

**Sleeping Babies & Children Policy**

**Incl. Cot Death Syndrome**

The Nest @ Little Pips aims to ensure a safe and healthy environment for all children and remove or reduce the risk of choking, strangulation and cot death. To support this we ensure we are familiar with current best practice .We ensure staff are aware of the risk of cot death and how to reduce the risk. We share this information with families. All staff are trained in emergency paediatric first aid.

**Sleep Routines**

When babies and children start with us we will ask for information from the parents regarding sleep routines. This may be updated throughout the year, and at least once every six months though information sharing documents sent home. This will reflect the growing child’s changing needs. We recognise that babies and young children need to rest and sleep throughout the day, and we will try to accommodate each child’s individual needs.

* Babies and children will be able to sleep and rest during the day
* Babies and children daily routines will be collected regularly
* Staff will be responsive to individual needs, and how these needs change
* Staff will consult with parents regarding how long to try for sleep before stopping and trying again later
* Staff will consult with parents on how best to put their child for a sleep

**Preparing for Sleep**

It is important that each child is comfortable to ensure a restful sleep. Staff will ensure each child:

* Has a clean face and hands
* Has a dry, clean nappy
* Loose clothing including bibs has been removed
* Shoes have been removed
* Has their comforter if used
* Has been offered a drink of water

**Position Sleeping Children**

* Sleep mats and cots will be placed away from windows and radiators to ensure babies and children do not overheat during sleep , fan heaters are never used in our baby room due to the potential risk of over-heating for babies
* Sleep mats must have at least one inch between them
* Babies and children will be positioned head to toe – to reduce the risk of spread of infection

Children will not be allowed to sleep in swing / bouncy chairs or pushchairs.

**Clothing and Bed Covers**

* Babies and children will not have their heads covered by hats, sleeping bags and swaddling
* Babies and children will have bibs and any loose clothing removed for sleeping. This includes trouser braces.
* Shoes will be removed for sleeping. This is for comfort and body temperature regulation
* Individual sheets and blankets will be used and washed after every use
* Wipe clean sleep mats and cot mattresses will be used. Cleaned and dried before and after each use using anti-bacterial spray

**Monitoring and Recording**

While children are sleeping a staff member will check each child every 10 minutes by:

* Placing hand on chest to feel for chest rising
* Visually checking breathing
* Observing colour of skin
* Looking to ensure child is comfortable but not in a position that may be dangerous, ie a baby sleeping face down
* Checking the temperature of the room. If temperature is outwith 16 – 20 C, the staff member will consult with the manager

Sleeping and checks will be recorded on a monitoring sheet within both Nursery rooms.

**Emergency**

Should a staff member be concerned about a child, they will immediately call for help from another staff member and the Nursery manager. Staff will follow the First Aid Policy. Nursery will call 999 for an ambulance if a baby of child:

* Stops breathing or turns blue
* Is struggling for breath
* Is unconscious or seems unaware of what’s going on
* Won’t wake up
* Has a fit for the first time, even if they seem to recover

**Cot Death Information and Best Practice Guidance for parents**

What is cot death?

* While SIDS is most common for infants under 6 months of age, it can occur in children aged between 6-12 months and occasionally in children older than 12 months. SIDS does not always happen in a cot: it can occur wherever an infant is sleeping, and very rarely while an infant is awake. Is no sign of a struggle, or of any distress.
* The causes of cot death are not yet fully understood, although we have a growing knowledge of risk factors associated with it. Research continues to help us understand more about it.
* Despite being very rare, SIDS is the most common cause of death for infants between 1 and 12 months old.

Cot death is, sadly, not always preventable. However, following the safety guidelines can reduce the risk of cot death.

**Reduce the Risks of Cot Death**

* Put baby to sleep on their back
* Place baby in their cot in the ‘feet to foot’ position
* Keep baby smoke free during pregnancy and after birth
* Breastfeed baby
* Offer a dummy when baby sleeps

You should never force a baby to take a dummy, or put it back in if the baby spits it out.

The dummy should be offered for every period of sleep, including daytime naps.

If the dummy falls out while your baby is sleeping, do not wake baby up to put it back in. However, if the baby wakes up, you should offer the dummy again.

Don’t use a neck cord, and never coat a dummy in anything sweet.

It is recommended that dummies are stopped between 6 and 12 months.

* Make sure baby doesn’t get too hot or too cold

Babies cannot regulate their temperature like adults can. The ideal room temperature is between 16 C and 20 C. this room temperature may feel cool: it is normal for baby’s hands and feet to be cold. Keep the room well ventilated, and make sure that you use the right bedding. Never use duvets or pillows for infants under 12 months.

* Keep baby’s head uncovered while sleeping
* Never fall asleep with baby on a couch or armchair
* Ensure any sheets and blankets in baby’s cot are firmly tucked in at the bottom and sides of the cot, and are positioned no higher than the baby’s shoulders
* Understand the risks of co-sleeping
* Learn to swaddle properly.

While swaddling provides some babies with a sense of comfort and safety, there is evidence that it can also increase the risk of cot death. If you want to swaddle, follow these guidelines: The most important thing is consistency. If you want to swaddle, swaddle consistently and remember to speak to other caregivers (your partner, parents or nursery) to tell them to swaddle your baby as well. It is safest to swaddle from birth, rather than deciding to change care practices and begin swaddling at a later age. It is particularly important not to begin swaddling at around 3 months of age, when the risk of cot death is highest. Don’t cover your baby’s head when you swaddle. Use thin materials, such as thin cotton or muslin cloth: this helps reduce the risk of overheating. NEVER place you baby on their tummy to sleep when they are swaddled. By the age of 3 or 4 months, most babies naturally start to wriggle; swaddling can be stopped at this age.

* Follow the 2 hour rule for car seat safety

Car seats are designed for safety while travelling; they are not a main sleeping place for baby. The maximum time advised for any baby in an infant car seat is two hours. Our advice regarding keeping your baby safe in their car seat can be found here.

Take frequent short breaks, even if it means waking the baby. Don’t use the seat for sitting or sleeping outside of the car. Ensure your baby is lying as flat as possible in their car seat, so that their head cannot fall forwards. When arriving home, take your baby out of their car seat and transfer them to a (safe) cot. Minimise the amount of time your baby spends in their car seat, and never exceed a maximum of two hours. Remember that cars can heat up very quickly, so consider the amount of clothing your baby is wearing. Try to remove outdoor clothing if possible, particularly hats and snowsuits, as young babies cannot regulate their own temperature.

**Support Services**

If a baby dies suddenly and unexpectedly, there will need to be an investigation into how and why your baby dies. A post-mortem examination will usually be necessary. This can be very distressing for the family.

The police and healthcare professionals work closely to investigate unexpected infant deaths and ensure the family is supported. They should be able to put you in touch with local sources of help and support.

Many people find talking to others who have had similar experiences helps them cope with their bereavement.