Environmental Exposure Plan

for education and care



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| To be developed by the education or care service in consultation with the parent or legal guardian, to identify and document individualised management and treatment for a child or young person requiring nonstandard support based on environmental conditions. This information is confidential and will be available only to relevant staff and emergency medical personnel. | | | |
| Name of child/young person: |  | | |
| DOB: |  | Review date: |  |
| Allergies: |  | | |
| Education or care service: |  | | |  |

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| --- | --- |
| Current Adelaide temperature as per [Bureau of Meteorology](http://www.bom.gov.au/sa/forecasts/adelaide.shtml) | Action |
| 10 degrees or less | Play inside |
| 11 – 20 degrees | Free play |
| 21 – 30 degrees | Play in the shade only |
| 31 degrees or more | Play inside |

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| Notes / Additional actions |
| For example:  - If at any time the child becomes red in the face or says they are hot or cold need to change to inside play for the rest of the play period. If they are still red in the face at the beginning of a play period they should play inside regardless of current temperature.  - As a rule the child should wear one less layer than the other children during class  - If they are outside and there is a sudden dramatic change in weather conditions the child should be moved to inside play |

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| **AUTHORISATION AND AGREEMENT**  *(To be signed after form has been completed)* | | The following settings have been considered in the development of the Environmental Exposure Plan and is appropriate for use in the following: | | | | | |
|  | Children’s centre, preschool or school | | |  | | Childcare, Out of School Hours Care | |
|  | Camps, excursions, special event, transport (incl. aquatics) | | |  | | Work experience or other education placement | |
|  | Respite, accommodation | | |  | | Work | |
|  | Transport | | |  | | Other (specify) | |
| *Education or Care staff member completing the plan* | | | | | | | |
| (name) | | | (email or signature) | | | | (date) |
| *Principal, Director or Leader* | | | | | | | |
| (name) | | | (email or signature) | | | | (date) |
| *Parent or legal guardian; or adult student* | | | | | | | |
| * **I have participated in the development of, and have read and understand, the Environmental Exposure Plan** * **I approve the release and sharing of this information to supervising staff and emergency medical staff (if required).** * **I understand staff may seek additional information and/or advice regarding the medical information contained in the Health Support Agreement from the Access Assistant Program (AAP) to inform duty of care.** | | | | | | | |
| (name) | | | | | (relationship) | | |
| (email or signature) | | | | | (date) | | |