

# Safe Sleep & Rest Physical Checks Template

## Introduction

In line with the [Education and Care Services National Law and the Education and Care Services National Regulations](#), educators are required to ensure the safety of infants and children in their care. They have a professional responsibility to families to ensure they adhere to best practice and implement strategies to ensure the optimal safety of the children at all times.

Further, services must ensure that sleep and rest policies and procedures are in place which include safe sleep practices. You are required to have a documented procedure for the manner in which you will supervise and conduct physical checks of sleeping children whilst also maintaining adequate supervision of other children in your care.

## Purpose

The purpose of this tool is to provide educators a place to document their observations as they supervise and perform physical checks on sleeping children. It will ensure educators conduct safe and quality physical checks on children during sleep and rest times, and is intended for use when working with children 12 months and below. Please note it is encouraged that educators continue to use this tool for children beyond 12 months of age.

## Your responsibility

Your service should have a documented practice for the supervision of sleeping children, tailored to the unique layout and safety considerations of your service or each family day care residence or venue, as well as the ages and developmental stages of the children in your care.

Please ensure you keep records of the completed physical checks as you may be asked to provide them to the regulatory authority as part of a visit or investigation. Red Nose view the use of and storing of records of physical checks as a best practice tool used by all educators to support the adequate supervision of all sleeping children. The practice of recording physical checks may also be included in your service's safe sleep policy.

## Instructions

1. Please write the date and the time of your check at the top of the checklist. Checks must be frequent and of a high standard, as per your service's policy and procedures.
2. Work across the columns of the table and note what you see according to the key descriptions above the table.
3. Please use the comments box for any additional information.
4. Remember to initial your check upon completion.

### ! Important

- Any changes to skin and lip colour, breathing, ability to wake up from sleep or if the child is unresponsive, CALL 000 IMMEDIATELY and activate your emergency / first aid plan.
- The Red Nose Safe Sleep recommendations state that for children under 12 months of age:
  - Always place baby on back for sleep,
  - Keep baby's head and face uncovered,
  - Sleep baby in a safe environment - in a safe cot, with a safe mattress (firm, clean, well-fitting and flat).
- Nothing loose or soft in cot – this includes pillows and positioners.
- Once a baby has been observed to repeatedly roll from back to front and back again on their own for several weeks, they can be left to find their preferred sleep position. At the critical time of starting to roll it is very important that the sleep environment remains safe. Babies that can roll should no longer be wrapped.
- Children who use dummies must be given the dummy for every sleep. If the dummy falls out during deep sleep, the dummy does not need to be returned to the mouth, unless the child wakes.

# Safe Sleep and Rest Physical Checks

<b>Date:</b>	<b>Room grouping:</b>	<b>Educator/s Name &amp; Initial:</b>
<b>Child's full name:</b>	<b>Age (year/months):</b>	<b>Individual Risk Assessment Completed:</b>
<b>Dummy:</b>	<b>Comforter (informed by sleep and rest risk assessment):</b>	
<b>Bedding:</b>		<b>Infant is rolling (y/n):</b>

**Ensure airways are clear at all times and enact Emergency Procedures if infant shows:**

1. Difficulty breathing
2. Blue skin colour

**Resources**

- [Safe Sleep Monitoring Checklist poster A3](#)

**Sleep position:** B- Back, L- Left Side, R- Right Side, T- Tummy, I- Incline

**Breathing:** R- Regular, F- Fast/ Difficult

**Skin and lips:** N- Normal, P- Pale, B- Blue

**Head position:** FU- Face Up, FD- Face Down, FR- Face Right, FL- Facing Left, CC- Chin on Chest

**Body Temperature:** W- Warm, C- Cool, H- Hot

**Airway:** C- Clear, PC- Partially Covered, PCM- Mouth, PCN- Nose, PCF- Face, FC- Fully Covered, FCM- Mouth, FCN- Nose, FCF- Face

**State:** S-Sleeping, A-Awake, U-Unsettled, C-Crying

Time	Educator Initial	Sleep Position	Breathing	Skin and Lips	Head Position	Body Temp	Airway	State	Notes

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## Safe Sleep & rest physical checks template

<p><b>Ensure airways are clear at all times and enact Emergency Procedures if infant shows:</b></p> <ol style="list-style-type: none"> <li>1. Difficulty breathing</li> <li>2. Blue skin colour</li> </ol>			<p><b>Sleep position:</b> B- Back, L- Left Side, R- Right Side, T- Tummy, I- Incline</p> <p><b>Breathing:</b> R- Regular, F- Fast/ Difficult</p> <p><b>Skin and lips:</b> N- Normal, P- Pale, B- Blue</p> <p><b>Head position:</b> FU- Face Up, FD- Face Down, FR- Face Right, FL- Facing Left, CC- Chin on Chest</p> <p><b>Body Temperature:</b> W- Warm, C- Cool, H- Hot</p> <p><b>Airway:</b> C- Clear, PC- Partially Covered, PCM- Mouth, PCN- Nose, PCF- Face, FC- Fully Covered, FCM- Mouth, FCN- Nose, FCF- Face</p> <p><b>State:</b> S-Sleeping, A-Awake, U-Unsettled, C-Crying</p>						
<p><b>Resources</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Safe Sleep Monitoring Checklist poster A3</a></li> </ul>									
Time	Educator Initial	Sleep Position	Breathing	Skin and Lips	Head Position	Body Temp	Airway	State	Notes

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# Safe Sleep and Rest Physical Checks example

<b>Date:</b> 21/09/2022	<b>Room grouping:</b>	<b>Educator/s Name &amp; Initial:</b> JC
<b>Child's full name:</b> Fynn Pearson	<b>Age (year/months):</b> 9 months	<b>Individual Risk Assessment Completed:</b> Y
<b>Dummy:</b> N	<b>Comforter (infants over 7 months only):</b> Y	
<b>Bedding:</b> Sleeping bag		

<p><b>Ensure airways are clear at all times and enact Emergency Procedures if:</b></p> <ol style="list-style-type: none"> <li>Difficulty breathing</li> <li>Blue skin colour</li> </ol>	<p><b>Sleep position:</b> B- Back, L- Left Side, R- Right Side, T- Tummy, I- Incline</p> <p><b>Breathing:</b> R- Regular, F- Fast/ Difficult</p> <p><b>Skin and lips:</b> N- Normal, P- Pale, B- Blue</p> <p><b>Body Temperature:</b> W- Warm, C- Cool, H- Hot</p> <p><b>Head position:</b> FU- Face Up, FD- Face Down, FR- Face Right, FL- Facing Left, CC- Chin on Chest</p>
<p><b>Resources</b></p> <ul style="list-style-type: none"> <li><a href="#">Safe Sleep Monitoring Checklist poster A3</a></li> </ul>	<p><b>Airway:</b> C- Clear, (PC)- Partially Covered, PCM- Mouth, PCN- Nose PCF- Face, (FC) Fully Covered, FCM- Mouth, FCN- Nose FCF- Face</p> <p><b>State:</b> S-Sleeping, A-Awake, U-Unsettled, C-Crying</p>

Time	Educator Initial	Sleep Position	Breathing	Skin and Lips	Head Position	Body Temp	Airway	State	Notes
11am	JC	B	R	N	FU	C	C	S	regular but loud - Fynn has a cold - will make more frequent checks.

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