

SECTION 5

GENERAL POLICIES

5.6 Sleep and Rest Policy

Aim:

1. To ensure a safe, clean, and hygienic sleep environment for all children.
2. To reduce the risk of injury and cross infection through the provision of personal linen and safe practices.
3. To ensure all possible precautions are taken to reduce the risk of SIDS.
4. To inform staff and families with information on reducing the risk of SIDS in young children.
5. Child safety should always be the first priority

Process:

1. Children in the Babies and Toddler rooms sleep in cots or stretcher beds.
2. Children in ELC are offered a rest period each day. Children can rest with pillows.
3. Staff must follow procedures to reduce the risk of injury and illness spread through cross infection.
4. All cots and beds will meet Australian Safety Standard.
5. The Sleep and Rest Procedure will be modified for each child based on their age, medical conditions, individual needs, and history of health and / or sleep issues.
 - (a) If the procedure is modified for individual children due to assessed risk, this procedure will be documented, one copy kept in the child's file in the office and another copy kept in the sleep room, of the room the child is in.

General Babies Room Procedure

1. A safety check of the sleep environment is undertaken daily. Ensure hanging cords or strings from blinds, curtains, mobiles, or electrical devices are away from cots.
2. Babies will sleep in cots, in the sleep room.
3. Once Babies shown signs of climbing out of cots, they will need to begin sleeping on a stretcher bed for their own safety. (See Toddler Room Procedure)
4. Cots should be at minimum 50cms apart. This is to ensure easy access for staff, and to reduce illness through cross infection, between children.
5. Cots should not contain toys or pillows, however a 'comforter' can be placed in the cot with verbal parent consent.
6. If being used a dummy should be offered for all sleep periods. If a dummy falls out of a baby's mouth during sleep, it should not be re-inserted.
7. Babies will be put to bed with only one layer of clothing, no jumpers, or thick pants.

8. Babies will be placed on their back to sleep, unless otherwise directed by a medical practitioner. If otherwise directed, a risk assessment will need to be documented as above (Process: 5.)
9. Babies who have not been observed rolling from back to front and back again un-aided should be re-positioned onto their back when they roll onto their front or side.
10. Babies will be placed at the bottom of the cot to prevent them from wriggling down under bedclothes.
11. If infants are wrapped, it will be under the armpits.
12. It is not best practice, to put babies to bed with bottles, however if this is a parent request, babies that go to bed with bottles, should be supervised at all times until they have finished the bottle and it is removed from the cot.
13. Babies will be checked in 5-minute intervals, through viewing windows or by entering the sleep room. When monitoring sleeping babies, educators should be assessing their breathing, colour of skin and ensuring sheets / blankets have not become untucked.
14. Each cot is to be made with a sheet and blanket in cooler weather (thermal or fleece). Sheets and Blankets will be firmly tucked in to prevent them covering the baby's head during sleep. Sleeping bags are a good alternative for bedding.
15. Staff must ensure the top sheet and blanket is folded down no higher than the child's armpits
16. Staff must ensure that sheets are fitted correctly
14. Sheets and blankets are to be changed when a different child sleeps in the cot.
15. Sheets in use may be left in cots labeled with the child's name or stored in a labelled pillow case between uses.
16. All sheets and pillow cases are to be washed on the last day the child is in for the week or as per individual room procedure.
17. Staff will ensure that cots have a firm, clean, well-fitting mattress.
18. Staff must report damages/faults of cots and beds to the Director / Assistant Director ASAP
19. The room temperature will be monitored
20. Cots should be sprayed with germex weekly if they have been used.
21. If cots are shared during the week, they should be sprayed with germex between use.

Safe cot and Mattress

1. All cots will be checked prior to purchasing to ensure they meet the Australian Standard (AS/NZS 2172). The cot should carry a label to indicate this.
2. Bassinets, hammocks, and prams/strollers do not carry safety codes for sleep. Babies should not be left in a bassinet, hammock, or pram / stroller to sleep, as these are not safe substitutes for a cot.
3. 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 be tested for firmness when first purchased and in January and July thereafter. To be recorded on the 6-monthly check.
4. Mattresses should not be elevated or tilted.
5. Ensure mattress is of good quality, with no rips or indentations.

Toddler Room Procedure

1. A safety check of the sleep environment is undertaken daily. Ensure hanging cords or strings from blinds, curtains, mobiles, or electrical devices are away from cots.
2. Children in the Toddler Room, will sleep and rest on stretcher beds in the sleep room.

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3. Children will be put to bed with only one layer of clothing, no jumpers, or thick pants.
4. Children can go to bed with a bottle, if they are supervised. Bottles will be removed from the sleep room once all children are asleep and Educators leave the sleep room.
5. Beds should be at minimum 30cms apart, to reduce children rolling over in their sleep and injuring children next to them and to reduce cross infection, between children.
6. Children over 2 years of age, on stretcher beds may choose to sleep on a pillow and with comforting toys if they wish.
7. Children will be checked in 10-minute intervals, through viewing windows or by entering the sleep room
7. Each bed is to be made with a sheet and blanket in cooler weather (thermal or fleece).
8. Individual children's sheets and blankets in use, are to be stored separate and without touching other sheets. Individual sheets and blankets should be labelled.
9. All sheets and pillow cases are to be washed on the last day the child is in for the week or as per individual room procedure.
10. Stretcher beds should be sprayed with germex weekly if they have been used.
11. If stretcher beds are shared during the week, they should be sprayed with germex between use.

Viewing windows

1. Viewing windows must be kept clear of signs / objects that will prevent them being used as intended.

ELC Procedure

1. Children are offered a specific period each day to rest. Resting can involve quiet reading, drawing, or sleeping.
2. Children can access a pillow during this time to rest on.
3. Pillow Cases are machine washed weekly
4. Pillows are machine washed on a termly basis.

SIDS

The Centre will follow the childcare practices suggested by SIDS and Kids to create a safe sleeping environment for infants (0-2 years of age) in their care. Centre staff will discuss safe sleeping practices with parents and allow opportunity for parents to discuss their child's sleeping habits and preferences. This needs to be reassessed as children's sleep patterns and requirements change.

In the event of a SIDS emergency, this procedure must be followed:

- Follow emergency First Aid Procedure (DRSABC)
- Call parent/guardian
- Call the police, but do not touch the scene
- Request the ambulance stay until the parent arrives
- Assist with the autopsy, provide counseling, support for parents, support for families and children.

Relates to: Regulation 168 in the Education and Care Service's National Regulations.

SOURCE: SIDS and Kids Association,
http://ncac.acecqa.gov.au/family-resources/factsheets/Safe_Sleeping.pdf

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