

RELAXATION AND SLEEP POLICY

Best Practice – Quality Area 2

PURPOSE

This policy will provide clear guidelines for the implementation of safe relaxation and sleep practices that meet the individual needs of children attending Camberwell Kindergarten and Child Care Centre Inc.

POLICY STATEMENT

1. VALUES

Camberwell Kindergarten and Child Care Centre Inc. 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 (refer to *Definitions*) to all children at Camberwell Kindergarten and Child Care Centre Inc. and ensuring that adequate supervision (refer to *Definitions*) is maintained while children are sleeping, resting or relaxing.
- Complying with all legislative requirements, standards and current best practice, including recommendations by Red Nose and Kids and Kidsafe (refer to *Sources*).

2. SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Person Responsible, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Camberwell Kindergarten and Child care Centre Inc.

3. BACKGROUND AND LEGISLATION

Background

“The early years of life are a peak period for growth and development, and quality sleep is essential during this period. Early childhood educators can support parents to establish and maintain good sleep habits in children through the environment provided for sleep and rest:

- Provide a separate, supervised area that is reserved for sleep and rest. This supports the distinction between awake time and sleep time and helps to minimise distractions.
- Direct children who do not want to sleep into quiet, restful activities instead.
- Maintain good levels of communication with parents and other caregivers to ensure that you know of anything that might have disturbed the sleep of children in your care.
- Let parents and caregivers know about the rest that their child has had that day at your setting”

The *Early Years Learning Framework* (EYLF) and the *Victorian Early Years Learning and Development Framework* (VEYLDF) include a focus on social, emotional, spiritual and physical wellbeing and health. Development Outcome 3 in both framework documents refers to a child's ability to take increasing responsibility for their own wellbeing. One of the indicators for this capacity is that children “recognise and communicate their bodily needs (for example thirst, hunger, rest, comfort, physical activity)”. The EYLF suggests that to promote this, educators should:

- Consider the pace of the day within the context of the community.
- Provide a range of active and restful experiences throughout the day, and support children to make appropriate decisions regarding participation.

Employers have a responsibility under the *Occupational Health and Safety Act* to provide a safe and healthy working environment. This duty extends to others present in the workplace, including children and volunteers. Providing a safe environment for children at the service includes complying with current Australian/New Zealand standards in relation to equipment, such as cots and mattresses (refer to *Sources*).

Legislation and standards

Relevant legislation and standards include but are not limited to:

- 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*: Section 167
- *Education and Care Services National Regulations 2011*: Regulation 81
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
 - Standard 2.1: Each child's health needs are supported
 - Element 2.1.2: Each child's comfort is provided for and there are appropriate opportunities to meet each child's needs for sleep, rest and relaxation
- *Occupational Health and Safety Act 2004*

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

4. DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

Adequate supervision: (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.

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 each child, respond to individual needs, and immediately intervene if necessary. Variables affecting supervision levels include:

- 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).

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 reasonable foreseeable risk of injury.

Relaxation/rest: A period of inactivity, solitude, calmness or tranquillity.

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

Red Nose and Kids: The National Red Nose Council of Australia, dedicated to eliminating SIDS and providing support for bereaved families. Red Nose and Kids is considered to be the national authority on safe sleeping practices for infants and children. A branch of Red Nose and Kids is located in each state and territory and can provide resources and assistance (refer to *Sources*).

5. SOURCES AND RELATED POLICIES

Sources

- Australian/New Zealand Standards: (at the time of printing) the current relevant standards are:
 - 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)

Services can check current standards on the SAI Global website at: www.saiglobal.com

- *Belonging, Being & Becoming – The Early Years Learning Framework for Australia* (EYLF): <http://education.gov.au/early-years-learning-framework>
- *Cot to bed safety: When to move your child out of a cot* https://rednose.com.au/downloads/Cot-to_Bed_Brochure.pdf
- *Grow and Thrive, Sleep*, volume 2 number 1, February 2013, Centre for Community Child Health: <http://www.rch.org.au/ccch/growthrive/archives/>
- Kidsafe Fact Sheets at: www.kidsafevic.com.au/resources
 - *Safe Sleeping for Infants*
 - *Ages and Stages* fact sheet series ('Sleeping' section)
- SIDS and Kids, Safe Sleeping Program: <http://www.sidsandkids.org/safe-sleeping/> SIDS and Kids also produces a range of resources including the *Infant Safe Sleeping Child Care Kit*
- Monash Sleep unit www.monashsleepunit.com.au
- Red Nose – <https://rednose.com.au/section/safe-sleeping> (formerly SIDS and KIDS)
- Royal Children's Hospital www.rch.org.au
- Wrapping Babies – <https://rednose.com.au/article/wrapping-babies>
- Safe Wrapping - https://rednose.com.au/downloadfs/Safe-Wrapping_Brochure.pdf
- Product safety: a guide for businesses and legal practitioners: www.consumer.vic.gov.au/businesses/fair-trading/product-safety
- WorkSafe Victoria, *Children's services – occupational health and safety compliance kit*: <http://www.worksafe.vic.gov.au/forms-and-publications/forms-and-publications/childrens-services-occupational-health-and-safety-compliance-kit>
- *Victorian Early Years Learning and Development Framework* (VEYLDF): <http://www.education.vic.gov.au/childhood/providers/edcare/pages/veyladf.aspx>

Service policies

- *Child Safe Environment Policy.*
- *Hygiene Policy.*
- *Incident, Injury, Trauma and Illness Policy.*
- *Interactions with Children Policy.*
- *Occupational Health and Safety Policy.*
- *Supervision of Children Policy.*

PROCEDURES

The Nominated Supervisor with the Approved Provider 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 and individual needs (Regulation 81(1)).

- Ensuring parents/guardians are consulted about appropriate relaxation and sleep practices for their child.
- Protecting children from hazards and harm (Section 167).
- Ensuring cots provided at the service comply with the most current Australian/New Zealand Standards.
- Ensuring that hammocks, prams and strollers are not used to settle children to sleep.
- Consulting with staff in relation to OHS issues when purchasing new equipment for the service.
- Ensuring compliance with Worksafe Victoria's *Children's services – occupational health and safety compliance kit* (refer to *Sources*), including in relation to staff lifting children into and out of cots.
- Ensuring compliance with the recommendations of SIDS and Kids and Kidsafe in relation to safe sleeping practices for children (refer to *Sources*).
- Ensuring adequate supervision of children at the service at all times, including during relaxation and sleep.
- Ensuring that rooms used for sleep and relaxation are well ventilated.
- Ensuring that there is adequate space to store bedding in a hygienic manner (refer to *Hygiene Policy*).
- Regular review and update sleep and rest policies and procedures to ensure they are maintained in line with best practices, principles and guidelines.

The Nominated Supervisor 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 and individual needs (Regulation 81(2)).
- Ensuring the educational program provides opportunities for each child to sleep, rest or engage in appropriate quiet play activities, as required.
- Protecting children from hazards and harm (Section 167).
- Informing the Approved Provider, as soon as is practicable, of any hazards identified in the child's resting or sleeping environment.
- Ensuring all staff and educators comply with Worksafe Victoria's *Children's services – occupational health and safety compliance kit* (refer to *Sources*) in relation to lifting children into and out of cots.
- Ensuring all staff and educators comply with the recommendations of SIDS and Kids and Kidsafe in relation to safe sleeping practices for children (refer to *Sources*).
- Ensuring adequate supervision of children at the service at all times, including during relaxation and sleep.
- Ensure all educators that are working with children have received information and training to fulfil their roles effectively.
- Storing items such as bedding in a hygienic manner to prevent cross-contamination (refer to *Hygiene Policy*).
- Ensuring supervision planning and the placements of educators across a service should ensure educators are able to adequately supervise sleeping and resting children to be able to hear and be in sight of them.

Person Responsible, educators and other staff are responsible for:

- Providing each child with appropriate opportunities for relaxation and sleep according to their needs.
- Complying with the recommendations of Red Nose and Kids and Kidsafe in relation to safe sleeping practices for children (refer to *Sources*).
- Complying with Worksafe Victoria's *Children's services – occupational health and safety*.
- 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, 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, airflow and noise levels.
- Minimising distress or discomfort for the children in their care.
- To ensure that children who **do not** wish to sleep are provided with alternatives quiet activities and experiences, while those children who **do** wish to sleep are allowed to do so, without being disrupted.
- Create a relaxing atmosphere for resting, sleeping children by playing soft relaxing music, reading stories, turning lights low and ensuring children are comfortably clothed. The environment should be both calm for both educators and children. The educators will sit near resting children and support them by encouraging them to relax and listen to music or stories.
- Encourage children to rest their bodies and minds for 20 – 30 minutes, if children are awake after this time they will be provided quiet activities for the duration of rest time.
- Ensuring that resting and sleeping practices are not used as a behaviour guidance strategy (refer to *Interactions with Children Policy*).
- Providing a range of opportunities for relaxation throughout the day.
- Conducting regular safety checks of equipment used for sleeping/resting, such as cots and mattresses.
- 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 (refer to *Definitions*) of all children, including during sleep, rest and relaxation.
- Regular 10 minutes checks of children sleeping in cots under 12 months of age whereas staff will check and sign off that they have check.
- Supervising children displaying symptoms of illness closely, especially when resting or sleeping (refer to *Incident, Injury, Trauma and Illness Policy*).
- Ensuring that artificial heating, such as heat bags and hot-water bottles, is not used to provide warmth.
- 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.
- Documenting and communicating children's rest and sleep times to co-workers during shift changes.
- Red Nose **does not** recommend placing anything around the neck of a sleeping baby as this could tighten during sleep, making breathing difficult and may even strangle a baby. Furthermore, strings of beads could break, and individual beads could end up in a babies mouth, presenting a choking hazard.
- Educators should closely monitor sleeping and resting children in their environments. This involves checking / inspecting sleeping children at regular intervals, (10 minutes) and ensuring they are always within sight and hearing distance of sleeping and resting children, so they can assess a child's breathing and the colour of their skin.
- Providing information to families about the service's relaxation and sleep practices.
- Developing communication strategies to inform parents/guardians about their child's rest and sleep patterns, including times and length of sleep.
- To be aware of the sleep and rest policies their responsibilities in implementing these, and any changes that are made over time.
- Encouraging children's independence and assisting children with dressing as needed.
- If a medical report is given to the service for a child not to be placed on their back, staff are to consider undertaking a risk assessment and implementing a risk minimisation plans for the baby.

- A parent cannot request a particular practice if it does not meet the requirements of Red Nose eg: a parent may request the service wraps or swaddle their baby while they are sleeping. However, according to Red Nose recommendations, this practice should discontinue when a baby starts showing signs that they can begin to roll (usually around 4 – 6 months of age or sometimes earlier) The nominated supervisor and educators should be confident to refer the parents to the services Relaxation and Sleep Policies and procedures. If parent makes this request that are contrary to the safety of the child. Child Safety should be the first priority.

Parents/guardians are responsible for:

- Discussing their child's relaxation and sleep requirements and practices prior to commencing at the service, and when these requirements change.
- Providing a sleeping bag for children under 12 months of age.
- Providing information on the child's enrolment form if the child requires special items while resting or sleeping e.g. a comforter or soft toy (over 12 months old).
- Red Nose **does not** recommend placing anything around the neck of a sleeping baby as this could tighten during sleep, making breathing difficult and may even strangle a baby. Furthermore, strings of beads could break, and individual beads could end up in a baby's mouth, presenting a choking hazard.
- 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.

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

EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider will:

- Regularly seek feedback from everyone affected by the policy regarding its effectiveness.
- Monitor the implementation, compliance, complaints and incidents in relation to this policy.
- Keep the policy up to date with current legislation, research, policy and best practice.
- Revise the policy and procedures as part of the service's policy review cycle, or as required.
- Notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

ATTACHMENTS

- Attachment 1: Cots

AUTHORISATION

This policy was adopted by the Nominated Supervisor of Camberwell Kindergarten and Child Care Centre Inc. on updated 21/06/2019

REVIEW DATE: 21/06/2021

ATTACHMENT 1

Cots

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).

Services can check current standards on the SAI Global website at: www.saiglobal.com

Household cots usually have a lower base and mattress, and Worksafe Victoria have expressed concern for staff in relation to the manual handling risks posed when working with cots at a lower height.

The Institutional Cot Standard allows for cots with a higher base and mattress, but requires these cots to be made of metal, and to have a drop side that can be lowered to the level of the mattress. The early childhood sector has expressed concerns in relation to the safety of cots with sides that lower to the level of the mattress.

Services should investigate options either for:

- Cots that meet the Australian/New Zealand Standard – Cots for household use – Safety Requirements (AS/NZS 2172:2010) and have a higher base and mattress, or
- Cots that meet the Australian/New Zealand Standard – Cots for day nursery, hospital and institutional use – Safety Requirements (AS/NZS 2130:1998).

No alterations should be made to purchase cots under any circumstances, as this may have serious consequences in relation to liability in the event that an incident occurs.

ELAA **does not** recommend that services use portable cots, as they present an increased risk of injury or death to a child if erected incorrectly. Portable cots also pose an increased risk of manual handling injuries to staff. If a service requires an extra cot to be available for occasional use, it is possible to purchase a cot that meets the Australian/New Zealand Standard – Cots for household use, and folds flat for easy storage.

Further information on cots is available on the ELAA OHS website (www.ohsinecservices.org.au).

Resources include:

- Fact Sheet – Cots: www.ohsinecservices.org.au/purchasing-factsheets
- Manual Handling Tip sheet: www.ohsinecservices.org.au/tipsheets

Recommended sleep times for children

AGE GROUP	TOTAL SLEEP (HRS/DAY)	SLEEP AT NIGHT (HRS)	SLEEP DURING DAY (HRS)
NEWBORNS(0-2mths)	12-18	About the same as for daytime	About the same as for night time (4 naps)
INFANTS(2-12mths)	15-14	9-12	5-2.5 (3-2 naps)
TODDLERS(1-3YRS)	14-15 – 12-13	11.5	3.5-2.5-1.5 (2 -1nap)
PRESCHOOLERS(3-5YRS)	13-11	Most sleep achieved at night	Daytime naps usually minimal or ceasing
SCHOOL AGED (5 – 12YRS)	11-9-10	All sleep should be achieved at night	Daytime naps usually related to sleep debt
ADOLESCENTS	8.5-9.5	All sleep should be achieved at night	Daytime naps usually related to sleep debt
ADULTS	7-9	All sleep should be achieved at night	Daytime naps usually related to sleep debt