



# Sleep, Rest and Relaxation Procedure

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## **Policy**

The Sleep, Rest and Relaxation Procedure falls under the Health and Safety Policy. Hawthorn Early Years recognises that all children have the right to high quality education and care in a safe and comfortable environment. The Service will maintain robust procedures to minimise and manage illness and injuries and ensure a safe and healthy environment.

## **Application of Procedure**

This procedure applies to the Approved Provider, the Board of Hawthorn Early Years all subcommittees of the Board of Management, employees, students, volunteers, families, children and others attending the programs and activities of Hawthorn Early Years.

## **Hawthorn Early Years is committed to:**

Minimising the risk of Sudden Infant Death Syndrome (SIDS) by following up to date practices and guidelines set out by health authorities and ensuring that all children have appropriate opportunities to sleep, rest and relax in accordance with their individual needs.

## **Hawthorn Early Years will:**

Consider each child's individual sleep, rest and relaxation needs whilst recognising that children of the same age can have different sleep and rest patterns that need to be provided for. This will be done by:

### **Providing an appropriate environment**

Create a positive and nurturing environment that ensures all children are protected from harm and hazards.

Consult with parents and guardians during the enrolment process and collect all relevant information about children's individual sleep, rest and relaxation requirements.

Ensure there are adequate numbers of cots provided for children that meet the Australian Standards. Cots provided at the Service should comply with current Australian/New Zealand Standards (AS/NZS 2172), and carry a label to indicate this.

### **Work with families**

Ensure safe sleeping practices are documented and shared with families in a variety of ways.



Ensure current and recommended, evidence-based, safe sleeping guidelines are followed at the Service at all times. If a family's beliefs and requests are in conflict with these guidelines, service management will need to determine if there are exceptional circumstances that allow for an alternate practice. Service management will only approve an alternative practice if the Service is provided with written advice from a registered medical practitioner accompanied by a risk assessment and risk minimisation plan for the individual child. HEY has a duty of care to ensure all children are provided with a high level of safety when sleeping and resting and every reasonable precaution is taken to protect them from harm and hazards.

### **Training**

Ensure all new employees complete the 12 week induction program which includes training on sleep, rest and relaxation procedures and read all HEY policies and procedures during their initial probationary period.

Ensure educators working permanently in classrooms with children aged 0-2 complete the online safe sleeping training by Red Nose.

This is followed by information and conversations around how this is implemented in the classroom setting.

### **All employees, volunteers and students will:**

#### **Training**

Ensure all educators, volunteers or students have completed the classroom induction and are aware of safe sleeping practices through discussions and role modelling.

#### **Supervision and monitoring**

Ensure children's health and safety is always the first priority and adequately supervise children at all times (including during sleep and rest) by ensuring they are within sight and sound.

Ensure that sleeping babies are closely monitored. If babies are asleep in a separate sleep room an educator will be present in the sleep room or within sight and sound of the sleeping baby so they can assess the baby's skin colour and monitor breathing. Sleep and rest music will be kept to a minimum so that breathing can be monitored.

#### **Managing sleep/rest**

Ensure compliance with the recommendations of Red Nose in relation to safe sleeping practices for children.

Develop positive relationships with children to assist in settling children confidently when sleeping and resting.



Ensure there are appropriate opportunities to meet each child's individual need for sleep, rest and relaxation and consider a vast range of strategies to meet children's individual sleep and rest needs.

Respond to individual cues for sleep (yawning, rubbing eyes, disengagement from activities, crying etc.) and acknowledge children's emotions, feelings and fears.

Encourage children to dress appropriately for the room temperature when resting or sleeping. Lighter clothing is preferable, with children encouraged to remove shoes, jumpers, jackets and bulky clothing.

Involve children in the sleep process e.g. help set up bedding, undress, locate comfort items etc.

Encourage all babies and children to self-settle when going to sleep in line with recommendations from health experts.

Ensure that children who **do not** wish to sleep are provided with alternative quiet activities and experiences, while those children who **do** wish to sleep are provided with opportunities to do so, without being disrupted. If a child requests a rest, or if they are showing clear signs of tiredness, regardless of the time of day, a comfortable and safe area will be available for them to rest.

### **Additional safety considerations for babies and young children**

Ensure children under 12 months of age sleep in a cot, whilst children between the ages of 12-24 months move to a sleeping mat upon consultation with parents.

Ensure babies are placed on their back to sleep when first being settled. Once a baby has been observed to repeatedly roll from back to front and back again on their own, they can be left to find their own preferred sleep or rest position (this is usually around 5–6 months of age). Babies aged younger than 5–6 months, and who have not been observed to repeatedly roll from back to front and back again on their own, should be re-positioned onto their back when they roll onto their front or side.

Check that any bedding is tucked in securely, and is not loose when placing a baby to sleep. At no time should a baby's face or head be covered (i.e. with linen). To prevent a baby from wriggling down under bed linen, they should be positioned with their feet at the bottom of the cot. Alternatively babies over four months may be placed in a safe baby sleeping bag (i.e. with fitted neck and arm holes, but no hood).

Consider the baby's stage of development if they are wrapped when sleeping. If babies are wrapped their arms will be left free once the startle reflex disappears at around three months of age. Wrapping will then be discontinued when the baby can roll from back to tummy to back again (usually four to six months of age). Only lightweight wraps such as cotton or muslin will be used.



Only place a baby in an alternative sleep position if a medical condition exists that prevents the baby being placed on their back to sleep. The alternative resting practice must be directed in writing by the child's registered medical practitioner.

Offer a dummy for all sleep periods if a dummy is used. Dummy use should then be phased out by the end of the first year of a baby's life. If a dummy falls out of a baby's mouth during sleep, it should not be re-inserted.

Keep soft toys out of cots for babies under seven months of age because they may cover their nose and mouth and interfere with breathing. Babies over seven months of age may be given a safe, small comfort object from home to provide comfort and connection (transitional object) during times of separation from their parent.

Ensure blankets are not draped over the sides of cots unless they are being directly supervised and should be removed once the child is asleep or the educator moves away from the cot.

Ensure cot sides are securely locked before moving away from the cot and ensure cot mattress are not tilted.

Ensure safe sleeping information is displayed on walls in cot rooms.

### **Sleep environment**

Conduct regular safety checks of all equipment used for sleeping and resting, such as cots, mattresses, sheets etc.

Check for hazards in rest or sleeping environments e.g. hanging cords, mobiles, curtains and blinds should be inaccessible to children who are sleeping or resting.

Ensure children rest/sleep head to toe where close to minimise the risk of cross infection and that arrangement of beds and cots allows easy access for children and staff.

Ensure artificial heating, such as heat bags and hot-water bottles are **not** used to provide warmth and monitor the physical environment, including room temperature, lighting, airflow and noise levels.

Ensure rooms used for sleep and rest are well ventilated and free from cigarette or tobacco smoke.

Ensure children who are sleeping or resting have their face uncovered at all times.

Ensure each child has their own bed linen including a blanket where needed, and that the linen is laundered as needed but at least weekly.

Ensure children are not put into cots or on beds with bottles.



Ensure mattresses are cleaned with warm soapy water prior to use by another child and where linen remains on mattresses ensure the mattresses are stored separately to prevent cross contamination.

### Documentation

Document children’s routine information on the daily whiteboard in their room, which includes each child’s sleep and rest times, as per summary table below:

Child’s name	Morning tea (✓ = eaten)	Lunch – no. serves	Sleep time	Afternoon tea (✓ = eaten)
Holly	✓	2	12.30 - 2.15	✓
Matilda	✓	1	12.50 – 2.00	✓
Cooper	✓	2	12.55 – 1.55	✓
Julie	✓	2	12.30 – 2.00	✓

### Relaxation

Create space within the daily program to enable children time to relax, which may include, for example, turning the lights down and organise relaxing experiences in small groups, etc.

Integrate a holistic approach recognising the connectedness of mind, body and spirit therefore promoting mindfulness.

Encourage children to use a sleep mat if they usually sleep or want to lay down for a rest.

### Work with families

Engage with parents/families to understand their child’s sleep, rest and relaxation requirements and practices prior to commencing at the Service and when these change. This includes any comfort items their child may require during periods of sleeping, resting or relaxing.

Respect family preferences regarding sleep and rest and consider these daily while ensuring children feel safe and secure in the environment. Conversations with families may be necessary to remind families that children will neither be forced to sleep nor prevented from sleeping. A collaborative discussion between educators and families will take place regarding a child’s sleep patterns before educators agree to wake a sleeping child. This will take into account the child’s behaviors within the classroom environment, reading their individual cues and responding appropriately to these. Generally a child will not be woken during their first sleep cycle (please refer to definitions).

Consider situations when parents/families have specifically requested for their child not to sleep, and where the child demonstrates they are tired and/or sleep cues, the child will be allowed to fall asleep for one sleep cycle before being gently woken. If this situation occurs this will be clearly communicated with the parents/families upon pickup.



### **Parents/ Guardians will:**

Provide sleep clothes that are safe and fitted with no cords or attached chains for dummies and if choosing to provide sleeping bags these should be securely fitted with armholes and a fitted neck.

Understand that educators need to follow the Services Sleep, Rest and Relaxation Procedures when caring for and educating children.

Communicate with educators about their child's individual sleep, rest and relaxation needs.

### **See also:**

1. Health and Safety Policy

### **Definitions:**

**Relaxation/rest:** A period of inactivity, solitude, calmness or tranquility.  
**Sleep cues:** Signs that children are tired - for example - rubbing eyes, yawning, disengaged or withdrawn and/or asking for a sleep.

**Sleep cycle:** A sleep cycle for babies and toddlers is typically 40 minutes.

**SIDS (Sudden Infant Death Syndrome):** The unexpected and unexplained death of an infant, usually occurring during sleep.

**Red Nose:** An organisation dedicated to a future where no child dies suddenly and unexpectedly during pregnancy, infancy or in childhood. Red Nose assists in saving the lives of babies and children and supporting people impacted by the death of a child.

Red Nose is considered to be the national authority on safe sleeping practices for infants and children. A branch of Red Nose is located in each state and territory, and can provide resources and assistance.

A full set of definitions can be found in the Policies and Procedures definitions list.