

**SAFE SLEEPING/SUPERVISION PRACTICES**  
**including SELECTION AND USE OF COTS**

**AIM:**

To create safe sleeping environments for children in care.

To reduce the risk of sudden and unexpected infant death (SIDS).

**RATIONALE:**

**Sudden Infant Death Syndrome (SIDS)** is a common cause of death in babies up to one (1) year of age. Recommendations developed by the National SIDS Council of Australia regarding safe sleeping practices for infants are based on strong evidence from the National Health and Medical Research Council of Australia. Adoption of these recommendations supports our duty of care to infants.

Children with certain medical conditions, disabilities, illnesses or other special needs may require a higher level of supervision while they are sleeping and educators should be guided by the child's parents and the requirements of Clarence Family Day Care when determining the level of supervision required.

**PRACTICES - General**

- A Family Day Care educator must take reasonable steps to ensure that the needs for sleep and rest of children at the service are met, having regard to the ages, development and individual needs of the children and their families.
  
- All children are to be adequately supervised at all times, including while they are sleeping. Adequate supervision means that an educator will monitor children actively and diligently, and will be able to respond promptly when a child is distressed or in a hazardous situation.
  
- If an educator intends to sleep a baby or toddler in a separate room while children are playing in different parts of the residence, a risk assessment to determine how children will be adequately monitored and supervised must be completed.
  
- When considering the supervision requirements of sleeping children, an assessment of each child's circumstance and needs should be undertaken to determine any risk factors. For example, because a higher risk may be associated with small babies or children with colds or chronic lung disorders, they might require a higher level of supervision while sleeping.
  
- The adequacy of supervision of sleeping children is determined by a range of factors, including:
  - number, ages and abilities of children
  - positioning of the educator
  - the visibility and accessibility of sleeping areas by the educator
  - potential hazards in the sleep environment
  - the educators' knowledge of each individual child and the group of children
  - the experience, knowledge and skill of the educator.
  
- While children are sleeping, educators must be within sight and/or hearing distance at all times so the educator can assess the child's breathing and colour of their skin to ensure their safety and wellbeing.

- To ensure adequate visual and or auditory supervision of sleeping children an educator may need to implement additional strategies. For example, at times when there are new children in care an educator may need to apply direct supervision strategies until she/he is confident that the child is well settled. This could assist the educator to promptly respond to children's needs and foster children's sense of security and belonging.
- Adequate supervision requires consultation between the educator and the child's parent/s as the parent/s will have an awareness of their child's sleep time routines and behaviours as well as any physical or developmental issues that may impact on the child's safety and wellbeing during sleep times.
- Educators will implement strategies such as keeping a diary or record book to document the way that they apply adequate supervision to sleeping children.
- All "furniture item" cots used by Family Day Care children are required to comply with the applicable **Australian Standard for Household Cots:-**  
(AS/NZS 2172:2003 – *for cots purchased prior to 1<sup>st</sup> January 2011*),  
(AS/NZS 2172:2010 – *for cots purchased after 1<sup>st</sup> January 2011*),  
and ideally, will carry a label confirming compliance (where no Aust. Standards label is present, the cot must meet the specifications required by the Australian Standard)
- All portable or "porta" cots will comply with the applicable **Australian Standard for Portable Cots**  
(AS/NZS 2195:1999 - *for cots purchased prior to 1<sup>st</sup> January 2011*),  
(AS/NZS 2195:2010 - *for cots purchased after 1<sup>st</sup> January 2011*),
- It is not recommended, under normal circumstances, for babies to regularly sleep in prams. **Parent's specifically requesting the use of a pram must sign a statement recognising that sleeping in prams may pose a greater risk to their child.**
- Clarence Family Day Care educators and staff will hold a current, approved first aid qualification that includes a CPR component.
- Educators will discuss safe sleeping practices with parents and allow opportunities for parents to discuss their child's sleeping habits, requirements of health or medical conditions and preferences. This needs to be re-assessed and documented as children's sleep patterns and requirements change.
- **Educators will monitor resting children consistently, at frequent and regular intervals as agreed with the child's parents, and effectively supervise the rest environment. Educators are to make and retain a written record of the times they monitor and supervise sleeping children.**
- Regular updated information on SIDS and Kids - Safe Sleeping, will be supplied to educators as it becomes available to the scheme.
- Family Day Care staff and educators will be provided with information regarding recommended safe sleeping practices.
- Coordinators will regularly review the adequacy of sleeping arrangements.
- Educators and parents may access further information regarding the selection and use of cots, and SIDS/safe sleeping guidelines from the scheme's co-ordination unit or the SIDS website.

### **Recommended safe sleeping practices for children under 12 months of age (SIDS and Kids Australia)**

- Babies, wherever they sleep, will be placed on their back to sleep, unless otherwise directed in writing by a certified medical practitioner.
- Sleep babies with head and face uncovered. Babies are to be placed at the bottom of the cot to prevent them from wriggling down under bedclothes.
- Older babies can turn over and move around the cot. Put them on their back, but let them find their own sleeping position.
- **Infants must not be left unsupervised with a bottle.**
- No quilts, doonas, pillows or cot bumpers etc. will be used in cots. Light bedding will be firmly tucked in to prevent it from covering the baby's head during sleep.
- Check for items that could be potential choking hazards and remove them from the sleep environment.
- Pillows, soft toys, thick sheepskins and cot bumpers etc. will be removed from a cot/pram whilst the baby is sleeping in it.
- All cots will have a firm, clean, well fitting mattress.
- No additional padding is to be added under the mattress as babies can get trapped face down in gaps created between mattress and cot wall.
- If infants are wrapped/swaddled, it must be from below the neck, to allow for head movement from side to side. Clothing should be comfortably warm, and hats/bonnets, dummy chains and necklaces removed. Electric blankets, hot water bottles or wheat bags are not to be used as this increases the child's overall body temperature.
- The use of monitors is suggested as an option to support the ongoing supervision of the infant. **However, monitors and other indirect supervision strategies do not replace direct supervision.** Sleeping infants must be visually checked frequently, regularly and consistently and the times of these checks are to be documented.
- When regularly checking resting/sleeping children, educators will ascertain that the child is breathing by visual and/or physical checking.

### **Recommended safe resting practices for toddlers**

- 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.
- Keep cots/beds away from curtain/blind cords or remove hazards from the child's reach.
- Check the area and remove any items that could be mouthed and cause choking.
- Supervise the sleep environment and visually/physically monitor sleeping/resting children at frequent and regular intervals, keeping a written record of the frequency/times and method of checking sleeping children.
- Quiet experiences will be offered to those toddlers who do not fall asleep.

### **Recommended safe resting practices for preschool children**

- 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.
- Supervise the sleep environment and visually/physically monitor sleeping/resting children at regular intervals, keeping a written record of the frequency/times and method of checking sleeping children.
- Quiet experiences will be offered to preschoolers who do not fall asleep.

### **Recommended safe resting practices for school age children**

- If a school age child requests a rest then there is a designated area for the child to be inactive and calm, away from the main group of children.
- The designated rest area may be a cushion, mat or seat in a quiet section of the care environment.
- Quiet, solitary play is available for those school age children who request the need for a rest or time away from their peers.
- Safe resting practices are relevant to school age children because, if they are resting or sleeping they should be monitored at frequent and regular intervals and a school aged child's face should be uncovered when they are sleeping.
- Educators are to make and retain a written record of how often they monitor and supervise sleeping children.
- Light bedding is the preferred option.

### **Recommended safe resting practices for a child who is unwell**

- 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.
- 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. A written record of the child's condition, and any changes in the child's condition will be kept, with frequent and regular entries.
- Educators should refer to the scheme's **Infectious Diseases/Illness Exclusion Policy** for further procedures relating to sick children in care.

### **Supervision of Sleeping Children During Overnight Care**

- The adequacy of supervision of sleeping children during overnight care is determined by a range of factors, including:
  - the age of the child
  - the child's health
  - any disability or medical condition that the educator and scheme have been informed of by the child's parent
  - the proximity of the child's cot or bed to where the educator is sleeping
  - the care environment
- The educator will assess the care needs for each child in overnight care, together with the parent, before the care begins. ***This assessment will be documented and signed by both parties and lodged with the nominated supervisor or person in day-to-day charge of the service, who will determine if the supervision arrangements are adequate prior to the commencement of care.***
- The educator will apply a regular and consistent monitoring routine when the child has gone to sleep, and keep a written record of the monitoring routine, until the educator goes to bed.
- The educator will listen out for the children during the night either by sleeping near-by, so the educator can hear if a child wakes and cries or calls out, or using monitors. If monitors are used, older children should be told what they are for and how they work. It is particularly important in this regard that educators do not consume alcohol or be affected by drugs – including prescription medication. If an educator is taking prescription medication they will need a letter from their doctor stating that the medication will not impair their ability to hear a child who wakes and cries or calls out during the night.
- The educator will check on the children if the educator wakes during the night, and re-start the normal day-time monitoring routine in the morning until the children get up.

**Relevant Legislation:** *Children & Young Persons (Care and Protection) Act 1998;*  
*Education and Care Services National Regulation 2011;*  
*Work Health and Safety Act 2011;*

**Key Resources:** *Guide to the Education and Care Services National Law and the Education and Care Services National regulations 2011 – page 66;*  
*Health and Safety in Family Day Care, Model Policies and Practices, University of NSW, 2<sup>nd</sup> edition, 2003;*  
*Westmead Children's Hospital: Factsheets – Cots and cot mattresses; Cot Bumpers and Pillows; Portable Cots; Bassinets and Cradles; [www.chw.edu.au/parents/kidshealth](http://www.chw.edu.au/parents/kidshealth);*  
*NCAC – Model Rest and Sleep policy*