

# Safe Sleep Policy

Askea Community Childcare Centre will ensure that safe and suitable sleeping arrangements are provided for children attending the service and that all staff implement best practice guidelines in managing children's rest and /or sleep time in order to ensure the safety and wellbeing of all children.

## Principle of Safe Sleep Policy

This policy is underpinned by the Childcare Act 1991 [Early Years Services] Regulations 2016 Our Duty to Care 2002 and Children First National Guidelines for the Protection & Welfare of Children.

### Rationale

Sleep is important for young children and it directly impacts on their wellbeing and development. Safe sleep is important for all children. In addition, adults caring for babies need to be aware of the risks of sudden unexpected death in infancy, commonly known as cot death, and what they need to do to reduce those risks.

Having a safe rest/sleep policy:

- Helps to protect children and reduce risks.
- Helps to inform as well as reassure parents/guardians that the service will only implement procedures which are recommended in best practice guidelines.
- Gives clear guidance to all staff team members including new or trainee staff members, those who are providing emergency cover or those on work experience.
- Provides a clear plan of action in the event of a baby being found to be unresponsive or to have stopped breathing within the service.

### Legislation and regulatory requirements

- Having a clear, written policy and procedure on Safe Sleep is a requirement under Regulation 10 of the Child Care Act 1991 (Early Years Services) Regulations 2016
- Providing for safe sleep is also included under Regulation 19 Health, Welfare and Development of the Child; Regulation 20 Facilities for Rest and Play; Regulation 23 Health, Safety and Welfare of the Child; Regulation 27 Supervision, Regulation 29 Premises.

The purpose of this policy is to ensure that:

- Children, according to their individual needs, are able to rest and/or sleep safely and comfortably with access to appropriate rest and/or sleep facilities.
- Parents/guardians can be assured that their child will have access, at any time, to a cot or child bed/mat (appropriate for their age), in a clean, safe and appropriately supervised sleep area which is free of risks and hazards.
- Parents /guardians can be assured that, if any incident arises in relation to the wellbeing of their child while they are sleeping, all appropriate measures will be taken by the service to protect their child and to notify them at the earliest possible time.
- All staff team members know their roles and responsibilities and have the clarity they need to ensure that all children's needs for safe and comfortable rest and/or sleep are met according to best practice guidelines.

- Staff have absolute clarity on their roles and responsibilities in relation to supervising and ensuring children’s safety while they rest or sleep and also on what they must do should any child be found to be unresponsive or not breathing.
- All necessary and appropriate safety measures and procedures are clearly outlined in the policy and procedures.

### Definitions/Glossary

<b>SIDS</b>	Sudden Infant Death Syndrome or <b>SUDI</b> Sudden Unexpected Death in Infancy (commonly referred to as <b>Cot Death</b> ) is the sudden death of an infant or young child which is unexpected by history and in which a thorough post mortem examination fails to demonstrate an adequate cause for death.
<b>First Light</b>	Formerly Irish Sudden Infant Death Association (ISIDA) provides support and information and promotes research into the sudden, unexpected and often unexplained death of a child.

### Policy Statement

All children are provided with clean, safe and comfortable rest and/or sleep facilities. We work in partnership with parents/guardians in relation to their child’s sleep needs and patterns as much as possible.

All children under 2 years have access to a cot. Children aged 2–3 years are provided with stackable beds or stackable mats and each child’s individual need for sleep or rest is facilitated appropriately. All cots and beds for children conform to recognised safety standards.

Procedures and rotas are in place for supervising and regularly checking sleeping children. The sleep rooms are kept clean, calm, quiet and comfortable so that children can relax, rest and sleep.

The recommended best practice guidance from First Light (formerly Irish Sudden Infant Death Association (ISIDA) and Safe Sleep for your Baby – Reduce the Risk of Cot Death (HSE 2017) is followed at all times. In the event that a child is found unresponsive and/or not breathing staff members will follow the First Aid procedures they have been taught.

Where a parent/guardian requests a sleep routine for their child that does not meet with good practice guidelines (for example, requesting that their child be denied sleep for the day; that they be put to sleep with a feeding bottle; that the child be put to sleep in a buggy or travel seat) the service remains responsible for our own practice. We will be happy to discuss with parents/guardians why any such practice cannot be implemented. In all decision-making the child’s best interests come first.

As well as safe sleep provision, all children will be provided with opportunities to have quiet or rest periods, within the daily curriculum/program me, to meet their individual needs throughout the session/day.

# Procedures for Safe Sleep

When a parent/guardian requests a specific sleep routine for their child, two key questions must be considered:

- Is it safe?
- Would it cause distress to the child?

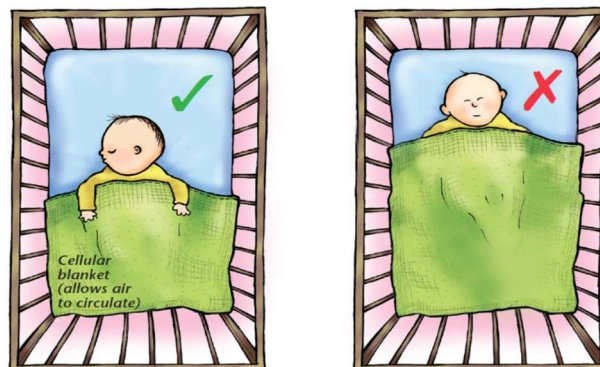
If these questions cannot be answered satisfactorily, then a parent/guardian will be informed that the service cannot comply with their request and an explanation given or guidance sought from a qualified professional such as a Public Health Nurse.

## Sleeping position

When a child is placed in their cot to sleep, the following applies:

- Place the child on their back with their feet at the foot of the cot.
- Tuck bedclothes in securely below the child's shoulders.
- Childs' clothes should be loose and light.
- **NO** bibs, bottles, toys, quilts, pillows or cot bumpers should be in the cot.
- Childrens' heads must **not** be covered.
- No strings or cords must be attached to soothers.
- 1 child per cot/bed

This applies even if the child arrives at the setting asleep in equipment not designed for sleeping such as a car seat, baby carrier or buggy.



Sleep positioners are prohibited.

When a child is able to roll from back to front and back again they will be allowed find their own position to sleep. However, they will still be placed on their back at the start of sleep time, near the foot of the cot with the covers below the shoulders.

Bottles must never be propped at any time, including during sleep positioning.

## **Sleep environment**

### **Ventilation**

Ensure that the sleep room is adequately ventilated (either naturally or mechanically) but do not position a cot below a window or adjacent to a radiator.

### **Lighting and visibility**

Control lighting in the sleep room with curtains/blinds and soft lighting so that the atmosphere is conducive to sleep but there is adequate visibility for supervision.

A viewing panel to the sleep room must never be covered.

### **Sleep area temperature**

The sleep area must be maintained at between 16°C and 20°C. A thermometer is provided to monitor the temperature.

Children must not be allowed to get too hot. To check how warm a child is, feel the child's tummy. A child's tummy should feel warm, but not too hot. If a child's tummy feels hot, or if the child is sweating anywhere, they are too warm. Hands and feet often feel cool, but this is normal, and does not mean a child needs more clothes.

Children under 2 years do not need any more than a nappy, vest and light clothing to sleep in. In hot weather they may need less.

Bedding depends on the room temperature. If a child seems hot, take some of the blankets off, if they seem cold, add an extra layer. Use lightweight cellular blankets that you can add to and take away.

Ensure that cots are not elevated and that no pillows are used for children up to the age of 2 years.

### **Soothers**

Soothers must not have any string, cord or clips attached.

They must be stored in separate clean containers labelled with each child's name when not in use.

Always ensure that soothers used are the right size for the age of the child and in good condition.

Soothers decorated with beads, gems or other such decorations are prohibited.

### **Supervision**

The sleep room light should be dimmed to create a calm atmosphere while allowing enough light for adequate supervision.

**Children in the sleep room must be within sight or hearing of at least one staff member at all times, especially when staff members are actively engaged with children who are awake.**

The Childcare Manager is responsible for the sleep monitoring rota.

The rota will clearly identify:

- which staff member is responsible for the sleep room/area
- who will check the sleep room to ensure all risk controls are implemented
- who will check the children
- how often they will be checked
- who is responsible for completing the sleep log for each child

- who is responsible for bed linen changes and recording changes.

**Checks must be made of each sleeping child in the room, in person, at least every 10 minutes.**

A sleep log for each child is maintained. This records when physical checks of each of the sleeping children are made. This record is kept beside the sleep room and retained on file for 2 years.

It will record:

- the time of the check
- the child's position
- any change in the child's normal breathing pattern
- any change in the child's normal skin colour
- ensuring the child's head is uncovered
- the room temperature
- the name of the person who checked the child.

An adult will need to remain in the sleep room in certain circumstances, for example, if one or more children is unsettled; 6 children or more are sleeping or resting in the sleep room; or if the sleep room is not adjacent to the room the adults are otherwise in or to the play area.

Use of the viewing panel, the sound monitor and/or CCTV for monitoring is only useful in detecting if a child is upset or crying between the 10 minute checks or for security. This must **not** be used as a substitute for physically monitoring sleeping children as it will not identify a child whose colour has changed or who has stopped breathing.

This procedure for monitoring will be displayed beside the sleep area.

Each child's Key Educator is responsible for sharing information with the child's parents or guardians or providing the information to another staff member if the Key Educator will not be available to do so in person.

The relevant adult /child ratio outlined in the Early Years Regulations 2016 will be adhered to at all times.

### **Cots/beds/sleep mats**

An adequate number of safe cots and child beds are provided to ensure that all children have access to a suitable cot or bed as appropriate for their needs. Documentary evidence that our beds meet the required safety standards is maintained on file. This can be found in our Fire Safety Folder in the Manager's office.

There are cots for  $\frac{2}{3}$  of the children aged 12–18 months and enough cots for  $\frac{1}{2}$  of the children aged 18 months – 2 years. Children aged 2–3 years are each provided with individual stackable beds/sleep mats and blankets.

## Equipment prohibited for sleeping children

The following are not suitable for sleeping children under 2 years:

- Travel cots/portable cribs
- Pillows, cushions or beanbags
- Sofa or chair
- Car seats
- Buggies
- Infant carriers.

Children over 2 years may be offered a pillow for use at sleep time.

## Health and Safety

### Hygiene (See Health and Safety Policy)

Individual bed linen is provided for each child – it is hygienic, easily accessed, labelled for each child and reserved for that child's sole use.

Each child's bed linen is laundered weekly and when soiled, or during days where an illness of a child, within the room, has been identified.

Separate storage is provided for clean linen and linen that is due for washing. Clean and dirty linen is always kept separate.

### Position of cots

Ensure that no cot is adjacent to a heater, a window or a door, to curtains or anything that may help a child to climb out, or to any blind cords or other cords. All blind cords are anchored.

### Safety of cots and child beds

Cots are maintained in a proper state of repair; are in good condition; are of good design; are solid and stable and have a recognised safety standard. The mattresses are clean, firm and the correct size for the cot, well fitting, with a gap from the sides of the cot of less than 2.5cm. Each mattress is covered with waterproof material, easy to clean and disinfect and has a removable and washable cover.

Ensure that no cords or strings of any kind (including those attached to things such as toys or nappy bags) are in or near cots.

Ensure there is enough space between each cot/bed/mat to allow easy access to and around each one.

All beds must be used in the intended manner. Cots must be checked to ensure that the sides are up and secured in place.

Baby monitors must not be placed in cots.

Where there are children who climb out of cots, an individual risk assessment for each of those children will need to be carried out. A floor bed or mat may be safer.

Bed guards are prohibited.

### **Children who fall asleep outdoors**

Procedures for children **under two years** who fall asleep outdoors are the same as those for indoor safe sleep procedures, and must have their sleep facilitated indoors.

Children **over two years** must be provided with a facility which supports their individual needs for sleep and rest.

The sleep/rest area must have shelter from the elements. It should be comfortable and conducive to sleep. There should be suitable bedding to ensure children are warm and comfortable and sleep and rest areas should be quiet during sleep and rest times.

Attention should be given to ensuring that any bright light can be blocked out and children do not sleep in direct sunlight, the sleep area should be shaded to support children to sleep comfortably.

Sleep checks (page 5) will apply.

Children will be provided with a bed indoors with supervision whenever possible. The outdoor intercom will be used to enable the summoning of assistance if necessary and is located at the Playground 2 entrance door to building.

### **Dealing with emergencies**

In the event of finding a child who appears to be unresponsive and breathing or not breathing the staff member trained in emergency First Aid Response will respond immediately and appropriately.

1. Check that the scene is safe
2. Check whether the child is responsive
3. Open the airway
4. Check for breathing
5. Call out for help/call 112 or 999
6. Follow the protocols for Unresponsive Child or Cardio Pulmonary Resuscitation as trained.
  
7. The Childcare Manager or the person who is in charge at that time notifies the child's parents/guardians as soon as possible of the current situation.
8. The person who found the child and has been resuscitating the child gives a detailed account of events to the Paramedics on their arrival.
9. Staff follow the direction of the Paramedics.
10. The Childcare Manager or person in charge ensures that parents have been informed.
11. The scene is to be left as it is. An Garda Síochána may need to investigate.
12. Families of the other children may need to be notified of the incident by the Childcare Manager.
13. Staff support is essential following any such incident.

### **Record and record keeping**

All records relating to safe sleep and any incidents are stored safely.

### **Communication Plan *[For staff & families]***

All staff members will receive induction training on this Safe Rest/Sleep policy. This includes precautions to be taken to prevent Sudden Infant Death,

In Pediatric First Aid training/First Aid Responder training the staff team staff will be given guidelines on what to do in the event of a child being found to be unresponsive and breathing/not breathing and a step-by-step guide to resuscitation of a child who is not breathing

Parents/guardians are also made aware of the Safe Rest/Sleep policy and are involved in decisions relating to meeting their child's individual needs.

A copy of all policies will be available during all hours of operation to staff members in the Policy Folder located in the Childcare Managers Office and parents/guardians in the Policy Folder located in Reception.

Parents/guardians may receive a copy of the policy at any time upon request.

Parents/guardians and all members of the staff team will receive notification of any updates to this policy.

#### **Related Policies, Procedures and Forms *required under the Early Years Regulations 2016.***

- Safety Statement
- Accidents and Incidents Policy
- Key Educator Policy
- Partnership with Parents Policy
- Sleep Monitoring Rota template
- Individual Child Sleep Monitoring Record Form.

#### **References/Supporting Documents/Related Legislation**

- Child Care Act 1991 (Early Years Services) Regulations 2016
- Tusla: Quality and Regulatory Framework
- HSE Safe Sleep for Your Baby: Reduce the Risk of Cot Death 2016
- Safe Sleep for Under 2's Monaghan, Cavan and Louth County Childcare Committees
- Reduce the Risks of Cot Death: Early Years Safe Sleeping Guide For Childminders, Foster Carers or a Nursery Setting Scottish Cot Death Trust, 2017
- First Light (formerly Irish Sudden Infant Death Association (ISIDA))
- Tusla: EYI Guidance for providers of EY services operating outdoors

#### **Who Must Observe This Policy**

This policy must be observed by all Managers and all staff members.