The Park Federation
ACADEMY TRUST

EYFS Safer Sleeping Policy
Hannah Ball Academy

Approved by	Name: Lorraine Machingauta (Principal)		
Date	Date: 20.09.2026	**Next review due**	Sep 2027

Summary of Changes

Version	Date	Summary of Changes	Approved By
1.	20.09.2026	1st Version	Lorraine Machingauta

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Early Years Foundation Stage (EYFS) Safer Sleeping Policy 2026/2027

1. Aims & Policy Scope

This policy specifically governs safe resting and unscheduled sleeping practices within HBA's Early Years Foundation Stage (Reception, ages 4–6). The primary aims of this policy are to:

- Provide a clear, standardised procedure for managing unscheduled sleep or sudden extreme lethargy in 4–6-year-olds safely and effectively.
- Eliminate accidental airway obstruction and thermal risks by explicitly prohibiting unsafe sleep surfaces (e.g., sofas, beanbags, propped chairs) and heavy outerwear.
- Ensure continuous active supervision through mandatory 10-minute visual and physical checks documented on a dedicated monitoring log.
- Integrate risk management for children with known medical conditions, linking unscheduled sleep directly to Individual Healthcare Plans (IHCPs).
- Align fully with statutory EYFS welfare requirements, DfE safe sleep guidance, Ofsted inspection toolkit standards, and The Lullaby Trust recommendations.

2. Legislation, Guidance & Ofsted Compliance

This policy is based on requirements set out in the statutory framework for the Early Years Foundation Stage (EYFS). It incorporates safe sleep practices recommended by The Lullaby Trust to eliminate risks of Sudden Infant Death Syndrome (SIDS) / Sudden Unexpected Death in Childhood (SUDC).

The EYFS sets the standards that all early year's providers must meet to ensure that children learn and develop well and are kept healthy and safe. To meet Ofsted inspection standards, HBA maintains strict adherence to active supervision, risk assessments, hygienic environments, and safe sleeping surfaces.

3. Structure of the EYFS & Unscheduled Sleep Context

3.1 Reception Provision

Our Reception children start full-time school during the academic year in which they turn 5 years old (or in some cases 6 years old).

3.2 Routine Napping & Transition Expectations

- No Scheduled Naps: HBA does not operate a nursery provision or run scheduled, routine nap/rest times. Children aged 4 to 6 are expected to have transitioned beyond routine daytime sleeping.
- Transition Information: Transition meetings and discussions with parents/carers ensure all relevant medical, physical, and developmental details are shared prior to entry. No routine napping requirements are expected or accommodated in Reception.

4. Unscheduled & Unwell Sleeping Procedure (4–6 Age Group)

While routine naps are not part of the school day, a child may occasionally fall asleep unexpectedly due to acute illness, physical exhaustion, or emotional distress. Staff must follow strict procedures to protect the child's health, safety, and airway.

Step 1: Immediate Triage & Emergency Assessment

- Emergency Check: If a child appears lethargic, unusually pale, or shows signs of respiratory distress, staff must act immediately, administer First Aid, and call 999 and contact the parents.
- Outerwear Removal: Immediately remove heavy outer clothing (e.g., winter coats, thick cardigans with zips/buttons, hats, or scarves). Outerwear must never be worn while sleeping to prevent overheating.
- IHCP Cross-Reference: If the child has a known health condition (e.g., Asthma, Diabetes, Epilepsy, Anaphylaxis, Heart Condition), staff must immediately retrieve their Individual Healthcare Plan (IHCP) to check for condition-specific triggers or emergency care protocols alongside standard monitoring.

Step 2: Safe Sleep Surface & Risk Assessment

- Approved Surfaces: Move the child onto a firm, flat, clean PE or medical mat fitted with a designated clean sheet. Equipment must be cleanable, waterproof, and meet British Safety Standards.
- Prohibited Items: Children must never be allowed to sleep on sofas, beanbags, soft cushions, propped chairs, or in inclined positions due to the severe risk of airway compromise.
- Positioning & Environment: Place the child flat on their back. Conduct an immediate physical sweep of the 1-meter radius around the sleeping mat to clear loose toys, blind cords, hard furniture edges, or plastic bags.
- Bedding & Temperature: If a light blanket is required, place it loosely across the child's chest level. Ensure no blankets or items cover the face. Maintain room temperature between 16°C and 20°C where controllable. Do not position the sleep space adjacent to direct sunlight or radiators.

Step 3: Continuous Active Supervision & Physical Checks

- Direct Supervision: Sleeping children must never be left unsupervised. A qualified member of staff must maintain direct, continuous sight and hearing of the child at all times.
- 10-Minute Physical Checks: Every 10 minutes, the supervising staff member must physically check and log:
    - Breathing & Airway: Visually verify the clear rise and fall of the chest and confirm the face and head remain fully uncovered.
    - Thermal Check: Touch the skin on the back of the neck or chest (it should feel warm, not hot, clammy, or sweaty). Do not rely on hands or feet to gauge temperature.

Step 4: Parent & Carer Escalation

- Illness/Unwell Contact: If a child has fallen asleep due to suspected sudden illness, fever, or pain, contact parents/carers immediately for early collection.
- General Fatigue: If the child rests briefly due to temporary tiredness and wakes up fully alert, details must be logged and shared with parents/carers at the end of the school day.

See Appendix 2 for poster to be displayed in classrooms.

Unscheduled Sleep Physical Monitoring Log

Child Name	Date	Time Asleep	Room Temp (∘C)	Check Time (Every 10 mins)	Breathing & Face Clear?	Thermal Check (Neck/Chest)	IHCP Checked? (Y/N)	Staff Initials
Example: John D	01/09/26	11:00am	17°C	11.10am 11.20am	Y	Normal	Y	ME

7. Safeguarding, Ratios & Training

- **Supervision Ratios:** Staffing arrangements always ensure children are adequately supervised and within direct sight and hearing of qualified staff members at all times.
- **Staff Qualifications & Induction:** All Early Years staff receive mandatory induction training covering health and safety, safeguarding, emergency evacuation, and recognizing signs of silent airway obstruction/lethargy. All EYFS staff are qualified in Paediatric First Aid.

8. Monitoring & Governance

This policy will be reviewed and approved by the Governing Board on an annual basis to maintain strict compliance with EYFS framework updates and Ofsted inspection standards.

Appendix 1. List of statutory policies and procedures for the EYFS

Statutory policy or procedure for the EYFS

Safeguarding Policy and Procedures: See *Child Protection and Safeguarding Policy*.

Procedure for Responding to Illness: See *Health and Safety Policy* and *Unscheduled & Unwell Sleeping Procedure*.

Administering Medicines Policy: See *Supporting Pupils with Medical Conditions Policy* (and Individual Healthcare Plans / IHCPs).

Emergency Evacuation Procedure: See *Health and Safety Policy*.

Procedure for Checking the Identity of Visitors: See *Child Protection and Safeguarding Policy*.

Procedures for a Parent Failing to Collect a Child and for Missing Children: See *Child Protection and Safeguarding Policy*.

Procedure for Dealing with Concerns and Complaints: See *Complaints Policy*.

First Aid and Incident Reporting Procedure: See *First Aid Policy* and *Medical Tracker Protocols*.

Risk Assessment and Environment Safety Procedure: See *Health and Safety Policy*.

Appendix 2. Emergency Medical Escalation Flowchart

EMERGENCY FIRST AID PROTOCOL & FLOWCHART

Unresponsive, Unwell, or Collapsed Child Procedure

STEP 1: IMMEDIATE ASSESSMENT

- Child found unresponsive, unusually pale, or struggling to breathe.

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STEP 2: ROUSE & RESPOND

Attempt to rouse child (call name clearly, gently touch/shake shoulders).

Did the child respond normally?

✔ YES (Responsive)
Follow Standard Unscheduled Sleep Monitoring (Section 4). Monitor regularly.

✖ NO (Unresponsive / Severely Unwell)
CHILD IS UNRESPONSIVE OR SEVERELY UNWELL. Proceed immediately to Step 3.

Follow Unresponsive Protocol (NO Path)

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STEP 3: CALL FOR HELP & EMERGENCY SERVICES

- Shout for nearby Paediatric First Aider immediately.
- Call 999 for Emergency Ambulance Services.
- Send a designated staff member to notify Senior Leadership / Reception.

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STEP 4: AIRWAY & BREATHING ASSESSMENT

- Open airway using head tilt and chin lift manoeuvre.
- Look, listen, and feel for breathing for up to 10 seconds.

▼ NOT BREATHING NORMALLY (Cardiac / Respiratory Arrest)

- Begin Paediatric CPR:
  - 5 initial rescue breaths
  - Followed by 30:2 ratio (compressions : breaths).
- Send staff member immediately to fetch school AED (Defibrillator).
- Continue CPR until medical help arrives or child shows clear signs of life.

▼ BREATHING NORMALLY (Recovery Position)

- Place child in Recovery Position to maintain an open airway.
- Clear surrounding area of any hazards or obstacles.
- Keep child warm (do NOT overheat).
- Re-assess breathing continuously (every minute) until emergency help arrives.

Parallel Escalation & Follow-up

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STEP 5: PARENT & LEADERSHIP ESCALATION

- Contact parents / carers immediately with factual updates.
- Check Individual Healthcare Plan (IHCP) for vital medical background & allergies.
- Inform Headteacher / Designated Safeguarding Lead (DSL).

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STEP 6: POST-INCIDENT REPORTING & STATUTORY COMPLIANCE

- Document event in detail on Medical Tracker / Accident Record immediately.
- Notify RIDDOR (HSE) and Ofsted if required by statutory welfare framework regulations.

Appendix 3. Unscheduled Sleep Physical Monitoring Log

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