Awareness Outreach at the Grassroots Level & Capacity Building of Medical Staff & Health Workers by SHE-INDIA

THE BIG FOUR

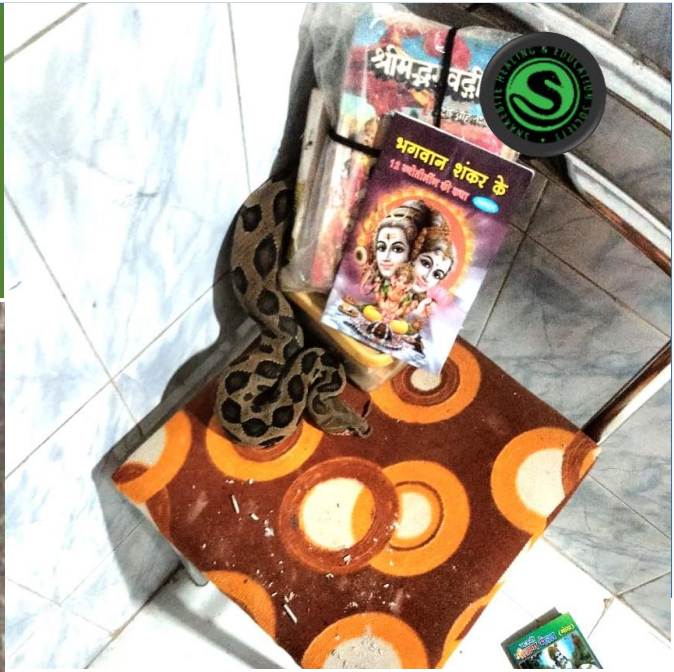
Spectacled Cobra (*Naja naja)*

Common Krait *(Bungarus caeruleus)*

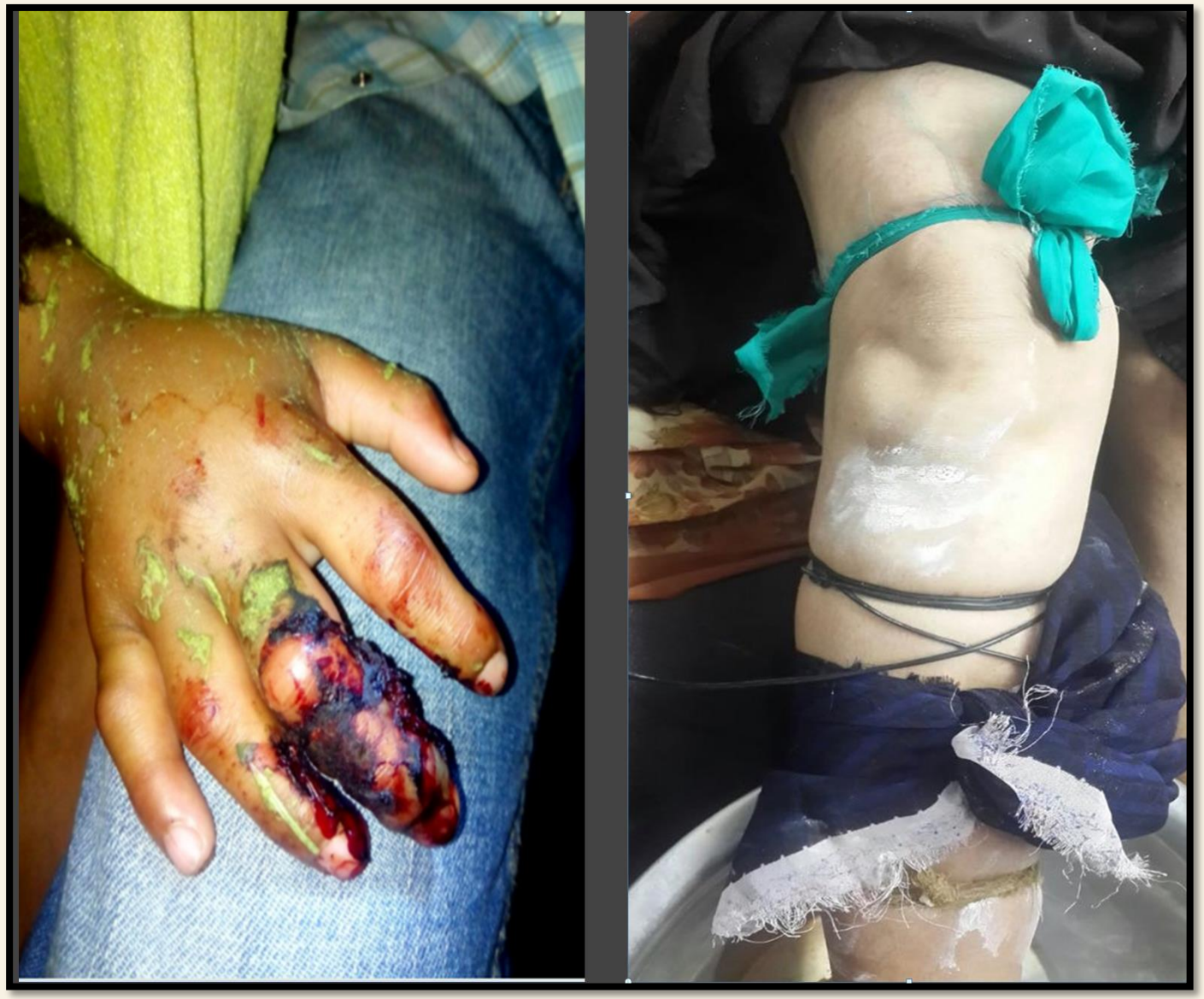
Russell's Viper *(Daboia russelii)*

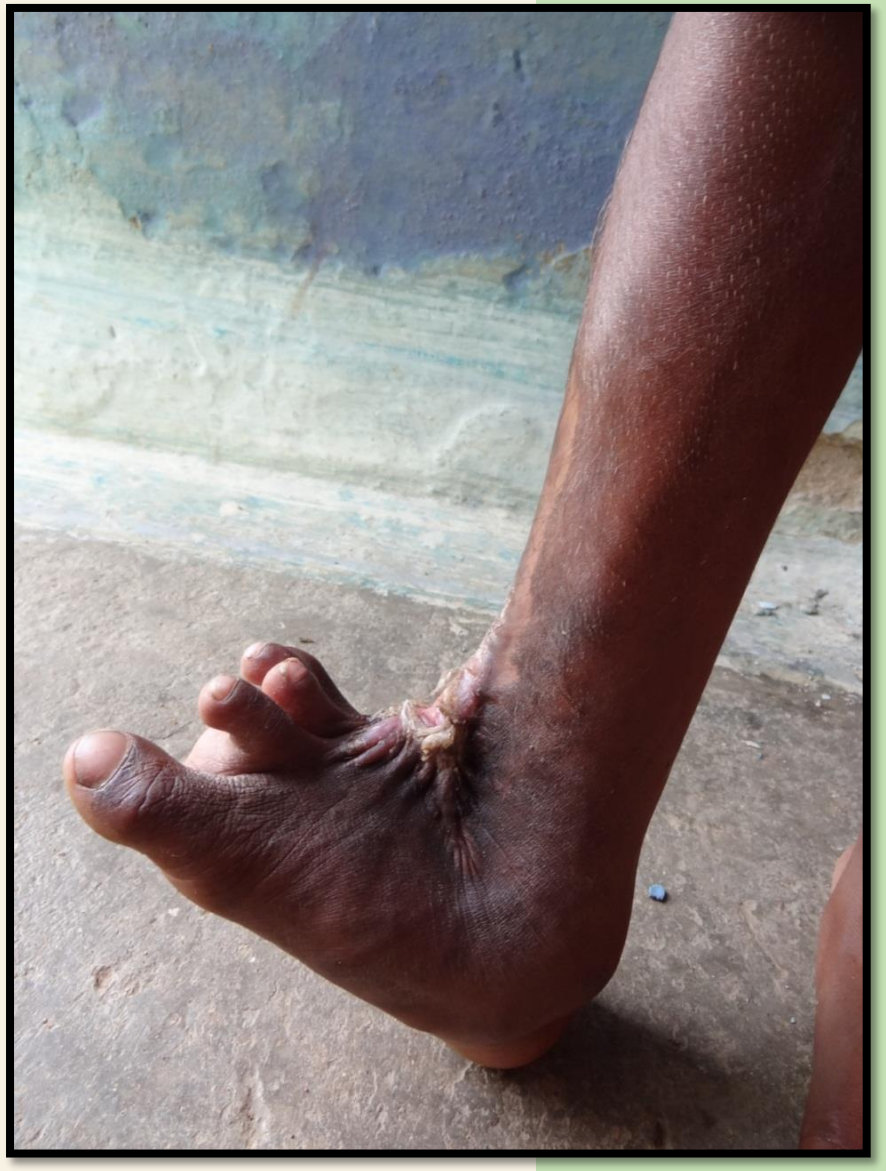
Saw scaled viper (*Echis c. carinatus)*

Snakes can be anywhere where there is Food, Water, Shelter



- Snakebite is an accident.
- Outcome of unscientific first-aid leads to disabilities

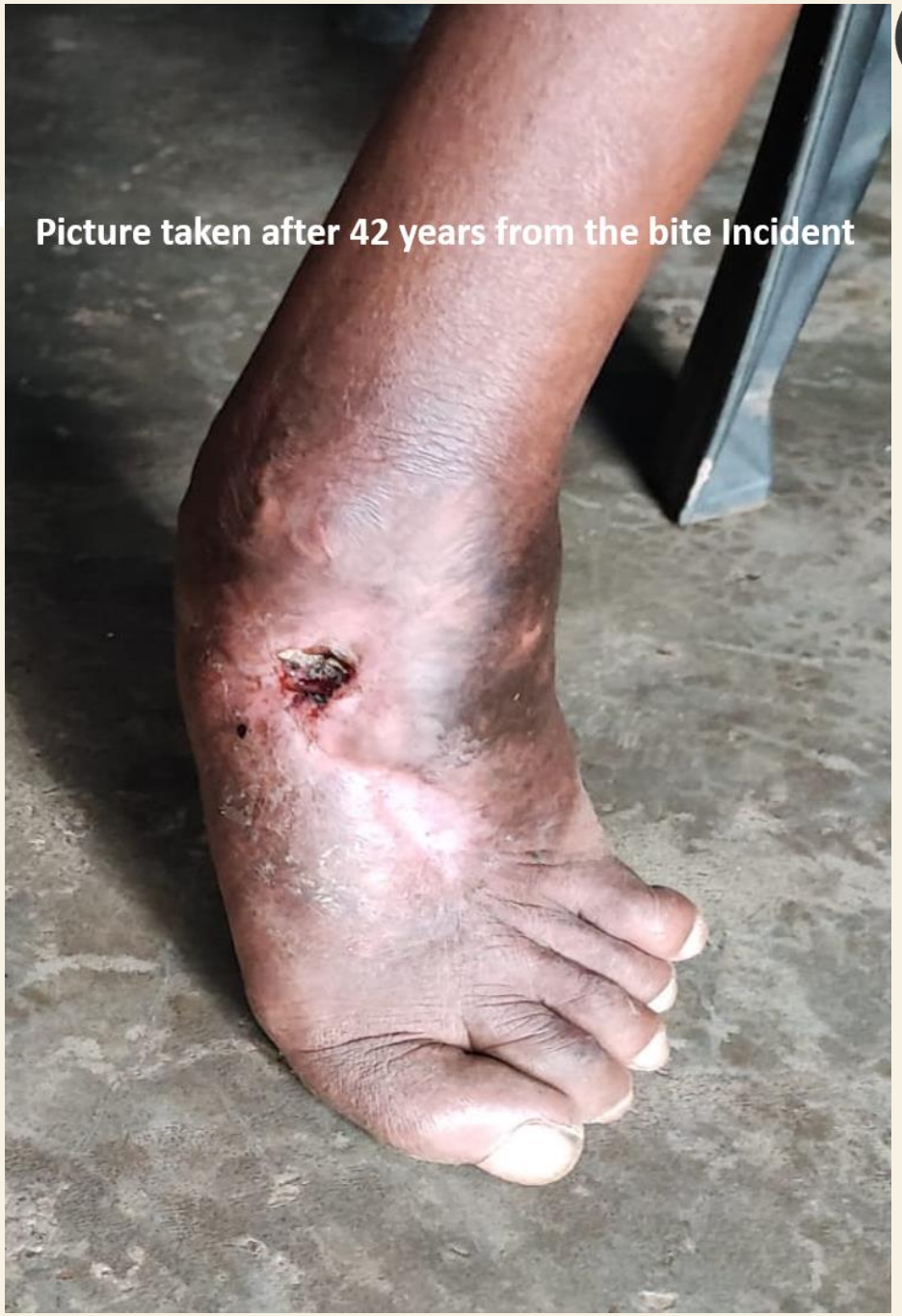




- The role of a first responder in a snakebite situation is critical.

- Golden hour timeline and quick response decides the outcome of the patient's recovery.

- Local PHCs and CHCs should be held accountable for any disability after a snakebite patient is discharged from hospital.



Objective of SHE-INDIA:

Equip community health workers—such as ASHAs and ANMs—with essential first-responder information, so they can effectively disseminate emergency guidance and support during their routine visits to mapped households in their villages.

Health workers should be trained to perform CPR and use an Ambu bag (manual ventilator) correctly—skills that can be lifesaving during critical emergencies like snakebites, heart attacks, or paralysis.

At the grassroots level, under the strategic oversight of the District Health Officer, a coordinated team—including the District Training Manager, District Epidemiologist, and frontline health workers—plays an important role in enhancing awareness and building capacity across the district.

Showing photos of snakes to victim or relatives can be misleading due to misidentification.

Bite mark also can be misleading.

Approach to treatment has to be syndromic.

Through classroom workshops, empower local health workers with the knowledge, tools, and confidence to improve health outcomes.

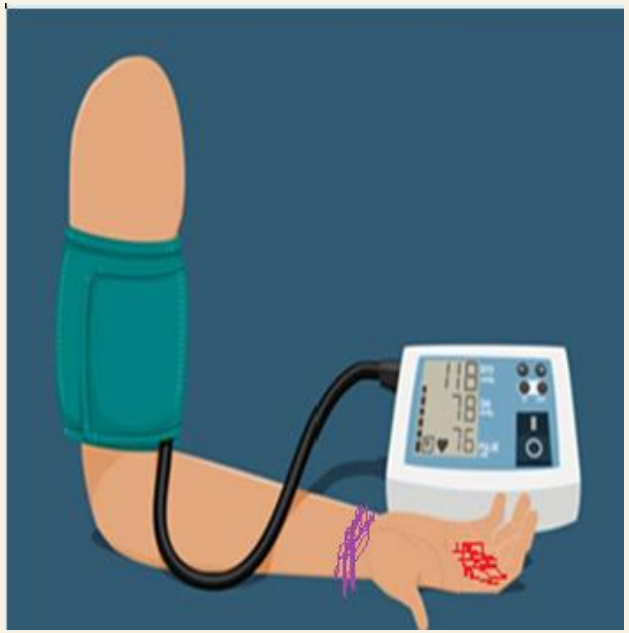
Strengthening the skills of medical personnel at the primary care level is essential—PHCs and CHCs serve as the crucial first point of contact for snakebite victims. Building their capacity is the most reliable way to save lives and minimize long-term disability.

The Government should allocate dedicated funding to both upskill medical personnel and upgrade infrastructure at PHCs and CHCs ensuring a high-quality emergency and routine services.

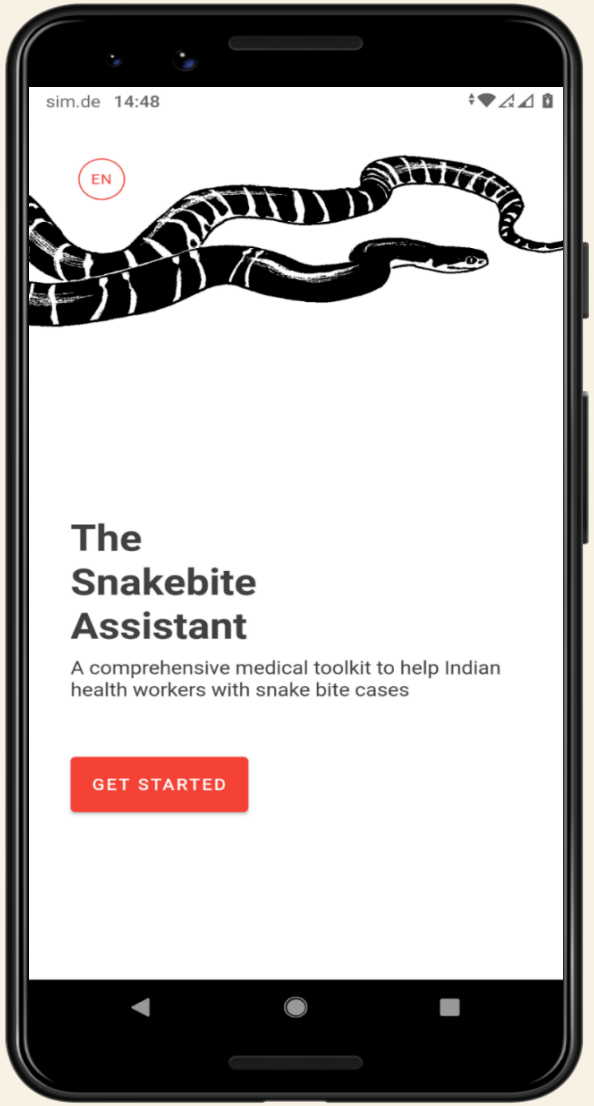
Access to affordable or free treatment is a fundamental human right and must be guaranteed for all those affected by snakebites

Tourniquet management

- Tourniquets are harmful and should not be used as a form of first aid in a snakebite situation
- In case a victim is brought with a tight tourniquet above the bitten area, do not release the tourniquet immediately.
- When patient has signs of envenoming, tourniquet not to be released in Emergency Room
- Patient must be admitted with IV fluid running before releasing the tourniquet.
- Release of tourniquet ONLY by the treating doctor by applying a BP Cuff and releasing slowly after starting ASV.



The Snakebite Assistant App - A teaching tool to address snakebites



The Snakebite Assistant App is a teaching tool for first-responders, medical students & professionals, Researchers and the general public in India

SNAKEBITE HEALING
& EDUCATION SOCIETY

THE HUMAN FACE OF
SNAKEBITE TRAGEDY

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THANK YOU