

**SECTION 1 - INTRODUCTION**

**BACKGROUND**

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**

To ensure safe and effective sleep and rest strategies are practiced for infants and children that meet the recognised national authority on safe sleeping practices such as Red Nose.

To ensure both families, educators and the community are aware of safe sleep practices for infants and children, can be confident that children’s needs for sleep and rest are met while attending the service, as well as ensuring that the equipment and environment for sleep and rest provided is safe and nurturing and that children feel a sense of security.

**SCOPE**

All children have individual sleep and rest requirements. Children need to feel as though they have a comfortable, relaxing environment where they can enable their bodies to rest.

**DEFINITIONS**

Word/Term	Definition
Sleep	The natural state of rest during which your eyes are closed and you become unconscious.
Rest	A period of inactivity, solitude, calmness or tranquillity, and can include a child being in a state of sleep.
Relaxation	Recreation or other activity for bringing about a feeling of calm in your body and mind.
Infants	A young child between the ages of birth and 12 months
Adequate supervision	Adequate supervision means: <ul style="list-style-type: none"> <li>• that an educator can respond immediately, particularly when a child is distressed or in a hazardous situation</li> <li>• knowing where children are at all times and monitoring their activities actively and diligently</li> </ul> <a href="#">Guide to the NQF</a>
Sudden and Unexpected Death in Infancy (SUDI)	A broad term used to describe the sudden and unexpected death of a baby for which the cause is not immediately obvious.
Sudden Infant Death Syndrome (SIDS)	The sudden and unexpected death of an infant under one year of age with an onset of a fatal episode occurring during sleep, that remains unexplained after a thorough investigation, including performance of a complete autopsy and review of the circumstances of death and the clinical history.

<b>POLICY NO.</b> QMPOL-CS-030	<b>Safe Sleep &amp; Rest Policy</b>
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**LEGISLATIVE CONTEXT**

**Relevant National regulations:**

<b>Part 4.2 – Children’s Health and Safety</b>	
Division One	Sleep and Rest - Regulations 81
<b>Part 4.3 – Physical Environment</b>	
Division One	Furniture, materials and equipment -Regulation 105 Laundry and Hygiene Facilities - Regulation 106 Ventilation and natural light - Regulation 110
Division 2	Premises designed to facilitate supervision – Regulation 115 Assessments of family day care residences and approved family day care venues – Regulation 116 (FDC only)
<b>Part 4.7 – Governance and Leadership</b>	
Division Two	Education and care service must have policies and Procedures Regulation 168 Additional policies and procedures – family day care – Regulation 119

**Relevant National Law:**

<b>Part 6 – Operating an Education and Care Service</b>	
Section 165	Offence to inadequately supervise children

**Relevant National Quality Standards:**

Standard 2.1	Each child’s health and physical activity is supported and promoted
Standard 2.2	Each child is protected
Standard 3.1	The design of the facilities is appropriate for the operation of a service
Standard 7.1	Governance Supports the operation of a quality service

**STAKEHOLDERS**

This document applies to all Children and Family Services Managers and Coordinators, Centre Directors, Nominated Supervisors, Early Childhood Teachers, Child Care Workers, Child Care Assistants, Cooks, and Administrators. Stakeholders also encompass Family Members and their Child/ren, Community Professionals (Health and Safety), who attend services.

**SECTION 2 - POLICY**

**OBJECTIVE AND GOALS**

- Each child’s comfort must be provided for and there must be appropriate opportunities to meet each child’s sleep, rest and relaxation needs.
- To 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.
- All cots will comply with the requirements of Australian/New Zealand Standard AS/NZS 2172:2013.

- Educators would not be expected to endorse practices requested by a family, if they differ with Red Nose guidelines (the recognised National authority in this area) and guidance from ACECQA (as the national authority under the NQF).
- Children have different sleep, rest and relaxation needs. Children of the same age can have different sleep patterns, which educators will consider
- Our educators, staff and management are required to know and understand how to implement Red Nose best practice guidance, and be able to explain this to families. They must also know and understand our service's policy and procedures regarding safe sleep and rest.

## POLICY STATEMENT

Children and Family Services educators and stakeholders have a duty of care to ensure children are provided with a high level of safety when sleeping and resting, that adequate supervision is maintained and every reasonable precaution is taken to protect them from harm and hazard.

## APPLICATION & IMPLEMENTATION

### Safe sleeping bedding and equipment.

- Children's clothing will be checked prior to sleep/rest time to ensure they do not get too hot. Extra layers of clothing may be removed to ensure child's comfort levels during sleep.
- All bibs, necklaces, dummy chains in addition to clothing items that contain cords will be removed prior to placing a child in a cot/bed.

### Safe physical environment for sleeping and rest.

- Ensure that areas for sleep and rest are well ventilated, have natural lighting and are maintained at a temperature that ensures the safety and wellbeing of children.
- Create a relaxing atmosphere for resting children by encouraging listening to relaxation music, reading stories, cultural reflection, turning off lights and that children are comfortably clothed. Educators will aim to sit near resting children and support them by encouraging them to relax and listen to music or stories.
- Whilst children may be asked to have a short rest or period of inactivity, educators will then offer children alternative quiet activities if they do not want to rest. Children will not be forced to lie down and rest at any time.
- We encourage all families to send any comfort items from home that their child requires for sleep/rest periods. Comfort items will be removed from cots once the infant has fallen asleep.

### Supervision of sleeping children.

- All children will be placed in a cot or bed on their back regardless of their age, but will be allowed to find their own comfortable sleep/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, will be re-positioned onto their back when they roll onto their front or side.

- Infants and toddlers will be placed with their feet at the end of the cot and will have their cot sheets and blankets secured to ensure they do not cover their face during sleep period.
- 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.
- Effective Supervision of sleeping children will be based on an assessment of each child's circumstance and needs of each child. The frequency of checks/inspections of children will reflect the levels of risk identified for children at the centre may mean physical checks are required more frequently.
- Factors to be considered include the age of the child, medical conditions, individual needs (inclusive of the child's health each day) and history of health and/or sleep issues. For example, because a higher risk may be associated with small babies or children with colds or chronic lung disorders, they might require a higher level of supervision while sleeping.
- All children's breathing and sleep positions on cots/beds will be monitored by educators **at least every 10 minutes** while children are asleep and recorded on the QMF-CS-090 Breathing Monitoring Chart. Educators must check that the child is breathing by checking the rise and fall of the child's chest and the child's lip and skin colour from the side of the cot (or floor mattress/toddler bed for children who have moved from a cot).
- **FDC** - A family day care educator must have a documented procedure for the supervision of sleeping/resting children, tailored to the unique layout and safety considerations of each family day care residence or venue, as well as the ages and developmental stages of the children in care and conduct physical checks of sleeping children **at least once every 10 minutes**, whilst also maintaining adequate supervision of other children in their care.
- Due to safety and health concerns, babies will not be put to sleep in a cot or bed while drinking a bottle. If, due to the child's routine at home, this is unavoidable, a staff member must stay with the baby until the baby has finished the bottle and remove the bottle before leaving.
- From the age of 1 year old, children will be encouraged to drink milk prior to sleeping in a sippy cup. If there are any concerns, families and educators will discuss dental health and its impacts upon children's tooth development and safety upon falling asleep with a bottle.
- If the family requests for their child to have a short sleep staff will encourage a child to wake up after 1 hour. However, if they fall asleep again, they will be left to sleep as their body needs the rest. If a child is tired, unsettled and upset during the afternoon after being woken up, options that may be implemented (discussions between service and educators further implementations).
- Provide educators & families with current information regarding safe sleep/rest practices, particularly in response to individual child rearing practices in the form of fact sheets, booklets and pamphlets in languages representing the staff and families at the centre. Translated information can be accessed at [Red Nose](#)

POLICY NO. QMPOL-CS-030	<b>Safe Sleep &amp; Rest Policy</b>
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- The use of infant sleeping bags is permitted at the centre during sleep times for babies and toddlers as it is recognised that the use of infant sleeping bags can help reduce the incidence of SIDS.

**SECTION 3 - GOVERNANCE**

**RELATED POLICIES/PROCEDURES**

Policy Number	QMPOL-CS-067 Incident, Injury, Trauma and Illness Policy QMPOL-CS-018 Health and Safety Policy
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**RESPONSIBILITY**

Policy Owner	Children and Family Services
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**RISK**

- Failing to effectively implement the Safe Sleep & Rest Policy is subject, but not limited to;
- Death (SIDS & SUDI) of a child and/or implications on a child’s health and wellbeing
  - Breaching National Law and Regulations
  - Penalties under the Education and Care Services National Regulations

**VERSION CONTROL AND CHANGE HISTORY**

Version Number	Approval Date	Approved by	Amendment
05	November 2015	Children and Family Services Policy Committee	
06	June 2018	Children and Family Services Management	Change of SIDS and Kids to Red Nose
07	June 2020	Children and Family Services Management	Updated Regulation & NQS Definitions added Update Australian/New Zealand Standard AS/NS 2172:2013.
08	April 2021	Children and Family Services Management	Effective supervision and monitoring explanation
09	January 2022	Children and Family Services Management	Updated to comply with recommendations under NSW Department of Education Sleep and rest for children – Policy guidelines for early childhood education and care services - May 2021

The management of Council reserves the right to cease, modify or vary this Policy and will do so in accordance with Council’s established consultation processes.

**REVIEW DATE**

Every 5 years as required by quality assurance requirements or when a change to governing legislation occurs, or reflective practice warrants a change in policy and/or procedure, whichever sooner.

**AUTHORISATION**

Manager Children & Family Services – Approval via Objective

**SECTION 4 – PROCEDURES**

**PROCEDURE**

	Procedure steps	Responsibility
1.	<b>In the event a child is not breathing:</b>	
	<ul style="list-style-type: none"> <li>✓ Alert another educator for assistance immediately and begin resuscitation</li> <li>✓ One educator is to stay with the child and begin CPR while another is to;                             <ul style="list-style-type: none"> <li>- Call for an ambulance and follow the procedures outlined in the <a href="#">QMPOL-CS-018 Health and Safety Policy</a></li> <li>- Inform the Centre Director/Responsible Person</li> <li>- Contact the child’s parent/guardian advising an ambulance has been called for the child</li> <li>- Support the educator who is providing resuscitation</li> <li>- Contact your Children and Family Services Coordinator/Manager.</li> </ul> </li> <li>✓ Room educators are to ensure that all other children are removed from the situation and shielded from what is occurring as much as possible</li> <li>✓ If a child dies while at the service, please refer to the <a href="#">QMPOL-CS-067 Incident, Injury, Trauma and Illness Policy</a>.</li> <li>✓ Following the incident the <a href="#">QMF-CS-010 Serious Incident Reflection Form</a> will be completed</li> </ul>	All educators
2.	<b>The service’s sleep environments will be designed to ensure the safety and comfort of all children</b>	
	<ul style="list-style-type: none"> <li>✓ The room temperature will be monitored to ensure children are not too cold or too hot</li> </ul>	All educators

	<ul style="list-style-type: none"> <li>✓ during sleep/rest periods</li> <li>✓ A window will be open slightly to allow fresh air flow where possible</li> <li>✓ The room will reflect a peaceful, calm environment that is conducive to rest. This may include;                         <ul style="list-style-type: none"> <li>- A slightly darkened room with natural light entering</li> <li>- Soft, background music</li> <li>- Aesthetics that reflect the children’s culture and create a homelike environment</li> <li>- Hanging decorations which are near rather than over cots where applicable</li> </ul> </li> <li>✓ Children will not be able to access dangling cords or strings, particularly in relation to cots</li> <li>✓ Cots/beds will not be placed near heaters or electrical appliances</li> <li>✓ Cots/beds will be arranged to allow children and adults to walk safely around them and be set up a suitable distance apart from one another in accordance with the Children’s Services Regulations</li> <li>✓ Cots will be placed far enough apart to ensure children are not able to reach across and touch a cot next to theirs and to reduce the risk of cross infection</li> <li>✓ Beds will be placed head to toe to reduce the risk of cross infection</li> <li>✓ Soft toys should never be placed in the sleeping environment of an infant under seven months of age as they can be a suffocation risk</li> </ul>	
<p><b>3.</b></p>	<p><b>The use of infant sleeping bags</b></p>	
	<p>The use of infant sleeping bags will only be utilised at the centre in the following circumstances;</p> <ul style="list-style-type: none"> <li>✓ It is the correct size for the baby</li> <li>✓ It has a fitted neck and armholes/sleeves</li> <li>✓ It does not have an attached hood</li> </ul> <p>When using infant sleeping bags;</p> <ul style="list-style-type: none"> <li>✓ The baby/toddler’s clothing will be monitored prior to sleep to ensure they do not over heat when sleeping</li> <li>✓ A blanket will not be used in addition to the infant sleeping bag unless the room is quite cool</li> </ul>	<p>All Educators</p>

**FORMS AND RECORD MANAGEMENT**

- [QMPOL-CS-010 Incident, Injury, Trauma and Illness Policy](#)
- [QMF-CS-010 Serious Incident Reflection Form](#)
- [QMF-CS-090 Breathing Monitoring Chart](#)



[QMPOL-CS-008 Daily Compliance Checklist](#)