Resuscitation Council UK

Coroner ME Hassell
Senior Coroner
Inner North London
St Pancras Coroner's Court
Poplar Coroner's Court
Bow Coroner's Court

27 July 2026

[redacted]

Dear HE Hassell,

Regulation 28 Report to Prevent Future Deaths – Jane Turner

Thank you for your report dated 8 July 2026 regarding the death of Jane Turner. On behalf of Resuscitation Council UK (RCUK), I would like to express our sincere condolences to Jane's family and all those affected by this tragic event.

In preparing this response, I have received expert input from Prof. Jasmeet Soar, RCUK Executive Committee member, Co-lead of RCUK's Anaphylaxis Guidelines writing group and Chair of RCUK's Advanced Life Support Subcommittee, and Prof Paul Turner, Co-lead of RCUK's Anaphylaxis Guidelines, upon whose advice this response is based.

You have asked RCUK to respond to specific matters of concern:

> *"My understanding is that there is Department of Health guidance regarding the risk of severe life threatening reactions after immunisation, but no guidance regarding the risk following steroid injections.*
>
> *This seems an omission."*

Resuscitation Council UK's remit is the development of resuscitation guidance and training, including guidance on the recognition and emergency treatment of anaphylaxis. RCUK does not produce procedural guidance for specific interventions such as joint or soft tissue injections, nor guidance for individual drugs or groups of drugs. These procedures are undertaken by a range of healthcare professionals, including general practitioners, radiologists, orthopaedic surgeons, rheumatologists, pain specialists, specialist physiotherapists and nurses, in both community and hospital settings. The relevant specialist bodies and regulatory organisations are therefore better placed to advise on procedural standards, patient information, and post-procedure observation requirements for steroid injections.

HM Coroner has queried why there is Department of Health guidance regarding the risk of severe life-threatening reactions after immunisation, but no guidance regarding the risk of steroid injections.

The current UK guidance for managing allergic reactions as an adverse event following immunisation (AEFI) is produced by the UK Health Security Agency and appears in the 'Green Book', most recently updated in July 2025 - https://www.gov.uk/government/publications/vaccine-safety-and-adverse-events-following-immunisation-the-green-book-chapter-8.

That guidance is primarily based on RCUK Emergency treatment of anaphylactic reactions: Guidelines for healthcare providers published in May 2021 (this will be updated in 2026/2027) - https://www.resus.org.uk/library/additional-guidance/guidance-anaphylaxis/emergency-treatment-anaphylactic-reactions.

The Green Book chapter states:
"Anaphylaxis following vaccination is rare, occurring at less than 1 per million doses for vaccines in the UK…"

RCUK also co-produced a separate document for vaccine settings in 2021 (https://www.resus.org.uk/about-us/news-and-events/anaphylaxis-guidance-vaccination-settings). This was released to support vaccination during the COVID-19 pandemic, when rates of anaphylaxis to vaccines against COVID-19 were initially reported to be much higher than to other vaccines (although evidence now suggests that rates are similar or only slightly higher, at up to five events per million doses for first doses, and much lower for subsequent booster doses (Khalid and Frischmeyer-Guerrerio, 2022)).

The existence of specific guidance for vaccination settings reflects the national immunisation programme and the need for consistent standards across a very high-volume public health intervention. RCUK is not aware of an equivalent national programme or centrally produced guidance relating to steroid joint injections. In addition, joint injections may involve a steroid, a local anaesthetic, and excipients, any of which could potentially act as triggers in susceptible individuals. This complexity is one reason why guidance on procedural precautions and observation following joint injection is likely to sit more appropriately with specialist procedural bodies, medicines regulators, or organisations responsible for the safe use of medicines.

We note that there is guidance from The Primary Care Rheumatology and Musculoskeletal Medicine Society [updated 2021] https://pcrmm.org.uk/resource/pcrmm-joint-and-soft-tissue-injection-recommendations/ that includes:

'The patient should be advised to remain in the department for 20 minutes post injection.' The reason given in the guidance is as follows: *'According to the Resus Council UK website, the time course for cardiopulmonary arrest resulting from injected medication predominantly occurs between 2 and 20 minutes post-injection. It would seem sensible therefore that patients are asked to remain on site for the full 20 minutes'.*

Resuscitation Council UK considers the Medicines and Healthcare products Regulatory Agency

(MHRA) https://www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency would be best to advise further on precautions after joint injection and the optimal time for observation, and disseminate this in an alert, if necessary.

We would encourage reporting of this event to the MHRA Yellow Card scheme if this has not already been undertaken: https://yellowcard.mhra.gov.uk/.

We also advise that this event is reported to the UK Fatal Anaphylaxis Register https://www.bsaci.org/workforce/bsaci-registries/ukfar/ (UKFAR).

In summary, RCUK provides guidance on the emergency recognition and treatment of anaphylaxis, and this guidance underpins national vaccination guidance. RCUK does not produce procedure-specific guidance for steroid or joint injections. We agree that the prevention of future deaths requires careful consideration of whether patients undergoing such injections should be given consistent advice about the risk of severe allergic reactions and the period of observation after injection. In our view, this question is most appropriately considered by MHRA, together with the relevant specialist organisations responsible for procedural guidance in this area.

Yours sincerely

[redacted]

President

CC [redacted]