

JESSON'S SAFE SLEEP POLICY

Rationale and Policy Considerations

The Policy on Safe Sleep must specify the way safe and suitable sleeping arrangements are provided for children attending the service.

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 that 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 and Regulation 29 Premises.

Children's

Children need:

- Access to appropriate, safe and comfortable rest and/or sleep facilities.
- To be able to rest or sleep safely and comfortably whenever they need to.

Parents'/Families'

Parents/guardians need to:

- Know that their child will be able to sleep and/or rest in a safe and comfortable environment according to their individual needs.
- To 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 that is free of risks and hazards.
- 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.

Staff

All staff members need:

- To know and understand clearly their roles and responsibilities in relation to providing appropriately for children's individual needs for safe sleep and/or rest in an area that is clean and free of risks and hazards.
- 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 baby/child be found to be unresponsive or not breathing.

Management

Management need to:

- Ensure that the legal requirement to have an appropriate safe sleep policy is met.

- To know that all staff team members know their roles and responsibilities and have the clarity that they need to ensure that all children's needs for safe and comfortable rest and/or sleep are met according to best practice guidelines.
- To ensure that all necessary and appropriate safety measures and procedures are clearly outlined in the policy and procedures.
- Access sleep training from The Lullaby Trust.

1. Definitions/Glossary

[Include definitions here of any words used that may need explanation.]

SIDS	Sudden Infant Death Syndrome or SUDI Sudden Unexpected Death in Infancy (commonly referred to as Cot Death) 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.
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2. Policy Statement *[Outlines the principles, values and purpose of the policy. It will generally be quite short. The Policy Statement can be included in the Parents/Guardians Handbook.]*

All children are provided with clean, safe and comfortable rest and/or sleep facilities as individually needed. 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 sleep 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.

Ensuring babies can sleep safely and comfortably is one of our main priorities. Babies up to 12 months will always be put sleeping 'feet to foot of cot, head uncovered and on their backs in their cot (even when they arrive at the setting asleep in equipment not designed for sleeping such as a car seat, baby carrier or buggy).

Procedures and rotas are in place for supervising and regularly checking sleeping babies. Sleeping babies are always individually and frequently checked in person (not on screen). The sleep room is kept clean, calm, quiet and comfortable so that babies 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. Staff members follow first aid procedures they have been taught, in the event a child/baby is found unresponsive and/or not breathing.

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; requesting that the baby/child be put to sleep in a buggy or travel seat), the service remains responsible for our own practice and 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/programme, that meet their individual needs throughout the session/day.

Tummy time for babies when they are awake and supervised is recognised as important for babies from birth.

3. **Procedures & Practices** *[Outlines the specific steps and/or guidance to be followed in order to implement the policy.]*

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 must be informed that the service cannot comply with their request and an explanation given or guidance must be sought from a qualified professional such as a public health nurse.

Sleeping position

Babies under 12 months must be put to sleep on their back with their head uncovered and their feet to the foot of the cot. This includes babies with gastro-oesophageal reflux. If a registered medical practitioner has recommended a different sleep position then this must be clearly evidenced in a written note from that practitioner.

If a baby is less than six months old and they have turned onto their tummy, they must be gently returned onto their back.

When a baby is older and able to roll from back to front and back again, let them find their own position to sleep. However you should still place them on their back at the start of sleep time. Place babies near the foot of the cot with the covers below the shoulders.

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

- Place the baby on their back with their feet at the foot of the cot.
- Tuck bedclothes in securely below the baby's shoulders.
- Babies' clothes should be loose and light.
- NO bibs, bottles, toys, quilts, pillows or cot bumpers should be in the cot.
- To avoid a flat head (plagiocephaly) ensure the baby is positioned with their head facing a different direction each time they are put down to sleep.
- Babies' heads must not be covered.
- No strings or cords must be attached to soothers.
- 1 baby per cot.

Sleep positioners are prohibited.

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 the dimmer switch 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 wall-mounted thermometer is provided to monitor the temperature.

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

Indoors, babies over a month old do not need more clothes than adults.

Outdoor clothes should be removed once babies are indoors. Heating in winter often makes it hotter inside than it is during the summer. Remove any extra clothes or blankets as soon as you bring babies indoors. Do this even if they are asleep. Babies should not wear hats indoors. Babies do not need any more than a nappy, vest and babygro to sleep in. In hot weather they may need less.

Bedding depends on the room temperature. If a baby seems hot, take some of the blankets off, if they seem cold, add an extra layer. Use lightweight blankets that you can add to and take away. Babies should not have their heads covered indoors.

Ensure that cots are not elevated and that no pillows are used for babies 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 Manager is responsible for the sleep monitoring rota.

The rota must 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 are made of each of the sleeping children.

It must 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.

A separate sleep log is maintained for each child and is retained by the service in each child's own file.

[You will also need to stipulate here when 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 [include whichever of the following is in the setting: the viewing panel, the mirror, the sound monitor and/or the Camera/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 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 Person is responsible for sharing information with the child's parents or guardians. At all times, the relevant adult /child ratio outlined in the Early Years Regulations 2016 will be adhered to.

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 *[identify the location where this documentation is stored]*.

[Providing an adequate number of cots and child beds requires that there is one cot for each baby up to 9 months, enough cots for $\frac{2}{3}$ of the children aged 9–18 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 sleep mats/camp beds/stackable beds.]

Equipment prohibited for sleeping children

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

- Travel cots/portable cribs
- Bunk cots
- 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.

Babies who are swaddled

Parents/guardians may request that their baby is swaddled or that they are carried in a sling. The following provides a guide in such cases.

Swaddling or wrapping a baby in light cotton cloth is thought to give some babies comfort and a feeling of safety. However, if blankets used are too thick this can contribute to a baby becoming overheated and be a risk to the baby. If a baby is used to being swaddled at home and parents/guardians wish it to be done for consistency of care while the baby is in the service, the following guidelines should be followed:

- Never cover a baby's head and only use thin materials such as muslin or thin cotton for swaddling.
- Babies must never be placed on their stomach when swaddled.
- Current research suggests it is safest to swaddle infants from birth and not to change care practices at 3 months when the risk of SUDI is greatest.

Slings

Where slings are used, the baby must be positioned solidly against the adult's body, in an upright position, with the baby's chin off their chest ensuring that their airway is free for ease of breathing.

Health and Safety

Hygiene

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

Each child's bed linen is laundered weekly and when soiled.

Separate storage is provided for clean linen and linen that is due for washing. Clean and dirty linen must be 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.

Items that are hanging from the cot or the ceiling above the cot are prohibited for all babies under 12 months.

Safety of cots and child beds

[The maintenance of cots and all equipment in the service is the responsibility of the registered provider. Cots must be maintained in a proper state of repair; be in good condition; be of good design; be solid and stable; and have a recognised safety standard. Cot barriers must be of sufficient height to prevent a child from falling out. In addition, the cot mattress must have a well-fitting safety mattress; be clean, firm and correct size for cot; be covered with waterproof material; easy to clean and disinfect; well aired and dry; and the gap between the mattress and the sides of the cot should be less than 2.5cm. Bars on cots should be no more than 6cm apart for round bars/7.5cm apart for flat bars.]

Ensure that **no** soft, loose or fluffy objects such as bedding, toys, bumpers, pillows, duvets, quilts are placed in cots or rest areas for babies aged up to 12 months.

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.

Dealing with emergencies

In the event of finding a baby or 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.

[Set out here the emergency procedure you have been taught in your most recent First Aid training.]

1. The 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.
2. The person who found the child and has been resuscitating the child gives a detailed account of events to the paramedics on their arrival.
3. Staff follow the direction of the paramedical staff.
4. The Manager or person in charge ensures that parents have been informed.
5. The scene is to be left as it is. An Garda Síochána may need to investigate.
6. Families of the other children may need to be notified of the incident by the Manager.
7. Staff support is essential following any such incident.

Record and record keeping

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

4. 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, guidelines on what to do in the event of a baby being found to be unresponsive and not breathing and a step-by-step guide to resuscitation of a child who is not breathing. *[This guidance can be obtained from whichever appropriately qualified provider the service employs to provide paediatric first aid training to the staff team.]*

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 and parents/guardians on the school website and in the policy folder in Nursery and Time for Twos.

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.

5. **Related Policies, Procedures and Forms *[List of all related documents. The policies in bold are those required under the Early Years Regulations 2016.]***
 - **Safety Statement**
 - **Accidents and Incidents Policy**
 - Key Person Policy
 - Partnership with Parents Policy
 - Sleep Monitoring Rota template
 - Individual Child Sleep Monitoring Record form.
6. **References/Supporting Documents/Related Legislation *[List of any relevant Legislation and Practice Guides referred to in drafting the Policy]***
 - [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](#)

- [Reduce the Risks of Cot Death: Early Years Safe Sleeping Guide For Childminders, Foster Carers or a Nursery Setting Scottish Cot Death Trust, 2017](#)

7. Who Must Observe This Policy

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

8. Actions to be Followed if the Policy is not Implemented

[Add in any relevant actions to be taken]

9. Contact Information *[Who to contact for more information]*

If you need more information about this policy, contact:

Name	Mrs S. Lea
Phone number or email	01384 816825 info@jessons.dudley.sch.uk

10. Policy Created

Date this policy was created	March 2024
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11. Signatures

	Name and position	Signature
Approved by	Governing Body (21.3.24)	

12. Review Date

Date this policy will be reviewed	March 2025
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