



MINI-BEAST STING OR BITE & FIRST AID POLICY

(Nature Kinder Specific)

PURPOSE

This policy aims to clearly define:

- The risk of mini-beast bite/sting in the Nature Kinder space
- Procedures for preventing bites and stings
- The appropriate medical response to mini-beast bites/stings

A FRAMEWORK FOR THE APPROPRIATE EDUCATION AND TRAINING OF CHILDREN, STAFF, PARENTS/GUARDIANS AND CHILDREN ON MINIMISING THE RISK OF BITES/STINGSPOLICY STATEMENT

1. VALUES

Kallista Kindergarten is committed to:

- Providing a safe and healthy environment for children, staff and volunteers participating in the Nature Kinder program
- Being respectful of wildlife in and around the Nature Kinder space
- Facilitating appropriate communication and education to staff, parents/guardians and children to minimise the risk of injury through bites and stings during Nature Kinder sessions.

SCOPE

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

BACKGROUND AND LEGISLATION

Background

Kallista Kindergarten's Nature Kinder program is conducted in George Tindale Memorial Gardens, managed by Parks Victoria. George Tindale Gardens, as a result of variety of natural and introduced flowers will of course be visited by bees, the dampness of the locality also highlights the possibility of leeches.

Legislation and standards

Relevant legislation may include but is not limited to:

- *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

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-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.

2. SOURCES AND RELATED POLICIES

Sources

Bites & Stings web resource, Victorian Poisons Information Centre, Austin Health (www.austin.org.au)

Australian Venom Research Institute (University of Melbourne) www.avru.org

Naturewalking Victoria Snakebite web resource (<http://www.Naturewalkingvictoria.org.au>)

Kindergarten policies

- Excursion & Regular Outing Policy
- Nature Kinder Delivery & Collection of Children Policy (Nature Kinder Specific)
- Nature Kinder Extreme Weather Policy (Nature Kinder Specific)
- Nature Kinder Identification and Visibility Policy (Nature Kinder Specific)
- Nature Kinder Emergency Evacuation Policy (Nature Kinder Specific)
- Nature Kinder Snake Awareness Policy (Nature Kinder Specific)
- Nature Kinder Dog Awareness Policy (Nature Kinder Specific)
- Occupational Health & Safety Policy
- Incident, Illness, Trauma & Illness Policy
- Child Safe Environment Policy
- Supervision Policy

PROCEDURES

The Committee is responsible for:

- Supplying a First Aid Kit on site at Nature Kinder to administer first aid in response to bites/stings or for any other purpose.
- 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)
- Encouraging parents, through this policy, to teach children prevention behaviours outside of Nature Kinder (for example, on family walks in Nature)

Staff are responsible for:

- Continually practicing and educating children on bite/sting prevention behaviours while at Nature Kinder, without fostering an unnatural fear or paranoia of mini-beasts.
- Wearing adequate clothing and stout shoes (not sandals/thongs)
- Never putting noses into bushes without prior inspection
- Reassuring any patient and encouraging them to remain calm and still.
- Following procedures as set out in Incident & Medical Emergency Management Policy, including contacting parent/guardian, calling ambulance etc

Parents/guardians are responsible for:

- Teaching children on an ongoing basis safe mini-beast sting/bite prevention behaviours outside Nature Kinder, for example, on family walks in the Nature
- 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 Nature 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: Mini-beast bites/ stings and treatment

Attachment 2: Pressure Immobilisation Bandaging Fact Sheet

AUTHORISATION

The policy was adopted by the Approved Provider of Kallista Kindergarten on April 2013.

REVIEW DATE: [DAY]/[MONTH]/[YEAR]

ATTACHMENT 1

Ants

If you have previously had a serious allergic or anaphylactic reaction to an ant bite: you should consult your doctor about the need for you to carry adrenaline for use in the event of a bite.

If you have been bitten inside the mouth or throat: ring 000 for an ambulance.

If you have been bitten by an ant and have previously had a serious allergic or anaphylactic reaction to an ant bite you should follow these steps:

- Ring 000 for an ambulance
- Administer your adrenaline if you have been instructed to use it in this situation
- Apply a pressure bandage with immobilisation (PBI) (see pressure bandage with immobilisation technique)
- Avoid movement as much as possible
- Wait for the ambulance

If you have been bitten by an ant and have NOT previously had a serious reaction to ant bite you should follow these steps:

- Wash the bitten area with soap and water (Staff)
- Apply a cold pack to the area to relieve pain and swelling (Staff)
- If there is persistent or severe swelling and/or itching, take antihistamine tablets for 1-3 days
- Antihistamines are available from pharmacies without a prescription. The pharmacist will be able to recommend one suitable for you.

Even if you have never been bitten by an ant before, watch for the following symptoms, they may indicate a serious allergic or anaphylactic reaction, which requires urgent medical attention:

- red blotches on the skin or an itchy rash over the body
- swelling in parts of the body away from the stung area, especially the lips and around the eyes
- feeling faint, light-headed or dizzy
- breathing difficulties such as wheeze or shortness of breath
- chest tightness.

Dangerous ants in Victoria:

- Jumper or Jack Jumper Ant (*Myrmecia pilosula*)
- Bull or Bulldog Ant (*Myrmecia pyriformis*)
- Green-head Ant (*Rhytidopenera metallica*)
- "Blue Ant " (*Diamma bicolor*) (this is actually a type of wasp).

Bees

If you have previously had a serious allergic or anaphylactic reaction to a bee sting: you should consult your doctor about the need for you to carry adrenaline for use in the event of a sting.

If you have been stung inside the mouth or throat: ring 000 for an ambulance.

If you have been stung by a bee and have previously had a serious allergic or anaphylactic reaction to a bee sting you should follow these steps:

- Remove the sting from the skin AS SOON AS POSSIBLE
- Ring 000 for an ambulance
- Administer your adrenaline if you have been instructed to use it in this situation
- Apply a pressure bandage with immobilisation (PBI) (see pressure bandage with immobilisation technique)
- Avoid movement as much as possible
- Wait for the ambulance
- If an adult has been stung more than 10 times, or a child more than 5 times, in a single incident, they should be taken to hospital.

If you have been stung by a bee (but less than 10 stings in an adult and less than 5 stings in a child) and have NOT previously had a serious reaction to bee sting you should follow these steps:

- Remove the sting from the skin AS SOON AS POSSIBLE
- Wash the stung area with soap and water
- Apply a cold pack to the area to relieve pain and swelling
- In most cases this will be the only treatment required, some people may have swelling that persists for a couple of days
- If there is persistent or severe swelling and/or itching, take antihistamine tablets for 1-3 days. Antihistamines are available from pharmacies without a prescription. The pharmacist will be able to recommend one suitable for you.

Even if you have never been stung by a bee before, watch for the following symptoms, they may indicate a serious allergic or anaphylactic reaction, which requires urgent medical attention:

- Red blotches on the skin or an itchy rash over the body
- Swelling in parts of the body away from the stung area, especially the lips and around the eyes
- Feeling faint, light-headed or dizzy
- Breathing difficulties such as wheeze or shortness of breath
- Chest tightness.

Bees in Victoria

- European Honey Bee (*Apis mellifera*) stings are the cause of major problems
- Native Australian Bee stings only occasionally need medical attention.

Avoiding Bee Stings

- Avoid wearing bright clothes, especially on sunny days when bees are most active
- Don't wear perfume as it may attract bees
- Remove clover from lawns as it attracts bees.

Caterpillars

A number of species of caterpillars can cause painful, itchy and inflamed skin reactions when hairs they shed become embedded in the victim's skin.

Often the hairs are brittle and break away above the skin surface. These hairs can cause eye

injury if they get into the eye.

First Aid

Decontamination:

- Remove hairs with tweezers or by applying and removing adhesive tape to the area.
- Seek medical attention immediately if there is stinging in the eye(s).
 - Treatment:
- Apply a cold pack to the area for relief of burning, pain and itching.
- Antihistamine medication or cortisone cream may be needed for persistent symptoms (ask your pharmacist or doctor).
- Seek medical attention immediately if there are caterpillar hairs in the eye(s).

Leeches

Leeches cause unwarranted fear in many people. When they latch onto skin, their bite is almost painless. They introduce an anticoagulant so that they can feed on the victim's blood. When the leech becomes grossly swollen it falls off.

The symptoms from leech bite that may warrant medical attention are infected bite site and leech allergy.

First Aid

Removal of the leech:

- Application of salt, salt water or vinegar to an actively sucking leech will cause it to fall off. A leech will usually fall off after 20 minutes of attachment without any treatment.
- DO NOT pull the leech off as the skin may be torn and ulceration may follow or parts of the jaw may remain and set up infection. Applying heat to the leech (e.g. applying a hot coal or lit cigarette) may result in burns to the patient so is not recommended.

Treatment:

After the leech has been removed, wash with soap and water
Apply a cold pack if there is significant pain or swelling
Apply pressure if there is bleeding from the bite
Seek medical attention if the area becomes infected or if a wound or ulcer develops.

Even if you have never been bitten by a leech before, watch for the following symptoms, they may indicate a serious allergic or anaphylactic reaction, which requires urgent medical attention:

Red blotches on the skin or an itchy rash over the body
Swelling in parts of the body away from the bitten area, especially the lips and around the eyes
Feeling faint, light-headed or dizzy
Breathing difficulties: wheeze, shortness of breath, chest tightness.

Ticks

Ticks attach themselves to humans or any warm-blooded animal in order to gorge themselves on the blood of their victim. They do not bite and leave; they remain attached until they are engorged with blood and are many times the size they were when they

attached. Ticks will often detach themselves after 4 days.

Ticks can cause a range of illnesses. Some ticks found in the eastern parts of Australia can cause paralysis. All ticks can transmit infectious diseases and can cause infection of the bite site. Some people are allergic to ticks.

Where ticks are found

Ticks live in foliage such as long grass and attach themselves to warm-blooded animals as they brush against the foliage.

How to remove a tick

For all tick bites, effective removal of the whole tick is important. Attempting to remove a tick can sometimes result in the tick's head or mouthpiece remaining embedded in the victim; these can be difficult to remove. The more a tick is handled, the greater the amount of toxin it will release into the victim.

Effective removal of a tick is achieved by lifting it out using forceps or tweezers. Grasp the tick as close to the skin as possible to ensure that the mouthpiece and head are not left in the skin. Remove the tick with straight, firm and steady movement without rotation. If you are unable to do this, see your doctor to remove the tick.

There have been various other techniques advocated for tick removal over the years. Some of these are no longer recommended. Applying kerosene or petroleum jelly may make the physical removal of the tick more difficult as a firm grasp is more difficult to achieve. Holding a flame or hot match to the tick is also no longer recommended because of the risk of burning the victim, and an agitated tick will release more toxin into the victim.

First Aid

After the tick has been removed, wash the area and apply antiseptic and a bandaid or dressing

After removal, most tick bites resolve without problems. Seek medical attention:

- If there is any local rash or swelling
- If the area does not clear up
- If any signs of infection or tissue damage occur
- If you experience any symptoms such as feeling weak, unsteady on your feet, unusually sleepy, double vision, having difficulty breathing or swallowing or if any night sweats or fever develop. You may have an allergic reaction if bitten by a tick in the future.

Wasps

If you have previously had a serious allergic or anaphylactic reaction to a wasp sting:

You should consult your doctor about the need for you to carry adrenaline for use in the event of a sting.

If you have been stung inside the mouth or throat: Ring 000 for an ambulance.

If you have been stung by a wasp and have previously had a serious allergic or anaphylactic reaction to a wasp sting you should follow these steps:

- Ring 000 for an ambulance

- Administer your adrenaline if you have been instructed to use it in this situation
- Apply a pressure bandage with immobilisation (PBI) (see pressure bandage with immobilisation technique)
- Avoid movement as much as possible
- Wait for the ambulance
- If an adult has been stung more than 10 times or a child more than 5 times in a single incident, they should be taken to hospital.

If you have been stung by a wasp (but less than 10 stings in an adult and less than 5 stings in a child) and have NOT previously had a serious reaction to wasp sting you should follow these steps:

- Wash the stung area with soap and water
- Apply a cold pack to the area to relieve pain and swelling
- If it was a European Wasp or if there is persistent or severe swelling and or itching, take antihistamine tablets for 1-3 days. Antihistamines are available from pharmacies without a prescription. The pharmacist will be able to recommend one suitable for you.
- Even if you have never been stung by a wasp before, watch for the following symptoms, they may indicate a serious allergic or anaphylactic reaction, which requires urgent medical attention:
 - Red blotches on the skin or an itchy rash over the body
 - Swelling in parts of the body away from the stung area, especially the lips and around the eyes
 - Feeling faint, light-headed or dizzy
 - Breathing difficulties such as wheeze or shortness of breath
 - Chest tightness.

Wasps in Victoria

Paper wasps (*polistes humulis*, *polistes tasmaniensis*)

Blue ant (*diamma bicolor*)

European wasp (*vespula germanicus*) - introduced species and is a significant menace. They can be aggressive if disturbed and cause a significant incidence of serious allergic or anaphylactic reactions.

Avoiding Wasp Stings

- Wasps may be attracted to sweet things like soft drink and hide inside a can of drink. Do not drink soft drink from a can when outdoors - always use a straw.
- Do not disturb a wasp nest, get expert advice for safe removal of a nest.

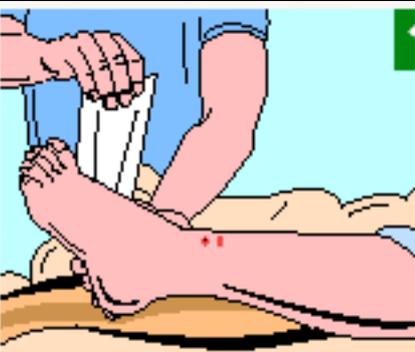
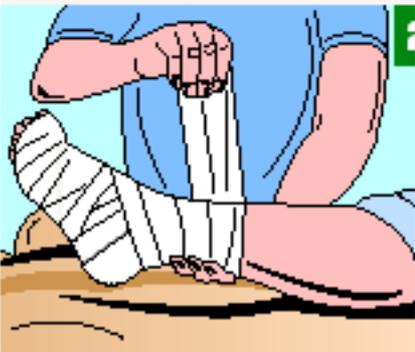
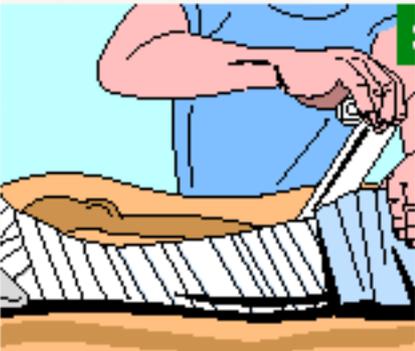
Attachment 2

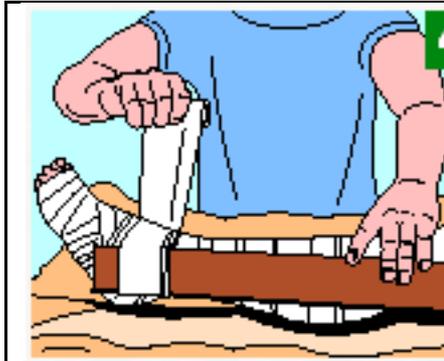
Pressure Immobilisation Bandaging Fact Sheet

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

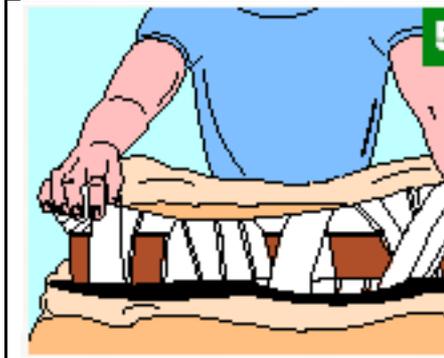
The principle of pressure-immobilisation bandaging as a first aid measure is to prevent the spread of toxins through the body. This is done by applying enough pressure to compress the lymph vessels, and by preventing movement of the affected limb. Correct application of the technique can buy valuable 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>Apply the bandage as far up the limb as possible to compress the lymphatic vessels.</p>

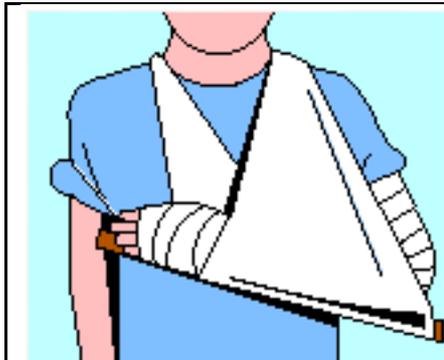


It is vital to now apply a splint. Bind a stick or suitable rigid item over the initial bandage to splint the limb. Secure the splint to the bandaged limb by using another bandage, (if another bandage is not available, use clothing strips or similar to bind). It is very important to keep the bitten limb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



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.