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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 KIMBERLEY

The Northern Cape has 52 different snake species. Of the 22 snakes that occur near Kimberley three are highly venomous, three can inflict a nasty 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 have a potent neurotoxic venom that may quickly affect breathing.

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 KIMBERLEY



Kimberley has around 22 species of snakes. Three species are considered highly venomous. Three species can give a bad bite. Six species are mildly venomous and another nine species are harmless to humans.

Has caused human fatalities VENOMOUS

Painful bite, but does not require antivenom not require antivenom

Not thought to be harmful to humans HARMLESS

Not dangerous to

















Short-snouted Grass Snake



Striped Skaapsteker



Herald Snake



Spotted Bush Snake



Aurora House Snake









Delalande'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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& Snakebite



IN THE EVENT OF A SNAKE BITE

EMERGENCY PROTOCOL

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



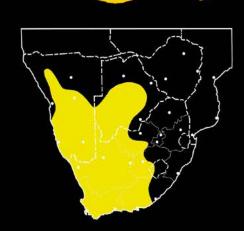
HIGHLY VENOMOUS



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

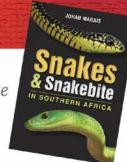
Most victims are bitten on the lower leg or on a hand, often when attempting to capture or kill the snake.



& 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

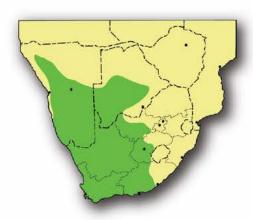
Immobilise and reassure the patient, who must lie down in a rescue position. Immediately arrange transport to a hospital with emergency facilities. If far from a hospital, apply a pressure bandage (Page 19 of Snakes and Snakebite in Southern Africa). Resort to artificial respiration if the victim stops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







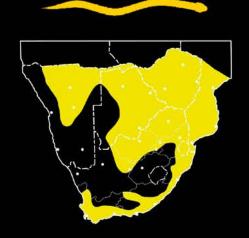




Boomslang

(Dispholidus typus)

Maximum Length: 2.1 m



Other names:

Boomslang

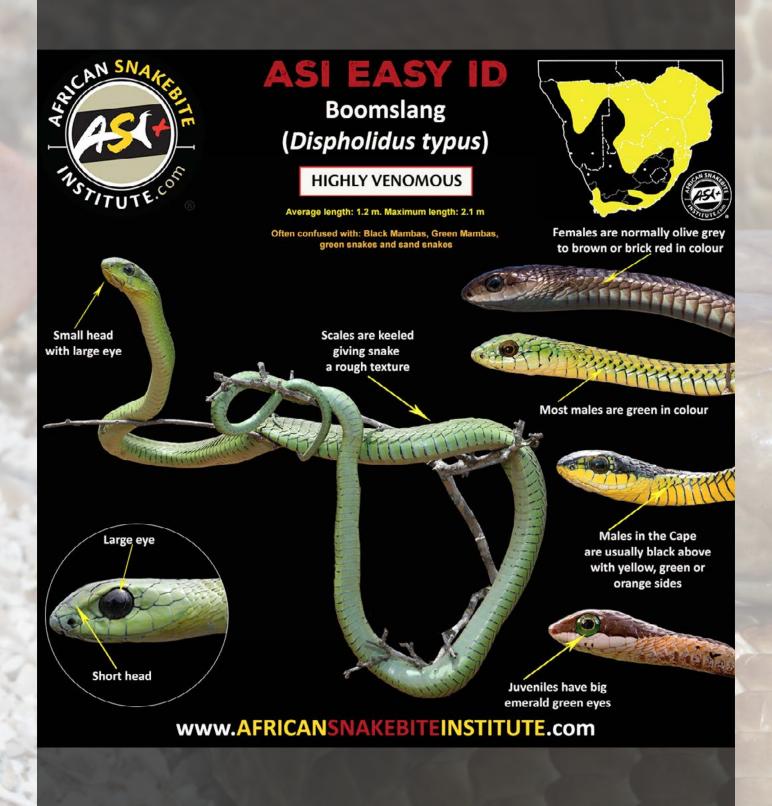
The Boomslang is largely tree-living but may descend to the ground to bask. In trees it poses no threat to humans as it is extremely reluctant to bite, and bites are rare. Juveniles are grey with a massive emerald, green eye but change to the adult colours around a length of 1 m. Most males are bright green, sometimes with black between the scales, but in the Cape Provinces they are usually black above with green, yellow or orange sides. Females are usully brown to grey in colour. Boomslang venom is haemotoxic and compromises the blood clotting mechanism, causing uncontrolled bleeding if not treated. The South African Vaccine Producers manufacture a monovalent antivenom for bites from Boomslang that is very effective.







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SNAKEBITE PROFILE **BOOMSLANG**

Dispholidus typus



Risk of Bites

Bites are not common in South Africa. This snake lives in trees and shrubs and interactions with humans are infrequent. It is a placid snake that only bites when provoked or handled. If spotted, it is quick to flee higher up into trees.



Most Bites

Bites occur when a basking snake is accidentally stepped on or grabbed, or when it is handled.



Symptoms & Venom

Drop for drop the Boomslang has the most potent venom of any snake in Africa. It is slow-acting, but potently haemotoxic and symptoms include bleeding from the bite site, the nose, mucous membranes and internal bleeding.

See pages 79-81 - Snakes and Snakebite in Southern Africa (2024).





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.



Medical Treatment

In cases of severe envenomation patients are with monovalent treated Boomslang antivenom. The initial dosage is two vials but, in some cases, a third vial may be required. This antivenom is produced by the South African Vaccine Producers. It is a Schedule 4 drug, therefore a script is required should one wish to purchase it. It comes in a 10 ml vial and must be refrigerated. It has a three year shelf life.





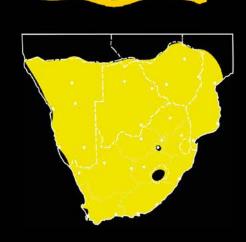




Puff Adder

(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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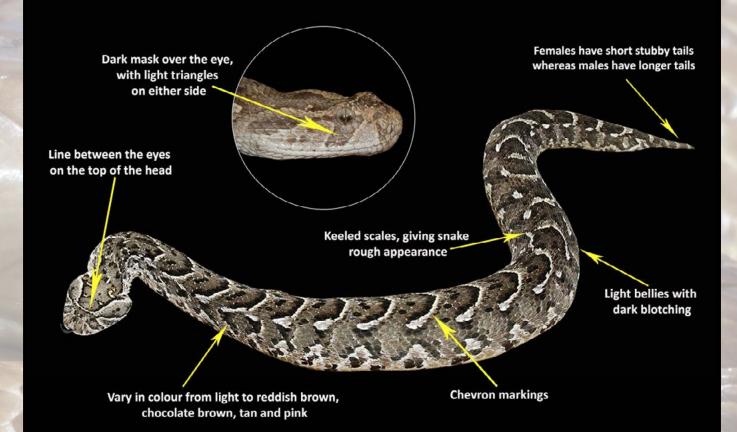
Puff Adder (Bitis arietans)

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

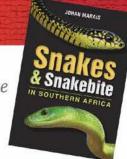
Most victims are bitten at night when accidentally stepping on the snake, but bites are also inflicted during the day when the snake is basking. Most bites are on the feet or lower legs.



& 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.

Fatalities are rare.







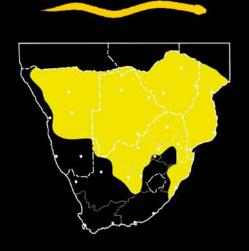


VENOMOUS

Bibron's Stiletto Snake

(Atractaspis bibronii)

Maximum Length: 70 cm



Other names:

Bibron se Sypikslang; Moladder; Mole

Viper; Burrowing Asp

After the Mozambique Spitting Cobra and Puff Adder, the Bibron's Stiletto Snake accounts for most serious snakebites in South Africa. It spends most of its life underground but often emerges on hot humid nights and may be stepped on. With large hinged fangs it cannot be handled safely and also cannot be held behind the head – it merely twists its head sideways and will get a fang to penetrate a fingertip. It is usually blackish brown in colour and is easily confused for a variety of harmless snakes. This snake averages 30 cm but can exceed 70 cm in length. Its venom is potently cytotoxic causing severe pain, swelling, blistering and necrosis. Antivenom is not available for this snake.







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white or same colour as body

ASI EASY ID

Bibron's Stiletto Snake (Atractaspis bibronii)

VENOMOUS

Average length: 40 - 60 cm. Maximum length: 98 cm



Large hinged fangs

Body is brown to blackish in colour

Short stubby tail with spike on the end

Has single subcaudal scales

Small pig-like eyes

Belly may be

SNAKEBITE PROFILE BIBRON'S STILETTO SNAKE

Atractaspis bibronii



Risk of Bites

Bibron's Stiletto Snake is largely active at night, especially on warm summer nights after a bout of rain. It may also fall into swimming pools and may be brought indoors by cats.



Most Bites

Most victims are bitten picking up Stiletto Snakes, mistaking them for a harmless snake. Otherwise, when stood on while walking barefoot at night.



Symptoms & Venom

The venom of this snake is potently cytotoxic, causing severe pain, local swelling, blistering, and potentially local tissue damage.



See pages 85-87 Snakes and Snakebite in Southern Africa (2024).



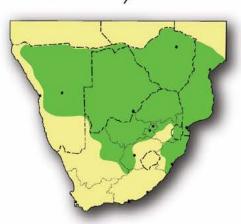
First Aid

There is virtually nothing that can be done. Elevate the affected limb and get to a hospital that has an emergency department.



Medical Treatment

As there is no antivenom for a bite from this snake, doctors need to treat for pain and rehydrate the victim. Anti-inflammatories, antibiotics and antihistamines are not effective and should not be administered. It is equally as important not to resort to any form of surgery for at least 5-7 thereafter Only should days. debridement be considered depending on the severity of the bite.





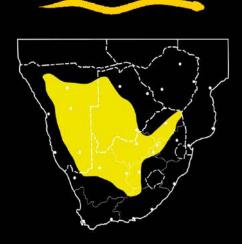


MILDLY VENOMOUS

Fork-marked Sand Snake

(Psammophis trinasalis)

Maximum Length: 1.1 m



Other names:

Vurkmerksandslang, Kalahari Sand Snake

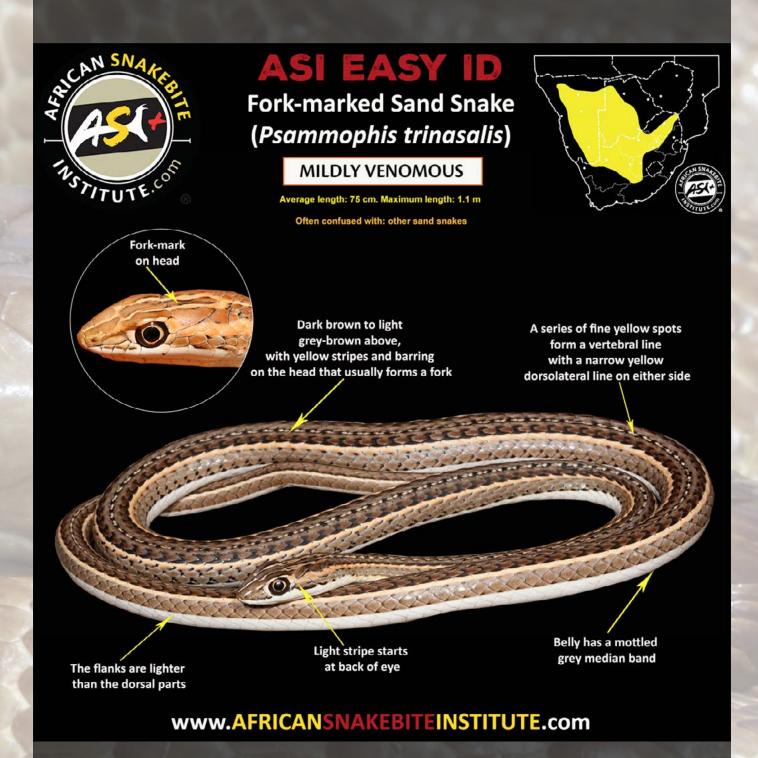
A slender, fast-moving diurnal snake that averages 50-80 cm, but may reach a length of 1.1 meters. It occurs largely in Kalahari thornveld and arid grasslands of the western Free State, Northern Cape and further north extending into Botswana and Namibia. Like many of the sand snakes, this species has 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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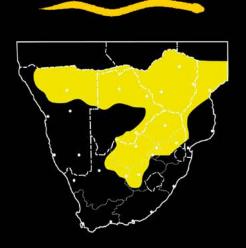




MILDLY VENOMOUS

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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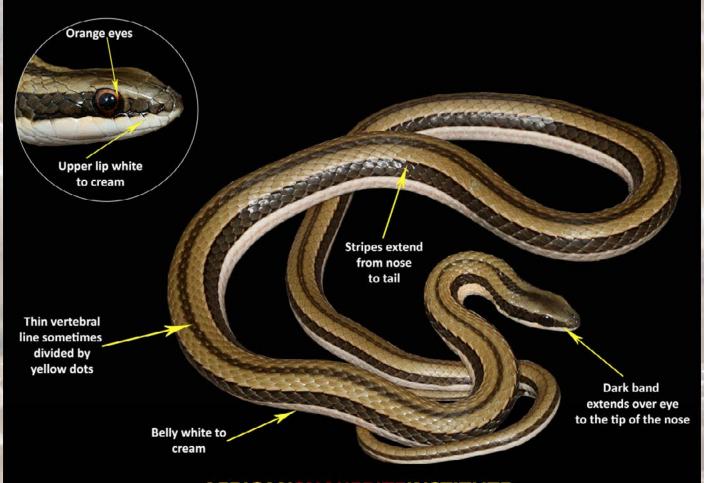
Striped Skaapsteker (Psammophylax tritaeniatus)

MILDLY VENOMOUS

Average length: 65 cm. Maximum length: 93 cm

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







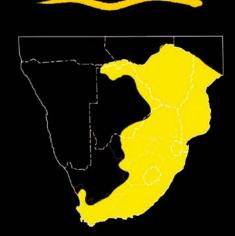
MILDLY VENOMOUS



Herald Snake

(Crotaphopeltis hotamboeia)

Maximum Length: 1 m



Other names:

Rooilipslang, Red-lipped Snake

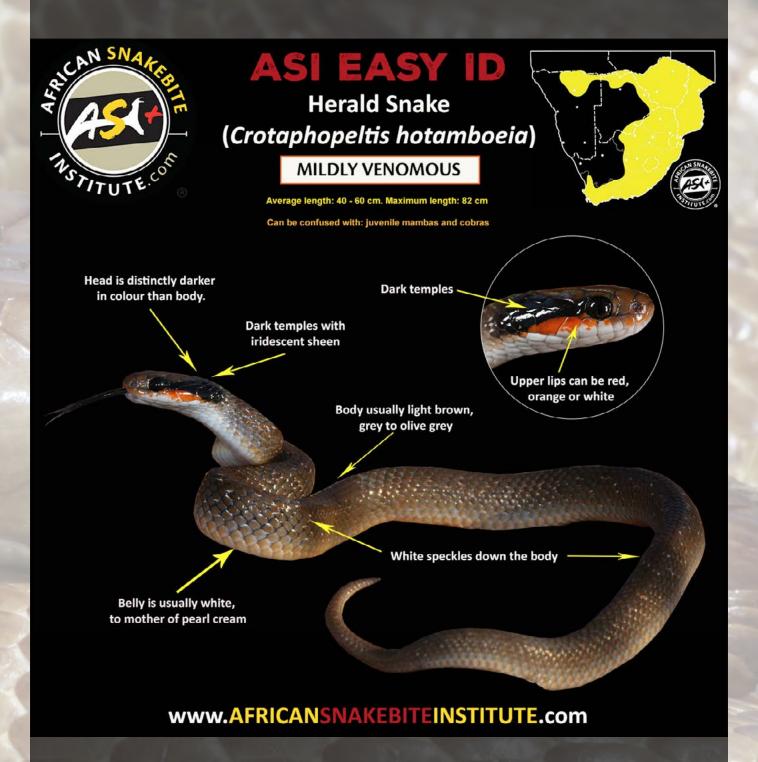
A nocturnal snake that frequents suburban gardens, especially those with water features. It is a toad specialist and often eats toads that look far too large to swallow. The Herald Snake is usually greyish to olive-grey in colour, but some individuals are quite dark. The head is always darker than the 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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HARMLESS

Spotted Bush Snake (*Philothamnus semivariegatus*)

Maximum Length: 1.3 m



Other names:

Variegated Bush Snake; Gespikkelde Bosslang

An alert, day-active snake, that climbs well and is often found between the walls and ceilings of outbuildings, where it hunts for geckos. Sadly, this harmless snake is often mistaken for a Green Mamba or Boomslang and needlessly killed.

The body is bright green to a copper-green with distinct blackish spots on the front half of the snake, but little or no dark marks on the back half. The belly is yellowish to white and the pupil orange.

This snake has keeled belly scales which enables it to climb up the bark of a tree or even up face-brick walls. It is commonly found in suburban gardens and juveniles are often killed by domestic cats.







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Spotted Bush Snake (Philothamnus semivariegatus)

HARMLESS

Average length: 70 cm. Maximum length: 1.3 m

Often confused with: Western Natal Green Snakes, Green Mambas, Boomslang

Prominent yellow to red iris

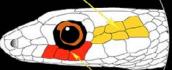
Excellent climbers, often found in trees and bushes and in ceilings of outbuildings

In the north of their range, they often have a copper coloured tail

> Yellowish to white belly with keeled ventral and subcaudal scales for climbing

Have bright metallic blue flecks

Double temporal scales



Three upper labials making contact with eye



Blackish spots on the first half of the body



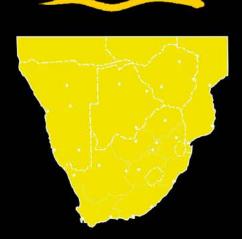


HARMLESS

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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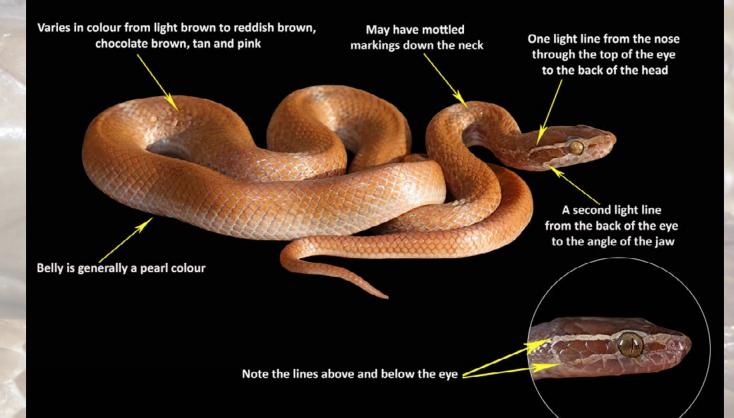
Brown House Snake (Boaedon capensis)

HARMLESS

Average length: 55 cm. Maximum length: 1.5 m

Can be confused with: Slug-eaters







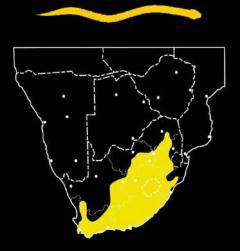


HARMLESS

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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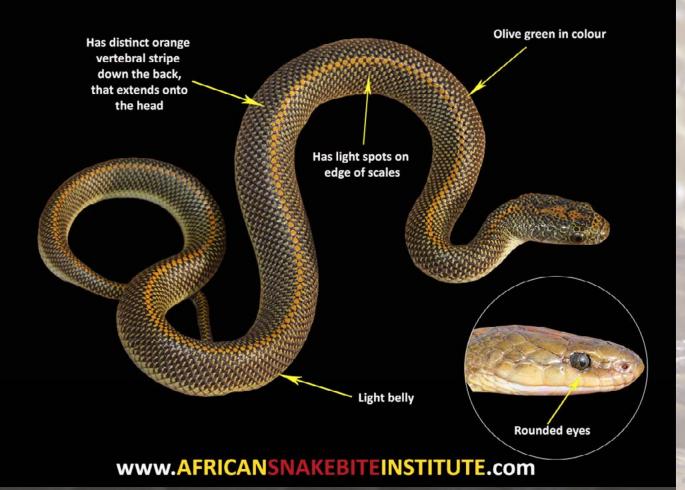
Aurora House Snake (Lamprophis aurora)

HARMLESS

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

Often confused with: Spotted Harlequin Snakes (Grassland form)





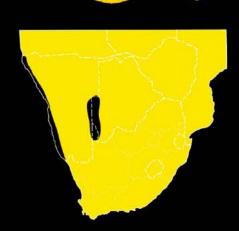




HARMLESS

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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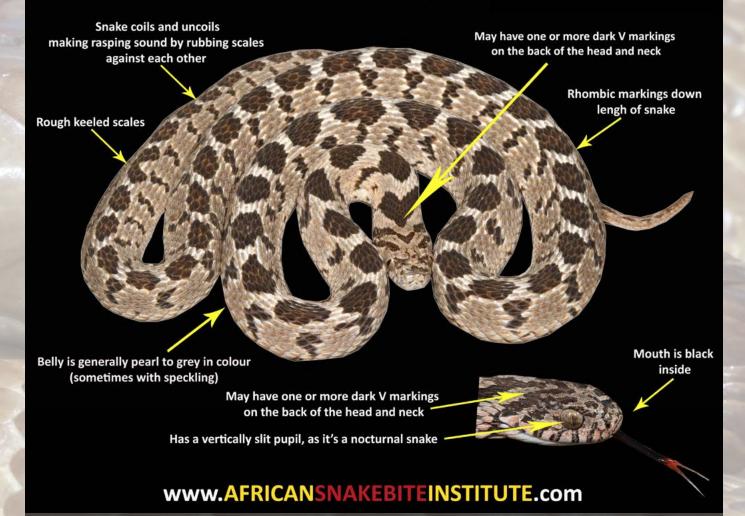
Common Egg-eater (Dasypeltis scabra)

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.







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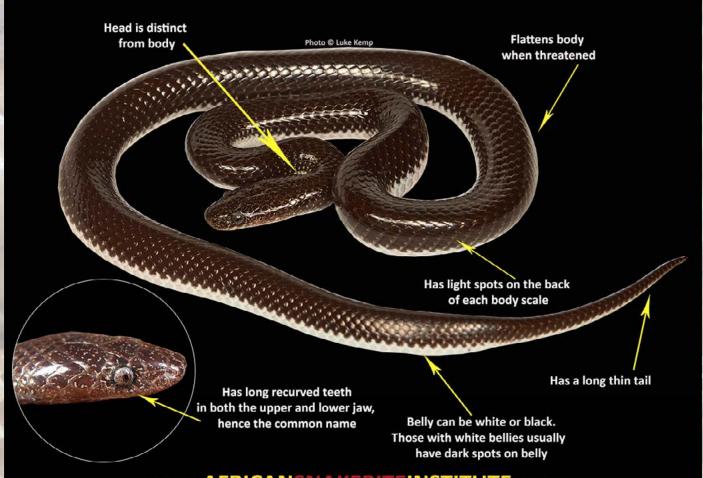
Common Wolf Snake (Lycophidion capense)

HARMLESS

Average length: 40 cm. Maximum length: 64 cm

Often confused with: stiletto snakes





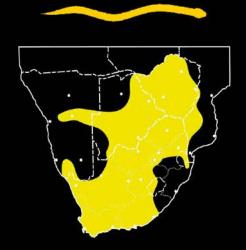




HARMLESS

Delalande's Beaked Blind Snake (Rhinotyphlops lalandei)

Maximum Length: 35 cm



Other names: Delalande se Blindeslang

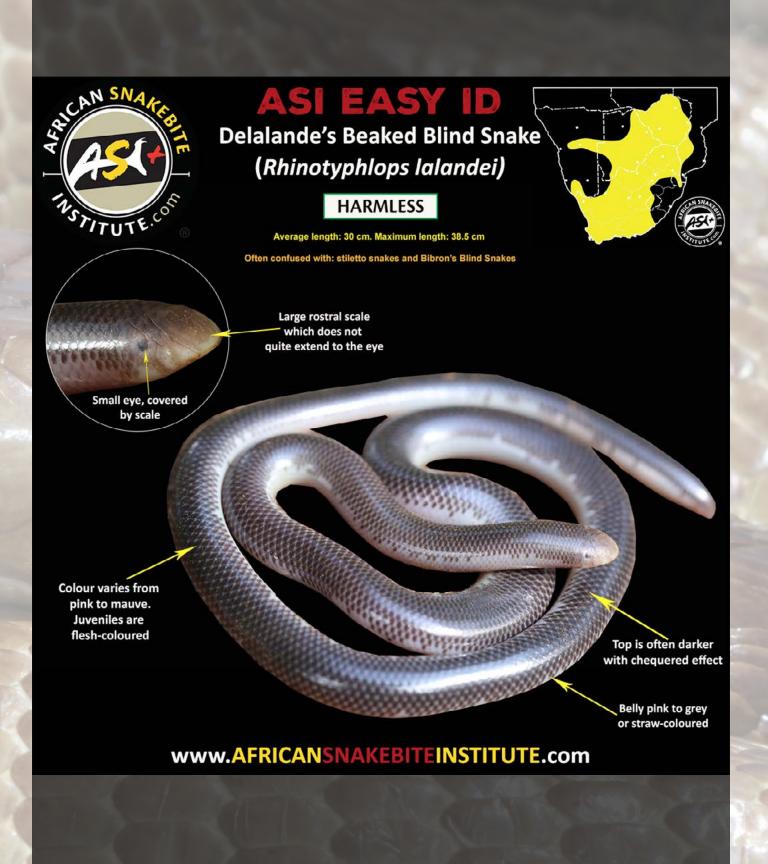
A widespread burrowing snake that spends most of its life underground in search of ants and their eggs. Individuals may be found in soil under rocks or logs, in deserted termite mounds or on the surface at night, especially after rains. They are pale pink to dark-slate or grey-brown in colour. Each scale is pale-edged giving it a checkered effect. The young are pink or flesh-coloured. It is a small snake with adults averaging around 25 - 30 cm, with a maximum size of about 35 cm. They are easily confused with other blind snakes or worm snakes. Blind snakes are preyed upon by birds and a variety of snakes including the Spotted Harlequin Snake.







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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.

IRST AID STREET STREET

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 KIMBERLEY

Mediclinic Kimberley Hospital Tel: 086 188 8300 (-28.745023, 24.773304) 177 Du Toitspan Rd, Belgravia, Kimberley, 8301

Kimberley Provincial Hospital Tel: 053 802 2319/053 802 9111 (-28.746507, 24.773312) 114 - 148 Du Toitspan Road, Kimberley, 8301

Lenmed Royal Hospital Tel: 053 045 0350 (-28.756646, 24.762301) Welgevonden Street, Jacobus Smit Ave, Royldene, Kimberley, 8301 Mediclinic Gariep Hospital Tel: 086 188 8300 (-28.764681, 24.737367) 112 Mac Dougall St, Kimberley, 8301



SNAKE REMOVERS CONTACTS

Find SNAKE REMOVERS in Kimberley

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OVERLAND



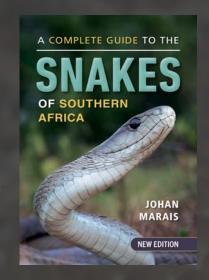


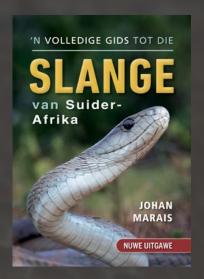


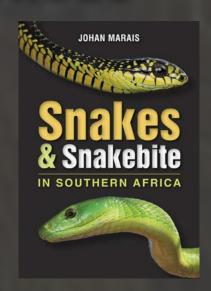




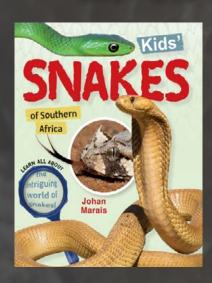
MORE RESOURCES



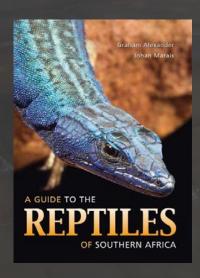




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