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SNAKE COURSES

The ASI offers both public and corporate snake courses.

Public courses take place at various venues throughout South Africa.

The corporate training is done on-site, both in South Africa, as well as in 19 African countries.

We pride ourselves on teaching only the safest snake handling methods, to ensure the safety of both the handler and the snake.

We offer a range of different course options, including snake awareness, first aid for snakebite, venomous snake handling, venomous snake handling bootcamps, as well as advanced first aid for snakebite, advanced venomous snake handling and a reptile photography course.

For course info, click here or email us on courses@asiorg.co.za for details.





INTRODUCTION

he African Snakebite Institute is the leading training provider of Snake Awareness, First Aid for Snakebite and Venomous Snake Handling courses in Africa as well as the largest distributer of quality snake handling equipment, snake PPE and snakebite first aid kits. Our aim is to spread snake awareness as far and wide as possible, which is why we've launched our new free E-Book series.

ur CEO, Johan Marais is a well-known herpetologist with over 40 years of experience with snakes. He has worked at various reptile facilities and has collaborated on a variety of scientific studies with some of the world's leading herpetologists. He is also one of Africa's most prominent authors of snake books and has written the best-sellers A Complete Guide to Snakes of Southern Africa, Snakes and Snakebite in Southern Africa and First Aid for Snakebite, to mention just a few.



COMMON SNAKES OF BEAUFORT WEST

The Western Cape has 40 different snake species. Of the 20 snakes that occur around Beaufort West three are highly venomous, three can give a painful bite but are not life-threatening and the rest are mildly venomous or harmless. We've listed the common species in this booklet, showing venomosity, key ID features, full distribution, and snakebite info for venomous species.

Snakebite is problematic with most bites reported from the hot, wet regions in the eastern part of the country. More than 4,000 snakebites are reported annually with over 1,000 victims being hospitalised. Of those around 60% show signs of envenomation and the remaining 40% show no symptoms – these are referred to as dry bites or may be bites from mildly venomous or harmless snakes. In a recent 5 year survey of 879 snakebite cases in Zululand, nearly 98% of victims showed typical signs of cytotoxic envenomation – largely Mozambique Spitting Cobra, Puff Adder, Common Night Adder and Stiletto Snake bites. Despite their relative frequency, if treated correctly in hospital, these bites are rarely fatal. Most bites occured in the early evening in the warm wet summer months from November to April/May. Around 84% of the bites were inflicted well below the knee. Less than 11% of these victims received antivenom and none of the bites in this survey were fatal.

enerally speaking we have 10 – 12 fatal snakebites a year in South Africa and these are invariably caused by the Black Mamba and Cape Cobra. Both of these snakes

SNAKE HANDLING EQUIPMENT

The African Snakebite Institute is the leading provider of quality snake handling equipment in Africa. View our range online here.



COMMON SNAKES AUFORT WES



Beaufort West has around twenty different species of snakes. Three species are considered highly venomous. Another three may give a bad bite but are not life-threatening. Six are considered mildly venomous and the other eight are completely harmless to huma

Has caused human fatalities

Painful bite, but does not require antivenom not require antivenom

Not thought to be harmful to humans **HARMLESS**

Not dangerous to























Spotted Skaapsteker



Cross-marked Grass Snake



Karoo Sand Snake





Spotted Rock Snake



Brown House Snake





Delelande's Beaked Blind Snake

JOHAN MARAIS is the author of various books on reptiles including the best-seller A Complete Guide to Snakes of Southern Africa. He is a popular public speaker and CEO of the African Snakebite Institute. The African Snakebite Institute (ASI) offers a variety of courses including Snake Awareness, Scorpion Awareness and Venomous Snake Handling. ASI is accredited by the International Society of Zoological Sciences (ISZS) and Travel Doctor-approved service provider. The courses are also accredited by the Health Professions Council of **South Africa (HPCSA)**. ASI is the largest provider of quality snake handling and safety equipment in Africa.

FREE ASI SNAKES APP

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Snakes & Snakebite



EMERGENCY PROTOCOL

IN THE EVENT OF A SNAKE BITE

1 Keep the victim calm, immobilized and transport the victim to the closest hospital without delay.

2 If the victim stops breathing, resort to artificial respiration or make use of a Bag Valve Mask

3 Call the Poison Information Centre help-

DO NOT

- ... apply a tourniquet.
- ... cut and suck the wound.
- ... use ice or very hot water.
- ... give the victim alcohol. ... apply electric shock.
- ... inject antivenom randomly. Antivenom (if required) must be administered by a doctor

in a hospital environment.

line for further advice: 0861 555 777.

Download the high resolution poster here.



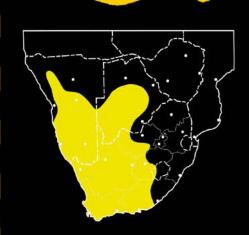
HIGHLY VENOMOUS



Cape Cobra

(Naja nivea)

Maximum Length: 2.3 m



Other names:

Geelslang, Kaapse Kobra, Koper kapel

This snake varies in colour from near black to dark or light brown, beige, yellow or speckled while juveniles have a dark band on the throat. The Cape Cobra is easily confused with the Mole Snake and the Black Spitting Cobra. It is by far our most dangerous cobra and with the Black Mamba it accounts for the majority of fatal snake bites in South Africa. The Cape Cobra may stand its ground if threatened and is quick to form a hood and bite. It occurs largely in the Cape provinces but extends into the Free State, Northwest, southern Botswana and Namibia. The venom is potently neurotoxic causing progressive weakness and may affect breathing rapidly. Victims need urgent hospitalisation and in a severe bite antivenom is essential







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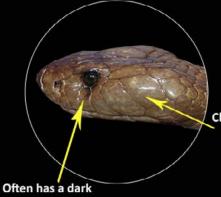
Cape Cobra (Naja nivea)

HIGHLY VENOMOUS

Average length: 1.2 - 1.6 m. Maximum length: 2.3 m

Can be confused with: Mole Snakes, Black Spitting Cobras, Snouted Cobras





Chunky cheeks for venom storage Spreads an impressive hood

Juveniles have a dark band on throat

mark under the eye

Varies in colour from light yellow to brown, gold and black.
Often a speckled mix of colours



Ventral scales often visable on sides

Belly usually same colour as the rest of snake

Usually have dark tipped tails

SNAKEBITE PROFILE **CAPE COBRA**

Naja nivea



Risk of Bites

The Cape Cobra is commonly encountered in suburbia, especially in areas where rodents are abundant. If cornered, it is quick to rear up and form a hood and if approached closely will bite readily.



Most Bites

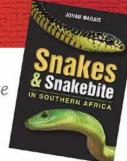
Most victims are bitten on the lower leg or on a hand, often when attempting to capture or kill the snake.



Symptoms & Venom

A potent and fast-acting neurotoxic venom that is quite similar to Black Mamba venom in its effects. It results in pins and needles in the lips, nausea, excessive sweating, drooping eyelids, difficulty in swallowing and eventually drowsiness and muscle pain followed by paralysis and respiratory failure. Some victims also experience some swelling. In severe cases victims become unresponsive within less than one hour.

See pages 49-51 - Snakes and Snakebite in Southern Africa (2024).



First Aid

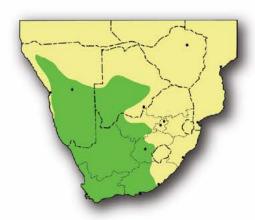
Immobilise and reassure the patient, who must lie down in a rescue position. Immediately arrange transport to a hospital with emergency facilities. If far from a hospital, apply a pressure bandage (Page 19 of Snakes and Snakebite in Southern Africa). Resort to artificial respiration if the victim stops breathing.



Medical Treatment

severe envenomation cases patients are intubated and ventilated if they are not breathing. They are treated with 12-15 vials of SAVP Polyvalent antivenom. Additional vials of antivenom may be required at a later stage. Even after receiving antivenom, patients may remain unresponsive for a day or two.







HIGHLY VENOMOUS



Puff Adder

(Bitis arietans)

Maximum Length: 1.4 m



Other names:

Pofadder, Imbululu

The Puff Adder is widespread over much of southern Africa and further north into Africa. It is a heavy-bodied snake that relies on its excellent camouflage and is reluctant to move. Much of its life is spent in camouflage mode and recent research has shown that when hiding, the Puff Adder will not hiss or strike when approached, as this would give away its presence. It is an ambush hunter that will coil up into a striking position and await its prey. This can last several days or even weeks. Toads are lured closer with flicking of the tongue. Puff Adder venom is potently cytotoxic, causing severe pain, swelling, blistering and in many cases severe tissue damage. Polyvalent antivenom is effective.







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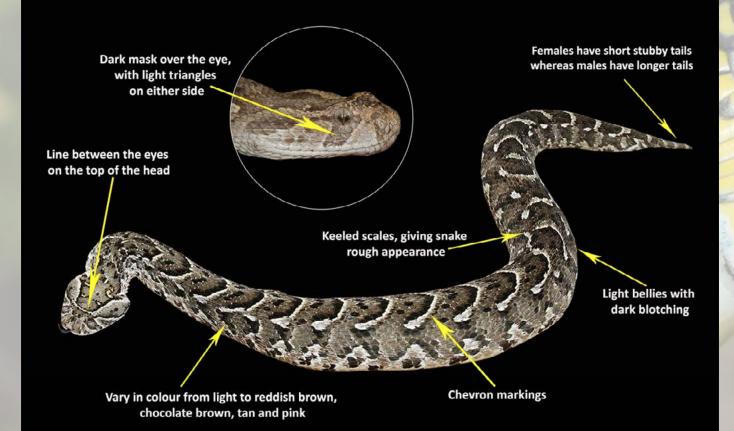
Puff Adder (Bitis arietans)

HIGHLY VENOMOUS

Average length: 90 cm. Maximum length: 1.4 m

Often confused with: night adders and Berg Adders







SNAKEBITE PROFILE PUFF ADDER

Bitis arietans



Risk Of Bites

Bites are common as this snake is widespread throughout most of southern Africa. Along with the Mozambique Spitting Cobra, these two snakes account for the majority of serious snakebites in southern Africa. Dogs are at risk and often get bitten when attempting to kill the snake.



(A) Most Bites

Most victims are bitten at night when accidentally stepping on the snake, but bites are also inflicted during the day when the snake is basking. Most bites are on the feet or lower legs.



🔍 Symptoms & Venom

The venom is potently cytotoxic as well as haemotoxic. Symptoms include severe pain, progressive swelling, bleeding from the fang punctures, blistering and tissue damage. The lymph nodes may also be affected. Dogs may perish after a bite from this snake, unless treated with polyvalent antivenom, if required.

See pages 26-28 Snakes and Snakebite in Southern Africa (2024).



First Aid

Immobilise and reassure the patient. Elevate the affected limb and remove tight clothing and jewelry. Promptly transport the victim to the nearest hospital that has emergency facilities. Avoid all other first aid remedies including bandages.



Medical Treatment

In cases of severe envenomation where there are clear signs of progressive swelling, which extends more than 10-15cm per hour above the bite site, doctors will treat such bites with 6 ampoules (or more) of polyvalent antivenom. Anti-inflammatories (NSAID's) and antibiotics are not indicated in the short term. Fasciotomies are rarely justified and should generally be avoided. In cases where patients suffer tissue damage, surgery may be required but rarely in the first few days.







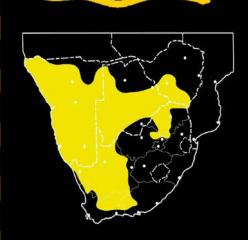






Horned Adder (*Bitis caudalis*)

Maximum Length: 60 cm



Other names: Horingsman, Horingadder

A small adder, averaging 25 – 40 cm with a maximum length of nearly 60 cm and usually has two prominent horns – one above each eye. It is widespread occurring from the Eastern Cape to the Western Cape, Northern Cape, North West, Gauteng and Limpopo, as well as further north. There is a great deal of colour variation, and this is usually linked to the colour of the sand in the area. The Horned Adder is active at dusk and likes to hide in the shade of bushes and rocks during the day where it may bury itself into the sand. When approached it inflates the body and hisses loudly and will strike repeatedly. The venom of this snake is cytotoxic, causing swelling and pain. Antivenom is not effective or required.







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Horned Adder (Bitis caudalis)

VENOMOUS

Average length: 40 cm. Maximum length: 60 cm

Often confused with: Puff Adders



Keeled scales giving rough texture



Vary in colour from grey to brown, yellow to red/orange, with rhombic, elliptical or square splotches





Usually two lighter patches on the edges of the head, from the eye to the start of the neck, bordered by a darker section



White to pearl belly



SNAKEBITE PROFILE **HORNED ADDER**

Bitis caudalis



Risk of Bites

Bites are not common - this is a very cryptic snake, which prefers to avoid humans.



Most Bites

Most bites occur to snake keepers or people trying to capture a Horned Adder.



Symptoms & Venom

The venom is largely cytotoxic and causes severe pain, and swelling. In a few cases minor necrosis has been recorded.



See pages 35-37 Snakes and Snakebite in Southern Africa (2024).



First Aid

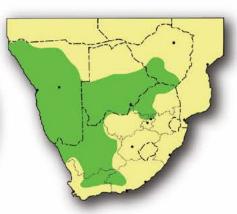
Immobilise and reassure the patient and elevate the affected limb. Remove tight clothing and jewelry. Transport the victim to the nearest hospital or doctor for pain management. Avoid all other first aid remedies including bandages.



Medical Treatment

There is no antivenom for bites from Horned Adders, and patients may need to be treated for pain. No fatalities have been recorded by bites from this snake and symptoms resolve fully within a week or two.









VENOMOUS

Cape Coral Snake

(Aspidelaps I. lubricus)

Maximum Length: 60 cm



Other names:

Koraalslang, Koraalkobra

A colourful nocturnal snake that is widespread in the drier western part of southern Africa. It shelters under rocks during the day and moves around at night, often seen crossing roads. The Cape Coral Snake inhabits outcrops and stony, dry, sandy regions in arid savanna, Karoo scrub, Fynbos and desert. If confronted it will lift its head off the ground, flatten the neck region and hiss while striking out repeatedly. This snake may be confused with the harmless Tiger snakes of the genus *Telescopus*. A popular snake in the illegal pet trade. Its venom is predominantly neurotoxic and may affect breathing. There is no antivenom for the bite of this snake and bites must be treated symptomatically.







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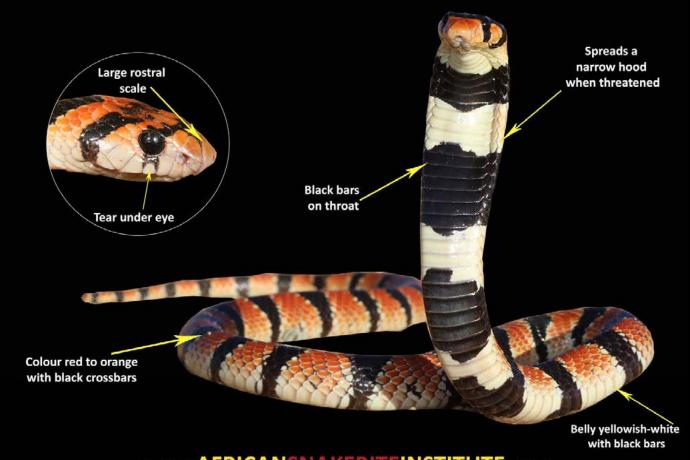
Cape Coral Snake
(Aspidelaps lubricus lubricus)



Average length: 35 cm. Maximum length: 60 cm

Often confused with: Spotted Harlequin Snakes and tiger snakes







SNAKEBITE PROFILE CAPE CORAL SNAKE

Aspidelaps lubricus lubricus



Risk of Bites

Bites to humans are not common. This snake inhabits rocky outcrops and dry sandy areas. It is quick to form a hood, hiss and strike repeatedly when startled or cornered.



Most Bites

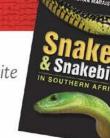
Bites are not common, except for incidents where snake keepers are bitten by captive snakes.



Symptoms & Venom

predominantly is venom neurotoxic. Symptoms may include pain and swelling. There is no antivenom for the bite of this snake. No human fatalities have been

See pages 70-71 Snakes and Snakebite in Southern Africa (2024).



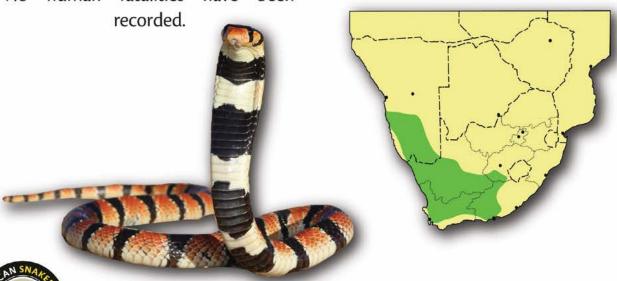
First Aid

Immobilise and reassure the patient and elevate the affected limb. Promptly transport the victim to the nearest hospital that has emergency facilities. Avoid all other first aid remedies including bandages.



Medical Treatment

There is no antivenom for bites from this snake, and doctors will treat symptomatically.





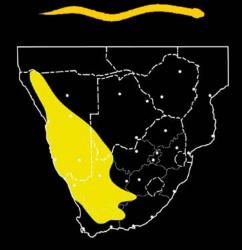


MILDLY VENOMOUS

Dwarf Beaked Snake

(Dipsina multimaculata)

Maximum Length: 50 cm



Other names:

Dwerghaakneusslang

A small well-patterned snake that averages 30-35 cm but may reach 50 cm in length. This species varies in colour, from tan-brown to reddish with darker splotches. There is usually a light V on the base of the head.

It lives on gravel plains with dispersed bushes in the Namib Desert, Karoo scrub and arid savanna. It usually hides at the base of a bushes or rocks and will disappear down a hole if disturbed. It hunts lizards, ambushing them under bushes. It is a docile snake but may assume a coiled position when threatened, mimicking the Horned Adder. The venom of this species has little effect on humans.







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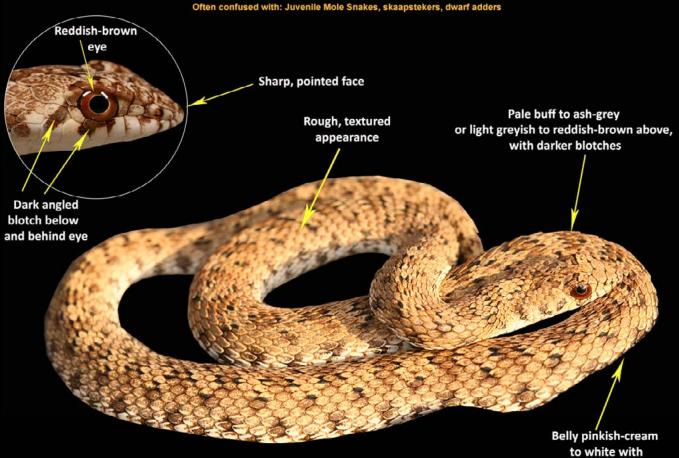
Dwarf Beaked Snake (Dipsina multimaculata)

MILDLY VENOMOUS

Average length: 30 - 35 cm. Maximum length: 50 cm



dark spots





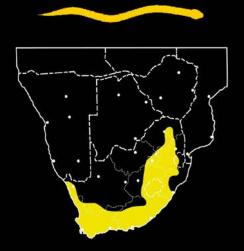


MILDLY VENOMOUS

Spotted Harlequin Snake

(Homoroselaps lacteus)

Maximum Length: 65 cm



Other names:

Gevlekte Kousbandjie

This colourful little snake averages 30 – 40 cm with a maximum length of 65 cm. It varies greatly in colour, depending on locality, and is found in fynbos, lowland forest, moist savanna and grassland. The Spotted Harlequin Snake is quite common in some areas and is found in deserted termite mounds, under rocks and logs or building debris. When exposed it will wriggle violently to escape. It feeds on legless skinks, blind snakes, other snakes and small lizards. Little is known of the venom of this snake, but bites where the snake has been allowed to chew have resulted in pain, swelling and discoloration as well as painful glands. Swelling subsides within 2-3 days.







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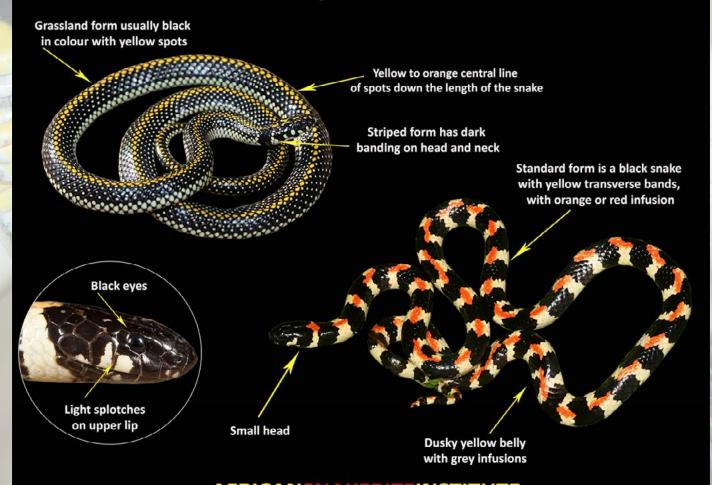
Spotted Harlequin Snake (Homoroselaps lacteus)

MILDLY VENOMOUS

Average length: 40 cm. Maximum length: 65 cm

Often confused with: Cape Coral Snakes and Aurora House Snakes







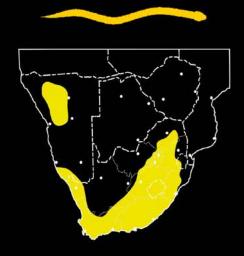


MILDLY VENOMOUS

Spotted Skaapsteker

(Psammophylax rhombeatus)

Maximum Length: 1.4 m



Other names:

Rhombic Skaapsteker; Gespikkelde Skaapsteker

A fast-moving diurnal snake that inhabits grasslands, fynbos, moist savanna and semi-desert areas. It is a nervous snake and is quick to escape, either into a bush or grass tuft or under a rock. The name 'Skaapsteker' came from the mistaken belief that these abundant snakes accounted for sheep deaths, when the actual culprit was probably the Cape Cobra. This is also one of few African snakes that coil around and protect their eggs – the Southern African Python being the other. The Spotted Skaapsteker feeds on rodents, lizards, birds, frogs and other snakes. The venom of this snake is mild and poses no threat to humans.







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Spotted Skaapsteker (Psammophylax rhombeatus)

MILDLY VENOMOUS

Average length: 40 - 60 cm. Maximum length: 1.4 m

Often confused with: other sand and grass snakes and Striped Skaapsteker





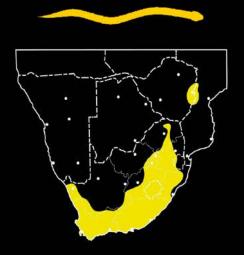




MILDLY VENOMOUS

Cross-marked Grass Snake (*Psammophis crucifer*)

Maximum Length: 82 cm



Other names: Kruismerk Grasslang

One of the smaller grass snakes averaging 30-50 cm but exceeding 82 cm in length. It is active in the day and feeds on small lizards, especially skinks, as well as frogs. It inhabits lowland forest, moist savanna, montane forest, grassland and fynbos. It is common in the sandy scrub-covered areas of the Cape coast and mountain plateau of Mpumalanga. When disturbed it may roll into a tight coil with the head inside, like the Slugeater. Most individuals are striped with distinct patterns on the side of the head, but some are plain brown to reddish brown with virtually no markings. A mildly venomous snake that poses no threat to humans.







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Cross-marked Grass Snake (Psammophis crucifer)

MILDLY VENOMOUS

Average length: 40 - 60 cm. Maximum length: 82 cm

Often confused with: other sand and grass snakes



Usually white before and after eye

Pale upper lip

Dark dorsal stripe

Cross mark on the base of the neck



A plain form does occur, which has an orange chin





MILDLY VENOMOUS

Karoo Sand Snake (*Psammophis notostictus*)

Maximum Length: 1 m



Other names: Karoo Sandslang

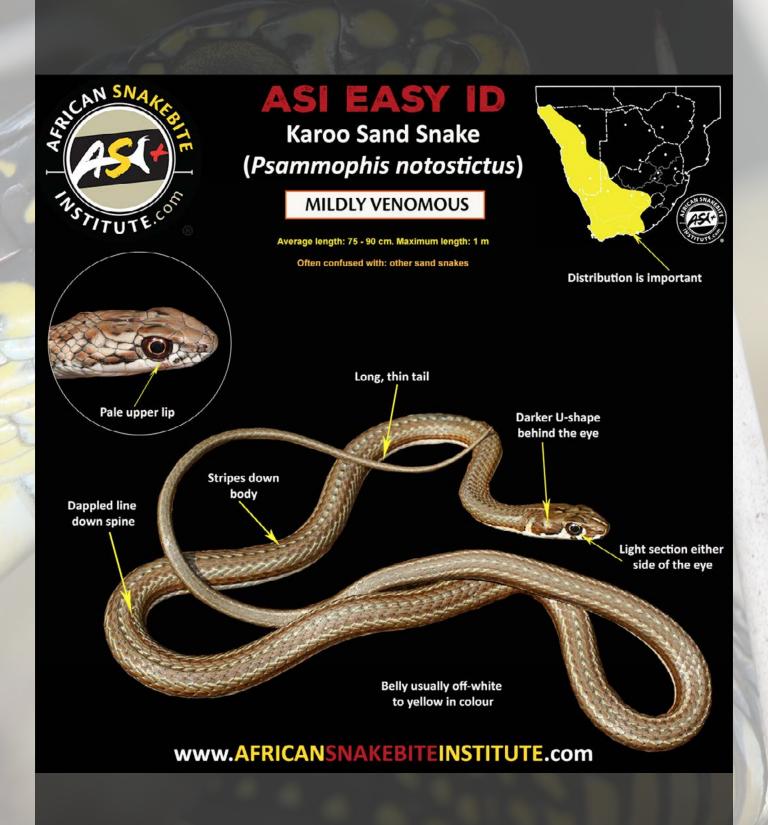
A slender snake that averages 40-60 cm with a maximum length of just over 1 m. It is very fast moving and active in the day when it hunts for lizards, including lacertids, skinks and agamas, but will also take small rodents. In some areas it is by far the most common snake and prefers hard, stony ground. Many individuals are killed by vehicles while crossing roads. It is widespread, occurring in the western Free State, western half of the Eastern Cape, Western Cape and much of the Northern Cape and Namibia, extending into Angola. The Karoo Sand Snake is easily confused with some of the other Sand and Grass snakes. It is mildly venomous and poses no threat to humans.







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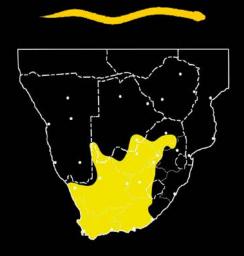




HARMLESS

Sundevall's Shovel-snout (*Prosymna sundevallii*)

Maximum Length: 36 cm



Other names: Sundevall se Graafneusslang

This is a small snake that averages 18-25 cm but reaches 36 cm in length. The snout is characteristically pointed. It is found in a variety of habitats from fynbos to moist savanna, Karoo and grasslands extending into dry savanna where it can be found under rocks and logs as well as in deserted termite mounds. When threatened it coils and uncoils like the old clock springs.

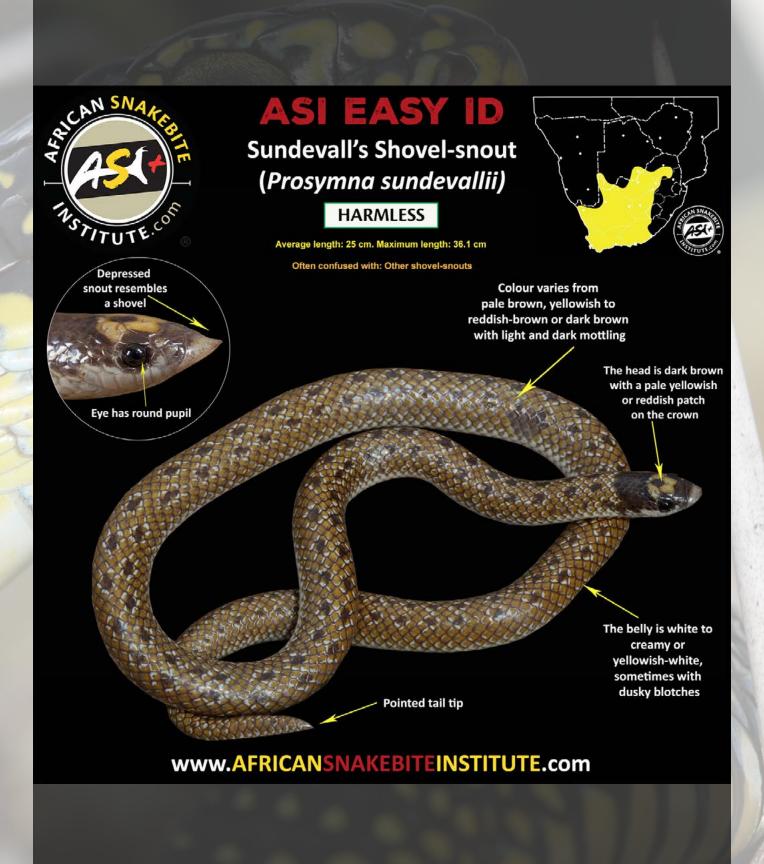
Sundevall's Shovel-snout feeds largely on reptile eggs but will also take small lizards and invertebrates. It is harmless and poses no threat to humans. If handled, it may press the sharp spike on the tail tip into the hand.





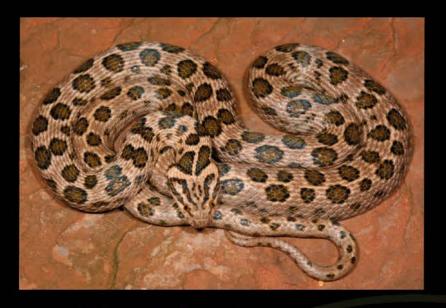


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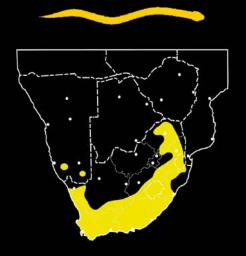




Spotted Rock Snake

(Lamprophis guttatus)

Maximum Length: 72 cm



Other names:

Gevlekte Rotsslang

A smallish snake that averages under 50 cm in length but may reach 72 cm. The Spotted Rock Snake is a secretive snake that inhabits narrow rock crevices where it feeds on lizards, mainly geckos but may also take rodents and nestling birds. It hunts at night and may be found crossing roads. Over much of its range it is quite rare, but in some areas it is abundant. There is a great deal of colour variation throughout the range of this snake, with most individuals being a yellowish-brown to pinkish-grey above, with reddish-brown to dark brown blotches or spots arranged in adjacent alternate pairs, that may form a zig-zag pattern down the back. This snake is harmless.







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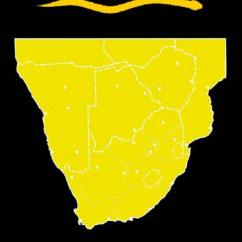


HARMLESS

Brown House Snake

(Boaedon capensis)

Maximum Length: 1.5 m



Other names: Bruin Huisslang

The Brown House Snake, true to its name, frequents human dwellings where it feeds largely on rodents and lizards. It is completely harmless and relies on muscle power to constrict its prey. It is widespread in South Africa and very common in suburban gardens.

This snake is active at night and is relatively slow-moving. Most individuals are medium to dark brown with a mother-of-pearl belly and two light lines on either side of the head – one from the nose through the top of the eye to the back of the head and the other from the back of the head and the other from the back of the eye to the angle of the jaw. The Brown House Snake comes in a variety of shades of brown, often with mottling of white along the neck.







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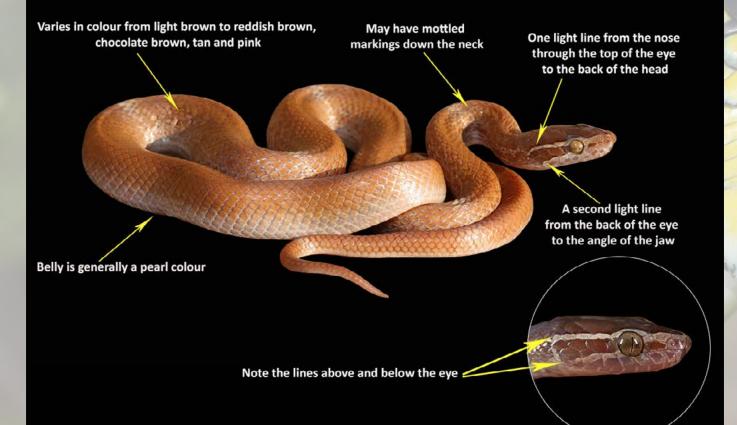
Brown House Snake (Boaedon capensis)

HARMLESS

Average length: 55 cm. Maximum length: 1.5 m

Can be confused with: Slug-eaters





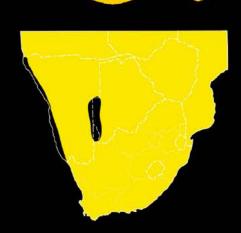




HARMLESS

Common Egg-eater (Dasypeltis scabra)

Maximum Length: 1.16 m



Other names:

Rhombic Egg-eater, Gewone Eiervreter

A common snake throughout most of southern Africa except for true desert and closed canopy forests. It averages around 50 cm and is well adapted at climbing trees. It is most abundant in thornveld and grasslands where it can be found in any situation. It is nocturnal, spending most of the day hiding beneath rocks or under loose bark. When agitated, it will coil and uncoil while striking out viciously. The rubbing scales create a rasping sound similar to a hiss. It is completely harmless, and the teeth are reduced. It feeds exclusively on birds' eggs. It may be confused with the venomous Common Night Adder.







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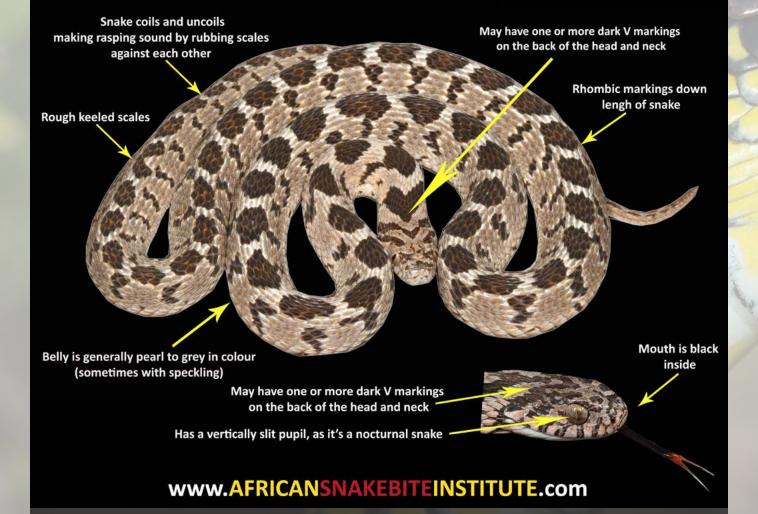
Common Egg-eater (Dasypeltis scabra)

HARMLESS

Average length: 55 cm. Maximum length: 1.16 m

Often confused with: Common Night Adders





FIRST AID FOR SNAKEBITE



IN THE EVENT OF A SNAKEBITE, DO NOT...

- Do not try to cut or suck out the venom. Never cut the bite site as cutting may do far more harm than good. Sucking does not remove significant amounts of venom.
- ◆ Do not apply any electric shock therapy. Shock treatments have been tested extensively and have been shown to have no effect on the outcome of the bite. Electric shocks do not neutralise snake venom.
- → Do not apply a tourniquet. Many people are bitten by harmless snakes or venomous snakes that do not inject sufficient venom to cause serious damage. Arterial or venous tourniquets are not advised in most bites as venom is transported largely through the lymphatic system and not through veins. There is little evidence that a tourniquet could be lifesaving following a snakebite.
- Do not apply heat, ice, lotions or potions. Apart from cleaning the bite site with water and applying a sterile gauze dressing nothing should be applied to the bite. Very hot water does not neutralise snake venom.
- ♣ Do not inject antivenom as a first aid measure. Most snakebite victims do not require antivenom and the polyvalent antivenom is only effective for the bites of certain potentially deadly snakes. If required, antivenom must be injected intravenously by a medical doctor and usually in large quantities. As victims may go into anaphylactic shock when injected with antivenom, adrenaline and other drugs may also be required. Anaphylactic shock is a serious medical condition which may be fatal if not treated promptly.

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FIRST AID FOR SNAKEBITE



IN THE EVENT OF A SNAKEBITE, DO...

- → Do get the victim to a hospital as soon as possible and in a safe manner. This is by far the most important first aid measure. For medical advice in a snakebite emergency, call the African Snakebite Institute +27 (0)82 494 2039.
- → Do keep the victim calm. Often easier said than done as people tend to panic in a snakebite emergency. Many snakebite victims go into shock, experience a drop in blood pressure and may even become nauseous and faint. If possible, do not allow the victim to walk, run, jump etc. Bear in mind that more than 99% of snakebite victims that are hospitalised within a few hours survive their snakebites.
- → Do remove jewellery as well as tight clothing. If bitten on the hand/arm/foot/
 lower leg, remove rings, bangles, bracelets, watches, anklets and any other tight
 jewellery including tight clothing.
- → Do administer artificial respiration if patient stops breathing. In serious snakebite cases involving snakes with predominantly neurotoxic venom, like the Black Mamba or Cape Cobra, the victim may soon experience difficulty with breathing, even within 20 minutes. This is a very serious medical condition and assisted breathing could be life-saving. Mouth-to-mouth resuscitation may be beneficial in the short term, but the proper use of a Bag Valve Mask is far better in such an instance.

SPITTING SNAKES

- ★ The common spitting snakes in South Africa are the Mozambique Spitting
 Cobra or M'Fezi and the Rinkhals. In the western parts of the country these are
 replaced by the Black Spitting Cobra. These snakes spray their venom up to a
 distance of three metres and do so in self-defence to temporarily blind their
 attacker so that they can make a quick escape.
- ★ Although spitting snakes accurately aim for the eyes, the venom diffuses into a spray over a wide area and may get onto your hair, face, arms and chest. Venom in the eyes is very painful and must be flushed or diluted as quickly as possible. The production of tears starts this process, but as a first aid measure, flush the eyes with water or a weak (normal) saline solution. The idea is to flush away any excess venom. Transport the victim to a medical doctor, who will examine the eyes for corneal damage and prescribe antibiotic eye drops to prevent secondary infection. There is no reason to use diluted antivenom it has no proven benefits and may cause an allergic reaction.
- ← If treated quickly, the chance of permanent damage to the eyes is extremely remote.

SNAKEBITE EMERGENCY NUMBERS

Netcare Ambulance: 082 911

ER24 Ambulance: 084 124

Provincial Ambulance: 10177/112

African Snakebite Institute: +27 (0)82 494 2039

HOSPITALS AROUND BEAUFORT WEST

Beaufort West Hospital Tel: 023 414 820 (-32.351810, 22.607689) Hospital Hill, Beaufort West, 6970



SNAKE REMOVERS CONTACTS

Find SNAKE REMOVERS in Beaufort West

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The ASI team travels thousands of kilometres a month, often to remote parts of southern Africa, for both snake awareness and venomous snake handling training and for reptile surveys.

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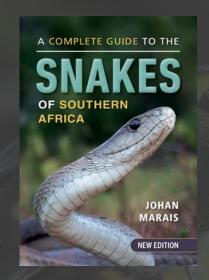


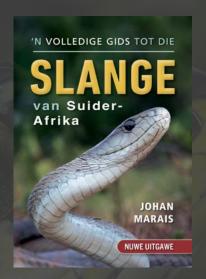


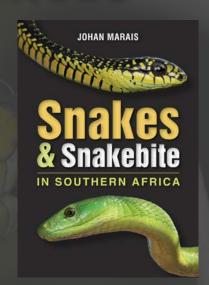




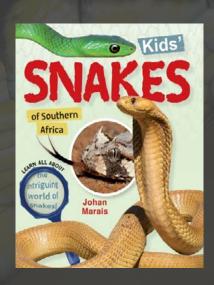
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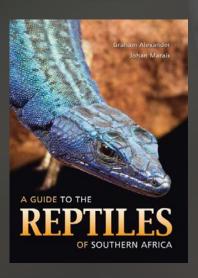




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