

## Bush Kinder Snake awareness

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- Authorised by:** This policy was adopted by the Ripponlea Kindergarten Committee of Management at a committee meeting
- Approved date:** 28 April 2025
- Review date:** April 2028

### Purpose

This policy aims to clearly define:

- the risk of snakes in the Bush Kinder space
- procedures for preventing snake bite
- the appropriate medical response to snake bites
- a framework for appropriately educating and training children, staff and parents on minimizing the risk of snake bites.

### Values

Ripponlea Kindergarten is committed to:

- providing a safe and healthy environment for children and staff participating in the Bush Kinder program
- respecting the wildlife in and around the Bush Kinder space, including being aware of the (unlikely) presence of snakes in the warmer months
- communicating and educating staff and parents to minimise the risk of injury from a snake bite to children and staff during Bush Kinder.

### Scope

This policy applies to parents, staff, committee members, people authorised to collect the children, volunteers and students on placement working at Ripponlea Kindergarten.

### Background and legislation

Snakes are most prevalent in the warmer months (October to April), but could be encountered at other times. Rippon Lea Estate have not reported that snakes have been on site in the years that we have visited.

Unprovoked, snakes rarely attack humans and are generally shy, timid animals that will avoid conflict if given the opportunity. It is recommended that staff and children take particular care 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.

Bites and stings web resource, VPIC ([www.austin.org.au](http://www.austin.org.au))

Australian Venom Research Unit ([www.avru.org](http://www.avru.org))

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

## Legislation and standards

This policy is informed by the following legislation:

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

## Related policies

- *Excursion & Service Events Policy*
- *Bush Kinder Delivery and Collection of Children Policy (Bush Kinder Specific)*
- *Bush Kinder Protective Clothing Policy (Bush Kinder Specific)*
- *Bush Kinder Cancellation Policy (Bush Kinder Specific)*
- *Bush Kinder Emergency Evacuation Policy (Bush Kinder Specific)*
- *Occupational Health & Safety Policy*
- *Illness, Injury, and Trauma Policy*
- *Sun Protection Policy*
- *Water Safety Policy*
- *Supervision of Children Policy*
- *Child Safe Environment Policy*

## Procedures

The Committee is responsible for:

- supplying a first aid kit on site at Bush 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 medically treating snake bites
- ensuring staff are appropriately educated on procedures to prevent snake bite and to deliver first aid in response to a snake bite (see below)
- following all procedures as set out in the Illness, Injury, and Trauma Policy (including notice of notifiable incidents, appropriate record keeping if an incident occurs, maintaining a first aid kit, etc).

Staff are responsible for:

- practicing and educating children on snake bite prevention behaviours while at Bush Kinder, without fostering an unnatural fear or paranoia of snakes. This includes practicing and highlighting to children the following key points:
  - 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 inspecting first
  - carefully inspect the ground on the other side of a log when stepping over logs (VPIC)
- reminding children regularly that if they encounter a snake, to either stand still or move away quietly (depending on location of snake) and report the sighting immediately to a staff member
- calmly moving children away from a snake, if one is encountered during Bush Kinder (do not attempt to touch or harm the snake)
- administering first aid if a child or staff member is bitten
  - 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 to administer 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 snake bite is the pressure immobilisation technique. (See Attachment 1 for instructions.) The principle is to minimise the flow of venom around the body until the patient is in hospital, by applying a firm bandage (or suitable alternative) to the bitten area and limb, and to immobilise the patient. When applied properly, this method can trap the venom in the bitten area for many hours. The patient 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.
- following procedures set out in the Illness, Injury, and Trauma Policy, including contacting parent or next of kin, calling an ambulance, logging the incident.

Parents are responsible for:

- reading and being familiar with the policy
- bringing relevant issues to the attention of both staff and committee.

## Evaluation

To assess whether the policy has achieved the values and purposes the committee will:

- seek feedback about this policy and its implementation from parents of children participating in the Bush Kinder program. This can be facilitated through discussions and the annual survey
- ask staff to share their experiences and observations about the effectiveness of this policy
- regularly review the policy and Kinder practices to ensure they comply with any new legislation, research or best practice procedures.

## Attachments

**Attachment 1:** Pressure immobilisation technique (detailed instructions with diagram on applying this technique) (AVRU).

## Definitions

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

**Pressure immobilisation bandage** (also known as a compression bandage): Bandage used to apply pressure to a wound site (such as a snake bite) and to the affected limb.

**Pressure immobilisation bandaging:** This type of bandaging prevents the spread of toxins through the body, by applying enough pressure to compress the lymph vessels, and by preventing the affected limb moving. Applying the technique correctly can buy valuable time to get the patient to medical assistance. (See Attachment 1 for the correct application of the pressure immobilisation technique.)

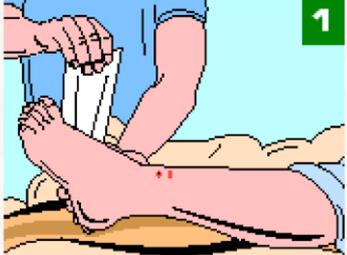
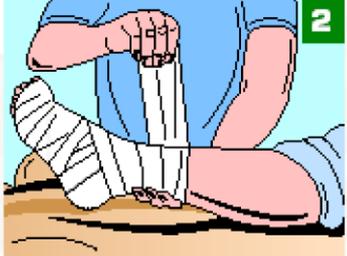
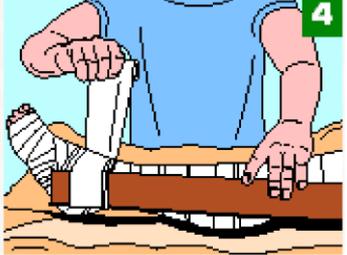
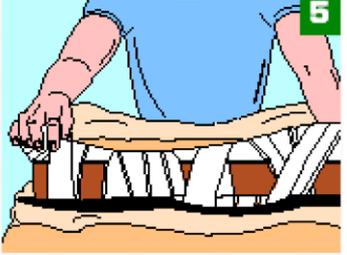
**Victorian Poisons Information Centre (VPIC):** Located at the Austin Hospital, the VPIC provides the people of Victoria with a timely, safe information service in poisonings and suspected poisonings. This service includes telephone assessment, advice on first aid, with or without referral to a doctor or hospital. VPIC also guides health professionals about formulating products and managing poisoned patients.

# Attachment 1

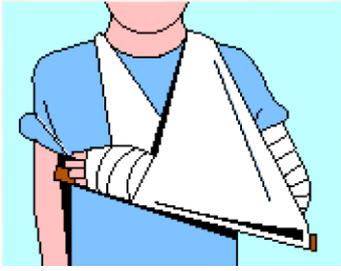
Pressure immobilisation bandaging fact sheet (AVRU, [www.avru.org](http://www.avru.org))

The principle is to minimise the flow of venom around the body until the patient is in hospital, by applying a firm bandage (or suitable alternative) to the bitten area and limb, and to immobilise the patient. When applied properly, this method can trap the venom in the bitten area for many hours. The patient might not suffer any effects of the venom until the compression is released, which is done in hospital where antivenin can be administered if required.

## 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 toes, bandaging upward as far as possible). Leave the tips of the toes unbandaged so the victim's circulation can be checked. Do not remove pants or trousers. Simply bandage over the top of clothing.</p>
	<p>Bandage firmly as for a sprained ankle, but not so tight to interrupt circulation. Continue to bandage upward from the lower portion of the bitten limb.</p>
	<p>Apply the bandage as far up the limb as possible to compress the lymphatic vessels.</p>
	<p>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.</p> <p>It is very important to keep the bitten limb still.</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 first aid has been applied.</p>

## First aid for bites to the hand or forearm



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 so the victim's circulation can be checked.

Bind a splint along the forearm.

Use a sling to prevent further limb movement.