

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

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 www.austin.org.au

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

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

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)

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 September 2024

REVIEW DATE: September 2026

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

ATTACHMENT 1

Pressure Immobilisation Bandaging Fact Sheet

Source: Australian Venom Research Unit, University of Melbourne

https://biomedsciences.unimelb.edu.au/_data/assets/pdf_file/0006/2106393/2.1-

[Snakebite firstaid ANG AVRU.pdf](#)

First aid for snake bites in Australia or New Guinea

The Australian Resuscitation Council (ARC) recommends the use of pressure immobilisation bandaging (PIB) to control local pain and to reduce the risk of systemic envenomation after snake bites in Australia. This method is also appropriate in Papua New Guinea and Indonesian Papua Provinces.

Pressure Immobilisation Bandaging (PIB) First Aid

There are three components to first aid for snake bites: pressure immobilisation bandaging (PIB), first aid for pain relief, and first aid for shock.

1. A first aid provider should apply PIB to the bitten limb as soon as possible. The PIB should be applied to the limb from the hand or foot to the heart. The PIB should be applied to the limb from the hand or foot to the heart. The PIB should be applied to the limb from the hand or foot to the heart.
2. Apply the PIB to immobilise the bitten limb. In consultation with the patient, ensure the patient is comfortable and that the PIB is applied to the limb from the hand or foot to the heart.

Any movement of the limb, such as walking, may increase the risk of systemic envenomation. Therefore, the patient should be kept still and should not walk or move the limb.

The ARC also advises that the patient should be kept calm and that the patient should be transported to a hospital as soon as possible. The patient should be transported to a hospital as soon as possible.

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



NEVER use arterial tourniquets, suction devices or use sharp objects to cut the wound and surrounding area.

Our advice is medical personnel should consider this advice when treating a patient with a snake bite. The patient should be kept still and should not walk or move the limb. The patient should be transported to a hospital as soon as possible.

DIAL 000
 Ask for Ambulance

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



NEVER try to cut, crush or lift the snake, as this may lead to another bite.

NEVER give alcohol, tea, stimulants, food or medication without medical advice.

NEVER wash the wound, apply hot or cold packs, cut the wound, use ligatures or tourniquets, apply electric shocks, and do not wash the wound or suction from any bites.

NEVER allow the patient to walk or use after a snake bite.

NEVER remove or loosen the pressure-immobilization bandage unless advised to do so by medical personnel.

NEVER ignore the urgency of obtaining medical assistance in favour of reliance on traditional medicines or home remedies.

Things you should do after snake bite

- ✓ **DO NOT** drink alcohol or tobacco after a snake bite is suspected after a bite by either a land-dwelling snake or a sea snake in Australia or New Guinea. Be aware of the potential for sudden onset of dizziness and possible collapse and loss of consciousness. If the patient does become unconscious by them on their left side in the recovery position and take steps to protect their airway and breathing. If a person stops breathing or is unresponsive, they should be resuscitated using the approach as part of your overall first aid resuscitation strategy. The 3rd, 4th, 5th and 6th editions of the Australian Resuscitation Council (ARC) and other first aid skills.
- ✓ **CALL** the patient, by their name and keep them still. The recovery position is the best way to help protect their airway and breathing while you wait for ambulance or medical assistance. Protect them from the elements (sun, wind, rain, cold, etc.).
- ✓ **REMOVE** rings, bracelets and any constrictive objects from the bitten limb, so that if swelling occurs there do not cause an increased risk of serious harm due to restricted blood flow.
- ✓ **REMAIN** with the patient who has been bitten at all times until help arrives. If you have no choice but to leave them to enable to seek help, ensure as quickly as possible. A suitable situation where this may be necessary after any accident is built.
- ✓ **MARK** the site of the bite by using a pen to trace the area of the bandage over the bite site.

ALWAYS SEEK MEDICAL ATTENTION AFTER A SNAKE BITE.