



HSSF-040

Risk Assessment – Sleep and Rest

To be completed by Educators when conducting a Sleep Risk Assessment – if unsure, please check the Sleep and Rest Policy.

1. Service Details

FDC Educator Name							
Physical Address				Phone Number			
				Email Address			
Nominated Supervisor				Phone Number			
				Email Address			
Number of Children in attendance each day	Mon	Tues	Wed	Thur	Fri	Sat	Sun

2. Room environment details

Sleep and rest location	
Arrangement of cots and beds	
Temperature of the room	



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STEP 1: GUIDING QUESTIONS - Identify the hazard or potential hazard	YES	NO	IF NO:
Does the service have in place a policies and procedures for providing safe sleep and rest practices (Reg. 84)? [<i>Sleep and Rest Policy</i>]			Submit any adjustment or modification that can be implemented to minimise or eliminate the risk
Are risks identified within this risk assessment controlled or managed to reduce harm to children?			
Educator take into consideration the age and developmental stage when planning sleep and rest needs of individual children?			
Are appropriate opportunities to meet each child’s need for sleep, rest and relaxation including providing children with comfortable spaces away from the main activity area for relaxation and quiet activities provided?			
Educator responds to children’s individual cues for sleep?			
Educator creates a relaxing environment for sleeping children by playing relaxation music, reading stories, cultural reflection, dimming lighting, and ensuring children are comfortably clothed?			
Educator considers individual children’s health care needs when planning sleep and rest?			
Educator ensures all children are placed in a head-to-toe position with adequate spacing between beds to minimise the possibility of cross contamination between children?			
Educator considers cultural preferences and requests from families (in accordance with Red Nose Recommendations)?			



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If safe sleeping practices are to be modified (or alternative practices requested by the family) has written advice been provided by a medical practitioner?			
Do physical checks of a sleeping child occur at least every 10 minutes?			
Is the <i>Safe Sleep Record</i> completed following each physical check of a sleeping child?			
Are sleeping infants are closely monitored and all sleeping children are within hearing range and observed?			
Educators observe children’s breathing and colour of their lips and skin whilst children are sleeping?			
Educators within hearing distance of sleeping and resting children so they can easily monitor a child’s breathing and the colour of their skin?			
Do educators ensure children who are sleeping or resting have their face uncovered at all times?			
Do educators follow current health guidelines (Red Nose Australia) for Safe Sleep Practices? <ul style="list-style-type: none"> • Babies are placed on their back to sleep • Keep baby’s face and head uncovered • Safe sleeping environment, night and day 			
Are the Red Nose Australia Safe Sleeping Guidelines displayed in all baby sleep environments?			
Have all educators undertaken current safe sleep practices training?			



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Is information regarding the <i>Sleep and Rest Policy</i> and related procedures available to new and existing educators through the induction and orientation program and educator handbook?			
Are all educators aware of the Safe Sleep and Rest Practices Procedure?			
Are educators aware they can contact the Red Nose Australia for more information regarding implementation of safe sleep practices?			
Is consideration provided to the location and arrangement of sleep and rest areas?			
Are beds, cots and mattresses are used for the correct purpose of sleep and rest only?			
Do all cots meet the current mandatory Australian Standard for Cots (AS/NZS 2172) and carry a label to indicate this?			
Are mattresses in good, clean condition and comply with Australian Standards AS/NZS Voluntary Standard (AS/NZS 8811.1:2013 Methods of testing infant products – Sleep surfaces – Test for firmness)?			
Porta Cot and bassinets not used or stored within the service (reg 84D)?			
Swings, rockers, hammocks and prams/strollers not used for children to sleep in?			
Are beds/mattresses clean and in good repair, are they wiped over with warm water and neutral detergent or vinegar solution between each use?			
Is the bed linen clean and in good repair and not shared between children?			
Is the bed linen washed before use by another child?			



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Is there are adequate number of cots and bedding available to children that meet mandatory Australian Standards?			
Does the risk assessment consider risks and potential hazards in the sleep and rest areas?			
Does the risk assessment consider risks and potential hazards for a child during sleep and rest periods?			
Is the sleep and rest environment safe and free from hazards including cigarette and tobacco smoke?			
Are areas for sleep and rest are well ventilated and have natural lighting?			
Is there sufficient lighting to allow supervision and to physically check children's breathing, lip and skin colour?			
Do educators remove any loose clothing (including bibs) that could entangle the child whilst resting/sleeping?			
Do educators ensure children do not wear amber teething necklaces (bracelets and necklaces of amber beads) when resting/sleeping?			
Hazards that may pose a risk of suffocation, choking, crushing or strangulation to children have been removed from the sleep environment?			
Is information shared with parents and families about safe sleep and rest practices?			
Are dangling cords, strings and mobiles removed from the sleeping environment?			
Pillows, doonas, loose bedding or fabric, lamb's wool, bumpers and soft toys are not used for sleeping children?			



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Are risks relating to overnight are identified, controlled and reduced?			
Is information regarding the <i>Sleep and Rest Policy</i> , and related procedures available to new families as part of the enrolment induction?			
Has the risk assessment been reviewed annually?			
Use additional spaces for guiding questions more specific to your physical environment			



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3. Risk Assessment

Definitions

ACTIVITY	IDENTIFIED HAZARD	INHERENT RISK RATING	CONTROL MEASURES <i>Outline the control measures in place to reduce the risk of the activity.</i>	RESIDUAL RISK RATING	WHO	COMMENTS DURING ACTIVITY
The number of children in the sleep and rest environment	Educator to child ratio	High	<i>Service to note how many licenced places per room and the configuration of the sleep environment</i>			
The ages of the children in the sleep and rest environment	Educators unaware of children who may have corrected age Children transitioning	High	<i>What is the age ranges of sleeping children? What ages can children transition to beds</i>			
The developmental stages of each child in the sleep and rest environment	Children with undiagnosed or unidentified developmental needs	High	<i>How do we document specific needs for children? Do we have a special spot for beds for specific children?</i>			
Sleep and rest needs of each child: Specific health care needs Cultural preferences Sleep and rest needs of individual children	Children have individual health care needs Families request specific comforters or have different sleep requirement at home	High	<i>All about me forms to be provided to room leaders on enrolment of children How do we record children specific needs? What is the experience of orientation for families and how do we discuss sleep and rest</i>			



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from families about child's sleep and rest						
Educator arrangements to ensure children are always within hearing of educator.	Lunch break period Educator task requirement across sleep time Individual sleep routines of children	high	<p><i>Physical checks of children when and how are these completed at the service</i></p> <p><i>How can you keep children in sight and hearing</i></p> <ul style="list-style-type: none"> - <i>Do you have baby monitors</i> - <i>Do you have windows</i> 			
Level of knowledge and training of the staff supervising	New educators	High	<p><i>How do you induct and onboard educators</i></p> <p><i>How do we share information to parents about safe sleep</i></p>			
Location of sleep and rest areas including: Arrangements of cots and beds Blocking any doorway or exits	Service to note specific locations per room	High	<p><i>Where do children sleep within the service</i></p> <p><i>How do we arrange cots (distance apart, distance from power points, shelves etc)</i></p>			
Safe and suitability of cots meet the Australian Standard AS/NZS 2172 and the mattress (when purchased with the cot) meets the Australian Voluntary			<p><i>How often do you review cots/bedding and where is this documented</i></p> <ul style="list-style-type: none"> - <i>Internal audit process</i> - <i>inspection checklists</i> 			



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Standard AS/NZS 8811.1-2013)						
Safe and suitability of beds and bedding equipment meet the Australian Standards and ACCC recommendations (as required).	Equipment becomes damaged and not reported Equipment is old and worn Sheets/bedding Specific requests from parents		<p><i>How do we dress the cots (bedding)</i></p> <p><i>Where do we store sheets</i></p> <p><i>How do we clean sheets</i></p> <p><i>How do we communicate to parents if we cant use comforters (dummy attached to teddy, bottles in cots etc)</i></p>			
Any potential hazards in sleep and rest areas such as (but not excluding): Electrical outlets and cords Curtains and blinds including cords Soft toys, pillows and other toys			<p><i>Where are the shelves located</i></p> <p><i>Where is bedding stored</i></p> <p><i>Is there PowerPoints near children's beds</i></p> <p><i>Is there blinds or curtains in reach of beds</i></p> <p><i>Do we provide pillows in cots etc</i></p>			
Physical safety and suitability of sleep and rest areas including: Temperature Lighting ventilation			<p><i>How do we control the temperature, lighting and ventilation in the cot rooms</i></p>			



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<p>Safeguarding of children and young people</p>			<p><i>What control measures have you put in place to ensure Child safeguarding?</i></p> <p><i>Over night care -What procedures are in place</i></p> <p><i>Active supervision with educator continually circulating the location.</i></p> <p><i>Maintaining cot checks</i></p> <ul style="list-style-type: none"> - <i>Any interactions with public/visitors are closely monitored by educator and ceased if necessary</i> 			
<p>Overnight Care Children who stay overnight at the service</p>	<p>Children having access to educator during the night Safeguarding</p>		<p><i>Children have their own beds</i></p> <p><i>Evacuation and Lock Down plans are in place</i></p> <p><i>The area where a child/ren sleep overnight will be in part of the residence that has been assessed and approved by the FDC Service. Regular assessments are conducted at least annually.</i></p> <p><i>Parents must provide written authorisation before any child is permitted to sleep overnight at the FDC residence.</i></p> <p><i>Specific information about sleeping arrangements, including sleeping in the same room as a sibling, even if this is a normal family arrangement, must be stated in the written authorisation.</i></p> <p><i>The FDC educator always holds responsibility and supervision of the child/ren. Supervision must not be delegated to any other family member.</i></p> <p><i>Child/ren will be under the supervision of the FDC Educator and have access to the FDC Educator at all times.</i></p> <p><i>Educators are to ensure National Regulations, Risk Minimisation and Communication Plans, and Y WA policies are always followed</i></p>			



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4. Risk Matrix

Note: <i>Risk matrix does not fit all situations.</i> <i>If in doubt, please contact HSS.</i>		CONSEQUENCES				
		MINIMAL No Injury Minor impact	MINOR First Aid Events with no adverse effects	MODERATE Medical Treatment required Events with temporary adverse effects	MAJOR Extensive injury Events with long-term effects Attracts authorities	CATASTROPHIC Fatality or permanent disability Event with major impact – Mass media attention
LIKELIHOOD	PROBABLE Is expected to occur in most circumstances	MEDIUM	MEDIUM	HIGH	HIGH	HIGH
	LIKELY Will probably occur in many circumstances	MEDIUM	MEDIUM	HIGH	HIGH	HIGH
	POSSIBLE Could occur at some time	LOW	MEDIUM	MEDIUM	HIGH	HIGH
	UNLIKELY Not expected to occur	LOW	LOW	MEDIUM	MEDIUM	HIGH
	IMPROBABLE May occur only in exceptional circumstances	LOW	LOW	LOW	MEDIUM	HIGH

Reminder: Monitor the effectiveness of controls and change if necessary. Review the risk assessment if an incident or significant change occur.

The risk assessment will be reviewed at least annually or after becoming aware of an incident or circumstance where the health, safety or wellbeing of children during sleep or rest may be compromised. All risk assessments will be regularly assessed and evaluated to facilitate continuous improvement in our service.

If a risk concerning a child's safety during sleep or rest is identified during the risk assessment, the approved provider must update the Sleep and Rest Policy and Procedure as soon as possible. The risk assessment must be stored safely and securely and kept for a period of 3 years.



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THIS SLEEP AND REST RISK ASSESSMENT HAS BEEN DEVELOPED IN CONSULTATION WITH MANAGEMENT OF THE SERVICE

Plan prepared by Educator	Full Name		Signature		Date	
Plan prepared in consultation with (FDC Coordinator/Service Staff)	Full Name		Signature		Date	
Risk assessment evaluation and review date Monitor the effectiveness of the controls and change if necessary.	Date		Actions required			
Comments						