20. SAFE SLEEP

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Person(s) responsible for developing, distributing and reviewing Policy	**Kristin Murray**
Person responsible for approving Policy	**Voluntary Management Committee**
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Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy. Relevant staff have received training on this policy.

Statement of Intent:

This service will ensure every effort is taken to ensure that age and stage appropriate rest and sleep facilities are available within our service. Staff should be made aware of the infant's usual sleeping environment and practices. Children will never be forced to sleep and their own choices and routine will dictate their sleep times.

All staff working in Scallywags, will receive training on our **Safe Sleep Practices**. Our safe sleep practices will be regularly reviewed and all new staff will be made aware of this policy at their induction.

Children's Individual Requirements

- Each child's comfort is provided for and there are appropriateopportunities to meet each child's needs for sleep, rest, and relaxation
- The lighting in the sleep and rest rooms is reduced but only to a level where the staff can still conduct direct visual checks.

Children Under 2 Years

The sleep facilities for children aged less than 2 years depends on the number of children to be catered for.

- There is a separate sleep room for children aged less than 2 years **unless** there are no more than 6 children being cared for in one room. In such case, the sleep area can be in the same room with certain conditions in place.
- Where a maximum of 6 children aged less than 2 years are cared for in a room, the sleep room area for these children can be accommodated in the same room if the space measurement for each child less than 2 years is a minimum 4.2 square meters.
- The sleep area is quiet and restful, away from activity, movement and noise.
- The sleep room temperatures are kept between 16°C and 20°C.
- All children up to the age of 2 years attending Scallywags have access to and sleep in a standard cot unless the child has a history of climbing out over thecot - in which case a floor bed or mat is safer.
- Staff can easily move around the cot to provide for the children's care needs.
- A documented risk assessment on an individual child is completed if a child is identified as being likely to climb out of the cot.
- The number of cots provided within the Scallywags is appropriate to the number of children within the service and the service type. The following table applies:

Child's Age (approximately)	Number of Cots
6 Months	1 cot for each child
9 Months	Cots available for two-thirds of children in this age range
18 Months - 2 Years	`Cots available for half the children in this age range

- All cots used by Scallywags for children under 2 years:
  - Are in good condition;
  - Have a recognised safety standard;
  - Have cot bars less than 6 cm apart (round) or less than 7.5 cm apart (flat);
  - Have at least 50 cm between the top of the mattress and the top of the cot;
  - Have no footholds in the sides or cut-outs in the end of the cot;
  - are positioned away from potential risks (e.g. windows, curtains, blinds, direct sunlight, heated radiators)
- The cot mattresses used by the service are:
  - clean;
  - laid flat and not elevated;
  - the correct size and fit;
  - firm;
  - covered with waterproof material;
  - in good condition;
  - easy to clean and disinfect;
  - well aired and dry;
  - have a gap between the mattress and the sides of the cot that is less than 2.5 cm;
  - have a recognised safety standard.
- Individual bed linen (sheets and sleep bags) is provided to each child.
- The linen is laundered after each use unless it is reserved for the sole use of that child.
- Appropriate separate storage is available for:
  - unused clean linens;
  - linens that are not laundered after each use;
  - dirty linens waiting laundering.

Children Over 2s

- Children have a quiet space to enjoy unstructured, quiet activities of their choice or have a **rest** with soft seating and matting areas to sit or lie down (e.g. look at a book, listen to music, guided mediation)
- Children needing **sleep** during the 3.5 hour session have access to a low level bed or mat;
    - We have a dedicated cozy area within the setting which is conducive to the above.
    - Each child needing sleep is provided with an individual sleep mat or child bed (stackable bed, mats) positioned in a way that allows easy access around each mat or bed.
    - Beds and mats meet recognised safety standards.

Items Prohibited for Sleeping Children

The following items are not used as a sleep facility by the Service:

a. car seats, buggies, strollers and infant carriers
b. inflatable mattresses, inflatable beds or waterbeds.
c. beanbags.
d. couches, sofas, settees and chairs.
e. travel cots or portable cots.
f. bunk cots
g. pillows and cushions as a base to sleep on,

Safe Sleep Practices:

- The Safe Sleep Checklist will be displayed in the sleep room.
- We risk assess the area daily.
- A No Smoking sign will be displayed in the sleep room.
- Infants will always be placed on their backs to sleep with their feet to the foot of the cot. Their heads will be uncovered
- If the infant is less than six months old and it is observed that they have turned onto their tummy, they should be gently re-turned onto their back.

- Do not place a hat on an infant's head when putting them down to sleep unless it has specifically been recommended for medical reasons.
- Ensure the bedclothes are firmly tucked in and no higher than just under the infant's shoulders, so that they can't wriggle down under the covers.
- All infants (under two) should be placed in a standard cot to sleep. The Child Care Act 1991(Early Years Services) Regulations 2016 **does not permit** beanbags, chairs, bouncers and sofas as a sleep surface as all increase the risks of cot death.
- Rest mattresses**/**Toddler beds will be provided for the children over two years.
- Steps will be taken to keep infant/child from getting too warm or overheating by regulating the room temperature, avoiding excess bedding and not over-dressing or over-wrapping the infant.
- Overheating is avoided. To check an infant's temperature, feel the back of their neck or tummy, if these areas feel too warm remove some bedding. Do not worry if hands or feet feel cool as this does not indicate their overall body temperature is incorrect. Room Temperature is recorded in sleep check records
- No bottle propping is permitted

TUSLA Recommendation for Cot Numbers:

The number of cots provided should ensure that each child's individual need for sleep or rest can be facilitated. The following is a general guide to help estimate the number of cots needed:

- At 6 months, children need approximately 10-11 hours' night-time sleep and 2-day time naps of 2-3 hours each. Therefore, a separate cot for each child at, or under this age is recommended.
- At 9 months, children need approximately 10-12 hours' night-time sleep and 2-day time naps of 1-2 hours each. Therefore, cots for 2/3(2/3rds) of children in this age bracket is recommended.

- At 18 months-2 years of age, children need approximately 10-12 hours' night-time sleep and 1-day time nap of 1-2 hours. Therefore, cots for half the number of children catered for, in that age group, is recommended.
- At 2 years, children need approximately 11-12 hours' night-time sleep and 1-day time nap of 1 hour. It is recommended that children's (up to 2 years old) sleep or rest needs are accommodated in a standard cot, unless the child has a history of climbing out over the cot, in which case a floor bed or mat is safer.
- An adequate supply of bed linen should be in place, to ensure that each child has their own linen.

Visually Checking Sleeping Babies/Children:

Sleeping Children are under staff supervision at all times
We use a sleep monitor (listening device) but also physically check by entering the sleep room.

Sleeping infants/children will be checked, every 10 minutes, by assigned staff. This record is on display. The Sleep Chart will be kept on file for one year after the reporting year. We will be especially alert to monitoring a sleeping infant/child during the first weeks the infant/child is in our care.

We will check to see if the infant/child's skin colour is normal, watch the rise and fall of the chest to observe breathing and look to see if the infant is sleeping soundly. We will check the infant for signs of overheating including flushed skin color, body temperature by touch and restlessness.

Sleep Monitoring Of Over 2s

If children fall asleep within our setting, we will supervise the child and we will record a written check every 10 minutes .The child's colour and breathing is checked. If there is a concern about the child the illness or emergency or critical incident policy will be invoked. The child's welfare is paramount.

Dealing with Emergencies Unresponsive Child

In the event of finding a baby or 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. Call 999 for Emergency Services.

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.

See Cot Death Procedure below for further information (Appendix M)

The sleep information will be recorded on a Sleep Chart including:

- The sleeping position
- Colour/pallor
- Breathing pattern
- The time of the check
- Who carried out the check?
- The temperature of the room

Safe Sleep Environment:

- Room temperature will be kept between 16^0 and 20^0 Celsius and a thermometer kept in the sleep room. Recording and documenting room temperature during infant sleeps helps ensure babies are being cared for within recommended limits.
- Keep the room well ventilated but do not position a cot below a window or in front of a working radiator.
- Cot mattresses/rest mats/toddler beds should be completely covered in a waterproof fabric such as PVC. All mattresses should be regularly inspected for signs of damage to the waterproof fabric and if punctured, cracked, or torn, should be replaced immediately.
- Ensure that the gaps between the bars of the cot are less than 6 cm round or 7.5cm flat and that the space between the mattress and the cot is no more than 4cm.
- All cots/beds are marked with the child's name and will be covered by a sheet.
- Infants should not have pillows, duvets, bumpers, soft toys, or comforter blankets in their cot. Instead use one or more layers of light blankets (depending on the room temperature). Remember that one blanket doubled over counts as two blankets.
- Infant/child's heads will not be covered with blankets or bedding.
- Parents are advised to have a new mattress for each child within their own home; however, this is not practical within the early years setting. Therefore, each child will have their own bedding and the mattress should be checked, inspected, and disinfected between each infant sleep.
- Bedding is laundered at least weekly or more often if required. A record will be kept.
- No bottles will be permitted in cots.
- Soothers will be allowed in babies' cots while they sleep.
- Only one infant/child will be in a cot at a time unless we are evacuating babies/children in an emergency.

- Smoking is not permitted on the premises or the surrounding areas adjacent to the premises.
- Infants/children are always supervised when sleeping/resting.
- Sometimes staff find it difficult to get some infants/children to sleep because they do not have an established routine at home. We appreciate parents/guardians' cooperation in this area and ask that a child's routine includes sleeping in a cot. If parent's/guardians are having trouble with this then they should talk to the child's key worker.
- Staff will help children to relax by creating a calm atmosphere.

Soothers:

- Some research suggests that using a soother for every period of sleep may reduce the risk of cot death.
- Parents decide if their child is to use a soother. If used we will offer it at every period of sleep, including daytime naps.
- If the soother falls out during the sleep do not waken the infant up to put it back in. However, if the infant wakens then offer the soother once again.
- We never force an infant to take a soother or put it back in if the infant spits it out.
- We don't use a neck cord, and never coat a soother in anything sweet.
- It is recommended that soother use is introduced only after breastfeeding is well established (usually around 4 weeks) and that soother use is stopped between 6 and 12 months.
- Parents should provide 2 soothers in a sterilized container.

Swaddling or Wrapping an Infant:

Swaddling or wrapping an infant in a light cotton cloth is thought to provide some babies comfort and an overall feeling of safety. However, there has been some evidence that swaddling an infant increases the risk of cot death, particularly when swaddling is not carried out consistently and when blankets used for swaddling are too thick, contributing to overheating.

Staff need to consider how infants are placed to sleep at home and ensure that this practice is consistent with the care they provide. All parents/guardians should be asked whether they routinely swaddle their infant.

Advice for Infants that are Swaddled:

- Never cover an infant's head, and only use thin materials for swaddling. Muslin cloth or thin cotton help reduce the risk of overheating.
- Infant sleeping bags/grow bags are now available as an alternative to swaddling. Providing these are of the right size and tog for each infant these are safe to use.
- Infants must NEVER be placed prone (on their stomach) when swaddled.

Current research suggests that it is safest to swaddle infants from birth and not to change infant care practices by beginning to swaddle at 3 months of age when SUDI (cot death) risk is greatest.

Nappy Changing and Toileting:

- Nappies will be changed prior to putting the infant/child down to sleep and again on waking.
- Staff should check if older children need to wear a nappy while sleeping.
- Children should be encouraged to go to the toilet prior to sleeping and again upon waking.

Further information on safe sleep practices may be found at:

First Light

(Irish Sudden Infant Death Association)

Carmichael House, 4 North Brunswick Street, Dublin 7

Dublin Office +353 (0) 1 8732711 National Lo Call 1850 391 391

24 Hour Hotline +353 (0) 872 42 3777

Signed: Kristin Murray **Date:** January 2022

Person responsible for Preparing the Policy

Signed: Colette Downes **Date:** January 2022

Person responsible for approving the Policy

APPENDIX L: SAFE SLEEP CHECKLIST (FOR DISPLAY)

- Infants will always be placed on their backs to sleep with their feet to the foot of the cot.
- Sleeping infants/children will be checked **every 10 minutes**, by assigned staff.
- The sleep information will be recorded on a Sleep Chart including the sleeping position, colour/pallor, and breathing pattern.
- Check to see if the infant/child's skin color is normal, watch the rise and fall of the chest to observe breathing and look to see if the infant is sleeping soundly.
- Check the infant for signs of overheating including flushed skin color, body temperature by touch and restlessness.

- Room temperature will be kept between 16^0 and 20^0 Celsius and a thermometer kept in the sleep room.
- Infant/child's heads will not be covered with blankets or bedding.
- No loose bedding, duvets, pillows, bumper pads, etc. will be used in cots.
- Tuck any blankets in at the foot of the cot and along the sides of the cot mattress.
- No toys and stuffed animals in the cot when the infant/child is sleeping.
- No bottles will be permitted in cots.
- Soothers will be allowed in cots while infant/child sleeps.
- Only one infant/child will be in a cot at a time unless we are evacuating babies/children in an emergency.
- No smoking is permitted on the premises or the surrounding areas adjacent to the premises.

APPENDIX M: COT DEATH PROCEDURE

What is Cot Death?

"Cot death" is a term used to describe the death of a previously healthy infant, who has died for no apparent reason. It is sometimes referred to as Sudden "Unexpected Death in Infancy" (SUDI), which is defined as "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". The term "Sudden Infant Death Syndrome" (SIDS) is sometimes used on death certificates although it is more commonly recorded as "Sudden Unexpected Death in Infancy" (SUDI).

What happens?

In a typical case an apparently healthy infant is put down to sleep without the slightest suspicion that anything is out of the ordinary, although there are sometimes signs of a slight cold or tummy upset. When next checked, the infant is found to have died. Sometimes the time interval is only minutes. Although the term "cot death" is used, babies can be found in car seats, prams, in an adult bed or on a sofa or chair. There is often no sound or sign of a struggle, or of any distress. Whilst most cot deaths occur during the night, they can also happen during the day.

Which babies are at risk?

All babies are potentially at risk of cot death, however, there are certain circumstances where the risks are increased:

- The risk of cot death is highest during the first 6 months of life and decreases quite dramatically after this. However, a small number of cot deaths still occur in babies over 6 months, and very occasionally over 1 year old.
- There is a clear gender difference in cot death with boys being almost twice as likely to suffer a cot death as girls. The reason for this is uncertain.
- Cot death is more common in the winter months with approximately 60% of deaths occurring during the winter/spring compared with 40% in summer/autumn
- Second and later born infants in a family are at greater risk than first born.

- Research has shown that young mothers (under 20 years old) are more likely to lose an infant to cot death than older mothers. The average age of cot death mothers is two years younger than the general maternal population.
- Preterm (less than 37 weeks' gestation) or low birth weight babies (under 5½ lbs) are more likely to die from cot death than full term infants. Twins are also more vulnerable.
- There is a seven-fold increase in the risk of cot death if the mother smokes during pregnancy. This risk is further increased if the father also smokes • The infants of mothers who misuse substances are also more vulnerable to cot death and alcohol consumption by adults in the home seems to have an adverse effect.

(Source: http://www.scottishcotdeathtrust.org/skyblucms/resources/early-years-guide-31.08.15.pdf)

Procedures for dealing with a Cot Death:

- If you think that a child has stopped breathing or may be dead, a member of staff will immediately commence resuscitation, while another member of staff should:

(a) Phone 999, 911 or 112 or the local GP and request assistance.

(b) Give the ambulance /GP relevant and direct information:

- Your name.
- Address and telephone number of the premises.
- The circumstances of the emergency.
- The age and gender of the child.
- Try to remain calm.

What happens next?

- The Garda will probably arrive.
- Under the Coroner's Act, 1962, the Garda are required to notify the Coroner and as the Coroner's agents are required to inquire into the circumstances of any sudden deaths where the deceased has not been seen or treated by a doctor within one month prior to the date of death, or of any death for which medical certificate as to the cause of death is not procurable.

- Contact the child's family immediately. Advise them that their child is seriously ill and that you have called an ambulance/doctor. If the ambulance/doctor wishes to immediately take the child to hospital and this is before the parents arrive, a staff member will, if possible, accompany the child on the journey to the hospital. If possible, remember to take the child's personal file with you.
- If the above has occurred, when contacting the parents tell them what hospital, and contact the hospital to let them know of the parents intended arrival.

If the parents arrive at the Service:

- When the parents arrive at the Service, immediately bring them to where the child is.
- Allow them some private time to be with and hold their child.
- Explain to the parents that because their child has died suddenly and unexpectedly, the Garda will call to visit them, and that you as the carer will be asked some questions.
- The GP or a member of the Garda, will have the task of officially informing the parents of the death of their child.
- Parents usually want to know the details there and then surround the death of their child.
- Let them know that you are willing to give them all the details and answer any questions they have.
- Be aware that parents may wish to visit you repeatedly to go over the events.
- The parents may apportion blame to you and the staff. Therefore, professional help will be sought for staff as this is a highly emotional and distressing time for everyone.

What to do back at the Service:

- Try as best as possible to retain some form of normality for the sake of the other children as they will very quickly notice the vibes and the emotionally charged atmosphere making them feel insecure and afraid. It may be necessary to take the other children out of the Service to a pre-arranged meeting point for parents to collect them
- Ensure that the child's clothes and personal belongings are not thrown out.

- Do not launder any of the bed cloths that the child was using.
- Keep the area where the child was sleeping intact i.e., the cot, mattress, play pen etc., as this may be required by the Garda for research.

How to inform the other parents:

- Telephone all parents and tell them what has happened, and request them if possible, to come and collect their child.
- When parents arrive at the Service to collect their child, privately explain to them their child's reaction to the infant/child's death and try to reassure them.

What to say to the children?

- Try to continue the children's daily routine as normally as possible.
- Answer the children's questions honestly and simply reassure them that their familiar staff member will be staying with them until their parents arrive to collect to them.
- The older children may ask direct questions e.g., 'is he dead?', you must answer them truthfully, but be sure that you inform their parents of their question and your answer.
- Be aware that children's reactions to, and perceptions of death are dependent on their age, experience, personality, and family circumstances.

The next stage, the days after:

- Contact First Light for support and advice.
- Organise counselling for the children, staff, and parents by contacting the Public Health Nurse, the Hospital or First Light.
- Discuss and seek permission from parents if they wish their child to avail of professional counselling.
- Call a parent/staff meeting and invited along a health professional to talk to, reassure the parents, and answer any questions that they may have.
- Representation of staff and parents to attend the infant/child's funeral can be discussed at the meeting, and the infant/child's parents contacted to seek their approval.
- Decide whether the Service will close for a period.

Supporting the parents:

- Demonstrate support to the infant/child's family but remember they may not want to have any communication with you as they find it too painful or they may be angry and blame you for what has happened, so be prepared for this reaction.
- If communication with the family is maintained, always refer to the infant/child by name.
- Make the child's personal belongings they had in the Service available to the parents if they wish.
- Provide ongoing support by remembering the child's birthday and their anniversary, by keeping the child's memory alive.
- A tree could be planted, or a garden created in memory of the infant/child, which may add the grieving process.

These guidelines are recommended by:

First Light

(Irish Sudden Infant Death Association)

Carmichael House, 4 North Brunswick Street, Dublin 7

Dublin Office +353 (0) 1 8732711 National Lo Call 1850 391 391

24 Hour Hotline +353 (0) 872 42 3777