

National Preparedness and Response Plan for Outbreak of Novel Coronavirus (COVID-19)



MINISTRY OF HEALTH
ROYAL GOVERNMENT OF BHUTAN
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1 BACKGROUND

Coronavirus is a large family virus causing respiratory illness from common cold to more Severe illness similar to novel MERS-CoV detected in 2012 in Saudi Arabia and SARS-CoV in China in 2002. The novel corona virus (COVID-19) was first detected from the outbreak of unexplained viral pneumonia in Wuhan city, Hubei Province in China and reported to the WHO China Country Office on 31st December 2019. The common signs and symptoms are fever, cough, sore throat and shortness of breath and breathing difficulties. However, in some cases, it manifests as severe infections leading to pneumonia, severe acute respiratory syndrome, kidney failure and even death.

Initially, many patients from the outbreak epicenter, Wuhan city, China reportedly had some epidemiological link to a large seafood and animal market, suggesting spillover of the virus from animal to human. However, with the evolution of the disease epidemic, it is being recently reported that increased number of confirmed cases having no exposure to animal markets, indicating person-to-person transmission.

In order to mount effective and efficient response to COVID-19 in the country, the National Preparedness and Response Plan (NPRP) for COVID-19 is prepared with the objective to enhance the health sector's capacity in surveillance, early detection, control and prevention, response, and recovery from COVID-19 outbreak in the country. The plan shall be reviewed and updated as and when required by the Technical Advisory Group (TAG) for COVID-19, Ministry of Health.

This NPRP is linked and aligned to the Health Emergency and Disaster Contingency Plan 2016 and National Disaster Management Act 2013. In addition to this plan, Paro International Airport has a Public Health Emergency Preparedness Plan, which was simulated and tested in November 2019. All the hospitals including Primary Health Center (erstwhile BHU-II) in western region also have Public Health Emergency Contingency Plans which will be activated depending on the types of emergency.

2 STAGING OF COVID-19 OUTBREAK

The Ministry of Health, Bhutan define the stages/phases of the COVID-19 as shown below. At this stage, the country is in Orange stage.

Current stage ☐ Green ☐ Yellow ☒ Orange ☐ Red

Color	COVID-19 status	Impact on daily life	Advice to public
Green	No confirmed case in Bhutan and COVID-19 outbreak is limited to few countries (subject to risk assessment)	No disruption	Be socially responsible: maintain good personal hygiene (hand hygiene & cough etiquette); follow travel advisories.

Yellow	No confirmed case in Bhutan but COVID-19 is reported in the multiple countries (subject to risk assessment)	Minimal disruption (Enhanced surveillance by screening of travelers at the airport and ground crossing; and mandatory reporting and investigation of SARI cases)	Be socially responsible: minimize mass gathering, maintain good personal hygiene (hand hygiene & cough etiquette); follow travel advisories and limited travel restriction only if necessary
Orange	One or more isolated confirmed cases in Bhutan without secondary transmission	Moderate disruption (isolation, quarantine, visitor restrictions at hospitals; limited closure of schools, institutions and public gatherings in the affected localities)	Be socially responsible: avoid mass gathering, comply with quarantine and other control measures; travel restriction to & fro affected countries. Maintain good personal hygiene (hand hygiene & cough etiquette)
Red	Multiple cases with local transmission	Major disruption (Lock down of all the affected places).	Be socially responsible: avoid Mass gathering, comply with quarantine and other control measures; travel restriction to & fro affected countries. Maintain good personal hygiene (hand hygiene & cough etiquette)

3 COORDINATION & COMMAND SYSTEM

3.1 HEALTH EMERGENCY MANAGEMENT COMMITTEE

Health Emergency Management Committee (HEMC) shall be the highest decision-making body in the Health Ministry for any health emergency (including health emergencies arising from disaster). The HEMC shall be responsible for the command, control and coordination during preparedness, response and recovery operations. The HEMC shall function from the Health Emergency Operation Center (HEOC). The HEOC shall be activated during:

- i. Declaration of public health emergency of international concern (PHEIC) by WHO
- ii. Type II & III Disaster as declared by National Disaster Management Authority (NDMA)
- iii. Declaration of outbreak or epidemic by HEMC

3.1.1 TEAM COMPOSITION OF HEMC

1. Lyonpo Dechen Wangmo, Hon'ble Health Minister, Chairperson
2. Dr. Ugen Dopphu, Hon'ble Secretary, MoH, the Vice Chairperson
3. Mr. Sonam Topgay, Hon'ble Secretary, MoHCA, the Vice Chairperson
4. Mr. Nim Dorji, Hon'ble Secretary, Ministry of Finance
5. Mr. Rinzin Dorji, Hon'ble Secretary, Ministry of Agriculture and Forestry
6. Dr. Pandup Tshering, Director General, Dept. of Medical Services
7. Mr. Kuenga Tshering, Director General, Dept. of Traditional Medicine Services

8. Mr. Rinchen Dorji, Director General, Dept. of Medical Supplies & Health Infrastructure
9. Mr. Tashi Tobgay, Director General, De-Suung Office
10. Mr. Jigme Thinlye Namgyal, Director General, Department of Disaster Management
11. Dr. Karma Lhazeen, Director, Department of Public Health
12. Mr. Tenzin Chophel, Director, Directorate of Services
13. Mr. Dorji Dhap, Director, JDWNRH
14. Dr. Sithar Dorjee, Director, KGUMSB
15. Colonel Dr. Pema Tenzin, Royal Bhutan Army
16. Colonel Passang Dorji, Royal Bhutan Police
17. Dr. Gosar Pemba, Medical Superintendent, JDWNRH
18. Dr. Sonam Wangchuk, Head, Royal Center Disease Control
19. Mr. Dragyel Tenzin Dorji, Executive Secretary, Bhutan Red Cross Society
20. Mr. Rixin Jamtsho, Chief, Communicable Disease Division
21. Mr. Tashi Penjore, Chief, Policy and Planning Division
22. Mr. Kinley Dorji, Chief, Emergency Medical Services Division- Member Secretary

TERMS OF REFERENCE FOR HEMC

a. Preparedness

- Approve the plan, policies, guidelines, hazard/risk maps and SOPs on health emergencies
- Coordinate with NDMA on the emergency management
- Declaration of outbreaks/epidemics in the country
- Update and declare different phases of pandemic at country level
- Take decision on travel advisory/ press release
- Ensure the adequacy, timeliness, and relevance of communication activities are in place
- Ensure that appropriate training of relevant staff and stakeholders are conducted, and medical equipment, supplies and facilities are in place
- Review, monitor and verify the readiness and implementation of the contingency plan
- Liaise with UN and other international agencies for fund mobilization and technical assistance
- Identify the key stakeholders for effective implementation of the Health Emergency and Disaster Contingency Plan

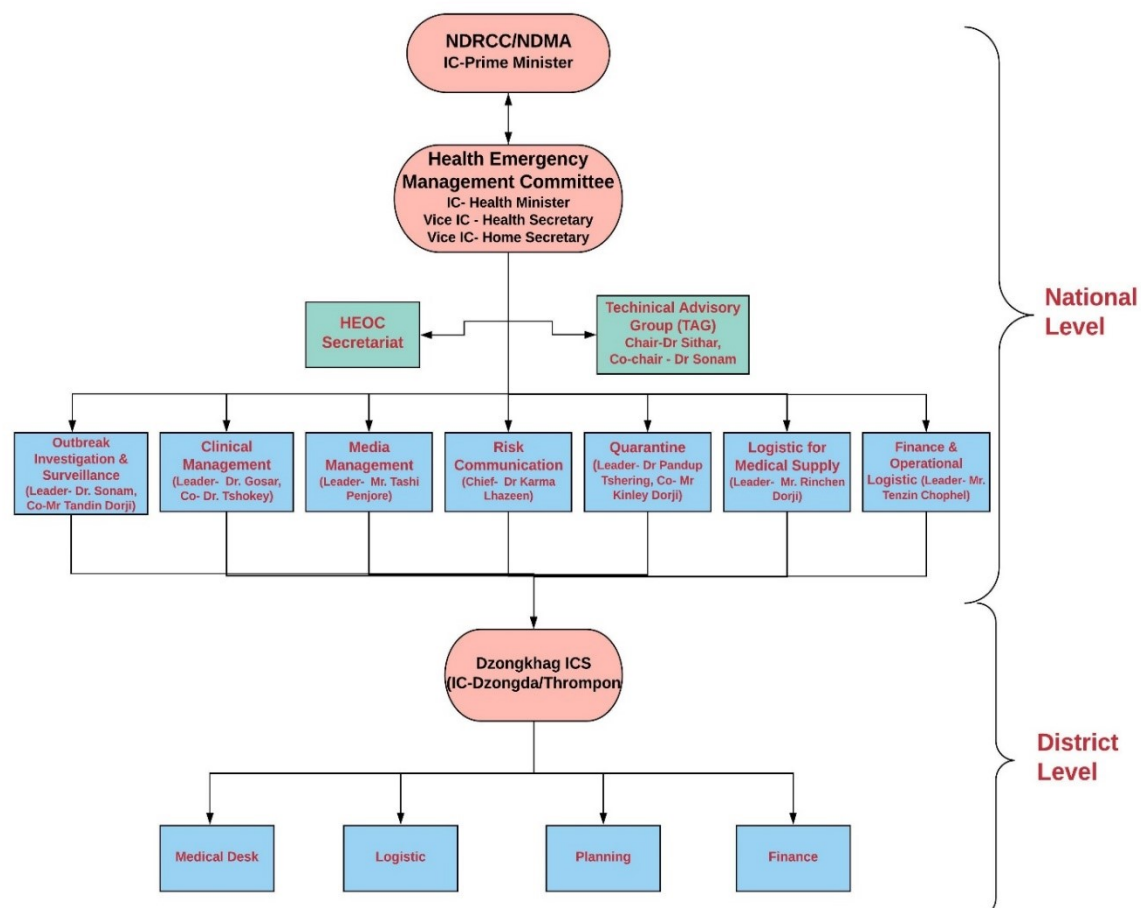
b. Response phase

- Activate HEOC
- Activate District Rapid Response Team or Emergency Medical Team (EMT) in affected area

- Review and provide policy and technical decision related to all response measures (case notification, isolation, quarantine, case management, travel advisory, movement restriction, logistic support)
- Issue executive orders for enforcement of response activities
- Coordinate and mobilize resources (technical & financial support) from national and international partners.
- Give direction and approval for the press release(s)
- Declare the subsidence of outbreak/pandemic in consultation with the Technical Advisory Group (TAG) and WHO
- Authorize issuance of the IHR notification to the WHO Country Office
- Provide updates to NDMA
- Maintain liaison with relevant sectors including government, international organizations and non-governmental organizations
- Deactivates ICS and conduct debriefing.

For the effective management of the COVID-19, the command, communication and coordination shall be followed as shown in the following figure 4:

Figure 4: Command structure for Health Emergency Management Committee



3.1.2 INCIDENT COMMANDER

Incident Commander - Hon'ble Health Minister

Vice-Incident Commander - Hon'ble Health Secretary

Vice- Incident Commander – Hon'ble Home Secretary

TERMS OF REFERENCES:

- Act as the overall command and control of HEMC
- Chair the HEMC meeting(s)
- Establish immediate priorities
- Take critical decision and give directions
- Update His Majesty's Secretariat, Cabinet and NDMA
- Act as the Media spokesperson
- Ensure team member of HEMC carry out their TOR

3.1.3 HEOC SECRETARIAT

The following officials shall serve as the HEOC Secretariat:

1. Ms. Jamyang Choden, PO, IHR, EMSD
2. Ms. Yangdon, PO, HHC, EMSD
3. Ms. Yeshey Pelden, APO, CDD
4. Mr. Sonam Dorji, APO, EMSD
5. Ms. Passang Dem, APO, EMSD
6. Mr. Ugyen Tshering, PO, EPR, EMSD
7. Ms. Kinley Zam, PO, PPD

Terms of References:

- Ensure that HEOC is equipped and functional at all times
- Organize and arrange the HEMC meetings
- Record, maintain and circulate minutes of meeting
- Communicate preparedness & response plan with other stakeholders
- Ensure health facilities to develop emergency and disaster contingency plan(s)
- Facilitate other relevant programs to develop guidelines and SOPs for emergencies
- Coordinate and facilitate the capacity building of health workers on emergency and disaster management
- Receive early warning information from RCDC, NCHM and dzongkhag
- Facilitate to conduct simulations and mock drills on different types of disasters and health emergencies
- Liaise (Point of contact) with other relevant sector
- Maintain the hazard/risk maps

- Facilitate the conduct of the research on health emergency management in close collaboration with academia
- Integrate information and prepare regular situation reports to NDMA/NEOC

3.1.4 TECHNICAL ADVISORY GROUP

The Technical Advisory Group (TAG) shall comprise of following technical personnel in providing technical assistance to HEMC/HEOC:

Composition of TAG:

1. Dr. Sithar Dorjee, Epidemiologist/ Director, KGUSMB - Chair
2. Dr. Sonam Wangchuk, Head, RCDC -Vice Chair
3. Dr. RB Gurung, CLO, NCAH
4. Dr. Karma Rinzin, Chief Veterinary Officer, DoL
5. Mr. Rinzin Jamtsho, Chief Program Officer, CDD
6. Mr. Kinley Dorji, Chief Program Officer, EMSD
7. Dr. Lobzang Dorji, Technical Officer, WHO
8. Dr. Sangay Rinchen, NCAH
9. Dr. Kinley Penjor, BAFRA
10. Mr. Binay Thapa, CLO, RCDC
11. Dr. Tshokey Microbiologist, JDWNRH
12. Dr. Tandin Zangpo, OSA, DoPH
13. Mr. Kencho Wangdi, Technical Officer, WHO
14. Mr. Sonam Wangdi, Technical Officer, WHO
15. Mr. Ugyen Tshering, Program Officer, EMSD
16. Ms. Jamyang Choden, IHR National Focal Point

Terms of References for TAG:

- a. Provide technical guidance to the HEMC for health emergency management
- b. Develop, review and update on outbreak, epidemic or pandemic situation (national & global)
- c. Review and recommend the requirement of emergency equipment, medicines and supplies for health emergency management
- d. Conduct risk assessment and management on the event
- e. Review and recommend health emergency and disaster plans, guidelines, and SOPs
- f. Any other technical task assigned by the HEMC

3.1.5 OUTBREAK INVESTIGATION & SURVEILLANCE

Dr. Sonam Wangchuk, Head, RCDC Team leader

A. Team Composition:

i. Outbreak Investigation Team:

1. Mr. Tandin Dorji, Chief, HCDD, DMS- Co-leader
2. Dr. Tandin Zangpo, One Health Epidemiologist, DoPH
3. Mr. Jit Bdr Darnal, CO/ Field Epidemiologist
4. Mr. Pemba, Laboratory Officer, EMTD, DMS

ii. Surveillance Team

1. Mr. Rixin Jamtsho, CPO, CDD, DoPH
2. Mr. Binay Thapa, CLO, RCDC
3. Ms. Lila Maya Adhikari, LO, RCDC
4. Ms. Kinley Gyem, LO, RCDC
5. Mr. Karchung Tshering, LO, RCDC
6. Mr. Pema Chopel, LO, RCDC
7. Mr. Kinley Dorji, HMIS, PPD
8. Ms. Pema Yangzon, PO, HCDD
9. Ms. Passang Dema, EMSD

Co-opt members at Team Leader's discretion

B. TERMS OF REFERENCE:

- Provide regular update to HEMC on surveillance activities, and outbreak investigation activities in the field level
- Assess and provide technical backstopping for surveillance activities, and outbreak investigation activities
- Coordinate and implement surveillance activities, and outbreak investigation at national level
- If requested/needed, mobilise national level experts for surveillance activities, and outbreak investigation including confirmation of the outbreak
- Review, verify, and advise the disease investigation and control measures implemented by DHRRT
- Develop guideline for surveillance activities, and outbreak investigation and submit to TAG
- Recommend additional resources for rapid response including supplies and medicines
- Make a detailed investigation report with recommendations for follow up by the concerned authorities.

3.1.6 CLINICAL MANAGEMENT

A. Team composition

1. Dr. Gosar Pemba, Medical Superintendent, JDWNRH - Team Leader
2. Dr. Tshokey, Microbiologist, JDWNRH- Co-Team Leader
3. Dr. Pema Chuki, Pharmacologist, JDWNRH

4. Dr. Gaki Nima, Chest Physician, JDWNRH
5. Dr. Kezang Namgyal, Medical Specialist, JDWNRH
6. Dr. Mimi Lhamo Myanak, HOD, Pediatrician, JDWNRH
7. Dr. Kipchu Tshering, Pharmacologist/Sr. Lecturer, KGUSMB
8. Dr. Sona Pradhan, Emergency Physician, ED, JDWNRH

Co-opt members at Team Leader's discretion

B. Terms of References:

- Provide regular update to HEMC on the readiness of the contingency plan related to case management, and isolation
- Review and adapt evidence based clinical management guidance for COVID-19
- Maintain and update report to HEMC on the number of cases, hospitalized, recovered and deaths
- Assess and appraise the need to mobilize surge capacity (HR, medical supplies and facilities)
- Review and update guideline and SOPs for triage, case management, and isolation
- Advise and provide technical backstopping on patient triage, case management, infection control measures, and isolation
- Identify alternate site(s) for case management, in case the primary site is inaccessible or unsafe or if the health facility is overwhelmed

3.1.7 QUARANTINE & ISOLATION

Team Composition

1. **Dr. Pandup Tshering - Team Leader**
2. Mr. Kinley Dorji, CPO, EMSD
3. Mr. Sonam Wangda, DCPO, HCDD
4. Dr. Chenchu Dorji, CMO, Gidakom
5. Ms. Pem Zam, DCPO, HCDD
6. Mr. Karma Jurmin, SPO, HCDD
7. Mr. Sonam Dorji, APO, EMSD
8. Ms. Choney Wangmo, APO, HCDD
9. RPB Personnel

Co-opt members at Team Leader's discretion

Terms of References:

- Provide regular update to HEMC on the readiness of the quarantine management
- Maintain and update report to HEMC on number of people quarantine, quarantine places and compliance

- Appraise issues and recommendations related to the quarantine management to HEMC
- Review and update guideline and SOPs for quarantine management
- Advise and provide technical backstopping on quarantine management

3.1.8 RISK COMMUNICATION

A. Team Composition:

1. ***Dr. Karma Lhazeen, Director, DoPH- Team leader***
2. Ms. Tashi Yangchen, CPO, HPD
3. Ms. Yeshey Pelden, APO, CDD, DoPH
4. Mr. Tashi Tshering, IMO, HPD
5. Ms. Sonam Wangchuk, SPO, HPD
6. Mr. Tshering Gyeltshen, IMO, HPD
7. Mr. Ugyen Norbu, IMO, HPD
8. Mr. Ugyen Tshering, PO, EMSD
9. Mr. Trashi Phuntsho, Sr. ICTO, DoS
10. Mr. Tshewang Dorji, CA, HPD- Secretariat

Co-opt members at Team Leader's discretion

B. Terms of References:

- Provide regular update to HEMC on the status of risk communication
- Develop and disseminate relevant risk communication materials
- Conduct periodic awareness through talk show, announcement, and social media
- Manage and verify the rumors and misinformation
- Produce and disseminate timely press releases and information including FAQ
- Arrange and coordinate the press conferences
- Conduct daily media monitoring
- Update website and MoH's social media platforms

3.1.10 MEDIA MANAGEMENT

A. Team Composition:

1. ***Mr. Tashi Penjore, Chief, PPD- Team leader***
2. Mr. Garab Dorji, Chief ICT, ICTD, DOS
3. Ms. Tashi Yangchen, Chief, HPD
4. Mr. Tandin Dhendup, Sr. PO, PPD
5. Ms. Sonam Yangchen, NPO, WHO CO

6. Ms. Kinley Wangmo, Media Officer, PMO
7. Ms. Deepika Adhikari, Sr. LO, EMTD
8. Ms. Yeshey Peldem, APO, DoPH

Co-opt members at Team Leader's discretion

3.1.10 LOGISTIC FOR MEDICAL SUPPLY & INFRASTRUCTURE

A. Team Composition:

1. ***Mr. Rinchen Dorji, DG, DOMSHI- Team leader***
2. Mr. Chimi Tshewang, Chief, MSPD
3. Mr. Bhakta Acharya, Chief, MSDD
4. Mr. Tashi Penjore, Chief, BMED,
5. Mr. Chengay, Chief, HIDD, DOMSHI
6. Mr. Ugyen Tashi, DCPO, EMTD, DMS
7. Ms. Pem Zam, PA, HCDD, DMS
8. Mr. Som Bdr Darjee, MSQU, DMS

Co-opt members at Team Leader's discretion

B. Terms of References:

- Compile, review and recommend the requirement of equipment, supplies and other materials
- Provide regular update to HEMC on the status of logistic and supplies
- Maintain up to date inventory of equipment, supplies and other materials required to effectively respond to health emergency or disaster
- Ensure availability and timely supply of adequate medical supply
- Develop standard for building disaster resilient infrastructure
- Liaise with other agencies (RBP/Dzongkhag) for additional vehicle if required

3.1.11 FINANCE & OPERATIONAL LOGISTIC

A. Team Composition:

1. ***Mr. Tenzin Chopel, Director, DOS- Team leader***
2. Ms. Chening Pelden, CFO, DOS
3. Sangay Thinley, CHRO
4. Mr. Sonam Tashi, Finance Officer, DOS
9. Tshering, Adm Asst, DoD

Co-opt members at Team Leader's discretion

B. Terms of References:

- Explore and mobilize necessary financial arrangement for the emergency management
- Provide regular update to HEMC on the status of financial arrangement and expenditure

- Assess and compile proposed budget requirement from the sections under HEMC
- Maintain proper record of all financial expenditures occurred during the emergency management and recovery phase
- Delegate administrative and financial authorities to work in emergencies with minimum procedure under overall guidance and supervision of the designated officials
- Responsible for arrangements for adequate food/water supplies at the incident

4 PREPAREDNESS MEASURES

4.1 SURVEILLANCE

As part of the preparedness plan, the following surveillance activities will be carried out:

- Enhance existing National Early Warning Alert & Response and Surveillance (NEWARS) by Royal Center for Disease Control (RCDC)
- Enhance existing Influenza-Like Illness (ILI) and Severe Acute Respiratory Infection (SARI) at the Points of Entry (PoEs), district hospitals, and regional and national referral hospitals
- Update ILI and SARI cases from PoE's hospitals on a daily basis and ILI and SARI cases from NEWARS by RCDC

4.2 SURVEILLANCE CASE DEFINITION FOR HUMAN WITH COVID-19

For practical purpose, the following case definitions will be used. However, this definition is subjected to change with evolving disease epidemiology.

Suspected Cases:

- a) Any individual with fever OR signs/symptoms of a lower respiratory tract illness (e.g., cough or shortness of breath) with or without requiring hospitalization AND a travel history to affected places/countries within last 14 days of onset of symptoms
- b) Any individual including health worker with fever OR signs/symptoms of a lower respiratory tract illness (e.g., cough or shortness of breath) with or without requiring hospitalization AND close contact of confirmed case/s or travelers from affected places/countries within last 14 days of onset of symptoms
- c) A patient with severe acute respiratory infection (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness of breath) AND requiring hospitalization AND with no other etiology that fully explains the clinical presentation

Confirmed Cases:

- a) Any suspected case as defined above with laboratory confirmation by Real Time PCR assay

4.3 SCREENING AT THE POINTS OF ENTRY (POEs)

4.3.1 SCREENING AT AIRPORTS

- All arriving passengers shall fill the Health Declaration Form (HDF) in both the airlines
- All passengers are required to submit the HDF to the security/health worker at the entrance of the arrival terminal
- All passengers shall be required to pass through an infrared fever scanner on arrival
- If flagged by the fever scanner or passenger has ticked “Yes” to any risk-based questionnaires in the HDF, the passenger will be escorted to the Health Screening Room (HSR) and subjected to further investigation
- Any case fulfilling COVID-19 “**suspected**” case definition shall undergo case investigation and sample collection at the Patient Holding Area at the airport (*Case investigation and sample collection form for COVID-19*)
- Any suspected case will be kept under isolation until laboratory confirmation
- On a daily basis the District Health Officer/Chief Medical Officer of Paro shall report the following to the Epidemiological Unit, RCDC:
 - the number of people screened
 - the number of people with fever and/or signs/symptoms of lower respiratory illness

4.3.2 CASE FINDINGS AND REPORTING AT THE AIRPORT

Following procedures shall be used for case finding and reporting at the airport (**Figure 1**).

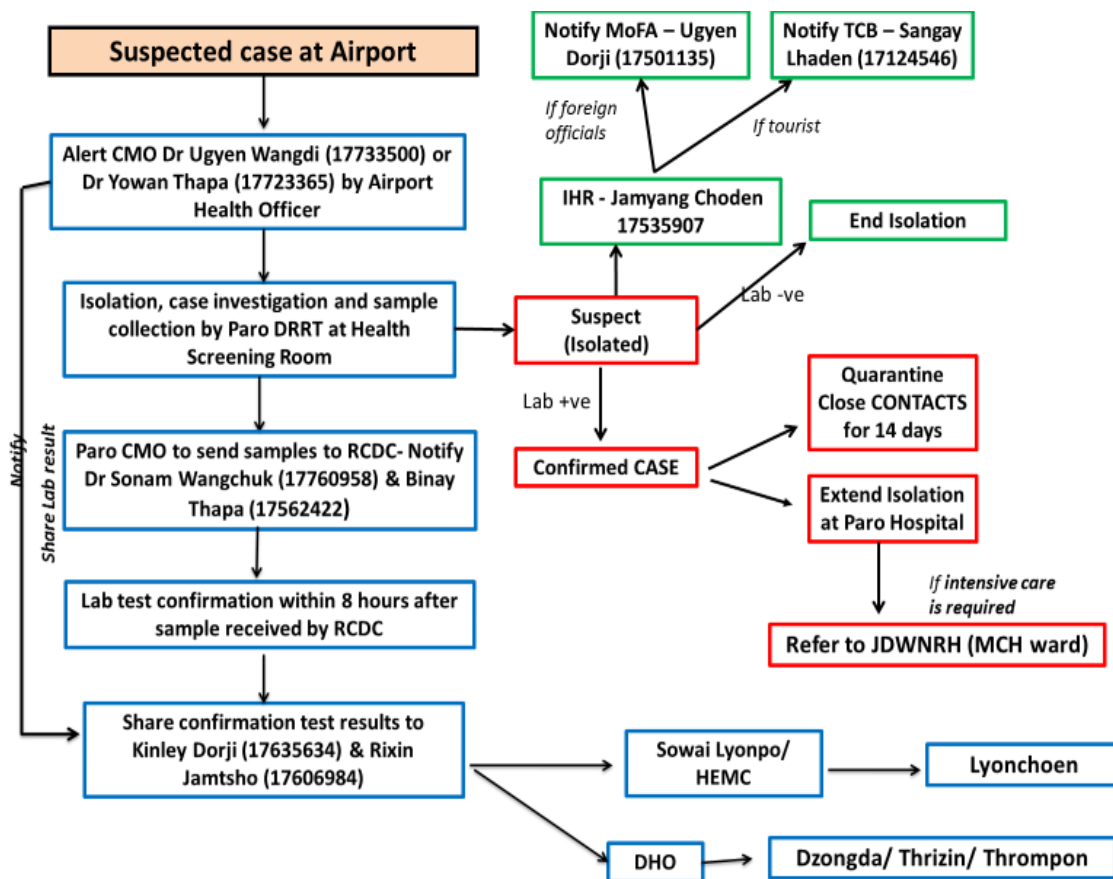


Figure 1: Flowchart for COVID-19 surveillance, sample shipment and case reporting and management at Paro International Airport

4.3.3 SCREENING AT GROUND CROSSINGS (LAND)

- All commuters entering the country shall be screened for fever with a hand-held/computer based thermal scanner
- If flagged by the fever scanner, the person will be subjected to further investigations.
- Any case meeting *COVID-19* “**suspected**” case definition shall be sent to the PoEs hospital for isolation, case investigation and sample collection (*Case investigation and sample collection form for COVID-19*)
- Any suspected case will be kept under isolation until the laboratory confirmation
- On a daily basis the respective DHOs at the PoEs shall report the following to the Epidemiological Unit, RCDC:
 - the number of people screened
 - the number of people with fever and/or signs/symptoms of lower respiratory illness

4.3.4 CASE FINDINGS AND REPORTING AT THE POINTS OF ENTRY (GROUND)

Following procedures shall be used for case finding and reporting at the different points of entry (Figure 2).

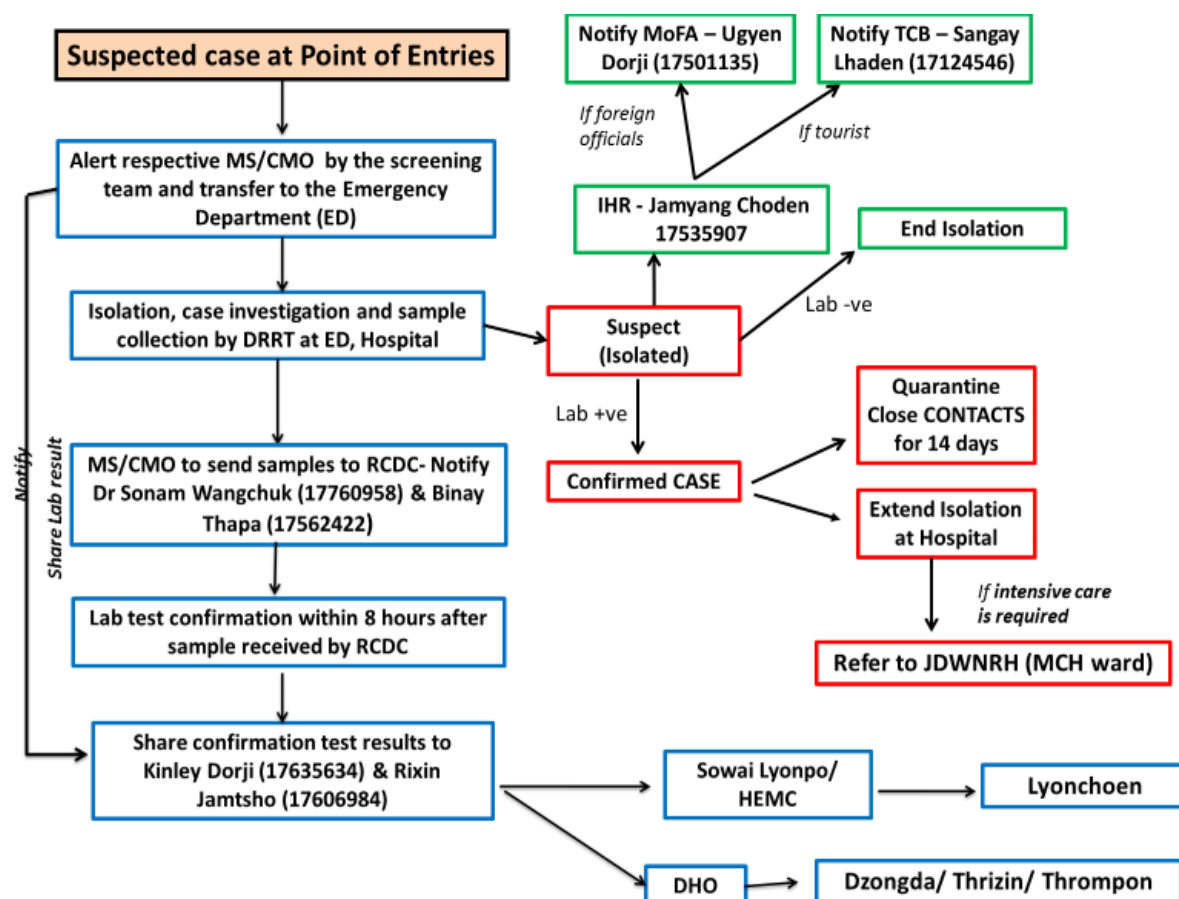


Figure 2: Flowchart for COVID-19 surveillance, sample shipment, case reporting & management at PoEs

4.3.5 CASE FINDINGS AND REPORTING AT THE HEALTH CENTERS

Following procedures shall be used for case finding and reporting at the hospital level as reflected in the following figure (Figure 3):

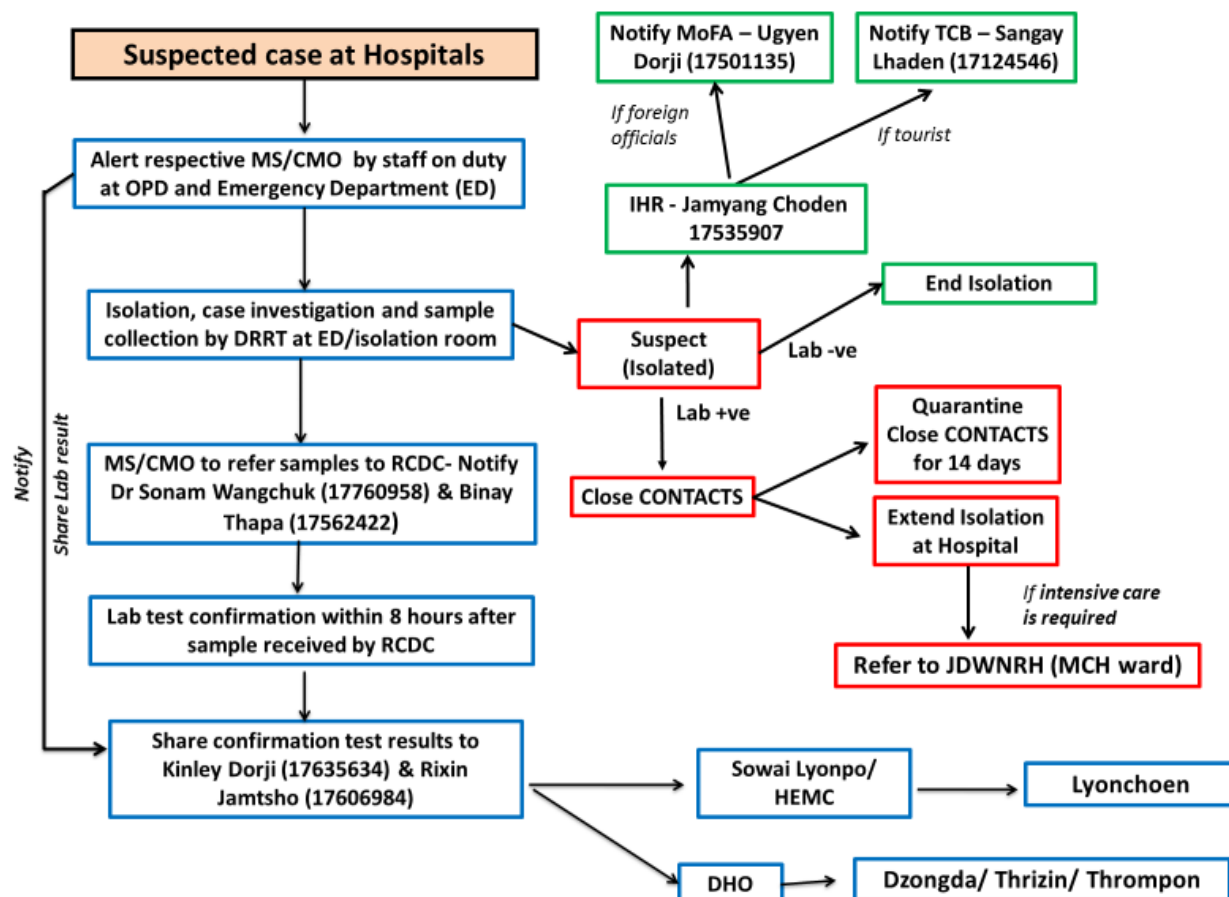


Figure 3: Flowchart for COVID-19 surveillance, sample shipment, case reporting & management at hospitals

The Screening Protocol for People with Respiratory Illness to detect COVID-19 for JDWNRH is attached in *Annexure 7*.

4.3.6 SAMPLE COLLECTION AND TRANSPORTATION

Designated health staff shall collect all required samples, store and handle with appropriate infection control measures (*Refer “Interim guideline on sample collection, storage, packaging and shipment of COVID-19 suspected patients”*). Samples from Paro Hospital will be shipped to RCDC using the utility van or ambulance. Samples from other PoEs (Phuntsholing, Gelephu, Samtse, Samdrup Jongkhar, Sipsoo, Nganglam, Gomtu, Panbang, Lhamoizhingkha, Jomotshangkha and others) will be airlifted during the outbreak of COVID-19.

4.3.7 LABORATORY TESTING

Specimens shall be processed at the RCDC in appropriate laboratory biosafety level as per the prescribed WHO standards and testing guideline algorithm.

The team has been identified to perform the test until the COVID-19 infection is no longer a public health concern (*as attached in Annexure 3*).

5 OUTBREAK RESPONSE

As soon as the COVID-19 infection is confirmed by laboratory testing by the RCDC, the National Rapid Response Team (NRRT) and District Rapid Response Team (DRRT) from the affected district(s) shall be immediately activated upon the command of HEMC.

The contact details of NRRT and DRRT are provided in the *Annexure 1*.

5.1 OUTBREAK INVESTIGATION

The suspect case investigation will be carried out using the “*Case investigation and sample collection form*” at the PoEs/Hospitals.

If a case of 2019-COVID-19 is confirmed, a group of experts comprised of epidemiologist, laboratory specialists, clinicians from the National Rapid Response Team will investigate and follow up the case using the recommended WHO standards for First Few Cases (FFX): Cases and Control Investigation Protocol for COVID-19 forms maintained separately by the team.

The RRTs shall conduct investigation as follows, regardless of the number of cases:

5.2 CASE INVESTIGATION

Any person fulfilling the surveillance case definition will be subjected to investigation. The case investigation and sample collection form for COVID-19 (*Annexure 6*) shall be used for this.

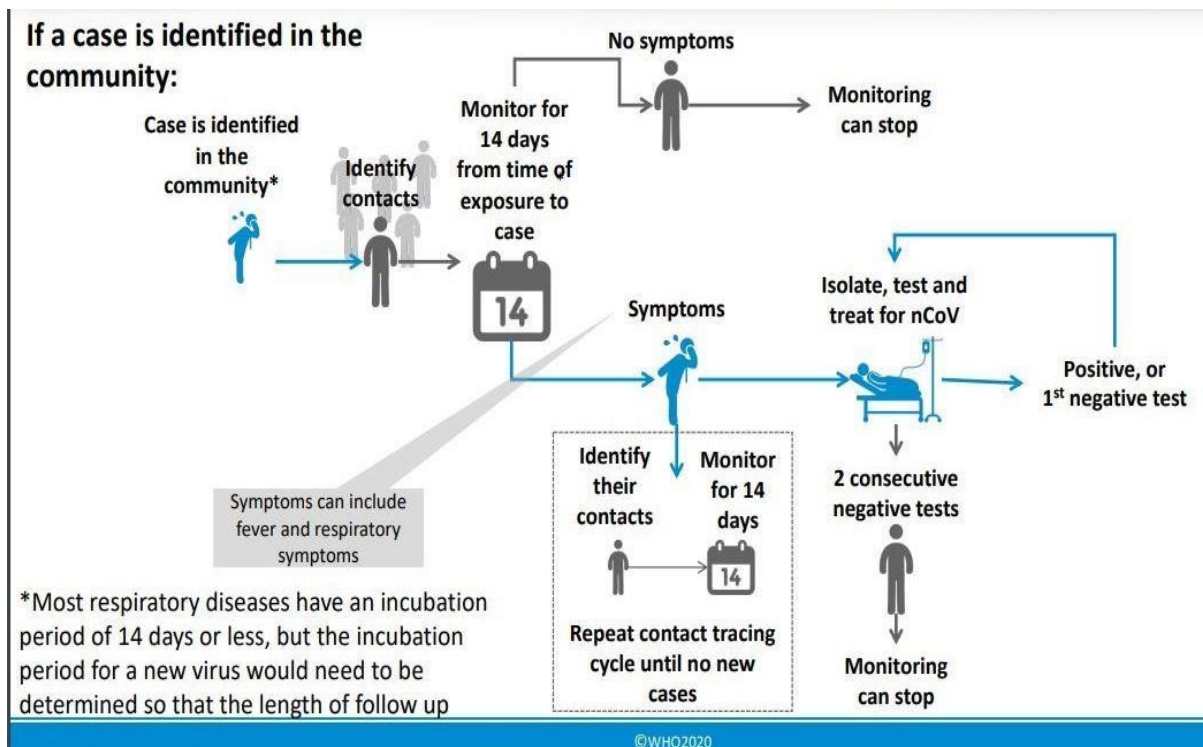
5.3 CONTACT TRACING

Contact tracing shall be done for all close contacts of the confirmed case and samples shall be collected and tested as for suspected cases. The Contact Tracing form (*Annexure 10*) shall be used for this.

5.3.1 CONTACTS OF CONFIRMED CASES IN OPD

- identify and list contacts
- monitor the case for 14 days
 - symptomatic: isolate, test and treat for COVID-19
 - asymptomatic: stop monitoring

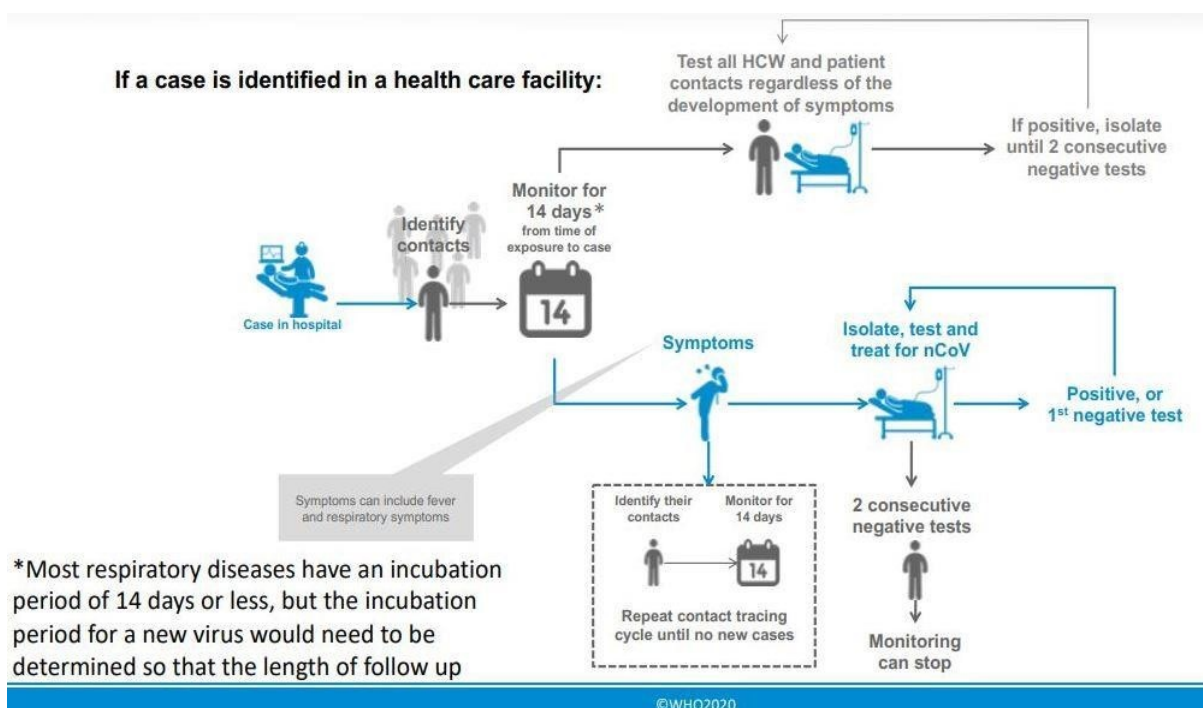
Figure 5: Contact tracing and follow-up as per WHO guideline if case is identified in community/OPD



5.3.2 CONTACTS OF CONFIRMED CASE IN HOSPITALIZED PATIENTS

- identify and list contacts
- monitor the case for 14 days
 - test all healthcare workers and patient contacts regardless of the symptoms
 - symptomatic: isolate, test and treat for COVID-19

Figure 6: Contact tracing and follow-up as per WHO guideline if case is identified in the hospital



5.4 ACTIVE CASE FINDING

Active case finding will be conducted in the following:

- The community/locality from where the confirmed cases were detected for a period of 10 days.
- The hospital where confirmed cases have been admitted for period of 10 days

5.5 ISOLATION AND QUARANTINE

5.5.1 HOSPITAL ISOLATION

- All suspected cases detected at the Paro airport should be notified to the CMO, Paro Hospital
- Paro DHRRT investigate the suspected case, collect sample and submit to RCDC and isolate the case until the lab results are available
- If the sample from the suspected case tests positive, the isolation period shall be extended and managed as a COVID-19 case in the designated cabins/isolation ward
- Severe confirmed cases from the POEs and hospitals shall be evacuated to JDWNRH if needed intensive care
- If the sample from the suspected case tests negative, isolation shall be terminated and followed up for 7 days from the date of release
- The confirmed cases shall be managed as per the Clinical Management Guideline (Refer: “Guideline on the Clinical management of severe acute respiratory infection when novel coronavirus (COVID-19) infection is suspected”).

5.5.2 QUARANTINE

a. Quarantine measures at PoE

- All close contacts of a suspected case shall be quarantined in the designated place at PoE until the laboratory test results are available
- If suspected case tests positive, quarantine for the close contacts shall be extended for 14 days in the designated place
- If suspected case tests negative, quarantine for the close contacts shall be terminated and followed up for 7 days from the day of release

b. Quarantine measures at schools, colleges and other similar institutions (monastics, nunnery, etc)

- If a case is confirmed in any of these institutions, all the close contacts of this case shall be quarantined in the institution only for 14 days from the date of confirmation of a positive case.
 - If a case is confirmed in a day-school or college, the school or college shall be closed immediately, and their close contacts shall be quarantined at their home for 14 days from the date of confirmation of a positive case.
- c. Quarantine measures for a case confirmed at a community
- If multiple cases are confirmed from community or communities, and the extent of the outbreak large, the whole of community or communities shall be placed under quarantine (lock down) for 21 days from the last confirmed case.

For more details on quarantine, refer “***Protocol for Quarantining people for COVID-19***” in ***Annexure 8***.

5.6 CASE MANAGEMENT

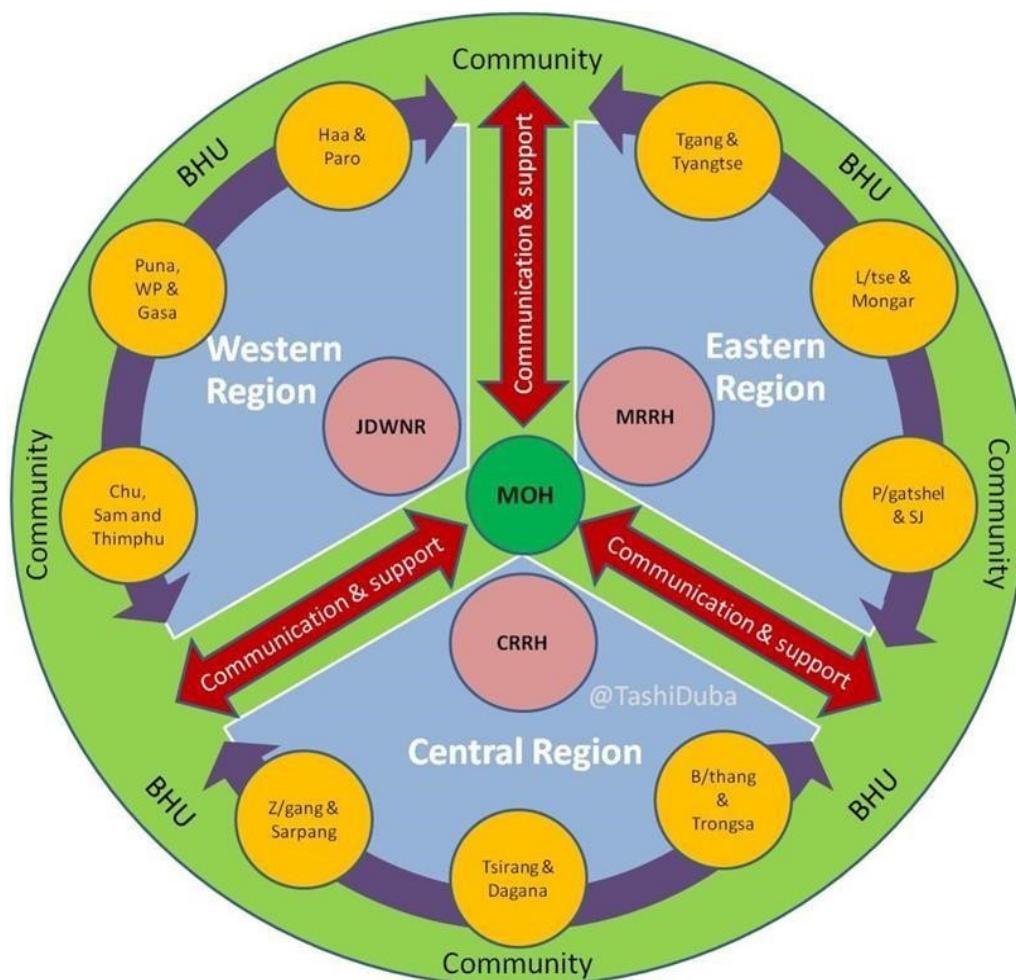
The COVID-19 infection may present with mild, moderate, or severe illness; the latter includes severe pneumonia, ARDS, sepsis and septic shock. The case management will be done in the isolation room by DRRT as per the WHO “Guideline on the Clinical management of severe acute respiratory infection when novel coronavirus (COVID-19) infection is suspected”.

6 MEDICAL SURGE CAPACITY

If any of the affected hospital is overwhelmed with the event, the deployment of health capacity shall be as per the following mechanism of medical surge capacity. The list of RRTs are as attached in Annexure 1. 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)

In case of medical supplies, the “**SOP for Medical Supply in Emergency**” shall be followed.



7 INFECTION CONTROL MEASURES

7.1 HAND HYGIENE

Hand washing with soap and water or alcohol hand-rub should be performed as per processes described in the *National Infection Control and Medical Waste Management Guideline 2018* and SOPs at different units of the hospitals.

7.2 PERSONAL PROTECTIVE EQUIPMENT (PPE)

Appropriate PPEs should be worn at different contact episodes or procedures, as follows:

Sl.No	Type of PPE	PPE Content	Where to use
1	Basic PPE	Infrared Thermometer, digital Surgical Gloves and Surgical Mask	Point of Entry (POE)
		Infrared Thermometer, digital Surgical Gloves, Surgical Mask, unsterile Surgical Gown full sleeve, Surgical cap & N95 Mask	Screening suspected cases
2	Advanced PPE	Coverall (Tyvek), N95 Mask, Surgical, Goggles or Face Shield, Shoe Cover, Sterile gown & surgical hood while performing invasive procedures	Confirm / clinical case management
3.	PPE for support staff	Surgical cap , Surgical Gloves, Surgical Mask or N95, Unsterile gown, Gumboot, Utility gloves, Goggles/Face shield and Plastic Apron.	Cleaning purpose

7.3 DISINFECTION AND DECONTAMINATION

- For cleaning the environment, use 0.1% bleaching/chlorine solution
- For decontamination, use 0.5% bleaching solution/chlorine solution

For preparation of these solution, refer “Infection Control and Medical Waste Management Guideline, 2018.”

Disinfection and decontamination of the aircraft (when a suspected case has flown in that flight is confirmed for 2019-COVID-19 by lab test) will be done as per the “**Public Health Emergency Preparedness Plan for Paro International Airport**”. The disinfectants most commonly employed are sodium hypochlorite diluted to strength of 100mg/L and a 5% solution of formalin.

7.4 TRANSMISSION BASED OR ADDITIONAL PRECAUTIONS

These are additional standard precautions in patients suspected to be infected with highly transmissible pathogens. They are used when the routes of transmission are not completely interrupted by using the standard precautions alone.

Additional precaution includes:

- Precaution for airborne infection
- Precaution for droplets infection
- Precaution for contact transmitted infection (direct and indirect)

*These precautions should be implemented on individual patient case scenario, as per the **Infection control and Waste Management Guideline 2018***

8 HANDLING OF COVID-19 INFECTED DEAD BODY IN HEALTHCARE FACILITY

Dead body is potentially infectious and “STANDARD PRECAUTION” should be implemented for every case, as applied to the living patient.

To minimize the risk of transmission of known and unsuspected infectious disease, cadavers should be handled in such a way that worker’s exposure to blood, body fluid and tissues is reduced.

For detail refer to Infection Control and Medical Waste Management Guideline 2018

9 WASTE DISPOSAL

- All waste generated from this event should be treated as infectious wastes.
- These wastes need to be segregated at source, using color-coding bins, with biohazard bag lining
- Waste bags should be removed when the bag is $\frac{3}{4}$ full after sealing properly
- All waste generated in the isolation room/area should be removed from the room/area in suitable containers or bags that do not allow for spillage or leakage of contents.
- One layer of packing is adequate providing the used equipment and soiled linen and waste can be placed in the bag without contaminating the outside of the bag.

- Double bagging is unnecessary.
- When transporting waste outside the isolation room/area, use gloves followed by hand hygiene.
- Infectious wastes should be autoclaved and rendered non-infectious or incinerated
- Liquid waste such as urine or feces can be flushed. Close toilet cover when flushing feces.

10 PATIENT REFERRAL

As far as possible, the suspected patients **should not be transported or referred** between health centers to prevent unnecessary exposure of health workers and general public.

However, when clinically necessary patient should be referred to higher centers. In such case, patient should be transported by air or land ambulance depending on the clinical condition of the patient.

The BEAR team should be equipped with appropriate PPE.

11 MEDIA SPOKESPERSONS

- At ministry level, Hon'ble Health Minister and Health Secretary shall be the Media Spokesperson as the Incident Commander(s)
- In absence of Incident Commander(s), the Head of Department of Medical Services or Department of Public Health will act as a Media Spokesperson
- The Chair and Vice-Chair of TAG shall also serve as the media spokesperson whenever needed
- At regional referral hospitals, Medical Superintendents shall act as a media spokesperson
- At District level, DHOs shall act as media spokespersons

12 RISK ASSESSMENT

The risk assessment for 2019-COVID-19 shall be conducted and reviewed as and when required by the Technical Advisory Group (TAG).

13 CAPACITY BUILDING

The training and sensitization on following topics shall be given as per the needs of the health facilities:

- National Preparedness and Response Plan on 2019 n-CoV
- Infection control and waste management
- Clinical management of patients
- Patient transport
- Sample collection

ANNEXURE 1: CONTACT DETAILS OF TECHNICAL ADVISORY GROUP FOR COVID-19

Sl no	Responsible officials	Designation	Mobile No.
1	Dr. Sithar Dorjee	Epidemiologist, KGUSMB	17954713
2	Dr. Sonam Wangchuk	Head, RCDC	17760958
3	Mr. Binay Thapa	CLO, RCDC	17652422
4	Dr. Tshokey	Microbiologist, JDWNRH	17589485
5	Mr. Rixin Jamtsho	CPO, CDD	17606984
6	Mr. Kinley Dorji	CPO, EMSD	17635634
7	Dr. Tandin Zangpo	OSA, MoH	17828860
8	Dr. Lobzang Dorji	NPO, WHO CO	17807836
9	Mr Kencho Wangdi	NPO, WHO CO	77437056
10	Mr. Sonam Wangdi	NPO, WHO CO	17777419
11	Ms. Yeshey Pelden	PO, ZDCP, CDD	77357366
12	Ms. Jamyang Choden	PO, IHR, EMSD	17535907
13	Mr. Ugyen Tshering	PO, EMSD	17500270

ANNEXURE 2: CONTACT DETAILS OF NATIONAL RAPID RESPONSE TEAM (NHRRT)

Sl no	Responsible officials	Designation	Mobile No.
1	Dr. Sonam Wangchuk	Head, RCDC	17760958
2	Dr. Gaki Nima	Chest Physician	77452566
3	Dr. Tandin Zangpo	OSA, MoH	17828860
4	Mr. Jit Bdr. Dharnal	CO, RCDC	17965195
5	Dr. Tshokey	Microbiologist, JDWNRH	17589485
6	Mr. Ugyen Tshering	PO, EPR, EMSD	17500270
7	Ms. Yeshey Pelden	PO, ZDCP, CDD	77357366
8	Ms. Lila Maya Adhikari	Sr. LO, RCDC	77365669
9	Ms. Kinley Gyem	Sr. LO, RCDC	17799364
10	Mr. Karchung Tshering	DCPO, RCDC	77822365
11	Mr. Pema Chophel	Sr. LO, RCDC	17866818
12	Dr. Chencho Dorji	CMO, Gidakom Hospital	17296890

ANNEXURE 3: CONTACT DETAILS OF NATIONAL LABORATORY TEAM (AT RCDC))

Sl no	Name	Designation	Contact no
1	Dorji Wangchuk	Laboratory Officer	77254485
2	Adeep Mongar	Laboratory Officer	17287560
3	Kunzang Dorji	Laboratory Officer	17445513
4	Kinley Penjor	Laboratory Officer	17606959
5	Vishal Chhetri	Laboratory Officer	17822830
6	Mashchimaporo Songsang	Laboratory Officer	17546791
7	Pabitra Bhujel	Laboratory Officer	17643993
8	Binay Thapa	Laboratory Officer	17562422
9	Dorji Tshering	Laboratory Officer	17613570
10	Ugyen Dorji	Laboratory Officer	17480700

11	Sonam Gyeltshen	Laboratory Officer	17488598
14	Tenzin Dorji	Laboratory Officer	17604432
15	Sangay Zangmo	Laboratory Officer	17336964
16	Sangay Dorji	Laboratory Officer	
17	Sonam Pelden	Laboratory Officer	17164120

ANNEXURE 4. LIST OF HEALTH CARE WORKERS WITH CONTACT NUMBER FOR CASE MANAGEMENT, RAPID RESPONSE TEAM AND ISOLATION ROOM TEAM.

ANNEX 4A. LIST OF DOCTORS AND NURSES IDENTIFIED FOR THE COVID-19 ISOLATION WARD AT JDWNRH

Team 1

Sl. no	Department	Name Doctors	Contact no	Remark
1	Emergency department	Dr. Sona Pradhan Dr. Ugyen Tshering Dr. Melina Dr. Shankar & GDMOs	17890633 17545463 77858238 77858231	When patient comes to the isolation ward these will doctors attend the patients on rotation
3	Critical care	Dr. Kezang Namgyal Dr. Gary Kuniyoshi	17970141 17257201	They will attend patients in isolation on rotation basis
3	Medical	Dr. Sonam Yangchen Dr. Minjur Dorji Dr. Sunanda Pradhan	17828385 17880100 17290900	These doctors will take care of the patient in the isolation.
	Wards	Name of Nurses	Contact no	
4	Medical	Chandra Bdr Limbu, SN	17956877	Theses Nurses will be placed in isolation ward for (COVID-19) and work in shift basis as per the duty roster prepared
	Medical	Sonam Pemo, SN	17888929	
	Cabin	Tashi Lhendup, SN	17435425	
	Orthopedic	Lachi Maya Tamang SN	77221809	
	Pediatric	Lundum, S/N	77279385	
	AICU	Tshering Dolkar, C/N	77445566	
	NICU	Ugyen Dorji, S/N	77783902	
	Dialysis	Sonam Peldon S/N	17921984	
	EENT	Kumar Khanal, C/N	77865020	
	Maternity	Yangchen Lhamo, S/N	17497419	
	Birthing	Sangay Zangmo, S/N	17162213	
	AICU	Dorji Lethro, SN	17257820	
	AICU	Kunzang Wangchuk, SN	17719434	
5	Support Staff	Rinchen Tshechu	17346080	They will work on shift basis as per the prepared roster
		Aita Moti Limbu	17821374	
		Amber Ghalley	17380545	
		Tashi Choki	17452118	
		Tshering Zam	17761690	
6	Drivers	Sarbajit	17625290	Will work on rotation
		Mon Bahadur	17769696	
		Nima Tshering	17821403	
		Sherab Pheljay	17955603	

		Pema Kunzang	77321270	
Sl. no	Department	Name Doctors	Contact No	Remark
1	Emergency department	Dr. Sona Pradhan Dr. Ugyen Tshering Dr. Melina Dr. Shankar & GDMOs	17890633 17545463 77858238 77858231	When patient comes to the isolation ward these will doctors attend the patients on rotation
3	Critical care	Dr. Kezang Namgyal Dr. Gary Kuniyoshi	17970141 17257201	They will attend patients in isolation on rotation basis
3	Medical	Dr. Sonam Yangchen Dr. Minjur Dr. Sunanda	17828385 17880100 17290900	These doctors will take care of the patient in the isolation ward with (nCoV) on rotation
	Wards	Name of Nurses	Contact No	
4	Dialysis	Pema Choden	17341745	Theses Nurses will be placed in isolation ward for (nCoV) and work in shift basis as per the duty roster prepared
	Orthopedic	Leki Chomba	17695806	
	Surgical	Tshering Yangzom	17554767	
	PICU	Karma Lhamo	17564460	
	ER	Karma Yangchen	17313951	
	Neonate/KMC	Gyembo Dorji	17531318	
	Psychiatric	Kinley Zangmo	17668216	
	Pediatric	Susmita Sanyasi	17308003	
	AICU	Namgay Choden	17793768	
	AICU	Dechen Wangdi	17395775	
	AICU	Sonam Lhamo A	17639350	
	Cabin	Dorji Tashi	17125827	
5	Support Staff	Sangay Chenam	17880937	They will work on shift basis as per the prepared roster
		Sovit Tamang	17892208	
		Dil bahadur Tamang	17639895	
		Dendup Tamang	77740088	
		Yeshe Dema	17856574	
6	Drivers	Sarbajit	17625290	Will work on rotation
		Mon Bahadur	17769696	
7	Laboratory staff	Tashi Choden	17140460	Will work on rotation
		Nima Tshering	17821403	
		Sherab Pheljay	17955603	
		Pema Kunzang	77321270	

Team 2

Backup team for JDWNRH shall be mobilized from following hospitals:

1. Gidakom Hospital
2. Punakha Hospital
3. Wangdue Hospital

ANNEX 4B. PARO HOSPITAL: CASE MANAGEMENT TEAM AND ISOLATION TEAM

Sl. No	Name	Designation	Contact No
1	Dr. Ugyen Wangdi	CMO	17733500
2	Dr. Yowaan Thapa	Medical Officer	17723365
3	Dechen Wangmo	Chief Nurse (Team Leader)	17658152
4	Tshering Dorji	Technologist	
5	Ngawang Dorji	Staff Nurse	17708410
6	Tandin Wangdi	Staff Nurse	17396679
7	Pema Yangzom	Staff Nurse	17515424
8	Pema Wangda	Staff Nurse	17719175
9	Sanjay Kr. Pradhan	Staff Nurse	17637781
10	Tandin Wangdi	IC IF	17396679
11	Galley	Driver	

Annexure 4C: Paro Hospital: Rapid Response Team (RRT)

SI	RRT-1	Phone No.	RRT-2	Phone No.
1	Dr.SandeepSanyasi(TL)	17945840	Dr. Tendri Wangchuk, (TL)	17712057
2	Phurpa Lhamo, AN	17622351	Rinchen Wangmo, SN	17622378
3	Choden Dukpa, AN	17605361	Leki Choden, SN	17455348
4	Padam Ghalley, SN	17779933	Dechen “B”, AN	77216268
5	Leki Dorji (OT)	17397578		

Back up team for Paro Hospital:

1. Haa Hospital
2. Tsimalakha Hospital

ANNEX 4D. PHUNTSHOLING HOSPITAL TEAM

i. Isolation room team

Sl. No.	Name	Designation	Contact Number
1	Sangay Tenzin	Clinical Nurse	17250940
2	Lekey Wangmo	Staff nurse	17685657
3	Kencho Zangmo	Staff nurse	17671401/17347954
4	Sherab zangmo	Staff nurse	17795710
5	Karma kelzang Dechen	Staff nurse	17786379
6	Chimi wangmo	Staff nurse	17628804
7	Kinzang Choden	Staff nurse	17619538

ii. Phuntsholing Hospital: Rapid Response Team 1

Sl No.	Name	Designation	Contact number
1	Dr. Sangay Phuntsho	MO	17565440
2	Dema	EMT	17729618
3	Yonten Jamtsho	Staff Nurse	17753696
4	Tawpo	OT Tech	17452808
5	Raj Kumar	Driver	17662810/77662810
6.	Tshering Dorji, NA	OT	17387053/ 17373024

iii. Phuntsholing Hospital: Rapid Response Team 2

Sl	Name	Designation	Contact number
1	Gokarna Monger	NA	77641411/ 17639420
2	Youngba	Staff Nurse	17262990
3	Tshering Dhendup	Driver	17832050 / 77832050
4	Chandra Bdr Ghalley	Staff Nurse	17769716
5	Sangay Tenzin	Clinical Nurse	17250940

Backup hospitals for Phuntsholing hospital:

1. Gedu Hospital
2. Chukha Hospital
3. Khatekha Hospital

ANNEX 4E SAMDRUP JONGKHAR HOSPITAL TEAM**i. Isolation room team**

Sl. no.	Name	Designation	Contact Number
1	Ngawang Chopel	Staff Nurse	17820835
2	Thinley Jamtsho	Staff nurse	
3	Tshering Dorji	Staff nurse	
4	Deki	Staff nurse	17616694
5	Tshering Choki	Staff nurse	16904475
6	Lobzang	Staff nurse	17446605
7	Nari Maya	Sweeper	17559772

ii. Rapid Response Team 1

Sl No.	Name	Designation	Contact number
1	Dr. Kezang Wangdi	MO	17951848
2	Sonam Tashi	Clinical Nurse	17884232
3	Tshewang Penjor	EMT	17548969
4	Sita Maya	Staff Nurse	
5	Karma Choden	Lab Technician	
6.	Dorji Tshering	Driver	

iii. Rapid Response Team 2

Sl. no	Name	Designation	Contact number
1	Sherab	Clinical Officer	17689422
2	Chojey Zangmo	Staff Nurse	17357659
3	Sangay Wangchuk	Lab. Technician	17405306
4	Deo Kr. Gurung	EMT	17932803
5	Nima Cheda	Driver	17872218

Backup team for Samdrup Jongkhar hospital:

1. Dewathang Hospital
2. Riserboo Hospital
3. Pema Gatshel Hospital

ANNEX 4F. GELEPHU CRRH TEAM**i. Case Management Team**

Sl	Name	Designation	Contact Number
1	Dr. Sonam Zangmo	Medical Specialist	17954567
2	Dr. Thai Wangmo	GDMO	17451618
3	Amber Gurung	NS	17807684
4	Meejur lhamo	Lab technologist	17235599
5	Tshering Choden	Pharmacist	17642244
6	Phub Tshering	AdmO	17421160
7	Gyem Tshering	Security Incharge	17561998
8	Dr. Dorji Tshering	MS	17517821

ii. Rapid Response Team

Sl no	Name	Designation	Contact Number
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	Yeshe Wangdi	Driver	17629295

Back up team for Gelephu CRRH:

1. Sarpang Hospital
2. Yebilaptsha Hospital
3. Damphu Hospital

ANNEXURE 4G. SAMTSE HOSPITAL TEAM**i. Isolation Room Team**

Sl no	Name	Designation	Contact Number
1	Sha Bdr. Gurung	SN	17397079
2	Ugyen Lhamo	CN	17709283
3	Deki Om	CN	77208151

4	Tshering Yangchen	SN	17937813
5	Thukten Tshering	AN	17278425
6	Sangrup Tshering Lepcha	Ward Boy	17773480
7	Eden	Sweeper	17914441

ii. Rapid Response Team 1

Sl. no	Name	Designation	Contact No.
1	Dr. Karma Lhendup	MOI	17760212
2	Dr. Sonam Tobgay	GDMO	17564722
3	Lopzang Dorji	Ortho. Tech	17655787
4	Sha Bdr. Gurung	Staff Nurse	17397079
5	Buddha Kr. Rai	EMT	17655564
6	N.B. Gurung	Driver	17715938

iii. Rapid Response Team 2

Sl. No	name	Designation	Contact No.
1	Dr. Yeshey Zam	GDMO	77380612
2	Tshering Doya	Sr. HA	77780863
3	Tashi Dendup	SN	77403784
4	Dil Maya Rai	Sr. Lab. Tech	17697307
5	Wangdi	EMT	77105827
6	Jai Bdr. Chhetri	Driver	77284455

Backup Hospital for Samtse Hospital:

1. Sipso Hospital
2. Gomtu Hospital
3. Lhamoizhingkha Hospital

ANNEXURE 5. CONTACT DETAILS OF FOCAL POINTS AT THE ENTRY POINTS & JDWNRH

Contact Details of Focal Points at the Points of Entry					
Sl no	Name	Designation	Health facility	Dzongkhag or Drungkhag	Contact
1	Dr. Gosar Pempa	Medical Superintendent	JDWNRH	Thimphu	77107526
	Dr. Tshokey	Microbiologist		Thimphu	17589485
	Chimmi Lhamu	Dy. Nursing Superintendent		Thimphu	17896265
2	Dr. Ugyen Wangdi	CMO	Paro	Paro	17733500
	Dr. Yowaan Thapa	CMO		Paro	17723365
3	Dr. Thinley Pelzang	CMO	P/ling	P/ling	77391619
	Karma Wangchuk	ADHO		P/ling	17116037
	Sithar Dorji	CN		P/ling	17452640
4	Dr. Dorji Tshering	MS	CRRH	Gelephu	17517821
	Dr. Sonam Zangmo	MS		Gelephu	17954567
5	Dr. Karma Lhendup	CMO	Samtse	Samtse	17760212
	Dr. Sonam Tobgay	MO		Samtse	17564722
6	Dr. Galey Tenzin	MO	Gomtu	Samtse	17870960

7	Dr. Sharmila Kharki	MO	T/liling	T/liling	17342440
8	Dr. Kezang Dorji	CMO	S/jongkhar	S/jongkhar	77232566
	Dr. Kezang Wangdi	MO		S/jongkhar	17951848
9	Dr. Narayan Rizal	MO	J/tshangkha	J/shangkha	17286393
10	Dr. Chimi Dorji	MO	L/zingkha	Dagana	77620314
	Mr. Tenzin	ADHO		Dagana	17623121
11	Dr. Sonam Dolkar	CMO	Nganglam	Nganglam	17120956
12	Mr. Sangay Tshedup	CO	Pangbang	Panbang	17886259

ANNEXURE 6. CONTACT DETAIL FOR THE DRRT FOR SURGE CAPACITY

Sl No	Dzongkhag	Name	Heal Centers	Designation	Contact No
1	Bumthang	Jigme Kelzang	Bumthang	DHO	17606306
2	Bumthang	Dr. Chador Tenzin	Wandicholing Hosp.	CMO	17760477
3	Bumthang	Norbu Rinzin	Wandicholing Hosp.	Lab. Technologist	17829322
4	Bumthang	Sangay Pelzom	Wandicholing Hosp.	SN (Ward Incharge)	17745861
5	Chukha	Gopal Hingmang	Chukha	DHO	17608824
6	Chukha	Bhuma Devi Nepal	Tsimalakha Hospital	Lab tech	17811947
7	Chukha	Passang Tshering	Phuntsholing Dungkhag	DHO	17757814
8	Chukha	Dr. Thinley Pelzang	Phuntsholing Hospital	CMO	17264224
9	Chukha	Sonam wangchuk	Phuntsholing Hospital	LO	17962880
10	Chukha	Pema Choden	Phuntsholing Hospital	Adm ffcier	17854146
11	Chukha	Dr.Lethro ,	Phuntsholing Hospital	Ortho Surgeon	77822252
12	Chukha	Karma Gyeltshen,	Phuntsholing Hospital	Chief Nurse	17603295
13	Chukha	Kiran Gurung	Phuntsholing Hospital	Pharmacist	17489104
14	Chukha	Dr. Tej nath Nepal	Gedu Hospital	CMO	17618007
15	Dagana	Dorji Wangchuk	Dagana	DHO	17623121
16	Dagana	Kado Wangdi	Dagapela Hospital	Offtg MO	17710693
17	Dagana	Maita Bdr. Subba	Dagapela Hospital	Lab Tech	16928475
18	Dagana	Tshering Dema	Dagapela Hospital	Chief Nurse	17600919
19	Gasa	Tashi Norbu	Gasa	DHO	16288187/ 17648612
20	Gasa	Sonam Dorji	Gasa BHU1	Lab Tech	77777758
21	Gasa	Wangchuk Dukpa	Gasa BHU1	MOIC	17276153
22	Gasa	Chambula Incharge	Gasa BHU1	Nursing	17753332
23	Haa	Samten	Haa	DHO	77224495
24	Haa	Dr. Sonam Tobgay	Haa hospital	CMO	17571992
25	Haa	Namgyel Zam	Haa hospital	Lab Tech	17516441
26	Lhuentse	Ugyen Dorji	Lhuentse	DHO	17668719
28	Lhuentse	Phuntsho Wangmo	Lhuentse Hospital	Lab Tech	17722449
29	Lhuentse	Kelzang Rinzin	Lhuentse Hospital	Staff nurse	
30	Lhuentse	Sonam Jamtsho	Lhuentse Hospital	Staff nurse	
31	Lhuentse	Kinley	Lhuentse Hospital	Staff nurse	
32	Mongar	Deki Phuntsho	Mongar	DHO	17673579
33	Mongar	Dr. Pelden Wangchuk	Mongar RR Hosp	MS	17827843
34	Mongar	Dr Kinzang Wangdi	Mongar RR Hosp	GDMO	17442672
35	Mongar	Mr. Sherab Wangchuk	Mongar RR Hosp	Lab tech	17604168
36	Mongar	Mrs. Dechen Wangmo	Mongar RR Hosp	Pharmacist	
37	Mongar	Tshering Wangmo	Mongar RR Hosp	Staff Nurse	17799827
38	Paro	Choki Wangmo	Paro	DHO	17519825
39	Paro	Dr. Sandeep Sanyasi	Paro Hospital	GDMO	17712057

40	Paro	Tshering Dorji	Paro Hospital	Lab officer	17336193
41	Paro	Dr. Yowaan Thapa	Paro Hospital	GDMO	
42	Pemagatshel	Kinley Dorji	Pemagatshel	DHO	17621779
43	Pemagatshel	Dr. Bhim Nath Subady	Pemagatshel Hosp	CMO	17663542
44	Pemagatshel	Sither Zangmo	Pemagatshel Hosp	Chief Nurse	17556409
45	Pemagatshel	Tshewang Tobgay	Pemagatshel Hosp	Lab tech	17571932
46	Pemagatshel	Dr. Sonam Dolkar	Nanglam BHU1	MO	17574458
47	Pemagatshel	Tashi Phuntsho	Nanglam BHU1	ADHO	17701299
48	Pemagatshel	Tshering Dema	Nanglam BHU1	Lab Technician	17662350
49	Pemagatshel	Sangay Dorji	Nanglam BHU1	Staff Nurse	17883525
50	Pemagatshel	Nima Tshering	Nanglam BHU1	Dental Surgeon	77717423
51	Punakha	Namgay Dawa	Punakha	DHO	77629145
52	Punakha	Dr. Manish Raj Gurung	Punakha Hospital		17671522
53	Punakha	Mr. B. N Sharma	Punakha Hospital	Adm Officer	17917525
54	Punakha	Dorji	Punakha Hospital	Chief Nurse	77273534
55	Punakha	Sonam Chimi	Punakha Hospital	Lab officer	17777171
56	Samdrup Jongkhar	Pema Tshewang	S/ Jongkhar Hospital	DHO	17670879
57	Samdrup Jongkhar	Dr. Kezang Dorji	S/Jongkhar Hospital	CMO	77232506
58	Samdrup Jongkhar	Dr. Kezang Wangdi	S/Jongkhar Hospital	GDMO	17951848
59	Samdrup Jongkhar	Karma Choden	S/Jongkhar Hospital	Lab tech	
60	Samdrup Jongkhar	Tshewang Penjor	S/Jongkhar Hospital	EMT	17548969
61	Samdrup Jongkhar	Sita Maya	S/Jongkhar Hospital	Staff nurse	
62	Samtse	Thinley Choden	Samtse	DHO	17708958
63	Samtse	Dr. Karma Lhendup	Samtse Hospital	MOIC	17760212
64	Samtse	Dr. Sonam Tobgay	Samtse Hospital	GDMO	17564722
65	Samtse	Tshering Doya	Samtse Hospital	HA	77780863
66	Samtse	Sha Bdr. Gurung	Samtse Hospital	Staff nurse	17397079
67	Samtse	Tashi Dendup	Samtse Hospital	Staff nurse	77403784
68	Samtse	Dil maya	Samtse Hospital	Lab tech	17697307
69	Sarpang	Dr. Dorji Tshering	Gelephu CRRH	MS	17517821
70	Sarpang	Dr. Tashi Penjore	Gelephu CRRH	GDMO	17701849
71	Sarpang	Chenga Dorji	Gelephu CRRH	Lab Officer	177884034
72	Sarpang	Jamyang	Gelephu CRRH	Adm fficer	17644383
73	Sarpang	Dorji Wangdi	Gelephu CRRH	Pharmacist	77653215
74	Sarpang	Sangay Dorji	Gelephu CRRH	EMRO	77104055
75	Sarpang	Tshering Penjor	Sarpang	DHO	17919779
76	Sarpang	Dawa Gyeltshen	Sarpang	DHO	17623320
77	Sarpang	Pema Gyeltshen	Sarpang Hospital	Staff Nurse	17901873
78	Sarpang	Deo Raj Gurung	Sarpang Hospital	Lab Technician	17988107

79	Sarpang	Dr. Yeshey Dorji	Sarpang Hospital	Medical Officer	17764900
80	Sarpang	Dr. Kinley Penjor	VBDGP Gelephu	OSA	17619191
81	Thimphu	Kencho Wangdi	Thimphu	DHO	17614351
82	Thimphu	Dr. Tandin Zangpo	DoPH	OSA	17828860
83	Thimphu	Dr. Gosar Pemba	JDWNRH	MS	17331386
84	Thimphu	Dr. Tshokey	JDWNRH	Microbiologist	
85	Thimphu	Dr. Kezang Namgyel	JDWNRH		17970141
86	Thimphu	Dr. Sonam Yanchen	JDWNRH		17828345
87	Thimphu	Dr. Sona Pradhan	JDWNRH		17890633
88	Thimphu	Dr. Sonanda Pradhan	JDWNRH		17290900
89	Trashigang	Mr. Gang Dorji	Trashigang	DHO	17666924
90	Trashigang	Dr. Ngajay Jamtsho	Trashigang Hospital	CMO	17506203
91	Trashigang	Tshering Dorji	Trashigang Hospital	Lab officer	17923909
92	Trashigang	Kezang Dorji	Trashigang Hospital	Adm fficer	17956989
93	Trashigang	Tshering Duba	Trashigang Hospital	Pharmacist	17559329
94	Trashigang	Sonam Tenzin	Trashigang Hospital	Chief Nurse	17979301
95	Trashigang	Dr. Thinley Dorji	Kanglung BHU1	CMO	17925446
96	Trashiyangtse	Mr. Tshewang Sithar		DHO	17672556
97	Trashiyangtse	Mr. Singye Dorji	Trashiyangtse Hospital	DHO	17812353
98	Trashiyangtse	Dr. Sangay Tshering	Trashiyangtse Hospital	MO	17621234
99	Trashiyangtse	Namgay Dema	Trashiyangtse Hospital	Lab officer	17648624
100	Trashiyangtse	Dr. Namsha Dorji	Trashiyangtse Hospital	CMO	17934094
101	Trashiyangtse	Mr. Ugyen Phuntsho	Trashiyangtse Hospital	Chief Nurse	17914294
102	Trashiyangtse	Mrs. Dorji Wangmo	Trashiyangtse Hospital	Adm Officer	17790729
103	Trongsa	Dorji Gyeltshen	Trongsa	DHO	17572256
104	Trongsa	Dr. Yeshey Jamtsho	Trongsa Hospital	CMO	17564882
105	Trongsa	Tshering Pelki	Trongsa Hospital	Lab officer	17873032
106	Tsirang	Kinley	Tsirang	DHO	17649593
107	Tsirang	Lobzang Tshering	Tsirang	DHO	17668774
108	Tsirang	Dr. Tshering Penjor	Damphu Hospital	CMO	17698736
109	Tsirang	Tshewang Dorji	Damphu Hospital	Lab officer	17898238
110	Tsirang	Mr Arjun Subba	Damphu Hospital	Adm fficer	17268021
111	Tsirang	Mr Pema Wangdi	Damphu Hospital	Staff Nurse	17804020
112	Tsirang	Mr Leki Dorji	Damphu Hospital	Pharmacy Tech	17526299
113	Wangdue Phodrang	Zangmo	Wangdue Phodrang	DHO	
114	Wangdue Phodrang	Rinchen Dorji	Wangdue Phodrang	DHO	17684100
115	Wangdue Phodrang	Dr. Choney Wangmo	Bajo Hospital	CMO	17909329
116	Wangdue Phodrang	Nima	Bajo Hospital	Lab officer	17932140
117	Zhemgang	Thinley Tobgay	Zhemgang	DHO	17122680
118	Zhemgang	Dr. Dadi Ram Darjee	Yebilaptsa Hospital	CMO	17612234

119	Zhemgang	Sonam Tobgay	Yebilaptsa Hospital	Lab officer	17953414
120	Zhemgang	Kiran Gurung	Yebilaptsa Hospital	Pharmacist	17564913
121	Zhemgang	Jigme	Yebilaptsa Hospital	Chief Nurse	17702963
122	Zhemgang	Tshering Lham	Yebilaptsa Hospital	Adm fficer	17628175
123	Zhemgang	Sangay Tshedup	Pangbang BHU	CO	17886259
124	Zhemgang	Tenzin	Pangbang BHU	Lab	17249295
125	Zhemgang	Sonam Tshomo	Pangbang BHU	Pharmacy Tech	17265738
126	Zhemgang	Thinley Dorji	Pangbang BHU	Chief Nurse	17761581
127	Zhemgang	Pasang dorji	Pangbang BHU	Adm Officer	77623960

Annexure 7. Contributors

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11. Mr. Sonam Wangdi, NPO, WHO CO
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Annexure 8 Screening Protocol for People with Respiratory Illness to detect COVID-19 for JDWNRH

1. COUGH AND FEVER CLINIC

- i. Cough and Fever Clinic is designated at the old MCH building
- ii. The number of health staff to manage at the clinic shall be identified and maintained (JDWNRH to decide)
- iii. Any individual with respiratory illness should be directed to Cough and Fever Clinic
- iv. Any SARI case reporting to Emergency Department (ED) requiring immediate medical intervention will be stabilized at designated room at ED and subjected to COVID-19 investigation as per the case definitions
- v. The health staff shall take following mandatory clinical and travel history to:
 - any travel history to China within last 14 days
 - any travel history to affected places/countries within last 14 days
 - any travel history in a group to the affected places/countries within last 14 days
 - any history of close contacts with individual with respiratory illness during travel outside within last 14 days

The health staff may take additional history as per the clinical judgement

- vi. The health staff should correlate above clinical and travel history with the following case definition to take further actions

2. CASE DEFINITION

- i. As define earlier in page number 5.

3. SCREENING, QUARANTINE & ISOLATION

- ii. Any individual not fulfilling any of the above case definition of COVID-19 shall be treated as usual respiratory illness
- iii. Any individual fulfilling the suspected case definition shall be given mask and directed to sample collection room
 - a. Case investigation form (Annexure 1) should be filled by the designated health staff
 - b. Collect the sample by the designated lab technician and send it to RCDC immediately
- iv. The suspected case shall be placed in isolation ward until the laboratory result is available
 - a. Negative**
 - i. If the test result is negative and do not require hospitalization, he/she shall be released with treatment and health education (cough etiquette and hand hygiene)
 - ii. He/she will be followed up over a phone for next 7 days by RCDC
 - b. Positive**
 - i. If positive, he/she shall be continued to be kept in the designated isolation ward until fully recovered and tested negative

- ii. He/she shall be managed by the Case Management Team as per the COVID-19 Case Management Guideline
- iii. The contact tracing (forward & backward) of the close contacts shall be done immediately by the Surveillance Team, RCDC as per the Contact Tracing Form (Annexure 2)
- iv. The Surveillance Team shall start contact tracing immediately upon the declaration of positive case

c. *Quarantine*

- i. The close contacts of the confirmed cases shall be immediately quarantined at the designated place by the Quarantine team
- ii. The close contacts are defined as follows:
 - a. household or close family member contacts of a confirmed case
 - b. person who has been face to face (1 meter) for 15 minutes or been in the same closed space for 2 hours with a confirmed case

Annexure 8 Protocol for Quarantining people for COVID-19

1. Objective

The objective is to provide protection of public health and safety in the face of emerging threats of infectious disease (COVID-19).

2. Quarantine Definition

Quarantine is a separation and restriction of movement of healthy persons who have been exposed to a person with COVID-19 for the period of 14 days to prevent the spread of disease.

3. Location for Quarantines

3.1 Quarantine in designated facilities

The close contacts of a confirmed case at PoE or hospitals shall be quarantined in facilities designated for this purpose.

3.1.1 Facilities required for designated facilities

The facilities designated for quarantine should meet the following criteria:

- Hotel, guest house or school relatively isolated from other houses
- Sign Memorandum of Understanding (MoU) with the Ministry of Health (MoH) to use their facility for quarantine
- Food and room rates to be quoted as per the existing price if it is hotel/guest house
- Need to maintain confidentiality
- Facilities required:
 - Telephone
 - Internet
 - Television
 - Washroom/toilet
 - 3 standard meals a day

- Tea and coffee to be served
- Sleeping arrangements and clothing,
- Store room (for baggage and other possessions)
- Hygiene kit

3.1.2 Quarantine measures at the designated facilities

- The duration of the quarantine shall be for 14 days
- Designated health staff to monitor person on quarantine on a daily basis
- If he/she doesn't develop signs/symptoms over the quarantine period, he/she shall be released
- Any person who develop signs and symptoms of respiratory illness while on quarantine shall be immediately transferred to the hospital by health staff
- Phone communication shall be permitted between person on quarantine and relatives/visitors
- Disinfectants, PPE and other medical supplies will be provided by MoH
- The movement and management of quarantine person will be managed by security personnel
- Personnel responsible for administrative work, cleaning service, laundry, waste management and room service shall be trained and properly briefed on precautionary measures, signs and symptoms of the disease, and provided with appropriate PPEs, as needed.

3.2 Home Quarantine

Any Bhutanese who is asymptomatic and has a travel history to China and affected countries in the last 14 days shall be put under home quarantine. The duration of the quarantine shall be for 14 days. The following shall be the measures taken for the home quarantine:

- The person to be home quarantined shall receive all necessary health education and precautionary measures
- Persons in home quarantine must be able to monitor their own symptoms (or have them monitored by a health staff)
- If he/she begin to feel unwell and develop a fever or shortness of breath, a cough or a respiratory illness during your period of self-quarantine, immediately call 112 and seek medical attention
- Household members require no specific precautions as long as the quarantined person(s) remains asymptomatic. However, it is recommended to minimize interactions with other household members to prevent exposure during the incubation period (2-14 days). Precautions include
 - sleeping and eating in a separate room,
 - using a separate bathroom,
 - wearing a surgical mask when in a room with others, and
 - practicing good cough etiquette
- Persons in quarantine may be assessed for symptoms by either active (direct contact by phone or in person, with the health staff) or passive monitoring (affected person to contact health staff)
- Household members not quarantined may go to school, work, etc., without restrictions unless the quarantined person develops symptoms. If the quarantined person develops symptoms,

household members should remain at home in a room separated from the symptomatic person and await additional instructions from health authorities

- Household members can provide valuable support to quarantined persons by helping them feel less isolated and ensuring that essential needs are met

3.3 Quarantine measures at a community

If multiple cases are confirmed from a community or communities, and the extent of the outbreak is large, the whole of community or communities shall be placed under quarantine (lock down) for 14 days from the last confirmed case.

3.4 Working quarantine

This restriction applies to healthcare workers or other essential personnel who have been exposed to patients and may need to continue working (with appropriate infection control precautions) but who are quarantined either at home or in a designated facility during off-duty hours. When off duty, contacts on working quarantine should be managed in the same way as persons in quarantine at home or in a designated facility.

4. Actions for person of non-compliance

When staff on duty encounter non-compliant cases at the designated facility, the following actions shall be taken:

- Provide counselling to the non-complaint case
- After repetitive non-compliance, the staff on duty should report to immediate supervisor
- The supervisor then shall report to Team Leader of Quarantine & Isolation Section, HEMC for appropriate actions
- The team leader communicates to the MoH's legal authorities

5. Monitoring Team

The Team Leader of Quarantine & Isolation Section, HEMC will determine when it is necessary to deploy a monitoring team to a home, hospital or designated site to monitor persons on quarantine.

Monitoring staff deployed to homes, hospitals or designated sites shall be provided with appropriate Personal Protective Equipment (PPE), and information on necessary precautions. The health of monitoring staff will be monitored by the Team leader of the DHRRT. Staff will be referred to a hospital or physician for necessary treatment if symptoms arise.

The Team Leader of Quarantine & Isolation Section, HEMC and DHRRT shall be responsible for monitoring and supervising the quarantine places on regular basis.

Annexure 10 Case Investigation and Sample Collection Form

ANNEXURE 10. CONTACT TRACING FORM

[illegible]

ANNEXURE 11. QUARANTINE MONITORING FORM

Daily Clinical Monitoring at Quarantine Facility (Home/Quarantine Facility)											Day 1 (...../...../2020) (DD/MM/YYYY)						
Sr	Name	Age	Gender	Room no	Contact No	Nationality	Occupation	Residence/ Current work place	Date of last contact	Date of arrival at Quarantine place	Temp	BP	Fever (Y/N)	Cough (Y/N)	SotB (Y/N)	Other Respir illness	Comorbidity (HTN/DM/COPD/P UD... Etc):
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
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28																	
29																	
30																	

Note:

1. Refer to the Quarantine SoP for details
2. Monitor the people at quarantine for 14 days starting from the date of last contact (exposure)
3. Monitor temperature twice a day & record the maximum for the day
4. BP monitoring for pre-existing HTN and Cardiovascular disease
5. Record Co-morbidity on the Day 1 only and need not repeat from Day 2 onwards
6. Report to Mr. Jit Bdr. Darnal, RCDC (17965195) or Dr. Tandin Zangpo, MoH (17828860)
7. Ignore room no. for home quarantined people

Daily Clinical Monitoring of the secondary cases										Day 1 (...../...../2020)			
Sn	Name	Age	Gender	Contact No	Nationality	Occupation	Residence/ Current work place	Date of last contact with Primary contact	Date of start of monitoring	Fever (Y/N)	Cough (Y/N)	Other Respiratory illness	Comorbidity (HTN/DM/COPD/P UD.... Etc):
1													
2													
3													
4													
5													
6													
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Note:

1. Refer to the Quarantine SoP for details
2. Monitor secondary contacts for 5 days from the date of last contact with the primary contact
3. Monitor temperature through telephonic call
4. Record Co-morbidity on the Day 1 only and need not repeat from Day 2 onwards
5. Report to Mr. Jh Bdr. Darnal, RCDC (17965195) or Dr. Tandin Zangpo, MoH (17828860)