



St. Andrew's CE Infants' School

Robins' Nursery



Safer Sleep Policy



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Safer Sleep Policy



1. Aims

This policy applies to children aged **2 to 4 years** attending St Andrew's CE Infants' School Nursery.

We recognise that sleep and rest are important for children's physical health, emotional wellbeing, behaviour, learning and development. This policy aims to ensure that:

- Children have access to a calm, safe and comfortable environment for sleep and rest.
- Safe sleep procedures are followed consistently by all staff.
- Children's individual sleep needs and routines are respected in partnership with parents and carers.
- Staff actively monitor sleeping children to promote their safety and wellbeing.
- Practice reflects current guidance from the Department for Education (DfE), the Early Years Foundation Stage (EYFS) and The Lullaby Trust.
[\[help-for-e...ion.gov.uk\]](#), [\[lullabytrust.org.uk\]](#), [\[gov.uk\]](#)

2. Legislation and Statutory Guidance

This policy has been developed in accordance with:

- The Early Years Foundation Stage (EYFS) Statutory Framework. [\[gov.uk\]](#)
- Department for Education safer sleep guidance for early years providers.
[\[help-for-e...ion.gov.uk\]](#)
- The Lullaby Trust guidance for early years settings. [\[lullabytrust.org.uk\]](#),
[\[lullabytrust.org.uk\]](#)

- St Andrew's CE Infants' School Safeguarding and Child Protection Policy.

3. Sleep and Rest Procedures

At St Andrew's CE Infants' School Nursery:

- Children are always within sight and hearing of staff whilst sleeping. [\[help-for-e...ion.gov.uk\]](#), [\[gov.uk\]](#). A member of staff will be with the children in the room whilst they are sleeping.
- Sleep checks are completed every 10 minutes and recorded on a sleep monitoring sheet.
- Children sleep on individual sleep mats in a designated sleep and rest area.
- The sleep area is quiet, comfortable, well-ventilated and appropriately supervised.
- Sleep mats and bedding are cleaned and maintained in accordance with the nursery's hygiene procedures.
- Individual bedding is stored in named bags and hung on the children's personal pegs to ensure they only use their own bedding each day. The bedding is washed every Friday or sooner if required.
- Sleep and rest times are shared with parents via Medical Tracker.
- Children will not sleep in pushchairs, buggies or car seats.
- Children who fall asleep unexpectedly will be moved to an appropriate sleeping space wherever possible.
- Children are initially placed on their backs when settling to sleep in line with safer sleep recommendations. If a child independently changes position during sleep, staff will not repeatedly reposition them unless there is a specific medical requirement or risk assessment in place. [\[help-for-e...ion.gov.uk\]](#), [\[lullabytrust.org.uk\]](#)
- Staff ensure that children's faces remain uncovered and that children are not overdressed or overheated whilst sleeping. [\[help-for-e...ion.gov.uk\]](#), [\[lullabytrust.org.uk\]](#)

- No pillows, beanbags or inappropriate soft furnishings are used for sleeping.
- No bottles are given during sleep times.
- Children who do not sleep are offered opportunities for quiet rest, relaxation, stories or calm activities.

4. Dummies and Comforters

We recognise that some children use comfort items to support emotional security and sleep.

- Children may have a dummy for sleep times if this forms part of their usual routine at home.
- Dummies must be clearly named and kept clean.
- Children may also use an agreed comfort item from home, such as a comfort blanket or soft toy.
- Comfort items are stored hygienically when not in use.
- Staff will work in partnership with parents should support be required to reduce dummy use as children become developmentally ready.

5. Partnership with Parents and Carers

The nursery values close partnership with parents and carers regarding children's sleep and rest needs.

- Information about children's usual sleep routines, comforters, dummies and specific requirements will be gathered during admission procedures and through the child's "All About Me" information.
- Parents are expected to inform staff of any changes to their child's sleep patterns, routines or medical needs.
- Any specific requests regarding sleep arrangements will be discussed with parents and recorded where appropriate.

- Staff will endeavour to follow parental guidance regarding sleep duration and routines while using professional judgement to support children's wellbeing.
- Where a child has a medical condition or additional need that affects sleep, an individual risk assessment may be completed in consultation with parents and relevant professionals.

6. Supervision and Safeguarding

The safety and welfare of children remain paramount during sleep and rest times.

- Sleeping children will be monitored regularly by staff.
- Sleep checks will include observations of children's breathing, comfort, temperature (must be between 16°C -20°C) and general wellbeing (Appendix B)
- Any concerns regarding a child's sleep, health or welfare will be reported immediately to the Nursery Lead and, where appropriate, parents/carers.
- Concerns relating to a child's welfare will be managed in accordance with the school's Safeguarding and Child Protection Policy.

7. Role of Staff

All nursery staff are responsible for implementing this policy.

Staff will:

- Follow agreed sleep procedures consistently.
- Ensure children are supervised at all times during sleep and rest periods.
- Complete and record required sleep checks.
- Maintain a safe and hygienic sleep environment.
- Work in partnership with parents regarding children's individual sleep needs.

- Undertake relevant safeguarding and safer sleep training as part of their professional development.

Oversight of safer sleep practice is provided by the Headteacher, Senior Leadership Team and EYFS Lead. Further information from the Lullaby Trust can also be found in Appendix A of this policy.

8. Monitoring Arrangements

This policy will be reviewed annually and updated sooner if:

- National safer sleep guidance changes.
- EYFS statutory requirements are revised.
- New guidance is published by the Department for Education or The Lullaby Trust.
- An incident, concern or risk assessment identifies a need for review.

References

- Department for Education. *Help for Early Years Providers: Safer Sleep*. [\[help-for-e...ion.gov.uk\]](https://www.gov.uk/help-for-early-years-providers)
- Department for Education. *Early Years Foundation Stage Statutory Framework*. [\[gov.uk\]](https://www.gov.uk)
- The Lullaby Trust. *Safer Sleep Awareness for Early Years Settings*. [\[lullabytrust.org.uk\]](https://lullabytrust.org.uk), [\[lullabytrust.org.uk\]](https://lullabytrust.org.uk)

Appendix A

[Safer sleep awareness for early years settings booklet | The Lullaby Trust](#)

Safer sleep awareness

A guide for childminders,
foster carers, nannies and
nursery settings

the
lullaby
trust



Whether you are caring for a baby or child in a foster care, childminding, nannying or in a nursery setting, it is **important that you are aware of the risks of sudden infant death syndrome (SIDS)**.

While SIDS is rare, it can still happen. It is important that you are aware of the risks and the steps you can take to help reduce those risks in line with The Early Years Foundation Stage statutory framework.

By understanding what SIDS is and recognising the risks, you can fulfil your duty of care for babies you are looking after and keep them as safe as possible. It is important that you understand how what you do or don't do can affect the safety of a baby in your care.



What causes SIDS?

We don't know what causes SIDS. For many babies it is likely that a combination of factors affect them at a vulnerable stage of their development, which leads them to die suddenly and unexpectedly.

However, we do know **you can significantly reduce the risk of SIDS occurring by following our safer sleep advice**.

The majority of SIDS deaths happen when a baby is six months old or less.

After this time, the risk is reduced, however SIDS can still happen, so you should continue to follow safer sleep advice.

Safer sleep advice

Sleeping positions

- All babies should be **placed on their back for every sleep**, day and night.
- Sleeping a baby on their **front or side greatly increases the risk of SIDS**.
- **Tummy sleeping can block or narrow a baby's airway** (their ability to breathe).
- Once babies can move from their back to their front and back again by themselves they can find their own sleeping position. However, continue to place them on their back to sleep.

The Lullaby Trust's evidence-based guidance to reduce SIDS risk is designed for infants up to 12 months, based on research covering this age group. However, aspects of safer sleep advice can also help protect toddlers and older children, especially in preventing accidents. For example, toddlers and young children should continue to sleep on a firm, flat mattress in early years settings, as this reduces the risk of suffocation, restricted airways, and other accidental harm.

All queries relating to best practice for children over 12 months should be directed to the Department for Education (DfE): [gov.uk/contact-dfe](https://www.gov.uk/contact-dfe)

Sleeping place

The safest place for a baby to sleep is in a Moses basket, cot, travel cot or carrycot on a firm, flat mattress with a waterproof cover.

Beanbags, sofas, bouncy chairs, pods/nests, cushions and car seats are not suitable sleep surfaces for babies and significantly increase the risk of SIDS. If a baby falls asleep in a product like this or when propped in a sitting position, you should move them onto a clear, firm, flat surface. For more information visit lullabytrust.org.uk/airways

Ensure the equipment your setting is using for the babies' sleep space has passed necessary safety checks and follow the manufacturer's guidance that comes with any products you use. You can read more about which British safety standards to look out for here: lullabytrust.org.uk/baby-sleeping-products



We advise against sleeping babies in a seated or inclined position such as in pushchairs/buggies.

Sharing a bed is something that many families do, either intentionally or not. **You can find out more about bed sharing on our co-sleeping webpage:** lullabytrust.org.uk/co-sleeping

For those caring for a baby in an early years setting, it is not recommended that you share a bed or other sleep surface with a baby. You may not be aware if a baby was born prematurely for example, so it is safer to assume they are at high risk and give them a separate sleep space. Sleeping on a sofa or armchair with a baby is particularly dangerous.

Temperature

It is important to make sure that the baby's room is a comfortable temperature – not too hot or too cold. The risk of SIDS is higher in babies who get too hot, so aim to keep the **room temperature between 16 - 20°C**. Recording and documenting room temperature during infant sleeps helps ensure babies are being cared for within the recommended limits.



It can be difficult to judge the temperature in the room, so **use a room thermometer** in the rooms where the babies sleep.

Babies **do not need to wear hats indoors**, or sleep in outdoor wear such as snow suits/winter coats etc. These should always be removed on arrival to the setting.



The best way to **check a baby's temperature** is by **putting your hand on the skin on their chest or the back of their neck** (their hands and feet will usually be cooler, which is normal). If the baby's skin is hot or sweaty, it means they are too hot so remove one or more layers of bedclothes or bedding.

Ensure the **baby's sleep space is not positioned next to a radiator** or next to a window in direct sunlight.



Mattresses

Parents/carers are advised that there is an increased risk of SIDS from a second-hand mattress if it has been previously used by another child from outside of the family home. **We advise families to purchase a new mattress in this circumstance**, however this may not be practical within the early years setting.



In your early years setting you should:

- **Check that the mattress is still firm, flat and is in good condition with no rips, tears or sagging.** We also recommend that the mattress is protected by a **waterproof cover**, wiped down with anti-bacterial spray and that a freshly washed sheet is used over the mattress. All mattresses should be inspected and replaced immediately if there are any signs of damage.
- Have a method to **record when new mattresses are bought** e.g. putting a sticker on the underside of the mattress works well.
- Ensure the **mattress fits the cot well.**

Bedding

- **Firmly tucked in sheets and blankets** (not above shoulder height) or a **baby sleep bag** are suitable for a baby to sleep in. **Sleep baby in the feet-to-foot position (baby's feet at the bottom of the cot) and avoid using soft or bulky bedding such as quilts, pillows and duvets.** Remember that one blanket doubled over counts as two blankets.
- Do not use cot bumpers as they pose a risk to babies once they begin to roll and move in the cot. There have been a number of cases in the UK and abroad where infants have become entangled in the ties and material, or fallen from pulling themselves up on the bumpers.
- A baby sleep bag is a good option as it reduces the risk of blankets and

sheets being kicked off and covering baby's head and is a safer option than using loose bedding, which we wouldn't recommend. **Baby**

sleep bags should be well fitted, so the baby can't wriggle down inside. Use the correct tog rating for the room temperature. There is no need to use any additional bedding when using a baby sleep bag.

- Weighted swaddles, weighted blankets and weighted sleeping bags are not recommended for babies under one year due to risk of overheating.



Clear cot

There is evidence to suggest that **babies are at higher risk of SIDS if they have their heads covered and some items added to a cot may increase the risk of head-covering.** Unnecessary items in a baby's cot can also increase the risk of accidents.

We therefore recommend babies are slept in **cots that are kept as clear as possible** and specifically advise:

- No pillows or duvets
- No cot bumpers
- No soft toys
- No loose bedding
- No pods or nests
- No products (such as wedges or straps) that will keep the baby in one sleeping position.



Pods and nests

These products are not entirely flat, firm or waterproof.

We know from research that the safest place to sleep a baby is always going to be on an entirely flat, firm surface, with no soft or thick padding or bedding around them. This is to reduce the risk of overheating, which can increase the risk of SIDS. It is also because anything with raised sides or cushioned areas could block a baby's airway if a baby wriggles into a position where their mouth and nose become covered and they are unable to breathe properly.

Smoking

There is strong, consistent evidence from studies worldwide that **smoking during and after pregnancy increases the risk of SIDS**. Exposure to secondhand smoke also significantly increases the risk of SIDS and the risk increases further where both parents/carers smoke.

If you are caring for a baby and you do not know if their mum has smoked or they have been exposed to secondhand smoke in pregnancy or postnatally, then you may not know if that baby is at higher risk, so it is very important to follow all other safer sleep advice.



Your place of work or employers will have a non-smoking policy, however, you still need to be aware of the risks of smoking and SIDS. The Statutory Framework for the EYFS states providers must **not allow smoking in or on the premises when children are present or about to be present**.

Cigarette smoke and all of the chemicals associated with smoking clings to clothes, hair and skin so we would **advise against holding a baby after smoking**.

There is currently no research on vaping or e-cigarettes and SIDS. Giving up completely is the best option, but if you do choose to use an e-cigarette or vape, continue to keep babies and children away from the vape or e-cigarettes and their vapour.

Dummies

Some research suggests that **using a dummy during sleep can lower the risk of SIDS**, particularly when used for all sleep periods.

- When a baby uses a dummy it should be offered at every sleep period, including daytime naps. Therefore, it is **important to check with the baby's parents/carers if they use a dummy before using one.**
- **Don't force the baby to take a dummy** or put it back in if the baby spits it out.
- **Don't use a neck cord.**
- **If the dummy falls out during sleep do not wake the baby to put it back in,** however, if the baby wakes it can be offered again.
- **Don't coat the dummy with something sweet.**



Swaddling

Whilst we do not advise for or against swaddling, if a parent/carer wishes for their child to be swaddled you should follow the advice below:

Always sleep baby on their back and never put a swaddled baby to sleep on their front.

- Use **thin swaddling materials.**
- **Stop swaddling** (with arms wrapped inside the material) **when a baby shows signs of rolling.**
- **Ensure baby is not overdressed under the swaddle**, has their head uncovered and does not have an infection or fever.
- **Use a room thermometer** in the rooms where the baby sleeps, 16 – 20°C is a comfortable temperature for sleeping babies.



Swaddling continued

- **Baby should be swaddled securely to reduce the risk of face-covering** by loose material. Do not swaddle above their shoulders to reduce the risk of the baby's face getting covered by loose material. But make sure the swaddle has enough room for baby to breathe.
- **Check the baby's temperature to ensure they do not get too hot.** Do not use blankets or place any additional bedding over a swaddled baby, this could cause them to overheat.
- **Keep swaddles looser around the hips to allow for natural movement.** If they are too tight, this can cause hip problems, known as developmental dysplasia of the hip.

If you are looking after a baby, you should ask how the baby is slept at home and make **sure your plans fit with their usual safer sleep routine.**



Sleep supervision

Research has shown that sleeping a baby on their own sleep surface in the same room as their parent or carer, day and night, reduces the risk of SIDS.

In a nursery environment, **sleeping babies should be closely supervised.**

A member of staff must be present in the same room as any baby being slept who is under six months of age. For babies older than six months, sleep supervision could be a member of staff being present in a dedicated sleep room whilst the babies sleep, or frequent monitoring by members of staff. **Children should always be within sight and hearing of staff when sleeping.**

Car seats

Car seats should only be used for transport and not as an alternative for cots or high chairs. It's OK for babies to fall asleep in a car seat when travelling in a vehicle, but they should be taken out as soon as they get to your early years setting, and placed onto a firm, flat surface to sleep.

There is no published evidence which sets out how long babies should be kept in a car seat when travelling.



There may be an occasion when parents/carers do something that goes against safer sleep guidance. For example they may ask that their baby is slept in a pod/nest, or that they want their baby to sleep on their front rather than their back.

You need to consider what to do in those circumstances. You would need to explain why you can't follow this in your setting. Having something written down in a policy and procedure document may help.

Appendix B



Sleep chart record

Date:

Staff member on sleep duty:

[illegible]

[illegible]
