

RELAXATION AND SLEEP POLICY

Policy Number: CS-12-03-2011
Responsible Person: BoG Chair

Version: 8
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QA2 Mandatory

Purpose

This policy will provide clear guidelines for the implementation of safe rest, relaxation and sleep practices that meet the individual needs of children attending Hampton Park Community House Children's Services.

Policy Statement

Values

Hampton Park Care Group Inc. is committed to:

- providing a positive and nurturing environment for all children attending the service
- allowing children to be actively involved in decision making, to provide an environment that encourages them to reach their potential
- providing a safe environment where children feel comfortable and safe to play, talk, or relax
- children's safety and wellbeing will be fostered through responsive relationships, engaging experiences and a safe and healthy environment.
- 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 Hampton Park Care Group 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 and guidelines, including recommendations by Red Nose (*refer to Sources*).

Scope

This policy applies to the approved provider (HPCH Board of Governance), persons with management or control (EO), nominated supervisor, persons in day-to-day charge, early childhood teachers, educators, staff, students, volunteers, parents/guardians, children, and others attending the programs and activities of Hampton Park Care Group Inc..

Responsibilities	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/guardians	Contractors, volunteers and students
R indicates legislation requirement, and should not be deleted					
Ensuring that obligations under the <i>Education and Care Services National Law</i> and <i>National Regulations</i> are met (<i>Regulation 81</i>)	R	R	√		√
Ensuring all educators, staff and volunteers comply with the recommendations of Red Nose in relation to safe sleeping practices for children (<i>refer to Sources</i>)	R	√	√		√
Ensuring educators receive information and induction training to fulfil their roles effectively, including being made aware of the sleep and rest policies, their responsibilities in implementing these, and any changes that are made over time	R	√			
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 (<i>Regulation 81(1)</i>)	R	√	√		√
Ensuring the premise, furniture and equipment are safe, clean and in good repair (<i>Regulation 103 and National Law: Section 167</i>)	R	R	√	√	√
Ensuring that rooms used for sleep and relaxation are well ventilated; have adequate natural light; and are maintained at a temperature that ensures the safety and wellbeing of children (<i>Regulation 110</i>)	R	√	√		
Ensuring sleep and rest environments are free from cigarette, e-cigarette, or tobacco smoke (<i>Regulation 82</i>)	R	√	√		√
Ensuring adequate supervision of children sleeping and resting, being within sight and hearing distance and are monitoring visually checking the child's breathing and the colour of the child's lips and skin tone (<i>National Law 165</i>)	R	R	√		√

<p>Developing relaxation and sleep practices that are responsive to:</p> <ul style="list-style-type: none"> 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 <p>the physical environment, including lighting, airflow and noise levels</p>	R	√	√		√
Ensuring cots (including evacuations cots) provided at the service comply with the most current Australian/New Zealand Standards (<i>refer to Sources and Attachment 1</i>)	R	√			
Ensuring that hammocks, prams and strollers are not used to settle children to sleep	R	√	√		√
Conducting regular safety checks of equipment used for sleeping/resting, such as cots and mattresses (<i>Regulation 103 and National Law: Section 167</i>)	R	√	√		√
Removing any hazards identified in the child's resting or sleeping environment and informing the approved provider, as soon as is practicable	R	√	√		√
Ensuring that any hanging cords, mobiles, curtains and blinds are inaccessible to children who are resting or sleeping	R	√	√	√	√
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 <i>Hygiene Policy</i> and procedures are implemented for the cleaning and storage of cots, mattresses and linen		√	√		√
Ensuring that there is adequate space to store bedding in a hygienic manner (<i>refer to Hygiene Policy</i>)	R	√	√		√
Ensuring compliance with WorkSafe Victoria's Children's services – occupational health and safety compliance kit (<i>refer to Sources</i>), including in relation to staff lifting children into and out of cots	R	√	√		√
Regularly reviewing practices to ensure compliance with the recommendations of Red Nose in relation to safe sleeping practices for children (<i>refer to Sources</i>)	R	√	√		√
Providing information and training to ensure staff are kept informed of changing practices in relation to safe sleep practices for children	√	√			
Providing information to families about the service's relaxation and sleep practices	√	√	√		√
Ensuring parents/guardians are consulted about appropriate relaxation and sleep practices for their child	√	√	√	√	√

Educating families about evidence-based safe sleeping practices	√	√	√	√	√
Assessing whether there are exceptional circumstances for alternative practices where family beliefs conflict with current recommended evidence-based guidelines for safe sleeping practices, seek written support from a medical practitioner and develop a risk management plan	R	√	√	√	√
Implementing the documented sleep regime and risk management strategies where in exceptional circumstances family beliefs conflict with current recommended evidence-based guidelines for safe sleeping practices	√	√	√	√	√
Conduct a sleep and rest risk assessment at least once every 12 months , and as soon as practicable after becoming aware of any circumstance that may affect the safety, health or wellbeing of children during sleep and rest. The sleep and rest risk assessment must be conducted for the purpose of preparing the service's policies and procedures for sleep and rest. (<i>Regulation - 84C and National Law: Section 168</i>)	R	√	√	√	
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.		√			
Ensuring the educational program provides opportunities for each child to sleep, rest or engage in appropriate quiet play activities, as required	R	√	√	√	√
Ensuring that resting and sleeping practices are not used as a behaviour guidance strategy (<i>refer to Interactions with Children Policy</i>)		√	√		√
Providing a range of opportunities for relaxation throughout the day		√	√		√
Supervising children displaying symptoms of illness closely, especially when resting or sleeping (<i>refer to Incident, Injury, Trauma and Illness Policy</i>)		√	√		√
Documenting and communicating children's rest and sleep times to co-workers during shift changes		√	√		√
Developing communication strategies to inform parents/guardians about their child's rest and sleep patterns, including times and length of sleep		√	√	√	√
Encouraging children's independence and assisting children with dressing as needed.		√	√		√

Background

The Education and Care Services National Regulations requires approved providers to ensure their services have policies and procedures in place for children's sleep and rest.

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.
- Holistic approaches recognise the importance of physical, mental and spiritual wellbeing. Educators who provide a range of active and restful experiences throughout the day support children's individual requirements for health, nutrition, sleep, rest and relaxation.

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 sleeping 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 Consumer Law and Fair-Trading Act 2012
- Australian Consumer Law and Fair-Trading Regulations 2012
- 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
- Education and Care Services National Regulations 2011
- National Quality Standard, Quality Area 2: Children's Health and Safety

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

- Victorian Legislation – Victorian Law Today: www.legislation.vic.gov.au
- Commonwealth Legislation – Federal Register of Legislation: www.legislation.gov.au



Definitions

The terms defined in this section relate specifically to this policy.

Red Nose: (formerly SIDS and Kids), the recognised national authority on safe sleeping practices for infants and children (refer to Sources)

Relaxation: Relaxation or other activity for bringing about a feeling of calm in your body and mind

Rest: A period of inactivity, solitude, calmness or tranquillity, and can include a child being in a state of sleep.

SIDS (Sudden Infant Death Syndrome): The sudden and unexpected death of an infant under one year of age with an onset of a fatal episode occurring during sleep, that remains unexplained after a thorough investigation, including performance of a complete autopsy and review of the circumstances of death and the clinical history.

Sources and Related Policies

Sources

- Australian Children’s Education & Care Quality Authority, *Safe sleep and rest practices*: <https://www.acecqa.gov.au/resources/supporting-materials/infosheet/safe-sleep-and-rest-practices>
- Australian Competition & Consumer Commission (2016), *Consumer product safety – a guide for businesses & legal practitioners*: <https://www.accc.gov.au/publications/consumer-product-safety-a-guide-for-businesses-legal-practitioners>
- *Belonging, Being & Becoming – The Early Years Learning Framework for Australia* (EYLF): <https://www.acecqa.gov.au/nqf/national-law-regulations/approved-learning-frameworks>
- Current Australian/New Zealand Standards for cots is available on the SAI Global website at: www.saiglobal.com
- Red Nose: <https://rednose.org.au/>
- *Victorian Early Years Learning and Development Framework* (VEYLDF): <https://www.education.vic.gov.au/childhood/professionals/learning/Pages/veyldf.aspx>
- WorkSafe Victoria, *Children’s services – occupational health and safety compliance kit*: <https://www.worksafe.vic.gov.au/resources/childrens-services-occupational-health-and-safety-compliance-kit>



Related Policies

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

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 complaints as recorded in the Complaints Register to assess whether satisfactory resolutions have been achieved
- review the effectiveness of the policy and procedures to ensure that all complaints have been dealt with in a fair and timely manner
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of HPCH's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (Regulation 172 (2)).

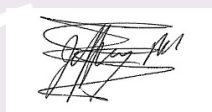
Attachments:

Attachment 1: Cots

Attachment 2: Relaxation and Sleep Risk Assessment Template

Authorisations:

Signature of the Board Chair:



Date: 03-12-2024



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).

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/NS 2130:1998).

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

HPCH does not use portable or folding 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 portable or folding cots is available as outlined below:

Red Nose: <https://rednose.org.au/article/portable-cots>

Australian Competition and Consumer Commission: www.productsafety.gov.au



ATTACHMENT 2: Relaxation and sleep Risk Assessment Template

USING THIS TEMPLATE

To begin using this template, inspect and review sleep and rest practices in HPCH Service's including environments, equipment, policies, procedures, and forms, to identify any potential or existing hazards and check current health guidelines on best practice control measures. Ensure the matters outlined in regulation 84C are considered as well as best practice guidance from recognised authorities (such as Red Nose Australia).

Adapt this template to be relevant to your service context. To add to this template, you can add rows by pressing the tab button on your keyboard from the last column.

When identifying the action required include the:

- ✓ hazard identified
- ✓ level of risk (using the risk assessment matrix attached to this document)
- ✓ action identified to eliminate/mitigate/manage the hazard or risk
- ✓ elimination/control measures
- ✓ person(s) responsible for taking the required action » timeframes for addressing the identified action.

Once developed, make the template available to all service leaders, educators and staff so that they know what has been assessed as a risk, and how to manage it.

After the sleep and rest risk assessment is complete, prepare/review the service's policies and procedures and address within policy and procedure any risks identified in the sleep and rest risk assessment (regulation 84C) as well as other matters required under regulation 84B.



RISK MATRIX

A risk matrix is a useful tool to use during the risk assessment process. It helps in identifying the level of risk by looking at the likelihood that a negative event may occur, and the severity of the consequence should it occur.

The Guide to the NQF defines likelihood and consequences in a risk matrix in Section 5: Regulatory Authority power.

Risk Matrix					
	Likelihood				
Consequences		Unlikely	Possible	Likely	Almost certain
	Major	High	High	Critical	Critical
	Significant	Moderate	High	High	Critical
	Moderate	Moderate	Moderate	High	High
	Minor	Low	Moderate	Moderate	Moderate
	Insignificant	Very low	Low	Moderate	Moderate

LIKELIHOOD

The risk matrix includes five levels of likelihood:

- Rare
- Unlikely
- Possible
- Likely
- Almost Certain.

When thinking about likelihood, the approved provider and service leaders should prioritise actions based on ensuring compliance with the minimum legislative standards, particularly those standards relating to the safety, health and wellbeing of children. The following table is a useful guide.



Likelihood	
Rare	Very unlikely – the event may occur only in exceptional circumstances
Unlikely	Improbable – the event is not likely to occur in normal circumstances
Possible	Potential – the event could occur at some time
Likely	Probable – the event will probably occur in most circumstances
Almost certain	Very likely – the event is expected to occur in most circumstances

CONSEQUENCE

The risk matrix also includes five levels of consequences:

- Insignificant
- Minor
- Moderate
- Significant
- Major

This considers the potential impact and how it might affect the safety and wellbeing of children, families, staff and the wider community.



RISK ASSESSMENT TEMPLATE

Risk assessment - EXAMPLE					
Activity	Hazard identified	Risk assessment (use matrix)	Elimination/control measures	Who?	When?
Loose blankets, sheets, items in the cot	Cover face, suffocation and choking	Major	Tuck the loosen sheet, scan the cot to remove the items and 10 min sleep check	Educators	At each rest time
Under 12 months old child sleeping on the tummy	Sudden Infant death	Major	Ensure the child is putting to sleep lying on the back and 10 minutes check to ensure and support them to lie on their back	Educators	At each rest time
Tripping Hazard cots and beds	Wounds, scrapes, bruises	Moderate	Making the beds out of the walking path	Educators	At each rest time
Cot's drop gate not closed	Child's fall on the floor	Major	Ensure the drop gates are closed after putting a child to sleep	Educators	At each rest time
Cords, and other electrical power outlets near the cots	Shock, cords getting caught on the neck	Major	Power outlets are covered in the children access and cords stored away	Educators	At each rest time

Plan and review		
Plan prepared by	Full name	Date
	Signature	
	Role/position	
Prepared in consultation with	Full name	
	Signature	
	Role/position	
Communicated to all relevant staff	Yes	No Comment (if needed)

