

Safe Sleeping Policy

Who's responsible?

It is the overall responsibility of the SMT to ensure that all staff follow safe sleeping practices when supporting children to sleep.

It is the responsibility of all staff to ensure that children are safe while sleeping in the care of ECC.

How the policy will be implemented?

Babies under 2 years old

- All babies should be placed in a cot to sleep, prams with a firm base and mattress are also suitable. If a buggy needs to be used to support sleep routines for children, they must rest in a fully flat position and time spent in this should be limited. Staff should move towards using a cot where possible in consultation with parents/carers.
- Beanbags, car seats, bouncy chairs, swings, sleep nests (pods) and sofas should never be used as a sleep surface as all increase the risk of cot death. If a child falls asleep whilst using one of the above, the child should be moved to a more suitable place for safe sleeping.
- Babies should always have their own separate sleep space.
- Staff must ensure that the gaps between the bars of the cot are less than 6.5 cm and that the space between the mattress and the cot is no more than 4cm. Cot bumpers should never be used.
- For the first 3-4 months babies only breathe through their nose; soft toys, comforters or blankets should not be placed near/on the baby's chest or face whilst they sleep.
- Babies under 1 year old should not have pillows, duvets, soft toys, weighted bedding or comforter blankets in their cot/pram whilst sleeping. Instead use one or more layers of light blankets (depending on the room temperature).
- Staff should ensure there are no items in or around the cot/pram within easy reach of the child such as blind chords, nappy sacks, soft toys etc.
- Babies should be placed on their back and blankets tucked in under the mattress. Blankets should be tucked in at the baby's chest no higher than the armpits.
- Babies who roll over on to their stomach should be gently rolled back to ensure they are sleeping in a safe position at all times.
- Babies should be placed in the feet to foot position (feet right at the bottom of the cot) to ensure they do not move down underneath bedding, reducing the risk of suffocation.
- Ensure routines such as swaddling and the use of a dummy are discussed with parents/carers during induction. This will ensure a consistent approach

to sleeping is adapted at home and in the ECC. Staff should refer to Cot Death Trust guidance on safe swaddling.

- Keep the room well ventilated but do not position a cot below a window or in front of a working radiator.

Children over 2 years old

- Children should be provided with a firm, flat sleep mat.
- Children should not sleep on couches or beanbags at any time. If children fall asleep, they should be moved on to a sleeping mat using the correct manual handling procedures.
- If children sleep within a space in the playroom, staff must ensure the space allows children to sleep safely and uninterrupted.
- Staff must inspect the area for any risks before placing the child down to sleep, removing any resources that may obstruct the child's breathing or cause them to overheat. If children need a blanket to sleep, this must be detailed within their personal plan. On laying the child down to sleep the staff member should position the child on their back and tuck the blanket securely under their arms. Children using blankets whilst sleeping must be closely monitored by staff to ensure the blanket is not pulled up and over their face at any time.
- If more than one child is sleeping in the same space at the same time, each child must have ample space to sleep, and this must be closely monitored by staff.

All children

- Visual supervision is required at all times. At least every 10 minutes a member of staff should visually check on the child/baby; looking for the rise and fall of the chest and if the sleep position has changed. Staff must be especially alert to monitoring a sleeping baby during the first few weeks the baby is in your care.
- Checks should be formally recorded by staff to include the time of the check and the initial of the staff member who checked on the child. Each child should have their **own individual sleep check record**. Staff must record the time the child falls asleep and wakes **up**.
- Steps should be taken to keep babies/children from becoming too warm or over heating by regulating the room temperature, avoiding excess bedding and not overdressing or over-wrapping the baby/child; room temperature should be kept between 16-20 degrees.
- **To check if a baby or child is too hot or cold, staff should feel their chest or the back of their neck (hands and feet are usually cooler, which is normal)). If their skin feels clammy or sweaty, remove a layer of clothing or bedding.**
- If staff are concerned about a child a member of the SMT should be informed immediately.
- If staff find a child/baby unresponsive, then emergency help must be sought immediately, staff must alert SMT who will contact the child's parent/carer as

soon as it is safe to do so. **Staff should follow the telehandlers instructions until the ambulance arrives.**

- If a baby/toddler arrives at the setting in their pushchair/car seat and is sleeping, the baby/child should be transferred to an appropriate cot/mattress if parents/carers wish them to continue to sleep.
- To support the best interests of the child, parents/carers may wish to wake the child so they are aware that they are in new surroundings and can settle into the room while their parent/carer is still present.
- **If a child is still sleeping near to collection time, staff should consider waking them to ensure a safe handover.**
- If for any reason staff are transporting children in a car, the appropriate car seat must be used for the child's weight and journeys must be short. **If the journey time is considered as long**, staff must plan regular breaks to ensure children are not in the car seat for long periods of time and sleep checks can continue to be carried out. Outdoor clothing, especially snow suits/jackets, hats and gloves should be removed and the safety straps within the car seat adjusted to ensure the child is secure. Staff must follow RA 003 Transporting Children (Generic) at all times.

The use of weighted blankets

- **Weighted blankets should never be used on infants or toddlers under the age of 4 due to the risks of suffocation and the restricting of breathing muscles.** If parents/carers request this for a child under 4, medical advice must be sought from an occupational therapist.
- Weighted blankets should be CE approved and/or UKCA marked to indicate they meet safety standards.
- Weighted blankets are not recommended for anyone with respiratory issues such as asthma, circulatory problems or uncontrolled epilepsy.
- The manufacturers guidance on weight and size must be followed at all times and the blanket should not weigh more than 10% of the child's body weight.
- Children must be supervised at all times when using a weighted blanket, and staff must be confident that the child is strong enough to remove the blanket independently.
- Weighted blankets should be made from breathable materials to avoid overheating and should only be used for a maximum of 20 to 30 minutes.
- The blanket should be inspected before every use for tears, leaking beads or loose threads.
- The blanket should be placed over the child and never tucked round them.
- When it is recommended by a professional that the weighted blanket should cover from the shoulders down and not from the underarms, staff must ensure that it never covers the head or neck.
- The weighted blanket should be removed when the child is asleep to prevent any risk of suffocation.
- Weighted blankets should not be used as a form of restraint.
- If it is appropriate to use a weighted blanket as part of a child's care needs, this must be documented within the child's personal plan.

- Consideration also must be given to the following before a weighted blanket is used:
 - Physical, learning or other difficulties (including age-related factors) that might affect the child's understanding of the purpose and use of the weighted blanket and their ability to remove it on their own.
 - Health conditions that might affect the child's or young person's ability to breathe, regulate their temperature and/or remove the blanket when they want to.
 - Side effects of medication or any illness affecting levels of alertness that might suggest that a weighted blanket should not be used.

Infection control and cleaning procedures

- Cot mattresses/sleep mats should be completely covered in a waterproof fabric such as PVC.
- Inspect cots, bedding and mattresses to ensure all are in good condition before using them.
- Mattresses should be checked, inspected and disinfected between each infant sleep.
- All mattresses should be regularly inspected for signs of damage to the waterproof fabric and if punctured, cracked or torn, the mat should be discarded and replaced immediately.
- If children are sleeping during their time in the ECC, blankets and sheets should be washed after every use and mats wiped down using antibacterial spray. All linen must be washed at the hottest temperatures specified on the fabric and staff should ensure fresh linen is kept in a clean, dry area separate from used linen at all times.

Guidance used to inform this policy:

- Safe Sleep Scotland. Accessed at: <http://safesleepscotland.org>
- The Lullaby Trust. Accessed at: www.lullabytrust.org.uk
- Care Inspectorate HUB: [EarlyYears cover \(careinspectorate.com\)](http://EarlyYears.cover(careinspectorate.com))

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