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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 BLOEMFONTEIN

The Free State has 39 different snake species. Of the 22 snakes that occur in Bloemfontein three are highly venomous, two can inflict a bad bite 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.

Generally 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 OF BLOEMFONTEIN



Bloemfontein has around twenty two species of snakes. Three species are considered highly venomous. Two species can give a bad bite. Eight species are mildly venomous and another nine species are harmless to humans.

Has caused

human fatalities

Painful bite, but does not require antivenom

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

Not dangerous to



















Herald Snake



Black-headed Centipede-eater



Mole Snake - adult



Mole Snake - juvenil











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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nakes & 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 helpline for further advice: 0861 555 777.

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.

Download the high resolution poster here.



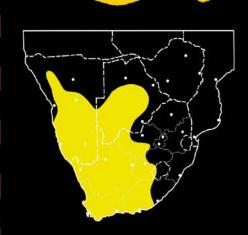
HIGHLY VENOMOUS



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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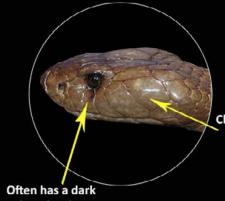
Cape Cobra (Naja nivea)

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

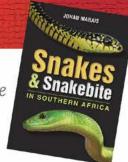
Most victims are bitten on the lower leg or on a hand, often when attempting to capture or kill the snake.



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

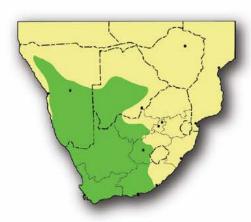
Immobilise and reassure the patient, who must lie down in a rescue position. Immediately arrange transport to a hospital with emergency facilities. If far from a hospital, apply a pressure bandage (Page 19 of Snakes and Snakebite in Southern Africa). Resort to artificial respiration if the victim stops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



Medical Treatment

severe envenomation ln 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.







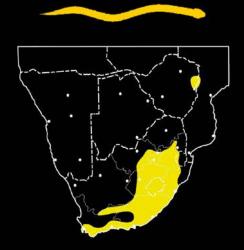




Rinkhals

(Hemachatus haemachatus)

Maximum Length: 1.5 m



Other names:

Ring-necked Spitting Cobra

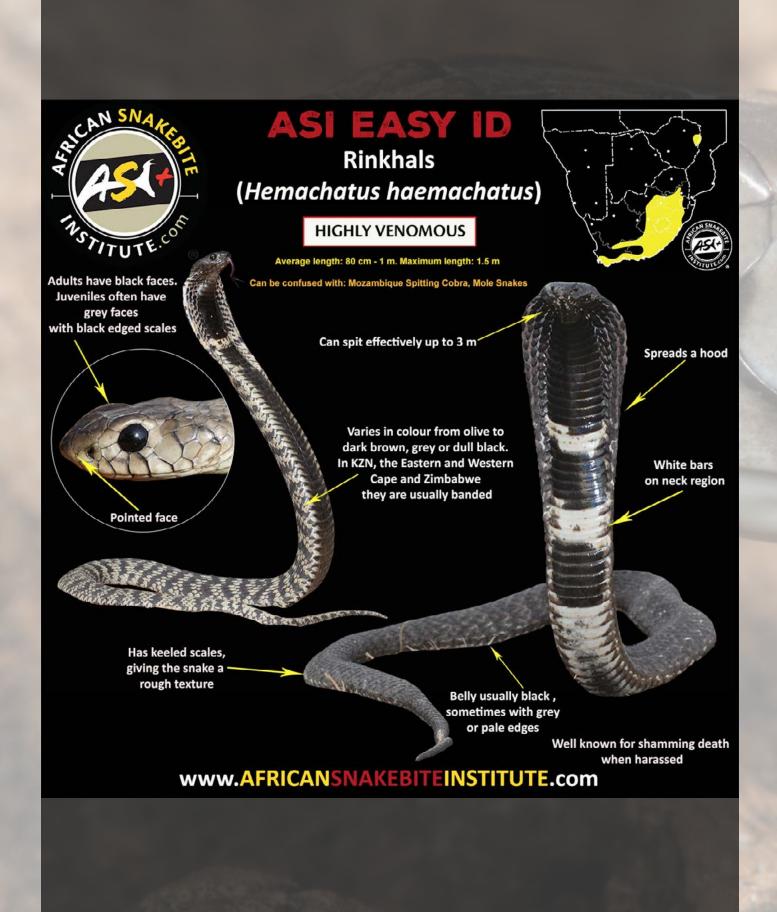
The Rinkhals is endemic to Southern Africa and is found only in South Africa, eSwatini, Lesotho and eastern Zimbabwe. Though it resembles a cobra (spreads a hood) it is not a true cobra and gives birth to live young. It is essentially a grassland inhabitant but is also found in fynbos in the Western Cape. It is fond of wetlands where it feeds on frogs. When threatened it is quick to disappear down a hole, but if cornered it will stand its ground, form a hood and spit. The Rinkhals is also quick to play dead with the body turned upside down and the mouth hanging open. The venom of this snake is largely cytotoxic causing pain, swelling and potentially tissue damage. Bites are extremely rare and fatalities virtually unheard of. Polyvalent antivenom is effective.







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SNAKEBITE PROFILE **RINKHALS**

Hemachatus haemachatus



Risk of Bites

This snake is quick to hood in a defensive position when startled and will often spit venom at attackers. It is also well known for playing dead when cornered. Bites to humans are uncommon. However, dogs that attack the snake are often bitten and die quickly unless treated with antivenom by a veterinarian soon after a bite.



Most Bites

Bites are not common, except for incidents where snake keepers are bitten by captive snakes. Persons handling the snake may also be bitten.



Symptoms & Venom

The venom is both cytotoxic and neurotoxic. Symptoms include painful swelling of the affected limb and possibly necrosis at the site of the bite. Other symptoms, though not common, include nausea, dizziness and respiratory distress.



See pages 67-69 - Snakes and Snakebite in Southern Africa (2024).



First Aid

Immobilise and reassure the patient. Elevate the affected limb. Promptly transport the victim to the nearest hospital that has emergency facilities. Avoid all other first aid remedies including bandages. For venom in the eyes, wash the eyes out immediately using water or any other bland liquid and transport the victim to a medical doctor.



酬 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, or respiratory distress, doctors will treat such bites with 12 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. There are no documented fatalities from these bites in more than 45 years.





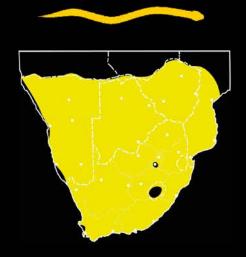
HIGHLY VENOMOUS



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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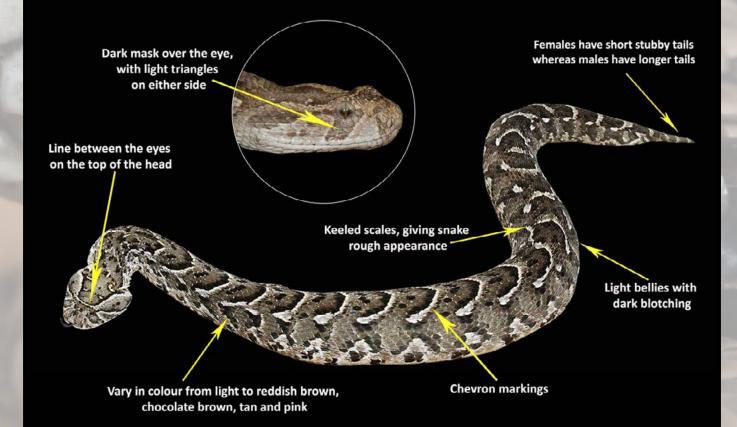
Puff Adder (Bitis arietans)

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.



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).



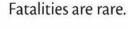
First Aid

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.









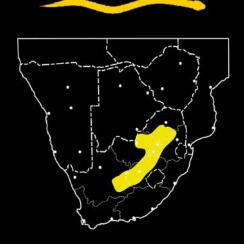




Highveld Garter Snake

(Elapsoidea sundevalli media)

Maximum Length: 1 m



Other names:

Hoëveld Kousbandslang

The Highveld Garter Snake is secretive and seldom encountered. Juveniles have 16 – 23 pinkish or orange-yellow bands on the body and tail that fade with age. Adults are usually plain blackish-brown, or dark brown with a lighter belly while some may still have traces of banding. It is a fossorial snake that may emerge at night from an underground shelter or deserted termite mounds. These snakes are quite placid and rarely bite. They feed on snakes, lizards and their eggs and frogs, especially rain frogs. Small rodents are also taken.

Little is known about their venom and bites have caused nausea, vomiting, pain and swelling.







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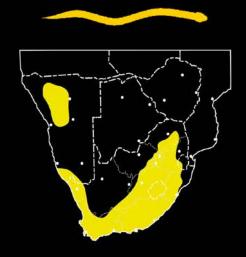


MILDLY VENOMOUS

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



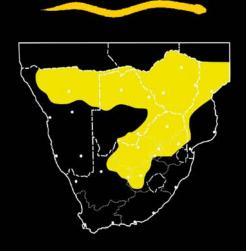




MILDLY VENOMOUS

Striped Skaapsteker (*Psammophylax tritaeniatus*)

Maximum Length: 93 cm



Other names: Gestreepte Skaapsteker

A common diurnal snake that frequents vleiareas, open grasslands and lowland savannah. It is often found under building rubble near towns. It is very quick to escape and will usually coil around a grass tuft and remain absolutely still. This is one of our fastest-moving snakes. Even when captured it is reluctant to bite. The Skaapstekers and Grass or Sand Snakes are easily confused. Always check the distribution and make sure the snake occurs in your area when attempting to make a positive identification. The Striped Skaapsteker feeds on rodents, frogs,

The Striped Skaapsteker feeds on rodents, frogs, lizards and nestling birds. It has a mild venom that has virtually no effect on humans.







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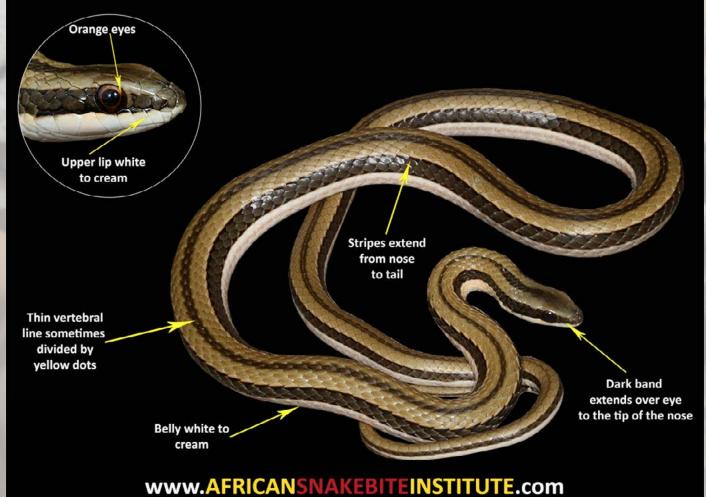
Striped Skaapsteker (Psammophylax tritaeniatus)

MILDLY VENOMOUS

Average length: 65 cm. Maximum length: 93 cm

Often confused with: Spotted Skaapstekers, and other sand and grass snakes







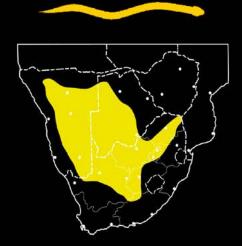


MILDLY VENOMOUS

Fork-marked Sand Snake

(Psammophis trinasalis)

Maximum Length: 1.1 m



Other names:

Vurkmerksandslang, Kalahari Sand Snake

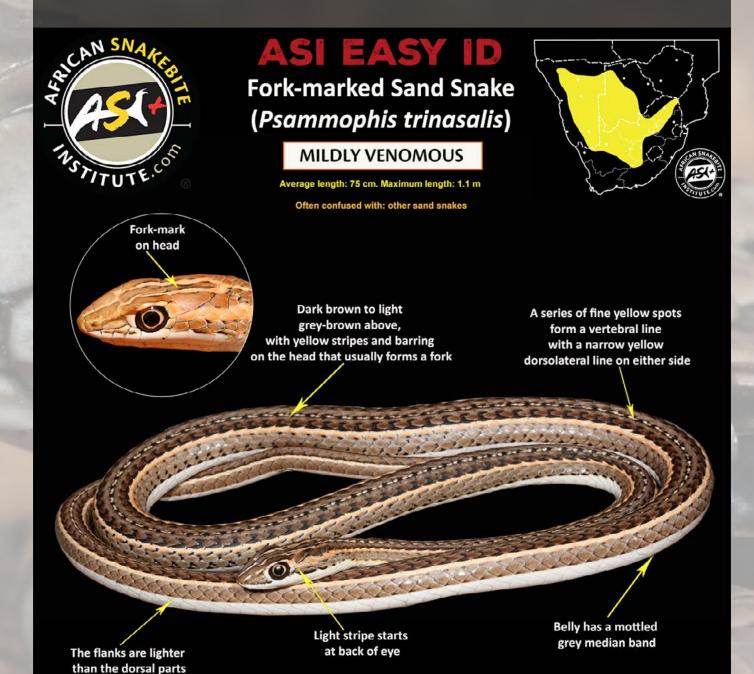
A slender, fast-moving diurnal snake that averages 50-80 cm, but may reach a length of 1.1 meters. It occurs largely in Kalahari thornveld and arid grasslands of the western Free State, Northern Cape and further north extending into Botswana and Namibia. Like many of the sand snakes, this species has stripes running down the length of the body. This snake often basks near a permanent retreat from where it hunts for ground-living lizards, snakes and small rodents. When disturbed it is quick to escape or freeze, relying on its camouflage to avoid detection. The venom of this back-fanged snake is mild and has virtually no effect on humans.







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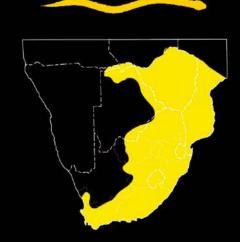




Herald Snake

(Crotaphopeltis hotamboeia)

Maximum Length: 1 m



Other names:

Rooilipslang, Red-lipped Snake

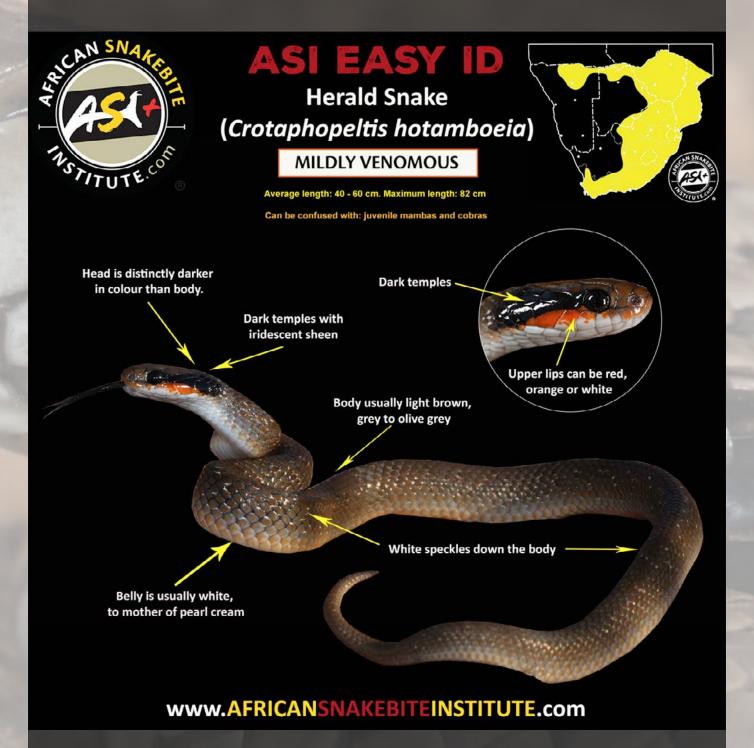
A nocturnal snake that frequents suburban gardens, especially those with water features. It is a toad specialist and often eats toads that look far too large to swallow. The Herald Snake is usually greyish to olive-grey in colour, but some individuals are quite dark. The head is always darker than the body and there may be white speckles on the body. In parts of the range the upper lip is bright red, orange or yellowish to white. When threatened, this snake puts up quite a show, drawing the head back into a striking position with the mouth agape and the head flattened. It is mildly venomous and poses no threat to humans or domestic animals.







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MILDLY VENOMOUS

Black-headed Centipede-eater (Aparallactus capensis)

Maximum Length: 40 cm



Other names:

Swartkop Honderdpootvreter,

A small slender nocturnal snake that averages 30 cm with a maximum length of 40 cm. This common snake is usually found in deserted termite mounds or under logs and rocks as well as in leaf litter. It occurs in the eastern half of the country from the Eastern Cape northwards.

The Black-headed Centipede-eater is a specialist feeder and preys on centipedes – it will seize its prey and then chew along the body until the venom takes effect. The centipede is eaten headfirst. It has a blackish head and light brown to orange-brown body, making it easy to identify. This snake is back-fanged and mildly venomous and poses no threat to humans.







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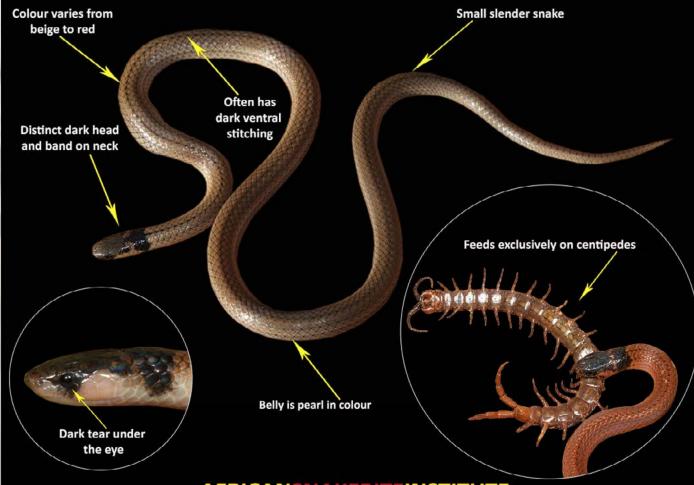


Black-headed Centipede-eater (Aparallactus capensis)

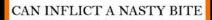
MILDLY VENOMOUS

Average length: 30 cm. Maximum length: 40 cm





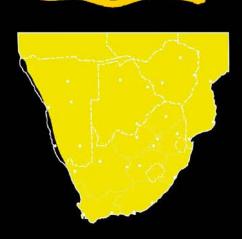






Mole Snake (*Pseudaspis cana*)

Maximum Length: 2.1 m



Other names: Molslang

The Mole snake is a muscular day-active snake that spends much of its time down rodent burrows in search of food. It is widespread and occurs throughout most of Southern Africa. It is often encountered in the Cape, but not seen commonly elsewhere in the country. Individuals vary from black to dark brown, medium brown, light brown or even brick red, while the juveniles have bright markings. This snake is not venomous but does have pin-sharp teeth and is capable of quite serious bites that may even require stitches. Mole Snakes are often confused with the Cape Cobra and the venomous stiletto snake even though it does not resemble them.







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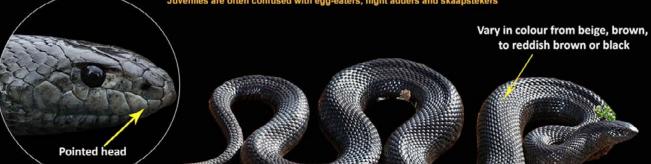
Mole Snake (Pseudaspis cana)

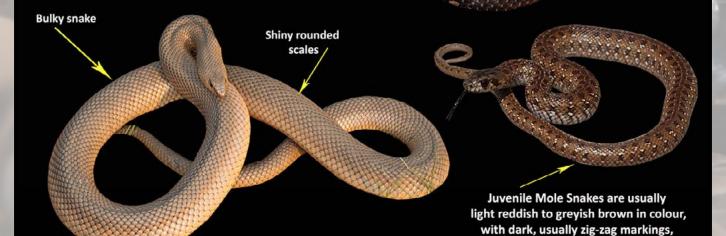
NON-VENOMOUS, BUT CAN INFLICT A NASTY BITE

Average length: 1.2 m. Maximum length: 2.1 m

Often confused with: Cape Cobras, and Snouted Cobras.

Juveniles are often confused with egg-eaters, night adders and skaapstekers





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light spots and mottling down the back



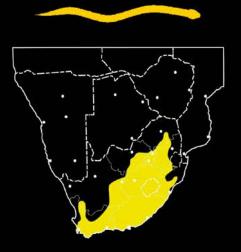


HARMLESS

Aurora House Snake

(Lamprophis aurora)

Maximum Length: 90 cm



Other names:

Auroraslang

A beautifully-marked, slow-moving snake that favours damp localities in grasslands, lowland forest and fynbos where it hunts for nestling rodents, lizards and frogs at night. Adults average 60 cm but may exceed 90 cm. It varies in colour from shiny olive green to dull dark green above with a bright yellow to orange vertebral stripe from the top of the head to the tip of the tail. It is a harmless constrictor that seldom attempts to bite. This snake is endemic to South Africa and Lesotho and occurs from the Cape Peninsula through the Western and Eastern Cape into parts of the Northern Cape, the Free State, much of KwaZulu-Natal, Mpumalanga, Limpopo, Gauteng and eastern North West province.







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Aurora House Snake (Lamprophis aurora)

HARMLESS

Average length: 30-50 cm. Maximum length: 90 cm

Often confused with: Spotted Harlequin Snakes (Grassland form)







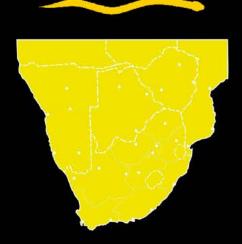


HARMLESS

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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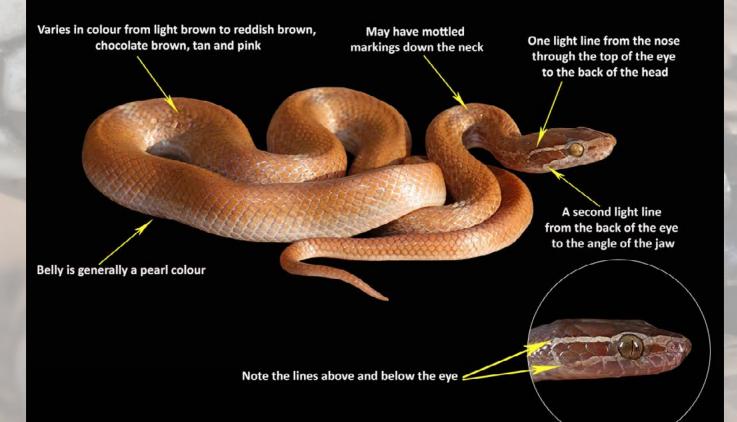
Brown House Snake (Boaedon capensis)

HARMLESS

Average length: 55 cm. Maximum length: 1.5 m

Can be confused with: Slug-eaters





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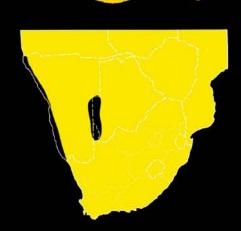




HARMLESS

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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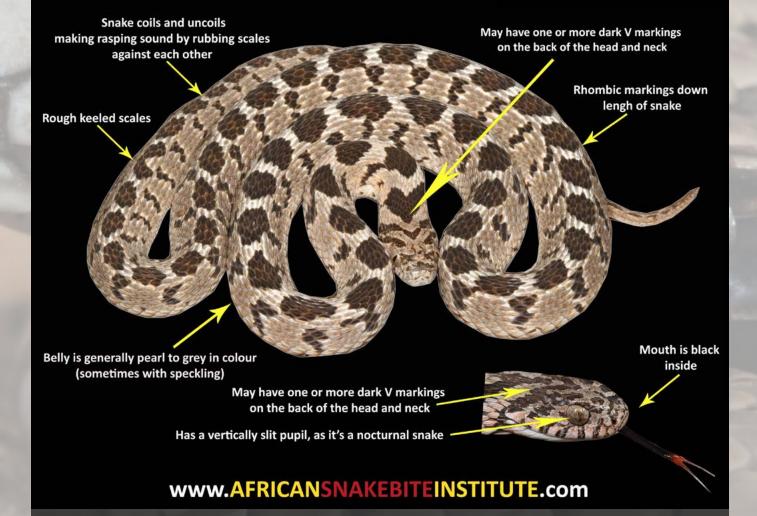
Common Egg-eater (Dasypeltis scabra)

HARMLESS

Average length: 55 cm. Maximum length: 1.16 m

Often confused with: Common Night Adders





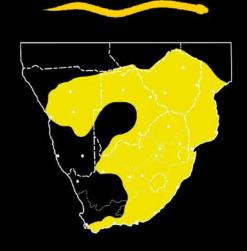




HARMLESS

Common Wolf Snake (Lycophidion capense)

Maximum Length: 65 cm



Other names:

Cape Wolf Snake, Gewone Wolfslang

This common little snake averages 25-40 cm in length and is frequently found in suburban gardens. It is active at night when it hunts for lizards, especially skinks and geckos. The Common Wolf Snake is fond of damp localities where it seeks refuge under rocks, logs and in rubbish heaps. Though harmless it has long, recurved teeth in both the upper and lower jaw, hence the common name. Females produce 3–9 eggs in early summer. The Common Wolf Snake is difficult to distinguish from the venomous stiletto snake. It differs by having a long thin tail, the head is distinct from the body, and it usually has light spots on the back of each body scale.







O Johan Marais African Snakebite Institute 2023



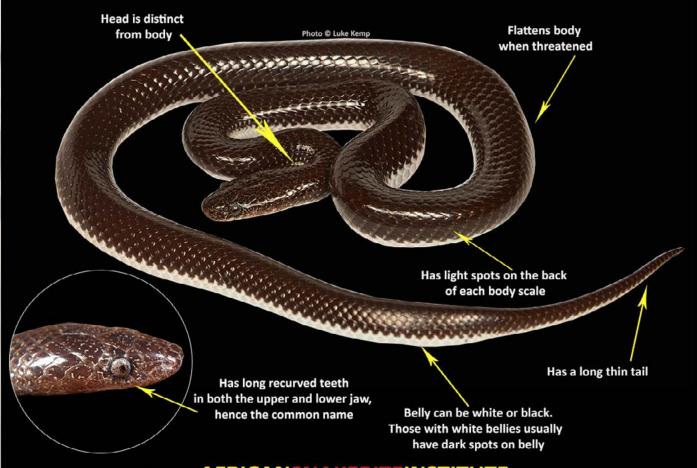
Common Wolf Snake (Lycophidion capense)

HARMLESS

Average length: 40 cm. Maximum length: 64 cm

Often confused with: stiletto snakes







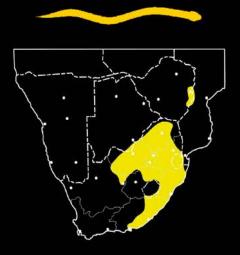


HARMLESS

Bibron's Blind Snake

(Afrotyphlops bibronii)

Maximum Length: 48.4 cm



Other names:

Bibron's se Blindeslang

This harmless burrowing snake spends most of its life underground where it feeds on ants, termites and their larvae. It is often flushed to the surface after heavy rains. As the common name indicates it is largely blind, with a scale over the eye – an adaptation for an underground existence. Bibron's Blind Snake averages 30 – 38 cm with a maximum length of 48.4 cm. Both ends are rounded, and one must look carefully to work out which end is the head and which is the tail. A variety of burrowing snakes, like the stiletto and harlequin snake prey on this species. This snake may be confused with Delelande's Beaked Blind Snake and the venomous stiletto snakes.







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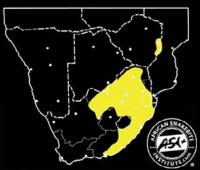


Bibron's Blind Snake (Afrotyphlops bibronii)

HARMLESS

Average length: 30-40 cm. Maximum length: 48.4 cm

Often confused with: stiletto snakes and Delelande's Beaked Blind Snakes





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 KITS

We stock a wide range of First Aid for Snakebite Kits, as well as Smart Pressure Bandages, Resuscitators, and first aid books. View the range online here.





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 BLOEMFONTEIN

National District Hospital Bloemfontein

Tel: 051 403 9600 (-29,126998, 26.206087) Roth Ave, Willows, Bloemfontein, 9301

Life Rosepark Hospital

Tel: 051 505 5111 (-29,148129, 26.179386) 57 Gustav Cres, Fichardt Park, Bloemfontein, 9301

Mediclinic Bloemfontein Hospital

Tel: 086 177 7884 (-29.108746, 26.203003) Parfitt Ave, Westdene, Bloemfontein, 9301

Universitas Hospital

Tel: 051 405 3911 (-29.117924. 26.184329) Universitas Hospital, Logeman St, Bloemfontein, 9301

Netcare Pelonomi Hospital

Tel: 051 407 1500 (-29.138444, 26.244065) Dr Belcher Rd, Ashbury, Bloemfontein, 9307

SNAKE REMOVERS CONTACTS

Find SNAKE REMOVERS in Bloemfontein

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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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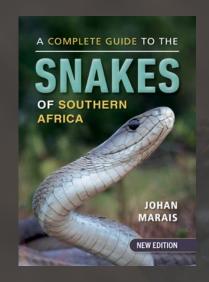


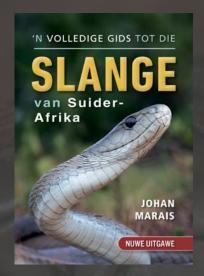


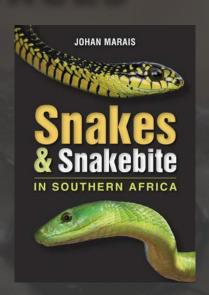




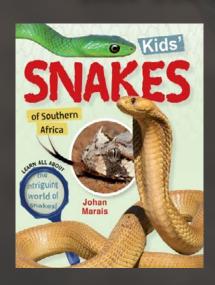
MORE RESOURCES



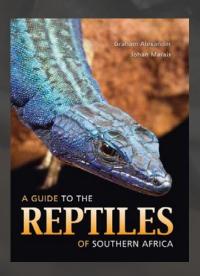




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