

IN THE HIGH COURT OF KERALA AT ERNAKULAM
PRESENT
THE HONOURABLE THE CHIEF JUSTICE MR. NITIN JAMDAR
&
THE HONOURABLE MRS. JUSTICE SHOBA ANNAMMA EAPEN
Monday, the 28th day of July 2025 / 6th Sravana, 1947
WP(C) NO. 32493 OF 2019(S)

PETITIONER:

KULATHOOR JAISINGH, AGED 42 YEARS S/O LATE DEVANESAN,
THUNDUVILA HOUSE, KULATHOOR, UCHAKKADA P.O.,
THIRUVANANTHAPURAM -695 506.

RESPONDENTS:

*1. STATE OF KERALA, (DELETED),
REPRESENTED BY THE CHIEF SECRETARY, GOVERNMENT SECRETARIAT,
THIRUVANANTHAPURAM - 695 001.

RESPONDENT NO.1 IS DELETED FROM THE PARTY ARRAY AS PER
ORDER DATED 29/11/2019 IN WPC.

1. THE HEALTH SECRETARY, HEALTH DEPARTMENT,
GOVERNMENT OF KERALA, GOVERNMENT SECRETARIAT,
THIRUVANANTHAPURAM - 695 001.

ADDL. R2 & R3 IMPEADED

2. THE DIRECTOR, RAJIV GANDHI CENTRE FOR BIOTECHNOLOGY,
THIRUVANANTHAPURAM-695 014.

3. THE DIRECTOR, NATIONAL INSTITUTE OF VIROLOGY,
KERALA UNIT, ALAPPUZHA-688 005.

ARE IMPEADED AS ADDL. R2 AND R3 AS PER ORDER
DATED 21/10/2021 IN IA.3/2021 IN WPC.

P.T.O.

Writ petition (civil) praying inter alia that in the circumstances stated in the affidavit filed along with the WP(C) the High Court be pleased to direct the 1st respondent to issue circular for exhibiting stock of emergency medicine in front of the pharmacy of the hospital, till the disposal of the Writ Petition (Civil).

This petition again coming on for orders upon perusing the petition and the affidavit filed in support of WP(C), this Court's order dated 10/07/2025 and upon hearing the arguments of SRI.R.GOPAN, Advocate for the petitioner, SRI.N.MANOJ KUMAR, STATE ATTORNEY & SRI.K.R.RANJITH, GOVERNMENT PLEADER for the respondents, SRI.G.BIJU, AMICUS CURIAE, SRI.SANTHOSH MATHEW, SENIOR ADVOCATE for KERALA STATE LEGAL SERVICES AUTHORITY and of ADV.SRI.C.C.MATHEW, the court passed the following:

P.T.0



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**Nitin Jamdar, C.J. &
Shoba Annamma Eapen, J.**

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Dated this the 28th day of July 2025

ORDER

Heard Mr. R. Gopan, learned counsel for the Petitioner in W.P.(C) No.32493 of 2019, Mr. K.R. Ranjith, learned Government Pleader for the State, Mr. G. Biju, learned Amicus Curiae and Mr. C.C. Mathew, learned counsel for the Intervener.

2. Pursuant to the order passed by this Court on 10 July 2025, the learned Government Pleader has placed on record a copy of the letter dated 25 July 2025 from the Secretary to the Government, General Education Department to the Director of General Education and the copy of the letter dated 27 July 2025 from the Additional Chief Secretary, Health Department to the Office of the Advocate General. He has also tendered in the Court, copy of the draft guidelines prepared by the Health Department dated 27 July 2025.

3. The learned Government Pleader states that in view of the interim order passed by this Court, a copy of the same was forwarded to the Health Department, Director of Medical Education, State Mission Director of National Health Mission and the Director of National Institute of Virology, for their remarks. It is stated that the General Education Department has issued instructions to the Director of General Education regarding the actions to be taken, and the process of

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coordination with the other departments is in process, and the guidelines would be finalised in the meeting to be held by the Chief Secretary, for which the learned Government Pleader seeks time.

4. The letter dated 25 July 2025 issued by the Secretary of the General Education Department would show that the Education Department has prepared certain draft guidelines, which read thus:

“4. To Issue clear guidelines and ensure strict compliance for regular cleaning and maintenance of school premises, including clearing bushes, weeds, debris, and garbage dumps. This should extend to unused buildings, storerooms, and areas around water sources.

5. To identify and seal cracks, holes, and gaps in walls, foundations, and roofs that could serve as hiding places for snakes. Set timelines for necessary repairs.

6. To ensure proper storage of firewood, construction materials, and other items that can provide shelter for snakes, away from school buildings and play areas.

7. To mandate a clear protocol for students and staff to check footwear kept outside classrooms or residences for snakes before wearing them.

8. To implement proper fencing or barriers to prevent snake entry into school compounds, especially in schools located in rural or semi-urban areas with high snake populations.

9. To conduct regular awareness campaigns, workshops, and mock drills for students, teachers, and non-teaching staff (including cleaning staff and gardeners). Emphasise "do's and don'ts" in case of snake sightings or bites.

10. To ensure prominent display of emergency contact numbers (health, forest, certified snake catchers), first-aid guidelines, and "Child Emergency Medical Response Plan" in all classrooms and common areas. This plan should clearly outline roles and

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responsibilities of staff, communication channels, and immediate actions.

11. To coordinate with the Health Department to ensure that nearby Primary Health Centres (PHCs) and Taluk Hospitals have adequate stock of Availability of Anti-Snake Venom (ASV) and trained medical personnel. Schools should have an updated list of such facilities and their contact numbers.

12. To facilitate specialised training for at least 2-3 staff members per school in basic first aid for snake bites, including recognition of symptoms, safe transportation, and the importance of not using harmful traditional methods. This training should be provided by the Health Department.

13. To establish clear protocols for immediate and safe transportation of snake bite victims to the nearest appropriate medical facility. Coordinate with Local Self-Government Departments for availability of ambulances or designated vehicles.

14. To liaise with the Forest Department to provide schools with a list of certified snake catchers in their respective areas and establish a clear protocol for contacting them in case of snake sightings within school premises.

15. To mandate and ensure that all schools maintain a well-stocked first-aid kit, including necessary items for snake bite management.

16. To designate a nodal officer within the Directorate of General Education and at district/block levels to coordinate with Health, Forest, and Local Self-Government Departments on snake bite prevention and management.

17. To propose and participate in regular inter-departmental review meetings at district and state levels to assess the effectiveness of the plan, address challenges, and update protocols.”

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5. As regards the Health Department, draft guidelines have been prepared, copy of which is tendered in the Court. They read as follows:

“The Guidelines prepared during the joint meeting with health department, education department held at education department headquarters is attached.

Provisional Guideline on Prevention and management of snakebite

Introduction

The primary management of snake bites involves immediate first aid followed by prompt medical care to assess and treat potential envenomation. This guideline covers clinical issues and various aspects of management of snakebites, including clinical features, intervention measures, first aid, transport and referral criteria, treatment with and treatment with anti-snake venom, and also primordial prevention. The guidelines shall be shared to all institutions under the General Education Department, and also to the Directorates of CBSE, ICSE systems, as well as interdepartmentally, so as to benefit the WCD Department with respect to safety of children attending Anganwadis, as a proactive step.

Action Plan to tackle snake envenomation in schools.

Preparedness measures for preventing snake bite events in schools in Kerala should be comprehensive, combining environmental management, awareness, infrastructure improvements, and emergency readiness. The following are key, evidence-based steps recommended for Kerala schools:

1. Environmental and Structural Measures

- Maintain Cleanliness: Do not let garbage, food waste, or debris accumulate on school premises, as these attract rodents and other prey, which in turn attract snakes.*
- Cleaning of School premises– This activity shall be conducted at the beginning of every school year and*

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before rainy season and at least once in a quarter. LSGI shall ensure the process.

- *· Inspection of School buildings- School officials and Local self-government officials should thoroughly inspect the safety of the building and shall ensure that the routine removal of vegetation etc as prescribed above is complied with.*
- *Rodent Control: Prioritize effective rodent control to reduce the food chain that draws snakes .*
- *Secure Building Structures: Ensure compound walls and school buildings are free of gaps, burrows, or holes where snakes can hide. Regularly plaster and maintain these structures.*
- *Remove Hiding Spots: Avoid storing logs, firewood, bricks, or construction materials near classrooms, as these provide shelter for snakes.*
- *Clear Vegetation: Regularly trim bushes, shrubs, and tall grass around playgrounds and buildings. Ensure children do not venture into dense vegetation or abandoned properties.*
- *Designated Paths: Encourage children to use only clear, designated paths and avoid walking barefoot in grassy or wooded areas.*
- *· Doors and windows are to be properly closed in the evening promptly after school hours, thus preventing the unnoticed entry and hiding of harmful insects and reptiles.*
- *· Bags and shoes of the students should not be kept outside class rooms unattended at any time because of chance of snakes entering and hiding in them.*

2. Student and Staff Awareness

- *Education: Conduct regular sessions to educate students and staff about snakebite risks, snake identification, and*

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safe behaviors (e.g., using sticks to retrieve balls from bushes).

- *Sensitization Programs: Implement awareness drives and distribute educational materials (pamphlets, posters) in local languages*
- *Mock Drills: Organize periodic mock drills for snakebite emergencies, involving teachers, students, and local authorities*

3. Emergency Preparedness

- *First Aid Training: Train staff in basic first aid for snakebites and ensure they know how to keep the victim calm, immobilize the bitten limb, and arrange prompt medical transport.*
- *Anti-Snake Venom (ASV) Availability: Know the nearest health center with ASV stock. Confirm availability in advance and maintain updated contact numbers for local doctors and hospitals.*
- *Ambulance availability, location and updated contact mobile numbers of the operating agency/ hospital to be known and displayed prominently in room of HM/Principal and school office section.*
- *Availability of services other standby vehicles, updated contact numbers etc to be displayed similarly in case ambulance is unavailable.*
- *Identify near by hospitals (both govt and private) treating snake bite cases.*
- *Conducting Mock drill- inter sectorally with the co-operation of LSGDs, Health, Forest and Schools – bi annually.*

4. Collaboration with Authorities

- *Engage Certified Snake Handlers: Utilize Kerala's SARPA initiative and certified snake handlers for safe removal of*

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snakes and to conduct awareness programs .

- *Contact details of snake handlers / rescuers.*
- *Use of 'SARPA App'(by Kerala Forest Department, GoK,) and Snake-Pedia App (run by a team of scientists, nature lovers, and doctors in Kerala) to be familiarised to all teachers and nonteaching staff.*
- *Financial Assistance: Utilize available government funds for fencing, clearing wild growth, and other preventive infrastructure. The support of concerned LSG may be utilised to ensure the same.*

5. Policy and Surveillance

- *Community Engagement: Involve the wider community and local bodies in surveillance, reporting, and preventive activities.*

These measures, when implemented together, create a safer school environment and ensure rapid, effective response in the event of a snakebite, significantly reducing the risk and severity of incidents in Kerala's schools.

Post event Immediate steps

- 1. Verify the history of snakebite and look for obvious evidence of a bite (fang puncture marks, bleeding, swelling of the bitten part etc.). However, in a krait bite no local marks may be seen. It can be noted by a magnifying lens as a pinpoint bleeding spot with a surrounding rash.*
- 2. Reassure the victim, as around 70% of all snakebites are from non-venomous species.*
- 3. Immobilize the limb in the same way as a fractured limb. Use bandages or cloth to hold the splints (wooden stick), but do NOT block the blood supply or apply pressure. Ideally, the patient should lie in the recovery position (prone, on the left side) with his/her airway protected to minimise the risk of aspiration of vomitus.*

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4. *Do not give the victim anything to eat/drink including food, drinks and medications, till he/she reaches a medical health facility.*
5. *Shift the victim to the nearest health facility (PHC or hospital) immediately.*
6. *Arrange transport of the patient to medical care as quickly, safely and passively as possible by vehicle ambulance (toll-free no.108), boat, bicycle, motorbike, stretcher etc.*
7. *Victim must not be made to walk/run or drive himself to reach a Health facility. Motorbike Ambulance may be a feasible alternative for rural areas.*
8. *Inform the doctor of any symptoms such as progress of local swelling, ptosis (drooping of eyelids) or new symptoms like difficulty in breathing, double vision, difficulty/change in speaking.*
9. *Remove shoes, rings, watches, jewellery and tight clothing from the bitten area as they can act as a tourniquet when swelling occurs.*
10. *Leave any local blisters undisturbed.*

TRADITIONAL / INAPPROPRIATE PRACTICES TO BE AVOIDED:

Important don't's:

Do not attempt to kill or catch the snake as this may be dangerous. Take a picture of the snake, if possible, for identification by an expert.

Discard unscientific methods (like black stones, scarification).

Do not wash the wound and interfere with the bite wound (like making incisions, suction, rubbing, tattooing, vigorous cleaning, massage, application of herbs or chemicals, cryotherapy, cautery) as this may introduce infection, increase absorption of the venom and increase local bleeding.

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Long-term steps – Introduce Snakebite awareness and prevention education for students using digital technologies, Interactive games and creative IEC materials, like videos to enhance learning and engagement.

Periodic health awareness class on various aspects such as snake envenomation, rescuing etc.

Health Department Roles

- *Availability of Anti-Snake Venom (ASV) to be ensured in all hospitals above the level of Taluk hospitals.*
- *Administration of ASV is a life-saving measure, yet it can sometimes cause serious adverse events unpredictably, and hence, the professional protection of medical personnel involved shall be ensured to instil confidence among them.*
- *Nodal Officers to be assigned at the district level for coordinating snake bite envenomation related activities and ensuring ASV at designated hospitals.*
- *Schools shall work in liaison with concerned FHC Medical Officers to receive guidance to address the health care needs of the schools, which includes snake bite management.*
- *The health department shall coordinate with the Education department to organise training in first aid measures, and share an updated list of hospitals having ASV stocks, with contact details.*
- *Facility for onward transport of patients referred from Taluk/other hospitals to higher centres shall be kept ready 24x7.*
- *Snake bite will be made a notifiable disease and efforts for the same as per the Public Health Act is already underway.*

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Ambulance

- *Schools may contact 108 Ambulance/nearest health facility for ambulance to transport the child to designated treatment facility without delay. In case ambulance is not available any suitable vehicle may be used for the purpose.*
- *Child shall be fully immobilised (ie., should not even be made to walk) and transported in a lying down position ,preferably with affected part/ limb placed at the level of the heart.*

Snakebite Prevention will be incorporated in the School Curriculum: Introduce snakebite awareness and prevention education for students using digital technologies, interactive games, and creative IEC materials to enhance learning and engagement.

Development of Standardized IEC Materials and school curriculum integration will be done in consultation with the Health Department, Forest Department, and school department.”

6. Since the Education Department and the Health Department have formulated the draft guidelines, the Forest Department, the Local Self Government Department and other Departments including the Institute of Virology and National Health Mission would also give their suggestions as regards the draft guidelines, so that they can be placed before the Chief Secretary, who can then finalise the guidelines accordingly. We also permit the learned counsel for the Petitioner, the learned Amicus Curiae and the learned counsel for the Intervener to submit their suggestions in writing to the Office of the Advocate General for forwarding the same to the Chief Secretary. The Chief Secretary will

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also look into the suggestions that have been recorded in the interim order passed in these petitions while finalising the comprehensive guidelines.

7. The learned Government Pleader has placed before us the data in respect of persons seeking treatment for snake bites during the last five years, which shows that the total number comes to 5322 in the year 2020, 3412 in 2021, 4279 in 2022, 5135 in 2023, and 6664 in 2024. He has also placed the data regarding the number of snake bite deaths across the State during the last ten years. Though the number of persons undergoing treatment seems to vary, the data shows a decline in fatalities from 71 in 2019-2020 to 31 in 2024-2025. As regards the request made by the learned Government Pleader on behalf of the Chief Secretary to hold a meeting and finalise the guidelines, we grant four weeks' time. The other Departments and stakeholders involved in this exercise will submit their suggestions to the Chief Secretary at the earliest, so that the guidelines can be finalised. Suggestions to be given by the learned counsel should be given at the earliest preferably within a period of one week.

8. Post on 26 August 2025.

Sd/-

Nitin Jamdar
Chief Justice

Sd/-

Shoba Annamma Eapen
Judge

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