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Sleep and rest procedure

National Quality Standard Area 2 | Children's health and safety

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.

This is a local procedure based on the Department for Education Safe Sleeping for Infants and Young Children Procedure.

Purpose

This procedure outlines our responsibility in relation to safe sleep and rest procedures compliant with provisions related to children's sleep and rest under the *South Australian Education and Early Childhood Services (Registration and Standards) Act 2011*. This includes the *Education and Care Services National Law* and the *Education and Care Services National Regulations* (including the National Quality Standard (NQS)). Regulation 81 prescribes that services must take reasonable steps to ensure that children's needs for sleep and rest are met, having regard to each child's age, development and needs. This intention of this procedure is to ensure educators;

- are aware of, and comply with, current evidence-based safe sleep practices and safe sleep environments,
- are aware of where to access resources to build their knowledge about recommended safe sleep practices, and
- promote and model safe sleeping practices and environments to families with young children.

This procedure applies to all educators at this site.

Safe infant sleep practices

We implement the following safe sleep practices to ensure a safe sleeping environment:

1. We place infants under 12 months to sleep on their back; never on their tummy or side.
   - Healthy infants placed on their back to sleep are less likely to choke on vomit than infants sleeping on their tummy.
   - Sudden infant death syndrome (SIDS) is more common in infants under 6 months of age so where possible, educators support the infant to sleep on their back during this period. This may require the educator to regularly check and re-position an infant under 6 months of age onto their back during sleep periods.

- As infants grow and develop, they will become more active and start to roll around the cot. Once an infant is over 6 months of age **and** is competently rolling, they must still be placed in the cot on their back but can be allowed to find their own position of comfort.

2. Cots meet the Australian Standard for cots and portable cots and are positioned away from blind cords and other hazards. Educators ensure the mattress is firm, clean, well fitted and flat (not elevated or tilted).

3. Educators sleep infants with:
   - feet at the bottom of the cot.
   - head and face uncovered.
   - bedclothes tucked in securely so bedding is not loose, or in a safe sleeping bag (that is the correct size for the infant with a fitted neck, arm holes (or sleeves), and no hood, so that the infant cannot slip inside the bag and become completely covered). We ensure the bedclothes or sleeping bag are appropriate for the season to avoid overheating. *Note: it is recommended that advice from Red Nose or Kidsafe SA be sought for queries related to the safety of specific infant sleeping bag products.* We encourage the use of sleeping bags suitable for the conditions of our sleep room, which is kept at 22 degrees.
   - no loose bedding, quilts, doonas, pillows, cot bumpers, sheepskins or soft toys in the cot which could pose a suffocation risk. If children need a comfort toy or blanket, they are put to bed with their toy but the toy is removed as soon as they are asleep.

4. We provide a smoke-free environment.

5. We sleep infants in an individual cot (eg twins must be placed in their own cot).

6. We provide a supportive environment for women who wish to breastfeed (noting that equivalent conditions are also provided to parents who are bottle feeding).

7. We display and promote information about safe infant sleeping practices from Red Nose safe sleeping brochure and making up baby's cot poster.

8. 'My routine' sheet, including 'are there known risk factors for safe sleeping'. Routine goes our with enrolment pack and sent home for review quarterly aligning with school terms.

Promoting and modelling safe infant care practices

Educators model and promote accurate information to families about safe sleep practices. This includes the following messages:

- Keep baby smoke free before and after birth - educators are to be aware of the strong association between smoking and an increased risk of sudden infant death.
- Sleep infants in their own cot in the same room as the parents for the first 6 to 12 months - educators are to be aware of the risks of any person sharing the same sleep surface (eg bed, sofa, couch, chair or mattress) with an infant. Further information is available in the Red Nose information statement: sharing a sleep surface with a baby.
- Breastfeed baby where possible - educators are to be aware of breast feeding as a protective factor.

Providing a safe sleeping environment

Sleeping environments are assessed to identify and remove all potential hazards, taking into account each child's developmental stage (eg as infants become increasingly mobile and able to explore their environment). The sleep room is assessed daily by the educator setting up cots for the day. The safe sleeping checklist is completed annually at staff meeting.

All educators are responsible for identifying hazards, removing potential hazards and addressing immediate risks. Hazard considerations include:

- Cots must be kept away from hanging cords, mobiles, electrical appliances and curtains. Beds and cots must have an unobstructed gap, end-to-end and side-to-side, to enable free movement by an educator.
- Cots must be positioned away from heaters to reduce the risk of an infant overheating.
- Remove amber teething necklaces and bracelets, necklaces/chains, string beads, hair bands and clips (eg any object that may detach and become a choking hazard).
- Infant products must be appropriately maintained (eg no loose or sharp edges in cots).
- Bedclothes must be clean and hygienic.
- Infants must not be 'propped up' with a bottle to settle unsupervised (due to it posing a choking risk).
- If families choose to use a dummy, the dummy must comply with the Australian mandatory standard AS 2432:1991, have no unsafe decorations and never be tied around an infant's neck. Refer to 'baby dummies' and 'baby dummies and chains with unsafe decorations' in the keeping baby safe – a guide to infant and nursery products (ACCC).

Use of prams and pushers

Prams, pushers, bouncinettes and rockers must not be used unsupervised or as a sleeping environment for children.

Australian safety standards for infant products

Cots and portable cots must meet the Australian mandatory standard for cots (AS/NZS 2172) and the Australian mandatory standard for portable cots (AS/NZS 2195). This includes ensuring that the mattress provides a firm sleep surface that complies with the AS/NZS voluntary standard (AS/NZS 8811.1:2013 methods of testing infant products – sleep surfaces – test for firmness) and fits snugly, with less than 20mm of space between the mattress and the cot sides or ends.

A collaborative partnership with families

The development of positive relationships and partnerships builds families confidence that their children are safe in care and enables educators to contribute to parents'/caregivers' understanding of how to create a safe sleeping environment.

Our service ensures:

- Families and caregivers are consulted during the orientation period about their child's rest and sleep needs, and their beliefs and practices. This will assist individual children's

circumstances and risk factors to be assessed, noting that the level of risk of SUDI increases significantly when several risk factors are present.

- Families and caregivers are informed of the service's safe sleeping procedure and practices.
- Families are aware of the need to inform the service about any changes in their child's medical or health status that may indicate a higher level of supervision is required.
- The child's developmental needs in relation to sleep and rest are documented, taking into account the period of time the child is being educated and cared for (in accordance with regulation 74). Families are provided with information about their child's sleep and rest patterns (in accordance with regulation 76). Any risks identified and referrals made are documented.
- Safe sleeping practices are promoted and modelled (including safe sleeping information being displayed) and current information is available for families, taking into account an appropriate format for each family.
- Referrals to appropriate health professionals and support services are facilitated for further information and support if required (eg SIDS and Kids SA~~/~~Red Nose Australia, Kidsafe SA, Child and Family Health Service or a medical practitioner).

Requests to vary sleep practices

Families are informed that the service's approach cannot deviate from current recommended safe sleeping practices due to the higher risk of SUDI associated with different practices.

In circumstances where a family request a sleep practice that varies from the recommended practices due to medically indicated reasons, departmental health support planning policies and procedures are to be followed. A health care plan authorised by a medical practitioner that clearly outlines the safest sleep practices to be implemented for the child is required.

In all other situations where a parent requests a practice that differs from this procedure, educators are to discuss safe sleeping practices with the family and the requirement to comply with this procedure, acknowledging the family's values, beliefs and concerns (including the challenges associated with introducing a new sleep routine).

In circumstances where it is considered that a family may not understand the risks associated with sleeping environments, educators should discuss referring the family to other services for further advice and support to provide a safe sleep environment.

Our service will ensure that all children have appropriate opportunities to sleep, rest and relax in accordance with their individual needs. When a families request does not align with our services policies and procedures, educators may refer to the Red Nose Australia document "Safe Sleep Conversations" for guidance. Educators do not limit children's sleep (e.g. on parent request) or insist that children sleep if they are not showing signs of tiredness.
We work closely with families to ensure that children's sleep and routines are consistent between home and care (where able).
All children are offered a sleep and rest routine during which educators encourage relaxation and individual needs are catered for.

Wrapping infants

If requested by a family, an infant may be wrapped to assist them to settle and sleep on their back. Educators must ensure that an infant is wrapped in accordance with the following safe wrapping recommendations:

- The wrapping technique must be appropriate for the infant's developmental stage (eg leave the infant's arms free once the 'startle' reflex begins to disappear at around 3 months).
- Use only lightweight breathable materials such as cotton or muslin.
- Ensure the infant is not overdressed under the wrap.
- Ensure the wrap is firm but not too tight and allows for hip flexion (to reduce the risk of hip problems) and chest wall expansion.
- Ensure the infant is wrapped no higher than the shoulders, so their face and head do not become covered .
- Position the infant on their back with feet at the bottom of the cot.
- Discontinue wrapping as soon as the infant starts showing signs that they can begin to roll (usually between 4-6 months). The wrap may prevent an older infant who has turned onto their tummy during sleep from returning to the back sleeping position.

Baby slings and carriers

A sling may be used following consultation with an infant's parents/caregivers. Educators must ensure that the sling is a safe fit for the baby and the adult (ie is the right size for the baby's age and weight), and that it is worn correctly. This includes ensuring that the educator can see the infant's face at all times when glancing down, and that the infant's face remains uncovered.

The safest place for a baby to sleep is in a safe cot, so if an infant falls asleep when carried in a sling, they must be transferred to a cot.

Educators must be aware that if used incorrectly, slings can pose a suffocation risk and of the risk associated with falls when carrying an infant. The ACCC safety alert – what you need to know about: baby slings states:

'They [babies] are at risk if placed incorrectly in a sling because they do not have the physical capacity to move out of dangerous positions that block their airways.
Two positions present significant danger:

1. *Lying with a curved back, with the chin resting on the chest.*
2. *Lying with the face pressed against the fabric of the sling or the wearer's body.*

Babies who are under four months old, premature, low birth weight or having breathing difficulties appear to be at greater risk. Exercise caution when using slings for babies in these categories and consult a paediatrician before using a sling with a premature baby.'

Before a sling is used with an infant, educators must discuss with the family whether the infant may be at greater risk (ie under four months of age, or premature, or low birth weight, or appears to be

having breathing difficulties). In these circumstances, educators are to request evidence of medical consent before using a sling.

Sleeping young children safely

For children who require a rest and have moved from sleeping in a cot, or when educators assess that a child is attempting/has the ability to climb over the sides of a cot, a firm mattress or sleep mat may be placed on the floor for their safety. The floor is to be clean and free from hazards (eg free of soft toys or any objects that a young child could roll onto and pose a suffocation risk). The mattress must be positioned away from walls or furniture as young children can become trapped between a mattress and wall or furniture. Refer to Red Nose cot to bed safely brochure for further information.

Note: Portable cot standards information states that a portable cot must not be used if a baby weighs more than 15kg (or check the instructions on the inside of the particular model).

Sleep and rest for older children

A daily rest / quiet time routine is implemented for older children (usually 3- and 4-year-olds) after lunch. In collaboration with families, educators offer older Rural Care children either sleep on a mat or rest with a book or a choice to sleep or rest in the Quiet Room. Preschool (Kindy) children rest while reading a book, and/or listening to music or a story, in the new room. If they appear tired or request a rest or sleep, Kindy children are able to join the Rural Care children in the Quiet Room.

Outside the scheduled rest routine, children seeking a quiet space or solitary play can access the Quiet Room. As the Quiet Room is out of visual sight of staff, children in this space may be unattended unless staff are in the room with the children, however the space is fitted with a monitor. Educators respond to children's request for sleep or rest by providing a sleep mat and helping children find a quiet, comfortable space.

Supervision and monitoring

All children must be adequately supervised at all times. This includes educators actively monitoring and supervising sleeping infants and children. The Education and Care Services National Law and Regulations do not specify a recommended time for checking sleeping infants, rather the Guide to the National Law and Regulations states:

'*When considering the supervision requirements of sleeping children, an assessment of each child's circumstances and needs should be undertaken to determine any risk factors. 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. Sleeping children should always be within sight and hearing distance so that educators can assess the child's breathing and colour of their skin to ensure their safety and wellbeing. Rooms that are very dark and have music playing may not provide adequate supervision of sleeping children. Supervision windows should be kept clear and not painted over or covered with curtains or posters.' (Source: Guide to the National Law and National Regulations, ACECQA, Sept. 2013, p. 64.)*

Except when a higher level of supervision is required, sleeping children are checked every 10 minutes. Educators record sleep checks on the daily sleep chart, which include the time the child is checked and the initial/signature of the educator. A monitor is used so that children in the sleep room remain visible/audible to educators between checks. Educator to child ratios are always maintained including periods of sleep and rest. At least one educator will remain indoors while any number of children are sleeping or resting.

Safe sleeping resources

Site leaders and family day care coordinators must ensure staff and family day care educators are aware to obtain information about recommended safe sleeping practices from:

- SIDS and Kids SA
- Red Nose - downloadable brochures, apps, newsletters; Red Nose safe sleeping phone 1300 308 307or education@rednose.org.au for safe sleeping enquiries / training opportunities
- Information about testing a mattress's firmness: Red Nose what is a safe mattress (includes a link to a video resource), and Education Standards Board.
- How to choose and use a sling safely: (video) carry with care: how to keep your baby safe in a sling (Office of Fair Trading, Queensland Government) and the ACCC guide to infant and nursery products (section on baby carriers and baby slings).
- Kidsafe SA phone 8161 6318 / Kidsafe SA safe infant sleeping
- Child and Family Health Service (includes resources to assist settling infants).
- Australian Competition and Consumer Commission (ACCC): keeping baby safe – a guide to infant and nursery products, ACCC ; short ACCC video-clip regarding cot safety.
- safe infant sleeping standards policy directive (SA Health)

Reviewing sleep practices

We review our service's sleep practices and environments at least annually to ensure practices are consistent with recommended safe sleep practices. This is documented on the Department for Education safe sleeping checklist for infants and young children.

Supporting information

Education and Care Services National Law Act 2010

Education and Early Childhood Services (Registration and Standards) Act 2011

Education and Care Services National Regulations

Red Nose

Approvals

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Appendix 1 - Risk factors for sudden unexpected death in infancy (SUDI)

Red Nose information statement: the triple risk model indicates that SUDI is multifactorial in origin and may result from a combination of the following 3 conditions:

- a vulnerable infant – 'babies born pre-term, of low birth weight, or exposed to tobacco smoke or illicit drugs in utero are intrinsically more vulnerable and experience a higher rate of SUDI'
- a critical period of development – refers to an infant's first year, but in particular their first 6 months of life (noting that studies indicate 90% of deaths occur in the first 6 months of life, with a peak at 2-4 months)
- exposure to a stressor(s) – these may include environmental factors (eg sleeping on tummy, bed-sharing, or an upper respiratory infection).

  (Source: Red Nose 2016 information statement: the triple risk model p1-3.)

The Safe Infant Sleeping Standards Policy Directive SA Health provides the following advice about risk factors associated with SUDI:

In research studies undertaken about SUDI, SIDS and fatal sleeping incidents, a significant number of factors have been identified that have been associated with sudden unexpected infant death. The level of risk increases significantly when several of these factors are clustered in the infant's care or sleep environment. Some of these factors are about infants themselves, some are about their environment and some are about parents/caregivers and their ability to provide for an infant.

Some of the factors associated with infants and sudden unexpected death include:

- *Infants who are born prematurely (<37 weeks).*
- *Infants of low birth weight (<2,500g).*
- *Multiple births.*
- *Male and first-born infants.*
- *Infants who have problems after birth including a history of minor viral respiratory infections and/or gastrointestinal illness.*

Factors about the environment, parents/caregivers and families and their ability to provide for an infants, that have been associated with sudden unexpected death include:

- *Young parental age.*
- *Mental health problems or*
- *cognitive difficulties experiences by parents/caregivers.*
- *Domestic violence occurring in households.*
- *Transient lifestyle, with lack of access to a stable home.*

There were 55 infants born in South Australia between 2007 and 2012 that died suddenly and unexpectedly at a time when they were expected to be sleeping. All of these infants were over 28 days old. A review of the care and sleep environment of these infants confirmed some of the well-known factors that can be modified or changed in ways that will reduce the chances of sudden and unexpected death, including:

- *Unsafe cot and bedding.*
- *Parental smoking (before and after birth).*
- *Use of alcohol and other drugs, including prescription medication, that makes the parent/caregiver drowsy and less responsive to infant cues.*
- *Infants in a prone (face down, tummy) sleeping position.*
- *Infants and parents/caregivers sharing the same sleep surface (such as bed, couch, sofa, chair etc).*

In addition, there are other factors that have been shown to reduce the chance that an infant will die suddenly and unexpectedly. These include:

- *Sleeping an infant in the same room as the parents/caregiver.*
- *Ensuring that an infant is fully immunised.*
- *Using a pacifier (once breastfeeding has been established).*
- *Breastfeeding.*

(Source: 'safe infant sleeping standards policy directive' SA Health 2016 p 6-7.)

Appendix 2 - Safe sleeping checklist for infants and young children

Recommended safe sleeping practices and environments are implemented
☐ Infants are placed on their back to sleep ☐ Infant's head and face is uncovered ☐ Infants are positioned with feet touching the bottom of the cot ☐ Bedclothes are tucked in securely so bedding is not loose, or infant uses a safe sleeping bag ☐ There are no quilts, doonas, pillows, cot bumpers, sheepskins, soft toys/items in the cot which could pose a suffocation risk ☐ Infants sleep in a safe cot that meets the current mandatory Australian Safety Standard (AS/NZ 2172) or current mandatory Australian Safety Standard (AS/NZ 2195) for portable cots. Portable cots are not used when an infant weighs more than 15 kg (or check the instructions on the particular model) ☐ Prams, pushers and bouncinettes are not used unsupervised and never as a sleeping environment ☐ A firm, clean and well fitted mattress is used that complies with the voluntary standard for firmness (AS/NZS 8811.1:2013) ☐ Mattresses are flat with no additional padding under/over the mattress ☐ A safe place to sleep is provided: • educators identify and remove potential hazards in sleeping environments hanging cords, mobiles, electrical appliances and curtains are out of reach of infants • amber teething necklaces and bracelets, necklaces/chains, hair clips and bands are removed • infants never sleep in bean bags, water beds, sofas, pillows or hammocks ☐ Young children are moved from sleeping in a cot, in consultation with their parents, when they attempt/have the ability to climb over the sides of the cot
Comments:

A partnership approach with families
☐ Families are informed of the service's safe sleeping procedure and practices during their orientation ☐ Educators discuss individual children's rest and sleeping needs with families, and known risk factors are identified ☐ Safe sleeping information is displayed and information is available for families ☐ Educators facilitate referrals to support services for families requiring further information and assistance to provide a safe sleeping environment for their infant
Comments:

Compliance with recommended safe sleep practices
☐ All educators are aware of recommended safe sleep practices for infants, and new staff are provided with information during their orientation ☐ Educators know where to obtain further information, resources and training about safe sleep practices ☐ There is a process in place to review the service's sleep practices
Comments:
Infant wrapping
☐ When a family requests their infant is wrapped, this is done in accordance with Red Nose safe wrapping recommendations
Comments:
Baby slings and carriers
☐ In consultation with a family, an infant sling is used in accordance with recommended practices and educators are aware of the hazards ☐ Sleeping infants are transferred to a safe cot when sleeping
Comments:
Supervision
☐ Children resting and sleeping are actively supervised and monitored in accordance with the National Law and Regulations ☐ Each child's circumstances are assessed to identify known risk factors, and staff are aware a higher level or supervision may be required when an infant is unwell ☐ If an educator is not in the room with the sleeping infant, a process is in place to actively check the infant at not more than 15-minute intervals and to record this observation (time and initial/signature)
Comments:
Baby is kept smoke free (before and after birth)
☐ The service complies with the department's 'smoke free policy'
Breast feed baby where possible
☐ Support is provided to mothers' breastfeeding by providing a welcoming environment, appropriate facilities and referring to support services when required
Safe sleeping practices for a child who has a medical condition or has additional needs
☐ Infants and young children with a medical condition and/or additional needs who require a sleep practice that differs from recommended safe sleep practices have a health care plan signed by a medical practitioner detailing the safest sleep practices for the infant/child
Comments/actions: