



HSE NEWS

WORKING FOR YOU TO KEEP YOU SAFE

Latest HSE Statistics YTD

	2014	2015
Workplace fatalities		
Non-work related fatalities		
Non-accidental deaths (NADs)		
Lost Time Injuries (LTIs)		
All injuries (excluding first aid cases)		
Motor Vehicle Incidents (MVIs)		
Roll over - MVIs		
Serious MVIs		
Lost Time Injury Frequency (LTIF)		

Life Saving Rules Violations

YTD

Journey management	
Speeding/GSM	
Seatbelts	
Overriding safety device	
Working at heights	
Permit	
Confined space	
Lock out tag out	
Drugs and alcohol	
Gas testing	
Smoking	
Suspended Load	

Vehicle Class A/B Defect

YTD

Class A	
Class B	

HSE TIP

Do not attempt to kill the snake as this may be dangerous. However, if the snake has already been killed, it should be handled with care and taken to the hospital.

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Important News

Most snake bites happen when the snake is compressed on by someone who is bare-footed or wearing only sandals.

How can snake bites be avoided?

Snake bite may be difficult to avoid completely. However, attention to the following advices might reduce the risk.

- Know your local snakes, sort of places they like to live and hide and what times of the day or year/day they are most likely to be active. Be specially vigilant after rains and during flooding
- Wear proper shoes or boots and long trousers especially when walking in the dark and bushy areas

What You Need to Know

Transport to hospital :

The patient must be transported to the nearest hospital or clinic as quickly as possible. Avoid movement of the bitten limb and patient should not be allowed to walk because this would increase the risk of spread of venom from the site of the bite.

Treatment in the hospital:

Victims' management in the hospital includes rapid clinical assessment, laboratory tests, supportive care and antivenom if indicated. Antivenom treatment carries a risk of severe adverse reactions. It should therefore be used only in a hospital setup and for patients in whom the benefits outweigh the risks.

Use of antivenom:

In some parts of the world, antivenom is given to any patient claiming to have been bitten by a snake these practices are strongly discouraged as they expose patients who may not need treatment to the risks of antivenom reaction.

- Use torch, flashlight or lamp when walking in the dark.
- Never handle, threaten or corner a snake in an enclosed space.
- If at all possible, try to avoid sleeping on the ground.
- Keep young children away from areas known to be snake-infested.
- Avoid having rubble, rubbish close to houses as all of these attract snakes.
- Frequently check your house for snakes and avoid houses with large cracks and cavities on walls

Management of snake bite

Management of snake bites includes First aid treatment and urgent transport to the closest hospital or clinic for definitive treatment.



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HSE Advice Note

First Aid treatment:

First aid treatment is carried out immediately after the bite and before the patient reaches a hospital. It can be performed by the snake bite victim or by anyone else who is present. Most of the traditional first aid methods have proved to be dangerous and should be discouraged as **they do more harm than good!**

DOs

- Reassure the victim who may be very anxious,
- Immobilize the bitten limb with a splint or sling (any movement or muscular contraction increases absorption of venom into the bloodstream, apply light bandage over the bite site and consider

pressure-immobilization for some serious bites by neurotoxic snakes, such as sea snakes.

Donts

- Don't interfere with the bite wound as this may introduce infection and increase absorption of the venom into the blood stream and local bleeding.
- Don't make local incisions or pricks/punctures at the site of the bite or in the bitten limb
- Don't attempt to suck the venom out of the wound

- Don't apply ice packs, herbs, chemicals or tight tourniquets/bands around the limb, this is extremely painful and dangerous and if the tight tourniquet was left on for too long more than 40 minutes the affected limb might be damaged due to inadequate blood supply, **many gangrenous limbs resulted from this practice**