

Copyright: Johan Marais - African Snakebite Institute First Edition published 2025

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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 RICHARDS BAY

wazulu Natal has 80 different snake species. Of the 25 snakes that occur in Richards Bay six are highly venomous, three can inflict a painful 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 RICHARDS BAY



Richards Bay has around twenty five different types of snakes. Six are considered highly venomous while another three can give a painful bite. Most snakes encountered are mildly venomous or harmless to humans.

Has caused human fatalities **VENOMOUS**

Painful bite, but does not require antivenom

Not thought to be harmful to humans HARMLESS

Not dangerous to

















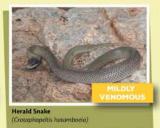






Natal Black Snake











Eastern Natal Green 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



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.



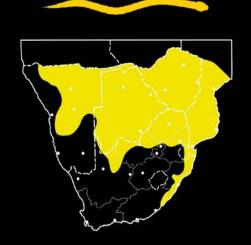




Black Mamba

(Dendroaspis polylepis)

Maximum Length: 3.8 m



Other names:

Swartmamba

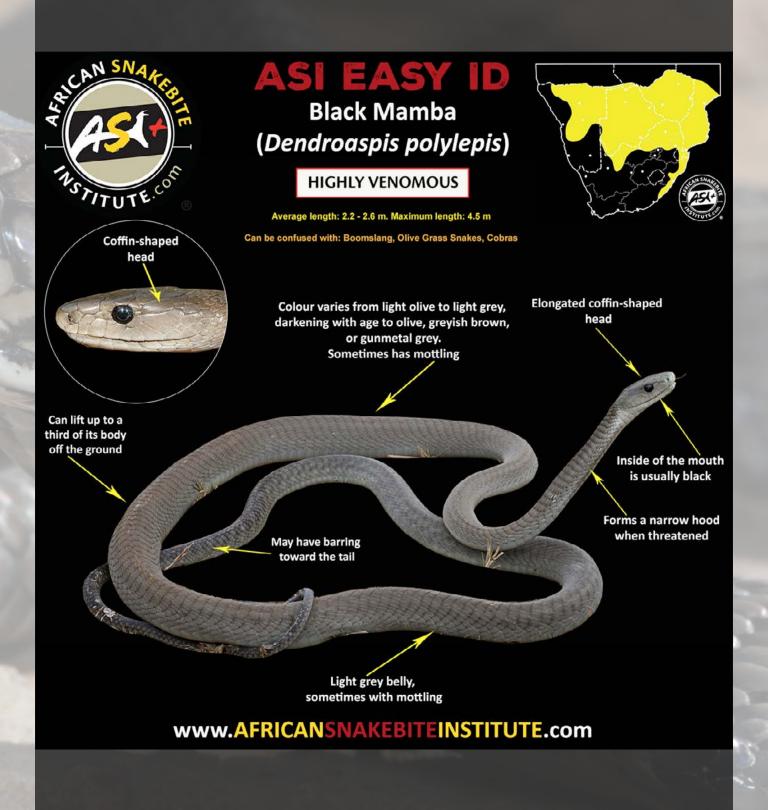
This is by far the largest venomous snake in Africa, with a maximum length of 3.8 m (historically specimens over 4 m were reported). Despite its reputation it is a shy, elusive snake that is quick to escape but will not hesitate to strike repeatedly if cornered. It is active during the day, often basking near a hole in an anthill or large rock crevice, into which it quickly disappears into if disturbed. When threatened it will gape exposing the black inner lining of the mouth and it may form a narrow hood. The venom of this snake is potently neurotoxic and may cause difficulty with breathing within half an hour. Antivenom is effective but often required in large quantities (10 – 15 vials).







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SNAKEBITE PROFILE **BLACK MAMBA**

Dendroaspis polylepis



Risk of Bites

The Black Mamba is a nervous snake and is quick to escape. If accidentally cornered in a confined space or surprised in the veld, it may strike out and bite more than once in quick succession. Contrary to popular stories, it does not chase people and bites are quite rare.



Most Bites

Most victims are bitten in the veld when they accidentally get very close to a Black Mamba basking. Or when accidentally cornering a mamba in a confined space like a pump house on a farm. Never approach a Black Mamba closely and do not try to kill or catch one.



Symptoms & Venom

A potent and fast-acting neurotoxic venom that results in pins and needles in the lips, hands and feet, as well as nausea, excessive sweating, drooping eyelids, difficulty in swallowing and eventually drowsiness and muscle pain followed by paralysis and respiratory failure. In severe cases victims become unresponsive within less than one

See pages 43-45 - 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

In cases of severe envenomation where patients are not breathing, they are intubated and ventilated and treated with 12-15 vials of SAVP Polyvalent antivenom. Additional vials of antivenom may be required at a later stage.





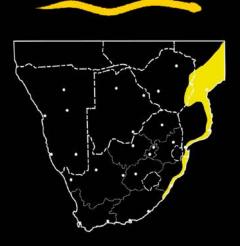




Green Mamba

(Dendroaspis angusticeps)

Maximum Length: 2.5 m



Other names:

Groenmamba

A bright green snake that in South Africa inhabits coastal KZN and is usually only found within a few kilometres of the sea. In Mozambique and Zimbabwe, the distribution may extend further inland. It is often confused with harmless green snakes of the genus *Philothamnus* and the green Boomslang. The Green Mamba spends most of its life in dense coastal vegetation and moist woodlands, where it hunts for tree-living mammals and birds, during the day. Its venom is potently neurotoxic but may also cause swelling. Antivenom is effective but bites are quite rare. Juveniles have a long head and are often green and turquoise. This species is not known from eSwatini or inland South Africa.

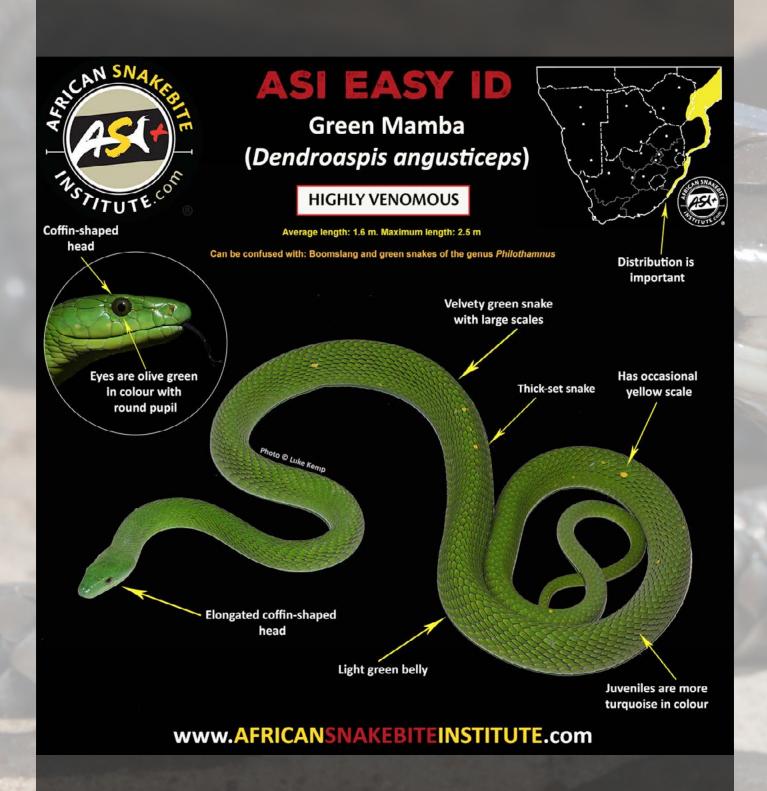






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SNAKEBITE PROFILE **GREEN MAMBA**

Dendroaspis angusticeps



Risk of Bites

The Green Mamba rarely accounts for bites in southern Africa, as it lives in thick coastal bush, which it is quick to disappear into.



Most Bites

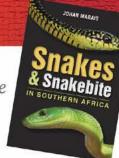
Most victims are bitten on a hand while trying to catch or kill the snake. If given the chance, the Green Mamba is quick to escape into the nearest bush.



Symptoms & Venom

The venom is both neurotoxic and cytotoxic and does not appear to be anywhere near as potent to that of the Black Mamba. However, the bite is still very serious. Victims may experience a fair amount of swelling.

See pages 46-48 - Snakes and Snakebite in Southern Africa (2024).



First Aid

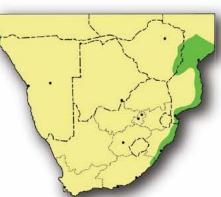
Immobilise and reassure the patient, who must lie down in a rescue position. Immediately arrange transport to a hospital with emergency facilities. If far from a hospital, apply a pressure bandage (Page 19 of Snakes and Snakebite in Southern Africa). Resort to artificial respiration if the victim stops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



Medical Treatment

In cases of severe envenomation, where patients are not breathing, they should be intubated, ventilated, and treated with 10-15 vials of SAVP Polyvalent antivenom. Additional vials of antivenom may be required at a later stage.







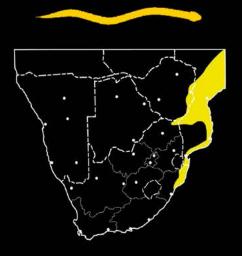




HIGHLY VENOMOUS

Brown Forest Cobra (*Naja subfulva*)

Maximum Length: 2.7 m



Other names: Boskobra

This is our largest cobra species and may exceed 2.7 m in length. Adults are a light to medium shiny brown that darkens, becoming black towards the tail. The Brown Forest Cobra is active both during the day and night and favours dense bush where it hunts for small mammals, birds, frogs and other snakes. It is extremely shy and quick to escape – bites are rare. When cornered it will lift its head well off the ground and spread a narrow hood.

It occurs from Ballito in KZN northwards into Mozambique and elsewhere further north. It has recently been found in the northern Kruger National Park and extreme eastern Soutpansberg.

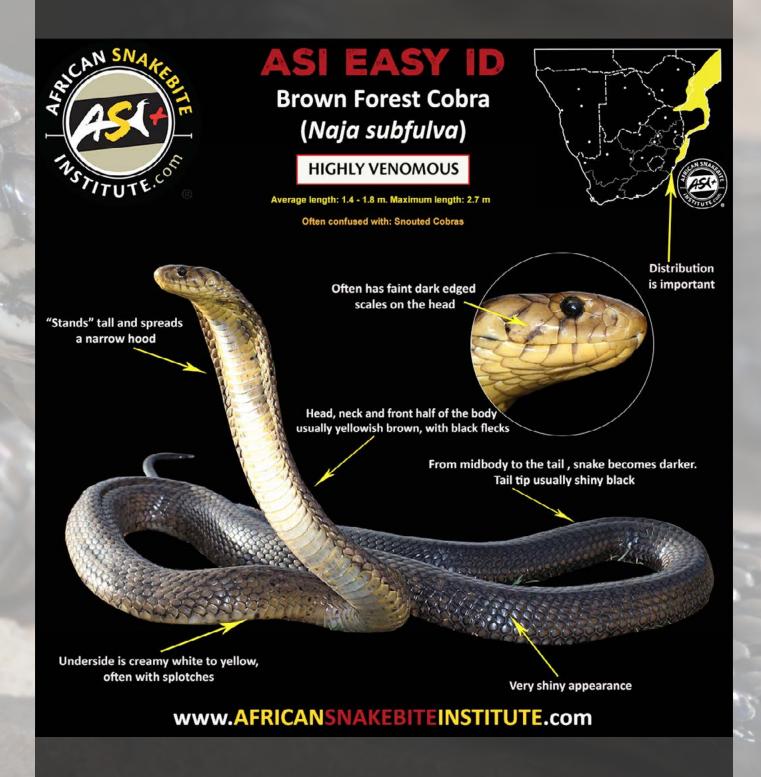
Forest Cobra venom is potently neurotoxic and cytotoxic. Polyvalent antivenom is effective.







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SNAKEBITE PROFILE **BROWN FOREST COBRA**

Naja subfulva



Risk of Bites

Bites to humans from the Brown Forest Cobra are not common. This snake inhabits thick coastal bush. It is a shy snake, which tries to avoid humans at all costs, but is quick to hood in a defensive position when startled or cornered.



Most Bites

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

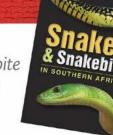


Symptoms & Venom

The venom of the Brown Forest Cobra is potently neurotoxic, but the venom is also known to have cytotoxic symptoms. Symptoms include pain, progressive swelling of the affected limb and potentially necrosis at the site of the bite. Other symptoms include nausea, dizziness and respiratory distress.



See pages 56-57 - 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

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 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.



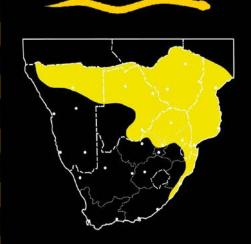






Southern Vine Snake (*Thelotornis capensis*)

Maximum Length: 1.47 m



Other names:

Twig Snake; Bird Snake; Takslang; Voëlslang This perfectly-camouflaged tree-living snake is seldom seen because of its excellent camouflage and habit of remaining very still in low shrubs, observing the ground below for passing lizards and snakes. Birds often mob this snake, and it will inflate its neck with its bright orange tongue flickering – this leads to the incorrect assumption that they lure birds with their tongue. It is extremely placid but, if provoked, will inflate its neck and strike viciously. Most bites are to snake handlers. Like the Boomslang, the venom of this snake is haemotoxic affecting the blood clotting mechanism and causing uncontrolled bleeding. There is no antivenom for the venom of this snake and although a few fatalities have been reported, none were in South Africa.







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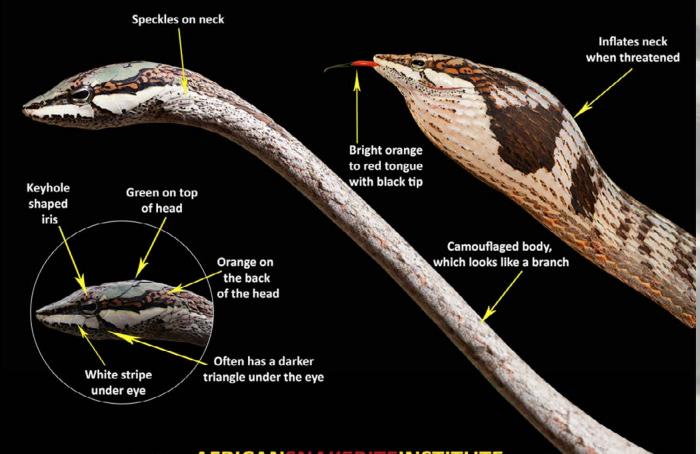
Southern Vine Snake (Thelotornis c. capensis)

HIGHLY VENOMOUS

Average length: 1.2 m. Maximum length: 1.47 m

Often confused with: Juvenile Boomslang, Eastern Bark Snakes







SNAKEBITE PROFILE

SOUTHERN VINE SNAKE

Thelotornis capensis



Risk Of Bites

This snake lives in trees and shrubs and interactions with humans are not common. It is a placid snake that only bites when provoked or handled. Bites are very rare in South Africa.



Most Bites

There are very few documented bites from this snake in southern Africa, except for incidents where snake keepers are bitten by captive snakes, or by other people handling this snake.



🔍 Symptoms & Venom

The venom is potently haemotoxic, like that of the Boomslang. Symptoms include from the bleeding nose. mucous membranes and bite site. This may eventually lead to internal bleeding.

See pages 82-84 - Snakes and Snakebite in Southern Africa (2024).



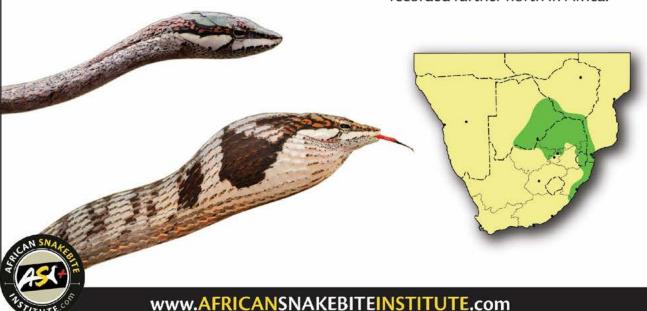
First Aid

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.



Medical Treatment

Polyvalent and Monovalent antivenom do not offer cross coverage for Vine Snake bites and should not be administered. Bites are treated symptomatically with blood transfers and platelets, but this may not be effective in severe bites. To date we do not have any documented fatalities in South Africa, however a few fatal bites have been recorded further north in Africa.



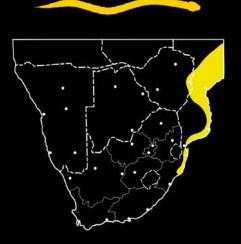






Gaboon Adder (*Bitis gabonica*)

Maximum Length: 1.47 m



Other names: Gaboenadder, Gaboon Viper

A large, robust adder that averages 90 – 120 cm in southern Africa. This beautifully coloured snake occurs from Mtunzini northwards into Mozambique, eastern Zimbabwe and elsewhere further north. Though mainly active at night, it is fond of basking on the fringes of forests. It is surprisingly placid and may emit a series of long, drawn-out hisses with the forepart of the body elevated if threatened. This snake has a potent predominantly cytotoxic venom. Symptoms may include shock, severe pain, swelling, blistering and necrosis. Polyvalent antivenom is effective. The Gaboon Adder is threatened by habitat destruction and is listed as 'Near Threatened' in the latest assessment.







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ASI EASY ID

Gaboon Adder (Bitis gabonica)

HIGHLY VENOMOUS

Average length: 60-90 cm. Maximum length: 1.4 m

Can be confused with: Puff Adders







SNAKEBITE PROFILE **GABOON ADDER**

Bitis gabonica



Risk of Bites

Bites from the Gaboon Adder are unheard of in South Africa. They are rarely encountered and have a restricted distribution, ranging from Mtunzini northwards along the coast Mozambique and further north.



Most Bites

There are no documented bites from this snake in southern Africa, except for incidents where snake keepers were bitten by captive snakes.



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. As the venom yield of a large Gaboon Adder is roughly double that of a Puff Adder, a bite from this snake could have serious consequences.



See pages 29-31 Snakes and Snakebite in Southern Africa (2024).



First Aid

Immobilise and reassure the patient and elevate the affected limb. 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 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 for bites from this snake in South Africa.





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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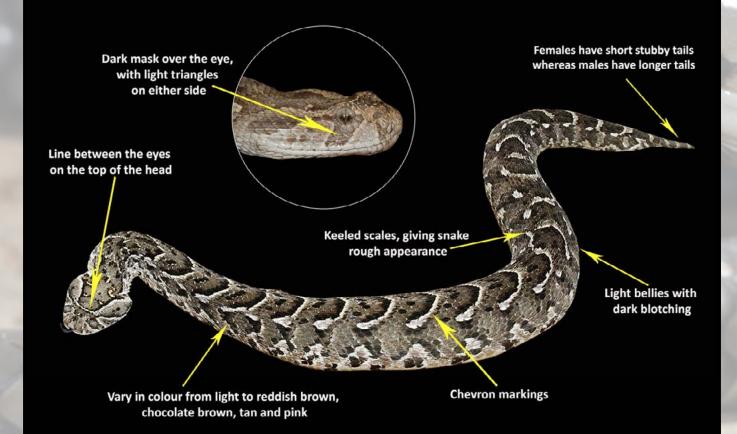
Puff Adder (Bitis arietans)

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

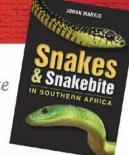
Most victims are bitten at night when accidentally stepping on the snake, but bites are also inflicted during the day when the snake is basking. Most bites are on the feet or lower legs.



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).





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.







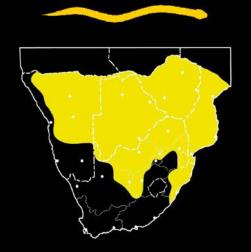


VENOMOUS

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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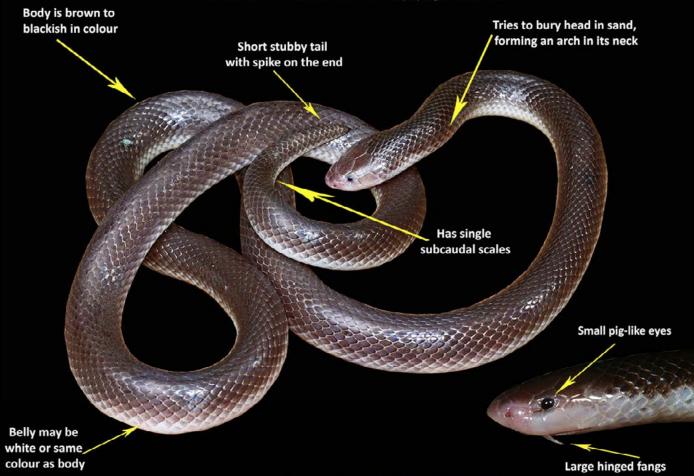
Bibron's Stiletto Snake (Atractaspis bibronii)

VENOMOUS

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

Often confused with: wolf snakes, blind snakes, purple-glossed snakes





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).



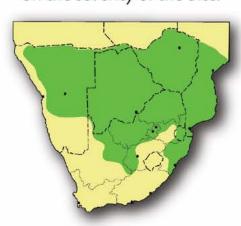
子 First Aid

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



IIII 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 should Only days. debridement be considered depending on the severity of the bite.



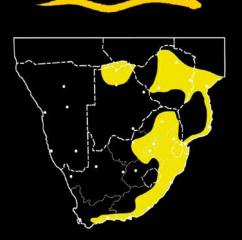




VENOMOUS

Common Night Adder (Causus rhombeatus)

Maximum Length: 1 m



Other names:

Rhombic Night Adder, Gewone Nagadder

Despite the common name, the Night Adder is more active during the day. It averages 30 – 60 cm in length, but can reach 1 m. It can be identified by the distinct dark V-marking on the head. It prefers damp localities and is a frog specialist. The Night Adder is generally a docile snake but will hiss aggressively and strike when provoked. It accounts for many bites, especially in KZN and the Eastern Cape. It is commonly found in suburban gardens.

Night Adder venom is cytotoxic, and most bites are not serious – causing pain and swelling. Having said that, the venom of this snake should never be underestimated, especially in children, as some victims require hospitalisation.







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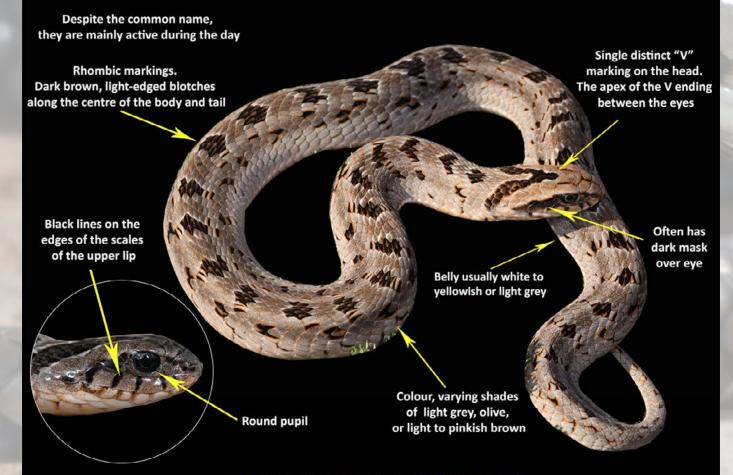
Common Night Adder (Causus rhombeatus)

VENOMOUS

Average length: 40 - 60 cm. Maximum length: 1 m

Often confused with: Rhombic Egg-eaters, Berg Adders and Puff Adders







SNAKEBITE PROFILE **COMMON NIGHT ADDER**

Causus rhombeatus



Risk of Bites

Bites are quite common in coastal KwaZulu-Natal and the Eastern Cape. Despite the common name, this snake is active during the day and frequents moist areas at dams, rivers and streams, where it feeds largely on toads. Dogs are at risk and often get bitten when attempting to kill the snake.



Most Bites

People are bitten when accidentally stepping onto one of these snakes. Most bites are on the feet or lower legs. Some people are under the wrong impression that Night Adder venom is mild and get bitten when handling the snake.



First Aid

Immobilise and reassure the patient, elevate the affected limb and rest it. In severe cases, especially in small children, the patient may require hospitalization for rehydration and pain.

See pages 40-41 Snakes and Snakebite in Southern Africa (2024).





Symptoms & Venom

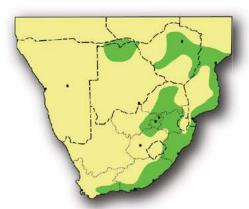
cytotoxic is largely (cell-destroying), causing pain, swelling, and discoloration of the bitten area within an hour or two. The lymph nodes may also be affected. Swelling and discoloration may persist for more than a week, but blistering is rare. The venom of this snake does not cause tissue damage but could be quite serious when dogs are bitten. Small dogs may perish after a bite from this snake.



Medical Treatment

There is no antivenom for this bite of a Common Night Adder. Both antibiotics and anti-inflammatories (NSAIDs) are not indicated and should not be given in the first 72 hours. If well rested, patients recover fully within a week or two.





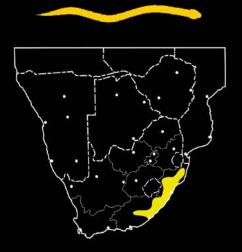




VENOMOUS

Natal Black Snake (*Macrelaps microlepidotus*)

Maximum Length: 1.2 m



Other names: Natal Swartslang

A secretive snake that spends most of its life underground in the cooler regions of coastal KZN and the Eastern Cape. This snake may be found under rotting logs or when doing excavations, otherwise it moves about slowly on warm, overcast days. It is also a good swimmer.

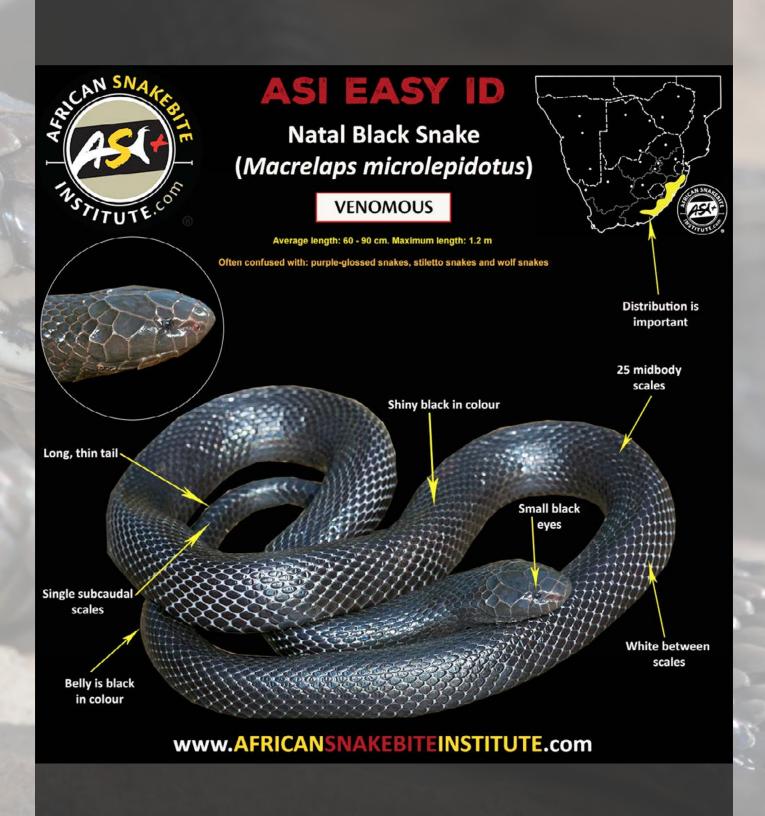
The Natal Black Snake feeds on frogs, legless lizards and small rodents and is known to take carrion. It is easily mistaken for a purple-glossed snake and differs in that it has single subcaudal scales, whereas the purple-glossed snakes have paired subcaudals. Little is known about the venom of this snake as it rarely bites. In a single case many years ago, a victim was unconscious for approximately 30 minutes after the bite.







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SNAKEBITE PROFILE NATAL BLACK SNAKE

Macrelaps microlepidotus



Risk Of Bites

This is a slow-moving snake that lives underground. It may surface on warm overcast days or be found under logs and rocks or during excavations.



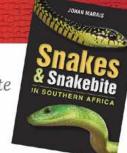
Most Bites
The Natal Black Snake is reluctant to bite and few bites have been recorded.



R Symptoms & Venom

Very little is known about the venom of this snake. Its venom appears to be cytotoxic, causing pain and mild swelling.

See pages 88-89 Snakes and Snakebite in Southern Africa (2024).



First Aid

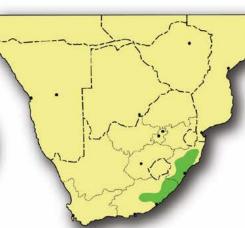
Immobilise and reassure the patient and elevate the affected limb. Remove tight clothing and jewelry. Transport the victim to the nearest hospital or doctor for pain management. Avoid all other first aid remedies including bandages.



Medical Treatment

There is no effective antivenom that works for the bite of this snake and victims are treated symptomatically. It appears to be a relatively mild bite with minor symptoms.







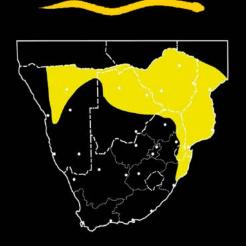




MILDLY VENOMOUS

Olive Grass Snake (*Psammophis mossambicus*)

Maximum Length: 1.8 m



Other names:

Olive Whip/sand Snake, Olyf Grasslang

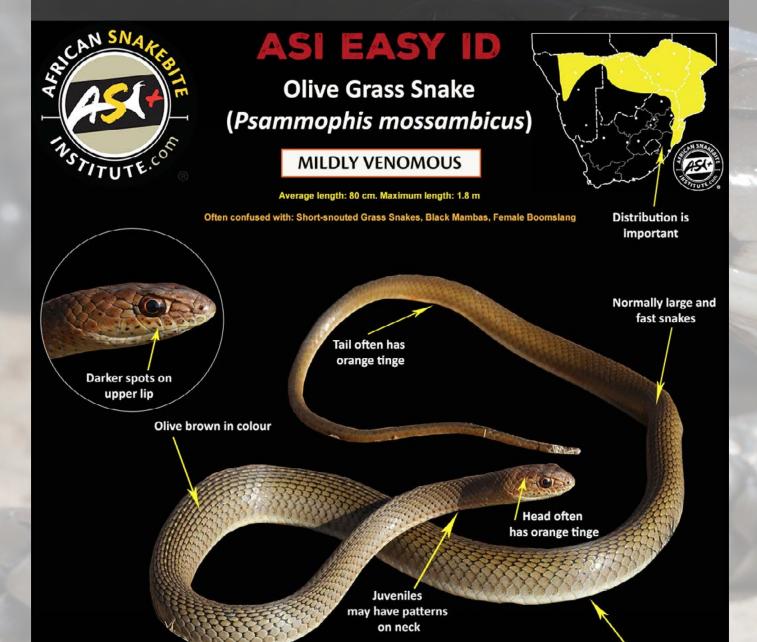
A large, fast-moving diurnal snake that reaches a maximum length of 1.8 m. It is very quick to escape, invariably disappearing down the closest hole but bites readily if handled. Because of its size and habit of lifting its head well off the ground, this snake is often mistaken for a Black Mamba or female Boomslang. It climbs well and is often found in shrubs. Over much of its range, especially northern KZN, it is one of the most frequently encountered snakes. It is often killed on roads. It preys on lizards, frogs, small mammals, birds and other snakes, including venomous ones. The venom of the Olive Grass Snake is mild and has little effect on humans.







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Pale belly



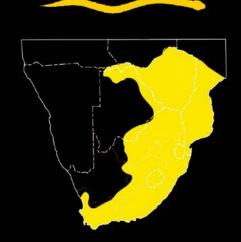




Herald Snake

(Crotaphopeltis hotamboeia)

Maximum Length: 1 m



Other names:

Rooilipslang, Red-lipped Snake

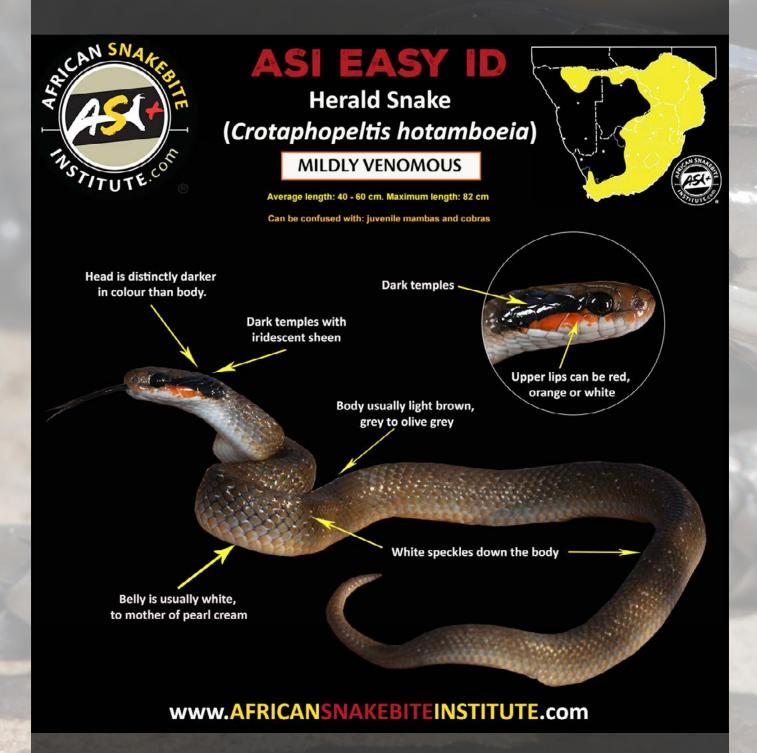
A nocturnal snake that frequents suburban gardens, especially those with water features. It is a toad specialist and often eats toads that look far too large to swallow. The Herald Snake is usually greyish to olive-grey in colour, but some individuals are quite dark. The head is always darker than the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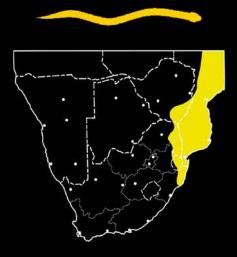


MILDLY VENOMOUS

Marbled Tree Snake

(Dipsadoboa aulica)

Maximum Length: 85 cm



Other names:

Marmerslang

This attractive nocturnal snake averages 50 – 60 cm but may reach 85 cm in length. Adults are redbrown to light brown with faint whitish crossbars, but juveniles may have very dark crossbars. It is an excellent climber that often shelters in hollow trees or under loose bark, as well as in thatched roofs. It hunts for lizards, especially geckos, and frogs at night.

When threatened it puts up quite a show, not unlike a Herald Snake. It will coil loosely into a striking position with the head flattened, the mouth agape and vicious yet ineffective strikes. Its venom is mild and poses no threat to humans.







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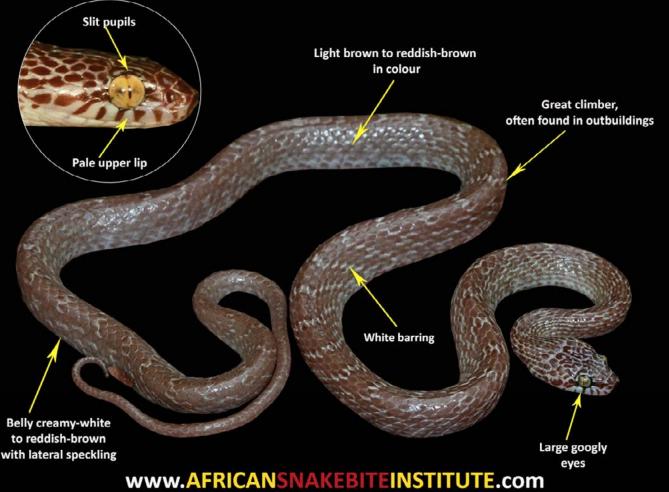
Marbled Tree Snake (Dipsadoboa aulica)

MILDLY VENOMOUS

Average length: 40-60 cm. Maximum length: 85 cm

Often confused with: Brown House Snakes and Herald Snakes





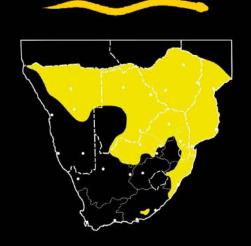




CAN INFLICT A NASTY BITE

Southern African Python (*Python natalensis*)

Maximum Length: 6 m



Other names:

Luislang, previously called a Rock Python

The Southern African Python is by far our largest snake, reaching a maximum length of around 6 m and weighing in excess of 65 kg. It feeds largely on warm-blooded prey like small antelope, monkeys, game birds and dassies, but also takes leguaans and even crocodiles. Attacks on humans are rare and fatalities virtually unheard of. This snake is largely active at night but is fond of basking during the day. It is at home in water and can remain submerged for long periods. Females produce 30 – 60 (but in exceptional cases more than 100) eggs, which are roughly the size of a tennis ball. The female remains with her eggs throughout incubation and the young measure 50 – 70 cm in length.







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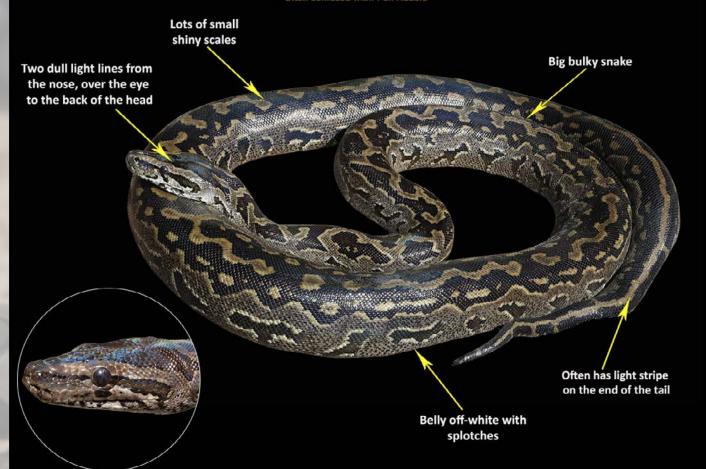


Southern African Python (Python natalensis)

NON-VENOMOUS, BUT CAN INFLICT A NASTY BITE

Average length: 3 m. Maximum length: 5.5 m

Often confused with: Puff Adders





SNAKEBITE PROFILE SOUTHERN AFRICAN PYTHON

Python natalensis



Risk of Bites

Pythons are ambush hunters and bites usually occur when walking down pathways or through thick bush, where a python is coiled up awaiting a passing prey animal.



Most Bites

Most bites occur to the lower leg, when the snake lunges at a passerby. They are usually quick to release the bitten person, and often leave a row of small teeth punctures in the leg or calf.



Symptoms & Venom

Pythons have no venom, but have over 80 long recurved teeth, which they use to hang onto prey items. Large pythons may leave nasty wounds after

See pages 103-105 Snakes and Snakebite in Southern Africa (2024).



First Aid

Immobilise and reassure the patient. Bandage the bitten area to reduce blood loss and transport the victim to a hospital or doctor.



Medical Treatment

In severe bites victims may require stitches. Bites from pythons should be cleaned and disinfected and monitored for signs of infection. Doctors will also administer tetanus injection.



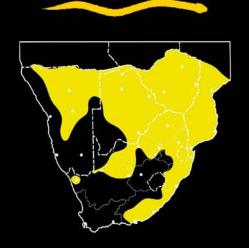




HARMLESS

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

Have bright metallic blue flecks

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

Double temporal

0

Three upper labials making contact with eye

Blackish spots on the first half of the body

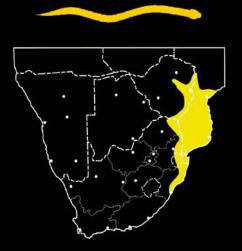




HARMLESS

Eastern Natal Green Snake (Philothamnus natalensis)

Maximum Length: 1.2 m



Other names:

Oostelike Natal Groenslang

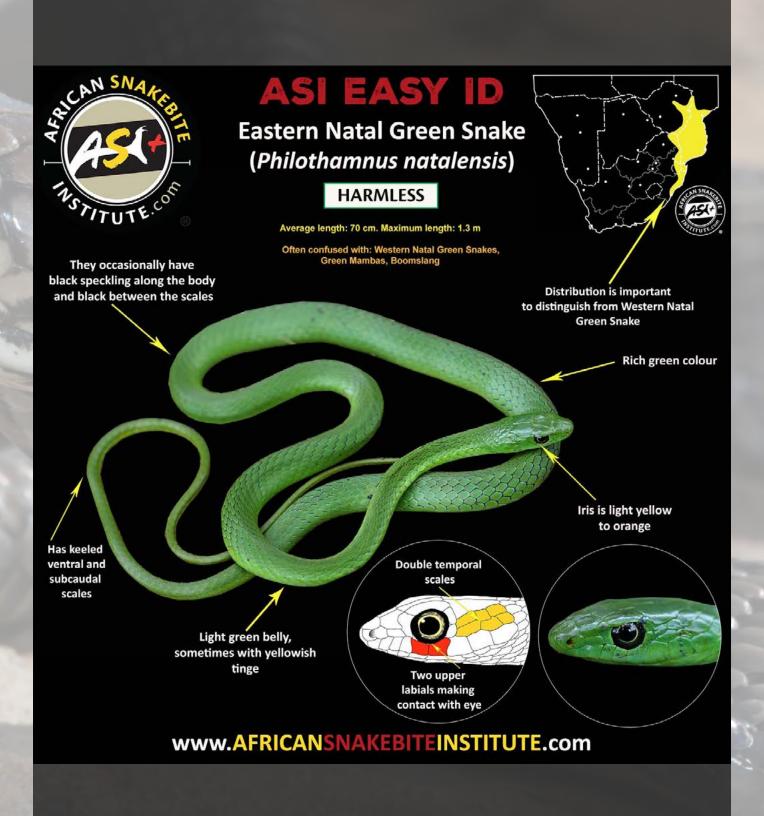
An attractive bright, grass-green snake that is active during the day when it hunts for geckos and frogs. This snake climbs well and may be seen high up in trees. It is quick to escape when disturbed but may bite readily if handled. Because of the green colour it is often mistaken for a Boomslang or Green Mamba and needlessly killed. The Eastern Natal Green Snake has keels on the belly as well as the underside of the tail and tends to be bright green with some light yellow on the belly and chin. This snake occurs from Amanzimtoti northwards along the KZN coast and eventually into the Kruger National Park and Mozambique. It is completely harmless.







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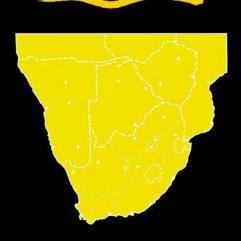


HARMLESS

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





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 RICHARDS BAY

Netcare The Bay Hospital Tel: 035 780 6111

(-28.750276, 32.053034) 6 Krugerrand Grv, Richards Bay Central, Richards Bay, 3900

Melomed Richards Bay Private Hospital

Tel: 035 791 5300 (-28.770475, 31.934427) John Ross Eco Junction, John Ross Hwy, Richards Bay, 3900

Life Empangeni Private Hospital

Tel: 035 902 8000 (-28.736135, 31.893602) Cnr Biyela &, Ukula St, Empangeni,

Ngwelezana Hospital

Tel: 035 901 7000 (-28.778374, 31.864901) Ngwelezane Thandisiwe Road, Empangeni, 3880

Queen Nandi Regional Hospital

Tel: 035 907 7000 (-28.740087, 31.895452) 29 Union St, Empangeni Central, Empangeni, 3880

SNAKE REMOVERS CONTACTS

Find SNAKE REMOVERS in Richards Bay

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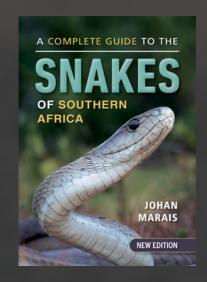


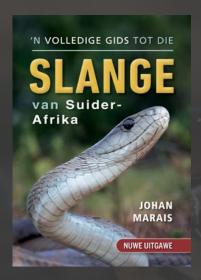


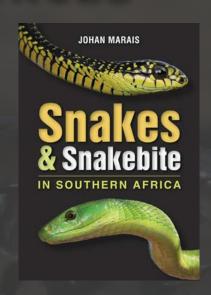




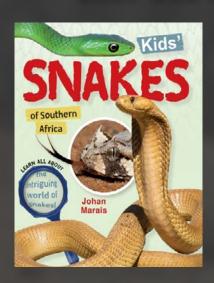
MORE RESOURCES



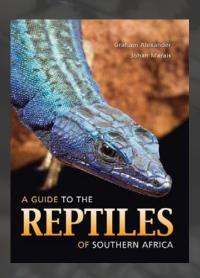




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