



SAFE SLEEP AND REST TIME POLICY

Quality Area 2: Children's Health and Safety

INTRODUCTION

All children have individual sleep and rest requirements. Our objective is to meet each child's need for sleep, rest and relaxation by providing a comfortable, relaxing and safe space to enable their bodies to rest. This environment will also be well supervised ensuring all children feel secure and safe at our Service.

The Education and Care Services National Regulations requires approved providers to ensure their services have policies and procedures in place for children's sleep and rest. Our Sleep and rest for children policy means our educators, management, co-ordinators, other staff, families and the community can be confident that children's needs for sleep and rest are met while attending the service. Fortunately, cases of children dying in education and care service settings are very rare. However, some deaths have occurred when a child has been sleeping at a service. Relevant coroners' reports have found that poor sleeping environments and poor supervision are risk factors. While all children need rest and sleep to be happy and healthy, this is an area of service policy and procedure that needs to be very carefully considered, monitored and actively reviewed to ensure risks are appropriately addressed at all times.)

GOALS/ WHAT ARE WE GOING TO DO?

We have a duty of care to ensure children are provided with a high level of safety when sleeping and resting and every reasonable precaution is taken to protect them from harm and hazard. In meeting our duty of care, it is a requirement that all educators implement and adhere to this policy and associated procedures to ensure we respect and cater for each child's specific needs and ensure all risks are appropriately addressed at all times.

Orchard Early Learning Centre will ensure that all children have appropriate opportunities to sleep, rest and relax in accordance with their individual needs. Orchard Early Learning Centre will provide beds and cots that comply with Australian Standards.

The risk of Sudden Infant Death Syndrome (SIDS) for infants will be minimised by following practices and guidelines set out by the national authority on safe sleeping practice for infants and children- Red Nose (formerly SIDS and Kids). Our policy sets out quality practice and is informed by recognised and evidence-based principles. Safe Sleep practices are informed by Red Nose and guidance from ACEQCA.

If a family's beliefs and requests are against current recommended evidence-based guidelines, our Service will need to determine if there are exceptional circumstances that allow for alternate practices. Orchard Early Learning Centre will only approve an alternative practice if the service is provided with written advice from, and the contact details of a registered medical practitioner accompanied by a risk assessment and risk minimisation plan for individual children.

Key Terms:

TERM	MEANING
ACECQA- Australian Children's Education and	The independent national authority that works with all regulatory authorities to administer the National Quality





SAFE SLEEP AND REST TIME POLICY

Quality Area 2: Children’s Health and Safety

Care Quality Authority	Framework, including the provision of guidance, resources and services to support the sector to improve outcomes for children.
Adequate supervision	Adequate supervision means: <ul style="list-style-type: none"> • that an educator can respond immediately, particularly when a child is distressed or in a hazardous situation; • knowing where children are at all times and monitoring their activities actively and diligently
Infant	A young child between the ages of birth and 12 months
Rest	A period of inactivity solitude, calmness or tranquility and can include a child being in a state of sleep.
Relaxation	Relaxation or other activity for bringing about a feeling of calm in your body and mind.
Red Nose	Red Nose is Australia’s leading authority on safe sleep and safe pregnancy advice.
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- (SIDS or Fatal sleeping accident)
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.

STRATEGIES / HOW WILL IT BE DONE?

Our Service defines ‘rest’ as a period of inactivity, solitude, calmness, or tranquillity, and can include a child being in a state of sleep. Considering the busy and energetic nature of children’s day, we feel that it is important for children to participate in a quiet/rest period during the day in order to rest, relax, and recharge their body. Effective rest strategies are important factors in ensuring a child feels secure and safe in an early childhood environment.

Our Service will consult with families about their child’s individual needs, ensuring all parties are aware of the different values, cultural, and parenting beliefs and practices, or opinions associated with sleep requirements.

The Approved Provider/ Nominated Supervisor will:

- Every reasonable precaution has been taken to protect children from harm and from hazards likely to cause injury. Hazards posing a risk of suffocation, choking, crushing or strangulation risk to children must be removed from the sleep and rest environment.
- Reasonable steps are taken to ensure that the needs for sleep and rest of children being educated and cared for by the Service are met, having regard to the ages, developmental stages and individual needs of each child





SAFE SLEEP AND REST TIME POLICY

Quality Area 2: Children's Health and Safety

- All educators and new employees are provided with a copy of this policy as part of their induction program and are provided with ongoing sleep and rest training as part of their employment
- Up to date knowledge regarding safe sleeping practices is maintained and information communicated to educators and families
- Ongoing training is provided on safe sleep practices for all educators
- Opportunities are provided for educators to participate in Red Nose professional training
- To provide appropriate opportunities to meet each child's need for sleep, rest and relaxation including providing children with comfortable spaces away from the main activity area for relaxation and quiet activities
- That sleeping infants are closely monitored and that all sleeping children are within hearing range and observed. This involves physically checking/inspecting sleeping children at regular intervals of 10 minutes and ensuring that they are always within sight and hearing distance of sleeping and resting children so they can easily monitor a child's breathing and the colour of their skin. It is recommended that educators will not perform administrative duties that would take their attention away from sleeping/resting children- (Note: CCTV, audio monitors or heart monitors do not replace the need for physical checking/inspecting sleeping children)
- To provide children with safe sleeping equipment and environment, including adequate ventilation and adequate lighting to enable effective supervision
- To negotiate sleep and rest routines and practices with families to reach agreement on how these occur for each child at Orchard Early Learning Centre
- They receive information and training to fulfil their role effectively, including being made aware of the sleep and rest policies, their responsibilities in implementing these, and any changes that are made over time
- The child's safety is always the first priority
- Children who are sleeping or resting have their face uncovered at all times
- Any soft items are removed from the cot, such as loose blankets, pillows or toys
- The sleep and rest environment is free from cigarette or tobacco smoke
- Educators clothes are free from second hand cigarette or tobacco smoke
- To provide information to parents and families about Safe Sleep practices (see [Red Nose](#))
- Educators, staff and volunteers follow the policy and procedures
- All equipment and furniture used are safe, clean and in good repair
- There are adequate numbers of cots and bedding (including mattresses) available to children that meet Australian Standards to be used only for sleep and rest purposes
- All cots used in our Service will meet the current mandatory Australian Standard for Cots (AS/NZS 2172) and will carry a label to indicate this.
- All/any portable cots used in our Service will meet the current mandatory Australian Standard for children's portable folding cots, AS/NZS 2195, and will carry a label to indicate this
- Sleep surfaces are checked for firmness in accordance to Australian Standard AS/NZS 8811:1:2013





SAFE SLEEP AND REST TIME POLICY

Quality Area 2: Children's Health and Safety

- A safe indoor environment is provided for children that is well ventilated, has adequate natural light and can be maintained at a temperature that ensures children's safety and wellbeing
- Risk assessments are conducted at least annually to ensure all protentional hazards are controlled in sleep areas in line with Red Nose and ACECQA guidelines
- Sleep and rest environments will be safe and free from all hazards
- The supervision windows (or similar) will be kept clear to ensure safe supervision of sleeping infants
- Safe sleep practices are documented and shared with families. Nominated Supervisors and educators are not expected to endorse practices requested by a family if they differ from [Red Nose](#) safe (formerly SIDS and Kids) sleeping recommendations
- If any requirements differ from Red Nose sleeping recommendations, written authorisation from a medical practitioner will be required and shared with educators

Educators will:

- Have a thorough understanding of the Service's policy and practices and embed practices to support safe sleep into everyday practice
- Consult with families about children's sleep and rest needs
- Be sensitive to each child's needs so that sleep and rest times are a positive experience
- Ensure there are appropriate opportunities to meet each child's need for sleep, rest and relaxation
- Ensure that each child's comfort is provided for
- Ensure that beds/mattresses are clean and in good repair
- Ensure beds, cots and mattresses are used for the correct purpose of sleep and rest only
- Ensure beds and mattresses are wiped over with warm water and neutral detergent or vinegar solution between each use
- Ensure cots/stretchers are stored safely
- Ensure that bed linen is clean and in good repair
- Ensure bed linen is used by an individual child and is washed before use by another child
- Arrange children's beds and cots to allow easy access for children and staff
- Ensure children rest/sleep with their beds/mattresses head to toe to minimise the risk of cross infection
- Create a relaxing environment for sleeping children by playing soft relaxation music, reading stories, cultural reflection, dimmed or soft lights, and ensuring children are comfortably clothed. Remove children's footwear for sleep.
- Ensure there are no loose aspects of clothing that could entangle the child during sleep/rest (including bibs)
- Ensure any soft items are removed from the cot, such as loose blankets, pillows or toys
- Ensure the environment is tranquil and calm for both educators and children
- Sit near children who are resting and encourage them to relax and/or listen to music.
 - Remember that children do not need to be "patted" to sleep. By providing a quiet, tranquil environment, children will choose to sleep if their body needs it.





SAFE SLEEP AND REST TIME POLICY

Quality Area 2: Children's Health and Safety

- Maintain adequate supervision and maintain educator ratios throughout the sleep period
- Supervision is active, effective and frequent [include details of your Service's supervision plan relevant to the ages and developmental stages of children attending the service]
- Ensure they are not engaged in other duties (e.g., administrative duties) that will take their attention away from actively supervising sleeping and resting children
- Physically 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)
- Ensure physical checks of a sleeping child occur at least every 10 minutes (Note: CCTV, audio monitors or heart monitors do not replace the need for physical checking/inspecting sleeping children)
- Consider higher levels of supervision and conduct more frequent checks on babies or children with colds, chronic lung disorders or specific health care needs
- If the child's face/body appears blue and the child is not breathing, initiate first aid immediately including calling an ambulance and beginning resuscitation
- Ensure a record is maintained recording the time and observation of each physical check immediately after checks are made on the Safe Sleep Record
- Ensure sleeping spaces are not dark- there needs to be sufficient light to allow supervision and to physically check children's breathing, lip and skin colour
- Ensure sleeping infants are closely monitored and that all sleeping children are within hearing range and observed
- Assess each child's circumstances and current health to determine whether higher supervision levels and checks may be required
- Communicate with families about their child's sleeping or rest times and the Service policy regarding sleep and rest times
- Respect family preferences regarding sleep and rest and consider these daily while ensuring children feel safe and secure in the environment. [Any sleep requirements that differ from Red Nose recommendations must be supported by a medical certificate]. Conversations with families may be necessary to remind families that children will neither be forced to sleep nor prevented from sleeping. Sleep and rest patterns will be recorded daily for families.
- Encourage children to dress appropriately for the room temperature when resting or sleeping
- Lighter clothing is preferable, with children encouraged to remove shoes, jumpers, jackets and bulky clothing.
- Monitor the room temperature to ensure maximum comfort for the children
- Ensure that children who do not wish to sleep are provided with alternative quiet activities and experiences, whilst those children who do wish to sleep are allowed to do so, without being disrupted. If a child requests a rest, or if they are showing clear signs of tiredness, regardless of the time of day, there should be a comfortable, safe area available for them to rest. It is important that opportunities for rest and relaxation, as well as sleep, are provided.





SAFE SLEEP AND REST TIME POLICY

Quality Area 2: Children's Health and Safety

- Consider a vast range of strategies to meet children's individual sleep and rest needs- consider inclusion of all children and adjustments that may need to be implemented
- Respond to children's individual cues for sleep (yawning, rubbing eyes, disengagement from activities, crying etc).
- Acknowledge and support children's agency, emotions, feelings and fears in regard to sleep/rest time
- Develop positive relationships with children to assist in settling children confidently when sleeping and resting
- Record sleep and rest patterns to provide information to parents/families.

Additional safe resting practices for babies:

Recommendations sourced from ACECQA:

- Babies should always be placed on their back to sleep when first being settled. Once a baby has been observed 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, should be re-positioned onto their back when they roll onto their front or side.
- If a medical condition exists that prevents a baby from being placed on their back, the alternative practice should be confirmed in writing with the Service, by the child's medical practitioner.
- Babies over four months of age can generally turn over in a cot but may not always be able to roll back again. 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 arm holes, but no hood). At no time should a baby's face or head be covered (i.e., with linen). To prevent a baby from wriggling down under bed linen, they should be positioned with their feet at the bottom of the cot.
- Ensure any bed linen is securely tucked underneath the mattress so it cannot ride up and cover the baby's chest or cover his/her head.
- If a baby is wrapped when sleeping, consider the baby's stage of development. Leave their arms free once the startle reflex disappears at around three months of age and 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). Use only lightweight wraps such as cotton or muslin.
- Ensure there is no soft bedding in baby's sleep environment (pillows, doonas, loose bedding, lambswool or soft toys)
- If being used, a dummy should be offered for all sleep periods. Dummy use should be phased out by the end of the first year of a baby's life (in consultation with parents). If a dummy falls out of a baby's mouth during sleep, it should not be re-inserted.
- Babies or young children should not be moved out of a cot into a bed too early; they should also not be kept in a cot for too long. When a young child is observed attempting to climb out of a cot, and looking like they might succeed, it is time to move them out of a cot. This usually occurs when a toddler is between 2 and 3 ½ years of age but could be as early as 18 months.
- Additional supervision is required if a child is wearing a baby sleeping bag whilst sleeping outside a cot. The sleeping suit should be removed as soon as the child wakes to avoid risk of falling and injury. (Red Nose).





SAFE SLEEP AND REST TIME POLICY

Quality Area 2: Children's Health and Safety

Educators will:

- Give bottle-fed children their bottles before going to bed
- Ensure children are not put in cots or in beds with bottles as per the *Dental Health Policy*
- Ensure that cot rooms and sleep rooms have operational baby monitors on at all times
- Observe children at 10-minute intervals while they sleep in these rooms. Educators must go into the rooms and physically observe babies breathing and check the colour of their skin. The educator will then officially record this on a Safe Sleep Record
- Encourage the use of sleeping bags with fitted neck and armholes for babies as there is no risk of the infant's face being covered.
- Securely lock cots sides into place to ensure children's safety
- Turn off wall-mounted heaters before children use the room for sleeping. Cot rooms may be air conditioned and maintained at an appropriate temperature.
- Be aware of manual handling practices when lifting babies in and out of cots
- Participate in staff development about safe sleeping practices
- Understand that 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.
- Ensure mattresses are kept 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.
- Not elevate or tilt mattresses
- Remove any plastic packaging from mattresses
- Ensure that waterproof mattress protectors are strong, not torn, and a tight fit
- Use firm, clean, and well-fitting mattresses on portable cots
- Remove pillows, doonas, loose bedding or fabric, lamb's wool, bumpers and soft toys from cots
- Record sleep and rest patterns to provide information to parents/families.

Pre School-Age Children

Educators will:

- Be respectful for children's individual sleep and rest requirements
- Discuss children's sleep and rest needs with families and include children in decision making (children's agency)
- Provide a tranquil and calm environment for children to rest by turning off lights, playing relaxing music, reading stories, cultural reflection
- Ensure children are comfortably clothed
- Encourage children to rest their bodies and minds for 20-30 minutes
- Introduce relaxation techniques into rest routine- use of a relaxation tape, meditation, soft music
- Ensure children sleep with their face uncovered
- Closely monitor sleeping and resting children
- Provide quiet activities for children- puzzles, books, drawing if they do not fall asleep





SAFE SLEEP AND REST TIME POLICY

Quality Area 2: Children’s Health and Safety

- Record sleep and rest patterns to provide information to parents/families

Ongoing maintenance of cots and bedding

Regular maintenance of cots and other bedding must be made to ensure there is no hazard posed to babies or children. This may include:

- All equipment and furniture used are safe, clean and in good repair
- Sleep surfaces are checked for firmness in accordance to Australian Standard AS/NZS 8811:1:2013
- Spaces between bars and mattress sides are as per regulations/guidelines (not more than 25mm apart)
- Spaces do not pose any danger to children- arm and leg traps/finger traps
- Ensuring there are no choking hazards- cords, strings, bunting
- Checking all bolts and screws are tight
- Cots are not painted with any paint that contains lead
- Paint work of cots is not chipped when babies are teething
- There are no toys, bumpers or other objects in the cot that could cause suffocation
- Ensure there are no sharp edges
- Ensure the cots have high sides- from top of mattress to top side of cot should be at least 500mm
- Stay up to date with banned/recalled products and remove these immediately from the service if required.

RELATED LEGISLATION, GUIDELINES, STANDARDS, FRAMEWORKS

QUALITY AREA 2: CHILDREN’S HEALTH AND SAFETY		
2.1	Health	Each child’s health and physical activity is supported and promoted
2.1.1	Wellbeing and comfort	Each child’s wellbeing and comfort is provided for, including appropriate opportunities to meet each child’s needs for sleep, rest and relaxation.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

QUALITY AREA 3: PHYSICAL ENVIRONMENT		
3.1	Design	The design of the facilities is appropriate for the operation of a service.
3.1.2	Upkeep	Premises, furniture and equipment are safe, clean and well maintained.





SAFE SLEEP AND REST TIME POLICY

Quality Area 2: Children's Health and Safety

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS AND NATIONAL LAW	
Section 165	Offence to inadequately supervise children
Section 167	Offence relating to protection of children from harm and hazard
81	Sleep and Rest
82	Tobacco, drug and alcohol-free environment
87	Incident, injury, trauma and illness record
103	Premises, furniture and equipment to be safe, clean and in good repair
105	Furniture, materials and equipment
106	Laundry and hygiene facilities
107	Space requirements-indoor space
110	Ventilation and natural light
115	Premises designed to facilitate supervision
168	Education and care service must have policies and procedures
170	Policies and procedures to be followed
171	Policies and procedures to be available
172	Notification of change to policies or procedures
176	Time to notify certain information to Regulatory Authority

LINKS TO OTHER POLICIES

- Enrolment and Orientation Policy
- Interactions with Children Policy
- Child Safe Environment Policy
- Interactions with Children, Families and Staff Policy
- Administration of First Aid Policy
- Work Health and Safety
- Dental Health Policy
- Physical Environment Policy





SAFE SLEEP AND REST TIME POLICY

Quality Area 2: Children's Health and Safety

SOURCE

- ACECQA. (n.d.). Safe sleep and rest practices: <https://www.acecqa.gov.au/resources/supporting-materials/infosheet/safe-sleep-and-rest-practices>
- Australian Children's Education & Care Quality Authority. (2014).
- Australian Competition and Consumer Commission (ACCC). (2013). Find out more: [Keeping baby safe](#)
- Early Childhood Australia Code of Ethics. (2016).
- Education and Care Services National Law Act 2010. (Amended 2018).
- Education and Care Services National Regulations. (2011)
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).
- Guide to the National Quality Framework. (2017). (Amended 2020).
- NSW Department of Education. (2022). *Sleep and rest for children-Policy guidelines for early childhood education and care services. (updated)*
- <https://education.nsw.gov.au/early-childhood-education/whats-happening-in-the-early-childhood-education-sector/resource-library/safe-sleep-red-nose>
- Red Nose: <https://rednose.org.au/section/safe-practices>
- Red Nose: Cot to bed safety https://rednose.org.au/downloads/RN3356_Cot_Bed_DL_Oct2018_Online.pdf
- Revised National Quality Standard. (2018).
- Standards Australia – <https://www.standards.org.au/>
- The NSW Work Health and Safety Act 2011
- The NSW Work Health and Safety Regulation 2011

POLICY REVIEW

The Service encourages staff and parents to be actively involved in the annual review of each of its policies and procedures. In addition, the Service will accommodate any new legislative changes as they occur and any issues identified as part the Service's commitment to quality improvement. The Service consults with relevant recognised authorities as part of the annual review to ensure the policy contents are consistent with current research and contemporary views on best practice.

Date(s) reviewed: June 2021 / June 2022 / January 2023

