



Safer Sleep Policy

1 POLICY STATEMENT

'Sleeping children must be frequently checked to ensure that they are safe. Being safe includes ensuring that cots/bedding are in good condition and suited to the age of the child, and that infants are placed down to sleep safely in line with latest government safety guidance' Statutory Requirements EYFS 2021 (3.60)

The Key Person meets with all parent / carers before a child's initial first settling visit at nursery. Part of the introduction to the provision provided by PNSF is to gain knowledge of the child's individual routine and their sleep and rest time periods. Staff will discuss and record on the initial parent appointment paperwork, the individual needs and requirements of each child to ensure their rest routine, where possible, mirrors that of home-life. This information is shared with the room lead who will ensure the whole team are informed.

Plymouth Nursery Schools Federation (PNSF) ensures that all babies and children are provided with a safer sleep environment to reduce the risk of sudden infant death syndrome (SIDS) in babies up to 12 months of age, and sudden unexpected death in childhood (SUDC) in children aged over 12 months.

Staff understand that whilst uncommon, there are some factors that can increase a baby's risk of SIDS. These include:

- being born prematurely (before 37 weeks)
- low birthweight (less than 2.5kg or 5.5lb)
- exposure to smoking in pregnancy
- sleeping with babies and children on sofas or chairs

*In line with NHS and The Lullaby Trust guidance, if a baby was born prematurely (before 37 weeks) or weighing less than 2.5kg or 5.5lb, PNSF staff follow the safer sleep advice for **a year from their due date, rather than when they were born**. Staff refer to NHS and The Lullaby Trust for further advice on safer sleep and premature or low birth weight babies.*

2 SAFE SLEEPING GUIDANCE

2.1 All children will be frequently checked when they are sleeping. The nursery has a 'Sleep Chart' document for babies and young toddlers. They are monitored every 10 minutes during their sleep time. Timings for this are measured through use of a timer, set with an alarm at intervals of 10 minutes. This is signed by the member of staff at each interval check.

2.2 The Room Lead will allocate a member of staff to be responsible for the supervision of children when they are sleeping / resting.

2.3 Children must always be within sight **and** hearing of staff when sleeping. A baby monitor that allows children to be seen and heard at all times is used for children over 6 months of age. Babies under 6 months of age will always have an adult with them in the same room for every sleep.

2.4 For children that have medical conditions, certain emotional needs or sleep training programmes, the nursery will endeavour to enhance staff supervision however the parent should discuss this with the Key Person and manager / SLT.

2.5 All children's mouths are checked before going to sleep.

2.6 Staff ensure children do not get too hot or cold. Sleep rooms are well ventilated. The recommended room temperature for babies (those aged 12 months and under) is 16 to 20°C. Fans may be used to try to regulate temperature when the temperature may be higher during the summer months. There are thermometers in sleep rooms to ensure temperatures are monitored and this information will be used to report temperature concerns to SLT to be addressed.

2.7 All babies aged 12 months and under are placed to sleep in a cot - this includes travel cots. Children over 12 months sleep in cots, pods or on sleep mats as determined through discussion with the parent or carer as to their wishes.

2.8 Nursery staff will discourage children regularly sleeping in pushchairs and will not put a child to sleep in a car seat. If a child falls to sleep in a pushchair, they will be moved to a cot / sleep mat / pod.

2.9 Babies are placed down to sleep on their own, in the cot allocated to them and placed on their back 'feet to foot' (with feet at the bottom of the cot). Older children are placed down to sleep on their back in their own separate sleep space on a clear, flat, firm surface such as a cot, bed or suitable mattress on the floor. Once babies can move from their back to their front and back again by themselves, they can find their own sleeping position. However, staff will continue to place them on their back to sleep.

2.10 All sleep spaces will only contain a firm, flat, waterproof mattress. Light bedcovers may be used but these must be firmly tucked in and no higher than the baby's shoulders, to prevent them from wriggling under the cover and covering their head as evidence suggests that babies (those aged 12 months and under) are at a higher risk of SIDS if they have their heads covered. Alternatively, a well-fitting baby sleep bag may be used to cover a baby. It is the safest option to use as it reduces the risk of blankets and sheets being kicked off and covering baby's head. Baby sleep bags must be well fitted, to ensure the baby can't wriggle down inside and staff must check the manufacturer recommendations before using a baby sleep bag. Staff will ensure the correct tog rating for the time of year is always used. No additional bedding will be used when using a baby sleep bag.

2.11 Cots are not placed by the radiator or window.

2.12 The gaps between the bars of the cots are less than 6.5cm (SIDS guidance).

2.13 Mattresses are regularly checked for any signs of damage and replaced as needed. Mattresses are regularly turned and aired.

2.14 Cots must not contain extra items such as toys, pillows, loose bedding, bumpers, wedges or straps.

2.15 Staff will check the sleeping children to ensure they are sleeping in a safe position and not tangled in a sheet/blanket.

2.16 The child's breathing will be checked by placing a gentle hand on the child's chest or putting the back of their hand near the child's mouth to feel for breath.

2.17 Some items added to a child's sleep space may increase the risk of SIDS and unnecessary items, such as cot bumpers and toys, can also increase the risk of accidents. Sleep comforters may be used for babies and children aged over 12 months only.

2.18 A Safer Sleep guidelines poster is displayed in each sleep room for staff to refer to when needed. (See appendix 1). More detailed guidance (Lullaby Trust) is also available for staff and a copy shared with staff at induction. (See Appendix 2).

2.19 The nursery checks that all products meet the relevant British Safety Standards (Appendix 3).

2.20 After each sleep the bedding is changed.

3 SAFE SLEEPING CHECKS

Whilst Sleeping:

3.1 Staff will check the sleeping children to ensure they are sleeping in a safe position and not tangled in a sheet/blanket.

3.2 The child's breathing will be checked by placing a gentle hand on the child's chest or putting the back of their hand near the child's mouth to feel for breath.

3.3 Staff will ensure during safe sleep checks that all children are not hot or cold by feeling their chest or the back of their neck (hands and feet will usually be cooler, which is normal). If their skin feels clammy or sweaty, remove one or more layers of clothing or bedding. Staff will use their professional judgement during extreme temperatures, under the guidance of the Room Lead / Manager / SLT.

4 SETTLING SLEEPERS

4.1 The child's sleeping routine is discussed with the parent/carers and recorded within their personal sleep routine i.e. length of sleep, position of sleep.

4.2 Comforters, muslins, dummies, soft toy where required should be provided from home and these will be stored with the child's personal belongings.

4.3 If a child has a dummy and this should fall from their mouth during their sleep the member of staff will not put it back into the mouth unless the child wakes.

4.4 A child will be settled by a member of staff unless parent/carers request they settle themselves in a cot.

4.5 Staff will sit with a child and pat/stroke their stomach or back or stroke side of face as requested by parent/carers.

4.6 Staff attend annual safeguarding training and appropriate methods for safe sleep are regularly reviewed.

4.7 If a child settles themselves', a member of staff will sit close to the child to provide reassurance as required.

4.8 Where appropriate soothing music / white noise may be played.

4.9 The nursery will not allow a child to consume milk from a bottle in a cot or on a bed mat as a soother for settling to sleep.

4.10 Transition from sleeping in a cot to on a bed mat will be reviewed in line with the age and stage of the child and in agreement with their parent / carer.

5 REST TIME

5.1 Each provision has a 'cosy corner' area for children to have periods of rest when they require.

5.2 Most children by the time they transition to the Nursery School Room (3-5yrs) tend not to have an afternoon sleep, however if a child requires a sleep then staff will arrange for the child to either sleep in a designated area of their own play room or join the 'sleepers' in the Day Care provision.

5.3 Nursery staff will discuss with the parent/carer the child's sleep / rest routine and how this falls within the nursery day. There may need some adaption to sleep times to ensure suitable staffing can accommodate individual needs and that there are safe areas to sleep

5.4 Nursery staff strive to provide as many learning opportunities as possible, therefore staff will discuss with the parent/carer the balance between rest and play time whilst attending the nursery session

6 ASSOCIATED POLICIES & PROCEDURES

Intimate Care Policy

Health and Safety Policy

7 APPROVAL AND REVIEW DETAILS

Approval, Review and Amendment History	Details
Written: 17.11.24	Caroline Watts (Head of School)
Approved and adopted: 05.12.24 Last reviewed and updated: 24.04.26 following DfE guidance published 20.04.26 Signed:	PNSF Governing Board Chair of Governors Head of School
Date of next scheduled review: 20.04.28	Notes:

Advice for Early Years settings

– sleeping space for babies

The safest place for babies to sleep is on a **clear, flat and separate sleep space** such as a:

Moses Basket

Cot

Crib

Travel cot

Carrycot

We advise against sleeping babies in a seated or inclined position such as in

- ✗ pushchairs /buggies
- ✗ car seats
- ✗ bouncy chairs
- ✗ swings
- ✗ hammocks

These are not suitable sleep surfaces for babies as they are not firm and flat, therefore can be associated with an increased risk of SIDS. This is because if a baby's chin is close to, or on their chest, this position can restrict their airways and become a possible contributing factor to SIDS so should be avoided.

All of our safer sleep advice is for every sleep and nap.

If a baby falls asleep in a sitting device they should be moved to a flat surface. Don't place sitting devices on a high or soft surface.

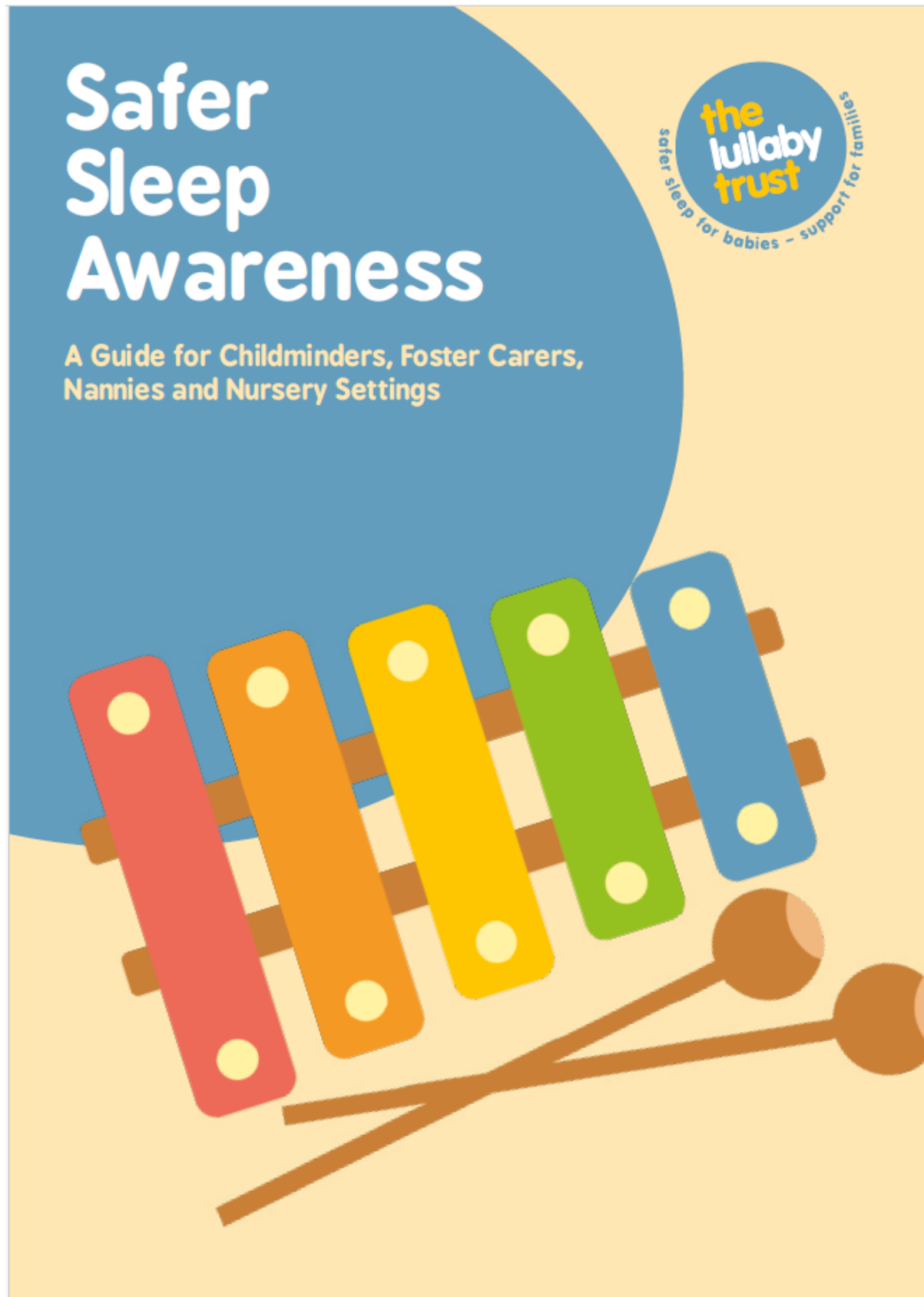
This advice should be the setting's policy to ensure safer sleep is always followed.

SLEEP SUPERVISION

In a nursery /childcare environment, sleeping babies should be closely supervised. This can be a member of staff being present in a dedicated sleep room whilst the babies sleep or frequent monitoring by members of staff in an open plan room.

- ✓ **Inspect cots, bedding and mattresses and ensure all are in good condition before each sleep session**
- ✓ **To avoid overheating, babies should be dressed appropriately for the room temperature (the ideal temperature is 16-20 degrees)**

Registered Charity Number: 262191
Company registration number: 01000824



Whether you are caring for a baby or child in a foster care, child-minding, 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.

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.

Our safer sleep advice covers babies up to 12 months of age, or 12 months from the due date for babies born prematurely.

What causes SIDS?

We do not 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 chance of SIDS occurring by following our safer sleep advice.

Around 86% 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 we recommend following safer sleep advice up to 12 months.



Safer Sleep Advice

Sleeping Position

- All babies should be placed on their back for every sleep, day and night, as the chance of SIDS is particularly high for babies who are sometimes placed on their front or side.
- Sleeping a baby on their front or side greatly increases the chance of SIDS.

Sleeping Place

'Sharing a bed with a baby is something that many families do, either intentionally or not. There is a lot of information on bedsharing in our [guide for parents](#), but 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. Sharing a sofa or armchair with a sleeping baby is particularly dangerous.

- The safest place for babies to sleep is in a Moses Basket, cot, travel cot or carrycot on a firm, flat mattress with a waterproof, wipeable 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.
- Ensure the equipment your setting is using for the babies' sleep space has passed necessary safety checks and follow the manufacturer's guidance that come with any products you use.

Temperature

- It is important to make sure that the baby's room is a comfortable temperature – not too hot or too cold. The chance of SIDS is higher in babies who get too hot, so 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, nor sleep in outdoor wear such as snow suits/winter coats etc.
- The best way to check baby's temperature is by putting your hand on the skin on their chest or the back of their neck. Don't use their hands or feet as a guide as they will always feel cooler than the rest of their body. If the baby is too hot you will feel the skin is hot, slightly clammy or sweaty, and you will need to remove some layers.
- 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 to have a new mattress for each child within their own home, however this may not be practical within the early years setting.

- 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 space between the cot and mattress is no more than 3cm.
- 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 time of year. There is no need to use any additional bedding when using a baby sleep bag.

Bedding

- Firmly tucked in sheets and blankets (not above shoulder height) or a baby sleep bag are safe 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.



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.

While evidence on individual items is not widely available, it makes sense to be as cautious as possible.

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 chance of overheating, which can increase the risk of SIDS. It is also because anything with raised sides or cushioned areas might pose a risk if a baby wriggles into a position where their mouth and nose become covered and they are unable to breathe properly.



Smoking

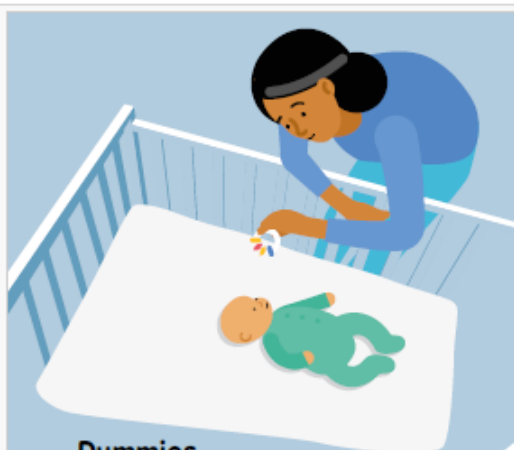
There is strong, consistent evidence from studies worldwide that smoking during and after pregnancy increases the risk of SIDS. Exposure to secondhand smoke also significantly increases the risk of SIDS and the risk increases further where both parents/carers smoke.

If you are caring for a baby and you do not know if their mum has smoked or has 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 2021 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 e-cigarettes and SIDS but using e-cigarettes seems to be much safer than smoking. Giving up completely is the best option, but if you do choose to use an e-cigarette, continue to keep babies and children away from e-cigarettes and their vapour.



Dummies

Dummies have been found to help reduce the chance of SIDS, but only when these are used consistently for every sleep.

- 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, we do urge you to follow the advice below:

- Use thin materials.
- Never put a swaddled baby to sleep on their front
- 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.
- Baby should be swaddled securely to reduce the risk of face-covering by loose material.
- 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.

- Swaddles should not be applied very tightly around the hips as this is strongly associated with 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

There is evidence that when infants are placed in the same room as their parents/carers, but they do not share the same sleep surface (i.e. room-sharing not bed-sharing), a significant decrease in the risk of SIDS is seen; therefore babies should be in the same room as an adult for all sleep periods.

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

We don't advise on how nursery/early year settings achieve these requirements, and it is down to your individual nursery's procedural guidance on how you meet this requirement, such as a member of staff being present in a dedicated sleep room whilst the babies sleep or regular monitoring by members of staff in an open plan room.

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, 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. However, infant healthcare professionals, safety experts and most car manufacturers recommend that babies should not be in a car seat for longer than 2 hours at a time and they should be taken out frequently.



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 – you need to consider what to do in those circumstances – e.g. explain why you can't use it in your setting, having something written down in a policy and procedure document may help.

If you have any concerns about safer sleep or you are worried about looking after someone else's baby you can contact us for advice and support. You can call our free Information line 0808 802 6869 or email info@lullabytrust.org.uk

We also train and provide information to professionals who support families, to make sure families receive consistent advice and are equipped with the knowledge to sleep their baby more safely.

For more information on safer sleep training email training@lullabytrust.org.uk or visit lullabytrust.org.uk/professionals/sids-training

Further support

If you have any concerns about safer sleep or you are worried about looking after someone else's baby you can contact us for advice and support.

If a baby who you were looking after has died whether in your nursery, in your home, in foster care or while you were caring for the baby in the parents/carers' home, you are likely to be experiencing shock and grief. You may find it helpful to talk to an understanding person- You can phone The Lullaby Trust's free Helpline for support 0808 802 6868. Open Mon- Fri 10am - 5pm, Sat & Sun 6pm - 10pm.

The Lullaby Trust

www.lullabytrust.org.uk

T: 020 7802 3200

Information line: 0808 802 6869 (Freephone)

Registered charity no: 262191



Appendix 3

All sleep products must meet the following relevant British Safety Standards:

- cots, travel cots, Moses baskets and carry cots: BS EN 716-1:2017, BS EN 1466:2014 or ^[1]_{SEP} BS EN 1466:2023
- bedside cribs: Since 2020, all bedside cribs should meet the new crib safety standard BS EN 1130:2019. This means cots should no longer have a side that fully drops down.
- mattresses: BS 7177:2008+A1:2011
- mattresses for cots, travel cots and cribs: BS EN 16890:2017+A1:2021
- sleepbags: BS EN 16781:2018