SLEEP AND REST POLICY

Best Practice – Quality Area 2

PURPOSE

This policy will provide clear guidelines for the implementation of safe sleep and rest practices that meet the individual needs of children attending Goulburn Region Preschool Association Inc.

POLICY STATEMENT

1. VALUES

Goulburn Region Preschool Association Inc is committed to:

• providing a positive and nurturing environment for all children attending the service
• recognising that children have different requirements for relaxation and sleep, and being responsive to these needs to ensure that children feel safe and secure at the service
• consulting with parents/guardians about their child’s individual relaxation and sleep requirements/practices, and ensuring practices at the service are responsive to the values and cultural beliefs of each family
• its duty of care (refer to Definitions) to all children at Goulburn Region Preschool Association Inc., and ensuring that adequate supervision (refer to Definitions) is maintained while children are sleeping, resting or relaxing
• complying with all legislative requirements, standards and current best practice, including recommendations by Red Nose (formally SIDS and Kids) is considered as the recognised National Authority on safe sleeping practise for infants and children.

2. SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Goulburn Region Preschool Association Inc.

3. PROCEDURES

The Approved Provider is responsible for:

• taking reasonable steps to ensure the sleep/rest needs of children at the service are met, with regard to the age of children, developmental stages and individual needs [Regulation 81(1)]
• ensuring parents/guardians are consulted about appropriate relaxation and sleep practices for their child
• ensuring 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.
• ensuring sleep and rest policies and procedures are in place.
• consulting with families about their child’s individual needs and being 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.

- ensuring cots provided at the service comply with the most current Australian Standards and should carry a label to indicate this
- providing mattresses that are in good condition (clean, firm and flat) and fit the cot base with no more than 20mm gap between the mattress and the side and ends.
- ensuring that the mattress is not elevated or tilted.
- providing light bedding, that is tucked into the mattress to prevent the child from pulling bed linen over their head.
- ensuring all pillows, doona, loose bedding and toys are removed from the cot
- ensuring that hammocks, prams and strollers are not used to settle children to sleep
- consulting with staff in relation to OHS issues when purchasing new equipment for the service
- ensuring compliance with WorkSafe Victoria’s Children’s services – occupational health and safety compliance kit (refer to Sources), including in relation to staff lifting children into and out of cots
- ensuring compliance with the recommendations of Red Nose in relation to safe sleeping practices for children (refer to Sources)
- ensuring active supervision of children at the service at all times, including during relaxation and sleep
- consider the risks for each individual child, and tailor the frequency of checks / inspections of children to reflect the level of risk identified for children at the centre. Factors to consider include the age of the child, medical conditions, individual needs and history of health and / or sleep issues.
- ensuring that rooms used for sleep and relaxation are well ventilated
- ensuring that there is adequate space to store bedding in a hygienic manner (refer to Hygiene Policy).
- regular review and updating of the sleep and resting policy and procedure to ensure that it is maintained in line with best practice principles and guidelines.
- ensuring educators receive information and training to fulfil their roles effectively, including being made aware of this policy, their responsibilities in implementing these, and any changes that are made over time.

All Early Childhood Staff are responsible for:
- taking reasonable steps to ensure the sleep/rest needs of children at the service are met with regard to the age of children, developmental stages and individual needs (Regulation 81(2))
• ensuring the educational program provides opportunities for each child to sleep, rest or engage in appropriate quiet play activities, as required

• 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.

• informing the Approved Provider, as soon as is practicable, of any hazards identified in the child’s resting or sleeping environment

• ensuring all staff and educators comply with WorkSafe Victoria’s Children’s services — occupational health and safety compliance kit (refer to Sources) in relation to lifting children into and out of cots

• ensuring all staff and educators comply with the recommendations of Red Nose in relation to safe sleeping practices for children (refer to Sources)

• closely monitoring sleeping and resting children and the sleep and rest environment, this involved checking / inspecting sleeping children at regular intervals, and ensuring they are always within sight and hearing distance of sleeping / resting children so that they can assess a child’s breathing and the colour of their skin.

• storing items such as bedding in a hygienic manner to prevent cross-contamination (refer to Hygiene Policy)

• providing input in relation to OHS issues when new equipment is purchased for the service

• developing relaxation and sleep practices that are responsive to:
  - the individual needs of children at the service
  - parenting beliefs, values, practices and requirements
  - the length of time each child spends at the service
  - circumstance or events occurring at a child’s home
  - consistency of practice between home and the service
  - a child’s general health and wellbeing
  - the physical environment, including room temperature, lighting, airflow and noise levels

• minimising distress or discomfort for the children in their care

• ensuring all children sleep or rest with their faces uncovered

• Babies and toddlers – babies should be placed on their back to sleep when first being settled. Once a child has been observed repeatedly rolling 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 about 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 repositioned onto their back, when they roll on their front or side.
  - if a medical condition exists that prevent a baby from being placed on their back, the alternative practise should be confirmed in writing with the centre, by the child’s medical practitioner.
  - Babies over four months of age can generally turn over in a cot. When a baby is placed to sleep educators should check that the bedding is tucked in securely and is not loose. Babies of this age may be place in a safe baby sleeping bag ( ie with fitted neck, and arm holes, but no hood) At no time should a baby’s face or head be covered ( ie with linen) To prevent a baby from wiggling 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.
- 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.

- Babies or young children should not be moved out of a cot into a bed too early; they should also not be kept in a cot for too long. When a young child is observed attempting to climb out of a cot, and looking like they might succeed, it is time to move them out of a cot. This usually occurs when a toddler is between 2 and 3 ½ years of age, but could be as early as 18 months.

- ensuring that resting and sleeping practices are not used as a behaviour guidance strategy (refer to Interactions with Children Policy)

- providing a range of opportunities for relaxation throughout the day

- conducting regular safety checks of equipment used for sleeping/resting, such as cots and mattresses

- ensuring that any hanging cords, mobiles, curtains and blinds are inaccessible to children who are resting or sleeping

- supervising children displaying symptoms of illness closely, especially when resting or sleeping (refer to Incident, Injury, Trauma and Illness Policy)

- ensuring that artificial heating, such as heat bags and hot-water bottles, is not used to provide warmth

- ensuring nothing is around the neck of the child (e.g. amber teething necklace) while sleeping

- documenting and communicating children’s rest and sleep times to co-workers during shift changes

- providing information to families about the centres relaxation and sleep practices

- developing communication strategies to inform parents/guardians about their child’s rest and sleep patterns, including times and length of sleep

- encouraging children’s independence and assisting children with dressing as needed.

- Ensure that children who do not wish to sleep are provided with alternative quiet activities and experiences, while those children who do wish to sleep are allowed to do so, without being disrupted. If a child requests a rest, or if they are showing clear signs of tiredness, regardless of the time of day, there should be a comfortable, safe area available for them to rest (if required). It is important that opportunities for rest and relaxation, as well as sleep, are provided.

- Consider that there are a range of strategies that can be used to meet children’s individual sleep and rest needs.

- Look for and respond to children’s cues for sleep (e.g. yawning, rubbing eyes, disengagement from activities, crying, decreased ability to regulate behaviour and seeking comfort from adults).

- Minimise any distress or discomfort.

- Acknowledge children’s emotions, feelings and fears.

- Understand that younger children (especially those aged 0–3 years) settle confidently when they have formed bonds with familiar carers.

- Ensure that the physical environment is safe and conducive to sleep. This means providing quiet, well-ventilated and comfortable sleeping spaces. Wherever viewing windows are used, all children should be visible to supervising educators.

**Parents/guardians are responsible for:**

- discussing their child’s relaxation and sleep requirements and practices prior to commencing at the service, and when these requirements change

- providing information on the child’s enrolment form if the child requires special items while resting or sleeping e.g. a comforter or soft toy
• providing a written medical report if their baby/child is not to be placed on their back during sleep. Parents/guardians must communicate alternative resting practices to staff.

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

EVALUATION
In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider will:
• regularly seek feedback from everyone affected by the policy regarding its effectiveness
• monitor the implementation, compliance, complaints and incidents in relation to this policy
• keep the policy up to date with current legislation, research, policy and best practice
• revise the policy and procedures as part of the service’s policy review cycle, or as required
• notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

For further information, please refer to:

ATTACHMENTS
Nil

AUTHORISATION
This policy was adopted by the Approved Provider of Goulburn Region Preschool Association Inc on 12th November 2012
Reviewed and Approved: 28th September 2017

REVIEW DATE: SEPTEMBER 2019