



BEACH KINDER SNAKE AWARENESS POLICY

Quality Area 2

PURPOSE

This policy aims to clearly define:

- The risk of snakes in the Beach Kinder space
- Procedures for preventing snake bite
- The appropriate medical response to snake bites
- A framework for the appropriate education and training of educators, parents/guardians and children on minimising the risk of snake bite

POLICY STATEMENT

1. VALUES

Hampton Community Kindergarten is committed to:

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

2. SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, educators and parents/guardians with an enrolled child, or who wish to enrol a child at Hampton Community Kindergarten.

3. BACKGROUND AND LEGISLATION

Background

Hampton Community Kindergarten's Beach Kinder program is conducted on Hampton Beach in which it is known that snakes inhabit. The most common species of snake observed in the foreshore and coastal bushland areas are Tiger Snakes and Lowland Copperheads. 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 and standards include but are 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.

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 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) ^[1] www.education.vic.gov.au/ecprofessionals/kindergarten/
- Bushwalking Victoria Snakebite web resource (<http://www.bushwalkingvictoria.org.au>)
- Australian Venom Research Institute (University of Melbourne) www.avru.org

Service policies

- Delivery & Collection of Children (main kindergarten policy)
- Excursions & Service Events Policy (main kindergarten policy)
- Beach Kinder Protective Clothing Policy (Beach Kinder Specific)
- Beach Kinder Extreme Weather Policy (Beach Kinder Specific)
- Beach Kinder Identification and Visibility Policy (Beach Kinder Specific)
- Beach Kinder Emergency Evacuation Policy (Beach Kinder Specific)
- Beach Kinder Snake Awareness Policy (Beach Kinder Specific)
- Beach Kinder Dog Awareness Policy (Beach Kinder Specific)
- Occupational Health & Safety Policy (main kindergarten policy)
- Incident, Injury, Trauma & Illness Policy (main kindergarten policy)
- Inclusion & Equity Policy (main kindergarten policy)
- Sun Protection Policy (main kindergarten policy)

- Water Safety Policy (main kindergarten policy)
- Supervision of Children Policy (main kindergarten policy)
- Nutrition, Oral Health & Active Play Policy (main kindergarten policy)
- Road Safety and Safe Transport Policy (main kindergarten policy)

PROCEDURES

The Approved Provider is responsible for:

- Supplying a First Aid Kit on site at Beach 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 snakebites.
- Ensuring educators 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.)

Educators are responsible for:

- Practicing and educating children on snake bite prevention behaviours while at Beach 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)*
 - Leave snakes alone
 - Wear adequate clothing and stout shoes (not sandals/thongs) in 'snake country'
 - Never put hands in hollow logs or thick grass without prior inspection
 - When stepping over logs, carefully inspect the ground on the other side
- Ensure children are reminded on a regular basis that if they encounter a snake, to move away quietly and report the sighting immediately to an educator.
- In the event that a snake is encountered at Beach Kinder, calmly moving children away from the snake. [Educators 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 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 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 anti-venom can be administered if required.

Educators are to follow procedures as set out in the Incident, Injury, Trauma & Illness Policy, including contacting parent/guardian, calling ambulance etc.

Parents/guardians are responsible for:

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

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 BeachKinder program. This can be facilitated through discussions and the annual service survey.
- Ask educators to share their experiences and observations in relation to the effectiveness of this policy.
- Regularly review the policy and service practices to ensure they are compliant with any new legislation, research or best practice procedures.

ATTACHMENTS

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

AUTHORISATION



The Approved Provider of Hampton Community Kindergarten adopted this policy on:

4/4/2023

ATTACHMENT 1

factsheet

Pressure-Immobilisation Bandaging (PIB)



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.

First Aid for Bites to the Lower Limb



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



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



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



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



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

First Aid for Bites to the Upper Limb



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1. As soon as possible, apply a broad pressure bandage from the fingers of the affected arm, bandaging upward as far as possible. Bandage the arm with the elbow in a bent position, to ensure the victim is comfortable with their arm in a sling. Leave the tips of the fingers unbandaged to allow the victim's circulation to be checked.
2. Bind a splint along the forearm.
3. Use a sling to further prevent limb movement.

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