

## Background

The quality and quantity of sleep impacts an infant's health, wellbeing, learning and behaviour. The importance of supporting early sleep routines is highlighted in the National Quality Standard, *"Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation"* (Quality Area 2, Element 2.1.1).

At C&K, infant sleep and rest routines and practices are responsive to the needs and rhythms of individual children **AND** consistent with current/evidence based health and safety guidelines of Rednose Australia, the Sleep Learning for Early Childhood Professionals (University of Queensland - Research Fellow Dr Sally Staton) and the Education and Care Services National Regulations (84A, 84B, 84C). Implementing regulatory requirements and current health and safety guidelines support healthy sleep routines and reduce the risk of Sudden and Unexpected Death in Infancy, Sudden Infant Death Syndrome and other sleep injuries and incidents.

## Responsive routines, rituals and practices

Teachers and educators will:

### Communication and partnerships with parents/guardians

- Upon and throughout a child's enrolment, establish and maintain open and regular communication and genuine partnerships with parents/guardians to create sleep and rest routines and rituals that are familiar to those routines and rituals practised at home.
- Throughout a child's enrolment, share and discuss with parents/guardians changes to their infant's sleep and rest needs and routines, including any health care need that may impact sleep and rest. When relevant and required, share relevant details of details with the centre Director/Nominated Supervisor and assist in the review of the centre's Infant Sleep and Rest Routine Risk Assessment.
- At and throughout a child's enrolment, outline this procedure and the centre's Infant Sleep and Rest Risk Assessment with parents/guardians. Respectfully explain:
  - The health and safety guidelines detailed in the procedure and risk assessment must be consistently implemented.
  - That any parent/guardian request that contradict health and safety guidelines detailed in the procedure must not be implemented **UNLESS** an infant has a diagnosed medical condition **AND** the infant's registered medical practitioner has provided written authorisation (including their name, signature and date). When this circumstance occurs, additional control measures must be documented and implemented via the centre's Infant Sleep and Rest Risk Assessment.
- Provide parents/guardians with a written record of their infant's daily sleep and sleep routines by completing the Infant Sleep and Rest Record (Regulation 84B (e)(ii)).

### Routines, rituals and environments

- Be responsive to individual sleep and rest needs, routines and rituals. In practice this means:
  - Reviewing and responding to the information provided by parents/guardians in Enrolment Booklets/Online Forms about their infant's sleep and rest needs.
  - Understanding that some infants may not need to sleep whilst attending a centre.
  - Recognising and understanding individual sleep and rest needs, routines and rituals vary from infant to infant and change over time and across developmental stages.
  - Establishing flexible routines that enable individual infants to sleep, rest and relax at different times of the day.
  - Being respectful of parent/guardian requests and preferences regarding their infant's sleep and rest needs; including consideration of cultural preferences.
  - Considering the needs and preferences of infants and their parents/guardians when deciding on the placement, arrangement and nomination of cots e.g. placing an infant to sleep in the same cot in the same location.
- Create predictable sleep and rest routines and rituals by embedding rituals and transitions that relax and prepare minds and bodies for sleep and rest e.g. particular songs, music, stories etc.
- Create calm, secure, peaceful and comfortable sleep and rest environments by reducing light, temperature, noise and activity levels.
- Provide places in indoor and outdoor learning environments for infants to retreat from the busyness of the day.
- Talk with infants about the importance of sleep and rest for their health, wellbeing and growing bodies.
- Respectfully provide advice and guidance to support colleagues' understanding of and compliance with this procedure and the centre's Infant Sleep and Rest Risk Assessment.
- Individually and as a team, regularly discuss and reflect upon the sleep and rest needs, routines and rituals of individuals and the group.

- Carefully observe, monitor and respond to cues and behaviour that may indicate the need for sleep and rest e.g. yawning, eye rubbing, irritable, crying, disengagement, seeking comfort from adults, decreased ability to regulate emotions. When appropriate, identify sleep and rest body cues by using 'Invite,' 'Suggest' and 'Engage.' For example:



## Health and Safety Guidelines

Teachers and educators will **consistently:**  
**Provide a safe sleep and rest environment**



### Do

- Place and arrange cots away from (more than an arm's reach of an infant) free standing furniture (including other cots), heaters, curtain cords and electrical cords.
- Allow enough space between cots for teachers/ educators to move unobstructed, to tend to and monitor infants.
- Provide well-ventilated sleep rooms and spaces.
- Refer to and follow the *Infant Sleep Routines Poster* displayed adjacent to the entrance of infant sleep rooms.
- Whenever possible, eliminate identified environmental risks in sleep rooms.
- Manage identified risks by implementing the centre's *Infant Sleep and Rest Risk Assessment*.
- Provide an adequate amount of cot linen and enough cots for the number of infants who require sleep and rest on any given day.
- Cover electrical outlets with safety plugs.



### Do not

- Hang mobiles or bunting over or near cots.
- Place books, toys or soothers in cots for infants under 12 months.
- Provide a bottle or drink to an infant whilst laying down for sleep.
- Place a cot less than within an arm's reach of an infant near another cot, a heater, curtain cords and electrical cords.
- Place more than one infant in a cot to sleep and rest.
- Leave electrical outlets without safety plugs.

## Provide safe cots and mattresses



### Do

- Always place infants under 12 months in a cot to sleep and rest. Once an infant has demonstrated the capacity to climb out of a cot, transition infant to a sleep mat/stretchers bed in consultation with their parents/guardians.
- Use cots that meet the Australian Standard - AS/NZS 2172:2003.
- Use cots as per product instructions. File/keep product instructions.
- Use firm, clean, flat mattresses that are the right size for cot i.e. no more than a 2.5cm gap between the mattress and the cot.
- If needed, only use a portacot or folding cot as a temporary measure; for infants under 15kgs; as per product instructions; with no additional padding or mattress.
- Pull up and lock cot sides after placing an infant in a cot.
- Undertake daily checks to ensure cots are well maintained i.e. bolts secure, timber not rough; no splinters, slats and joins secure, drop rails move up, down and locked securely, casters if present are locked securely.
- If an infant falls asleep in a pram (on the way to the centre), hammock, pod swing, mat or cushion, promptly move them to a cot.



### Do not

- Tilt or elevate a mattress or cot.
- Use a bassinet.
- Use a broken cot.
- Use a cot with loose parts or sharp edges.
- Use a mattress that has tears and splits.
- Use a mattress that is not the right size for the cot.
- Leave cot sides down when an infant is sleeping and resting.
- Leave a sleeping infant in a hammock, pod swing, mat or cushion.

## Provide safe linen, clothing and coverings



### Do

- Before placing an infant in a cot:
  - Dress them appropriately for the room temperature; neither too hot nor too cold.
  - Remove head coverings i.e. head bands, hair clips and ribbons, hats, hooded clothing, bonnets, beanies etc.
  - Remove bibs.
  - Remove jewellery and teething necklaces/bracelets.
- Only wrap an infant when requested by the child's parent/guardian. Use wraps made of lightweight material e.g. cotton or muslin. Modify wrapping to meet infant developmental stages. Follow Rednose Australia instructions for Safe Wrapping.
- When requested to use a sleeping bag by a parent/guardian; use sleeping bags with fitted armholes and neck; that are the correct size for the infant's height and weight; keep infant arms out of the sleeping bag.
- If infant is NOT wrapped or using a sleeping bag, use lightweight linen and blankets and tuck securely under mattress up until the infant's chest.
- Only offer a dummy to an infant when requested by their child's parent/guardian.
- Wash linen and clean/sanitize cot surfaces 'between' infants or weekly. When linen and blankets are provided by parents/guardians; send home weekly to be washed.
- Store linen appropriately to prevent cross contamination.



### Do not

- Use doonas, quilts, pillows, lamb's wool and bumpers in cots.
- Use weighted blankets in cots.
- Use props, wedges or positioners in cots.
- Use sleeping bags with hoods.
- Use wraps and sleeping bags without arm holes.
- Use blankets or bunny rugs as a wrap.
- Use wraps with zips, Velcro or fasteners.
- Cover an infant with a heavy blanket if wrapped or in a sleeping bag.
- Wrap an infant if they show signs of rolling.
- Re-insert dummies if they fall out during sleep.
- Use electric blankets, wheat bags and hot water bottles.
- Tie a dummy to an infant's clothing or bedding.

## Place infants on their back to sleep



### Do

- Always place an infant on their back to sleep.
- Reposition an infant if they move to their tummy or side, however, if an infant has been observed repeatedly rolling from back to front and back on their own (usually around 5-6 months of age), allow them to find their own position during sleep.



### Do not

- Place an infant on their tummy or side.

## Keep an infant's head and face uncovered



### Do

- Position infant's feet at the bottom of the cot.
- Firmly tuck linen and blankets securely under mattress, up until the infant's chest.
- If directed by a parent/guardian to use a sleeping bag; it must have a fitted neck and armholes; with no hood and no extra blankets; infant's arms must be placed outside of the sleeping bag.



### Do not

- Leave linen or blankets hanging on the cot when an infant is sleeping.
- Cover an infant's head and face with a wrap, linen, blankets or sleeping bag.
- Wrap an infant above their shoulders.

## Supervise and monitor infants when sleeping and resting



### Do

- Be in sight and hearing\* of infants that are sleeping and resting.
- Actively supervise and monitor infants that are sleeping and resting by completing a health, safety and wellbeing physical check (as per Regulation 84B) every 5 to 10 minutes.
  - If an infant is in a sleep room, physically enter the room.
  - Complete an environmental safety check e.g. comfortable temperature, adequate ventilation, infant sleeping position.
  - Closely observe and monitor the health and wellbeing of each sleeping and resting infant e.g. breathing and skin colour.
  - When needed, make required adjustments e.g. adjust temperature and ventilation, remove covering if an infant is too hot, reposition linen away from infant's head, tuck in loose linen and blankets, reposition infant on their back.
  - Document check via the Infant Sleep Room Record.
  - If needed, arrange/set-up an alarm device to ensure physical checks are completed every 5 to 10 minutes.
- To maximise supervision, infants under 12 months or infants with a medical condition will be nominated cots closest to the sleep room door.
- Adjust lighting to provide adequate light to supervise and monitor infants.
- Position and arrange cots in a manner that maximises supervision.
- Keep infant sleep room viewing windows unobstructed.
- Use and operate a monitor when a teacher/educator is not physically inside a sleep room. Consider using a sound/video monitor. Use monitor as per product instructions. Monitor must be powered by mains power and positioned away from other electrical devices to minimise interference.
- When the 'group' are in the playground and an infant remains sleeping in the sleep room and there is no viewing window outside into the sleep room, a teacher/educator will remain indoors, adjacent to the sleep room. When adequate supervision cannot be maintained outdoors, the following will be implemented:
  - When appropriate and safe to do so, the sleeping infant's cot (and the monitor) will be moved out of the sleep room, into the room adjacent to the playground, close to a window looking out to the playground.
  - The receiving monitor will be moved plugged in outside. A teacher/educator will position themselves close to the monitor in order to hear any sounds.
  - Continue to implement and document 'physical checks' every 5 to 10 minutes.



### Do not

- Hang curtains, posters or displays on infant sleep room viewing windows.
- Looking through infant sleep room viewing window is NOT a physical safety check.
- Power monitors with batteries.
- Play music at a volume that impedes teacher/educator ability to hear a distressed infant or sound coming from a monitor.

## Provide a smoke free environment



### Do

- Consistently follow responsibilities as outlined in the Tobacco, Drugs and Alcohol Policy.
- After smoking, wash hands when entering a centre and take appropriate action to minimise the risk of second-hand smoke i.e. breath and clothing odour.



### Do not

- Smoke within 5 metres of the boundary of the centre, at any time (required by law).

\*Current Rednose health and safety guidelines recognises **continuous supervision** represents best practice i.e. a teacher/educator is in sight and hearing of sleeping children at all times. There may be exceptional or extenuating circumstances where continuous supervision is not achievable at all times. A centre's Infant Sleep and Rest Risk Assessment must assess and mitigate risks to address such circumstances to ensure children are adequately supervised at all times.



## Centre Director/Nominated Supervisor (or approved delegate) Responsibilities

The centre Director/Nominated Supervisor will:

### Risk Assessment

- Lead the development, implementation and evaluation of the centre's *Infant Sleep and Rest Risk Assessment*. Inform C&K via email (policyfeedback@candk.asn.au), if changes to this procedure are required after updating the risk assessment. (Regulation 84C (3))
- Develop and evaluate your centre's *Infant Sleep and Rest Risk Assessment* every 12 months or as soon as practicable after becoming aware of any circumstances (including a health care need) that affect the safety, health or wellbeing of infants during sleep and rest. (Regulation 84C (1)(a)) Update the risk assessment with additional controls (i.e. more frequent physical checks) when a child:
  - Has a diagnosed heart condition.
  - is experiencing chronic Asthma.
  - as been prescribed a temporary wheeze plan and medication.
  - Has Epilepsy

### Partnerships and communication with parents/guardians

- At orientation and throughout a child's enrolment, outline this procedure and the centre's *Infant Sleep and Rest Risk Assessment* with parents/guardians. Explain:
  - The health and safety guidelines detailed in the procedure and risk assessment must be consistently implemented.
  - That any parent/guardian request that contradict health and safety guidelines detailed in the procedure must be implemented **UNLESS** an infant has a diagnosed medical condition **AND** the child's registered medical practitioner has provided written authorisation (including their name, signature and date). When this circumstance occurs, additional control measures must be documented and implemented via the centre's *Infant Sleep and Rest Risk Assessment*.
- Promote and share information with families regarding current health and safety guidelines relating to infant sleep and rest.

### Teacher/educator induction and training

- Ensures staff rosters (throughout the day, including during sleep and rest routines) meet regulatory educator to child ratios and qualification requirements.
- Include this procedure and the centre's *Infant Sleep and Rest Risk Assessment* in the induction of new teachers/educators (permanent and casual).
- Direct all teachers/educators (permanent and casual) read the centre's *Infant Sleep and Rest Risk Assessment* and sign the acknowledgement table during induction AND promptly after the risk assessment has been reviewed.
- Regularly observe and monitor teacher/educator practice and compliance to this procedure and the centre's *Infant Sleep and Rest Risk Assessment*. When needed provide one on one training and mentoring to improve teacher/educator understanding and compliance.
- Promote and share information with teachers/educators regarding current health and safety guidelines for infant sleep and rest.
- Utilise the *Sleep Learning Resources for Early Childhood Professionals* to facilitate to teacher/educator discussion, evaluation and reflection of their practice and centre routines relating to infant sleep and rest. Ongoing planning and reflection support high-quality practice and the ability to achieve balance between the rights of children, respecting parent/guardian request and consistently following current/evidence-based health and safety guidelines relating to infant sleep and rest.
- When professional development budget provisions allow; support teacher/educator requests to complete sleep and rest training from reputable organisations/bodies. Refer to training information and links on the following page.

### Committee/Early Childhood Education Manager/Pedagogy Advisor (or approved delegate)

- When required and appropriate, utilise the *Sleep Learning Resources for Early Childhood Professionals* to facilitate to teacher/educator discussion, evaluation and reflection of their practice and centre routines relating to infant sleep and rest.
- When undertaking centre visits, observe and monitor teacher/educator practice and compliance to this procedure and the centre's *Infant Sleep and Rest Risk Assessment*. When needed provide the centre Director, teachers and educators with training and mentoring to improve practice and compliance.
- Instruct the centre Director/Nominated Supervisor to prioritise identified non-compliance, action immediately and email evidence of action taken to address non-compliance by a specified date.
- When professional development budget provisions allow; support centre Director/Nominated Supervisor requests to complete sleep and rest training from reputable organisations/bodies. Refer to training information and links on the following page.

## Procedure Definitions

- **Infant:** A child that sleeps in a cot.
- **Child:** A child that does not sleep or rest in a cot.
- **Sleep and rest routine:** A period of time an infant/ child sleeps and/or rests.
- **Relaxation:** An activity or exercise facilitated by a teacher/educator for the purpose of calming a child's mind or body.
- **Sudden and Unexpected Death in Infancy:** The sudden and unexpected death of an infant under 1 year of age after they were placed to sleep. It includes explained and unexplained deaths.
- **Sudden Infant Death Syndrome:** The unexplained death without warning of an apparent healthy infant, usually during sleep.

## Sleep and Rest Training

- [Rednose Australia](#)
- [Institute for Social Science Research \(University of Queensland\)](#)
- Safe Sleep Space: [Sleep Smart](#)

## Acknowledgements and references

- Early Childhood Education and Care Department of Education. [Sleep Learning for early childhood professionals](#) [sourced September 2023]
- [Home | Red Nose Australia](#) [sourced September 2023]
- ACECQA. [Sleep and Rest Requirements](#) [sourced September 2023]
- [Australian Competition and Consumer Commission \(ACCC\)](#) [sourced September 2023]
- [Kidsafe](#) [sourced September 2023]