**The Willow Tree Children’s Centre**

**Safe Sleep Policy**

**Definitions/Glossary**

SIDS - Sudden Infant Death Syndrome or SUDI Sudden Unexpected Death in Infancy (commonly referred to as Cot Death) is the sudden death of an infant or young child which is unexpected by history and in which a thorough post mortem examination fails to demonstrate an adequate cause for death.

First Light - Formerly Irish Sudden Infant Death Association (ISIDA) provides support and information and promotes research into the sudden unexpected and often unexplained death of a child.

**Policy Statement**

All children are provided with clean, safe and comfortable rest and/or sleep facilities as individually needed. We work in partnership with parents/guardians in relation to their child’s sleep needs and patterns as much as possible.

All children under 2 years have access to a cot. Children aged 2–3 years are provided with sleep mats in the relaxing area and each child’s individual need for sleep or rest is facilitated appropriately. All equipment for children conform to recognised safety standards.

Ensuring babies can sleep safely and comfortably is one of our main priorities. Babies up to 12 months will always be put sleeping ‘feet to foot of cot, head uncovered and on their backs in their cot (even when they arrive at the setting asleep in equipment not designed for sleeping such as a car seat, baby carrier or buggy).

Procedures and rotas are in place for supervising and regularly checking sleeping babies. Sleeping babies are always individually and frequently checked in person (not on screen). The sleep room is kept clean, calm, quiet and comfortable so that babies can relax, rest and sleep.

Tummy time for babies when they are awake and supervised is recognised as important for babies from birth.

The recommended best practice guidance from First Light (formerly Irish Sudden Infant Death Association (ISIDA) and Safe Sleep for your Baby – Reduce the Risk of Cot Death (HSE 2017) is followed at all times. Staff members follow first aid procedures they have been taught, in the event a child/baby is found unresponsive and/or not breathing.

Where a parent/guardian requests a sleep routine for their child that does not meet with good practice guidelines (for example, requesting that their child be denied sleep for the day; that they be put to sleep with a feeding bottle; requesting that the baby/child be put to sleep in a buggy or travel seat), the service remains responsible for our own practice and we will be happy to discuss with parents/guardians why any such practice cannot be implemented. In all decision-making the child’s best interests come first.

As well as safe sleep provision, all children will be provided with opportunities to have quiet or rest periods, within the daily curriculum/programme, that meet their individual needs throughout the session/day.

**Procedures & Practices**

When a parent/guardian requests a specific sleep routine for their child, two key questions must be considered:

• Is it safe?

• Would it cause distress to the child?

If these questions cannot be answered satisfactorily, then a parent/guardian must be informed that the service cannot comply with their request and an explanation given or guidance must be sought from a qualified professional such as a public health nurse.

**Sleeping position**

Babies under 12 months must be put to sleep on their back with their head uncovered and their feet to the foot of the cot. This includes babies with gastro-oesophageal reflux. If a registered medical practitioner has recommended a different sleep position then this must be clearly evidenced in a written note from that practitioner.

When a baby is 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. Place babies near the foot of the cot with the covers below the shoulders.

Children over 1 year should be enabled to find their own position to sleep. However you should still place them on their back at the start of sleep time.

When a baby is placed in their cot to sleep, the following applies:

• Place the baby on their back with their feet at the foot of the cot.

• Tuck bedclothes in securely below the baby’s shoulders.

• Babies’ clothes should be loose and light.

• NO bibs, bottles, toys, quilts, pillows or cot bumpers should be in the cot.

• To avoid a flat head (plagiocephaly) ensure the baby is positioned with their head facing a different direction each time they are put down to sleep.

• Babies’ heads must not be covered.

• No strings or cords must be attached to soothers.

• 1 baby per cot.

Sleep positioners are prohibited.

Bottles must never be propped at any time, including during sleep positioning.

**Sleep environment**

Ventilation

Ensure that the sleep room is adequately ventilated (either naturally or mechanically) but do not position a sleep mat below a window or adjacent to a radiator.

Lighting and visibility

Control lighting in the relaxing area with curtains/blinds and the dimmer switch so that the atmosphere is conducive to sleep but there is adequate visibility for supervision.

Sleep area temperature

The sleep area must be maintained at between 16ºC and 20ºC. There is a digital temperature gauge on display in the classroom to monitor the temperature.

Babies must not be allowed to get too hot. To check how warm a baby is, feel the baby’s tummy. A baby's tummy should feel warm, but not too hot. If a baby's tummy feels hot, or if the baby is sweating anywhere, they are too warm. Hands and feet often feel cool, but this is normal, and does not mean a baby needs more clothes.

Indoors, babies over a month old do not need more clothes than adults.

Outdoor clothes should be removed once babies are indoors. Heating in winter often makes it hotter inside than it is during the summer. Remove any extra clothes or blankets as soon as you bring babies indoors. Do this even if they are asleep. Babies should not wear hats indoors.

Babies do not need any more than a nappy, vest and babygro to sleep in. In hot weather they may need less.

Bedding depends on the room temperature. If a baby seems hot, take some of the blankets off, if they seem cold, add an extra layer. Use lightweight blankets that you can add to and take away. Babies should not have their heads covered indoors.

Ensure that cots are not elevated and that no pillows are used for babies up to the age of 2 years.

Soothers

Soothers must not have any string, cord or clips attached.

They must be stored in separate clean containers labelled with each child’s name when not in use.

Always ensure that soothers used are the right size for the age of the child and in good condition.

Soothers decorated with beads, gems or other such decorations are prohibited.

Supervision

The sleep room light should be dimmed to create a calm atmosphere while allowing enough light for adequate supervision.

**Children in the sleep room must be within sight or hearing of at least one staff member at all times, especially when staff members are actively engaged with children who are awake.**

The Manager is responsible for the sleep monitoring rota.

The rota must clearly identify:

* which staff member is responsible for the sleep room/area
* who will check the sleep room to ensure all risk controls are implemented
* who will check the children
* how often they will be checked
* who is responsible for completing the sleep log for each child
* who is responsible for bed linen changes and recording changes.

**Checks must be made of each sleeping child in the room, in person, at least every 10 minutes**.

A separate sleep log is maintained for each child and is retained by the service in each child’s own file.

This records when physical checks are made of each of the sleeping children.

It must record:

* the time of the check
* the child’s position
* any change in the child’s normal breathing pattern
* any change in the child’s normal skin colour
* ensuring the child’s head is uncovered
* the room temperature
* the name of the person who checked the child.

The adult may need to remain in the sleep room in certain circumstances, for example, if one or more children is unsettled, there will always be a staff member available to cover him/her in these instances.

*Use of the viewing panel for* monitoring is only useful in detecting if a child is upset or crying between the 10 minute checks or for security. This must **not** be used a substitute for physically monitoring sleeping children as it will not identify a child whose colour has changed or who has stopped breathing.

This procedure for monitoring will be displayed beside the sleep area.

Each child’s Key Person is responsible for sharing information with the child’s parents or guardians.

At all times, the relevant adult /child ratio outlined in the Early Years Regulations 2016 will be adhered to.

Cots/beds/sleep mats

An adequate number of sleep mats are provided to ensure that all children have access to a rest area as appropriate for their needs. Documentary evidence that our beds meet the required safety standards is maintained on file. This can be found in the cleaning and safety record folder in the office.

Children over the age of 2 years may be offered a pillow for use at sleep time. As per regulation, we provide an adequate number of cots and child beds therefore one cot for each baby up to 9 months, enough cots for ⅔ of the children aged 9–18 months and enough cots for ½ of the children aged 18 months – 2 years. Children aged 2–3 years are each provided with individual sleep mats/camp beds/stackable beds.

Equipment prohibited for sleeping children

The following are not suitable for sleeping children under 2 years:

• Travel cots/portable cribs

• Bunk cots

• Pillows, cushions or beanbags

• Sofa or chair

• Car seats

• Buggies

• Infant carriers.

Babies who are swaddled

Parents/guardians may request that their baby is swaddled or that they are carried in a sling. The following provides a guide in such cases.

Swaddling or wrapping a baby in light cotton cloth is thought to give some babies comfort and a feeling of safety. However, if blankets used are too thick this can contribute to a baby becoming overheated and be a risk to the baby. If a baby is used to being swaddled at home and parents/guardians wish it to be done for consistency of care while the baby is in the service, the following guidelines should be followed:

• Never cover a baby’s head and only use thin materials such as muslin or thin cotton for swaddling.

• Babies must never be placed on their stomach when swaddled.

• Current research suggests it is safest to swaddle infants from birth and not to change care practices at 3 months when the risk of SUDI is greatest.

Slings

Where slings are used, the baby must be positioned solidly against the adult’s body, in an upright position, with the baby’s chin off their chest ensuring that their airway is free for ease of breathing.

**Health and Safety**

Hygiene (See Health and Safety Policy)

Individual bed linen is provided for each child – it is hygienic, easily accessed, labelled for each child and must be reserved for that child’s sole use.

Each child’s bed linen is laundered weekly and when soiled or if there is an outbreak of an infectious disease.

Separate storage is provided for clean linen and linen that is due for washing. Clean and dirty linen must be kept separate.

Safety of cots and child beds

The maintenance of child mats and all equipment in the service is the responsibility of the registered provider. Mats must be maintained in a proper state of repair; be in good condition; be of good design; be solid and stable; and have a recognised safety standard. In addition, the mats are clean, firm and correct size; be covered with waterproof material; easy to clean and disinfect; well aired and dry.

Cot barriers must be of sufficient height to prevent a child from falling out. In addition, the cot mattress must have a well-fitting safety mattress; be clean, firm and correct size for cot; be covered with waterproof material; easy to clean and disinfect; well aired and dry; and the gap between the mattress and the sides of the cot should be less than 2.5cm. Bars on cots should be no more than 6cm apart for round bars/7.5cm apart for flat bars.]

Ensure that no soft, loose or fluffy objects such as bedding, toys, bumpers, pillows, duvets, quilts are placed in cots or rest areas for babies aged up to 12 months.

Ensure that no cords or strings of any kind (including those attached to things such as toys or nappy bags) are in or near cots.

Ensure there is enough space between each cot/bed/mat to allow easy access to and around each one.

All beds must be used in the intended manner. Cots must be checked to ensure that the sides are up and secured in place.

Baby monitors must not be placed in cots.

Where there are children who climb out of cots, an individual risk assessment for each of those children will need to be carried out. A floor bed or mat may be safer.

Bed guards are prohibited.

Position of cots

Ensure that no cot is adjacent to a heater, a window or a door, to curtains or anything that may help a child to climb out, or to any blind cords or other cords.

Items that are hanging from the cot or the ceiling above the cot are prohibited for all babies under 12 months.

There must be a 50cm space between cots.

Dealing with emergencies

In the event of finding a child who appears to be unresponsive and breathing or not breathing the staff member trained in emergency First Aid Response will respond immediately and appropriately.

1. The Manager or the person who is in charge at that time notifies the child’s parents/guardians as soon as possible of the current situation.

2. The person who found the child and has been resuscitating the child gives a detailed account of events to the paramedics on their arrival.

3. Staff follow the direction of the paramedical staff.

4. The Manager or person in charge ensures that parents have been informed.

5. The scene is to be left as it is. An Garda Síochána may need to investigate.

6. Families of the other children may need to be notified of the incident by the Manager.

7. Staff support is essential following any such incident.

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**Record and record keeping**

All records relating to safe sleep and any incidents are stored safely.

**Communication of Policy**

This policy must be observed by all managers and all staff members. All staff members will receive induction training on this Safe Rest/Sleep policy and First Aid Response Training includes precautions to be taken to prevent Sudden Infant Death, guidelines on what to do in the event of a baby being found to be unresponsive and not breathing and a step-by-step guide to resuscitation of a child who is not breathing.

All parents/guardians are to be informed of this policy. Staff members will check with parents/guardians that they have read and understood the policy and provide any assistance needed.

A summary of this policy will be included in the Parent/Guardian Handbook and the full policy is available on the website www.blennerville.playschool.com

This policy will also be reviewed with staff at induction and annual staff training.

A copy of all policies will be available during all hours of operation to staff members and parents/guardians upon request.

Parents/guardians may receive a copy of the policy at any time upon request.

Parents/guardians and the staff team will receive written notification of any updates.

This policy is underwritten by the Child Care Act 1991 (Early Years Services) Regulations 2016 and the Child Care Act 1991 (Early Years Services) (Registration of Pre-school and school-age Services) Regulations 2018.

This policy was adopted by Blennerville Community Playschool and Afterschool on 3rd April 2024

Signed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On behalf of Management

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