

SUDDEN INFANT DEATH SYNDROME AND SAFE AND COMFORTABLE SLEEP/REST POLICY

Policy Statement:

Sleeping infants and young children's safety is a special responsibility for those who care for other people's children. It is therefore important for childcare workers to ensure that children in their care sleep safely at all times and that service policies and procedures reflect evidence-based research.

Aims:

- To educate staff in safe sleeping practices.
- To comply with guidelines set out by Red Nose.
- To meet each child's needs for sleep, rest and relaxation in a safe and caring manner that takes into consideration the preferences and practices of each child's family.
- To prevent the death of a child at St Andrew's Little Saints.

Rationale:

SIDS is short for Sudden Infant Death Syndrome and has previously been known as 'Cot Death'. It means the sudden and unexpected death of a baby or young child from no known cause. SIDS is the most common cause of death in babies between one month and one year of age. There are a variety of ways to reduce the risks of fatal sleeping accidents.

Most children benefit from periods of rest which help them grow and prepare them for meaningful learning experiences. Rest periods are included in all children's daily routine consistent with their developmental needs, including a short period of rest each day for older children.

Educators will take into account families' preferences about the amount of sleep their child has at the service, and will accommodate any requests about their child's sleeping practices where these are not inconsistent with safe sleeping practices discussed in the policy, and meet a child's needs for sleep and rest.

Educators have a legal obligation to ensure children are safe and are offered sleep or rest when they need it. If a child is displaying signs of tiredness, educators must allow the child to sleep or rest for a reasonable period of time. Where families are concerned that children's sleep at the service is impacting night sleep patterns, educators will discuss expected sleep patterns with families based on advice from recognised authorities and adjust a child's sleep time at the service if appropriate. The Nominated Supervisor and educators, however, will make the final decision about the child's sleep and rest at the service to ensure they can meet their obligations. For example, if a resting child falls asleep without assistance in instances where families have requested the child not have naps, educators may allow the child to sleep for a period they believe is in the best interests of the child.

Recreated from original policy: Kristy Barbour & Shon Whyte, 27.6.06

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Strategies/Practices/Procedures:

To reduce the risk of SIDS

- Staff will check on babies every ten minutes while they are sleeping and must sign the sleep chart. Staff must either observe breathing (chest rising), baby moving, or hear breathing.
- Put babies and toddlers on their back to sleep, from birth, not on the tummy or side. Babies under one year of age, wherever they sleep, should be placed on their back to sleep, unless otherwise directed in writing by the child's medical practitioner.
- Babies re-positioned onto their back when they roll onto their front or side if they cannot repeatedly roll from back to front to back (occurs around 5-6 months of age). Babies who can roll back and forth may be left to find their own sleeping position.
- Babies arms to be free once the startle reflex disappears (around 3 months of age).
- Babies should sleep with their faces uncovered. Babies should be placed at the bottom of the cot to prevent them from wriggling down under bedclothes. No quilts, doonas, cot bumpers or lambs wool should be used. Light bedding, such as thermal blankets, should be firmly tucked in at the bottom to prevent them covering the baby's head during sleep. A safe infant sleeping bag with fitted neck and armholes is a good alternative for bedding, however it must not have a hood.
- No bottles will be given to a baby or toddler unless directly supervised by an educator and removed immediately once the child falls asleep or the bottle is empty.
- No bibs on the baby or toddler.
- Babies are not to be left to sleep in a bassinet, hammock, pram or stroller.
- Keep babies smoke free. Infants and young children should not be exposed to cigarette smoke while attending St Andrew's Little Saints.

Safe Sleeping Practices:

Cots

The Approved Provider and Nominated Supervisor will ensure all cots meet Australian Standards and have one of the following labels - AS/NZS 2172:2010 or AS/NZS 2195:2010 (folding cots). For normal cots this means, for example:

- cot mattresses are in good condition, clean, firm, flat and fit the cot base with no more than a 20mm gap between the mattress and the cot sides.
- the distance between slats is at least 50 mm
- cots in the lowest base position, the distance between the top of the mattress base and the top edge of the lowest cot side or end is at least:
 - 600 mm when access is closed
 - 250 mm when access is open
- for cots in the upper base position, the distance between the top of the mattress base and the top edge of the lowest cot side or end is at least:
 - 400 mm when access is closed
 - 250 mm when access is open

The Approved Provider and Nominated Supervisor will also ensure:

- mattress firmness complies with AS/NZS 8811.1:2013 Methods of testing sleep surfaces.
- mattresses are not tilted or elevated
- plastic packaging is removed from new mattresses
- waterproof mattress protectors are strong, not torn and a tight fit
- only mattresses supplied with portable cots are used in those cots, and no additional padding or mattress is added under or over the mattress.

Bedding

Pillows, cot bumpers, quilts, doonas, duvets, lambskins or soft toys should not be used in the cot as they may cover baby's face and make breathing difficult. If babies are wrapped or swaddled, only cotton or muslin wraps should be used and the baby's head should not be covered.

Sleep and Rest Environment

The following should not be used at St Andrew's Little Saints.

- An unsupervised adult bed. This can be unsafe for babies and toddlers and increases the risk of sleeping accidents if the infant gets caught in between adult bedding or pillows, trapped between the wall and the bed or falls out of the bed.
- Soft sleeping places where a toddler or baby's face may become covered such as a pillow, a tri-pillow, waterbed or beanbag.
- Dangling cords or string including mobiles should be moved out of the infants reach, as these may get caught around their neck.
- Heaters and electrical appliances should be kept well away from the cot to avoid the risk of overheating, burns or electrocution.
- Electric blankets, hot water bottles or wheat bags for babies and young children should not be used. A baby who becomes too hot has an increased risk of SIDS.
- Restraints that are not done up. When baby is in pram, stroller or bouncer or any other baby/toddler equipment the restraints should be done up correctly, it can be dangerous if baby becomes tangled in loose restraints.

Amber Teething Necklaces and Bracelets

Based on Australian Government product safety warnings, we do not allow children to wear amber teething necklaces or bracelets at our service. This is to minimise the risk they may choke on the beads if the necklaces or bracelets break apart.

Over 2s

- When placing beds out for sleep/rest time, beds must be far apart from each other to ensure the linen is not touching and enough space for staff to walk and sit around each bed.
- The children are not to be placed in one small space in the room, rather they should be spread out across the whole room.

Family Requests to Keep Children Awake

Research shows that if children are sleep deprived many things can be affected such as:

- behaviour – symptoms similar to ADHD
- emotion
- concentration
- creativity
- problem solving
- motor coordination
- health
- weight
- learning.

Average Sleep Needs by Age	
Newborn to 2 months old	12 - 18 hrs
3 months to 1 year old	14 - 15 hrs
1 to 3 years old	12 - 14 hrs
3 to 5 years old	11 - 13 hrs
5 to 12 years old	10 - 11 hrs
12 to 18 years old	8.5 - 10 hrs
Adults (18+)	7.5 - 9 hrs

Due to the detrimental effects that sleep deprivation can have on young children, the following will be observed by staff and parents.

- The first stage of sleep (light sleep) last between 10 and 25 minutes therefore children will be allowed to sleep at least half an hour. If children are visibly tired, staff will not keep children awake and will allow them to have a short half hour nap before waking them.
- We respect that if some children sleep during the day, it may be difficult for them to fall asleep at night time. For this reason, upon parental request we will endeavour to keep children awake, however should they display signs of being very tired, they will be allowed to have a sleep and staff will attempt to wake the child after half an hour.
- All sleeping patterns will be recorded daily for families.

Measuring Tools:

Sleep check chart
Safe Sleeping Checklist

Sources:

Education and Care Services National Law and Regulations
Early Years Learning Framework
Workplace Health and Safety Act 2011
Work Health and Safety Regulations 2011
Standards Australia: AS/NZS 2172:2010, Cots for household use – safety requirements
Standards Australia: AS/NZS 2195:2010, Folding cots – safety requirements
Red Nose <https://rednose.com.au/>
NHMRC: Staying Healthy preventing infectious diseases in early childhood education and care services
Product Safety Australia
Australian Centre for Education in sleep
How much sleep do you need? Retrieved from Helpguide.org. Authors: Melinda Smith, M.A., Lawrence Robinson, and Robert Segal, M.A. Last updated: October 2014
National Sleep Foundation
Sleep Deprivation, Psychosis & Mental Efficiency (Stanley Coren PhD)
Department of Education & Early Childhood Development. Victorian Government
Safe sleeping guidelines and SIDS (www.bubhub.com.au)

Links to Other Policies:

Maintenance of Building and Equipment Policy