

BUSH KINDER SNAKE AWARENESS POLICY

NQS: Quality Area 2

Purpose

This policy aims to clearly define:

- The risk of snakes in the Bush Kinder space
- Procedures for preventing snake bite
- The appropriate medical response to snake bites
- A framework for the appropriate education and training of children, staff, parents and children on minimizing the risk of snake bites.

Policy Statement

1. Values

Surrey Hills Pre-school is committed to:

- Providing a safe and healthy environment for children, staff and volunteers participating in the Bush Kinder program
- Being respectful of wildlife in and around the Bush Kinder space, including an awareness of the presence of snakes in the area in the warmer months
- Facilitating appropriate communication and education to staff, parents and children to minimise the risk of injury of a snake bite during Bush Kinder sessions.

2. Scope

This policy applies to children, parents, staff, committee members, authorised persons, volunteers and students on placement working at Surrey Hills Pre-school.

3. Background and legislation

Surrey Hills Pre-school Bush Kinder program is conducted in parkland in which it is known that snakes inhabit. They are most prevalent in the warmer months (October to April) but could be encountered at other times.

Unprovoked, snakes rarely attack humans and are generally shy, timid animals that will avoid conflict if given the opportunity. It is recommended that particular care be taken in warm weather, near long grass or hollow logs, near water or near rocks in sunny positions.

Snakes are protected under the Wildlife Act 1975, and should not be harmed or killed. Bites can occur if people try to kill snakes.

Relevant legislation may include but is not limited to:

- Education and Care Services National Regulations 2011
- Education and Care Services National Law 2010

- National Quality Standard
- Occupational Health and Safety Act 2004
- Occupational Health and Safety Regulations 2007
- Wildlife Act 1975

4. Definitions

Australian Venom Research Unit (AVRU) is an internationally recognised interdisciplinary research unit focused on the problem of venomous injury in Australia and the Asia-Pacific. Located within Melbourne University, the Australian Venom Research Unit aims to provide world-class expertise on the problem of Australia's venomous creatures, their toxins and the care of the envenomed patient.

Pressure Immobilisation Bandage (also known as Compression Bandage): Bandage used for the purpose of applying pressure to the site of a wound such as a snakebite and to the affected limb. Refer definition below of Pressure Immobilisation Bandaging.

Pressure Immobilisation Bandaging: The principle of pressure-immobilisation bandaging as a first aid measure is to prevent the spread of toxins through the body. This is done by applying enough pressure to compress the lymph vessels, and by preventing movement of the affected limb. Correct application of the technique can buy valuable time to get the patient to medical assistance. [Refer to Attachment 1 for correct application of pressure immobilisation technique.

Victorian Poisons Information Centre (VPIC): Located at the Austin Hospital, the role of the VPIC is to provide the people of Victoria with a timely, safe information service in poisonings and suspected poisonings. For members of the public this includes telephone assessment, advice on first aid, with or without referral to a doctor or hospital. Information is given to health professionals about formulations of products and management of poisoned patients.

5. Sources and related Centre policies

Bites & Stings web resource, Victorian Poisons Information Centre, Austin Health (www.austin.org.au)

Australian Venom Research Institute (University of Melbourne) www.avru.org

Bushwalking Victoria Snakebite web resource (<http://www.bushwalkingvictoria.org.au>)

Kindergarten policies

- Excursion and Service Events Policy
- Bush Kinder Extreme Weather Policy (Bush Kinder Specific)
- Bush Kinder Protective Clothing Policy (Bush Kinder Specific)
- Bush Kinder Dog Awareness Policy (Bush Kinder Specific)
- Occupational Health & Safety Policy
- Incident, Illness, Trauma & Illness Policy
- Clothing Policy
- Sun Protection Policy
- Supervision of Children Policy
- Water Safety Policy
- Child Safe Environment Policy

Procedures

General

The Committee is responsible for:

- Supplying a First Aid Kit on site at Bush Kinder to administer first aid in response to snake bites or for any other purpose which includes pressure immobilisation bandages (also known as compression bandages) for medical treatment of snake bites.
- Ensuring staff are appropriately educated on procedures to prevent snakebite and to deliver First Aid in response to a Snake Bite (see below).
- Following all procedures as set out in the Incident and Medical Emergency Management Policy (including notice of notifiable incidents, appropriate record keeping in the event of an incident, maintain first aid kit etc)

Staff are responsible for:

- Practicing and educating children on snake bite prevention behaviours while at Bush Kinder, without fostering an unnatural fear or paranoia of snakes. This includes practising and highlighting to children the following key points:
 - Leave snakes alone
 - Wear adequate clothing and stout shoes (not sandals/thongs) in 'snake country'
 - Never put hands in hollow logs or thick grass without prior inspection
 - When stepping over logs, carefully inspect the ground on the other side
 - Ensure children are reminded on a regular basis that if they encounter a snake, to move away quietly and report the sighting immediately to a teacher.
 - In the event a snake is encountered at Bush Kinder, calmly moving children away from the snake (Staff must not attempt to touch or harm the snake).
 - Administering first aid in the event of a snake bite (Source: Victorian Poisons Information Centre, Austin Health, Australian Venom Research Institute, Melbourne University).
 - Stay calm and call for help. Have someone phone the ambulance. If unable to phone, send someone for help.
 - Reassure the patient and encourage them to remain calm and still. Do not move the patient.
 - DO NOT WASH the bite site. Traces of venom that are left on the skin can be tested to identify the snake group, and therefore the type of antivenom that may be indicated.
 - Venom is injected deeply so there is no benefit in cutting or sucking the bite. A tourniquet is NOT an effective way to restrict venom movement.
 - The most effective first aid for snakebite is the pressure bandage with immobilisation (PBI) technique. The principle is to minimise the movement of the venom around the body until the victim is in a hospital by applying a firm bandage (or suitable alternative) to the bitten area and limb, and to immobilise the victim. When applied properly, this method can trap the venom in the bitten area for many hours. The victim might not suffer any effects of the venom until the pressure bandage is released, which is done in hospital where antivenom can be administered if required.

- Staff are to follow the procedures set out in the Incident, Illness, Trauma & Illness Policy

Parents are responsible for:

- Reading and being familiar with the policy
- Bringing relevant issues to the attention of both staff and committee

Evaluation

In order to assess whether the policy has achieved the values and purposes the proprietor (committee) will:

- Seek feedback regarding this policy and its implementation with parents of children participating in the Bush Kinder program, this can be facilitated through discussions and the annual centre survey.
- Ask staff to share their experiences and observations in relation to the effectiveness of this policy
- Regularly review the policy and centre practices to ensure they are compliant with any new legislation, research or best practice procedures.

Attachments

Attachment 1: Pressure Immobilisation Technique (Detailed instructions with diagram on the application of this technique in the event of a snake bite). Source: Australian Venom Research Institute (Melbourne University)

Authorisation

Endorsed by the Surrey Hills Preschool Committee of Management on 5 May 2020.

Review Date

This policy will be reviewed every two years and is next due for formal Committee review in May 2022.

Attachment 1

Pressure Immobilisation Technique

The principle of pressure-immobilisation bandaging as a first aid measure is to prevent the spread of toxins through the body. This is done by applying enough pressure to compress lymph vessels, and by preventing movement of the affected limb. Correct application of the technique can buy valuable time to get the patient to medical assistance.

Source: Australian Venom Research Institute (Melbourne University)

First Aid for Bites to the Lower Limb



1 As soon as possible, apply a broad pressure bandage from below the bite site, upward on the affected limb (starting at the fingers or toes, bandaging upward as far as possible). Leave the tips of the fingers or toes unbandaged to allow the victim's circulation to be checked. Do not remove pants or trousers, simply bandage over the top of the clothing.



2 Bandage firmly as for a sprained ankle, but not so tight that circulation is prevented. Continue to bandage upward from the lower portion of the bitten limb.



3 Apply the bandage as far up the limb as possible to compress the lymphatic vessels.



4 It is vital to now apply a splint. Bind a stick or suitable rigid item over the initial bandage to splint the limb. Secure the splint to the bandaged limb by using another bandage, (if another bandage is not available, use clothing strips or similar to bind). It is very important to keep the bitten limb still.



5 Bind the splint firmly, to as much of the limb as possible, to prevent muscle, limb and joint movement. This will help restrict venom movement. Seek urgent medical assistance now that first aid has been applied.

First Aid for Bites to the Upper Limb



1. As soon as possible, apply a broad pressure bandage from the fingers of the affected arm, bandaging upward as far as possible. Bandage the arm with the elbow in a bent position, to ensure the victim is comfortable with their arm in a sling. Leave the tips of the fingers unbandaged to allow the victim's circulation to be checked.

2. Bind a splint along the forearm.

3. Use a sling to further prevent limb movement.

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