



Policy and Procedures Sleep, Rest & SIDS

Purpose

To ensure all babies in our care are slept in a safe sleeping environment to reduce the risk of sudden and unexpected Death in Infancy (SUDI) and fatal sleeping accidents through best sleeping practices.

This policy is an integral component of our education and care service's duty of care commitment.

Goals

- To ensure all educators, staff, students and volunteers implement and comply with the evidence-based safe sleep practices and guidelines recommended by Red Nose Safe Sleeping Program.
- To ensure all educators, staff, students and volunteers are informed of the Red Nose Safe Sleep recommendations for best practices and have access to training and resources to maintain their knowledge and skills.
- To ensure that Acacia apply a continuous quality improvement approach our practices and promote safe sleep information and evaluate practices using documents contained in the Red nose Childcare kit on a regular basis.
- To ensure consistent safe sleeping information is displayed throughout the service and given to families and care givers of all babies.

Scope

This policy applies to all educators, staff, students and volunteers of Acacia children's Centres and is aligned to the Red Nose Safe Sleeping program.

Sleep Rest Time

Babies and young children for at least up to the first three years of life need quiet time to rest or sleep during the day.

Children need rest time to help them relax and unwind from their busy morning schedule and recuperate energies for the busy afternoon.

Acacia will support each child's needs for rest, sleep, and comfort.

Most children in the program participate in a sleep or rest time after lunch each day. Children are provided with a bedding item: mattress/cot, blanket, sheets, and linen bag.

Pre-school children are encouraged to develop their own sense of wellbeing by deciding whether they need a sleep or rest. Further conversations with families are held to discuss individual sleep/rest needs.

Children who do not require a sleep are encouraged to have a rest in a designated quiet area. In this area, children are given cushions to rest on, whilst they listen to a story, or calming music. Yoga or meditations are other options for the children to be involved in. After a short time resting, non- sleeping children can move onto activities set within our program (indoor or outdoor)

If children find sleep time unsettling educators will consult families on developing a smooth sleep time routines for their individual child. As a child awakens and is ready to get up, she/ he is allow to get dressed and move on to quiet activities.



Sleep and rest periods are provided to accommodate to child's individual requirement. Parents are consulted at the time of enrolment regarding their child's sleeping pattern and settling procedure. A record of the child's daily sleeping hours will be recorded on the information board. Any difficulties or change in sleeping patterns will be reported to parents.

Children of all ages

- Infants and young children have day time sleeps according to their own sleep routine.
- Each child will sleep on a waterproof mattress or in a separated cot with a waterproof mattress that is covered by a fitted sheet.
- Children should sleep and rest with their face uncovered.
- No bottles to be given to children while in bed.
- 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.
- Room will not be darkened to represent night time (all blinds are not to be shut). Some natural light should filter through whilst children are sleeping, so children have the opportunity to differentiate between night sleep and day sleep
- All children will be appropriately dressed for bed. Jumpers and jackets are not to be worn whilst in bed.
- If music is been used to sooth children, the volume must be at a level that you can hear children sleeping.

Babies and Toddlers

- Infants have day time sleeps according to their own sleep routine.
- The side of the cot will be raised and securely fastened. No toys or other articles will be left in the cot.
- Remove clothes with hoods, drawstrings or ties, as they can become wrapped around an infant or young child's neck.
- It is not recommended that a baby/child has anything around their neck for sleeping, for example a necklace or amber beads, which could tighten during sleep and make breathing difficult.
- No blinds or posters are to be placed on glass window that divide the play room and nursery. This will ensures high visibility into the separate sleep room, by educators
- Position baby's feet at the bottom of the cot.
- 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. Educators should also stop using a wrap once the baby shows signs of attempting to roll (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 a baby is wrapped, always take into account their stage of development. It is so important to leave their a 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.
- Each individual child needs should be considered, however 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 Environment

Safe Cots

All cots used in Acacia must meet the current mandatory Australian Standard for Cots (AS/NZS 2172). The label that indicate this must be displayed.

No portable cots are to be used in our service for any purpose.

Bassinets, hammocks and prams/strollers do not carry safety codes for sleep. Babies and children 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, loose bedding or fabric, lamb's wool, bumpers and soft toys from cots.

Soft and/or puffy bedding in cots is not necessary and may obstruct a child's breathing.

Bean bags, sofa, large cushions and air mattresses are not recommended as a safe surface for young children to sleep

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.

Parents should be informed and consented about any outdoor sleeping practices.

EMERGENCY PROCEDURE

Initial response if child is found not breathing

- Stay calm, ensure that an educator always stays with the child.
- Alert other staff and direct them to call ambulance 000
- Immediately commence resuscitation and continue until ambulance arrives
- Telephone the family/parents as soon as practicable and:
 - Ask them if they are okay to speak to you as you have urgent information about their child



- Advise their child has stopped breathing, an ambulance has been called and resuscitation in underway
- Recommend that the parents have someone else drive them to centre
- If child is transported to the hospital, before families arrive at centre, instruct them to go to the hospital.
- Staff member should meet ambulance at the front of the centre and guide them to the child.
- A staff member should also meet the parents when they arrive.
- Remove children from the room and keep them safe and calming another area.
- Keep emergency area clear at all times.
- After resuscitations attempts have ceased, ambulance officer may remain at the centre until parents arrive. For legal reasons parents must not be left alone with the child until police arrives. An ambulance officer or a staff member must stay in presence of the child and parent at all times.
- A senior staff, should if necessary travel to hospital to be on hand to provide additional information on the circumstances leading up to and including the child's death.
- Regulatory Authority must be notified following the death of the child or any serious incident at the service.

Ensure the wellbeing of all involved are supported at the end of an serious incident, Information and support can be found at red nose website or at their 24 hours grief and loss service 1300 308 307.

Collaborative partnership

Collaborative partnership with families and community is vital to ensure the safety of children are maintained. Acacia follows the following steps to ensure best sleeping practices are maintained:

- Discuss children sleep routines with families on regular basis.
- Educate families on best sleep practices through discussion and providing variety of written information (pamphlets, posters, newsletter articles, website information)
- Thorough orientation process where families are provided with Acacia safe sleeping practices and information. Families are also given the opportunity to share their own infant practices, values and beliefs and be able to raise questions or discuss their concerns.
- Develop relationship with maternal health nurse to maintain professional communication with families

Governance and Leadership

Acacia is committed to maintain best safe sleep practices in all sleep environments. The following steps are carry out to ensure safe sleep practices are up kept:

- All educators, staff, students and volunteers are informed about this policy and procedures through induction process.
- All educators, staff, students and volunteers are guided and mentored by senior staff on ensuring that safe sleep practices are maintained.
- Resources, information and training on safe sleep practices are available to all educators, staff, students and volunteers.



- All educators employed at Acacia are encouraged to undertake official professional training on safe sleep practices on regular basis.
- Informal training is undertaken at least annually using resources from Red Nose Kit.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- Australian/New Zealand Standard – Cots for household use – Safety Requirements (AS/NZS 2172:2010)
- Australian/New Zealand Standard – Cots for day nursery, hospital and institutional use – Safety Requirements (AS/NZS 2130:1998)
- Education and Care Services National Law Act 2010: Section 167*
- Education and Care Services National Regulations 2018: Regulation 81*
- National Quality Standard, Quality Area 2: Children's Health and Safety*
- Standard 2.1: Each child's health needs are supported
- Element 2.1.2: Each child's comfort is provided for and there are appropriate opportunities to meet each child's needs for sleep, rest and relaxation
- Occupational Health and Safety Act 2004*

BREACH OF THIS POLICY

Any Staff member found to have violated this policy may be subject to disciplinary action which may involve the termination of employment.

References

Australian Children's Education & Care Quality Authority

- *National Quality Framework Resource Kit, October 2011*

Red Nose

- *Red Nose safe Sleeping Child Care Kits*

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SIDS SAFE SLEEPING CHECKLIST

Date of inspection: ____/____/20 Time: ____:____

Category	Good	Problem	Solution	Priority
COTS <ul style="list-style-type: none">Cot carries label ensuring it meets Australian Standards.				
<ul style="list-style-type: none">Cot has no wobbly or broken parts.				
<ul style="list-style-type: none">No bolts exposed.				
<ul style="list-style-type: none">No corner posts				
<ul style="list-style-type: none">No sharp catches in the wood.				
<ul style="list-style-type: none">No holes.				
<ul style="list-style-type: none">Condition of paint good.				
MATTRESS <ul style="list-style-type: none">Maximum of 25mm gap between mattress and cot sides and ends.				
<ul style="list-style-type: none">No pillows, etc.				
ENVIRONMENT <ul style="list-style-type: none">Room free of smoke and fumes.				
<ul style="list-style-type: none">No dangling cords or strings near cot (including mobiles).				
<ul style="list-style-type: none">Heaters and electrical appliances are away from the cot.				
<ul style="list-style-type: none">No electric blankets, hot water bottles or wheat bags.				

Educator's signature: _____

Director's signature: _____