

# HACKHAM WEST CHILDREN'S CENTRE

## 2.1 REST AND SLEEP

### POLICY STATEMENT

- Effective rest and sleep strategies are important factors in ensuring a child<sup>1</sup> feels secure and safe in a child care environment.
- The service's Rest and Sleep Policy is based on recommendations from the recognised national authority Red Nose.
- The service consults with families about their child's individual needs and to be aware of the different values and parenting beliefs, cultural or otherwise that are associated with rest.
- If a family's beliefs and practices are in conflict with Red Nose, then the service will not endorse an alternative practice, unless the service is provided with written advice from a medical practitioner.  
For example, only in rare medical conditions is it necessary for a baby to sleep on its stomach or side. The service will only endorse this practice if the baby's medical practitioner supports the alternative sleeping practice in writing with sound medical reasons.
- The centre defines 'rest' as a period of solitude, calmness or tranquillity, and can include a child being in a state of sleep.
- Hackham West Children's Centre has a duty of care to ensure that all children are provided with a high level of safety when resting or sleeping while in care.
- It is understood by educators, children and families that there is a shared responsibility between the service and other stakeholders that the Rest and Sleep Policy and procedures are accepted as a high priority.
- In meeting the service's duty of care, it is a requirement that management and staff implement and adhere to the service's Rest and Sleep Policy.

### PROCEDURE

The primary safe resting and sleeping practices for children in care at this service are:

- All children will be placed on their back to rest when first being settled for a rest. If a child who has not been observed being able to roll from back to front repeatedly turns onto their side or stomach during sleep, then they will be immediately returned to sleeping on their back. If a child capable of rolling turns onto their side or stomach during sleep, then they will be allowed to remain in their own sleeping position.
- All children will rest with their face uncovered.
- Children's rest environments are well ventilated and free from cigarette or tobacco smoke as detailed in HWCC Drug, Alcohol and Smoking Policy.
- The rest environment, equipment and materials will be safe and free from hazards as detailed in HWCC policies.

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<sup>1</sup> For the purpose of this policy, a child or children is defined as a person or group of persons aged from birth to eighteen years (UNICEF).

- Educators monitor resting children at 10 minute intervals. This high level of monitoring is in response to the identified presence of risk factors to SUDI, such as children born prematurely and of a low birth weight.

### **Safe resting practices for babies<sup>2</sup>**

- Babies will be placed on their back to rest.
- If a medical condition exists that prevents a child from being placed on their back, the alternative resting practice must be directed in writing by the child's medical practitioner.
- If a baby who has been observed repeatedly rolling from their front to back turns 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 that are not yet rolling must be returned to sleeping on their backs
- At no time will a baby's face be covered with bed linen.
- To prevent a baby from wriggling down under bed linen, they will be placed with their feet closest to the bottom end of the cot.

#### **Wrapping**

- Only light cotton wraps are to be used.
- Ensure that children are only wrapped below the neck to avoid their face being covered.
- Keep the arms of children aged 0-3 months (or until their startle reflex has disappeared) in when wrapping them.
- The arms of children whose startle reflex has disappeared must be left out when wrapping them.
- Wrapping is to be stopped when the child begins to resist wrapping.
- Quilts and duvets will not be used as bed linen. Pillows, soft toys, lamb's wool and cot bumpers are not recommended.
- Light bedding is the preferred option, which must be tucked in to prevent the baby from pulling bed linen over their head.
- Sleeping bags with a fitted neck and arm holes are an alternative option to bed linen and encourage a baby to rest on their back. Sleeping bags should not have a hood.

### **Safe resting practices for toddlers<sup>3</sup>**

- When a child is observed attempting to climb out of a cot they will be transitioned to sleeping on a mattress. This is typically between 2 and 3.5 years of age, but may be as early as 18 months.
- Mattresses will be positioned away from the walls and each other.
- Toddlers will be placed on their back to rest, unless otherwise directed in writing by the child's medical practitioner.
- If toddlers 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.
- At no time will a toddler's face be covered with bed linen.
- If using a cot, toddlers will be placed with their feet closest to the bottom end of the cot to prevent them from wriggling down under bed linen.
- Quilts and duvets will not be used to cover toddlers in a cot or on a mattress. Pillows, soft toys, lambs wool and cot bumpers are not recommended.
- Light bedding is the preferred option, which must be tucked in to prevent the toddler from pulling bed linen over their face.
- Sleeping bags with a fitted neck and arm holes are an alternative option to bed linen and encourage a toddler to rest on their back. If parents request to continue using the sleeping bag option when the toddler rests on a mattress, then the service will comply.

<sup>2</sup> For the purpose of this policy, a baby is defined as a child aged from birth to eighteen months.

<sup>3</sup> For the purpose of this policy, a toddler is defined as a child aged from eighteen months to three years.

- Quiet experiences will be offered to those toddlers who do not fall asleep.

#### **Safe resting practices for preschool children<sup>4</sup>**

- Preschool children will be placed on their back to rest. If they turn over during their sleep, allow them to find their own sleeping position but always ask them to lay on their back when first placing them to rest.
- At no time will a preschooler's face be covered with bed linen when they are sleeping.
- Light bedding is the preferred option.
- Quiet experiences will be offered to preschoolers who do not fall asleep.

#### **Safe resting practices for a child who is unwell**

Refer to the service's First Aid and Supporting Positive Behaviour policies for additional information.

- A child will be placed on their back to rest when displaying signs of being unwell. If a child turns onto their side or stomach during sleep, then allow them to find their own sleeping position.<sup>5</sup>
- All children will rest with their face uncovered.
- Children who are unwell will be given the highest supervision priority and monitored constantly especially if the child has: a high temperature, vomited or received minor trauma to their head.

#### **Protective behaviours and practices**

##### *Supervision of resting children*

- All children who are resting will be supervised by educators.
- Students or volunteers will not be left unsupervised when settling children for a rest.
- All children who have fallen asleep in the service will be monitored regularly with specific attention to breathing patterns.
- Adults will not rest or sleep in same environment as a child or group of children.  
HWCC staff check the rest environment of all children every 10 minutes. Educators observe the following:
  - the position of each child's body in their cot or on their mattress;
  - each child's breathing rate. If a child is not breathing then the educator will commence the first aid plan for a non-breathing child;
  - the arrangement of bed linen. If a child's face is covered, the staff/carer will immediately uncover the child's face; and
  - the environment. Educators will monitor the temperature, the security of each cot (for example, are the sides of the cot up and/or locked) and environment safety (for example, location of heaters or hanging cords near cots).

##### *First aid plan for a non-breathing child*

- Provide necessary first aid. Please refer to the HWCC policy folder to locate the First Aid Policy.

##### *Settling children for rest*

- The techniques and strategies for settling children before and during a rest period are varied and are in accordance with the HWCC philosophy. HWCC value the right of each child to be emotionally and physically secure. Educators abide by current best practice principles. The techniques and strategies for settling a child/children for rest may reflect the:
  - individual needs of the child or group of children;
  - parenting beliefs and values of families accessing the service;
  - professional philosophy, knowledge and experience of staff/carers;
  - cultural and religious practices;

<sup>4</sup> A preschool child can be aged from three years to the child's formal year of pre-primary school.

<sup>5</sup> Please consider the age of the child, the nature of the illness or injury and the availability educators.

Unwell children should be constantly supervised. All babies should be placed on their back to sleep if they are unwell. The service should describe how it provides the safest strategies for children who are resting and unwell.

- frequency of days that the child attends care;
- circumstances or events happening at home;
- consistency of practices between home and care;
- child's general health and wellbeing;
- status or condition of the rest environment; and
- use of comforters or resting aids (including dummies and security blankets).
- There is no definitive recognised authority for settling practices for resting children. However, there are general best practice standards. When considering settling procedures for resting children, it is important for educators to:
  - meet the individual needs of children;
  - maintain health and safety practices;
  - minimise any distress or discomfort;
  - acknowledge children's emotions, feelings and fears;
  - avoid using settling and resting practices as a behaviour guidance strategy because the child begins to relate the rest environment, which should be calm and secure, as a disciplinary setting; and
  - understand that young children (especially from 0 to 3 years of age) settle confidently when they have formed bonds with familiar and trusted staff/carers. Services should prioritise their staffing needs with individuals who are familiar with the young children in care before using relief staff whom children may not know.

#### *Educators, students and volunteers as role models*

- Children learn through example and role modelling is an important strategy in child care to maintain quality standards.
- Educators, students and volunteers must comply with the Rest and Sleep Policy.

### **The rest environment and equipment**

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#### **Provision and maintenance of rest and sleep equipment and environment**

- Every 10 minutes the service will conduct a safety check of the resting environments, equipment and/or aids. If staff/carers identify any hazards they will lodge a report as instructed in the Maintenance of Building and Equipment Policy.
- Hanging cords or strings from blinds, curtains, mobiles or electrical appliances must be tied away from cots or mattresses to prevent a child from choking or hanging.
- The service does not permit the use of hot water bottles, electric blankets or heated wheat bags in children's cots or on mattresses. These items present a risk of children either being scalded or developing hyperthermia (overheating).
- If children are allowed to rest outdoors, the service may decide to identify how they will maintain a safe environment for children when resting. For example, when on an excursion staff may need to consider the resting facilities at a park or at the local swimming pool.

#### **Cots**

The following information is directly referenced to: Red Nose (2015)

- All new and second hand cots sold in Australia must meet the Australian Standards for Cots and be labelled AS 2172. Cots that are not labelled with the Australian Standards will not be used by the service.
- Educators will ensure that all cots are placed in area that is a safe distance from heaters, electrical appliances and hanging cords or string.
- Educators will not place an extra mattress or padding under or over the manufacturer's cot mattress.
- Educators will look for the following hazard signs:
  - loose or broken parts;
  - missing or loose knobs, screws or sharp catches;

- peeling, cracking paint or splintered wood; and
- any design flaw that reduces the safety of the cot. For example, missing or broken safety latches to sides.
- Educators will report any hazards as detailed in the service's Maintenance of Building and Equipment Policy.
- Note: Educators should assess whether older babies or toddlers have the ability to climb over the sides of a cot as this presents a safety risk.

### **Mattresses**

- Cot mattresses should be in good condition, clean, firm, flat and must fit the cot base with no more than a 25mm gap between the mattress and the sides of the cot.
- Soft mattresses increase the risk of SIDS as it encourages a baby to roll onto their stomach.
- A poor fitting mattress increases the size of the gap between the mattress and the sides of the cot. If lodged in the gap, a baby is unable to move their neck and head, which may cause them to stop breathing.
- Staff/carers will report any hazards as detailed in the HWCC Occupational, Health, Safety and Welfare Policy.

### **Weighted Blankets**

- Weighted blankets are used as a therapeutic tool to provide deep pressure to children.
- When used during sleep or rest the blanket must only be used when an educator is present in the same room.

### **Prams, strollers and bouncers**

- Children will be restrained at all times when in a pram or stroller. If a child falls asleep in a pram or stroller they will be transferred to a cot/mattress as soon as possible.
- Children will be restrained at all times when in a bouncer. If a baby falls asleep in a bouncer they will be transferred to a cot immediately.
- Loose restraints are a safety risk and may lead to choking or hanging.
- If the service provides prams or strollers then they must meet the Australian Standards 2088:2000.
- Children are not left unattended in prams or strollers.
- Staff/carers will restrain children correctly as directed by the manufacturer.
- A five-point restraint (defined as: straps over each shoulder, a waist belt and a crotch strap between the legs that all meet and are secured) is recommended and should replace existing restraints. (ACCC, 2006)
- Staff/carers will not overload the handles of prams or strollers with bags (or other materials) as this may force the pram or stroller to flip backwards due to the difference in weight distribution.
- Staff/carers will report any hazards as detailed in the HWCC Occupational, Health, Safety and Welfare Policy.
- Prams or strollers should not be used to restrain children as part of the service's behaviour guidance procedures.
- Note: Staff/carers should assess whether older babies or toddlers have the ability to climb out of a pram or stroller as this presents a safety risk.

### **Hygiene practices**

- Each individual babies' cot is labelled with their name and is reset after use. Their cot is disinfected and bedding is cleaned at the end of the child's week at the centre or as needed.
- After each use the children's resting mattresses are cleaned with disinfectant and bedding is washed.

- Other resting materials or aids, such as cushion covers, will be cleaned after use.

#### **Rest environment aesthetics**

- During rest periods, lighting is dimmed, calming music is played and comfortable temperatures are maintained.

#### **Rest and sleep times of the day**

- Staff are observant and responsive to each individual child's sleep needs.
- Children who are observed showing signs of tiredness are provided with the opportunity to sleep or rest in a quiet, comfortable and safe environment, regardless of the time of the day.
- A comfortable, quiet and safe environment is available for children who request a rest at any time of the day.
- In order to maintain consistency between routines at home and at the centre a scheduled rest period is provided after lunch for those children requiring a rest.
- Quiet experiences and calm spaces are available to children throughout the day.

#### **Sleepwear**

The following is a list of suggestions:

- Staff/carers monitor the temperature of the rest environment and address children's clothing needs.
- Children's sleepwear meets Australian Standards.
- Children's jumpers with hoods, hair clips, jewellery and amber teething necklaces are removed before rest to minimise the risk of choking.
- Sleepwear should take into consideration the:
  - child's age;
  - safe resting practices established by the service;
  - temperature of the rest environment;
  - bed linen used for resting; and
  - child's individual needs.

#### **Communicating with different stakeholders**

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##### **Children**

Children are encouraged to sleep according to parent's guidelines and an educator's assessment of the child's needs each day. The length of sleep is based on each child's individual needs and parent's guidelines.

##### **Families**

In the event that a request is made to vary the sleep time policy, such as a parent asking for a child to be settled with a bottle or with a sleeping arrangement that is different to the Centre's policy, they will be informed of any associated risks.

- Rest strategies and practices are outlined in the back of the Policy Folder.
- Information regarding SIDS & Kids Safe Sleeping Practices will be displayed on noticeboards and available to access via the SIDS and Kids Safe Sleeping Child Care Kit located in the Directors office.
- Educators communicate children's sleep and rest times to families via, Day Sheet and discussion with families.

- Educators communicate children's sleep and rest times to each other during shift changes throughout the sleep room check record, day sheet and verbally.

## **Educators**

Educators will gain information about each child's needs from

- The child's enrolment form.
- Verbal discussion with parents on a day to day basis as well as at termly during a review of each child's sleep and toileting needs.
- Educators receive regular first aid training in resuscitation as defined by licensing regulations/best practice standards.

## **Management**

- Rest and sleep needs, strategies and any concerns are discussed at staff meetings and any further information can be provided through the staff newsletter.
- Staff with early childhood approved first aid training in resuscitation are on duty at all times.

## **Excursions**

- Educators will be aware of each child's need to have an opportunity to rest or a calming experience, while on a longer excursion. Staff will monitor children who may sleep during travel to or from an excursion.

## **EVALUATION:**

This policy is to be viewed as working effectively when the rest and sleep needs of children are being met safely.

**NEXT REVIEW:** September 2019

## **SOURCES:**

- [Red Nose: Sids and Kids Infant Safe Sleeping Child Care Kit 2015](#)
- [Sids and Kids Publication 2017: Cot to Bed Safety](#)
- Red Nose (2015). *Sudden Unexpected Death in Infants (SUDI) frequently asked questions: SIDS & Kids: Safe sleeping in child care kit*. NSW: Author.
- UNICEF (n.d.). *Fact sheet: A summary of the rights under the Convention on the Rights of the Child*. Retrieved January 18, 2007, from [http://www.unicef.org/crc/files/Rights\\_overview.pdf](http://www.unicef.org/crc/files/Rights_overview.pdf)