



Zhemgang Hospital Contingency Plan to Ensure Provision of Essential Healthcare Services in the Worst-Case COVID-19 Pandemic Scenario in Bhutan.

Background

Delivery of uninterrupted health services with a well-functioning health system is crucial while context-based approach to providing health services should be considered in emergency situations including public health emergencies. This Contingency Plan provides a guide to ensuring continued provision of essential healthcare services to the general public at the backdrop of COVID-19 pandemic response. Essential healthcare services include, but not limited to:

1. Essential prevention for communicable diseases, particularly vaccination
2. Reproductive health services, including care during pregnancy and childbirth
3. Care for vulnerable populations (young infants and older adults 60 years and above, person with disabilities (impairments including hearing, mobility, eye)
4. Provision of medications and supplies for ongoing management of chronic diseases, including mental health conditions
5. Continuity of critical inpatient therapies
6. Management of emergency health conditions and common acute presentations that require time sensitive intervention
7. Auxiliary services, such as basic diagnostic imaging, laboratory services and blood bank services

In order to ensure smooth implementation of the plan, each hospital must have the following salient components:

- 1) Establish a separate unit for provision of essential healthcare services and COVID-19 response;
- 2) Identify a separate head for each essential healthcare services Unit and COVID-19 response;
- 3) Each Unit should prepare a separate micro-plan with clear roles and duty roster for smooth implementation;
- 4) Health workforce involved in essential healthcare services may be, but not limited to, senior health workers and those who are with medical conditions; and
- 5) Institute hotline services/contact number in each district to facilitate consultation and referral or transportation of patients based on the situations.

Objectives

1. To ensure continuity of essential healthcare services to the people of Bhutan
2. To ensure provision of essential healthcare services to COVID-19 affected population

Orange stage

Essential Healthcare Services Provision Strategy during COVID-19 Pandemic and Response.

Stage of COVID-19 Outbreak	Conditions	Impact	Strategy
<p>Orange <i>(multiple cases in quarantine places with no local transmission)</i></p>	<p>1. Release of up to 30% of health workers can be facilitated from the health facility for COVID-19 pandemic response activities and would not affect the routine services.</p>	<p>1. No major disruptions in the delivery of normal routine services. 2. Consumption of medical supplies by COVID-19 activities can be tolerated with existing buffer stock. 3. The buffer stock for vital, essential and necessary supplies are maintained at 30%, 20% and 10% respectively.</p>	<p>Continue normal services including outreach services</p> <ol style="list-style-type: none"> 1. Social distancing should be promoted. 2. Hand hygiene 3. Cough etiquette 4. Respiratory hygiene 5. Continue preventive vector-borne disease control programs

Stage	Department	Strategy/Services to be provided	Services to be provided with precaution	Remarks

Orange stage	Doctor OPD Consultation	<ol style="list-style-type: none"> 1. Routine OPD services and procedures. 2. Refill and follow up of chronic disease will be scheduled for every 2 months 3. Lab tests to be repeated after 2 months 4. Auxiliary services (USG, Lab, Blood bank) 5. New case Diagnosis, follow up and Admission. 	<p>Precautions to be taken while doing procedure in MOT with SOPs:</p> <ol style="list-style-type: none"> 1. I&D of Abscess. 2. Ingrown Toe Nail removal. 3. Suturing & dressing of the wounds. 6. Wound debridement. 7. Intra-articular steroid injection. 8. Splinting with PoP. 	<p>Precautions to be taken;</p> <ol style="list-style-type: none"> 1. Social distancing 2. Hand hygiene 3. Cough etiquette 4. Respiratory hygiene
	Inpatient Department	<ol style="list-style-type: none"> 1 Inpatient admission & treatment. 2 Emergency case management, Resuscitation, interventions and procedures. 3 Appropriate urgent referrals and Airlift. 	<ol style="list-style-type: none"> 1 USG- eFAST scan. 2. CPR. 3. Intubation. 4 Chest tube insertion. 5 NG gastric lavage. 6 Urinary Catheterization. 	
	Dental	<ol style="list-style-type: none"> 1- Hand scaling will be done 2- Atraumatic restoration 3- Follow-up RCT cases 4- Normal extraction 5- Minor surgeries 6- Case consultation 7- Refill and follow up 	<p>The following services to be provided as per the clinical judgement of the physician;</p> <ol style="list-style-type: none"> 1- Ultrasonic scaling 2- Restoration involving airtotar 3- New case of RCT 4- Trans alveolar extraction 	

		of chronic services will be scheduled for every 2 months 8- Rationalize advice of radio-diagnostic services		
	NCD	1 Refill and follow-up for hypertensive, diabetes and other chronic cases patient for up to 2 months and facilitate referral as appropriate. 2 Refill and follow up for differently able and home bound patients in the catchment areas & Lab test when necessary, provide door to door services every 2months.		
	Traditional Medicine	Refill and follow up- 2 months	The following services to be provided as per the clinical judgement of the physician; 1- Landuug medication 2- Sher Khap 3-Num Tshok	

Department	Services	Schedule/Frequency	Remarks
CHU / MCH Orange Stage	ANC	1 st visit-12 weeks	1. High risk Pregnant mother to be tracked
		2 nd visit- 20 weeks	
		3 rd visit- 26 weeks for OGTT	
		4 th visit- 36 th weeks for repetition of VCT	2. Maintain

	5 th visit- 38 th weeks	Social Distance 3. Hand hygiene 4. Cough etiquette 5. Respiratory hygiene
	6 th visit- 40 th weeks for safe delivery	
Lab Test	Lab test to be done at 12 weeks, 26 weeks, 36 weeks and 38 weeks	
Delivery	Admit at 39 weeks to facilitate institutional delivery (NVD). High risk & past LSCS referred to CRRH at 36 weeks.	
New born examination	Continue as Usual in 1 st post natal care, 3days, 7days, 2 nd week, 3 rd week.	
EPI/Immunization	1 st Immunization (BCG, OPV0, Hep-B) at birth and Continue weekly as schedule.	
PNC	0, 3 days, 7days, 2 nd week, 3 rd week.	
Family Planning	Provide family planning services with counselling. At 6 weeks for postpartum mothers and rest as appropriate -Refill for 2 months (OCP, Condoms) -Advocate for DMPA & IUCD	
ORC	Conduct monthly, Review and Medication	

		<p>refill to chronic patients for 2 months and assess for any other adverse outcome.</p> <p>Immunization, FP, Health Examination (HE) and Treatment of minor ailments</p>	
	Pap Smear	Routine and Women tested for Pap smear will be informed through telephone and further review will be conveyed by concerned health facility and appropriate referral for colposcopy in CRRH.	
	HIV	<p>Ensure regular treatment for people with HIV.</p> <p>Refill and follow up every 2 month.</p>	
	Tuberculosis	Ensure screening of suspected TB cases, if positive refer to Yebilaptsa TB unit.	
	<p>Vector-borne diseases prevention and control</p> <p>RCDC</p>	<ol style="list-style-type: none"> 1. Continue vector-borne disease prevention activities 2. Testing of malaria and dengue should continue and ensure treatment. <ul style="list-style-type: none"> - sample collection ex measles and transportation to RCDC 	

<p>Red stage <i>(community transmission in localized areas)</i></p> <p><i>(Lock down of thromdes/villages/Gewogs/Dzongkhags or regions)</i></p>	<p>1. More than 30% health workers may be engaged in COVID-19 pandemic response activities.</p> <p>2. This scenario would compel to mobilize health workers from medical institutions such as KGUMSB.</p>	<p>Routine service delivery may be disrupted.</p> <p>1. Health facilities will face shortage of health workers</p> <p>2. Medical supplies will be out of stock if consumption exceeds the buffer stock.</p> <p>3. Health facility will face shortage of inpatient beds and ICUs</p>	<p>All health workers will be informed of community transmission in localized areas</p> <p>1. The shortage of health workforce should be addressed through intra and inter dzongkhags mobilization, especially from less workload to heavier ones.</p> <p>2. Health services should be limited to emergency health services including referrals</p> <p><i>2.1. Cancel all ENT and Dental involving aerosol/oral nasal procedures</i></p> <p><i>2.2. Reduce elective surgeries by 50%</i></p> <p><i>2.3. Give full PPE only to person intubating and doing airway procedures</i></p> <p><i>2.4. See patients only on appointment basis</i></p> <p>3. Ensure essential healthcare services to lockdown areas through outreach mechanisms or as appropriate</p> <p>4. Medication refill for 3 months for chronic illness</p> <p>5. Repeat lab tests to be advised only after 2 months</p> <p>6. Rationalize advice of radio-diagnostic services (irrational should be sent back)</p> <p>7. ENT, Dental and surgical procedures involving aerosol/oral nasal procedures will not be done, but of emergency nature to be provided including COVID-19 patients with precautions including PPE.</p> <p>8. Temporary field hospitals or additional facility may need to be established.</p> <p>9. Shortage of medical supplies will be addressed through intra and inter Dzongkhags mobilizations</p> <p>10. Prevention of vector-borne disease activities should be continued.</p>
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Red Stage

1. Essential Medical Services Delivery Team during local lockdown.

Sl. NO.	NAME	DESIGANTAIION	CONTACT NO.	REMARKS
1	Leela Rai	HA	17680975	K/c/o I10, Dyslipidemia, CVA
2	Leki Legyel	AN	17446697	NCD focal person
3	Laxmi Kanta Dhimar	HA	17663924	Shingkar PHC
4	Yeshey Zangmo	Lab Tech	17994605	
5	Sonam Lhamo	Pharmacist	17803050	
6	Rinzin Wangmo	Receptionist	+3741112 17750054	Pregnant
7	Kinga Wangmo	X-Ray, USG Tech	17944020	
8	Phuntsho Dhendup	Ambulance Driver	17637512	Identified by Dzongkhag. BG-3-A2668
9	Mongali Maya Waibi	Cook	77307341	
10	Goopi Maya Rai	Wet sweeper	17895583	
11	Rinchen Wangmo	Gardner	17629485	

Note: Staff and Vehicle – COVID-19 Task Force will give a Special permit for the movement during emergency (security card)

Procedure for delivery of essential health care services:

- 1) See patients on appointment basis giving date and time with 1 hour gap with each patient visit.
- 2) Reception:
 - 2.1) Telephone no. +3741112 will be provided to general public to make appointment.
 - 2.2) Receptionist to make appointment and to transfer the call to the concerned Medical Personal as per the patients complaint.
 - 2.3) manage the patient through tele-consultation if minor. If requiring medical care 1 HA, 1 SN, 1 Ambulance driver to provide home based care through mobile clinic.
- 3) Inpatient admission and treatment.
- 4) In Emergencies cases (RTA, disaster, malaria and dengue outbreak)
 - 4.1) mobilize 1 HA, 1 SN, 1 Ambulance driver
- 5) Appropriate urgent referrals and airlift from Zhemgang lower central school ground.
- 6) If overwhelmed with patient workload, surge capacity from:
 - 6.1)PHC (HA)
 - 6.2)Yebilaptsa Hospital essential health delivery team to and fro
 - 6.3)CRRH
 - 6.4)mobilize health workers from medical institutions like KGUMSB.
- 7) Refill and follow up of chronic disease every 3months.
Repeat lab test to be advised only after 2 months.
- 8) Cancel all Dental procedures involving aerosol/oral nasal procedures, exceptions in emergency nature including COVID-19 patients with precautions.
- 9) Traditional medicine refill for 3 months.
- 10) NCD focal person Leki Legyel(AN) 17446697
 - 10.1) Merge with PEN-HEARTS program and do line listing of all the NCD

patients, chronic illness with name, age, address and medication.

10.2) Line listing of differently able patient and home bound patient in catchment area.

10.3) provide door to door service, refill medication and lab test every 3 months through mobile clinic.

1 AN, 1 Driver -Nima, 1 vehicle- BG-2-A1258 (Dzongkhag Bolero)

10.4) Facilitate referral as appropriate.

MENTAL HEALTH RESPONSE TEAM (ZHEMGANG DZONGKHAG)

Generic Number for Zhemgang -

Counselling service can be availed 24/7 through Hotline numbers for counselling
(17123237/238/240/241)

SI. NO.	NAME	DESIGNATION	Contact NO.	REMARKS	ADDRESS
1	Thinley Tobgyal	Officiating DHO	17122680	Dzongkhag mental health focal person.	Zhemgang
2	Dr Tandin Wangchuk	GDMO	77343424	Team Leader	Zhemgang Hospital
3	Dr Meera Sanyasi	GDDS	17621890	Adolescent focal person	Zhemgang hospital
4	Karsang Dawa	SN	17251747	Mental health focal person	Yebilaptsa hospital
5	Tashi Wangmo	HA	17938411	Counselor	Zhemgang hospital
6	Tenzin Jurmi	HA	17478494	SUD focal person	Zhemgang hospital
7	Sonam Choki	ZCS counselor	17453627	Dzongkhag Focal counselor	Zhemgang central school
8	Maj. Pema Dangsels	OC	17800394	Focal person for violence	Zhemgang
9	Sherab Jamtsho	ZCS counselor	17488219	Counselor	Zhemgang central school
10	Chogyel Zangmo	Legal Officer	17968604	Focal person for domestic violence	Zhemgang

**Isolation and Case management for COVID-19
Medical surge capacity.**

TEAM A RRTs:

- 1) Dr. Tandin Wangchuk (GDMO), Team Leader 77343424
- 2) Devi Maya Siwakoti (HA) Buli, case management 17803700
- 3) Kinley Yangchen (SN) case management and monitoring 17702148
- 4) Harka Gurung (SN) case management and monitoring 17397159
- 5) Chimi Yuden (Ward Girl) 17414450

TEAM B RRTs: FROM YEBILAP TSA

- 1) Dr. Dadi Ram Darjee (GDMO) Team Leader 17612234
- 2) Karma Yangzom (HA) Gomphu 17387801
- 3) Karsang Dawa (SN) 17251747
- 4) Kelzang (SN) 17450367
- 5) Hemlal Trimshina (Ward Boy)
- 6) Jampel Lhendup (sweeper) 17841001

TEAM C RRTs: FROM PANBANG

- 1) Thinley Dorji Sr. (SN) Team Leader 17761581
- 2) Dr. Tenzin Lhamo (GDMO) 17642455
- 3) Tshering Yangdon (SN) 17282273
- 4) Thinley Dorji Jr. (SN) 17561823
- 5) Leki Tshering (Ward Boy) 77247796

ROYAL BHUTAN POLICE:

- 1) Dorji 77466783
- 2) Ugyen Tashi

DESUUNG-

CRRH-GELEPHU RRTs:

- 1) Dr Tashi Penjor (GDMO) 17701849
- 2) Sangay Dorji (EMRO) 77104055
- 3) Chenga Dorji (Lab technologist) 177884034
- 4) Jamyang (Sr. Adm) 17644383
- 5) Dorji Wangdi (Pharmacist) 77653215
- 6) Yeshi Wangdi (Driver) 17629295

If hospital is overwhelmed with the events, mobilize health workers from institutes like **KGUMSB**.

The concerned hospital should contact following officials for the support for surge capacity:

1. Rixin Jamtsho, Chief, CDD (17606984)
2. Kinley Dorji, Chief, EMSD (17635634)
3. Ugyen Tshering, Program Officer, EMSD (17500270)

Department	Services	Schedule/Frequency	Remarks
CHU / MCH Red Stage (community transmission in localized areas)	ANC	1 st visit-12 weeks	6. High risk Pregnant mother to be tracked 7. Maintain Social Distance
		2 rd visit- 26 weeks for OGTT	
		3 th visit- 36 th weeks for repetition of VCT	
		4 th visit- 38 th weeks Admission for institutional delivery	
	Lab Test	Lab test to be done at 12 weeks, 26 weeks, 36 weeks and 38 weeks	8. Hand hygiene 9. Cough etiquette
Delivery	High risk & past LSCS referred to CRRH at 36 weeks.	10. Respiratory hygiene	
New born examination	1 st post natal care, 7 th day, 6 th week.	11. Basic PPE	

	EPI/Immunization	1 st Immunization (BCG, OPV0, HepB) at birth and OPV, Pentavalent at 6 th week, Than monthly by line listing the children for vaccination with contact no. & address of the parents in cluster through mobile clinic.	12. Full PPE for person doing intubation and airway procedures.
	PNC	1 st , 7 th day, 6 th week.	
	Family Planning	Provide family planning services with counselling. At 6 weeks for postpartum mothers and rest as appropriate -Refill for 3 months (OCP, Condoms) -Advocate for IUCD	
	ORC	1- Dhakpai 2- Wangdigang and Krispay pam- cluster 3- Timi pam 4- Mithun Farm. 5- Dangkhar. 6- Trong 7- Dungbi.	
		Inform the parents 1 day ahead of clinic day and give them an appointment time with minimum time gap of 1 hour between each client for visit to the ORC	
		Conduct monthly, Review and Medication refill to chronic patients for 3 months and assess for any other adverse outcome.	

		Immunization, FP, Health Examination (HE) and Treatment of minor ailments. Facilitate appropriate referral.	
	Pap Smear	Women tested for Pap smear will be informed through telephone and further review will be conveyed by concerned health facility and appropriate referral for colposcopy in CRRH.	
	HIV	Ensure regular treatment for people with HIV. Refill and follow up every 3 month.	
	Tuberculosis	Ensure screening of suspected TB cases, if positive refer to Yebilaptsa TB unit.	
	Vector-borne diseases prevention and control RCDC	Continue vector-borne disease prevention activities Testing of malaria and dengue should continue and ensure treatment. - Sample collection ex measles and transportation to RCDC	

ESSENTIAL HEALTH SERVICE DURING NATIONWIDE LOCKDOWN

Red Stage		Major disruption of health services	Provide emergency services. All elective surgeries will be postponed and essential health services will be scaled down
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Department	Services	Schedule/Frequency	Remarks
CHU / MCH Red Stage (with massive transmission)	ANC	1 st visit-12 weeks	<ol style="list-style-type: none"> 1. High risk Pregnant mother to be tracked and followed up 2. Maintain Social Distance 3. Hand hygiene 4. Cough etiquette 5. Respiratory hygiene 6. Basic PPE 7. Full PPE for person doing intubation and airway procedures.
		2 th visit- 38 th weeks Admission for institutional delivery	
	Lab Test	Lab test to be done at 12, 38 weeks	
	Delivery	High risk & past LSCS referred to CRRH at 36 weeks.	
	New born examination	During Delivery	
	EPI/Immunization	1 st Immunization (BCG, OPV0, HepB) at birth and OPV, Pentavalent at 6 th week, Than monthly by line listing the children for vaccination with contact no. & address of the parents in cluster through mobile clinic.	
	PNC	1 st day and 6 th week.	
	Family Planning	Provide family planning services with counselling. At 6 weeks for postpartum mothers and rest as appropriate -Refill for 3 months (OCP, Condoms) -Advocate for IUCD	
ORC	1- Dhakpai 2- Wangdigang and Krispay pam- cluster 3- Timi pam 4- Mithun Farm. 5- Dangkhar. 6- Trong 7- Dungbi.		

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