



Batford Day Care

BATFORD DAY CARE LIMITED SLEEP POLICY

Version	2.0
Based on Model Policy	N/A
Review body:	Day Care Manager
Date issued:	September 2024
Review frequency:	Three Years
Target audience:	Staff and Parents

Version	Date	Notes
V2.0	September 2024	New Format
V2.0	December 2024	Review of risk assessment – no changes

Batford Day Care is committed to:

- Safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.
- Eliminating discrimination, advancing equality of opportunity and fostering good relations between different groups. These factors were considered in the formation and review of this policy and will be adhered to in its implementation and application across the whole Batford Day Care community.
- Promoting the fundamental British values of democracy, the rule of law, individual liberty and mutual respect and tolerance of those with different faiths and beliefs: any staff member, child or visitor expressing opinions contrary to fundamental British Values, including 'extremist' views, will be actively challenged.

BUILDING STRONG FOUNDATIONS FOR OUR CHILDREN

Batford Day Care, Holcroft Road, Harpenden AL5 5BQ

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1. Policy statement

Young children need sleep and rest periods for their wellbeing and to aid their general development.

Children all develop at different rates and Batford Day Care must therefore meet the individual needs of each child. Very young babies will sleep at regular intervals throughout the day, as and when they need to. It is the responsibility of staff to support each child with responsive sleeping.

This policy document sets out our philosophy and approaches with regards to responsive sleep and sets out the practices and checks followed by Batford Day Care to reduce the risk of Sudden Infant Death Syndrome (SIDS). Checks will be carried out to ensure the safety and comfort of each child.

2. Sleep preferences

Sleep preferences will be discussed with a parent/carer during the settling in period and again as and when the parent/carer identifies any changes or preferences to sleep patterns for their child.

We adopt the responsive sleep strategy, which is flexible to the child's need on each individual day. Whilst we aim to respect timings of sleep preferences adhered to by the parents/carers, if a child does not fall asleep within 20 minutes, they will resume play, and staff will encourage sleep again when they become tired. Similarly, in-line with the responsive sleep strategy we will not physically wake children from their sleep before one hour, after this point activities have generally resumed within the rooms, with curtains undrawn. If a child remains asleep, we wait until they naturally wake.

Each child has their own sleep box, and information will be clearly displayed about how each child likes to be settled in and out of sleep with individual photographs

Note that children's bedding is washed weekly and stored in their individual labelled sleep box.

3. Preparing for sleep

It is important that children are comfortable, to ensure a restful sleep. To ensure the safety and comfort of each child, staff will ensure that:

- Temperature guidance on blankets and clothing is followed.
- Children have been offered a drink of water before sleep.
- The room is well-ventilated with a temperature between 16-20°C where possible.

Each child has:

- A clean face and hands
- A dry, clean nappy
- Their comforter, if used
- Shoes and loose clothing, including bibs, have been removed.

Children are:

- Initially placed to sleep on their backs, once children are able to roll from their front to back and back to front, they will be able to find their own sleeping position
- Settled to sleep with their feet at the foot of the cot/coracle and mat and the sheet/blanket tucked in and made up so it comes no higher than under the children's arms
- Children do not sleep with large soft toys that have the potential to smother them, if a child has a comforter once they have fallen asleep the comforter will be gently removed and placed into their individual sleep box

Babies/children who fall asleep when they are in a buggy on a walk must be transferred to a cot, coracle or mat as soon as possible. They should have their outer layers of clothing removed.

Babies/children who fall asleep whilst playing need to be gently transferred to a cot, coracle or mat as soon as possible.

4. Sleep Monitoring

Sleeping babies and children will be checked every ten minutes and the checklist completed.

Staff will check and confirm that children and babies are breathing using visual techniques as well as placing a hand on the child's chest if needed to ensure it is rising and falling in a normal breathing pattern.

The room temperature will be recorded on the sleep record sheets.

5. Emergency Situations

Unresponsive or unwell child

Children who we are monitoring with a temperature of 38c or above should not be placed to sleep (see risk assessment).

Should a staff member be concerned about a child's wellbeing, they will immediately call for help from another staff member and the management team. A staff member will call 999 for immediate assistance if necessary and inform the child's parents of action taken.

All staff attend Paediatric First Aid Training which is updated every 3 years. Staff will be expected to carry out the required procedures for a child who suffers the following effects:

- Stops breathing or turns blue.
- Is struggling for breath.
- Is unconscious or seems unaware of what's going on.
- Experiences a seizure, even if they seem to recover.

Emergency evacuation of sleeping babies and children (see Emergency Evacuation procedures)

A maximum of six babies will be placed in an evacuation cot and evacuated via the emergency exit route.

There are two cots located in the dining hall that get transferred into Cuckoo's room when children are sleeping. Six children can be carried in each cot. In the event of an evacuation the fire exit door will be used to exit with the cots.

Staff will take the evacuation bag located at the main door of Buntings, Cuckoos and Robin room and ensure that any babies or children requiring socks and foil blankets are supplied to them (Note that foil blankets are only effective for retaining heat).

All emergency situations and drills will be logged, and actions reviewed.



Batford Day Care

6. APPENDIX 1

Sleep Risk Assessment

Activity/Area/equipment/Materials	Risk	Group at risk	Probability	Severity	Total risk rating	Measures/Comments	Result*
<p><u>Sleeping position</u></p> <p>https://www.publichealth.hscni.net/sites/default/files/2025-01/Promoting%20Safe%20Sleeping%20for%20Infants%20Guidance%20-%20%28Final%20Tagged%29.pdf</p>	<p>Sleeping prone (face down) or side sleeping or swaddling a child who is mobile enough to roll. All of these are associated with Sudden Infant Death.</p> <p>Sleeping on their back carries the lowest risk.</p>	Children	1	3	3	<ul style="list-style-type: none"> • Staff fully inducted under our safe sleep policy. Refreshers given when policies are reviewed. • Parents informed of our safe sleeping policy during all about me questions prior to the child starting settles. • For children under medical advice to sleep on their front or side, a letter must be provided from a paediatrician, and parents/carers sign a permission form alongside an individualised risk assessment for the child. • When staff place the children onto their sleep mat, coracle or cot the initial position should still remain on their back and 'feet to foot'. Once children are able to roll from their front to back and back to front, they will be able to find their own sleeping position. 	A
<p><u>Sleeping aids</u></p> <p>Mattress wedges Cushions Muslins Blankets Sleep bags Comforters Cuddly toys Dummy's Bottle's</p>	<p>Sleeping with an aid can cause an increased risk of Sudden Infant Death.</p>	Children	1	3	3	<ul style="list-style-type: none"> • Unless we have medical advice stating a child needs a wedge or cushion to sleep, these should not be used at any point. • Muslins and blankets must never cover the child's face, when placing a blanket on a child ensure that it is tucked securely under the child's arms, lower than their armpit and 	A

Activity/Area/equipment/Materials	Risk	Group at risk	Probability	Severity	Total risk rating	Measures/Comments	Result*
						<p>tucked tightly under the mat so it cannot slip over their heads.</p> <ul style="list-style-type: none"> • Children can use sleep suits provided from home, staff must ensure they have checked the TOG of the bag and the temperature of the room to ensure the child will not overheat. • Children are able to go to sleep with their cuddly toys, under staff supervision. Once the child has fallen asleep the cuddly toy will be gently removed and placed into their individual sleep box. • Bottles will only be given to babies by a member of staff on the feeding chair, if a baby falls asleep during the feed the member of staff will wind them over their shoulder and place them into the cot, coracle or sleep mat on their back. • Dummies can reduce Sudden Infant Death if used at the start of sleep, children who use a dummy will be given it at the start of their sleep, once it falls out staff will place it into the child's individual sleep box. No dummy will be given when attached to a dummy clip, blanket or comforter. 	
<p><u>Sleeping temperatures</u> The ideal temperature for sleeping children is 16c -20c</p>	<p>Overheating is associated with Sudden Infant Death. The combination of overwrapping (excessive layers</p>	Children	1	3	3	<ul style="list-style-type: none"> • The room temperature shall be recorded on the sleep check chart, during each sleep period throughout the day using the thermometers in the room. • Staff will follow the visual guide on the sleep check chart clipboard to decide what levels of clothing and blankets/sleep bag is needed each day. It is to be noted that 	A

Activity/Area/equipment/Materials	Risk	Group at risk	Probability	Severity	Total risk rating	Measures/Comments	Result*
	<p>of bedding and/or clothing, including hats) and signs of fever following an infection, prone sleeping position, covering the head, can affect the baby's thermal balance by either making them too hot or reducing their ability to lose heat.</p>					<p>when folding a blanket it will provide double the insulation, blankets to remain single layer.</p> <ul style="list-style-type: none"> • No child will be placed to sleep in front of a heater, radiator or direct sunlight. • During summer months room temperatures can rise above the ideal 16c-20c. In these circumstances rooms will be ventilated with open windows and doors if outside is cooler than inside, fans will be used to cool the air but children will not be placed directly in front of them. Children will be encouraged to increase their fluid intake during hot days to ensure they are well hydrated. • Staff will observe children during sleep and look for signs of overheating, which include damp hair, flushed cheeks, sweating, rapid breathing, tummy or back of their neck feeling hot to touch or clammy and heat rash. Hands and feet are not an indicator of the child's body temperature as these are naturally cooler. If a child is too hot remove a layer. • Children who we are monitoring with a temperature of 38c or above should not be placed to sleep. If they fall asleep top layers of clothing must be removed, including socks and jumpers, leaving them in one layer of clothing. Staff will reduce down to a 1-1 ratio in these circumstances while waiting for the child to be collected. 	

Activity/Area/equipment/Materials	Risk	Group at risk	Probability	Severity	Total risk rating	Measures/Comments	Result*
<u>Preparing the environment for sleep</u>	Reducing the risk of Sudden Infant Death	Children	1	3	3	<ul style="list-style-type: none"> The sleep space will be clean, clear and tidy. Any objects that could fall on sleepers will be removed or mats not placed under them, for example, fire evacuation cots on the wall. Staff will prepare the room for children to sleep; sleep mats will be placed at a minimum of 15cm apart. Cots, coracles and mats will not be placed directly in front of a heater, radiator, fan or fire exit. The correct fitted sheet will be used and placed in the child's sleep box after each use for the week. Cellular blankets and sleep aids will be placed on each individual child's bed. The environment will be darkened by drawing blinds and curtains and windows opened for ventilation. The sleep check chart clipboard will be ready in the sleep area and temperature recorded, where necessary make changes to the room temperature in line with the ideal 16c-20c. 	A
<u>Preparing children for sleep</u>	Reducing the risk of Sudden Infant Death	Children	1	3	3	<ul style="list-style-type: none"> Before a child goes to sleep, staff will ensure they have a clean face, nose and hands and no food in their mouths. Children will have a nappy change/check or encouraged to go to the potty/toilet prior to their sleep. Shoes, bibs and clothing will be removed in line with our safe sleep clothing guide (appendix 3 of policy) and placed into their sleep box. 	A

Activity/Area/equipment/Materials	Risk	Group at risk	Probability	Severity	Total risk rating	Measures/Comments	Result*
<u>Monitoring sleep</u>	Reducing the risk of Sudden Infant Death	Children	1	3	3	<ul style="list-style-type: none"> • Staff must record when a child comes to their sleep mat, cot or coracle under 'time to bed'. • Once the child is asleep staff must record 'time asleep' and ensure they are positioned correctly, with the blanket or sleep bag. Comforters gently removed and placed into individual child's sleep box. • Staff will monitor children by, observing their chest rise and fall, look out for signs of overheating, ensure blankets do not go over their shoulders and heads. • Staff will record the time the child wakes 	A
<u>Falling asleep on an outing</u>	Reducing the risk of Sudden Infant Death	Children	1	3	3	<ul style="list-style-type: none"> • If a child falls asleep in the buggy the seat must be reclined immediately to ensure their airways are not restricted from straps, clothing, bibs or blankets. • Staff must use sleep monitoring sheets on the walk and as part of the check ensure they have felt the child's chest for signs of a raised body temperature. Blank copies will always be kept in each outings bag. • On return to setting, children to be removed from the buggy immediately and placed on a sleep mat, in line with the sleep policy and risk assessment. 	A

Activity/Area/equipment/Materials	Risk	Group at risk	Probability	Severity	Total risk rating	Measures/Comments	Result*
<u>Emergency situations</u>	<p>Unresponsive child, but breathing when trying to wake</p> <p>Unconscious child, but breathing</p> <p>Child having a seizure</p> <p>Child having a febrile seizure</p> <p>Child vomiting</p> <p>Child with obstructed airway</p> <p>Child not breathing or struggling for breath</p>	Children	1	3	3	<ul style="list-style-type: none"> • Most staff working directly with children are paediatric first aid trained and will be able to undertake the appropriate measures to support a child if any of these situations occurred. • A staff member will notify the management team immediately, who will come and support. • Another member of staff will ring 999 and follow guidance until an ambulance arrives. • Parents will be contacted as soon as possible. 	A
<u>Evacuating children who are sleeping</u>	Slower evacuation process due to sleeping children	Children	1	3	3	<ul style="list-style-type: none"> • In both Buntings and Cuckoos there are two evacuation cots in each room. Any sleeping children will be placed into the evacuation cots as soon as the fire alarm is raised or an emergency alerted. • Staff will ensure there is a clear path for the evacuation cots to go through the closest fire exit door. • On the odd occasion a child sleeps in Rainbows, the child will be woken and if needed, carried to the closet fire evacuation point by a member of staff. • Staff will follow the emergency evacuation procedures, in line with the evacuation risk assessments. 	A

Result Key: T = Trivial A = Adequate controls in place I = Inadequate controls in place U = Undecided more information needed

Probability Rating: 1 = Unlikely to happen 2 = May occur at some time 3 = Very likely to occur

Severity Rating: 1 = Slight/minor injury or incident 2 = Serious injury requiring medical attention. Incident requiring reporting

3 = Critical, major injury, death or extensive injury. Incident requiring statutory body intervention

****For total score, multiply probability rating and severity rating****

9= Inadequate controls take immediate action or cease activity

6= inadequate controls take action promptly or cease activity

4= adequate controls but revisit to identify whether score can be reduced

3= adequate controls

2= adequate controls

1= no risk, why are we assessing?!

Date of Review	Reviewed By:	Comments:
04/12/2024	Amy Gaitely	No changes made

7. APPENDIX 2

Sleep Monitoring Chart

Batford Day Care
 Week beginning _____

Time	Monday			Tuesday			Wednesday			Thursday			Friday		
7.00 - 7.30	7.00	7.10	7.20	7.00	7.10	7.20	7.00	7.10	7.20	7.00	7.10	7.20	7.00	7.10	7.20
7.30 - 7.50	7.30	7.40	7.50	7.30	7.40	7.50	7.30	7.40	7.50	7.30	7.40	7.50	7.30	7.40	7.50
Temperature															
8.00 - 8.20	8.00	8.10	8.20	8.00	8.10	8.20	8.00	8.10	8.20	8.00	8.10	8.20	8.00	8.10	8.20
8.30 - 8.50	8.30	8.40	8.50	8.30	8.40	8.50	8.30	8.40	8.50	8.30	8.40	8.50	8.30	8.40	8.50
9.00 - 9.20	9.00	9.10	9.20	9.00	9.10	9.20	9.00	9.10	9.20	9.00	9.10	9.20	9.00	9.10	9.20
9.30 - 9.50	9.30	9.40	9.50	9.30	9.40	9.50	9.30	9.40	9.50	9.30	9.40	9.50	9.30	9.40	9.50
10.00 - 10.20	10.00	10.10	10.20	10.00	10.10	10.20	10.00	10.10	10.20	10.00	10.10	10.20	10.00	10.10	10.20
10.30 - 10.50	10.30	10.40	10.50	10.30	10.40	10.50	10.30	10.40	10.50	10.30	10.40	10.50	10.30	10.40	10.50
Temperature															
11.00 - 11.20	11.00	11.10	11.20	11.00	11.10	11.20	11.00	11.10	11.20	11.00	11.10	11.20	11.00	11.10	11.20
11.30 - 11.50	11.30	11.40	11.50	11.30	11.40	11.50	11.30	11.40	11.50	11.30	11.40	11.50	11.30	11.40	11.50
12.00 - 12.20	12.00	12.10	12.20	12.00	12.10	12.20	12.00	12.10	12.20	12.00	12.10	12.20	12.00	12.10	12.20
12.30 - 12.50	12.30	12.40	12.50	12.30	12.40	12.50	12.30	12.40	12.50	12.30	12.40	12.50	12.30	12.40	12.50
1.00 - 1.20	1.00	1.10	1.20	1.00	1.10	1.20	1.00	1.10	1.20	1.00	1.10	1.20	1.00	1.10	1.20
1.30 - 1.50	1.30	1.40	1.50	1.30	1.40	1.50	1.30	1.40	1.50	1.30	1.40	1.50	1.30	1.40	1.50
Temperature															
2.00 - 2.20	2.00	2.10	2.20	2.00	2.10	2.20	2.00	2.10	2.20	2.00	2.10	2.20	2.00	2.10	2.20
2.30 - 2.50	2.30	2.40	2.50	2.30	2.40	2.50	2.30	2.40	2.50	2.30	2.40	2.50	2.30	2.40	2.50
3.00 - 3.20	3.00	3.10	3.20	3.00	3.10	3.20	3.00	3.10	3.20	3.00	3.10	3.20	3.00	3.10	3.20
3.30 - 3.50	3.30	3.40	3.50	3.30	3.40	3.50	3.30	3.40	3.50	3.30	3.40	3.50	3.30	3.40	3.50
4.00 - 4.20	4.00	4.10	4.20	4.00	4.10	4.20	4.00	4.10	4.20	4.00	4.10	4.20	4.00	4.10	4.20
4.30 - 4.50	4.30	4.40	4.50	4.30	4.40	4.50	4.30	4.40	4.50	4.30	4.40	4.50	4.30	4.40	4.50
5.00 - 5.20	5.00	5.10	5.20	5.00	5.10	5.20	5.00	5.10	5.20	5.00	5.10	5.20	5.00	5.10	5.20
5.30 - 5.50	5.30	5.40	5.50	5.30	5.40	5.50	5.30	5.40	5.50	5.30	5.40	5.50	5.30	5.40	5.50
6.00 - 6.20	6.00	6.10	6.30	6.00	6.10	6.30	6.00	6.10	6.30	6.00	6.10	6.30	6.00	6.10	6.30
6.30 - 6.50	6.30	6.40	6.50	6.30	6.40	6.50	6.30	6.40	6.50	6.30	6.40	6.50	6.30	6.40	6.50
Senior Daily Sign Off															

8. APPENDIX 3

What should the children be wearing during sleep?

Guidance is based on the room temperature. The ideal temperature should be between 16c-20c



>26°C  

24-25   0.5 tog

22-23   1 tog

18-21    1 tog

The ideal temperature for your baby's room is between 16°C and 20°C 

15-17    2.5 tog

<15°C    3.5 tog

Using blankets instead?
One baby blanket has a tog rating of 1.5 to 2.
A blanket folded in half doubles the tog rating.

9. APPENDIX 4

Individual Risk Assessments

Date:	Childs name:	Assessment Carried Out By:
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Activity/Area/equipment/Materials	Risk	Group at risk	Probability	Severity	Total risk rating	Measures/Comments	Result *

Result

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Probability Rating: 1 = Unlikely to happen 2 = May occur at some time 3 = Very likely to occur

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9= Inadequate controls take immediate action or cease activity

6= inadequate controls take action promptly or cease activity

4= adequate controls but revisit to identify whether score can be reduced

3= adequate controls

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1= no risk, why are we assessing?!

<https://www.babycentre.co.uk/a25024140/what-should-my-baby-wear-at-night-infographic>