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Government of India
Ministry of Health & Family Welfare
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D. O. No. T-22014/12/2021-Immunization
Dated: 21st May 2021

विकास शील
अपर सचिव

VIKAS SHEEL
Additional Secretary

Dear Colleague,

The "Guidance on COVID-19 Vaccinations at Workplaces (Government and Private)" was issued by the Ministry on 6th April, 2021. Thereafter, on 21st April, 2021, "The Liberalised Pricing and Accelerated National Covid-19 Vaccination Strategy", was issued by the Ministry, where in para 8(ii) outlined that – "the States, Private Hospitals, Industrial Establishments, **through their hospitals**, may procure vaccine doses directly from the manufacturers".

In this context, please refer to the D.O. letter No. T-22014/12/2021-IMMUNIZATION, dated 19th May, 2021, vide it has been clarified that Covid-19 vaccination at Workplace (Government & Private) COVID Vaccination Centres (CVCs), may be extended to all employees of the workplace.

Several queries have been received in the Ministry regarding coverage of family members of workers, along with the workers at the Industrial CVCs and the Workplace CVCs. In view of the provisions of the Liberalised Pricing and Accelerated National Covid-19 Vaccination Strategy and with the objective of further accelerating the vaccination drive, following clarifications are issued –

1. The family members and dependants of the workers, as defined by the respective employers, can also be covered with COVID-19 vaccination at the Industrial CVCs and the Workplace CVCs.
2. For the Industrial CVCs and the Private Workplace CVCs, for covering the beneficiaries as mentioned in para 1 above, the vaccine doses will have to be procured by the private hospitals with whom the respective employer tie up for vaccination.
3. For the Government Workplace CVCs, beneficiaries aged 45 years or more may be covered through the free vaccine doses supplied by the Government of India to the States/UTs. The beneficiaries in the age group of 18 to 44 years may be covered through the vaccine doses directly procured by the respective State/UT Government from the vaccine manufacturers.

These clarifications may be brought to the notice of all concerned.

Warm regards

Yours Sincerely

Vikas Sheel
21/5/21
(Vikas Sheel)

To,

Additional Chief Secretary/ Principal Secretary/ Secretary, Health – All States/UTs

टीवी हारेगा, देश जीतेगा - अधिक जानकारी के लिए संपर्क करें 1800-11-6666 (टोल फ्री)

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www.mohfw.nic.in

D. O. No. T-22014/12/2021-Immunization
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Copy to:-

1. PPS to Secretary HFW, MoHFW
2. PPS to AS&MD, National Health Mission, MoHFW
3. PPS to AS(MA), MoHFW
4. Mission Director, National Health Mission – All States/UTs.
5. Advisor, RCH, MoHFW
6. ADC(I), MoHFW


(Vikas Sheel) 21/5/21



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विकास शील
अपर सचिव
VIKAS SHEEL
Additional Secretary

D O No. T-22014/12/2021-IMMUNIZATION

Dated: 19 May 2021

Dear Colleague,


This is in the continuation to earlier communication vide D.O.No.2146926/2021/Imm dated 6th April, 2021 regarding guidelines for organization of COVID-19 vaccination at work places (Public & Private). The said guidelines are available on MoHFW Website (https://www.mohfw.gov.in/pdf/GuidelinesforCOVID19_VaccinationatWorkplace.pdf)

2. As you are aware that from 1st May, 2021 the Liberalised Pricing and Accelerated National Covid-19 Vaccination Strategy has come into effect, with expansion of the eligibility for COVID-19 to all adult citizens of the country i.e. everyone above ~~the above of~~ 18 years of age.

3. In this context, several queries have been received by this Ministry on inclusion of the extended age group of 18 to 44 year age group under Work Place Vaccination. In this regard, it is hereby clarified that Covid-19 Vaccination at Workplace (Government & Private) may be extended to all employees of the workplace above 18 years. However, as is the case for people aged 45 years or more, no outsiders including eligible family members will be allowed for vaccination at workplace CVC. Para 3(a) of the Guidelines referred to above in para 1, stands amended to that extent. The remaining guiding principles for vaccination at workplace remain the same. The same information may be disseminated to all concerned.

warm regards

Yours Sincerely,



(Vikas Sheel)

To,

Additional Chief Secretary/Principal Secretary/Secretary, Health – All States/UTs

Copy to:-

Mission Director, National Health Mission – All States/UTs


(Vikas Sheel)

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Liberalised Pricing and Accelerated National Covid-19 Vaccination Strategy

India's National Covid-19 Vaccination Strategy is based on scientific and epidemiological evidence and focuses on systematic end-to-end planning. This strategy derives guidance from Global Best Practices, SoPs of WHO as well as recommendations of India's foremost experts in the National Expert Group on Vaccine Administration for Covid-19 (NEGVAC). National Covid-19 Vaccination Strategy encourages domestic R&D, domestic manufacturing and efficient administration of vaccination to protect and strengthen country's Healthcare System as well as protect the most vulnerable.

2. The Union Govt., in close collaboration with State Governments/U.T administration, has been working over a period of time to ensure that maximum number of Indians are able to get the vaccine in the shortest possible time.

3. Phase-I of the National Covid-19 Vaccination Strategy was launched on 16th January 2021 and focussed on protecting Health Care Workers (HCWs) and Front Line Workers (FLWs). Phase-II was initiated from 1st March 2021 and 1st April 2021 and focussed on protecting the most vulnerable i.e. population more than 45 years of age that accounts for more than 80% Covid mortality in the country.

4. India has been following a dynamic mapping model based on availability of vaccines & coverage of vulnerable priority groups to take decisions of when to open up vaccination to other age groups. Significant coverage of vulnerable groups is expected by 30th April 2021.

5. Through out these phases, Government has coordinated and worked with research institutes, private companies and has leveraged the strength of India's vaccine manufacturing capability as well as brought about far-reaching governance changes in India's drug/vaccine regulatory system. This resulted in grant of "Restricted Use in Emergency Situation" (also referred to as "Emergency Use Authorisation-EUA) to two indigenously manufactured vaccines and one vaccine that is presently manufactured abroad but would eventually be manufactured in India. Govt. of India has been in regular touch with each vaccine manufacturer to facilitate public private collaborative research, trials and product development. Multiple Inter-Ministerial teams have been deputed by Govt. of India to various manufacturing sites to understand each one's requirements and to provide pro-active and customized support in the form of grants, advance payments, facilitating more sites for production etc. to significantly augment vaccine production capacities.

6. Govt. of India has ensured participation of the private sector in the vaccination drive right from the beginning. Now, as the vaccination capabilities and processes have stabilized, the public as well as private sector have the experience and confidence to rapidly scale up.

7. In its phase-III, the National Vaccine Strategy aims at liberalized vaccine pricing and scaling up of vaccine coverage. This would, on the one hand, incentivize vaccine manufacturers to rapidly scale up their production and on the other hand, it would also attract new vaccine manufacturers. It would make pricing, procurement and administration of vaccines more flexible and ensure augmented vaccine production as well as wider availability of vaccines in the country.

8. The main elements of the Liberalised Pricing and Accelerated National Covid-19 Vaccination Strategy that would come in effect from 1st May 2021, are as follows:-

- (i) Vaccine manufacturers would supply 50% of their monthly Central Drugs Laboratory (CDL) released doses to Govt. of India and would be free to supply remaining 50% doses to State Govts. and in the other than Govt. of India channel.
- (ii) Manufacturers would in a transparent manner make an advance declaration of the price for 50% supply that would be available to State Govts. & in the other than Govt. of India channel, before 1st May 2021. Based on this price, States, private hospitals, industrial establishments through their hospitals may procure vaccine doses from the manufacturers. Private Hospitals would have to procure their supplies of Covid-19 vaccine exclusively from the 50% supply earmarked for other than Govt. of India channel. The price charged for vaccination by private hospitals would be monitored.
- (iii) Consequently the present dispensation where private Covid vaccination centres receive doses from Govt. and can charge up to Rs.250 per dose will cease to exist.
- (iv) For Govt. of India vaccination centres, the eligible population would be the same which exists today i.e. Health Care Workers (HCWs), Front Line Workers (FLWs) and population above 45 years of age. For other than Govt. of India channel, the eligibility would be all adult citizens of the country i.e. everyone above the above of 18.

- (v) Covid-19 vaccination will continue to be free for eligible population groups in all those Government Covid Vaccination Centres which receive vaccine doses from Govt. of India.
- (vi) All vaccination (through Govt. of India vaccination centres and other than Govt. of India channel) would be part of the National Vaccination Programme, will follow all existing guidelines, will be captured on CoWIN platform alongwith the stocks and price per vaccination applicable in all vaccination centres, will comply with Adverse Event Following Immunization (AEFI) management and reporting, digital vaccination certificate & all other prescribed norms.
- (vii) The division of vaccine supply 50% to Govt. of India & 50% to other than Govt. of India channel would be applicable uniformly across for all vaccines manufactured in the country.
- (viii) However, the fully ready to use imported vaccine would be allowed to be utilized entirely in the other than Govt. of India channel.
- (ix) Govt. of India, from its share, will allocate vaccines to States/UTs based on the criteria of performance (speed of administration, average consumption), extent of infections (number of active Covid cases). Wastage of vaccine will also be considered in the criteria & will affect the allocation negatively. Based on the above criteria, State-wise quota would be decided and communicated to the States in advance.

- (x) Second dose of all existing priority groups i.e. HCWs, FLWs and population above 45 years, where ever it has become due, would be given priority, for which a specific and focused strategy would be communicated to all stakeholders.
 - (xi) The Co-Win digital platform would be refined to reflect the aforesaid main elements.
 - (xii) This policy would come into effect from 1st May 2021 and will be reviewed from time to time.
9. Govt. of India will make advance purchase offer for a maximum quantity that the manufacturers commit to supply by a pre-defined period. Such an advance purchase provision signals Government's willingness to pay upfront to the vaccine manufacturers to enable them to augment their production and supply capacities.

Guidance on COVID-19 Vaccination at Work Places (Government & Private)

1. Background:

- a. As per the recommendation of National Expert Group on Vaccine Administration for COVID-19 (NEGVAC), the prioritized group of beneficiaries for COVID-19 vaccination has been expanded to cover general population aged 45 years and above from 1st April 2021.
- b. A substantial proportion of population aged between 45-59 years (in some cases up to 65 years) are in the organized sector of the economy. They are involved in formal occupation in offices (government and private), in manufacturing and services etc.
- c. COVID-19 vaccination sessions may be organized at Work Places which are having about 100 eligible and willing beneficiaries (to facilitate optimal utilization of vaccine dosage and reduce wastage) for COVID-19 vaccination. Organizing vaccination at Work Place will not only be convenient to the staff at Work Places but also help to avoid travel and hence reducing the risk of exposure to COVID-19 virus.

2. Identification of Work Places for COVID-19 vaccination:

- a. The District Task Force (DTF) chaired by District Magistrate and Urban Task Force (UTF) chaired by Municipal Commissioner will identify such government and private Work Places after due deliberations with relevant employers and / or Head of offices.
- b. Work Place management will designate one of their senior staff to work as “Nodal Officer” to coordinate with district health authorities/ private COVID Vaccination Centres (CVCs) and support vaccination activities.
- c. The Nodal Officer will oversee and facilitate all aspects of vaccination at Work Place CVC like registration of beneficiaries, availability of physical and IT infrastructure and oversight to vaccination etc.

3. Identification of Eligible and Willing Beneficiaries at Work Places

- a. Only employees of Work Place aged 45 years or more will be eligible for vaccination at Work Place, no outsiders including eligible family members will be allowed for vaccination at “CVC at Work Place”.
- b. Beneficiaries must be registered in Co-WIN portal prior to vaccination. CVC Nodal Officer will ensure registration of all targeted beneficiaries and facility of on-the spot registration will also be available but only to employees of the work place.

4. Registration of Work Place as CVC in Co-WIN

- a. Once identified, all such Work Place vaccination centres will be registered in the CoWIN portal as Government or Private COVID-19 Vaccination Centre (CVC) at Work Place.
- b. The name of Work Place CVC should be recorded in Co-WIN as full name and not as abbreviation to have clarity.
- c. DTF / UTF will ensure verification of availability of three rooms as waiting, vaccination and observation rooms at Work Place CVC (refer annexure 1). These rooms should be part of the permanent structure of the Work Place or proper and stable structure like hangars should be erected. Temporary shamiyana / tent like structure should not be used.
- d. Once verified, DIO will ensure registration of Work Place CVC in Co-WIN portal

5. Linkage of Work Place CVC with Public and Private CVCs

- a. Every CVC in government Work Place will be tagged to an existing and nearest CVC in the government medical facility.
- b. Every CVC in private Work Place will be tagged to an existing and nearest CVC in the private medical facility.
- c. The designated government and private CVC to whom the Work Place CVC has been tagged will be responsible for deployment of vaccination team at Work Place CVCs.
- d. The in charge of the designated government and private CVC to whom the Work Place CVC has been tagged will plan session at the Work Place CVC. For optimal utilization of resources, vaccination session will be planned at Work Place CVC once at least 50 beneficiaries get registered for vaccination.
- e. In charges of government or private CVCs with which the Work Place CVCs are tagged for COVID-19 vaccination will be responsible to provide vaccine and ensure reporting in Co-WIN from these Work Place CVCs
- f. The schedule of vaccination session can be made up to 15 days in advance and intimated to the Work Places so that maximum attendance is ensured on the day of vaccination. In most of the work places vaccination schedule may, however, be completed in less than 15 days.

6. Linkage of Work Place CVC with cold chain points

- a. All government and private CVCs are already linked to some cold chain point for receiving vaccine. These CVCs will continue to use same mechanism to receive vaccine needed for vaccination at tagged Work Place CVC.

7. Engaging health infrastructure and health care workers of Work Place CVC

- a. Some of the Work Places may have health infrastructure in form of hospitals, health clinics, nursing centers etc. This infrastructure may be utilized to set-up vaccination site in case sufficient space for waiting, vaccination and observation rooms are available (refer annexure 1).
- b. The health care workers of this health infrastructure of the Work Place CVCs (such as doctors, nurses and other staff) may be deployed for the COVID-19 vaccination activities at Work Places as vaccination team members.
- c. In-charges of government or private CVCs with which the Work Place CVCs are tagged for COVID-19 vaccination will be responsible to ensure training of these health care staff prior to deployment.
- d. The Work Place CVCs staff engaged in COVID-19 vaccination activities will follow the same SOPs for vaccination and reporting including management and reporting of AEFIs.

8. Deployment of Vaccination team at Work Place CVC

- a. District health authorities will normally deploy the vaccination team at government Work Places. Private CVC will deploy the vaccination team at private Work Places
- b. One fully trained vaccination team will be assigned to vaccinate 100 beneficiaries at Work Place CVC. Additional teams shall be deployed in case work load is more than 100 beneficiaries and if sufficient space for vaccination is available (refer annexure 1).
- c. The management of Work Place will be responsible for arranging adequate rooms / space for vaccination (waiting room, vaccination room and observation room)
- d. Each team will consist of:

- Team leader (necessarily a doctor),
- Vaccinator (authorized to give injections),
- Vaccination Officer-1 to work as verifier to work on CoWIN and
- Vaccination officers-2 & 3 for crowd management and AEFI observation

Role of individual team members are defined as refer annexure 2.

9. AEFI management:

- a. All Work Place CVC will have a medical officer as supervisor / team leader.
- b. All Work Place CVC will have anaphylaxis kit for management of any adverse event and will be linked to the nearest Health Facility (AEFI Management Centre) in case of referral for medical management post vaccination that may be required. The travel time from Work Place CVC to the AEFIs management center should be less than one hour.
- c. A basic life support (BLS) ambulance must mandatorily be deployed at the Work Place CVC and should be utilized for shifting beneficiaries to the linked AEFI management center if required.

10. Vaccination at Work Place CVC:

- a. One type of vaccine will be provided at such sessions that are conducted at the Work Places. This is necessary to avoid mixing of vaccine types in 1st and 2nd dose of a beneficiary.
- b. Beneficiaries at the Work Place who have already received one dose of a vaccine different from the one being administered at the Work Place CVC shall not be vaccinated at session in the Work Place CVC. They are expected to get the second dose of the same vaccine at an appropriate COVID vaccination centre. However, those who have received same vaccine as first dose may be provided second dose at the Work Place CVC.
- c. The full list of beneficiaries, as available in Co-WIN, will be visible to all verifiers and vaccinators, option of on-the-spot registration will also be available.
- d. Verification will be done by Verifier (Vaccination Officer-1) preferably using Aadhar.
- e. In case Aadhar authentication is not possible for any reason, the Verifier will verify the identity and eligibility of the beneficiary from the photo ID Card indicated by the beneficiary at the time of registration.
- f. Apart from Aadhar, other IDs approved by the MoHFW are: 1. EPIC, 2. Passport, 3. Driving license, 4. PAN Card, 5. Smart Card issued by RGI under NPR, 6. Pension Document with Photograph.
- g. If the identity and eligibility of a beneficiary is established upon verification, the beneficiary will be vaccinated and his/her vaccination status will be updated, else the beneficiary will not be vaccinated.
- h. All Vaccination must be recorded in real time through the Co-WIN Vaccinator Module on the same day.
- i. The digital vaccination certificate of the beneficiary will be generated through Co-WIN, Work Place CVC Nodal Person will be responsible for providing a printed copy of the vaccination certificate, both after 1st and 2nd doses, to the beneficiary, on site after vaccination.
- j. Operational guidelines and standard operating procedure for COVID-19 vaccination should be referred for detailed planning and operationalization. These are available at <https://www.mohfw.gov.in/pdf/COVID19VaccineOG111Chapter16.pdf>
<https://www.mohfw.gov.in/pdf/GuidancedocCOWIN2.pdf>

11. Monitoring of vaccination at Work Place CVCs

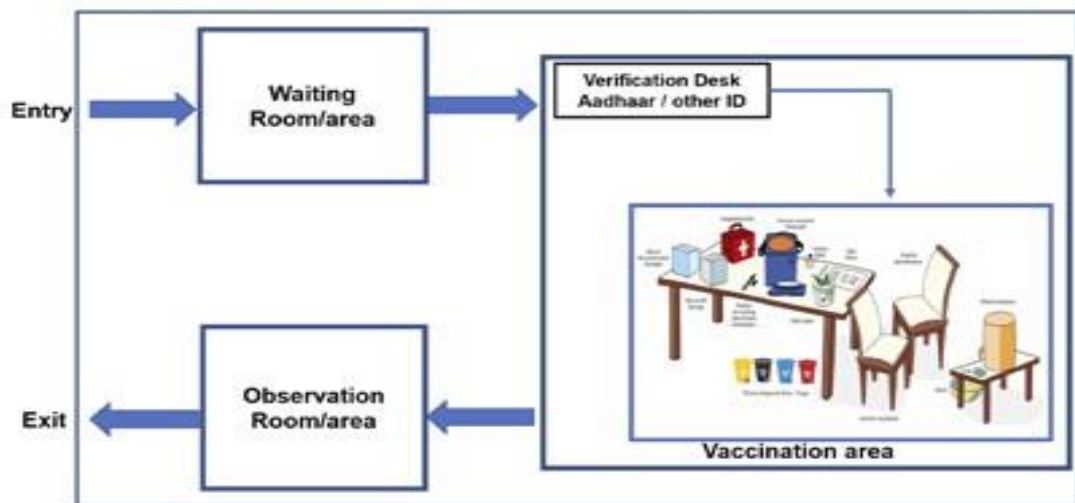
- a. In charges of government or private CVCs with which the Work Place CVCs are tagged for COVID-19 vaccination will review site preparedness and other preparatory activities prior to vaccination.
- b. District and Urban task forces will plan random monitoring at the Work Place CVCs to ensure:
 - Adherence to standard operating procedures for vaccination including verification of beneficiaries to ensure only eligible beneficiaries are vaccinated
 - Training status of human resources
 - AEFI management

12. Financial Guidelines for Vaccination at Work Places:

- a. COVID 19 vaccination at government Work Place organized by district health authorities will be free of cost.
- b. COVID 19 vaccination organized by private CVC would be on payment basis and will be at same rate as of vaccination at private health facility.
 - Service charge subject to a ceiling of INR 100 /- per person per dose,
 - Vaccine cost INR 150/- per person per dose.
 - Hence, the financial ceiling of the total amount recoverable by private health facility is INR 250/- per person per dose.
- c. The Private health facility that will be organizing vaccination at the private sector Work Place will deposit cost of vaccines upfront in the bank account designated by the National Health Authority. The hospitals will provide proof of payments to the DIO in-charge of the concerned district. The payment gateway on the NHA portal will be used by the private CVC for this purpose.

Annexure – I – Details of norms for vaccination at Work Place

1. The Work Place should make available three demarcated rooms/ areas:
 1. Waiting room
 2. Vaccination room
 3. Observation room
- 1.1. The rooms should preferably have 2 doors, one for entry and one for exit as depicted in the diagram. Adequate physical distance of at least 2 gaz should be maintained between chairs/ seats in the waiting and observation rooms. Crisscross movement of beneficiaries should be avoided by clearly marking the direction of movement from waiting room to vaccination room and then to observation room.
- 1.2. **The waiting room** should have facility for hand washing/ sanitization and display IEC materials on COVID appropriate behavior.



- 1.3. **The Vaccination Room** should have a table (at least 4 feet x 2 feet) and two chairs, handwashing/ sanitization arrangement and all other logistics mentioned above. In case of female beneficiary, it must be ensured that a female team member is present in the room while vaccinating. Only one beneficiary should enter the vaccination room at a time to ensure privacy. The following logistics will be made available by the district authority for vaccination in the room:

1. Adequate COVID-19 vaccine in appropriate cold chain
2. Adequate numbers of syringes
3. Hand sanitizer and masks;
4. Hub cutter/ Needle destroyer;
5. Screen for privacy (if room is not separate);
6. Anaphylaxis kit;
7. Separate color-coded bags for waste segregation as per guidelines;
8. Cotton wool;
9. IEC material;

- 1.4. **The observation room** should have sufficient space for 30-minute waiting and observation of adverse event following immunization. Appropriate IEC materials on COVID appropriate behavior may be displayed in observation areas.

Annexure – 2 – Role of Vaccination Team Members

DIO will be responsible for overall planning, implementation, and grievance redressal for Work Place vaccination. S/He will also be responsible for maintaining stocks and accounts & safekeeping of vaccines supplied to the CVC at Work Place.

Role of Work Place Nodal Officer: The key roles and responsibilities of the Nodal Officer from the Work Place are as follows:

1. S/he will be responsible to identify staff and get them registered in the Co-WIN portal
2. S/he will ensure adequate logistic arrangements like adequate space & infrastructure, internet connectivity, enough computers/smart phones/tablets, printers, availability of drinking water.
3. S/he will ensure adequate mechanisms for queuing, verification, vaccination, observation.
4. S/he will also support in display of suitable signages for guiding the movement of the beneficiaries at the Work Place vaccination site.
5. Ensure that a printed copy of the vaccination certificate is provided to the beneficiaries on-site.

Role of Team Leader (Medical Officer)- Key role includes:

1. Ensure verifier follows standard process of verification of beneficiaries using Co-WIN application
2. Vaccinator follows standard process of vaccination and waste disposal
3. Complete AEFI kit is in place at session site and manage AEFIs
4. Ensure referral & transport of beneficiary to the linked AEFI management centre, in case such need arises.

Vaccinator (Vaccinator Officer) – A trained health care worker who will provide the vaccination services. Their roles and responsibilities are already detailed in the Operational Guidelines.

Role of Verifier (Vaccination Officer-1)– Verifier Officer will be the person responsible for verifying the identity of the beneficiaries at the time of vaccination before a vaccine dose is administered. Verifier will also be responsible for on-site registration and verification of any unregistered beneficiaries.

Vaccination Officer – 2& 3 The vaccination officer 2& 3 will undertake the following activities:

1. Be stationed in the observation room
2. Ensure that the beneficiaries maintain physical distancing of 2 yards from each other
3. Ensure that each beneficiary is under observation for 30 minutes
4. Inform vaccinator in case any beneficiary has adverse event
5. Support vaccinator to manage the AEFI

Annexure – 3 – Adequate arrangement for management of Adverse Events Following Immunization

An Adverse Event Following Immunization (AEFI) is any untoward medical occurrence that follows immunization, and which does not necessarily have a causal relationship with the usage of the vaccine.

Reporting Categories of AEFIs

Minor AEFI: These are minor reactions which are common, self-limiting e.g. pain & swelling at injection site, fever, irritability, malaise, etc.

Severe AEFI: These are non-hospitalized cases with increased severity which do not lead to long-term problems but can be disabling. Examples: non-hospitalized cases of anaphylaxis that has recovered, high fever (>102-degree F), hypotonic hypo responsive episodes, sepsis, etc.

Serious AEFI: include deaths, hospitalizations, clusters, disability, media reports/ community concern following vaccination.

All minor, severe and serious AEFIs need to be reported through the Co-WIN app by the vaccinator or the CVC manager. In addition, serious and severe AEFIs need to be reported immediately to the District Immunization Officer by telephone followed by written communication.

At Work Place CVC: Team Lead (medical officer) will ensure management of anaphylaxis / AEFIs as Work Place CVCs and referral to AEFI center (if needed).

A basic life support (BLS) ambulance must mandatorily be deployed at the Work Place CVC and should be utilized for shifting beneficiaries to the linked AEFI management center if required.

Anaphylaxis kit: The Team Lead / Supervisor (medical officer) will ensure the availability of an anaphylaxis kit at the vaccination centre and ensure that all contents are within expiry date.

- Job aid for recognizing anaphylaxis
- Dose chart for adrenaline as per age
- 1 mL ampoule of adrenaline (1:1000 aqueous solution) - 3 nos.
- Tuberculin syringes (1 mL) OR insulin syringe (of 40 units, without fixed needle) - 3 nos.
- 24G/25G needles (1 inch) - 3 nos.
- Swabs - 3 nos.
- Updated contact information of DIO, Medical Officer(s) of PHC/CHC, referral center and local ambulance services
- Certification by Medical Officer for expiry date of contents

