



The Royal Naval Preschool Learning Organisation

Safe Sleep Policy

September 2026

RNPSLO adheres to Safer Sleep guidelines from the NHS/The Lullaby Trust .

Sleep is important for young children, and it directly impacts on their wellbeing and development. Safe Sleep is important for all children. In addition, adults caring for babies need to be aware of the risks of sudden unexpected death in infancy, commonly known as cot death, and what they need to do to reduce those risks.

RNPSLO has a safe sleep policy to

- Help to protect children and reduce risks
- Helps to inform as well as reassure parents/ carers that the organisation will only implement procedures that are recommended in best practice guidelines.
- Give clear guidance to all staff including new or trainee staff members, those who are providing emergency cover or those on work experience.
- Provide a clear plan of action in the event of a baby being found to be unresponsive or to have stopped breathing whilst in our care.

Children's needs

- Access to appropriate, safe and comfortable rest/ or sleep facilities
- To be able to rest or sleep safely and comfortably whenever they need to .

Parent / carers needs

- Know that their child will be able to sleep / or rest in a safe and comfortable environment according to their individual needs.
- To be assured that their child will have access , at any time , to a cot or child bed/mat (appropriate for their age) in a clean , safe and appropriately supervised sleep area that is free of risks and hazards
- Be assured that if any incident in relation to the wellbeing of their child while they are sleeping, all appropriate measures will be taken by the organisation to protect their child and notify them at the earliest possible time.

Staff needs

All staff need

- To know and understand clearly their roles and responsibilities in relation to providing appropriately for children's individual needs for safe sleep or / rest in an area that is clean and free of risks and hazards
- Absolute clarity on their roles and responsibilities in relation to supervising and ensuring children's safety while they rest or sleep and also on what they must do , should any baby / child be found un responsive or not breathing .

Management needs

Management needs to

- Ensure that the legal requirement to have an appropriate safe sleep policy is met.
- To know that all staff team know their roles and responsibilities and have the clarity that they need to ensure all children's needs for safe and comfortable rest/sleep are met according best practice guidelines.
- To ensure that necessary and appropriate safety measures and procedures clearly outlined in the policy and procedures.

RNPSLO will endeavour to provide –

All children are provided with clean, safe, and comfortable rest/sleep facilities as is individually needed. We work in partnership with parents/ carers in relation to their child's sleep needs and patterns as much as possible.

Staff will complete sleep charts for children which will be continuous.

No physical obstructions are permitted to block the view of sleeping infants.

All children under 2 years have access to a cot or a sleep mat.

Children aged 2-3 years are provided with sleep mats, stackable beds, and each child's individual need for sleep or rest appropriately. All cots and beds conform to recognised safety standards.

Ensuring babies can sleep safely and comfortably is one of our main priorities. Babies up to 12 months will always be put sleeping 'feet to foot of cot, head uncovered and on their backs in their cot (even when they arrive at the setting asleep in equipment not designed for sleeping such as a car seat, baby carrier or buggy).

Procedures and rotas are in place for supervising and regularly checking sleeping babies. Sleeping babies are always individually and frequently checked in person (not on screen). The sleep room is kept clean, calm, quiet and comfortable so that babies can relax, rest and sleep.

Where a parent/ carer requests a sleep routine for their child that does not meet with good practice guidelines (for example requesting that their child be denied sleep for the day; that they be put to sleep with a feeding bottle, requesting that the child/baby be put to sleep in a buggy or travel seat) the organisation remains responsible for our own practice and we will be happy to discuss with parents/ carers why any such practice cannot be implemented . In all decision making the child's best interests come first.

As well as safe sleep provision, all children will be provided with opportunities to have quiet or rest periods, within the daily curriculum/ programme, that meets their individual needs throughout the day/ session.

Tummy time for babies when they are awake and supervised is recognised as important for babies from birth.

When a parent/guardian requests a specific sleep routine for their child, two key questions must be considered:

- **Is it safe?**
- **Would it cause distress to the child?**

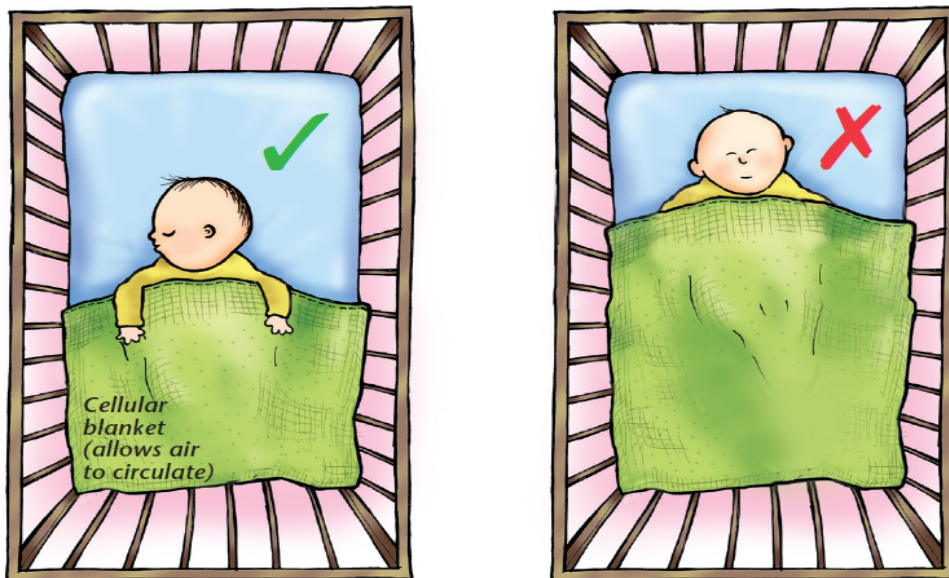
If these questions cannot be answered satisfactorily, then a parent/guardian must be informed that the organization cannot comply with their request and an explanation given or guidance must be sought from a qualified professional such as a public health nurse.

Sleeping position

Babies under 12 months must be put to sleep on their back with their head uncovered and their feet to the foot of the cot. This includes babies with gastro-esophageal reflux. If a registered medical practitioner has recommended a different sleep position, then this must be clearly evidenced in a written note from that practitioner.

If a baby is less than six months old and they have turned onto their tummy, they must be gently returned onto their back.

When a baby is older and able to roll from back to front and back again, let them find their own position to sleep. However, you should still place them on their back at the start of sleep time. Place babies near the foot of the cot with the covers below the shoulders.



When a baby is placed in their cot to sleep, the following applies:

- Place the baby on their back with their feet at the foot of the cot.
- Tuck bedclothes in securely below the baby's shoulders.
- Babies' clothes should be loose and light.
- **NO** bibs, bottles, toys, quilts, pillows, or cot bumpers should be in the cot.
- To avoid a flat head (plagiocephaly) ensure the baby is positioned with their head facing a different direction each time they are put down to sleep.
- Babies' heads must **not** be covered.
- No strings or cords must be attached to soothers.
- 1 baby per cot.

Sleep positioners are prohibited.

Bottles must never be propped at any time, including during sleep positioning.

Sleep environment

Ventilation

Ensure that the sleep room is adequately ventilated (either naturally or mechanically) but do not position a cot below a window or adjacent to a radiator.

Lighting and visibility

Control lighting in the sleep room with curtains/blinds and the dimmer switch so that the atmosphere is conducive to sleep but there is adequate visibility for supervision.

A viewing panel to the sleep room must never be covered.

Sleep area temperature

The sleep area must be maintained at between 16°C and 20°C. A wall-mounted thermometer is provided to monitor the temperature.

Babies must not be allowed to get too hot. To check how warm a baby is, feel the baby's tummy. A baby's tummy should feel warm, but not too hot. If a baby's tummy feels hot, or if the baby is sweating anywhere, they are too warm. Hands and feet often feel cool, but this is normal, and does not mean a baby needs more clothes.

Indoors, babies over a month old do not need more clothes than adults.

Outdoor clothes should be removed once babies are indoors. Heating in winter often makes it hotter inside than it is during the summer. Remove any extra clothes or blankets as soon as you bring babies indoors. Do this even if they are asleep. Babies should not wear hats indoors.

Babies do not need any more than a nappy, vest and babygro to sleep in. In hot weather they may need less.

Bedding depends on the room temperature. If a baby seems hot, take some of the blankets off, if they seem cold, add an extra layer. Use lightweight blankets that you can add to and take away. Babies should not have their heads covered indoors.

Ensure that cots are not elevated and that no pillows are used for babies up to the age of 2 years.

Soothers

Soothers must not have any string, cord or clips attached.

They must be stored in separate clean containers labelled with each child's name when not in use.

Always ensure that soothers used are the right size for the age of the child and in good condition.

Soothers decorated with beads, gems or other such decorations are prohibited.

Supervision

The sleep room light should be dimmed to create a calm atmosphere while allowing enough light for adequate supervision.

Children in the sleep room must be within sight or hearing of at least one staff member at all times, especially when staff members are actively engaged with children who are awake.

The Manager is responsible for the sleep monitoring rota.

The rota must clearly identify:

- which staff member is responsible for the sleep room/area
- who will check the sleep room to ensure all risk controls are implemented
- who will check the children
- how often they will be checked
- who is responsible for bed linen changes and recording changes.

Checks must be made of each sleeping child in the room, in person, at least every 10 minutes, recording these on a sleep log

This records when **physical checks** are made of each of the sleeping children recording time of check and the person checking. There is a reminder for staff of key things to do and check when working within the baby room with babies who are sleeping.

An adult will stay with a child until they settle, unless a parent/carer stipulates they require them to stay with the child for the duration of their sleep.

This procedure for monitoring will be displayed beside the sleep area.

Each child's Key Person is responsible for sharing information with the child's parents or guardians.

At all times, the relevant adult /child ratio outlined in the Early Years Regulations 2016 will be adhered to.

Cots/beds/sleep mats

An adequate number of safe cots and child beds are provided to ensure that all children have access to a suitable cot or bed as appropriate for their needs.

Equipment prohibited for sleeping children

The following are not suitable for sleeping children under 2 years:

- Bunk cots
- Pillows, cushions, or beanbags
- Sofa or chair
- Car seats
- Buggies
- Infant carriers.

Children over 2 years may be offered a pillow for use at sleep time.

Babies who are swaddled

Parents/guardians may request that their baby is swaddled or that they are carried in a sling. The following provides a guide in such cases.

Swaddling or wrapping a baby in light cotton cloth is thought to give some babies comfort and a feeling of safety. However, if blankets used are too thick this can contribute to a baby becoming overheated and be a risk to the baby. If a baby is used to being swaddled at home and parents/guardians wish it to be done for consistency of care while the baby is in the service, the following guidelines should be followed:

- Never cover a baby's head and only use thin materials such as muslin or thin cotton for swaddling.
- Babies must never be placed on their stomach when swaddled.
- Current research suggests it is safest to swaddle infants from birth and not to change care practices at 3 months when the risk of SUDI is greatest.

Slings

Where slings are used, the baby must be positioned solidly against the adult's body, in an upright position, with the baby's chin off their chest ensuring that their airway is free for ease of breathing.

Health and Safety

Hygiene

Individual bed linen is provided for each child – it is hygienic, easily accessed, labelled for each child, and must be reserved for that child's sole use.

Each child's bed linen is laundered weekly and when soiled.

Separate storage is provided for clean linen and linen that is due for washing. Clean and dirty linen must be kept separate.

Position of cots

Ensure that no cot is adjacent to a heater, a window, or a door, to curtains or anything that may help a child to climb out, or to any blind cords or other cords.

Items that are hanging from the cot or the ceiling above the cot are prohibited for all babies under 12 months.

Ensure that **no** soft, loose or fluffy objects such as bedding, toys, bumpers, pillows, duvets, quilts are placed in cots or rest areas for babies aged up to 12 months

Ensure that no cords or strings of any kind (including those attached to things such as toys or nappy bags) are in or near cots.

Ensure there is enough space between each cot/bed/mat to allow easy access to and around each one.

All beds must be used in the intended manner. Cots must be checked to ensure that the sides are up and secured in place.

Baby monitors must not be placed in cots.

Where there are children who climb out of cots, an individual risk assessment for each of those children will need to be carried out. A floor bed or mat may be safer.

Bed guards are prohibited.

In the event of finding a baby or child who appears to be unresponsive and breathing or not breathing the staff member trained in emergency First Aid Response will respond immediately and appropriately.

1. Check for breathing

Tilt their head back and look and feel for breaths. If they're not breathing, move on to step two.

Tilting their head back opens their airway by pulling the tongue forward. Looking at their chest to see if it's moving and putting your face next to their mouth to feel for breaths on your cheek, will help you tell if they're breathing or not. If they're not breathing, they may also look pale and blue.

2. Tell someone to call 999

If you're on your own carry out rescue breaths and chest compressions as described below, for one minute, and then call 999.

3. Give five rescue breaths

Tilt their head back, seal your mouth over their mouth and nose and blow five times into them. You're acting as the lungs by blowing into them and topping up the oxygen levels in the baby's blood. This oxygen is needed to keep their organs alive.

4. Give 30 chest compressions

Push firmly in the middle of their chest with two fingers so that the chest goes inward, then release. You're acting as the heart by keeping blood pumping around their body and helping keep their vital organs, including the brain, alive.

5. Give two rescue breaths and then continue with cycles of 30 chest compressions and two rescue breaths until help arrives

The Manager or the person who is in charge at that time notifies the child's parents/guardians as soon as possible of the current situation.

1. The person who found the child and has been resuscitating the child gives a detailed account of events to the paramedics on their arrival.
2. Staff follow the direction of the paramedical staff.
3. The Manager or person in charge ensures that parents have been informed.
4. The scene is to be left as it is.
5. Families of the other children may need to be notified of the incident by the Manager.
6. Staff support is essential following any such incident.

Area Coordinator will be contacted at the earliest opportunity.

Record and record keeping

All records relating to safe sleep and any incidents are stored safely.

5. Communication Plan *[For staff & families]*

All staff members will receive induction training on this Safe Rest/Sleep policy. This includes precautions to be taken to prevent Sudden Infant Death, guidelines on what to do in the event of a baby being found to be unresponsive and not breathing and a step-by-step guide to resuscitation of a child who is not breathing.

Parents/guardians are also made aware of the Safe Rest/Sleep policy and are involved in decisions relating to meeting their child's individual needs.

A copy of all policies will be available during all hours of operation to staff members and parents/guardians on the Organisation's web page, under information for parents.

Parents/guardians may receive a copy of the policy at any time upon request.

Parents/guardians and all members of the staff team will receive notification of any updates to this policy.

6. References/Supporting Documents/Related Legislation

[Child Care Act 1991 \(Early Years Services\) Regulations 2016](#)

- [Tusla: Quality and Regulatory Framework](#)
- [HSE Safe Sleep for Your Baby: Reduce the Risk of Cot Death 2016](#)
- [Safe Sleep for Under 2's](#) Monaghan, Cavan and Louth County Childcare Committees

- [Reduce the Risks of Cot Death: Early Years Safe Sleeping Guide For Childminders, Foster Carers or a Nursery Setting](#) Scottish Cot Death Trust, 2017
- [First Light](#) (formerly Irish Sudden Infant Death Association (ISIDA))

8. Who Must Observe This Policy

This policy must be observed by all managers and all staff members.

9. Actions to be Followed if the Policy is not Implemented

Disciplinary action will be taken for any staff member *found to be in breach of this policy*