



Sleep, Rest and Relaxation Policy and Procedures

Policy Number	2010/25
Approved by	Heritage Management Committee – 7 December 2010; 12 September 2017; November 2023
Last reviewed	December 2010; December 2011, September 2017; September 2023
Next review due	2026
National Law and Regulations	National Law Section 165, 167; National Regulations 77, 82, 84, 84A-D , 87, 103, 105, 106, 107, 110, 115, 168, 170, 171, 172.
National Quality Standard	Quality Areas 2, Children’s Health and Safety; QA 3 Physical Environment; QA 6: Collaborative Partnerships; QA 7: Governance and Leadership
EYLF	Learning Outcome 3: Children have a strong sense of wellbeing

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Policy Statement

Heritage Early Childhood Centre (Heritage) defines rest and relaxation as “*a period of inactivity, solitude, calmness or tranquillity, and can include a child being in a state of sleep*”. It is understood that babies naturally spend a lot of time sleeping while toddlers and preschoolers also need time to relax, be calm and recharge. Effective sleep and rest strategies are understood to be important in the early childhood education setting to ensure the safety and wellbeing of children, to help them feel secure and support their learning. The relationship between rest and children’s learning outcomes is reflected in the Early Years Learning Framework and supports the Heritage approach that is to view periods of sleep, rest, and relaxation as an essential part of the educational program. Heritage recognises that children whose needs are met for rest and sleep are more engaged learners and less prone to disruptive behaviour as sleep promotes alertness, relaxation, and memory (*Childcare and Children’s Health, 2011*).

The service aims at all times aims to meet or exceed the National Quality Standard (NQS) and ensures all enrolled children are provided with a high level of safety, supervision and comfort when resting or sleeping. This policy and procedures have been developed to ensure the service meets its duty of care and legal requirements under the Education and Care Services National Law and National Regulations to ensure children are adequately supervised (National Law Section 165); every reasonable precaution is taken to protect children from harm and hazard (National Law Section 167); there are policies and procedures in place or managing sleep and rest for children (regulation 168) and reasonable steps are taken to ensure they are followed (regulation 170).

In addition, from 1 October 2023, sleep and rest policies and procedures must address the matters set out in regulations 84A-D. The service must detail how the sleep and rest needs of enrolled are met in regard to the ages, development stages and individual needs of the children (r84A), address all requirements set out in r84B (**refer to:** Rationale), and ensure sleep and rest risk assessments are conducted at least once every 12 months, and as soon as practicable after becoming aware of any circumstance that may affect the safety, health or wellbeing of children during sleep and rest (r84C). No bassinets must be on the premises at any time a child is being educated and cared for by the service (r85D).

The safe sleeping and resting procedures outlined in this policy are based on the latest evidence-based research and recommendations from [Red Nose Australia](#), the nationally recognised authority on safe sleep. Red Nose Australia aims to reduce the number of cases of Sudden Unexpected Death in Infancy (SUDI), including deaths from Sudden Infant Death Syndrome (SIDS) and fatal sleeping accidents by promoting safe sleeping recommendations which target known risk factors. Infant deaths attributed to SUDI fell by 80% in Australia between 1989 and 2014, and it is estimated that over 9,000 lives have been saved as a result of infant safe sleeping campaigns, particularly the advice to place babies on their backs to sleep.

Heritage recognises that children’s sleeping and resting habits and preferences are individual and diverse, and the Director and educator will respectfully consult with families on enrolment and on an on-going basis about their child’s individual needs to provide consistency between home and Heritage. While it may not be practicable to follow a child’s exact home routine in the early childhood education setting, educators will develop routines in collaboration with each family that meet the individual sleep needs of each child.

Heritage educators are sensitive to and respectful of cultural or family practices associated with rest or ways of encouraging their child to sleep. Families are asked to understand that children can neither be forced to sleep nor prevented from sleeping and where family requests are contrary to the latest Red Nose guidelines, the Director and educators respectfully refer the family to procedure in this policy (p10). At all times, child safety will be our first priority.

Heritage cannot accept the risk and consequences of unsafe sleep practices.



Policy Aims

The Heritage Sleep, Rest and Relaxation Policy aims to ensure:

- Compliance with all related legislative requirements and the National Quality Standard.
- Compliance with current best practice guidelines for safe sleeping from the nationally recognised authority on safe sleep: [Red Nose Australia](#).
- All resting equipment including beds and cots comply with Australian Standards.
- All enrolled children have appropriate opportunities in the program to sleep, rest and relax in accordance with their individual needs.
- All rest and sleeping environments are safe and comfortable.
- All sleep and rest routines are relaxed and pleasant experiences for all children.
- Adequate supervision¹ is provided while infants and children are resting or sleeping.
- Educators tailor practices to meet individual needs and make risk assessments based on taking into account each child's general health and wellbeing and the physical environment, including room temperature, lighting, airflow and noise levels while children are resting and sleeping.
- Families are consulted about their child's individual sleep and rest requirements and home practices to ensure Heritage rest and sleep practices are responsive to: the individual needs of their child; their parenting beliefs, values, and practices; how often the child attends the service, circumstances or events occurring at a child's home and to create consistency of practice between home and the service.
- Each child's safety is given priority by the service.

Scope

It is understood by management, educators, enrolled families, and all others attending the Heritage service that there is a shared responsibility to ensure the Sleep, Rest and Relaxation Policy and Procedures are implemented consistently at all times and accepted as a high priority due to the potential health risks of not doing so.

Definitions

The terms defined in this section relate specifically to this policy:

Adequate Supervision: A level of supervision that ensures legislative requirements are met for educator-to-child ratios at all times. In addition, all children are within access and sight/hearing of an educator at all times including during toileting, rest and transition routines. To ensure adequate supervision, educators must utilise [flexible supervision strategies](#) to ensure individual children's needs, including additional health needs are met.

Dummy: The colloquial term 'dummy' refers to pacifiers and soothers that are inserted into an infant or child's mouth for the purpose of settling and soothing.

Rest: A period of inactivity, solitude, calmness or tranquillity, which may include sleep.

Relaxation: Relaxation or other activity for bringing about a feeling of calm in the body.

Sudden Infant Death Syndrome (SIDS): The sudden and unexpected death of an infant under one year of age with an onset of a fatal episode occurring during sleep, that remains unexplained after a thorough investigation, including performance of a complete autopsy and review of the circumstances of death and the clinical history.

Sudden and Unexpected Death in Infancy (SUDI): A broad term used to describe the sudden and unexpected death of a baby for which the cause is not immediately obvious.

Rationale and Legislative Background

Heritage recognises it has a duty of care to ensure that each individual on the premises is provided with a safe and healthy physical and psychological environment that supports the emotional and physical wellbeing of all employees and children ([ACT Work Health and Safety ACT 2011](#)). In addition, this policy has been developed to comply with the:

- [Education and Care Services National Law Act, 2010](#). (amended 2023).
- [Education and Care Services National Regulations Act 2011](#) (amended 2023).
- [National Quality Standard for Early Childhood Education and Care 2012](#).

¹ Refer to: Definitions



- [Early Years Learning Framework for Australia](#) (Version 2, 2022).
- [National Principles for Child Safe Organisations](#)
- [Red Nose Australia Safe Sleeping Recommendations](#).
- [Australian Standards](#)
- [Australian Consumer Law 2011](#) - administered by [ACCC](#) and state/territory agencies.
- The Heritage Work Health and Safety Policy and Procedures

Relevant Education and Care National Law	
S 165	Offence to inadequately supervise children
S 167	Offence relating to protection of children from harm and hazards
Relevant Education and Care National Regulations	
R 77	Health, hygiene, and safe food practices
R 82	Tobacco, drug, and alcohol-free environment
R 84	Awareness of child protection law
R 84A	<p>Sleep and Rest (previously R 81) Reasonable steps must take reasonable to to ensure that the needs for sleep and rest of children being educated and cared for at the service are met, having regard to the ages, development stages and individual needs.</p>
R 84B	<p>Sleep and Rest policies must address:</p> <ul style="list-style-type: none"> • How children will be protected from any risks identified under r84C. • How the sleep and rest needs of children are met and ages, development stages and the sleep and rest needs of individual children are considered. • How the health care needs of individual children are met. • How requests from families about a child's sleep and rest and cultural preferences are considered. • Adequate supervision and monitoring during sleep and rest periods, including the method and frequency of checking the safety, health and wellbeing of children during sleep and rest periods and the documentation of sleep and rest periods. • How practices are consistent with current health guidelines on the best practices to adopt to ensure the safety of children during sleep and rest. • The induction, training and knowledge of staff at the service in relation to best practice for children's sleep and rest. • The location and arrangement of sleep and rest areas at the service and how this meets children's sleep and rest needs. • Safety and suitability of cots, bedding and bedding equipment, having regard to the ages and developmental stages of children who will use them. • The management of potential hazards in sleep and rest areas and on a child during sleep and rest periods. • The management of physical safety and suitability of sleep and rest environments including temperature, lighting, and ventilation. • Communication of the sleep and rest policies and procedures to a parent.
R 84C	<p>A risk assessment must be conducted for the purpose of preparing sleep and rest policies and procedures.</p> <ul style="list-style-type: none"> • Sleep and rest risk assessments must be conducted at least once every 12 months, and as soon as practicable after becoming aware of any circumstance that may affect the safety, health or wellbeing of children during sleep and rest. • The risk assessment must identify and assess risks in relation to sleep and rest and specify how the identified risks will be managed and minimised. • The service must make any necessary updates to the sleep and rest policies and procedures as soon as practicable after conducting the sleep



	and rest risk assessment and keep a record of each sleep and rest risk assessment conducted (r84C(3) and 84C(4)).
R 84D	Bassinets must not be on the education and care service premises at any time that children are being educated and cared for by the service.
R 87	Incident, injury, trauma and illness record
R 103	Premises, furniture and equipment to be safe, clean and in good repair
R 105	Furniture, materials and equipment
R 106	Laundry and hygiene facilities
R 107	Space requirements – indoor space
R 110	Ventilation and natural light
R 115	Premises designed to facilitate supervision
R 168	Education and care service must have policies and procedures (a) Health and safety, including matters related to: (v) sleep and rest for children
R 170	Policies and procedures to be followed
R 171	Policies and procedures to be kept available
R 172	Notification of change to policies or procedures
Relevant National Quality Standards	
QA 2	Children’s Health and Safety 2.1.1 Wellbeing and Comfort: Each child’s wellbeing and comfort is provided for, including appropriate opportunities to meet each child’s need for sleep, rest and relaxation. 2.1.2 Supervision: At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
QA 3	Physical Environment 3.1.1 Fit for Purpose: Outdoor/indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child. 3.1.2 Upkeep: Premises, furniture/equipment are safe, clean, well maintained.
QA 6	Collaborative partnerships with families and communities 6.1.2 Parent’s Views are Respected: The expertise, culture, values and beliefs of families are respected, and families share in decision-making about their child’s learning and wellbeing.
QA 7	Governance and Leadership 7.1.2 Management Systems: Systems are in place to manage risk and enable the effective management and operation of a quality service. 7.1.3 Roles and Responsibilities: Are clearly defined, and understood, and support effective decision making and operation of the service.
Relevant Outcomes in Early Years Learning Framework for Australia (EYLF)	
Outcome 3	Children have a strong sense of wellbeing. Educators must: <ul style="list-style-type: none"> Consider the pace of the day within the context of the community and provide a range of active and restful experiences throughout the day while supporting children to make appropriate decisions regarding participation. Work towards Outcome 3 and ensure a child’s ability to take increasing responsibility for their own wellbeing. One indicator of this capacity is children who are able to ‘recognise and communicate their bodily needs (eg, thirst, hunger, rest, comfort, physical activity)’.



Summary of Key Roles and Responsibilities

Role	Responsible for ensuring:
Management Committee	<ul style="list-style-type: none"> • A Sleep, Rest and Relaxation Policy and Procedures document is in place, up to date, and accessible to families and educators at all times. • There is a process to ensure service policies and procedures are regularly updated to reflect current legislative requirements, government guidelines and best practice recommendations from recognised authorities.² • This policy clearly defines the roles and responsibilities of the Director, educators, families, and others in the Heritage community. • Reasonable steps are taken to ensure this policy and procedures are followed.
Director/ Nominated Supervisor	<ul style="list-style-type: none"> • This policy is regularly updated to reflect current legislative requirements, and government and best practice guidelines. • Educators and families are encouraged to participate in the regular review of this policy and related procedures. • Information on this policy and procedures is provided to families on enrolment and the family's home rest routines are discussed. • Reasonable steps are taken to ensure the sleep and rest needs of children at the service are met, with regard to the age of children, developmental stages and individual needs (r84A). • Where a family's beliefs and requests are in conflict with the Red Nose Australia guidelines, the procedure in this policy is followed. • The service will only endorse a practice where there are exceptional circumstances and with the written support of the child's medical practitioner and undertake an individual risk assessment and minimisation plan for the child. • A sleep and rest risk assessment is undertaken every 12 months and after becoming aware of any circumstance that may affect the safety, health or wellbeing of children during sleep and rest (r84C). • The risk assessment takes into account all matters set out in r84B). • There are no bassinets on the premises at any time that children are being educated and cared for by the service (r84D). • Any banned or recalled products are removed from the service immediately as required. • Safe rest and sleep practices are embedded into everyday practice in line with the Red Nose Australia's recommendations. • The Red Nose Resource Kit for Educators is available as a reference for educators. • The premises are smoke free, and all furniture and equipment is safe, clean and in good repair. • Safe sleep posters and procedures are on display (Attachment 1). • Guidance, training, and support is provided to educators to ensure they understand their responsibilities in relation to this policy. • Educators are vigilant in the application of this policy and risk mitigation procedures in order to minimise risks at rest/sleep times. • The educational program provides opportunities for each child to sleep, rest or engage in appropriate quiet play activities, as required. • Children's individual sleep, rest and relaxation needs are met through respectful collaboration with families on enrolment and on-going basis. • Areas for sleep and rest are a comfortable temperature, quiet and well ventilated with adequate natural light for checking infants/children.

² Refer to: Policy Development and Review Policy and Procedures



	<ul style="list-style-type: none"> • Adequate supervision of children occurs at the service at all times, including during sleep, rest and relaxation.³ • Babies and children are physically checked for their sleeping position and breathing etc. every 10 mins. as per checklists (see: Attachment 3). • When Toddlers/Preschoolers rest on beds in the garden or in the tent, or at base camp on country, they are constantly supervised and educators give consideration is given to the safety of the environment including shading, temperature, and ventilation. • Where babies fall asleep in pushers on walks, they are constantly supervised and placed in a cot immediately on returning to the service. • The service is designed to promote supervision, and windows in cot rooms are kept clear to ensure safe supervision of infants. • Cot rooms have baby monitors on at all times while babies are sleeping. • Cot mattresses are clean, firm and the correct size for the cot. • There is adequate space to store bedding and linen in a hygienic manner. • Educators are consulted in relation to work, health and safety issues when purchasing new equipment related to rest/sleep routines. • Cots and beds are routinely checked by educators and on a monthly basis by the Heritage Maintenance Person, including evacuation cots. • Rest routines and equipment are regularly checked in accordance with Red Nose Australia and Australian Standards guidelines (Attachment 3). • The Management Committee is informed, as soon as is practicable, of any hazards identified in the child's resting or sleeping environment.
<p>Educators</p>	<ul style="list-style-type: none"> • The safe sleep, rest and relaxation procedures in this policy are strictly followed at all times. • The Red Nose Resource Kit for Educators is utilised as a reference. • Any hazards identified in the child's resting or sleeping environment are reported to the Director/Nominated Supervisor immediately. • Babies and children are physically checked for their sleeping position and breathing/colour at least every 10 mins (refer to: Attachment 3). • Rest and sleep routines are, at all times, relaxed and unhurried experiences and the relationship with learning outcomes are understood. • There are quiet spaces/activities available for children through the day. • Preparation for rest time is viewed as an opportunity for interaction with conversations and learning around self-help skills etc., rather than a routine that caters only for the physical need for rest.⁴ • Children's individual sleep, rest and relaxation needs/preferences are met through respectful collaboration with families and are responsive to the individual needs of the children; parenting beliefs, values, practices and requirements; the length of time each child spends at the service; circumstances or events occurring at a child's home and consistency of practice between home and the service. • Where a family's beliefs or requests are in conflict with the Red Nose Australia guidelines, the procedure in this policy is followed. • Where necessary, families are respectfully reminded that children can neither be forced to sleep nor prevented from sleeping. • Where the family utilises comforters, dummies, or security blankets, they are utilised safely in accordance with this policy. • They look for and are responsive to signs of tiredness from children. • Distress or discomfort during rest and sleep is minimised and children's emotions, feelings and fears are acknowledged. • Babies are not left for long periods to cry. • Babies are lifted out of cots using safe techniques according to the Work, Health and Safety Policy. • Resting practices are never used as a behaviour guidance strategy.

³ Refer to: [ACECQA Active Supervision Ensuring Safety and Promoting Learning Information Sheet](#)

⁴ Refer to: Interactions with Children Policy and Procedures; Curriculum and Program Planning Policy and Procedures



	<ul style="list-style-type: none"> • When Toddlers/Preschoolers rest on beds in the garden or in the tent, or at base camp on country, they are constantly supervised and educators give consideration is given to the safety of the environment including shading, UV, temperature, air quality and hazards such as wildlife. • Where babies fall asleep in pushers on walks, they are constantly supervised and placed in a cot immediately on returning to the service. • Children’s sleep and rest patterns are documented in the Nursery and Toddler Rooms and up to date information is provided to families about their child’s patterns of rest. • Information on this policy is provided to families as required. • They participate in related staff training and development and contribute to the regular review of this policy and procedures.
<p>Families</p>	<ul style="list-style-type: none"> • They are familiar with this policy and related procedures and read the Family Handbook, available in the Members Area of the website. • Their child’s sleep and rest requirements and related home practices are discussed regularly with the Director and educators on enrolment and as circumstances change, to allow educators to meet individual needs. • They check the Rest and Sleep Sheets for their infant/child on pick-up. • They understand that children can neither be forced to sleep nor prevented from sleeping. • They understand their child’s safety is the main priority of the Heritage service and not all related family practices and requests may be practicable in the early childhood education setting or align with the Red Nose Australia’s safe sleep recommendations. • They follow the procedure set out in this policy where family beliefs or requests conflict with the Red Nose Australia guidelines. • They understand that Heritage cannot accept the risk and consequences of unsafe sleep practices.
<p>Regular Family Volunteers & Students</p>	<ul style="list-style-type: none"> • This policy and procedures are followed while they are at the service. • The Relief Educator Handbook is read and signed. • Any instructions given by educators in relation to this policy are followed. • Any issues or hazards identified in relation to this policy and procedures are reported to the Director or Room Leader as soon as practicable.

Strategies and Procedures

Risk Management

Risk Assessment

The Director/Nominated Supervisor will:

- Conduct a sleep and rest risk assessment **at least every 12 months**, and as soon as practicable after becoming aware of any circumstance that may affect the safety, health and wellbeing of children during sleep and rest (r84C). **Refer to:** Attachment 2.
- Identify the risks in relation to sleep and rest and specify how the identified risks will be managed and minimised.
- Include consideration of the matters set out below (r84B) in the risk assessment:
 - Number, ages and development stages of children being educated and cared for.
 - Sleep and rest needs of children at the service (including specific health care needs, cultural preferences, sleep and rest needs of individual children and requests from families about a child’s sleep and rest).
 - Suitability of staffing arrangements required to adequately supervise and monitor children during sleep and rest periods.
 - Level of knowledge and training of the staff supervising children during sleep and rest periods.
 - Location of the sleep and rest areas, including the arrangement of cots and beds within the sleep and rest areas.
 - Safety and suitability of any cots, beds and bedding equipment and having regard to the ages and developmental stages of the children who will use them.
 - Potential hazards in sleep and rest areas or on a child during sleep and rest periods



- Physical safety and suitability of sleep and rest environments, including temperature, lighting, and ventilation.
- Update this policy as soon as practicable after conducting the risk assessment.
- Keep a record of each sleep and rest risk assessment that is conducted.
- Ensure the Sleep and Rest Safety Checklist (Attachment 6) is regularly undertaken.

Red Nose Australia Guidelines

- The rest, relaxation and sleeping procedures and risk minimisation practices at Heritage reflect the key recommendations from **Red Nose Australia**, the recognised national authority on safe sleep.

Supporting Children's Learning and Development

Educators will:

- Understand the important role rest and relaxation plays in helping children to grow into adults who are better able to manage the stresses and strains of normal living.
- Understand the relationship between sleep, rest and relaxation and children's learning outcomes and view periods as an essential to the educational program.
- Ensure their approach reflects Early Years Learning Framework for Australia (EYLF) and "*consider the pace of the day within the context of the community*" and "*provide a range of active and restful experiences throughout the day while supporting children to make appropriate decisions regarding participation*" (EYLF, 2009).
- Work towards *Development Outcome 3* of the EYLF which aims to ensure a child's ability to take increasing responsibility for their own wellbeing. One indicator of this capacity is children being able to "*recognise and communicate their bodily needs (for example thirst, hunger, rest, comfort, physical activity)*".
- Ensure a balanced program is provided with periods of physical and mental stimulation offset by quieter times when children can relax and sleep according to their needs.
- Ensure preparation for rest time is viewed as an opportunity for interaction with conversations and learning around self-help skills etc., rather than a routine that caters only for the physical need for rest.⁵
- Ensure settling and rest practices are never utilised as a behaviour guidance strategy as children may begin to relate the sleep and rest environment as a disciplinary setting, rather than a part of the day to look forward to as being calm and secure.

Meeting Children's Individual Sleep, Rest and Relaxation Needs

Risk Management

- The Nominated Supervisor and educators will consider the risk for each individual child on enrolment and on an-ongoing basis, and tailor sleep and rest procedures, including the frequency of checks/inspections of children, to reflect the levels of risk identified.
- Factors considered in individual risk assessments will include the child's age, medical conditions, individual needs, and history of health and/or sleep issues (**refer to:** Attachment 2: Nursery Individual Risk Assessment Form).
- Risk minimisation strategies will be documented on Child Profile Forms and Medical Condition Management Forms as required and communicated to all relevant educators.

Understanding and Being Responsive to Individual Needs

The Director/Nominated Supervisor and educators will:

- Ensure appropriate opportunities are provided for each child to meet their need for rest and relaxation, as well as sleep, in accordance with Quality Standard 2.1.
- Understand and take into consideration during the day that:
 - Children's sleeping habits and preferences are individual and diverse.
 - Children of the same age may have different sleep and rest patterns.
 - The time each child spends at the service may affect their rest and sleep patterns.
 - Consistency between home and Heritage is important for the wellbeing of children.
- Ensure children have access to calm, safe, comfortable, quiet areas throughout the day.

⁵ Refer to: Interactions with Children Policy and Procedures; Curriculum and Program Planning Policy and Procedures



- Consider a range of strategies that can be used to meet children’s individual sleep, rest and relaxation 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).
- Understand that younger children (especially those aged 0–3 years) settle confidently when they have formed bonds with familiar and trusted educators.
- Allow time for one-on-one interactions as some infants and children may become distressed at rest times.
- Ensure sleep and rest routines are relaxed and unhurried experiences.
- Ensure distress or discomfort during rest and sleep is minimised and children’s emotions, feelings and fears are acknowledged.
- Consult with families on enrolment and on an on-going basis about their child’s home rest routines and individual needs in order to provide for their individual needs.
- Where the family utilises comforters or resting aids including dummies and security blankets and use them safely in accordance with the procedures in this policy.
- Ensure familiar family rituals are used to settle a new baby/child into Heritage and individualise routines to ensure continuity of care with home as far as practicable/safe.
- Where possible, follow each baby or child’s usual home resting routine, or respectfully collaborate with families to develop a mutually agreed compromise that meets the infant/child’s individual needs in the early childhood education setting.
- Be sensitive to and respectful of any cultural or family practices associated with rest or ways of getting to sleep.
- Where a family’s beliefs and requests are in conflict with Red Nose Australia guidelines, respectfully refer the family to this policy and follow the procedure in the next section.
- Regularly communicate with families in order to understand any circumstances or events happening at home which may cause a child to be unsettled at rest times.
- Work with families if there are concerns about the routine, such as when a child shows signs of needing a sleep, but the family do not want them to sleep at that time.
- When necessary, respectfully remind families that children will neither be forced to sleep nor prevented from sleeping.
- Provide families with information about their baby or child’s rest and sleep times during the day, both in writing and verbally on pick-up as requested.

Procedure for Managing Conflicting Family Beliefs and Requests

Where a family’s beliefs and requests conflict with current recommended guidelines from Red Nose Australia, or are identified by the Director as contrary to the safety of the child in the early education and care environment, the Director and educators will respectfully refer the family to this policy and follow the procedure below.

Stage 1 – Exceptional Circumstances

- The Director will determine if there are exceptional circumstances that allow for alternate sleep and rest practices e.g., rare medical conditions may require a baby to sleep on his or her stomach or side, which is contrary to Red Nose recommendations.
- Where exceptional circumstances are identified, the Director will only endorse a practice with the written support of the baby’s medical practitioner. **Note:** The medical practitioner must be registered, and their contact details made available to the Director.
- The Director must undertake a risk assessment and minimisation plan for the baby.

Stage 2 – No Exceptional Circumstances

- Where no exceptional circumstances are identified by the Director, the Director and educators will respectfully inform the family that Heritage cannot endorse practices if they differ from Red Nose Australia recommendations.
 - E.g., a parent may request educators wrap their older baby while they are sleeping. However, according to Red Nose, this practice should be discontinued when a baby starts showing signs that they can begin to roll (usually around 5-6 months of age).

Child safety will be the priority of the Heritage service.



Safe Sleeping Strategies for Babies

Strategy Educators must ensure:	Supporting Educator Practices and Evidence Based on Nose Australia Guidelines
<p>Babies are placed to sleep on their backs from birth, not on their tummy or side.</p> <p>“Back to sleep, tummy to play, sit up to watch the world.”</p>	<ul style="list-style-type: none"> • Infants placed on their tummy to sleep for the first time are at a very high risk of sudden infant death. • In babies with Gastro-Oesophageal Reflux (GOR), the risk of SUDI when in the tummy/side sleeping positions outweighs the benefits. • If another medical condition exists that prevents a baby from being placed on their back, the alternative practice must be confirmed in writing by the child’s G.P.
<p>Babies under 6 months, NOT observed to repeatedly roll from back to front and back again, are re-positioned onto their back when they roll onto their front/side.</p>	<ul style="list-style-type: none"> • Once observed to repeatedly roll from back to front and back again on their own, babies will be placed on their back to sleep and then left to find their own preferred position (usually around 5–6 months of age).
<p>Safe sleeping bags (fitted neck and armholes, no hood) are encouraged.</p>	<ul style="list-style-type: none"> • Safe sleeping bags promote back sleeping and delay babies from rolling onto their tummies during sleep until past the age of peak risk of SUDI. • <u>90% of SUDI occurs in babies under 6 months of age, with the peak age being 2-4 months.</u>
<p>If a baby is wrapped when sleeping, it is done safely.</p>	<ul style="list-style-type: none"> • Wrapping helps young babies settle and sleep on their back when done safely. • Educators consider the baby’s developmental stage, use only lightweight wraps such as cotton/muslin and leave the baby’s arms free once the startle reflex disappears at around <u>3 months of age.</u> • Wrapping is discontinued when baby can roll from back to tummy to back again (around 5-6 months).
<p>Babies head position is alternated to avoid a flat spot.</p>	<ul style="list-style-type: none"> • Placing a baby on their back does not affect physical development or walking age.
<p>Babies sleep with their head and face uncovered. No hats or beanies during rest or sleep.</p>	<ul style="list-style-type: none"> • Protects a baby from overheating and their airway, reducing risk of suffocation/choking on vomit. • Hats and beanies must be removed from babies/children as soon as they come indoors.
<p>The rest/sleep environment and related equipment is safe.</p>	<ul style="list-style-type: none"> • See next section: Safe Environment and Equipment Procedures.
<p>Cots are made up safely.</p>	<ul style="list-style-type: none"> • The infant is at the foot of the bed, with bedding firmly tucked under the mattress or a safe sleeping bag is used (see above).
<p>Layers of lightweight sheets/blankets are used that may be added/removed according to the room temperature.</p>	<ul style="list-style-type: none"> • <u>Electric blankets, hot water bottles and wheat bags are never used in cots.</u> • Babies with symptoms of a common cold are not given more bedding. Concerns they must be kept warm are misplaced.
<p>No bulky/puffy bedding or bottles permitted in cots.</p>	<ul style="list-style-type: none"> • Pillows, doonas, loose bedding/fabric, cot bumpers, lamb’s wool, soft toys/teddies increase risk of SIDS. • Educators must <u>remove comforters/security blankets as soon as the baby falls asleep.</u> • Babies are given bottles before going to bed.
<p>Nothing is placed around the neck of sleeping infant/child.</p>	<ul style="list-style-type: none"> • No bibs and teething necklaces permitted in cots. • Infants/children do not rest in jumpers with hoods and cords due to the risk choking strangulation.
<p>Vigilant supervision to ensure babies do not overheat.</p>	<ul style="list-style-type: none"> • Educators add/remove clothing and bedding to suit the room and the baby’s body temperature.



Safe Environment and Equipment Procedures

Safety Area	Strategies and Educator Procedures
Temperature, Lighting and Ventilation	<p>The Director must ensure:</p> <ul style="list-style-type: none"> • Indoor spaces where children are being educated and cared for at the service must meet r110 and be: <ul style="list-style-type: none"> ○ Well ventilated. ○ Have adequate natural light. ○ Are maintained at a temperature that ensures the safety and wellbeing of children. <p>Educators must ensure:</p> <ul style="list-style-type: none"> • The temperature of cot rooms is kept comfortable and not overheated - around 20-22 degrees Celsius. Note: Red Nose Australia does not recommend a specific room temperature for sleeping babies, rather it is important to dress the baby appropriately for the room temperature, comfortably warm, not hot or cold. • Lighting is adequate to allow adequate supervision including to check infant/children's breathing, lip, and skin colour. • Consideration is given to the temperature, ventilation, UV and air quality when Toddlers/Preschoolers are resting outdoors.
Safe Cots	<p>Standard Cots</p> <ul style="list-style-type: none"> • All standard Heritage cots must meet the mandatory Australian Standard AS/NZ 2172. <p>Portable Cots</p> <ul style="list-style-type: none"> • All portable cots must meet the mandatory Australian Standard AS/NZ 2195. (Note: Heritage does not currently utilise portable cots). <p>Evacuation cots</p> <ul style="list-style-type: none"> • Two evacuation cots that meet Australian Standard AS/NZ 2172 must be available for evacuating babies and non-walkers in an emergency. • The cots must be small enough to fit through doorways and corridors, with wheels large enough to avoid jamming, • One evacuation cot will be located outside cot rooms 1 and 2 with an emergency evacuation provisions bag on the hook opposite the cot. • The second cot will be located inside Cot Room 3, in the Toddler's Room, with an emergency evacuation provision bag hanging in it. • An Emergency Evacuation Provisions Bag will be kept in the evacuation cot in the Cot Room.⁶ <p>All cots must be:</p> <ul style="list-style-type: none"> • Spaced apart to allow educators to walk around each cot and reduce the risk of infection from coughs and sneezes. • Well maintained and free from: <ul style="list-style-type: none"> ○ Loose or broken parts. ○ Missing or loose knobs, screws, or sharp catches. ○ Peeling, cracking paint, splintered wood or torn fabric. ○ Missing or broken safety latches to sides. ○ If hazards are identified, educators must immediately inform the Director or Work Health and Safety Officer as per the Work Health and Safety Policy and Procedures.
Bassinets, Hammocks and Prams/	<ul style="list-style-type: none"> • Bassinets, hammocks and prams/strollers do not carry safety codes for sleep and are not safe substitutes for a cot (Red Nose Australia).

⁶ Refer to: Emergency and Evacuation Policy and Procedures



<p>Strollers</p>	<ul style="list-style-type: none"> • Bassinets are not permitted on the premises at any time that children are being educated and cared for by the service (r84D) • Families will be informed as required that bassinets will not be accepted, stored, or used at the service. • Educators must never leave babies unattended in a hammock or pram/stroller to sleep while at Heritage. Note: Heritage does not currently have any hammocks on the premises, however, has a large swing in the garden under the tree. • Educators must provide constant vigilant supervision and ensure the baby/child is resting on their back in the centre of the swing with their head and face uncovered and never leave the child unattended. Refer to: Outdoor Sleeping and Resting • Where a baby/child falls asleep in a pusher/pram while on a regular walk or excursion, educators will provide constant vigilant supervision and move them to a cot/bed as soon as they return to the service.
<p>Safe Mattresses</p>	<ul style="list-style-type: none"> • If lodged in gap between a mattress and a bed, a baby is unable to move their neck and head, which may cause them to stop breathing. • The Director/Nominated Supervisor must ensure cot mattresses are in good condition, clean, firm, flat and must fit the cot base. <ul style="list-style-type: none"> ○ There must be no more than a <u>20mm gap</u> between the mattress and the cot sides.⁷ ○ A firm mattress is one that is compliant with the new Voluntary Standard AS/NZS 8811.1:2013. Note: Testing by hand is not advised, rather the method shown in the video or written instructions may be utilised for assessing compliance. • Mattresses must not be elevated or tilted. • Plastic packaging must be removed from mattresses. • Mattress protectors must be strong, not torn, and a tight fit. <p><u>Safe Portable Cot Mattresses</u></p> <ul style="list-style-type: none"> • Educators must use the firm, clean and well-fitting mattress that is supplied with the portable cot. • Educators must not add any additional padding under or over the mattress or an additional mattress.
<p>Safe Bedding and Clothing</p>	<ul style="list-style-type: none"> • Layers of lightweight sheets/blankets are used that may be added/removed according to the room temperature. • No bulky or puffy bedding is permitted as it increases the risk of SIDS. • <u>Comforters/security blankets are removed as soon as the baby/child falls asleep.</u> • Infants/children must be appropriately dressed for the temperature of the room and not have anything around their neck while sleeping including bibs, jumpers with hoods, teething necklaces etc.
<p>Safety Checks of the Environment</p>	<p>The Director/Nominated Supervisor must ensure:</p> <ul style="list-style-type: none"> • Sleep, rest and relaxation routines and equipment are regularly checked in accordance with this policy (refer to: Attachment 6), and the Work Health and Safety Policy. • Monthly safety checks are undertaken as per the Work Health and Safety Policy. • All cots are checked monthly by the Maintenance Person in line with the Work Health and Safety Policy and Procedures. <p>Educators must ensure:</p>

⁷ Refer to: [ACECQA Guidelines based on Red Nose Australia recommendations](#)



	<ul style="list-style-type: none"> • A safety check of sleep and rest environments is undertaken before babies are placed in cots and before toddlers’ and pre-schoolers’ rest and relaxation time. <ul style="list-style-type: none"> ○ All cots and mattresses are kept a safe distance from heaters, electrical appliances and hanging cords or strings from blinds. ○ Blinds, curtains, decorative mobiles etc are tied away from cots as they are a choking and hanging risk. ○ The sides of cots are up and locked before leaving the cot room. ○ <u>Older babies or toddlers do not have the ability to climb over the sides of a cot.</u> ○ When a child is observed attempting to climb out of a cot, and as if they might succeed, <u>they must be moved out of a cot,</u> usually between 2 to 3 ½ years of age but could be from 18 months.⁸ • A safety check of the environment is undertaken before children sleep or rest outdoors in the tent, under trees in the garden or on country. • If hazards are identified, educators must immediately inform the Director or Work Health and Safety Officer.
<p>Safe Dummy use</p>	<p>Families are asked to read the <u>Red Nose Information Statement</u> and make an informed choice on whether to utilise a dummy.</p> <ul style="list-style-type: none"> • According to Red Nose Australia there is strong evidence that dummies are associated with a reduced risk of SUDI when used consistently, however there is some evidence of disadvantages related to breast feeding, infections, and dental malocclusion. <p>Educators will:</p> <ul style="list-style-type: none"> • If a dummy is used by a family, offer it to their baby for all sleep periods when the child is under one. • If a dummy falls out of a baby’s mouth during sleep, ensure it is <u>not re-inserted</u>. • Encourage dummy pacifier use to be phased out by the end of the first year of a baby’s life. • Ensure that dummies that attach to clothing or a cord/string are never used for sleeping infants.
<p>Hygiene and Infection Control</p>	<p>Educators will:</p> <ul style="list-style-type: none"> • Provide each child with their own clean linen, in good condition (not torn), and machine washed at least weekly and as required, if soiled, and before use by another child. • Check if cot bed linen requires changing after each use and remake cot if linen is clean. • Were a cot is shared, wipe cot mattresses with Perform disinfectant between uses and put on clean bedding. • Wipe cot frames between uses (i.e., different baby uses cot) with warm water and neutral detergent (Useall) or vinegar and ensure clean sheets are put on. • Wipe portable toddler beds with warm water and neutral detergent (Useall) or vinegar and air dry them before putting clean sheets on. • Ensure resting aids such as cushions in quiet areas are machine washed if possible every week or cleaned with Perform disinfectant. • Ensure all portable beds and linen are stored hygienically with adequate space to prevent cross-contamination.⁹

⁸ Refer to: [Red Nose Australia Guidelines](#).

⁹ Refer to: Hygiene and Infection Control Policy and Procedures



Supervision of Sleeping Babies and Children	<p>The Director/Nominated Supervisor will ensure:</p> <ul style="list-style-type: none"> • Supervision ratios during resting periods are at least equal to regulatory requirements. • Supervision planning and educator placement ensures educators are able to adequately supervise sleeping/resting children with all babies /children in sight and hearing distance of an educator at all times. • All cot rooms have viewing windows and babies are within hearing range with operational baby monitors on while babies are sleeping. • The frequency of checks/inspections of babies and children is adapted to reflect the levels of risk identified for each child. See p9. <p>Educators will ensure:</p> <ul style="list-style-type: none"> • Babies and children are checked at least every 10 minutes during their rest period (refer to: Attachment 3). • They enter the cot room and physically check babies are a good colour, breathing and not overheating. • Forms located near each cot room are completed including recording and initialling the times each room was checked. • All sleeping and resting children, and the sleep and rest environment they are in, is closely monitored (refer to: Safe Sleep Physical Check list Forms) including the: <ul style="list-style-type: none"> ○ Position of each child's body in their cot or on their mattress. ○ Baby/child's breathing rate, pattern, and skin colour. If a baby or child is not breathing, educators will commence the Heritage first aid plan for a non-breathing child below. ○ Baby/child's body temperature. <ul style="list-style-type: none"> ➢ The baby's chest or tummy should feel comfortably warm to touch. It is normal for the hands/feet to feel cool. ➢ If a baby/child is showing signs of heat stress, (irritability, looking unwell, floppy, drier skin, refusing to drink or having fewer wet nappies than usual), educators will remove some clothing/bedding and check the infant/child's temperature. ○ Arrangement of bed linen. If baby or child's face is covered, educators will immediately uncover their face. ○ Sleep environment. Educators will monitor the: <ul style="list-style-type: none"> ➢ Temperature and ventilation/air quality. ➢ Appropriateness of the clothing on the baby or child. ➢ Safety of the resting environment and identify any hazards. • When sleeping or resting outdoors, constant vigilant supervision is applied. Refer to: Section on Outdoor Sleeping and Resting. • Adults will not rest or sleep in the same environment as an infant, child or group of children. • Unqualified educators, family volunteers or students will not be left on their own to settle resting children.
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First Aid Procedure for Non-Breathing Infant or Child

Educators will:

- Call for help from a First Aider/qualified educator.
- Call for an ambulance.
- Qualified first aider/educator to attempt resuscitation.
- Alert Director/Nominated Supervisor who must contact parents/guardians immediately.
- Contact the ACT Regulatory Authority, within 24 hours via the NQA IT System.
- Director/Nominated Supervisor and educators must write a comprehensive Incident/Trauma Report.¹⁰

¹⁰ Refer to: First Aid for Injury, Trauma and Illness Policy and Procedures



Safe Resting Procedure for a Child who is Unwell

Educators will ensure:

- When displaying signs of illness, an infant/child is placed on their backs to rest.
- If a child is over 6 months old and turns onto their side or stomach during sleep, they are allowed to find their own sleeping position.
- All children rest with their face and head uncovered.
- **Children who are unwell are given the highest supervision priority** and monitored constantly especially if the child has: a high temperature, vomited or received minor trauma to their head.
- The parents of children that show symptoms of illness are contacted to **pick up their child/ren within 1 hour and preferably 30 minutes.**¹¹

Room Sleep, Rest and Relaxation Programs

Provision of Quiet Areas and Activities

Educators will:

- Provide opportunities and spaces for sleep, rest, and relaxation throughout the day.
- Set up quiet areas with cushions and books for use through the day when indoors.
- Ensure quieter areas and activities are set up for children when outdoors.
- If a child requests a rest, or if they are showing clear signs of tiredness, regardless of the time of day, allow them to rest in a safe, comfortable area as required.

Nursery Program

Nursery educators will ensure:

- Babies sleep and rest according to their individual routines.
- From around 1-3pm, quiet activities are programmed for older babies, according to individual needs.
- Quiet activities may be indoor or outdoor depending on the time of year and weather and may include relaxation with music, storytelling, meditation, drawing, reading etc.

Toddler Room Program

Toddler educators will ensure:

- Toddlers are encouraged to rest their bodies and minds after lunch, according to their individual needs, between **12.00-3.30pm**.
- Rest times are adjusted throughout the year according to the needs of the children in the group.
- The energy in the rooms decreases after lunch and a soothing atmosphere is created by darkening the room, playing relaxing music etc, to make the transition to rest easier and so children view rest time as an inviting and welcomed part of the day.
- Children are supported to calmly move into rest/sleep routines either individually or in small groups.
- Children are offered the choice of resting/sleeping on a portable bed undisturbed, or quiet time enjoying quiet activities such as books and drawing etc.
- Portable beds are set up with enough space between them for educators to walk around, and top to toe. This reduces the chance of spreading germs through coughing/sneezing.
- Children are encouraged to make choices such as choosing to rest or sleep or selecting quiet activities, games or music and assisting with setting up for rest/quiet activities.
- Children who choose to rest on a portable bed are dressed safely and comfortably.
- Shoes, heavy or restrictive outer clothing and items with hoods and cords are removed.
- Children are encouraged to dress and undress themselves and help with making beds appropriate to their developmental abilities with assistance being offered where needed.
- Children who choose to rest on a portable bed are encouraged to rest on their backs unless otherwise directed in writing by their medical practitioner.
- Children are allowed to find their own sleep position if they turn over during their sleep.

¹¹ Refer to: Illness and Infectious Diseases Policy; First Aid Policy and Procedures; Supervision Policy and Procedures.



- Light bedding is used on portable beds - quilts, duvets, pillows, and lamb's wool are not permitted.
- Children rest with their face and head uncovered, with tight fitting sheets and are adequately supervised to ensure they do not pull linen over their faces.
- Strategies are used to enhance the rest time for children such as allowing a comfort toy/blanket (removed if fall asleep) and other safe methods supported by families.
- Unsettled children who have chosen to rest on a portable bed are comforted and their wishes respected as to whether or not they want to be patted to sleep. (Children do not need to be patted to sleep. By providing a quiet, tranquil environment, children will choose to sleep if their body needs it).
- If children sleep, they are left undisturbed until approximately **3.30pm** at which time they are gently roused by opening the blinds and changing the relaxation music.
- Children are allowed to wake up at their own pace as some children may need a gradual reintroduction to the brightness and activity of the room.
- Children are gently encouraged to move and participate in quiet activities in the room.
- There is no expectation that children sleep, rather that they will allow their bodies a chance to relax and un-wind.

Preschool Room Program

Preschool educators will ensure:

- All preschoolers are encouraged to rest their bodies and minds after lunch, according to their individual needs.
- The energy in the rooms decreases after lunch and a soothing atmosphere is created by darkening the room and playing relaxing music, to make the transition to rest easier and so children view rest time as an inviting and welcomed part of the day.
- Children are supported to calmly move into rest/sleep routines either individually or in small groups.
- The children are encouraged to do meditation and relaxation exercises as a way to promote rest.
- Younger preschoolers who wish to sleep may return to the Toddler Room and have a portable bed ready for them.
- Preschool children who are leaving for school the following year, are encouraged to rest and relax rather than sleep to prepare them for them for transition to the school routine.

Outdoor Sleeping and Resting

Heritage recognises that resting and sleeping outdoors can positively impact children's learning and development and integrates outdoor rest and sleep options where safe to do so.

- According to research outdoor sleeping and resting promotes quality rest. It reduces cortisol levels as children are able to fall asleep to the sounds of nature, promotes better body and brain function and learning due to increased oxygen levels, increases natural light exposure and may reduce illness.
- The option to take the Toddler's portable beds outside under the shade trees or into the big tent on the front lawn for rest and sleep is considered if the weather permits.
- Preschoolers may rest outdoors at base camp when on country such as under the Heritage marquee or appropriately shaded area.
- Babies who fall asleep in the 4-6 seater pushers on walks they will be moved to a cot on arrival back at the service and never left to sleep in the pusher on the premises.
- The indoor safe sleep and rest procedures will be followed outdoors as far as practicable.

Risk Management

- A thorough risk-benefit assessment will be undertaken of all outdoor sleeping and resting activities (**refer to:** Attachment 3).
- When resting or sleeping outdoors, educators must provide constant and vigilant supervision.
- Educators must constantly monitor the safety of the outdoor environment including shading, UV, temperature, air quality and potential wildlife or other hazards in the area.
- The benefits of outdoor sleeping will be explained to families, and they will have the opportunity to opt out of outdoor sleeping and resting if they wish.



Table of Baby Sleeping Procedures

Activity	Educator Procedures
Setting up Safe Sleeping Area	<ul style="list-style-type: none"> • Ensure babies only sleep and rest in cots (never in hammocks or prams/strollers). • Set cots up as per policy, with a firm, properly fitting mattress, light layers of bed linen tucked firmly under mattress and clear of any potential dangers (broken parts, hanging cords, soft/bulky items etc.). • Ensure cots and bed linen are clean and fresh. • Ensure the environment is comfortable and relaxing (check temperature, ventilation, lighting and sound). • Before placing a baby in a cot, check safety of the cot and the environment. • Director/Nominated Supervisor to ensure cots are checked on a monthly basis by the Heritage Maintenance Person. • Any safety issues must be reported to the Director/Nominated Supervisor or Health and Safety Representative (HSR) immediately.
Safely Putting Babies to Sleep	<ul style="list-style-type: none"> • Ensure babies are placed on their backs to sleep and at the bottom end of cot as per this policy and Red Nose Australia recommendations. • Vary babies' head position, left or right, to avoid flat spots. • Adjust clothing and bedding to suit room temperature. • Provide comforters safety according to this policy: <ul style="list-style-type: none"> ○ Dummies must not be re-inserted if they fall out during sleep. ○ Security blankets must be removed once the baby is asleep. ○ No soft bedding, fluffy toys, or bottles must be allowed in cots. • Assist babies to settle if required and when necessary, minimise any distress or discomfort. • Pull up and secure cot sides before leaving the room.
Safely Monitoring Babies Sleep	<ul style="list-style-type: none"> • Monitor sleeping babies at least every 10 minutes. • Check baby's breathing, skin colour, the safety of environment and ensure babies' faces and heads are uncovered. • On waking, lift babies from cot using safe lifting techniques, and take them back to the Nursery.
First Aid Procedures for a Child who is Not Breathing	<ul style="list-style-type: none"> • Call for help from a first aider/qualified educator. • Call for an ambulance. • Qualified first aider/educator to attempt resuscitation. • Alert Director/Nominated Supervisor <ul style="list-style-type: none"> ○ Contact parents/guardians immediately. ○ Contact the ACT Regulatory Authority, CECA within 24 hours. • Director/Nominated Supervisor and any staff involved to write a comprehensive Incident Report.
Cleaning of Sleeping Area	<ul style="list-style-type: none"> • Check if bed linen requires changing. • Remake cot if linen is clean and same baby is going to use cot. • In the case where the cot is shared, i.e., different babies use same cot: <ul style="list-style-type: none"> ○ Wipe cots with USEALL and mattresses with PERFORM between uses. ○ Put clean bedding put on between uses. • Machine wash bed linen weekly or as required.



Table of Toddler & Preschool Resting Procedures

Activity	Educator Procedures
Setting up Safe and Comfortable Sleeping Area	<ul style="list-style-type: none"> • Decrease energy in room after lunch and create a soothing atmosphere, e.g., calming music. • Ensure the environment is comfortable and relaxing (check temperature, ventilation, lighting, and sound). • Gently encourage children to assist with setting up the rest area or quiet activities and to make choices such as rest or sleep on a bed or reading and drawing. • Set toddler beds up as per this policy with light, tight fitting, sheets and clear of any potential dangers. • Set beds up with enough space between them for educators to walk around, and top to toe, to reduce the chance of children spreading germs when coughing/sneezing. • Ensure all beds and linen are clean and fresh. • Check beds safety daily before children are put to bed. • Report any safety issues to the Director/Nominated Supervisor or Health and Safety Representative (HSR) immediately. • Director/Nominated Supervisor to ensure beds are checked on a monthly basis by the Heritage Maintenance Person.
Safety Assisting Toddlers and Prechoolers to Rest	<ul style="list-style-type: none"> • Ensure Toddlers and Preschoolers who have chosen a portable bed rest on their backs with their faces and head uncovered as per this policy and Red Nose recommendations. Note: If they roll during sleep, they are allowed to find their own sleeping position. • Provide comforters including soft toys where required but ensure they are removed if the child falls asleep. • Comfort unsettled children who have chosen to rest on a portable bed, respecting their wishes as to whether or not they want to be patted to sleep.
Safely Monitoring Rest and Sleep	<ul style="list-style-type: none"> • Monitor sleeping children at least every 10 minutes. • Check breathing, skin colour, safety of environment and that children's faces and heads are uncovered.
First Aid Procedure for a Child who is Not Breathing	<ul style="list-style-type: none"> • Call for help from a first aider/qualified educator. • Call for an ambulance. • Qualified First aider/educator to attempt resuscitation. • Alert Director/Nominated Supervisor <ul style="list-style-type: none"> ○ Contact parents/guardians immediately ○ Contact the ACT Regulatory Authority, CECA, within 24 hours. • Director/Nominated Supervisor and any staff involved to write a comprehensive Incident Report.
Cleaning of Sleeping Area	<ul style="list-style-type: none"> • Ensure each child is supplied with their own bed linen. • Ensure clean linen is provided weekly or as required. • Check that the bed and linen is clean. • Remake bed if linen is clean. • Machine wash bed linen weekly or as required. • Wipe beds with USEALL and air dry them before putting on clean sheets. Wipe all sides and base of bed. • Where a bed is shared, ensure it is disinfected between uses and clean linen put on.



Communication and Training

Families

- Families will be given information on safe resting and sleeping on enrolment.
- The benefits of outdoor sleeping will be explained to families and they will have the opportunity to opt-out of outdoor sleeping if they wish.
- Information on safe resting and sleeping will be displayed on noticeboards and conveyed through the newsletter and Family Handbook.
- Daily sleep and rest records will be kept for all infants and children.
- Families will be provided with information about their baby/child's rest and sleep times during the day, both in writing in the Sleep Sheet and verbally on pick-up as requested.

Educators

- Educators will have easy access to this policy and the Educator Handbook in the Staff Programming Room and Members Area of the website.
- The Educator Handbook will summarise the safe sleep and rest strategies and procedures for each age group.
- Educators will be briefed on safe rest and sleep practices and their responsibilities as outlined in this policy during their induction session and when they change rooms.
- The [Red Nose Resource Kit for Educators](#) will be available as a reference for educators.
- Online training options will be explored including [Red Nose webinars](#).
- Educators will receive regular first aid and work, health, and safety training.
- Safe sleep and rest practices will be discussed regularly in staff meetings.
- Health care professionals will be invited to discuss safe sleeping practices when appropriate.

Policy Review and Evaluation

In order to assess whether the values and purposes of the policy have been achieved, Heritage management will, in relation to this policy:

- Regularly seek feedback from educators and families as to its effectiveness.
- Monitor implementation, compliance, complaints, and incidents in relation to the policy.
- Keep it up to date with current legislation, research, and best practice.
- Revise the policy and procedures as part of the service's review cycle, or as required.
- Encourage educators and families to contribute to the process.
- Notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

Related Policies and Procedures

Name of Policy and Procedures Document	Location
Child Safe Environment	Policy and Procedures Manuals in Office, Main Entrance and Staff Programming Room.
Child Protection	
Clothing and Footwear	
Creating Inclusion and Equity	
Curriculum and Program Planning	
Emergency and Evacuation	Members Area of the Heritage website.
Enrolment and Graduating Rooms	Family Handbook
First Aid for Injury, Illness and Trauma	
Hygiene and Infection Control (incl. Toileting)	Educator and Relief Educator Handbooks
Illness and Infectious Diseases	
Interactions with Children	
Supervision	
Work Health and Safety	



References and Further Reading

Legislative References

[Education and Care Services National Law Act \(ACT\) \(2010\)](#) (updated 2023)

[Education and Care Services National Regulations \(2011\)](#) (updated 2023)

[Guide to The National Quality Framework](#)

[Early Years Learning Framework for Australia](#) (Version 2, 2022).

Other References

Aussie ChildCare Network. (2023). [Taking Children's Sleep Time Outside in Early Childhood Settings](#)

Australian Children's Education and Care Quality Authority (ACECQA):

(October 2023). [Safe Sleep and Rest Practices](#)

(August 2023). [Sleep and Rest Policy Guidelines](#)

(July 2023). [Active Supervision Information Sheet](#)

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Raising Children Network: (2022). [Sudden Unexpected Death in Infancy \(SUDI\), Sudden Infant Death Syndrome \(SIDS\) and fatal sleep accidents.](#)

Red Nose Australia:

(2023). [Safe Sleeping and Six Safe Sleep Recommendations](#)

(2023) [Safe Sleeping Factsheets/Posters for Parents, Health Professionals & Educators](#) – including [Safe Sleeping Poster \(Attached\)](#) and [Safe Wrapping Poster](#)

(2023). [Are your Staff Safe Sleep Trained?](#)

(2020). [Statement on Safe Sleep in Childcare](#)

(2018). Video: [Why is safe sleeping in a childcare service important?](#)

UNICEF. (2016). [A summary of the rights under the Convention on the Rights of the Child.](#)

University Preschool and Child Care Centre Inc. (2019). [Rest Policy.](#)

University of Melbourne Early Learning Centre. (2014). [Relaxation and Sleep Policy.](#)

Useful Websites

[Australian Consumer Commission](#)

[Kidsafe](#)

[Product Safety Australia](#)

Red Nose Australia Articles

(2022). [Is it Safe to Wrap or Swaddle my Baby?](#)

(2021). [What is a Safe Room Temperature for Sleeping Baby](#)

(2021). [Bedding Amount Recommended for Safe Sleep](#)

(2020). [Benefits of Using a Safe Baby Sleeping Bag.](#)

(2019). [Soft Toys in the Cot](#)

(2018). [Baby's Head Shape.](#)

(2018). [Sleeping Position for Babies with Gastro-Oesophageal Reflux \(GOR\)](#)

(2017). [How to Make up Baby's Cot](#)

(2017). [Pillow Use](#)

(2017). [Tummy Time](#)

(2016). [Does Dummy use Reduce SUDI in Infancy?](#)



Version Control and Change History

Version Number	Approval Date	Approved by	Author and Amendments
1	October 2001	Management Committee	
2	December 2010	Management Committee	Julia Charters Rewrite of Sleep & Rest Policy based on SIDS & Kids recommendations and the NCAC policy template and other references given above.
3	December 2011	Director	Added related National Quality Standards to introduction.
4	September 2017	Management Committee	Julia Charters Updated References and Appendix. Updated Policy Statement, Policy Aims and procedures to reflect EYLF, new NQF requirement for a Sleep, Rest and Relaxation Policy from October 2017, and National Quality Standard amendments from February 2018. Updated safe sleep procedures to reflect latest recommendations from Red Nose organisation (previously, SIDS and KIDS). Updated procedures to reflect new ACECQA safe sleep and rest principles – Refer to: Safe Sleep and Rest Guidelines 2017. Added sections on Safely Meeting Children's Individual Needs; Managing Conflicting Family Beliefs and Requests; Maximising Children's Learning and Development Added Definitions, Summary of Responsibilities and Contents Page.
5	November 2023	Management Committee	Author: Julia Charters Updated References, layout and added hyperlinks. Created Risk Assessment to reflect new regulations (84A-D) that come into effect in October 2023. Created Risk Benefit Assessment for outdoor sleeping and resting. Changed monitoring time from every 15 minutes to every 10 minutes in line with Red Nose Guidelines. Added references to Physical Sleep Checklists and added Preschool checklist as attachment. Created Sleep and Rest Safety Checklist to support risk assessment. Added section on Outdoor Sleeping and Resting and requirement for constant vigilant supervision. Updated Child Profile Forms and Medical Condition Management Plans to include risk minimisation strategies where children have individual needs identified in relation to sleep and rest. New risk assessments added as attachments.



Safe Sleeping Monitoring Checklist



Please make sure you can see and hear me, and check me frequently when I'm sleeping!



Is my head and face uncovered?



Are my skin and lips a normal colour for me?



Is my chest rising and falling?



Is my bed clear of soft and loose items?



Am I warm but not too hot?

Red Nose acknowledges the Traditional Owners of the lands in which we work, live and visit.

Red Nose Safe Sleep Advice Hub
1300 998 698 [during business hours AEST/AEDT]
rednose.org.au/safesleep

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Individual Sleep and Rest Risk Assessment Nursery			
Date of Assessment		Name of Educator Completing Form	
Child's Name		Child's Date of Birth	
Review Date			

Instructions: Please complete the table below. If answer yes to any of the questions, please complete an Action Plan over-page.

Considerations		Yes	No	Notes/Comments
Age	Is the child 0-6 months?			
Smoking Exposure	Is there parental/ caregiver smoke exposure?			
Was the child born prematurely?	Born before 37 weeks?			
Social Circumstances	Does the child regularly see a healthcare professional such as a MCH Nurse, GP, Paediatrician?			
Medical History	Does the child have a known medical condition and/or disability, e.g., Asthma, repeated respiratory infections, chronic lung disease, other (please specify)?			
Cultural Practice	Are there any cultural practices that can compromise an airway during sleep such as: religious jewellery, head coverings etc?			
Sleep Aids	Does the child use a sleep aid such as: soft toys, comforter, special blanket, bottle in bed, sleep in a pram or swing?			
Feeding	Is the child formula fed?			



Action Plan

For risk factors identified, list the risk mitigation strategies below.

Risk Identified	Risk Mitigation Strategies: Modifications to environment/supervision practices to reduce risk.	Date Actioned
Example: Child spent time in Special Care Nursery/NICU	Example.: This may increase sleep accident risk to the child. Educators will increase the frequency and duration of checks of this child for all sleeps and naps. Refer also to: Risk mitigation strategies in Sleep, Rest and Relaxation Policy and Procedures	

The above risk assessment for _____ has been completed in consultation with the child's parent/guardian and service management.

Parent Full Name _____

Parent Signature _____ Date _____

Approved by: Name _____ Position _____

Signature _____ Date _____

Action Plan - Review

Reviews of this risk assessment should occur **every 6 months** and/or if there are changes to the child's circumstances i.e. age/developmental changes in the child, health status, etc.

Review Date	List of Risk Factors On-going or Resolved	Need for Revised Action Plan? (Y/N)	Signed

Heritage Sleep and Rest Risk Assessment 2023

Risk Matrix

		Likelihood				
		Rare	Unlikely	Possible	Likely	Almost certain
Consequences	Major	Moderate	High	High	Critical	Critical
	Significant	Moderate	Moderate	High	High	Critical
	Moderate	Low	Moderate	Moderate	High	High
	Minor	Very low	Low	Moderate	Moderate	Moderate
	Insignificant	Very low	Very low	Low	Moderate	Moderate

Safe Sleep and Rest Activity	Hazard Identified	Risk Assessment	Control Measures	Risk Assessment with Controls in Place
Daily Sleep and Rest Routine/Rhythm in each Room/Age Group	Sleep accident (SIDS, suffocation, choking, crushing, strangulation or falling out of cot/bed due to inappropriate practice for age/development stage of child or group size	High	<p>The Director/Nominated Supervisor ensures each room/age group has procedures in place and adequate supervision levels based on legislative requirements and Red Nose Australia guidelines for the number, ages, and development stages of children.</p> <p>The Director/Nominated Supervisor ensures staff have adequate knowledge and training to provide adequate supervision of infants/children during sleep/rest periods.</p> <p>On enrolment and on and on-going basis through regular communication, the Director and educators consider the risk and supervision requirement</p>	Low

			<p>for each individual child based on their age, individual needs including medical conditions, history of sleep issues, cultural preferences, and family requests about a child's sleep and rest routine.</p> <p>Child Profile Forms and Medical Condition Management Forms outline risk minimisation strategies for any identified individual needs in relation to sleep and rest.</p> <p>Educators ensure opportunities are available throughout the day for each infant/child to meet their individual needs for rest and relaxation, including ensuring the availability of safe, comfortable and quiet areas and quiet activities.</p> <p>Educators ensure children are monitored for signs of tiredness and allowed to rest in a safe and comfortable area, regardless of the time of day.</p> <p>In the Nursery, educators follow each baby's usual home resting routine, or respectfully collaborate with families to develop a mutually agreed compromise that meets the infant/child's individual needs in the early childhood education setting and Red Nose Guidelines.</p> <p>Where a family requests a particular sleep practice that is contrary to Red Nose recommendations, the Director follows the procedure in the Sleep and Rest Policy.</p> <p>The service will only endorse an alternative sleep and rest practice in exceptional circumstances and with the written support of the child's medical practitioner. An individual risk assessment and minimisation plan will be conducted for the child.</p>	
<p>Setting up sleeping area for babies</p>	<p>Cots, equipment, and cot room environment are not safe or hygienic leading to sleep accident or illness.</p>	<p>High</p>	<p><u>Educators ensure:</u></p> <p>The environment is comfortable, safe, and relaxing, and checks are made of the temperature, ventilation, lighting and sound.</p> <p>Lighting is checked to ensure it is adequate to allow supervision and to check baby's breathing, lip and skin colour.</p> <p>Babies only sleep and rest in cots and never in prams/strollers when on the premises.</p>	<p>Low</p>

		<p>Bassinets are not permitted on the service premises (r84D). All cots, including evacuation cots and portable cots meet mandatory Australian Standards. (Note: Heritage does not currently have any portable cots).</p> <p>Cots, including evacuation cots, are checked on a monthly basis by the Heritage Maintenance Person as per the WHS Policy. They must be free of broken parts, cracking paint, sharp edges etc as per the Policy.</p> <p>Cots are set up as per procedures in Sleep and Rest Policy with a firm, properly fitting mattress, light layers of bed linen tucked firmly under mattress and clear of any potential dangers (broken parts, hanging cords, soft/bulky items etc).</p> <p>The Director/Nominated Supervisor must ensure cot mattresses are in good condition, clean, firm, flat and fit the cot base.</p> <ul style="list-style-type: none"> • There must be no more than a <u>20mm gap</u> between the mattress and the cot sides. • A firm mattress is one that is compliant with the new Voluntary Standard AS/NZS 8811.1:2013. Note: Testing by hand is not advised, rather the method shown in the video or written instructions may be utilised for assessing compliance. <p>Mattresses must not be tilted.</p> <p>Waterproof mattress protectors must be a good fit and not torn.</p> <p>Before placing a baby in a cot, a safety check of the cot and the environment is made (broken parts, hanging cords, soft/bulky items etc). Electric blankets, hot water bottles and wheat bags are never used in cots. (See next section).</p> <p>Cots and mattresses are kept a safe distance from heaters, electrical appliances and any cords from blinds etc.</p> <p>Blinds, curtains, decorative mobiles etc are tied away from cots.</p> <p>Any safety issues must be reported to the Director/Nominated Supervisor or Health and Safety Representative (HSR) immediately.</p>	
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			<p>Cots and mattresses are wiped between uses with USEALL, and clean bedding is put on as per the Hygiene and Infection Control Policy (unless the same baby uses the cot).</p> <p>Each child has their own clean linen that is in good condition (not torn), and machine washed at least weekly and as required, if soiled, and before use by another child.</p>	
<p>Putting Babies to Sleep</p>	<p>SUDI Suffocation Choking Crushing Strangulation Falling out of cot Flat spots on head</p>	<p>High</p>	<p>All permanent educators have ACECQA approved first aid training, including resuscitation.</p> <p>Educators ensure babies are placed on their backs to sleep and at the bottom end of cot as per Sleep and Rest Procedures based on Red Nose Australia recommendations.</p> <p>If a medical condition exists that prevents a baby from being placed on their back, the alternative practice must be confirmed in writing by the child's G.P.</p> <p>Babies under 6 months, NOT observed to repeatedly roll from back to front and back again, are re-positioned onto their back when they roll onto their front/side.</p> <p>Safe sleeping bags (fitted with neck and armholes and no hood) are encouraged.</p> <p>If a baby is wrapped, it is done so safely in line with the procedure in the Sleep and Rest Policy. Educators consider the baby's stage of development, use only lightweight wraps such as cotton/muslin and <u>leave the baby's arms free once the startle reflex disappears at around 3 months of age.</u></p> <p>Wrapping is discontinued when baby can roll from back to tummy to back again (usually at <u>5-6 months</u>).</p> <p>Babies sleep with their head uncovered.</p> <p>Babies head position is alternated to avoid a flat spot developing.</p> <p>The rest and sleep environment and all related equipment is safe and regularly checked in line with the procedures in the Sleep and Rest Policy.</p>	<p>Low</p>

			<p>Cots are made up safely according to the procedure in the Sleep and Rest Policy. The infant is at the foot of the bed, with bedding firmly tucked under the mattress.</p> <p>Layers of lightweight sheets/blankets are used that may be added/removed. No bulky or puffy bedding is permitted in cots. Electric blankets, hot water bottles and wheat bags are never used in cots.</p> <p>No hoods are permitted on clothing and nothing must be around the neck of a sleeping infant/child including bibs or teething necklaces. Pacifiers/dummies that attach to clothing or a cord/string are never used for sleeping infants.</p> <p>Comforters/security blankets are removed as soon as the baby falls asleep. Pacifiers/dummies are not re-inserted if fall out during sleep.</p> <p>Vigilant supervision is required to ensure babies do not overheat and clothing and bedding removed/added to suit the room and body temperature of the baby as per the procedure in the Sleep and Rest Policy.</p> <p>Babies with symptoms of a cold are not given more bedding.</p> <p>Bottle-fed babies are given their bottle before going in the cot and bottles are never permitted in cots.</p> <p>Babies are assisted to settle as required to minimise distress and discomfort.</p> <p>The cot sides are pulled up and secure cot before leaving the room. When an older baby or toddler is observed to be attempting to climb out of the cot, (usually 2-3.5 years of age, but may be as young as 18 months), they are moved out of a cot.</p>	
<p>Room Temperature, Ventilation and Lighting</p>	<p>Overheating/too cold leading to sleep accident or illness.</p> <p>Too dark – unable to check children’s position, temperature, colour and breathing.</p>	<p>High</p>	<p>Educators ensure the temperature of cot rooms is kept comfortable and not overheated – around 20-22 degrees C.</p> <p>All areas for sleep and rest are a comfortable temperature, quiet and well ventilated with adequate natural light for checking infants/children.</p>	<p>Low</p>

<p>Monitoring Babies Sleep</p>	<p>Inadequate supervision leading to sleep accident during sleep, including SIDS.</p>	<p>High</p>	<p><u>The Director/Nominated Supervisor ensures:</u> Supervision ratios during resting periods are at least equal to regulatory requirements.</p> <p>Supervision planning and the placement of educators across the service ensures that educators are able to adequately supervise sleeping and resting children.</p> <p>Adequate supervision entails all babies and children being in sight and hearing distance of an educator at all times. All cot rooms have clear viewing windows and operational baby monitors on while babies are sleeping.</p> <p>The frequency of checks/inspections of babies and children is adapted to reflect the levels of risk identified for each child at the service on enrolment and an on-going basis based on regular communication with families.</p> <p><u>Educators ensure:</u> Babies are checked at least every 10 minutes during their rest period during their rest period.</p> <p>Forms located near each cot room are completed including recording and initialling the times each room was checked.</p> <p>They physically enter the cot room and physically check babies are a good colour, breathing and not overheating.</p> <p>All sleeping and resting infants, and the sleep and rest environment they are in, is closely monitored - the position of each child's body in their cot and their breathing rate, pattern, and skin colour and body temperature is checked.</p> <ul style="list-style-type: none"> • Temperature is checked by feeling the baby's chest or tummy, ensuring it is comfortably warm to touch, noting it is normal for the hands/feet to feel cool. • If a baby is showing signs of heat stress, (irritability, looking unwell, floppy, drier skin, refusing to drink or having fewer wet nappies than usual), some clothing/bedding is removed and their temperature checked to ensure it is not raised due to illness. • If baby or child's face is covered, educators immediately uncover their face. 	<p>Low</p>
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			<p>First Aid Procedure in place for Non-Breathing Infant or Child Educator will:</p> <ul style="list-style-type: none"> • Call for help from a First Aider/Qualified educator • Call for an ambulance • Qualified first aider to attempt resuscitation • Alert Director/Nominated Supervisor who must: <ul style="list-style-type: none"> ○ Contact parents/guardians immediately ○ Contact the ACT Regulatory Authority, CECA, within 24 hours via the NQA IT System. • Director and educators must write a comprehensive Incident/Trauma Report. 	
Unwell Child is Resting	Poor supervision leads to illness or condition deteriorating or sleep accident.	Critical	<p>Safe Resting Procedure is in place for a Child who is unwell.</p> <p>Safe resting and sleeping procedures must be followed depending on the age of the child.</p> <p>When displaying signs of illness, an infant/child must be placed on their backs to rest.</p> <p>If a child is <u>over 6 months old</u> and turns onto their side or stomach during sleep, they will be allowed to find their own sleeping position.</p> <p>Children who are unwell will be given the highest supervision priority and monitored closely using constant vigilant supervision if the child has a high temperature, vomited, or received minor trauma to their head.</p> <p>The parents of children that show symptoms of illness will be contacted to pick up their child/ren within 1 hour and preferably 30 minutes.</p>	Low
Setting up Clean and Comfortable Resting Areas for Toddlers and Preschoolers	Sleep accident or illness	Moderate	<p><u>Educators will:</u></p> <p>Decrease energy in room after lunch and create a soothing atmosphere, e.g., calming music.</p> <p>Ensure the environment is comfortable and relaxing (check temperature, ventilation, lighting, and sound).</p> <p>Lighting is adequate to allow supervision and to check children’s breathing, lip and skin colour.</p>	Low

			<p>Set toddler beds up as per the sleep and rest policy with light, tight fitting, sheets and clear of any potential dangers.</p> <p>Set beds up with enough space between them for educators to walk around, and top to toe, to reduce the chance of children spreading germs when coughing/sneezing.</p> <p>The option to take the children’s portable beds outside under the shade trees or in the tent for rest and sleep is considered if the weather permits. The temperature, ventilation, and safety of the environment is monitored through constant supervision.</p> <p>Ensure all beds and linen are clean and fresh and stored hygienically as per the procedure in the Hygiene and Infection Control Policy.</p> <p>When a bed is shared, ensure it is disinfected between uses and clean linen put on.</p> <p>Check beds safety daily before children are put to bed.</p> <p>Report any safety issues to the Director or Health and Safety Representative (HSR) immediately.</p> <p><u>The Director/Nominated Supervisor will:</u> Ensure beds are checked on a monthly basis by the Heritage Maintenance Person.</p>	
<p>Assisting Toddlers and Preschoolers to Rest</p>	<p>Sleep accident such as strangulation or suffocation or choking.</p>	<p>Moderate</p>	<p>Educators ensure: Children are encouraged to make choices such as choosing to rest or sleep or selecting quiet activities, games or music and assisting with setting up the rest/quiet activities area.</p> <p>Children who choose to rest on a portable bed are dressed safely and comfortably.</p> <p>Shoes, heavy or restrictive outer clothing and items with hoods and cords are removed.</p>	<p>Low</p>

			<p>Children who choose to rest on a portable bed are encouraged to rest on their backs unless otherwise directed in writing by their medical practitioner.</p> <p>Children are allowed to find their own sleep position if they turn over during their sleep. Light bedding is used on portable beds - quilts, duvets, pillows, and lamb's wool are not permitted.</p> <p>Children rest with their face and head uncovered, with tight fitting sheets and are adequately supervised to ensure they do not pull linen over their faces.</p> <p>Strategies to enhance the relaxation of the children are used, such as allowing a comfort toy/blanket (removed if fall asleep) and other safe methods supported by families.</p> <p>Unsettled children who have chosen to rest on a portable bed are comforted and their wishes respected as to whether or not they want to be patted to sleep.</p> <p>There is no expectation that children sleep, rather that they will allow their bodies a chance to relax and un-wind.</p> <p>Toddlers/Preschoolers who have chosen a portable bed rest on their backs with their faces and head uncovered. If they roll during sleep, they are allowed to find their own position.</p>	
Monitoring Toddlers and Preschoolers During Rest	Sleep accident or illness during rest	High	<p>Educators: Monitor sleeping children at least every 10 minutes.</p> <p>Check breathing, skin colour, safety of environment and that children's faces and heads are uncovered.</p>	Low
Outdoor Sleeping and Resting	Sleep accident or illness during rest. Over exposure to sun or cold. Bitten by spider/snake/wildlife Lost child	High	Refer to Outdoor Sleeping Risk Benefit Assessment	Low

Child Protection	Educator or other adult alone with an infant/child commits abuse/neglect.	Moderate	<ul style="list-style-type: none"> Adults will not rest or sleep in the same environment as a child or group of children. Unqualified educators, family volunteers or students will not be left on their own to settle resting children. The premises are designed to facilitate supervision (r115). Cot rooms have a supervision window. As far as practicable, no educator or other adult is left out of sight with a child, unless they are the child's parent/guardian or family member. <p>Children are encouraged to dress and undress themselves and help with making beds appropriate to their developmental abilities with assistance being offered as needed and respectfully in line with the Heritage Professional Standards Interactions with Children Policy.</p>	Low
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Risk Assessment Plan and Review

Risks identified from this risk assessment have been addressed within the Sleep, Rest and Relaxation Policy and Procedures (r84C) as well as other matters required under r84B, including the:

- Number, ages and development stages of children being educated and cared for.
- Sleep and rest needs of children at the service (including specific health care needs, cultural preferences, sleep and rest needs of individual children and requests from families about a child's sleep and rest).
- Suitability of staffing arrangements required to adequately supervise and monitor children during sleep and rest periods.
- Knowledge and training of the staff supervising children during sleep and rest periods.
- Location of the sleep and rest areas, including the arrangement of cots and beds within the sleep and rest areas.
- Safety and suitability of any cots, beds and equipment and having regard to the ages and developmental stages of the children using them.
- Potential hazards in sleep and rest areas or on a child during sleep and rest periods.
- Physical safety and suitability of sleep and rest environments, including temperature, lighting, and ventilation.

Yes / No

Comments:



Next sleep and rest risk assessment to be conducted before ____/_____/_____

*AND as soon as practicable after becoming aware of circumstances that may affect the safety, health or wellbeing of children during sleep and rest.

Risk Assessment Prepared By _____

Signature _____ Date ____/_____/_____

Communicated/distributed to all relevant staff? Yes ____ No ____

OUTDOOR SLEEP ACTIVITY	Benefit Assessment	Possible hazards	Preliminary Risk Assessment	Management of Risks	Children's Voice (photos, video, quotes and observations)	Risk with measures in place	Outcome Benefit/Risk
<p>Toddlers/ Preschoolers choose to Sleep/rest on beds in Tent on front lawn of Heritage entrance</p> <p>Or</p> <p>Choose to rest on beds under trees in Heritage garden</p> <p>Or</p> <p>Rest under the Heritage marquee or trees at base camp On Country.</p>	<p>Common in Scandinavian countries and according to research outdoor sleeping promotes better daytime sleeping, increases the duration of sleep, and may ward off illness.</p> <p>Children more likely to wake up refreshed and rejuvenated, have improved cognitive awareness and alertness.</p>	<p>Missing child - children area outside of the Heritage fence and could possibly run toward the carpark area or road.</p>	Moderate	<p>Children only use the tent area when accompanied a qualified educator.</p> <p>Children that use the tent practice "outside the fence" rules regularly.</p> <p>Children are constantly and vigilantly supervised when sleeping outdoors.</p>		Low	Benefits outweigh risks
	<p>Sounds of outdoors/nature proven to reduce stress levels. Able to relax to sleep listening to the sounds of nature, e.g., the birds.</p>	<p>Bite from snake, spiders, other creatures.</p>	Moderate	<p>Tent door is closed when not in use.</p> <p>Safety checks undertaken to remove any hazards in the tent or the area under the trees or base camp and nearby area prior to allowing children to rest in the tent.</p>		Low	
	<p>Better functioning of body and brain - Higher quality oxygen improves the functioning of the brain and body for better productivity, mobility, recovery and more. Stale inside air laden with carbon dioxide can lead to lethargy and a slower metabolism.</p> <p>Reduced illness - Air conditioning can spread germs and dry up children's sinuses, leaving them open to infection. (One centre reported less than 1 per cent of absentees over winter which they attribute to outdoor napping).</p>	<p>Sleep accident such as SIDS, choking, suffocating, strangulation</p>	Moderate	<p>Outdoor safe sleep procedures are the same as indoor safe sleep procedures and reflect Red Nose Australia guidelines.</p> <p>Children rest on their backs with their face and head uncovered. If they roll during sleep they are allowed to find their own position.</p> <p>Children are not allowed to sleep with hoods or any cords around their necks or bulky bedding.</p> <p>Comforters are removed when they fall asleep.</p> <p>Educators ensure beds, bedding, clothing, and environment are safe and free of potential dangers. Any hazards are reported immediately. Beds and the tent are checked monthly by Maintenance Person as per WHS Policy.</p>		Low	

OUTDOOR SLEEP ACTIVITY	Benefit Assessment	Possible hazards	Preliminary Risk Assessment	Management of Risks	Children's Voice (photos, video, quotes and observations)	Risk with measures in place	Outcome Benefit/Risk
	<p>Improved learning - Children sleep longer, deeper and more serenely when outside, they're more refreshed, rejuvenated and ready to learn when they wake. Their cognitive attentiveness, alertness and awareness are higher compared to napping indoors.</p> <p>Better physical and emotional development - Outside sleeping can increase children's brain, bone and muscular development, along with their social and emotional wellbeing.</p> <p>Natural light exposure. This resets the body clock and adjusts with circadian rhythms. More melatonin produced for a more restful sleep, unlike artificial light which interferes with sleep quality.</p> <p>Increased immunity - Plants give off phytoncides to protect themselves which humans can benefit from lower blood pressure and other health boosters.</p>	<p>Over exposure to heat or cold or smoke</p>	<p>High</p>	<p>Children are constantly and vigilantly supervised when sleeping or resting outdoors and monitored every 10 minutes for temperature, colour and breathing.</p> <p>If a child has recently been ill or doesn't want to sleep outside, they will have the choice to sleep inside.</p> <p>If a child has a medical condition, or other individual needs that affect their individual sleep and rest routine risk assessment, risk minimisation plans will be developed with the family on enrolment and updates made as required.</p> <p>Where toddler beds are utilised, layers of lightweight bedding are utilised that can be removed or added depending on the temperature.</p> <p>Educators check temperature and ventilation of the environment inside the tent. When sleeping in the garden, children sleep in the shade and UV levels are checked so sunscreen can be applied as needed.</p> <p>If there is smoke in the air, e.g. from a bush fire, children will sleep indoors.</p> <p>In times of extreme weather, such as heatwaves, rain, sleet, heavy wind, dust storms and lightening, children will sleep indoors.</p>		<p>Low</p>	<p>Benefits outweigh risks</p>

OUTDOOR SLEEP ACTIVITY	Benefit Assessment	Possible hazards	Preliminary Risk Assessment	Management of Risks	Children's Voice (photos, video, quotes and observations)	Risk with measures in place	Outcome Benefit/Risk
		Illness due to poor hygiene	Moderate	Beds are set up and children rest with enough space between them for educators to walk around and to reduce the chance of children spreading germs when coughing/sneezing. All beds and linen are clean and fresh.			
Baby falls asleep in 4-6 seat pusher on walk Or Baby falls asleep in large swing under tree in Heritage garden	As above for benefits of outdoor sleeping	Sleep accident such as SIDS, choking, suffocating, strangulation	High	<p>Babies will be constantly and vigilantly supervised if they fall asleep in a pusher on a walk and moved to a cot on returning to the service.</p> <p>Pushers are checked for hazards prior to walk by educators and monthly by Maintenance Person as part of WHS checks.</p> <p>Outdoor equipment including the large swing is checked for hazards by educators before children go outside and monthly by the Maintenance Person as part of WHS checks.</p> <p>Where a baby falls asleep in the large swing they will be constantly and vigilantly supervised and safe sleeping practises followed to ensure they stay on their back and have their face and head uncovered at all times, and nothing around their neck including hoods. They will be checked for temperature, colour and breathing every 10 minutes as per Red Nose Guidelines.</p>		Low	Benefits outweigh risks
		Over exposure to heat or cold	High	As above for Toddlers/Preschoolers sleeping in the outdoors.		Low	Benefits outweigh risks

References: <https://aussiechildcarenetwork.com.au/articles/childcare-articles/taking-children-s-sleep-time-outside-in-early-childhood-settings> and [ACECOA Safe Sleeping Guide](#)

Safe Sleep and Rest – Safety Checklist to Support Risk Assessment	YES	NO	Action Required
Does the service have policies and procedures for providing safe sleep practices (Reg. 81) that are reviewed and updated regularly with family and staff involvement?			
Is information regarding the <i>Sleep and Rest Policy</i> , and related procedures available to new families as part of the enrolment induction?			
Is information regarding the <i>Sleep and Rest Policy</i> and related procedures available to new and existing staff through the induction and orientation program and staff handbook?			
Are all staff aware of the Safe Sleep and Rest Practices Procedures?			
Have all staff undertaken current safe sleep practices training?			
Are staff aware they can contact the Red Nose Australia for more information regarding implementation of safe sleep practices?			
Are the Red Nose Australia Safe Sleeping Guidelines displayed in all baby sleep environments?			
Is the environment safe and free from hazards including cigarette and tobacco smoke?			
Do all cots meet the current Australian Standard for Cots (AS/NZS 2172)?			
Do all portable cots meet the current mandatory Australian Standard for children’s portable folding cots, AS/NZS 2195?			
Are areas for sleep and rest well ventilated and have natural lighting?			
Is the supervision window (or similar) kept clear to ensure safe supervision of sleeping infants?			
Are appropriate opportunities to meet each child’s need for sleep, rest and relaxation including providing comfortable spaces away from the main activity area for relaxation and quiet activities provided?			
Are sleeping infants closely monitored and within hearing range?			
Are educators within sight and hearing distance of sleeping and resting children so they can easily monitor an infant/child’s breathing and the colour of their lips and skin while sleeping?			
Do educators ensure children who are sleeping or resting have their face uncovered at all times?			
Is information shared with parents and families about Safe Sleep practices?			
Are families advised to discuss sleep or rest patterns or cultural practices at home to maintain continuity of			

these practices (in accordance with Red Nose Recommendations)?			
Do physical checks of a sleeping child occur at least every 10 minutes?			
Is the <i>Safe Sleep Record</i> completed following each physical check of a sleeping child?			
Do educators respond to children’s individual cues for sleep?			
Are beds/mattresses clean and in good repair and wiped over with warm water and neutral detergent or vinegar solution between each use?			
Is the bed linen clean and in good repair and not shared between children?			
Is the bed linen washed before use by another child?			
Do educators create a relaxing environment for sleeping children by playing relaxation music, reading stories, cultural reflection, dimming lighting, and ensuring children are comfortably clothed?			
Do educators remove any loose clothing (including bibs) that could entangle the child whilst resting?			
Do educators ensure children do not wear amber teething necklaces and bracelets to sleep?			
All hazards that may pose a risk of suffocation, choking, crushing or strangulation to children have been removed from the sleep environment?			
Is there sufficient lighting to allow supervision and to check children’s breathing, lip and skin colour?			
Is adequate supervision and educator ratios maintained throughout the sleep/rest period?			
Do educators follow Red Nose Australia guidelines for Safe Sleep Practices? <ul style="list-style-type: none"> • Babies are placed on their back to sleep Keep baby’s face and head uncovered • Keep baby smoke free Safe sleeping environment 			
Bassinets, hammocks, and prams/strollers are never used for children to sleep in.			
Are mattresses in good, clean condition and comply with Australian Standards AS/NZS Voluntary Standard (AS/NZS 8811.1:2013 Methods of testing infant products –Test for firmness)?			
Is the Emergency Cot labelled and can be easily removed in an event of an emergency?			