

# **Best Practice - Quality Area 2**

# **PURPOSE**

This policy provides a clear set of guidelines and procedures for Kurboroo Kindergarten to 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 minimising the risk of snake bites.

# **POLICY STATEMENT**

# 1. VALUES

Kurboroo Kindergarten 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 Kurboroo Kindergarten.

# 3. BACKGROUND AND LEGISLATION

# **Background**

Kurboroo Kindergarten's Bush Kinder program is conducted in bushland 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.

# **Legislation and Standards**

Relevant legislation may include but is not limited to:

Education and Care Services National Regulations 2011

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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

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

**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 POLICIES**

# **Sources**

Bites & Stings web resource, Victorian Poisons Information Centre, Austin Health <a href="www.austin.org.au">www.austin.org.au</a>
Australian Venom Research Institute (University of Melbourne) <a href="www.avru.org">www.avru.org</a>
Bushwalking Victoria Snakebite web resource <a href="http://www.bushwalkingvictoria.org.au">http://www.bushwalkingvictoria.org.au</a>

# **Service Policies**

2.13 Excursion and Service Events Policy

2.25 Bush Kinder Delivery & Collection of Children Policy (Bush Kinder Specific)

2.24 Bush Kinder snake awareness policy

2.26 Bush Kinder Extreme Weather Policy (Bush Kinder Specific)

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2.27 Bush Kinder Identification and Visibility Policy (Bush Kinder Specific)

- 2.28 Bush Kinder Emergency Evacuation Policy (Bush Kinder Specific)
- 2.29 Bush Kinder Protective Clothing Policy (Bush Kinder Specific)
- 2.30 Bush Kinder Dog Awareness Policy (Bush Kinder Specific)
- 3.01 Occupational Health & Safety Policy
- 2.16 Injury Incident, Trauma & Illness Policy
- 2.19 Sun Protection Policy
- 2.21 Water Safety Policy
- 2.20 Supervision of Children Policy
- 2.06 Child Safe Environment Policy

# RESPONSIBILITIES

# The Approved Provider and Persons with Management or Control are 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.)

# All 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: Snake Bite Prevention Behaviours (Source: Victorian Poisons Information Centre, Austin Health)
  - Leaving 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 that 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 First aid for snakebite (Source: Victorian Poisons Information Centre, Austin Health, and Australian Venom Research Institute, Melbourne University))
- Stay calm and call for help. Have someone phone an 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 attempt to catch or kill the snake
- DO NOT WASH the bite. Traces of venom that are left on the skin can be used to identify the snake, and therefore the type of antivenom that should be used if required.

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- 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-immobilisation technique. (Refer to Attachment 1 for instructions on the application of this 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 compression is released, which is done in hospital where antivenom can be administered if required.
- Staff are to follow procedures as set out in 2.16 Injury Incident, Trauma & Illness Policy, including contacting the parent, calling the ambulance etc.

# Parents/guardians are responsible for:

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

# **REVIEW**

To assess whether the values and purposes of the policy have been achieved, the Approved Provider or Persons with Management or Control will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness, particularly in relation to identifying and responding to child safety concerns
- · monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures (Regulation 172(2)) unless a lesser period is necessary because of a risk.

# **ATTACHMENTS**

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

# **AUTHORISATION**

This policy was adopted by the Approved Provider of Kurboroo Kindergarten in October 2020

# **REVIEW DATE: October 2022**

This policy will be reviewed every two years unless deemed necessary earlier.

# **ATTACHMENT 1**

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# **Pressure Immobilisation Bandaging Fact Sheet**

Source: Australian Venom Research Unit, University of Melbourne <a href="https://biomedicalsciences.unimelb.edu.au/">https://biomedicalsciences.unimelb.edu.au/</a> data/assets/pdf file/0006/2106393/2.1-

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# Snakebite firstaid ANG AVRU.pdf



Department of Pharmacology and

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# **Therapeutics**

Application of Pressure-Immobilization Bandaging (PIB) to the arms

First aid for snake bites in Australia or New Guinea

In rare cases a person may be bitten on the body, face or neck, in these cases forck pressure should be applied over the bite sife with a pressure pad made from cloth (a hand towel, 4-shift or any material will do), and held frimly in place until medical attention can be obblieds.

Always seek medical attention after a snake bite.

toumiquets, or cut the wounds or the bitten limb. Do not allow the patient wask. We exceed the state of the state of the state externity, splinting both legs (in the same way as used for features or supperde pelvir light should be carried out to completely immobilize the bower half of the body.

after snake bites in Australia. This method is also appropriate in Papua New Guinea and indonesian Papua Province.

There are two components that must be satisfied – pressure over the bitten and focal plus general immobilization. This involves the application of: A broad (minimum 7.5 cm wide) elastic bandage to the entire bitten at a very firm pressure of at least 40 mmHg for an arm and 55 mmHg

Pressure Immobilization Bandaging (PIB) First Aid

Many patients present to hospita with Pila bandages that are too loose. The courrent effectives bese suggests a manifurm present of 25 mmHz for bilas to the legs, and 40 mmHz for bilas to bands or arms. This sat less a

Splints to effectively immobilize the entire limb, in combination wi laying the patient down and completely still to minimize any movement ecommends Setopress<sup>24</sup> High Compression Bandages as the elax very little with prolonged application.

# First aid for bites to the head, neck or torso

rsonnel should monitor vital sgyrs very closely, keeping into and circumstances of the bits and of all symptoms to arrival at the medical racility. The patient should be oital but avoiding any movement of the limb. The limb

Application of Pressure-Immobilization Bandaging (PIB) to the legs

away from the area where the bite occumed (if necessary), lie the patient i and keep them calm. Do not clean or wash the wound. Do not use

NEVER use arterial tourniquets, suction devices or use

sharp object to cut the wound and surrounding area.

The **DRS ABCO** action plan Unitra/Inwarkiphrambulance.com.aul should be informed Look for Diago, exist, the Repense, Sendor help then check and close the Almay, check for, and sustain Berelhing, if recessary start OPs and apply a Definition of Indicated. DIS NACO is vital, especially if the person has novement of the limb quickly results in venom absorption and must be inted; therefore first aid must be an immediate priority after a snake bite.

n the event that someone is bitten on the head, next or torso, emergency assistance should be sought Immediately. Did 100 as soon as possible and ask for the mahdance senfez. Keep the person completely still and use a doth pad (a handlerchief, folded Failht or other material will did to apply film pressure over the bitten

# Things you should never do after snake bite

- X NEVER try to catch, chase or kill the snake, as this may lead to another bite.
- x NEVER give alcohol, lea, stimulants, food or medications without medical advice.
  x NEVER wash the wound, apply hot or cold packs, cut the wound, use ligatures or touniquets, apply electric shocks, and do not suck the wound

- or use suction from any device.

  \*\* NEVER allow the patient to walk or run after a snake bite.

- K NEVER remove or loosen the pressure immobilisation bandages unless advised to do so by medical personnel.
   K NEVER sprove the urgency of obtaining medical assistance in favour of reliance on traditional medicines or hor X NEVER Ignore the urgency of obtaining medical assistance in favour of

# Things you should do after snake bite

Hy (but no more than 70 mmHg), so that this transport can be effectively occluded. This spractice, as a bandage that is too loose will effective, and one that is too tight can cause

• ORS ABCO should sharps be followed when a scales blie is suspected after a bine by either a land-dwelling snake or a sea snake in Australa or leve claims. Be aware of the potential for sudden onset of officines and loss of consciousms. If the patient does become incoorcious by the on their fails be in the recovery position and take legs to protect their alway and breathing if a person stops breathing or so pulses and their fails of the trecovery position and take legs to protect their alway and breathing if a person stops breathing or so pulses after that IRS ABCO as first all on on the life-saving, and everyone should keen this approach as part of your overall first aid preparedness strategy. The St John Ambalance of Australa website (http://www.stohnantubionc.com.au) has specific resources about DIS.

- ABCD and other first aid skills.
- V RETREATO as side distance away from the smale, if necessary.

  Machine parent, but being own and sizes the small the recover positions in the best way to help protect their anway and breathing while west for ambidance of the small the small the elements plan, suspring, odd, etc.).

  \*\*REMOST man, braced was any constructed with the elements plan, suspring, odd, etc.).

  \*\*REMOST man, braced was any constructed object from the feitner into, so that it swelling occurs these do not cause an increased risk of

  - Y REMAIN with the person who has been bitten at all times until help annes. If you have no choice but to leave as quickly as possible. Avoiding situations where this may be necessary after any accident is better. Y MARK the site of the bite by using a pen to cricle the area of the bandages over the bite site.

# ALWAYS SEEK MEDICAL ATTENTION AFTER A SNAKE BITE.

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