



Safe Sleep and Rest Practices for Children and Infants

Children's Services Policy No 2.5

Date issued: April 2006

Replaces issue/policy: Prevention of Sleeping Accidents, April 2015

Date effective: April 2006

Date reviewed: August 2008, May 2009, August 2010, January 2012, April 2015, May 2019; October 2020; and December 2021.

Aim:

- To ensure the safety, health and wellbeing of children attending our services;
- To ensure that appropriate opportunities are provided to meet each child's need for sleep, rest and relaxation; and
- To minimise the risk of Sudden Unexpected Death in Infancy (SUDI) and prevent sleeping accidents by following the Red Nose recommended guidelines.

Background Information:

The [Education and Care Services National Regulations](#) requires approved providers to ensure that our services have policies and procedures in place for children's sleep and rest. Our Safe Sleep and Rest Practices for Children and Infants policy means that our educators, management, co-ordinators, other staff, families and the community can be confident that children's needs for sleep and rest are met while attending the service.

[Sudden Unexpected Death in Infancy](#) (SUDI) is the sudden or unexpected death of a baby from no known cause. SUDI is the most common cause of death in children aged between 1 month and 1 year of age. Child mortality has been reduced by 85% since the "Reducing the Risk of SUDI" campaign commenced in 1990.

Approximately 90% of SUDI deaths occur in infants under 6 months of age, with the most vulnerable age being 1-4 months. With the continued education of parents, educators, health care professionals and the general community on Safe Sleep and Rest Practices for Children and Infants, it is anticipated that the rate of mortality will continue to fall.

Relevant Legislation:

- [Education and Care Services National Regulations](#)
- [Children \(Education and Care Services National Law Application\) Act 2010](#)
- [Children \(Education and Care Services\) Supplementary Provisions Act 2011](#)
- [Work Health and Safety Act 2011](#)
- [Work Health and Safety Regulation 2011 \(NSW\)](#)
- [Children \(Education and Care Services\) Supplementary Provisions Regulation 2019](#)

Resources:

- [Red Nose – Facts and Figures](#)
- [Red Nose – Six Safe Sleep Recommendations](#)
- [Red Nose – resources and factsheets](#)
- [Australian Children's Education and Care Quality Authority - National Quality Standard](#) – Quality Area 2 – Standard 2.1, Element 2.1.1, Element 2.1.2 and Standard 2.2, Element 2.2.1 and Element 2.2.2.

- Australian Competition and Consumer Commission – Product Safety Australia, Australian/New Zealand Standards:
 - **Mandatory requirements:**
 - [Household cots](#) - Safety requirements 2172
 - [Folding cots](#): Safety requirement 2195
 - **Voluntary requirement:**
 - [Sleep surfaces](#) – test for firmness: Safety requirement 8811.1.2013

Note: This policy should be read in conjunction with policies

- 1.3 – Child Protection
- 1.5 – Children’s Services Code of Conduct
- 2.2 - Incident, Injury, Trauma, Illness, Fever, Minor Ailments and First Aid
- 2.4 - Child Safe Environments
- 2.3 – Medical Conditions - Asthma, Anaphylaxis, Diabetes and other Medical Conditions
- 2.9 – Nappy Changing and Toileting
- 2.10 – Chemicals
- 2.16 – Food Safety
- 2.19 – Management of Critical Incidents
- Human Resources Policy 8.01 – Work Health and Safety

Note: In this policy “staff” and “educators” refers to staff employed by Willoughby City Council.

This policy should be read in conjunction with Red Nose’s Education brochures on:

- Safe Sleeping
- Safe Wrapping
- Tummy Time
- Cot to Bed Safety
- Soft toys in the cot
- Wrapping or swaddling babies
- Sleep baby on the back from birth, not on the tummy or side
- Sleep baby with head and face uncovered
- Keep baby smoke free before birth and after
- Provide a Safe Sleeping Environment night and day (Safe cot, Safe mattress, Safe bedding)
- Sleep baby in their own safe sleeping place in the same room as an adult caregiver for the first six to twelve months
- Breastfeed baby
- Cot to bed safety: When to move your child out of a cot

Induction and ongoing training for staff:

The induction and ongoing training on safe sleep and the contents of the policy and procedures are provided to educators and a record will be kept of all training delivered. All Children’s Services policies will be reviewed annually and updated in line with amended regulatory requirements and legislation.

How to make up baby's cot

The safest place for a baby to sleep is in a safe cot in the parents' room for the first 6-12 months of life. When you are making up baby's cot, keep in mind the following advice:




- ✔ Use a **safe cot** that meets the current Australian Standard AS2172
- ✔ Use a **safe mattress: firm, clean, flat** (not tilted or elevated), right size for the cot
- ✔ **Sleep baby on back**
- ✔ Keep **head and face uncovered**
- ✔ Position baby's **feet at the bottom** of the cot
- ✔ **Tuck blankets** in firmly or use a safe baby sleeping bag

- ✘ **Do not use** pillows, doonas, soft toys, cot bumpers, or lambswools anywhere in the cot
- ✘ **Do not put** your baby to sleep on a water bed or bean bag

- ✔ **Breastfeed baby**
- ✔ **Keep baby smoke free**
- ✔ **Safe sleeping environment night and day**

1 Sleep baby on back



✔ Back

✘ Side

✘ Tummy

Sleeping baby on the side or tummy increases the risk of sudden infant death

Red Nose: Saving Little Lives. (2018).

2. Sleep baby with head and face uncovered

- Ensure that there are no loose bedclothes, pillows, bumpers, or toys in the cot that may cause the baby's face to become covered;
- Ensure that the baby's clothing is safe, e.g. always remove bibs ensure a child is not sleeping in an outfit with a hood attached; and

- When putting the baby in the cot, ensure that their feet are at the base of the cot and that the bedclothes are secure.

When baby is put to sleep, check that:

- Baby's feet are positioned at the bottom of the cot;
- Bedclothes are tucked in securely so bedding is not loose, or place baby in a safe sleeping bag;
- Head coverings are removed before baby is placed for sleep; and
- There are no doonas, quilts, loose bedding or fabric, pillows, lamb's wool, bumpers or soft toys in the cot.



Red Nose: Saving Little Lives. (2018).

Safe sleeping bag:

- A safe baby sleeping bag is constructed in such a way that the baby cannot slip inside the bag and become completely covered. The sleeping bag should be the correct size for the baby with a **fitted neck, armholes (or sleeves) and no hood.**
- When using a sleeping bag, ensure that baby is dressed according to the room temperature. In cool climates, dress baby in layers of clothing within the sleeping bag. If additional warmth is required, use a single, lightweight blanket over the sleeping bag, ensuring baby's feet are at the end of the mattress and the blanket can only reach as far as baby's chest; and is tucked in firmly so it cannot ride up and cover baby's head during sleep.

Wrapping a baby:

- Wrapping should be stopped when a baby shows signs of beginning to roll. Alternatively, a sleeping bag can be used; one with a fitted neck and armhole that is the right size for the baby's weight. For older babies who are able to roll, that should be provided with sleeping bags.
- Modify the wrap to meet the baby's developmental changes. E.g. Arms free once 'startle' reflex begins to disappear which is usually around 3 months.



0-3 months



3-6 months

Examples of techniques that can be used to wrap a baby based on their developmental age. Reduce the effects of the Moro or startle reflex for a younger baby by including arms in wrap. Help an older baby stay on their back by wrapping their lower body, but leaving their hands and arms free to self soothe. Most babies eventually resist being wrapped.

- Recommended fabrics for wrapping include a muslin or light cotton sheet or wrap. Bunny rugs and blankets are not as safe as wrapping as they may cause over-heating.
- For wrapping to be effective, wrap needs to be firm but not too tight. Techniques that use tight wrapping with legs straight and together increase the risk of abnormal hip development. Loose wrap are hazardous as they can also cover baby's head and face.
- Do not wrap higher than the shoulders so baby's face and head do not become covered. Allow for hip and chest wall expansion when wrapping.
- Babies must not be over-dressed under the wrap. e.g.: use only a singlet and nappy in warm weather or light grow suit in cooler weather.
- Use a wrapping technique suitable for baby's developmental age. Reduce the effects of the Moro or startle reflex for a younger baby by including arms in wrap.
- Help older babies (3-6 months) to stay on their back by wrapping their lower body but leaving their hands and arms free to self soothe.
- Discontinue wrapping as soon as baby starts showing signs that they can begin to roll.
- **Soft toys should never be placed in the sleeping environment of an infant under seven months of age due to a suffocation risk. This is also because babies under six months of age do not engage in exploring objects in their sleeping environment and are developmentally too young to take comfort from a toy or object to help them manage any separation from mother.**
- The risk posed by suffocation by the presence of soft objects in the baby's sleeping environment outweighs any benefit to the baby from a soft toy. It is therefore advised not place soft toys and other soft objects in the cot for babies under seven months of age.



Red Nose. Soft toys in the cot (2017)

- Babies over seven months of age are more likely to explore objects in their sleeping environments than younger babies. Some babies over seven months of age may appreciate a small object such as a soft toy to provide comfort and connection (transitional object 1) during times of separation from their parent.
- Keep the cot free of large soft toys, pillows, bumpers, activity centres and anything else that could be 'stacked' to assist a young child/toddler to climb out of the cot.

3. bedding amount for recommended for safe sleep:

Overheating is one of the major risk factors for SIDS and SUDI, but how do you know how much and what sort of bedding to use to keep baby both warm and safer while sleeping is important.

How much bedding should be placed on baby in a sleeping environment?

- Dress baby and use layers as you would dress or use layers yourself: to be comfortable, neither too hot nor too cold.
- Research has shown that baby's risk of dying suddenly and unexpectedly is increased if baby is sleeping on the tummy and that risk is even further increased if baby is sleeping on the tummy under heavy bedding or if baby's head becomes covered by bedding in any position. Babies manage heat loss very efficiently when placed on the back to sleep with the head uncovered. Sleep baby on the back and keep baby's head uncovered during sleep to reduce baby's risk of sudden unexpected death.
- Make up baby's bed so baby sleeps at the bottom of the cot and the blankets can only reach as far as baby's chest, ensuring baby cannot move down during sleep and get his/her head covered by bedding.
- Consider using a safe baby sleeping bag (one with fitted neck, armholes or sleeves and no hood).
- Dress baby for sleep and add/remove lightweight blankets to ensure baby's back or tummy feels comfortably warm to the touch.
- Remove hats, bonnets, beanies and hooded clothing from baby's head as soon as baby is indoors.

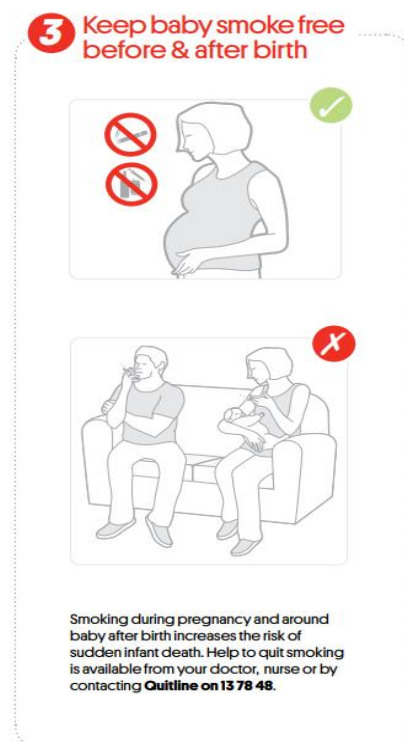
Overheating:

Since the introduction of public health programs promoting 'back-to-sleep' to reduce the risk of SUDI, there has been a significant reduction in the number of babies dying suddenly and unexpectedly. However, tragically, around 113 babies die suddenly and unexpectedly every year in Australia and it is important to keep following evidence-based recommendations on ways to avoid risk factors related to baby's sleep environment.

- Dress baby as you would dress yourself: to be comfortable, neither too hot nor too cold.
- If baby has a minor illness and has a temperature it is common for parents or carers to overdress baby for sleep, however fewer bedclothes should be used or, at times, none at all.
- If parents or carers are worried that baby is ill, they should talk to their baby's doctor and have the baby assessed.
- Baby's face and head should always remain uncovered. Baby's head (particularly the face) is the main route for heat loss.
- Overheating has been found to be related to SUDI and the risk of overheating is increased if a baby is sleeping on the tummy. ** This is especially dangerous if baby is under heavy bedding as, if baby should roll over onto the tummy, then the risk of overheating is even further increased. In fact, research has shown that babies sleeping on the tummy are at ten-fold the risk of SUDI while sleeping in a heated room.

4. Smoke Free Environment - Keep baby smoke free before and after birth

- Babies who are exposed to tobacco smoke before and after birth are at an increased risk of SUDI.
- Council ensures that babies are in a smoke free environment whilst at our centres, in vehicles and whilst on excursions.
- Each service is a smoke free environment.



4: Safe sleeping environment night and day

Recommendations for Safe Sleeping

To prevent other serious sleeping accidents:

- Staff need to ensure that the general sleeping environment for a baby is also safe.
- Staff must ensure that they inspect the cot for loose materials or objects prior to putting the baby to sleep.
- Services will only purchase cots that meet the Australian/New Zealand standards (2173: 2003).

- Staff are not to add any additional padding under a mattress as a baby may be trapped between the mattress and the cot wall.
- Staff are to decline request form parents/guardian with respect to additional bedding/blankets/duonas.
- Staff must inspect the cots for wear and tear on a regular basis.
- Staff must ensure that cots are placed in an appropriate and safe position away from dangling cords, heaters and other electrical appliances.
- Staff are not to use electric blankets, hot water bottles or wheat bags to warm a baby's bed.
- Staff will ensure that the sleeping room is well ventilated at all times.
- Staff will conduct regular checks on sleeping infants at a minimum of 10 minute intervals. ** The circumstances and needs of each child should be assessed, in order to determine any risk factors that may mean physical checks are required more frequently than this; e.g. babies or children with colds, chronic lung disorders or specific health care needs may require a higher level of supervision and more frequent checks while sleeping.
- Time and staff initials are to be recorded on a daily chart and stored onsite. Educators **must** record all checks at the time they occur, not retrospectively.
- Staff will ensure that during a "Cot Check" each child shows visible signs of breathing with the chest rising up and down or the child is showing other physical movement.
- Staff will not place a baby on a lounge chair, pillow, including large pillows used in the story corner, or a beanbag to sleep.
- Babies must not be placed in prams whilst at the centre unless it is during the settling in period. The child needs to be supervised all times by staff while the child is placed in prams.
- Whilst on an excursion, if a baby is placed to sleep in the pram, staff must ensure:
 - that there is adequate ventilation;
 - the baby is placed on their back;
 - the 5-point harness is secured;
 - that the baby's face remains uncovered.
 - the baby is supervised whilst sleeping in the pram, e.g. do not cover the pram with a wrap or blanket; and
 - Staff will ensure that the baby is clothed appropriately for sleep. A useful guide is to dress the baby as you would yourself – to be comfortably warm.

4 Safe sleeping environment night & day



- **Safe cot**
[should meet current Australian Standard AS2172]
- **Safe mattress**
firm, clean, flat, right size for cot
- **Safe bedding**
soft surfaces and bulky bedding increase the risk of sudden infant death

! No soft surfaces or bulky bedding



- ✗ pillow
- ✗ cot bumper
- ✗ lambs wool
- ✗ soft toy eg: teddy
- ✗ doona

5: Comfortable sleeping arrangements

- Staff will ensure that each child has access to comfortable and appropriate bedding. (Older children may use additional bedding, such as a pillow and blanket).
- Staff will ensure that children are dressed appropriately for sleep time, bearing in mind the environment, heating and cooling device beings used, the type of bedding used, and the season.
- Staff will ensure that they follow parental/guardian requests for sleeping arrangements, unless staff feel that the request is putting a child at potential risk for sleeping accidents. Staff can refuse parental requests if parents ask their child to sleep in a certain way without the child's midwife, pediatrician and medical practitioner's written consent form and permission.
- Staff never feed a baby a bottle as the baby lays on a pillow by themselves.
- Beds will be set up in a head to toe manner to reduce cross infection and to allow children undisturbed rest time.
- Beds will be set up as to allow children and staff easy access between the beds.
- The sleeping room must have adequate natural light.
- Dummies can be provided to young babies as they can reduce the risk of SUDI.

6: Breastfeeding babies

Breastfeeding has been shown to reduce the risk of Sudden Unexpected Death in Infancy (SUDI). While Red Nose recommends breastfeeding as the best source of infant feeding, staff recognise this is not always an option for parents as parents make their own decisions for their child.

- Staff encourage breastfeeding.
- Parents should be informed of the benefits of breastfeeding and of the risks of not breastfeeding when a change from breastfeeding is being considered.
- Parents who feed their baby infant formula or supplementary feeds will reduce the risk of SUDI using the other five evidence based safe sleeping strategies:
 - 1) sleep baby on back;
 - 2) keep head and face uncovered;
 - 3) keep baby smoke free at day and night; and after birth;
 - 4) safe sleeping environment night and day; and
 - 5) Sleep baby in safe cot in sleeping room.

Bedding for babies who have a cold:

Research has shown that babies with symptoms of a common cold are often given more bedding than they actually need, placing baby in danger of overheating.

- Parents are required to share information regarding their child about symptoms. This will ensure that staff are aware of the child's condition.
- This practice can lead staff to judge what layers are needed and adjust accordingly. For example, a baby that is overly warm to touch, sweating or red in the face, should have bedding or clothing removed.
- If staff become concerned about the child, staff inform the family immediately.

Transitioning to a bed:

- Babies or young children should not be moved out of a cot into a bed too early. They should also not be kept in a cot for too long. 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 a cot.
- This usually occurs when a toddler is between 2 and 3 ½ years of age, but could be as early as 18 months.
- Parents need to inform and consult with staff about the decision of using a bed. Staff will actively assist in this transition process.

For Devonshire Street Children's Centre:

- In conjunction with regular "Cot Checks" of sleeping infants at 15 minute minimum intervals, staff will also conduct a "Bed Check" for all children who are sleeping on beds at 15 minute minimum intervals in the infant room.

Further information on safe sleeping practices can be found at [Red Nose website](#) or by phoning the Red Nose Education Services information line on 1300 998 698.