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HEALTHCARE SERVICES ACT 2020

HEALTHCARE SERVICES (NURSING HOME SERVICE) REGULATIONS 2023

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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:

PART 1
PRELIMINARY

Citation and commencement

1. These Regulations are the Healthcare Services (Nursing Home Service) Regulations 2023 and come into operation on 18 December 2023.

Definitions

2. In these Regulations —

“allied health professional” has the meaning given by section 2 of the Allied Health Professions Act 2011;

“approved standards of nursing practice” means the standards established by the Singapore Nursing Board for the practice of nursing in Singapore;

“collaborative prescribing service” has the meaning given by regulation 2 of the Healthcare Services (Collaborative Prescribing Service) Regulations 2023 (G.N. No. S 398/2023);

“compound”, in relation to a therapeutic product, means to formulate, mix, assemble, package or label the therapeutic product, with the intention of dispensing or administering the therapeutic product to a patient in accordance with the written instructions of a qualified practitioner;

“dietetic service” means any of the following services that is provided to a patient for the purpose of optimising the patient’s health and nutrition:

- (a) assessing and determining the patient’s nutritional needs;
- (b) formulating and implementing a dietetic plan for the patient;
- (c) monitoring the patient’s response to the dietetic plan and determining whether a change to the dietetic plan is necessary;

“duly qualified allied health professional” has the meaning given by section 3 of the Allied Health Professions Act 2011;

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

“enrolled nurse” means a person who is an enrolled nurse within the meaning of the Nurses and Midwives Act 1999 and holds a valid practising certificate under that Act;

“essential life-saving measure” means any basic emergency procedure that may be carried out on a person for the purpose of resuscitating the person;

“general anaesthesia” has the meaning given by paragraph 2 of the First Schedule to the Act;

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

“head of nursing” means the individual appointed under regulation 8(1);

“health product” has the meaning given by section 2(1) of the Health Products Act 2007;

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- “healthcare professional” has the meaning given by regulation 2 of the General Regulations;
- “hospice patient” means a patient who receives a hospice service;
- “hospice service” means the provision of care, treatment or procedure to a patient who —
- (a) suffers from an advanced and progressive disease which will result in the continued decline in the patient’s health and eventual death of the patient; and
 - (b) has a medical condition that requires specialist palliative care and nursing oversight,
- for palliating any pain, suffering or discomfort of the patient;
- “IPC programme” has the meaning given by regulation 37(1)(a);
- “licensee” means a person who holds a licence to provide a nursing home service;
- “medical transport service” has the meaning given by paragraph 2 of the First Schedule to the Act;
- “medicinal product” has the meaning given by section 3 of the Medicines Act 1975;
- “minor surgical procedure” has the meaning given by paragraph 2 of the First Schedule to the Act;
- “nurse” means a registered nurse or an enrolled nurse;
- “nursing home service” has the meaning given by paragraph 2 of the First Schedule to the Act;
- “nursing personnel” means a nurse or any other person who assists a nurse in providing nursing care to patients;
- “nursing service” means the provision of nursing care to a patient to assist the patient in attaining, maintaining or recovering his or her health;
- “nursing supervisory function” means the function of supervising the provision of a nursing care by a person,

and includes directing, managing and supervising the provision of nursing care;

“nutrition service” means the provision of food to any patient at any approved permanent premises;

“palliative medicine specialist” means a medical practitioner who is registered under section 22 of the Medical Registration Act 1997 as a specialist in palliative medicine;

“patient health record” means a record containing the personal data and medical information of a patient that is maintained by a licensee in relation to the provision of a nursing home service to the patient;

“personnel”, in relation to a licensee, means any individual employed or engaged by the licensee to assist the licensee in providing a nursing home service;

“pharmaceutical service” means —

- (a) the procurement, storage and control, dispensing, distribution, supply and administration of medicinal products and health products stored at any approved permanent premises;
- (b) the preparation of medicinal products or health products, other than the compounding of therapeutic products, at any approved permanent premises; and
- (c) the counselling and monitoring of patient drug therapy;

“pharmacist” means an individual who is registered as a pharmacist under the Pharmacists Registration Act 2007 and holds a valid practising certificate under that Act;

“psychosocial support” means the provision of emotional, social and practical support to a patient for the purpose of alleviating anxiety and depression to enhance the patient’s mental health;

“qualified practitioner” means —

- (a) a medical practitioner; or
- (b) a registered dentist under the Dental Registration Act 1999 whose name appears in the first division of the Register of Dentists maintained and kept under section 13(1)(a) of that Act;

“registered nurse” means a person who is a registered nurse within the meaning of the Nurses and Midwives Act 1999 and holds a valid practising certificate under that Act;

“rehabilitative service” —

- (a) means assisting or facilitating a patient in slowing down the disabling effects of the patient’s health condition and functional abilities; and
- (b) includes physiotherapy, occupational therapy and speech and language therapy;

“Singapore Nursing Board” means the Singapore Nursing Board established under section 3 of the Nurses and Midwives Act 1999;

“specimen” has the meaning given by regulation 2 of the General Regulations;

“therapeutic product” means a health product categorised as a therapeutic product in the First Schedule to the Health Products Act 2007.

Application of Regulations

3. Unless otherwise expressly provided in these Regulations, the provisions of these Regulations —

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

PART 2
LICENSING MATTERS

Specified service

4. For the purposes of section 9A(1) of the Act, the services set out in paragraph 1 of the Schedule are specified services for a nursing home service.

Prohibited service delivery modes

5. A licensee must not provide a nursing home service by any of the following service delivery modes:

- (a) at any premises other than permanent premises;
- (b) using a conveyance;
- (c) by remote provision.

Prerequisites for application for approval of specified service

6. A licensee may apply for approval to provide a blood transfusion service as a specified service for a nursing home service only if, in the course of providing the nursing home service, the licensee also provides a hospice service as a specified service.

PART 3
REQUIREMENTS RELATING TO PERSONNEL

Qualifications, skills and competencies of Clinical Governance Officer

7.—(1) For the purposes of section 24(3)(b) of the Act, an individual is suitably qualified to be appointed as a Clinical Governance Officer for a nursing home service if the individual is —

- (a) a medical practitioner who satisfies the requirements in paragraph (2); or
- (b) a registered nurse who satisfies the requirements in paragraph (3).

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- (2) For the purposes of paragraph (1)(a), the medical practitioner —
- (a) must be registered under section 20(1) or (2) of the Medical Registration Act 1997 as a fully registered medical practitioner and hold a valid practising certificate under that Act; and
 - (b) must have one of the following:
 - (i) registration under section 22 of the Medical Registration Act 1997 as a specialist in any branch of medicine;
 - (ii) registration under section 22A of the Medical Registration Act 1997 as a family physician in the Register of Family Physicians;
 - (iii) full-time work experience as a medical practitioner for a continuous period of at least 5 years or an aggregate period of at least 5 years during a continuous period of 10 years, in treating patients —
 - (A) in the provision of an outpatient medical service, outpatient renal dialysis service, acute hospital service or community hospital service provided in a private hospital, medical clinic or healthcare establishment (as the case may be) licensed under the repealed Act; or
 - (B) in the provision of an outpatient medical service, outpatient renal dialysis service, acute hospital service or community hospital service licensed under the Act.
- (3) For the purposes of paragraph (1)(b), the registered nurse —
- (a) must not be subject to any condition imposed on his or her registration by the Singapore Nursing Board under section 17(2) of the Nurses and Midwives Act 1999;
 - (b) must either —
 - (i) hold a degree in nursing that is recognised by the Singapore Nursing Board; or

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- (ii) have obtained a qualification in any area of clinical nursing that is conferred by an institute of higher learning approved by the Director-General, after he or she becomes a registered nurse; and
 - (c) must have full-time work experience —
 - (i) in providing nursing care; and
 - (ii) in a nursing supervisory function in respect of the provision of a nursing care,

at any inpatient ward of a hospital or nursing home, whether in or outside Singapore, for a continuous period of at least 5 years immediately before the registered nurse's appointment as a Clinical Governance Officer.

(4) For the purposes of section 24(3)(b) of the Act, an individual is suitably qualified to be appointed as a Clinical Governance Officer for a hospice service if the individual is a medical practitioner who —

- (a) is registered under section 20(1) or (2) of the Medical Registration Act 1997 as a fully registered medical practitioner and holds a valid practising certificate under that Act;
- (b) is a palliative medicine specialist; and
- (c) has full-time work experience as a medical practitioner for a continuous period of at least 5 years or an aggregate period of at least 5 years during a continuous period of 10 years, in treating patients —
 - (i) in a private hospital, medical clinic or healthcare establishment (as the case may be) licensed under the repealed Act; or
 - (ii) in the provision of a healthcare service licensed under the Act,

where at least 3 years of the full-time work experience is in treating patients requiring palliative care, as a palliative medicine specialist.

(5) In this regulation, “acute hospital service”, “community hospital service”, “outpatient medical service” and “outpatient renal dialysis service” have the meanings given by paragraph 2 of the First Schedule to the Act.

Head of nursing

8.—(1) A licensee must appoint as the head of nursing for every approved permanent premises, an individual who —

- (a) is a registered nurse;
- (b) either —
 - (i) holds a degree in nursing that is recognised by the Singapore Nursing Board; or
 - (ii) has obtained a qualification in any area of clinical nursing that is conferred by an institute of higher learning approved by the Director-General, after he or she becomes a registered nurse; and
- (c) has full-time work experience —
 - (i) in providing nursing care; and
 - (ii) in a nursing supervisory function in respect of the provision of nursing care,
at any inpatient ward of a hospital or nursing home, whether in or outside Singapore, for an aggregate period of at least 5 years.

(2) A licensee must ensure that the head of nursing of any approved permanent premises performs all the following functions:

- (a) supervising the provision of a nursing service to patients at the approved permanent premises;
- (b) overseeing the induction, training and development of every nursing personnel;
- (c) supervising the work processes, conduct and activities of the licensee’s nursing personnel in providing a nursing service;

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- (d) supervising the deployment of nursing personnel at the approved permanent premises so as to ensure the assignment of a suitable nurse who possesses the appropriate qualifications, experience, competency and skills, to provide nursing care to a patient, taking into account the patient's medical needs and condition;
 - (e) assisting the licensee in —
 - (i) establishing, implementing and regularly reviewing written policies and procedures to provide guidance for the provision of any nursing service;
 - (ii) ensuring that the provision of any nursing service at the approved permanent premises is in accordance with those policies and procedures and the approved standards of nursing practice; and
 - (iii) conducting any audit of the provision of the nursing home service at the approved permanent premises so as to evaluate and monitor the quality of the nursing service provided by the licensee to patients;
 - (f) ensuring that in providing a nursing service to any patient at the approved permanent premises, the licensee complies with the IPC programme.

QAC supervisor

9.—(1) In addition to regulation 22(1) of the General Regulations, a licensee must appoint, as the licensee's QAC supervisor, an individual who is the licensee's employee.

(2) In this regulation, "QAC supervisor" means the QAC supervisor who is appointed under regulation 22(1) of the General Regulations.

General requirements relating to personnel

10. A licensee must —

- (a) establish, implement and regularly review policies and the appropriate processes for the training and competency assessment of the licensee's personnel to ensure that the

personnel are able to perform their work effectively, safely and in compliance with the applicable laws, guidelines, policies, processes, procedures and protocols; and

- (b) monitor and regularly review the work performance of the licensee's personnel to ensure compliance by the personnel with the applicable laws, guidelines, policies, processes, procedures and protocols.

PART 4

APPROVED PERMANENT PREMISES, EQUIPMENT, ETC.

Standards for approved permanent premises

11. A licensee must —

- (a) ensure that every approved permanent premises is operating at all times;
- (b) ensure that every approved permanent premises is sufficiently spacious and appropriately equipped to enable the nursing home service (including any essential life-saving measure) to be provided to patients in a proper, effective and safe manner;
- (c) ensure that there is sufficient lighting and ventilation at every approved permanent premises;
- (d) ensure that every approved permanent premises is designed, built and equipped to enable and facilitate —
 - (i) access to and from the approved permanent premises by elderly patients or patients with physical disability or mobility impairment; and
 - (ii) movement within the approved permanent premises by elderly patients or patients with physical disability or mobility impairment;
- (e) ensure that every approved permanent premises have wide passageways to enable and facilitate the movement of personnel, patients and bulky equipment including trolley beds, shower trolleys and wheel-chairs;

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- (f) ensure that adequate toilet and bathing facilities that are suitable for the use by elderly patients or patients with physical disability or mobility impairment, are available at the approved permanent premises or (where the approved permanent premises comprises 2 or more storeys) at each storey of the approved permanent premises where any patient is accommodated;
 - (g) ensure that there are sufficient beds, mattresses, pillows, chairs and lockers at every approved permanent premises so as to enable the allocation of a suitable bed with mattress, pillow, chair and locker to every patient;
 - (h) ensure that there are sufficient bed screens to safeguard every patient's privacy;
 - (i) establish and implement a patient-to-nurse communication system at every approved permanent premises to facilitate communication between a patient and any nurse at the nursing station, including when a patient is at his or her bed or in any toilet and bathing facilities;
 - (j) ensure that any care or treatment (other than an essential life-saving measure) is provided to a patient only in an area at the approved permanent premises that is sufficiently spacious, appropriately equipped and, if necessary, partitioned (whether on a permanent or temporary basis) from the other parts of the approved permanent premises to ensure the patient's comfort, safety and privacy;
 - (k) where the approved permanent premises consists of one or more storeys, ensure that at each storey where any patient is accommodated, there is —
 - (i) at least one nursing station; and
 - (ii) at least one sluice room;
 - (l) designate at least one area at every approved permanent premises where patients can have their meals or carry out recreational activities;

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- (m) designate at least one area at every approved permanent premises where patients can receive rehabilitative service;
 - (n) designate at least one area in every approved permanent premises for the accommodation of patients suffering or suspected to be suffering from an infectious disease specified in the First Schedule to the Infectious Diseases Act 1976, and ensure that the area is equipped with hand-washing facilities;
 - (o) ensure that the area mentioned in paragraph (n) is —
 - (i) separate and isolated from the area at which all other patients are accommodated; and
 - (ii) designed, built and equipped to minimise the risk of the transmission of any infectious disease among the patients staying in that area, or from a patient staying in that area to any individual outside that area;
 - (p) ensure that any room or equipment that has been used by a patient suffering or suspected to be suffering from any infectious disease is not used by any other patient unless it is adequately disinfected; and
 - (q) implement measures to prevent unauthorised access to every approved permanent premises.

Equipment, materials and supplies

12.—(1) A licensee must ensure that there is a process to facilitate prompt access to adequate supplies of equipment, materials and other supplies which are necessary for the provision of any nursing home service in a proper, effective and safe manner.

(2) A licensee must not use any equipment, facility or supply that is not adequate, functional, effective or fit for use to provide any care or treatment to a patient.

Environment cleaning

13. A licensee must —

- (a) establish and implement measures and processes for regular cleaning and additional ad hoc cleaning to minimise the spread of pathogenic organisms; and
- (b) ensure that every structure, facility, equipment or device provided by the licensee for a patient's use is sanitary and safe for the patient's use.

Backup utilities

14.—(1) A licensee must ensure that there is access to emergency power and lighting in every approved permanent premises to ensure the provision of a nursing home service in a proper, effective and safe manner.

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

- (a) the emergency power and lighting are sufficient to ensure —
 - (i) any procedure that has commenced may be safely completed; and
 - (ii) at all times, the approved permanent premises is sufficiently lit to ensure —
 - (A) the safe movement of patients into, out of or within the approved permanent premises; and
 - (B) the timely and safe access to fire-fighting equipment; and
- (b) where any life support equipment is used, the life support equipment is connected to an emergency power supply at all times during its use.

Notification of addition or removal of beds, etc.

15.—(1) A licensee who intends to add or remove a bed at any approved permanent premises used for the provision of a nursing home service must, no later than 2 months before the bed is added or

removed, notify the Director-General of the intended addition or removal.

(2) Before adding any bed at any approved permanent premises, the licensee must ensure that —

- (a) there is sufficient space at the approved permanent premises to accommodate the bed; and
- (b) there is sufficient personnel at the approved permanent premises to provide care and treatment to all the patients at the approved permanent premises after the patient capacity is increased due to the addition of the bed at the approved permanent premises.

PART 5

REQUIREMENTS RELATING TO PATIENT CARE

Division 1 — General

General requirements relating to patient care

16.—(1) A licensee must ensure that every patient is properly assessed and the appropriate care or treatment is provided to, or appropriate procedure is conducted on, the patient in a proper, effective and safe manner.

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

- (a) employ or engage a pharmacist to perform regular medication reconciliation for every patient, and provide the findings of every medical reconciliation and his or her recommendation (if any) based on the findings of the medical reconciliation to the licensee;
- (b) ensure that every recommendation of the pharmacist mentioned in sub-paragraph (a) is implemented or (if a recommendation is not implemented) the licensee's reason for not implementing the recommendation is recorded; and
- (c) ensure the safety, wellbeing and comfort, and protect the privacy, of every patient receiving care or treatment at any approved permanent premises.

(3) Where a patient needs to receive any care, treatment or procedure that the licensee is not authorised to provide at any approved permanent premises of the licensee, the licensee must make arrangements to ensure that the patient receives the care, treatment or procedure by a suitably qualified healthcare professional (who is not the licensee’s personnel) at premises other than the approved permanent premises in a timely manner.

(4) Without limiting paragraph (3), a licensee must ensure that a patient who suffers from an acute condition and needs to receive an acute hospital service is transferred to the approved permanent premises of an acute hospital service licensee for the purpose of enabling the patient to receive treatment for the acute condition.

(5) In this regulation —

“acute hospital service” has the meaning given by paragraph 2 of the First Schedule to the Act;

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

“medical reconciliation” means the review of a patient’s medication record and prescription to —

(a) evaluate the patient’s progress towards achieving the intended therapeutic effect of the drug therapy designed for the patient; and

(b) ensure that the drug therapy continues to be appropriate, safe and effective for the patient;

“wellbeing”, in relation to a patient, means the patient’s wellbeing so far as relating to either of the following:

(a) personal dignity;

(b) physical, mental and emotional health.

Staffing requirement

17.—(1) A licensee must ensure that there is an adequate number of personnel present at every approved permanent premises so as to enable the licensee to provide a nursing home service to every patient at those premises in a proper, effective and safe manner.

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- (2) Without limiting paragraph (1), a licensee must ensure that —
- (a) every patient (other than a hospice patient) is assigned an attending medical practitioner who has overall responsibility for the patient's health;
 - (b) where the licensee is approved to provide a hospice service, every hospice patient is assigned a palliative medicine specialist who has overall responsibility for the patient's health;
 - (c) every patient is assigned an attending registered nurse who has overall responsibility for the patient's nursing needs; and
 - (d) a registered nurse is on call for the purpose of providing support to any nursing personnel present at the approved permanent premises.

(3) Where a licensee does not make arrangements for a medical practitioner to be present, at all times, at any approved permanent premises, the licensee must inform every patient or (if the patient is a minor or lacks mental capacity) a next-of-kin or carer of the patient of this fact before the patient's admission to the approved permanent premises.

Transport of patients

18. A licensee must not permit any person to offer, or provide, an emergency ambulance service or a medical transport service to any of the licensee's patients if the person does not hold a licence under the Act to provide an emergency ambulance service or a medical transport service, as the case may be.

Holding of dead bodies of patients

19.—(1) A licensee must designate a suitable place in every approved permanent premises for the holding of the dead bodies of patients.

(2) A licensee must hold the dead bodies only at the place so designated to hold dead bodies pending the collection of the dead bodies.

Division 2 — Provision of mandatory services

Requirement to provide certain aspects of nursing home service

20. In the course of providing a nursing home service at any approved permanent premises, a licensee must ensure that each of the following aspects of the service is available to every patient who requires it:

- (a) nursing service;
- (b) nutrition service.

Nursing service

21. A licensee must ensure that —

- (a) there is an adequate number of nursing personnel —
 - (i) present at every approved permanent premises; and
 - (ii) who have the appropriate qualifications, experience and competency to provide timely and appropriate nursing care to the licensee's patients; and
- (b) the provision of any nursing service at every approved permanent premises is —
 - (i) in accordance with the approved standards of nursing practice and the licensee's written policies and procedures relating to the provision of any nursing service; and
 - (ii) under the supervision of the head of nursing.

Nutrition service

22. A licensee must —

- (a) where a dietetic plan is formulated for a patient, ensure that food for the patient that is prepared or otherwise provided by the licensee is prepared or provided in accordance with the dietetic plan;
- (b) where no dietetic plan is formulated for a patient, ensure that food for the patient that is prepared or otherwise

provided by the licensee meets the patient's general nutritional requirements; and

- (c) ensure that food provided by the licensee to every patient is prepared and served in a safe and hygienic manner.

Division 3 — Provision of specified service

Prohibition against use of terms “hospice”, etc.

23. A licensee must not use the term “hospice”, “specialised hospice service”, “specialised hospice”, or any abbreviation or derivative of that term, in any language, to convey the impression that the licensee provides a hospice service, unless the licensee is approved to provide a hospice service as a specified service.

Provision of hospice service by multidisciplinary palliative team

24.—(1) A licensee who is approved to provide a hospice service must ensure that every patient at every approved permanent premises is under the care of an effective multidisciplinary palliative team that is led by at least one palliative medicine specialist.

(2) In this regulation, “multidisciplinary palliative team” means a team comprising healthcare professionals of varied disciplines and roles, working together towards the common goal of providing optimal care for a patient receiving a hospice service.

Division 4 — Provision of other aspects of nursing home service

Anaesthesia service

25. A licensee must not administer, or cause or permit to be administered, any anaesthetic to cause general anaesthesia in any patient.

Basic dental care

26.—(1) Except as provided in paragraph (2), a licensee must not provide any dental care, treatment or procedure to a patient.

(2) Where a patient requires assistance in the routine cleaning of his or her teeth or mouth, a licensee must render such assistance to ensure the oral hygiene of the patient.

(3) A licensee must establish, implement and regularly review processes and procedures to assess —

- (a) every patient as to whether the patient requires any dental care, treatment or procedure; and
- (b) if the patient so requires any dental care, treatment or procedure, the patient's suitability to receive the dental care, treatment or procedure.

(4) Where a patient is assessed by a licensee to require and be suitable to receive any dental care, treatment or procedure (other than the routine cleaning of the patient's teeth or mouth), the licensee must make arrangements for an outpatient dental service licensee to provide dental care, treatment or procedure to the patient —

- (a) at premises other than any approved permanent premises;
or
- (b) at any approved permanent premises, if the outpatient dental service licensee is approved under section 11B of the Act to provide an outpatient dental service at any premises other than permanent premises.

(5) Where a licensee makes arrangements for an outpatient dental service licensee to provide dental care, treatment or procedure to a patient (other than the routine cleaning of the patient's teeth or mouth), the licensee must —

- (a) obtain from the outpatient dental service licensee the following information in writing:
 - (i) a description of the dental condition of the patient;
 - (ii) the dental care, treatment or procedure provided to the patient;
 - (iii) any medication that is administered or prescribed for the patient; and

(b) ensure that the information mentioned in sub-paragraph (a) is kept as part of the patient's patient health record that is kept and maintained by the licensee.

(6) In this regulation —

“outpatient dental service” has the meaning given by paragraph 2 of the First Schedule to the Act;

“outpatient dental service licensee” means a person who holds a licence under the Act to provide an outpatient dental service.

Dietetic service

27.—(1) Where a patient, in the course of receiving a nursing home service from a licensee, requires the provision of a dietetic service, the licensee must —

(a) provide the dietetic service to the patient at the licensee's approved permanent premises; or

(b) make arrangements for a dietitian (who is not the licensee's personnel) to provide the dietetic service to the patient at premises other than the approved permanent premises.

(2) Without limiting paragraph (1), a licensee must ensure that a dietitian assesses or reassesses the nutritional needs of a patient in a timely manner —

(a) if the patient suffers from an unintended loss of 5% or more of his or her body weight over a period of 3 months;

(b) if the patient suffers from a poor intake of food; or

(c) where a medical practitioner or registered nurse has recommended for the patient to be so assessed.

Pharmaceutical service

28. Where a licensee provides a pharmaceutical service as part of a nursing home service, the licensee must —

(a) establish, implement and regularly review policies and procedures to provide guidance for the provision of any pharmaceutical service, including —

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- (i) the storage, preparation, dispensing and administration of any medicinal product or health product;
 - (ii) the proper and accurate keeping and maintenance of records relating to the storage, preparation, dispensing and administration of any medicinal product or health product;
 - (iii) the prevention of any mix up, contamination, or early degradation of any medicinal product or health product that is stored or used at the approved permanent premises;
 - (iv) the measures to prevent any medicinal product or health product that has been recalled from its manufacturer, from being dispensed or distributed; and
 - (v) informing every patient who has been dispensed or administered or has consumed the medicinal product or health product mentioned in sub-paragraph (iv) or (if the patient is a minor or lacks mental capacity) a next-of-kin or carer of the patient, about the recall;
- (b) ensure that the provision of a pharmaceutical service at any approved permanent premises is in accordance with the policies and procedures mentioned in sub-paragraph (a) and under the supervision of a pharmacist; and
- (c) ensure that —
- (i) there is an adequate supply of medicinal products and health products at every approved permanent premises where a pharmaceutical service is provided; and
 - (ii) the medicinal products and health products are properly stored at the approved permanent premises.

Podiatry

29. Where a patient, in the course of receiving a nursing home service from a licensee, requires the provision of podiatry, the licensee must —

- (a) provide podiatry to the patient at the licensee’s approved permanent premises; or
- (b) make arrangements for a podiatrist (who is not the licensee’s personnel) to provide podiatry to the patient at premises other than the approved permanent premises.

Psychosocial support

30.—(1) Subject to paragraph (3), where a patient, in the course of receiving a nursing home service from a licensee, requires any psychosocial support, the licensee must —

- (a) provide the psychosocial support to the patient at the licensee’s approved permanent premises; and
 - (b) ensure that the licensee’s personnel who assists the licensee in providing the psychosocial support to the patient —
 - (i) satisfies the conditions in paragraph (2); or
 - (ii) is supervised by another personnel of the licensee who satisfies the conditions in paragraph (2).
- (2) For the purposes of paragraph (1)(b), the personnel —
- (a) is an employee of the licensee;
 - (b) holds a degree or graduate diploma in social work or a degree in clinical psychology; and
 - (c) has full-time work experience in providing psychosocial support to patients for an aggregate period of at least 3 years —
 - (i) in a private hospital, medical clinic or healthcare establishment (as the case may be) licensed under the repealed Act; or
 - (ii) in the provision of a licensable healthcare service.

(3) Despite paragraph (1), a licensee who is not approved to provide a hospice service may —

- (a) in lieu of complying with paragraph (1), make arrangements for the patient to receive the psychosocial support at premises other than the licensee's approved permanent premises from an individual (not being the licensee's personnel) who —
 - (i) is trained and qualified to provide the psychosocial support, and holds a degree or graduate diploma in social work or a degree in clinical psychology; or
 - (ii) provides the psychosocial support to the patient under the supervision of another individual who is trained and qualified to provide the psychosocial support, and holds a degree or graduate diploma in social work or a degree in clinical psychology; or
- (b) in lieu of complying with paragraph (1)(b), ensure that the licensee's personnel who assists the licensee in providing the psychosocial support to the patient —
 - (i) is trained and qualified to provide the psychosocial support, and holds a degree or graduate diploma in social work or a degree in clinical psychology; or
 - (ii) is supervised by another personnel of the licensee who is trained and qualified to provide the psychosocial support, and holds a degree or graduate diploma in social work or a degree in clinical psychology.

Rehabilitative service

31.—(1) Where a patient, in the course of receiving a nursing home service from a licensee, requires the provision of a rehabilitative service, the licensee must —

- (a) provide the rehabilitative service to the patient at the licensee's approved permanent premises; or
- (b) make arrangements for an allied health professional (who is trained in rehabilitation but is not the licensee's

personnel) to provide that rehabilitative service to the patient at premises other than the licensee's approved permanent premises.

(2) For the purposes of providing a rehabilitative service to a patient under paragraph (1)(a), the licensee must ensure that —

- (a) a rehabilitative plan, that has been approved or endorsed by a duly qualified allied health professional for that service, is proposed and communicated to the patient or (if the patient is a minor or lacks mental capacity) a next-of-kin or carer of the patient; and
- (b) the rehabilitative service is provided by a personnel who is trained in rehabilitation, and in accordance with the rehabilitative plan.

(3) Where a licensee observes a change in the functional ability of a patient that requires the patient's rehabilitative needs to be reassessed, the licensee must —

- (a) cause the patient's rehabilitative needs to be reassessed by an allied health professional who is trained in rehabilitation; or
- (b) make arrangements for an allied health professional (who is trained in rehabilitation but is not the licensee's personnel) to reassess the patient's rehabilitative needs at premises other than the licensee's approved permanent premises.

Conduct of ultrasound imaging

32. A licensee must ensure that any ultrasound imaging conducted on a patient is conducted —

- (a) only as a service that is incidental to the provision of a nursing home service;
- (b) at the licensee's approved permanent premises; and
- (c) by a personnel of the licensee, who has the appropriate qualifications, skills and competencies to conduct the ultrasound imaging.

Testing of specimen

- 33.** A licensee must not test any specimen for a patient unless —
- (a) a personnel of the licensee who has the appropriate qualifications, skills and competencies to order the test for any patient, orders the test for the patient;
 - (b) the testing of the specimen only involves the conduct of a simple in vitro diagnostic test; and
 - (c) the testing of the specimen is provided only as a service incidental to the provision of a nursing home service.

Conduct of simple in vitro diagnostic test

- 34.** A licensee must ensure that any simple in vitro diagnostic test on a specimen or a patient must be conducted —
- (a) using testing material in respect of which —
 - (i) the expiry date has not passed; and
 - (ii) the personnel who is administering the test does not suspect or have any reason to suspect that the testing material is no longer fit for use; and
 - (b) in accordance with the instructions specified by the manufacturer of the testing material.

Surgical procedure, etc.

- 35.—(1)** A licensee must not conduct any surgical procedure on a patient, unless —
- (a) it is a minor surgical procedure;
 - (b) the minor surgical procedure is ordered by a medical practitioner who is the licensee's personnel; and
 - (c) the minor surgical procedure is conducted on the patient by a healthcare professional who is trained and qualified to conduct the minor surgical procedure.
- (2)** A licensee must not conduct the following procedures on a patient:

- (a) an endoscopic procedure on a patient;
- (b) a clinical procedure or an invasive procedure that penetrates beyond the epidermis layer of the patient's skin that changes or is intended to change the patient's appearance or anatomy.

Essential life-saving measures must be available

36.—(1) A licensee must —

- (a) ensure that adequate and appropriate facilities, equipment and drugs for the provision of any essential life-saving measure to a patient are readily available at every approved permanent premises; and
- (b) at all times, be capable of providing any specified essential life-saving measures to any patient who is at risk of death.

(2) Without limiting paragraph (1), a licensee must ensure —

- (a) that only resuscitation drugs that have not passed their expiry dates and are fit for use and resuscitation equipment that is fit for use are made available for use in the provision of any essential life-saving measure;
- (b) the establishment and implementation of protocols for the rapid and accurate assessment of any patient who is in need of essential life-saving measures;
- (c) that every personnel who provides any essential life-saving measure to a patient is adequately trained —
 - (i) to provide the essential life-saving measure in a proper, effective and safe manner; and
 - (ii) in the use of the equipment that is needed to deliver the essential life-saving measure.

(3) A licensee must ensure that each protocol mentioned in paragraph (2)(b) is documented and that all personnel are trained and proficient in implementing the protocol.

(4) In this regulation, “specified essential life-saving measure” means any of the following:

- (a) cardiopulmonary resuscitation;
- (b) the use of automated external defibrillator on a patient who is experiencing cardiac arrest;
- (c) heimlich maneuver.

PART 6

INFECTION CONTROL, INCIDENT MANAGEMENT AND EMERGENCY PREPAREDNESS

Infection control obligation

37.—(1) Without limiting regulation 41 of the General Regulations, a licensee must —

- (a) establish an infection prevention and control programme (called in these Regulations the IPC programme) that satisfies the conditions mentioned in paragraph (2);
- (b) appoint an infection prevention and control committee to assist the licensee in establishing, implementing and regularly reviewing the IPC programme;
- (c) ensure that the infection prevention and control committee comprises the appropriate number of personnel with the appropriate qualifications, skills and competencies for the purpose of carrying out the licensee's functions mentioned in sub-paragraph (b);
- (d) appoint as the lead person of the infection prevention and control committee, an individual who is employed by the licensee;
- (e) ensure that the lead person of the infection prevention and control committee completes such course or programme relating to the prevention or control of infection in a nursing home, and within such time period, as may be specified by the Director-General;
- (f) keep proper and accurate records of —
 - (i) the implementation of the IPC programme; and

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- (ii) every infection prevention and control activity carried out at the approved permanent premises;
 - (g) ensure that only equipment, material or articles that are reprocessed or sterilised through high-level disinfection or sterilisation in accordance with the specifications by the manufacturer of the equipment, material or articles (as the case may be) and are not subsequently contaminated, are used in any minor surgical procedure on a patient;
 - (h) ensure that every equipment, material or article that is used in every minor surgical procedure is —
 - (i) reprocessed or sterilised through high-level disinfection or sterilisation in accordance with the specifications by the manufacturer of the equipment, material or article, as the case may be; and
 - (ii) kept and stored under the appropriate conditions to ensure that the equipment, material or article remains fit for use until it is used in the next minor surgical procedure;
 - (i) ensure that every equipment that is used to reprocess or sterilise any other equipment, material or article is checked regularly and maintained properly in accordance with the specifications by the manufacturer of the equipment, so as to ensure its proper and effective operation; and
 - (j) establish, implement and regularly review a security system to minimise the risk of an abscondment of a patient who is suffering from an infectious disease specified in the First Schedule to the Infectious Diseases Act 1976.
- (2) For the purposes of paragraph (1)(a), the IPC programme must be in writing and include the following matters:
- (a) standard operating procedures relating to the infection prevention and control of any infection at the licensee's approved permanent premises;

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- (b) policies and guidelines relating to the prevention, identification, control and management and elimination of any infection that is acquired in or brought into the licensee's approved permanent premises, including the practice of good hand hygiene and in the use of personal protective equipment;
 - (c) policies and the appropriate processes for the training and competency assessment of the licensee's personnel to ensure that the personnel are familiar with and are able to comply with the matters mentioned in sub-paragraphs (a) and (b);
 - (d) surveillance plans to monitor every incident at the licensee's approved permanent premises that involves an epidemiologically important organism or an infection that is acquired at the approved permanent premises;
 - (e) plans to carry out regular audits on the personnel, patients and environment of the licensee's approved permanent premises to ensure that the IPC programme is being implemented effectively.

Emergency management system

38.—(1) A licensee must establish, implement and regularly review an effective command and control system to manage both of the following:

- (a) an emergency at every approved permanent premises;
 - (b) a medical emergency in Singapore.
- (2) Without limiting paragraph (1), the licensee must —
- (a) establish and equip an operationally-ready emergency response team to manage an emergency mentioned in that paragraph;
 - (b) establish, implement and annually review processes and procedures to control and manage an emergency, including any radiation emergency or incident;

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- (c) with respect to a radiation emergency or incident, establish, implement and regularly review processes and procedures to prevent, identify, control and manage any radiation emergency or incident, including strategies to isolate every area or patient who is affected by radiation, setting up isolation facilities for every affected patient, and the use of equipment to prevent, control and manage the spread of radiation;
 - (d) train every personnel who is deployed to the emergency response team in the processes and procedures mentioned in sub-paragraph (b); and
 - (e) participate in any exercise specified by the Director-General that is for the purpose of evaluating the emergency preparedness and response capabilities of the healthcare system in Singapore.

(3) In this regulation, “command and control system” means a system comprising personnel, procedures, equipment and facilities (including information management facilities) which are necessary for the purpose of conducting any emergency management operation.

PART 7

MISCELLANEOUS

Keeping of other records

39.—(1) A licensee must maintain proper, complete and accurate records in respect of all of the following:

- (a) the qualifications and competencies (including training and competency assessments) of each personnel, that are relevant to the provision of the nursing home service;
- (b) every programme, policy, system, measure, protocol or process that the licensee is required to implement under these Regulations, and every activity undertaken under that programme, policy, system, measure, protocol or process;

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- (c) the installation, maintenance, servicing and repair of all equipment used in the provision of the nursing home service;
 - (d) the findings of every medication reconciliation performed by a pharmacist for every patient (as mentioned in regulation 16(2)(a)), and the pharmacist's recommendation (if any) based on the finding of the medication reconciliation;
 - (e) the licensee's reasons recorded under regulation 16(2)(b) for not implementing a pharmacist's recommendation mentioned in regulation 16(2)(a).

(2) In this regulation, "medication reconciliation" has the meaning given by regulation 16(5).

Price transparency

40. A licensee must, upon request by a patient or any person who intends to receive a nursing home service from the licensee, inform the patient or person (as the case may be) of the applicable charges (including any administrative fee) for the nursing home service.

Display of charges, etc.

41.—(1) A licensee must ensure that the monthly fees and administrative fees charged by the licensee for a nursing home service are displayed or otherwise made available at every approved permanent premises.

(2) In this regulation, "monthly fees" means the room and board charges that are charged to a patient on a monthly basis and includes the charges for the provision of accommodation, food, personal care and nursing care to the patient.

Disclosure of approved institution status

42.—(1) A licensee who is an approved institution must display or otherwise make available at every approved permanent premises, the fact that the licensee is an approved institution.

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- (2) A licensee who is not an approved institution must not —
- (a) represent to any person or give any person the impression that the licensee is an approved institution; or
 - (b) otherwise mislead any person as to whether the licensee is an approved institution.
- (3) In this regulation, “approved institution” means any of the following:
- (a) an approved medical institution within the meaning of regulation 2(1) of the Central Provident Fund (Medisave Account Withdrawals) Regulations (Rg 17);
 - (b) an approved medical institution approved by the Minister under the MediShield Life Scheme Act 2015;
 - (c) an accredited medical institution under any public scheme providing financial assistance that is established by the Government.

Financial counselling

43.—(1) A licensee must before providing any care or treatment to, or conducting a procedure on, a patient, provide the information on the fees charged by the licensee for the care, treatment or procedure, to the patient or (if the patient is a minor or lacks mental capacity) a next-of-kin or carer of the patient.

(2) For the purposes of paragraph (1), the information on the fees payable for the care, treatment or procedure must include —

- (a) the estimated price range of the fees for the care, treatment or procedure;
- (b) the fee benchmark for the same or similar care, treatment or procedure that is published on the website of the Ministry of Health at <https://www.moh.gov.sg> (if available);
- (c) whether any part of the fees mentioned in sub-paragraph (a) may be —
 - (i) deducted from any medisave account;

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- (ii) reimbursed under the MediShield Life Scheme; or
 - (iii) reduced by any subsidy or grant under a public scheme; and
 - (d) any other benefit that the MediShield Life Scheme provides to the patient in respect of the care, treatment or procedure, if any.
- (3) A licensee need not comply with paragraph (1) if the patient is assessed by a medical practitioner to be in a critical condition and needs to receive the care, treatment or procedure without delay.
- (4) Where a licensee intends to make any change in the average monthly fees payable for the care or treatment that is provided to a patient on an on-going basis, the licensee must provide the information on the change in fees to the patient or (if the patient is a minor or lacks mental capacity) a next-of-kin or carer of the patient before implementing the change.
- (5) For the purposes of paragraph (4), the information on the change in fees for the care or treatment must include —
- (a) the fees that is currently charged for the care or treatment and the new fees that will be charged for the care or treatment;
 - (b) the fee benchmark for the same or similar care or treatment that is published on the website of the Ministry of Health at <https://www.moh.gov.sg> (if available);
 - (c) whether any part of the new fees mentioned in sub-paragraph (a) may be —
 - (i) deducted from any medisave account;
 - (ii) reimbursed under the MediShield Life Scheme; or
 - (iii) reduced by any subsidy or grant under a public scheme; and
 - (d) any other benefit that the MediShield Life Scheme provides to the patient in respect of the care or treatment, if any.

(6) The licensee must, after providing the information mentioned in paragraph (2) or (5) to the patient or the next-of-kin or carer of the patient, obtain an acknowledgment from the patient, next-of-kin or carer (as the case may be) and keep the acknowledgment as part of the patient's patient health record.

(7) In this regulation, "medisave account" means a medisave account maintained under section 13 of the Central Provident Fund Act 1953.

Offences

44.—(1) A person who contravenes regulation 11(*b*) or (*j*), 12(1) or (2), 13(*b*), 14(1) or (2), 16(1), (2), (3) or (4), 25, 35(1) or (2), 36(1) or 37(1) shall be guilty of an offence.

(2) A person who is guilty of an offence under paragraph (1) shall be liable on conviction —

- (a) to a fine not exceeding \$20,000 or to imprisonment for a term not exceeding 12 months or to both; and
- (b) 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

Regulation 4

SPECIFIED SERVICES

1. The following are specified services for a nursing home service:

- (a) blood transfusion service;
- (b) collaborative prescribing service;
- (c) hospice service.

2. In this Schedule, "blood transfusion service" means —

- (a) the collection of whole blood, or blood component or product that is derived from plasma, red blood cells, white blood cells or platelets from an individual for the purpose of administering it to that individual (as a patient) or another patient;

THE SCHEDULE — *continued*

- (b) the administration to a patient, by bolus injection or continuous infusion, of either or both of the following, whether obtained from the patient or one or more other individuals:
- (i) whole blood;
 - (ii) any blood component or product that is derived from plasma, red blood cells, white blood cells or platelets; and
- (c) the temporary storage of any whole blood, or blood component or product that is derived from plasma, red blood cells, white blood cells or platelets for the purpose mentioned in sub-paragraph (a) or (b).

Made on 13 December 2023.

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

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