



3.20 Sudden Infant Death Syndrome (SIDS)

Purpose

To provide a policy which documents the risk of sudden infant death syndrome, including preventative measures and emergency procedures.

Objective

To ensure that children are provided with an environment in which their needs for rest and relaxation are met in a way that is safe and responsive to the child, and that Educators, families and the community are provided with information on latest research and best practice that reduce the risk of SIDS.

Definitions

Sudden Infant Death Syndrome (SIDS) - the sudden and unexpected death of an infant under one year of age with an onset of a fatal episode occurring during sleep, that remains unexplained after a thorough investigation, including performance of a complete autopsy and review of the circumstances of death and the clinical history (Source: rednose.com.au)

Scope of Policy

This policy applies to the Director and the educators at John Street, in particular those educators employed to educate and care for babies.

Policy Statement

John Street is responsible for the day-to-day care of many children, which includes the time that these children spend asleep. The educators have a duty of care to ensure that all children sleep safely, and that safe sleeping practices are observed at all times.

Educators at John Street have a duty of care and are responsible for the protection, safety and wellbeing of children in their care.

As sleep and rest times are generally a significant aspect of infants and young children's routine at John Street, educators understand and implement safe sleep practices.

Educators at John Street also support families of infants and young children to implement safe sleep practices in the home environment.

Procedures

Red Nose *Safe Sleeping* is an evidence-based health promotion campaign developed for health

professionals, childcare workers, parents and anyone who cares for babies to inform them about the evidence around SIDS risk reduction and sleep accidents. John Street supports this campaign by observing safe sleeping practices and providing information to families and the community about Red Nose and *Safe Sleeping*.

All Red Nose safe sleep practices are observed at John Street, including putting the child on their back to sleep. Older children are then allowed to turn over and move around the bed to find their own sleeping position keeping the child's face and head uncovered.

Safe sleeping practices for babies at John Street are observed and align with recommendations from Red Nose, as summarised in the following image:



Picture ©Red Nose

John Street SIDS Prevention procedures:

- **Sleeping position** - Babies are put to sleep on their back.
- **Heat** - Babies are put to bed lightly clothed and use cotton rather than woolen blankets.
- **Smoking** - Smoking is not permitted within John Street, including outdoor areas not accessible to

children e.g. where washing (including cot sheets) may be hung to dry

- **Ventilation** - Air is allowed to circulate throughout the room.
- Whenever possible, a staff member will remain with sleeping babies at all times. If not possible, babies will be checked at intervals of no greater than 4- 8 minutes.
- Information about SIDS, the contributing factors and safe sleeping advice is made available to families.

Further guidance from Red Nose, including advice for parents about SIDS prevention practices at home, is at **Appendix 1** to this policy.

SIDS Emergency procedure: Baby found not breathing:

- Priority must always be given to **resuscitation**, even when there is only one staff member available.
- Staff must not leave resuscitation even to call an ambulance, however, it is expected that it would be possible to alert another staff member immediately.
- If no help has arrived after **20 cycles of CPR take the child to a source of help, eg the telephone.**
- One cycle of single person CPR consists of:
 - 15 chest compressions and 2 breaths of mouth-to-mouth over 10 seconds,
 - so 20 cycles should take approximately 4 minutes including pauses to reassess whether the patient is breathing and has a pulse)
- When possible, the staff will:-

Step 1	<p>Telephone - Ambulance, immediately on 000</p> <p>Give the following details:</p> <ul style="list-style-type: none"> • child not breathing and is being resuscitated • address of John Street • child is child care client
Step 2	Telephone the Parents/Guardians, explain what has happened and get someone to drive them to John Street or the hospital the baby is being taken to where possible.
Step 3	<p>Telephone - Police on 000</p> <p>Explain why you are ringing and who you are.</p>
Step 4	Notify senior staff of situation and take other children to another area to

	play under supervision.
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The following information is by each telephone;

- Ambulance and Police telephone numbers
- Melway reference of John Street
- Each child's information

In the event of failed resuscitation

- If resuscitation fails, request the ambulance officers to wait with the baby/child until parents arrive.
- Allow parents time to talk with officers and childcare staff.
- Police will come and question staff and take a statement.
- By law, Police will investigate all details where the cause of death is not known including SIDS. It is advisable for the educator/s involved and the Centre Director to see the child after death for identification and to help with the acceptance of loss.
- Explain faithfully, clearly and carefully the death to the children and other parents.
- All staff must be well informed of protocol dealing with SIDS or resuscitation of any child.

Suspected SIDS should be reported to Red Nose on 1300 998 698.

First Aid Training

All permanent staff at John Street undertake periodic first aid training, which includes CPR/resuscitation training.

Responsibility

The Board will take reasonable steps to ensure that the Centre Director, staff, students and volunteers at John Street ensure that everyone who cares for babies (including families) knows to put them on the back to sleep from birth.

General Information

Each year sudden infant death syndrome and fatal sleep accidents claim the lives of many babies as a result of unsafe sleeping practices that could have been avoided.

The most common risk factors include unsafe sleeping positions (tummy and side), head covering with bedding and exposure to tobacco smoke during pregnancy and/or after birth.

Legislative Provisions

Education & Care services National Regulations 2011:

Part 4.2	<i>Children’s Health and Safety</i>
Part 4.3	<i>Physical Environment</i>
Part 4.4	<i>Staffing Arrangements</i>

National Quality Standard for Early Childhood Education and Care & School Age Care

Standard 2.1	<i>Each child’s health and physical activity is supported and promoted</i>
Standard 2.2	<i>Each child is protected</i>
Element 3.1.2	<i>Premises, furniture and equipment are safe, clean and well maintained</i>
Element 4.1.1	<i>The organisation of educators across the service supports children's learning and development</i>
Element 6.1.2	<i>The expertise, culture, values and beliefs of families are respected and families share in decision-making about their child’s learning and wellbeing.</i>
Element 6.1.3	<i>Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing.</i>

Sources

Red Nose, *Safe Sleeping* guidance, accessed via <https://rednose.com.au/resources/education>.

Related Information at John Street:

Policies	<i>Rest & Sleep; Supervision of Children; Delivery & Collection of Children; Communication with Families; Recruitment & Retention of Educators;</i>
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Authorisation

This policy was approved by the John Street Board in July 2018.

Appendix 1: Red Nose Safe Sleeping Guidelines

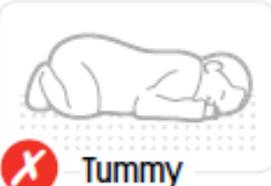
Extracts from Red Nose Safe Sleeping brochure (© Red Nose):

Six ways to sleep baby safely and reduce the risk of sudden unexpected death in infancy:

1 Sleep baby on back

 **✓ Back**

 **✗ Side**

 **✗ Tummy**

Sleeping baby on the side or tummy increases the risk of sudden infant death

2 Keep head & face uncovered

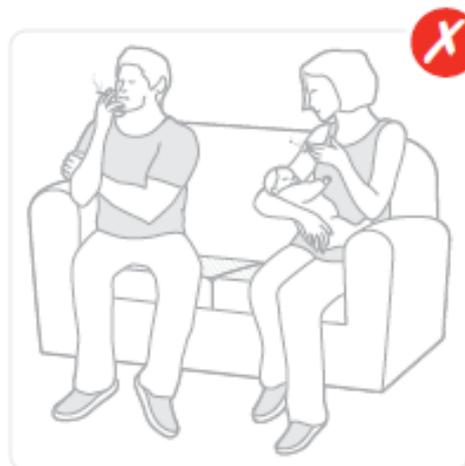
 **✓**

 **✓**

- Baby on back
- Feet to bottom of cot
- Blankets tucked in firmly
- Use a safe baby sleeping bag with fitted neck and armholes and no hood

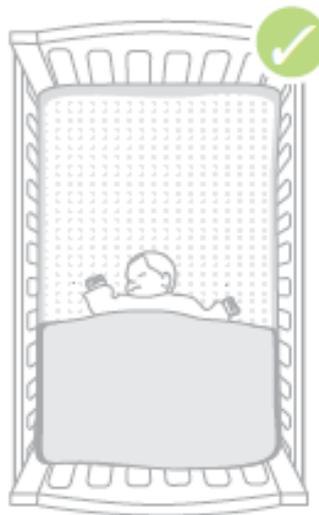
Covering baby's head or face increases the risk of sudden infant death

3 Keep baby smoke free before & after birth



Smoking during pregnancy and around baby after birth increases the risk of sudden infant death. Help to quit smoking is available from your doctor, nurse or by contacting **Outline on 13 78 48**.

4 Safe sleeping environment night & day



- **Safe cot**
[should meet current Australian Standard AS2172]
- **Safe mattress**
firm, clean, flat, right size for cot
- **Safe bedding**
soft surfaces and bulky bedding
Increase the risk of sudden infant death

! No soft surfaces or bulky bedding

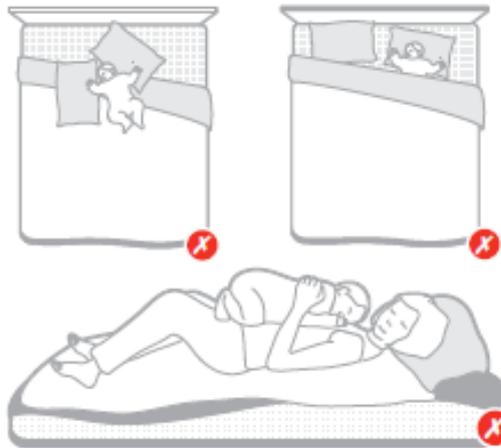


- ✗ pillow
- ✗ cot bumper
- ✗ lambs wool
- ✗ soft toy eg: teddy
- ✗ doona

5 Sleep baby in safe cot in parents' room



Unsafe ❌ sleeping places

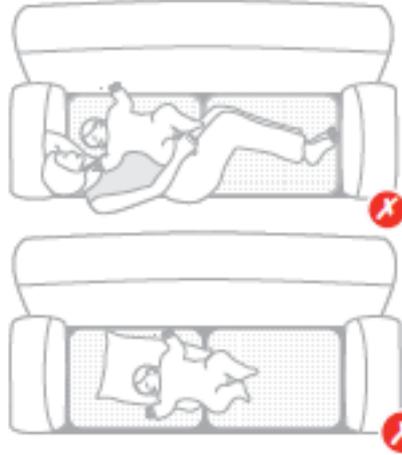


Unsafe ❌ sleeping places Pictures with a 'X' are NOT safe sleeping places



Unsafe ❌ sleeping places

Pictures with a 'X' are NOT safe sleeping places



6 Breastfeed baby

