

Sleep and Rest Policy

(Including current recommended evidence based practices from ACECQA)

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Sources	Education and Care Services National Regulations, October 2020 Guide to the Education and Care Services National Law and the Education and Care Services National Regulations, October 2018 Guide to the National Quality Standard, October 2018 www.rednose.com.au (retrieved October 2017)

Aim:

To Reduce the Risks of Sudden Unexpected Deaths in Infancy (SUDI), including SIDS and Fatal Sleep Accidents in infants and young children in care. To inform and educate the service, Coordinators, Educators and parents in safe sleeping practices for children aged 1 to 5 years. To ensure safe, comfortable and relaxing sleep routines and environments for all children in care.

Explanation:

This policy is based on recommendations from the recognised authority on Safe Sleeping Practices for infants and children, Red Nose (saving little lives).

It is important that Coordinators, Educators and staff understand how to reduce the risks of SUDI including SIDs and Fatal Sleep Accidents and provide a safe sleeping environment for all children in their care. In particular Educators and staff need to be aware of their responsibilities to practice safe sleeping practices and inform and educate parents and guardians about these practices.

Educators are to use this policy and guide to establish Safe Sleeping Practices and a Sleeping baby Monitor Plan for their home.

Responsibilities:

In relation to Co-ordination Unit staff:

- Abide by their obligations under the current Education and Care Services National Regulations and the relevant National Quality Standard in relation to the safe sleep and rest practices.
 - Be aware of their obligations under the In Home Care National Guidelines 2018 in relation to safe sleep and rest practices.
 - Develop and distribute resources on safe sleeping to Educators, including Guideline: Infant Sleeping and the Reduction of SUDI.
 - Regularly provide families with information about safe sleeping equipment and Practices
- Monitor sleeping practices at each Family Day Care and In Home care home during routine and unannounced visits.
- Regularly review and update the sleep and rest policy and procedures to ensure that they are maintained in line with best practice principles and guidelines

In relation to Educators:

- Abide by their obligations under the current Education and Care Services National Regulations and the relevant National Quality Standard in relation to the safe sleep and rest practices.

- Maintain current knowledge of safe sleep and rest practices, through regularly accessing the Red Nose website (rednose.com.au)
- In conjunction with CCEL consult with families about their child's individual needs and be sensitive to different values and parenting beliefs, cultural or otherwise, associated with sleep and rest.
- Work with CCEL staff to encourage families to adopt recommend safe sleep and rest practices in cases where their requests differ with Red Nose recommendations.
- Ensure the provision of the endorsement of a sleep practice by the baby's medical practitioner if their families requests differ with Red Nose recommendations.
- Ensure that the needs for sleep and rest of children are met, taking into account the ages, development and individual needs of each child
- Develop a sleep monitoring plan and record these practices on a daily basis.
- Use only cots that comply with the requirements of the current Australian/New Zealand Standard
- Use only mattresses that comply with the requirements of the current Australian/New Zealand Standard
- Follow the manufacturer's instructions for the assembly and use of the cot
- Ensure that cots are regularly checked, maintained and kept in a hygienic manner
- Ensure there is an adequate number of cots, beds, stretchers or sleeping mats or other culturally appropriate forms of bedding for all children who sleep at the Educator's home
- Children are **not** to share the same bed at the same time
- Ensure that provision is made for:
 - Clean and comfortable mattresses and other bedding, which is in good repair
 - All forms of bedding must be fitted with a waterproof cover
 - If a lounge is regularly used as resting place for a child it must have a waterproof cover
 - Bed clothing appropriate to the climate
 - Fresh linen and blankets for each child
- **No** child is to sleep in a room in which an adult is sleeping
- Ensure cots, beds, stretchers, mattresses and other bedding at the Educator's premises are arranged so as to:
 - Be in an area that has natural light
 - Allow easy exit of any child
 - Allow easy access to any child
 - Reduce the risk of cross infection between children
- Ensure the safe placement of cots in their home e.g. away from windows where there are blinds and/or curtain cords
- Support children moving from play to rest calmly
- Make provision for children who do not wish to sleep or rest during the day
- Be sensitive to each child's "comfort" for sleeping and to make rest time a positive experience
- Assessment of each child's sleeping circumstances and needs should be undertaken to determine any risk factors
- Ensure that sleeping infants are closely monitored and sleeping children remain within hearing range of the Educator and are also regularly monitored in accordance with the Educators Safe Sleep Plan.
 - Sleeping children should always be within sight and hearing distance so that educators can assess the child's breathing and colour of their skin to ensure their safety and wellbeing
 - Respect cultural differences in relation to sleeping
 - Provide a comfortable quiet place for each child to sleep at any time of the day

- Provide children that are in care overnight with a separate, comfortable bed and respect their need for privacy
- Children's linen should be stored hygienically so that used linen does not touch clean linen, or other children's linen
- Linen should be regularly washed
- Discuss with parent's children's sleeping arrangements
- Follow recommendations by the National SIDS Council of Australia for the practice of safe sleeping, in an effort to reduce the risk of Sudden Infants Death Syndrome (SIDS), unless directed otherwise in writing by a medical practitioner

Overnight Care:**In relation to families:**

- Discuss their child's sleeping routines with the Educator
- Work in partnership with Educators and Co-ordination Unit staff to ensure their child has consistent routines and settles into care with minimal stress
- Provide an endorsement form from their baby's medical practitioner if they request sleep and rest practices that differ from Red Nose recommendations.

In Home Care:**In relation to Educators:**

- Be aware of their obligations under the In Home Care National Guidelines 2018 in relation to safe sleep and rest practices.
- Refer to and implement the requirements of the preceding policy.
- Complete the agreed Hazard Identification and Management Checklist each time care commences, for indoors and outdoors, and take any appropriate action

Continual Monitoring and Improvement:

Continual improvement and monitoring will occur in the following ways:

- Incidental and planned consultation with families
- Co-ordination Unit Staff accessing current relevant information
- Co-ordination Unit Staff and Educators accessing current and relevant training
- Internal evaluation of incidences and the improvement of systems

Current recommended evidence-based practices

Safe sleep and rest practices

Children of all ages

- Children should sleep and rest with their face uncovered.
- A quiet place should be designated for rest and sleep, away from interactive groups. If designated for rest, the space should allow for a calm play experience.
- Children's sleep and rest environments should be free from cigarette or tobacco smoke.
- Sleep and rest environments and equipment should be safe and free from hazards.
- Supervision planning and the placement of educators across a service should ensure educators are able to adequately supervise sleeping and resting children.
- Educators should closely monitor sleeping and resting children and the sleep and rest environments. This involves checking/inspecting sleeping children at regular intervals, and ensuring they are always within sight and hearing distance of sleeping and resting children so that they can assess a child's breathing and the colour of their skin. Service providers should consider the risk for each individual child, and tailor Sleep and Rest Policies and Procedures (including the frequency of checks/inspections of children) to reflect the levels of risk identified for children at the service. Factors to be considered include the age of the child, medical conditions, individual needs and history of health and/or sleep issues.

Babies and toddlers

- Babies should be placed on their back to sleep when first being settled. Once a baby has been observed to repeatedly roll from back to front and back again on their own, they can be left to find their own preferred sleep or rest position (this is usually around 5–6 months of age). Babies aged younger than 5–6 months, and who have not been observed to repeatedly roll from back to front and back again on their own, should be re-positioned onto their back when they roll onto their front or side.
- If a medical condition exists that prevents a baby from being placed on their back, the alternative practice should be confirmed in writing with the service, by the child's medical practitioner.
- Babies over four months of age can generally turn over in a cot. When a baby is placed to sleep, educators should check that any bedding is tucked in secure and is not loose. Babies of this age may be placed in a safe baby sleeping bag (i.e. with fitted neck and arm holes, but no hood). At no time should a baby's face or head be covered (i.e. with linen). To prevent a baby from wriggling down under bed linen, they should be positioned with their feet at the bottom of the cot.
- If a baby is wrapped when sleeping, consider the baby's stage of development. Leave their arms free once the startle reflex disappears at around three months of age, and discontinue the use of a wrap when the baby can roll from back to tummy to back again (usually four to six months of age). Use only lightweight wraps such as cotton or muslin. Visit the Red Nose website to download an information statement – [Wrapping Babies](#) – and the brochure – [Safe Wrapping](#) – for more information.

- If being used, a dummy should be offered for all sleep periods for children under one.
- For older children, the use of dummies should be informed by parental choices.
- Babies or young children should not be moved out of a cot into a bed too early; they should also not be kept in a cot for too long. When a young child is observed attempting to climb out of a cot, and looking like they might succeed, it is time to move them out of a cot. This usually occurs when a toddler is between 2 and 3 ½ years of age, but could be as early as 18 months. Download the brochure – [Cot to bed safety: When to move your child out of a cot](#) – for more information.

Safe environments and equipment

Safe cots

All cots sold in Australia must meet the current mandatory Australian Standard for Cots (AS/NZS 2172), and should carry a label to indicate this.

All portable cots sold in Australia must meet the current mandatory Australian Standard for children's portable folding cots, AS/NZS 2195, and should carry a label to indicate this.

Cots used at a service should meet current standards. Download the guide to infant and nursery products publication – [Keeping Baby Safe](#) – for more information from the Australian Competition and Consumer Commission's website.

Bassinets, hammocks and prams/strollers do not carry safety codes for sleep. Babies should not be left in a bassinet, hammock or pram/stroller to sleep, as these are not safe substitutes for a cot.

Safe cot mattresses

Mattresses should be in good condition; they should be clean, firm and flat, and fit the cot base with not more than a 20mm gap between the mattress sides and ends. A firm sleep surface that is compliant with the new AS/NZS Voluntary Standard (AS/NZS 8811.1:2013 Methods of testing infant products – Sleep surfaces – Test for firmness) should be used.

Mattresses should not be elevated or tilted. Testing by hand is not recommended as accurate in assessing compliance with the AS/NZ Standard. For information on testing adequate mattress firmness, watch this [video](#) or refer to [written instructions](#).

Remove any plastic packaging from mattresses.

Ensure waterproof mattress protectors are strong, not torn, and a tight fit.

In portable cots, use the firm, clean and well-fitting mattress that is supplied with the portable cot. Do not add any additional padding under or over the mattress or an additional mattress.

Safe bedding

Light bedding is the preferred option; it should be tucked in to the mattress to prevent the child from pulling bed linen over their head.

Remove pillows, doonas, loose bedding or fabric, lambs wool, bumpers and soft toys from cots.

Soft and/or puffy bedding in cots is not necessary and may obstruct a child's breathing. Download the information statements – [Pillow Use](#), [Soft Toys in the Cot](#) and [Bedding Amount Recommended for Safe Sleep](#) – for more information on the Red Nose website.

Safe placement

Ensure a safety check of sleep and rest environments is undertaken on a regular basis.

If hazards are identified, lodge a report as instructed in the service's policies and procedures for the maintenance of a child safe environment.

Ensure hanging cords or strings from blinds, curtains, mobiles or electrical devices are away from cots and mattresses.

Keep heaters and electrical appliances away from cots.

Do not use electric blankets, hot water bottles and wheat bags in cots.

Do not place anything (e.g. amber teething necklaces) around the neck of a sleeping child. The use of teething bracelets (e.g. amber teething bracelets) is also not recommended while a child sleeps.

Meeting children's sleep, rest and relaxation needs

Individual children

Ensure that children who **do not** wish to sleep are provided with alternative quiet activities and experiences, while those children who **do** wish to sleep are allowed to do so, without being disrupted. If a child requests a rest, or if they are showing clear signs of tiredness, regardless of the time of day, there should be a comfortable, safe area available for them to rest (if required).

It is important that opportunities for rest and relaxation, as well as sleep, are provided.

Consider that there are a range of strategies that can be used to meet children's individual sleep and rest needs.

Look for and respond to children's cues for sleep (e.g. yawning, rubbing eyes, disengagement from activities, crying, decreased ability to regulate behaviour and seeking comfort from adults).

Avoid using settling and rest practices as a behaviour guidance strategy because children can begin to relate the sleep and rest environment, which should be calm and secure, as a disciplinary setting.

Minimise any distress or discomfort.

Acknowledge children's emotions, feelings and fears.

Understand that younger children (especially those aged 0–3 years) settle confidently when they have formed bonds with familiar carers.

Ensure that the physical environment is safe and conducive to sleep. This means providing quiet, well-ventilated and comfortable sleeping spaces. Wherever viewing windows are used, all children should be visible to supervising educators.