

Sleep and Rest for Children and Infants

Related Documentation	Sleeping Child Check Australian Standard for Cots (AS/NZS 2172) Sleep and Rest Risk Assessment Health and Wellbeing notes for children at Family Day Care (Procedure) Child Health and Wellbeing notes (Form)
Relevant Legislation	Education and Care Services National Law Education and Care Services National Regulations
References	http://www.acecqa.gov.au/safe-sleep-and-rest-practices https://rednose.com.au/resources/education https://www.kidsmatter.edu.au/
Responsible Officer	Manager Education and Care Services

Uncontrolled when printed.

Definitions

Nil

Objectives

To ensure the implementation of safe and hygienic sleep and rest strategies for children and infants.

Training and Competence

Council is committed to staff receiving training relevant to the tasks/activities undertaken in this procedure. Training requirements will be reviewed at least annually as part of the performance appraisal program, and recorded in Pulse. All training will be evaluated to ensure continuous improvement.

Records Management

All records related to this procedure are to be stored in IRIS in accordance with Council's Records Management Policy.

Review and Evaluation

To maintain relevance and currency, this procedure will be reviewed on a two-yearly basis or as required due to changes in relevant legislation and codes of practice or changes to systems and processes.

The procedure will also be evaluated in consultation with employees at appropriately identified intervals to evaluate its effectiveness. Regular review and evaluation is an opportunity to determine whether the procedure is fit for purpose and reflective of operational practice, and provide an opportunity to implement corrective measures or amend the procedure if required.

Overview

At all times children's sleep and rest requirements will be considered in line with current Red Nose recommendations. The most recent recommendations should always be considered and can be found at [Home | Red Nose Australia](#).

Sleep and rest for infants and young children are important for a number of reasons including but not exclusive to body functions such as muscle growth, repair of body tissues and restoring the body's energy

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levels. Sleep and rest is also needed for cognitive functioning such as but not exclusive to the development of memory skills, concentration and attention skills, impulse control, learning skills, behavioural and social/emotional skills and wellbeing as well as academic development.

Procedure

Each service's Nominated Supervisor/FDC educator is responsible for ensuring that children's sleep and rest needs are met in accordance with this procedure and the service's Sleep and Rest Risk Assessment.

All LDC/OSHC educators will be allocated regular training in relation to current recommendations for safe sleep practices. Successful completion will be documented on the educator's training record and refreshed regularly (at least every two years or when recommendations change).

All FDC educators will complete safe sleep training annually.

Educators will acknowledge that they have read and understood the Sleep and Rest Procedure and Sleep and Rest Risk Assessment upon induction.

All children

- A designated quiet/rest time will be included in the LDC service routine for both the Early Learning Room and Preschool Room to allow all children to relax, rest their bodies and sleep if required.
- Children should sleep and rest with their face uncovered.
- Children's sleep and rest environments should be free from cigarette or tobacco smoke.
 - All services are smoke free environments.
- Sleep and rest environments and equipment are inspected daily to ensure they are 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 will closely monitor sleeping and resting children and the sleep and rest environments.
- Regular interval checks of all sleeping children will be made.
- Children are always within sight and hearing distance of educators so they can assess the child's breathing and the colour of their skin.
- Children of all ages will be checked both visually and physically at least every 15 minutes (LDC) and 10 minutes (FDC) during rest and sleep time while in a cot or on a bed. More frequent checks are encouraged where possible (e.g. every 5 minutes).
- A "Sleeping Child Check" is recorded for any child aged under two to monitor their breathing, the colour of their skin as well as their comfort and wellbeing.
- In Family Day Care a sleeping child check will be completed and documented.
- If there is a sound monitor in use at the service, these will not replace the requirement of a physical sleep check as per above.
- At no times will video monitors be used in services (LDC).

Babies and toddlers

- Children under the age of two will have a cot available to sleep in each day they attend, unless otherwise discussed and agreed upon with the family (LDC).
- Babies will be placed on their back to sleep when first being settled. Once a baby has been observed and documented 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, will be re-positioned onto their back when they roll onto their front or side.
- 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 securely and is not loose. Babies of this age may be placed in a safe baby sleeping bag (i.e. with fitted neck and armholes, but no hood) if provided by families. At no time will a baby's face or head be covered (i.e. with linen).

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- To prevent a baby from wriggling down under bed linen, they will be positioned with their feet at the bottom of the cot.
- Before a baby is wrapped for sleeping their stage of development must be considered and consultations with families must occur. Any discussions held with families are required to be documented on the child's Parent Communication Form.
- It is recommended that when wrapping a child only lightweight wraps such as cotton or muslin are used. The child's arms are left free once the startle reflex disappears at around three months of age. Discontinue the use of a wrap when the baby can roll from back to tummy to back again (usually four to six months of age).
- If being used, a dummy should be offered for all sleep periods. It is recommended that dummy use should be phased out by the end of the first year of a baby's life; however the service will consult with and work in partnership with families in the best interests of the child. This consultation will be documented on the child's Parent Communication Form or the child's Health and Wellbeing Notes (FDC). If a dummy falls out of a baby's mouth during sleep, it will not be re-inserted.
- Where a baby or toddler may require a bottle prior to sleeping (either on a bed or in a cot), and can feed themselves, Educators will ensure they are supervised at all times. Children will not be left unattended in cot rooms or on beds with bottles. Educators will endeavour to remove bottles prior to children falling asleep or immediately if a child falls asleep unexpectedly.
- Consultation between educators and families will occur before any baby or young child is moved from sleeping in a cot to a service provided stretcher bed.
- When a young child is observed attempting to climb out of a cot, educators will liaise with families to move them out of a cot onto a small stretcher bed.
- For more information you can download the Cot to Bed Safety brochure from the Red Nose website – <https://rednose.com.au/resources/education>

Safe environments and equipment

Safe cots

- All cots used in services will meet the current mandatory Australian Standard for Cots (AS/NZS 2172), and evidence will be accessible within the service.
- All portable cots sold in Australia must meet the current mandatory Australian Standard for children's portable folding cots, AS/NZS 2195. Family Day Care educators will provide evidence of meeting standards within their compliance folder.
- 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. If a baby falls asleep in a pram, bassinet or hammock they must be transferred into a cot to sleep. No children will be left unattended in a pram, bassinet or hammock.

Safe cot mattresses

- Mattresses will be in good condition. They will 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, cots and beds should not be elevated or tilted without Medical Practitioner written documentation. Testing by hand is not recommended as accurate in assessing compliance with the AS/NZ Standard. Plastic packaging will be removed from mattresses and waterproof mattress protectors will be strong, not torn, and a tight fit.
- In portable cots, use the firm, clean and well-fitting mattress that is supplied with the portable cot. Do not add any additional padding under or over the mattress or an additional mattress.

Safe cot bedding

- Light bedding will be used. It will be tucked in to the mattress to prevent the child from pulling bed linen over their head.

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- No pillows, doonas, loose bedding or fabric, lamb's wool, bumpers and soft toys will be used in cots. Soft and/or puffy bedding in cots is not necessary and may obstruct a child's breathing. Small hand held comfort items may be used in consultation with families. This will be documented on the child's Parent Communication Form or the child's Health and Wellbeing Notes (FDC).
- Children sleeping on a bed will be encouraged to provide their own bedding (sheets/blanket) in line with current recommendations (LDC)
- FDC educators will provide bedding for both portable cots and beds for each child attending their service.

Safe placement

- Daily safety checks of sleeping and rest environments are undertaken. If hazards are identified, a maintenance request is submitted and the hazard is rectified in order to maintain a child safe environment (LDC).
- If hazards are identified they are to be removed or the sleep area is to be moved to a safe place (FDC).
- Any hanging cords or strings from blinds, curtains, mobiles or electrical devices are away from cots and mattresses. Heaters and electrical appliances will be kept away from cots.
- Electric blankets, hot water bottles and wheat bags will not be used in cots.
- It is not recommended to place anything (e.g. amber teething necklaces) around the neck of a sleeping child. The use of teething bracelets (e.g. amber teething bracelets) is also not recommended while a child sleeps. Any requests from families will be documented on the child's Parent Communication Form or the child's Health and Wellbeing Notes (FDC) for all children.
- Children's beds will be set up in a quiet space away from walkways with adequate lighting and enough distance between each bed for an adult to safely walk around to minimise the risk of trips and falls.
- An educator will sit with children while they are settling on their beds and encourage quiet activities for children who do not wish to sleep. If the educator moves from this area, children who are awake will be redirected away from children who are sleeping (LDC).

Meeting children's sleep, rest and relaxation needs

Individual children

- Children who **do not** wish to sleep are provided with alternative quiet activities and experiences, while those children who **do** wish to sleep are allowed to do so, without being disrupted. The service will consult with and work in partnership with families to document and implement appropriate sleep times for children at the service (also taking into account the child's sleep routine at home). If parents request that their child is to be woken up after a certain amount of time, this is to be documented on the Parent Communication Form.
- If a child requests a rest, or if they are showing clear signs of tiredness, regardless of the time of day, there will be a comfortable, safe area available for them to rest (if required).
- Opportunities for rest and relaxation, as well as sleep, are provided and range of strategies can be used to meet children's individual sleep and rest needs.
- Educators are aware of and will look for and respond to children's cues for sleep (e.g. yawning, rubbing eyes, disengagement from activities, crying, decreased ability to regulate behaviour and seeking comfort from adults).
- Educators avoid using settling and rest practices as a behaviour guidance strategy because children can begin to relate the sleep and rest environment, which should be calm and secure, as a disciplinary setting.
- Educators are aware that younger children (especially those aged 0-3 years) settle confidently when they have formed bonds with familiar carers. They acknowledge children's emotions, feelings and fears and work to minimise distress and discomfort in children.
- The physical environment will be safe and conducive to sleep. This means providing quiet, well-ventilated and comfortable sleeping spaces. The use of soft calm music and the reduction of lighting could be considered to support children with sleeping and resting. Wherever viewing windows are used, all children should be visible to supervising educators. Air conditioning, fans

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and/or fresh air from windows can be used to maintain adequate ventilation and a comfortable sleeping temperature for children.

- The need for rest and relaxation for children 5 - 12 years in outside school hours care settings is also acknowledged and provided for in the physical and emotional environment. Educators will be aware of cues for rest in children and provide environments and experience that allow these children to rest, unwind and relax away from busy active spaces while still being appropriately supervised and supported by educators.

Consultation with families

Services will consult with families about children's individual sleep needs and be sensitive to different values and parenting beliefs, cultural or otherwise, associated with sleep and rest.

- If a family's beliefs and/or requests are in conflict with current recommended guidelines, the service will determine if there are exceptional circumstances that allow for alternate practices. *For example, with some rare medical conditions, it may be necessary for a baby to sleep on his or her stomach or side, which is contrary to Red Nose recommendations. It is expected that in this scenario the service would only endorse the practice, with the written support of the baby's medical practitioner. Any additional practices required regarding sleep and rest in relation to a specific health care need will be documented on a Medical Condition Plan for that child.*
- Nominated Supervisors and Educators are not expected to endorse practices requested by a family, if they differ with Red Nose recommendations. *For example, a parent may request the service wrap or swaddle their baby while they are sleeping. However, according to Red Nose recommendations, this practice should be discontinued when a baby starts showing signs that they can begin to roll.*
- Families will be provided a copy of this procedure upon enrolment and upon any updates to this procedure.

END OF PROCEDURE

This procedure is required under the Education and Care Services National Regulations and should not be edited or rescinded without permission from the Education and Care Services Senior Leadership Team.

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