Barnwell Academy

Learning Together and Having Fun

Barnwell Daycare

Safe Sleeping Policy

Contents:

Statement of intent

Barnwell Academy understands the importance of sleep in a child's development and growth. Ensuring that a safe and comfortable sleeping environment is available for each child is one of the nursery's top priorities.

This policy underlines the nursery's approach to ensuring safe sleeping practices are maintained throughout the setting through robust staff training, regular risk assessing and open communication with parents and among colleagues.

These practices have been put in place to enhance the awareness of safer sleep and to eliminate the risk of sudden infant death syndrome (SIDS) caused by a lack of awareness of safe sleep practices.

The nursery welcomes any questions parents may have about safe sleep – please contact Miss K Harding – Daycare Manager to raise any queries about safe sleep or concerns regarding the nursery's safe sleep practices.

Additionally, parents can find more information on safe sleeping practices via the following websites:

- NHS - Safer sleep
- The Lullaby Trust

1. Legal framework

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children Act 1989
- The Childcare (Disqualification) and Childcare (Early Years Provision Free of Charge) (Extended Entitlement) (Amendment) Regulations 2018
- DfE 'Keeping children safe in education'
- DfE 'Early years foundation stage statutory framework'
- NHS 'Sudden infant death syndrome (SIDS)'

This policy also operates in conjunction with safe sleep guidelines published by The Lullaby Trust.

This policy operates in conjunction with the following nursery policies and documents:

- Nursery Safeguarding Policy
- Nursery Equipment Hygiene Policy
- Nursery Safe Sleeping Risk Assessment

2. Roles and responsibilities

The lead practitioner will be responsible for:

- Establishing and maintaining a safe sleep culture throughout the nursery.
- Ensuring that the importance of safe sleep is fully understood by all nursery practitioners.
- Ensuring that practitioners are well-trained and are clear on the procedures outlined in this policy.
- The overall implementation of this policy.
- Ensuring that safe sleep procedures are designed in accordance with guidance from the NHS, Lullaby Trust and EYFS statutory framework.
- Fostering a culture in which practitioners feel empowered to raise concerns about unsafe sleep practices.
- Carrying out a risk assessment of sleeping spaces and safe sleeping protocols and ensuring that this is regularly reviewed.
- Conducting regular audits of the nursery's sleep areas to ensure compliance with safety standards.
- Communicating with parents to ensure that each child's individual sleep patterns, routines and needs are met and liaising with nursery practitioners about this.
- Working closely with parents to share good practice and ensure that safe sleeping extends beyond the nursery.

- Ensuring practitioners are trained in paediatric first aid (PFA).

All nursery practitioners will be responsible for:

- Familiarising themselves with the procedures and practices outlined in this policy.
- Undertaking training relevant to the oversight of safe sleeping in nursery settings.
- Monitoring children during sleep to ensure they are safe and comfortable.
- Familiarising themselves with each child's sleep patterns, routines and needs.
- Ensuring that they are able to act on their training and are prepared to respond to emergencies.
- Being prepared to administer first aid if they are a PFA certified.
- Being aware of any children with medical or SEND requirements and how to meet their needs.
- Familiarising themselves with the Nursery Safe Sleeping Risk Assessment and following its controls to mitigate the risk of SIDS.

Parents will be responsible for:

- Communicating with the nursery regarding their child's sleep patterns, routines and needs.
- Ensuring they are contactable whilst their child is at the nursery.
- Familiarising themselves with safe sleep guidelines.
- Ensuring safe sleep practices continue in their child's home.

3. Ensuring a safe sleep space

When considering the creation of a safe sleeping space in the nursery, practitioners will maintain an awareness of both the physical and emotional aspects that ensure a safe and comfortable sleeping environment for children.

Practitioners will have a good understanding of each individual child's sleeping routines and needs.

Practitioners will ensure that sleeping spaces are clear of items such as loose bedding, toys and pillows to minimise the risk of choking or smothering.

Nursery practitioners will ensure that the sleeping environment is free from noise as far as is reasonably practicable.

The sleeping environment will be spacious, well-ventilated and arranged to allow for clear supervision.

Checks will be carried out to ensure the relevant British Safety Standard is met before using any cots, travel cots, moses baskets, carry cots, bedside cribs, mattresses and sleep bags.

The nursery will ensure that:

- Cots, travel cots, Moses baskets and carry cots meet BS EN 716-1:2017, BS EN 1466:2014 or BS EN 1466:2023.

- Bedside cribs used within the nursery meet BS EN 1130:2019 and do not have a side that fully drops down.
- Mattresses meet BS 7177:2008+A1:2011.
- Mattresses used for cots, travel cots and cribs meet BS EN 16890:2017+A1:2021.
- Sleep bags used within the nursery meet BS EN 16781:2018.

To ensure that the sleeping space is safe and comfortable, practitioners will check that:

- Babies aged 12 months and under are only placed to sleep in a cot – including carrycots, moses baskets and travel cots.
- Children are placed down on their back on their own separate sleep space on a clear, flat, firm surface such as a cot, bed or suitable mattress on the floor.
- Sleep spaces only contain a firm, flat, waterproof mattress and lightweight bedding which is firmly tucked around the child no higher than their shoulders to prevent head covering.
- Where blankets are used, the baby is placed on their back with their feet touching the bottom of the cot to prevent them from wriggling down under blankets (feet-to-foot position).
- Cots do not contain extra items such as toys, pillows, loose bedding, bumpers, wedges or straps.
- The room temperature remains between 16 and 20 degrees Celsius.
- Children's heads are not covered.

Practitioners will check whether a child is too hot or too cold by feeling their chest or the back of their neck. If a child's skin feels clammy or sweaty, one or more layers of clothing or bedding will be removed. Practitioners will use their professional judgement during periods of extreme temperatures. Babies will never sleep with a hot water bottle or electric blanket, next to a radiator, heater or fire, or in direct sunlight.

Well fitted sleep bags may be used as an alternative to lightweight bedding where necessary. Practitioners will ensure that the manufacturer recommendations are checked before using a baby sleep bag.

4. Sleeping positions

Practitioners will be clear on the correct sleeping positions for children and the association between SIDS and incorrect sleeping positions.

Practitioners will ensure that:

- Children are placed to sleep on their back – unless the parent has been advised otherwise by a medical professional.
- Children are never placed to sleep on their side or front.
- Airways are kept open.
- Children keep their chins off of their chest and sleep in a position that allows for an open airway.

- Sleep surfaces are kept flat and are not inclined, tilted or propped.

If a child falls asleep in a sitting position, a practitioner will ensure that they are moved onto a flat, firm surface to sleep on their back with a clear airway.

Practitioners will be aware that once babies can move from their back to their front and back again by themselves, they can find their own sleeping position; however, babies will continue to be placed on their back to sleep.

If a child can only roll one way on their own, practitioners will reposition them to their back if they roll onto their stomach during sleep. Practitioners will be aware that children will learn to move freely overtime and will keep track of each child's moveability during sleep through observation and liaison with parents.

Practitioners will position babies in the feet-to-foot position when blankets are being used.

5. Medical needs

Practitioners will be familiar with children's individual health care plans and the associated hazards applicable to each child's medical condition.

Practitioners will be able to use their training in responding to signs of distress or breathing difficulties that may arise during a child's sleep.

Practitioners will be aware of any children taking medication and how this may impact their sleep patterns or create additional risks.

Only practitioners with the appropriate training will administer medication and they will have a strong understanding of the procedures for dealing with the associated medical emergencies.

Practitioners will be aware of any children who may be at higher risk of SIDS, e.g. if the child was premature or of low birth weight.

For babies who were born prematurely, safe sleep advice will be followed for a year from their due date and not the date they were born – the nursery will liaise with parents to confirm this.

6. SEND considerations

Practitioners will be aware of the additional sleep support that may be required for children with SEND.

The nursery will make reasonable adjustments to ensure that a safe and comfortable sleeping environment is available for children with SEND, this may include:

- Using specialist equipment or bedding or children with mobility issues.
- Providing additional supervision for children with breathing difficulties or sensory issues that may affect their sleep.
- Implementing sleep routines that cater to the individual needs of children with SEND.

Practitioners will receive training on the use of any specialist equipment required for use by children with mobility issues.

7. Communication

The nursery will work with parents in order to raise awareness of the importance of safe sleeping practices for small children and to promote safe sleep practices that extend beyond the nursery.

A copy of this policy and the Nursery Safe Sleeping Risk Assessment will be shared with parents in an accessible format.

The nursery will involve parents in discussions about their child's sleep environment and ensure that the specific needs of their child are met and understood. The lead practitioner will gain a comprehensive understanding of each child's specific sleeping routines, needs and requirements and will assess the specific risks associated with any of these arrangements.

When interacting with parents about safe sleep, practitioners will focus on:

- Ensuring that they have a strong understanding of each child's sleep experiences and any changes in this area.
- Acting on any communication received from parents about their child's sleep needs or issues in sleeping patterns.
- Providing support and guidance about safe sleep practices where any questions have been raised.

All practitioners will ensure that there are ongoing discussions to help ensure that all children's sleep needs and any specific requirements are consistently met.

Staff with enhanced seniority or experience will be expected to provide guidance and support to newer colleagues, ensuring that they are well-aligned with the nursery's approach to safe sleeping by offering advice on aspects such as sleep checks and handling the specific needs of each child.

The nursery will encourage open communication regarding safe sleeping practices; any staff member or parent should feel confident in asking questions or raising concerns about the nursery's practices.

Colleagues will support each other and provide feedback and guidance on safe sleep practices whilst promoting a supportive culture in which all practitioners feel confident in their responsibilities.

8. Supervision

Babies under six months will always have an adult with them in the same room for every sleep.

All children will be frequently checked when sleeping and will always remain within the sight and hearing of practitioners.

Baby monitors may be used for children over six months – practitioners will ensure the use of these devices allow children to be seen and heard at all times.The nursery will ensure that the correct adult-to-child ratios are used during nap times to ensure adequate supervision.

Supervision will not involve children being continuously watched whilst they are sleeping; however, practitioners will remain in close proximity at all times to check up on each child and respond to any basic needs or emergencies.

Practitioners will regularly check each child's breathing and ensure that they are comfortable.

When a child awakes from their sleep, a practitioner will swiftly come to attend to them and remove them from the sleeping area.

9. Emergencies

In the event that an emergency event unfolds whilst a child is sleeping, practitioners will utilise their training to take prompt action.

The lead practitioner will take into account the number of children, staff, and the layout of the premises to ensure that a PFA certified practitioner is able to respond to emergencies quickly.

All practitioners will be able to recognise a situation in which emergency procedures need to be followed and will be trained to recognise signs of distress or breathing difficulties. In the event of an emergency occurring during children's sleep, practitioners will take a rapid response and follow the nursery's emergency procedures.

The nursery will ensure that emergency evacuation cots are available and that every member of staff understands the emergency evacuation procedures.

At least one PFA certified practitioner will be present at all times to deal with emergency situations when they unfold. A list of staff who have a current PFA certificate will be available to parents to view.

Only PFA certified practitioners will be permitted to provide first aid, including sleep related first aid such as breathing difficulties and seizures.

The emergency services will be contacted as part of the nursery's emergency response.

The nearest practitioner will dial 999 if a child:

- Stops breathing.
- Will not wake up.
- Is struggling for breath.
- Is stiff, shaking, or jerking.
- Displays sudden symptoms of pale, blue or grey colours on their lips, longue, face or skin. (such symptoms may be easier to see on the palms of the hands or soles of the feet on black or brown babies.)
- Becomes limp, floppy or not responding as normal.

10. Sleep during travel

Babies aged 12 months and under who fall asleep whilst travelling will be transferred to their cot upon returning to the nursery.

Hats and extra clothing will be removed when entering an indoor space, car, bus or train, even if this results in the baby waking.

Children aged over 12 months who fall asleep whilst travelling will be transitioned to their own separate sleep space on a clear, flat and firm surface upon returning to the nursery.

Lie-flat prams or lie-flat pushchairs will not be used as a main separate sleep space.

If a baby or child falls asleep whilst travelling in a car seat, they will be transferred to their separate sleep space as soon as they return to the nursery.

11. Sudden Infant Death Syndrome (SIDS) awareness

The nursery will ensure all sleeping practices follow safer sleep evidence-based guidance approved by The Lullaby Trust. The nursery will not seek guidance from any unregulated self-proclaimed 'sleep experts'.

Parents will be informed about the nursery's safe sleep practices and will be encouraged to follow safer sleep guidance at home.

All practitioners will be aware of the safe sleeping practices that should be used to reduce and mitigate the risk of SIDS.

Practitioners will have a strong understanding of this policy and the Nursery Safer Sleeping Risk Assessment. They will adhere to the procedures and controls set out in these documents and understand their importance in mitigating the risk of SIDS.

12. Monitoring and review

This policy will be reviewed by the lead practitioner as required and at least annually.