



Policy and Procedures Sleep, Rest & SIDS

Purpose

This policy will provide clear guidelines for the implementation of safe relaxation and sleep practices that meet the individual needs of children attending Acacia

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 so we all are complying with all legislative requirements, standards and current best practice and guidelines, including recommendations by Red Nose (refer to Sources).
- 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.
- A commitment to providing a positive and nurturing environment for all children attending the service
- In recognising that children have different requirements for relaxation and sleep, and being responsive to those needs to ensure that children feel safe and secure at the service
- Committed in consulting with parents/guardians about their child's individual relaxation and sleep requirements/practices, and ensuring practices at the service are responsive to the values and cultural beliefs of each family
- its duty of care (refer to Definitions) to all children at Acacia, and ensuring that adequate supervision (refer to Definitions) is maintained while children are sleeping, resting or relaxing

Scope

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day-to-day Charge, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities Acacia

BACKGROUND AND LEGISLATION

Background

The *Early Years Learning Framework* (EYLF) and the *Victorian Early Years Learning and Development Framework* (VEYLDF) include a focus on social, emotional, spiritual and physical wellbeing and health. Development Outcome 3 in both framework documents refers to a child's ability to take increasing responsibility for their own wellbeing. One of the indicators for this capacity is that children "recognise and communicate their bodily needs (for example thirst, hunger, rest, comfort, physical activity)". The EYLF suggests that to promote this, educators should:

- consider the pace of the day within the context of the community
- provide a range of active and restful experiences throughout the day, and support children to make appropriate decisions regarding participation.



Employers have a responsibility under the *Occupational Health and Safety Act* to provide a safe and healthy working environment. This duty extends to others present in the workplace, including children and volunteers. Providing a safe environment for children at the service includes complying with current Australian/New Zealand standards in relation to equipment, such as cots and mattresses

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Australian Consumer Law and Fair Trading Act 2012*
- *Australian Consumer Law and Fair Trading Regulations 2012*
- 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*
- *Education and Care Services National Regulations 2011*
- *National Quality Standard, Quality Area 2: Children's Health and Safety*
- *Occupational Health and Safety Act 2004*

DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

Adequate supervision: (In relation to this policy) entails all children (individuals and groups) in all areas of the service, being in sight and/or hearing of an educator at all times including during toileting, sleep, rest and transition routines. Services are required to comply with the legislative requirements for educator-to-child ratios at all times. Supervision contributes to protecting children from hazards that may emerge in play, including hazards created by the equipment used.

Adequate supervision refers to constant, active and diligent supervision of every child at the service. Adequate supervision requires that educators are always in a position to observe each child, respond to individual needs, and immediately intervene if necessary. Variables affecting supervision levels include:

- number, age and abilities of children
- number and positioning of educators
- current activity of each child
- areas in which the children are engaged in an activity (visibility and accessibility)
- developmental profile of each child and of the group of children
- experience, knowledge and skill of each educator
- need for educators to move between areas (effective communication strategies).

Duty of care: A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonably foreseeable risk of injury.

Red Nose: (formerly SIDS and Kids), the recognised national authority on safe sleeping practices for infants and children

Relaxation/rest: A period of inactivity, solitude, calmness or tranquillity.

SUDI (Sudden and unexpected Death in Infancy): The unexpected and unexplained death of an infant, usually occurring during sleep.



The Approved Provider is responsible for:

- taking reasonable steps to ensure the sleep/rest needs of children at the service are met, with regard to the age of children, developmental stages and individual needs (Regulation 81(1))
- regularly reviewing practices to ensure compliance with the recommendations of Red Nose in relation to safe sleeping practices for children
- providing information and training to ensure staff are kept informed of changing practices in relation to safe sleep practices for children
- ensuring parents/guardians are consulted about appropriate relaxation and sleep practices for their child
- protecting children from hazards and harm (Section 167)
- ensuring cots provided at the service comply with the most current Australian/New Zealand Standards (refer to *Sources* and Attachment 1 – Cots)
- ensuring that hammocks, prams and strollers are not used to settle children to sleep
- consulting with staff in relation to OHS issues when purchasing new equipment for the service
- ensuring compliance with WorkSafe Victoria's *Children's services – occupational health and safety compliance kit* (refer to *Sources*), including in relation to staff lifting children into and out of cots
- ensuring adequate supervision of children at the service at all times, including during relaxation and sleep
- ensuring that rooms used for sleep and relaxation are well ventilated
- ensuring that there is adequate space to store bedding in a hygienic manner (refer to *Hygiene Policy*).

The Nominated Supervisor is responsible for:

- taking reasonable steps to ensure the sleep/rest needs of children at the service are met with regard to the age of children, developmental stages and individual needs (Regulation 81(2))
- ensuring the educational program provides opportunities for each child to sleep, rest or engage in appropriate quiet play activities, as required
- protecting children from hazards and harm (Section 167)
- removing any hazards identified in the child's resting or sleeping environment and informing the Approved Provider, as soon as is practicable
- ensuring all staff and educators comply with the recommendations of Red Nose in relation to safe sleeping practices for children (refer to *Sources*)
- educating families about evidence-based safe sleeping practices
- assessing whether there are exceptional circumstances for alternative practices where family beliefs conflict with current recommended evidence-based guidelines for safe sleeping practices, seek written support from a professional and develop a risk management plan
- ensuring all staff and educators comply with WorkSafe Victoria's *Children's services – occupational health and safety compliance kit* (refer to *Sources*) in relation to lifting children into and out of cots
- ensuring adequate supervision of children at the service at all times, including during relaxation and sleep
- storing items such as bedding in a hygienic manner to prevent cross-contamination (refer to *Hygiene Policy*).



Educators and other staff are responsible for:

- Understanding Sleep/Rest Time for 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.
- providing each child with appropriate opportunities for relaxation and sleep according to their needs
- developing relaxation and sleep practices that are responsive to:
 - the individual needs for rest, sleep, and comfort of children at the service
- Providing Pre-school children 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.
- parenting beliefs, values, practices and requirements
- the length of time each child spends at the service
- circumstance or events occurring at a child's home
- consistency of practice between home and the service
- a child's general health and wellbeing
- the physical environment, including room temperature, lighting, airflow and noise levels
- encouraging children who do not require sleep 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)
- documenting and communicating children's rest and sleep times to co-workers during shift changes
- providing information to families about the service's relaxation and sleep practices
- developing communication strategies to inform parents/guardians about their child's rest and sleep patterns, including times and length of sleep
- 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.
- ensuring that hammocks, prams and strollers are not used to settle children to sleep
- ensuring that any hanging cords, mobiles, curtains and blinds are inaccessible to children who are resting or sleeping
- providing adequate supervision (refer to Definitions) of all children, including during sleep, rest and relaxation
- supervising children displaying symptoms of illness closely, especially when resting or sleeping (refer to Incident, Injury, Trauma and Illness Policy)
- ensuring that artificial heating, such as heat bags and hot-water bottles, is not used to provide warmth
- ensuring that each child has their own bed linen, and that the Hygiene Policy and procedures are implemented for the cleaning and storage of cots, mattresses and linen
- 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.
- 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.



Parents/guardians are responsible for:

- discussing their child's relaxation and sleep requirements and practices prior to commencing at the service, and when these requirements change
- providing information on the child's enrolment form if the child requires special items while resting or sleeping e.g. a comforter or soft toy
- providing a written medical report if their baby/child is not to be placed on their back during sleep. Parents/guardians must communicate alternative resting practices to staff
- 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
- 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 is 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.



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.
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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*

Version: 5	Endorsed By: CoM	Approved Date: 2010	Reviewed Date: April 2020
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ATTACHMENT 1

Cots

There are currently (at the time of printing) two standards that apply to the use of cots:

- Australian/New Zealand Standard – Cots for household use – Safety Requirements (AS/NZS 2172:2010), and
- Australian/New Zealand Standard – Cots for day nursery, hospital and institutional use – Safety Requirements (AS/NZS 2130:1998).

Services can check current standards on the SAI Global website at: www.saiglobal.com

Household cots usually have a lower base and mattress, and WorkSafe Victoria have expressed concern for staff in relation to the manual handling risks posed when working with cots at a lower height.

The Institutional Cot Standard allows for cots with a higher base and mattress, but requires these cots to be made of metal, and to have a drop side that can be lowered to the level of the mattress. The early childhood sector has expressed concerns in relation to the safety of cots with sides that lower to the level of the mattress.

Services should investigate options either for:

- cots that meet the Australian/New Zealand Standard – Cots for household use – Safety Requirements (AS/NZS 2172:2010) and have a higher base and mattress, or
- cots that meet the Australian/New Zealand Standard – Cots for day nursery, hospital and institutional use – Safety Requirements (AS/NZS 2130:1998).

No alterations should be made to purchased cots under any circumstances, as this may have serious consequences in relation to liability in the event that an incident occurs.

ELAA **does not** recommend that services use portable or folding cots, as they present an increased risk of injury or death to a child if erected incorrectly. Portable cots also pose an increased risk of manual handling injuries to staff. If a service requires an extra cot to be available for occasional use, it is possible to purchase a cot that meets the Australian/New Zealand Standard – Cots for household use, and folds flat for easy storage.

Further information on portable or folding cots is available as outlined below:

- Red Nose: <https://rednose.org.au/article/portable-cots>
- Australian Competition and Consumer Commission: www.productsafety.gov.au
- ELAA's OHS website: www.ohsinecservices.org.au



It is the responsibility for all staff to read understand this policy within 14 days of publication. All staff are to date and sign below once you have read and understood the content of this policy.

Date:	Print Name	Signature



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: _____