

RELAXATION & SLEEP POLICY

Mandatory – Quality Area 2

1.0 Purpose

1.1 This policy will provide clear guidelines for the implementation of safe relaxation and sleep practices that meet the individual needs of children attending a Bethany Kindergarten Services (BKS) service.

2.0 Values

2.1 BKS is committed to:

- a) Providing a positive and nurturing environment for all children attending the service.
- b) Recognising that children have different requirements for relaxation and sleep, and being responsive to those needs to ensure that children feel safe and secure at the service.
- c) 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.
- d) Meeting Ensuring that adequate supervision (refer to Definitions) is maintained while children are sleeping, resting or relaxing.
- e) Complying with all legislative requirements, standards and current best practice, including recommendations by Red Nose (refer to Sources).

3.0 Scope

3.1 This policy applies to the Approved Provider, Nominated Supervisor, educators, other BKS staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of a BKS service.

4.0 Background

4.1 Sleep and rest are vital to children's healthy development. *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:

- a) consider the pace of the day within the context of the community
- b) provide a range of active and restful experiences throughout the day, and support children to make appropriate decisions regarding participation.

4.2 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 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*).

5.0 Definitions

5.1 The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the General Definitions section of this manual.

5.2 Adequate supervision:

5.2.1 In relation to this policy) **supervision** entails all children (individuals and groups) in all areas of the service, being in sight and/or hearing of an educator at all times including during toileting, sleep, rest and transition routines. Services are required

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to comply with the legislative requirements for educator-to-child ratios at all times. Supervision contributes to protecting children from hazards that may emerge in play, including hazards created by the equipment used.

5.2.1 Adequate supervision refers to constant, active and diligent supervision of every child at the service. Adequate supervision requires that educators are always in a position to observe each child, respond to individual needs, and immediately intervene if necessary. Variables affecting supervision levels include:

- a) Number, age and abilities of children
- b) Number and positioning of educators
- c) Current activity of each child
- d) Areas in which the children are engaged in an activity (visibility and accessibility)
- e) Developmental profile of each child and of the group of children
- f) Experience, knowledge and skill of each educator
- g) Need for educators to move between areas (effective communication strategies).

5.3 **Duty of care:** a common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury.

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

5.5 **Relaxation/rest:** a period of inactivity, solitude, calmness or tranquillity.

5.6 **SIDS (Sudden Infant Death Syndrome):** the unexpected and unexplained death of an infant, usually occurring during sleep.

6.0 Procedure

6.1 **The Approved Provider is responsible for:**

- a) 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 (Regulation 81(1)).
- b) Regularly reviewing practices to ensure compliance with the recommendations of Red Nose in relation to safe sleeping practices for children (refer to Sources).
- c) Providing information and training to ensure staff are kept informed of changing practices in relation to safe sleep practices for children.
- d) Ensuring parents/guardians are consulted about appropriate relaxation and sleep practices for their child.
- e) Protecting children from hazards and harm (Section 167).
- f) Ensuring cots provided at the service comply with the most current Australian/New Zealand Standards (refer to Sources and Attachment 1 – Cots).
- g) Ensuring that hammocks, prams and strollers are not used to settle children to sleep.
- h) Consulting with staff in relation to OHS issues when purchasing new equipment for the service.
- i) Ensuring compliance with WorkSafe Victoria's Children's services – occupational health and safety compliance kit (refer to Sources), including in relation to staff lifting children into and out of cots.
- j) Ensuring adequate supervision of children at the service at all times, including during relaxation and sleep.
- k) Ensuring that rooms used for sleep and relaxation are well ventilated.

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- l) Ensuring that there is adequate space to store bedding in a hygienic manner (refer to Hygiene Policy).

6.2 The Nominated Supervisor is responsible for:

- a) 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 (Regulation 81(2)).
- b) Ensuring the educational program provides opportunities for each child to sleep, rest or engage in appropriate quiet play activities, as required.
- c) Protecting children from hazards and harm (Section 167).
- d) Removing any hazards identified in the child's resting or sleeping environment and informing the Approved Provider, as soon as is practicable.
- e) Ensuring all staff and educators comply with the recommendations of Red Nose in relation to safe sleeping practices for children (refer to Sources).
- f) Educating families about evidence-based safe sleeping practices.
- g) 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 professional and develop a risk management plan.
- h) Ensuring all staff and educators comply with WorkSafe Victoria's Children's services – occupational health and safety compliance kit (refer to Sources) in relation to lifting children into and out of cots.
- i) Ensuring adequate supervision of children at the service at all times, including during relaxation and sleep.
- j) Storing items such as bedding in a hygienic manner to prevent cross-contamination (refer to Hygiene Policy).

6.3 Educators and other staff are responsible for:

- a) Providing each child with appropriate opportunities for relaxation and sleep according to their needs.
- b) Complying with the recommendations of Red Nose in relation to safe sleeping practices for children (refer to Sources).
- c) Developing relaxation and sleep practices that are responsive to:
 - i. the individual needs of children at the service
 - ii. parenting beliefs, values, practices and requirements
 - iii. the length of time each child spends at the service
 - iv. circumstance or events occurring at a child's home
 - v. consistency of practice between home and the service
 - vi. a child's general health and wellbeing
 - vii. the physical environment, including room temperature, lighting, airflow and noise levels
- d) Educating families about evidence-based safe sleeping practices.
- e) 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,
- f) Minimising distress or discomfort for the children in their care.
- g) Ensuring that resting and sleeping practices are not used as a behaviour guidance strategy (refer to Interactions with Children Policy).
- h) Providing a range of opportunities for relaxation throughout the day.
- i) Complying with WorkSafe Victoria's Children's services – occupational health and safety compliance kit (refer to Sources), including in relation to lifting children into and out of cots.
- j) Providing input in relation to OHS issues when new equipment is purchased for the service.

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- k) Conducting regular safety checks of equipment used for sleeping/resting, such as cots and mattresses.
- l) Removing any hazards identified in the child's resting or sleeping environment and informing the Nominated Supervisor or BKS as the Approved Provider, as soon as is practicable
- m) Ensuring that any hanging cords, mobiles, curtains and blinds are inaccessible to children who are resting or sleeping.
- n) Providing adequate supervision (refer to Definitions) of all children, including during sleep, rest and relaxation.
- o) Supervising children displaying symptoms of illness closely, especially when resting or sleeping (refer to Incident, Injury, Trauma and Illness Policy).
- p) Ensuring that artificial heating, such as heat bags and hot-water bottles, is not used to provide warmth.
- q) Ensuring that each child has their own bed linen, and that the Hygiene Policy and procedures are implemented for the cleaning and storage of cots, mattresses and linen
- r) Documenting and communicating children's rest and sleep times to co-workers during shift changes.
- s) Providing information to families about the service's relaxation and sleep practices.
- t) Developing communication strategies to inform parents/guardians about their child's rest and sleep patterns, including times and length of sleep.
- u) Encouraging children's independence, and assisting children with dressing as needed.

6.4 Parents/guardians are responsible for:

- a) Discussing their child's relaxation and sleep requirements and practices prior to commencing at the service, and when these requirements change.
- b) Providing information on the child's enrolment form if the child requires special items while resting or sleeping e.g. a comforter or soft toy.
- c) 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.

6.5 **Volunteers and students**, while at the service, are responsible for following this policy and its procedures.

7.0 Evaluation

7.1 In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider will:

- a) Seek feedback from everyone affected by the policy regarding its effectiveness.
- b) Monitor the implementation, compliance, complaints and incidents in relation to this policy.
- c) Keep the policy up to date with current legislation, research, policy and best practice.
- d) Revise the policy and procedures as part of the service's policy review cycle, or as required.
- e) Notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

8.0 Attachments

8.1 Attachment 1: Cots

9.0 Related Bethany policies and procedures

9.1 Bethany Group

- a) Duty of Care Policy
- b) Child Safety and Wellbeing Policy

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9.2 Bethany Kindergarten Services Ltd.:

- a) Child Safe Environment Policy
- b) Hygiene Policy
- c) Incident, Injury, Trauma and Illness Policy
- d) Interactions with Children Policy
- e) Occupational Health and Safety Policy
- f) Supervision of Children Policy

10.0 Relevant legislation and standards

10.1 Relevant legislation and standards include but are not limited to:

- a) Australian Consumer Law and Fair Trading Act 2012
- b) Australian Consumer Law and Fair Trading Regulations 2012
- c) Australian/New Zealand Standard – Cots for household use – Safety Requirements (AS/NZS 2172:2010)
- d) Australian/New Zealand Standard – Cots for day nursery, hospital and institutional use – Safety Requirements (AS/NZS 2130:1998)
- e) Education and Care Services National Law Act 2010
- f) Education and Care Services National Regulations 2011
- g) National Quality Standard, Quality Area 2: Children’s Health and Safety
- h) Occupational Health and Safety Act 2004 (Vic)

11.0 Sources

- a) Australian/New Zealand Standards: (at the time of printing) the current relevant standards are:
 - i. Australian/New Zealand Standard – Cots for household use – Safety Requirements (AS/NZS 2172:2010), and
 - ii. Australian/New Zealand Standard – Cots for day nursery, hospital and institutional use – Safety Requirements (AS/NZS 2130:1998)Services can check current standards on the SAI Global website at www.saiglobal.com
- b) *Belonging, Being & Becoming – The Early Years Learning Framework for Australia* (EYLF): <https://docs.education.gov.au/documents/belonging-being-becoming-early-years-learning-framework-australia>
- c) The Royal Children’s Hospital Melbourne, Grow and Thrive - Sleep, Volume 2 No 1, February 2014, Centre for Community Child Health: https://www.rch.org.au/ccch/publications-resources/grow-thrive/Grow___Thrive_-_Sleep/
- d) 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>
- e) 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>
- f) WorkSafe Victoria, *Children’s services – occupational health and safety compliance kit*: www.worksafe.vic.gov.au/forms-and-publications/forms-and-publications/childrens-services-occupational-health-and-safety-compliance-kit
- g) *Victorian Early Years Learning and Development Framework* (VEYLDF): <https://www.education.vic.gov.au/childhood/professionals/learning/Pages/veyldf.aspx>

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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).

Services can 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:

- a) 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
- b) cots that meet the Australian/New Zealand Standard – Cots for day nursery, hospital and institutional use – Safety Requirements (AS/NZS 2130:1998).

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

ELAA **does not** recommend that services use portable 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:

- a) Red Nose: <https://rednose.org.au/article/portable-cots>
- b) Australian Competition and Consumer Commission: www.productsafety.gov.au
- c) ELAA's OHS website: www.ohsinecservices.org.au