

Scope

This procedure applies to SDN Children’s Education and Care Centres and Preschools.

Responsibilities

SDN

- providing cots, bedding and bedding equipment that complies with the relevant Australian Standards
- following /adapting practices and guidelines set out by health authorities to minimise the risk of Sudden Infant Death Syndrome (SIDS)

Nominated Supervisor

- taking reasonable steps to ensure that the needs for sleep and rest of children being educated and cared for by the service are met, having regard to the ages, development stages and individual needs of the children (Education and Care Services National Regulations 2011, regulation 84a, 84b, 84c, 84d)
- considering the risk for each individual child, and tailoring the frequency of checks/inspections of children, to reflect the levels of risk identified for children at the service. Factors to be considered include the age of the child, medical conditions, individual needs and history of health and/or sleep issues
- undertake and review a sleep and rest risk assessment every 12 months (as a minimum) with any changes addressed ASAP. Previous Risk Assessments must be kept for evidence
- ensuring that:
 - there is an adequate number of cots, bedding and bedding equipment available for the number of infants and children
 - all cots, bedding and bedding equipment meets Australian Safety Standards AS/NZS 2172, and AS/NZS8811.1:2013
 - all infant sleep products and inclined non-sleep products, purchased after 19 January 2026, are supplied with the required warning labels and safety information on the use of the product. Safety information is kept and can be made available if required
 - all infant sleep products purchased after 19 January 2026 have a warning label affixed to them for the duration of their lifecycle at the centre
 - inclined sleep products are not to be used in an SDN service as per Red Nose recommendations
 - all mattresses meet the AS/NZS8811.1:2013

- areas for sleep and rest are maintained at a comfortable temperature, well ventilated, have adequate lighting to enable effective supervision and sleep checks, and are quiet and away from interactive groups. If an area is designated for rest, the space should allow for calm play experiences
- sleep and rest environments and equipment are safe and free from hazards
- supervision planning and the placement of educators across a service enable educators to adequately supervise sleeping and resting children
- sleeping infants in cots are closely monitored and physical checks are conducted at 10 minute intervals. Checks of infants in cots are recorded directly after the check has occurred children under two sleeping on beds will be closely monitored with physical checks every 10 minutes while they are asleep, by an educator walking up to each child’s bed and checking for the rise and fall of the child’s chest and the child’s lip and skin colour. Checks will be recorded directly after the checks have occurred
- sleeping infants and children are within hearing range and/or observed by educators
- maintaining up to date knowledge and training regarding safe sleep practices and communicating this information to educators and families
- ensuring that sleep and rest policies, procedures, and practices are covered during induction for new educators
- ensuring at a minimum one permanent staff member working with under threes completes safe sleep training through Red Nose
- shortening the interval between normal 10 minute sleep checks for infants and children with a cold, chronic lung disorder, or specific health care need that might require a higher level of supervision while sleeping
- determining if there are exceptional circumstances that allow for alternate practices if a family’s beliefs and requests are in conflict with current recommended Red Nose evidence-based guidelines. The Nominated Supervisor (in consultation with their Operations Manager) will only endorse this practice with the written support of the infant’s medical practitioner and will undertake a risk assessment and implement a risk minimisation plan for the infant’s sleep and rest procedure
- ensuring that non-sleep inclined products (eg. rockers and bouncers) are not used at SDN services Educators
- consulting with families about children’s sleep and rest needs. Educators will respond to each child’s need for sleep and rest as agreed with the family, if the practices do not differ with Red Nose recommendations
- ensuring sleep and rest times are a positive experience
- creating a relaxing atmosphere for resting children and ensuring children are comfortably clothed, and not wearing hooded jumpers or beaded necklaces which are not permitted for sleep. The environment should be tranquil and calm for children
- ensuring cot rooms, and sleep and rest areas are maintained at a comfortable temperature, well ventilated, and have adequate lighting to enable effective supervision and sleep checks

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- ensuring timers are used to support 10 minute sleep checks of infants in cots and children under 2 years of age
- ensuring sleep checks for infants in cots include an educator physically attending each cot to:
 - check that the cot is clear of any soft and or loose items
 - visibly check the child’s sleeping position
 - ensure the child’s airway is clear and that their head and face are uncovered
 - check that the child is breathing (that their chest is rising and falling)
 - check that the colour of the child’s skin and lips are normal for the child
 - touch the child’s skin to check that they are warm, not too hot or cold
- ensuring that sleep checks for children under the age of two sleeping on beds occur every 10 minutes and include an educator physically walking up to each child’s bed and:
 - checking for the rise and fall of the child’s chest
 - that the child’s lip and skin colour is normal for the child
- ensuring sleep checks for infants and children under two are recorded directly after the sleep check has occurred
- respecting children’s decision to sleep/rest if their body needs it. Children will only be patted to sleep if specifically requested by the family or the child and if such action does not cause distress to the child
- encouraging children to rest their bodies and minds for 20 minutes. For older children, this could include a relaxation session, listening to music or being told a story etc.
- offering any child resting on a bed that has not fallen asleep after 20 minutes, the option to get up from their bed and participate in other quiet experiences
- maintaining adequate supervision and ratios at all times - for cot rooms this includes the use of sleep monitors and 10 minute physical sleep checks. For children sleeping on beds, outside the cot rooms, ratios must be maintained
- communicating with families about their child’s sleeping times. 0-2 year old sleep times will be recorded daily for families
- respecting family preferences regarding sleep and rest and reminding families that children will neither be forced to sleep nor prevented from sleeping
- encouraging children to dress appropriately for the room temperature when resting or sleeping. The room temperature will be considered to ensure maximum comfort for the children
- ensuring that beds/mattresses are clean and in good repair. Beds and mattresses will be wiped over with warm water and neutral detergent between each use
- ensuring that cots and bed linen are clean and in good repair. Bed linen is for use by an individual child and will be washed before use by another child

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- arranging children’s beds and cots to allow easy access for children and educators
- placing children in a head to toe sequence when making beds
- closely monitoring sleeping and resting children and sleep and rest environments. This will involve checking/inspecting sleeping children at regular intervals, and ensuring that they are always within sight and/or hearing distance of sleeping and resting children so they can assess a child’s breathing and the colour of their skin
- for children on beds, soft toys or comforters will be immediately removed from the bed once a child is asleep if an infant falls asleep somewhere other than a cot or bed the child must be moved to their cot/bed, for any other children they are to be made comfortable and safe
- for children in cots:
 - giving bottle-fed children their bottles **before** going to bed. Children will not be put in cots or in beds with bottles
 - ensuring that:
 - cot rooms and sleep rooms have **operational baby monitors on at all times**
 - cot mattresses are clean, firm and the correct size for the cot frame
 - children are sleeping and resting with their face uncovered
 - internal cot room windows/doors must be free of obstruction that prevent adequate supervision into the room
 - no storage under cots of any kind
 - keeping infant’s cot away from hanging cords such as blinds, curtains or electrical appliances
 - making up cots to comply with *Red Nose safe sleeping guidelines*:
 - infants will be placed on their backs to sleep, but they will be able to find their own sleeping position
 - no loose bedding is to be available to infants. Bed linens will be firmly tucked under the mattress to reduce the risk of a child covering their face. Use of weighted blankets is not allowed
 - put the infant’s feet at the bottom of the cot so the baby cannot slip down under the covers
 - tuck the infant in securely so bed linen is not loose
 - no doonas, duvets, pillows or cot bumpers will be placed in cots
 - keeping soft toys and other soft objects out of the sleeping environment for babies under 7 months of age
 - ensuring that sleeping bags for babies have fitted neck and armholes, no hood and is the correct size for the infant to reduce the risk of the child’s face being covered
 - ensuring that sleeping bags allow the legs and hips of an older infant who is able to roll to be able to move unrestricted

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- not placing anything around the neck of a sleeping infant, this includes amber teething necklaces
- when wrapping an infant/using a swaddle style bag, following the principles of safe wrapping as per Red Nose recommendations:
 - allow hip flexion and chest expansion
 - ensure the infant is not over dressed under the wrap, has the head uncovered and does not have an infection or fever
 - discontinue wrapping infant/using a swaddle style bag as soon as the infant shows signs of attempting to roll
- securely locking cot sides into place to ensure children’s safety
- being aware of manual handling practices when lifting babies in and out of cots
- providing information to families on safe sleeping practices from Red Nose.

Related SDN Documents

Policies

- GI-HLP-1.07: Providing Access to Child Safe Physical and Online Environments
- SD-OP 2.05: Supervision of Children
- SD-OP-2.12: Rest and Sleep

Forms

- SD-FRM-2.12-01-01: Sleeping Children Check Form
- SD-FRM-4.01-12: Hazard Risk Assessment – Rest and Sleep

Relevant Legislation/Regulations

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011, regulations 84a, 84b, 84c, 84d, 103, 105, 110, 165, 167 and 168
 - Schedule 1: National Quality Standard, quality areas 2 and 3, standards 2.1, 2.2, 3.1 and 3.2, elements 2.1.1., 3.1.1, 3.1.2 Other References/Related Documents
- Australian Competition & Consumer Commission (ACCC). (2013). [Keeping baby safe - a guide to infant and nursery products.](#)
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011
- <https://rednose.com.au/section/safe-sleeping>
- Standards Australia – www.standards.org.au
- Safety facts – Cots and Cot Mattresses <https://www.productsafety.gov.au/product-safety-laws/safety-standards-bans/mandatory-standards/household-cots> Kidsafe Australia

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Hazard Risk Assessment

WHS-FRM-4.01-12

Please refer to the SDN Link for guidelines and/or considerations.

Area, Item or Procedure for Assessment	Centre / Location	Prepared by (Name, Role/Position)	Prepared in Consultation with (Name, Role/Position)	Date prepared
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Names of Hazard Risk Assessment Participants

RISK SCORE CALCULATOR

		Consequence				
		Trivial	Minor	Moderate	Substantial	Intolerable
Likelihood	Rare (1)	L	L	M	M	H
	Unlikely (2)	L	L	M	H	H
	Possible (3)	L	M	H	H	E
	Likely (4)	M	H	H	E	E
	Almost certain (5)	M	H	E	E	E

Consideration MUST be given to the duration of Exposure to the risk.

L - Low risk, M – Medium risk, H – High risk, E – Extreme risk

Actions

Extreme	<p>The proposed task or activity MUST NOT proceed until:</p> <ul style="list-style-type: none"> immediate steps to control the risks to as low as reasonably practicable are to be completed a detailed action plan and re-assessment is completed <i>before proceeding</i>.
High	<p>Action required today</p> <p>An action plan must be put in place to decrease the risks to as low as reasonably practicable.</p> <p>Re-assessment needs to be done to show the reduction of risk.</p>
Medium	<p>Action required as soon as possible</p> <p>Identify risk controls/mitigation strategies to minimise the risks.</p>
Low	<p>Risks may not need immediate attention</p> <p>Enter into risk register and reassess as the situation or task changes.</p>

Likelihood

Rare	May only occur in exceptional circumstances, no previous experience or incidents of non – compliance
Unlikely	Could occur at some time, existing non complicated process in place
Possible	Might occur at some time, previous incidents have occurred , complex process
Likely	Will probably occur in most circumstances, high number of previous incidents, may be impacted by factors outside of organisation
Almost Certain	Can be expected to occur in most circumstances, complex process with minimal controls and checks, large number of previous incidents

Consequence

Trivial	No injuries requiring first aid, no interruption to service, no impact on reputation, no evidence of non-compliance
Minor	Minor first aid treatment required, minor interruption to service,
Moderate	Medical treatment injury, 3-4 hour delay to service, evidence of non-compliance,
Substantial	Serious injury, 1-2 day service delay, evidence of major non compliance
Intolerable	Multiple injuries, 3-5 day service delay, major non-compliance found

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Due to (Cause)	There is a risk that (Hazard)	Which may result in (Consequence)	Inherent Risk (Raw untreated Risk)	Control Measures /Mitigation Strategies	Residual Risk (level of risk remaining)

Recommended Action <i>(Please include actions already completed)</i>	Responsible Person	Target Completion Date	Actual Completion Date

COMMENTS *(list any maintenance checks, legislation referred to; & other any special references or conditions)*

Is a follow-up Risk Assessment required? yes no If yes, required in:

Plan and Review

Risks identified from this risk assessment have been addressed within policy and procedure (regulation 84C) as well as other matters required under regulation 84C, including:

• the number, ages and development stages of children being educated and cared for, including at each education and care service	<input type="checkbox"/> yes	<input type="checkbox"/> no
• the sleep and rest needs of children at the service (including specific health care needs, cultural preferences, sleep and rest needs of individual children and requests from families about a child's sleep and rest) including at each education and care service	<input type="checkbox"/> yes	<input type="checkbox"/> no
• the suitability of staffing arrangements required to adequately supervise and monitor children during sleep and rest periods	<input type="checkbox"/> yes	<input type="checkbox"/> no
• the level of knowledge and training of the staff supervising children during sleep and rest periods	<input type="checkbox"/> yes	<input type="checkbox"/> no
• the location of the sleep and rest areas, including the arrangement of cots and beds within the sleep and rest areas, including at each education and care service	<input type="checkbox"/> yes	<input type="checkbox"/> no
• the safety and suitability of any cots, beds and bedding equipment and having regard to the ages and developmental stages of the children who will use them	<input type="checkbox"/> yes	<input type="checkbox"/> no
• any potential hazards in sleep and rest areas or on a child during sleep and rest periods	<input type="checkbox"/> yes	<input type="checkbox"/> no
• the physical safety and suitability of sleep and rest environments, including temperature, lighting and ventilation at each education and care service	<input type="checkbox"/> yes	<input type="checkbox"/> no
• This Risk Assessment has been communicated to all relevant staff?	<input type="checkbox"/> yes	<input type="checkbox"/> no
• Next sleep and rest risk assessment to be conducted before *:		

***AND as soon as practicable after becoming aware of any circumstance that may affect the safety, health and wellbeing of children during sleep and rest**

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