

Safe Sleep Policy

Trinity Multi-Academy Trust

Introduction to Trinity MAT's Safe Sleep Policy

Lead: Principal



Item	Detail
Policy	Safe Sleep Policy
Citation reference	Trinity Multi-Academy Trust (2026) <i>Safe Sleep Policy</i> .
Assigned school(s)	Trinity Academy Akroydon, Trinity Academy St Chad's, Trinity Academy St Peter's
Status	Non-Statutory
Lead professional	Principal
Date of review	September 2026
Date of next review	September 2029

1. Purpose of policy and guiding principles

- 1.1** Rest and sleep are a physiological need, not a behaviour to be managed. Young children in the EYFS may become tired during the school day, particularly in the autumn term, after illness, or where a child has additional needs. This policy sets out how the academy ensures that any child who falls asleep, or who needs to sleep, does so safely, comfortably and under continuous supervision.
- 1.2** We will never prevent a child from sleeping when they need to, and we will never force a child to sleep. Where a child falls asleep, staff will move them to a designated safe sleep mat and carry out and record a physical check **at least every 10 minutes** until the child wakes.

1.3 Who this policy applies to

- 1.3.1** This policy applies to:

- *all children in our Reception classes;*
- *all staff, supply staff, students, apprentices and volunteers working with EYFS children;*
- *all sleep and rest that takes place on the school site, including in the classroom, outdoor area and during after-school provision run by the school.*

2. Statutory framework and related policies

- 2.1** This policy also reflects the Data (Use and Access) Act 2025 (DUAA 2025), which updates the UK data protection framework; processing and individual rights are administered consistently with its provisions. (UK Parliament, 2025)
- 2.2** Personal data is processed in line with the Data Protection Act 2018, which supplements the UK GDPR and sets out additional conditions for processing personal data, including special category and criminal-offence data. (UK Parliament, 2018)
- 2.3** The Trust will apply this policy in accordance with the Equality Act 2010, including its duties to avoid unlawful discrimination, advance equality of opportunity and make reasonable adjustments where required. (UK Parliament, 2010)
- 2.4** Requests for recorded information may also be handled under the Freedom of Information Act 2000; this policy should be read alongside the Trust's Freedom of Information procedures. (UK Parliament, 2000)
- 2.5** Risk assessment, control measures and review arrangements under this policy will reflect the Management of Health and Safety at Work Regulations 1999. (UK Parliament, 1999)
- 2.6** This policy is issued in accordance with the UK General Data Protection Regulation (UK GDPR), which governs how Trinity Multi-Academy Trust collects, uses, shares and protects personal data. (Information Commissioner's Office, n.d.)

2.7 Other reference frameworks and documents

2.7.1 This policy meets the requirements of:

- ***the Early Years Foundation Stage statutory framework for group and school-based providers***, including the safer sleep requirements set out directly in the framework from 1 September 2026;
- ***NHS guidance on sudden infant death syndrome (SIDS)***, which all practitioners working with EYFS children are required to read;
- ***The Lullaby Trust*** safer sleep guidance for early years settings, including guidance on sudden unexpected death in childhood (SUDC) in children over 12 months;
- ***Keeping Children Safe in Education***;
- ***The Health and Safety at Work etc. Act 1974*** and associated regulations.

2.7.2 It should be read alongside our: Child Protection and Safeguarding Policy; Health and Safety Policy; Infection Prevention and Control Policy; First Aid and Medicines Policy; Intimate Care Policy; SEND Policy; Staff Code of Conduct; Fire Safety and Evacuation Procedure; Supporting Pupils with Medical Conditions Policy.

3. Roles and responsibilities

- 3.1 The principal / EYFS lead** is responsible for implementing this policy, ensuring the sleep area is risk assessed, ensuring staff are trained, and monitoring sleep records.
- 3.2 The class teacher** is responsible for ensuring that a named member of staff is allocated to supervise any sleeping child, and that ratios in the rest of the classroom are maintained while this happens.
- 3.3 All EYFS staff** are responsible for following this policy, completing sleep records accurately and contemporaneously, and reporting any concern about a sleeping child immediately.

3.4 The Designated Safeguarding Lead is responsible for considering any safeguarding implications arising from a child's sleep patterns or from a concern raised under this policy.

3.5 Governors are responsible for approving and reviewing this policy.

3.6 Who this policy applies to

3.6.1 *This policy applies to:*

- all children in our Reception classes;
- all staff, supply staff, students, apprentices and volunteers working with EYFS children;
- all sleep and rest that takes place on the school site, including in the classroom, outdoor area and during after-school provision run by the school.

4. Principles

4.1 Sleep is led by the child's need, not by the timetable.

4.2 No child is ever made to sleep, and no child is ever denied sleep when they need it.

4.3 Sleep is never used as a sanction, and withdrawal of sleep is never used as a sanction.

4.4 A sleeping child is always within the sight and hearing of a member of staff.

4.5 A sleeping child is never left unattended, and never supervised by a monitor alone.

4.6 Every episode of sleep is recorded and shared with parents and carers.

5. The sleep environment

- 5.1 Location.** Sleep takes place in the designated rest area of the classroom [specify location]. This area is within the direct sight and hearing of staff at all times. It is away from thoroughfares, doorways and busy activity, but is not a separate or closed-off room.
- 5.2 Surface.** Children sleep on a designated safe sleep mat: a firm, flat, waterproof-covered mat in good condition, placed directly on the floor. Sleep mats are checked for damage before use and withdrawn if torn, worn or soiled.
- 5.3 Spacing.** Each child has their own separate sleep space. Mats are spaced so that children cannot roll into one another and so that staff have clear access to every child. Children never share a mat.
- 5.4 Hazards.** Before a child is placed on a mat, staff check that the immediate area is clear of: blind cords and curtain cords; electrical cables and sockets; radiators and heat sources; furniture that could fall or trap; small items, toys and resources that present a choking risk; bags, lanyards, scarves, ribbons and anything with a cord or strap.
- 5.5 Bedding.** If needed, only lightweight bedding is used. Blankets are tucked in firmly below the child's shoulders so that the head cannot become covered. Duvets, pillows, cushions, bumpers, wedges, straps and soft furnishings are not used. Each child has their own named blanket, which is not shared.
- 5.6 Temperature, light and air.** The rest area is well ventilated and not in direct sunlight. Temperature is monitored and kept comfortable; for younger children the recommended range is 16–20°C. Staff use professional judgement during extreme hot or cold weather and adjust clothing and bedding rather than piling on layers.

- 5.7 Outdoors and travel.** A pram, buggy, pushchair or car seat is never used as a sleep space. If a child falls asleep in one — for example on return from an outing — they are transferred to a sleep mat on arrival back at the setting. If a child falls asleep outdoors, coats, hats and blankets are adjusted to prevent overheating, any hat with a neck strap is removed, and the child is not left in direct sunlight.

6. Supervision and 10-minute checks

- 6.1** A named member of staff is assigned to supervise each sleeping child. That member of staff remains in the room, within sight and hearing of the child, for the whole time the child is asleep. Handover to another member of staff is verbal, explicit and recorded on the sleep record.

- 6.2 A physical check is carried out at least every 10 minutes.** A check means approaching the child, looking closely and listening. Staff check that:

- **the child is breathing** normally, and breathing is not noisy, laboured or obstructed;
- **the child's colour** is normal — no blueness around the lips or face, no unusual pallor or flushing;
- **the child's head and face are uncovered** and their airway is clear;
- **the child's position** is safe, with nothing over or across the face;
- **the child's temperature** is comfortable to the touch at the chest or back of the neck — not clammy, sweating or cold;
- **the child is settled** and not distressed.

- 6.3** If a check raises any concern, staff act immediately: uncover the head or clear the airway, adjust bedding or layers, reposition the child, or rouse the child. Any concern is reported at once to the class teacher and recorded. If a child cannot be roused or is not breathing normally, staff follow Section 14.

- 6.4** Staff do not use mobile phones or personal devices while supervising sleep. Baby monitors and cameras are not a substitute for direct supervision and are not used in place of the 10-minute checks.

6.6 New Subsection

7. Recording

- 7.1** Every episode of sleep is recorded on the Sleep Record (Appendix A) at the time it happens – not written up later. The record captures the child's name, the time they fell asleep, the time and outcome of every check, the name or initials of the staff member carrying out each check, the time the child woke, and any observations or actions taken.
- 7.2** Sleep records are reviewed by the EYFS lead weekly, retained in line with the school's records retention schedule, and made available to parents on request and to Ofsted on inspection.

8. Duration of sleep and waking

- 8.1** Children are allowed to wake naturally. Staff do not wake a sleeping child except where:

- *the child is due to be collected or the session is ending;*
- *the sleep is affecting the child's night-time sleep and a plan has been agreed with parents;*
- *the child needs to be moved for safety reasons, including evacuation;*
- *there is a health concern.*

- 8.2** Where a child is woken, this is done gently and the reason is recorded. A child who has slept is given time and reassurance to wake fully, and is offered a drink and the toilet before rejoining the class.

- 8.3** If a child is sleeping unusually often, for unusually long periods, or is difficult to rouse, this is reported to the class teacher and the EYFS lead, discussed with parents, and considered by the DSL where there may be a welfare or safeguarding concern.

9. Working with parents and carers

- 9.1** On entry, we ask parents and carers about their child's usual sleep pattern, comforter, dummy use, any medical condition that affects sleep, and any preferences they have. Preferences are recorded and respected wherever they are compatible with this policy and with safer sleep guidance.
- 9.2** Where a parent's request conflicts with safer sleep requirements — for example a request that a child sleeps on their front, or with a pillow, or that a child is never allowed to sleep at all — we will explain why we cannot follow it. The child's safety and physiological need for sleep take precedence, and this is not negotiable. The conversation is recorded.
- 9.3** Parents are told at the end of each session when their child slept and for how long.

10. Children with SEND or medical conditions

- 10.1** Some children — including children with epilepsy, reflux, respiratory conditions, hypotonia, tracheostomies or significant additional needs — require an individual approach. For these children:

- *an individual sleep risk assessment and, where appropriate, an Individual Healthcare Plan is written with parents and the relevant health professional before the child sleeps at school;*
- *the plan specifies positioning, equipment, check frequency (which may be more often than every 10 minutes) and what to do in an emergency;*
- *all staff who may supervise the child are briefed on the plan;*
- *the plan is reviewed at least annually and after any change in the child's condition.*

10.2 The Trust will apply this policy in accordance with the Children and Families Act 2014, including duties relating to pupils with special educational needs and disabilities. (UK Parliament, 2014)

10.3 Arrangements for pupils with special educational needs and disabilities should reflect the SEND Code of Practice and the Trust's local SEND procedures. (Department for Education, 2015)

11. Hygiene and infection control

11.1 Sleep mats are wiped down with an appropriate cleaner after every use and deep cleaned weekly.

11.2 Bedding is laundered after every use.

11.3 Mats and bedding are stored clean, dry and off the floor.

11.4 A child who is unwell, feverish, or who has vomited or has diarrhoea is not settled to sleep at school; parents are contacted for collection in line with our illness procedures.

11.5 Soiled bedding is laundered on site in line with our infection control procedures.

12. Fire and evacuation

- 12.1** The sleep area is included in the classroom fire risk assessment and in every fire drill. In the event of an evacuation, sleeping children are woken and carried or led out immediately. The member of staff supervising sleep is responsible for accounting for every sleeping child at the assembly point. The sleep record is taken out with the register where it is safe to do so. Sleeping children are never left in the building.

13. Safeguarding and staff conduct

- 13.1** Staff supervising sleep are deployed so that they are not working out of sight of colleagues for extended periods. The rest area is positioned to maintain natural visibility from the rest of the room.
- 13.2** No photographs or video of sleeping children are taken.
- 13.3** Staff do not lie down with, or on the same mat as, a child.
- 13.4** Any intimate care required on waking is carried out in line with our Intimate Care Policy.
- 13.5** Marks, injuries or disclosures noticed while a child is settling or waking are reported to the DSL the same day.
- 13.6** Any staff member who is concerned that a colleague is not following this policy must report it to the headteacher, and may use the Whistleblowing Policy.
- 13.7** This policy supports the Trust's statutory duties to safeguard and promote the welfare of children, including duties arising under the Children Act 1989 and Children Act 2004. (UK Parliament, 2004)
- 13.8** The Trust will operate this policy consistently with its safeguarding duties under the Education Act 2002, including the duty to make arrangements to safeguard and promote the welfare of children. (UK Parliament, 2002)

- 13.9** Where safeguarding concerns arise, the Trust will follow multi-agency expectations set out in Working Together to Safeguard Children and local safeguarding partnership procedures. (HM Government, n.d.)

14. Emergency procedure: a child who is unresponsive or not breathing normally

- 14.1** Shout for help immediately. Do not leave the child.
- 14.2** A paediatric first aider takes over and begins assessment and, if required, paediatric resuscitation.
- 14.3** A second adult dials 999 and states the child's age and that the child was found unresponsive during sleep.
- 14.4** A third adult moves the other children away from the area and maintains ratios.
- 14.5** The Principal and DSL are informed immediately; parents or carers are contacted without delay.
- 14.6** Nothing in the sleep area is moved, cleaned or altered once the child has been taken for treatment. The area is closed off and preserved.
- 14.7** The Principal completes a written record of events, times and actions as soon as practicable, and secures the sleep record and any CCTV.
- 14.8** The school notifies Ofsted, the local authority and the local safeguarding partners as required, and follows the Child Death Review / SUDIC procedure where applicable. Ofsted must be notified of the death or serious injury of a child in EYFS provision as soon as reasonably practicable and in any event within 14 days.
- 14.9** Support is arranged for staff and children affected.

15. Training and induction

- 15.1** All EYFS staff read this policy at induction and annually thereafter, and sign to confirm they have done so.
- 15.2** All practitioners working with EYFS children read the NHS guidance on SIDS, and safer sleep is covered in induction.
- 15.3** At least one person with a current paediatric first aid certificate is on the premises and available at all times when EYFS children are present, including during sleep.
- 15.4** Safer sleep is a standing item in EYFS team meetings at the start of each academic year and whenever guidance changes.
- 15.5** Supply staff, students and volunteers are briefed on this policy before working unsupervised with EYFS children.

16. Monitoring and review

- 16.1** The EYFS lead audits sleep records and the sleep environment each half term using the checklist at Appendix C. This policy is reviewed annually by the governing body, and immediately following any change to the EYFS statutory framework, NHS or Lullaby Trust guidance, or any incident or near miss.

Appendix A: Sleep record

Class: _____

Date: _____

Child's name	Fell asleep	Check times — every 10 minutes	Woke	Staff initials	Observations / actions
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Record each check at the time it is made. Tick where all points in Appendix B were satisfactory. Write **A** and complete the Observations column where any action was taken.

Supervising adult(s):

Handover time and name:

Reviewed by EYFS lead: _____ Date: _____

Appendix B: What to check, every 10 minutes

Go to the child. Look closely. Listen.

Check	What you are looking for	✓
Breathing	Regular, quiet, unobstructed.	
Colour	Normal — no blueness around lips or face, no unusual pallor.	
Head and face	Uncovered, airway clear, nothing across the mouth or nose.	
Position	On their back or a safe self-chosen position; bedding tucked below shoulders.	
Temperature	Chest or back of neck comfortable; not clammy, sweating or cold.	
Comfort	Settled, not distressed or unusually restless.	
Environment	Mat clear of objects; nothing within reach that presents a risk.	

If anything is not right, act first and record afterwards. If the child cannot be roused or is not breathing normally, shout for help and follow Section 14.

Appendix C: Daily sleep area check

Complete before the first sleep of the day.

Check	✓
Sleep mats clean, dry, undamaged, waterproof cover intact	
Mats spaced so children cannot roll into one another	
Bedding clean, named, lightweight; no duvets, pillows or cushions	
Area clear of blind and curtain cords, cables and small items	
Area away from radiators, heaters and direct sunlight	
Room temperature comfortable (16–20°C for younger children)	
Room ventilated	
Clear staff sightline to every mat	
Sleep record sheet in place and dated	
Paediatric first aider on site and known to the team	
Evacuation route from sleep area clear	

Checked by: _____

Time:

References

1. Department for Education (2015) *SEND code of practice: 0 to 25 years*. Online. Available at: <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25> (Accessed: 14 September 2026).
2. Department for Education (n.d.) *Keeping children safe in education*. London: Department for Education, GOV.UK.
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4. DUAA (2025) [Title].
5. HM Government (n.d.) *Working together to safeguard children*. Online. Available at: <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2> (Accessed: 14 September 2026).
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13. UK Parliament (2004) *Children Act 2004*. Online. Available at: <https://www.legislation.gov.uk/ukpga/2004/31/contents> (Accessed: 14 September 2026).
14. UK Parliament (2010) *Trust will apply this policy in accordance with the Equality Act 2010*. London: legislation.gov.uk.
15. UK Parliament (2014) *Trust will apply this policy in accordance with the Children and Families Act 2014*. London: legislation.gov.uk.

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