

# Health & Safety: Sleep and Rest

Policy/Procedure Number: B 8

Policy/Procedure Requirement: National Quality Standards 2; Regulation 81 and 168

## Policy Statement

Each child's wellbeing and comfort including the child's need for sleep, rest and relaxation must be provided for. The Service recognises that it is an important part of Education and Care service delivery to ensure that effective sleep and rest strategies are in place to ensure a child feels secure and safe whilst in FDC.

## Rationale

To equip the Educators to provide care for children and infants with a high level of safety when they are sleeping and resting and to take every reasonable precaution to protect them from harm and hazard.

## Strategies and Practices

### The Coordination Unit will:

- Regularly review and update sleep and rest policies and procedures to ensure they are maintained in line with best practice principles and guidelines
- Provide Educators with information and training to fulfil their roles effectively, including being made aware of the sleep and rest policies, their responsibilities in implementing these, and any changes that are made over time
- Only consider endorsing a family's request for a baby to sleep on his or her stomach or side, if it is due to a rare medical condition and with the written support of the baby's medical practitioner. In any event, the service may also consider undertaking a risk assessment and implementing risk minimisation plans for the baby

### Educators will:

- 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
- Consult the Coordination Unit where a family's beliefs and requests are in conflict with the strategies and practices outlined herein. Child safety should always be the first priority and Educators **should not agree to parents' request** to adopt practices that are contrary to the safety of the child.
- **At all times ensure that:**
  - Children sleep and rest with their **face uncovered**
  - 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

- Sleeping and resting children are adequately supervised including by **checking/ inspecting sleeping children at regular intervals**
- The Educator is 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
- A safety check of sleep and rest environments is undertaken on a regular basis
- Hanging cords or strings from blinds, curtains, mobiles or electrical devices are away from cots and mattresses
- Heaters and electrical appliances kept away from cots
- Electric blankets, hot water bottles and wheat bags are **not used** in cots
- **Nothing is around the neck** of a sleeping child (e.g. amber teething necklaces). The use of teething bracelets (e.g. amber teething bracelets) is **not recommended** while a child sleeps
- For **Babies and Toddlers** will also ensure that:
  - **At no time be a baby's face or head covered** (i.e. with linen)
  - Babies are **placed on their back** to sleep when **first being settled**
  - Babies (**younger than 6 months**): Babies 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
  - Babies (**older than 6 months**): 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
  - 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**
  - When a baby is placed to sleep, Educator should check that any bedding is **tucked in secure and is not loose**. Babies **older than 4 months** may be placed in a safe baby sleeping bag (i.e. with fitted neck and arm holes, but no hood). 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). Visit the Red Nose website <https://rednose.com.au/article/wrapping-babies> for more information

### Good Practices:

- 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
- If being used, a dummy should be offered for all sleep periods. Dummy use should be phased out by the end of the first year of a baby's life. If a dummy falls out of a baby's mouth during sleep, it **should not be re-inserted**

- 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
- 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
- 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

### Overnight Care:

- The Educator **must seek approval** from the Service prior to providing overnight care
- Written parental approval will be obtained before any child shall sleep overnight in the same room with any other child or any adult
- The room in which the child sleeps shall preferably be a bedroom but in any case shall not be used as a thoroughfare
- Children who regularly stay overnight will be provided with their own bed and linen
- The child who stays overnight will have access to the Educator at all times
- The Educators must be aware of their vulnerability to **allegations of child abuse** and its ramifications and ensure that protective measures for themselves and their families are put into place. This should include Educator keeping a record of:
  - the times the child went to sleep and woke up
  - where the child slept and the sleeping environment (should be safe)
  - supervision of the child while they are sleeping and how they are monitored during the night
  - whether there were any other children or adults at home during the period of care
  - if anyone has access to the child's sleeping environment, and
  - night time emergency evacuation plans (e.g. in case of fire, intruder etc – refer to Policy C2, *Child Safe Environment: Emergency and Evacuation*)

### Cots:

- All cots must meet the current mandatory Australian Standard for Cots (AS/NZS 2172), and should carry a label to indicate this
- All portable cots must meet the current mandatory Australian Standard for children's portable folding cots, AS/NZS 2195, and should carry a label to indicate this
- 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

### Cot Mattresses:

- Mattresses should be in good condition; 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) should be used
- Mattresses should not be elevated or tilted. **Testing by hand is not recommended** as accurate for testing adequate mattress firmness
- 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

### 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, lamb's wool, bumpers and soft toys from cots
- Soft and/or puffy bedding in cots is not recommended and may obstruct a child's breathing

## Day-to-Day Service Management of Health and Safety Policies

- Reviewed quarterly and as required

## Resources and Further Readings

- Education and Care Services National Regulations
- Education and Care Services National Law Act 2010
- ACECQA National; Quality Framework Resource Kit [www.acecqa.gov.au](http://www.acecqa.gov.au)
- Red Nose (<https://rednose.com.au/>)

## Related FDC Policies, Procedures & Documents

- *Child Safe Environment: Emergency and Evacuation Policy*
- Child Enrolment and Parent Agreement Form
- Medical Management Plan
- Incident, Injury, Trauma and Illness Form

Created: October 2017

Next Review: April 2018