BUSH KINDER FAUNA AND FLORA AWARENESS POLICY

Mandatory – Quality Area 2

PURPOSE

This policy aims to clearly define:

- The risk of some plants, animals and insects in the Bush Kinder space at Pipemaker's Park
- Procedures for preventing any unfavourable incidents relating to the fauna and flora at Bush Kinder
- The appropriate medical response to injuries caused by the plants and animals of Pipemaker's Park
- A framework for the appropriate education and training of staff, parents and children on minimising the risk of any incidents relating to fauna and flora

POLICY STATEMENT

VALUES

Maribyrnong Kindergarten is committed to:

- Providing a safe and healthy environment for children and staff participating in the Bush Kinder program
- Being respectful of plants and wildlife in and around space the Bush Kinder space, including an awareness of flora that may be harmful to children, staff and volunteers
- Facilitating appropriate communication and education to staff and parents to minimise the risk of injury or illness from plants and animals to children and staff during Bush Kinder sessions

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 program.

BACKGROUND AND LEGISLATION

Background

Maribyrnong Kindergarten's Bush Kinder Program in conducted within Pipemaker's Park, Maribyrnong. The site, now known as Pipemakers Park, is located off Van Ness Avenue, Maribyrnong, (Melways Reference Map 28 B10). The park comprises approximately eight hectares, bounded on the west by Thompson Reserve, on the north by Van Ness Avenue, on the east by the Maribyrnong River and on the south by the former Commonwealth Defence Department land, now the ADI Footscray Development Site. The site is now owned and managed by Parks Victoria. Pipemakers Park is in the City of Maribyrnong and the suburb of Maribyrnong (formerly part of the City of Sunshine). Thompson Reserve is a council-owned park adjacent to Pipemakers Park, and along with other Council and Commonwealth-owned land adjoining the Parks Victoria land on the south side of the park, is managed in co-operation with Parks Victoria.

Over 200 species of plants (refer Attachment 1) and 80 species of birds can be found at Pipemaker's Park including Ducks, Magpies, Kookaburras, Lorikeets and the sacred Kingfisher. Other animals that inhabit Pipemaker's Park and its surrounds include Possums, Echidnas, Lizards and insects such as ants, spiders, caterpillars, bees and wasps.

Unfortunately, not all of the fauna and flora found at Pipemaker's Park is child-friendly, and as such, children, staff and volunteers must be mindful of the potential dangers of some animals, insects and plants they may come across.

Please note, there is a separate Bush Kinder policy that details Snake and Dog Awareness and First Aid, and as such, snakes will not be referred to in this document.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010: Sections 167, 169
- Education and Care Services National Regulations 2011: Regulations 87, 89, 136, 137(1)(e), 168(2)(a), 245
- National Quality Standard, Quality Area 2: Children's Health and Safety; and Quality Area 3: Physical Environment
- Occupational Health and Safety Act 2004
- Occupational Health and Safety Regulations 2007
- Wildlife Act 1975

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: http://www.legislation.vic.gov.au/
- Commonwealth Legislation – ComLaw: http://www.comlaw.gov.au/

DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the General Definitions section of this manual.

Fauna: the animals of a particular region or habitat

Flora: the collective plant organisms of a given locality or environment

Asthma: Asthma is a common disease of the airways, the structures through which air passes when moving from your mouth and nose right down to the smallest structures in your lungs. Asthma is the most widespread chronic health problem in Australia. About one in ten Australian adults and one in nine or ten children have asthma. It is often associated with other allergic conditions like hay fever and eczema Hay fever: Hay fever is the common name for a condition called allergic rhinitis, which means an allergy that affects the nose. Most people associate hay fever with spring, when airborne pollens from grasses are at their peak. However, hay fever can occur at any time of the year. It can be a reaction to dust mites, pollen, mould and animal fur or hair. Symptoms include a running nose, sneezing and itchy, watering eyes 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 poisoning, 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.

SOURCES AND RELATED POLICIES

Bites and Stings web resource, Victorian Poisons Information Centre, Austin Hospital www.austin.org.au Plants web resource, Victorian Poisons Information Centre, Austin Hospital www.austin.org.au

Service Policies

- Acceptance and Refusal of Authorisations Policy RANGEVIEW PRE-SCHOOL

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: http://www.legislation.vic.gov.au/
- Commonwealth Legislation – ComLaw: http://www.comlaw.gov.au/
- Administration of First Aid Policy
- Asthma Policy
- Excursions and special events policy

- Child Safe Environment Policy
- Curriculum Development Policy
- Incident, Injury, Trauma and Illness Policy
- Interactions with Children Policy
- Occupational Health and Safety Policy
- Sun Protection Policy
- Supervision of Children Policy
- Bush Kinder Delivery and Collection of Children Policy
- Bush Kinder Extreme Weather Policy
- Bush Kinder Emergency Evacuation Policy
- Bush Kinder Protective Clothing Policy
- Bush Kinder Snake Awareness Policy
- Bush Kinder Dog Awareness Policy
- Bush Kinder Play Benefit Policy

PROCEDURES

The Approved Provider is responsible for:

- Supplying a First Aid Kit on site at Pipemaker's Park at all times to administer first aid in response to animal bites, insect stings, scratches, allergies, poisonings or for any other necessary purpose
- Ensuring staff are appropriately educated on procedures to prevent any incidents in relation to the fauna and flora of Pipemaker's Park
- Following all procedures as set out in the Incident, Injury, Trauma and Illness Policy (including notice of notifiable incidents, appropriate record keeping in the event of an incident, maintaining first aid kits etc)
- Ensuring that all parents/guardians are aware of this policy and are provided access to the policy at orientation sessions, in written Bush Kinder material and on the Pre-School Website, and made available upon request
- Bringing any relevant issues to attention of the Committee and/or Maribyrnong City Council in a timely manner

Certified Supervisors and other educators are responsible for:

Practicing and educating children that not every plant or animal found in Pipemaker's Park is safe.

This may include highlighting some of following key points;

- always leave animals alone
- wear adequate clothing and closed-toe shoes (not sandals or thongs) in
- don't touch plants or flowers unless staff have given permission
- In conjunction with Maribyrnong City Council and Parks officers, advise children and volunteers of any insect or animal hazards before leaving Pipemaker's Park
- Ensuring the Bush Kinder group stays on walking tracks when moving around Pipemaker's Park
- In conjunction with Maribyrnong City Council Park Ranger, advise children and volunteers

of any hazards of allergic reactions if in contact with particular plant matter

Administering first aid in the event of a fauna/flora incident, including (but not limited to):

- Ant bites (refer Attachment 2)
- Bee stings (refer Attachment 3)
- Caterpillar reactions (refer Attachment 4)
- Other insect bites or stings (refer Attachment 5)
- Leeches (refer Attachment 6)
- Spider bites (refer Attachment 7)
- Wasp stings (refer Attachment 8)
- Animal bites and scratches (refer Attachment 9)
- Fungi poisoning (refer Attachment 10)
- Plant allergies and poisoning (refer Attachment 11)
- Hay fever (refer Attachment 12)
- Asthma (refer to Maribyrnong Kindergarten'sAsthma Policy)

Staff are to follow procedures as set out in the Incident, Injury, Trauma and Illness Policy, and Asthma Policy, including contacting parents, calling an ambulance etc

Reminding parents/guardians of the policy content as required

Parents/guardians are responsible for:

- Reading and familiarising themselves with this policy
- Advising the Kindergarten in a timely manner if their child has any known allergies
- Bringing any relevant issues to the attention of both Kinder staff and the committee

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

EVALUATION

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

- Seek feedback regarding this policy and its implementation with parents/guardians of children participating in the Bush Kinder program. This can be facilitated through discussions, surveys and the Pre-School newsletter
- Ask staff to share their experiences and observations in relation to the effectiveness of this policy
- Review the first aid procedures following an incident to determine their effectiveness
- Regularly review the policy and Pre-School practices to ensure they are compliant with any new legislation, research or best practice procedures
- Notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

ATTACHMENTS

- Attachment 1: Plant and weed list of Pipemaker's Park.
- Attachment 2: Ant bite first aid
- Attachment 3: Bee sting first aid
- Attachment 4: Caterpillar incident first aid
- Attachment 5: Insect bite first aid
- Attachment 6: Leeches first aid
- Attachment 7: Spider bite first aid
- Attachment 8: Wasp sting first aid
- Attachment 9: Animal bites and scratches first aid
- Attachment 10: Fungi poisoning first aid
- Attachment 11: Plant allergies and poisoning first aid
- Attachment 12: Hay fever first aid

AUTHORISATION

This policy was adopted by the Committee of Management at Maribyrnong Kindergarten

REVIEW DATE:

This policy will be reviewed at the end of November 2016 after excursion and;
This policy will be reviewed every two years and is next due for formal Committee review in **2018**, unless deemed necessary earlier.

ATTACHMENT **1**
List of plants found in Pipemakers Park

1. Acacia brownii - Prickly Wattle
2. Acacia dealbata - Silver Wattle
3. Acacia implexa - Lightwood
4. Acacia melanoxylon - Blackwood
5. Acacia mearnsii - Black Wattle
6. Acacia mucronata - Narrow Leaf Wattle
7. Agrostis anenacea - Common Blown Grass
8. Agrostis aemula - Blown Grass
9. Allocasuarina paludosa - Swamp Sheoke
10. Allocasuarina paradoxa - Dwarf Sheoke
11. Alisma plantago-aquatica - Water Plantain
12. Ameyema - Mistletoe sp.
13. Arthropodium strictum - Chocolate Lily
14. Atriplex cinerea - Coast Saltbush
15. Atriplex semi baccata - Creeping Saltbush
16. Atriplex suberecta - Lagoon Saltbush
17. Banksia integrifolia - Coast Banksia
18. Bolboschenous caldwelii - Sea Clubrush
19. Bracyscome basaltica - Basalt Daisy
20. Burchardia umbellate - Milkmaids
21. Bulbine bulbosa - Bulbine Lily
22. Busaria spinosa - Sweet Busaria
23. Callistemon sieberi - River Bottlebrush
24. Calocephalus citrius - Lemon Beauty Heads
25. Calotis anthemoides - Common Burr Daisy
26. Carex tasmanica -
27. Carex tereticaulus - Common Sedge
28. Carpobrotus modestus - Inland Noon Flower or Pigface
29. Centipeda cunninghamii - Common Sneezeweed
30. Chloris truncata - Windmill or Umbrella Grass
31. Clematis microphylla - Small Leaf Clematis
32. Coprosma quadrifida - Prickly Current Bush
33. Correa glabra - Rock/Smooth Correa
34. Correa alba - White Correa
35. Cotula australis - Common cotula
36. Crapedia variabilis - Common Billy Buttons
37. Crassula helmsii - Swamp Stone Crop
38. Danthonia ceaspitosa - Common Wallaby Grass
39. Danthonia duttoniana -Brown Back Wallaby Grass
40. Dianella longifolia - Pale Flax Lily
41. Dianella revolute - Spreading Flax Lily
42. Dicanthium sericeum - Silky Blue Grass

43. Dichelachne sieberiana - Plume Grass
44. Einardia nutans - Nodding Saltbush
45. Eleocharis acuta - Common Spike Rush
46. Enchylaena tomentosa - Ruby Saltbush
47. Epilobium billardierianum - Smooth Willow Herb
48. Epilobium hirtigerum - Hoary Leaf Willow Herb
49. Eryngium ovinum - Blue Devils
50. Eucalyptus cameldulensis - River Redgum
51. Eucalyptus dives - Blue Peppermint Gum
52. Eucalyptus oblique - Messmate
53. Eucalyptus ovata - Swamp Gum
54. Eucalyptus viminalis - Manna Gum
55. Goodenia ovata - Hop Goodenia
56. Hakea nodosa - Yellow Hakea
57. Hardengergia violaceae - Happy Wanderer
58. Isolepis innundata - Swamp Club Rush
59. Isolepis nodosa - Knobby Club Rush
60. Isolpis platycarpa - Club Rush
61. Juncus subsecundes - Finger Rush
62. Juncus bufonius - Toad Rush
63. Juncus krausii - Sea Rush
64. Juncus sp.
65. Lemna disperma - Duckweed
66. Leptinella reptans - Creeping Cotula
67. Leptospernum laveigatum - Coastal Tea Tree
68. Linum marginale - Native or Wild Flax
69. Lobelia pratoides - Poison Lobelia
70. Lomandra logifolia - Spiny Mat Rush
71. Marsh Grass
72. Marsilea drummondii - Nardoo
73. Melaleuca ericafolia - Swamp Paperbark
74. Mentha australis - River Mint
75. Mentha diamenica - Slender Mint
76. Microlaena stipoides - Weeping Grass
77. Microseris lanceolata - Yam Daisy
78. Mimulus repens - Creeping Monkey Flower
79. Muehlenbeckia florulenta - Tangled Lignum
80. Myoporum parvifolium - Creeping Boobialla
81. Myrophyllum crispatum - Water Milfoil
82. Nicotiana suaveolens - Scented or Native Tobacco
83. Panicum decompositum - Australian Millet
84. Persicaria decipiens - Slender Knotweed
85. Pelagonium austral - Austral Stalks Bill
86. Phragmites australis - Common Reed
87. Poa labillardieri - Common Tussock Grass
88. Poa poiformis - Blue Tussock Grass
89. Poa sieberiana - Tussock Grass
90. Podolepis jaceoides - Showy podolepis
91. Portulaca oleracea - Common Purslane

92. Potamogeton crispus - Curley Pondweed
93. Ptilotus spathulatus - Pussy Tails
94. Rhagodia parabolica - Fragrant Saltbush
95. Rumex brownii - Slender Swamp Dock
96. Schoenoplectus validus - River Clubrush
97. Senecio quadridentatus - Cotton Fireweed
98. Solanum aviculare - Kangaroo Apple
99. Stipa elegantissima - Feather Spear Grass
100.Tetragonia implexicoma - Warrigul Greens or Bower Spinach
101. Themada triandra - Kangaroo Grass
102. Triglochin procera - Water Ribbons
103. Triglochin striata - Streaked Arrowgrass
104. Typha domingensis - Cumbungi
105. Wahlenbergia stricta - Tall Bluebell

List of Weeds found in Pipemakers Park

1. Anagallis arvensis-Scarlet Pimpernel
2. Anthoxanthum odoratum - Sweet Vernal Grass
3. Avena fatua - Wild Oats
4. Bassica tournefortii - Wild Turnip
5. Briza maxima - Quaker Grass
6. Bromus cathaticus - Prarie Grass
7. Chameacytisus palmensis - Tree Lucerne
8. Chenopodium album - Green Fat Hen
9. Chenopodium murale - Sowbane
10. Cynara cardunculus - Artichoke Thistle
11. Cynodon dactylon - Common Couch Grass
12. Cyperus eragrostis - Umbrella Sedge
13. Dactylis glomerata - Cocksfoot
14. Datura stramonium - Thornapple
15. Diplotaxis tenuifolia - Wild Rocket
16. Echium plantagineum - Pattersons Curse
17. Ehrhata longiflora - Annual Veldt Grass
18. Fumaria officinalis-Fumitory
19. Euphorbia peplus - Petty Spurge
20. Foeniculum volgare - Fennel
21. Fraxinus sp. - Ash Tree
22. Galium aparine - Cleavers
23. Geranium molle - Cranesbill
24. Grodium cicutarium
25. Moshatum
26. Holcus lanatus - Yorkshire Fog
27. Hordeum sp. - Barley Grass
28. Hypochaeris glabra - Smooth Catsear

29. Hypochaeris radicata - Catsear, Flatweed
30. Juncus acutus - Spiny Mat-Rush
31. Beta vulgaris -Silverbeet
32. Lactuca sp. - Wild Lettuce
33. Langarus ovatusa - Harestail Grass
34. Lolium perenne - Perrenial Rye Grass
35. Lycium ferocissimum - African Boxthorn
36. Medicago polymorpha - Burr Medic
37. Melilotus indica - Melilotus
38. Modiola caroliniana - Red Mallow (prostrate)
39. Myosotis sylvatica - Forget-me-not
40. Oxalis pes caprae - Soursob
41. Parietaria debilis-Pelitory - Sticky Weed
42. Pennisetum clandestinum- Kaykuya
43. Pennisetum villosum - Feathertop Grass
44. Pheonix canariensis - Date Palm
45. Pholaris aquatica - Tussock Grass
46. Pittosporum undulatum - Sweet Pittosporum
47. Plantago lanceolata - Ribwort
48. Polygonum arenastrum - Knotweed
49. Prunus cerasifera - Bird Plum
50. Romulea rosea - Onion Weed (pink flower)
51. Rosa rubiginosa - Sweet Briar
52. Rumex conglomerates - Clustered Dock
53. Rumex obtusifolia - broadleaf Dock
54. Schinus areira - Peppercorn Tree
55. Sonchus oleracious - Milk Thistle
56. Sporobolus africanus - Parramatta Grass
57. Stellaria media - Chickweed
58. Stipa neesiana - Chilean Needle Grass
59. Taraxacum officiale - Dandelion
60. Trifolium sp. - White Clover
61. Tragapogon - Salsify
62. Veronica arvensis - Speedwell
63. Vicia sativa - Vetch
64. Vulpia

ATTACHMENT 2

(source: Austin Health http://www.austin.org.au/page?ID=534#Section4)

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
- Lie down; do not stand or walk about
- 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
- Apply a cold pack to the area to relieve pain and swelling
- 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).

ATTACHMENT 3

(source: Austin Health; http://www.austin.org.au/page?ID=534#Section4)

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
- Lie down; do not stand or walk about
- 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.

ATTACHMENT 4

(source: Austin Health; http://www.austin.org.au/page?ID=534#Section4)

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).

ATTACHMENT 5

(source: Austin Health; http://www.austin.org.au/page?ID=534#Section4)

Insects

(including centipedes, mosquitoes, earwigs, etc.) For Ant, Bee, Caterpillar and Wasp stings see specific first aid information. If you have been stung by an insect 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 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.
- See your doctor if the bite does not clear up in a few days or if it looks infected

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 o breathing difficulties such as wheeze or shortness of breath o chest tightness

ATTACHMENT 6

(source: Austin Health; http://www.austin.org.au/page?ID=534#Section4)

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

ATTACHMENT 7

(source: Austin Health; http://www.austin.org.au/page?ID=534#Section4) Spiders Redback spider (Latrodectus hasselti)

Medical treatment is NOT always required following a bite from a Redback Spider. Many bites will only cause a local reaction including pain, redness, swelling and heat. The treatment for these symptoms is to wash the bite area with soap and water, apply a cold pack and take a simple analgesic such as paracetamol. Application of a pressure bandage will not help; it may make the pain worse.

Medical attention is required for anyone with significant:

- pain not relieved by a cold pack and a simple analgesic such as paracetamol
- pain spreading from the bite area
- swollen or painful glands in the affected limb (armpits for bites on the arm or hand, groin for bites on the foot or leg)
- sweating all over the body, or only in patches
- shivering
- tremors
- stomach upset - nausea, vomiting, stomach cramps
- increased heart rate
- headache
- pins and needles in hands or feet
- secondary tissue infection Victorian Funnel-Web spider (hadronyche modesta) When the term 'funnel-web spider' is used, it is generally a reference to the dangerous spider atrax robustus, which is found in and around Sydney. There are some related spiders in the funnel-web Spider family that are found in other parts of Australia, including Victoria. There are few case reports of people being bitten by the Victorian Funnel- Web spider. Despite being a relative of the Sydney Funnel-Web spider, the venom from the Victorian Funnel-Web spider is only known to cause general symptoms such as headaches and nausea.

If you suspect that someone has been bitten by a Victorian funnel-web spider:

- Wash the bitten area with soap and water
- Apply a cold pack if required to relieve pain and swelling
- Medical attention is only required if any symptoms such as significant nausea, headache or sweating develop in the next few hours, or if the bite does not clear up or if any signs of infection or tissue damage occur.

Other Spiders

For other spider bites, the treatment is aimed at minimising pain and the risk of infection.

- Wash the bitten area with soap and water
- Apply a cold pack if required to relieve pain and swelling
- Medical attention is only required if the bite has not cleared up in 2-3 days or if there are

signs of infection or tissue damage For most spider bites, this is all the treatment that will be required. Some spider bites may result in mild symptoms, including headache and nausea, but usually do not require any specific treatment. This treatment is appropriate for bites from the white-tailed spider (lampona cylindrata).

- As for other spiders, medical treatment is only required if the bite has not cleared up in 2-3 days or if there are signs of infection or tissue damage. White-Tailed spiders are very common and many people are bitten without any serious reaction. There is a common belief that white tail spider bites cause skin ulcers and tissue damage, but there is no good evidence to support this. The bite site may be painful; a red mark with associated itchiness, pain or lump may persist for up to 12 days. An antihistamine may help control any pain, swelling or itch. Antihistamines are available from pharmacies without a prescription. The pharmacist will be able to recommend one suitable for you.

ATTACHMENT 8

(source: Austin Health; http://www.austin.org.au/page?ID=534#Section4)

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
- Lie down; do not stand or walk about
- 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:

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.
- 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.
- English wasp (vespula vulgaris) - 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 9

(source: http://kidshealth.org/parent/firstaid_safe/emergencies/bites.html)

Animal Bites and Scratches

Animal bites and scratches, even minor ones, can sometimes lead to complications. Whether the animal is a family pet (in kids, most animal bites are from dogs) or a creature from the wild, scratches and bites can carry disease.

Some bites, especially those from cats, can become infected by bacteria from the animal's mouth. Certain animals — such as bats, raccoons, and foxes — can transmit rabies.

Kids whose tetanus shots are not up to date will need a shot (post-exposure tetanus prophylaxis) after an animal bite to prevent tetanus infection.

What to Do:

- If the bite or scratch wound is bleeding, apply pressure to the area with a clean bandage or towel until the bleeding stops. If available, use clean latex or rubber gloves to protect yourself and to prevent the wound from getting infected.
- If the wound is not bleeding heavily, clean the wound with soap and water, and hold it under running water for several minutes.
- Dry the wound, apply antibiotic ointment, and cover it with sterile gauze or a clean cloth.
- Call your doctor if the bite or scratch broke or punctured the skin, even if the area is small. A child who is bitten by an animal may need antibiotics, a tetanus booster, or rarely, a series of rabies shots. A bite or scratch on a child's face, hand, or foot is particularly prone to infection and should be evaluated by your doctor as soon as possible.
- If your child was bitten or scratched by an unfamiliar or wild animal, note the location of the animal. Some animals may have to be captured, confined, and observed for rabies. But do not try to capture the animal yourself. Look in your phone book for the number of an animal control office or animal warden in your area.

Seek immediate medical care if:

- the wound is on the face, neck, hand, foot, or near a joint
- the wound won't stop bleeding after 10 minutes of direct pressure
- the wound appears to be deep, large, or is associated with severe injuries
- the attacking animal was stray or wild or behaving strangely
- the bite or scratch becomes red, hot, swollen, or increasingly painful
- your child has a weakened immune system or other medical condition that might make an infection more likely
- your child is not up to date for tetanus immunizations Teach your children to stay away from strange animals, and not to tease or provoke any animals, even known pets. Animals should not be disturbed while they are eating or sleeping.

ATTACHMENT 10

(source: Better Health Channel Victoria;http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/(Pages)/Fungi_poisoning/OpenDocument)

Fungi poisoning

Fungi can be poisonous. If eaten, poisonous wild fungi or mushrooms can cause hallucinations, nausea, vomiting, abdominal cramps and diarrhoea. Some can even cause liver failure and death. No home test can distinguish between edible and poisonous varieties of wild fungi. The only way to tell whether a mushroom is safe to eat is to have it identified by a mushroom expert (mycologist). Babies, toddlers and children should not eat any type of mushroom found in a park or garden.

Treatment for fungi poisoning

If you suspect you or your child may have eaten a poisonous mushroom do not wait for symptoms to occur, contact the Victorian Poisons Information Centre (Tel 13 11 26). The centre will take a brief history from you and give you the appropriate advice. It may be necessary for you to seek treatment through your doctor or the emergency department of your nearest hospital. It helps to have a sample of the mushroom so medical staff can work out which species you ate.

If the person has collapsed, stopped breathing, is having a fit or is suffering an anaphylactic reaction, immediately ring triple zero (000) for an ambulance. Do not ring the Victorian Poisons Information Centre in an emergency.

Effects of poisonous mushrooms

The three main effects of poisonous mushrooms are:

- Hallucinations – some mushroom species contain toxins that cause hallucinations. These psychotropic types are commonly referred to as ‘magic mushrooms’. One of the better known species is the golden top (Psilocybe subaeruginosa). Apart from hallucinations, other effects include confusion, muscle weakness, agitation, rapid heart rate and headache. Unfortunately for some trip-seekers, the golden top looks very similar to some varieties of Galerina mushroom, which are potentially deadly.

- Gastrointestinal illness – many poisonous mushrooms cause gastrointestinal illness, such as nausea, vomiting, stomach cramps and diarrhoea.

- Liver failure and death – about nine out of 10 fungi-related deaths are attributable to the death cap (Amanita phalloides). Symptoms occur 6 to 24 hours after eating and include nausea, stomach cramps, vomiting and diarrhoea. The toxin can fatally harm the liver and kidneys, and death can occur within 48 hours. Other mushrooms that have a similar effect to the death cap include some species of Galerina, Lepiota and Conocybe. Description of yellow stainer poisonous mushroom The yellow stainer (Agaricus xanthodermus) is the most commonly ingested poisonous mushroom. This species commonly grows wild in

lawns and gardens, and looks very similar to edible mushrooms. Characteristics include:

- Mushrooms grow on the ground in clusters, often clumped or in ‘fairy rings’.
- Mushrooms range from 50–200 mm in diameter.
- The cap is usually white, but can become brown with age.
- The cap of young mushrooms looks a little square.

When damaged, the cap and stem stain yellow, fading later to a dirty brown.

The mushroom gives off a chemical odour, like disinfectant, iodine or kerosene. The odour is more intense on cooking.

If eaten, symptoms include abdominal cramps, nausea, vomiting and diarrhoea (usually within 30 minutes to two hours of consumption). Less common symptoms include headache, dizziness, sweating and drowsiness. Description of death cap poisonous mushroom The death cap (Amanita phalloides) is potentially fatal if eaten. Characteristics include:

- Mushrooms grow under oak trees.
- Mushrooms are 40–160 mm in diameter.
- The cap ranges in colour from pale yellow to green to olive brown.
- The gills (ridges on the underside of the cap) are white.
- The base of the stem has a membranous ‘cup’.
- Onset of symptoms is anywhere from six to 24 hours after ingestion.
- Death may occur from liver and kidney damage.
- One mushroom can contain enough poison to kill an average-sized adult.
- The toxin isn’t neutralised by cooking of any kind, including soaking or drying. Facts about fungi poisoning A study undertaken by Victorian Poisons Information Centre (VPIC) and the Royal Botanic Gardens Melbourne provided information about fungi poisoning in Victoria. Selected findings include:
- Most poisonous fungi are eaten during autumn.
- The most commonly ingested poisonous mushroom was the yellow stainer (Agaricus xanthodermus), because it looks very similar to the field mushroom (Agaricus campestris) and the cultivated mushroom (Agaricus bisporus).
- Two thirds of reported cases were in children under five years of age. In 86 per cent of these cases, the children ate mushrooms growing in their gardens at home.
- People who deliberately ate wild mushrooms in the hope of experiencing a drug-related hallucination were extremely likely to get sick.
- The most common symptoms of fungi poisoning were gastrointestinal upsets such as vomiting, diarrhoea and abdominal pains. Protect your children from fungi poisoning Many varieties of poisonous mushroom grow wild in Victoria. Most young children who eat poisonous mushrooms find them in the garden at home. Children younger than five years of age have a natural inclination to put things in their mouths. If you have a toddler, you should regularly check your garden for mushrooms to reduce the risk of accidental poisoning.

Where to get help

- Victorian Poisons Information Centre Tel. 13 11 26 – seven days a week, 24 hours a day – for advice about poisoning or suspected poisoning, involving accidental/unintentional exposures that include therapeutic errors (mistakes with medicines) and occupational

exposures, deliberate self-poisonings, envenomations (animal venoms or stings), toxic hazard situations and poisoning prevention advice
- Your doctor
- Emergency department of your nearest hospital

ATTACHMENT 11

(source: Queensland Poisons Information Centre;

https://www.health.qld.gov.au/poisonsinformationcentre/plants_fungi/firstaid.asp)

Basic First Aid for poisonings by plants

If the person has collapsed, or is experiencing difficulty breathing, immediately ring 000 for an ambulance.

Poisoning advice is available anywhere in Australia, 24 hours a day, 7 days a week for the cost of a local call on 13 11 26.

If you or someone in your care may have been poisoned, do not wait for symptoms to occur.

Take these First Aid steps, and then contact the poisons information centre on 13 11 26 to find out what to do next.

- Collecting a sample of the plant or mushroom (fungi) may aid in its identification, if it can be collected without exposure to further harm. Swallowed poison
- Do not try and make the person vomit.
- Rinse or wipe the mouth, then give a sip of water.
- Contact the Poisons Information Centre on 13 11 26. Eye exposure
- Flood the eye with water from a slowly running tap, jug or cup.
- Continue to flush for 15 minutes, holding the eyelids open.
- Contact the Poisons Information Centre on 13 11 26. Skin contact
- Remove contaminated clothing.
- Flood the skin with running water.
- Wash gently with soap and water and rinse well.
- Contact the Poisons Information Centre on 13 11 26.

ATTACHMENT 12

(source: Better Health Channel Victoria;
http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Hayfever?open)

Hay fever

Hay fever, also called allergic rhinitis, is common in spring because it is often caused by an allergy to grass pollen. Hay fever can occur at any time of the year as an allergic reaction to dust mites, mould and animal fur or hair. Symptoms include a running nose, sneezing and itchy, watering eyes. Medication including antihistamines and staying indoors can help symptoms. Allergen immunotherapy may be a suitable treatment for some people

Symptoms of hay fever

- Some of the symptoms include:
- sneezing
- a runny or stuffy nose
- itchy ears, nose and throat
- red, itchy or watery eyes
- headaches.

In some cases, the symptoms of hay fever can be so severe that a person can't sleep or concentrate, and may feel tired or unwell. Hay fever is an allergic reaction Your nose acts as a filter. The tiny hairs and mucus that line the nasal passages trap dust, pollens and other microscopic particles. A person with hay fever is allergic to some of the particles that get trapped in the nose, such as pollen. An allergic reaction means the immune system treats a harmless substance as if it is dangerous, and launches an 'attack'. The nasal passages become inflamed and more mucus is produced. Reducing hay fever symptoms

Suggestions to prevent or limit symptoms of hay fever include:

- Check the pollen count forecast on television or in the newspaper. Try to stay indoors if it's a high count.
- Stay indoors as much as possible in spring, on windy days or after thunderstorms.
- In your garden, choose plants that are pollinated by birds or insects, rather than plants that release their seeds into the air.
- Replace your lawn with types of artificial grass, bricked or paved areas.
- Splash your eyes often with cold water to flush out any pollen.
- Reduce your exposure to dust and dust mites, animals and animal hair or fur (dander).

Treatment for hay fever Some medications may help the symptoms of hay fever. Ask your doctor or pharmacist for advice. You may be advised to try:

- Intranasal corticosteroid sprays – these nasal sprays contain very low-dose steroids and are one of the most effective treatments for allergic rhinitis. They need to be used regularly as directed to be effective.
- Non-sedating antihistamine medications – these may be useful to control sneezing and itching, but are not as effective as intranasal corticosteroid sprays to control a severely blocked or runny nose. Ask your doctor or pharmacist for advice if you are breastfeeding, as some medications can cause breastfed babies to become irritable and restless.
- Eye drops – may relieve itchy, swollen or runny eyes. Ask your doctor or pharmacist for advice on choosing the correct eye drops.
- Decongestant nasal sprays – are useful for quick relief, but should not be used for more than five days as long-term use can damage the lining of the nose. Certain people should not use decongestants (such as those who are pregnant, or have high blood pressure). Discuss with your doctor or pharmacist before using these medications.
- Allergen immunotherapy – some people may benefit from allergen immunotherapy, which exposes a person to increasing amounts of an allergen to improve tolerance and reduce symptoms. This therapy may help hay fever and some cases of asthma, but does not help food allergy. It should only be conducted under medical supervision, as exposure to allergens can be dangerous and potentially life threatening. Seek advice from your doctor.

Where to get help

- Your doctor
- Pharmacist

Things to remember

- Hay fever is an allergic reaction to environmental allergens such as pollens, dust mite, moulds and animal hair.
- Perennial allergic rhinitis occurs all year round.
- Avoiding allergic triggers is the best way to reduce the frequency of hay fever symptoms.