MINISTRY OF HEALTH
SINGAPORE

MH 34:24/8 MOH Circular No. 04/2022

6 January 2022

See Distribution List

UPDATE ON THE MANAGEMENT OF COVID-19 WITH PROTOCOL 2 (PRIMARY CARE)

This circular provides an update on the management of COVID-19 in the community from 6 January 2022.

Revised COVID-19 Care Protocols

2. Presently, all symptomatic patients receive dual swabs (ART and PCR) and if tested positive on PCR, are placed on a centrally-managed Home Recovery Programme (HRP) for 10 to 14 days or managed at an appropriate COVID-19 care facility until discharge (**Protocol 1**). Local data has demonstrated that patients with no or few risk factors for severe disease recover well and quickly at home, and they can be supported to recover at home.

3. As such, from 6 January 2022 onwards, we will introduce a primary-care-supported home recovery model[1] (**Protocol 2 (Primary Care)**)[2] for low-risk and mildly symptomatic individuals who can safely recover at home without requiring a centrally managed recovery programme. This will help right-site COVID-19 care. The updated protocols for COVID-19 case management are as follows (see **Table 1**):

[1] Dormitory-dwelling migrant workers will recover at appropriate care settings stratified by risks and symptoms. For example, vaccinated dormitory-dwelling migrant workers eligible for Protocol 2 (Primary Care) will safely recover at dedicated dormitory recovery facilities coordinated by the Ministry of Manpower.

[2] Protocol 2(Primary Care) is not applicable at the A&Es of hospitals. Patients who present at the A&E but fit the criteria for Protocol 2(Primary Care) should be advised to visit their GPs for right-siting of care. Patients assessed to need a PCR swab at the A&E can return home on private transport if they do not require admission.

Table 1: Protocols for the Management of COVID-19 Cases

Protocol	Care Involved
Protocol 1 Patients who have been identified to be of higher medical risk **OR** symptomatically unwell	a. Administer dual swabs (ART and PCR) and issue a Medical Certificate (MC) for up to 5 days. Inform the patient that they are legally required to stay home and should self-isolate for the duration of the MC or until PCR result is negative, which ever earlier, as per **Circular 174/2020** and **Circular 202/2020.** b. If tested PCR-positive, these persons will continue on the existing management approach, i.e., MOH will follow-up with them within 24 hours and provide instructions, including assessing suitability to self-isolate at home under the HRP and whether they need to be conveyed to a care facility. If suitable for HRP, these persons will be placed under a 10- or 14- day isolation order, depending on their vaccination status. These persons should self-isolate during this period. c. If unwell or high-risk persons refuse a PCR swab test, including those under the suspect case criteria, please continue to issue 5-day MC, and inform patients that they are legally required to stay home for that duration, as per **Circular 174/2020** and **Circular 202/2020**.
Protocol 2 (Primary Care) Low medical risk **AND** mildly symptomatic individuals	a. These persons would only require a provider-administered ART swab. b. If tested ART positive, doctors should provide a 5-day MC[3]. There is no legal requirement to stay home. c. Advise these patients to self-isolate for at least 72 hours after the test result. They can resume normal activities and cease isolation when they self-test ART negative after 72 hours (i.e., from Day 4 onwards where Day 1 is the day of the test result). d. For patients who persistently self-test ART positive, they should continue to self-isolate at home. They may exit self-isolation upon a negative self-test ART OR upon time-based discharge on 12 noon of Day 10 (for vaccinated) or Day 14 (for unvaccinated), where Day 1 is the date of the **provider-administered** ART test. e. Advise the patient to return to his GP if his symptoms worsen or do not improve. Call 995 if there is an emergency.

[3] The 5-day MC is to cover expected duration needed for symptom recovery and minimize returns to clinic for extension of MC, in the event that initial self-administered ARTs after 72 hours remain positive.

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Table 1: Protocols for the Management of COVID-19 Cases

Protocol	Care Involved
Protocol 2 (Primary Care) Low medical risk **AND** mildly symptomatic individuals	f. If patients insist on getting a PCR test, or had gotten a PCR test (e.g. pre-departure test, on-arrival test, or rostered routine test, etc.), but are assessed to be low-risk with mild symptoms, doctors may continue to manage them under Protocol 2 (Primary Care). g. If patients refuse an ART swab test, medical professionals may issue a regular MC which should not include the clause that they are legally required to stay home.
Protocol 2 Low medical risk **AND** asymptomatic persons who test ART positive	a. Self-isolate for at least 72 hours after the test result. Such persons can resume normal activities and cease self-isolation if they subsequently self-test ART negative after 72 hours (i.e., from Day 4 onwards). b. Similarly, for who persistently self-test ART positive, they should continue to self-isolate at home. They may exit self-isolation upon a negative self-test ART OR upon time-based discharge on 12 noon of Day 10 (for vaccinated) or Day 14 (for unvaccinated), where Day 1 is date of first positive ART test. c. There is no need to see a doctor. If they do, doctors may advise them to rest. No additional COVID-19 test is needed. Doctors may provide a regular MC, which does not carry a legal obligation to remain at home, based on clinical discretion. d. Asymptomatic persons who test ART positive under a provider-administered ART swab should also be placed on Protocol 2. e. Asymptomatic persons who test PCR positive should also be managed under Protocol 2.

4. When patients present, doctors should assess and triage them to the care protocols based on the severity of their symptoms and/or medical risk factors (see **Annex A** for a guide to the triage criteria and **Annex B** for clinical package). Primary Care doctors may use PRPP or iConnect.COVID to submit the Protocol tag for patients; please do so as soon as possible.

5. At any point, if doctors assess their patient to be unwell or to require higher levels of medical care, please contact CMTG at **64354060**[4] or CMTG_call_centre@moh.gov.sg to arrange for conveyance. Please contact 995 as per existing approach if the patient is unstable.

[4] Please note that this contact number is not for public.

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6. Patients under Protocol 1 and Protocol 2 (Primary Care) will be accorded recovered status for the purpose of exemptions from Rostered Routine Testing (RRT) and Health Risk Warning (HRW). Unvaccinated recovered will be eligible for Vaccination-Differentiated Safe Management Measures (VDS). A memo (Annex E) should be provided to unvaccinated recovered individuals under Protocol 2 (Primary Care) for VDS purposes if the individual self-test negative after Day 3.

Updates on Legal Requirements Imposed on Patients

7. In Circulars **174/2020** and **202/2020**, medical practitioners were advised that under the Stay Order Regulations, persons with symptoms of an acute respiratory infection (ARI) were legally required to stay home for the duration of the MC issued, unless they receive a negative SARS-CoV-2 PCR test result. With the revised care protocols**, the legal requirement for ARI patients to stay home once issued an MC would no longer apply to patients whom doctors assess to fall under Protocol 2 (Primary Care).** MCs issued to these patients should not carry the clause that they are legally required to stay home. Medical practitioners can include the clause "To stay home and self-isolate for 72 hours or until ART-negative and symptoms resolve" to ensure that instructions to patients are clear.

8. However, the **legal obligation to stay home will continue to apply to high-risk or symptomatically unwell individuals (i.e., persons identified for Protocol 1)** who are pending PCR test results, or persons identified for Protocol 1 who refuse to take a PCR swab test. There is no change to current practice. They are required to stay home and self-isolate until they receive a negative PCR test result during their current ARI episode, or for the duration of the MC issued (not exceeding 5 days). Please ensure that persons that you identified for Protocol 1 are issued MCs indicating a diagnosis of "ARI" **AND** "Protocol 1". You may include the clause that they are legally required to stay at home.

9. With the revised protocols, **suspect COVID-19 cases are no longer required to undergo mandatory SARS-CoV-2 testing**, unless specifically identified by the Ministry of Health. Instead, testing should be provided based on clinical needs as described in **Annex A**.

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Conclusion

10. The revised COVID-19 care protocols will better enable us to focus our healthcare resources for the management of COVID-19 as it becomes endemic locally and internationally. We appreciate the patience and support of healthcare providers as we adapt our care protocols to the evolving COVID-19 situation.

A/PROF KENNETH MAK
DIRECTOR OF MEDICAL SERVICES
MINISTRY OF HEALTH

This Circular supersedes the following circulars:

MOH CIRCULAR 70/2021 titled "Revised Suspect Case Criteria and Updated Guidance for COVID-19 Testing and Management of Tested Persons", dated 7 June 2021

MOH CIRCULAR 70B/2021 titled "Addendum to Circular 70/2021: Removal of Public Health Actions Required Following a Positive COVID-19 Serology Test", dated 9 October 2021.

MOH CIRCULAR 174/2020 titled "UPDATES ON THE LEGAL REQUIREMENT FOR PATIENTS ISSUED WITH MEDICAL CERTIFICATES FOR ACUTE RESPIRATORY SYMPTOMS TO STAY HOME", dated 30 June 2020

MOH CIRCULAR 202/2020 titled "UPDATES TO MEDICAL CERTIFICATES ISSUED TO PATIENTS WITH ACUTE RESPIRATORY SYMPTOMS", dated 6 October 2020.

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Annexes

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Annex B	PRIMARY CARE DOCTOR – COVID-19 CLINICAL PACKAGE
Annex C	PATIENT INFORMATION SHEET
Annex D	MEMO ON CONFIRMED COVID-19 INFECTION AND RECOVERY FOR UNVACCINATED INDIVIDUALS
Annex E	FREQUENTLY ASKED QUESTIONS

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Annex A

TRIAGE CRITERIA

Decision Matrix for Primary Care Doctors in Handling ARI Patients and Asymptomatic Patients Undergoing COVID-19 Tests

	ARI Workflow		Asymptomatic Testing for Public Health Reasons (PDT/PET/RRT/HRW)
	Symptoms/ Signs of Concern	**Mild Symptoms**	
High Risk patient 1. Ineligible criteria • Vaccinated ≥80 YO • Unvaccinated ≥50 YO • Infant <3 months old 2. Immunocompromised • Organ or bone marrow transplant on immunosuppression • Active/current cancer, including on active cancer treatment • Active/current leukaemia/lymphoma/ haematological cancers • Disease or medications that may suppress immunity • ESRF on dialysis • Advanced or untreated HIV 3. Severe chronic organ disease at high risk of deterioration (e.g. Decompensated Heart Failure, Liver Failure, COPD etc)- surrogate marker: Chronic organ disease **REQUIRING** a recent hospital admission in **past 6 months**	**Protocol 1** (Double Swabs – ART AND PCR)	**Protocol 1** (Double Swabs – ART AND PCR)	**Protocol 1** (Ensure confirmatory PCR swab performed if only ART+)
Intermediate Risk patient 1. Children 3 months to <12 YO 2. Vaccinated ≥70 YO 3. Pregnant 4. Poorly Controlled Diabetes 5. Overweight (BMI>35 or >100kg)	**Protocol 1** (Double Swabs – ART AND PCR)	**Protocol 1** (Double Swabs – ART AND PCR)	**Protocol 2** (Either ART+ or PCR+)
Low Risk patient (none of the above)	**Protocol 1** (Double Swabs – ART AND PCR)	**Protocol 2 (Primary Care)** (Only ART+ needed)	**Protocol 2** (Either ART+ or PCR+)

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Annex A

Screening Criteria

Symptoms of Concerns
1. Chest pain
2. Shortness of Breath
3. Acute stroke symptoms
4. Severe headache not better with usual pain meds
5. Persistent diarrhoea and vomiting/unable to take fluids
6. Fever for ≥3 days
7. Chest palpitations
8. DVT symptoms
Signs of Concern
1. Tachycardia HR (≥100)
2. Tachypnea (RR≥20)
3. SPO2 <95% / Need supplementary oxygen
4. Hypotensive (SBP<100mmHg)

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ANNEX B: PRIMARY CARE DOCTOR - COVID-19 CLINICAL PACKAGE

GENERAL GUIDE AND INSTRUCTIONS FOR USAGE

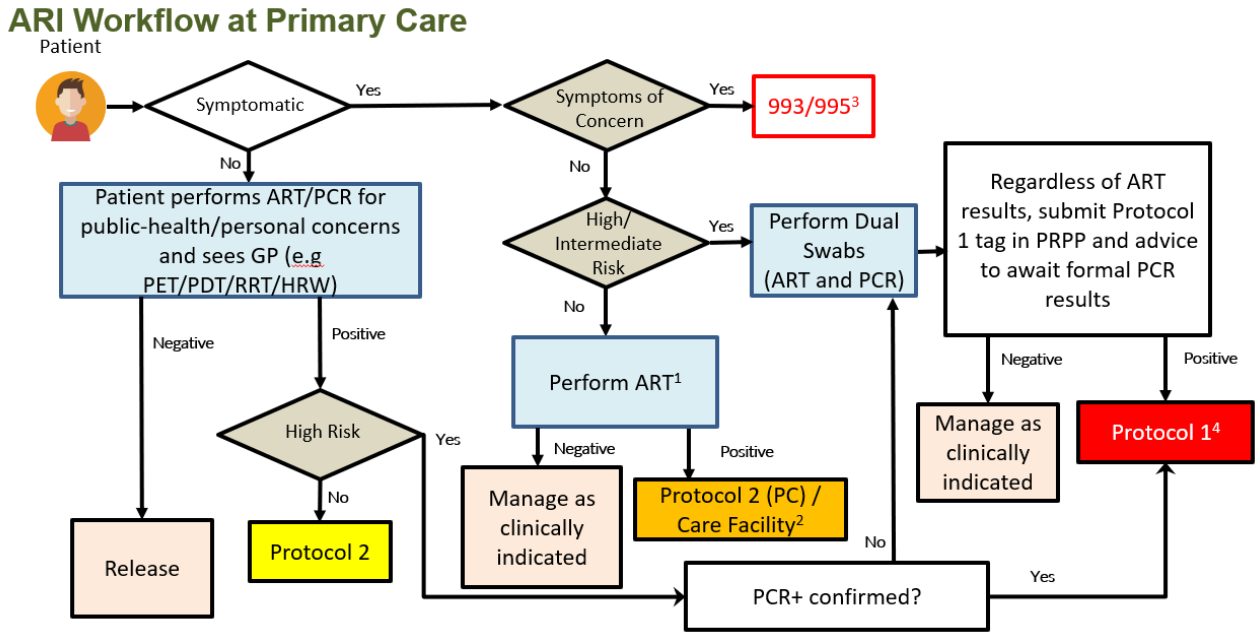
This COVID-19 clinical package aims to provide Primary Care Doctors with the relevant clinical and operational information needed to manage patients who present for either acute respiratory infections (ARI) symptoms OR for COVID-19 tests.

Appendices

B1. ARI Workflow and Decision Matrix for Primary Care Doctors
B2. Primary Care Doctor - COVID-19 Reference Script
B3. Information needed for CMTG to activate 993 / convey to SIF.

APPENDIX B1

ARI Workflow and Decision Matrix for Primary Care Doctors



[1] Protocol 2 only needs ART by default. If a low risk patient with mild symptoms performs a PCR for whatever reason (e.g. pt insists, PET, PDT, etc), he will still be managed as per Protocol 2A.
[2] Protocol 2 (PC) individuals with unsuitable household (unable to self isolate/HH member ≥80 years old) → To activate CMTG for conveyance to care facility. No PCR needed. Patient to go home and wait.
[3] Clinician discretion on whether to activate 993 vs 995 for ED Review. Minimally, ART to be performed for purposes of activating a COVID-19 ambulance.
[4] Protocol 1 requires a PCR confirmation, before patient can enter cohorted settings and/or receive therapeutics

Screening Criteria

Unsuitable for Protocol 2 (Primary Care)

- **High Risk – Not suitable for recovery at home**
  - Prevailing Ineligible Criteria
    - <3 months old
    - Vaccinated ≥80 years old
    - Unvaccinated ≥50 years old
  - Comorbidities of Concern
    - Bone marrow/Organ transplant on immunosuppressant
    - Active/current cancer on chemotherapy/treatment
    - Leukemia/lymphoma/other heamotological malignancies
    - Disease or medications that suppress immune system
    - Advanced HIV/AIDS
    - ESRF on dialysis
    - Chronic organ disease at high risk of deterioration e.g Decompensated Congestive Heart failure, Liver failure, COPD
- **Intermediate Risk - Benefit from closer monitoring under HRP-enhanced**
  - Obesity: (BMI >35 or Weight >100kg)
  - Poorly Controlled DM
  - Pregnant
  - Children <12 years old
  - Elderly ≥70 years old

Symptoms/Signs of Concern

- **Symptoms**
  - Shortness of breath
  - Chest pain
  - Acute stroke symptoms
  - Chest palpitations
  - Symptoms suggestive of DVT
  - Severe headache not better with pain meds
  - Persistent diarrhea/vomiting/unable to take in fluids
  - Persistent Fever ≥ 3 days (≥38 degrees Celsius)
- **Signs**
  - Tachycardia >100
  - Tachypnoea >20
  - Hypotension <100 mmHg
  - SPO2 ≤ 94%

*Doctor to exercise clinical judgement on whether to activate 995 vs 993 (via CMTG)

TMARS link for P2PC patients (to request for TM provider): **go.gov.sg/telemedicineproviders**

Hotline for patients/public regarding P2PC (for non-medical queries): **6916 0190**

Hotline for Doctors regarding P2PC: **6916 0193**

CMTG Hotline (to request for 993 / arrange for conveyance to Isolation Facility): **64354060**

CMTG email: CMTG_call_centre@moh.gov.sg

Decision Matrix for Primary Care Doctors in Handling ARI Patients and Asymptomatic Patients Undergoing COVID-19 Tests

	ARI Workflow		Asymptomatic Testing for Public Health Reasons (PDT/PET/RRT/HRW)
	Symptoms/Signs of Concern	Mild Symptoms	
High Risk patient 4. Ineligible criteria • Vaccinated ≥80 YO • Unvaccinated ≥50 YO • Infant <3 months old 5. Immunocompromised • Organ or bone marrow transplant on immunosuppression • Active/current cancer, including on active cancer treatment • Active/current leukaemia/lymphoma/ haematological cancers • Disease or medications that may suppress immunity • ESRF on dialysis • Advanced or untreated HIV 6. Severe chronic organ disease at high risk of deterioration (e.g. Decompensated Heart Failure, Liver Failure, COPD etc)- surrogate marker: Chronic organ disease REQUIRING a recent hospital admission in past 6 months.	Protocol 1 (Double Swabs – ART AND PCR)	Protocol 1 (Double Swabs – ART AND PCR)	Protocol 1 (Ensure confirmatory PCR swab performed if only ART+)
Intermediate Risk patient 6. Children <12 YO 7. Elderly ≥70 YO 8. Pregnant 9. Poorly Controlled Diabetes 10. Overweight (BMI>35 or >100kg)	Protocol 1 (Double Swabs – ART AND PCR)	Protocol 1 (Double Swabs – ART AND PCR)	Protocol 2 (Either ART+ or PCR+)
Low Risk patient (none of the above)	Protocol 1 (Double Swabs – ART AND PCR)	Protocol 2 (Primary Care) (Only ART+ needed)	Protocol 2 (Either ART+ or PCR+)

APPENDIX B2

PRIMARY CARE DOCTOR - COVID-19 REFERENCE SCRIPT

GENERAL GUIDE AND INSTRUCTIONS FOR USAGE
This script serves as a possible template for the doctor in managing adult patients who present in a primary care setting . It is not meant to replace clinical judgement and acumen, especially if the clinical assessment is that the patient is deemed at higher risk than what is articulated in this script/clinical guideline. This script serves as a possible guide on management of patients who present for either acute respiratory infections (ARI) symptoms OR for COVID-19 tests. This Call Script has 5 Sections that are designed to flow naturally based on the consult's conversation: A. Start of Script - Introduction B. Medical Screen C. Way Ahead – Protocol 1 D. Way Ahead – Protocol 2 (Primary Care) (P2PC) E. Way Ahead – Protocol 2

A. START OF SCRIPT- INTRODUCTION
Hi Mr/Ms (Name of Patient), I am DOCTOR (Name of Doctor). I understand that you are here because you have ARI symptoms / would like to undergo a COVID-19 test In line with MOH's latest guidelines, I will need to first assess you on your health status before advising you on the way ahead.

B. MEDICAL SCREEN

[If patient is Symptomatic]
➔ Proceed to 'B1. Medical Screen for Patients presenting with ARI symptoms'

[If patient is Asymptomatic]
➔ Proceed to 'B2. Medical Screen for Asymptomatic Patients undergoing COVID-19 Tests'

B1. Medical Screen for Patients Presenting with ARI symptoms

1. Do you have any of the following symptoms/signs of concern listed in Table 1 below?
   - If patient has ANY of the listed symptoms/signs, to activate either 993/995.
   - To consider performing ART swab→does not change clinical management but would impact choice of conveyance if COVID-19 positive. To inform call operator if test positive.
   - The following list is non-exhaustive and clinicians are recommended to activate 993/995 based on their clinical assessment as necessary
   - Clinician to exercise judgment on whether 993 (via CMTG) or 995 will be more appropriate.

Table 1: Symptoms/Signs of Concern

Symptoms/Signs of Concern	
Symptoms	• Shortness of breath • Chest pain • Acute stroke symptoms • Chest palpitations • Symptoms suggestive of DVT • Severe headache not better with pain medications • Persistent diarrhea/vomiting/unable to take fluids • Persistent fever ≥3 days (≥38 degrees Celsius)

Signs	• Tachycardia > 100 • Tachypnoea > 20 • Hypotension <100mmHg • $SpO_2 \leq 94\%$

2. How old are you? What is your vaccination status?
    - If vaccinated ≥70YO, unvaccinated ≥50YO or <12YO→not suitable for P2PC→ for Protocol 1

3. Have you (the patient) received any <u>organ or bone marrow transplant</u>?
    - *All organ or bone marrow transplant recipient (except cornea), will be taking some sort of immune-suppressing medications. Skin Grafts, Auto/Re-implantation that do not require immunosuppressants are not considered immunocompromised*
    - If yes: immunocompromised → not suitable for P2PC→ for Protocol 1

4. Do you (the patient) have any <u>active/ current cancer</u>?
    - If yes: Have you/ your family recovered from it?
    - If no: Are you/your family still on chemotherapy or medicines that weaken the immune system?
    - *Such chemotherapy drugs can be intravenous and given in 'cycles' or oral antibody therapy; however hormonal therapy for breast/ prostate cancers do not weaken the immune system.*
    - If yes (on active chemo/recent surgery): immunocompromised → not suitable for P2PC→ for Protocol 1

5. Do you (the patient) have any <u>active/current blood or lymph node cancers</u>?
    - *Such as leukemia, myeloma, lymphoma or other haematological cancers*
    - If yes: immunocompromised → not suitable for P2PC→ for Protocol 1

6. Do you have any disease or are you on any medications that suppress the immune system?
    - *Examples of diseases which suppress the immune system, organ transplantation. Common drugs which suppress the immune system include: steroids like prednisolone, and other drugs for autoimmune diseases/used to blunt the immune system e.g. methotrexate, mycophenolate, tacrolimus, cyclosporine, sirolimus, rituximab, etanercept etc.*
    - If yes: immunocompromised → not suitable for P2PC→ for Protocol 1

7. Do you have kidney failure on <u>dialysis</u>?
    - End-stage kidney disease (i.e. on haemodialysis – typically patients go and "wash their blood" (blood dialysis) three times a week at a dialysis center, or peritoneal dialysis "wash the waste from their blood by putting dialysis fluid into their abdomen" – usually done at home)
    - If yes → not suitable for P2PC→ for Protocol 1

8. Comorbidity of Concern 6: Do you have <u>advanced or untreated HIV</u>? Or AIDS? (To ask sensitively)
    - If yes → not suitable for P2PC→ for Protocol 1

9. Comorbidity of Concern 7: Do you have any serious problems/major diseases which may affect your <u>heart, lung, liver, or brain/nerves at high risk of deterioration</u>?
    - Surrogate question: Do you have a very weak heart /heart failure (e.g. decompensated heart failure), or poor lungs (e.g. COPD, bronchiectasis), or a bad liver / liver failure, or a disease affecting your brain or nerves (e.g. you cannot walk), AND was admitted to hospital for this condition once or more in the last 6 months?
    - If yes to any of above, the condition is high risk for deterioration→ not suitable for P2PC→ for Protocol 1 and will require PCR, for Protocol 1

10. Do you have Poorly controlled diabetes?
    - To assess if diabetes is poorly controlled, including incidents of hypo/hyperglycaemia, hyperglycaemic crisis, poor HbA1c.
    - To assess for worsening complications of Diabetes, including retinopathy, vasculopathy, neuropathy, frequent infections.
    - If yes: poorly-controlled or has complicated DM→ not suitable for P2PC→ for Protocol 1

11. How heavy are you? (assess for obesity)
    - If >100kg or BMI>35 → not suitable for P2PC→ for Protocol 1

12. Are you pregnant?
    - If yes: pregnant → not suitable for P2PC→ for Protocol 1

[If yes to any of the above→ for Protocol 1]
➔ Proceed to 'C. Way Ahead – Protocol 1'

[If No to ALL of the above→ for Protocol 2 (Primary Care)]
➔ Proceed to 'D. Way Ahead – Protocol 2 (Primary Care)'

B2. Medical Screen for Asymptomatic Patients undergoing COVID-19 Tests

[If only ART performed and negative→ no further action]
-END-

[If ART performed and positive OR PCR performed → proceed with rest of medical screening to filter out High Risk patients]

1. How old are you? What is your vaccination status?
    - If vaccinated ≥70YO, unvaccinated ≥50YO or <3 months → not suitable for P2PC→ for Protocol 1

2. Have you (the patient) received any organ or bone marrow transplant?
    - *All organ or bone marrow transplant recipient (except cornea), will be taking some sort of immune-suppressing medications. Skin Grafts, Auto/Re-implantation that do not require immunosuppressants are not considered immunocompromised*
    - If yes: immunocompromised → not suitable for P2PC→ for Protocol 1

3. Do you (the patient) have any active/ current cancer?
    - If yes: Have you/ your family recovered from it?
    - If no: Are you/your family still on chemotherapy or medicines that weaken the immune system?
    - *Such chemotherapy drugs can be intravenous and given in 'cycles' or oral antibody therapy; however hormonal therapy for breast/ prostate cancers do not weaken the immune system.*
    - If yes (on active chemo/recent surgery): immunocompromised → not suitable for P2PC→ for Protocol 1

4. Do you (the patient) have any active/current blood or lymph node cancers?
    - *Such as leukemia, myeloma, lymphoma or other haematological cancers*
    - If yes: immunocompromised → not suitable for P2PC→ for Protocol 1

5. Do you have any disease or are you on any medications that suppress the immune system?
    - *Examples of diseases which suppress the immune system, organ transplantation. Common drugs which suppress the immune system include: steroids like prednisolone, and other*

drugs for autoimmune diseases/used to blunt the immune system e.g. methotrexate, mycophenolate, tacrolimus, cyclosporine, sirolimus, rituximab, etanercept etc.

- If yes: immunocompromised → not suitable for P2PC→ for Protocol 1

6. Do you have kidney failure on dialysis?
   - End-stage kidney disease (i.e. on haemodialysis – typically patients go and "wash their blood" (blood dialysis) three times a week at a dialysis center, or peritoneal dialysis "wash the waste from their blood by putting dialysis fluid into their abdomen" – usually done at home)
   - If yes → not suitable for P2PC→ for Protocol 1

7. Comorbidity of Concern 6: Do you have advanced or untreated HIV? Or AIDS? (To ask sensitively)
   - If yes → not suitable for P2PC→ for Protocol 1

8. Comorbidity of Concern 7: Do you have any serious problems/major diseases which may affect your heart, lung, liver, or brain/nerves at high risk of deterioration?
   - Surrogate question: Do you have a very weak heart /heart failure (e.g. decompensated heart failure), or poor lungs (e.g. COPD, bronchiectasis), or a bad liver / liver failure, or a disease affecting your brain or nerves (e.g. you cannot walk), AND was admitted to hospital for this condition once or more in the last 6 months?
   - If yes to any of above, the condition is high risk for deterioration→ not suitable for P2PC→ for Protocol 1

[If yes to any of the above→ for Protocol 1]
Proceed to 'C. Way Ahead – Protocol 1'

[If No to ALL of the above→ for Protocol 2]
Proceed to 'E. Way Ahead – Protocol 2'

C. WAY AHEAD – PROTOCOL 1

Sir/Mdm, I will proceed to perform both an ART (if not done) AND PCR swab for you. If your PCR swab turns out positive, you will receive an isolation order text message and an SMS for fill up a FormSG.

MOH will then get in touch with you to inform you of the next steps to take, including issuing you with an isolation order.

For now, I will be issuing you with a MC while you await your PCR swab test results.

During the period of your MC, you are advised to self-isolate as much as possible and to only leave your place of residence when necessary. Do also minimize social interaction with others whilst awaiting your PCR swab test results.

In the event of medical emergency which include chest pain, difficulty breathing, or pulse oximeter showing 92% or less, please call 995 immediately.

If you require any further medical attention whilst awaiting your swab results, you may return to see me.

[Perform DUAL SWABS – ART AND PCR (if not done)]

[For PRPP/iConnect: Click 'Protocol 1' Indicator]

-END-

D. WAY AHEAD – PROTOCOL 2 (PRIMARY CARE)

My assessment is that based on the new MOH protocols, all you need is an ART test.

[PERFORM ART]

[If ART negative and patient accepts results → No further action required. Manage as clinically indicated.]
-END-

[If ART negative but patient insists on performing a PCR → Reassure patient that PCR not needed and explain that if PCR turns positive (<3% chance), patient will be managed as per protocol 1 and will receive 10/14 days Isolation order.
→If still insist, proceed to 'C. Way Ahead – Protocol 1' for further counseling.]

[If ART positive → proceed with below]

Your ART result is positive, confirming that you are COVID-19 positive.

You are required to isolate for a minimum of 72 hours from today. After 72 hours, you must perform a self-administered ART and it must be negative before you can exit self-isolation. If you are still symptomatic or if the ART result is positive, please continue to isolate yourself at home.

You are to self-isolate until your ART is negative or until 12 noon on D10 /D14 (for vaccinated/unvaccinated respectively), whichever is earlier. Today/The date of your ART test is taken as D1.

Meanwhile, please isolate at home and minimize social interaction with others. You are only allowed leave your place of isolation essential activities- such as to obtain necessities for daily living or to visit the doctor.

I will be issuing you with a 5 day MC (minimum 5 days, but duration of MC up to discretion of clinician) to cover you while you recover from your symptoms and in case your ART takes a while to turn negative.

You will also receive an SMS to fill up a FormSG. Please fill up the names and details of your household members as they will be issued with a Health Risk Warning.

In the event of medical emergency which include chest pain, difficulty breathing, or pulse oximeter showing 92% or less, please call 995 immediately.

If you require further medical attention after today's consult, feel free to return back to see me. You may also contact my clinic at _____(clinic telephone number).

If you require any medical attention after office hours (if clinic is not open 24/7), you may go to go.gov.sg/telemedicineproviders to get in touch with a Telemedicine provider for after-hours consultations.

[For PRPP/iConnect: Click 'Protocol 2 (Primary Care)' Indicator]

[If ART positive and patient accepts above management→End consult.]

-END-

If ART positive and patient insists on PCR→Proceed to 'D2. IF PROTOCOL 2 (PRIMARY CARE) ART-POSITIVE PATIENT INSISTS ON PCR']

If ART positive and patient insists cannot isolate at home→Proceed to 'D3. IF ART-POSITIVE PATIENT INSISTS ON GOING TO ISOLATION FACILITY]

D2. IF PROTOCOL 2 (PRIMARY CARE) ART-POSITIVE PATIENT INSISTS ON PCR

Based on MOH protocols, there is no need to perform a PCR, as it does not change management.

[Try to convince patient that PCR is not required. Clarify misconceptions if any- refer to FAQs]

Sir/Mdm, I would like to explain to you that even if the PCR turns out positive, your management will be as per what I have explained to you earlier and you will still be managed as per Protocol 2. You will receive an SMS within the next 1-2 days to inform you of your PCR results.

If your PCR turns out as negative (<3% chance), you should still stay home until your symptoms resolve. As your PCR is negative, you can leave the house once you have recovered and there is no need for further ART tests.

[PERFORM PCR]

-END-

D3. IF PROTOCOL 2 (PRIMARY CARE) ART-POSITIVE PATIENT INSISTS ON GOING TO ISOLATION FACILITY

[Doctor to assess household risk]

1. Do you have any household member who is 80 years old or older?

2. Are you unable to self-Isolate at Home?

The following categories of household risks are deemed BELOW THRESHOLD (decision matrix approved by MOH):

1. Patient indicated unable to self-isolate only (I.e. only one risk factor)
2. Patient indicated having a household member above 80 years old (I.e. only one risk factor)
3. Patient indicated BOTH [unable to self-isolate] AND [has an 80 year old who is VACCINATED AND HAS NO COMORBIDITIES OF CONCERN]

- If patient is below threshold→reassure and explain patient is to isolate at home and minimize interaction with others.

The following categories of household risks are deemed ABOVE THRESHOLD:

1. Patient indicated BOTH [unable to self-isolate] AND [has an 80 year old who is UNVACCINATED]
2. Patient indicated BOTH [unable to self-isolate] AND [has an 80 year old who has COMORBIDITIES OF CONCERN]

- If patient is above threshold and insists on isolating in a government isolation facility→ proceed to arrange for conveyance to an SIF. Collect patient information as per Appendix A2 to pass on to CMTG. Instruct patient to proceed directly home and isolate while awaiting MOH conveyance.

[Call CMTG to arrange for conveyance to SIF]

-END-

E. WAY AHEAD – PROTOCOL 2

Sir/Mdm, I will proceed to perform an ART/PCR swab for you. If your results come out positive, you are to follow protocol 2.

You are required to isolate for a minimum of 72 hours from the date of your positive test result. After 72 hours, you must perform a self-administered ART and it must be negative before you are to leave home.

If your repeat ART result is positive, you are to continue isolating at home and minimize social interaction with others. You are only allowed leave your place of isolation essential activities- such as to obtain necessities for daily living or to visit the doctor.

You are to self-isolate until your ART is negative or until 12 noon on D10 /D14 (for vaccinated/unvaccinated respectively), whichever is earlier. Today/The date of your ART test is taken as D1.

If you feel unwell or require further medical attention after today's consult, feel free to return back to see me. You may also contact my clinic at _____(clinic telephone number).

In the event of medical emergency which include chest pain, difficulty breathing, or pulse oximeter showing 92% or less, please call 995 immediately.

[For PRPP/iConnect: Click 'Protocol 2' Indicator]

[PERFORM ART / PCR as indicated]

-END-

Appendix B3

Information needed for CMTG to activate 993 / convey to SIF.

S/N	Details needed	Remarks
1	Patient full name (as per NRIC)	-
2	Patient's NRIC/ FIN	Passport number (if foreigner)
3	Patient's Date of Birth (Age)	Affects triage criteria and only certain facilities handle certain age groups (e.g. paeds or elderly)
4	Pass type	SCPR/WP/DP/EP/Spass
5	Sex	Potentially affects room allocation for facilities.
6	Is patient pregnant?	Only certain hospitals/facilities manage pregnant women
7	Is patient on dialysis? Haemodialysis or Peritoneal dialysis?	Dialysis patients should be onboarded onto Protocol 1 (i.e. not suitable for P2PC or SIF).
8	Healthcare Protocol status	Protocol 1 vs P2PC (Patient should not be on protocol 2)
9	Symptoms (Please describe briefly)	• Emergent symptoms (chest pain/SOB/Stroke /Palpitations)- please call 995 • Semi-urgent symptoms (prolonged fever / severe headache / DVT symptoms etc) – 993 for ED review • ARI symptoms (cough, sore throat, runny nose) – relevant for conveyance to SIF only
10	Reason for Conveyance Request	• Request for 993 ambulance to convey to ED, or • Request for non-urgent conveyance to SIF, as patient unable to isolate at home
11	Patient's address	Will CMTG be picking up patient from patient's home or from clinic?
12	Patient's contact number	Handphone & Home Phone number
13	Clinic address	Will CMTG be picking up patient from patient's home or from clinic?
14	Clinic Phone Number	To provide a POC and number that can be contacted 24/7 in event clinic only opens during office-hours.

CMTG Hotline: **64354060** (Always call CMTG to request for conveyance)

CMTG email: CMTG_call_centre@moh.gov.sg

MINISTRY OF HEALTH
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Advice for Persons on Protocol 2 (Primary Care)

Your doctor has diagnosed you with COVID-19 and placed you on Protocol 2 (Primary Care), under his or her care.

You have been issued a Medical Certificate of at least 5 days to provide adequate time for you to rest, take your prescribed medications and recover from your symptoms. Please head home immediately and **self-isolate for at least the next 72 hours**. During your period of isolation, you are advised to only leave home when necessary (e.g. to seek further medical attention).

You should only exit self-isolation if either of the following conditions are met:
1) After 72 hours **AND** after you have had a negative self-administered ART result
OR
2) You may discharge yourself without further testing after 12 noon, on • Day 10, if fully vaccinated • Day 14, if unvaccinated/partially vaccinated Note: Day 1 is taken as date of your positive healthcare-administered COVID-19 test

Travelling Home from the GP Clinic/ Polyclinic

1. Please avoid taking public transport.

2. You can take your own private transport or a taxi / private hire car.

3. If you are being driven, please wear a mask at all times and sit alone in the back seat. Please do not consume food and drink during your journey as this entails removing your mask. You should also keep communications with your driver to the minimum. The windows of the car should be wound down and the air-conditioning switched off

Care During Your Recovery at Home

1. You will receive a SMS in the next 24 hours of your positive test to collect up to 6 ART kits from an ART vending machine — the locations of the vending machines and collection details can be found on **gowhere.gov.sg/art**. We recommend getting a household member/friend to help collect the ART kits on your behalf.

2. Practice good personal hygiene by washing your hands regularly with soap and water.

3. If you are using a shared bathroom, the surfaces that you touch should be wiped down with disinfectant or bleach solution after each use. Please refer to the cleaning guidelines issued by the National Environmental Agency for further information https://www.nea.gov.sg/our-services/public-cleanliness/environmental-cleaning-guidelines/guidelines/guidelines-for-environmental-cleaning-and-disinfection.

4. Please ensure that your family members handle your laundry and trash carefully while wearing gloves. They should wash their hands with soap after doing so and avoid touching their faces before washing their hands.

5. No pulse oximeters or thermometers will be issued for persons on protocol 2(primary care). This is in line with evidence showing that low risk individuals with mild symptoms do recover

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quickly and uneventfully. If you have a pulse oximeter and thermometer, you may monitor your oxygen saturation or temperature. No reporting of your readings is required.

6. If you experience worsening symptoms or your symptoms are not improving (e.g. persistent temperature above 38°C for ≥3days or oxygen saturation below 95%), please return to your GP/ Polyclinic for further medical consult. In the event you are unable to access your GP/Polyclinic (e.g. after-office hours), you may request for a Telemedicine (TM) consult via **go.gov.sg/telemedicineproviders**. Do note that some clinics do provide TM services and you should clarify with your attending doctor.

7. If you have a vulnerable household member (e.g. unvaccinated elderly) and are concerned about isolating in your home, please inform your doctor. Your doctor will assess your household situation and advise you accordingly.

8. If you experience an emergency situation (e.g. chest pain, shortness of breath or sudden weakness on one side), call 995 immediately, and inform the ambulance operator that you have been diagnosed with COVID-19.

Exiting Self-Isolation

1. You may exit self-isolation only after a negative self-administered ART on Day 4 or later. Do note that no discharge memo will be issued by MOH.

2. If your ART is positive, please continue to self-isolate and perform daily self-administered ART. You may exit isolation after having a negative ART result, or after reaching Day 10 (if you are vaccinated) or Day 14 (if you are unvaccinated). Day 1 is taken as the date of your positive COVID-19 test performed at the clinic.

3. Even if you have a negative ART result and exit self-isolation early, you are advised to minimize social interactions until Day 10 (for vaccinated) or Day 14 (for unvaccinated/partially vaccinated).

Household Members/ Close Contacts Who Are Issued Health Risk Warning (HRW)

1. Please register your household members as close contacts, following instructions on the SMS which you will receive. If you do not receive the SMS from MOH within 24 hours, you may contact MOH at **6916 0190**.

2. Your household members will be issued a HRW SMS within 48 hours of filling in the form. Do advise them to monitor their health for the next 7 days following issuance of the HRW. They will need to submit their first ART result online, and subsequently test ART-negative prior to leaving home for the day. Household members issued HRW will be able to obtain ART kits via vending machines, if required.

Questions? Go to https://www.covid.gov.sg/ or contact MOH Hotline at **6916 0190**.

MINISTRY OF HEALTH

06 JANUARY 2021

MINISTRY OF HEALTH
SINGAPORE

MEMO ON CONFIRMED COVID-19 INFECTION AND RECOVERY FOR UNVACCINATED INDIVIDUALS

Full Name: (As per NRIC/FIN/ Passport)	
NRIC/FIN/Passport:	
Country of Passport Issue: (only if Passport No. provided)	

To whom it may concern,

This is to certify that the abovementioned patient tested positive for SARS-CoV-2 (COVID-19) via a [Antigen Rapid Test (ART)/ Polymerase Chain Reaction (PCR) Test] <to delete accordingly> on _____ <insert date>.

2. Until further notice from MOH, this person is eligible to use this memo for vaccination-differentiated safe management measures after leaving self-isolation, for a period of 180 days starting from the abovementioned positive test date till _____ <insert date> (inclusive). The person has been advised that he must self-test ART-negative before leaving self-isolation and has agreed to do so.

3. For further details, please contact _____ <insert name of clinic (and branch if applicable), email, phone number>.

Thank you.

Stamp/ Signature/ Date

Name:
Designation:
Clinic Name (and Branch if applicable):

REVISION OF HEALTHCARE PROTOCOLS
FREQUENTLY ASKED QUESTIONS (FAQs)
(Information Accurate as of 5 Jan 2022)

Table of Contents

Summary points:

- From 6 January 2022, both Antigen Rapid Test (ART) & Polymerase Chain Reaction (PCR) swabs will be accepted test modalities in the diagnosis of COVID-19.

- Patients should be triaged to Protocol 1, Protocol 2 (Primary Care) and 2 based on the severity of their symptoms and/or risk factors.
  - **Protocol 1:** No change. Patients who are high risk and/or have symptoms/signs of concern. Please perform dual swabs (ART and PCR tests) for such patients
  - **Protocol 2 (Primary Care):** Low-risk patients with mild symptoms. Please provide a healthcare-administered ART swab as the default.
  - **Protocol 2:** No change. Low risk patients with no symptoms will continue to be managed as per current Protocol 2.

- Patients under Protocol 1 and Protocol 2 (Primary Care) will be accorded recovered status (e.g. eligible for Vaccination-Differentiated Safe Management Measures (VDS) Pre-Event Testing (PET) exemptions) based on prevailing policy when the recovery protocol is completed, currently 10 days for vaccinated individuals and 14 days for unvaccinated individuals.

- Please note the management approach for Protocol 2 (Primary Care)
  - Exit self-isolation any time after 72 hours after self-testing ART negative (i.e. from Day 4 onwards, where Day 1 is day of healthcare-administered test result) or until Day 10 / Day 14 (for vaccinated/unvaccinated respectively) 12 noon, whichever is earlier.
  - Please issue a 5-day MC to cover the estimated period of rest needed and to minimize the need for return visits to extend MC.
  - Patients may return to their doctor if they face concerns, with prevailing subsidies (including special flu subsidies if eligible) to apply.
  - No discharge memo will be issued automatically; clinics may choose to provide a discharge memo at own discretion.
  - For queries by persons on Protocol 2 (Primary Care), please direct patients to 6916 0190.

- Application to be ART providers
  - Clinic who are not currently providing ART can register for an ART licence at www.go.gov.sg/art-application. Please note that no licence fee needs to be paid for onsite clinic ART applications and that these onsite ART applications are treated as approved upon application submission.
  - For PHPCs, please ensure that you select “Yes” to “Do you want to provide government-funded ART for ARI patients?”.
  - If you are non-PHPC, or providing private-paid ART, please select “Yes” to “Do you want to provide privately-funded ART?”.

- Please remember to submit the correct protocol tag into iConnect/PRPP.

- Should you submit the wrong protocol tag or forget to submit a tag, please contact MOH separately. MOH will advise if further steps need to be taken then.
- Please note that patients who visit multiple clinics and have multiple tags submitted may not have the correct public health actions triggered. As such, if you are placing your patient on Protocol 1, please ask your patient to alert you if they have not been contacted by MOH within 48 hours. If you are aware that your Protocol 1 patient has not been contacted by MOH within 48 hours, please alert MOH (via your AIC account manager or CMTG if your patient requires conveyance to an appropriate care facility).

Revision of Healthcare Protocols

1. Why are we revising our Healthcare Protocols?

With high vaccination/booster rates, the vast majority of individuals infected with COVID-19 will experience mild to no symptoms.

We have also continued to analyze both local and overseas data pertaining to the Omicron variant. Prevailing evidence points towards Omicron being more transmissible and less virulent than Delta. Vaccinations and boosters also continue provide protection against the Omicron variant.

In light of the above, we will continue in our transition towards living with COVID-19 and will partner our primary care doctors in caring for low-risk patients with mild symptoms and support them in returning to normal activities as soon as possible.

2. What do the new changes to the Healthcare Protocols entail?

Previously, all symptomatic patients were placed on Protocol 1 and are required to undergo dual swabs (ART and PCR swabs). Upon confirmation of a positive PCR, these patients will be placed either on the Home Recovery Programme (HRP) or conveyed to an appropriate COVID-19 care facility, and required to stay home for 10/14 days. These persons should self-isolate during this period.

Local data has shown that many patients undergoing HRP have low escalation rates and recover well at home. These persons are suited for recovery at home and to return to normal activity as soon as possible and may be placed on Protocol 2 (Primary Care) instead by a medical professional. Persons with ARI symptoms and identified for Protocol 2 (Primary Care) only require a healthcare administered ART swab. If they test ART positive, they should be advised to rest and self-isolate at home for at least 72 hours and should self-test ART negative before exiting. If they continue to self-test ART positive, they should stay home and self-isolate with a time-based exit on Day 10 (vaccinated) / 14 (unvaccinated and partially vaccinated).

Protocol 2 remains the same. Asymptomatic persons with ART positive test results need only self-isolate for 72hrs and should exit their self-isolation once they test ART negative.

The following table summarizes the various protocols:

Protocol	**Care Involved**
Protocol 1 Patients who have been identified to be of higher medical risk **OR** symptomatically unwell	d. Administer dual swabs (ART and PCR) and issue a Medical Certificate (MC) for up to 5 days. Inform the patient that they are legally required to stay home and should self-isolate for the duration of the MC or until PCR result is negative, which ever earlier, as per **Circular 174/2020** and **Circular 202/2020.** e. If tested PCR-positive, these persons will continue on the existing management approach, i.e., MOH will follow-up with them and provide instructions, including assessing suitability to self-isolate at home under the HRP and whether they need to be conveyed to a care facility. If suitable for HRP, these persons will be placed under a 10- or 14- day isolation order, depending on their vaccination status. These persons should self-isolate during this period. f. If unwell or high-risk persons refuse a PCR swab test, including those under the suspect case criteria, please continue to issue 5-day MC, and inform patients that they are legally required to stay home for that duration, as per **Circular 174/2020** and **Circular 202/2020**.
Protocol 2 (Primary Care) Low medical risk **AND** mildly symptomatic individuals	f. These persons would only require a provider-administered ART swab. g. If tested ART positive, doctors should provide a 5-day MC[5]. There is no legal requirement to stay home. h. Advise these patients to self-isolate for at least 72 hours after the test result. They can resume normal activities and cease isolation when they self-test ART negative after 72 hours (i.e., from Day 4 onwards where Day 1 is the day of the test result). i. For patients who persistently self-test ART positive, they should continue to self-isolate at home. They may exit self-isolation upon a negative self-test ART OR upon time-based discharge on 12 noon of Day 10 (for vaccinated) or Day 14 (for unvaccinated), where Day 1 is the date of the **provider-administered** ART test.

[5] The 5-day MC is to cover expected duration needed for symptom recovery and minimize returns to clinic for extension of MC, in the event that initial self-administered ARTs after 72 hours remain positive.

Protocol	Care Involved
	j. Advise the patient to return to his GP if his symptoms worsen or do not improve. Call 995 if there is an emergency. k. If patients insist on getting a PCR test, or had gotten a PCR test (e.g. pre-departure test, on-arrival test, or rostered routine test, etc.), but are assessed to be low-risk with mild symptoms, doctors may continue to manage them under Protocol 2 (Primary Care). l. If patients refuse an ART swab test, medical professionals may issue a regular MC which should not include the clause that they are legally required to stay home.
Protocol 2 Low medical risk **AND** asymptomatic persons who test ART positive	f. Self-isolate for at least 72 hours after the test result. Such persons can resume normal activities and cease self-isolation if they subsequently self-test ART negative after 72 hours (i.e., from Day 4 onwards). g. Similarly, for who persistently self-test ART positive, they should continue to self-isolate at home. They may exit self-isolation upon a negative self-test ART OR upon time-based discharge on 12 noon of Day 10 (for vaccinated) or Day 14 (for unvaccinated), where Day 1 is date of first positive ART test. h. There is no need to see a doctor. If they do, doctors may advise them to rest. No additional COVID-19 test is needed. Doctors may provide a regular MC, which does not carry a legal obligation to remain at home, based on clinical discretion. i. Asymptomatic persons who test ART positive under a provider-administered ART swab should also be placed on Protocol 2. j. Asymptomatic persons who test PCR positive should also be managed under Protocol 2.

3. Why do persons under Protocol 1 still require dual swabs?

Persons who are symptomatically unwell or high-risk have been assessed to require higher level of care and may be required to be sent to a cohorted facility for treatment and recovery. A dual swab is necessary as ART enables an immediate diagnosis whilst the PCR provides additional confirmation and enables additional care to be carried out, e.g. patient may be sent to a cohorted setting where the patient may be administered COVID-19 therapeutics as well,

where necessary. Dual swabs also avoid the risk of a false negative ART, which is of significant concern for individuals who are high risk for deterioration.

4. **Will ART swabs be an accepted test modality to diagnose a patient as C+?**

Yes. From 6 January 2022, symptomatic low-risk persons who undergo a healthcare administered ART swab and test ART positive will be accorded recovered status for purpose of exemptions from Rostered Routine Testing (RRT), Health Risk Warning (HRW). Unvaccinated recovered will be eligible for VDS. For more information on eligibility for VDS, please refer to https://go.gov.sg/vdsmminfo.

5. **How do we reassure the public that the results are not a false positive without a PCR swab?**

Data analysed from the test results of our local population has shown that positive predictive value (PPV) for healthcare-administered ART in symptomatic persons stands at 98.1%. PPV is defined as the probability that individuals with a positive test result truly have the disease, i.e. COVID-19 in this case. There is no test that has a PPV of 100% but the PPV from our local data is reassuring.

6. **What are the key differences between Protocol 1 and Protocol 2 (Primary Care)?**

Protocol 1 will only include symptomatically unwell or high-risk individuals and persons will require a PCR+ to enter this protocol for now. These individuals will be assessed by MOH for further care and be issued an 10/14-day IO (depending on vaccination status). They should self-isolate during this period.

Protocol 2 (Primary Care) will include low-risk individuals with mild symptoms and persons will only need a healthcare administered ART positive result to enter this protocol. These individuals will be asked to self-isolate at home. Such persons will be able to exit self-isolation after 72 hours onwards should they test ART negative. In the event they self-test ART positive after 72 hours, patients may retest till ART negative or self-isolate till D10/14 (vaccinated or unvaccinated respectively) 12 noon, whichever is earlier. Day 1 is taken as the date of positive test result. A 5-day Medical Certificate (MC) with no legal requirements to stay home will be issued to cover the period of symptoms resolution and minimize the need for a return visit to extend MC.

7. **Why are persons under Protocol 1 given a 10-day Isolation Order whilst persons under Protocol 2 (Primary Care) are given a 5-day MC if they are both recognised as COVID-19 positive?**

As we move towards endemicity, the intent is to allow low risk and mildly symptomatic individuals to return to normal activities as soon as possible. This

is achieved via promoting self-responsibility and the use of Fast-and-Easy Tests (FETs), like ART.

This transition from blanket isolation orders towards Protocols 2 (Primary Care)/ Protocol 2 allows individuals who test negative via ART to exit self-isolation after 72 hours. Such civic-minded behaviour will help us live with COVID-19 as a society.

Persons under Protocol 1 are higher-risk or have more severe symptoms and would require more time to recover compared to persons under Protocol 2 (Primary Care) who are medically well and have mild symptoms only.

While persons under Protocol 2 (Primary Care) are given a 5-day MC, they would still need to test ART negative before exiting self-isolation to ensure that they are no longer infectious. The 5-day MC is meant to provide a suitable period for the individual's symptoms to resolve. While the 5-day MC has no legal requirements for patients to stay at home, patients should only leave home to seek further medical attention. They should continue to isolate until they test ART negative. They should request help from their family members to perform essential activities required for daily living (e.g. buying food and groceries). The 5-day duration also recognizes that not all patients will test negative immediately after 72 hours, and, hence, minimize the need for patients to return to a GP for extension of MC.

The patient should return to his GP if his symptoms worsen / does not improve. Mildly symptomatic persons who test ART positive under Protocol 2 (Primary Care) will be accorded recovered status after recovering from infection as their test results are likely to be accurate (unlikely to be false positive).

8. For Medical Certificates issued to individuals under Protocol 2 (Primary Care), is there a legal requirement to stay home? Can the GP adjust the duration of the Medical Certificate?

The Medical Certificate issued by the GP under Protocol 2 (Primary Care) does not include a legal requirement for patients to stay at home. However, patients under Protocol 2 (Primary Care) are encouraged to rest and self-isolate at home as much as possible and they should only leave their homes for purposes such as for further medical attention.

Although the recommended MC duration is 5 days, doctors have clinical discretion in further extending the duration, as appropriate. Patients are advised to return to their GP if your symptoms worsen or do not improve with time.

9. How can we be sure that persons under Protocol 2 (Primary Care) are no longer infectious when they exit self-isolation?

Singapore constantly adjusts our medical policies and national strategy in dealing and living with COVID-19, especially in light of a highly transmissible Omicron variant.

With better understanding of COVID-19, better protection through vaccinations and better treatment modalities, Singapore is in a stronger position to transit toward living with COVID-19. A new balance is needed to allow the vast majority of COVID-19 patients who have mild/no symptoms to return back to normal activities as soon as possible.

The new Protocol 2 (Primary Care) (and existing Protocol 2) is designed to allow low risk patients with mild (and no) symptoms to self-administer an ART test and to exit self-isolation when negative.

ART tests are able to detect viable virus fragments in patients with high viral load, i.e. cycle threshold (Ct) <30. Persons who test ART negative are likely to be non-infectious as Ct>30, indicating low viral load.

Key to living with COVID-19 is to promote civic-minded and socially responsible behaviour in our society.

10. What if my patient refuses a swab test?

For individuals assessed by you to be under Protocol 1 who refuse to be swabbed, please issue a 5-Day MC (with legal requirement to stay at home) under the Infectious Diseases (COVID-19 Stay Orders) Regulations 2020 ("Stay Order Regulations"), with instructions to patients that they are legally required to stay home for the period. For individuals assessed to be under Protocol 2 (Primary Care) who refuse to be swabbed, medical professionals may issue a 5 Day MC with no legal requirement to stay at home and encourage the patient to self-isolate to protect themselves and their loved ones.

Assessment Criteria

11. With the new approach, how should Primary Care Physicians assess one's eligibility for each protocol?

Medical professionals may wish to refer to Annex A of the MOH Circular "Update on the Management of Covid-19 with Protocol 2 (Primary Care)" for the list of risk factors that guide the identification of patients for Protocol 1, 2 (Primary Care) and 2. MOH has also provided a comprehensive script guide for medical professionals to use as reference when assessing their patients' eligibility for each protocol, if needed.

12. What are considered symptoms and signs of concern?

Symptoms of Concerns

1. Chest pain
2. Shortness of Breath
3. Acute stroke symptoms

4. Severe headache not better with usual pain meds 5. Persistent diarrhoea and vomiting/unable to take fluids 6. Fever for ≥3 days 7. Chest palpitations 8. DVT symptoms
Signs of Concern 1. Tachycardia HR (≥100) 2. Tachypnea (RR≥20) 3. SPO2 <95% / Need supplementary oxygen 4. Hypotensive (SBP<100mmHg)

The table above provides a non-exhaustive list of signs and symptoms that warrant urgent/emergent medical care and, hence, is not suitable for recovery at home (including Protocol 2 (Primary Care)).

We will defer to the clinician's clinical judgement on whether a patient should be conveyed to a hospital for further management. For emergencies, 995 should be activated for immediate conveyance to the nearest emergency department. For non-emergencies, 993 ambulance can be activated via CMTG.

13. What if my patient has co-morbidities that I feel require closer monitoring but are not included in the Eligibility Criteria?

We defer to the clinician's clinical judgment on whether a patient is suitable for Protocol 1 or Protocol 2 (Primary Care). The clinical guidelines provided to the GPs serve as a guide. However, they are not a replacement for clinical judgment. You can proceed to place the patient on Protocol 1 should you be concerned after assessing the patient. Do document the clinical reasoning in your clinical records.

14. Where do I indicate the patient's suitability for the different Protocols?

IT enhancements will be made to Patient Risk Profile Portal (PRPP) and iConnect.COVID to allow the clinician to indicate if an individual is suitable for Protocol 1, Protocol 2 (Primary Care) or Protocol 2. Once the clinician submits the protocol tag and it is paired to a positive result, the necessary Public Health actions will be triggered. MOH will be sharing more details with the users of each platform.

GPs are recommended to submit Protocol indicators (Protocol 1 / Protocol 2 (Primary Care) / Protocol 2) after you have assessed the patient. Kindly ensure that you tag the patient to the appropriate Protocol. Should you submit the wrong

protocol tag or forget to submit a tag, please contact MOH (via AIC account manager or CMTG if Protocol 1 patient) separately. MOH will advise if further steps need to be taken then.

15. What if I have assessed a patient to be suitable for Protocol 2 (Primary Care) but he/she demands an additional PCR test?

Please reassure your patient that the positive predictive value (PPV) for healthcare-administered ART in symptomatic persons stands at 98.1% and is a reliable test modality. In addition, patients under Protocol 2 (Primary Care) will be accorded recovery status similar to those in Protocol 1.

Do clarify with the patient that performing a PCR will not change management, as he/she will still be managed as per Protocol 2 (Primary Care) even if PCR+.

For patients assessed as Protocol 2 (Primary Care) but who insist on a PCR test (even after being discouraged from doing so), clinicians may do so but should inform patient that this PCR swab will be privately charged and Protocol 2 (Primary Care) still applies.

16. Which protocols should asymptomatic individuals who incidentally tested ART+ or PCR+ (including tests done for Pre-Departure testing (PDT), Pre-Event Testing (PET), Routine Rostered Testing (RRT), or personal concerns) flow into?

For asymptomatic low-risk persons who incidentally test ART+ or PCR+ (including PDT/PET/RRT/other reasons), please triage them to Protocol 2. There is no need to perform any further tests.

However, should the asymptomatic individual be deemed high risk, please tag them as Protocol 1 (this includes performing a PCR test for individuals who have not had one performed).

17. How will persons triaged to Protocol 2 (Primary Care) with vulnerable households (e.g. unvaccinated elderly parents) be managed?

If they can self-isolate, they may choose to stay home or make other arrangements such as paid lodging or moving the vulnerable household to other residences.

If not, please escalate these cases to CMTG at 6435 4060 or CMTG_Call_Centre@moh.gov.sg. Patients who are unable to self-isolate and request for conveyance to an isolation facility will be assessed on a case-by-case basis. In general, only requests by COVID-19 individuals who are unable to self-isolate due to their financial difficulties, poor living environment and have high-risk household member would be considered. Please inform the patients that they may be placed in the same room as another COVID-19 individual.

18. Are patients who live in a shared room suitable for Protocol 2 (Primary Care)?

As far as possible, patients and/or housemates should attempt to make the necessary arrangements to support self-isolation of the affected individual and minimize interaction with others.

Patients who are unable to self-isolate and request for conveyance to an isolation facility will be assessed on a case-by-case basis. Please advise your patient that not all requests may be acceded to. In general, only requests by COVID-19 individuals who are unable to self-isolate due to their financial difficulties, poor living environment and have high-risk household member would be considered (e.g. unvaccinated elderly 80 and above or immunocompromised household member). Please also inform the patients that they may be placed in the same room as another COVID-19 individual.

These patients will be conveyed to a designated isolation facility arranged by CMTG.

Support for Persons under Protocol 2 (Primary Care)

19. If my clinic does not provide ART, can I refer my patients to other SASH clinics or polyclinics to provide the government-funded ART?

We encourage all clinics to provide ART as soon as possible to help your patients who require a healthcare-administered ART swab.

Clinics who need to refer patients under Protocol 2 (Primary Care) for ART, **please refer patients to SASH PHPCs for ART swabs under Protocol 2 (Primary Care) as far as possible. ART Referrals to Combined Test Centres (CTCs) are possible on a walk-in basis for now (i.e., cannot be booked on PRPP). If you refer to CTCs, please manage patients' expectations that there may be a queue due to the walk-ins.** Please do not refer patients to Polyclinics as they are unable to take these walk-ins. For now, clinics will not be able to view ART results from CTCs and Polyclinics and system enhancements are on-going.

Please use a hardcopy referral form (provided separately) to refer patients for ART during this period; please see instructions in the PRPP manual.

For patients under Protocol 1, there is no change. You may continue to refer them to SASH clinics/CTCs/polyclinics for the dual ART and PCR swabs.

20. Are all patients on the Protocol 2 (Primary Care) supplied with an oximeter and/or a thermometer?

Patients on Protocol 2 (Primary Care) will not be supplied with pulse oximeters or thermometers.

Protocol 2 (Primary Care) is designed to support low risk individuals with mild symptoms. Based on the local data, vast majority of patients are able to recover uneventfully at home, with low incidences of escalation.

Patients with their own pulse oximeters and thermometers can continue to monitor their oxygen saturation or temperatures, if they would wish to do so.

More importantly, patients are advised to return to their GP and seek further medical attention if their symptoms worsen or do not improve.

21. Will there be mandated check-ins for elderly patients with co-morbidities on Protocol 2 (Primary Care)?

Regardless of age, please advise your patients to return to your clinic or seek the appropriate medical attention should their condition deteriorate. Should the patient have concerning symptoms that require immediate medical attention, please advise them to call 995. (including calling 995 for any medical emergencies).

Any subsequent visits to your clinic within 10 days from the first positive test will still be claimable under the existing applicable subsidy schemes.

22. Is the participating PHPC expected to deliver medications to patients, while they are on Protocol 2 (Primary Care)?

No. Primary care providers should ensure that an adequate supply of medications is prescribed at the first point of consultation. Should patients require a top-up of acute medications, please advise them to return to your clinic.

For chronic medications, please advise them to approach their original doctor for this. If the patient's supporting doctor for their chronic condition is from the polyclinic (even if swabbed at PHPC), please advise the patient to contact his/her polyclinic to arrange for chronic medication refill. If they wish to obtain it from your clinic, your clinic may charge them for this, subject to prevailing guidelines and subsidy policies.

23. Where can the persons under Protocol 2 (Primary Care) obtain the ART kits? Do they need to upload their ART daily? Are factsheets available for dissemination to the patients?

Persons under Protocol 2 (Primary Care) will receive an SMS with instructions to obtain ART kits from vending machines. There is no requirement for individuals to upload their ART test results.

24. Will household members of persons under Protocol 2 (Primary Care) be placed on Health Risk Warning? Will they be allowed to withdraw ART kits from the vending machines as well?

Kindly remind patients under Protocol 2 (Primary Care) to register their household contacts for HRW. Thereafter, household members will be issued a Health Risk Warning. Do advise them to monitor their health for the next 7 days and the need for an ART negative test prior to leaving home. Household members issued HRW will be able to obtain ART kits via vending machines, if required.

25. What should the PHPC do if the patient is assessed to be unwell or no longer suitable for Protocol 2 (Primary Care)?

If the patient's condition worsens or is in need of conveyance to an isolation facility, please contact CMTG at 6435 4060 or CMTG_Call_Centre@moh.gov.sg to activate conveyance to hospital / isolation facility. For patients who are medically unstable, please contact 995 for immediate conveyance.

Please note that a PCR test may be necessary for confirmation prior to sending this patient to a cohorted setting where the patient may be administered COVID-19 therapeutics as well. Please consider administering the PCR test prior to conveyance as far as possible.

26. If the patient under Protocol 2 (Primary Care) remains symptomatic, can they leave home if they test ART negative or after 10/14 days (for vaccinated and unvaccinated respectively)?

Yes, a Protocol 2 (Primary Care) patient can deisolate if they test ART negative after 72 hours or upon time-based discharge of 12 noon on Day 10 / Day14 (for vaccinated/unvaccinated respectively), whichever is earlier. (Note: Day 1 is taken as date of first positive ART result).

If the patient remains unwell, the patient is advised to return to the managing GP (or their regular GP/Polyclinic) to seek further medical consult and for further MCs, if required. These patients can be treated under the Flu Subsidy Scheme (FSS), if eligible.

27. Can PHPC arrange for an exit PCR swab if patients request for it?

Please inform the patient that Govt-funded exit swabs are no longer available nor necessary for individuals in Protocol 2 (Primary Care) to exit from self-isolation. After an initial self-isolation period of 72 hours, individuals can exit self-isolation upon a negative self-administered ART. Patients who persistently test ART positive, can exit self-isolation via time-based discharge on 12 noon of Day 10 and Day 14 (for vaccinated and unvaccinated respectively)

Should the patient still request for a ART or PCR, please inform them that this will be privately charged to them.

28. Any dedicated hotline and/or email for Protocol 2 (Primary Care)?

For PHPCs/GPs/Polyclinics:

- Please contact 6916 0193 (MOH hotline) if you have any queries regarding the Protocol 2 (Primary Care). This is an interim number, effective until **7 Feb 2022** (inclusive). Please do not provide this number to patients.
- Please contact CMTG at 6435 4060 / CMTG_call_centre@moh.gov.sg, if you have any queries pertaining to 993 ambulance services, arrangement of conveyance to an isolation facility, or other case management issues.

For Patients:

- Please contact 6916 0190 (MOH hotline) for more information on the Protocol 2 (Primary Care). This number is also found in patient's information sheets/online resource.

29. Drawing reference to the Home Recovery Programme (HRP), will there be buddies for persons under Protocol 2 (Primary Care)?

There will not be dedicated buddies for persons under Protocol 2 (Primary Care) as the primary care doctor will continue to care for patients. However, should there be any administrative queries, please inform your patients to contact MOH Hotline at 6916 0190.

During the initial roll-out period, Protocol 2 (Primary Care) patients can also still access Telemedicine Providers during after-office hours via go.gov.sg/telemedicineproviders.

30. Will discharge memos be provided for patients under Protocol 2 (Primary Care)? If not, are clinics able to provide this on their behalf?

Discharge memos will not be issued by MOH. PHPCs/GPs may choose to provide such a discharge memo, at their own discretion.

31. The employer requires a negative PCR swab result, before the employee can return to work. Should this swab then be provided by PHPCs?

Protocol 2 (Primary Care) patients can be discharged from self-isolation upon a negative self-administered ART test after 72 hours (from time of first positive test) or upon time-based discharge of 12 noon on Day 10 / Day 14 (for

vaccinated/unvaccinated respectively), whichever is earlier. (Note: Day 1 is taken as date of first positive ART result)

If the patient states that a PCR swab is needed, this will be a private-paid swab.

32. If the patient developed URTI after exit from Protocol 2 (Primary Care), does the PHPC swab the patient again?

The patient does not need to be swabbed again for up to 90 days, given that the risk of reinfection within 90 days of past infection is very low and there may be a high possibility of testing false positive due to viral shedding. However, the doctor may assess and choose to swab the person based on clinical discretion and highlight the case to CMTG if indeed positive.

Other Protocol 2 (Primary Care) matters

33. If a person under Protocol 2 (Primary Care) is not provided a discharge memo, how does one certify that they have recovered from COVID-19 and are allowed to travel?

In general, travelers must adhere to the prevailing testing requirements of the destination country.

In the event a discharge memo is recognised and/or required, the GP can provide such a memo on his own accord.

34. Should household members not receive a Health Risk Warning, who should the PHPC/TM provider direct them to?

Please remind the COVID-19 positive individual to register household members as close contacts, following instructions on the SMS received. If the patient has not received the SMS from MOH, they may contact MOH at 6916 0190.

The doctor should remind the COVID-19 individual to self-isolate and minimize interaction with others.

35. Is it mandatory for HH members to isolate themselves before the HRW is issued to them?

Patients should be reminded of their social responsibility to curb the spread of infection by minimising movement in the community and remaining isolated at home.

Household members are advised to self-administer an ART test and ensure the result is negative before leaving home (i.e. as per Protocol 3)

36. If household members under HRW turn ART positive, are other HH members' HRW extended again?

For household members under HRW who test ART positive, they should proceed to self-administer Protocol 2 (as per current practice), which includes self-isolating him/herself until a negative ART result.

There will be no extension of HRW for the rest of the household members. However, the remaining household members are advised to continue monitoring their health and to minimize social interaction with members of the public/people outside their household.

In the event the household member who tested ART positive feels unwell/develops symptoms, he is advised to see a doctor. If the doctor confirms the diagnosis of COVID-19 and onboards the patient onto Protocol 1 or Protocol 2 (Primary Care), then a new set of HRWs will be issued to all close contacts of this newly diagnosed COVID-19 case. This is as aligned to current evidence showing that symptomatic individuals are more infectious.

37. If patient completes Protocol 2 (Primary Care) and is discharged from self-isolation, but HH member on HRW turned ART Positive on D9, will the discharged patient need to register for HRW again?

No, the recovered patient will not be required to register for HRW again. However, he is strongly advised to minimise interactions with household members during his/her recovery.

38. For Protocol 2 (Primary Care) patients who require help with food delivery, who can they contact?

As far as possible, patients should either order in food deliveries and/or seek the help of household members.

Patients are reminded to only leave home for essential activities (for e.g. Seeking medical assistance) during this period of self-isolation. In the event the patient really needs to leave his/her house, he/she should minimize social interactions and avoid crowded areas.

If GPs encounter any patients requiring help, do direct inform AIC account managers, who can help to seek assistance for these patients too.

39. If the Protocol 2 (Primary Care) patients are currently following up at the polyclinics for their chronic conditions, can they request for chronic medications from the polyclinics?

Yes, existing patients may contact the polyclinics, where they are following up at, to arrange for medication delivery for their chronic conditions if needed.

40. How should PHPCs obtain the government-funded ART kits?

Clinics who are not currently providing ART can register for an ART licence at www.go.gov.sg/art-application. Please note that no licence fee needs to be paid for onsite clinic ART applications and that these onsite ART applications are treated as approved upon application submission.

For PHPCs, please ensure that you select “Yes” to “Do you want to provide government-funded ART for ARI patients?”.

If you are non-PHPC, or providing private-paid ART, please select “Yes” to “Do you want to provide privately-funded ART?”.

Applicable to all PHPCs only: To request for a re-supply of ART kits, please fill in your details at https://form.gov.sg/#!/60a1bfb6f213280011c6785f.

For all unused ART kits provided by MOH, please hold the kits until informed in writing by MOH to return the kits. Clinics will be audited on its use of the test kits provided by MOH, using submissions on the Patient Risk Profile Portal (PRPP).