

(2) An applicable EAS licensee must ensure that each service crew deployed to an emergency ambulance used to provide the adult general critical care service includes the following members:

- (a) a driver who satisfies the requirements in regulation 9(2)(a);
- (b) a crew leader who is an ambulance doctor and —
 - (i) is registered under section 22 of the Medical Registration Act 1997 as a specialist in the branch of anaesthesiology, cardiology, cardiothoracic surgery, emergency medicine, general surgery or intensive care medicine;

(ii) holds —

(A) one or more valid certifications in the provision of Fundamental Critical Care Support; or

(B) one or more valid certifications equivalent to the certification specified in sub-paragraph (A) as is acceptable to the Director-General;

(iii) has been trained by a medical practitioner registered under section 22 of the Medical Registration Act 1997 in any branch of medicine specified in sub-paragraph (i); or

(iv) is granted clinical privileges by an applicable acute hospital service licensee to manage patients who require —

(A) the use of a chest tube or mechanical ventilator, as the case may be; or

(B) the administration of any inotrope, sedative or paralytic by continuous intravenous infusion, as the case may be;

(c) a service crew member who is an ambulance doctor, ambulance nurse, ambulance paramedic or emergency medical technician or any other individual with such knowledge or expertise relating to the provision of the adult general critical care service as is acceptable to the Director-General.

(3) Where a crew leader mentioned in paragraph (2)(b) is a conditionally registered medical practitioner, the applicable EAS licensee must additionally comply with regulation 9(2A) and (3A).

(4) In paragraph (2)(b), “applicable acute hospital service licensee” means either of the following:

(a) the acute hospital service licensee of the acute hospital to which an emergency patient is conveyed, unless sub-paragraph (b) applies;

- (b) where an emergency patient is conveyed from an acute hospital to another acute hospital, the acute hospital service licensee of either acute hospital.

[S 1050/2024 wef 01/01/2025]

Service crew of paediatric critical care service

9C.—(1) Despite anything in regulation 9(2), this regulation applies to an emergency ambulance service licensee that is approved to provide a paediatric critical care service (called in this regulation the applicable EAS licensee).

(2) An applicable EAS licensee must ensure that each service crew deployed to an emergency ambulance used to provide the paediatric critical care service includes the following members:

- (a) a driver who satisfies the requirements in regulation 9(2)(a);
 - (b) a crew leader who is a fully registered medical practitioner or conditionally registered medical practitioner and —
 - (i) holds a valid practising certificate under the Medical Registration Act 1997;
 - (ii) holds one or more valid certifications certifying competency in the provision of Advanced Paediatric Life Support; and
 - (iii) satisfies any of the requirements in paragraph (3);
 - (c) a service crew member who is an ambulance doctor, ambulance nurse, ambulance paramedic or emergency medical technician or any other individual with such knowledge or expertise relating to the provision of the paediatric critical care service as is acceptable to the Director-General.
- (3) The requirements mentioned in paragraph (2)(b)(iii) are the following:
- (a) the fully registered medical practitioner or conditionally registered medical practitioner mentioned in paragraph (2)(b) (called in this paragraph the applicable

medical practitioner) is registered under section 22 of the Medical Registration Act 1997 as a specialist in the branch of anaesthesiology, emergency medicine, neonatology or paediatric intensive care;

- (b) the applicable medical practitioner holds —
 - (i) one or more valid certifications in the provision of Paediatric Fundamental Critical Care Support; or
 - (ii) one or more valid certifications equivalent to the certification specified in sub-paragraph (i) as is acceptable to the Director-General;
- (c) the applicable medical practitioner has been trained by a medical practitioner registered under section 22 of the Medical Registration Act 1997 in any branch of medicine specified in sub-paragraph (a);
- (d) the applicable medical practitioner is granted clinical privileges by an applicable acute hospital service licensee to manage patients who require —
 - (i) the use of extracorporeal membrane oxygenation, an intra-aortic balloon pump, a chest tube or a mechanical ventilator, as the case may be; or
 - (ii) the administration of any inotrope, sedative or paralytic by continuous intravenous infusion,as the case may be.

(4) Where a crew leader mentioned in paragraph (2)(b) is a conditionally registered medical practitioner, the applicable EAS licensee must additionally comply with regulation 9(2A) and (3A).

(5) In paragraph (3), “applicable acute hospital service licensee” means either of the following:

- (a) the acute hospital service licensee of the acute hospital to which an emergency patient is conveyed, unless sub-paragraph (b) applies;

- (b) where an emergency patient is conveyed from an acute hospital to another acute hospital, the acute hospital service licensee of either acute hospital.

[S 1050/2024 wef 01/01/2025]

Service crew of isolation service

9D.—(1) This regulation applies to an emergency ambulance service licensee that is approved to provide an isolation service (called in this regulation the applicable EAS licensee).

(2) Despite anything in regulation 9(2), the applicable EAS licensee must ensure that each service crew deployed to an emergency ambulance used to provide the isolation service includes the following members:

- (a) a driver who satisfies the requirements in regulation 9(2)(a);
- (b) a crew leader who satisfies the requirements in regulation 9(2)(b)(i);
- (c) a service crew member who is an ambulance doctor, ambulance nurse, ambulance paramedic or emergency medical technician or any other individual with such knowledge or expertise relating to the provision of the isolation service as is acceptable to the Director-General.

(3) Where a crew leader mentioned in paragraph (2)(b) is a conditionally registered medical practitioner, the applicable EAS licensee must additionally comply with regulation 9(2A) and (3A).

(4) Without affecting regulation 9(5), the applicable EAS licensee must ensure that —

- (a) each service crew member (other than the driver) deployed to an emergency ambulance used to provide that service undergoes refresher training in the proper and safe handling and use of a portable medical isolation unit at least once a year; and

- (b) accurate and complete records of all refresher training mentioned in sub-paragraph (a) are maintained.

[S 1050/2024 wef 01/01/2025]

Certifications and training of service crew

10.—(1) A licensee must ensure that, in relation to each service crew member deployed to any approved emergency ambulance or approved medical transport, as the case may be —

- (a) each certification held by the member is valid throughout the duration of the member's deployment; and
- (b) the member undergoes continuing training and education provided by a body recognised by the Director-General to maintain the member's competencies in performing his or her duties.

[S 397/2023 wef 26/06/2023]

[S 397/2023 wef 26/06/2023]

(2) Without limiting paragraph (1), the licensee must, in relation to each service crew member —

- (a) ensure that the member —
 - (i) attends any training recommended by a Clinical Governance Officer as being appropriate for the member; and
 - (ii) is kept up to date on the latest clinical developments and the licensee's written protocols and written care protocols; and
- (b) maintain accurate records of —
 - (i) the member's status as a medical practitioner, a registered nurse or an enrolled nurse, if applicable;
 - (ii) the member's certifications, including the validity of each certification; and
 - (iii) the training that the member has attended or undergone.

Scope of practice of ambulance paramedics and emergency medical technicians

11.—(1) A licensee must ensure that an ambulance paramedic or emergency medical technician deployed to any approved emergency ambulance or approved medical transport (as the case may be) does not carry out any act that may be lawfully carried out only by a specified healthcare professional.

[S 397/2023 wef 26/06/2023]

(2) In paragraph (1) —

“ambulance paramedic” and “emergency medical technician” have the meanings given by regulation 9(8);

“specified healthcare professional” means any of the following individuals:

- (a) a medical practitioner;
- (b) a dentist or an oral health therapist;
- (c) a duly qualified allied health professional within the meaning given by section 3 of the Allied Health Professions Act 2011;
- (d) an optician or optometrist who is registered under the Optometrists and Opticians Act 2007 and holds a valid practising certificate under that Act;
- (e) a registered pharmacist who is registered under the Pharmacists Registration Act 2007 and holds a valid practising certificate under that Act;
- (f) an individual who is registered under the Traditional Chinese Medicine Practitioners Act 2000 to carry out a prescribed practice of traditional Chinese medicine (within the meaning given by section 2 of that Act) and holds a valid practising certificate under that Act.

Dimensions of patient compartment of approved emergency ambulances and approved medical transports

11A.—(1) A licensee must ensure that the patient compartment of each approved emergency ambulance or approved medical transport

(as the case may be) is not less than 2.9 metres in length by 1.5 metres in width by 1.3 metres in height.

(2) In paragraph (1), “patient compartment” of a vehicle used as an approved emergency ambulance or approved medical transport means the space in the vehicle bounded by —

- (a) the 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.

[S 397/2023 wef 26/06/2023]

Equipment for approved emergency ambulances and approved medical transports

12.—(1) A licensee must ensure that —

- (a) each approved emergency ambulance or approved medical transport is equipped with the appropriate facilities and equipment for the safe operation of the approved emergency ambulance or approved medical transport (as the case may be) and the safe and effective conveyance of and delivery of care to patients; and

[S 397/2023 wef 26/06/2023]

- (b) all facilities and equipment mentioned in sub-paragraph (a) are properly maintained and replenished or replaced as necessary.

(2) Without limiting paragraph (1), the licensee must ensure that each approved emergency ambulance or approved medical transport —

- (a) has a system allowing communications with the Singapore Civil Defence Force or any other medical dispatch system designated by the Director-General;

[S 397/2023 wef 26/06/2023]

- (b) is fitted with an adequate number of passenger seats and attendant seats which are equipped with safety belts;

- (c) is equipped with appropriate navigational tools;
- (d) is installed with frosted or tinted windows in the patient compartment to ensure patient privacy; and
- (e) is equipped with a fire extinguisher.

[S 397/2023 wef 26/06/2023]

(3) Without limiting paragraph (1), an emergency ambulance service licensee must ensure that each approved emergency ambulance must, in addition to complying with paragraph (2), be fitted with all of the following:

- (a) a siren;
- (b) a wail sound horn or two-tone horn;
- (c) red beacon lights.

[S 397/2023 wef 26/06/2023]

[S 397/2023 wef 26/06/2023]

Additional requirements for approved emergency ambulances

13.—(1) An emergency ambulance service licensee must ensure that each approved emergency ambulance bears the words “EMERGENCY AMBULANCE” on the front, rear and both sides of the approved emergency ambulance.

[S 397/2023 wef 26/06/2023]

(2) An emergency ambulance service licensee must ensure that the siren and beacon lights mentioned in regulation 12(3) are used only while the approved emergency ambulance —

- (a) is travelling to the location of an emergency patient; or
- (b) is conveying an emergency patient.

[S 397/2023 wef 26/06/2023]

[S 397/2023 wef 26/06/2023]

Additional requirements for approved medical transports

14.—(1) A medical transport service licensee must ensure that each approved medical transport bears the words “MEDICAL

TRANSPORT” on the front, rear and both sides of the approved medical transport.

[S 397/2023 wef 26/06/2023]

(2) A medical transport service licensee must ensure that any approved medical transport is not used to convey any patient who is assessed, before or at the time the patient is to be conveyed in the approved medical transport, to be an emergency patient.

[S 397/2023 wef 26/06/2023]

(3) A medical transport service licensee must ensure that each approved medical transport —

- (a) does not bear the words “EMERGENCY AMBULANCE”, or any abbreviation or derivative of those words, in any language; and
- (b) is not fitted with any siren or beacon lights mentioned in regulation 12(3).

[S 397/2023 wef 26/06/2023]

[S 397/2023 wef 26/06/2023]

Assessment, management and care of patients

15.—(1) A licensee must take appropriate measures, including the development and implementation of appropriate written care protocols —

- (a) for the triaging of patients, including assessing whether an individual is an emergency patient before the individual is conveyed; and
- (b) to ensure the appropriate management and care (including the appropriate use of medical supplies and equipment) of patients using the applicable service provided by the licensee.

(2) Without limiting paragraph (1), the licensee must —

- (a) develop and implement written care protocols for the appropriate assessment, management and care of patients, including —

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- (i) the criteria for determining whether a patient is an emergency patient and can be conveyed by the licensee in a safe and timely manner;
 - (ii) the assessment of each patient, before the patient is conveyed by the licensee, in accordance with the criteria mentioned in sub-paragraph (i); and
 - (iii) the management, care and escalation of patients whose medical condition deteriorates while being conveyed by the licensee;
 - (b) ensure that the service crew members deployed to each approved emergency ambulance or approved medical transport (as the case may be) are trained and proficient in implementing the written care protocols mentioned in sub-paragraph (a); and
- [S 397/2023 wef 26/06/2023]*
- (c) where the licensee assesses, in accordance with the written care protocols mentioned in sub-paragraph (a), that the licensee cannot safely convey the patient — make appropriate alternative arrangements for the safe and timely conveyance of the patient.
- (3) The written care protocols mentioned in paragraph (2)(a) include written care protocols on the following matters:
- (a) a triaging framework, including for determining whether an individual is an emergency patient;
 - (b) the appropriate management of patients depending on whether or not a patient is an emergency patient and in accordance with the nature and acuity of the patient's medical condition, including the determination of the appropriate relevant hospital to which the patient should be conveyed;
 - (c) the manpower and equipment requirements when conveying patients;
 - (d) the handing over of patients conveyed to another licensee or any other person (including a person authorised by a licence under the Act to provide a licensable healthcare

service other than an applicable service), including the recording and communication of information relating to the medical condition of patients.

(4) The written care protocols mentioned in paragraph (2)(a) must specify different requirements for emergency patients and other patients.

(5) In the case of an emergency ambulance service licensee, the written care protocols mentioned in paragraph (2)(a) additionally include —

- (a) written protocols relating to the use of any siren, horn or beacon light mentioned in regulation 12(3) that is fitted to an approved emergency ambulance; and

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- (b) written care protocols relating to the conditions for the use of approved emergency ambulances to convey patients who are not emergency patients.

[S 397/2023 wef 26/06/2023]

(6) In the case of an emergency ambulance service licensee that is approved to provide a specified service, the written care protocols mentioned in paragraph (2)(a) must additionally include written protocols relating to the following:

- (a) the safe and proper provision of the specified service;
- (b) the safe and proper handling and operation of any equipment used in the provision of the specified service;
- (c) where the provision of the specified service involves the administration of any substance to a patient, the safe and proper handling and administration of the substance.

[S 1050/2024 wef 01/01/2025]

Conveyance of patients

16.—(1) Unless paragraph (1A) or (1B) applies, a licensee must ensure that the crew leader of the service crew deployed to an approved emergency ambulance or approved medical transport is positioned next to a patient at all times while the patient is being

conveyed, such that the crew leader can readily monitor the condition of the patient.

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[S 1050/2024 wef 01/01/2025]

(1A) An emergency ambulance service licensee that is approved to provide an adult cardiac critical care service, adult general critical care service or paediatric critical care service must ensure that both of the following persons are positioned next to the emergency patient at all times while he or she is being conveyed, so that those persons can readily monitor the condition of the patient:

- (a) the crew leader;
- (b) the service crew member mentioned in regulation 9A(2)(c) or (3)(c), 9B(2)(c) or 9C(2)(c), as the case may be.

[S 1050/2024 wef 01/01/2025]

(1B) An emergency ambulance service licensee that is approved to provide an isolation service must ensure that both of the following persons are positioned next to the patient at all times while he or she is being conveyed, so that those persons can readily monitor the condition of the patient:

- (a) the crew leader;
- (b) the service crew member mentioned in regulation 9D(2)(c).

[S 1050/2024 wef 01/01/2025]

(2) Subject to paragraphs (4) and (5), where a patient or the next of kin or carer of a patient informs a licensee that the patient wishes to be conveyed to a specific healthcare institution, the licensee —

- (a) must convey the patient to the healthcare institution specified; and
- (b) must not (directly or indirectly) influence, persuade or coerce, or attempt to influence, persuade or coerce, the patient to be conveyed to another healthcare institution.

(3) Subject to paragraph (4), where a patient or the next of kin or carer of a patient informs a licensee that the patient wishes to be

conveyed to a place other than a specific healthcare institution, the licensee must convey the patient to that place.

(4) Paragraphs (2) and (3) do not apply to or in relation to an emergency patient who is in a state, or is in imminent danger, of cardiovascular collapse.

(5) To avoid doubt, paragraph (2) does not prevent a licensee, in response to a request by a patient or the next of kin or carer of a patient, from suggesting a suitable healthcare institution that the patient may be conveyed to.

(6) An emergency ambulance service licensee must convey the following patients to the nearest relevant hospital that has the necessary capabilities to provide appropriate care and treatment for an individual with the patient's medical condition:

- (a) an emergency patient who is in a state, or in imminent danger, of cardiovascular collapse;
- (b) an emergency patient (other than an emergency patient mentioned in sub-paragraph (a)) who has not, or whose next of kin or carer has not, informed the emergency ambulance service licensee that the patient wishes to be conveyed to a specific hospital.

(7) For the purposes of paragraphs (2) and (6)(b), a patient is taken to have informed a licensee (*A*) that the patient wishes to be conveyed to a specific healthcare institution if the patient or the next of kin or carer of the patient, at the time the patient uses the applicable service provided by *A*, knows that *A* —

- (a) is also a relevant licensee of that healthcare institution; or
- (b) has a contract or other arrangement with the relevant licensee of that healthcare institution under which *A* exclusively conveys patients to that healthcare institution.

(7A) Paragraphs (7B) and (7C) apply to an emergency ambulance service licensee (called in this regulation the relevant EAS licensee) that is approved to provide any specified service and that conveys or intends to convey a patient who requires that specified service from an acute hospital (*X*) to another acute hospital (*Y*).

[S 1050/2024 wef 01/01/2025]

(7B) Unless paragraph (7C) applies, the relevant EAS licensee must, before conveying the patient to *Y*, ensure that the acute hospital service licensee of *Y* has agreed to the admission of the patient to *Y*.

[S 1050/2024 wef 01/01/2025]

(7C) Where the relevant EAS licensee knows that the patient has voluntarily discharged himself or herself from the care of the acute hospital service licensee of *X*, the relevant EAS licensee must, before conveying the patient to *Y*, inform the acute hospital service licensee of *Y* that the patient will be conveyed to *Y*.

[S 1050/2024 wef 01/01/2025]

(8) In this regulation —

“healthcare institution” means the approved permanent premises at which a relevant licensee provides, or the approved conveyance used by a relevant licensee to provide, a licensable healthcare service;

“relevant licensee”, in relation to a healthcare institution, means a person authorised to provide a licensable healthcare service (other than an applicable service) at the healthcare institution by a licence under the Act.

[S 836/2023 wef 18/12/2023]

Medicines and medical supplies and equipment

17.—(1) A licensee must ensure that —

(a) each approved emergency ambulance has an adequate supply of appropriate medicines and medical supplies and equipment;

[S 397/2023 wef 26/06/2023]

(b) each approved medical transport has an adequate supply of appropriate medical supplies and equipment; and

[S 397/2023 wef 26/06/2023]

(c) the medicines and medical supplies and equipment mentioned in sub-paragraph (a) or (b) (as the case may be) are used or administered in accordance with the advice of a Clinical Governance Officer, any written care protocols mentioned in regulation 15(1)(b) and any written law relating to the use or administration of the

medicines or medical supplies and equipment, as the case may be.

(2) Without limiting paragraph (1), the licensee must —

(a) maintain and update an inventory of all medicines and medical supplies and equipment available for use in each approved emergency ambulance or approved medical transport, as the case may be; and

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(b) ensure that all medical supplies and equipment are —

(i) in good working condition at the time the approved emergency ambulance or approved medical transport (as the case may be) is dispatched; and

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(ii) regularly checked, maintained and replenished or replaced when necessary.

(3) Without affecting paragraph (1)(a), an emergency ambulance service licensee must ensure that the supply of medicines and medical supplies and equipment for each approved emergency ambulance is at all times adequate and appropriate for the approved emergency ambulance to be used to convey emergency patients.

[S 397/2023 wef 26/06/2023]

Price transparency

18.—(1) A licensee must ensure that the charges payable for the components of an applicable service provided by the licensee, and any higher charges for any component of the applicable service payable by any class of patient, are displayed or made available —

(a) in every approved emergency ambulance or approved medical transport, as the case may be; and

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(b) if the licensee has an Internet website, a blog or a page on any social media or social network Internet website — on that Internet website or blog or page on that social media or social network Internet website.

(2) For the purposes of paragraph (1), the components of an applicable service provided by the licensee are the following:

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- (a) base fee for the applicable service;
 - (b) medication;
 - (c) the use of any equipment, such as equipment for continuous monitoring of the patient's condition while being conveyed by the licensee;
 - (d) consumables;
 - (e) additional charges, if any.
- (3) The licensee must, as far as reasonably practicable before dispatching any approved emergency ambulance or approved medical transport (as the case may be) to convey a patient —
- (a) obtain from the patient or the next of kin or carer of the patient (*A*) all information relating to the patient's condition; and
 - (b) having regard to the information mentioned in sub-paragraph (a), provide *A* with an estimate of the charges mentioned in paragraph (1).
- [S 397/2023 wef 26/06/2023]*
- (4) The licensee must, before a patient is or while a patient is conveyed by an approved emergency ambulance or approved medical transport, obtain written acknowledgment, signed by *A*, that *A* has been informed of the estimate of the charges mentioned in paragraph (3)(b).
- [S 397/2023 wef 26/06/2023]*
- (5) Paragraph (6) applies where, immediately before a patient is or while a patient is being conveyed by an approved emergency ambulance or approved medical transport —
- (a) the licensee, after assessing the patient's medical condition, reasonably concludes that the patient requires additional or different care or monitoring; and
 - (b) higher or additional charges are payable for the additional or different care or monitoring mentioned in sub-paragraph (a).
- [S 397/2023 wef 26/06/2023]*

(6) The licensee —

- (a) must, as far as reasonably practicable —
 - (i) inform the patient or the next of kin or carer of the patient (*B*) of the higher or additional charges payable for the additional or different care or monitoring mentioned in paragraph (5)(a) and the basis for those charges; and
 - (ii) obtain written acknowledgment, signed by *B*, that *B* has been informed of the higher or additional charges payable;
- (b) must not (directly or indirectly) influence, persuade or coerce, or attempt to influence, persuade or coerce, *B* to agree to the higher or additional charges; and
- (c) where *B* does not agree to the higher or additional charges — 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.

(7) The licensee must submit to the Director-General any information on or in relation to the charges mentioned in paragraph (1) as the Director-General may require —

- (a) in the licensee's application to renew the licensee's licence to provide the applicable service; and
- (b) at any other time or at the frequency specified by the Director-General.

[S 397/2023 wef 26/06/2023]

Itemisation of bill

19.—(1) A bill of the fees charged by a licensee for an applicable service provided by the licensee must contain the fees (including any zero charge) for each of the following components:

- (a) base fee for the applicable service;
- (b) medication;

- (c) the use of any equipment, such as equipment for continuous monitoring of the patient's condition while being conveyed by the licensee;
- (d) consumables;
- (e) additional charges, if any;
- (f) the total amount of the fees payable by the patient.

(2) To avoid doubt, regulation 40(3) of the General Regulations does not apply to a bill of the fees charged by a licensee for an applicable service.

[S 836/2023 wef 18/12/2023]

Infection control

20. In addition to regulation 41 of the General Regulations, a licensee must —

- (a) develop and implement policies and procedures for the prevention, identification and control of any infectious disease in relation to the provision of an applicable service;
- (b) develop and implement written protocols in relation to the handling of patients with infectious diseases, including —
 - (i) the appropriate actions to be taken in the event of exposure to blood or other body fluids or substances; and
 - (ii) the decontamination, using appropriate infection prevention and control methods, of —
 - (A) any approved emergency ambulance or approved medical transport (as the case may be) which has been used to convey such patients, or has been contaminated by blood or other body fluids; and
 - (B) the facilities and equipment installed or made available in, and any other items used in, that approved emergency ambulance or approved medical transport, as the case may be;

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(c) ensure that —

- (i) any approved emergency ambulance or approved medical transport (as the case may be) which has been used to convey a patient with any infectious disease, or has been contaminated by blood or other body fluids; and

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- (ii) the facilities and equipment installed or made available in, and any other items used in, that approved emergency ambulance or approved medical transport, as the case may be,

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is decontaminated in accordance with any written protocols mentioned in sub-paragraph (b), any code of practice or direction issued by the Director-General under the Act, any licence conditions imposed under section 13(1) of the Act and the requirements of any written law;

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- (d) ensure that each service crew member of each approved emergency ambulance or approved medical transport (as the case may be) is provided with adequate and appropriate personal protective equipment, and is trained in the proper use of the personal protective equipment; and

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(e) ensure that —

- (i) each service crew member of each approved emergency ambulance or approved medical transport (as the case may be) undergoes all vaccinations required under any code of practice or direction issued by the Director-General under the Act or any other written law; and

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- (ii) accurate and complete records of all such vaccinations are maintained.

Outsourcing prohibited

21. A licensee must not appoint any person to provide, on the licensee's behalf, the applicable service that the licensee is authorised under a licence to provide or any aspect of the applicable service.

Offence

22.—(1) Any person who contravenes regulation 8(1), 11(1), 12(1), 15(1), 16(1), (1A), (1B) or (6), 17(1) or (3), 20 or 21 shall be guilty of an offence.

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(2) A person who is guilty of an offence under paragraph (1) shall be liable on conviction to a fine not exceeding \$20,000 or to imprisonment for a term not exceeding 12 months or to both and, in the case of a continuing offence, to a further fine not exceeding \$1,000 for every day or part of a day during which the offence continues after conviction.

THE SCHEDULE

Regulations 2 and 4

SPECIFIED SERVICES FOR EMERGENCY AMBULANCE SERVICE

1. Adult cardiac critical care service, being the provision of an emergency ambulance service to an emergency patient who is 16 years of age or older, where —

- (a) the emergency patient requires continuous clinical intervention or continuous life supportive measures while he or she is being conveyed; and
- (b) the provision of the service requires the use of any of the following equipment on the emergency patient:
 - (i) extracorporeal membrane oxygenation;
 - (ii) intra-aortic balloon pump.

2. Adult general critical care service, being the provision of an emergency ambulance service to an emergency patient who is 16 years of age or older, where —

THE SCHEDULE — *continued*

- (a) the emergency patient requires continuous clinical intervention or continuous life supportive measures while he or she is being conveyed; and
- (b) either of the following applies:
 - (i) the provision of the service requires the use of any of the following equipment on the emergency patient:
 - (A) chest tube;
 - (B) mechanical ventilator;
 - (ii) the emergency patient has been administered with, or requires the administration of, any inotrope, sedative or paralytic by continuous intravenous infusion.

3. Isolation service, being the provision of an emergency ambulance service using a portable medical isolation unit on a patient while the patient is being conveyed in an emergency ambulance, where that patient is assessed to require the use of that equipment by a medical practitioner or a person registered, permitted or otherwise authorised to practise medicine in a foreign country or territory under the law of that country or territory.

4. Paediatric critical care service, being the provision of an emergency ambulance service to an emergency patient who is below 16 years of age, where —

- (a) the emergency patient requires continuous clinical intervention or continuous life supportive measures while he or she is being conveyed; and
- (b) either of the following applies:
 - (i) the provision of the service requires the use of any of the following equipment on the emergency patient:
 - (A) chest tube;
 - (B) extracorporeal membrane oxygenation;
 - (C) intra-aortic balloon pump;
 - (D) mechanical ventilator;
 - (ii) the emergency patient has been administered with, or requires the administration of, any inotrope, sedative or paralytic by continuous intravenous infusion.

[S 1050/2024 wef 01/01/2025]

Made on 3 January 2022.

CHAN YENG KIT
*Permanent Secretary,
Ministry of Health,
Singapore.*

[MH 78:44/1; AG/LEGIS/SL/122E/2020/13 Vol. 1]