# **Corporate Policy**

Policy:	PSK2.13 Sleep & Rest Policy	Version no.:	2.4
Quality area:	Quality Area 2: Children's Health and Safety	Date approved:	Nov 2023
Scope of policy:	Preschools	Next review:	September 2025
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# **Policy statement**

To ensure the needs for sleep and rest of children being educated and cared for are safely met, having regard to the ages, developmental stages and individual needs of the children.

## **Policy**

The sleeping/resting needs of children at the Preschool vary.

Staff will implement sleeping or resting routines in consultation with parents/guardians and children to best meet the needs of all children. Opportunity for rest or quiet time will be provided.

Our approach to supporting and promoting safe sleep practices is informed by current recognised guidelines and up-to-date information. Educators/Staff will at all times meet the Education and Care Services National Regulations and follow the Red Nose recommendations (recognised National authority) to ensure safe sleep and rest practices.

#### **Educators:**

- Must know and understand this service policy, as well as being provided with the relevant Red Nose best practice guidance and viewing the Red Nose Safe Sleep Workshop video.
- Will have regular and open communication with parents to ensure they are aware of any history of respiratory illness or recent illnesses.
- Ensure that bedding is arranged to prevent cross infection.
- Allow easy access and exit of children and staff.
- Ensure that the sleep/rest area is adequately ventilated and has natural light.
- A quiet place should be designated for rest and sleep, away from interactive groups. If designated for rest, the space should allow for a calm play experience.
- Children's sleep and rest environments should be free from cigarette or tobacco smoke.
- Sleep and rest environments and equipment should be safe and free from hazards, including unnecessary furniture that could cause an injury.
- Will ensure children's clothing is appropriate and no loose aspects of the clothing can entangle the child (including, but not limited to, bibs and necklaces).
- Supervision planning and the placement of educators across a service should ensure educators
  are within sight and hearing distance of the children, and able to adequately supervise sleeping
  and resting children.
- Educators should actively and closely monitor sleeping and resting children and the sleep and rest
  environments. This involves checking/inspecting sleeping children at regular intervals (10
  minutes), and ensuring they are always within sight and hearing distance of sleeping and resting
  children. A monitoring sheet is used to monitor those children who fall asleep.

#### Service:

- To ensure that educators are equipped with the knowledge, skills and awareness to keep children safe through supporting continual education and training, as per Child Safe Standards- Standard 7.
- Complete a Risk Assessment, and yearly review, to ensure best practice guidelines are being followed.



Educators/staff aim to ensure sleep and rest routines are positive experiences. This is achieved by encouraging children to bring a favourite toy or other comforters, familiar bedding, as well as the use of soft music. Educators/staff interactions also facilitate a positive atmosphere. Educators/staff will also provide feedback about your child's sleep or rest patterns, as required.

Educators/staff will not force a child to sleep nor will they deprive a child who is tired, from sleeping.

Educators will consult and support cultural sleep requests or requirements as long as it still meets child safe standard practice.

Educators will consult and support Aboriginal and Torres Strait Islander sleep requests or requirements as long as it still meets child safe standard practice.

Provision is made for children who do not sleep, to engage in quiet activities such as looking at books, puzzles, and audio books.

Beds will be appropriately cleaned after each use.

Parents provide bedding for their child and this is to be washed each term or more often if visibly dirty.

Child safety is our first priority. Educators can confidently refer to the Sleep and Rest Policy, as well as the recommendations from the national authority, if families make requests that are contrary to best practice and increase risk to children.

All Educators will become familiar with the current 'Sleep and Rest Risk Assessment' and ensure it is adhered to at all times.

#### Safe resting practices for preschool children (3-5yrs)

- Preschool children will be encouraged to lay on their back to rest. If they turn over during their sleep, allow them to find their own sleeping position but always ask them to lay on their back when first placing them to rest.
- At no time will a pre-schooler's face be covered with bed linen when they are sleeping.
- Light bedding is the preferred option.

#### Supervision of resting children

- Educators/staff each have a duty of care to ensure children are provided with a high level of safety when sleeping and resting.
- All children who are resting will be adequately supervised by educators ensuring ratios are upheld at all times.
- All children who have fallen asleep in the service will be monitored regularly (every 10 minutes) with specific attention to breathing patterns and the colour of the child's lips and skin tone. Staff will complete a monitoring log during supervision.
- Adequate supervision, as outlined by the NSW Department of Education and Red Nose, includes:
  - -checking that the child is breathing by checking the rise and fall of the child's chest from the side of the bed



- -checking the colour of the child's lips and skin colour from the side of the bed
- -physical checks should occur at least every 10 minutes.

## **Statutory Legislation & Considerations**

Education and Care Services National Regulations 2018 Part 4.2 (81), Division 2 (168) Education and Care Services National Law Act 2010

# **Links to National Quality Standard**

National Quality Area	2 Children's Health and Safety			
Area 5 Relationships with Children				
2.1.1	Each child's wellbeing and comfort is provided for including opportunities to meet each child's need for sleep, rest, relaxation.			
5.1	Respectful and equitable relationships are maintained with each child			
5.1.2	The Dignity and rights of every child due maintained			

#### **Child Safe Standards**

Standard 1	Child safety is embedded in organisational leadership, governance and culture.
Standard 3	Families and communities are informed and involved.
Standard 5	People working with children are suitable and supported.
Standard 7	Staff are equipped with the knowledge, skills and awareness to keep children safe through continual education and training.
Standard 10	Policies and procedures document how the organisation in child safe.

#### **Sources**

**Education and Care Services National Regulation 2018** 

National Quality Standards 2018

ACECQ <a href="https://www.acecqa.gov.au/resources/supporting-materials/infosheet/safe-sleep-and-rest-practices">https://www.acecqa.gov.au/resources/supporting-materials/infosheet/safe-sleep-and-rest-practices</a>

Rednose organisation; rednose.com.au 1300 998 698

NSW Department of Education <a href="https://education.nsw.gov.au/early-childhood-education/whats-happening-in-the-early-childhood-education-sector/resource-library/safe-sleep-red-nose">https://education.nsw.gov.au/early-childhood-education/whats-happening-in-the-early-childhood-education-sector/resource-library/safe-sleep-red-nose</a>

Raising Children website www.raisingchildren.net.au

NSW Health <a href="https://www.health.nsw.gov.au/kidsfamilies/MCFhealth/maternity/Pages/safe-sleep.aspx">https://www.health.nsw.gov.au/kidsfamilies/MCFhealth/maternity/Pages/safe-sleep.aspx</a>

Procedure guidelines for early childhood education and care services

https://education.nsw.gov.au/content/dam/main-education/early-childhood-education/operating-an-early-childhood-education-service/media/documents/policy-and-procedure-guidance/sleep-and-rest-for-children-procedure-guidelines-for-ecec-services.pdf

# Appendix: Sleep and Rest Risk Assessment

The following risk assessment is to be completed annually, or as soon as any new risks or issues occur with the 12 month period. Any identified risks and their management approach need to be updated in the Sleep and Rest policy to reflect the outcome of this risk assessment. Note: Bassinets are not allowed to be on premises when children are being educated ad cared for.

Date of assessment: 29 <sup>th</sup> September 2023	Completed by: Katherine Saunders
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# Sleep and rest environments (you may want to do an assessment per sleep/rest area if they are quite different to suitably assess the risks in each space)

Areas to consider	Identified issues	Potential outcomes	Risk management approach	Risk Assessment (Use Matrix)
Air quality, ventilation, temperature	The child overheating whilst sleeping or resting (hyperthermia). The child becoming cold whilst sleeping or resting (hypothermia). Dust, pollen, smoke, other environmental air pollutants.	Increase in temperature, resulting in illness, febrile convulsion or death.  Decrease in temperature, resulting in severe illness.  Breathing difficulties, respiratory illnesses.	Educators monitor the position of blankets/sheets and ensure children's faces are not covered. Children who use thick/heavy blankets are encouraged to lay on top of the blanket on warm days, rather than underneath, to regulate temperature. Beds are not placed in direct flow of air conditioner or heater. Room temperature is monitored- windows are opened, fans turned on, and/or air conditioner used. If the external air quality is poor, windows will be closed and the air purifier will be turned on. Policies and procedures are reviewed regularly to ensure best practice guidelines are followed.	High
Lighting and ability to supervise well with visibility	Not being able to observe changes to children's physical appearance, or breathing patterns.  Movement around the children and the beds-	Not observing a change to the child's breathing or appearance which can result in severe illness or death.  Severe injury to educator or child if a fall or trip occurs.	The room is never in full darkness. Venetian blinds allow for some natural light to still enter the room, or half up/half down blinds. If natural light is gloomy and not providing a good source of light, a small, single light can be utilised to provide lighting. A clear path is always maintained to	High



Quality of	tripping or falling over beds, stepping on children.  Injuries resulting from poor quality beds- children not	Strained muscles, injuries, illnesses resulting from poor quality	ensure educators and children can move around safely. Policies and procedures are reviewed regularly to ensure best practice guidelines are followed. Beds are monitored regularly for faults. Repairs are carried out, if possible. Beds are replaced if repairs	Moderate
bedding and beds/cots	laying straight due to twisted poles, falling through the material if poorly secured.	bedding.	do not improve the quality. Policies and procedures are reviewed regularly to ensure best practice guidelines are followed.	
Hygiene practices e.g. cleaning, cross contamination, topping and tailing beds	Cross contamination between bed surfaces, and bedding. Scalding occurring from boiling water used for cleaning. Detergent/disinfectant spills and ingestion.	Illnesses being spread from bed surface and bedding cross contamination.	Beds are cleaned regularly, using a mix of warm water and detergent or disinfectant; or disinfectant aerosol spray. Bucket is filled behind a locked gate, and cold water added before carrying through the play room to the bathroom. Staff are made aware of this procedure during their induction. Families are asked to provide a blanket/sheet and a pillowcase. The pillow case is used to store the blanket/sheet to avoid cross contamination. Policies and procedures are reviewed regularly to ensure best practice guidelines are followed.	Moderate
Placement and location of sleep/rest areas including level of noise and access	Furniture blocking access to beds. Staff not being present in the room while children are sleeping.	Injury or death resulting from poor supervision.	Beds are always placed in accessible areas of the preschool room. On-site staff are always above ratio during rest time to ensure proper supervision. If the group is taken outside to play, at least 2 staff remain indoors with sleeping children.  Policies and procedures are reviewed regularly to ensure best practice guidelines are followed.	High
Supervision				
Areas to consider	Identified issues	Potential outcomes	Risk management approach	Risk Assessment (Use Matrix)



carried stop b	pervision checks are not ed out, the children may	Inadequate supervision checks	A supervision shouldist is sompleted at all rest	
	breathing and become nscious.	could result in severe illness or death.	A supervision checklist is completed at all rest times, checking for breathing and blue lips as recommended by Red Nose Australia. All staff are aware of supervision check procedures. Induction for new staff includes a debrief of the procedures, and where the supervision checks folder can be located, as well as time to complete the Red Nose eLearning session. Policies and procedures are reviewed regularly to ensure best practice guidelines are followed.	High
Supervision expectations e.g. who, what to document	equate supervision.	Inadequate supervision could result in Illness, injury or death.	All staff participate in eLearning to ensure an understanding and knowledge of adequate supervision. Director/Educational Leader has explained what needs to be documented to all staff. Staff communicate to ensure ratio is covered at all times. Policies and procedures are reviewed regularly to ensure best practice guidelines are followed.	High



Areas to consider	Identified issues	Potential outcomes	Risk management approach	Risk Assessment (Use Matrix)
Sleep disorders or illnesses that may present during sleep and rest. Cultural considerations. Allergies to cleaning materials. health/ cultural/ hygiene/ physical needs		Injury, illness or death of a child can result from a sleep disorder or issue, similarly with an allergic reaction to cleaning materials.	Families are asked in the enrolment process for children's medical history and ongoing medical concerns, cultural considerations, and personal needs. Families are made aware of sleep and rest processes in the preschool. Open and ongoing communication with parents/carers provides insight into sleeping patterns and sleep-based issues for staff. Staff are encouraged to complete Safe Sleep etraining to develop their awareness of sleep issues. Policies and procedures are reviewed regularly to ensure best practice guidelines are followed.	Moderate
Working wit	h families			
Areas to consider	Identified issues	Potential outcomes	Risk management approach	Risk Assessment (Use Matrix)
Gathering information about home sleep practices	Lack of or mis-information shared between families and educators.	If information is lacking or misinformation is shared, there may be an increased risk of a sleep-related issue.	Families are offered multiple ways of sharing information, both upon enrolment and throughout their enrolment. Parents/carers are asked for any medical or cultural information or considerations when completing their child's enrolment form. Parents are provided with opportunities to update their enrolment details, as well as sharing information through feedback forms, goals and interest's surveys, etc. Educators regularly engage in conversation with parents/carers to remain aware of children's sleep patterns and issues.	Moderate



Sharing information on safe sleep practices with families	Lack of sharing information and resources with families.	Parent/carers misunderstar about preschool policies an procedures. Parents/carers unaware of safe sleep prace	ıd	Safe sleep practices are shared upon enrolment through the preschool family handbook. Staff participate in professional development, when available, to remain up to date with best practice guidance and relevant resources that can be shared with parents. Staff engage in regular conversation with families, sharing information about their child's sleeping patterns or issues at preschool.	Low
Date of next assessment: September 2024		Date of p	oolicy review in line with changes: September 2025		

#### RISK MATRIX

A risk matrix is a useful tool to use during the risk assessment process. It helps in identifying the level of risk by looking at the likelihood that a negative event may occur, and the severity of the consequence should it occur.

The Guide to the NQF defines likelihood and consequences in a risk matrix in Section 5: Regulatory Authority power,

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			



# Risk Assessment: The Shepherd Centre- Sleep and Rest time.

Potential Hazard	Who is at Risk?	Control Measures	Risk Rating	Preventative Measures	Responsibilities
Children on Stretcher beds. Children could choke on bedding or an item near them or on them.  Children with a medical issue related to raspatory or other Children may develop SIDS	Children	Educators to be spread around room for supervision     Educator to child ratios is maintained     Educators to be spread around room for supervision     Educator to child ratios is maintained	M	The team to scan the children for any potential choke hazards on or near a child.  The team to be aware of individual children's medical needs and learn more about sleeping and rest needs from families. The team to learn more about pre-schooler SIDs from some training and Red Nose resources.	All educators at rest time.  All educators at rest time.
				New staff will be inducted and given relevant information about children's health and safety.	