
**Guide to Enhanced
Nursing Home Standards
- Addendum -**

Statement of Intent

The Ministry of Health (MOH) introduced the Enhanced Nursing Home Standards (ENHS) in 2014. Following that, the Agency for Integrated Care (AIC) published a Guide to ENHS (Version 1.0, 2014) to help nursing home providers better understand the requirements of the ENHS by furnishing explanations, tools and templates, and describing the necessary processes to achieve the desired outcomes.

In April 2015, MOH released a set of Licensing Terms and Conditions (LTCs) for nursing homes based on the ENHS. The LTCs took effect from 20 April 2015 and will be enforced from 20 April 2016. To help nursing home providers to understand the changes in the Standards due to the LTCs, AIC has prepared an Addendum to the Guide to ENHS. The Addendum highlights sub-domains that have been updated to align with the LTC changes, and should be read together with the Guide to ENHS (Version 1.0, 2014).

The contents of the Addendum are not intended to serve as standards or requirements to meet MOH's licensing requirements. It is developed based on AIC's best knowledge of the explanation to the ENHS and LTCs, and shall not be construed as the only method of care.

The Addendum is available on AIC's website: <https://www.aic-learn.sg/>.

How to Use the Addendum

Each section of the Addendum corresponds to a sub-domain and presents a table with three columns as shown in the following example.

3.6 Customer Relations

Nursing Home Licensing Terms & Conditions (NH LTC)	Updated Guide to ENHS <i>(This shall replace the standards in Guide Version 1.0. For easy reference, changes are shown in detail.)</i>	Updated Explanatory Notes <i>(This shall replace the notes in Guide Version 1.0. Key changes are shown in bold.)</i>
28.3 The licensee shall document all feedback received and utilise the feedback received to improve its processes and quality of service.	3.6.3 Every nursing home shall document feedback received. The nursing home shall learn from useful feedback and utilise it the feedback received to improve its processes and quality of service.	(No change) Serious issues requiring investigation shall be documented. Nursing homes shall document any allegations of abuse, or claims related to safety and resident care, even if minor, for investigation. This can be done using a separate form/record or in the resident's clinical notes.

Key annotations used in the Addendum are explained below.

Annotation	Description
(No change)	No change in Standard but new explanatory notes are added due to clarifications and circulars issued by MOH
(New)	New Standard is added due to NH LTC
(Deleted)	Standard is deleted due to NH LTC
(No change in Explanatory Notes in Guide Version 1.0)	Existing explanatory notes in Guide Version 1.0 remain applicable

Guide to ENHS (Addendum) - Table of Contents

- 1.2 Medical Service
- 1.3 Medication Management
- 1.4 Advance Care Planning
- 1.5 Pain Management
- 1.7 Skin Care and Pressure Ulcers
- 1.10 Allied Health Services
- 1.11 Infection Control
- 1.12 Food Service
- 2.1 Dignity of Care
- 2.2 Psychosocial and Mental Health Care
- 2.4 Use of Restraint
- 2.5 Living Environment – Premises
- 2.7 Living Environment – Equipment
- 2.8 Ancillary Services
- 3.2 Duties and Responsibilities of the Head of Nursing
- 3.3 Staff Organisation and Management
- 3.4 Staff Training, Competence and Supervision
- 3.5 Financial Management
- 3.6 Customer Relations
- 3.7 Continuous Improvement
- 3.8 Emergency Preparedness

1.2 Medical Service

<p>Nursing Home Licensing Terms & Conditions (NH LTC)</p>	<p>Updated Guide to ENHS <i>(This shall replace the standards in Guide Version 1.0. For easy reference, changes are shown in detail.)</i></p>	<p>Updated Explanatory Notes <i>(This shall replace the notes in Guide Version 1.0. Key changes are shown in bold.)</i></p>
<p>4.1 The licensee of the nursing home shall make arrangements to ensure that patients receive prompt and appropriate medical care when needed.</p>	<p>(No change) 1.2.1 Every nursing home shall make arrangements to ensure that residents receive prompt and appropriate medical care when needed.</p>	<p>This is to cater to cases where there is a sudden or marked adverse change in the resident's condition or behaviour.</p> <p>Nurses shall notify the registered medical practitioner promptly, carry out the registered medical practitioner's orders and arrange all necessary diagnostic and therapeutic services.</p> <p>Where medical care cannot be provided on-site, alternative arrangements shall be made to ensure residents receive prompt and appropriate attention through referrals to external services e.g. GP clinics, A&E, etc. In such situations, care staff shall help arrange any transportation required by the resident to and from the nursing home where off-site treatment and review is needed.</p> <p>Nursing homes shall make sure that care staff are familiar with SOPs, e.g. who, when and how to contact the medical practitioner when medical care is needed, what are the immediate actions to be taken when</p>

Nursing Home Licensing Terms & Conditions (NH LTC)	Updated Guide to ENHS <i>(This shall replace the standards in Guide Version 1.0. For easy reference, changes are shown in detail.)</i>	Updated Explanatory Notes <i>(This shall replace the notes in Guide Version 1.0. Key changes are shown in bold.)</i>
		<p>the medical practitioner is not contactable after repeated attempts.</p> <p>Refer to Sub-domain 1.4 on Advance Care Planning and Sub-domain 3.8 on Emergency Preparedness.</p>
<p>4.2 The licensee shall ensure that every patient in the nursing home is reviewed by a registered medical practitioner within 48 hours of admission thereto. [*Please refer to Regulation 25(7) of the PHMC Regulations]</p>	<p><i>(No change)</i> 1.2.2 Every nursing home shall ensure that every resident in the nursing home is reviewed by a registered medical practitioner within 48 hours of admission thereto.</p>	<p>Registered medical practitioner refers to a person who is duly registered under the Medical Registration Act (Cap. 174). (Private Hospitals and Medical Clinics Act, Chapter 248, 1999)</p> <p>The date and time of the registered medical practitioner’s review shall be clearly documented.</p> <p>This applies to admission of new residents as well as transfer/re-admission cases from hospitals, other institutions or directly from their homes.</p> <p>However, for cases from hospitals arriving on Fridays (new or readmission), if the resident does not have condition(s) requiring immediate review, the medical review can be done on the next working day, i.e. Monday.</p> <p>Refer also to Sub-domain</p>

Nursing Home Licensing Terms & Conditions (NH LTC)	Updated Guide to ENHS <i>(This shall replace the standards in Guide Version 1.0. For easy reference, changes are shown in detail.)</i>	Updated Explanatory Notes <i>(This shall replace the notes in Guide Version 1.0. Key changes are shown in bold.)</i>
		1.1 on Care Planning and Sub-domain 1.3 on Medication Management.

1.3 Medication Management

Nursing Home Licensing Terms & Conditions (NH LTC)	Updated Guide to ENHS <i>(This shall replace the standards in Guide Version 1.0. For easy reference, changes are shown in detail.)</i>	Updated Explanatory Notes <i>(This shall replace the notes in Guide Version 1.0. Key changes are shown in bold.)</i>
<p>5.1 Purchase of medicines</p> <p>5.1.2 The licensee shall ensure that there is a policy to handle medication brought in by patients or their family/representative(s). This shall include a visual check of the expiry date, label, colour, smell and general appearance of medication instructed to be served to the patient.</p>	<p>1.3.1 Purchase of medicines</p> <p>(No change)</p> <p>c. The nursing home shall have a policy to address medication brought in by residents or family/representative(s). This shall include a visual check of the expiry date, label, colour, smell and general appearance of medication instructed to be served to the resident.</p>	<p>There shall be documentation to acknowledge medication received from residents or their family/representative(s) and instructions, if any, on serving medication to the resident. These instructions shall be endorsed by a registered medical practitioner before serving.</p> <p>Nursing homes shall not serve medication or supplements brought in by residents, their family/representative(s) or caregiver(s) unless the medication has been prescribed/endorsed by a registered medical practitioner licensed to practise in Singapore.</p> <p>Nursing homes often receive requests from families/representative(s) of residents to serve them medicines (which may be supplements or alternative medicines) obtained from sources outside the homes. The main concerns are (i) these medicines may not be authentic as the nursing home is unable to verify the source, or may not have been properly stored resulting in loss of efficacy</p>

Nursing Home Licensing Terms & Conditions (NH LTC)	Updated Guide to ENHS <i>(This shall replace the standards in Guide Version 1.0. For easy reference, changes are shown in detail.)</i>	Updated Explanatory Notes <i>(This shall replace the notes in Guide Version 1.0. Key changes are shown in bold.)</i>
		<p>and the risk of adverse side effects and (ii) these medicines, unless prescribed by the current care team, may result in unintended interactions with other medicines that the resident is taking.</p> <p>It is important for nursing homes to have a policy on how to handle these requests to ensure consistency of treatment and to manage them appropriately.</p>
<p>5.2 Storage of medicines</p> <p>5.2.1</p> <p>f) antiseptics, drugs for external use and disinfectants are stored separately from internal and injectable medications; and</p>	<p>1.3.2 Storage of medicines</p> <p><i>(New)</i> g. antiseptics, drugs for external use and disinfectants are stored separately from internal and injectable medications.</p>	<p>There shall be a policy or procedure defining the optimal fridge temperature, ways to monitor it and procedures to deal with the pharmaceuticals storage during fridge failure or power failure.</p> <p>Nursing homes must comply with the regulatory requirements governing controlled drugs which are provided for under the Misuse of Drugs Act and Regulations (a copy can be found by searching the HSA website at http://www.hsa.gov.sg).</p> <p>There shall be a handover process or checking process after each use of controlled drugs, to ensure that the count tallies with the record book.</p>

<p>Nursing Home Licensing Terms & Conditions (NH LTC)</p>	<p>Updated Guide to ENHS <i>(This shall replace the standards in Guide Version 1.0. For easy reference, changes are shown in detail.)</i></p>	<p>Updated Explanatory Notes <i>(This shall replace the notes in Guide Version 1.0. Key changes are shown in bold.)</i></p>
		<p>Nursing homes shall have a written policy/procedure documenting their system for checking medicines.</p> <p>Nursing homes that store all residents' medicines in a common space/tray shall at least separate medicines for internal use from medicines for external use, e.g. using a ziploc bag.</p>
<p>5.4 Prescription of medicines</p> <p>5.4.2 c) the RN shall only administer medicine that is listed in the general sales list of the Medicines Act (or other applicable legislation) and in accordance with all relevant laws and requirements; and</p> <p>d) medicine shall not be administered by a RN should the symptoms persist for more than 24 hours, without review or verbal order by a registered medical practitioner.</p>	<p>1.3.4 Prescription of medicines</p> <p>b. iii. The RN shall only administer medicine that is listed in the General Sales List of the Medicines Act (or other applicable legislation) and in accordance with all relevant laws and requirements.</p> <p>iv. Medicine shall not be administered by an RN for a period exceeding should the symptoms persist for more than 24 hours, without review or verbal order by a registered medical practitioner.</p>	<p><i>(No change in Explanatory Notes in Guide Version 1.0)</i></p>

Nursing Home Licensing Terms & Conditions (NH LTC)	Updated Guide to ENHS <i>(This shall replace the standards in Guide Version 1.0. For easy reference, changes are shown in detail.)</i>	Updated Explanatory Notes <i>(This shall replace the notes in Guide Version 1.0. Key changes are shown in bold.)</i>
<p>5.5 Administration of medicines</p> <p>5.5.1 The licensee shall ensure that all preparation of medication in the nursing home is performed by a RN. Care staff may serve the prepared medication, using clean and appropriate equipment, as follows:-</p> <p>a) Oral – an Enrolled Nurse (EN), trained Health Care Assistant (HCA), or a Nursing Assistant (NA) may assist in serving;</p> <p>b) Injectable – a RN or an institutionally-approved and trained EN, under the supervision of a RN, may administer subcutaneous injections;</p> <p>c) Naso-gastric tube – feeding by an EN, or by an institutionally-approved and trained HCA or NA, under the supervision of a RN, is allowed; and</p> <p>d) Rectal – an EN, trained HCA or NA is allowed to insert the suppository.</p>	<p>1.3.5 Administration of medicines</p> <p><i>(No change)</i></p> <p>a. All preparation of medication in the nursing home shall be done by an RN. Subsequently, depending on the medication route, care staff may serve the prepared medication, using clean and appropriate equipment:</p> <p>i. Oral – an Enrolled Nurse (EN), trained Health Care Assistant (HCA) or a Nursing Assistant (NA) may help to serve</p> <p>ii. Injectable – RN; or an institutionally-approved, trained EN may administer subcutaneous injections, with the supervision by RN</p> <p>iii. Naso-gastric tube – feeding by EN, or institutionally-approved trained HCA or NA is allowed, with the supervision by RN</p> <p>iv. Rectal – an EN, trained HCA or NA is allowed to insert suppository</p>	<p>A ‘trained HCA’ is someone with ITE Skills Certificate (ISC) in Health Care (Home Care) or Workforce Skills Qualifications (WSQ) Higher/Advanced Certificate in Healthcare Support (Nursing Care).</p> <p>Institutionally-approved staff refers to those staff whom the nursing homes have assessed and determined to be competent for the task they are assigned to perform. Such assessment can be done through the use of checklists, written and/or demonstrative tests, etc. determined by the nursing home and this should be documented.</p>
<p>5.6 Disposal of medicines</p> <p>5.6.3 Medicines that may be required as evidence in</p>	<p>1.3.6 Disposal of medicines</p> <p>b. Medicines that may be required as evidence in a</p>	<p>Medicines that may be used as evidence in a coroner’s case, or e.g. investigation, litigation, etc. shall not be</p>

Nursing Home Licensing Terms & Conditions (NH LTC)	Updated Guide to ENHS <i>(This shall replace the standards in Guide Version 1.0. For easy reference, changes are shown in detail.)</i>	Updated Explanatory Notes <i>(This shall replace the notes in Guide Version 1.0. Key changes are shown in bold.)</i>
a coroner's case or other purposes must not be disposed of unless they are no longer required for such purposes.	coroner's case or other purposes must not be disposed of unless they are no longer required for such purposes.	disposed of until the case concludes. All medicines for coroner's cases must be declared to the police when they arrive to investigate or released to them if required.
5.7 Documentation and information 5.7.1 The licensee shall ensure that there are written policies, procedures and records for the medication management and use processes at the nursing home for procurement, storage, prescription, dispensing, preparation, administration, disposal, recall and monitoring.	1.3.7 Documentation and information <i>(No change)</i> a. There shall be written policies, procedures and records for the medication management and use processes at the nursing home for procurement, storage, prescription, dispensing, preparation, administration, disposal, recall and monitoring.	Nursing homes shall refer to MOH's '2015 National Guidelines for Retention Periods of Medical Records' dated 28 Jan 2015.
5.7 Documentation and information 5.7.6 The licensee shall ensure that all nursing care staff have ready access to current and credible drug information resources.	1.3.7 Documentation and information f. The nursing home shall ensure that all nursing care staff have ready access to current and credible drug information resources. such as the latest edition of Medical Information Management System (MIMS).	<i>(No change in Explanatory Notes in Guide Version 1.0)</i>
5.8 Controlled drugs 5.8.1 The licensee shall ensure that proper operating procedures are	1.3.8 Controlled drugs <i>(Deleted)</i> a) The legal requirements for controlled drugs	<i>(No change in Explanatory Notes in Guide Version 1.0)</i>

Nursing Home Licensing Terms & Conditions (NH LTC)	Updated Guide to ENHS <i>(This shall replace the standards in Guide Version 1.0. For easy reference, changes are shown in detail.)</i>	Updated Explanatory Notes <i>(This shall replace the notes in Guide Version 1.0. Key changes are shown in bold.)</i>
<p>put in place for the handling and storage of controlled drugs, in accordance with the Misuse of Drugs Act, its Regulations and Schedules.</p> <p>5.8.2 A RN shall be responsible for the safe custody, recording, administration, handling and disposal of controlled drugs.</p>	<p>obtained by nursing homes and supplied to their residents are provided under the Misuse of Drugs Act and its Regulations. The nursing home staff shall refer to the Misuse of Drugs Act and its Regulations for the details of the legal requirements.</p> <p><i>(S/N 1.3.8(a) no longer in use in Guide Version 1.0)</i></p> <p>b. The nursing home shall put in place proper operating procedures for the handling and storage of controlled drugs in accordance with the Misuse of Drugs Regulations and its schedules.</p> <p><i>(New)</i></p> <p>c. A RN shall be responsible for the safe custody, recording, administration, handling and disposal of controlled drugs.</p>	
<p>5.9 Role of registered pharmacist</p> <p>5.9.2 The licensee shall ensure that regular audit checks are conducted on the nursing home's medication management at least every 6 months by a registered pharmacist. A report on the audit and recommendations for</p>	<p>1.3.9 Role of registered Pharmacist</p> <p>b. Regular audit checks on medication management shall be conducted at least 6-monthly by a registered pharmacist. A report on the audit and recommendations for improvement shall be given to the administrator</p>	<p><i>(No change in Explanatory Notes in Guide Version 1.0)</i></p>

Nursing Home Licensing Terms & Conditions (NH LTC)	Updated Guide to ENHS <i>(This shall replace the standards in Guide Version 1.0. For easy reference, changes are shown in detail.)</i>	Updated Explanatory Notes <i>(This shall replace the notes in Guide Version 1.0. Key changes are shown in bold.)</i>
improvement shall be given to the manager of the nursing home.	manager of the nursing home.	
5.10 Medication errors and adverse drug reactions 5.10.2 All medication errors that occur in the nursing home shall be recorded with all relevant details.	1.3.10 Medication Errors and Adverse Drug Reactions b. Medication errors that occur in the nursing home shall be recorded with all relevant details .	See Annex D for the definition and categorisation of 'medication errors'. A documentation of medication error occurrence, outcome of investigation and action taken shall be kept. See Annex C for Sample Medication Error Incidence Reporting Form.
	<i>(Deleted)</i> d) All adverse drug reactions shall be reported to the Pharmacovigilance Unit at the HSA.	<i>(The following should be regarded as Good Practice instead)</i> Details on how to report adverse drug reactions can be found on the HSA website (see Health Products Regulation > Report Adverse Events from http://www.hsa.gov.sg). A copy of the report shall be kept in the resident's case file.

1.4 Advance Care Planning

Nursing Home Licensing Terms & Conditions (NH LTC)	Updated Guide to ENHS <i>(This shall replace the standards in Guide Version 1.0. For easy reference, changes are shown in detail.)</i>	Updated Explanatory Notes <i>(This shall replace the notes in Guide Version 1.0. Key changes are shown in bold.)</i>
<p>6.1 The licensee shall ensure a system in place to identify patients who may be approaching the end of life. For these patients, the nursing home shall:-</p> <p>a) conduct an Advance Care Planning (ACP) discussion with the patient or family/representative(s);</p>	<p>(No change)</p> <p>1.4.1 The nursing home shall have a system in place to identify residents who may be approaching the end of life. For these residents, the nursing home shall:</p> <p>a. Conduct an Advance Care Planning (ACP) discussion with the resident or family/representative(s);</p>	<p>This system shall cover all residents including those transferred/ admitted from hospitals or other institutions, and start with an assessment for ACP needs during the initial comprehensive assessment.</p> <p>There shall be documentation in the care plan and clinical notes, discussions held with the resident and/or family/representative(s) or caregiver(s) on the resident's priorities, needs and preferences.</p> <p>Relevant staff involved in ACP shall be equipped with the necessary skills, e.g. through formal or in-house training.</p>
<p>6.5 For audit and learning purposes, the nursing home shall conduct an after-death review of patients who pass on in the nursing home.</p>	<p>(No change)</p> <p>1.4.4 For audit and learning purposes, the nursing home shall conduct an after-death review of residents who pass on in the nursing home.</p>	<p>This covers all deaths that take place in the nursing home. Death reviews shall be carried out every 3 months.</p> <p>Nursing homes shall document the after-death reviews conducted, which can serve as on-site evidence that nursing homes have a review process in place.</p>

1.5 Pain Management

<p>Nursing Home Licensing Terms & Conditions (NH LTC)</p>	<p>Updated Guide to ENHS <i>(This shall replace the standards in Guide Version 1.0. For easy reference, changes are shown in detail.)</i></p>	<p>Updated Explanatory Notes <i>(This shall replace the notes in Guide Version 1.0. Key changes are shown in bold.)</i></p>
<p>7.6 The licensee shall engage the services of a registered physiotherapist, if needed, to assess the potential benefit of physical therapy for pain relief, and provide follow-up care to patients.</p>	<p>(No change) 1.5.6 The nursing home shall engage the services of a registered physiotherapist, if needed, to assess the potential benefit of physical therapy for pain relief and provide follow-up care to residents</p>	<p>When follow-up care are provided to residents for pain relief, detailed information (e.g. intent, costs) must be communicated and discussed with the resident, family/representative(s) or caregiver(s) when necessary and this communication must be documented.</p> <p>Refer to Sub-domain 2.3 on Informed Care and Sub-domain 1.10 on Allied Health Services.</p>

1.7 Skin Care and Pressure Ulcers

<p>Nursing Home Licensing Terms & Conditions (NH LTC)</p>	<p>Updated Guide to ENHS <i>(This shall replace the standards in Guide Version 1.0. For easy reference, changes are shown in detail.)</i></p>	<p>Updated Explanatory Notes <i>(This shall replace the notes in Guide Version 1.0. Key changes are shown in bold.)</i></p>
<p>9 Skin care and pressure ulcers</p> <p>9.3 Monitoring for abnormalities and complications</p> <p>9.3.1 Patients shall be checked daily for any wound-related abnormalities or complications arising from the use of medical devices. Any abnormalities or complications shall be attended to promptly.</p>	<p>1.7 Skin Care and Pressure Ulcers</p> <p>1.7.3 Monitoring for abnormalities and complications</p> <p>a. While providing daily care Residents shall be checked daily. Care staff shall check for any wound-related abnormalities or complications arising from the use of medical devices. These shall be attended to promptly.</p>	<p>Residents using medical devices, e.g. restraints, colostomy bags, feeding tubes, etc. shall be checked daily and this shall be documented.</p>

1.10 Allied Health Services

<p>Nursing Home Licensing Terms & Conditions (NH LTC)</p>	<p>Updated Guide to ENHS <i>(This shall replace the standards in Guide Version 1.0. For easy reference, changes are shown in detail.)</i></p>	<p>Updated Explanatory Notes <i>(This shall replace the notes in Guide Version 1.0. Key changes are shown in bold.)</i></p>
<p>12.1 Physiotherapy and Occupational Therapy service</p> <p>12.1.1 The licensee shall ensure that patients are assessed for rehabilitative potential. Patients shall also be referred for follow-up assessment by a registered physiotherapist/occupational therapist when there is a change in the patient's functional status.</p>	<p>1.10.1 Physiotherapy and Occupational Therapy service</p> <p>a. The nursing home shall assess residents for rehabilitative potential, and refer them for physiotherapy and/or occupational therapy services for a follow up assessment by a registered physiotherapist/occupational therapist when there is a change in the resident's functional status. [Note: In some instances, the referring institution may already have recommended the continuity of care by a registered physiotherapist/occupational therapist in the nursing home]</p>	<p>An assessment of the resident's rehabilitative potential and needs shall be conducted by a registered physiotherapist (PT) and/or occupational therapist (OT) when there is a change in medical condition or functional status.</p> <p>See Subdomain 1.1 on Care Planning.</p>
<p>12.1.2 The nursing home shall provide physiotherapy and/or occupational therapy services for patients who are assessed to require rehabilitative care.</p>	<p>(No change)</p> <p>c. Where residents do not require active intervention from a registered physiotherapist/occupational therapist, maintenance care and activities will still be required as part of the residents' daily routine.</p>	<p>Registered PTs and OTs often prescribe passive exercise, if appropriate, and basic functional tasks such as getting residents to perform their activities of daily living (ADLs) like feeding, dressing, bathing and toileting, which in practice also forms part of the residents' rehabilitation process to maintain their functional status.</p>

Nursing Home Licensing Terms & Conditions (NH LTC)	Updated Guide to ENHS <i>(This shall replace the standards in Guide Version 1.0. For easy reference, changes are shown in detail.)</i>	Updated Explanatory Notes <i>(This shall replace the notes in Guide Version 1.0. Key changes are shown in bold.)</i>
<p>12.2 Dietetic service</p> <p>12.2.2 The nursing home shall promptly refer to a dietician for an individual assessment when a patient presents with:-</p> <ul style="list-style-type: none"> a) weight loss; b) poor intake; or c) any other conditions identified by the registered medical practitioners/RNs. 	<p>1.10.2 Dietetic service</p> <p>b. The nursing home shall promptly refer to a dietitian for an individual assessment when a resident presents with:</p> <ul style="list-style-type: none"> i. Weight loss and/or ii. Poor intake and/or iii Any other conditions identified by the registered medical practitioners/registered nurses 	<p>Each nursing home shall set their own guidelines for monitoring and referring residents (e.g. on tube feeding) to a dietitian for assessment.</p> <p>The dietitian service shall include providing assessment, diagnosis, treatment and review of residents with nutritional needs or problems.</p>
<p>12.2.3 The licensee shall employ, or make arrangements with a qualified dietician to supervise the dietary aspects of patients' care and to ensure that proper dietary requirements are complied with.</p>	<p><i>(No change)</i></p> <p>c. The nursing home shall employ, or make arrangements with a qualified dietitian to supervise the dietary aspects of residents' care and to ensure that proper dietary requirements are complied with.</p>	<p>The dietitian shall be engaged to do menu planning, which comprises planning and reviewing the residents' menus with the cook.</p> <p>The nursing home shall keep a record of the dietitian's reviews.</p>

1.11 Infection Control

Nursing Home Licensing Terms & Conditions (NH LTC)	Updated Guide to ENHS <i>(This shall replace the standards in Guide Version 1.0. For easy reference, changes are shown in detail.)</i>	Updated Explanatory Notes <i>(This shall replace the notes in Guide Version 1.0. Key changes are shown in bold.)</i>
<p>13.2 Staff education and training regarding infection control</p> <p>13.2.1 The licensee shall ensure that all staff, including those employed in support services, receive mandatory education and training in infection control and the use of personal protection equipment (PPE), that is commensurate with their work activities and responsibilities, and are regularly updated.</p>	<p>1.11.2 Staff education and training regarding infection control</p> <p>a. Every nursing home shall ensure that all staff, including those employed in support services, receive mandatory education and training in infection control and the use of personal protection equipment (PPE), that is commensurate with their work activities and responsibilities, and are regularly updated.</p>	<p>Records of the education and training conducted for each staff member should be kept. Such training can include on-the-job and in-house training.</p> <p>Nursing homes shall keep records of the education and training attended by each staff member. Such training can include on-the-job and in-house training.</p> <p>The records shall minimally include the date of training, topics (e.g. gowning/de-gowning of PPE), etc.</p>
<p>13.3 Designation of an infection control committee and lead person(s)</p> <p>13.3.1 The licensee shall ensure that the nursing home has an Infection Control Programme with an appointed Infection Control Committee, documented infection control activities and written policies and guidelines to deal with any infection acquired or brought into the nursing home. [*Please refer to Regulation 33(1) of the PHMC Regulations].</p>	<p>1.11.3 Designation of an infection control committee and lead person(s)</p> <p>(No change)</p> <p>a. Every nursing home shall have an Infection Control Programme with an appointed Infection Control Committee, documented infection control activities and written policies and guidelines to deal with any infection acquired or brought into the nursing home.</p>	<p>An Infection Control Programme is the framework for preventing and controlling communicable diseases in a nursing home. The programme should address the following components:</p> <ul style="list-style-type: none"> • Governance and management of the Programme • Epidemic control • Staff education • Policies or standard operating procedures that address matters

Nursing Home Licensing Terms & Conditions (NH LTC)	Updated Guide to ENHS <i>(This shall replace the standards in Guide Version 1.0. For easy reference, changes are shown in detail.)</i>	Updated Explanatory Notes <i>(This shall replace the notes in Guide Version 1.0. Key changes are shown in bold.)</i>
		<p>relating to infection control for residents and staff, e.g. hand hygiene as well as other standard precautions for disinfection, sanitation and isolation</p> <p>Examples of infection control activities include trainings, audits, surveys, campaigns and committee meetings.</p> <p>Nursing homes shall have processes in place to ensure timely mask-fitting and refitting by certified mask-fitters for all staff as needed. Staff should be trained in the donning of personal protective equipment (PPE).</p>
<p>13.3.2 The manager of the nursing home shall be responsible for coordinating and monitoring compliance with internal infection control procedures (e.g. hand decontamination, sanitation procedures, aseptic and isolation techniques, the use of PPE and the safe disposal of sharp objects).</p>	<p>b. A designated staff member in Manager of the nursing home shall be responsible for coordinating and monitoring compliance with internal infection control procedures (e.g. hand decontamination, sanitation procedures, aseptic and isolation techniques, the use of PPE protective clothing and the safe disposal of sharp objects).</p>	<p><i>(No change in Explanatory Notes in Guide Version 1.0)</i></p>
<p>13.3.3 The manager of the nursing home shall ensure</p>	<p>c. A designated staff member in Manager of</p>	<p><i>(No change in Explanatory Notes in Guide Version 1.0)</i></p>

Nursing Home Licensing Terms & Conditions (NH LTC)	Updated Guide to ENHS <i>(This shall replace the standards in Guide Version 1.0. For easy reference, changes are shown in detail.)</i>	Updated Explanatory Notes <i>(This shall replace the notes in Guide Version 1.0. Key changes are shown in bold.)</i>
<p>that the nursing home's infection control policies are based on current scientific knowledge, accepted practice guidelines and all relevant laws and requirements. The licensee shall ensure that the nursing home's infection control policies and procedures are evaluated on a regular and continuing basis, and at least once every year.</p>	<p>the nursing home shall ensure that the nursing home's infection control policies are based on current scientific knowledge, accepted practice guidelines and applicable regulations all relevant laws and requirements. The nursing home's infection control policies and procedures shall be evaluated at least once yearly, and on a regular and continuing basis, and at least once every year.</p>	
<p>13.4 Infection control equipment and facilities</p> <p>13.4.3 Proper facilities for hand washing and waste disposal shall be provided wherever care is delivered in the nursing home.</p>	<p>1.11.4 Infection control equipment and facilities</p> <p><i>(No change)</i></p> <p>c. Proper facilities for hand washing and waste disposal shall be provided wherever care is delivered in the nursing home.</p>	<p>'Infectious disease' refers to any of the diseases specified in the First Schedule to the Infectious Diseases Act (Cap. 137).</p> <p>Appropriate soap must be provided at all hand washing points and appropriate hand disinfection solutions must be provided at all disinfection points. Hand disinfection solutions should be alcohol-based.</p> <p>If there is blood in used diapers or mucous on suctioning tubes, these should be handled as biohazard waste and disposed of accordingly.</p>

Nursing Home Licensing Terms & Conditions (NH LTC)	Updated Guide to ENHS <i>(This shall replace the standards in Guide Version 1.0. For easy reference, changes are shown in detail.)</i>	Updated Explanatory Notes <i>(This shall replace the notes in Guide Version 1.0. Key changes are shown in bold.)</i>
13.4.5 The licensee shall ensure proper disinfection and disposal of infectious waste materials by licensed biohazard waste disposal operators and in accordance with all relevant laws and requirements.	e. Every nursing home shall ensure proper disinfection and disposal of infectious waste materials by certified licensed biohazard waste disposal operators and in accordance with relevant existing laws.	<i>(No change in Explanatory Notes in Guide Version 1.0)</i>

1.12 Food Service

<p>Nursing Home Licensing Terms & Conditions (NH LTC)</p>	<p>Updated Guide to ENHS <i>(This shall replace the standards in Guide Version 1.0. For easy reference, changes are shown in detail.)</i></p>	<p>Updated Explanatory Notes <i>(This shall replace the notes in Guide Version 1.0. Key changes are shown in bold.)</i></p>
<p>14.1 Food safety and hygiene</p> <p>14.1.1 Persons involved in the preparation and provision of food in nursing homes shall comply with the same requirements as for food-handlers engaged in the sale of food. In particular, the following precautions shall be taken:-</p> <p>a) all food handlers shall observe proper personal hygiene;</p> <p>b) the food provided shall be properly stored and handled;</p> <p>c) food wastes shall be properly disposed in a manner that does not create a nuisance or a breeding place for pests or otherwise permit the transmission of disease; and</p> <p>d) there must be proper sanitation procedures for cleansing and maintenance of equipment and work areas.</p>	<p>1.12.1 Food safety and hygiene</p> <p>(No change)</p> <p>a. Persons involved in the preparation and provision of food in nursing homes shall comply with the same requirements as for food handlers engaged in the sale of food. In particular, the following precautions shall be taken:</p> <p>i. All food handlers shall observe proper personal hygiene.</p> <p>ii. The food provided shall be properly stored and handled.</p> <p>iii. Food wastes shall be properly disposed in a manner that does not create a nuisance or a breeding place for pests or otherwise permit the transmission of disease.</p> <p>iv. There must be proper sanitation procedures for cleansing and maintenance of equipment and work areas.</p>	<p>All persons involved in the preparation and provision of food are considered food handlers. Food handlers shall attend and pass the basic food hygiene training or refresher training by Workforce Development Agency (WDA) Approved Training Organisations (ATOs). Refer to National Environment Agency (NEA) website for the list of WDA-ATOs and training requirements.</p> <p>Food handlers are required to have a relevant certification by NEA.</p> <p>Nursing homes shall have processes in place to check that residents are aware when meals are available and to start taking their meals within 30 minutes of serving. Refer to MOH's 'Strengthening Policy and Procedure on Serving of Meals to Residents in Nursing Home' dated 2 Apr 2014.</p> <p>Food shall be covered to protect from any potential sources of contamination.</p> <p>Nursing homes shall have a contract with a pest</p>

Nursing Home Licensing Terms & Conditions (NH LTC)	Updated Guide to ENHS <i>(This shall replace the standards in Guide Version 1.0. For easy reference, changes are shown in detail.)</i>	Updated Explanatory Notes <i>(This shall replace the notes in Guide Version 1.0. Key changes are shown in bold.)</i>
		control company for proper pest control. Any area designated for the disposal of refuse and food waste shall be properly designed such that they are rat-proof, sheltered from weather elements and easy to clean with proper drainage fittings. All food waste shall be discarded in sealed containers.
14.1.2 Premises and facilities for preparation and serving of food must similarly meet all requirements as for premises involved in the sale of food.	<i>(No change)</i> b. Premises and facilities for preparation and serving of food must similarly meet all requirements as for premises involved in the sale of food.	Nursing homes shall appoint at least one Food Hygiene Officer (FHO) who has attended the Singapore Workforce Skills Qualification (WSQ) Conduct Food & Beverage Hygiene Audit course and passed the examination at the end of the course. The FHO need not be a food handler. Nursing homes shall also maintain the training record of the FHO. Refer to MOH’s ‘Requirement on Food Hygiene Officer’ dated 16 Dec 2014.

2.1 Dignity of Care

<p>Nursing Home Licensing Terms & Conditions (NH LTC)</p>	<p>Updated Guide to ENHS <i>(This shall replace the standards in Guide Version 1.0. For easy reference, changes are shown in detail.)</i></p>	<p>Updated Explanatory Notes <i>(This shall replace the notes in Guide Version 1.0. Key changes are shown in bold.)</i></p>
<p>15.5 The licensee shall have a process in place to investigate and respond to any allegation of abuse. Relevant persons and agencies shall be notified of the occurrence of any incident of abuse and the outcome of any investigations undertaken by the nursing home.</p>	<p>2.1.5 Every nursing home shall have a process to investigate and respond to any allegation of abuse. Relevant persons and agencies shall be notified of the occurrence of any incident of abuse and the outcome of any investigations undertaken by the nursing home.</p>	<p>All allegations of abuse shall be investigated and evaluated with appropriate actions taken.</p> <p>Nursing homes shall establish a disciplinary process for taking action against staff responsible. The disciplinary process shall be documented. There should be clear standards set as to what is not acceptable and what punishment can be expected. This should be communicated to all staff and emphasized during recruitment.</p> <p>Refer to Sub-domain 3.6 on Customer Relations.</p> <p>Nursing homes shall notify MOH of the occurrence of abuse through email at elis@moh.gov.sg and report to the police as appropriate.</p>
<p>15.6 The licensee shall ensure that appropriate disciplinary measures are taken against the staff responsible for the abuse.</p>	<p><i>(New)</i> 2.1.6 Every nursing home shall ensure that appropriate disciplinary measures are taken against the staff responsible for the abuse.</p>	<p>Nursing homes shall document the details of the disciplinary process carried out and actions taken against the staff, which can serve as evidence that there is a process in place to safeguard residents against the risk of abuse.</p>

2.2 Psychosocial and Mental Health Care

Nursing Home Licensing Terms & Conditions (NH LTC)	Updated Guide to ENHS <i>(This shall replace the standards in Guide Version 1.0. For easy reference, changes are shown in detail.)</i>	Updated Explanatory Notes <i>(This shall replace the notes in Guide Version 1.0. Key changes are shown in bold.)</i>
16.2 If a patient exhibits behaviour that cannot be managed by the nursing home, there shall be a protocol to refer the patient for assessment of psychosocial or mental health conditions.	(No change) 2.2.2 If a resident exhibits behaviour that cannot be managed by the nursing home, there shall be a protocol to refer the resident for assessment of psychosocial/mental health conditions.	Nursing homes shall develop their own protocols on who to refer residents to for assessment, and when this is to be done. All registered nurses should be familiar with these protocols. Residents with complex psychosocial issues shall be referred to medical social work services, or other appropriate professional services.

2.4 Use of Restraint

<p>Nursing Home Licensing Terms & Conditions (NH LTC)</p>	<p>Updated Guide to ENHS <i>(This shall replace the standards in Guide Version 1.0. For easy reference, changes are shown in detail.)</i></p>	<p>Updated Explanatory Notes <i>(This shall replace the notes in Guide Version 1.0. Key changes are shown in bold.)</i></p>
<p>18.2 Any use of restraint shall be initiated by a RN.</p>	<p><i>(No change)</i> 2.4.2. Any use of restraint shall be initiated by a RN.</p>	<p>Physical restraint shall be initiated by Registered Nurses (RNs).</p> <p>Chemical restraint shall be ordered by registered medical practitioners only.</p> <p><i>(The following should be regarded as Good Practice instead)</i> Director of Nursing or equivalent shall be informed of any initiation of the use of restraints. This shall be clearly documented by the RN, with the date, time and the name of the person being informed.</p>
<p>18.4 The use of restraint, including all relevant details, and any changes thereto shall be documented in the patient’s care plan.</p>	<p>2.4.4 The use of restraint, including all relevant details, and any changes thereto shall be documented in the resident’s care plan.</p>	<p>If there is a need to place a resident under restraint, the resident’s family/representative(s) or caregiver(s) shall be informed. The reasons for initiating the use of restraint, the type of restraint, when it is initiated, as well as the process for reviewing its use when no longer necessary, shall be explained to them and documented. Nursing homes shall also document the details of the communication with the resident’s family/representative(s)</p>

Nursing Home Licensing Terms & Conditions (NH LTC)	Updated Guide to ENHS <i>(This shall replace the standards in Guide Version 1.0. For easy reference, changes are shown in detail.)</i>	Updated Explanatory Notes <i>(This shall replace the notes in Guide Version 1.0. Key changes are shown in bold.)</i>
		<p>or caregiver(s). Refer to Sub-domain 1.2 on Informed Care.</p> <p>When a resident is under physical restraint, nursing homes shall check regularly to ensure resident is comfortable, e.g. restraint is not too tight, released periodically. These checks shall be documented.</p>

2.5 Living Environment – Premises

<p>Nursing Home Licensing Terms & Conditions (NH LTC)</p>	<p>Updated Guide to ENHS <i>(This shall replace the standards in Guide Version 1.0. For easy reference, changes are shown in detail.)</i></p>	<p>Updated Explanatory Notes <i>(This shall replace the notes in Guide Version 1.0. Key changes are shown in bold.)</i></p>
<p>19.1 Safety, comfort, and suitability</p> <p>19.1.2 The licensee shall ensure that every room or ward occupied or intended to be occupied by a patient shall have at least the following:-</p> <p>a) a suitable bed, mattress, a pillow, a chair and a locker facility for each patient; and</p> <p>b) an effective system for patient-to-nurse communication.</p>	<p>2.5.1 Safety, comfort, and suitability</p> <p><i>(New)</i></p> <p>b. Nursing home shall ensure that every room or ward occupied or intended to be occupied by a resident shall have at least the following:-</p> <p>i. a suitable bed, mattress, a pillow, a chair and a locker facility for each resident; and</p> <p>ii. an effective system for resident-to-nurse communication.</p>	<p>The environment shall have adequate natural and artificial lighting suitable for the care, treatment and services provided to the residents in each area.</p> <p>The environment shall also be ventilated by natural or mechanical means to provide a constant supply of fresh air.</p> <p>Flooring of the living area, common areas and corridors shall be even. Flooring of toilets shall be non-slip.</p> <p>Passageways shall be wide enough to facilitate movement of staff, residents and equipment such as trolleys and wheelchairs.</p> <p>Where appropriate, aids to facilitate residents' movement and improve accessibility of the premises such as ramps, handrails and grab bars shall be installed.</p> <p>Refer to MOH's A Guidebook on Nursing Homes (2002), Annexes 4A & 4B for more information on the requirements for premises/facilities in</p>

Nursing Home Licensing Terms & Conditions (NH LTC)	Updated Guide to ENHS <i>(This shall replace the standards in Guide Version 1.0. For easy reference, changes are shown in detail.)</i>	Updated Explanatory Notes <i>(This shall replace the notes in Guide Version 1.0. Key changes are shown in bold.)</i>
		nursing homes. The bed frame shall sit firmly and be in good condition, e.g. metal frame shall not be rusty. The room or ward shall have a system in place that allows the resident to call for assistance.
19.4 Maintenance 19.4.1 The licensee shall have processes in place to identify and carry out preventive and routine maintenance of premises. Records shall be kept of maintenance and servicing work undertaken, and these documents shall be available for inspection	2.5.4 Maintenance <i>(No change)</i> a. Every nursing home shall have processes in place to identify and carry out preventive and routine maintenance of premises. Records shall be kept of maintenance and servicing work undertaken, and these documents shall be available for inspection.	There shall be records of preventive and routine maintenance carried out, e.g. operations team signed against the schedule of servicing room lighting after the completion of tasks. <i>(The following should be regarded as Good Practice instead)</i> Before routine maintenance work is carried out, nursing homes shall assess how this may affect care, treatment and services in terms of air quality, infection control, utility requirements, noise, vibration or other hazards. Measures shall be put in place to minimise the impact, if necessary , on residents' comfort.

2.7 Living Environment – Equipment

Nursing Home Licensing Terms & Conditions (NH LTC)	Updated Guide to ENHS <i>(This shall replace the standards in Guide Version 1.0. For easy reference, changes are shown in detail.)</i>	Updated Explanatory Notes <i>(This shall replace the notes in Guide Version 1.0. Key changes are shown in bold.)</i>
21.1 The licensee shall provide medical equipment necessary for patients' care and treatment. The equipment shall be adequate, functional and effective.	<i>(No change)</i> 2.7.1 Every nursing home shall provide medical equipment necessary for residents' care and treatment, and these shall be adequate, functional and effective.	Nursing homes shall ensure staff use, store and maintain medical equipment according to manufacturer's instructions. If such instructions are not available, nursing homes shall provide staff with written operating instructions. Staff shall be familiar on how to operate the equipment.
21.5 The licensee shall ensure that medical supplies are stored in the manner as recommended by the manufacturer to maintain the integrity of the products. The medical supplies shall be checked regularly to ensure that they have not expired or become unsafe or unsuitable for use.	2.7.5 Medical supplies shall be stored in a manner that maintains manner as recommended by the manufacturer to maintain the integrity of the products, and checked regularly to ensure that they are not expired, and still safe for use.	<i>(No change in Explanatory Notes in Guide Version 1.0)</i>

2.8 Ancillary Services

Nursing Home Licensing Terms & Conditions (NH LTC)	Updated Guide to ENHS <i>(This shall replace the standards in Guide Version 1.0. For easy reference, changes are shown in detail.)</i>	Updated Explanatory Notes <i>(This shall replace the notes in Guide Version 1.0. Key changes are shown in bold.)</i>
<p>22.1 Transport</p> <p>22.1.1 The licensee shall establish arrangements whereby a patient can be transported to other health care institutions for medical treatment as necessary.</p> <p>22.1.2 Any ambulance operated by the nursing home must be appropriately identified, properly equipped and comply with all relevant laws and requirements to ensure the safety and welfare of the patient.</p> <p>22.1.3 Where circumstances beyond the control of the nursing home prevent prompt and appropriate medical care on site, the arrangements in sub-paragraph 22.1.1 must be used in a timely manner to transport the patient concerned to the relevant healthcare institution for treatment.</p>	<p>2.8.1 Transport</p> <p>a. Every nursing home shall establish arrangements whereby a resident can be transported to other health care institutions establishments for medical treatment as necessary.</p> <p>b. Where a nursing home intends to provide a service whereby ill persons can be transported, it shall have ambulances which Any ambulance operated by the nursing home must be appropriately identified, properly equipped and meet all other relevant existing requirements to ensure the safety and welfare of the resident.</p> <p>c. Where circumstances beyond the control of the nursing home prevent prompt and appropriate medical care on site, the arrangements in (a) must be used in a timely manner to transport the ill resident to the relevant healthcare institution establishment for treatment.</p>	<p>Nursing homes shall arrange medical transport services for residents with non-emergency medical problems, e.g. visits to elective outpatient clinics, rehabilitative therapy, etc. If the nursing home does not operate its own ambulance services, arrangements must be made for emergency ambulance services for residents with acute or a sudden onset of condition that threatens their life or long term health.</p> <p>Refer to MOH's 'Standards for Emergency Ambulance and Medical Transport Services' listed on e-licensing website (eLIS) at http://elis.moh.gov.sg/eli/s/.</p>

3.2 Duties and Responsibilities of the Head of Nursing

Nursing Home Licensing Terms & Conditions (NH LTC)	Updated Guide to ENHS <i>(This shall replace the standards in Guide Version 1.0. For easy reference, changes are shown in detail.)</i>	Updated Explanatory Notes <i>(This shall replace the notes in Guide Version 1.0. Key changes are shown in bold.)</i>
24.2 The Head of Nursing shall be a RN with appropriate qualifications and experience. In the Head of Nursing's absence, a RN who is suitably qualified shall be authorised to act in his/her place.	3.2.1 a. The Head of Nursing shall be an RN with appropriate qualifications and experience. In the Head of Nursing's absence, a RN who is suitably qualified shall be authorised to act in his/her place.	The Head of Nursing shall provide leadership and ensure effective management of the nursing department to achieve the desired care outcomes for residents. The Head of Nursing shall also ensure that the RN authorized to act in his/her absence is registered with Singapore Nursing Board (conditional registration not allowed). Nursing homes shall notify MOH at elis@moh.gov.sg when a new Head of Nursing is appointed.
24.3 The nursing department in every nursing home shall have policies and processes to guide the provision of nursing care. The nursing department shall maintain high nursing standards, and ensure that the nursing care provided to patients is in accordance with the approved standards of nursing practice.	3.2.2 The nursing department in every nursing home shall have policies and processes to guide the provision of nursing care. The nursing department shall maintain high nursing standards, and ensure that the nursing care provided to residents is in accordance with the approved standards of nursing practice.	<i>(No change in Explanatory Notes in Guide Version 1.0)</i>
24.6 The nursing staff organisation shall be such that:-	3.2.4. Nursing staff organisation shall be such that:	The Registered Nurse (RN) on call shall be contactable at all times. The RN shall give

Nursing Home Licensing Terms & Conditions (NH LTC)	Updated Guide to ENHS <i>(This shall replace the standards in Guide Version 1.0. For easy reference, changes are shown in detail.)</i>	Updated Explanatory Notes <i>(This shall replace the notes in Guide Version 1.0. Key changes are shown in bold.)</i>
<p>e) when a critical situation is escalated to the RN on call, the RN shall attend to the patient promptly.</p>	<p>e. When a critical situation is escalated to the RN on call, he/she shall attend to the resident within 60 minutes promptly.</p>	<p>appropriate instructions to nursing staff while they wait for RN to arrive. Nursing staff shall call doctor if necessary. Refer to Subdomain 1.2 on Medical Service.</p> <p>The resident shall receive appropriate care while waiting for the RN to arrive upon alert of the critical situation.</p> <p>In addition to resident care-related matters, the RN may be required to attend to other serious incidents in the nursing home that other care staff are unable to handle on their own, such as fights or serious disputes.</p>

3.3 Staff Organisation and Management

Nursing Home Licensing Terms & Conditions (NH LTC)	Updated Guide to ENHS <i>(This shall replace the standards in Guide Version 1.0. For easy reference, changes are shown in detail.)</i>	Updated Explanatory Notes <i>(This shall replace the notes in Guide Version 1.0. Key changes are shown in bold.)</i>
25.1.1 The licensee shall ensure that:- c) nursing staff are supervised by a RN and care staff are supervised by a RN or an EN; and	3.3.1 c. nursing staff are supervised by an RN and care staff shall be supervised by an RN or EN.	<i>(No change in Explanatory Notes in Guide Version 1.0)</i>
d) the average working hours of staff and other terms and conditions of employment in the nursing home shall comply with all applicable legal requirements.	d. the average working hours of staff and other terms and conditions of employment in the nursing home shall comply with what is stipulated by law. with all applicable legal requirements. (e.g. under the Employment Act and Workplace Safety & Health Act)	<i>(No change in Explanatory Notes in Guide Version 1.0)</i>
25.2 Employee Feedback Channel	<i>(No change, section renamed)</i> 3.3.2 Staff satisfaction Employee Feedback Channel	<i>(No change in Explanatory Notes in Guide Version 1.0)</i>

3.4 Staff Training, Competence and Supervision

Nursing Home Licensing Terms & Conditions (NH LTC)	Updated Guide to ENHS <i>(This shall replace the standards in Guide Version 1.0. For easy reference, changes are shown in detail.)</i>	Updated Explanatory Notes <i>(This shall replace the notes in Guide Version 1.0. Key changes are shown in bold.)</i>
<p>26.2 The licensee shall conduct pre-employment background checks on an applicant, whose duties would require direct patient contact but are not Singapore-registered healthcare professionals. The pre-employment background checks shall at minimum include the applicant furnishing proof of his identity, relevant qualifications and a self-declaration, with necessary details, on:-</p> <ul style="list-style-type: none"> a) previous employment history; b) any previous convictions or misconduct; and c) physical and mental health conditions. 	<p>(New) 3.4.2 RNs shall possess the core competencies and skills that are required by the Singapore Nursing Board. Every nursing home shall conduct pre-employment background checks on an applicant, whose duties would require direct resident contact but are not Singapore-registered healthcare professionals. The pre-employment background checks shall at minimum include the applicant furnishing proof of his identity, relevant qualifications and a self-declaration, with necessary details, on:-</p> <ul style="list-style-type: none"> a. previous employment history; b. any previous convictions or misconduct; and c. physical and mental health conditions. 	<p>The nursing home shall conduct a reference check to determine the candidate's suitability for any position.</p> <p>Nursing homes shall document pre-employment background checks of selected applicants who have direct resident contact but are not Singapore-registered healthcare professionals.</p> <p>When hiring professional healthcare staff, the nursing home shall ensure adherence to the requirements specified by the relevant professional bodies.</p>
	<p>(Deleted) 3.4.3 ENs shall possess the core competencies and skills that are required by the Singapore Nursing Board.</p>	<p>(Deleted)</p>
	<p>(Deleted) 3.4.4 The nursing staff shall participate in continuing education to</p>	<p>(Deleted)</p>

Nursing Home Licensing Terms & Conditions (NH LTC)	Updated Guide to ENHS <i>(This shall replace the standards in Guide Version 1.0. For easy reference, changes are shown in detail.)</i>	Updated Explanatory Notes <i>(This shall replace the notes in Guide Version 1.0. Key changes are shown in bold.)</i>
	maintain and upgrade their current competency.	
26.5 The licensee shall encourage and facilitate their staff to keep their knowledge and skills up to date, to ensure currency of their competencies by encouraging staff participation in relevant courses to meet identified needs, and on-the-job training.	3.4.7 Every nursing home shall encourage and facilitate their staff to keep their knowledge and skills up to date, to ensure currency of their competencies by encouraging staff participation in relevant courses to meet identified needs, and on-the-job training. a) This may be ensured through encouraging staff participation in relevant courses to meet identified needs, and on-the-job training.	<i>(No change in Explanatory Notes in Guide Version 1.0)</i>
26.6 The licensee shall ensure that staff duties are covered when they are on leave or course, such that the staff-to-patient ratio is maintained.	b) 3.4.8 The nursing home shall ensure that staff duties are covered when they are on leave or course, such that the staff-to-resident ratio is maintained.	<i>(No change in Explanatory Notes in Guide Version 1.0)</i>

3.5 Financial Management

Nursing Home Licensing Terms & Conditions (NH LTC)	Updated Guide to ENHS <i>(This shall replace the standards in Guide Version 1.0. For easy reference, changes are shown in detail.)</i>	Updated Explanatory Notes <i>(This shall replace the notes in Guide Version 1.0. Key changes are shown in bold.)</i>
<p>27.2 Financial records and reporting</p> <p>27.2.2 The licensee shall submit financial statements as required by the Director in the form, manner and frequency as the Director may determine.</p>	<p>3.5.2. Financial records and reporting</p> <p>b. Every nursing home shall submit an audited annual financial statement within three months after the close of the Ministry's financial year (i.e. by 30 June of each year), and upon request. The statement shall be audited by an external auditor. financial statements as required by the Director in the form, manner and frequency as the Director may determine.</p>	<p><i>(No change in Explanatory Notes in Guide Version 1.0, except for the deletion of "The annual audited financial statement shall be submitted to the MOH Healthcare Financing (Subvention)")</i></p>
<p>27.3 Charging policies</p> <p>27.3.2 If the nursing home intends to change its charging policies, it shall convey the information to patients and their families/representatives at least 3 months in advance of the change coming into effect.</p>	<p>3.5.3. Charging policies</p> <p>b. If a home intends to change its charging policies, it shall convey the information to residents and their family/representative(s) at least 3 months in advance of the change coming into effect.</p>	<p><i>(No change in Explanatory Notes in Guide Version 1.0)</i></p>

3.6 Customer Relations

Nursing Home Licensing Terms & Conditions (NH LTC)	Updated Guide to ENHS <i>(This shall replace the standards in Guide Version 1.0. For easy reference, changes are shown in detail.)</i>	Updated Explanatory Notes <i>(This shall replace the notes in Guide Version 1.0. Key changes are shown in bold.)</i>
28.3 The licensee shall document all feedback received and utilise the feedback received to improve its processes and quality of service.	3.6.3 Every nursing home shall document feedback received. The nursing home shall learn from useful feedback and utilise the feedback received to improve its processes and quality of service.	<i>(No change in Explanatory Notes in Guide Version 1.0)</i>

3.7 Continuous Improvement

Nursing Home Licensing Terms & Conditions (NH LTC)	Updated Guide to ENHS <i>(This shall replace the standards in Guide Version 1.0. For easy reference, changes are shown in detail.)</i>	Updated Explanatory Notes <i>(This shall replace the notes in Guide Version 1.0. Key changes are shown in bold.)</i>
<p>29.2 Assessment</p> <p>29.2.1 The licensee shall conduct regular internal quality assessments and identify areas for development and improvement. This shall include:-</p> <p>a) aspects of clinical care (e.g. risk factors due to existing care and treatment protocols); and</p> <p>b) organisational and management procedures and processes.</p>	<p>3.7.2 Assessment</p> <p>a. The nursing home shall conduct regular internal quality assessments and identify areas for development and improvement. This shall include:</p> <p>i. Aspects of clinical care (e.g. risk factors due to existing care and treatment protocols); and</p> <p>ii. Organisational and management procedures and processes.</p>	<p><i>(No change in Explanatory Notes in Guide Version 1.0)</i></p>

3.8 Emergency Preparedness

Nursing Home Licensing Terms & Conditions (NH LTC)	Updated Guide to ENHS <i>(This shall replace the standards in Guide Version 1.0. For easy reference, changes are shown in detail.)</i>	Updated Explanatory Notes <i>(This shall replace the notes in Guide Version 1.0. Key changes are shown in bold.)</i>
<p>30.1 Back-up utility supply</p> <p>30.1.1 Every nursing home shall have, in addition to normal electrical supply, emergency power and lighting in all patient care areas. Where life support equipment is used, it shall be connected to emergency power at all times. [*Please refer to Regulations 19(1) & 19(2) of the PHMC Regulations]</p>	<p>3.8.1 Back-up utility supply</p> <p>(No change) a) Every nursing home shall have, in addition to normal electrical supply, emergency power and lighting in all resident care areas. Where life support equipment is used, it shall be connected to emergency power at all times.</p>	<p>During an electrical power failure, nursing homes shall ensure life support equipment (e.g. oxygen concentrator, suction machine, etc.) are operational on a back-up power supply. In addition to lighting at emergency exits, there shall also be adequate lighting (e.g. wall mounted torch light) in resident care areas for care staff to attend to the residents.</p>