Wilson Street Kindergarten Inc.

BUSH KINDER SNAKE AND SPIDER AWARENESS POLICY

NQS: Quality Area 2

PURPOSE

This policy aims to clearly define:

- The risk of snakes and spiders in the Bush Kinder space
- Procedures for preventing spider or snake bite
- The appropriate medical response to snake bites and spider bites
- A framework for the appropriate education and training of children, staff, parents and children on minimising the risks.

POLICY STATEMENT

1. VALUES

Wilson Street Kindergarten is committed to:

- Providing a safe and healthy environment for children, staff and volunteers participating in the Bush Kinder program.
- Being respectful of wildlife in and around the Bush Kinder space, including an awareness of the presence of snakes in the area in the warmer months and of spiders throughout the year.
- Facilitating appropriate communication and education to staff, parents and children to minimise the risk of injury of a snake or spider bite during Bush Kinder sessions.

2. SCOPE

This policy applies to children, parents, staff, committee members, authorised persons, volunteers and students on placement working at Wilson Street Kindergarten.

3. BACKGROUND AND LEGISLATION

Wilson Street Kindergarten's Bush Kinder program is conducted in parkland. Spiders are common in the area particularly in trees and under logs. 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.

Relevant legislation may include but is not limited to:

- Education and Care Services National Regulations 2011
- Education and Care Services National Law 2010
- National Quality Standard
- Occupational Health and Safety Act 2004
- Occupational Health and Safety Regulations 2007
- Wildlife Act 1975

4. DEFINITIONS

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

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

Pressure Immobilisation Bandaging: The principle of pressure-immoblisation 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 CENTRE POLICIES

Bites & Stings web resource, Victorian Poisons Information Centre, Austin Health (www.austin.org.au)
Australian Venom Research Institute (University of Melbourne) www.avru.org
Bushwalking Victoria Snakebite web resource (http://www.bushwalkingvictoria.org.au)

Kindergarten policies

- Excursion & Regular Outing Policy
- Bush Kinder Delivery & Collection of Children Policy
- Bush Kinder Extreme Weather Policy
- Bush Kinder Emergency Evacuation
- Bush Kinder and Excursion Dog Awareness Policy
- Bush Kinder Protective Clothing Policy
- Occupational Health & Safety Policy
- Incident, Illness, Trauma & Illness Policy
- Clothing Policy
- Sun Protection Policy
- Water Safety Policy
- Supervision of Children Policy
- Learning through Play Policy
- Learning Spaces Policy
- Child Safe Environment Policy

PROCEDURES

GENERAL

The Committee is responsible for:

- Supplying a First Aid Kit on site at Bush Kinder to administer first aid in response to spider and snake bites or for any other purpose which includes pressure immobilisation bandages (also known as compression bandages) for medical treatment of snake bites.

- Ensuring staff are appropriately educated on procedures to prevent snakebite and to deliver First Aid in response to a Snake Bite (see below).
- Following all procedures as set out in the Incident and Medical Emergency Management Policy (including notice of notifiable incidents, appropriate record keeping in the event of an incident, maintain first aid kit etc)
- Staff are responsible for:
    - Practicing and educating children on spider and snake bite prevention behaviours while at Bush Kinder, without fostering an unnatural fear or paranoia of spiders or snakes. This includes practising and highlighting to children the following key points:
      Snake Bite Prevention Behaviours (Source: Victorian Poisons Information Centre, Austin Health)
    - Leave spiders and 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 or if they encounter a spider to not touch it and report the sighting to a teacher.
- In the event that a snake is encountered at Bush Kinder, calmly moving children away from the snake. [Staff must not attempt to touch or harm the snake].
- Administering first aid in the event of a snake bite

    First aid for snakebite (Source: Victorian Poisons Information Centre, Austin Health, and Australian Venom Research Institute, Melbourne University))

    - Stay calm and call for help. Have someone phone an ambulance. If unable to phone, send someone for help.
    - Reassure the patient and encourage them to remain calm and still. Do not move the patient.
    - Do not attempt to catch or kill the snake
    - DO NOT WASH the bite. Traces of venom that are left on the skin can be used to identify the snake, and therefore the type of 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.

- Administering first aid in the event of a spider bite

    First Aid for spider bite (Source: Simply First Aid reference guide, Allens Training)

    - The appropriate first aid for spider bite depends on the type of spider responsible. All spiders should be treated symptomatically. Spider bite types:
        - Redback Spider – Rarely serious for an adult but may be serious for a child. The venom is slow to act so serious illness is unlikely
        - White-tailed Spider –
            - Most common – mild reaction with itching and skin discolouration.
            - Usually resolves after a few weeks. Sometimes – severe inflammation.
            - Rarely – Ulcers.
        - Other Spiders – If serious symptom’s or signs develop from any spider bite, take the casualty to hospital
    - If any or all of the following occur:
        - Intense local pain which increases and spreads
        - Skin is hot, red, swollen at bite site
        - Nausea, vomiting, abdominal pain

        - Profuse sweating, especially at the bite site
        - Swollen glands in armpits or groin
        - Rarely – blisters or ulcers
    - Call 000 if the casualty is a young child, for severe paid, collapse, not sure of the spider or condition worsens
    - Apply Ice packs/cold compress to the bite site to help relieve pain. Ice should not be applied for any more than 20 minutes.

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

Parents are responsible for:
- Reading and being familiar with the policy.
- Bringing relevant issues to the attention of both staff and committee.

EVALUATION

In order to assess whether the policy has achieved the values and purposes the proprietor (committee) will:

- Seek feedback regarding this policy and its implementation with parents of children participating in the Bush Kinder program. This can be facilitated through discussions and the annual centre survey.
- Ask staff to share their experiences and observations in relation to the effectiveness of this policy.
- 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 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
Endorsed by the Wilson Street Kindergarten Committee of Management on the 30th June 2017

REVIEW DATE
This policy will be reviewed every two years and is next due for formal Committee review in term 2 2019, unless deemed necessary earlier.

ATTACHMENT 1

Pressure Immobilisation Bandaging Fact Sheet

Source: Australian Venom Research Unit, University of Melbourne (www.avru.org)

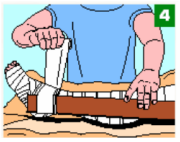
The principle of pressure-immobilisation bandaging as a first aid measure is to prevent the spread of toxins through the body. This is done by applying enough pressure to compress the lymph vessels, and by preventing movement of the affected limb. Correct application of the technique can buy valuable time to get the patient to medical assistance.

First Aid for Bites to the Lower Limb

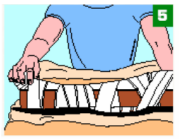
As soon as possible, apply a broad pressure bandage from below the bite site, upward on the affected limb (starting at the fingers or toes, bandaging upward as far as possible). Leave the tips of the fingers or toes unbandaged to allow the victim's circulation to be checked. Do not remove pants or trousers,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

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

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

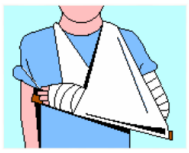


It is vital to now apply a splint. Bind a stick or suitable rigid item over the initial bandage to splint the limb. Secure the splint to the bandaged limb by using another bandage, (if another bandage is not available, use clothing strips or similar to bind). It is very important to keep the bitten limb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



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 on the Hand or Forearm



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.