

Safer Sleeping Policy

Barford Primary School



Responsibility: Head Teacher

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Contents

1. Policy Statement.....	3
2. Aims.....	3
3. Individual Sleep Needs	3Error! Bookmark not defined.
4. Safe Sleep Environment.....	4
5.Sleep Equipment.....	4
6. Clothing and Temperature	5
7.Positioning Children	5
8. Active Supervision.....	5
9.Children who Fall Asleep Unexpectedly.....	6
10. Children with Additional or Medical Needs.....	7
11.Sleep Environment and Risk Assessment.....	7
12., Hygiene and Infection Control.....	8
13. Safeguarding.....	8
14. Sleep Records.....	9
15. Parent and Carer Partnership.....	9
16. Staff Training.....	9
17. Emergency Procedures.....	10
18. Quality Assurance.....	10
19. Review.....	10
Appendix 1: Related Policies.....	12
Appendix 2: Sources of Guidance.....	13
Appendix 3: Key Principles Poster and Step by Step Guide.....	14

1. Policy Statement

Barford Primary School is committed to providing a safe, comfortable, inclusive and nurturing environment for all children who need to sleep or rest during the day.

We recognise that children have different sleep needs. Some children may require a daytime sleep, while others may benefit from a period of quiet rest without sleeping. Sleep and rest arrangements will therefore be based on each child's individual needs and developed in partnership with parents and carers if needed.

The safety and wellbeing of children is our highest priority. We will follow the Early Years Foundation Stage (EYFS) statutory framework and relevant Department for Education guidance and will use recognised safer-sleep good practice, including guidance from The Lullaby Trust.

The EYFS framework applicable from 1 September 2026 states that babies and children must be placed down to sleep safely and that sleeping children must be frequently checked and always remain within the sight and hearing of staff. There is more detailed requirements relating to sleep position and sleep equipment for children under two and this is not directly applicable to our provision. However Barford adopts the underlying principles of safe sleep and active supervision to inform our practice.

2. Aims

This policy aims to:

- protect children from foreseeable risks associated with sleeping or resting;
- provide a safe and comfortable sleep environment;
- ensure sleeping children are appropriately supervised;
- recognise and respond to individual children's sleep needs;
- ensure staff understand their responsibilities;
- ensure parents and carers are involved in decisions about their child's sleep and rest;
- provide clear procedures for responding to concerns or emergencies;
- ensure sleep arrangements are regularly risk assessed and reviewed;
- ensure practice remains consistent with the EYFS and current national guidance.

3. Individual sleep needs

We recognise that children develop different sleep patterns.

Some children may:

- occasionally fall asleep when particularly tired;
- require a short rest after lunch;
- have additional sleep needs because of their age, development, health or individual circumstances;
- have SEND or medical needs that affect sleep or fatigue.

Children will not be routinely required to sleep if they do not need to sleep and sleep will not be encouraged if children do not need to.

Where appropriate, children will be offered a calm period of rest, relaxation, stories, music or quiet activities.

Parents/carers will be asked to share relevant information about their child's usual sleep pattern, including any concerns or changes in sleep behaviour.

Where a child's sleep needs change significantly, practitioners will discuss this with parents/carers and, where appropriate, relevant health or specialist professionals.

4. Safe sleep environment

The setting will provide a designated sleep/rest area which is:

- clean, comfortable and appropriately ventilated;
- free from obvious hazards;
- appropriately lit for supervision;
- maintained at a comfortable temperature;
- arranged so that staff can see and hear sleeping children;
- free from unnecessary furniture, equipment and objects that could create a hazard;
- accessible to staff in an emergency;
- regularly checked as part of the setting's health and safety arrangements.

The sleep area will not be used as a storage area.

Any furniture or sleep equipment provided will be suitable for the child's age, size and developmental stage and used in accordance with the manufacturer's instructions.

Children will sleep or rest on an appropriate, firm and stable surface. Children will not routinely sleep on sofas, armchairs or other soft furnishings, they will use the sleep mat provided.

The DfE advises that soft furniture can create risks including suffocation, entrapment and obstruction of the airway. This principle will be applied to children as good practice.

5. Sleep equipment

Where children sleep, the setting will provide a clean and appropriate surface for the children to sleep on (sleep mat.)

The surface (sleep mat) will:

- be clean and wiped down after use;
- be appropriate for the child's age and needs;
- not unnecessarily cover the child's face or head;
- not create a risk of overheating;

- be stored hygienically when not in use.

Children will not be provided with pillows, cushions, heavy duvets or excessive bedding unless there is a clearly identified individual need and a suitable risk assessment has been completed.

6. Clothing and temperature

Children should be dressed appropriately for the room temperature.

Staff will monitor children for signs that they are too hot or too cold.

Staff will pay particular attention to children who:

- are unwell;
- have a medical condition affecting temperature regulation;
- have additional needs;
- are wearing particularly warm clothing;
- have arrived from outdoor activities or travelling.

Children's heads and faces must remain uncovered while sleeping.

7. Positioning children

For sleeping children, staff will use professional judgement and the child's individual circumstances when supporting sleep.

Children should be encouraged to lie on their backs wherever possible, however children can settle in a natural and comfortable position.

Staff will not deliberately place a child in a position that could compromise their airway.

If a child's sleeping position appears unsafe, staff will gently reposition the child where appropriate and record or report any significant concern.

If a child has a medical or developmental condition requiring a particular sleeping position, this must be documented and agreed with parents/carers and relevant health professionals where appropriate.

8. Active supervision

All sleeping children must always remain within sight and hearing of staff.

Sleeping children must be frequently checked to ensure that they are safe.

Our setting will operate a specific checking procedure:

1. A member of staff will remain responsible for supervising the sleeping/resting area.
2. Staff will visually check sleeping children regularly and at least every 10 minutes, unless an individual risk assessment requires more frequent checks.
3. Checks will confirm that:
 - the child is breathing normally;
 - their airway is clear;
 - their face and head are uncovered;
 - they are not trapped or entangled;
 - they are not excessively hot or cold;
 - the sleep environment remains safe.
4. Staff will record sleep checks in the sleep-monitoring record displayed near the safeguarding board.
5. If a staff member leaves the room, responsibility for supervision must be formally handed over to another member of staff.
6. Staff must never assume that another practitioner is supervising sleeping children.

7. Staffing and supervision

The member of staff responsible for the sleep area must:

- know which children are sleeping;
- know the individual needs of each child;
- understand this policy;
- remain able to see and hear sleeping children;
- carry out and record checks;
- respond immediately to concerns;
- know the setting's emergency procedures.

Staff must not undertake tasks that prevent them from adequately supervising sleeping children.

The setting will ensure that staff deployment and ratios allow safe supervision to be maintained.

9. Children who fall asleep unexpectedly

Children may occasionally fall asleep during the day, particularly following physical activity, illness, emotional upset or changes to their normal routine.

If a child falls asleep unexpectedly:

1. Staff will assess whether the child is safe.
2. The child will be moved to the designated sleep/rest area where appropriate.
3. The child's airway, position, clothing and surrounding environment will be checked.

4. The child's sleep will be supervised in accordance with this policy.
5. Parents/carers will be informed if the sleep is unusual, prolonged or associated with concerns about the child's health or wellbeing.

10. Children with additional or medical needs

Where a child has a medical, developmental or SEND-related need affecting sleep, the setting will work in partnership with parents/carers and relevant professionals.

An individual risk assessment or healthcare plan will be completed where necessary.

This may include consideration of:

- epilepsy or seizure disorders;
- respiratory conditions;
- physical disabilities;
- developmental conditions;
- medication;
- mobility or positioning needs;
- sensory needs;
- communication difficulties;
- additional monitoring requirements.

Any specialist equipment must be appropriate, maintained safely and used in accordance with professional and manufacturer guidance.

Staff must be appropriately trained before being expected to implement specialist sleep arrangements.

11. Sleep environment risk assessment

The setting will undertake a specific risk assessment of the sleep/rest environment.

The assessment will consider:

- room layout;
- visibility and audibility;
- furniture;
- sleep surfaces;
- bedding;
- temperature and ventilation;
- lighting;
- access and emergency evacuation;
- electrical equipment;
- choking or suffocation hazards;
- supervision arrangements;
- staffing;
- individual children's needs;
- children with SEND or medical conditions;

- infection prevention and cleaning arrangements.

Risk assessments will be reviewed:

- at least annually;
- following any incident or near miss;
- following changes to the premises or equipment;
- when a child's individual needs change;
- when national guidance or statutory requirements change.

Barford to take reasonable steps to ensure children are not exposed to risks and to be able to demonstrate how risks are being managed.

12. Hygiene and infection control

Each child will have access to a clean sleep mat.

Sleep mats will be wiped down and cleaned:

- between children;
- whenever soiled or contaminated;
- following illness where appropriate;
- as part of the setting's routine cleaning arrangements.

Sleep mats, mattresses and other sleep equipment will be cleaned in accordance with the manufacturer's instructions and the setting's infection-control procedures.

13. Safeguarding

Safer sleep is part of safeguarding and child welfare.

Any concern about a child's sleeping arrangements, supervision or treatment must be reported to the designated safeguarding lead (DSL) or appropriate senior member of staff.

Examples include:

- a child repeatedly being left unsupervised;
- staff failing to carry out required checks;
- unsafe sleep equipment;
- a child being placed in an unsafe position;
- inappropriate bedding;
- a child being deliberately prevented from sleeping;
- a child being left asleep in an unsuitable location;
- failure to follow an agreed medical or individual sleep plan.

Concerns will be managed in accordance with the setting's safeguarding and child protection policy.

14. Sleep records

Where a child sleeps during the session, staff will record:

- child's name;
- date;
- time the child fell asleep;
- time of checks;
- any significant observations;
- time the child woke;
- any concerns or actions taken;
- staff member responsible.

Records will be stored securely and handled in accordance with the setting's confidentiality and data-protection procedures. They will be placed by the safeguarding board. Any issues regarding children's sleeping will be reported to a member of SMT immediately.

15. Parent and carer partnership

Parents/carers will be informed about the setting's approach to sleep and rest.

The setting will discuss with parents/carers:

- the child's normal sleep pattern;
- whether the child normally sleeps during the day;
- preferred settling routines;
- any medical or developmental needs;
- significant changes in sleep behaviour;
- concerns about excessive tiredness or unusual sleep.

Parents' preferences will be considered, but the school will always prioritise the child's safety and comply with statutory requirements.

Where a parent's requested sleep arrangement presents a safety concern, the setting will discuss this with the parent/carers and agree a safer alternative.

We will share any updated guidance with parents throughout the year as part of workshops or parent meetings.

16. Staff training

All staff responsible for children who may sleep will receive information about this policy as part of their induction.

Staff will understand:

- safer sleeping principles;

- the importance of active supervision;
- how and when sleep checks are carried out;
- how to recognise an unsafe sleep situation;
- how to respond to an emergency;
- individual children's sleep and medical needs;
- safeguarding responsibilities.

17. Emergency procedures

If a sleeping child appears unwell, is not breathing normally, cannot be roused, has an obstructed airway or staff have any immediate concern for their safety:

1. The child will be assessed immediately.
2. Appropriate first aid/emergency procedures will be started by a paediatric first aid trained member of staff and a member of SMT contacted.
3. Emergency services will be contacted where required.
4. Parents/carers will be contacted as soon as reasonably practicable.
5. The incident will be recorded.
6. The DSL will be informed.
7. The setting will follow its accident, illness, safeguarding and emergency procedures.
8. Where statutory notification requirements apply, the appropriate notifications will be made.

School will notify Ofsted of a serious accident, illness, injury or death involving a child in their care in EYFS within the specified statutory timescale and to notify local child-protection agencies where appropriate. For all other year groups, school will follow Local Authority procedures.

18. Monitoring and quality assurance

The Headteacher, Lead DSL and Early Years Lead will monitor implementation of this policy through:

- observation of sleep practices;
- checks of sleep records;
- inspection of sleep equipment;
- review of risk assessments;
- staff discussions;
- training records;
- incident and near-miss analysis;
- feedback from parents/carers;
- review of relevant national guidance.

Any failure to follow this policy will be addressed promptly through supervision, additional training, management action or safeguarding procedures as appropriate.

19. Review

This policy will be reviewed at least annually and sooner where:

- the EYFS statutory framework changes;
- DfE or Ofsted guidance changes;
- new safer-sleep evidence becomes available;
- there is a significant incident or near miss;
- the setting changes its sleep arrangements or equipment.

Appendix 1 : Related policies

This policy should be read alongside:

- Safeguarding and Child Protection Policy
- EYFS policy
- Health and Safety Policy
- Risk Assessment Policy
- First Aid Policy
- SEND Policy
- Medical Conditions Policy
- Infection Control Policy
- Intimate Care Policy
- Accident and Incident Policy
- Equality and Inclusion Policy
- Emergency Evacuation Policy

Appendix 2 : Sources of Guidance

Our school will consider these sources of guidance when updated the policy:

- Department for Education EYFS statutory framework for group and school-based providers;
- Department for Education Safer sleep – How to provide babies and children with a safer sleep environment in your setting;
- Ofsted Early Years Inspection Toolkit and associated guidance;
- NHS safer-sleep information;
- The Lullaby Trust safer-sleep guidance and resources.

Key Principles of Safer Sleep

Key Reminders

- Child **remains within sight** and hearing of staff.
- Face and **airway always remain clear**.
- Avoid overheating – open windows and remove coats/jumpers if needed. **No blankets**.
- **Regular checks** are completed and recorded.
- Parents/carers are informed.
- Concerns are escalated immediately.

Never leave a sleeping child unsupervised.



1. Assess the Child

- Check the child is well, responsive, and not unwell. - Follow first aid procedures if concerned.

2. Inform a Colleague

- Ensure another staff member is aware the child is sleeping.

3. Prepare a Safe Sleep Area

- Place the child on a sleep mat or suitable resting surface - keep the area free from hazards.

4. Position Safely

- Place the child on their back where possible - keep face and airway clear.
- Remove coats, scarves, and excess clothing if possible - avoid overheating.

5. Supervise and Monitor

- Keep the child within sight and hearing of a designated member of staff.
- Check regularly (minimum every 10 minutes)
- Observe breathing, colour, temperature, and wellbeing.

6. Record Checks

- Record on the 'sleep sheet' on the safeguarding board after every check (every 10 mins)

7. Wake and Support

- Gently wake the child if necessary. Offer reassurance and a drink of water. Ensure they are fully alert before returning to activities.

8. Inform Parents/Carers

- Share details of the sleep period and any concerns discreetly.

9. Report Concerns Immediately

- If a child is difficult to wake, has breathing concerns, signs of illness or is excessively sleepy, inform a member of SMT as soon as possible.