

Relaxation and Sleep Policy and Procedure

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Adopted by	Director City Life
Review due	October 6 th 2025
Responsible officer	Manager Child, Family and Youth Services
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1. Purpose

Melton City Council is committed to providing clear guidelines for the implementation of safe Relaxation and sleep practices that meet the individual needs of children attending services.

Melton City Council is committed to:

- providing a positive and nurturing environment for all children attending the service
- recognising that children have different requirements for Relaxation and sleep, and being responsive to those needs to ensure that children feel safe and secure at the service.
- consulting with parents/guardians about their child's individual Relaxation and sleep requirements/practices and ensuring practices at the service are responsive to the values and cultural beliefs of each family.
- its Duty of Care to all children at Melton City Council and ensuring that Adequate Supervision is maintained while children are sleeping, Resting or relaxing.
- complying with all legislative requirements, standards, and current best practice, including recommendations by Red Nose.

2. Application And Scope

This policy and procedure applies to the Approved Provider, Nominated Supervisor, Person in day-to-day charge, Responsible Person's, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the service.

This policy and procedure includes Melton City Council children's services that do not directly care for children but have a role in the promotion of health, wellbeing, and safety of children with families and the community.

3. Definitions

Term	Definition
Adequate Supervision	<p>(In relation to this policy) supervision entails all children (individuals and groups) in all areas of the service, being in sight and/or hearing of an educator at all times including during toileting, sleep, rest and transition routines. Services are required to comply with the legislative requirements for educator-to-child ratios at all times. Supervision contributes to protecting children from hazards that may emerge in play, including hazards created by the equipment used.</p> <p>Adequate Supervision refers to constant, active and diligent supervision of every child at the service. Adequate Supervision requires that educators are always in a position to observe and/or hear each child, respond to individual needs, and immediately intervene if necessary.</p> <p>Variables affecting supervision levels include:</p> <ul style="list-style-type: none"> • number, age and abilities of children • number and positioning of educators • current activity of each child • areas in which the children are engaged in an activity (visibility and accessibility) • developmental profile of each child and of the group of children • experience, knowledge and skill of each educator • need for educators to move between areas (effective communication strategies) • inside / outside play programs • overnight care arrangements.
Duty of Care	A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonably foreseeable risk of injury.
Relaxation/ Rest	A period of inactivity, solitude, calm or tranquility.
SIDS (sudden infant death syndrome)	The unexpected and unexplained death of an infant, usually occurring during sleep.
Red Nose (formerly SIDS and Kids)	The recognised national authority on safe sleeping practices for infants and children (refer to <i>Sources</i>)

4. Policy

1. Responsibility/Accountability

- 1.1. The Approved Provider, according to Regulations is responsible for the implementation of this policy. This will be achieved through the Leadership Group and their service staff:

- taking reasonable steps to ensure the sleep/Rest needs of children at the service are met, with regard to the age of children, developmental stages and individual needs (National Regulations 81 (1)).
- regularly reviewing practices to ensure compliance with the recommendations of Red Nose in relation to safe sleeping practices for children (refer to *Sources*).
- providing information and training to ensure staff are kept informed of changing practices in relation to safe sleep practices for children.
- parents/guardians are consulted about appropriate Relaxation and sleep practices for their child.
- protecting children from hazards and harm (National Law 167).
- cots provided at the service comply with the most current Australian/New Zealand Standards.
- that hammocks, bassinets, prams and strollers are not used to settle children to sleep.
- consulting with staff in relation to Occupational Health and Safety (OHS) issues when purchasing new equipment for the service.
- compliance with WorkSafe Victoria's Children's Services – Occupational Health and Safety Compliance Kit, including in relation to staff lifting children into and out of cots.
- compliance with the recommendations of Red Nose in relation to safe sleeping practices for children.
- Adequate Supervision of children at the service at all times, including during Relaxation and sleep.
- that rooms used for sleep and Relaxation are well ventilated.
- that there is adequate space to store bedding in a hygienic manner.

1.2. The Nominated Supervisor, Person in day-to-day charge, Responsible Person or FDC fieldworker is responsible for:

- taking reasonable steps to ensure the sleep/Rest needs of children at the service are met with regard to the age of children, developmental stages, health and individual needs (National Regulations 81 (2) (3)).
- Via induction, annual refresher training, and monitoring and support to ensure educators understand their legal roles and follow the service's policies and procedures.
- ensuring the educational program provides opportunities for each child to sleep, rest or engage in appropriate quiet play activities, as required.
- ensure risks are identified in a comprehensive risk assessment upon induction for a new educator, every 12 months and additionally as needed, protecting

children from hazards and harm (National Law 167).

- responsible person is to remove any hazards identified in the child's resting or sleeping environment and informing the Approved Provider, as soon as is practicable.
- ensuring all staff and educators comply with WorkSafe Victoria's Children's Services – Occupational Health and Safety Compliance Kit in relation to lifting children into and out of cots.
- ensuring all staff and educators comply with the recommendations of Red Nose in relation to safe sleeping practices for children.
- monitor and support to always ensure Adequate Supervision of children at the service, including during Relaxation and sleep.
- storing items such as bedding in a hygienic manner to prevent cross-contamination.

1.3. Educators and other staff are responsible for:

- have a good understanding of their role, the policy and procedures, suggest improvements and embed practices that support safe sleep and rest into everyday practice.
- attend sleep and rest training upon induction when a new educator and then every three years and an annual refresher.
- providing each child with appropriate opportunities for Relaxation and sleep according to their needs.
- complying with the recommendations of Red Nose in relation to safe sleeping practices for children.
- complying with WorkSafe Victoria's Children's Services – Occupational Health and Safety Compliance Kit (refer to *Sources*), including in relation to lifting children into and out of cots.
- providing input in relation to OHS issues when new equipment is purchased for the service.
- developing Relaxation and sleep practices that are responsive to:
 - the individual needs of children at the service.
 - parenting beliefs, values, cultural preferences, practices, and requirements.
 - the length of time each child spends at the service.
 - circumstance or events occurring at a child's home.
 - consistency of practice between home and the service.
 - a child's general health and wellbeing.
- the physical environment, including room temperature, lighting, fresh airflow and noise levels.

- minimising distress or discomfort for the children in their care.
- ensuring that resting and sleeping practices are not used as a behaviour guidance strategy.
- providing a range of opportunities for Relaxation throughout the day.
- conducting a risk assessment every 12 months, customised for the individual circumstances of the service and proactive steps to be taken to identify any additional risks and mitigation strategies identified and implement these immediately.
- conducting regular safety checks as needed of equipment used for sleeping/Resting, such as cots and mattresses.
- removing and informing the Nominated Supervisor or Approved Provider, as soon as is practicable, of any hazards identified in the child's Resting or sleeping environment.
- ensuring that any hanging cords, mobiles, curtains, and blinds are inaccessible to children who are Resting or sleeping.
- providing Adequate Supervision of all children, including during sleep, Rest and Relaxation.
- supervising children displaying symptoms of illness closely, especially when resting or sleeping.
- ensuring that artificial heating, such as heat bags and hot-water bottles, are not used to provide warmth.
- Infants should be dressed in consideration to the room temperature. The infant should be warm but not hot to touch centrally (i.e., on the chest or abdomen).
- ensuring that each child has their own bed linen, and that the *Hygiene Policy* and procedures are implemented for the cleaning and storage of cots, mattresses, and linen.
- providing information to families about the service's relaxation and sleep practices.
- developing communication strategies and documenting in the software program to inform parents/guardians about their child's Rest and sleep patterns, including documenting times and length of sleep.
- Educators support parents and signpost them to Red nose for resources/information on helping to settle children to sleep.
- Educators support parents with consideration of the family's cultural practices.
- encouraging children's independence and assist children as needed.

1.4. Parents/guardians are responsible for:

- discussing their child's Relaxation and sleep requirements and practices prior to commencing at the service and inform staff/educators when these requirements change.
- providing information on the child's enrolment form if the child requires special items while resting or sleeping e.g., a comforter, soft toy, specific bedding and providing these items to the educator when the child is attending.
- provide informal updates on the previous night's sleep to assist with sleeping during the day and suggest improvements to the service.
- providing a written medical report if their baby/child is not to be placed on their back during sleep. Parents/guardians must communicate alternative resting practices to staff.
- accessing, keeping up to date and feeding back to the unit in regard to the policy and procedures via the council's website.

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

5. Procedure

1.1 Sleep positions

- Note: Red Nose recommends that the below should be implemented until the child is 18 months of age.
- Educators should put baby on their back to sleep, unless, advised in writing to do otherwise by the baby's doctor. If this is the case, ensure educators have clear directions regarding the advised sleeping position in writing and signed by the doctor.
- Sleep baby as Red Nose has recommended e.g., placing the baby's feet at the bottom of the cot so that the baby can't slip down under the blanket. An alternative to using blankets is a safe baby sleeping bag (one with fitted neck and chest, arms out and no hood). For further information on safe sleeping practices refer to the Red Nose website.
- Check the following when putting the baby to sleep in a cot:
 - The baby is tucked in securely or is in a safe sleeping bag.
 - Cot bedding is not loose.
 - There are no quilts, doonas, duvets, pillows, or cot bumpers in the cot.
 - Never put a baby into a child/adult bed.

1.2 Smoke free environment

A smoke free environment must be always maintained.

1.3 Equipment and practices for sleep and rest

Support continuation of breastfeeding if possible as this has been shown to reduce the risk of sudden infant death.

Consider manual handling risks and minimise educator injury (especially for portable cots) e.g., encourage children to be as independent as possible, minimise lifting, follow safe lifting practices.

- A permanent cot

There are currently (at the time of printing) two standards that apply to the use of cots:

- Australian/New Zealand Standard – Cots for household use – Safety Requirements (AS/NZS 2172:2010), and
- Australian/New Zealand Standard – Cots for day nursery, hospital, and institutional use – Safety Requirements (AS/NZS 2130:1998).

- Portable cots

Portable cots that meet the Australian mandatory standard may be used to enhance the ability of the educator to supervise the sleeping infant or child but must be in good condition. In alignment with Australian Competition and Consumer Commission (ACCC) guidelines, portable cots should only be used for temporary, short-term arrangements. The cot is to be set up as per instructions and when not in use folds flat for easy storage.

Use only the firm, clean, well-fitting mattress that is supplied with the portable cot.

Services can check current standards on the SAI Global website at: www.saiglobal.com and the cot will have a label identifying compliance.

- Transition children onto a floor mat or toddler bed

When a young child is observed attempting to climb out of a cot and looking like they might succeed, it is time to move them out of the cot. This usually occurs between 18 months up to 3 ½ years of age. Don't forget, a child no longer sleeping in a cot has greater access to all living areas which means greater access to potential hazards and of injury e.g., stairs, front door, choking hazards, drowning, cords, electrical etc.

Pillows can be used from 2 years of age on a floor mat or toddler bed.

- Safe mattress

Make sure there is no more than 25mm (1 inch) gap between the mattress and the cot sides and ends.

Remove the plastic packaging and make sure that the waterproof mattress protector is strong and a tight fit. Avoid ties and straps, elasticated edges are recommended.

- Do not add additional padding to the mattress. No alterations should be made to purchased cots and mattresses under any circumstance, as this may have serious consequences in relation to liability in the event that an incident occurs.

- Consider entrapment risks with cots, beds, bars or slats e.g. Make sure there are no spaces between bars or panels bigger than 9.5cm. Avoid bed rails unless fitted properly, no gaps between rail and mattress.
- Not to use bassinets or have them in the FDC premises. Bassinets will not be allowed on the premises of any service, including when families drop off and pick up their children (National Regulations 84D).
- Children will be given the opportunity to wake up gradually, gently and be supported in their independence with toileting and dressing after sleep/Rest time.
- All children have rights and where appropriate, should have choice about sleeping and resting within the day.

1.4 Awake children to be catered for including access to the program of activities, this can be adapted e.g., quiet activities. Supervision

- Sleeping children must be regularly checked. We recommend children under 18 months a visual check at least every 10 minutes and more if the child is a higher risk e.g., unwell, additional needs present, history of any concerns e.g., respiratory, fits etc.
- Check by direct 'sight and sound' e.g., visually check all children regularly to review the child's sleeping position, breathing (rise and fall of the chest), body temperature, head position, airway and the child's head and face, ensuring they remain uncovered, healthy skin colour and listen for sounds of normal breathing.
- Consider each child's individual needs and consult with families about their child's sleep and rest, carry this out at the service if safe to do so, in line with the prevailing safe sleep practices recommended by Red Nose Australia.
- Consider the physical spaces used for sleep and rest, are designed to support supervision, with consideration given to how educators may position themselves within the physical space, considering other children in care.
- Educators will document sleep and rest start and finish times in the software system used by the provider e.g., Harmony.
- Family Day Care – consider the unique layout of the service, safety, and supervision.

1.5 Safe & hygienic bedding and sleeping follow as per section 6 above in addition to the following.

- In order to reduce the risk of choking, ear infection and tooth decay, children are not to feed from a bottle in bed. Families are to be educated and children supported if required to transition from feeding in bed.
- Electric blankets or warming blankets are not to be in use for children. If children have access to beds with electric blankets in place, the blanket is to be switched off and the cord taken out of the socket and secured to reduce risk of strangulation.
- No child under the age of nine years is to sleep in a bunk bed.

- The room in which children are sleeping shall have ease of exit for each child.
- Overnight care mattresses need to be comfortable and suitable for sleeping.
- Comfort items such as dummies (no pins or cords), teddies, blankets, etc., will be given to children for sleep/rest times only if required and considered safe. Items to be removed after the child settles and consider transitioning the child away from these items.
- Equipment such as bumpers, infant positioners, inclined sleepers, or additional padding, mattresses, pillows and other soft items should not be used in the sleep and rest environment for children under 2 years of age.
- Remove all jewelry including teething necklaces.

1.6 In the case of overnight care in Family Day Care (FDC), as per above details and

- Educators must assess all risks associated with overnight care and submit to the FDC unit for approval prior to offering the service (can be done as an ongoing assessment and updated annually). This assessment is to be available for families to easily access.
- According to Red Nose, the safest place for a child to sleep is in a separate bed, the same room as their adult caregiver for the first 0-12 months.
- educators must check on sleeping children prior to going to bed themselves.
- when the educator gets up throughout the night to check sleeping children.
- use a child safe baby monitor if available (check authorisation for surveillance if recording or capturing images).
- child must not share a room with another person unless they are the child's FDC educator, familiar FDC booked child, or the child's family member e.g., sibling or cousin. Consider age of children and any more suitable alternatives e.g., separate room for older children.
- any other person residing in the residence must not share a room with children in care and avoid entering the sleeping area during the night.
- overnight care sleeping arrangements need to have written authorisation sought from the parent/s involved.
- an email/after-hours phone message to be sent to notify the FDC unit before the overnight care.
- Initial approval from the FDC unit is for the Educator to include the detail of bedding, security, privacy, where the child/ren are sleeping, who is present in the room, age/s, parent approval etc.
- Educator to ensure the external doors and windows are secure, and a safety check is completed before going to bed. Children should not be able to abscond during the night. Consider safety measures to support this in your annual and ongoing risk assessment strategies e.g. door alarm, movement detection/monitoring etc.

6. Related Documents

Name	Location
Please refer to Sources and References page	<ul style="list-style-type: none"> • Council website - Children's Services policies and procedures Melton City Council
Relevant legislation and standards include but are not limited to	<ul style="list-style-type: none"> • Australian Consumer Law and Fair-Trading Act 2012 • Australian Consumer Law and Fair-Trading Regulations 2012 • Australian/New Zealand Standard – Cots for household use – Safety Requirements (AS/NZS 2172:2010) • Australian/New Zealand Standard – Cots for day nursery, hospital and institutional use – Safety Requirements (AS/NZS 2130:1998) • Education and Care Services National Law Act 2010 • Education and Care Services National Regulations 2011 • National Quality Standard, Quality Area 2: Children’s Health and Safety • Occupational Health and Safety Act 2004
PolicyWorks Manual	This policy and procedure has been adapted from <i>PolicyWorks Manual - National Quality Framework</i> released by the Early Learning Association Australia.
Related service policies and Procedures	<ul style="list-style-type: none"> • <i>Child Safe Environment Policy and Procedure</i> • <i>Hygiene Policy and Procedure</i> • <i>Incident, Injury, Trauma and Illness Policy and Procedure</i> • <i>Interactions with Children Policy and Procedure</i> • <i>Occupational Health and Safety Policy and Procedure</i> • <i>Supervision of Children Policy and Procedure.</i>

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