



~ SNAKES of the Arabian Gulf and Oman ~



SNAKEBITE: Prevention and First Aid

PREVENTION

Look and **TAKE CARE** where you put your hands and feet, particularly in wadies gardens, woodland and near rubbish and water.

WEAR good covering for feet and ankles; boot are best

AVOID walking outside at night without light

KNOW snakes and their habits

KNOW first aid

FIRST AID

RE-ASSURE and **CALM** the victim to reduce fright, shock and fear of death
Remember: snakebite is rarely fatal even the most venomous snakes

RESTRAIN all movements of the victim to avoid the spread of venom in the blood stream place the patient in a restful position, preferably lying down on the side.

CLEAN and **EXAMINE** the site. Did a fange penetrate the skin? IF so, or if in doubt, and if a doctor or hospital is not within 30 minutes

BANDAGE the whole limb firmly as for a sprain, starting at the toes or fingers, or press a pad firmly on the bit, and

IMMOBILISE the whole limb , with a sling for an arm, and splints if necessary for a leg, place it in a restful position.

TAKE TO HOSPITAL IMMEDIATELY; on the way continue to re-assure, observe and ensure unrestricted breathinh

DO NOT cut or suck wound

DO NOT apply a tourniquet, or give aspirin or spirits

DO NOT administer anti-venoms; this is for a doctor's decision

DO NOT handle live or recently dead snakes, but if there is no risk, identify the snake if possible and collect it on the end of a stick

DANGEROUS:

With hinged front fangs and principally vasculotoxic venom



Echis Coloratus



Echis Carinatus

DANGEROUS:

With short, fixed, tubular fangs and principally neurotoxic venom



Arabian Cobra



MILDLY TOXIC or HARMLESS:

'Back-fanged', with grooved fangs
Fixed near the back of the upper jaw
Near the eye



Hooded Malpolon



Thread Snake



Racer

HARMLESS:

Without fangs and venom

In case of Emergency Contact: 5555