

BUSH KINDER FAUNA AND FLORA AWARENESS POLICY

Mandatory – Quality Area 2

PURPOSE

This policy aims to clearly define:

- The risk of some plants, animals and insects in the Bush Kinder space at Yarran Dheran
- Procedures for preventing any unfavourable incidents relating to the fauna and flora at Bush Kinder
- The appropriate medical response to injuries caused by the plants and animals of Yarran Dheran
- A framework for the appropriate education and training of staff, parents and children on minimising the risk of any incidents relating to fauna and flora

POLICY STATEMENT

1. VALUES

Rangeview Pre-School is committed to:

- Providing a safe and healthy environment for children and staff participating in the Bush Kinder program
- Being respectful of plants and wildlife in and around space the Bush Kinder space, including an awareness of flora that may be harmful to children, staff and volunteers
- Facilitating appropriate communication and education to staff and parents to minimise the risk of injury or illness from plants and animals to children and staff during Bush Kinder sessions

2. SCOPE

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in Day to Day Charge, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Rangeview Pre-School Bush Kinder.

3. BACKGROUND AND LEGISLATION

Background

Rangeview Pre-School's Bush Kinder Program is conducted within the Yarran Dheran Nature Reserve – bushland reserves provide a home for local native wildlife and help preserve wildflowers and other indigenous vegetation.

The park comprises of 7.2 hectares and hosts a mix of remnant and regenerative bushland, and many native species of wildlife. Over 300 species of plants (refer Attachment 1) and 85 species of birds can be found in Yarran Dheran including Ducks, Australian Magpies, Grey Fantail, the Noisy Miner, the Eastern Yellow Robin and the Eastern Silvereyes. Other animals that inhabit Yarran Dheran and its surrounds include Koalas, Possums, Tawny Frogmouths, Sugar gliders, Wallabies/Kangaroos, Echidnas, Lizards and insects such as ants, spiders, caterpillars, bees and wasps.

Unfortunately, not all of the fauna and flora found in Yarran Dheran is child-friendly, and as such, children, staff and volunteers must be mindful of the potential dangers of some animals, insects and plants they may come across. Plants such as Lantana, Nightshade, Arum Lillies, Hemlock Sticky Weed and Bulbs can be dangerous to humans – variants of these species may be found in Yarran Dheran.

The Bush Kinder staff will be required to implement appropriate safety and awareness procedures. It is important that children, staff and parents are aware of the recommended behaviour in and around the Yarran Dheran bushland, and that appropriate communication and training is undertaken to minimise the risk of any injuries or illnesses from the local fauna and flora.



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Please note, there is a separate Bush Kinder policy that details Snake Awareness and First Aid, and as such, snakes will not be referred to in this document.

Legislation

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010: Sections 167, 169
- Education and Care Services National Regulations 2011: Regulations 87, 89, 136, 137(1)(e), 168(2)(a),
- National Quality Standard, Quality Area 2: Children's Health and Safety; and Quality Area 3: Physical Environment
- Occupational Health and Safety Act 2004
- Occupational Health and Safety Regulations 2007
- Wildlife Act 1975

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: www.legislation.vic.gov.au/
- Commonwealth Legislation – Federal Register of Legislation: www.legislation.gov.au/

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.

Fauna: the animals of a particular region or habitat

Flora: the collective plant organisms of a given locality or environment

Asthma: Asthma is a common disease of the airways, the structures through which air passes when moving from your mouth and nose right down to the smallest structures in your lungs. Asthma is the most widespread chronic health problem in Australia. About one in ten Australian adults and one in nine or ten children have asthma. It is often associated with other allergic conditions like hay fever and eczema

Hay fever: Hay fever is the common name for a condition called allergic rhinitis, which means an allergy that affects the nose. Most people associate hay fever with spring, when airborne pollens from grasses are at their peak. However, hay fever can occur at any time of the year. It can be a reaction to dust mites, pollen, mould and animal fur or hair. Symptoms include a running nose, sneezing and itchy, watering eyes

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 poisoning, 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.

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5. SOURCES AND RELATED POLICIES

Sources

- Bites and Stings web resource, Victorian Poisons Information Centre, Austin Hospital www.austin.org.au
- Plants web resource, Victorian Poisons Information Centre, Austin Hospital www.austin.org.au

Service policies

- Acceptance and Refusal of Authorisations Policy
- Administration of First Aid Policy
- Asthma Policy
- Excursions, Incursions and Special Events Policy
- Child Safe Environment Policy
- Curriculum Development Policy
- Incident, Injury, Trauma and Illness Policy
- Interactions with Children Policy
- Occupational Health and Safety Policy
- Sun Protection Policy
- Supervision of Children Policy
- Water Safety Policy
- Bush Kinder Delivery and Collection of Children Policy
- Bush Kinder Extreme Weather Policy
- Bush Kinder Emergency Evacuation Policy
- Bush Kinder Identification and Visibility Policy
- Bush Kinder Protective Clothing Policy
- Bush Kinder Snake Awareness Policy
- Bush Kinder Dog Awareness Policy
- Bush Kinder Play Benefit Policy
- Bush Kinder Stranger Awareness Policy

PROCEDURES

The Approved Provider is responsible for:

- Supplying a First Aid Kit on site at Yarran Dheran at all times to administer first aid in response to animal bites, insect stings, scratches, allergies, poisonings or for any other necessary purpose
- Ensuring staff are appropriately educated on procedures to prevent any incidents in relation to the fauna and flora of Yarran Dheran
- Following all procedures as set out in the Incident, Injury, Trauma and Illness Policy (including notice of notifiable incidents, appropriate record keeping in the event of an incident, maintaining first aid kits etc)
- Ensuring that all parents/guardians are aware of this policy and are provided access to the policy at orientation sessions, in written Bush Kinder material and on the Pre-School Website, and made available upon request
- Bringing any relevant issues to attention of the Committee and/or Whitehorse Council in a timely manner



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The Nominated Supervisor and Persons in Day to Day Charge, Teachers and other Educators are responsible for:

- Practicing and educating children that not every plant or animal found in Yarran Dheran is safe. This may include highlighting some of following key points:
 - always leave animals alone
 - wear adequate clothing and closed-toe shoes (not sandals or thongs) in
 - don't touch plants or flowers unless staff have given permission
- In conjunction with City of Whitehorse Parkside officers, advise children and volunteers of any insect or animal hazards before leaving the Yarran Dheran Visitor Centre
- Ensuring the Bush Kinder group stays on walking tracks when moving around Yarran Dheran
- In conjunction with City of Whitehorse Parkside officers, advise children and volunteers of any hazards of allergic reactions if in contact with particular plant matter
- Administering first aid in the event of a fauna/flora incident, including (but not limited to):
 - Ant bites (Attachment 2)
 - Bee stings (Attachment 3)
 - Caterpillar reactions (Attachment 4)
 - Other insect bites or stings (Attachment 5)
 - Leeches (Attachment 6)
 - Spider bites (Attachment 7)
 - Wasp stings (Attachment 8)
 - Animal bites and scratches (Attachment 9)
 - Fungi poisoning (Attachment 10)
 - Plant allergies and poisoning (Attachment 11)
 - Hay fever (Attachment 12)
 - Asthma (Rangeview Pre-School's Asthma Policy)
- Staff are to follow procedures as set out in the Incident, Injury, Trauma and Illness Policy, and Asthma Policy, including contacting parents, calling an ambulance etc
- Reminding parents/guardians of the policy content as required

Parents/guardians are responsible for:

- Reading and familiarising themselves with this policy
- Advising the Pre-School in a timely manner if their child has any known allergies
- Bringing any relevant issues to the attention of both Kinder staff and the committee

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider will:



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- Seek feedback regarding this policy and its implementation with parents/guardians of children participating in the Bush Kinder program. This can be facilitated through discussions, surveys and the Pre-School newsletter
- Ask staff to share their experiences and observations in relation to the effectiveness of this policy
- Review the first aid procedures following an incident to determine their effectiveness
- Regularly review the policy and Pre-School practices to ensure they are compliant with any new legislation, research or best practice procedures
- Revisit the policy and procedures in light of the above as part of the service's policy review cycle, or earlier if required
- Notifying parents/guardians at least 14 days before making any changes to the policy or its procedures (Regulation 172 of the National Regulations) unless a shorter period is necessary due to a perceived or actual risk

ATTACHMENTS

Attachment 1: Plant list of Yarran Dheran

Attachment 2: Ant bite first aid

Attachment 3: Bee sting first aid

Attachment 4: Caterpillar incident first aid

Attachment 5: Insect bite first aid

Attachment 6: Leeches first aid

Attachment 7: Spider bite first aid

Attachment 8: Wasp sting first aid

Attachment 9: Animal bites and scratches first aid

Attachment 10: Fungi poisoning first aid

Attachment 11: Plant allergies and poisoning first aid

Attachment 12: Hay fever first aid

AUTHORISATION

The policy was adopted by the Approved Provider of Rangeview Pre-school on 7th October 2015.

REVIEW

DATE	NEXT REVIEW DATE (2 YEARLY)
19 Sep 2022	19 Apr 2023
Oct 2023	Oct 2025

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ATTACHMENT 1

Plant list of Yarran Dheran

(source: <https://yarrandherannaturereserve.wordpress.com/>)

The only survey of the plants of Yarran Dheran was done by A. B. Court in 1974. The most recent survey was by Botanicus in 1988 but this included the Hillcrest Reserve and the Chaim Court bushland (both adjacent to Yarran Dheran) and therefore has additional plants not in Yarran Dheran, which are included in the list below. The names are current for 2014.

Botanical Name	Common Name	Botanical Name	Common Name
Acacia acinacea	Gold Dust Wattle	Hibbertia riparia	Erect Guinea Flower
Acacia aculeatissima	Thin -leaf Wattle	Holcus lanatus	Yorkshire Fog-grass
Acacia baileyana	Cootamundra Wattle	Hovea heterophylla	Common Hovea
Acacia dealbata	Silver Wattle	Hydrocotyle callicarpa	Small Pennywort
Acacia decurrens	Early Black Wattle	Hydrocotyle foveolata	Yellow Pennywort
Acacia elata	Cedar Wattle	Hydrocotyle hirta	Hairy Pennywort
Acacia havilandiorum	Needle Wattle	Hydrocotyle laxiflora	Stinking Pennywort
Acacia implexa	Lightwood	Hydrocotyle triparta	Slender Pennywort
Acacia longifolia	Sallow Wattle	Hypericum gramineum	Small St John's Wort
Acacia mearnsii	Black Wattle	Hypochoeris radicata	Common Catsear
Acacia melanoxylon	Blackwood	Hypoxis glabella	Tiny Star
Acacia mucronata	Narrow-leaf Wattle	Hypoxis vaginata	Yellow Star
Acacia myrtifolia	Myrtle Wattle	Ilex aquifolium	Holly
Acacia paradoxa	Hedge Wattle	Indigofera australis	Austral Indigo
Acacia pycnantha	Golden Wattle	Isolepis hookeriana	Grassy Club-sedge
Acacia uncifolia	Coast Wirilda	Isolepis inundata	Swamp Club-sedge
Acacia verniciflua	Varnish Wattle	Isolepis marginata	Little Club-sedge
Acacia verticillata	Prickly Moses	Isolepis subtilissima	Mountain Club-sedge
Acaena echinata	Sheep's Burr	Ixia maculata	African Corn-lily
Acaena novae-zealandiae	Bidgee-Widgee	Juncus amabilis	Hollow Rush
Acaena ovina	Australian Sheep's Burr	Juncus bufonius	Toad Rush
Acetosella vulgaris	Sheep Sorrel	Juncus capitatus	Capitate Rush
Achillea millefolium	Milfoil	Juncus gregiflorus	Green Rush
Acrotriche serrulata	Honey pots	Juncus microcephalus	Tiny Headed Rush
Adiantum aethiopicum	Common Maidenhair	Juncus pallidus	Pale Rush
Agapanthus praecox ssp. orientalis	Agapanthus	Juncus pauciflorus	Loose-flower Rush
Agonis flexuosa	Willow Myrtle	Juncus radula	Hoary Rush
Agrostis avenacea	Common Blown Grass	Juncus tenuis	Slender Rush
Agrostis capillaris	Brown-top Bent	Kennedia prostrata	Running Postman
Agrostis stolonifera	Creeping Bent	Kunzea ericoides	Burgan
Aira elegantissima	Delicate Hair Grass	Lactuca serriola	Prickly Lettuce
Allium triquetrum	Angled Onion, Three-cornered Garlic	Lagenophora gracilis	Slender Bottle-daisy
Amyema pendula	Drooping Mistletoe	Lagenophora stipitata	Blue Bottle-daisy
Anagallis arvensis	Scarlet Pimpernel	Leontodon taraxacoides	Rough Hawkbit

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Anagallis foemina	Blue Pimpernel	Lepidosperma laterale	Variable Sword-sedge
Anthosacne scabra	Common Wheat-grass	Leptorhynchos tenuifolius	Wiry Buttons
Anthoxanthum odoratum	Sweet Vernal Grass	Leptospermum continentale	Prickly Tea-tree
Arbutus unedo	Strawberry Tree	Leptostigma reptans	Dwarf Nertera
Arctotheca calendula	Capeweed	Leucopogon ericoides	Pink Beard Heath
Arthropodium strictum	Chocolate Lily	Leucopogon virgatus	Common Beard Heath
Aster subulatus	Bushy Starwort	Ligustrum lucidum	Broad-leaf Privet
Astroloma humifusum	Cranberry Heath	Ligustrum vulgare	Wild Privet
Atriplex hastata	Spear Saltbush	Lindsaea linearis	Screw Fern
Austrostipa pubinodis	Tall Spear Grass	Linum marginale	Native flax
Austrostipa rudis	Veined Spear Grass	Linum trigynum	French Flax
Avena fatua	Wild Oats	Lolium perenne	Perennial Ryegrass
Azolla filiculoides	Red Azolla	Lomandra filiformis	Wattle Mat-rush
Babiana stricta	Baboon Flower	Lomandra longifolia	Spiny-headed Mat-rush
Banksia spinulosa	Hairpin Banksia	Lonicera japonica	Japanese Honeysuckle
Bellis perennis	Daisy	Luzula meridionalis	Field Woodrush
Billardiera heterophylla	W.A. Bluebell Creeper	Lycium ferocissimum	African Boxthorn
Billardiera mutabilis	Common Apple-berry	Lyperanthus suaveolens	Brown Beaks
Bossiaea prostrata	Creeping Bossiaea	Lythrum hyssopifolia	Small Loosestrife
Brachychiton populneus	Kurrajong	Malus domestica	Apple
Briza maxima	Quaking Grass	Malva parviflora	Small-flower Mallow
Briza minor	Shivery Grass	Malva sylvestris	Tall Mallow
Bromus cartharticus	Prairie Grass	Medicago arabica	Spotted Medic
Bromus diandrus	Great Brome	Medicago polymorpha	Burr Medic
Brunonia australis	Blue Pincushion	Melaleuca ericifolia	Swamp paperbark
Bulbine bulbosa	Bulbine Lily	Mentha spicata	Spearmint
Burchardia umbellata	Milkmaids	Microlaena stipoides	Weeping Grass
Bursaria spinosa	Sweet Bursaria	Microseris lanceolata	Yam Daisy
Caladenia carnea	Pink Fingers	Microtis parviflora	Slender Onion-orchid
Calochilus robertsonii	Common Beard-orchid	Microtis uniflora	Common Onion-orchid
Calystegia silvatica	Bindweed	Modiola caroliniana	Red-flower Mallow
Cardamine flexuosa	Wavy Bittercress	Myosotis sylvatica	Wood Forget-me-not
Cardamine hirsuta	Bitter-cress	Oleria lirata	Snowy Daisy-bush
Carex appresa	Tall Sedge	Opercularia ovata	Broad-leaf Stinkweed
Carex breviculmis	Common Grass Sedge	Opercularia varia	Variable Stinkweed
Carex inversa	Knob Sedge	Oxalis corniculata	Yellow Wood-sorrel
Cassinia aculeata	Common Cassinia, Dogwood	Oxalis excilis	Shady Wood-sorrel
Cassinia arcuata	Drooping Cassinia	Oxalis incarta	Crimson Wood-sorrel
Cassinia longifolia	Long-leaf Cassinia	Oxalis perennans	Grassland Wood-sorrel
Cassytha melantha	Coarse Dodder-laurel	Oxalis pes-caprae	Soursob
Cassytha pubescens	Downy Dodder-laurel	Oxalis purpurea	Large-flower Wood-sorrel
Centaurium erythraea	Common Centaury	Ozothamnus ferrugineus	Tree Everlasting
Centaurium tenuiflorum	Branched Centaury	Parietaria debilis	Shade Pellitory
Centella cordifolia	Swamp Pennywort	Paspalum dilatatum	Paspalum
Cerastium viscosum	Mouse-ear Chickweed	Paspalum distichum	Water Couch
Chamaecytisus proliferus	Tagasaste, Tree Lucerne	Patersonia occidentalis	Long Purple-flag

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<i>Chamaescilla corymbosa</i>	Blue Stars	<i>Pelargonium inodorum</i>	Kopata
<i>Chasmanthe aethiopica</i>	African Corn-flag	<i>Pennisetum clandestinum</i>	Kikuyu Grass
<i>Cheilanthes austrotenuifolia</i>	Green Rock-fern	<i>Persicaria decipens</i>	Slender Knotweed
<i>Chiloglottis valida</i>	Common Bird-orchid	<i>Phalaris aquatic</i>	Bulbous Canary-grass
<i>Chrysanthemoides monilifera</i>	Boneseed	<i>Phragmites communis</i>	Common Reed
<i>Chrysocephalum semipapposum</i>	Clustered Everlasting	<i>Phyllostachys</i>	Bamboo
<i>Cicendia filiformis</i>	Slender Cicendia	<i>Pimelea curviflora</i>	Curved Rice-flower
<i>Cicendia quadrangularis</i>	Oregon Timwort	<i>Pimelea humilis</i>	Common Rice-flower
<i>Cirsium vulgare</i>	Spear Thistle	<i>Pinus radiata</i>	Monterey Pine
<i>Clematis aristata</i>	Old Man's Beard	<i>Pittosporum undulatum</i>	Sweet Pittosporum
<i>Clematis microphylla</i>	Small-leaved Clematis	<i>Plantago coronopus</i>	Buck's-horn Plantain
<i>Comesperma volubile</i>	Love Creeper	<i>Plantago lanceolata</i>	Ribwort, Ribgrass
<i>Conium maculatum</i>	Hemlock	<i>Plantago major</i>	Large Plantain
<i>Conyza bonariensis</i>	Flax-leaf Fleebane	<i>Plantago varia</i>	Variable Plantain
<i>Coprosma quadrifida</i>	Prickly Currant-bush	<i>Platylobium infecundum</i>	Famine Flat-pea
<i>Coprosma repens</i>	Mirror Bush, Shiny Leaf	<i>Platylobium obtusangulum</i>	Common Flat-pea
<i>Coronidium scorpioides</i>	Button Everlasting	<i>Poa annua</i>	Winter Grass
<i>Correa alba</i>	White Correa	<i>Poa labillardieri</i>	Common Tussock Grass
<i>Correa glabra</i>	Rock Correa	<i>Poa morrisii</i>	Velvet Tussock-grass
<i>Correa reflexa</i>	Native Fuchsia	<i>Poa pratensis</i>	Kentucky Blue-grass
<i>Cortaderia seloana</i>	Pampas Grass	<i>Polygonum aviculare</i>	Wireweed
<i>Corunastylis despectans</i>	Sharp Midge Orchid	<i>Polypogon monospermiensis</i>	Annual Beard-grass
<i>Cotoneaster divaricatus</i>	Spreading Cotoneaster	<i>Polyscias sambucifolia</i>	Elderberry Panax
<i>Cotoneaster glaucophyllus</i>	Cotoneaster	<i>Pomaderris aspera</i>	Hazel Pomaderris
<i>Cotoneaster pannosus</i>	Silver-leaf Cotoneaster	<i>Poranthera microphylla</i>	Small Poranthera
<i>Cotula australis</i>	Common Cotula	<i>Prostanthera lasiantha</i>	Victorian Christmas Bush
<i>Crataegus monogyna</i>	Hawthorn	<i>Prunella vulgaris</i>	Self-heal
<i>Crepis capillaris</i>	Smooth Hawk's Beard	<i>Prunus cerasifera</i>	Cherry Plum
<i>Cynodon dactylon</i>	Couch Grass	<i>Pteridium esculentum</i>	Austral Bracken
<i>Cynoglossum suaveolens</i>	Sweet Hound's-tongue	<i>Pterostylis alpina</i>	Mountain Greenhood
<i>Cynosurus echinatus</i>	Rough Dogstail	<i>Pterostylis sp. aff. plumosa</i> 1	Woodland Bearded Greenhood
<i>Cyperus eragrostis</i>	Umbrella Sedge	<i>Pterostylis concinna</i>	Trim Greenhood
<i>Cyperus tenellus</i>	Tiny Flat Sedge	<i>Pterostylis melagramma</i>	Tall Greenhood
<i>Cytisus scoparius</i>	English Broom	<i>Pterostylis nutans</i>	Nodding Greenhood
<i>Dactylis glomerata</i>	Cocksfoot	<i>Pultenaea gunnii</i>	Golden Bush-pea
<i>Daucus glochidiatus</i>	Australian Carrot	<i>Pyrus communis</i>	European Pear
<i>Daviesia latifolia</i>	Hop Bitter-pea	<i>Quercus robur</i>	English Oak
<i>Daviesia leptophylla</i>	Narrow-leaf Bitter Pea	<i>Ranunculus amphitrichus</i>	Small River Buttercup
<i>Derwentia derwentiana</i>	Derwent Speedwell	<i>Ranunculus lappaceus</i>	Common Buttercup
<i>Deyeuxia quadriseta</i>	Reed Bent-grass	<i>Ranunculus muricatus</i>	Sharp Buttercup
<i>Dianella admixta</i>	Spreading Flax-lily	<i>Ranunculus repens</i>	Creeping Buttercup
<i>Dianella laevis</i>	Pale Flax-lily	<i>Raphanus raphanistrum</i>	Wild Radish
<i>Dichelachne sieberiana</i>	Rough Plume-grass	<i>Rapistrum rugosum</i>	Turnip Weed
<i>Dichondra repens</i>	Kidney-weed	<i>Romulea rosea</i>	Onion Grass
<i>Diuris pardina</i>	Leopard Orchid	<i>Rorippa nasturtium-aquaticum</i>	Water-cress

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<i>Drosera aberrans</i>	Scented Sundew	<i>Rubus armeniacus</i>	Himalayan Blackberry
<i>Drosera auriculata</i>	Tall Sundew	<i>Rubus fruticosus</i>	Blackberry
<i>Drosera peltata</i> ssp <i>peltata</i>	Pale Sundew	<i>Rubus parvifolius</i>	Native Raspberry
<i>Echinochloa crus-galli</i>	Barnyard Grass	<i>Rubus polyanthemus</i>	Small-leaf Raspberry
<i>Echinopogon ovatus</i>	Hedgehog Grass	<i>Rubus rubiginosa</i>	Sweet Briar
<i>Ehrharta erecta</i>	Panic Veldt Grass	<i>Rumex conglomeratus</i>	Clustered Dock
<i>Ehrharta longiflora</i>	Annual Veldt Grass	<i>Rumex crispus</i>	Curled Dock
<i>Epacris impressa</i>	Common Heath	<i>Rumex obtusifolius</i>	Broad-leaf Dock
<i>Epilobium billardierianum</i>	Smooth Willow Herb	<i>Rytidospermum pallidum</i>	Red-anther Wallaby Grass
<i>Erica lusitanica</i>	Spanish Heath	<i>Rytidospermum setaceum</i>	Bristly Wallaby Grass
<i>Erigeron karvinskianus</i>	Sea Side Daisy	<i>Rytidospermum tenuius</i>	Purplish Wallaby Grass
<i>Eucalyptus cephalocarpa</i>	Silver-leafed Stringybark	<i>Salix</i> spp	Willow
<i>Eucalyptus dives</i>	Broad Leaf Peppermint	<i>Schoenus apogon</i>	Common Bog-sedge
<i>Eucalyptus fulgens</i>	Green Scent-bark	<i>Senecio glomeratus</i>	Annual Fireweed
<i>Eucalyptus goniocalyx</i>	Long-leafed Box	<i>Senecio hispidulus</i>	Rough Fireweed
<i>Eucalyptus ignorabilis</i>	Grey Scentbark	<i>Senecio prenanthoides</i>	Beaked Fireweed
<i>Eucalyptus macrorhyncha</i>	Red Stringybark	<i>Senecio quadridentatus</i>	Cottony Fireweed
<i>Eucalyptus melliodora</i>	Yellow Box	<i>Solanum americanum</i>	Glossy Nightshade
<i>Eucalyptus obliqua</i>	Messmate	<i>Solanum laciniatum</i>	Large Kangaroo Apple
<i>Eucalyptus ovata</i>	Swamp Gum	<i>Solanum nigrum</i>	Black-berry Nightshade
<i>Eucalyptus polyanthemus</i>	Red Box	<i>Sonchus asper</i>	Rough Sowthistle
<i>Eucalyptus radiata</i>	Narrow-leafed Peppermint	<i>Sonchus oleraceus</i>	Common Sowthistle
<i>Eucalyptus rubida</i>	Candlebark Gum	<i>Sparaxis tricolor</i>	Harlequin Flower
<i>Eucalyptus viminalis</i>	Manna Gum	<i>Sporobolus capensis</i>	Paramatta Grass
<i>Euchiton involucratus</i>	Common Cudweed	<i>Spyridium parvifolium</i>	Australian Dusty Miller
<i>Euchiton japonicus</i>	Creeping Cudweed	<i>Stackhousia monogyna</i>	Creamy Stackhousia
<i>Eucomis comosa</i>	Pineapple Flower	<i>Stellaria media</i>	Chickweed
<i>Euphorbia peplus</i>	Petty Spurge	<i>Stylidium graminifolium</i>	Grass-leaved Triggerplant
<i>Exocarpus cupressiformis</i>	Cherry Ballart	<i>Taraxacum officinale</i>	Dandelion
<i>Festuca arundinacea</i>	Tall Fescue	<i>Tetrarrhena juncea</i>	Forest Wire-grass
<i>Foeniculum vulgare</i>	Fennel	<i>Tetratheca ciliata</i>	Pink Bells, Black-eyed Susan
<i>Fraxinus</i> spp	Ash	<i>Thelymitra ixioides</i>	Spotted Sun Orchid
<i>Fumaria capreolata</i>	White-flowered Fumitory	<i>Thelymitra pauciflora</i>	Slender Sun Orchid
<i>Fumaria officinalis</i>	Common Fumitory	<i>Themeda triandra</i>	Kangaroo Grass
<i>Gahnia radula</i>	Thatch Saw-sedge	<i>Thysanotus patersonii</i>	Twining Fringe Lily
<i>Galium aparine</i>	Cleavers	<i>Tradescantia fluminensis</i>	Wandering Jew
<i>Galium leiocarpum</i>	Maori Bedstraw	<i>Tricoryne elatior</i>	Yellow Rush-lily
<i>Genista linifolia</i>	Flax-leafed Broom	<i>Trifolium angustifolium</i>	Narrow-leaf Clover
<i>Genista monspessulana</i>	Cape Broom	<i>Trifolium campestre</i>	Hop Clover
<i>Geranium pilosum</i>	Native Geranium	<i>Trifolium dubium</i>	Yellow Suckling Clover
<i>Geranium potentilloides</i>	Soft Crane's-bill	<i>Trifolium glomeratum</i>	Clustered Clover
<i>Geranium retrorsum</i>	Forrest Crane's-bill	<i>Trifolium repens</i>	White Clover
<i>Geranium solanderi</i>	Austral Crane's-bill	<i>Trifolium subterraneum</i>	Subterranean Clover
<i>Gladiolus undulatus</i>	Wild Gladiolus	<i>Ulex europaeus</i>	Gorse
<i>Glossodia major</i>	Wax-lip orchid	<i>Verbena bonariensis</i>	Purple-top
<i>Glyceria declinata</i>	Small Sweet Grass	<i>Vicia hirsuta</i>	Hairy Vetch

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<i>Glycine clandestina</i>	Twining Glycine	<i>Vicia sativa</i>	Common Vetch
<i>Gnaphalium japonicum</i>	Japanese Cudweed	<i>Vicia tetrasperma</i>	Slender Vetch
<i>Gonocarpus humilis</i>	Shade Raspwort	<i>Viminaria juncea</i>	Golden Spray
<i>Gonocarpus tetragynus</i>	Common Raspwort	<i>Vinca major</i>	Blue Perriwinkle
<i>Goodenia ovata</i>	Hop Goodenia	<i>Viola betonicifolia</i>	Showy Violet
<i>Goodia lotifolia</i>	Golden-tip, Clover Tree	<i>Viola hederacea</i>	Native Violet
<i>Grevillea rosmarinifolia</i>	Rosemary Grevillea	<i>Vulpia bromoides</i>	Rat's-tail Fescue
<i>Hakea decurrens</i>	Bushy Needlewood	<i>Wahlenbergia gracilis</i>	Sprawling Bluebell
<i>Hakea nodosa</i>	Yellow Hakea	<i>Wahlenbergia stricta</i>	Tall Bluebell
<i>Hakea teretifolia</i>	Dagger Hakea	<i>Watsonia meriana</i>	Merian's Bugle-lily
<i>Hakea ulicina</i>	Furze Hakea	<i>Wurmbea dioica</i>	Early Nancy
<i>Hardenbergia violacea</i>	Purple Coral Pea	<i>Xanthorrhoea minor</i>	Small Grass Tree
<i>Hedera helix</i>	English Ivy	<i>Xanthosia dissecta</i>	Cut-leaf Xanthosia
<i>Helichrysum luteo-album</i>	Jersey Cudweed	<i>Zantedeschia aethiopica</i>	Arum Lily
<i>Helminthotheca echoides</i>	Ox-tongue		

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ATTACHMENT 2

Ant bite first aid

(Source Austin Health; <http://www.austin.org.au/page?ID=534#Section4>)

If you have previously had a serious allergic or anaphylactic reaction to an ant sting: you should consult your doctor about the need for you to carry adrenaline (epinephrine) for use in the event of a sting.

If you have been stung inside the mouth or throat: ring 000 for an ambulance.

If you have been stung by an ant and have previously had a serious allergic or anaphylactic reaction to an ant sting you should follow these steps:

- Ring 000 for an ambulance
- Administer your adrenaline (epinephrine) if you have been instructed to use it in this situation
- Lie down; do not stand or walk about
- Wait for the ambulance

If you have been stung by an ant and have NOT previously had a serious reaction to ant sting you should follow these steps:

- Wash the stung area with soap and water
- Apply a cold pack to the area and take a simple analgesic if required to relieve pain and swelling
- If there is persistent or severe swelling and/or itching, take an antihistamine for 1-3 days
- Antihistamines are available from pharmacies without a prescription. The pharmacist will be able to recommend one suitable for you.
- See your doctor if the sting does not clear up in a few days or if it looks infected.
- Even if you have never been stung by an ant before, watch for the following symptoms, they may indicate a **serious allergic or anaphylactic reaction**, which requires urgent medical attention (ring 000 for an ambulance). These will occur rapidly and certainly within 2 hours of exposure:
 - difficult noisy breathing or wheeze
 - swelling of the tongue
 - tightness in the throat
 - difficulty talking or hoarse voice
 - persistent dizziness and/or collapse
 - an infant may be pale, floppy and not interacting normally
 - In some cases such as ant or other insect stings, anaphylaxis is rapidly (< 1 hour) preceded by less dangerous allergic symptoms such as: swelling of face, lips or eyes; hives or welts; abdominal pain; vomiting.

Dangerous ants in Victoria:

- Jumper or Jack Jumper Ant (*Myrmecia pilosula*)
- Bull or Bulldog Ant (*Myrmecia pyriformis*)
- Green-head Ant (*Rhytidopenera metallica*)
- "Blue Ant" (*Diamma bicolor*) (this is actually a type of wasp).

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ATTACHMENT 3

Bee sting first aid

(Source Austin Health; <http://www.austin.org.au/page?ID=534#Section4>)

If you have previously had a serious allergic or anaphylactic reaction to a bee sting: you should consult your doctor about the need for you to carry adrenaline for use in the event of a sting.

If you have been stung inside the mouth or throat: ring 000 for an ambulance.

If you have been stung by a bee and have previously had a serious allergic or anaphylactic reaction to a bee sting you should follow these steps:

- Remove the sting from the skin AS SOON AS POSSIBLE
- Ring 000 for an ambulance
- Administer your adrenaline if you have been instructed to use it in this situation
- Lie down; do not stand or walk about
- Wait for the ambulance
- If an adult has been stung more than 10 times, or a child more than 5 times, in a single incident, they should be taken to hospital.

If you have been stung by a bee (but less than 10 stings in an adult and less than 5 stings in a child) and have NOT previously had a serious reaction to bee sting you should follow these steps:

- Remove the sting from the skin AS SOON AS POSSIBLE
- Wash the stung area with soap and water
- Apply a cold pack to the area to relieve pain and swelling
- In most cases this will be the only treatment required, some people may have swelling that persists for a couple of days
- If there is persistent or severe swelling and/or itching, take antihistamine tablets for 1-3 days.
- Antihistamines are available from pharmacies without a prescription. The pharmacist will be able to recommend one suitable for you.
- Even if you have never been stung by a bee before, watch for the following symptoms, they may indicate a serious allergic or anaphylactic reaction, which requires urgent medical attention:
 - Red blotches on the skin or an itchy rash over the body
 - Swelling in parts of the body away from the stung area, especially the lips and around the eyes
 - Feeling faint, light-headed or dizzy
 - Breathing difficulties such as wheeze or shortness of breath
 - Chest tightness.

Bees in Victoria

- European Honey Bee (*Apis mellifera*) stings are the cause of major problems
- Native Australian Bee stings only occasionally need medical attention

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ATTACHMENT 4

Caterpillar incident first aid

(Source Austin Health; <http://www.austin.org.au/page?ID=534#Section4>)

A number of species of caterpillars can cause painful, itchy and inflamed skin reactions when hairs they shed become embedded in the victim's skin.

Often the hairs are brittle and break away above the skin surface. These hairs can cause eye injury if they get into the eye.

First Aid

- Decontamination:
 - Remove hairs with tweezers or by applying and removing adhesive tape to the area.
 - Seek medical attention immediately if there is stinging in the eye(s).
- Treatment:
 - Apply a cold pack to the area and take a simple analgesic if required for relief of burning, pain and itching.
 - Antihistamine medication or cortisone cream may be needed for persistent symptoms (ask your pharmacist or doctor).
 - Seek medical attention immediately if there are caterpillar hairs in the eye(s).

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ATTACHMENT 5

Insect bite first aid - (including centipedes, mosquitoes, earwigs, etc.)

(Source Austin Health; <http://www.austin.org.au/page?ID=534#Section4>)

For Ant, Bee, Caterpillar and Wasp stings see specific first aid information.

If you have been stung by an insect you should follow these steps:

- Wash the stung area with soap and water
- Apply a cold pack to the area and take a simple analgesic if required to relieve pain and swelling
- If there is persistent or severe swelling and/or itching, take an antihistamine for 1-3 days. Antihistamines are available from pharmacies without a prescription. The pharmacist will be able to recommend one suitable for you.
- See your doctor if the bite does not clear up in a few days or if it looks infected
- Even if you have never been bitten by an insect before, watch for the following symptoms, they may indicate a **serious allergic or anaphylactic reaction**, which requires urgent medical attention (ring 000 for an ambulance). These will occur rapidly and certainly within 2 hours of exposure:
 - difficult noisy breathing or wheeze
 - swelling of the tongue
 - tightness in the throat
 - difficulty talking or hoarse voice
 - persistent dizziness and/or collapse
 - an infant may be pale, floppy and not interacting normally
 - In some cases such as insect stings, anaphylaxis is rapidly (< 1 hour) preceded by less dangerous allergic symptoms such as: swelling of face, lips or eyes; hives or welts; abdominal pain; vomiting.

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ATTACHMENT 6

Leeches first aid

(Source Austin Health; <http://www.austin.org.au/page?ID=534#Section4>)

Leeches cause unwarranted fear in many people. When they latch onto skin, their bite is almost painless. They introduce an anticoagulant so that they can feed on the victim's blood. When the leech becomes grossly swollen it falls off.

The symptoms from leech bite that may warrant medical attention are infected bite site and leech allergy.

First Aid

- Removal of the leech:
 - Application of salt, salt water or vinegar to an actively sucking leech will cause it to fall off. A leech will usually fall off after 20 minutes of attachment without any treatment.
 - DO NOT pull the leech off as the skin may be torn and ulceration may follow or parts of the jaw may remain and set up infection. Applying heat to the leech (e.g. applying a hot coal or lit cigarette) may result in burns to the patient so is not recommended.
- Treatment:
 - After the leech has been removed, wash with soap and water
 - Apply a cold pack and take a simple analgesic if required to relieve pain or swelling
 - Apply pressure if there is bleeding from the bite
 - Seek medical attention if the area becomes infected or if a wound or ulcer develops.

Even if you have never been bitten by a leech before, watch for the following symptoms, they may indicate a **serious allergic or anaphylactic reaction**, which requires urgent medical attention (ring 000 for an ambulance). These will occur rapidly and certainly within 2 hours of exposure:

- difficult noisy breathing or wheeze
- swelling of the tongue
- tightness in the throat
- difficulty talking or hoarse voice
- persistent dizziness and/or collapse
- an infant may be pale, floppy and not interacting normally
- In some cases such as insect stings, anaphylaxis is rapidly (< 1 hour) preceded by less dangerous allergic symptoms such as: swelling of face, lips or eyes; hives or welts; abdominal pain; vomiting.

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ATTACHMENT 7

Spider bite first aid

(Source Austin Health; <http://www.austin.org.au/page?ID=534#Section4>)

Redback spider (*Latrodectus hasselti*)

Medical treatment is NOT always required following a bite from a Redback Spider. Many bites will only cause a local reaction including pain, redness, swelling and heat. The treatment for these symptoms is to wash the bite area with soap and water, apply a cold pack and take a simple analgesic such as paracetamol. Application of a pressure bandage will not help; it may make the pain worse.

Medical attention is required for anyone with significant:

- pain not relieved by a cold pack and a simple analgesic such as paracetamol
- pain spreading from the bite area
- swollen or painful glands in the affected limb
(armpits for bites on the arm or hand, groin for bites on the foot or leg)
- sweating all over the body, or only in patches
- shivering
- tremors
- stomach upset - nausea, vomiting, stomach cramps
- increased heart rate
- headache
- pins and needles in hands or feet
- secondary tissue infection

Victorian Funnel-Web spider (*hadronyche modesta*)

When the term 'funnel-web spider' is used, it is generally a reference to the dangerous spider *atracus robustus*, which is found in and around Sydney.

There are some related spiders in the funnel-web Spider family that are found in other parts of Australia, including Victoria. There are few case reports of people being bitten by the Victorian Funnel-Web spider.

Despite being a relative of the Sydney Funnel-Web spider, the venom from the Victorian Funnel-Web spider is only known to cause general symptoms such as headaches and nausea.

If you suspect that someone has been bitten by a Victorian funnel-web spider:

- Wash the bitten area with soap and water
- Apply a cold pack and take a simple analgesic if required to relieve pain and swelling
- Medical attention is only required if any symptoms such as significant nausea, headache or sweating develop in the next few hours, or if the bite does not clear up or if any signs of infection or tissue damage occur.

Other Spiders

For other spider bites, the treatment is aimed at minimising pain and the risk of infection.

- Wash the bitten area with soap and water
- Apply a cold pack and take a simple analgesic if required to relieve pain and swelling



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- Medical attention is only required if the bite has not cleared up in 2-3 days or if there are signs of infection or tissue damage

For most spider bites, this is all the treatment that will be required. Some spider bites may result in mild symptoms, including headache and nausea, but usually do not require any specific treatment.

This treatment is appropriate for bites from the white-tailed spider (*Lampona cylindrata*). As for other spiders, medical treatment is only required if the bite has not cleared up in 2-3 days or if there are signs of infection or tissue damage.

White-Tailed spiders are very common and many people are bitten without any serious reaction. There is a common belief that white tail spider bites cause skin ulcers and tissue damage, but there is no good evidence to support this. The bite site may be painful; a red mark with associated itchiness, pain or lump may persist for up to 12 days. An antihistamine may help control any pain, swelling or itch. Antihistamines are available from pharmacies without a prescription. The pharmacist will be able to recommend one suitable for you.

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ATTACHMENT 8

Wasp sting first aid

(Source Austin Health; <http://www.austin.org.au/page?ID=534#Section4>)

If you have previously had a serious allergic or anaphylactic reaction to a wasp sting: You should consult your doctor about the need for you to carry adrenaline (epinephrine) for use in the event of a sting.

If you have been stung inside the mouth or throat: Ring 000 for an ambulance.

If you have been stung by a wasp and have previously had a serious allergic or anaphylactic reaction to a wasp sting you should follow these steps:

- Ring 000 for an ambulance
- Administer your adrenaline (epinephrine) if you have been instructed to use it in this situation
- Lie down; do not stand or walk about
- Wait for the ambulance
- If an adult has been stung more than 10 times or a child more than 5 times in a single incident, they should be taken to hospital.

If you have been stung by a wasp (but less than 10 stings in an adult and less than 5 stings in a child) and have NOT previously had a serious reaction to wasp sting you should follow these steps:

- Wash the stung area with soap and water
- Apply a cold pack to the area and take a simple analgesic if required to relieve pain and swelling
- If it was a European Wasp or if there is persistent or severe swelling and or itching, take an antihistamine for 1-3 days. Antihistamines are available from pharmacies without a prescription. The pharmacist will be able to recommend one suitable for you.
- See your doctor if the bite does not clear up in a few days or if it looks infected.
- Even if you have never been bitten by a wasp before, watch for the following symptoms, they may indicate a **serious allergic or anaphylactic reaction**, which requires urgent medical attention (ring 000 for an ambulance). These will occur rapidly and certainly within 2 hours of exposure:
 - difficult noisy breathing or wheeze
 - swelling of the tongue
 - tightness in the throat
 - difficulty talking or hoarse voice
 - persistent dizziness and/or collapse
 - an infant may be pale, floppy and not interacting normally
 - In some cases such as wasp or other insect stings, anaphylaxis is rapidly (< 1 hour) preceded by less dangerous allergic symptoms such as: swelling of face, lips or eyes; hives or welts; abdominal pain; vomiting.

Wasps in Victoria

- Paper wasps (*Polistes humilis*, *Polistes tasmaniensis*)
- Blue ant (*Diamma bicolor*)
- European wasp (*Vespula germanicus*) - introduced species and is a significant menace. They can be aggressive if disturbed and cause a significant incidence of serious allergic or anaphylactic reactions.



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- English wasp (*Vespula vulgaris*) - introduced species and is a significant menace. They can be aggressive if disturbed and cause a significant incidence of serious allergic or anaphylactic reactions.

Avoiding Wasp Stings

- Wasps may be attracted to sweet things like soft drink and hide inside a can of drink. Do not drink soft drink from a can when outdoors - always use a straw.
- Do not disturb a wasp nest, get expert advice for safe removal of a nest.

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ATTACHMENT 9

Animal bites and scratches first aid

(Source <https://kidshealth.org/en/parents/bites.html>)

Animal bites and scratches, even minor ones, can sometimes lead to complications. Whether the animal is a family pet (in kids, most animal bites that are reported are from [dogs](#)) or a creature from the wild, scratches and bites can carry disease.

Some bites, especially from cats, can get infected by bacteria from the animal's mouth. And [cat scratch disease](#), a bacterial infection, can develop from a cat scratch (usually from a kitten) even if the scratch site doesn't look infected. Some animals — such as bats, raccoons, and foxes — can spread [rabies](#).

Kids whose tetanus shots are not up to date will need a shot (post-exposure tetanus prophylaxis) after an animal bite to prevent [tetanus infection](#).

What to Do:

- If the bite or scratch wound is [bleeding](#), apply pressure to the area with a clean bandage or towel until the bleeding stops. If available, use clean latex or rubber gloves to protect yourself and to prevent the wound from getting infected.
- If the wound is not bleeding heavily, clean it with soap and water, and hold it under running water for several minutes.
- Dry the wound, apply antibiotic ointment, and cover it with sterile gauze or a clean cloth.
- Call your doctor if the bite or scratch broke or punctured the skin, even if the area is small. A child who is bitten by an animal may need antibiotics, a tetanus booster, or rarely, a series of rabies shots. A bite or scratch on a child's face, hand, or foot is particularly at risk for infection and should be checked by your doctor as soon as possible.
- If your child was bitten or scratched by an unfamiliar or wild animal, note the location of the animal. Some animals may have to be captured, confined, and observed for rabies. But do **not** try to capture the animal yourself. Instead, call the animal control office or animal warden in your area.
- Get immediate medical care if:
 - the wound is on the face, neck, hand, foot, or near a joint
 - the wound won't stop bleeding after 10 minutes of direct pressure
 - the wound appears to be deep, large, or severe
 - the attacking animal was stray or wild or behaving strangely
 - the bite or scratch has pus coming from it, or becomes red, hot, swollen, or increasingly painful
 - your child has a weakened [immune system](#) or other medical condition that might make an infection more likely
 - your child's tetanus immunizations are not up to date

Teach your children to stay away from strange animals, and not to tease or provoke any animals, even family pets. Animals should not be disturbed while they are eating or sleeping.

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ATTACHMENT 10

Fungi poisoning first aid

(Source <https://www.betterhealth.vic.gov.au/health/healthyliving/fungi-poisoning>)

Mushrooms are a type of fungus. Australia has many varieties of wild-growing fungi, many of which are edible. However, a few types are poisonous or even deadly.

Contrary to popular belief, there is no home test that can distinguish between edible and poisonous varieties. The only way to tell whether a wild mushroom is safe to eat is to have it identified by a mushroom expert (mycologist).

If you are unsure if a mushroom is safe to eat, don't eat it. It is recommended that you only eat mushrooms you have bought from the supermarket, greengrocer or another reputable source.

If you suspect you or your child may have eaten a poisonous mushroom do not wait for symptoms to occur, contact the Victorian Poisons Information Centre (VPIC) (Tel 13 11 26).

The VPIC staff member will take a brief history from you and give you the appropriate advice. It may be necessary for you to seek treatment through your doctor or the emergency department of your nearest hospital.

It helps to have a sample of the mushroom. VPIC staff may ask you to send them a photo of the wild mushroom to help in the species identification and risk assessment.

If the person has collapsed, stopped breathing, is having a fit or is suffering an anaphylactic reaction, immediately ring triple zero (000) for an ambulance.

Do not ring the Victorian Poisons Information Centre in an emergency.

Effects of poisonous mushrooms:

The three main effects of poisonous mushrooms are:

- **hallucinations** – some mushroom species contain toxins that cause hallucinations. These psychotropic types are commonly referred to as 'magic mushrooms'. One of the better known species is the golden top (*Psilocybe subaeruginosa*). Apart from hallucinations, other effects include confusion, muscle weakness, agitation, rapid heart rate and headache. The golden top looks very similar to some varieties of Galerina mushroom, which are potentially deadly
- **gastrointestinal illness** – many poisonous mushrooms cause gastrointestinal illness, such as nausea, vomiting, stomach cramps and diarrhoea
- **liver failure and death** – about nine out of 10 fungi-related deaths are attributable to the death cap mushroom (*Amanita phalloides*). Symptoms occur six to 24 hours after eating and include nausea, stomach cramps, vomiting and diarrhoea. The toxin can fatally harm the liver and kidneys, and death can occur within 48 hours. Other mushrooms that have a similar effect to the death cap include some species of Galerina, Lepiota and Conocybe.

Poisonous mushrooms in Victoria

The yellow staining mushroom and the death cap are two poisonous mushrooms that grow in Victoria.

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Yellow staining mushroom

The yellow staining mushroom (*Agaricus xanthodermus*) is the most commonly eaten poisonous mushroom in Victoria. This species commonly grows wild in lawns and gardens, and looks very similar to edible mushrooms. Characteristics include:

- Mushrooms grow on the ground in clusters, often clumped or in 'fairy rings'.
- The cap is 50–200 mm in diameter.
- The cap is usually white, but can become brown with age.
- The cap of young mushrooms looks a little square.
- When damaged, the cap and stem stain yellow, fading later to a dirty brown.
- The mushroom gives off a chemical smell, like disinfectant, iodine or kerosene. This smell is even stronger if you cook them.
- If eaten, symptoms include abdominal cramps, nausea, vomiting and diarrhoea (usually within 30 minutes to two hours of consumption). Less common symptoms include headache, dizziness, sweating and drowsiness.

Death cap

The death cap (*Amanita phalloides*) is potentially fatal if eaten. Characteristics include:

- Mushrooms grow under oak trees.
- The cap is 40–160 mm in diameter.
- The cap ranges in colour from pale yellow to green to olive brown.
- The gills (ridges on the underside of the cap) are white.
- The base of the stem has a membranous 'cup'.
- Onset of symptoms is anywhere from six to 24 hours after ingestion.
- Death may occur from liver and kidney damage.
- One mushroom can contain enough poison to kill an average-sized adult.
- Cooking, peeling, drying or soaking the mushroom does not make the mushroom edible.

Where to get help

- In an emergency always call triple zero (000)
- Emergency department of your nearest hospital
- **Victorian Poisons Information Centre** Tel. **13 11 26** – for advice when poisoning or suspected poisoning occurs, and poisoning prevention information (24 hours a day, 7 days a week)
- Your **GP (doctor)**



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ATTACHMENT 11

Plant allergies and poisoning first aid

(source: NSW Poisons Information Centre;

<https://www.poisonsinfo.nsw.gov.au/Factsheets/Poisonous-Plants-Factsheet.aspx#:~:text=For%20skin%20contact%20%2D%20gently%20wash,11%2026%20for%20further%20information.>)

First Aid

If you suspect a child has been exposed to something poisonous or harmful, first aid measures include:

- For skin contact - gently wash the skin with clear running water.
- For eye contact - irrigate the eye with clear running water for 20 minutes.
- For swallowed plants - remove any remaining plant pieces and wash out child's mouth.
- Phone the Poison Information Centre on 13 11 26 for further information.

If you need to go to hospital, take a piece of the plant with you if you can.

If the child is having difficulty breathing, is unconscious or fitting call an ambulance on 000.

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ATTACHMENT 12

Hay fever first aid

(Source <https://www.betterhealth.vic.gov.au/health/ConditionsAndTreatments/hay-fever>)

Hay fever is the common name for a condition called allergic rhinitis, which means an allergy that affects the nose.

Hay fever is caused by the nose and/or eyes coming into contact with environmental allergens, such as pollens, dust mite, moulds and animal hair.

Most people associate hay fever with spring, when airborne grass pollens are at their peak. This is known as seasonal allergic rhinitis or spring hay fever. However, hay fever can occur at any time of the year. When symptoms occur all year round, this is known as perennial allergic rhinitis. Perennial allergic rhinitis is usually caused by a reaction to allergens around the home, such as dust mites, moulds, animal hair or fur, or occupational allergens.

Some of the symptoms include:

- sneezing
- a runny or stuffy nose
- itchy ears, nose and throat
- red, itchy or watery eyes
- headaches.

In some cases, the symptoms of hay fever can be so severe that a person can't sleep or concentrate, and may feel tired or unwell.

Hay fever is an allergic reaction

Your nose acts as a filter. The tiny hairs and mucus that line the nasal passages trap dust, pollens and other microscopic particles. A person with hay fever is allergic to some of the particles that get trapped in the nose, such as pollen.

An allergic reaction means the immune system treats a harmless substance as if it is dangerous, and launches an 'attack'. The nasal passages become inflamed and more mucus is produced.

Managing your hay fever

Identifying the allergen/s causing the symptoms is an important part of managing hay fever. In some cases the cause may be obvious but in others your doctor will need to consider your medical history together with the results of allergy tests (skin prick tests or allergen specific IgE blood tests), which may require referral to a specialist.

Some medications may help relieve the symptoms of hay fever. Ask your GP or pharmacist for advice. You may be advised to try:

- intranasal corticosteroid sprays – these nasal sprays are used for people with moderate to severe symptoms and are one of the most effective treatments for allergic rhinitis. They need to be used regularly as directed to be effective
- combined intranasal corticosteroid and antihistamine sprays are also useful for people with moderate to severe symptoms and offer the combined advantages of both medications
- non-sedating antihistamine medications – these may be useful to control sneezing and itching, but are not as effective as intranasal corticosteroid sprays to control a severely blocked or runny nose. Ask your GP or pharmacist for advice if you are pregnant or breastfeeding.



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- eye drops – may relieve itchy, swollen or runny eyes. Ask your GP or pharmacist for advice on choosing the correct eye drops
- decongestant nasal sprays – are useful for quick relief, but should not be used for more than a few days as long-term use can damage the lining of the nose. Certain people should not use decongestants (such as those who are pregnant, or have high blood pressure). Discuss with your GP or pharmacist before using these medications
- allergen immunotherapy – some people may benefit from allergen immunotherapy, which exposes a person to increasing amounts of an allergen to improve tolerance and reduce symptoms. This therapy may help hay fever and some cases of asthma. It should only be conducted under medical supervision.

Suggestions to prevent or limit symptoms of hay fever include:

- In your garden, choose plants that are pollinated by birds or insects, rather than plants that release their seeds into the air.
- Splash your eyes often with cold water to flush out any allergen.
- Reduce your exposure to dust and [dust mites](#), animals and animal hair or fur (dander).

If you are allergic to grass pollen, it can be difficult to avoid but the following advice may help:

- when possible avoid being outdoors on high pollen days and avoid thunderstorms during grass pollen season, particularly the wind gusts that precede them
- avoid activities known to cause exposure to pollen, such as mowing grass
- shower after outdoor activities where exposure to pollen is high
- use re-circulated air in the car when pollen levels are high
- wear sunglasses (reduces amount of pollen that gets into eyes)
- dry bedding and clothing inside or in a tumble dryer.

Where to get help

- Your GP
- Pharmacist
- [Australasian Society of Clinical Immunology and Allergy](#)