

POLICY & PROCEDURAL STATEMENTS

Topic: Early Learning – Sleep and Rest for Children and Infants

Policy: The safety and wellbeing of each child in our care is the highest priority at Avenue Neighbourhood House @ Eley (ANH@E) Early Learning Centre. Effective sleep and rest strategies are important factors in ensuring a child feels secure and is safe.

Sleep can be a constant issue for many early childhood education and care providers and the complicated balancing act required to keep the children's wellbeing aligned with parental expectation can be difficult to achieve. To address conflicts like this, and ensure the safety and wellbeing of children in care, the principles and code of practice contained within this policy will be implemented in line with current recommended evidence-based practices.

Background: Among changes to the National Quality Framework which took effect from 1 October 2017, one of the most significant was a change to Regulation 168 of the National Regulations, which now requires early childhood education and care services to have policies and procedures on sleep and rest for children and infants. The change came about as a result of the death of an infant who was five months old when she died of Sudden Infant Death Syndrome while in care.

Relevant Legislation and Standards:

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Regulations, Regulation 168
- Education and Care Services National Regulations, Regulation 81
- National Quality Standard, Quality Area 2: Children's Health and Safety

Responsibilities:

ANH@E Early Learning Centre, including the Responsible Person, Nominated Supervisor/s and Certified Supervisors

- 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.
- will follow procedures 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.
- will regularly review and update sleep and rest policies and procedures to ensure they are maintained in line with best practice principles and guidelines.
- will 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.
- will 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 (please refer to family beliefs and requests Code of Practice).

Procedures:

On orientation staff will inform parents or caregivers of the current recommended Red Nose safe sleeping recommendations and ANH@E sleep and rest policy and procedures.

Sleep/Relaxation times are an essential part of the day for all of the children in the centre.

Some of the children use this time to sleep, others to play quietly in a peaceful and relaxing environment.

Your child's sleep routine at the Centre is developed with your help, to compliment your home routine. Any requests you may have, such as limiting sleep times or additional relaxation times, will be actively, and happily, followed through by our staff.

Your child is welcome to bring along any security items, such as a dummy, bottle, blanket or special toy. All bedding linen is supplied by ANH@E.

At ANH@E your child will never be forced to sleep, but encouraged to either relax by reading or to play quietly on a mattress. Our playrooms and indoor/outdoor program is always set up with quiet activities for children who do not require a formal sleep or relaxation time.

An infant's individual sleep pattern at home is used for the basis of establishing a sleep routine at our Centre. On enrolment, our staff will enquire about your child's sleep routine, and discuss with you how your child's individual needs can be accommodated within the playroom's routine.

Code of Practice:

Children have different sleep, rest and relaxation needs. Children of the same age can have different sleep patterns, which nominated supervisors and early learning staff need to consider. As per Standard 2.1 (element 2.1.2) 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.

ANH@E Early Learning Centre will consider the risk for each individual child, and tailor Sleep and Rest Policies and Procedures (including the frequency of checks/inspections of children) to reflect the levels of risk identified for children at the service. Factors that will be considered include the age of the child, medical conditions, individual needs and history of health and/or sleep issues.

ANH@E Early Learning Centre **for children of all ages** will ensure

- that they sleep and rest with their face uncovered.
- a quiet place is designated for rest and sleep, away from interactive groups. If designated for rest, the space should allow for a calm play experience.
- sleep and rest environments are free from cigarette or tobacco smoke.
- sleep and rest environments and equipment are safe and free from hazards.
- supervision planning and the placement of early learning staff to adequately supervise sleeping and resting children.
- settling and rest practices are calm and secure, minimising any distress or discomfort and acknowledging children's emotions, feelings and fears.
- staff closely monitor sleeping and resting children and the sleep and rest environments. This will involve checking/inspecting sleeping children at regular

intervals. Staff will ensure they are always within sight and hearing distance of sleeping and resting children so that they can assess and monitor a child's breathing and appearance.

ANH@E Early Learning Centre **for babies and toddlers** will ensure

- they are 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, will be re-positioned onto their back when they roll onto their front or side (once they are in a deep sleep).
- babies under 12 months old will be placed at the bottom of the cot to sleep with light bedding or a safe infant sleep bag with fitted arm and neck holes.
- if a medical condition exists that prevents a baby from being placed on their back, the alternative practice must be confirmed in writing with ANH@E by the child's medical practitioner.
- that any bedding is tucked in securely when a baby is placed to sleep. 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). Safe baby sleeping bags will not be used once they are walking.
- 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, the baby's stage of development will be considered. The practice will be to 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). Only lightweight wraps such as cotton or muslin will be used that are supplied by the parents/guardians. The Red Nose information statement for *Wrapping Babies* and *Safe Wrapping* will be followed <https://rednose.com.au/article/wrapping-babies> , <https://rednose.com.au/section/safe-wrapping> Parents will be referred to this information for wrapping.
- if a dummy is being used then it will 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.
- babies or young children are not 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.

Family beliefs and Requests:

- If a family's beliefs and requests are in conflict with current recommended evidence-based guidelines, the Nominated Supervisor at ANH@E 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 an infant 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 infant's medical practitioner. The service may also consider undertaking a risk assessment and implementing risk minimisation plans for the infant.
- In other circumstances, the Nominated Supervisor and early learning staff 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). The Nominated Supervisor and early learning staff will refer to the procedures within this policy if parents/family make requests that are contrary to the safety of the child. Child safety will always be the first priority.

To provide a **safe environment and safe equipment**, ANH@E Early Learning Centre will

- purchase and have portable cots that meet the current mandatory Australian Standards.
- not leave babies/toddlers in bassinets, hammocks, prams or strollers to sleep as these are not safe substitutes for a cot.
- ensure mattresses are in good condition, are clean, firm and flat, and fit the cot base with not more than a 20mm gap between the mattress sides and ends.
- make sure mattresses are not to be elevated or tilted.
- remove any plastic packaging from mattresses.
- ensure waterproof mattress protectors are strong, not torn, and a tight fit.
- Use a firm, clean and well-fitting mattress that is supplied with the portable cot. No additional padding under or over the mattress or an additional mattress will be used. Soft and/or puffing bedding in cots is not necessary and may obstruct a child's breathing.
- use light bedding that is tucked in to the mattress to prevent the child from pulling bed linen over their head.
- remove pillows, doonas, loose bedding or fabric, lamb's wool, bumpers and soft toys from cots.
- ensure a safety check of sleep and rest environments is undertaken on a regular basis. If hazards are identified, lodge a report as instructed in the service's policies and procedures for the maintenance of a child safe environment.
- ensure hanging cords or strings from blinds, curtains, mobiles or electrical devices are away from cots and mattresses.
- keep heaters and electrical appliances away from cots.
- not use electric blankets, hot water bottles and wheat bags in cots.

- not 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.

This policy was created in October 2017 and will be reviewed again in October 2019.

This policy will be reviewed bi annually unless there are any regulatory or legislative requirements and/or any feedback from staff, parents and the community.