

## **Additional information for the treatment of anaphylaxis following vaccination**

Anaphylaxis following vaccination is rare, occurring in less than 1 per million doses for routine vaccines in the UK. The risk of anaphylaxis due to COVID-19 vaccines is very low but the precise risk is currently uncertain. Vaccination settings should consider the following:

### **1. Training**

All vaccination settings must have immediate access to an individual or individuals with the following minimum knowledge and skills:

1. Ability to recognise anaphylaxis using an ABCDE approach and call for help.
2. Correct positioning of the patient.
3. Give intramuscular (IM) adrenaline (correct dose and site).
4. The ability to assess the response to the initial IM adrenaline and if necessary give a further dose of IM adrenaline after five minutes.
5. The ability to recognise cardiac arrest, call for help, start basic life support, and use an AED.

### **2. Access to emergency help**

A local risk assessment should be made by all vaccination settings. RCUK recommends considering the following as a minimum:

1. Remoteness of location.
2. Ability to call for help (e.g. presence of a phone signal, landline).
3. Access to an emergency ambulance or resuscitation team.
4. Access and parking for ambulances, and ability of local ambulance service to respond to a 999 call.
5. Location of people being vaccinated (e.g. small rooms, narrow doors, stairs for accessing or moving individuals).

### **3. Oxygen**

Oxygen is a part of the early management of anaphylaxis. Although oxygen is advised in the recent guidance for vaccination settings, it has not been needed for routine immunisations *in the community* (e.g. *in the school setting, district nurses visiting patients in their homes*). Based on a local risk assessment, the immediate availability of oxygen is not an absolute requirement for vaccination settings.

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