

6. Safe Sleep and Rest Time



Introduction

All children have individual sleep and rest requirements. Children need a comfortable relaxing environment to enable their bodies to rest. This environment must be safe and well supervised to ensure children are safe, healthy and secure in their environment.

Purpose

The Education and Care Services National Regulations requires approved providers to ensure their services have policies and procedures in place for children's sleep and rest. Our Safe Sleep and Rest time policy means our educators, management, other staff, families and the community can be confident that children's needs for sleep and rest are met while attending the service. Fortunately, cases of children dying in education and care service settings are very rare. However, some deaths have occurred when a child has been sleeping at a service. Relevant coroners' reports have found that poor sleeping environments and poor supervision are risk factors. While all children need rest and sleep to be happy and healthy, this is an area of service policy and procedure that needs to be very carefully considered, monitored and actively reviewed to ensure risks are appropriately addressed at all times. Tillys Play and Development Centres aim to provide a rest or sleep to meet the individual needs of each child in its care in a safe, well supervised environment to minimise the risks of Sudden Infant Death Syndrome (SIDS).

Goals – What are we going to do?

The centre will ensure that all children have appropriate opportunities to sleep, rest and relax in accordance with their individual needs. The centre will provide beds and cots that comply with Australian Standards. The risk of Sudden Infant Death Syndrome (SIDS) will be minimised by following practices and guidelines set out by health authorities (Red Nose– Safe Sleeping Guidelines).

Strategies – How will it be done?

Approved Providers, Nominated Supervisors and Educators have a duty of care to ensure children are provided with a high level of safety when sleeping and resting and every reasonable precaution is taken to protect them from harm and hazard. The Nominated Supervisor will ensure that children's safety, health and well-being are upheld at all times.

Sudden Infant Death Syndrome (SIDS)

When a baby dies unexpectedly and for no obvious reason, it's often described as sudden unexpected death in infancy (SUDI). SUDI is a broad term that includes SIDS and fatal sleeping accidents. Sudden Infant Death Syndrome (SIDS) is the sudden and unexplained death of a child less than one year of age. Child mortality in Australia from SIDS has decreased considerably since the introduction of community education about SIDS child care practices which reduce the risk of SIDS.

Despite this reduction, it is still the most common cause of death in children aged between one month and one year. About 80% of SIDS occur under 6 months of age. The most vulnerable age is 2 to 4 months. Some infant sleeping environments are unsafe and may cause accidents and injury during sleeping. There is an increased risk of SIDS when infants sleep on their side or tummy. It is important that centre staff know to always place a baby on its back to sleep.

Red Nose Safe Sleeping Guidelines – rednose.org.au

- **Always place baby on their back to sleep**

This is the safest position for healthy babies. Babies are more likely to die of SUDI including SIDS and fatal sleeping accidents if they sleep on their sides or tummies. Once your baby can roll over (at around 4-6 months), keep putting them to sleep on their back, but let them find their own sleeping position. Placing baby on their back to sleep helps keep their airway clear and ensures their protective reflexes work. Back sleeping reduces the risk of suffocation, overheating and choking.

- **Keep babies head and face uncovered**

Be careful the baby's face and head stay uncovered during sleep. Babies control their temperature through their face and head, so keeping baby's face and head uncovered during sleep helps reduce the risk of overheating. It also helps keep their airways clear which reduces the risk of suffocation. A good way to do this is to put your baby low down in the cot, so their feet are near the bottom end. Tuck in the bed sheets securely so they can't cover your baby's head. You could use a [safe infant sleeping bag](#) instead of blankets. Sleeping bags with a fitted neck and armholes and no hood are the safest.

- **Keep baby smoke free before and after birth**

Smoking during pregnancy and around baby once they are born increases the risk of sudden infant death – this includes second-hand smoke. If you or your partner smoke, don't smoke around baby and never smoke where baby sleeps. **For free help to quit smoking call Quitline on 13 78 48.**

- **Create a Safe sleeping environment night & day**

The safest place for baby to sleep is in their own safe space, with a safe mattress, and safe bedding. Baby should always be placed on their back to sleep, with their feet at the bottom of the bassinet or cot. **Safe Cot** – Meets Australian standards AS/NZS 2172:2003. **Safe Mattress** – Firm, flat, right size for your safe cot, meets voluntary Australian Standard (AS/NZS 8811.1:2013). **Safe Bedding** – Lightweight bedding, firmly tucked in and only pulled up to the chest. **Safe sleeping bag** - Well fitted across the neck and chest, with baby's arms out, and no hood.

- **A safe place to sleep**

The safest place for babies to sleep is in their own safe space, in the same rooms as their parents or adult caregiver for the first 6 months.

- **Breastfeed your baby if you can**

Breastfeeding has been shown to reduce the risk of SUDI including SIDS and fatal sleeping accidents. And regardless of whether your baby is breastfed or bottle-fed, it's still very important to follow safe sleeping practices.

- **Red Nose Safe Sleep Advice Line**



1300 998 698 education@rednose.org.au

Partnerships with families

Centres have a responsibility to families to build and maintain strong partnerships. This includes:

- Raising awareness about contemporary sleep and rest practices that are being modelled in the centre as well as sharing this policy and procedure.
- Having respectful conversations with families upon enrolment, during orientation and whilst they remain enrolled in our centre. These conversations build a shared understanding and commitment to safe sleep policies and practices.
- Consulting with families about their child's individual requirements and being sensitive to different values and parenting beliefs and culture, associated with sleep and rest.

* Where family's beliefs and requests conflict with current endorsed recommended practices, (for example recommendations from Red Nose), the centre will require written support from a recognised medical practitioner. In the event a child has a confirmed medical condition follow the Medical Conditions policy and procedure. Follow Red Nose Safe Sleep guidelines where medical evidence cannot be provided.

Assessing risk for sleep and rest times

- Our service will conduct a risk assessment to identify and mitigate risks associated with sleep and rest. These will include the individual needs of children, the location of the sleep and rest space, the environment, the equipment used for sleep and rest, supervision practices, ventilation, lighting, beds and linen and staff understanding of the service's sleep and rest policy and procedures.
- Our service will conduct a sleep and rest risk assessment at least once every 12 months, and as soon as practicable after becoming aware of any circumstance that may affect the safety, health and wellbeing of children during sleep and rest. Our service will make any necessary updates to the sleep and rest policies and procedures as soon as practicable after conducting the sleep and rest risk assessment and keep a record of each sleep and rest risk assessment conducted.

Roles and Responsibilities

Approved Provider will:

- *"Take reasonable steps to ensure that the needs for sleep and rest of children being educated and cared for by the service are met, having regard to the ages, development stages and individual needs of the children (Regulation 84A.) The approved provider must also ensure there are policies and procedures in place for managing sleep and rest for children (Regulation 168) and take reasonable steps these policies and procedures are followed (Regulation 170)."*
- Undertake a risk assessment to ensure adequate supervision and monitoring of children during periods of sleep and rest is conducted and documented, including method and frequency of checking children's safety, health and well being.
- Ensure there are adequate numbers of cots and bedding available to children that meet Australian Standards.

- Ensure all equipment carry safety codes for sleep. Bassinets, hammocks and prams/strollers are not considered safe equipment to sleep in and cannot be considered a substitute for a cot.
- Ensure that all cots meet AS/NZS 2172:2003.
- Ensure that areas for sleep and rest are well ventilated and have natural lighting.
- Ensure that supervision windows will be kept clear to ensure safe supervision of sleeping children.

Nominated Supervisor will:

- Maintain up to date knowledge regarding safe sleeping practice and communicate this information to educators and families.
- Provide educators with an induction that includes a comprehensive overview of the sleep, rest and relaxation policy and procedures and this is documented.
- Use the resources available on the Red Nose website for families and educators.
- Monitor educator practice to ensure it meets the requirements of this policy and procedure, and provide additional and ongoing education, coaching and support where required.
- Ensure that educators have the correct forms to check children's wellbeing while sleeping and resting.
- Regularly monitor areas used for sleep and rest to make sure they are always:
 - well ventilated
 - have appropriate lighting
 - are maintained at an appropriate temperature for sleep and/or rest
 - arranged to ensure adequate supervision. This includes making sure that viewing windows are kept clear and are not obstructed by curtains, paint, blinds, posters, artwork etc.

Educators will:

- Ensure the sleeping environment has been considered with hazards in the sleeping environment removed or mitigated (such as access of a child to other parts of the environment as they wake; including items that could pose a risk such as blinds, cords or other objects, and access of other people to the sleeping environment and sleeping children). As per risk assessment.
- Assess each child's circumstances and current health to determine whether specific needs are required to allow for safe sleep including higher supervision levels and more frequent checks.
- Ensure that bed linen is clean and in good repair. Families will supply their own individual bed linen each time they attend, marked with their child's name. Spare linen and blankets will be supplied by the centre. Ensure children 2-6 years are not placed in sleep bags to rest or sleep when on a stretcher bed.
- Consult with families about children's sleep and rest needs.
- Take off any amber bead necklaces and any other jewellery before putting children to bed.

- Educators will be sensitive to each child's needs so that sleep and rest times are a positive experience.

0-2 years:

- Babies will be put to sleep in the same routine as described by families in keeping with Red Nose recommendations and guidelines.
- Ensure babies are put to sleep in a cot and if this does not meet their individual needs other arrangements will be discussed with the Nominated Supervisor and/or Approved Provider.
- Arrange children's beds and cots to allow easy access for children and staff.
- Ensure that babies are allocated the same cot each time they attend so they will feel familiar with the centre.
- Ensure that cot mattresses are clean, firm and the correct size for the cot frame. Mattresses will be wiped over with neutral detergent between each use.
- Make up cots to comply with Red Nose safe sleeping guidelines. Babies will be placed on their backs to sleep, but they will be able to find their own sleeping position. No loose bedding is to be available to the child. Bed linens will be firmly tucked under the mattress to reduce the risk of a child covering their face. Put the baby's feet at the bottom of the cot so the baby cannot slip down under the covers. Tuck the baby in securely so bed linen is not loose. No doonas, duvets, pillows or cot bumpers will be placed in cots.
- Ensure babies are put to bed in appropriate clothing. Remove any bibs, shoes or bulky clothing such as jumpers with hoods.
- Securely lock cot sides into place to ensure children's safety.
- Ensure that babies under 12 months of age sleep in cots fitted with sleeping monitors, where available.
- Ensure that cot rooms have operational baby monitors on at all times.
- Ensure that Cot Checks are completed each day prior to putting any child in the cot.
- Ensure that cot rooms are air conditioned and maintained at an appropriate temperature.
- Ensure babies are not left for long periods crying in their cots.
- Preferably give bottle-fed children their bottles before going to bed. If necessary, for babies to go to bed with a bottle then babies will not be put down to sleep with a bottle of any kind other than water or milk and are to be supervised by staff at all times. Bottles are to be removed as soon as child falls asleep or has finished bottle.
- Children will be physically checked/ inspected at least every 10 minutes by inspection of the child's:
 - sleeping position
 - skin and lip colour
 - breathing
 - body temperature
 - head position, airway head and face, ensuring they remain uncovered.

- The sleep check will be documented and signed by the observer (date, time, signature recorded) on the Room Communication Sheet/Sleep Record.
- Be aware of manual handling practices when lifting babies in and out of cots.
- Participate in staff development about safe sleeping practices. The centre will access the Red Nose Safe Sleeping Resource Kit for Early Childhood Educators and provide information to families on safe sleeping practices.
- Communicate with families about their child's sleeping or rest times and the service policy regarding sleep and rest times.
- Conversations with families may be necessary to remind families that children will neither be forced to sleep nor prevented from sleeping. Sleep and rest patterns will be recorded daily for families on the Room Communication Sheet/Sleep Record.

2-3 years

- Ensure that beds/mattresses are clean and in good repair. Beds and mattresses will be wiped over with neutral detergent between each use.
- Arrange children's beds to allow easy access for children and staff. Children will be placed in a head to toe position on alternating beds with adequate spacing between beds to minimise the possibility of cross contamination between children.
- Remember that children do not need to be "patted" to sleep. By providing a quiet, tranquil environment, children will choose to sleep if their body needs it. If children are still awake after 20 minutes, they will be provided with activities to engage with.
- Ensure the educational program provides opportunities for each child to sleep or rest and relax as required, based on each child's requirements and preferences. Create a relaxing atmosphere for resting children by playing relaxation music, reading stories, cultural reflection, turning off lights and ensuring children are comfortably clothed. The environment should be tranquil and calm for both educators and children. Educators will sit near resting children and support them by encouraging them to relax and listen to music or stories.
- Encourage children to dress appropriately for the room temperature when resting or sleeping. Lighter clothing is preferable, with children encouraged to remove shoes, jumpers, jackets and bulky clothing. The room temperature will be considered to ensure maximum comfort for the children. Children will not be placed in sleep bags to sleep or rest.
- Children who are sleeping will be allowed to sleep until they wake or according to individual needs or families wishes.
- Sleep times will be recorded on the Room Communication Sheet/Sleep Record for parents to observe
- Children will be allowed to sleep with a comfort item from home.
- Children will not be permitted to sleep with a bottle filled with any fluid except water. Please note that as per dietary guidelines outlined by NSW Health, it is not recommended that children over the age of 2 have bottles of milk at any time.

3-6 years

- Ensure the educational program provides opportunities for each child to sleep or rest and relax as required, based on each child's requirements and preferences.
- Beds will be provided to children who wish to sleep, bed linen will be supplied by families each time the child attends. Children will not be placed in sleep bags to rest or sleep.
- Arrange children's beds to allow easy access for children and staff. Children will be placed in a head to toe position on alternating beds with adequate spacing between beds to minimise the possibility of cross contamination between children.
- Ensure that beds/mattresses are clean and in good repair. Beds and mattresses will be wiped over with neutral detergent between each use.
- Children who do not sleep will engage in quiet activities.
- Sleep time is not enforced for any child at the centre.

OOSH

- If a school age child requests a rest, a quiet area for the child to be inactive and calm, away from the main group of children will be provided. Rest and relaxation areas may include a cushion, mat or seat in a quiet section of the care environment.
- If a school age child requests a sleep or falls asleep a stretcher bed, mattress or safe space will be provided
- Quiet, solitary play experiences are available for those school age children who request the need for a rest or time away from their peers.
- Our service will provide a range of both active and restful experiences throughout the program and support children's preferences for participation.

Families will:

- Families will keep staff and educators up to date with their child's sleep and rest needs.
- Parents will provide all linen and blankets for the child each time that they attend and are to ensure that all sleep items are clearly labelled with their child's name.
- Understand and follow the Red Nose guidelines for safe sleep practices.
- Respect the educators right to follow the safe sleep practices as described by a recognised authority on Safe Sleep (Red Nose) for their child.
- Understand that educators will neither force a child to sleep nor prevent a child from sleeping.
- Be provided with reading material to deepen their understanding of safe sleep practices.

Amber Teething Necklaces

Tillys Play & Development Centre does not endorse the wearing of Amber teething necklaces for children in our care, although we do respect the family's right for freedom of choice in the care of their child.

The necklace may pose **two potential hazards** from **strangulation** and **choking**.

- Strangulation may occur if the infant has the amber teething necklace permanently fastened around their neck, especially when they are sleeping.
- A choking hazard may occur if the necklace breaks and releases the small beads.

If the child wears the Amber necklace whilst in care at Tillys educators will:

- Supervise the infant when wearing the necklace or bracelet.
- Remove the necklace from the infant if infant is unattended even if it's only for a short period of time.
- Remove the necklace from the infant while sleeping during the day.
- Do not allow the infant to chew on the necklace.
- Always seek medical advice if you have any concerns about the child's health and well-being in relation to wearing of Amber beads.

Amber teething necklaces and bracelets consist of amber beads which are a fossilized tree resin and range in colour from yellow to white and beige to brown. These products can break into small parts and present a choking hazard to children under three years of age.

Related Legislation

- Education and Care Services National Law Act
- Education and Care Services National Regulations: Regulations : 82, 84A, 84B, 84C, 87, 103, 105-107, 110, 115, 116, 168-172
- Australian Consumer law 2011
- The NSW Work Health and Safety Act 2011 and the NSW Work Health and Safety Regulation 2011

Links to other policies and documents

- Guidelines following the sudden and unexpected death of a child in care
- Supervision
- Family Participation and Communication
- Enrolment and Orientation
- Interactions with Children
- Providing a child safe environment

Links to Education and Care Services National Regulations:

82, 84A, 84B, 84C, 87, 103, 105-107, 110, 115, 116, 168-172

Links to National Quality Standards/Elements:

1.2.3, 2.1.1, 2.2.1, 3.1.1, 3.2.1 and 7.1.2

Sources

- Guidelines for Safe Sleeping <https://rednose.org.au/page/safe-sleeo-resource-kit>
- ACECQA Guide to the National Quality Framework
- NSW Health
- Australian Competition and Consumer commission (ACCC)
- The Children's Hospital at Westmead – Safety factsheet – Cots and Cot mattresses
- Standards Australia – www.standards.org.au
- Community Early Learning Australia - CELA

Guidelines following the sudden and unexpected death of a child in care



Initial response if a child is found not breathing:

- Stay Calm. Ensure that a staff member always stays with the child.
- Immediately commence resuscitation and continue until the Ambulance arrives.
- Telephone the Ambulance on “000” and give the following details:
 - Child not breathing.
 - Name, address, telephone number and the street directory reference of the centre.
- Contact the parents. Give them the information that there is a medical emergency and that the ambulance is on the way. Recommend that someone else such as a work colleague or neighbour drive them to the centre. If the infant is transported to the hospital before the parents arrive, instruct them to go straight to the hospital.
- A staff member should meet the ambulance officers at the front of the centre and guide them to the child. A staff member should also meet the parents when they arrive.
- Keep the area clear for emergency personnel at all times.
- Maintain privacy for the deceased child/family by keeping other children/parents in another area of the centre.
- After resuscitation attempts have ceased, ask the ambulance officers to remain at the centre until the child’s parents arrive. This will allow parents the opportunity to see their child in the place he or she died and to talk with centre staff and educators and ambulance officers about what has happened.
- The police officer will attend the centre and will need to speak to staff as part of the death scene investigation.
- *Red Nose can be contacted at any time to provide information and support to parents and/or staff on 1300 308 307*

What will happen next?

- Police will question the centre staff and educators. This is to give information to the coroner and is necessary for all sudden and unexpected deaths regardless of age.
- Once the police have attended, they will organise for the child to be taken from the centre. The individual needs and requests of the parents should be respected wherever possible, but the State coroner’s office usually has to approve these requests.
- Facilitate parents and other children spending time with the child before he or she is taken from the centre.
- After a sudden unexpected death, an Event Scene Investigation will be undertaken by a Coronial Scientific Officer. The Coronial Scientific Officer speaks with the staff and the parents about the infant’s health, bedding, and environment, and may take photographs.
- Centre to complete Notification of Serious Incident via the ACECQA NQAIT System Portal
- An autopsy is required by law to try to find the cause of any sudden and unexpected death, regardless of age.
- Parents may see, touch and hold their child again after the autopsy.
- Staff and trained parent supporters at Red Nose are available to offer information and support to bereaved families, to centre staff and educators and others affected by the sudden and unexpected death of a baby or young child.
- After gaining parent’s consent, please notify Red Nose (1300 308 307) of the child’s death.

Caring for parents

- Offer to visit the family as soon as possible, but be prepared that there may be blame at this point and that the family may not wish to see you.
- Always use the child's name unless cultural reasons do not permit it.
- Don't feel that you need to fix things: you can't. Just be there. Be generous with your time.
- Do not be afraid to show your own emotions, but do not allow them to overwhelm the parents or to detract from your ability to help.
- Avoid using clichés such as “at least you have your other children”. This shows disrespect for the uniqueness of each family's tragedy. It is better to simply say “I'm sorry” or “it must be awful for you”.
- There is no right way of grieving. Acknowledge and accept the feelings expressed by parents.
- Let parents know if you would like to attend the funeral and check that they are comfortable with staff and educators attending.
- Some bereaved parents feel very angry or blaming. This can be a normal response to grief.
- Some parents wish to avoid contact with anyone they associate with their child's death. Try not to take this personally. Parents may want to talk to you at a later date.
- Be prepared to remember and pass on to the parents as much as you can about their child's care on the day he or she died. Parents do need to know these details.
- You may have known this child very well, and you may have special memories to share with parents. By mentioning the child's name and recalling his or her special or endearing qualities, you are allowing parents to share these memories.
- Families may remember any kindness you offer for years to come.
- Offer parents Red Nose booklets that the centre has (Red Nose Safe Sleeping Resource Kit for Early Childhood Educators)
- *Explain to parents that professional staff and trained parent supporters at Red Nose are available to offer immediate and ongoing support and information to bereaved families. Having gained parents' consent please notify Red Nose (1300 308 307) of the death.*

Caring for other children

- If Brothers or sisters of the child remain in your care, remember that they are also grieving. Talk with them about their brother or sister and provide opportunities for them to express their feelings through words, drawing and painting or play.
- Check with parents about how they want children's questions answered about the sibling that has passed.
- Red Nose has literature and can provide support for children who have had a brother or sister die (1300 308 307.)

Caring for each other

- Many people will be affected by a death in a childcare centre, including the centre staff and educators and children and families who use the centre.
- A staff member or educator may need to take a break from his/her work.
- Ensure that the staff person is immediately offered the opportunity to talk over what has happened. Make use of workplace arrangements for support and debriefing.

*Red Nose offer debriefing, information, and support to anyone who has been affected by the sudden and unexpected death of a baby or young child.
Call 1300308307 or email support@rednose.com.au*

guidinglight

online and telephone services assists parents and their families after the death of a child