

SAFE SLEEPING POLICY

AIM

The aim of this policy is to create a safe, positive and relaxed atmosphere and environment for children to be assisted to sleep or rest when they attend Forbes Children's Centre. This policy outlines the procedure for ensuring safe sleeping of children utilising the Centre's childcare and preschool services.

IMPLEMENTATION

Time is set aside each day to provide the opportunity, and a suitable environment, for children to sleep. By having unhurried routine times, educators aim to make sleep time a happy, comfortable occasion. To assist educators, children's sleeping arrangements will be based on information obtained from families about children's needs and routines to keep this as consistent and home like as possible whilst still maintaining safety.

Team Leaders will:

- Ensure educators working within the rooms are aware of and work in accordance with policy.
- Work sensitively with parents to ensure they are aware of SIDS safe sleeping requirements and the obligations of staff to follow these guidelines. Team Leaders will work with families and educators to put an interim sleep plan in place for medical reasons or to support the transitions to SIDS safe sleep routines for a child that is not used to SIDS safe sleep routines at home.

Educators will:

- Meet individual children's sleep/rest needs as required throughout the day.
- Plan quiet experiences available during this time for children who do not require sleep.
- Create an environment that allows for children to unwind and relax, encourage children to sleep following their routines from home and according to staff's assessment of their needs.
- Use information provided by families and negotiate sleep plans where home routines or cultural preferences contradict SIDS and Kids/Red Nose recommendations.
- Determine the length of sleep based on each child's individual needs, cultural preferences and information from and discussion with families.
- Gain information about each child's needs from families through verbal discussion, communication books/sheets and daily feedback sheets, putting interim sleep plans or risk assessments in place for individual children as needed where risks are identified.
- Ensure lighting in sleeping areas is appropriate for comfort and safety of children and staff.
- Ensure rooms where children sleep are well ventilated and room temperature is no greater than 22°C.
- Ensure when children are sleeping an educator is close to the room at all times (within ear shot).
- In the Baby room, check on sleeping children every 10 minutes (In Baby room, checks are recorded on the Sleep Chart). In the Toddler and Kindy rooms, check on sleeping children every 15 minutes and record checks on the sleep chart. When educators check children, they should be close enough to assess if children are breathing normally, can see the colour of child's face and lips. Educators should also check the child's positioning and ensure their face/head is not covered.
- In the Toddler and Preschool rooms, children will be given the space and opportunity to sleep or rest while at the Centre. Generally this is offered after lunch.
- Remove necklaces and loose clothing.
- Complete online 'Safe Sleep Foundations' training annually (babies room).

As per SUDI Safe Sleeping Practices, educators will:

- Place children on their backs to sleep.
- Position children so that their feet are as close as practicable to the base of the cot.
- Arrange bedclothes of children under 12 months so that their head can't slide under clothing or get trapped against the top of the cot. Sheets and blankets will be firmly tucked in.
- Ensure only infants of 7 months of age or older sleep with a soft toy or comforter. Comforters will not be long enough to wrap around the child's neck. Soft toys should be small.

- Remove any necklaces from children before sleeping. Any bracelets or anklets will be removed if they have components that may detach and cause a choking hazard. Any items of clothing with potential to present a choking hazard (i.e. hoodies, tops with cords etc.) shall be removed prior to sleeping.
- Purchase cots and bedding compliant with Australian Standards and best practice recommendations.
- Monitor the use of pillows for sleep time and encourage children to sleep without them.
- Discontinue wrapping children who can roll over independently as per Red Nose recommendations.
- Ensure infants who are able to roll over, sleep with their arms and hands free from restriction.
- Ensure that children have sufficient clothing and blankets to avoid overheating or becoming cold while sleeping.
- Ensure children's heads are left uncovered, free of blankets, hats, cords, jewellery etc.
- Ensure dummies used by children to sleep are examined for loose beads or decorative items that could present a choking hazard.
- Ensure only purpose designed dummy chains or attachments (maximum length of 220mm and impact resistant with no choking hazards) are used to attach dummies to items of clothing.
- Ensure infants and children are not placed in prams, baby capsules or rockers unless discussed with Leadership. This may be needed where a child is unable to sleep in a cot or bed due to distress or current sleeping habits. In these circumstances, the child will be strapped in using a five point harness and clearly visible to staff at all times (i.e. no coverings). An interim sleep plan will need to be written and enacted to support the child in being able to work towards sleeping in a bed or cot. This plan will be signed by both the child's parent and the Director/Assistant Director. The Centre may require the sleep plan to be signed off by a medical professional before implementing on-site.
- Ensure children under 18 months who sleep on stretchers have a sleep plan in place and have adequate supervision.
- Ensure children have their bottle before sleep time if they require one.
- Keep the Centre a smoke-free environment. Staff who smoke and work directly with children are required to wear an item of clothing as an outer layer while smoking that is removed upon returning to the Centre to work with children. Before re-commencing work, educators should remove the smell of smoke from their person as much as possible (e.g. washing their hands, drinking water etc.).
- Provide each child with their own bedding and this will be stripped and stored in a pillow case after each use unless the child attends on consecutive days. Bedding is washed weekly. Beds/mattresses are sanitised once stripped. In the event of an outbreak of an infectious disease e.g. gastro, employees will strip bedding of children affected and sanitise.
- Where family requests, child's needs or cultural preferences of the family contradict SIDS and Kids recommendations, an interim sleep plan and health support plan will be put in place. This will be negotiated with educators, leadership, the family and if needed, a medical professional.

Leadership will:

- Provide advice and support to Team Leaders regarding implementation with their staff team.
- Provide SIDS and Kids information to all staff in the Nest room when they commence on-site.
- Ensure completion of 6 monthly mattress check as per business manager based on safety recommendations.
- Continue to review the policy and ensure it reflects current best practice.
- Inform parents prior to placement of their child about this policy and provide support to the parents in regard to possible changing sleep habits prior to commencing a placement at the Centre to support the child's transition.

Families will:

- Ensure any dummies that are to be used at sleep time are in good condition, on chains less than 220mm long and have no items that can fall off and present a choking hazard.
- Provide appropriate sleep clothing to avoid overheating. Safe sleep bags are preferable for infants under 12 months of age to reduce the need for sheets and blankets. Safe sleeping bags are constructed in a way that the baby cannot slip inside the bag and become covered. The sleeping bag should be the correct size for the baby with a fitted neck, armholes or sleeves and no hood.

- Negotiate a sleep plan with their child's primary caregiver and the Centre Director if their child has a sleep routine that is different to this policy. Before implementing any sleep plans, the Centre may require the plan be signed off by a medical professional.

Gastro-Oesophageal Reflux Disease (GORD)

All babies with GORD will sleep in accordance with this policy as there is no medical evidence to support the idea that elevating babies reduces the symptoms of GORD. In addition, elevation of babies may cause the baby to slide down into the bed into a position that might compromise breathing. Sleep positioners are also not recommended as they present a suffocation risk.

Medical reasons for alternative sleep positioning of infants under 12 months:

If, for a rare medical reason, a baby must be slept in a position other than the back position, a medical practitioner will need to advise the Centre in writing and provide information about other ways to reduce the risk of Sudden Unexpected Death in infants (SUDI). The Director has the right to refuse approval of any alternate sleep positions/arrangements.

EVALUATION:

This policy will be evaluated as effective if:

- Children view sleep time as a happy and relaxed time.
- Educators are clear about families' requests and children's needs.
- Families are consulted about the children's requirements.

National Quality Standards:

NQS 2: Children's health and safety

Element 2.1.1.- Each child's wellbeing and comfort is provided for including appropriate opportunities to meet each child's need for sleep, rest and relaxation.

Record of Policy Adoption and Amendment:

Version	Date	Details	Author	Approver
1.0	January 2011	Policy adopted.	Ocean View Children's Centre	Governing Council
2.0	June 2012	Suggested amendments put to Policy Review Committee and adopted, including; <ul style="list-style-type: none"> • NSQ regulations and requirements • Room specific sleep requirements Parent partnership approach	K Cook	Policy Review Committee
2.1	February 2014	Divided into responsibilities SIDS guidelines added	P Murray R Usher	
2.2	March 2015	Added room practice	P Murray	Policy Review Committee
2.3	March 2022	Updated terminology (reference to Red Nose and change SIDS to SUDI)	P Murray	
2.4	Feb 2024	Updated sleep check requirements for all rooms. Included cultural preferences as consideration for sleep plan Adjusted the training requirements for nest staff	N Turnadzic	Policy Review Committee

Review: To be reviewed at least annually by the Assistant Director and any recommended amendments endorsed by the Policy Review Committee.

Reviewed: February 2024