

# IAFF VACCINATION DISTRIBUTION GUIDELINES



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# IAFF Position Statement On COVID-19 Vaccines

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**The IAFF strongly recommends that all IAFF members receive a SARS-CoV-2 (COVID-19) vaccine to prevent the spread of disease and assist in administering vaccinations in jurisdictions where appropriate measures are taken to protect our members health and safety and their rights on the job when vaccinations are being administered, according to the specifications listed below.**

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The IAFF strongly recommends all members be vaccinated against the coronavirus (SARS-CoV-2) for their own protection and the protection of their brothers and sisters, family members, friends and communities. It is critical that members are protected through vaccinations to maintain their readiness to respond to COVID-19 and other emergencies, as the number of positive tests, hospitalizations and deaths from COVID-19 continue to rise amidst flu season.

As fire fighters and medical emergency personnel who work in confined and uncontrolled environments while treating or transporting patients or interacting with the public, members are at a greater risk of contracting COVID-19. As of December 15, 2020, 21 members have died in the line of duty from COVID-19.

The IAFF has urged federal, state and local governments to include fire fighters in Tier 1a for vaccine distribution. In Canada the IAFF has requested the federal government include fire fighters in the same priority group as other healthcare workers.

The Fire Service Joint Labor/Management Wellness-Fitness Initiative (WFI) states, “Uniformed personnel must receive or provide documentation of having received vaccinations.” The IAFF and the International Association of Fire Chiefs (IAFC) have collectively embraced and promoted this initiative, and we continue to advocate, educate and recommend the COVID-19 vaccine for our members.

Under the advisement and guidance of our Johns Hopkins University medical team and WFI doctors, along with NFPA 1581 Standard on Fire Department Infection Control Program and NFPA 1582, Standard on Comprehensive Occupational Medical Program for Fire Departments, **the IAFF urges members to be vaccinated for COVID-19.**

The IAFF recognizes that under some circumstances, including sincere religious objections or a bona fide medical reason, fire fighters may object to being vaccinated. These members may be able to obtain an exemption or reasonable accommodation from their fire departments. The IAFF recommends the following guidelines from the NFPA 1581 Standard:

- 4.5.2.5\* Members who choose to decline immunizations offered by the department shall be required to sign a written declination.
- 4.5.2.5(a) Members who decline immunizations should be counseled by the fire department physician. If the member persists in refusing vaccination, a signed written declination is required

- 4.5.2.5.1 The declination shall become part of the member's confidential health database
- 4.5.2.5.2 Members shall be allowed to recant a declination at any time and receive the offered immunizations.

In the event the state, provincial or local government or the fire department mandates the vaccine, members may be subject to penalization of workers' compensation, disability or Public Safety Officers' Benefit (PSOB). An exemption or preferred accommodation may be difficult to obtain through a lawsuit as employers are only required to offer a reasonable (not preferred) accommodation and will have little difficulty demonstrating that providing an exemption to a COVID-19 vaccination would cause an undue hardship given that public health and safety are at risk.

While vaccines present minimal side effects, no serious safety or health concerns have been reported at the time this position statement was written. The Pfizer and Moderna vaccines are molecular RNA based (not a live virus) and both vaccines have a 95% efficacy rate compared to a 40-60% efficacy rate of the influenza (flu) vaccine and provide antibodies and T-cell immunity against COVID-19.

Additionally, due to the public health crisis and state of emergency, the IAFF supports enlisting fire fighter and emergency medical personnel for vaccine distribution under the following conditions:

- Authorized by state, local or medical directors to provide immunizations
- Compensated at overtime rates as this would be in addition to regular shift work
- Assigning members to provide immunizations does not impact the department's staffing levels for responding to emergencies and performing other duties
- Remain covered through workers' compensation and disability
- Have been vaccinated
- Provided the proper training and education in vaccine handling, tracking and administration
- Provided the proper personal protective equipment (PPE) for vaccine distribution
- A safe environment to distribute the vaccine

The IAFF continues to remain engaged with the incoming Biden-Harris administration to ensure fire fighters are given priority access for PPE, testing and vaccinations at the federal level and seeks help from affiliate leaders in engaging governors and state, provincial and local health departments to ensure members remain a priority at the local level.

The IAFF will provide additional COVID-19 vaccination information developed internally and through the Centers for Disease Control and Prevention (CDC) to affiliate leaders to promote, educate and advocate for the COVID-19 vaccine for members and their families.

**For more information, visit [www.iaff.org/coronavirus](http://www.iaff.org/coronavirus)**

# IAFF Vaccine Distribution Guidelines

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As of February 2021, the IAFF has experienced 34 line-of-duty deaths (LODD) and has become all too familiar with the devastating effects of the pandemic on our members, their families, and the community at large. IAFF members have been on the frontline since the beginning of the pandemic as prehospital care providers for COVID-19 patients, as well as everyday 9-1-1 emergencies. Now, IAFF members can provide another service by administering vaccines to the public. Fire fighters and emergency medical services (EMS) personnel can assist public health agencies with vaccination administration to meet the goal of vaccinating more than 200 million people in the United States. However, to do so there must be a detailed plan that puts the safety of IAFF members at the forefront.

The *National Strategy for the COVID-19 Response and Pandemic*<sup>1</sup> supports state and local efforts to enlist emergency medical services personnel and firefighters to support vaccination efforts. EMS personnel – first responders, emergency medical technicians, paramedics and fire fighters play a critical role in their communities every day and will be critical to supporting the vaccination effort nationwide. The federal government will support state and local government efforts to enlist EMS agencies to launch community vaccination clinics, building on their critical role and expertise in disaster relief. At the same time, the administration will work hand-in-hand with states and localities to ensure that first responders nationwide – along with other frontline essential workers, such as teachers, school staff and childcare workers who play such a critical role in our communities every day – have access to the vaccine as quickly as possible.

These guidelines are designed to assist affiliates and their administrators in developing a vaccine distribution program. The IAFF respects and fully supports local autonomy, realizing that not every local will want to participate, but if they do, this guidance will help them implement a program in a way that protects our members while enhancing their value to their community and job security.

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<sup>1</sup> <https://www.whitehouse.gov/wp-content/uploads/2021/01/National-Strategy-for-the-COVID-19-Response-and-Pandemic-Preparedness.pdf>

# IAFF Vaccine Distribution Plan

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## Engaging Stakeholders

The *National Strategy for the COVID-19 Response and Pandemic*'s goal of distributing 100 million vaccines in 100 days requires states, counties and municipalities to assemble a large pool of personnel with the ability to administer vaccines. Fire fighters and EMS practitioners are willing, able and ready to help achieve this goal. To be successful, affiliate leaders will need to engage elected and appointed officials at the state and local levels, as well as department administrators, to garner their support, funding and direction with a vaccine initiative.

### ***Federal Engagement***

On the national level, the IAFF has engaged the National Highway Traffic and Safety Administration (NHTSA) Office of EMS to move forward with the emergency addendum, thus showing support at the national level to guide the state emergency medical services offices for their consideration to implement. The NHTSA Office of EMS must create an emergency addendum to the National Scope of Practice Model to allow certified emergency medical technicians (EMT) and above to administer intramuscular vaccines injections.<sup>2</sup>

### ***Emergency Management and Public Health***

There is a serious disconnect between fire departments, EMS agencies and public health officials. This disconnect has resulted in obstacles, such as difficulty in securing personal protective equipment (PPE), failure to provide sufficient pandemic guidance for first responders and, in some states, failing to recognize fire fighters in phase 1A of vaccination plans.

Affiliate leaders and department administrators should engage their state and local offices of emergency management and health departments, inform the respective decision makers of the capabilities of fire fighters and EMS practitioners, and encourage participation in a coordinated multidisciplinary effort.

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<sup>2</sup> The National Scope of Practice Model sets skill level for EMS practitioners as the base for state EMS regulators to implement.

### *EMS Regulators*

Department administrators need to ensure their EMS regulations allow for paramedics, advanced emergency medical technicians (AEMTs) and EMTs to provide vaccines or they will need the state EMS office to issue a waiver allowing for those providers to administer vaccines.

### *Physician Medical Directors*

Department administrators should engage their physician medical directors to assist with developing and providing training on the vaccine's indications, contraindications, administration and potential side effects, and how to manage those side effects. If one does not exist, the physician medical director should create a standing order for vaccine administration.

Department administrators and affiliate leaders should bring the physician medical director to meetings with emergency management and public health to help inform decision makers of the capabilities of fire fighters and EMS practitioners.

## **Incident Action Plan**

In conjunction with the Offices of Emergency Management, public health departments and local physician medical directors, departments should develop a detailed Incident Action Plan (IAP) for fire fighters and EMS practitioners to administer vaccines to the public. The IAP should include the following:

- Defined scope and purpose for vaccinations
- State EMS regulations or waiver allowing personnel to administer vaccines
- The necessary education and training personnel required prior to administering vaccines
- Designating vaccination site(s) that are sufficiently ventilated and can promote social distancing (for the continued protection of the workforce **do not** use fire stations as vaccination sites)
- Hours of operation of vaccination sites
- Security at vaccination sites
- Protection from inclement weather
- List of approved personnel capable of providing vaccines
- A Standard Operating Procedure (SOP) for the proper storage, handling and administration of vaccines while minimizing waste
- Scheduled shifts of approved personnel (to keep adequate staffing in the fire stations only off-duty personnel should be used at vaccination sites)
- Personnel compensated at overtime rates, as this would be in addition to regular shift work
- Personnel who remain covered through workers' compensation and disability
- Personnel vaccinated prior to participating in the vaccination program (see Appendix A).

- Proper PPE for personnel distributing vaccines
- Proper deconning station, including handwashing stations and hand sanitizers
- A plan that allows for up to 30 minutes of patient monitoring post vaccine in case of an immediate adverse reaction or anaphylaxis (severe allergic reaction) and the necessary resources to manage patients in the event of one of the above
- An EMS transport team on standby during the hours of operation of the vaccination site
- Fact sheets on each vaccine distributed to give to the person receiving the vaccine
- A detailed tracking program in place, including when the person is scheduled for the second dose (if needed) at the time the first dose is given
- Necessary documentation to the local public health department
- Ability for person being vaccinated to download and participate in the V-safe Vaccination Health Checker App<sup>3</sup>
- A de-escalation or demobilization plan

**Caution** – do not convert testing sites into vaccine sites or use the same location for both. A sufficient number of testing sites will still be needed.

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<sup>3</sup> <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafe.html>

# Appendix - V-Safe After Vaccination Health Checker



## What is v-safe?

**V-safe** is a smartphone-based tool that uses text messaging and web surveys to provide personalized health check-ins after you receive a COVID-19 vaccination. Through **v-safe**, you can quickly tell CDC if you have any side effects after getting the COVID-19 vaccine. Depending on your answers, someone from CDC may call to check on you. And **v-safe** will remind you to get your second COVID-19 vaccine dose if you need one.

Your participation in CDC's **v-safe** makes a difference—it helps keep COVID-19 vaccines safe.

## How can I participate?

Once you get a COVID-19 vaccine, you can enroll in **v-safe** using your smartphone. Participation is voluntary and you can opt out at any time. You will receive text messages from **v-safe** around 2 p.m. local time. To opt out, simply text "STOP" when **v-safe** sends you a text message. You can also start **v-safe** again by texting "START."

## How long do v-safe check-ins last?

During the first week after you get your vaccine, **v-safe** will send you a text message each day to ask how you are doing. Then you will get check-in messages once a week for up to 5 weeks. The questions **v-safe** asks should take less than 5 minutes to answer. If you need a second dose of vaccine, **v-safe** will provide a new 6-week check-in process so you can share your second-dose vaccine experience as well. You'll also receive check-ins 3, 6, and 12 months after your final dose of vaccine.

## Is my health information safe?

Yes. Your personal information in **v-safe** is protected so that it stays confidential and private.\*

\*To the extent **v-safe** uses existing information systems managed by CDC, FDA, and other federal agencies, the systems employ strict security measures appropriate for the data's level of sensitivity.



Use your smartphone to tell CDC about any side effects after getting the COVID-19 vaccine. You'll also get reminders if you need a second vaccine dose.



Sign up with your smartphone's browser at [vsafe.cdc.gov](https://vsafe.cdc.gov)

OR

Aim your smartphone's camera at this code

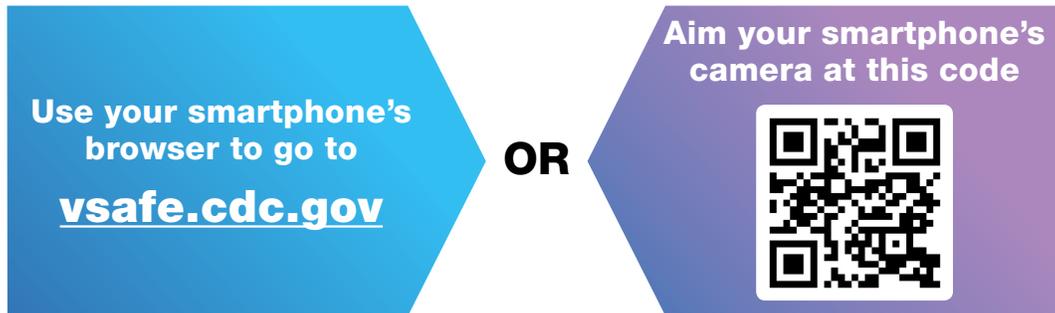


## How to register and use v-safe

You will need your smartphone and information about the COVID-19 vaccine you received. This information can be found on your vaccination record card; if you cannot find your card, please contact your healthcare provider.

### Register

1. Go to the **v-safe** website using one of the two options below:



2. Read the instructions. Click **Get Started**.
3. Enter your name, mobile number, and other requested information. Click **Register**.
4. You will receive a text message with a verification code on your smartphone. Enter the code in **v-safe** and click **Verify**.
5. At the top of the screen, click **Enter vaccine information**.
6. Select which COVID-19 vaccine you received (found on your vaccination record card; if you cannot find your card, please contact your healthcare provider). Then enter the date you were vaccinated. Click **Next**.
7. Review your vaccine information. If correct, click **Submit**. If not, click **Go Back**.
8. **Congrats! You're all set!** If you complete your registration before 2 p.m. local time, **v-safe** will start your initial health check-in around 2 p.m. that day. If you register after 2 p.m., **v-safe** will start your initial health check-in immediately after you register—just follow the instructions. You will receive a reminder text message from v-safe when it's time for the next check-in — around 2 p.m. local time. Just click the link in the text message to start the check-in.

### Complete a v-safe health check-in

1. When you receive a **v-safe** check-in text message on your smartphone, click the link when ready.
2. Follow the instructions to complete the check-in.

### Troubleshooting

#### How can I come back and finish a check-in later if I'm interrupted?

- Click the link in the text message reminder to restart and complete your check-in.

#### How do I update my vaccine information after my second COVID-19 vaccine dose?

- **V-safe** will automatically ask you to update your second dose information. Just follow the instructions.

#### Need help with v-safe?

Call 800-CDC-INFO (800-232-4636)

TTY 888-232-6348

Open 24 hours, 7 days a week

Visit [www.cdc.gov/vsafe](https://www.cdc.gov/vsafe)

