



Safe Sleep Policy

Document Control

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September 2026	1	Policy created in line with new EYFS Statutory Framework Guidance

Safer Sleep and Rest: whole school Framework

1. Why this applies in a primary school

Nursery and Reception pupils may need to sleep or rest because of age, tiredness, illness, disability, additional needs or a specific care plan. School-organised wraparound care may include younger children. Therefore, safer-sleep arrangements apply whenever any child sleeps while in the school's care, even if the school does not currently admit babies.

2. All Sleeping Children

- Sleeping children must remain within sight AND hearing of an appropriately deployed member of staff; a baby monitor, camera or listening device alone is not a substitute for direct staff supervision.
- A named member of staff is responsible for each sleeping child; responsibility is explicitly handed over at staff breaks, shift changes, room moves or emergencies.
- Sleep areas must be clean, appropriately ventilated, smoke-free, suitable in temperature and free from blind cords, trailing cables, suffocation or entrapment hazards, unsafe furniture, direct heat and inappropriate access.
- Children sleep in an individual, age-appropriate space on a clear, firm and flat sleep surface; staff maintain dignity, hygiene, accessibility and appropriate separation.
- No child is forced to sleep, deprived of reasonable rest as punishment, or left to cry without appropriate responsive care. Staff do not physically restrain, cover the face, wedge, strap or immobilise a sleeping child.
- Parents are consulted about normal sleep routines, relevant medical information and comfort needs; parental preferences do not override statutory safer-sleep requirements or professional clinical advice.
- If unusual drowsiness, fever, breathing changes, injury or other illness is suspected, assess and escalate as a medical concern rather than treating the child as simply needing a nap.

3. Children aged two and over, including Nursery and Reception

For older children, use a clean, stable, age-appropriate individual bed, mat or mattress in a supervised area. Keep the child's face visible, airway clear and environment safe; consider mobility, communication, sensory needs, seizure risks, respiratory conditions and intimate-care or moving-and-handling plans. The cot-only rule and under-two back-placement rule should not be incorrectly represented as universal requirements for every older child.

A settling-in Nursery child or tired Reception child may rest in a quiet area only where a named adult can see and hear them and complete the school's recorded checks. A child who falls asleep in an unsuitable location must be moved to a safe age-appropriate sleep space as soon as safely practicable; a child who is difficult to rouse or appears unwell must receive immediate assessment.

4. Approved and unsuitable equipment

- Approved equipment must be appropriate for the child's age, undamaged, assembled and used to the manufacturer's instructions and suitable for easy cleaning.
- Do not use car seats, bouncers, swings, sofas, beanbags, inclined sleepers, slings, highchairs, pods or nests as planned or ongoing sleep spaces. If a child falls asleep in one, move them promptly to a compliant suitable sleep space while maintaining safe supervision.
- A pushchair is not a planned sleep space unless its specific carrycot configuration satisfies the statutory cot definition and manufacturer's safe-sleep requirements.

- Never use weighted blankets, weighted sleep products, loose duvets or unsuitable soft bedding for babies and young children. Any specialist equipment for an older disabled child requires written clinical advice, an individual risk assessment and trained staff.

5. Sleep checks and records

Before sleep, staff check the designated location, child's identity, health information, individual sleep plan, safe surface, bedding, clothing, room temperature and named supervising adult. Record the time sleep begins and the staff member responsible.

Throughout sleep, the supervising adult maintains sight-and-hearing supervision and makes a direct recorded observation at least every 10 minutes as the school's local standard. Observe chest movement and breathing, skin colour, position, clear face and airway, warmth, bedding, general comfort and signs of distress. Do not rely solely on a timer, monitor or assumptions that the child is sleeping normally.

Record the observation time, findings, any action and staff initials in the sleep log. Record waking time, duration, wellbeing, handover and information shared with parents.

6. Individual risk assessment and parent partnership

- Obtain relevant information on routine, usual sleep position, age, mobility, prematurity, low birthweight, current illness, medication, breathing problems, epilepsy, reflux, sensory needs and specialist equipment.
- A non-standard position or specialist sleep arrangement is used only where supported by clear written advice from an appropriate healthcare professional, an individual risk assessment and staff training; seek clarification before implementing any deviation.
- Explain that the school must follow safer-sleep requirements even if arrangements at home differ. Record parent conversations and escalate disagreement to the EYFS Lead or Headteacher.
- Ensure every child can rest safely and inclusively; make reasonable adjustments without compromising safe positioning, airway visibility or supervision.

7. Emergency response: unresponsive or unusually drowsy sleeping child

1. Immediately attempt to rouse the child, assess responsiveness and breathing, shout for help and request the nearest paediatric first aider.
2. Call 999 immediately if the child is unresponsive, not breathing normally, has abnormal colour or breathing, or the staff member has serious concern.
3. Begin age-appropriate resuscitation in accordance with current training and the emergency call handler's instructions; request the AED where appropriate.
4. Ask a colleague to notify the Headteacher, meet emergency services, contact the parent or carer, preserve relevant sleep records and support other children.
5. Record the sequence, observations, actions and times; make required safeguarding, Ofsted, HSE, employer and local-authority notifications; undertake an immediate review.

Safer Sleep and Rest in School

ONE PAGE STAFF GUIDANCE | EFFECTIVE 1 SEPTEMBER 2026

Scope Use whenever any child sleeps in school, including Nursery, Reception and wraparound care. A named adult must be responsible and every sleeping child must remain within staff sight and hearing.

BEFORE EVERY SLEEP

- Check the child's identity, health information and individual sleep or care plan; consult parents about normal routines and comfort needs.
- Use a clean, ventilated, smoke-free area, safe temperature and an individual, age-appropriate firm, flat sleep surface free from cords, heat, entrapment and suffocation hazards.
- Name the supervising adult and record the start time. Responsibility must be explicitly handed over at breaks, shift changes, room moves or emergencies.
- Treat unusual drowsiness, fever, breathing changes or difficulty waking as a medical concern, not simply tiredness.

UNDER TWO STATUTORY REQUIREMENTS

- Place the child on their back in their own separate sleep space on a firm, flat surface. A baby aged 12 months or under must sleep only in a cot, carrycot, Moses basket or travel cot.
- Use only a firm, flat, waterproof mattress plus firmly tucked lightweight bedding below the shoulders, or a correctly fitted sleep bag used to manufacturer instructions.
- With a blanket, use feet-to-foot positioning and tuck it securely. Never cover the head.
- Keep the space free from toys, pillows, extra or loose bedding, bumpers, wedges, pods, nests, positioners and straps. Keep babies at 16–20°C.
- A baby under six months must have an adult in the same room for every sleep. All sleeping children must be frequently checked and remain within sight and hearing.

SCHOOL SLEEP CHECKS

- Maintain continuous sight-and-hearing supervision and make a direct recorded observation at least every 10 minutes as the school's local maximum interval.
- Check breathing and chest movement, colour, position, clear face and airway, warmth, bedding, comfort and distress. Record time, findings, action and initials.
- Record waking time, duration, wellbeing, handover and information shared with parents. Increase checks or use continuous close observation where individual risk requires.
- The national framework requires frequent checks but does not set a 10- or 15-minute interval. The record never replaces supervision.

ALL SLEEPING CHILDREN

- Maintain direct sight-and-hearing supervision. Cameras, monitors and timers do not replace staff supervision.
- Keep the face visible and airway clear. Maintain dignity, hygiene, accessibility and appropriate separation.
- Never force or prevent reasonable sleep as a sanction; leave a child to cry without responsive care; cover the face; or wedge, strap, restrain or immobilise a sleeping child.
- Move a child who sleeps in an unsuitable place to a safe, age-appropriate sleep space as soon as safely practicable.

AGE TWO AND OVER

- Use an individual, clean, stable and age-appropriate bed, mat or mattress in a supervised area.
- Keep the face visible and airway clear. Consider mobility, communication, sensory needs, seizures, respiratory conditions and any moving-and-handling or intimate-care plan.
- Non-standard positioning or specialist equipment requires written clinical advice, an individual risk assessment and trained staff.
- The cot-only and back-placement rules must not be presented as universal requirements for older children.

NEVER USE FOR PLANNED SLEEP

- Car seats, bouncers, swings, sofas, beanbags, inclined sleepers, slings, highchairs, pods or nests. Move a sleeping child promptly and safely to a suitable sleep space.
- Do not use weighted blankets or weighted sleep products, loose duvets or unsuitable soft bedding. Specialist equipment for an older disabled child requires clinical advice, risk assessment and trained staff.

EMERGENCY Try to rouse and assess breathing; shout for help and summon the nearest paediatric first aider. Call 999 immediately if the child is unresponsive, not breathing normally, has abnormal colour or breathing, or there is serious concern. Begin age-appropriate resuscitation and follow the call handler's instructions. Notify leaders and parents, preserve records, record all times and complete required notifications and review.