



SLEEP AND REST POLICY

SUB CATEGORY: 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 and 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

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

“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.

Sleeping babies and young children safely is a responsibility for 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
 - o sleeping baby on the side or tummy increases the risk of sudden infant death
2. Keep head & face uncovered
 - o Baby on back, feet to bottom of cot, blankets tucked in firmly
 - o Use a safe baby sleeping bag with fitted neck and armholes and no hood
 - o Covering baby’s head or face increases the risk of sudden infant death
3. Keep baby smoke free before % after birth
 - o Smoking during pregnancy and around baby after birth increases the risk of sudden infant death.
4. Safe sleeping environment night & day
 - o Safe cot – should meet current Australian Standard AS2172
 - o Safe mattress – firm, clean flat, right size for cot
 - o Safe bedding – soft surfaces and bulky bedding increase the risk of sudden infant death
 - o No soft surfaces or bulky bedding,
 - o No pillow, cot bumper, lambs’ wool, soft toy eg. Teddy or doona
5. Sleep baby in safe cot in parent’s room
 - o 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 your 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.*

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

- *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.*
- *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*

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*
- *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

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>

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.”⁸

“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”⁹

<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.

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.

⁸ “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

⁹ “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

<p>Sleep need</p>	<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.
<p>Timing / Transitions</p>	<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.
- 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.
- Where bedding is soiled it should be secured in a plastic bag and placed in a soiled items bucket inaccessible to children, it should not go into their bag. Families are to be advised of soiled items upon arrival. All soiled clothing and bedding including mattresses and beds must be dealt with in accordance with the Health and Hygiene Policy.
- If spare 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, if working with children under 3 years of age.
- 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. 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.
- 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.
- The Nominated Supervisor and educators should play an active role in educating families, particularly those of young babies, about safe sleeping practices and provide information from recognised authorities such as Red Nose.

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.

COMMUNICATION AND CONSULTATION

- Educators and families will have access to this policy at all times.

- Educators and families will be provided with opportunities to be involved in the review of this policy.
- Information about Red Nose Safe Sleeping will be available for families and provided upon request.
- Staff should undergo training on safe sleeping practises annually.

RELATED FORMS AND DOCUMENTS

- Health and Hygiene Policy
- Caring for Babies Policy
- Sleep Records
- Red Nose Safe Sleeping Information
- Sleep Room Safety Checks
- Risk minimisation and communication plan

SCOPE AND ENFORCEMENT

The failure of any person to comply with this policy in its entirety may lead to;

- Termination of child enrolment
- Performance management of an employee which may lead to termination

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
- Red Nose Website (accessed on-line April 2020) <https://rednose.org.au/section/about-us>
- Red Nose Website (accessed on-line April 2020) <https://rednose.org.au/article/babys-head-shape>
- *“Safe Sleeping brochure”* Red Nose 2017 (accessed on-line April 2020)
https://rednose.org.au/downloads/RN3356_Safe_Sleeping_DL_Brochure_Oct2018_Online.pdf
- *“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>

- “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/
- “Prams and Strollers” Red Nose October 2016 (accessed on-line April 2020)
<https://rednose.com.au/article/prams-and-strollers>
- Red Nose Website 2016 (accessed on-line April 2020)
<https://rednose.org.au/article/are-there-recommendations-for-car-seat-or-baby-seat-use>
- “Hammocks” Red Nose September 2017 (accessed on-line April 2020)
<https://rednose.org.au/article/hammocks>
- “Bouncinette” Red Nose October 2016 (accessed on-line April 2020)
<https://rednose.org.au/article/bouncinette>
- “Soft Toys in the Cot” Red Nose March 2018 (accessed on-line April 2020)
<https://rednose.com.au/article/soft-toys-in-the-cot>
- “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
- “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>
- “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>

DATE CREATED: November 2011

REVIEW DETAILS:

Review Date	Details of Changes
Jan 2013	Updated sources. SIDS safe sleeping expanded from 4 points to 6 – including breastfeeding and sleep location. Inclusion of public warning from ACCC regarding amber necklaces. Included section regarding no child sleeping with any item around their neck.
Jan 2014	No changes made, sources updated where applicable
May 2015	No changes made, sources updated where applicable
January 2016	There are considerable modifications to this policy and it is advised that it is reviewed with all educators. Some changes include; daily cleaning of cots as per recommendations from Staying Healthy edition 5; inclusion of information from the SLEEP Program including using R.E.S.T strategies to best suit individual needs for all children.
October 2016	Inclusion of information on safe sleeping “Bouncinettes, prams and strollers have not been designed as sleeping products and therefore no baby should be left unsupervised if they fall asleep in these environments. Educators must relocate babies and young children to a safe sleeping locations such as a cot or toddler bed to meet their age appropriate needs.”
May 2017	Updated sources – note Sids and Kids now called Red Nose www.rednose.com.au Rationale updated with latest evidence-based information Inclusion of following: <ul style="list-style-type: none"> ● Introduction of soft toys after 7mths of age ● Safe sleeping bags for use in cots only, not beds due to increased risk of tripping, especially in the event of an emergency evacuation. ● Balance of light in room during sleep/rest to be appropriate for supervision, sleeping, children not sleeping and educators working

<p>September 2017</p>	<ul style="list-style-type: none"> ● Inclusion of safe sleep and rest practices from ACECQA website in rationale including principles to inform procedures ● Inclusion in implementation: <ul style="list-style-type: none"> ○ Sleeping children should always be within sight and hearing distance ○ when to stop wrapping baby ○ information about when baby first start rolling over and the need to reposition to their back if too early or not observed repeatedly ○ where a sleep request is in conflict with this policy and recognised authorities the service would need to do a risk assessment and risk minimisation and communication plan after being provided with written instructions from a medical practitioner
<p>May 2018</p>	<p>Updated sources and links to websites.</p> <p>Included in Implementation:</p> <ul style="list-style-type: none"> ● 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. ● The Nominated Supervisor and educators should play an active role in educating families, particularly those of young babies, about safe sleeping practices and provide information from recognised authorities such as Red Nose. ● 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.
<p>March 2019</p>	<ul style="list-style-type: none"> ● Updated sources and link to website. ● Added that Educators must not put children to sleep whilst wearing bibs. ● Updated NQS elements to reflect changes in Guide to the National Quality Framework.
<p>April 2020</p>	<ul style="list-style-type: none"> ● Updated sources and weblinks ● Considerable changes to quotes in Rationale due to changes in webpage information. <p>Added to Implementation:</p> <ul style="list-style-type: none"> ● Soft toys can be placed in cots with babies over 7mths when needed based on Red Nose advice. ● Babies must not be left to sleep in incline sleepers based on advice from Red Nose.