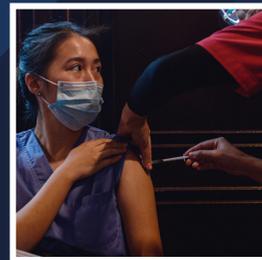




First Aid
Reference
Centre

IMMUNIZATION: FIRST AID PRACTICES FOR ADVERSE EVENTS OF **COVID-19 VACCINES**



Audience: Red Cross Red Crescent Community Health Staff, Volunteers, Trainers and First Aiders.

Context:

- Content to be used for a training or guidance for volunteers and staff involved in vaccination centers.
- On the other hand, fever guidance is information that can be provided to the public.

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Remember: always carefully follow your local health agency/government rules.

Acknowledgements

Due to the unequal deployment of the COVID-19 vaccine among countries, medical advice changes constantly and therefore, should not be considered current, complete or exhaustive. You should not use the information to recommend a course of treatment for yourself or any other individual; doing so is solely at your own risk.

The recommendations below are not a substitute for medical or professional care and should not be used as an alternative to a visit, call, consultation or advice of a physician or other healthcare provider. The IFRC Global First Aid Reference Centre is not liable or responsible for any advice, course of treatment, diagnosis or any other information, services or product you obtain through these recommendations. National Societies providing clinical services should continue to monitor the World Health Organization and their respective Ministries of Health for the latest clinical and infection prevention and control guidance.

Main sources:

Global first aid reference centre:

- [AEFI first aid leaflet \(to be used for your public\)](#)
- [International first aid, resuscitation and education guidelines 2020](#)
- [Guide for resuming first aid training during COVID-19](#)

World Health Organization:

- [Covid-19 vaccines: safety surveillance manual \(complete procedures, including AEFI\)](#)
- [AEFI module](#)
- [Safe vaccination check-list](#)
- [Promotional editable assets](#)
- [Video on side effects](#)
- [World immunization week material](#)

Other relevant resources:

- [HelpDesk Prepare Centre : Vaccinations](#)
- [Center for Disease Control and Prevention](#)
- [Australian Immunisation Handbook](#)

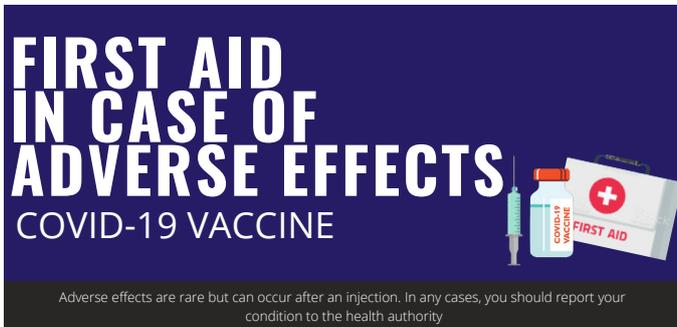
FREE Online course: Covid-19 Vaccination, by Portuguese Red Cross and BODY INTERACT

This course prepares you to recognize the different types of internationally approved COVID-19 vaccines, to be prepared to manage possible complications and know how to act, stabilize, diagnose and treat patients with these complications. Suitable for Nurses and other Healthcare Professionals.

KEY POINTS

- AEFI for covid-19 are rare, but still a common barriers to vaccination.
- Anaphylaxis (life-threatening condition), and fainting can occur on-site and shall be treated immediately.
- Some effects can happen when returning home like fever, diarrhoea, nausea... This generally passes after 2-3 days, the person shall rest and stay hydrated.
- Train your first aiders about AEFI management, when they are deployed to vaccination centre.

- Screening of each person to be vaccinated is essential, use a pre-vaccination checklist in preparing for vaccination (often provided by health authorities or the state).
- Informing the person being vaccinated about possible adverse events by giving them **flyers** in local languages, and or use of infographics.
- Advise the person, or their parent or carer about what common adverse events are likely or expected and what they should do about them.
- Focus on reporting to relevant health authority.



INTRODUCTION

This guide of the IFRC Global First Aid Reference Centre (GFARC) provides information on how to manage adverse events following immunization (AEFI), including **anaphylaxis, feeling faint and fever**.

A vaccine must be approved after a rigorous process of testing and evaluation by independent health authorities. Nothing shall be undertaken without the prior opinion of these health authorities, and those vaccinated will be monitored as part of a reinforced pharmacovigilance and traceability system that has been put in place. Everything possible is thus being done to ensure maximum health safety. The side effects encountered during vaccination against Covid 19 clearly highlight the benefits of this vaccination compared to the risk it could represent. **Vaccination is one of the major means of reducing the spread of the pandemic.**

DEFINITIONS

First aid is the immediate assistance provided to an ill or injured person until professional help arrives. It is concerned not only with physical illness or injury but also with other initial care, including psychosocial support for people who are emotionally distressed due to experiencing or witnessing a traumatic event. First aid interventions seek to preserve life, alleviate suffering, prevent further illness or injury and promote recovery.

First aid provider is defined as someone trained in first aid who should recognise, assess and prioritise the need for first aid. The first aid provider provides care using appropriate competencies, recognises limitations and seeks additional care when needed.

<p>ALLERGIC REACTION AND ANAPHYLAXIS</p>  <p><i>After an injection, skin can present a local reaction (swelling, redness, sensation of pain). Some people can also be severely allergic to a component resulting in a life-threatening anaphylactic reaction (a severe allergic reaction).</i></p>	<p>FIRST AID STEPS</p> <ol style="list-style-type: none"> 1. People receiving the vaccine and particularly for at-risk groups are advised to stay 15 minutes in a vaccination centre after immunization, to monitor the effect. Anaphylaxis generally arrives 2-3 minutes after. 2. Access EMS as soon as you recognise the person is experiencing a severe allergic reaction. 3. Help the person to lie down unless they are experiencing breathing difficulties. In that case, help them to sit down. 4. If the person has an epinephrine autoinjector, help them to use it. The best place for injection is the middle of the outer side of the thigh. The injection can be administered through clothes if the clothes are not thick. 5. If a person with symptoms of severe allergic reaction was treated but did not respond to the first dose of epinephrine within five to ten minutes, a second dose may be considered. 6. Keep monitoring the person's responsiveness and breathing regularly until EMS is accessed.
<p>FEELING FAINT</p>  <p><i>Fainting is a temporary loss of responsiveness due to a fall in blood supply to the brain. The person will experience a short period of feeling faint before they faint. This is the ideal time to provide first aid - before they collapse.</i></p>	<p>FIRST AID STEPS</p> <ol style="list-style-type: none"> 1. Help the person to sit or lie down in a safe and comfortable position, where they cannot fall. 2. Ask the person to do physical counterpressure manoeuvres (see below) to improve blood flow to their brain. Alternatively, you could offer to raise their legs for them if they lie down. 3. Reassure the person and observe them closely for changes in their level of response or breathing. If possible, try to establish why they feel faint and whether there is anything further you can do to help them. <div style="display: flex; justify-content: space-around;">  Squatting  Leg tensing  Arm tensing </div>
<p>FEVER</p>  <p><i>It should be noted that the frequency of systemic reactions, particularly fever, fatigue and headaches, is greater with the 2nd dose than with the 1st dose of the vaccine. When the body temperature is above 38°C (100.4°F), the person has a fever.</i></p>	<p>FIRST AID STEPS</p> <ol style="list-style-type: none"> 1. Advise the person to rest and dress lightly. 2. Offer the person fluids to drink to replace lost fluids from sweating. 3. In many cases, medication is not necessary. If the person is feeling unwell, you can control their fever by giving them the recommended dose of paracetamol (or acetaminophen). You can also sponge the person with lukewarm water, as long as this does not upset them. 4. Monitor the person's condition and be aware of any additional signs and symptoms that occur. If fever lasts for more than 3 days, seek medical help. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">  Sometimes, aches and pain can happen and be considered as an adverse effect of the vaccine. In this case, you will only have to ease the pain by putting ice on it or giving them the recommended dose of paracetamol (or acetaminophen) </div>

Basic first aid (BFA) measures are designed for the trained general public and community health volunteers. This type of training aims to teach people how to react when faced with an emergency situation, without them having prior knowledge of first aid. Courses are generally quite short and aim to teach procedures for responding to unforeseen events (accident, illness...) that could put someone's life in danger.

Advanced first aid (AFA) covers several types of content and modules depending on the context and needs of each NS, but aims to train volunteers and staff and sometimes paramedics who have prior knowledge of first aid (the level is defined by each National Society). First aiders trained to this level are generally capable of carrying out a more detailed assessment of the casualty, and providing advanced-care using first aid equipment.

Emergency refers to an incident where first aid is required. An emergency can be small or large and can happen in a private or public space.

Emergency medical services (EMS) signifies that the first aid provider should quickly access the next available higher level of care. In some places, EMS may mean an ambulance service and hospital, while in others it may mean contacting a local health worker or travelling to a field hospital. In the case of a vaccination centre, medical help will be available quickly. Programme designers will need to adapt the language according to the local context in which it is used.

Risk groups:

- people aged 70 and over ;
- patients with a cardiovascular history: complicated high blood pressure, history of stroke or coronary artery disease, heart surgery or major heart failure;
- insulin-dependent diabetics who are unbalanced or have complications secondary to their condition;
- people with a chronic respiratory pathology likely to decompensate in the event of a viral infection;
- patients with chronic renal insufficiency on dialysis;
- cancer patients under treatment;
- people with congenital or acquired immunosuppression
- patients with cirrhosis (impaired liver function) ;
- people with morbid obesity; and
- Pregnant women from the third trimester onwards.

Systemic reaction (and disease) affects the whole body and not only a localized part.

Adverse event following immunization (AEFI) is any untoward medical occurrence which follows immunization and which does not necessarily have a causal relationship with the usage of the vaccine. The adverse event may be any unfavourable or unintended sign, abnormal laboratory finding, symptom or disease.

According to WHO, AEFIs are grouped into five categories.

1 Vaccine product-related reaction

An AEFI that is caused or precipitated by a vaccine due to one or more of the ingent properties of the vaccine product.

Example: Extensive limb swelling following DTP vaccination.

2 Vaccine quality defect-related reaction

An AEFI that is caused or precipitated by a vaccine due to one or more quality defect of the vaccine product including its administration device as provided by the manufacturer.

Example: Failure by the manufacturer to completely inactivate a lot of inactivated polio vaccine leads to cases of paralytic polio.

3 Immunization error-related reaction

An AEFI that is caused by inappropriate vaccine handling, prescribing or administration and thus by its nature is preventable.

Example: Transmission of infection by contaminated multidose vial.

4 Immunization anxiety-related reaction

An AEFI arising from anxiety about the immunization.

Example: Vasovagal syncope in an adolescent during/following vaccination.

5 Coincidental event

An AEFI that is caused by something other than the vaccine product, immunization error or immunization anxiety.

Example: A fever occurs at the time of the vaccination (temporal association) but is in fact caused by malaria. Coincidental events reflect the natural occurrence of health problems in the community with common problems being frequently reported.

GOOD FIRST AID PRACTICES POINTS DURING A PANDEMIC CONTEXT

- First aid should not be delayed due to disease transmission concerns; however, actions may need to be modified to protect the first aid provider, the ill or injured person, and any bystanders.
- When providing first aid to someone from outside their household first aid providers should maintain a physical distance (2m or 6 feet is recommended) using verbal instructions to their ill or injured to help themselves. When this is not possible, appropriate personal protective equipment (e.g., gloves, face mask, eye protection) or other barriers should be used.
- Training and practise of how to safely put on and take off personal protective equipment (PPE), and how to appropriately clean or dispose of PPE, may help reduce transmission.
- First aid providers should wear medical-grade PPE (face mask, eye protection, gloves, etc) if possible.
- If possible, first aid providers should use a buddy system for putting on and taking off PPE, where they ensure best practices for applying PPE are followed while maintaining their own physical distancing.
- First aid providers should practise proper hand hygiene after each interaction with an ill or injured person.
- Where appropriate, the first aid provider may apply additional measures of risk mitigation during first aid, including:
 - offering personal protective equipment to the ill or injured person
 - identifying obvious signs and symptoms of infection
 - asking if the ill or injured person has been in close contact with someone that is infected as defined by public health
 - asking if the ill or injured person has returned from travel to a defined high-risk area as defined by public health
- Assessment of the person may begin from a safe distance by calling out to the person and observing them for signs of normal breathing (whether the abdomen and chest are moving regularly).
- Programme designers should follow specific recommendations from the [Global First Aid Reference Centre](#) on how to safely provide CPR safely and others first aid technics.

ORGANIZATIONAL CONSIDERATIONS FOR A VACCINATION CENTRE

Vaccinators and supervisors at the vaccination site will provide primary treatment of all AEFIs. Red Cross Red Crescent Volunteers can be mobilized, under the coordination of the National Society of the country of intervention. They will receive specific training on first aid, the operation of the centre, procedures and documents to be completed. They may participate, depending on their skills, in reception, administrative and patient monitoring activities. They can be asked to arrange transportation of the patient to the nearest hospital for further treatment. This is crucial for saving lives in case of rare but life-threatening anaphylactic reactions. Authorised health professionals must carry out the actual vaccination activities, covering the pre-vaccination medical consultation and the injection of the vaccine.

All beneficiaries must be counselled about adverse events which may occur after COVID-19 vaccine. At fixed session sites, an AEFI management kit or an emergency tray should be available for use. The contents of the AEFI kit are for example Adrenaline or Hydrocortisone.

AEFI management and monitoring

Is there an AEFI monitoring system in place ?

- Responsible focal point for AEFI monitoring identified.
- Clear guidelines exist on what to report, how to report and what to investigate

Are rapid reporting channels for AEFI and vaccine safety issues in place ?

- Reporting channels clearly stated.
- Method of reporting known.

Has a decision been made on which AEFI should be reported and which contraindications should be observed ?

- List of AEFI to be reported available.
- List of contraindications to be observed available.

Has an AEFI review committee been formed and the structure and capacity to rapidly respond to and investigate serious AEFI been planned ?

- Membership of review committee documented.
- Training incorporates information on potential adverse events.

Have health care workers been trained on how to investigate and manage AEFI's and respond to rumours ?

- How to investigate and manage AEFI included in training.
- Focal points identified to deal with rumours.

Ensure that there is enough stock and supply of injection adrenaline during the vaccination campaign, keeping in mind the short expiry period of the adrenaline. The vaccinators and first aiders at the session sites must be aware of all relevant contact numbers like ambulance services, AEFI management centres, higher health care facilities, etc.

The premises of a **vaccination centre** shall be organised with at least:

- A **separate entrance** and exit, allowing for the respect of a walking forward logic
- A **reception area** with temperature control and completion of a «vaccination questionnaire»
- An **area dedicated to vaccination** (registration, waiting, preparation of vaccines, medical interview and vaccination injection, post-vaccination monitoring)

Official posters should be displayed in the preparation area and the centre manager should ensure that health professionals working in the centre are aware of official instructions and documents. The post-vaccination surveillance area should be able to accommodate patients for 15 to 30 minutes depending on the protocol. In all areas, compliance with physical distancing and barrier measures shall be possible at all times. Monitoring does not require any special care; it only means keeping the patient for a certain period in order to be able to act quickly in case of an adverse reaction, especially an anaphylactic reaction.

Also, we have to provide:

- A room or area dedicated to dealing with medical emergencies that may arise during vaccination. It should be immediately accessible and have all the necessary equipment for the medical management of an anaphylactic shock. This room should enable the management and monitoring of a patient in a prone position.
- An area dedicated to staff (changing room, rest room)
- A sanitary block dedicated to patients and a block dedicated to staff.

THE IMPORTANCE OF MONITORING AND BEING PREPARED

- Report any effects people might experience after the first and/or second dose to health authorities is essential.
- The vaccine safety monitoring of COVID-19 vaccines requires specific attention by countries.
- COVID-19 vaccine development uses new technologies, against a novel target pathogen with many unknowns, in settings with varying capacities to identify, report, investigate, analyse, determine the cause of and respond to safety issues.
- Extraordinary national, regional and global efforts will be needed to ensure real-time monitoring, knowledge sharing and communication mechanisms are in place prior to COVID-19 vaccine introduction.
- In the context of the urgency and novelty of COVID-19 vaccination, countries will need to take additional steps to ensure injection safety.
- Providing training for vaccinators on the importance of injection safety at every step of the vaccination process will be key, as will ensuring adequate supplies of safe injection equipment.

FOCUS ON AEFI

Vaccines induce protection by eliciting active immune responses to specific antigens. Although most of the vaccines used are safe and effective if used correctly, no vaccine is completely risk-free and adverse events will occasionally result after an immunization. There may be predictable adverse reactions (side effects): most are mild and resolve quickly. However, it is not always possible to predict individuals who might have a mild or serious reaction to a vaccine. As mentioned in the definition, an adverse event following immunization (AEFI) is any negative reaction that follows vaccination. It does not necessarily have a causal relationship with the vaccine.

Frequency of AEFIs

The frequency of adverse events is classified by national regulatory agencies and often reported in clinical trials as:

- very common (>10% of people vaccinated)
- common (1–10%)
- uncommon (0.1 to <1%)
- rare (0.01% to <0.1%)
- very rare (<0.01%)

Minimising the risk of AEFIs

- Screening of each person to be vaccinated using a pre-vaccination checklist in preparing for vaccination (often provided by health authorities or the state). This ensures that the person does not have a condition that increases the risk of an AEFI or is a contraindication to vaccination.
- Always use correct injection procedures to help minimize adverse events.
- Informing the person being vaccinated about possible adverse events by giving them flyers in local languages, and or use of infographics.

- Advise the person, or their parent or carer about what common adverse events are likely or expected and what they should do about them (see below the type of reactions).

Common AEFIs

Most vaccine adverse events are minor. These minor events will only be noticed at a distance from the injection and may be the subject of advice from a doctor or health professional if they continue. It is important to inform the vaccinated person and possibly his or her family of this.

The most common adverse events are fever and injection site reactions, such as:

- pain
- redness
- itching
- swelling
- burning

These are to be expected, are generally mild and usually last for 1–2 days. Injection site nodules are also fairly common. They are fibrous remnants of the body's interaction with vaccine components in the muscle. Nodules may last for many weeks after vaccination and do not need any specific treatment. **In case of severe pain, cold cloth and/or paracetamol can help reduce it.**

Uncommon and rare AEFIs

Some vaccines can cause uncommon or rare serious adverse events. The benefits and risks of immunization are always taken into account when making recommendations for vaccine use.

It is important to advise the person being vaccinated or their parent/carer about known, but rare, AEFIs. Place the advice in the context of the benefits of vaccination.

If a person has had a serious, uncommon or rare AEFI during a previous vaccination or any other circumstance, it is important that they or their immunisation provider seek advice from a specialist immunisation centre, or contact their health authorities for more details.

This advice is essential to:

- determine the relationship of the adverse event to vaccination
- consider the benefits and risks of further vaccination
- plan for receiving additional doses of that vaccine or other vaccines, as appropriate.

People who have had a serious AEFI can usually still receive vaccines under close medical supervision. This does not include people who have a contraindication, such as anaphylaxis to a vaccine component whose identity has been confirmed.



SEEKING MEDICAL ADVICE FOR ADVERSE EVENTS

People should seek medical advice and call EMS or access the available higher level of care if they have unexpected, serious or prolonged adverse symptoms or signs after vaccination. The symptoms and signs from illness that is unrelated to vaccination can sometimes be attributed to a recent vaccination. These should be investigated and managed.



1 Severe AEFI (on-site)

The most serious immediate AEFI is anaphylaxis. Severe anaphylactic reactions usually happen rapidly, from 2 to 15 minutes of vaccination. Anaphylaxis after routine vaccination is very rare but can be fatal. Feeling faint can also be part of serious common AEFI. They can therefore be met by vaccination centre workers and requires immediate first aid.

The guidelines below provide you information on how to react to those AEFI.

Allergic reaction and anaphylaxis

Prevent and prepare (all BFA in this section)

- Prevention is of utmost importance. Anyone with a known allergy should avoid any contact with the allergen.
- Ensure a person with a known allergy carries an allergy card (describing their allergy) and their prescribed medication at all times, and that caregivers know where the medication can be found.
- Teach those with a known allergy, as well as their caregivers, to recognise the signs and symptoms of a severe allergic reaction, when and why to access EMS and how to use the epinephrine autoinjector.
- This has to be asked before injection of any vaccine.

Recognise (all BFA in this section)

Unless the allergic reaction is the first one in the life of the person, the person usually knows they are allergic to a certain substance and may carry some antiallergic medicine with them. Ask the person if they have any known allergies. You may notice the person has had contact with a common allergen.

A **mild allergic reaction** will vary depending on what is causing it but may include:

- red, itchy eyes
- sneezing, snuffles or runny nose
- abdominal cramps, diarrhoea and vomiting
- itching, swelling or hives on the skin, including the face.

A **severe allergic reaction** (anaphylaxis) is likely to develop further to also include life-threatening conditions such as:

- difficulty breathing including shortness of breath, wheezing or asthma-like appearance
- airway narrowing, swelling of the tongue, throat and larynx, causing hoarseness, noisy breathing. Often, the first symptom occurring is difficulty swallowing.
- signs of shock including confusion or agitation, pale or ashen skin, which may lead to collapse and unresponsiveness.

The severity of anaphylaxis can differ from one person to another, and even in the same person from one episode to another. A mild allergic reaction may unpredictably progress to life-threatening anaphylaxis in minutes. Therefore, high alertness is required in treating a suspected anaphylactic reaction.

First aid steps

Severe allergic reaction (anaphylaxis)

1. It can be recommended for all people receiving the vaccine and particularly for at-risks groups (see above definitions) to stay from 15 to 30 minutes in a vaccination centre after immunization, to monitor the effect. Anaphylaxis generally arrives 2-3 minutes after. **(BFA)**
2. Access EMS as soon as you recognise the person is experiencing a severe allergic reaction. **(BFA)**
3. Help the person to lie down unless they are experiencing breathing difficulties. In that case, help them to sit down. **(BFA)**
4. If the person/ vaccination centre has an epinephrine autoinjector, help them to use it. The best place for injection is the middle of the outer side of the thigh. The injection can be administered through clothes if the clothes are not thick. **(AFA)**
5. If a person with symptoms of severe allergic reaction was treated with but did not respond to the first dose of epinephrine within five to ten minutes, a second dose may be considered. **(AFA)**
6. Keep monitoring the person's responsiveness and breathing regularly until EMS is accessed. **(BFA)**

Local adaptation (BFA/AFA depending on NS legislation and practice)

- If an epinephrine autoinjector is not available, access EMS (or equivalent) immediately.
- While waiting for medical assistance, alternative medicines can be used after medical advice such as antihistamines or corticosteroids.

Mild allergic reaction (All BFA in this section)

- Ask the person about known allergies and any prescribed medication.
- Help the person get into a comfortable position and to take their medication if they have it with them. If trained to do so, and the local regulations allow, offer the person common antiallergic medication or remedies.
- In case of an allergic reaction to the skin, advise the person not to rub the skin, as this may make it itch more.
- Monitor the person closely as a mild allergic reaction can develop into a severe allergic reaction.

Note (BFA/AFA according to NS legislation and practice)

- In the case of hives, an anti-itch ointment might help. Advise the person to seek help from their doctor or pharmacist.
- In the case of eczema, applying moisturiser or using an anti-itch ointment may help.
- Advise the person that some antihistamines could cause drowsiness and diminish the reflexes needed for safe driving or working with a dangerous machine. This is more pronounced with the first generation of antihistamines. Even a small amount of alcohol may enhance these side effects.

Recovery (BFA/AFA)

- Ensure that a person who has a severe reaction or requires an epinephrine injection is monitored for the three days following a reaction, as a severe allergic reaction may recur.
- A person who has experienced a severe allergic reaction should keep an allergy card (explaining their allergy) with them at all times.

Facilitation tips and tools

- It is valuable to emphasise the importance of a prescription of epinephrine autoinjector for those at risk, the key signs and symptoms which indicate a need for an auto-injection, administering epinephrine (having it available, when to use it and how to use it) as well as the importance of accessing medical care after administration. **(AFA)**
- Beyond learning the first aid steps, focus on building learner confidence and ability by providing opportunities to practise decision making (possibly through a scenario or case-based learning) to encourage quick action. **(BFA/AFA)**



Feeling faint

This can happen after the injection or more rarely, one or two days after.

Introduction

Fainting is a temporary loss of responsiveness due to a fall in blood supply to the brain. More often, the person does not become completely unresponsive and usually becomes fully responsive immediately after. Usually, a person will experience a short period of feeling faint before they faint. This is the ideal time to provide first aid - before they collapse. Feeling faint and fainting are common occurrences and may happen as a response to a variety of conditions including stress, pain, hunger or exhaustion and can be caused by a strong fear of a vaccine.

Prevent and prepare (All BFA in this section)

- Take precautions to avoid the conditions that may cause you or others to feel faint. Ensure you have enough to eat and drink, get enough rest and avoid standing for long periods.
- Stay hydrated.
- Maintain a regular temperature.
- Prepare the room accordingly in the vaccination centre (rooms...)

Recognise (All BFA in this section)

Suddenly the person may become pale or ashen. They may tell you that they feel faint.

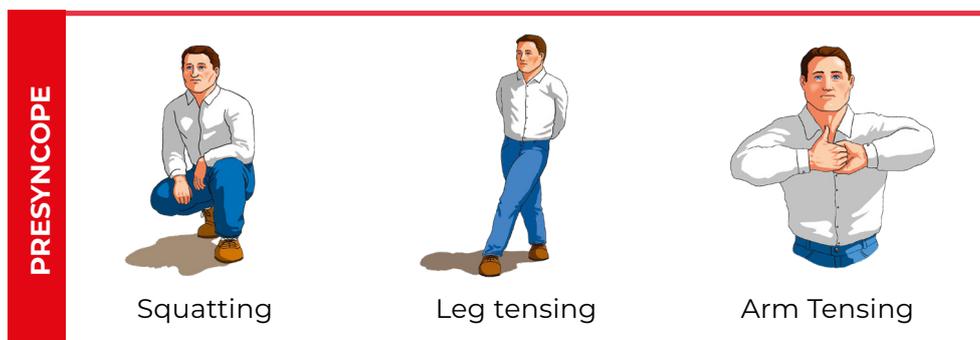
First aid steps (All BFA in this section)

1. Help the person to sit or lie down in a safe and comfortable position, where they cannot fall.
2. Ask the person to do physical counterpressure manoeuvres to improve blood flow to their brain (see below). Alternatively, you could offer to raise their legs for them if they lie down.
3. Reassure the person and observe them closely for changes in their level of response or breathing. Practice psychological first aid.

Physical counterpressure manoeuvres include: (All BFA in this section)

Lower-body counterpressure manoeuvres may be more effective than upper-body manoeuvres.

- **Squatting:** Have the person squat.
- **Leg tensing:** Have the person cross their legs and tense the leg, abdominal and buttock muscles. The person can also try raising their legs if seated or lying down.
- If squatting or leg exercises are not possible, arm tensing may be used.
- **Arm tensing:** Have the person tense and release their arm muscles by gripping one hand with the other and pulling their arms in opposite directions.



Note

- Feeling faint and fainting does not usually require medical care, however, if this happens after vaccine injection, this shall be reported to the relevant authority.
- If the person does not become responsive immediately after fainting, they may be experiencing something more severe (e.g., a heart attack). Access help immediately.
- In a public place, you could ask bystanders to help you to protect the person's dignity for example, by blocking the view of people passing by.

Recovery (All BFA in this section)

- The person should get some fresh air.

Facilitation tips (All BFA in this section)

- Emphasise the difference between someone feeling faint or becoming unresponsive and breathing normally. That someone who is feeling faint (or faints) should be able to tell you that they feel faint. If they can't do this, then they should be treated as unresponsive.
- Encourage learners to consider what might happen to someone who faints and how they can respond. For example, what should they do if the person faints and hits their head on a hard surface?
- The science behind fainting could be explained to learners by putting a little bit of soy sauce in a clear bottle of water. The soy sauce will sink to the bottom. Explain this is what happens in the body - the blood goes down toward the feet. Then lie the bottle down and then raise the bottom of the bottle and the soy sauce will start to flow up to the 'head' of the bottle. Explain this is also what happens in the body - that sitting or lying down and using counterpressure movements helps the blood to move up the body again to the brain.



These minor events will only be noticed after departure from the injection site. Fever is one of the most common and requires monitoring and immediate reporting to the relevant authority. Feeling faint can also be included in some rare cases (see above).

Fever

Introduction

It should be noted that the frequency of systemic reactions, particularly fever, fatigue and headaches, is greater with the 2nd dose than with the 1st dose of the vaccine. When the body temperature is above 38°C (100.4°F), the person has a fever. Fevers are a common and normal response to fight infection and in most circumstances, are not harmful. While they can affect people of all ages. First aid providers should consider the possible causes of a high temperature (e.g., infection or disease or even vaccines in this case) and help the person access medical care if necessary.

Recognise (All BFA in this section)

If possible, check the person's temperature. A fever above 39°C (102.5°F) can be harmful and may indicate a serious infection or disease but also a post-vaccination reaction which will disappear in few hours. Consider this as you assess the person. In the early stages of fever, the person may have a high temperature but tell you they feel cold, or they may be shivering or have chattering teeth or goose pimples.

The person may experience:

- high temperature above 38°C (100.4°F)
- hot, flushed skin and sweating
- headache or other aches and pains
- loss of appetite
- fatigue

First aid steps (All BFA in this section)

1. Advise the person to rest and dress lightly.
2. Offer the person fluids to drink to replace lost fluids from sweating.
3. In many cases, medication is not necessary. If the person is feeling unwell, you can control their fever by giving them the recommended dose of paracetamol (or acetaminophen). You can also sponge the person with lukewarm water, as long as this does not upset them. (BFA/AFA depends on NS legislation and practice)
4. Monitor the person's condition and be aware of any additional signs and symptoms that occur.

Access help (All BFA in this section)

Sometimes a fever can indicate a more serious condition. Access emergency medical services immediately if the person has a fever combined with any of the following:

- a rash
- a change in mental status
- difficulty breathing
- Seizures
- severe abdominal pain
- sensitivity to light and vomiting

Also, access medical care if: (All BFA in this section)

- the person with fever is over 65 years of age
- the person with fever has cancer, a weakened immune system, sickle cell disease, or is taking medications which affect their immune system
- the fever does not decrease with paracetamol or lasts more than three days
- additional symptoms occur that worry you.



Facilitation tips (BFA)

- Set out containers with different temperatures of water. Have learners test the different samples and see if they can determine what lukewarm water feels like. If you are short on time, provide a sample of lukewarm water and allow learners to familiarise themselves with the water's temperature.

Diarrhea, vomiting, nausea

Key action

Reassure the person and give them plenty of fluids to drink. In mild cases of dehydration, water is sufficient. In more severe cases, give the person an oral rehydration solution. If this is unavailable, give the person apple juice, coconut water or water. Process of re-hydration change if deals with a baby or child, more information can be found [here](#).





First Aid
Reference
Centre

GLOBAL FIRST AID REFERENCE CENTRE

International Federation of Red Cross and Red Crescent Societies
French Red Cross

21 rue de la Vanne | 92120 | Montrouge | France

Tel.: +33 (0)1 44 43 14 46 | **Email:** first.aid@ifrc.org

