

# BUSH KINDER: SNAKE AWARENESS AND FIRST AID

## QUALITY AREA 2



Working in partnership with Cancer Council Victoria, ELAA has aligned this policy to the key policies and guidelines of the Healthy Early Childhood Services Achievement Program.

This policy, Bush Kinder Snake Awareness and First Aid, is a special circumstance policy which augments the main Ferguson Park Preschool *Supervision of Children Policy* and should be read in conjunction with this policy.



### PURPOSE

This policy provides a clear set of guidelines and procedures for Ferguson Park Preschool to:

- reduce the risk of snakes in the Bush Kinder space
- prevent a snake bite
- use appropriate medical response to snake bites
- provide a framework for the appropriate education and training of children, staff, parents/guardians and children on minimising the risk of snake bite.



### POLICY STATEMENT

#### VALUES

Ferguson Park Preschool is committed to:

- providing a safe and healthy environment for children 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/guardians and children to minimise the risk of injury of a snake bite during Bush Kinder sessions.

#### SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, early childhood teachers, educators, staff, students, volunteers, parents/guardians, children, and others attending the programs and activities of Ferguson Park Preschool Bush Kinder program.



RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/guardians	Contractors, volunteers and students
	R indicates legislation requirement, and should not be deleted				
Supplying a First Aid Kit on site at Bush Kinder to administer first aid in response to snake bites or for any other purpose, including Pressure Immobilisation Bandages for medical treatment of snake bites	R				
Ensuring staff are appropriately educated on procedures to prevent snakebite and to deliver First Aid in response to a Snake Bite in accordance with their first aid training, and using correct Pressure Immobilisation Technique	R	✓			
Ensure all Bush Kinder staff have Level 2 (HLTFA311A) First Aid training	R	✓			
Appointing a Nominated Bush Kinder First Aid Officer for each Bush Kinder session		✓			
Following all procedures as set out in the <i>Administration of First Aid Policy</i> and the <i>Incident, Injury, Trauma and Illness Policy</i> including notice of notifiable incidents, appropriate record keeping in the event of an incident, maintaining first aid kit etc)	R	✓	✓		✓
Encouraging parents, through this policy, to teach children snake bite prevention behaviours outside of Bush Kinder (for example, on family walks in the bush)		✓	✓		
Liaising with Nillumbik Shire Council during the months of October to April about any reported snake sightings in or near the Bush Kinder site		✓			
Ensuring that all staff, parents and volunteers are aware who is the Nominated Bush Kinder First Aid Officer for each bush kinder session		✓	✓	✓	✓
Revisiting the Snake Awareness & First Aid policy yearly		✓			
Undertaking site inspections on prior to commencement of each Bush Kinder session; Inspections throughout the session in particular after a groups time/snack time before children commence exploring again		✓	✓		
Ensuring that participants in the Bush Kinder sessions avoid areas of long grass at all times in particular during the months of October to April		✓	✓		
Continually practicing and educating children on snake bite prevention behaviours whilst at Bush Kinder, without fostering an unnatural fear or paranoia of snakes. This includes. arranging			✓	✓	



for the Park Ranger to conduct a snake education session with children, staff and available parents, and practicing and highlighting to children snake bite prevention behaviours					
Teaching children on an ongoing basis safe snake bite prevention behaviours outside Bush Kinder, for example, on family walks in the bush			✓	✓	
Reading and being familiar with this policy	✓	✓	✓	✓	✓
Bringing relevant issues to the attention of both staff and committee		✓	✓	✓	



## PROCEDURES

- Ensuring staff are appropriately educated on procedures to prevent snakebite and to deliver First Aid in response to a Snake Bite (*refer to Attachment 2.*)
- Following all procedures as set out in the Emergency Management Plan (including notice of notifiable incidents, appropriate record keeping in the event of an incident, maintain first aid kit etc.)



## BACKGROUND AND LEGISLATION

### BACKGROUND

Ferguson Park Preschool Bush Kinder Programs are conducted across Fergusons Paddock, in which it is known that snakes inhabit. Most of Nillumbik's trail network is along water courses. During spring and summer snakes are often sighted basking in the sun on the path or moving across the trail. These areas are often the natural habitat for snakes.

The species of snakes observed in the area over the past 20 years is the Brown Snake, Red Bellied Black Snake and Eastern Tiger Snake. 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. 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.

### LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Education & Care National Law and Regulations
- National Quality Standards Quality Area 2 -
- Occupational Health & Safety Act 2004;
- Occupational Health & Safety Regulations 2007;
- Occupational Health & Safety Compliance Codes,
- First Aid in the Workplace (2008);



- 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)



## DEFINITIONS

The terms defined in this section relate specifically to this policy. For regularly used terms e.g. Approved provider, Nominated supervisor, Notifiable complaints, Serious incidents, Duty of care, etc. refer to the Definitions file of the PolicyWorks catalogue.

**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.
- 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.

**Pressure Immobilisation Bandage** – also known as Compression Bandage. Bandage used for applying pressure to the site of the wound, such as a 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 afford valuable time to get the patient to medical assistance. (Please refer to Attachment 1 for the correct application of the pressure immobilisation technique).

**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 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

**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 and safe information service with respect to poisonings and suspected poisonings. For members of the public, this includes telephone assessment, advice on first aid, with or without admissions to hospital. Information is given to health professionals about formulations of products and management of poisoned patients.



## SOURCES AND RELATED POLICIES

### SOURCES

- Bites & Stings web resource: <https://www.bitesandstings.com.au/educational-materials>
- Nillumbik, the Green Wedge Shire website- Snakes in Nillumbik [Snakes in Nillumbik - Nillumbik Shire Council](#)
- Victorian Poisons Information Centre, Austin Health [www.austin.org.au](http://www.austin.org.au) 03 9496 5000
- Australian Venom Research Institute (University of Melbourne) [www.avru.org](http://www.avru.org)
- Bushwalking Victoria Snakebite web resource <http://www.bushwalkingvictoria.org.au>

### RELATED POLICIES

- Administration of First Aid
- Emergency and Evacuation
- Excursions and Service Events
- Hygiene
- Incident, Injury, Trauma and Illness
- Occupational Health and Safety
- Supervision of Children



## EVALUATION

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

- notify all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk ([Regulation 172 \(2\)](#))
- seek feedback regarding this policy and its implementation with staff, parents/guardians of children participating in the Bush Kinder program
- regularly review the policy and centre practices to ensure they are compliant with any new legislation, research or best practice procedures.



## ATTACHMENTS

- Attachment 1: Pressure Immobilisation Bandaging
- Attachment 2: First Aid for Snake Bites in Australia



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### **AUTHORISATION**

This policy was adopted by the approved provider of Ferguson Park Preschool on **05/06/2024**.

**REVIEW DATE:** 05/06/2025.

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## ATTACHMENT 1. PRESSURE IMMOBILISATION BANDAGING



### First Aid for Bites and Stings (PIT)

#### How to apply the Pressure Immobilisation Technique (PIT)

The PIT, when applied correctly, greatly reduces the spread of venom throughout the body, buying valuable time for appropriate medical assistance. Follow DRS ABCD and give resuscitation if needed before applying the PIT, and **always seek medical help by calling 000**.



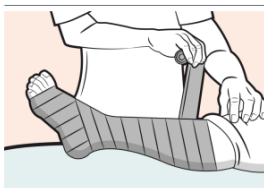
*Do not wash the wound. Before commencing, remove any jewellery from the bitten/stung limb.*

##### Step 1A: Two Bandage approach (ideal)

Use compression or elasticised bandages 10-15cm wide, or if unavailable clothing can also be used.

Firmly apply the first bandage over the bitten/stung area then wrap the areas above and below.

Apply another pressure bandage starting from the tips of the fingers or toes, and continue to keep wrapping the bandage upwards to cover as much of the arm or leg as possible.

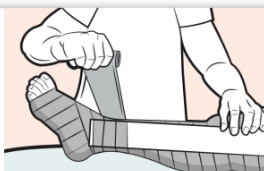


##### Step 1B: Alternative single bandage approach

Firmly wrap bandage starting from the tips of the fingers or toes of the affected limb, moving upwards past the bite/sting to cover as much of the arm or leg as possible.



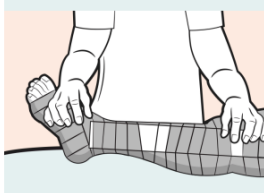
The bandage should be tight so that a finger does not fit underneath, however not too tight that it cuts off circulation!



##### Step 2: Apply splint to keep the limb still

Make a splint by placing a stick or another firm, long item against the affected limb and wrapping it to the arm or leg using another bandage or tying it with strips of clothing.

A sling can be used for bites/stings to the upper arms.



##### Step 3: Transport

Keep the victim as still as possible and transport, preferably by ambulance, to proper medical care.

**DRS ABCD:** Danger ▶ Response ▶ Send for help ▶ Airway ▶ Breathing ▶ CPR ▶ Defibrillation



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## ATTACHMENT 2. FIRST AID FOR SNAKE BITES IN AUSTRALIA

[Snakebite\\_firstaid\\_ANG\\_AVRU.pdf](#)



Faculty of Medicine, Dentistry & Health Sciences

### Department of Pharmacology and Therapeutics

## First aid for snake bites in Australia or New Guinea

The Australian Resuscitation Council (ARC) recommends the use of pressure immobilization bandaging (PIB) as current best practice for snake bite first aid after snake bites in Australia. This method is also appropriate in Papua New Guinea and Indonesian Papua Province.

### Pressure Immobilization Bandaging (PIB) First Aid

There are two components that must be satisfied – pressure over the bitten limb and focal plus general immobilization. This involves the application of:

1. A broad (minimum 7.5 cm wide) elastic bandage to the entire bitten limb at a very firm pressure of at least 40 mmHg for an arm and 55 mmHg for a leg. AVRU recommends Setopress™ High Compression Bandages as these bandages relax very little with prolonged application.
2. Splints to effectively immobilize the entire limb, in combination with laying the patient down and completely still to minimize any movement.

Any movement of the limb quickly results in venom absorption and must be prevented; therefore first aid must be an immediate priority after a snake bite.

The DRS ABCD action plan (<http://www.stjohnambulance.com.au>) should be followed. Look for Danger, check for Response, Send for help then check and clear the Airway, check for, and sustain Breathing, if necessary start CPR and apply a Defibrillator if indicated. DRS ABCD is vital, especially if the person has collapsed and is unresponsive.

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

tourniquets, or cut the wounds or the bitten limb. Do not allow the patient to walk. We recommend that in the case of bites to a lower extremity, splinting of both legs (in the same way as used for fractures or suspected pelvic injuries) should be carried out to completely immobilize the lower half of the body.

In rare cases a person may be bitten on the body, face or neck. In these cases direct pressure should be applied over the bite site with a pressure pad made from cloth (a hand towel, t-shirt or any material will do), and held firmly in place until medical attention can be obtained.

### Always seek medical attention after a snake bite.

Many patients present to hospital with PIB bandages that are too loose. The current evidence base suggests a minimum pressure of 55 mmHg for bites to the legs, and 40 mmHg for bites to hands or arms. This is at least as firm as a bandage for a sprained ankle needs to be. Once the bandage is applied the limb should be immobilized with splints and movement avoided. The bandage is not to be removed until hospital care with resuscitation facilities is available.

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

First aiders or medical personnel should monitor vital signs very closely, keeping a written record of the time and circumstances of the bite and of all symptoms or signs that occur prior to arrival at the medical facility. The patient should be promptly moved to hospital but avoiding any movement of the limb. The limb should be monitored for signs of poor circulation and bleeding.

### 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.



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.



## Australian Venom Research Unit

[biomedsciences.unimelb.edu.au/research2/pharmacology-and-therapeutics-research/australian-venom-research-unit-avru](http://biomedsciences.unimelb.edu.au/research2/pharmacology-and-therapeutics-research/australian-venom-research-unit-avru)

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### 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.

### First aid for 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.

### Things you should never do after snake bite

- ✗ **NEVER** try to catch, chase or kill the snake, as this may lead to another bite.
- ✗ **NEVER** give alcohol, tea, stimulants, food or medications 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 suck the wound or use suction from any device.
- ✗ **NEVER** allow the patient to walk or run after a snake bite.
- ✗ **NEVER** remove or loosen the pressure immobilisation bandages 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

- ✓ **DRS ABCD** should always be followed when 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 lay 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 pulseless then DRS ABCD is vital and can be life-saving, and everyone should learn this approach as part of your overall first aid preparedness strategy. The St John Ambulance of Australia website (<http://www.stjohnambulance.com.au>) has specific resources about DRS ABCD and other first aid skills.
- ✓ **RETREAT** to a safe distance away from the snake, if necessary.
- ✓ **CALM** the patient, lay them down 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 (rain, sunshine, cold, etc.).
- ✓ **REMOVE** rings, bracelets and any constrictive objects from the bitten limb, so that if swelling occurs these do not cause an increased risk of serious harm due to restricted blood flow.
- ✓ **REMAIN** with the person who has been bitten at all times until help arrives. If you have no choice but to leave them in order to seek help, return as quickly as possible. Avoiding situations where this may be necessary after any accident is better.
- ✓ **MARK** the site of the bite by using a pen to circle the area of the bandages over the bite site.

**ALWAYS SEEK MEDICAL ATTENTION AFTER A SNAKE BITE.**

## Australian Venom Research Unit

[biomedsciences.unimelb.edu.au/research2/pharmacology-and-therapeutics-research/australian-venom-research-unit-avru](http://biomedsciences.unimelb.edu.au/research2/pharmacology-and-therapeutics-research/australian-venom-research-unit-avru)