

SNAKE POLICY

PURPOSE

This policy will provide procedures for kindergarten staff and parents/guardians to follow in the event that a snake is discovered in the kindergarten environment or during an offsite excursion.

POLICY STATEMENT

1. VALUES – Guiding principles of this service

Elsa MacLeod Kindergarten has a moral and legal responsibility to ensure that all children are safe in their care, and will provide training, resources, information and guidance to support this.

Elsa MacLeod Kindergarten is committed to:

- ensuring that the health, safety and wellbeing of children at the service is protected at all times while also promoting their learning and development
- fulfilling its duty of care (refer to *Definitions*) obligations under the law by protecting children from any reasonable, foreseeable risk of injury or harm
- ensuring that people caring for children at the service act in the best interests of the child, and take all reasonable steps to ensure the child's safety and wellbeing at all times
- supporting the rights of all children to feel safe, and be safe, at all times
- promoting respect for the natural environment and the interdependence between people, plants, animals and the land

2. SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Elsa MacLeod Kindergarten, including during offsite excursions and activities.

3. BACKGROUND AND LEGISLATION

Background

Snakes are protected by law under the Wildlife Act 1975 and should not be harmed or killed. There is no reason why we can't live in harmony with them provided we respect their presence and take all reasonable precautions when the more venomous of their kind are encountered. Snakes are generally shy, timid animals and if unprovoked they will rarely attack humans.

Elsa MacLeod Kindergarten backs onto a sports oval where snakes have been observed. It is possible that a snake encounter may occur around the kindergarten. Snakes are most active from October to April.

Legislation and standards

Relevant legislation and standards include but are not limited to:

Education and Care Services National Law Act 2010

Education and Care Services National Regulations 2012

- *Child Wellbeing and Safety Act 2005 (Vic)*, as amended 2012
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
 - Standard 2.3: Each child is protected
 - Element 2.3.1: Children are adequately supervised at all times
 - Element 2.3.2: Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury
- *National Quality Standard*, Quality Area 3: Physical Environment
 - Standard 3.3: The service takes an active role in caring for its environment and contributes to a sustainable future
 - Element 3.3.2: Children are supported to become environmentally responsible and show respect for the environment

- *Occupational Health and Safety Act 2004 (Vic)*

Occupational Health and Safety Regulations 2007 (Vic)

Occupational Health and Safety Compliance Codes, First Aid in the Workplace (2008)

Wildlife Act 1975 (Vic)

4. DEFINITIONS

DSE: Department of Sustainability and Environment. Victorian Government department dealing with matters relating to environment and planning.

VPIC: Victorian Poisons Information Centre. 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. Phone: 13 11 26.

AVRU: Australian Venom Research Unit 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 Technique: 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.]

5. SOURCES AND RELATED POLICIES

Sources

http://www.avru.org/firstaid/firstaid_snake.html

Service policies

- *Administration of First Aid Policy*
- *Child Safe Environment Policy*
- *Environmental Sustainability Policy*
- *Excursions and Service Events Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Occupational Health and Safety Policy*
- *Supervision of Children Policy*

PROCEDURES

Course of action when a snake is seen:

If a snake is seen in or around the building or grounds by a staff member, parent or child they are to:

- Assume it to be venomous. All snakes should be regarded as being dangerous. Identification of a snake is difficult and there are serious consequences of wrongly identifying a snake as non-venomous.
- Stay calm and give the snake plenty of space.
- Immediately tell any nearby people to stay well away from the snake while someone alerts the supervising teacher they have seen a snake.
- An adult should inspect the site of the snake sighting from a safe distance. If the snake is not visible anymore, do not try to flush it out.
- No adult or child should try to kill or catch the snake. The greatest risk of snake bite from venomous snakes is from people trying to kill or handle them. Snakes can move quickly and it is paramount to ensure your safety and the safety of nearby children.
- All children must be kept safely away.
- As soon as the safety of children and adults is established, immediately contact the DSE Customer Service Centre on 13 61 86 to obtain the contact details of the nearest licensed snake catcher and arrange for removal of the snake.

Administering first aid in the event of a snake bite:

- Phone or send for medical assistance.
- Reassure the patient and encourage them to remain calm.
- Have the patient remain as still as possible.
- 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.
- Apply a pressure bandage to the envenomed limb (see Attachment 1). If the bite is to the trunk, apply firm pressure to the bitten area. Do not restrict chest movement.
- Splint or sling the limb to restrict movement. Where possible, help should be brought to the patient rather than moving the patient.
- 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 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.

The Approved Provider is responsible for:

- Supplying a First Aid Kit for use on site and on offsite excursions to administer first aid in response to snake bites.
- Ensuring staff are appropriately educated on procedures to prevent snakebite and to deliver First Aid in response to a snake bite.
- Encouraging parents to teach children snake bite prevention behaviours outside of kindergarten (for example, on family walks in the bush).

The Nominated Supervisor is responsible for:

- Performing a daily check of the playground prior to the commencement of sessions. This is especially important from October to April when snakes are most active.
- Including snake safety education for the children as part of the regular program, especially during the months from October to April. 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.
- Reminding children, parents and staff not to walk through long grass or ground cover around the kindergarten and not to poke hands or feet into crevices or hollow logs.
- Ensuring a First Aid Kit suitable for administering first aid in response to snake bites is taken on all offsite excursions.
- Ensuring all children wear adequate clothing and stout shoes (not sandals/thongs) on offsite excursions.

Certified Supervisors and other educators are responsible for:

- Following the procedures for “Course of action when a snake is seen” and “Administering first aid in the event of a snake bite.”
- Performing a daily check of the playground prior to the commencement of sessions. This is especially important from October to April when snakes are most active.
- Including snake safety education for the children as part of the regular program, especially during the months from October to April. 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.
- Reminding children, parents and staff not to walk through long grass or ground cover around the kindergarten and not to poke hands or feet into crevices or hollow logs.
- Ensuring a First Aid Kit suitable for administering first aid in response to snake bites is taken on all offsite excursions.
- Ensuring all children wear adequate clothing and stout shoes (not sandals/thongs) on offsite excursions.

Parents/guardians are responsible for:

- Teaching children snake bite prevention behaviours outside of kindergarten (for example, on family walks in the bush).
 - Remind children on a regular basis that if they encounter a snake, to move away quietly and report the sighting immediately to an adult.

- Teach children not to walk through long grass or ground cover around and not to poke hands or feet into crevices or hollow logs.
- Ensuring children wear adequate clothing and stout shoes (not sandals/thongs) on offsite excursions.

EVALUATION

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

- regularly seek feedback from everyone affected by the policy regarding its effectiveness, particularly in relation to identifying and responding to child safety concerns
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

ATTACHMENTS

Attachment 1: Pressure Immobilisation Technique

AUTHORISATION

This policy was adopted by the Approved Provider of Elsa MacLeod Kindergarten Inc. in October 2015

REVIEW DATE: OCTOBER 2018

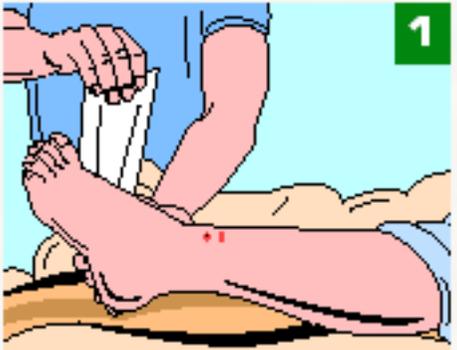
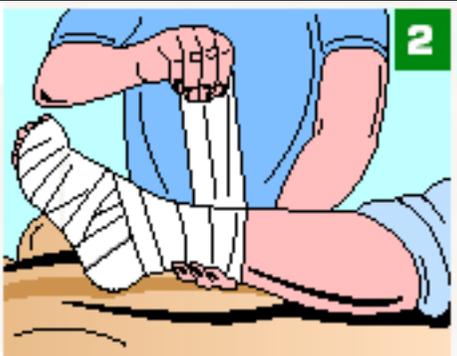
ATTACHMENT 1

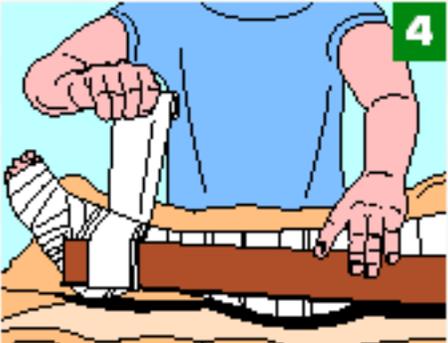
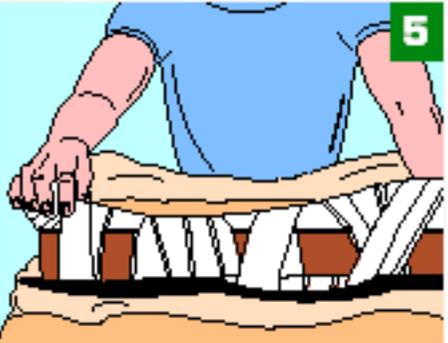
Pressure Immobilisation Bandaging Fact Sheet

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

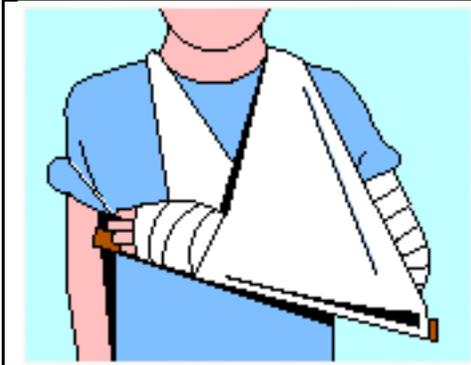
The principle of pressure-immobilisation bandaging as a first aid measure is to prevent the spread of toxins through the body. This is done by applying enough pressure to compress the lymph vessels, and by preventing movement of the affected limb. Correct application of the technique can buy valuable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

First Aid for Bites to the Lower Limb

	<p>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.</p>
	<p>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</p>

 <p>3</p>	<p>Apply the bandage as far up the limb as possible to compress the lymphatic vessels.</p>
 <p>4</p>	<p>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.</p>
 <p>5</p>	<p>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.</p>

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.