



AMBULANCE SERVICES GUIDELINE



2nd EDITION
2018



Emergency Medical Services Division
Department of Medical Services
Ministry of Health

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Emergency Medical Service Division
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FOREWORD

Bhutan has a well-integrated health system including the emergency medical services in the health facilities. In order to improve the accessibility to timely and quality pre-hospital care, Health Help Center (HHC) was established under Emergency Medical Services Division, Ministry of Health in May 2011. Through a toll free number 112, HHC coordinates the deployment of the land ambulance and helicopter services stationed at different levels of healthcare facilities in Bhutan. Ambulance services are the primary providers of a 24X7 response to medical and trauma related emergencies, thus making immeasurable contributions in improving patient's outcomes. The demand for land ambulances is increasing with improvement of road network which is exerting pressures on the limited resources for the procurement and maintenance of ambulances. Since ambulance services are vital part of the health services, Ministry of Health has revised Ambulance Service Guideline 2018 in consultation with various stakeholders. This guideline shall guide and streamline use of land ambulance services judiciously. I hope this guideline will be useful to all the health professional and individuals involved in using ambulance service thereby ensuring quality emergency services are provided to the patients.



(Dr. Ugen Dophu)
Secretary
Ministry of Health

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1. Background

The geographical terrain and increasing demand for health services has led to increased demand for ambulance services. Ambulance service is one of the essential health services for the delivery of immediate medical services to a patient or to an injured person resulting from an emergency or a disaster. It includes the evacuation of the patient from the incident site to the receiving health facilities. It is to save lives of the patient (s) in transit to and from the health facilities.

Ministry of Health (MoH) is mandated to ensure accessibility, equity, and quality health services. Further, the section 12.3 (b) of National Health Policy 2011 states that “All health facilities shall provide a system of emergency for (a) disasters; (b) epidemic outbreaks; (c) mass casualty; (d) routine emergencies. The services shall be supported by appropriate transport facilities, safe health infrastructures and competent emergency medical team.” Therefore, establishment of Health Help Center (HHC) in May 2011 has been a milestone for timely delivery of emergency medical services in the country.

2. Scope

This guideline shall apply to all the ambulances under MoH and any other organization that operates ambulances can use this guideline.

3. Objective

To ensure safe and rationale use of ambulances

4. Standard Ambulance Allocation

All health facilities in the country shall have a standard number of functional ambulances.

The standard number of ambulances for different level of health facilities shall apply as detailed in table I below:

Table 1: Table showing standard ambulance allocation to hospitals/districts

Sl. No	Level of Health facilities	No. of Ambulances (minimum)
1	National Referral Hospital (350 beds)	6
2	Regional Referral Hospital (150 to 349 beds)	5
3	Hospital with 40 to 60 beds	3
4	Hospital with 20 to 39 beds	2
5	BHU I	1

Allocation of ambulance to BHU-IIs shall be decided by the Ministry of Health on a case by case basis and situation.

5. Ambulance Feature

5.1. Specification of Vehicle for Ambulance

- 5.1.1 Safety, space and equipped with standard equipment (Annexure 1) shall be prime considerations for vehicles to be used as ambulance
- 5.1.2 4WD vehicles with diesel engine are suitable and efficient in Bhutan
- 5.1.3 The interior ambulance should have comfortable and user friendly seat for the patient and medical escort
- 5.1.4 In principle, second hand ambulances will not be accepted. However, other types of ambulances may be accepted after thorough assessment by MoH

5.2. Appearance and Signage

Appearance of ambulance is important for visible recognition and for easy movement through traffic.

- 5.2.1 The “Star of Life” shall be used as ambulance logo in blue color at the front bonnet, rear and both the sides (figure 1)



Figure 1: “Star of Life”, a symbol for emergency medical care designed by the U.S. National Highway Traffic Safety Administration

Source: Website of US NHTSA <http://www.ems.gov/>

- 5.2.2 The ambulance shall bear toll-free number 112 with HHC insignia and name of health facilities and dzongkhag(s) on each side of the body with deep blue color written in Arial Black (size 72)



- 5.2.3 The color of the ambulance shall be white
- 5.2.4 The word “AMBULANCE” in English and Dzongkha should be written in red color in the front and rear side of ambulance
- 5.2.5 A RED beacon light and electronic siren should be mounted on the front top of ambulance

6. Use of Siren and Beacon

The Sirens and Beacons of Ambulance shall be used in order to alert other road users as per the following conditions:

- 6.1. During evacuation of critical patients both the Sirens and beacon lights shall be used
- 6.2. During evacuation of non-critical patients, only Beacon light shall be used and siren or loud speaker may be used if necessary
- 6.3. The ambulance without patient with prior approval from HHC to attend emergencies shall:
 - a) use beacon lights; or may use siren during traffic jam in order to gain thoroughfare
 - b) may use siren or loud speaker of the ambulance to alert road users
- 6.4. Ambulances shall not use beacon light and siren in the event of death of the patient while on referral

7. Standard Equipment:

7.1 Life Support Equipment

Ambulance shall be equipped with standard life support medical equipment and medicines as per Annexure 1, 2 and 3.

7.2 Communication System

7.2.1 All ambulances shall be provided with GPS and mobile phone.

7.2.2 The mobile phone shall be used by the Emergency Medical Responder (EMR) to communicate to HHC, patient attendant or alert the health facilities of the impending arrival of the patient.

8. Lifespan and road worthiness of Ambulance

Lifespan and road worthiness of ambulance shall be as prescribed by Road Safety and Transport Authority (RSTA) and as per notifications of the Ministry of Finance (MoF).

9. Recruitment of Ambulance Service Team

The ambulance team shall include ambulance driver and EMR. During mass casualties and critically ill or injured patient evacuation, other relevant health personnel may accompany the team.

9.1 Ambulance Driver

9.1.1 Ambulance driver shall:

- a) be recruited as per the Bhutan Civil Service Rules and Regulations (BCSR) 2018 with valid professional driving license
- b) not have any record of traffic infringement
- c) undergo refresher course on First Aid and Basic Life Support after every two years
- d) be subjected to drug and alcohol test as per BCSR 2018 and as and when required

9.1.2 The driver ratio should be two drivers for one ambulance and three drivers for two ambulances.

9.2 Emergency Medical Responder (EMR)

9.2.1 EMR shall:

- a) have minimum of 3 years Diploma in Emergency Medicine
- b) be recruited as per the BCSR 2018
- c) undergo two yearly refresher courses on emergency medical care

10. Patient Attendant

Not more than two attendants shall be allowed to accompany patient and ambulance team during the evacuation of patient.

11. Ambulance Utility and Services

11.1 An ambulance shall:

- a) be assigned only for evacuation of sick or injured people to, from or between places of illness or injury for treatment
- b) not be used for transport of dead body, except death occurring while on referral
- c) collect patients en route when assigned by HHC
- d) carry terminally ill and paralyzed patients that are discharged from the referral hospital while returning to the station

11.2 All the ambulance movements in the country shall be regulated and coordinated by HHC. The respective health facilities shall be held responsible if they fail to deploy ambulance as directed by HHC.

11.3 The movement order for ambulance(s) shall be signed by the administrative officer or any other health professional designated by the health facilities.

11.4 The administration of respective health facilities shall assign Emergency Medical Response Officer (EMRO)/EMR or any other health professional to sign the movement order during off hours.

11.5 Through coordination with Royal Bhutan Police (RBP) and RSTA, ambulance(s) shall be allowed unhindered transit through check-posts and traffic congested areas while on emergency evacuation.

11.6 If the road is not pliable, the ambulance team shall inform HHC and health facility to arrange transfer of patient(s) if necessary

- 11.7 The ambulance can evacuate only one patient if critically ill or injured. Number of patients will be on discretion of referring doctor if non critical
- 11.8 The ambulance driver and EMT should be considered as emergency staff of the health facilities and needs to be given preference for accommodation in the health facilities' premises
- 11.9 Only emergency medical consignment measuring not more than 60x30x26 cms (lxbxh) packed in a carton or box, which can be placed under the patient stretcher, may be allowed to carry in the ambulance. Ambulance should not carry any restricted goods and products (e.g. tobacco, narcotics, wild life products, vegetables, weapons, explosives, etc.)
- 11.10 The ambulance shall be deputed on duty by DMS, MoH during major national events, international VIPS, major international conferences upon prior approval from DMS

12. Budget and Maintenance

- 12.1 Dzongkhag(s) and health facilities shall;
 - a) keep an adequate annual budget for fuel and maintenance of ambulance (s)
 - b) perform periodic maintenance of the ambulance (s)
 - c) seek approval for repair and maintenance of ambulances from respective Dzongkhag or health facilities

13. Surrender, Mobilization and Disposal of Ambulance

- 13.1 Dzongkhag(s) and health facilities shall surrender ambulances to the MoH only on the following conditions:
 - a) complete the lifespan as prescribed by RSTA or with the notification of MoF

- b) beyond repairable condition supported by technical certificate issued by authorized automobile workshop and verified by relevant Committee

13.2 MoH shall dismount medical equipment, communication system and other parts of ambulance when surrendered for disposal

14. Roles and Responsibilities of Stakeholders

14.1 Emergency Medical Service Division (EMSD)

14.1.1 The EMSD shall be responsible for the following:

- a) review and update Ambulance Services Guideline every three years
- b) ensure that all ambulance drivers undergo training on Basic Life Support and First Aid
- c) facilitate EMROs and EMRs to get 30 CME credits at the end of every 5 years and training on emergency care as and when necessary in order to renew their license and perform their job
- d) propose the standard ambulance designs and equipment as per Guideline
- e) ensure planning and budgeting for new ambulance procurement
- f) approve mobilization and disposal of old ambulance(s)
- g) ensure effective ICT enabled facilities to provide emergency medical care

14.2 Human Resource Division (HRD)

The HRD under MoH shall be responsible for:

- a) recruitment of EMROs and EMRs as approved by RCSC

- b) recruitment of ambulance drivers for health facilities directly under DMS as per the set criteria

14.3 Health Help Center

14.3.1 HHC shall:

- a) coordinate the unhindered movement of ambulance with RBP, RSTA and other relevant agencies
- b) deploy ambulance(s) appropriately based on the demand of the situation/event
- c) develop ambulance deployment plan and undertake deployment exercise as necessary
- d) coordinate mobilization, replacement and surrender of old ambulances
- e) maintain inventory of ambulances in the country
- f) ensure the mobile phones/GPS devices are functional in the ambulances
- g) verify requirement of EMR and ambulance driver proposed by dzongkhag(s)
- h) facilitate/ coordinate training as per the modules to enhance the capacity of the Ambulance Team Members
- i) monitor and evaluate the performance of EMRs, ambulance drivers, and ambulances regularly
- j) dispatch the ambulance to the required location from nearby health facilities when necessary

14.4 Administration and Finance Division

14.4.1 Administration and Finance Division under the MoH will be responsible for the following:

- a) procure new ambulance based on the requisition from the EMSD through DMS
- b) provide financial and administrative assistance to HHC in maintenance and verification of the ambulance surrendered from the Dzongkhag(s) and health facilities

14.5 Dzongkhag(s)/Health facilities

14.5.1 Dzongkhag(s)/health facilities shall be responsible to:

- a) secure adequate annual budget for fuel and maintenance
- b) ensure periodic maintenance of ambulance
- c) indent annual medical equipment and medicines as per standard list
- d) arrange rooms for overnight stay for ambulance service team in the referral center
- e) maintain trip sheet and log book
- f) monitor ambulance service performance through trip sheet and log book
- g) ensure that ambulance service team wear uniform during duty hours
- h) inform the referral hospital of the condition of a patient
- i) ensure that EMRs monitor drugs and non drugs and are replenished regularly
- j) print adequate number of trip sheet (Annexure 4)
- k) provide accommodation to ambulance service team in the premises of health facility
- l) ensure the ambulance is driven by designated driver only
- m) submit detailed report to EMSD, DMS in the event of ambulance road crash at the earliest

- n) ensure ambulance (s) are not misused
- o) ensure there is no disruption to ambulance services due to unavailability of drivers, fuel and maintenance of the ambulance
- p) ensure that the drivers are monitored as per the guideline
- q) ensure that ambulance service team are strictly prohibited to take pictures of patient related and post in social and other media

14.6 Ambulance Drivers

14.6.1 The ambulance drivers shall:

- a) be available and respond to emergency call immediately
- b) assist in providing care on scene and during evacuation
- c) ensure regular maintenance of the ambulance after approval from Dzongkhag(s)/health facilities
- d) ensure regular decontamination of ambulance
- e) conduct proper handing-taking of the charge to the next driver on duty
- f) keep the mobile phone switched-on all the time irrespective of duty hours
- g) wear uniform and identification card if provided or should be in proper attire during duty hours
- h) timely update vehicle documents
- i) immediately report road crash and breakdown of ambulance to HHC and administration of concerned health facility
- j) drive ambulance as per RSTA regulation
- k) drive at the permissible speed limit when travelling without patient or when not on emergency duty

- l) ensure safety of patient and the team
- m) seek approval for repair and maintenance of ambulances from respective administration of Dzongkhag or health facilities
- n) regularly maintain vehicle log-book

14.7 Emergency Medical Responder

14.7.1 The EMRs shall:

- a) attend emergency calls and provide appropriate pre-hospital care
- b) regularly assess the vital signs of the patient and provide care en-route to health facilities
- c) be present in the duty area during the duty hours and assist physician or nurses in the emergency department/unit, when not on call
- d) maintain and fill-up trip sheet when an ambulance is assigned to pick up patient from the incident site or patient is being referred to higher health facilities
- e) maintain and update all the registers, forms, and odometer reading as directed by HHC
- f) handover the required information to the next staff on duty or the emergency department/unit promptly
- g) properly handover the patient to the health worker on duty before signing the trip sheet
- h) maintain medical equipment and medicines in the ambulance(s) on a regular basis
- i) maintain cleanliness and disinfect equipment and send it for sterilization process after every use

- j) wear uniform during the duty hours
- k) safeguard the medical equipment of the ambulance
- l) keep the mobile phone switched-on all the time irrespective of duty hours
- m) refrain from posting and sharing pictures related to patients in social and other media
- n) regularly maintain professional updates on emergency medical care
- o) uphold professional ethics and code of conducts while providing medical emergency care
- p) communicate with the receiving health facilities regarding the patient's case and probable time of arrival
- q) sign the movement order if authorized by administration of respective health facilities after working hours
- r) provide pre-hospital care to the patient as per the Job Responsibilities

15. Criteria for availing ambulance services in health facilities (inter health facilities)

15.1 The following are the criteria for availing ambulance services:

- a) patients referred from district hospital to higher center after consultation with concerned specialist
- b) patients referred from BHU(s) to district hospitals after consultation with on-call doctors

15.2 Patients referred for routine CT, MRI, endoscopy and OPD consultation and other investigations shall not be entitled to ambulance services.

GLOSSARY

HHC: Health Help Center is an ICT enabled center which provides ambulance services and healthcare helpline services through toll free number 112 for 24x7.

Ambulance: An Ambulance is a vehicle for evacuation of sick or injured people to, from or between places of treatment for an illness or injury.

Ambulance Service Team: the team consists of, Emergency Medical Response Officer, Emergency Medical Responder and ambulance driver

Medical emergency: It is situation where there is risk to health and life of a person which requires immediate medical attention.

GPS: Global Positioning System is a navigational system involving satellites and computers that can determine the latitude and longitude of a receiver on Earth by computing the time difference for signals from different satellites to reach the receiver.

Safety: The vehicle having the features of shatter resistance glass, anti-lock brakes, stability control, bumpers, four wheel drive and mirror.

Treatment chart: Treatment chart is a term used to refer to trip sheet that contains information about ambulance and vital signs of a patient used in the ambulance during the transport.

REFERENCE

1. Emergency Medical Services Programme. (1st Ed. 2013) *Ambulance Service Guideline*

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The Ministry owes its due credits to the U.S. National Highway Traffic Safety Administration for the use of a “Star of Life” symbol.

A credit also goes to Swiss Red Cross for their support in printing of this guideline.

Annexure I: Standard List of medical devices for Ambulance

Sl. No.	Medical devices	Quantity
1.	Scoop Stretcher	1
2.	Spine board with cervical immobilizer	1
3.	Suction apparatus	1
4.	Pulse Oximeter (adult and pediatric)	1
5.	Pupillary torch	1
6.	BP apparatus (with adult and pediatric cuffs)	1
7.	Short Spine board	1
8.	Stethoscope	1
9.	Thermometer (digital)	1
10.	Ambu bag with mask (Adult and pediatric)	1
11.	Laryngoscope (adult and pediatric)	1 set each
12.	Bogie/Stilet (adult and pediatric)	2
13.	Endotracheal tubes (different size)	2 each
14.	Laryngeal mask airway (different size)	1 each
15.	Pocket mask (adult and child)	2 each
16.	Urinal (male and female)	1
17.	Bandage of different sizes	10
18.	Triangular bandage	5
19.	Splints of different sizes	2
20.	Oxygen cylinder with stand	1
21.	Oxygen regulator with mask (adult and pediatric)	1
22.	Hard and Adjustable cervical collar	3
23.	Tourniquet	3
24.	Glucometer with strips	1
25.	Automated External Defibrillator (AED) with extra batteries	1
26.	Gloves of different sizes	5 pairs each
27.	Nasopharyngeal different sizes	1 set
28.	Oropharyngeal different sizes	2 numbers
29.	Sharp container	1
30.	Waste bin	1
31.	Cannula and IV sets (different sizes)	5 each
32.	Container to store the above mentioned items	1 each

Annexure 2: Standard List of medicines for Ambulance

Sl. No.	Medicines	Quantity
1.	Inj. Adrenaline	5
2.	Inj. Atropine	5
3.	Inj. Diazepam	5
4.	Inj. Promethazine	5
5.	Inj. Dextrose (25% & 50%)	5
6.	Inj. Dexamethasone	5
7.	Inj. Pethidine	5
8.	Inj. Diclofenac Sodium	5
9.	Inj. Magnesium Sulphate	5
10.	Inj. Naloxone	5
11.	Inj. Calcium lactate	5
12.	Inj. Sodium bicarbonate	5
13.	Inj. Amiodarone	5
14.	Inj. Metoclopramide	5
15.	Inj Ondansetron	5
16.	Tab. Aspirin (325 mg)	10
17.	Tab. Isosorbide dinitrate (sublingual)	5
18.	Inj. Sodium Chloride	5
19.	Ringer's Lactate (RL)	5
20.	DNS 5% & 10%	5 Each
21.	Oxygen	2

Annexure 3: Additional medicines for Specialized Ambulance Service

Sl. No.	Medicines	Quantity
1.	Inj. Adenosin	5
2.	Inj. Verapamil	5
3.	Inj Succinycholine	5
4.	Inj. Midazolam	5
5.	Inj. Ketamin	5
6.	Inj. Fentanyl	5
7.	Inj. Propofol	5
8.	Inj.Lignocaine(Xylocaine)	5
9.	Inj.Vencuronium-(norcuron)	5
10.	Inj. Ketamine	5
11.	Inj. Morphine	1
12.	Inj. Tramadol	5
13.	Inj. Dexamethasone Sodium Succinate	5
14.	Inj. Hydrocortisone Sodium Succinate	5
15.	Inj. Promethazine Hydrochloride	5
16.	Inj. Tranexamine Acid	5
17.	Inj. Verapamil	5

Annexure 4: HEALTH HELP CENTRE (HHC) AMBULANCE TRIPSHEET (to be documented in the health facility)

HOSPITAL NAME:		PATIENT DETAILS		
Type of trip		Victim Name:	Age/Sex	
Type of trip	EMS	Victim ID*		
Event Date:	Inter facility transfer	Caller Phone No.:		
Event ID*	EL EM CCT	Incident Location:		
Ambulance No*		Name of Doctor:		
Assign Time*		PATIENT ASSESSMENT DETAILS		
Departure time*		Alert/verbal/pain/Unresponsive		
Scene Arrival Time*		Time	On scene	2 nd Time
Scene Departure Time*		PR/min	3 rd Time	
Hospital reach Time*		BP(mmHg)		
Patient Admitted Time*		RR/min		
Amb. Release Time*		Temp		
Star Odometer (KM)		SPO2(%)		
End Odometer(KM)		RBS(mg/dl)		

CASE SUMMARY :	
Medical Direction/Advice	
Details of Medical Care Given	

Handed over by:
Designation:
Name & Signature
Date:

Received By:
Designation:
Name & Signature:
Hospital:
Date:

Name & Signature
of Patient/Attendants



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