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VPCI/Admn.II/Misc./2022/2263

Date: 12th January, 2022

CIRCULAR

Sub:- (i) Revised guidelines for Home Isolation of mild/asymptomatic COVID-19 cases.

(ii) Revised Advisory for managing Health Care Workers (HCWs) working in COVID & Non-COVID areas of Health Care Facilities.

(iii) Co-Win Updates - Precaution dose vaccination of Health Care Workers, Frontline Workers and citizens aged 60 years and more.

Please find enclosed herewith the above guidelines & advisory regarding COVID-19 issued by Ministry of Health & Family Welfare, Government of India dated 05.01.2022 & 09.01.2022.

All the HODs/Sectional In-charges are requested to circulate it among their staff and follow the above guidelines & advisory as enclosed.

This issues with the approval of the Competent Authority.

Deputy Registrar

To,

All the HODs/Sectional In-charges
Dr. Nitin Goel, Assistant Professor & Nodal Officer (COVID-19)
S.O. (VCH)
J.E. (Civil)
Caretaker, VPCI

Copy to:-

- P.S. to Director - for information to the Director
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5th January 2022

Government of India
Ministry of Health & Family Welfare

Revised guidelines for Home Isolation of mild /asymptomatic COVID-19 cases

1. Background

Over the past two years, it has been seen globally as well as in India that majority of cases of COVID-19 are either asymptomatic or have very mild symptoms. Such cases usually recover with minimal interventions and accordingly may be managed at home under proper medical guidance and monitoring.

Ministry of Health & FW has thus issued and updated guidelines for home isolation from time to time to clarify selection criteria, precautions that need to be followed by such patients and their families, signs that require monitoring and prompt reporting to health facilities.

The present guidelines are applicable to COVID-19 patients who have been clinically assessed and assigned as **mild /asymptomatic cases of COVID-19.**

2. Asymptomatic cases; mild cases of COVID-19

The asymptomatic cases are laboratory confirmed cases who are not experiencing any symptoms and have oxygen saturation at room air of more than 93%.

Clinically assigned mild cases are patients with upper respiratory tract symptoms with or without fever, without shortness of breath and having oxygen saturation at room air of more than 93%.

3. Patients eligible for home isolation

i. The patient should be clinically assigned as mild/ asymptomatic case by the treating Medical Officer. Further a designated control room contact number at the district /sub district level shall be provided to the family to get suitable guidance for undertaking testing, clinical management related guidance, assignment of a hospital bed, if warranted.
ii. Such cases should have the requisite facility at their residence for **self-isolation** and for **quarantining the family contacts.**
iii. A caregiver (**ideally someone who has completed his COVID-19 vaccination schedule**) should be available to provide care on 24 x7 basis. **A communication link between the**

caregiver and a Medical Officer is a prerequisite for the entire duration of home isolation.

iv. Elderly patients aged more than 60 years and those with co-morbid conditions such as Hypertension, Diabetes, Heart disease, Chronic lung/liver/ kidney disease, Cerebro-vascular disease etc **shall only be allowed home isolation after proper evaluation by the treating medical officer.**

v. Patients suffering from immune compromised status (HIV, Transplant recipients, Cancer therapy etc.) **are not recommended** for home isolation and **shall only be allowed home isolation after proper evaluation by the treating Medical Officer.**

vi. While a patient is allowed home isolation, all other members in the family including other contacts shall follow the **home quarantine guidelines available at:** https://www.mohfw.gov.in/pdf/Guidelinesforhomequarantine.pdf.

4. Instructions for the patient

i. Patient must isolate himself from other household members, stay in the identified room and away from other people in home, especially elderly and those with co-morbid conditions like hypertension, cardiovascular disease, renal disease etc.

ii. The patient should stay in a well-ventilated room with cross ventilation and windows should be kept open to allow fresh air to come in.

iii. Patient should at all times use triple layer medical mask. They should discard mask after 8 hours of use or earlier if the mask becomes wet or is visibly soiled. In the event of Caregiver entering the room, both Caregiver and patient may preferably consider using N-95 mask.

iv. Mask should be discarded after cutting them to pieces and putting in a paper bag for a minimum of 72 hours.

v. Patient must take rest and drink lot of fluids to maintain adequate hydration.

vi. Follow respiratory etiquettes at all times.

vii. Undertake frequent hand washing with soap and water for at least 40 seconds or clean with alcohol-based sanitizer.

viii. The patients shall not share personal items including utensils with other people in the household.

ix. Need to ensure cleaning of frequently touched surfaces in the room (tabletops, doorknobs, handles, etc.) with soap/detergent & water. The cleaning can be undertaken either by the patient or the caregiver duly following required precautions such as use of masks and gloves.

x. Self-monitoring of blood oxygen saturation with a pulse oximeter for the patient is advised.

xi. The patient shall self-monitor his/her health with daily temperature monitoring (as given below) and report promptly if any deterioration of symptom is noticed. The status shall be shared with the treating Medical Officer as well as surveillance teams/Control room.

Patients Self -health monitoring Chart

Date and time	Temperature	Heart rate (from pulse oximeter)	SpO2 % (from pulse oximeter) *	Feeling: (better /same /worse)	Breathing: (better / same/ worse) **

*For self-monitoring blood oxygen saturation with a pulse oximeter, place the index finger (after cleaning hands and removing nail polish, if any) in the pulse oximeter probe and take the highest steady reading after a few seconds.

**The patient may self-monitor breathing rate/respiratory rate in sitting position, breathe normally and count the number of breaths taken in 1 full minute.

5. Instructions for Care Giver

i. **Mask:**
- The caregiver should wear a triple layer medical mask. N95 mask may be considered when in the same room with the ill person.
- Front portion of the mask should not be touched or handled during use.
- If the mask gets wet or dirty with secretions, it must be changed immediately.
- Mask should be discarded after cutting them to pieces and putting in a paper bag for a minimum of 72 hours.
- Perform hand hygiene after disposal of the mask.
- He/she should avoid touching own face, nose or mouth.

ii. **Hand hygiene**
- Hand hygiene must be ensured following contact with ill person or his immediate environment.
- Use soap and water for hand washing at least for 40 seconds. Alcohol-based hand rub can be used, if hands are not visibly soiled.
- After using soap and water, use of disposable paper towels to dry hands is desirable. If not available, use dedicated clean cloth towels and replace them when they become wet.
- Perform hand hygiene before and after removing gloves.

iii. **Exposure to patient/patient's environment**
- Avoid direct contact with body fluids (respiratory, oral secretions including saliva) of the patient. Use disposable gloves while handling the patient.

- Avoid exposure to potentially contaminated items in his immediate environment (e.g. avoid sharing eating utensils, dishes, drinks, used towels or bed linen).
- Food must be provided to the patient in his room. Utensils and dishes used by the patient should be cleaned with soap/detergent and water while wearing gloves. The utensils may be re-used after proper cleaning.
- Clean hands after taking off gloves or handling used items. Use triple layer medical mask and disposable gloves while cleaning or handling surfaces, clothing or linen used by the patient.
- Perform hand hygiene before and after removing gloves.

iv. Biomedical Waste disposal

Effective and safe disposal of general wastes such as disposable items, used food packets, fruit peel offs, used water bottles, left-over food, disposable food plates etc. should be ensured. They should be collected in bags securely tied for handing over to waste collectors.

Further, the used masks, gloves and tissues or swabs contaminated with blood / body fluids of COVID-19 patients, including used syringes, medicines, etc., should be treated as biomedical waste and disposed of accordingly by collecting the same in a yellow bag and handed over to waste collector separately so as to prevent further spread of infection within household and the community. Else they can be disposed of by putting them in appropriate deep burial pits which are deep enough to prevent access to rodents or dogs etc.

6. Treatment for patients with mild /asymptomatic disease in home isolation

i. Patients must be in communication with a treating Medical Officer and promptly report in case of any deterioration.
ii. The patient must continue the medications for other co-morbidities/ illness after consulting the treating Medical Officer.
iii. Patient may utilize the tele-consultation platform made available by the district/state administration including the e-Sanjeevani tele-consultation platform available at https://esanjeevaniopd.in/
iv. Patients to follow symptomatic management for fever, running nose and cough, as warranted.
v. Patients may perform warm water gargles or take steam inhalation thrice a day.
vi. If fever is not controlled with a maximum dose of Tab. Paracetamol 650 mg four times a day, consult the treating doctor.

vii. Information floating through social media mentioning non-authentic and non-evidence-based treatment protocols can harm patients. Misinformation leading to creation of panic and in-turn undertaking tests and treatment which are not required has to be avoided. Clinical management protocol for asymptomatic/mild patients as available on the web site of Ministry of Health & FW (https://www.icmr.gov.in/pdf/covid/techdoc/COVID_Management_Algorithm_23092021.pdf) may be referred to by the treating Medical Officer to aid management of the case.

viii. Do not rush for self-medication, blood investigation or radiological imaging like chest X ray or chest CT scan without consultation of your treating Medical Officer.

ix. Steroids are not indicated in mild disease and shall not be self-administered. Overuse & inappropriate use of steroids may lead to additional complications.

x. Treatment for every patient needs to be monitored individually as per the specific condition of the patient concerned and hence generic sharing of prescriptions shall be avoided.

xi. In case of falling oxygen saturation or shortness of breath, the person may require hospital admission and shall seek immediate consultation of their treating Medical Officer/surveillance team /Control room.

7. When to seek medical attention

Patient / Care giver will keep monitoring their health. Immediate medical attention must be sought if serious signs or symptoms develop. These could include-

i. Unresolved High-grade fever (more than 100° F for more than 3 days)
ii. Difficulty in breathing,
iii. Dip in oxygen saturation (SpO2 ≤ 93% on room air at least 3 readings within 1 hour) or respiratory rate >24/ min
iv. Persistent pain/pressure in the chest,
v. Mental confusion or inability to arouse,
vi. Severe fatigue and myalgia

8. Monitoring of the Patient during Home Isolation

The concerned district administration under the overall supervision of State Health Authority shall be responsible for monitoring the patient under home isolation.

8.1. Responsibilities of grass root level Surveillance Teams

i. The Surveillance Teams (ANM, Sanitary inspector, MPHW etc) shall be responsible for initial assessment of the patient and whether the requisite facilities are there for home isolation.

ii. The health worker should contact the patient daily preferably in-person or over telephone/ mobile and obtain the details of temperature, pulse, oxygen saturation, patients overall wellness and worsening of signs/ symptoms.

iii. The Surveillance Team may provide Home Isolation Kits to the patient/ caregiver as per the policy of the State Government. The Kit may contain masks, hand sanitizers, paracetamol along with a detailed leaflet to educate patients and family members in local language.

iv. If there is reported worsening of signs/ symptoms and/or fall in oxygen saturation, the Surveillance team shall re-assess the patient and inform the Control Room for shifting the patient to hospital.

v. The surveillance Team shall also undertake the patient education on the disease, its symptoms, warning signs, COVID appropriate behaviour and need for vaccination for all eligible members.

8.2. Responsibilities of the District/ Sub-District Control Room.

District and sub-district control rooms will be made operational and their telephone numbers should be well publicised in public so that people under home-isolation may contact the control rooms for seamless transfer of patients through ambulance from home to the dedicated hospital.

These Control Rooms shall also make outbound calls to the patients under home isolation to monitor their status.

8.4. Role of District Administration

The district administration should monitor all cases under home isolation on a daily basis.

9. When to discontinue home isolation

Patient under home isolation will stand discharged and end isolation after at least 7 days have passed from testing positive and no fever for 3 successive days and they shall continue wearing masks. **There is no need for re-testing after the home isolation period is over.**

Asymptomatic contacts of infected individuals need not undergo Covid test & monitor health in home quarantine.

Guidelines for Home Isolation (Dated 5th January 2022)

Patient Tested Positive

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Patients clinically assessed and assigned as mild /asymptomatic cases of COVID-19 or patients experiencing no symptoms and have oxygen saturation at room air of 93% or more.

↓

Management of cases under Home Isolation

Instructions for the patient	• Identify separate, well-ventilated room; • Use triple layer mask and discard in a paper bag after 72 hours, cutting into pieces; • Maintain adequate hydration; • Follow respiratory etiquettes; • Follow hand hygiene;	• Do not share personal items including utensils with others; • Clean frequently touched surfaces with soap/detergent and water; • Monitor blood oxygen saturation and temperature regularly; • Report promptly in case of any deterioration
Instructions for caregivers (caregiver must be fully vaccinated)	• Use triple layer mask and discard in a paper bag after 72 hours, cutting into pieces; • Replace mask immediately if wet of dirty with secretion; • Follow hand hygiene; • Avoid touching face, nose or mouth;	• Use gloves and perform hand hygiene before and after using gloves; • Avoid direct contact with body fluids of patient; • Avoid exposure to contaminated items in patient's immediate environment; • Ensure effective waste disposal;
Treatment for patients with mild /asymptomatic disease	• Patient must be in communication with a Medical Officer; • Medication for co-morbidities must be continued after consulting treating Medical Officer; • Leverage Tele-consultation platform; • Follow symptomatic management for fever, cough, etc.; • Avoid misinformation leading to panic;	• Do not rush for self-medication, blood investigation or radiological imaging without consultation of your treating Medical Officer. • Steroids are not indicated in mild disease and shall not be self-administered; • Only Medical Officer must decide about drugs, hoarding any drugs is not useful
Monitoring of the Patient during Home Isolation by District administration	• The concerned district administration under the overall supervision of State Health Authority responsible for monitoring the patient under home isolation • Initial assessment to be conducted by surveillance teams at ground level; • Adequately staffed and well-equipped control rooms to aid end-to-end support to the patient under home isolation;	• Contact numbers of Control Room should be well publicized for seamless transfer of patients through ambulance from home to the dedicated hospital • Necessary coordination with respect to infrastructure to be ensured by the district administration;

Patient / Caregiver to monitor health of patient. Immediate medical attention must be sought if serious signs or symptoms develop. These could include-

- Unresolved high grade Fever; >100° F for more than 3 days
- Difficulty in breathing
- SpO2 < 93% on room air at least 3 reading within 1 hour or Respiratory rate >24/ min
- Persistent pain/ pressure in the chest
- Mental confusion or inability to arouse
- Severe fatigue and myalgia

Discontinue Home Isolation: Patient under home isolation will stand discharged and end isolation after at least 7 days have passed from testing positive and no fever for 3 successive days and they shall continue wearing masks. There is no need for re-testing after the home isolation period is over. Asymptomatic contacts of infected individuals need not undergo Covid test & monitor health in home quarantine.

Dated 9th January 2022

Government of India
Ministry of Health & Family Welfare

Revised Advisory for managing Health Care Workers (HCWs) working in COVID and Non-COVID areas of the Health Care Facilities

1. Background

The health work force is a valuable resource for the country. The health care personnel working in hospitals are at increased risk of acquiring the COVID-19 disease, if there is a breach in the personal protection while managing patients. It is important to ensure proper advisory to protect Health care Workers (HCWs) particularly in context of safety from Healthcare Associated Infections (HAIs) while managing COVID-19.

2. Purpose of the document

The purpose of the document is to provide guidance on the following:

a) Prevention measures to be observed at the Institution/facility level.
b) Testing and isolation measures for health care functionaries.

3. Institutional Mechanism for preventing and responding to Healthcare Associated Infections (HAIs) among HCWs

All health facilities shall activate its Hospital Infection Control Committee (HICC). The HICC in the health facility is responsible for implementing the Infection Prevention and Control (IPC) activities and organizing regular trainings on IPC for HCWs.

A Nodal Officer (Infection Control Officer) shall be identified by each health facility to address all matters related to Healthcare Associated Infections (HAIs). With reference to preventing such infection among healthcare workers, the nodal officer will ensure that:

i. Healthcare workers in different settings of hospitals shall use PPEs appropriate to their risk profile.
ii. All healthcare workers have undergone training on Infection Prevention and Control and they are aware of common signs and symptoms, need for self-health monitoring and need for prompt reporting of such symptoms.
iii. Provisions have been made for regular (thermal) screening of all hospital staff.
iv. All HCWs are vaccinated with 2 doses of the COVID vaccine and also take the precautionary third dose as per prescribed protocol.
v. Provisions have been made for prompt reporting of breach of PPE by the hospital staff and follow up action.

4. Action for Healthcare Workers

i. Ensure that all preventive measures like frequent washing of hands/use of alcohol based hand sanitizer, respiratory etiquettes (using tissue/handkerchief while coughing or sneezing), etc. are followed at all times.

ii. Appropriate PPE is used at all times while on duty.

iii. A buddy system* to be followed to ensure that there is no breach in infection prevention control practices.

iv. Any breach in PPE and exposure is immediately informed to the nodal officer/HoD of the department

v. HCWs after leaving the patient care units (wards/OPDs/ICUs) at the doctor's duty rooms/hostels/canteen or outside the HCF must follow physical distancing and masking to prevent transmission to/acquiring infection from other HCWs who may be positive.

vi. Pregnant/lactating mothers and immuno-compromised healthcare workers shall inform their medical condition to the hospital authorities for them to get posted in appropriate areas.

*Buddy system: Under this approach, two or more-person team is formed amongst the deployed hospital staff who share responsibilities for his/her partner's safety and well-being in the context of (i) Appropriately donning and doffing of PPEs, (ii) maintaining hand hygiene and (iii) taking requisite steps on observing breach of PPEs.

5. SOP for health work force deployment during COVID-19

5.1 SOP to be followed in case HCW reports exposure/breach of PPE

All the Healthcare workers must report every unprotected exposure/ breach of PPE while managing COVID-19 patients to the concerned nodal officer and HoD of the concerned department immediately. Such exposed HCWs shall continue to work wearing appropriate PPE and test themselves at day 5 of the exposure or if symptoms develop anytime within 14 days from the day of exposure.

5.2 SOP to be followed in case HCW reports symptoms suggestive of COVID-19

5.2.1 If any healthcare worker who is manifesting signs and symptoms suggestive of COVID-19, he/she will be tested & isolated immediately and if tested positive the following actions shall be taken:

a. In case of mild case, HCW will have an option of home isolation, subject to the conditions stipulated in the "Revised guidelines for Home Isolation of mild /asymptomatic COVID-19 cases" (available at: https://www.mohfw.gov.in/pdf/RevisedHomeIsolationGuidelines05012022.pdf). Such cases would end their home isolation as per timeline provided in the said guidelines.

b. In cases where home isolation is not feasible, such mild cases will be admitted to a COVID Care Center.

c. Moderate cases that require oxygen therapy shall be managed at a Dedicated COVID Health Center.

d. Severe cases will be managed in a Dedicated COVID Hospital.

5.2.2. HCWs can resume duties while wearing appropriate PPEs if symptoms have resolved (except mild cough), and they are afebrile for 3 successive days.

5.2.3. Those HCWs who test negative and continue to be symptomatic, will be treated in non-COVID ward as per their clinical diagnosis. They can resume work based on the clinical diagnosis and the medical certification by the treating doctor.

5.2.5 Discharge of COVID-19 positive HCWs will be in accordance with the discharge policy (available at: https://www.mohfw.gov.in/pdf/RevisedDischargePolicyforCOVID19updatedon9thJanuary2022.pdf).

5.3 Regular quarantine of healthcare workers after performing duty in COVID-19 areas

Quarantine/isolation of healthcare workers, other than stipulated above is not warranted.

Co-WIN Updates

Precaution dose vaccination of Health Care Workers, Frontline Workers and citizens aged 60 years and more

S. No.	Aspect/activity	Details
1	Eligibility	• All 60+ Citizens (with co-morbidities and on medical advice), all HCWs and all FLWs are eligible, provided – o Completed 39 week after 2nd dose. • Eligible for only same vaccine as the 1st and 2nd dose. • Only those HCW & FLWs who have taken 2 doses from citizen category and not tagged as HCW/FLW on Co-WIN need to visit Government CVCs along with employment certificate in order to get themselves tagged in appropriate category before taking precaution dose after prescribed time interval. (See para 8)
2	Registration	• **No new registration is required for precaution dose.** • Even for citizens/HCWs/FLWs who have taken 2 doses on different registrations (and hence have 2 first dose certificates) fresh registration in not required and should not be done. This issue is also being addressed. Subsequent updates will be provided. • Any vaccine dose administration for any fresh registration is treated as first dose for that registration. • Vaccinator must locate the beneficiary record by searching on either a) Beneficiary Reference ID (available in appointment slip and in vaccination certificate) b) ID card used for vaccination c) mobile number
3	Planning and publication of Vaccination Sessions	• District Admins and Site managers can create vaccination sessions with precaution dose slots in Co-WIN from 8th January 2022. Functionality is already live.

		• **For new sessions being created from 8th January 2022** - The district admins (i.e. DIOs) and site managers (for private hospitals) can specify the online and on-spot slots for precaution dose, along with 1st and 2nd dose slots for COVAXIN and COVISHIELD only. • For existing sessions already published on or before 8th January 2022 – o Session capacities are being increased by 20% for precaution dose from back end. (Will be on prod on 08/01/22) o No need to cancel\reschedule already published sessions. o Sessions can be edited to increase various types of capacities, including for precaution dose. • Flexibility is available for planning exclusive sessions for precaution dose by keeping the slots for 1st and 2nd dose at minimum. However, 2 parallel sessions for the same vaccine at the same CVC are not allowed. • Once, the sessions are published by the district admins and site managers, the published precaution dose slots will be visible to the beneficiaries (HCWs, FLWs and citizens aged 60+) eligible for precaution dose for online booking. • The slots for precaution dose will be visible to eligible beneficiary groups after completion of 9 months (39 weeks) after the date of second dose. • At present the feature for precaution dose is being enabled only for COVAXIN and COVISHIELD. Therefore, the option to publish slots for precaution dose will be visible for only those sessions where these two vaccines have been selected by district admin and site managers at time of session creation. o For SPUTNIK V, the vaccine for precaution dose is being decided. Hence, such beneficiaries will have to wait. Once there is clarity on technical aspect, provision will be made live.

		○ For ZyCOV-D, the feature for precaution dose is not required presently and will be made available in due course of time.
4	Mobilization and communication	• The reminder SMS for precaution dose for those who have completed 9 months (39 weeks) after 2nd dose will be sent from 8th January 2022, onwards. • The list of eligible beneficiaries due for precaution dose has been made available for download in district admin and site manager login. This list should be used for follow up with eligible beneficiaries apart from the SMS being sent from Co-WIN. • For precaution dose, separate queue with proper & prominent signages and separate vaccination teams may be used for the vaccination of eligible beneficiaries, wherever necessary. • It is advised that District Admins and Site managers to create and publish sufficiently long advance schedule of vaccination sessions, preferably for at least 15 days at any given point of time, with sufficient capacities for precaution dose on Co-WIN, for providing sufficient & advance visibility of vaccination slots.
5	Appointments	• Beneficiaries will be able to book online appointments for precaution dose from 8th January 2022 based on the vaccination schedules populated by the District Admins and Site Managers. • On-site/ walk-in appointments will also be possible from 10th January 2022 when this vaccination starts. Sufficient publicity may be accorded for the same. • Validations on vaccine type, duration after 2nd dose, age, beneficiary type etc. are in place on Co-WIN.
6	Verification, vaccination, Certification, AEFI & VURs	• The vaccinator, at the time of verification, for citizens 60+ will confirm and record in the vaccinator module the following – 1. Whether the beneficiary has any co-morbidity? (Yes/No/Don't Know)

		2. Whether beneficiary has taken medical advice and the advice is to take precaution dose? (Yes/No) • The responses must be filled based on information provided by the beneficiary and **in no case any certificate etc. is to be insisted upon**. • The Co-WIN processes for vaccination & certification, AEFI reporting and VURs, would remain same as per existing functionality. • Like for 2nd dose vaccination, the option to add beneficiary on spot for precaution dose will also be available in the vaccinators log in. • It may be noted that the precaution dose must be of the same vaccine which has been given at time of 1st and 2nd dose. • While it is advised that the citizens aged 60 years or more need to take precaution dose after medical advice, there is no need to produce a co-morbidity certificate at time of vaccination for precaution dose. Also, production or upload of any co-morbidity certificate or medical advice papers is not required. • For outreach sessions where connectivity is not there, due list downloaded from Co-WIN must be used for vaccination to avoid errors in vaccination and data entry.
7	Reports	• The suitable reports on vaccination coverage of precaution dose would be available on Co-WIN Report module from 10th January 2022.
8	Tagging of HCWs/FLWs	• There might be cases wherein some of the HCWs and FLWs may have registered as citizens in Co-WIN for availing vaccination. Such beneficiaries are not HCWs/FLWs in the Co-WIN system. Hence, the system will deem them ineligible if they are in the age group of 59 years or less. • To facilitate access to precaution dose for such HCWs/FLWs, a feature for tagging such beneficiaries as HCWs/FLWs is being provided in Co-WIN. (Will be live on 09/01/22) • **Tagging facility will only be available at Government CVCs. However, HCWs/FLWs**

		can avail vaccination at government or private CVC as per their choice. • Such beneficiaries can also avail the precaution dose only after they are tagged as HCW/FLW by the vaccinator in Co-WIN. • Such beneficiaries must produce the employment certificate, as prescribed in the GoI guidelines, for tagging as HCW/FLW. • **It is the responsibility of the vaccination team to verify and establish that a beneficiary earlier registered as citizen in Co-WIN is a HCW/FLW before tagging them.**
9	Upcoming features in vaccinator module (after the precaution dose release)	
9 (A)	Verification of infection in past 3 months	Following questions will be asked by the vaccinator- 1. Whether the beneficiary has had COVID-19 infection during the last 3 months? 2. And, if yes, the date of recovery. If the answer to Q1 is yes, the person must be advised to come for his/her precaution dose after the 3 month period from recovery is complete.
9(B)	Merger of 2 1st dose records at the time of precaution dose	Process flow is being finalised and will be shared once finalised.
10	Miscellaneous	• The orientation sensitization training for State/District officials on above features of Co-WIN for vaccination of Children is conducted by Co-WIN Team on 8th January 2022. You are requested to kindly disseminate the same to all field level staff and adequate publicity on same may also be provided to all concerned.
11	Suggestions received in VC on 08/01/22 – • Display of AEFI status and beneficiary type in vaccinator module – scheduled list • Display of beneficiary type (HCW/FLW/Citizen) in Scheduled list.	