Bites & Stings Policy

The Hazard - Bites & Stings

Insect bites and stings are relatively common in schools. The effects can vary from relatively minor reactions or injuries that may or may not require first aid, to severe reactions such as anaphylactic shock that can be potentially life threatening.

The nature of a reaction to a bite or sting will vary depending on the source and extent of the bite or sting, and the degree of allergy a student has.

For details on how we manage anaphylaxis in our school refer to our **Anaphylactic Shock Management Policy**.

St Catherine's Policy

St Catherine's is committed to providing a safe environment for all our students. It is our policy that:

- Teachers should take all reasonable measures to protect a student under their care from the risk of bites and stings;
- Although bites and stings cannot be completely avoided, preventative measures should be implemented where possible to minimise student's risk; and
- In the event of a severe allergic reaction or anaphylaxis, the procedure set out in the **Anaphylactic Shock Management Policy** should be followed.

Safe Work Practices

St Catherine's has developed the following work practices and procedures for dealing with bites and stings:

Preventative Strategies

The risks associated with bites and stings can be reduced by:

- Clearly identifying all students who are known to suffer from severe allergic reactions and managing their health in accordance with our Anaphylactic Shock Management Policy;
- Prompt management of bees, wasps and ant nests;
- Prompt removal of potentially dangerous animals (e.g. stray dogs) from the school grounds;
- Keeping food and drinks covered while outdoors as insects are attracted to them;
- Avoiding situations where students provoke insects or animals;
- Always wearing shoes when outdoors as stings often occur on bare feet;
- Reporting any above normal presence of bees or wasps at school; and
- Staff being observant of situations where a student may be exposed to the risk of stings or bites and taking preventative action to remove students from the source of these risks.

Incident Response Procedures

In the event of a severe allergic reaction or anaphylaxis, the procedure set out in the **Anaphylactic Shock Management Policy** should be followed.

In other situations, the following treatments should be followed depending on the source of the sting or bite:

Bee Stings
A bee sting should be removed by scraping the sting sideways with a fingernail or the side of a knife. The barb contains a tiny venom sac which, if squeezed, will cause additional venom to be injected into the wound. Wipe the site clean and apply a cold compress.

Be aware that some people can have a very severe reaction to bites and stings. If there is any history or sign of allergic reaction, the situation could well become a very serious medical emergency, and prompt medical attention will be necessary. In this case follow our Anaphylactic Shock Management Policy.

Spiders, Centipedes and Scorpions
With the exception of the Funnel Web spider, all spider bites, including the Red Back, together with those from centipedes and scorpions, are treated with cold compresses.

The idea of using a cold compress is to slow the spread of venom (not to stop it) which will allow the natural defence mechanisms of the body to deal with the venom at a rate it can handle.

Bites from these creatures rarely result in major medical emergencies. Medical aid should, however, still be sought. If a person does have an adverse reaction to a spider bite, use the DRSABCD plan described in our First Aid Policy.

Snake Bites
It is most important that the patient is calmed as much as possible and not permitted to move around. The more active and agitated a person is, potentially, the faster the venom is spread through the system.

Do not apply a tourniquet.
Do not cut the wound site.
Do not try to suck the venom out of the wound.
Do not wash the venom off the surrounding skin. It will aid in identifying the snake.
Do not try to catch the snake; you may become the second victim.

A physical description of the snake may assist medical staff, although colouring is probably the least reliable means of identifying a snake.

First aid treatment for snake bite consists of using the "Pressure Immobilisation" method of bandaging. This requires the use of wide strips of bandages, preferably conforming gauze or crepe, about 15 cm in width.

Snake venom is carried in the lymphatic system, which consists of the very small vessels close to the surface of the skin. For this reason, the pressure immobilisation system effectively restricts the movement of venom through the body.

1. Start by bandaging over the site of the injury and then down to the end of the limb (i.e. the toes or fingers). The pressure applied by the bandage must be sufficient to compress soft tissue without restricting deeper blood vessels.
2. The bandages are then applied all the way up the limb to the groin or armpit.
3. A splint is applied to limit the possible movement of the limb and secured in place with further bandages.
4. The patient must be immobilised. Bring the transport to the patient and take them immediately to the nearest medical aid as a matter of urgency. If possible, advise the medical facility of the situation beforehand so that they can prepare for your arrival.

5. Once applied, never remove the bandaging. Doing so must only occur in a medical facility under the care of appropriately qualified staff. Releasing the pressure before this time will result in sudden systemic envenomation which is highly dangerous for the patient.

Ticks

Most bush ticks cause only minor discomfort. One type of tick found on the east coast of Australia, the Paralysis Tick, can cause more severe problems, although adults do not normally sustain anything more than local irritation at the site.

Ticks generally secrete themselves in body crevices where they engorge themselves on the host's blood. The way to remove them is with a pair of tweezers. With a blade on either side of the tick, carefully lever it all out taking care not to break parts off, especially its mouth. Any part of the tick left in the wound will result in infection.

If a tick has been discovered on a person, carefully check for others, particularly in their hair and in body crevices.

Signs and symptoms of adverse reaction to paralysis ticks are:

Weakness of the face and upper eyelids; and

Weakness progressing to the arms and breathing muscles.

If the patient is displaying such symptoms, urgent medical attention should be sought. Refer to our **Accident Management Policy**.

Employees' Responsibility

All employees must follow the guidelines in this Bites and Stings Policy in conjunction with the **Anaphylactic Shock Management Policy**.

Implementation

This policy is implemented through a combination of:

- Playground and classroom inspections;
- Availability of first aid facilities and trained first aiders;
- Staff training and supervision;
- Effective notification procedures;
- Effective communication procedures; and
- Initiation of corrective actions where necessary.

Discipline for Breach of Policy

Where a staff member breaches this policy St Catherine's may take disciplinary action.

Related Policies

Accident Management
Anaphylactic Shock Management Policy
Emergency Management Response Policy
First Aid Policy
Medication Administration Policy

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