



SLEEP AND REST POLICY

SUBCATEGORY: Health, Hygiene and Safety

POLICY GOAL

To ensure each child's comfort is provided for and there are appropriate opportunities to meet each child's need for sleep, rest and relaxation. To ensure safe sleeping environments, educator practices are based on advice from recognised authorities, to ensure safe sleeping.

RATIONALE

"Annually, 3,200 Australian families experience the sudden and unexpected death of a baby or child."¹

Educators at our service follow the recommendations of Red Nose as a recognised authority on safe sleeping.

*"In Australia, between 1990 and 2015 there have been 5,000 babies die suddenly and unexpectedly. Baby deaths attributed to SUDI have fallen by 85% and it is estimated that 9,967 infant lives have been saved as a result of the infant safe sleeping campaigns. The Safe Sleeping program is based on strong scientific evidence, has been developed in consultation with major health authorities, SUDI researchers and paediatric experts in Australia and overseas, and meets the National Health & Medical Research Council rules for strong evidence."*²

Education and Care Services National Regulations – Regulation 81 Sleep and rest

(1) The approved provider of an education and care service must take reasonable steps 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, development stages and individual needs of the children.

Penalty: \$1000.

(2) A nominated supervisor of an education and care service must take reasonable steps 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, development stages and individual needs of the children.

*Penalty: \$1000."*³

Quality Area 2 of the National Quality Standards provides guidance on sleep, rest and relaxation in 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."*⁴

"Babies spend a large part of time sleeping. Infact, by the age of two, babies have spent more time asleep than they have awake! Some sleeping arrangements are not safe for baby and can increase the risk of Sudden Unexpected Death in Infancy (SUDI), including SIDS and fatal sleep accidents. SUID remains the most common cause of deaths for babies between one month and one year of age in Australia. Many of these deaths occurred where known risk factors that may have contributed to the death of the baby were present.

¹ Red Nose Website (accessed on-line April 2020) <https://rednose.org.au/section/about-us>

² Red Nose Website (accessed on-line April 2020) <https://rednose.org.au/article/babys-head-shape>

³ Education and Care Services National Regulations (version December 2019)

⁴ "Guide to the National Quality Framework" Australian Children's Education & Care Quality Authority Jan 2020

Sleeping babies and young children sleeping safely is the responsibility of those who care for children, including those caring for other people's children. It is therefore important for education and care services to ensure that children in their care are safe at all times and that service policy and practice reflect evidence-based research. Further to this, it is the role of every educator to advocate, educate and inform parents and other care givers about safe sleep practices with consistent and evidence-based messages to reduce the risk of SIDS and fatal sleeping accidents.”⁵

“Six ways to sleep baby safety and reduce the risk of sudden unexpected death in infancy:

1. *Sleep baby on the back*
 - *sleeping baby on the side or tummy increases the risk of sudden infant death*
2. *Keep head & face uncovered*
 - *Baby on back, feet to bottom of cot, blankets tucked in firmly*
 - *Use a safe baby sleeping bag with fitted neck and armholes and no hood*
 - *Covering baby's head or face increases the risk of sudden infant death*
3. *Keep baby smoke free before after birth*
 - *Smoking during pregnancy and around baby after birth increases the risk of sudden infant death.*
4. *Safe sleeping environment night & day*
 - *Safe cot – should meet current Australian Standard AS2172*
 - *Safe mattress – firm, clean flat, right size for cot*
 - *Safe bedding – soft surfaces and bulky bedding increase the risk of sudden infant death*
 - *No soft surfaces or bulky bedding,*
 - *No pillow, cot bumper, lambs' wool, soft toy e.g. Teddy or doona*
5. *Sleep baby in safe cot in parent's room*
 - *Safest place for a baby to sleep is in a safe cot next to the parents' bed*
6. *Breastfeed baby”⁶*

Principles to inform procedures provided by ACECQA with new changes to regulations from 1 October 2017:

“The following principles may inform sleep and rest policies and procedures at our service.

- *Effective sleep and rest strategies are important factors in ensuring a child feels secure and is safe at a service.*
- *Approved providers, nominated supervisors and educators 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.*
- *Approved providers are responsible for ensuring sleep and rest policies and procedures are in place.*
- *Policies and procedures should be based on current research and recommended evidence-based principles and guidelines. [Red Nose](#) (formerly SIDS and Kids) is considered the recognised national authority on safe sleeping practices for infants and children.*
- *Regularly review and update sleep and rest policies and procedures to ensure they are maintained in line with best practice principles and guidelines.*
- *Nominated supervisors and educators should receive information and training to fulfil their roles effectively, including being made aware of the sleep and rest policies, their responsibilities in implementing these, and any changes that are made over time.*

⁵ *“Safe Sleeping – Background Information” Red Nose Child Care Kit (October 2017)*

⁶ *“Safe Sleeping brochure” Red Nose 2017 (accessed on-line April 2020)*

https://rednose.org.au/downloads/RN3356_Safe_Sleeping_DL_Brochure_Oct2018_Online.pdf

- *Services should consult with families about their child's individual needs and be sensitive to different values and parenting beliefs, cultural or otherwise, associated with sleep and rest.*
- *If a family's beliefs and requests are in conflict with current recommended evidence-based guidelines, the service will need to 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. The service may also consider undertaking a risk assessment and implementing risk minimisation plans for the baby.*
- *In other circumstances, nominated supervisors and educators would not be 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 (usually around four to six months of age, but sometimes earlier). Nominated supervisors and educators should be confident to refer to the service's Sleep and Rest Policies and Procedures if parents make requests that are contrary to the safety of the child. Child safety should always be the first priority.*
- *Children have different sleep, rest and relaxation needs. Children of the same age can have different sleep patterns, which nominated supervisors and educators need to consider within the service. As per Standard 2.1 (element 2.1.1) of the National Quality Standard, each child's comfort must be provided for and there must be appropriate opportunities to meet each child's sleep, rest and relaxation needs."⁷*

The following information relates specifically to safe sleeping locations/environments:

- *"Do not leave a sleeping baby unsupervised in a pram. Babies can become trapped and suffocate.*
- *Pillows and cot bumper pads should not be used for children under two years of age.*
- *Do not put infants and young children to sleep on soft surfaces, such as beanbags or waterbeds.*
- *Babies should not be put to sleep on sofas or in adult beds."⁸*
- *"Never leave your baby unattended in a pram or stroller. It is not a substitute for a cot."⁹*
- *Research has shown that:*
 - *babies left in a sitting position for a long period of time may be placed at increased risk for sudden infant death.*
 - *baby seats may cause baby's neck to flex forward which may block baby's airway not allowing airflow."*
- *"Red Nose recommends that a baby should sleep on a firm and flat surface. A baby needs to be placed to sleep flat (not elevated or curved with chin on chest) to maintain an open airway"¹⁰*
- *"When a baby falls asleep in a propped up device the head can fall forwards, pushing the chin down towards the chest. This can lead to the airway becoming blocked and reducing airflow."¹¹*

⁷ "Safe sleep and rest practices from October 2017" ACECQA website (accessed on-line April 2020)
<http://www.acecqa.gov.au/Safe-sleep-and-rest-practices#ptip>

⁸ "Safety: Choking, Suffocation and Strangulation Prevention" The Royal Children's Hospital Melbourne July 2018 (accessed on-line April 2020)
https://www.rch.org.au/kidsinfo/fact_sheets/Choking,_Suffocation_and_Strangulation/

⁹ "Prams and Strollers" Red Nose October 2016 (accessed on-line April 2020)
<https://rednose.com.au/article/prams-and-strollers>

¹⁰ "Hammocks" Red Nose September 2017 (accessed on-line April 2020)
<https://rednose.org.au/article/hammocks>

¹¹ "Bouncinette" Red Nose October 2016 (accessed on-line April 2020)
<https://rednose.org.au/article/bouncinette>

The following information relates specifically to items in cots:

“Soft toys should never be placed in the sleeping environment of an infant under twelve months of age. Soft objects in the cot can be a suffocation risk. Physiological studies indicate that facial obstruction by soft bedding may lead to complete airway obstruction, and/or hyperthermia,¹ and/or accidental suffocation by rebreathing². Current research supports infant safety guidelines to ensure that ensure quilts, doonas, duvets, pillows, lambskins, soft toys and cot bumpers are not in the infant sleeping environment.

- *Keep soft toys out of the sleeping environment for babies under twelve months of age because they may cover the nose and mouth and interfere with breathing.*
- *The risk posed by suffocation by the presence of soft objects in the baby’s sleeping environment outweighs any benefit to the baby from a soft toy. It is therefore advised not place soft toys and other soft objects in the cot for babies under twelve months of age.*
- *Babies are more likely to explore objects in their sleeping environments than younger children.*
- *On balance of the current evidence, the risk of suffocation posed by the presence of soft toys or objects in the baby’s sleeping environment outweighs any benefit to the baby from the presence of a transitional object in the cot. It is therefore advised to not place soft toys and other soft objects in the cot for babies under twelve months of age.”¹²*

Other safe sleeping reminders:

“Bean bags, sofas, large cushions and air mattresses are not safe places for young children to sleep. If a child is wearing a baby sleeping bag whilst sleeping outside of a cot be careful! A child wearing a baby sleeping bag and not confined to a cot is at a higher risk of falling and being injured. The child must be actively supervised, and the sleeping bag removed as soon as the child wakes.”¹³

“Red Nose does not recommend placing anything around the neck of a sleeping baby as this could tighten during sleep and make breathing difficult and may even strangle baby. Furthermore, strings of beads could break, and individual beads could end up in a baby’s mouth, presenting a choking hazard. The Australian Government has recently issued a warning notice about the use of amber teething necklaces (bracelets and necklaces of amber beads). Testing of several of these products indicated that they could break into small parts and present a choking hazard to children under three years of age. In 2011, Parliamentary Secretary to the Treasurer, David Bradbury recently issued a warning notice to the public in relation to amber teething necklaces. Amber teething necklaces and bracelets consist of amber beads which are a fossilised tree resin and range in colour from yellow to white and beige to brown.

The warning notice was issued after ACCC testing of several of these products indicated that they could break into small parts and present a choking hazard to children under three years of age. Consumers using this product are advised to:

- *always supervise the infant when wearing the necklace or bracelet*
- *remove the necklace or bracelet when the infant is unattended, even if it is only for a short period of time*
- *remove the necklace or bracelet while the infant sleeps at day or night not allow the infant to mouth or chew the necklace or bracelet*
- *consider using alternate forms of pain relief*

¹² “Soft Toys in the Cot” Red Nose March 2018 (accessed on-line April 2020)
<https://rednose.com.au/article/soft-toys-in-the-cot>

¹³ “Cot to Bed Safety” brochure Red Nose 2017 (accessed on-line April 2020)
https://rednose.com.au/downloads/RN3356_Cot_Bed_DL_Oct2018_web.pdf

- seek medical advice if you have concerns about your child's health and wellbeing.¹⁴

Wrapping baby

- “Wrapping can be a useful method to assist baby to settle and stay asleep as it reduces crying time and episodes of waking. Wrapping has also been shown to provide stability, which may help to keep babies in the recommended back position.
- Ensure that baby is positioned on the back with the feet at the bottom of the cot, that he/she is wrapped from below the neck to avoid covering his/her face and always sleep baby with face uncovered (no doonas, pillows, cot bumpers, lambswool or soft toys in the sleeping environment).
- Use only lightweight wraps such as cotton or muslin (bunny rugs and blankets are not safe alternatives as they may cause overheating).
- For wrapping to be effective, the wrap needs to be firm but not too tight. Techniques that use tight wrapping with legs straight and together increase the risk of abnormal hip development, while loose wraps are also hazardous as they can cover baby's head and face.
- Ensure that baby is not over dressed under the wrap. Use only nappy and singlet in warmer weather and dress baby in a lightweight grow suit in cooler weather.
- If you wrap your baby, consider baby's stage of development. Leave arms free once the startle reflex disappears around 3 months. Most babies eventually resist being wrapped. Wrapping style should be appropriate for the baby's developmental stage.
- It is essential to discontinue wrapping as soon as baby starts showing signs that they can begin to roll, usually between 4-6 months of age but sometimes younger. Babies must not be wrapped if sharing a sleep surface with another person. Baby should not be wrapped while sleeping in a baby sleeping bag.”¹⁵

“Sleeping a baby on a surface which is raised or tilted encourages the head to fall forward into a chin to chest position which can lead to suffocation because the airway is compressed” says Red Nose Chief Midwife, Jane Wiggill.

“Additionally, if baby were to roll in this position, they could become trapped and suffocate against the soft base and / or the padded side.”

She also advises of other risks to a baby's safety when using these devices, including entrapment and falls. Putting a baby on their back to sleep means the airway can function optimally when sleeping, minimising the risk of SUDI or SIDS.”¹⁶

Sleep and Rest for children aged 3-5yrs

“Sleep has a very important role in the life of children, and a role in their lifelong development and health. Sleep is not only important for daily functioning, but is essential for children's physical growth, learning, and well-being. Children with poor quality or insufficient sleep are less able to regulate their emotions and behaviour, have difficulty concentrating, and may be at higher risk of accidents, injury and illnesses.

Children, like adults, vary in the amount of sleep that they need. How much sleep a child needs is influenced by a range of factors including the child's:

- age

¹⁴ “Is it ok for babies to wear a necklace or beads?” (accessed on-line April 2020)

<https://rednose.com.au/article/is-it-ok-for-babies-to-wear-a-necklace-or-beads>

¹⁵ “Is it safe to wrap/swaddle my baby?” Red Nose Website (accessed on-line April 2020)

<https://rednose.org.au/article/is-it-safe-to-wrap-swaddle-my-baby>

¹⁶ “Red Nose warns against the use of incline sleepers” Red Nose 14/2/20 (accessed on-line April 2020)

<https://rednose.org.au/news/red-nose-and-choice-warn-against-the-use-of-incline-sleepers>

- genetics
- developmental stage
- home environment
- family and cultural background
- daily activities
- health.

The total number of hours a child sleeps per day decreases across the early years. Current recommendations for children aged 3-5 years suggest that around 10-13 hours of sleep each day is typical. This is primarily made up of night-time sleep, but for some children will also include a daytime nap. For children who do nap during this period, the average duration of napping is around 1 hour.

Children who no longer need a nap, or at least don't need one every day, may still need some time during the day for rest, recuperation, or just for some 'down time' to relax. Just like the differences in their need for sleep, children might need to have a break or a rest at different times of the day (depending on what they've been doing) and may rest and relax in different ways. Rest and relaxation are important for health and well-being and learning to relax our bodies and minds is an important life skill.

Children within the same group in ECEC can be at very different stages of sleep development. Sleep, rest, and relaxation is an important part of the lives of 3-5-year-old children.

- *Children's sleep needs change across time and vary from child to child.*
 - *It is normal for children in this age group to no longer need a daytime sleep.*
 - *The environments we provide for children can influence their sleep and rest.*
 - *Children need opportunities to learn to rest and relax their bodies and minds.*
- Many children aged 3-5 years will no longer require a daytime sleep whilst at their ECEC service.”¹⁷*

“Services use a range of practices to manage sleep, rest, and relaxation needs. The approach that a service uses will be influenced by many factors including: the age and characteristics of the children, the needs of families and the community, and the physical environment space and layout. In thinking about sleep, rest, and relaxation practices, consider the 4 principles for R.E.S.T. – see below”¹⁸

<i>R</i>	Relationships	Involve children and families in planning.
<i>E</i>	Environment	Create a pleasant and calm environment.
<i>S</i>	Sleep need	Support children's agency and autonomy.
<i>T</i>	Timing / Transitions	Ensure timing is responsive to children's needs.

¹⁷ *“Sleep Health and Sleep Development” Children aged 3-5yrs in ECEC”, SLEEP Program (Sleep Learning for Early Education Professionals) funded by Qld Government Department of Education and Training 2015*

¹⁸ *“Meeting children's sleep, rest and relaxation needs in ECEC – children aged 3-5yrs, information for educators and ECEC services” SLEEP Program (Sleep Learning for Early Education Professionals) funded by Qld Government Department of Education and Training 2015*

Consider the following:

Relationships	<p>In planning provisions for sleep, rest, and relaxation consider:</p> <ul style="list-style-type: none"> • Different strategies that could be used to support two-way communication with parents and children. • Key times to communicate with families about sleep, rest, and relaxation. • Key questions to ask children and families when getting to know a child’s sleep, rest, and relaxation needs and preferences.
Environment	<p>In planning provisions for sleep, rest, and relaxation consider how different spaces might be best used to:</p> <ul style="list-style-type: none"> • Provide children who need to sleep a quiet space without distraction. • Provide children who do not sleep a space and opportunity to do alternate activities.
Sleep need	<p>In planning provisions for sleep, rest, and relaxation consider:</p> <ul style="list-style-type: none"> • How to meet the needs of children who require sleep. • How to meet the needs of children who no longer require sleep. • How to respond to changes and variations in sleep, rest, and relaxation needs. • How to include children in decision making about sleep, rest and relaxation.
Timing / Transitions	<p>In planning provisions for sleep, rest, and relaxation consider:</p> <ul style="list-style-type: none"> • When sleep, rest, and relaxation opportunities are available. • How to meet the needs of children who require sleep at different times of the day. • Strategies that could be used to support children to transition to sleep.

IMPLEMENTATION

All Children

- Educators will ensure each child’s comfort is provided for and there are appropriate opportunities to meet each child’s need for sleep, rest and relaxation.
- Educators will demonstrate an understanding that each child’s need for sleep and rest vary depending on their age, development and needs on each occasion and allow opportunities to sleep, rest or relax outside of routine sleep/rest times.
- Educators will communicate children’s sleep and rest information to families daily, the method implemented will be dependent on the age of the child and the needs of the family. For babies sleep times should be recorded, for older children a “slept or rested” option may be sufficient depending on the families preferred communication.
- Where bedding is provided by families it should be sent home to be laundered on the last day that the child attends the service for the week.
- Where bedding is provided by the service it should either be laundered daily or stored in a way that ensures it is only used by the one child and washed after the last day they attend care in that week.
- Sheets are used at the centre they must be washed between each use.
- It is important that all educators are aware of the elements of safe sleeping and should participate in professional development annually.
- 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. Baby monitors or other devices should be used where appropriate to maintain auditory supervision.

- Rooms must have sufficient light to balance;
 - Children sleeping
 - Children who are awake and engaged in other activities
 - Educators who may be completing paperwork
 - Safe evacuation if necessary
 - Supervision of all children
- Educators should discuss children's sleep and rest requirements with families and children and ensure that these meet the needs of the child taking into consideration their age, development and needs.
- Educators should seek information from families about their children's sleep patterns and where appropriate under safe sleeping recommendations, support the same approach within the service.
- Where children are unwell or have an ongoing medical condition, educators must consider the additional supervision requirements during sleep/rest times.
- Educators are to take all reasonable steps to ensure comfortable and well-ventilated areas are used for sleeping and resting.
- Children must not be placed down for sleep with any items around their necks including ribbons, rope, necklaces, scarves and baby bibs as these may pose a choking or strangulation risk.
- Educators should regularly reflect on practices used to ensure sleep and rest needs of each child are met. Consideration must be given to both sleeping and non-sleeping children including the environment and activities for those who don't need a sleep on a particular day.
- In considering how to manage sleep and rest times educators should refer to the REST strategies listed above.
- Educators should consult with families about their child's individual needs and be sensitive to different values and parenting beliefs, cultural or otherwise, associated with sleep and rest.
- If a family's beliefs and requests are in conflict with current recommended evidence-based guidelines and this policy, the Approved Provider and Nominated Supervisor will need to determine if there are exceptional circumstances that allow for alternate practices. In this instance a risk assessment, risk minimisation and communication plan would need to be done in conjunction with written notification from a medical practitioner on why this was required for the child's health and safety.

Babies and Toddlers

Educators and other adults working with children must ensure the following;

- Children are put to sleep as per the Red Nose recommendations listed above especially
 - Sleep baby on the back from birth, not on the tummy or side
 - Sleep baby with face uncovered (no doonas, pillows, lambs wool, bumpers or soft toys)
- 10 minute sleep safety checks of the sleep room are conducted and recorded using a Sleep Safety Checklist or other suitable method.
- Soft toys can be placed in cots with babies over 7mths when needed based on Red Nose advice.
- Observation windows into the sleep room are not obstructed in anyway.
- There must be sufficient light to clearly view all areas of the sleep room through viewing panels provided.
- Babies and children are never put to sleep with any of the following
 - Jumpers or tops with hoods with cords attached
 - Dummies with chains attached
 - Items around their necks including ribbons, rope, necklaces, scarves or bibs.

- Babies are to be placed into their cot with their feet closest to the bottom end of the cot and tightly tuck the short sheets in to prevent a baby from wriggling down under bed linen, refer to Red Nose recommendations.
- Bedding is tucked in to prevent it covering baby's face.
- The doorway is free from clutter and allows a quick evacuation using the evacuation cot.
- Babies are not placed in a cot with a bottle.
- Comfortable temperatures are to be maintained at all times in sleep rooms.
- The baby monitor must be switched on and tested each time an infant is placed in the sleep room.
- The sleep room is free from clutter to allow educators to move between cots and for ease of supervision.
- If older babies turn over during their sleep, allow them to find their own sleeping position, but always lay them on their back when first placing them to rest.
- Babies or toddlers must not sleep in soft sleeping places where their face may become covered such as a pillow, a tri-pillow or beanbag.
- When babies and toddlers are in a pram, stroller, bouncer or any other baby/toddler equipment the restraints as supplied should be done up correctly at all times.
- Hammocks, swings, prams, strollers and bouncinettes are not considered appropriate sleeping spaces, if children fall asleep in one of these devices they should be relocated to an appropriate safe sleeping environment (a cot).
- Safe sleeping bags may be used when children are in cots, these are not to be used when a child is using a bed or mattress on the ground due to the increased risk of tripping, especially in the event of an emergency evacuation at rest time.
- Babies should 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.
- Babies must not be left to sleep in incline sleepers based on advice from Red Nose.
- 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 secure 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.
- 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. Visit the Red Nose website to download an information statement – [Wrapping Babies](#) for more information.
- 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. If a dummy falls out of a baby's mouth during sleep, it should not be re-inserted.

Bedding

- All cot mattresses must be waterproof.
- Cots should be identified with baby's name and where possible babies will be allocated the same cot for the week.

- Cots should be cleaned daily as per Staying Healthy Edition 5 recommendations.
- Remove sheets and place in child's bag unless soiled – see Health and Hygiene Policy
- Educators should clean cots and allow to air dry. Educators must ensure babies are not exposed to fumes during this process.
- Soiled cots should be cleaned as per the Health and Hygiene Policy for bodily fluids.
- Cots should be placed so that there is enough space for an adult to walk between and to gain easy access to each cot from either side.
- Cots and mattresses purchased must comply with Australian Standard AS2172 and be maintained in a safe and clean manner at all times.
- Educators must ensure that there are no dangling cords or string including mobiles in sleep rooms.

If a medical condition exists that prevents a child from being placed on their back for sleep, the alternative resting practice must be directed in writing by the child's medical practitioner. This must be approved by the Approved Provider or representative.

Older Children

- Where team members lay children down they must be placed on their back to sleep. If a child turns onto their side or stomach during sleep or chooses their side or stomach as their preferred sleeping position, they are allowed to find their own sleeping position.
- All children who rest/sleep must do so with their face uncovered.
- Educators must ensure that the rest environment, equipment and materials are safe and free from hazards.
- Light bedding is the preferred option and should suit the environment.
- Children are encouraged to remove jumpers with hoods. Those with cords must not be worn when sleeping due to the risk of choking.
- Children will be encouraged to remove their shoes prior to sleeping but educators will respect their choice not to should this be their preference
- The centre will provide a suitable bed for each child other than a school aged child.
- Beds are to be cleaned daily as per recommendations from Staying Healthy in Childcare using detergent and water or a similar product. Soiled beds should be cleaned as per the Health and Hygiene Policy.
- Beds will be placed so that there is enough space for an adult to walk between the beds and to gain easy access to each bed from either side of the bed.
- It is preferred that beds are set out so that children lay head to tail to prevent direct breathing onto each other
- Educators should ensure beds are placed so that there is no risk to children from falling items, including shelves and shelf contents.
- The set-up and location of beds must not interfere with evacuation routes from the room.
- Beds must not be set up directly in front of doorways or entrances.
- Educators should ensure that suitable activities to provide relaxation are available for children who do not wish or need to sleep. Conversations with children about their sleep needs are essential to support children in making choices about their sleep needs. Educators must ensure supervision is still able to be maintained for both sleeping and non-sleeping children.

RELATED FORMS AND DOCUMENTS

- Health and Hygiene Policy
- Caring for Babies Policy
- Sleep Records
- Red Nose Safe Sleeping Information

- Sleep Room Safety Checks

RECOGNISED AUTHORITIES AND DOCUMENTS WHICH GUIDE POLICY

- *“Sleep Health and Sleep Development - Children aged 3-5yrs in ECEC”*, SLEEP Program (Sleep Learning for Early Education Professionals) funded by Qld Government Department of Education and Training (accessed on-line April 2020)
<https://earlychildhood.qld.gov.au/aboutUs/Documents/factsheet-sleep-health.pdf#search=Sleep%20Health%20and%20Sleep%20Development>
- *“Sleep Health and Sleep Development in Early Childhood Education and Care – Babies and Toddlers”*, SLEEP Program (Sleep Learning for Early Education Professionals) funded by Qld Government Department of Education and Training (accessed on-line April 2020)
<https://earlychildhood.qld.gov.au/aboutUs/Documents/factsheet-sleep-infants-toddlers.pdf#search=Sleep%20Health%20and%20Sleep%20Development>
- *“Meeting children’s sleep, rest and relaxation needs in ECEC – children aged 3-5yrs, information for educators and ECEC services”* SLEEP Program (Sleep Learning for Early Education Professionals) funded by Qld Government Department of Education and Training (accessed on-line April 2020) <https://earlychildhood.qld.gov.au/aboutUs/Documents/factsheet-sleep-practices.pdf#search=Sleep%20Health%20and%20Sleep%20Development>
- *“Safe Sleeping – Background Information”* Red Nose Child Care Kit (October 2017)
- *“Is it ok for babies to wear a necklace or beads?”* <https://rednose.com.au/article/is-it-ok-for-babies-to-wear-a-necklace-or-beads> (accessed on-line April 2020)
- *Education and Care Services National Regulations* (version December 2019)
- *“Guide to the National Quality Framework”* Australian Children’s Education & Care Quality Authority January 2020
- *“Safe Sleeping brochure”* Red Nose 2017 (accessed on-line April 2020)
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DATE CREATED: December 2020

REVIEW DETAILS:

Review Date	Details of Changes
December 2020	<ul style="list-style-type: none">• Updated sources and weblinks• Considerable changes to quotes in Rationale due to changes in webpage information. Added to Implementation: <ul style="list-style-type: none">• Babies must not be left to sleep in incline sleepers based on advice from Red Nose.