

POLICY NO.19 SLEEPING POLICY**Rev 6 DATE: 16.08.2021**

Scamps & Scholars knows the importance of sleep and rest for all children in the service. We will ensure children get either sleep or rest when they may need it regardless of their age. We will work with the family on their child's sleep/rest patterns and will always work in the best interest of the children.

For comfort and protection when children are put to sleep, the following points are strictly adhered to in accordance with the preschool regulations regulations 2006.

- Staff will be given clear guidance on the safe sleep practices.
- Children are allowed sleep/ rest when they are tired (if required) and not just at dedicated times of day.
- Children will always be provided with suitable sleeping facilities away from the main play areas and / or in spaces that are quiet and low on usage at the time of sleeping. In general Sofas, beanbags and buggies are not suitable sleep.
- Children are welcome to bring items from home to help comfort them to sleep e.g. teddy, blanket, and soother.

Safe Sleep Practices

- Children under two years of age have access to a standard cot.
- Children over two years of age will have access to a stackable bed, a sleeping mat or a suitable alternative.
- Children will have individual beds/ cot with their own mattress, sheet and blankets.
- All blankets, sheets and linen will be launder at least once per week and more as necessary and recorded on the cleaning schedule.
- The sleep room will be supervised by staff to keep the children in sight and monitor their breathing sleep position, coloration and general well being & safety.
- For children under two years of age, sleep logs are carried out every 10 minutes by a staff member. The staff member will check the sleeping children to ensure a safe sleeping position, they are breathing comfortably and the facial colour is normal.
- Also, the log will record who checked the children and the time of the check.
- Beds and cots will be spaced at reasonable intervals apart.
- Lighting will be adjustable to ensure a relaxed sleepy environment for the children.
- Temperatures, as much as is possible will be maintained between 16 degree

- Celsius to 20 degrees Celsius and recorded each day.
- Staff will ensure no objects of strangulation or choking are present or near the sleeping area.
- All sleeping practices have been considered with fire safety requirements in mind.
- Smoking is strictly forbidden in or around the building.

Procedures for Babies

- Babies will always be put on their backs
- Babies feet will be placed at the foot of the cot
- Babies clothes are loose and light
- No bibs or bottles in the cot
- No quilts, pillows or cot bumpers – use cellular blankets
- Head never covered
- Monitor used
- Sleep log recorded every 10 minutes
- Ventilation achieves three air changes per hour
- Wall mounted thermometer to record room temperatures
- No cots adjacent to a heater, curtains, blinds or anything which is a danger to the child.

General

- Removal of children's shoes, bibs and jumpers.
- Each child is put to sleep on their back with their feet near the foot of the cot/ bed, this is regarded as the safest sleeping position.
- Each child has a separate labeled sheet in order to avoid cross infection.
- The room used for sleeping will be sufficiently dark and spacious to accommodate sleeping and the numbers sleeping.

Cleaning –

- When naps are finished mattresses are propped up to allow for ventilation
- Sheets are washed on a weekly basis

Sample of Sleep log sheet;

Wobblers Sleep Check Form - 1

Scamps & Scholars

SLEEP POSITIONS

Sleep positions of each child must be recorded at each time interval. This is done by placing the appropriate letter in the appropriate top white box.

MOST POPULAR SLEEPING POSITIONS

F L Y S FF SF

All staff should adjust the child's position in line with the safe sleep guide and in line with the centre's policy.

Colour & Breathing
In the white box you should place a tick once you have observed the child's colour and breathing are normal. In the event that they are not normal mark 'X' in the sheet and investigate further immediately

Child's Name	Monday									Tuesday											
	1.00	1.10	1.20	1.30	1.40	1.50	2.00	2.10	2.20	2.30	1pm	1.10	1.20	1.30	1.40	1.50	2.00	2.10	2.20	2.30	

Children should be checked every 10 minutes to ensure that they are well and comfortable. The child's sleep position should be recorded by placing the correct letter in the box across from the child's name and time. An FF position should be recorded but the child should be adjusted onto their back at this time

Signed _____
Room Supervisor

Staff on duty / times _____

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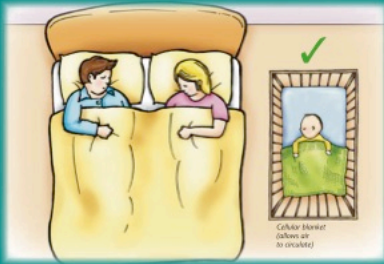
Child's Name	Wednesday									Friday											
	1.00	1.10	1.20	1.30	1.40	1.50	2.00	2.10	2.20	2.30	1pm	1.10	1.20	1.30	1.40	1.50	2.00	2.10	2.20	2.30	

Staff on duty / times _____

Children should be checked every 10 minutes to ensure that they are well and comfortable. The child's sleep position should be recorded by placing the correct letter in the box across from the child's name and time. An FF position should be recorded but the child should be adjusted onto their back at this time

Signed _____
Room Supervisor

Safe Sleep for your Baby Reduce the Risk of Cot Death



Cot Death (SIDS) (Sudden Infant Death Syndrome)

Key Points

- ✓ Always place your baby on their back to sleep, both night and day.
- ✓ Keep your baby smoke free during pregnancy and after birth.
- ✓ The safest place for your baby to sleep at night is in a cot in your room.
- ✓ Place your baby with their feet to the foot of the cot.
- ✓ Make sure your baby's head and face stays uncovered when asleep.
- ✓ Keep the cot free of soft objects and anything loose or fluffy.
- ✓ Breastfeed your baby, if possible.

- ✗ Don't smoke during pregnancy.
- ✗ Don't smoke or allow anyone to smoke in the home or in the car.
- ✗ Never fall asleep in bed with your baby if you or your partner smokes.
- ✗ Never share a bed with your baby when you have taken alcohol or drugs (including medication that may make you drowsy).
- ✗ It is not safe to bed share if your baby is less than three months old or was born prematurely or had a low birth weight.
- ✗ Never fall asleep with your baby on a sofa or an armchair.
- ✗ Don't let your baby get too hot.

What is cot death?

Cot death is another name for **Sudden Infant Death Syndrome (SIDS)**. It is the sudden and unexpected death of a seemingly healthy baby during sleep. No cause of death can be found, even after a post-mortem examination.

However, cot death does not only happen in a cot. It may happen in a pram, bed, car seat, baby seat or anywhere a baby is sleeping. A seemingly healthy baby is put down to sleep and when next checked they are found dead. There has been no sound or sign of a struggle.

Cot Death is:

- sudden and unpredictable
- a recognised medical disorder
- one of the main causes of death in babies from four weeks to one year of age
- most common between two and four months of age (although it can happen to older babies)
- only diagnosed when all other causes of death are ruled out
- not caused by immunisations
- not caused by vomiting or choking
- not suffocation.

Because we do not know what causes cot death, we cannot completely prevent it. But research has shown that you can take steps to significantly reduce the risk of cot death. If you follow the advice in this booklet you will help reduce your baby's risk as much as possible.

Please share this information with everyone who looks after your baby: family, friends, child-minder, crèche, babysitter etc.

Back to sleep

Always place your baby on their back to sleep, both night and day.

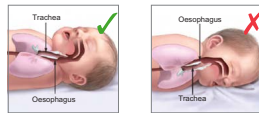


Babies who sleep on their tummies have a higher risk of cot death.

Always place your baby to sleep on their back, both night and day. This does not increase the risk of choking if they vomit.

If a baby vomits/spits up while sleeping on their back, it will go back down the oesophagus as it is underneath the trachea (gravity).

When babies are sleeping on their tummy any vomit will pool at the opening of the trachea making it easier for the baby to choke.



Make sure everyone who looks after your baby uses the back to sleep position.

It is not safe to place your baby on their side to sleep because they may roll onto their tummy.

When your 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.

Plagiocephaly (flat head)

If your baby always lies with their head in the same position they might develop a 'flat head', this is known as plagiocephaly.

You can prevent this when putting your baby down to sleep, by turning their head so that sometimes they face left and sometimes they face right.

Sleep positioners and other similar products including pillows

Do not use sleep positioners and other similar products as they do not prevent cot death or flat head and are a suffocation risk.

Pillows and cushions of any kind are not necessary and should not be used as they are a suffocation risk.

Elevating your baby's sleep surface does not reduce reflux and is not recommended.

Keep the cot free of soft objects and anything loose or fluffy (e.g. cot bumpers, duvets, toys, wedges, bedding rolls, etc.).

Sitting and carrying devices

Baby seats, car seats, slings, carriers and other similar products are not recommended for routine sleep for your baby.

Sleeping in a sitting position can cause your baby's head to fall forward and restrict their airway making it difficult for them to breathe.

If your baby falls asleep in a sitting position they should be placed on their back to sleep as soon as possible. Babies should not be left sleeping unsupervised while in a seated position.

Tummy Time

Tummy time helps your baby to strengthen their muscles and helps to prevent flat head. It is important to begin from birth. When your baby is awake place them on their tummy on a firm flat surface, while you supervise.

Never leave your baby alone on their tummy and if your baby falls asleep when on their tummy, be sure to place them onto their back.

Smoke-free zone for your baby

Do not smoke during pregnancy.



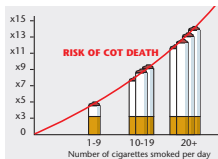
Smoking during pregnancy greatly increases your baby's risk of cot death.

If you smoke during pregnancy your baby is more likely to be born prematurely or have low birth weight.

Premature and low birth weight babies have a higher risk of cot death.

Your baby's risk goes up with every cigarette you smoke and with every smoker in your home.

So if you and your partner both smoke, your baby's risk is higher than if only one of you smokes.



If you can't quit completely, try to cut down the number of cigarettes you smoke daily.

**Remember...
The more you smoke, the higher the risk.**

Smoke-free zone for your baby

Do not smoke or allow anyone to smoke in the home or in the car.

Being exposed to cigarette smoke after birth also increases a baby's risk of cot death. It is most important that no one smokes around your baby. When you go out, don't bring your baby into smoky places.

If you or your partner smoke (no matter where you smoke, even if you only smoke outside the home), you should not share a bed with your baby as this greatly increases the risk of cot death.



**Remember...
If you cut out smoking when you're pregnant and keep cigarette smoke away from your baby after birth, you can greatly reduce their risk of cot death.**

You can QUIT and we can help!
You are twice as likely to quit for good with our help.

Contact the HSE QUIT Team
 Freephone: 1800 201 203 Email: support@quit.ie
 Tweet: @HSEQuitTeam
 Facebook: www.facebook.com/HSEQuit
 Web: www.quit.ie Freetext: text QUIT to 50100

The safest place for your baby to sleep at night is in a cot in your room.



Babies who sleep in a cot in their parents' bedroom are less at risk of cot death than if they are on their own in a separate room.

Keep your baby's cot in your room for at least the first six months.

Do not share a bed with your baby if you or your partner:

- smoke (no matter where you smoke – even if you never smoke in bed)
- have taken alcohol, drugs or medication that may make you drowsy
- are overtired

or if your baby:

- is less than 3 months old
- was premature (born before 37 weeks)
- had a low birth weight (less than 2.5Kg or 5.5lbs).

Bed sharing can be dangerous. It can increase your baby's risk of suffocation as they can slip under the bed covers, roll under an adult, get trapped between the bed and the wall or fall out of the bed. Your baby should not share a bed with your other children.

Remember: a separate cot is safest.



Never fall asleep with your baby on a sofa, couch, armchair or beanbag – this is very dangerous.

Feet to foot

Place your baby with their feet to the foot of the cot and keep their face and head uncovered.



Place your baby to sleep with their **feet to the foot** of the cot, Moses basket or pram so they can't wriggle down under the covers. Tuck blankets in loosely but securely, no higher than your baby's shoulders.

A sleeveless baby sleeping bag may be used instead of blankets; it should be low-tog, with no hood, the correct size for your baby and conform to current safety standards.

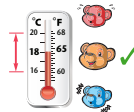
Check regularly to make sure your baby's face and head stays uncovered. If blankets slip over their face and head while they are asleep, they are at increased risk of cot death and suffocation.

Use a cot mattress that is clean, firm, flat (not elevated or tilted), that fits the cot correctly so your baby can't get trapped in a gap between the mattress and the edge of the cot. The mattress should preferably be new, or if used in good condition (no tears). It also should have a removable and washable cover.

Remember... **Face up, face free for a safe sleep.**

Don't let your baby get too hot.

Overheating can increase your baby's risk of cot death. A baby can overheat when asleep because of too much bedding or clothes or because the room is too hot.



Cotton cellular blankets are best, as the tiny holes allow air to circulate. Don't wrap your baby in too many blankets. You can adjust the temperature by adding one or taking one away.

Do not use duvets, quilts or pillows.

Your baby should not wear a hat when being put down to sleep, as babies lose heat through their head.

To check how warm your baby is, look for sweating or feel their tummy, it should feel warm but not hot. Other signs include flushed or red cheeks and fast breathing.

Don't worry if your baby's hands and feet feel cool - this is normal. Do not overdress your baby - a nappy, vest and babygro are sufficient, use less clothing in warmer weather.

If your baby has a fever use less bedding than normal and seek medical advice if necessary.

Make sure the room your baby sleeps in is a comfortable temperature - not too warm or too cold. The **room temperature** should range from **16-20 C** (62-68 F). Use a room thermometer so that you can easily check the temperature.

Never place the cot or pram next to a radiator, heater/fire or in direct sunlight.

Remember... **Overheating can increase your baby's risk of cot death.**

Breastfeed your baby



Breastfeeding your baby reduces the risk of cot death. Aim to breastfeed your baby for as long as you can.

Some mothers like to bring their baby into bed to breastfeed. But pay careful attention to the advice on page 7 of this booklet.

It's safe to feed your baby in bed as long as you put them back in their own cot to sleep.

Soothers

Some research suggests that giving a baby a soother (dummy) every time they are being put down to sleep *may* reduce the risk of cot death.

If you choose to give your baby a soother, make sure you offer it to them **every time** they are going to sleep. But do not force it.

If you are breastfeeding and you choose to give your baby a soother, wait until after one month of age to make sure breastfeeding is well established.

Don't worry if the soother falls out while your baby is asleep.

Do not force your baby to take a soother if they refuse it.

Do not attach strings, ribbons or cords to soothers as these could strangle your baby or cause them to choke.

Keep soothers clean and never dip them in sugar, honey or other food and drinks.



Monitors

Apnoea or breathing monitors cannot prevent cot death. These monitors alert parents/carers to apnoea (stopped breathing) or an apparent life-threatening event.

If your baby seems unwell, get medical advice early and quickly.

If your baby seems unwell and you find it hard to tell whether the illness is something minor or more serious, seek medical advice from your doctor or public health nurse.

**IN AN EMERGENCY
PHONE 999 or 112
Ambulance • Fire • Gardai**

Please note:
**Cot death is still quite rare.
Don't let fear spoil this precious time
with your baby.**



This booklet was produced by the National Paediatric Mortality Register in partnership with the HSE Child Safety Programme, Department of Public Health – Midlands.

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Publication date: 2017 (November)
Review date: 2019
Order code: HPM00078

Copies of this booklet can be ordered from
www.healthpromotion.ie or from your Public Health Nurse.

Modern Printing 051 7727239

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APPROVAL DATE: _____

IMPLEMENTATION DATE: _____

SIGNED: _____

(On behalf of the Board of Directors)