



Student Duty of Care

Bites and Stings Policy and Procedures

Introduction

We are committed to meeting our Student Duty of Care obligations.

Purpose

This Policy outlines the measures that Glennaeon Rudolf Steiner School takes to minimise the risk to students from bites and 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.

Scope

This Policy applies to all staff, volunteers and contractors at the School.

Responsibilities

Staff Responsibilities

Staff must follow the guidelines in this policy in conjunction with our Allergies and Anaphylaxis Policy and Procedures.

Policy Statement

Glenaeon Rudolf Steiner School is committed to providing a safe environment for all our students. It is our policy that:

- staff should take all reasonable measures to protect students 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 risk to students.

Procedures

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 Allergies and Anaphylaxis Policy and Procedures
- prompt management of bees, wasps and ant nests
- prompt removal of potentially dangerous animals (e.g. stray dogs) from the **School** grounds
- staff ensuring that food and drinks are covered while outdoors (as insects are attracted to these), keeping in mind any **students** at risk of an allergic reaction
- 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 the **School**
- 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
- maintenance staff should carry out routine checks for wasps' nests at the **School** and the area should be isolated if there is a risk to students.

Incident Response Procedures

In the event of a severe allergic reaction or anaphylaxis, the **School** follows the procedure set out in the Allergies and Anaphylaxis Policy and Procedures.

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 bee 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 Allergies and Anaphylaxis Policy and Procedures.

Spiders, Centipedes and Scorpions

Except for the Funnel Web Spider, all spider bites, including the Red Back, together with those from centipedes and scorpions, are treated with cold compresses.

This will slow the spread of venom (not 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 attention should, however, still be sought. If the nature of the bite is uncertain, the **student** should be observed by first aid trained staff or at a medical facility, clinic or hospital for any other adverse reactions.

If a person does have an adverse reaction to a spider bite, use the DRSABCD plan described in our First Aid Policy and Procedures.

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 photo taken on a camera phone without putting anyone at risk could be very helpful for medical staff in later identification.

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.

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. The bandage should be firm but not tight.
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 facility 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.

Ticks can sometimes be found on children during warm humid weather, particularly after bush walks or similar activities. These are mostly very small nymph bush ticks.

If children present to the office with a tick, the First Aid Officer will contact you so that you can collect your child to arrange for the removal of the tick. With verbal and written parent/carer consent, staff may apply Lyclear (permethrin 5% cream) directly to the tick. Lyclear permethrin cream is recommended for use on larval and nymph stage ticks to kill the tick while it is on the skin. It is

School policy not to remove ticks as this can trigger an allergic reaction in some children. We suggest that you take your child to a medical practitioner to have the tick removed.

We record all ticks reported. If your child has had a tick - please inform Reception and fill in a [Tick Reporting Form](#).

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 include:

- weakness of the face and upper eyelids
- weakness progressing to the arms and breathing muscles.

If the patient is displaying such symptoms, urgent medical attention should be sought by calling 000 immediately.

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
- initiation of corrective actions where necessary.

Breach of this Policy and Procedures

Where a staff member breaches this Policy, Glenaeon Rudolf Steiner School may take disciplinary action.

Source of Obligation

This policy follows the authority provided in Guidelines from Government Health Departments.

Related Forms and Documents

Tick Reporting Form