

## Sleeping Safely Protocol

### Background information

In the Netherlands, sadly a child dies of SIDS (Sudden Infant Death Syndrome) while staying at a childcare centre incidentally. It is for this reason that we do our utmost to minimise the risks. All our Nannies, temporary staff and interns too, are required to have followed extensive training regarding the practical preventive measures for children sleeping safely. The GTL and branch manager see to this.

### SIDS (Sudden Infant Death Syndrome)

SIDS is the sudden death of an otherwise "healthy baby", this usually occurs during their sleep. SIDS is most common in the first 6 months. SIDS hardly ever occurs among children of 12 months old and older, however, the diagnosis SIDS is used for all unexplainable deaths among children up to 24 months old who die in their sleep.

SIDS is more common among boys than among girls. Premature babies and babies born with (extremely) low body weight also run a higher risk of dying of SIDS. The number of babies dying of SIDS in the Netherlands has dropped significantly in the last 10 years. Information and preventive measures, which have become widely available since the 80's, have certainly contributed to this positive outcome. Of the approximately 200.000 children born in the Netherlands each year, about 30 die in the first year without having suffered from a specific disease. In a few cases, a physical cause of death is found post mortem, for instance a heart disease, an infection, suffocation or child abuse. Sometimes, in case of no apparent reason for a child's death, a number of risk factors, either combined or one particular risk factor, may be the cause that has led to SIDS.

These risk factors are:

- Premature babies
- Sleeping on the belly
- Heat congestion
- Unsafe sleeping area
- A room in which people smoke
- Exhaustion

### Preventive measures

#### Sleeping area, sleeping position and safe bedding

- Place babies on their backs when they are going to sleep. Placing babies on their bellies may increase the risk of SIDS by 4 or 5 times.
- Do not place babies on their bellies even for just one time because the baby only seems comfortable when placed on the belly.
- Placing babies on their sides to sleep may also increase the risk of SIDS. Not just because chances are that babies will roll over on their bellies but also because this position is riskier.
- Always place babies who have turned onto their bellies on their backs. Be extra aware when babies are in a phase in which they are able to turn from their backs onto their bellies but have difficulty returning to their backs.
- If babies are able to turn from their bellies onto their backs and back again easily and quickly while lying on a mattress, then leave their sleeping position up to them. You will have to discuss the matter with the parents. For babies aged 18 months and older who are able to turn from side to side, the registration form does not need to be filled in.
- Place babies up to 24 months in a sleeping bag. This will hamper babies turning onto their bellies. You are also allowed to use a sheet which you can tuck in tightly (under the mattress). Babies turn onto their bellies by pulling up their legs and turning sideways. If the sheet or blanket is tucked in under the mattress tightly, pulling up the legs is made more difficult.

- Tuck large sheets in under the mattress and do so as flat as possible. Do not ever double fold the sheet. Tuck in the sheet on the sides of the mattress and at the bottom end, make sure to tuck it in tightly, right under the mattress.
- Place babies at the bottom end of the bed so that the feet nearly touch the end of the bed or the cot. This minimises the risk of the baby's head going under the sheet. See image:



- Babies that are able to turn independently are no longer allowed to be placed in the hanging cot. This also applies to babies who can pull themselves up because of the risk of falling out of the hanging cot.
- Try to minimise babies sleeping in rockers or cradles.

#### *Exceptions*

- If parents decide, even after strong advice otherwise, to have their child sleep on the belly or side, then this needs to be recorded in writing in the [registration form sleeping habits](#). This also applies to other wishes related to sleeping habits which differ from the advice given in this protocol (for instance, swaddling or extra support pillows, blankets etc.).

#### **Provide a safe bed**

- CompaNanny uses certified beds, mattresses and cradles.
- Each (upper) bed (where children aged 0-2 sleep) has a bed alarm which goes off as soon as a bed has been open for a while.
- Never make use of pillows, headboard protectors and side protectors, rubber under sheets, harnesses, cords or items made of soft plastics. Large cuddly toys are also not recommended to be placed in bed with 0 to 2 year olds.
- Make sure the sleeping bag is the correct size and that children are not able to end up with their heads inside the sleeping bag because of arm and head openings being too large.
- Ventilate the bedrooms and air the bedding regularly (according to the cleaning schedule in the Airing Agenda).
- Children are allowed one (small) cuddly toy in bed.
- Children are not allowed to wear jewellery in bed (necklaces, earrings, bracelets etc.) also no cuddly toys with beads, clothing with buttons and also remove hairpins, elastic bands etc. in order to prevent suffocation.
- Due to the baby chewing on the pacifier, the teat may break off and end up in the baby's throat. Be aware of this risk and check all pacifiers for wear and tear daily.
- If children are placed in the evacuation bed, then please make sure that the bed is pushed all the way to the back and that the brakes are on. Also check to see that the wheels are not askew (horizontally).

#### **Monitor carefully and be aware**

- While placing children in their beds in the bedroom, you should close the bedroom door. This will prevent you from becoming distracted by things happening in the group. It goes without saying that you leave the children in the group in a safe setting.
- Always check to see if you have closed the bed safety gates to all the beds. Do not ever turn away from a child lying in bed without the safety gate being up (not even for a second)!!!

- Tell the child what you are doing. This will calm the child and it will feel emotionally safe because it is given a sense of predictability. It will also make you more aware of your actions. It minimises the risk of you handling automatically and therefore minimise any consequent risks.
- Each time you leave the bedroom you need to turn around and carry out one last check. Make sure all gates are up (as described in the bedroom protocol which is on the inside of the bedroom door).
- The safety gates on the beds should always be up, even if the bed is empty.
- Keep an eye on the children in the bedrooms at all times, use the baby phone to do so.
- Check all the other beds each time you put a child to bed.
- Check all children in the bedroom every 15 minutes at least, also check the children lying in the cradles.

### **Prevent hot conditions**

- Temperature (heat congestion) could cause SIDS. Babies hardly ever die of the cold.
- As long as the baby's neck and feet feel comfortably (luke) warm while they are in bed, they are not too cold.
- A baby sweating is dangerously hot.
- Place children up to 24 months old in a well-fitting sleeping bag.
- For children up to 24 months old you should never use a duvet or a heavy blanket. A sheet is allowed as long as the bed is made up 'short'. Children aged 24 months and older are allowed to sleep in beds made up with sheets and blankets.
- Be aware of the temperature in the bedroom. The ideal temperature for a bedroom is between 16°C and 18 °C degrees. The temperature in a room may differ so keep this in mind when dressing and covering a child.
- Do not use winter sleeping bags in the summer.
- Do not use rubber bed sheets or flannel sheets.
- Do not wrap children up in warm clothes when placed in cradles. The curtains of the cradle should be opened at least 10 centimetres at all times so that the child can breathe fresh air and you can keep an eye on the child.

### **Swaddling**

There are some risks involved in swaddling. This is why it is important for parents to discuss swaddling with their doctor or the child health clinic if they should opt for this.

CompaNanny follows the advice on swaddling given the national concept guidelines of Actiz 'Handling excessive crying of infants' (2007). The principle of these guidelines is that offering rest and regularity holds priority over swaddling.

- Always have parents sign the Sleeping Habits Form if they choose to have their child swaddled.
- Have parents bring their own especially designed swaddling bag (not a sheet or scarf). Please note! Swaddling does not become safer by using the swaddling bag, it just makes the technique of swaddling easier. And this will reduce the risk of a child being swaddled incorrectly. A child being swaddled incorrectly does present specific risks.
- Have the parents demonstrate how they swaddle their child. The Nanny who has seen the demonstration will sign the Sleeping Habits Form and inform her colleagues on the procedure.
- Interns are not allowed to swaddle children. Temporary staff is only allowed to swaddle children if they have extensive experience with the child and if the GTL and Branch Manager have approved.
- ALWAYS place swaddled children on their backs.
- NEVER swaddle children whose breathing is restricted (by for instance a severe cold, the RS virus or when they are running a fever). Children who have received vaccination are also not allowed to be swaddled in the first 24 hours, this due to the risk of fever.
- Make sure that the swaddling material is fastened properly. The baby should not be able to wriggle out of it.

- It is even more difficult for babies to turn back onto their backs when they are swaddled. Babies who develop quickly can run this risk from as early as 3 months. This is why it is important to start phasing out swaddling between the ages of 3 and 4 months and should stop completely before the child is 6 months old. Make arrangements with the parents on phasing out swaddling. Compafanny never swaddles children over the age of 6 months.
- Offer parents, whose child is a bad sleeper and/or who want their child to be swaddled, the possibility of an advice meeting with the PC. In this meeting the PC will give advice on how to improve rest and regularity (during both the day and at night). The PC can also help set up a schedule to phase out swaddling at home and at Compafanny.
- You can find more information on swaddling and swaddling products on <http://www.veiligslapen.info/> or <http://www.inbakeren.nl/>

#### **Children running a temperature**

- Children who are running a temperature should not be dressed too warm or be placed in a warm bed. Also make sure the sleeping bag is not too warm and do not swaddle these children.
- Children who are running a temperature can be placed in a quiet room as long as they are not nauseous or drowsy (leave the child in the group when in doubt). Check on the child regularly (at least every 5 minutes).
- In all other cases the child should be placed in a quiet area of the group room (in an evacuation bed for instance) and check on the child at least every 5 minutes. You could also keep the child with you (on your lap or on your arm) if the group process allows. Remember to ask for help timely if this is necessary.

#### **Medicine and the risks involved**

Some medicine can be dangerous for babies because it puts them in a too deep a sleep. Mothers breastfeeding should also avoid these medicines. Always read the leaflet of the medicine and when there is any doubt be sure to ask the parents to consult their doctor or pharmacy. Certain medicine, which are available over the counter, may involve the same risks.

#### **Prevent damage to a child's health due to passive smoking**

- Passive smoking can be detrimental to a baby's health. This is why all our centres are smoke-free areas.

**If you should find a child in a bad condition despite all efforts, then try to trigger a reaction by tapping the child, tickle the child under the feet and by picking up the child. Observe to see if the child recovers.**

**If this is not the case, then dial 112 and start resuscitation.**

**Beware! Never shake the child!**