

Sleep, Rest and Relaxation

Purpose of this requirement

To ensure each child's comfort is provided for and there are appropriate opportunities to meet each child's individual need for sleep, rest and relaxation in accordance with safe sleeping practices.

To ensure all infants in our care are slept in a safe sleeping environment to reduce the risk of Sudden and Unexpected Death in Infancy (SUDI), including Sudden Infant Death Syndrome (SIDS) and fatal sleeping accidents through best safe sleeping practice (2017 Safe Sleeping Child Care Kit).

Definitions

Approved Disinfectant:

- Bleach 4% (dilute at 10-1)

Approved Sanitiser: Neutral Cleaner/Detergent

- Neutral Cleaner / Detergent (as per instructions)

Bedclothes: coverings for a bed, such as sheet and light blankets**Comforter:** Belonging of the child that invokes a sense of security.**Emergency:** An incident that poses an immediate risk which requires an urgent and coordinated response**Infant:** Young children between the ages of birth and 12 months.**Moro or startle reflex:** Is an infantile reflex normally present in all infants, up to 4 or 5 months of age, as a response to sudden loss of support, when the infant feels as if it is falling. It involves three distinct responses.

- spreading out the arms (abduction)
- unspreading the arms (adduction)
- crying (usually)

Rest: A period of inactivity, solitude, calmness or tranquillity, and can include a child being in a state of sleep.**Relaxation:** Recreation or other activity for bringing about a feeling of calm in your body and mind.**Sudden and Unexpected Death in Infancy (SUDI):** The sudden and unexpected death of an infant under 1 year of age after they were placed to sleep. It includes explained and unexplained deaths.**Sudden Infant Death Syndrome (SIDS):** The unexplained death without warning of an apparently healthy infant, usually during sleep (<http://medical-dictionary.thefreedictionary.com/sudden+infant+death+syndrome>).

Applicability of this requirement

Regulation 81 of the Education and Care Services National Regulations (2012) relating to 'sleep and rest', identifies that the educators must take reasonable steps to ensure that the needs for sleep and rest of children being educated and cared for by the service are met, having regard to the ages, development stages and individual needs of the children.

DOCUMENT NUMBER & TITLE		NQS2 Sleep Rest and Relaxation REQUIREMENT		
POLICY OWNER	Tara Harnett, Quality Manager	CONTENT OWNER	Tania Howard, NQF Analyst Quality	
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On arrival at the centre educators must:

- Seek regular information from children and families concerning sleep, rest routines and practices which relate to their values and beliefs and discuss how this will occur at the centre.
- Assist families to store any linen provided. Linen must be appropriate for the season and be provided for children on a weekly basis in an individually named sleep bag for storage.
- Have access to current safe sleeping information at the centre which can be accessed by staff or families as required.
- Educators will consider the request of families in relation to children's sleep routines while taking into account the needs of the group and individual needs of each child.

Preparation of Rest Area:

- Place the weekly NQS2 Infant Sleep Room record in the location where infants and / or children are sleeping. This will require an educator to enter the space to complete the record rather than a visual check being conducted from the entrance or observational windows.
- Cots and other bedding equipment and accessories must meet current Australian Standards.
- Mattresses must fit the cot base, with no more than a 20mm gap between the mattress sides and ends.
- Position beds and cots with unobstructed access to assist in managing emergency situations and to reduce the risk of cross infection or injury.
- Provide children with a safe sleeping environment removing from reach all potential dangers including cords or strings, heaters and electrical appliances.
- Infants/children may be slept on mats in cot rooms if a risk assessment is carried out to determine that the environment is safe to do so. For example, if cots are also present in the room a risk assessment would determine that children on mats may wake prior to educators doing their 5-minute checks and could therefore potentially wake sleeping infants, place any objects lying around (if any) into cots or climb cots leading to potential accidents. Therefore, in order for adequate supervision to occur an educator would need to be present in the cot room at all times.
- Only one child is permitted per bed or cot for rest time.
- If a child does not have linen for rest time, the centre must provide clean linen for use on the day.
- Ensure that the room temperature and linen is appropriate for the climate. Refer to the Red Nose information statements - Bedding Amount Recommended for Safe Sleep and Room Temperature for further information.
- Older children are to be encouraged to make their own beds.
- Ensure sleep room viewing windows are free from obstruction.
- Cots must be prepared following the below:
 - The bottom sheet must be firmly tucked in.
 - The covering sheet and light blanket must be firmly tucked in at the bottom to prevent the baby or child from covering their head during rest.
 - Do not use doonas, pillows, lamb's wool, thick quilts, bumpers, soft toys (refer to ACCC - Safe sleeping for infants), comforters or pacifiers attached to a chain in cots.
 - Mattresses must not be elevated or tilted.
- Where a parent requests that their infant sleeps in a sleeping bag ensure the following;
 - The sleeping bag is made so that the baby cannot slip inside the bag and become completely covered.
 - The sleeping bag has a fitted neck and arm holes and does not have a hood.
 - Make sure that the infant has appropriate clothing on under the sleeping bag. If additional warmth is needed, 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.
 - Sleeping bags are not utilised once the infant is outside of the cot, and
 - The infant does not need to be slept with feet at the bottom of the cot if in a sleeping bag.

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- The following should be considered when transitioning infants from a cot to a mattress:
 - Parents have been consulted and they are happy for this to occur.
 - An infant/child wearing a sleeping bag and not confined to a cot is at a higher risk of falling and injuring him/herself. For this reason, a cocooned bottom sleeping bag is not to be utilised once an infant/child is outside of the cot. However, there are a few suitable options that can be utilised instead. When choosing an alternative sleeping bag the following must be considered:
 - The sleeping bag has separate compartments for each leg; and
 - The feet covers have a non-slip sole or feet are exposed so children can walk around safely on slippery surfaces
 - Ensure the mattress is positioned away from the walls as young children can become trapped between the mattress and wall.
 - The child's mattress needs to be firm to prevent sleep accidents.
 - Keep the area around the mattress clear of soft toys or similar objects that an infant can roll onto - soft objects could mould around an infant's face, resulting in suffocation.
 - Most importantly ensure that this is in the best interest of the child – Note: Infants and young children should not be moved out of a cot and onto a mattress too early. When a child is observed attempting to climb out of a cot and looks like they may succeed, it is time to move them onto a mattress.

Child Transition to Rest Time:

- Each child's face and hands are to be washed before transitioning to sleep and rest time. Encourage older children to do this for themselves.
- Remove excess clothing including hooded clothing, jewellery (e.g. amber teething necklaces and bracelets), bibs and shoes from all children. Encourage older children to do this for themselves.
- Expert guidance in Australia for safe sleep practices for infants and children, states that whether worn for cultural reasons or to soothe a teething baby, necklaces are a danger when a child is sleeping. It is advised that nothing is to be placed around the neck of a sleeping child as this could tighten during sleep and make breathing difficult and may even lead to strangulation. Some parents will have personal or cultural preferences that may not align with these expert recommendations. These preferences might include the use of an amber teething necklace or cultural necklaces. In your orientation, you must include a visit to the cot room to show families where babies will sleep and how they will be positioned for sleep. It's important to share this with families as they may not have heard of SIDS and may not follow this advice at home. The Red Nose web site www.rednose.org.au provides information on safe sleeping with pictures and downloadable resources to share with families. Ensure clothing is appropriate to the season and room temperature. If children change clothes, respect their need for privacy.
- Ensure staff are always within sight and hearing distance of sleeping and resting children. There must be sufficient lighting for staff to be able to assess the colour of children's skin and enable children to undertake quiet activities.
- Provide well-ventilated areas for sleeping and resting.
- A bottle required prior to rest, must be offered before laying the infant down. Infants are not to be placed in the cot with a bottle. Young children must always be sitting down while feeding from a bottle or sippy cup.
- Where the parent request that their infant is wrapped ensure the following:
 - Wrapping is only to be used if requested by the parent.
 - Wrap the infant from below the neck to avoid covering the face.
 - Wrap should be firm but not tight. When wrapping infant, allow for hip flexion and chest wall expansion.
 - The infant is not over dressed under their wrap, has the head uncovered and does not have an infection or fever. Use only a nappy and singlet in warmer weather and add a lightweight grow suit in cooler weather.
 - Wrap should be of muslin or light cotton material. Bunny rugs and blankets are not safe alternatives as they may cause overheating.
 - Modify the wrap to meet the baby's developmental changes, e.g. arms free once 'moro' or 'startle' reflex begins to disappear at round 3 months. Refer to the **Red Nose guidelines for safe wrapping of young babies** brochure and **Safe Swaddling Vignette**.
 - Discontinue wrapping as soon as the infant shows signs of being able to roll.

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- All staff must demonstrate to the Centre Director that they are able to wrap an infant in line with the Red Nose guidelines for safe wrapping of young babies' brochure. A professional development record must be completed for this.
- Please note that as the responsible person for the centre, the Centre Director, is responsible for ensuring that they themselves are appropriately trained. To do this a Centre Director must ensure they understand the Red Nose requirements. Centre Directors may like to request assistance from their Line Manager or ask Red Nose to attend the centre to ensure they are appropriately trained; and
- Position infant in the cot as outlined below.
- To reduce the risk of SIDS and fatal sleep accidents ensure the following practices are being carried out:
 - Always place infants on their back to sleep. Infants who are easily able to turn over and move around in the cot must still be placed on their backs while resting, even if they later choose their own resting position. This usually occurs when the child is six months or older.
 - If a family requests their child sleeps contrary to these requirements, staff are to provide them with current evidence based educational resources such as Red Nose information statements in order to facilitate informed decisions regards safe sleeping. If the family is still not in agreement due to a rare medical condition, then a letter from a medical practitioner or specialist must be provided, outlining alternative sleep positions for the child. The Inclusion Support Procedure will also need to be followed.
 - When using bedclothes position the infant's feet at the bottom of the cot.
 - Ensure the infant's head and face remains uncovered.

Sleep and Rest Time:

Staff must adequately supervise infants and children during sleep and rest time in accordance with relevant legislative requirements.

Children:

- Ensure children's needs for sleep and rest are met, having regard to each child's age and development.
- Children must sleep and rest with their face uncovered.
- Routines and physical environments should be flexible enough to support children who do not require a sleep and to ensure opportunities are provided for rest and relaxation throughout the day as needed (National Quality Standard and Operational Requirements Part B, page 377).
- Provide quiet play activities for children who choose not to sleep or rest.
- Where children are sleeping or resting in separate sleep spaces refer to infant requirements below.

Infants:

- Infants must not sleep in a capsule, pram, rocker or bouncer. If they fall asleep in these pieces of equipment, transfer the infant to a cot.
- Cot sides must be pulled up when an infant is placed in a cot.
- Staff ensure that sleeping infants are closely monitored. Physically check resting/sleeping infants at regular intervals. Check each child in the infant sleep room to ensure that their chest or back is rising and falling and the colour of their skin to ensure their safety and wellbeing.
- The [Infant Sleep Room Record](#) is to be completed as educators monitor sleeping infants at 5 minute intervals. The educator conducting the physical infant check must record their initial and the number of sleeping infants. Document each child's individual sleep/rest on the Routine Information Record of your choice.

Child Transitioning Out of Rest Time:

- Acknowledge children as they wake.
- Ensure infants and children's clothing is appropriate to the season and temperature. Encourage older children to dress themselves. If children change clothes, respect their need for privacy.
- Prior to children moving to quiet learning experiences, encourage them to remove the bed linen and place it in their sleep bag.
- Store linen appropriately to prevent cross contamination.
- Clean beds with an approved neutral cleaner/detergent and stack safely at the end of rest time.

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- Linen is to be laundered after the child's last day of attendance each week. Only Centre provided linen is to be washed at the Centre. Soiled linen should not be carried against clothing, instead use a basket, waterproof bag or other alternative. Linen is not to be shared by children without prior washing. Ensure there is sufficient clean linen for the number of children attending each week.
- Remake the infant's cot if they are returning to the centre the following day. If not, prepare the cot for the infant in attendance on the next day. Sanitise the mattress after the child's last day of attendance for the week with an approved neutral cleaner/detergent. If a mattress or bed is soiled at any time, an approved disinfectant must be used for cleaning to minimise contamination.
 - If a child has soiled themselves during rest time refer to the Toileting Procedure ([link](#)). Parent provided linen that has been soiled should be handled wearing gloves and be placed into a waterproof bag, labelled with the child's name and then into a sealed plastic container. Centre provided soiled linen should be handled wearing gloves and soaked to remove the bulk of the contamination.
 - Washed separately in hot water and detergent.
 - Dried in the sun or on a hot cycle in the clothes dryer.

Things you might like to consider when thinking about sleep, rest and relaxation:

- Play suitable rest music to create a soothing atmosphere. See the reference to the use of music in the Curriculum Development Guideline ([link](#)) when considering the use of music during rest time. Music should be played quietly, creating a consistently low-level of noise.
- Children who do not sleep in a cot may be provided with a comforter where necessary, ensuring adequate supervision is provided by educators at all times.
- Sleep and rest practices that are consistent with current views about children's health, safety and welfare and that meet children's individual needs (National Quality Standard and Operational Requirements Part A, page 148). Research has found that there are long-term benefits of sleep, particularly in infants. Sleep is an important part of the cognitive process in which activity in certain brain regions are more active during sleep than when awake.
- Sleep plays a critical role in consolidating learning into long term memory throughout the lifetime (Oats et al. 2012).

For professional development resources including information sheets, podcasts and examples of positive sleep, rest and relaxation in practice visit the Queensland government Early Childhood Education and Care webpage and ACECQA Safe sleep and rest practices from October 2017 webpage.

Related Documents

[NQS2 Infant Sleep Room Record Appendix](#); [NQS2 Routine Diary – Nursery and Toddler Appendix](#); [NQS2 Routine Record 3 to 6 years Appendix](#); [NQS2 Routine Record – Nursery and Toddler Appendix](#); [NQS2 Routine Record – Toddler and Kindy Appendix](#); [NQS2 Toileting Procedure](#)

Related policies

[NQS2 Safety, Health and Wellbeing Policy](#)

Responsibilities

This requirement is to be implemented by: All centres across Australian States and Territories

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