

RISK ASSESSMENT ACTION PLAN – SAFE REST PRACTICES

The Education and Care Services National Law requires services to ‘ensure that a risk assessment is conducted to identify potential emergencies that are relevant to the service’ (Section 97 (2) and ensure that every reasonable precaution is taken to protect children... from harm and from any hazard likely to cause injury (Section 167). Taking precautions involves carrying out risk assessments within your service to assess the risks and plan how to manage them.

Working in conjunction with the *Risk Assessment Guide*, this Risk Assessment Action Plan assists to ensure safe sleep and rest practices are implemented for all children at our service. Risk assessments should involve nominated supervisors, educators, anyone who has a duty of care for those in the service.

IN CASE OF EMERGENCY DIAL 000								
SERVICE DETAILS IN CASE OF AN EMERGENCY								
Service Name	Prospect Primary School OSHC		Phone Number	0456966460		Email Address	prospect.oshc@schools.sa.edu.au	
Physical Address	27 Gladstone Road, Prospect SA 5082					Nearest Cross Street	Olive Street and Braund Road	
Nominated supervisor name	Rae-Muree McNaughton		Total number of staff in attendance each day	12-15 average		Number of children attending each day	See Below table for average	
Number of children in attendance each day		Mon	Tue	Wed	Thur	Fri	Sat	Sun
	BSC	31	40	35	34	35	0	0
	ASC	90	99	92	105	90	0	0
	VAC	55	80	63	80	55	0	0

The risk assessment will be reviewed at least annually or after becoming aware of an incident or circumstance where the health, safety or wellbeing of children during sleep or rest may be compromised. All risk assessments will be regularly assessed and evaluated to facilitate continuous improvement in our service.

If a risk concerning a child's safety during sleep or rest is identified during the risk assessment, the approved provider must update the *Rest Time Policy* and Procedure as soon as possible. The risk assessment must be stored safely and securely and kept for a period of 3 years.

EMERGENCY SITUATION RISK ASSESSMENT STEPS – Refer to the *Risk Assessment Guide*

STEP 1	Identify the hazard or potential hazard. Use <i>Guiding Questions</i> to be aware of potential risks.
STEP 2	Assessing the risk of harm or potential harm. <i>Likelihood and Consequences</i> .
STEP 3	Risk Rating Matrix
STEP 4	Risk Assessment Action Plan
STEP 5	Evaluate and Review

STEP 1: GUIDING QUESTIONS	YES	NO	ACTION REQUIRED
Does the service have in place a policies and procedures for providing safe sleep and rest practices (Reg. 84A)? [<i>Rest Time Policy</i>]	✓		
Has the <i>Rest Time Policy</i> been reviewed and updated on an annual basis?	✓		
Have staff and families been involved in the review of the <i>Rest Time Policy</i> ?	✓		

Is information regarding the <i>Rest Time Policy</i> and related procedures available to new and existing staff through the induction and orientation program or staff handbook?	✓		
Is information shared with parents and families about safe sleep and rest practices?	✓		Upon request by parent or if educators are concerned they will speak to families and share information
Is information regarding the <i>Rest Time Policy</i> , and related procedures available to new families as part of the enrolment induction?	✓		Parents are informed of where to find our service policies
Is information regarding the <i>Rest Time Policy</i> available to new and existing staff, volunteers and students through the induction and orientation program or staff handbook?	✓		
Are all staff aware of the <i>Rest Time Policy</i> ?	✓		
Are risks that have been identified within this risk assessment been identified, managed and minimised to reduce harm to children?	✓		
Do educators take into consideration the age and developmental stage when planning sleep and rest needs of individual children?	✓		Yes, this usually occurs with new receptions and when children are ill.
Are appropriate opportunities to meet each child's need for sleep, rest and relaxation including providing children with comfortable spaces away from the main activity area for relaxation and quiet activities provided?	✓		
Do educators create a relaxing environment for resting children by playing relaxation music, reading stories, cultural reflection, dimming lighting, and ensuring children are comfortably clothed?	✓		
Do educators consider individual children's health care needs when planning rest?	✓		

Is adequate supervision and educator ratios maintained throughout the sleep/rest period?	✓		
Are educators within sight and hearing distance of sleeping and resting children so they can easily monitor a child's breathing and the colour of their skin?	✓		
Do educators ensure children who are sleeping or resting have their face uncovered at all times?	✓		
Is consideration provided to the location and arrangement of sleep and rest areas?	✓		
OSHC services must ensure bassinets are not stored or used within the Service (Reg 84D)		✓	Not applicable as we do not have bassinets
Does the risk assessment consider risks and potential hazards in the sleep and rest areas?	✓		
Does the risk assessment consider risks and potential hazards for a child during sleep and rest periods?	✓		
Is the sleep and rest environment safe and free from hazards including cigarette and tobacco smoke?	✓		Not permitted on site
Are areas for sleep and rest are well ventilated and have natural lighting?	✓		
Is there sufficient lighting to allow supervision and to physically check children's breathing, lip and skin colour?	✓		
Hazards that may pose a risk of suffocation, choking, crushing or strangulation to children have been removed from the sleep and rest environment?	✓		
Has the risk assessment been reviewed annually?	✓		
Is the risk assessment reviewed following an incident or circumstance where the health, safety or wellbeing of children may be compromised?		✓	Not at this time but would be if an event occurred

SLEEP AND REST		STRATEGIES	ACTION REQUIRED
1	The age, developmental stage and individual needs of the child	Allow children quiet time to rest, if they fall asleep they are made comfortable and moved away from the centre of the room. Having the areas split in age year levels supports the younger students need for rest as they are the most likely to require sleep, particularly when they first start school.	Continue monitoring the rest needs of our children and offering rest spaces
2	The sleep and rest needs of children being educated and cared for (including health care needs, cultural preferences, sleep and rest needs of individual children and requests from families about a child's sleep and rest	Keeping lines of communication open with our families for their child's specific needs.	
3	The suitability of staffing arrangements to adequately supervise and monitor children during sleep and rest periods	All areas operate at ratio or above and Leadership is there to support supervision requirements	
4	The level of knowledge and training of staff supervising children during sleep and rest periods	Educators are made aware of monitoring of any physical changes of children who are resting or sleeping when unwell. This is discussed as a team and during First Aid training.	An Educator on all shifts must have HLTAID 12
5	The location of sleep and rest areas, including the arrangement of cots and beds within the sleep and rest areas	Not required. We do have some cushions and blankets available	

6	The safety and suitability of any beds and bedding equipment, having regard to the ages and developmental stages of the children who will use the bed and bedding equipment	Cushions and blankets are available for children to use if they would like to rest or sleep, children are placed in a quieter area of a room or isolated if unwell. But regularly monitored.	
7	any potential hazards		
i	in sleep and rest areas	Other children playing, child covering their head	Children are asked to leave people to rest and blanket is moved away from child's face
ii	on a child during sleep and rest periods	Too much clothing on if they are unwell with a fever	Remove top layer clothing and continue to monitor and isolate and call parents to collect
8	The physical safety and suitability of sleep and rest environments (including temperature, lighting and ventilation)	All areas have adequate supervision and equipment to make a child comfortable as well as having adequate lighting and ventilation with open doors or windows	

STEP 2: ASSESSING THE LIKELIHOOD		ASSESSING THE CONSEQUENCES	
Almost certain	Has occurred on an annual basis (or more frequently) in the past	Critical	Extreme risk. Death or permanent disability or multiple serious injuries. Loss of or catastrophic damage to premises. Risk needs careful planning and consideration required before going ahead-consultation and guidance required-policies/procedures/external professionals (RFS, SES)
Likely	Has occurred in the past few years	Major	High risk. Complete a risk assessment and consider if risk is worth accepting. Serious long-term injury or illness could occur.
Possible	May occur at some stage (has occurred at least once in the history of the Service)	Moderate	Medium risk. Deal with the hazard as soon as possible. Complete risk assessment to implement control measures to manage and reduce risk. Medical attention may be required.
Unlikely	Has never occurred within the Service but has been known to infrequently occur in similar early education and care services in the local geographic area	Minor	Low risk. Deal with the hazard when able-implement effective control measures to reduce risk. First aid may be required. Minor damage to premises. Unlikely to cause long-term problems.
Practically impossible	It is not known to have occurred in any similar early education and care service within the local geographic area	Insignificant	Very low risk. Deal with the hazard when able. No first aid required. No interruption to general operations. Damage to premises unlikely.

STEP 3: RISK RATING MATRIX. Use the Risk Score Matrix to identify and assess risks. Record the Risk Ranking within the Risk Assessment below

		CONSEQUENCE LEVEL				
		Critical	Major	Moderate	Minor	Insignificant
LIKELIHOOD	Almost Certain	Extreme	Extreme	Extreme	High	Medium
	Likely	Extreme	Extreme	High	Medium	Medium
	Possible	Extreme	High	Medium	Medium	Low
	Unlikely	High	Medium	Medium	Low	Very Low
	Practically Impossible	Medium	Medium	Low	Very Low	Very Low

STEP 4: RISK ASSESSMENT ACTION PLAN – Management of risks and potential hazards for sleep and rest areas

ITEM	EVENT OR ACTIVITY	HAZARD IDENTIFICATION (What could go wrong?)	RISK RANKING (use matrix)	ELIMINATION OR CONTROL MEASURES	RESPONSIBILITY	
					WHO	WHEN
1	Resting/ sleeping on the floor	Another child could tread on them	Medium	If a child is resting or asleep they will be moved to a safe space away from the centre of the room	Educators	At all times
2	Child could become more unwell	Child could develop a fever or show signs of medical distress	High	Monitor the child, contact parents to collect and provide first aid if required	Educators	At all times
3	Child covers their face/ suffocation	Child could suffocate	Medium	Child would be monitored and have item removed from face	Educators	At all times
3	Child on couch asleep or unwell and rolls off	Child could sustain a fall and hurt themselves	Medium	Child would be monitored if in this space and likely to be isolated from other children due to being unwell. Child would be monitored regularly and by dual staff for their safety	Educators	At all times

STEP 5: EVALUATE AND REVIEW						
THIS SLEEP AND REST RISK ASSESSMENT HAS BEEN DEVELOPED IN CONSULTATION WITH MANAGEMENT OF THE SERVICE						
Plan prepared by	Full Name	Rae-Muree McNaughton	Role/Position	OSHC Director		
Plan prepared in consultation with	Full Name	Georgia Sinclair	Role/Position	OSHC Assistant Director		
Communicated to all relevant staff	Y / N	Comment if needed				
Approved provider authority	Full Name	Rebecca Pears	position	Principal	Date	Oct 2025
Risk assessment evaluation and review date Monitor the effectiveness of the controls and change if necessary	Date	June 2026	Actions required			
Comments						