

# BUSH KINDER SNAKE AWARENESS POLICY

Mandatory – Quality Area 2

## PURPOSE

This policy aims to clearly define:

- The risk of snakes in the Bush Kinder space at Yarran Dheran Reserve
- Procedures for preventing snake bites at Bush Kinder
- The appropriate medical response to snake bites
- A framework for the appropriate education and training of staff, parents and children on minimising the risk of snake bites

## 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 wildlife in and around space the Bush Kinder space, including an awareness of the presence of snakes in the area during the warmer months
- Facilitating appropriate communication and education to staff and parents to minimise the risk of injury from a snake bite to children and staff during Bush Kinder sessions

### 2. SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Person with Management or Control, Teachers, Educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Rangeview Pre-School.

### 3. BACKGROUND AND LEGISLATION

#### Background

Rangeview Pre-School's Bush Kinder Program is conducted within the Yarran Dheran Nature Reserve, and is recognised to be a site where snakes may be active and present. They are most prevalent in the warmer months of the year (September to April) but could be encountered on a sunny day at any time of the year.

Species of snakes that may be found in Yarran Dheran include brown snakes, tiger snakes, and copperheads. All snakes should be regarded as dangerous. However, if 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 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 catch or kill snakes.

#### 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*

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- *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/](http://www.legislation.vic.gov.au/)
- Commonwealth Legislation – Federal Register of Legislation: [www.legislation.gov.au/](http://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.

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

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

## 5. SOURCES AND RELATED POLICIES

### Sources

Bites and Stings web resource, Victorian Poisons Information Centre, Austin Hospital  
[www.austin.org.au](http://www.austin.org.au)

Australian Venom Research Institute, University of Melbourne [www.avru.org](http://www.avru.org)

Bushwalking Victoria Snakebite web resource [www.bushwalkingvictoria.org.au](http://www.bushwalkingvictoria.org.au)

### Service Policies

- Acceptance and Refusal of Authorisations Policy
- Administration of First Aid 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

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- 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 Dog 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 snake bites or for any other necessary purpose which includes pressure immobilisation bandages for medical treatment of snake bites
- Ensuring staff are appropriately educated on procedures to prevent snake bites and to deliver First Aid in response to a snake bite
- 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

#### **The Nominated Supervisor or Persons in Day to Day Charge, Educators and other staff are responsible for:**

- Practicing and educating children on snake bite prevention behaviours whilst at Bush Kinder, without fostering an unnatural fear of paranoia of snakes. This includes practicing and highlighting the following key points:
  - always leave snakes alone
  - wear adequate clothing and stout shoes (not sandals or 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

*(Source: Victorian Poisons Information Centre, Austin Health)*
- 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 move 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 snake bite (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

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- 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 anti-venom that should be used if required
- 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 a snake bite 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 anti-venom can be administered if required
- Staff are to follow procedures as set out in the Incident, Injury, Trauma and Illness 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
- 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:

- 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
- Notify 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.



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## ATTACHMENTS

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

## AUTHORISATION

The policy was adopted by the Approved Provider of Rangeview Pre-School on 7<sup>th</sup> October 2015.

## REVIEW

DATE	NEXT REVIEW DATE (2 YEARLY)
Apr 2020	Apr 2022
Sep 2022	Apr 2023
Oct 2023	Oct 2025



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### ATTACHMENT 1

**Pressure Immobilisation Technique (detailed instructions with diagrams on application of this technique in the event of a snake bite).**

Source: Australian Venom Research Institute, The University of Melbourne

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.

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



Move the victim away from the snake. Calm and reassure them. Jewelry such as toe rings and ankle bracelets should be removed before the bandage is applied. Regardless of where on the limb the bite has occurred, commence bandaging from just above the toes (leave these uncovered so that blood flow to the nail beds can be monitored).



Bandages applied to the legs need to be bandaged very firmly to achieve a minimum pressure of at least 55 mmHg (but no more than 70 mmHg), so that lymphatic transport can be effectively occluded. This requires practice, as a bandage that is too loose will not be effective, and one that is too tight can cause damage to the limb tissues.



If clothing can be easily pushed out of the way, do so, and continue bandaging right to the groin. Otherwise cut clothing away with safety scissors, or simply bandage over the top of the clothing. Extend the bandage to cover the entire limb using the same tension to maintain an even pressure. Use more than one bandage if necessary.



Splint the limb. Use a rigid splint and bind it well to the limb so that the knee and ankle cannot be bent or flexed. It may be useful to splint both legs together so that the entire lower half of the body is immobilized.

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This photo shows a fully bandaged and splinted leg. The person must then be kept as still as possible on a stretcher or a backboard. They should not be allowed to walk or stand.

**DIAL  
000**

**Ask for Ambulance**

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

In the event that someone is bitten on the head, neck or torso, emergency assistance should be sought immediately. Dial 000 as soon as possible and ask for the ambulance service. Keep the person completely still and use a cloth pad (a handkerchief, folded t-shirt or other material will do) to apply firm pressure over the bitten area constantly until advised otherwise by the emergency responders. Do not restrict chest movement or air entry.

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



Regardless of where on the limb the bite has occurred, commence bandaging from just above the fingertips (leave these uncovered so that blood flow to the nail beds can be monitored). Remove rings, watches and bracelets before applying the bandage. If clothing can be easily pushed out of the way, do so, and continue bandaging right to the armpit. Otherwise cut clothing away, or simply bandage over the top of the clothing.



Bandages applied to the arms need to be bandaged very firmly to achieve a minimum pressure of at least 40 mmHg (but no more than 70 mmHg), so that lymphatic transport can be effectively occluded. This requires practice, as a bandage that is too loose will not be effective, and one that is too tight can cause damage to the limb may result in serious disability.



Photograph showing use of splint to immobilise the limb. Use a rigid splint and bind it well to the limb so that the elbow and wrist cannot be bent or flexed. It is useful to also strap the limb to the torso (at the waist) so that the limb cannot be moved away from the side of the body. We do not recommend that the arm be bent at the elbow and placed in a sling since this can create a tourniquet effect at the elbow.