

Safe Sleep

Facilitator Guide

TN Department of Children's Services | CHDE3076 | Ver. 23.4



Curriculum Information

- Training Credit: 1 hour
- This curriculum was developed by the State of Tennessee Office of Training and Professional Development.
- Staff will also have a demonstration and opportunity to practice assembling a Pack 'n' Play when they complete their Child Passenger Safety Seat installation training.
- Staff may receive T4T credit for this course by:
 - o Attending the course T4T offering -- OR --
 - Attending an offering of the course taught by another trainer & debriefing with that trainer.

This curriculum was developed by the Tennessee Department of Children's Services with federal funds. It is available to use in part or in whole free of charge. Suggested citation:

OTPD. (2023). Safe Sleep Tennessee Department of Children's Services.

Competencies

- Participants will understand the importance of Safe Sleep practices
- Participants will recognize the ABC's of Safe Sleep
- Participants will differentiate between unsafe sleep positions and environments and Safe Sleep positions and environments
- Participants will be familiar with the Protocol for Safe Sleep Education and Delivery of Safe Sleep Furniture
- Participants will understand the process for accessing and replenishing Safe Sleep furniture
- Participants will be able to assemble Pack 'n' Play Safe Sleep furniture

Materials Checklist

Materials needed for this curriculum
 □ Protocol for Safe Sleep Education and Delivery of Safe Sleep Furniture
 □ Safe Sleep Assessment Form CS-1209
 □ Video link: https://www.youtube.com/watch?v=RF98bY8eiUo
 □ Video link: https://www.youtube.com/watch?v=liBWGHIUKNw&t=1s
 Class materials:
 □ Laptop & projector

Agenda

Unit 1	Why Safe Sleep?	15 minutes
Unit 2	The Principles of Safe Sleep	15 minutes
Unit 3	Protocol for Safe Sleep Education and Delivery of Safe	20 minutes
	Sleep Furniture	
Unit 4	Safe Sleep Resources	5 minutes
Unit 5	Pack 'n' Play assembly	5 minutes
Unit 6	Closing	

Unit 1: Why Safe Sleep?

Unit Time: 15 minutes

Learning Objectives:

Participants will

 Understand the prevalence, trends, and factors related to sleep related infant deaths



Lesson 1.1: Introduction

Lesson Time: 5 minutes

Key Teaching Points / Instructions

WELCOME participants to the class. **INTRODUCE** yourself to the group and share information about your previous experiences working with children and families from the child welfare system.

REVIEW training Objectives. **ASK** if there are any questions.



Lesson 1.2: Why Safe Sleep?

Lesson Time: 10 minutes

Key Teaching Points / Instructions

- **ASK** What do you know about Safe Sleep for infants?" Review the answers given and acknowledge participants for their contributions.
- **STATE** Sleep-related deaths for infants are preventable and this is a public health priority for

Reduce Risk

- "Sleep-related causes of infant death" are those linked to how or where a baby sleeps or slept. These deaths are due to accidental causes, such as suffocation, entrapment, or strangulation.
- Entrapment is when the baby gets trapped between two objects, such as a mattress and a wall, and can't breathe. Strangulation is when something presses on or wraps around the baby's neck, blocking the baby's airway.
- These deaths are not SIDS.
- Sleep related deaths are preventable
- Education is a key to reducing risk.



the State of Tennessee. The American Academy of Pediatrics makes a number of recommendations for Safe Sleep practices.

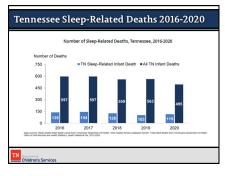
- **SHARE** the following information with the group:
 - The American Academy of Pediatrics (AAP) first released its recommendations in 1992 for infants to be placed for sleep in a non-prone position (not on stomach or side) in order to prevent the increase of infant death by SIDS.
 - Studies show that 90 percent of SIDS deaths occur before the infant reaches the age of 6 months.
 - o Unfortunately, even after the AAP recommendations were made,
 - infant sleep related death numbers continued to rise. Therefore, the American Academy of Pediatrics has since expanded its recommendations from being only SIDS-focused to focusing on a Safe Sleep environment that can reduce the risk of ALL infant sleep-related deaths.
 - Since the AAP's last publication in 2005, sleep-related infant deaths including suffocation, asphyxia, and entrapment; along with ill-defined or unspecified causes of death have slowly continued to decline.
- REVIEW the Infant Mortality Trends from 2016-2020 using the PowerPoint graphs from the Tennessee Department of Health. EMPHASIZE these key points:
- Number of Deaths ——Th Milk ——138 MR Deaths per 1000 Live Births ——138 MR Deaths ——138 MR Deaths per 1000 Live Births ——138 MR Deaths ——138 MR De

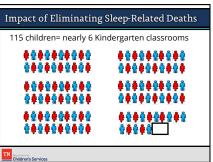
Infant Mortality Trends 2016-2020

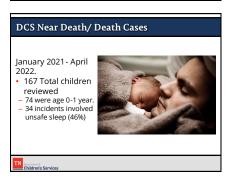
- "Infant mortality" refers to the death of a baby before he or she reaches his or her first birthday
- The "infant mortality rate" is the number of infant deaths per 1,000 live births.
- As shown in the graph, there is a downward trend in infant mortality since 2016 when the Safe Sleep Initiative was set into motion. NOTE the infant mortality rate in Tennessee has been declining steadily over the past few

years. The infant mortality rate in Tennessee (shown in orange) is still higher than the national infant mortality rate (shown in blue).

- **REVIEW** Sleep Related Infants Deaths in Tennessee 2016-2020. **ASK** participants to share any thoughts or feedback on the slides.
- **REVIEW** The Impact of Eliminating Sleep Related Deaths and share the following information:
 - The majority of sleep related deaths are preventable. There are steps we can take to reduce the risk of a sleep related death.
 - If all of the preventable sleep related deaths from 2020 were eliminated, this would lower the infant mortality rate in Tennessee to 5.3.
 - The slide provides a visual representation of how many 115 deaths are. It is the equivalent of around 6 kindergarten classrooms.
- **STATE** in Tennessee we have a Safety Analysis Team who reviews near death/child death cases.
 - Data from the Safety Analysis Team shows cases where Safe Sleep was a factor at the time of death although the cause of death may have been for other reasons.
 - As of January 2021- April 2022, a total of 167 children reviewed
 - 74 were age 0-1 year
 - 34 incidents involved unsafe sleep (46%)
 - o This shows the importance of providing Safe Sleep education and furniture and the impact this may have on preventable deaths.
- **ASK** participants "What are some factors that you believe contribute to sleep related infant deaths?" Review the answers given and acknowledge participants Contributing Factors in Sleep-Related for their contributions.
- **REVIEW** the Contributing Factors in Tennessee Sleep-Related Deaths Graph and discuss the contributing factors to sleep-related deaths. **STATE** that this information was taken from the Tennessee Child Fatality Review, 2020. EXPLAIN







Deaths, Tennessee, 2020

they have found that there are specific factors that contribute to sleep-related infant deaths.

- REVIEW the factors listed on the slide:
 - Bedding and/or toys in the babies sleep area (86%)
 - Baby not sleeping in a crib or bassinette (69% of deaths)
 - Baby sleeping with other people (58% of deaths)
 - o Baby not sleeping on back (56%).
- REVIEW Other Sleep Practices regarding why caregivers might promote room sharing and bed sharing.
 - o Room share—keep baby's sleep area in the same room where you sleep for the first 6 months or, ideally, for the first year. Place your baby's crib, bassinet, portable crib, or play yard in your bedroom, close to your bed. The AAP recommends room sharing because it can decrease the risk of SIDS by as much as 50% and is



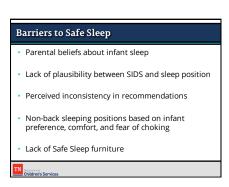
you to feed, comfort, and watch your baby.
 ASK participants "What are some barriers you think could get in the way of a caregiver implementing safe sleep practices?" Review the answers and

much safer than bed sharing. In addition, room sharing will make it easier for

- **REVIEW** the following barriers to safe sleep including:
 - Parental belief about infant sleep
 - Lack of plausibility between SIDs and sleep positions
 - o Perceived inconsistency in recommendations

acknowledge participants for their contributions.

- Non-back sleeping positions based on infant preference, comfort, and fear of choking
- o Lack of safe sleep furniture.
- ENCOURAGE a discussion about how culture and how the parents or caregivers were raised can impact their view of safe sleep practices.
- **TRANSITION** to unit 2 by stating we will now discuss how to reduce the risk of Infant Sleep-Related Deaths.



Unit 2: The Principles of Safe Sleep

Unit Time: 15 minutes

Learning Objectives:

Participants will

- Participants will understand the importance of Safe Sleep practices
- Participants will recognize the ABC's of Safe Sleep
- Participants will differentiate between unsafe sleep positions and environments and Safe Sleep positions and environments
- Participants will be familiar with the Protocol for Safe Sleep Education

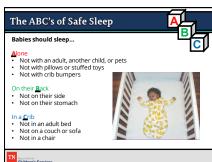
Supporting Materials:

Video- https://www.youtube.com/watch?v=RF98bY8eiUo

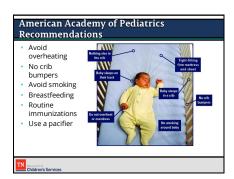
Lesson 2.1: ABCs of Safe Sleep

Lesson Time: 5 minutes

- **STATE** "Let's look at the ABC's of Safe Sleep:
 - It is important to ensure that infants sleep
 ALONE. They can room share, but not bedshare
 - It is equally important to ensure that nothing is in the infants sleep area.
 - Cribs should be free of pillows, bumpers, stuffed toys, extra blankets or anything that could accidentally cover the infants face and suffocate them. Even younger babies, who can't roll on purpose, can manage to roll closer to stuffed animals, etc. And while older babies have the muscle strength, they may be in a deep sleep and not awaken.



- Always place babies on their **BACKS** to sleep at night and at nap time. Until their first birthday, babies should sleep on their backs for all sleep times.
- We know babies who sleep on their backs are much less likely to die of Sudden Infant Death Syndrome (SIDS) than babies who sleep on their stomachs or sides. The problem with the side position is that the baby can roll more easily onto the stomach.
- Babies should always sleep in a CRIB. The safest place for a baby is in the same room as the parents but alone in a separate sleep area. Use a crib or bassinet for naps and at night. Do not place babies to sleep in or on adult beds, couches, chairs, car seats, swings, and infant carriers for naps or at night.
- STATE other recommendations made by the AAP that can contribute to Safe Sleep for infants include:
 - Avoid letting your baby overheat during the night. A baby should be dressed lightly for sleep. Set the room temperature in a range that is comfortable for a lightly clothed adult.



- Do not use crib bumpers. These do not reduce injuries and can cause suffocation.
- Avoid smoking. Both maternal smoking during pregnancy and secondhand smoke after birth should be avoided. There are chemicals that can increase the risk of SIDS found in cigarette smoke. It is best not to smoke around the child at all and definitely not in the home or car where an infant lives or is transported. If a caregiver smokes outside the home, recommend they wear a shirt that is removed prior to coming back into the house. RECOMMEND they also wash their hands thoroughly before touching the infant.
- Breastfeeding is recommended for at least the first six months of life. Breastfeeding is associated with a reduced risk of SIDS.
- o Room-sharing without bed-sharing
- Routine immunizations
- o Consideration of a pacifier, as it prevents the baby from sleeping too deeply.
- SHARE Safe Sleep for Babies Act of 2021and this bill makes it unlawful to manufacture, sell, or distribute crib bumpers or inclined sleepers for infants. Specifically, inclined sleepers for infants are those designed for an infant up to one year old and have an inclined sleep surface of greater than 10

degrees. Crib bumpers generally are padded materials inserted around the inside of a crib and intended to prevent the crib occupant from becoming trapped in any part of the crib's openings; they do not include unpadded, mesh crib liners.

Lesson 2.2: Safe Sleep Position

Lesson Time: 5 minutes

Key Teaching Points / Instructions

- SHOW Safe Sleep position and ASK which position shows safe infant sleep? Based on the information we have discussed so far, which position is the correct position for safe infant sleep? Invite responses and review participant's answers.
 - o **STATE** the answer is the baby on the left.
- **CONTINUE** to the next slide and point out that if a baby is lying on its stomach
 - and then the baby vomits or spits up, gravity might pull food down into the windpipe (trachea), causing the baby to aspirate or choke. **EMPHASIZE** the baby on its back and the position
 - **EMPHASIZE** the baby on its back and the position of the Esophagus and Trachea. Point out that if the baby vomits or spits up while on its back, gravity might keep food from going into the windpipe (trachea), making it less likely for the baby to aspirate or choke.
- STATE Once an infant can roll over on its own and move its head, they may sleep in the position that is most comfortable for them.
- SHOW Video: Safe Sleep Practices: Why babies don't choke on their backs

https://www.youtube.com/watch?v=RF98bY8eiUo







 REVIEW the ABC's of Safe Sleep once again with participants: Babies should sleep <u>A</u>lone, on their <u>B</u>ack, in a <u>C</u>rib!

Lesson 2.3: Safe Sleep Environments

Lesson Time: 5 minutes

Key Teaching Points / Instructions

- REVIEW Unsafe Places for Babies to Sleep. STATE
 Couches, chairs, recliners, waterbeds, infant
 chairs, car seats are not safe environments for a
 baby to sleep in (AAP recommendations, 2011).
- STATE This is one of the most shocking parts of educating caregivers because infants will often fall asleep in a car seat or baby swing. It is tempting



to just let baby sleep in these locations; however infant deaths have occurred when infants were left alone on these surfaces and not moved to a safe sleep surface. Deaths from these devices were caused from strangulation from straps or suffocation from padding.

- NOTE If a baby is in a device such as a car seat, swing, or baby seat, never leave them unstrapped or partially strapped.
- **REVIEW** Safe Places for Baby to Sleep including:
 - Firm crib mattresses are the safest places for babies to sleep. Bassinets and pack n' plays are also safe options for babies to sleep.
 - Make sure that the crib mattress is firm and fits snuggly with no space between the mattress and the side of the crib, where the baby could become trapped.



Keep loose objects, soft toys, and bedding out of the baby's sleep area. Do
not use pillows and blankets in a baby's sleeping area. A baby should sleep in
a crib with only a tight-fitting sheet.

- **STATE** never smoke around a baby. There are chemicals that can increase the risk of SIDS found in cigarette smoke.
- **STATE** it is best not to smoke around the child at all and definitely not in the home or car where an infant lives or is transported.
- **STATE** if a caregiver smokes outside the home, recommend they wear a shirt that is removed prior to coming back into the house. **RECOMMEND** they also wash their hands thoroughly before touching the infant.
- **LASTLY, REFERENCE** the Safe Sleep Assessment Form CS-1209. **SHARE** It is a not a required document; however, this form can be very helpful for staff getting adjusted to assessing Safe Sleep. It is a useful tool that covers the areas of safety and risk. **INFORM** It is not required to be completed, so as assessment skills enhance, then filling out the tool becomes an optional support that is useful for capturing documentation of the worker's assessment.

Unit 3: Protocol for Safe Sleep Education and Delivery of Safe Sleep Furniture

Unit Time: 15 minutes

Learning Objectives:

Participants will

- Participants will become familiar with the Protocol for Safe Sleep Education and Delivery of Safe Sleep Furniture
- Participants will understand their role in assessing for and providing safe sleep furniture for families served by the Department of Children's Services
- Participants will understand the process for accessing and replenishing Safe
 Sleep furniture

Supporting Materials:

Protocol for Safe Sleep Education and Delivery of Safe Sleep Furniture

Lesson 3.1: Identifying Infants needing Safe Sleep Furniture

Lesson Time: 5 minutes

- REFER participants to the Protocol for Safe Sleep Education and Delivery of Safe Sleep Furniture and SHOW/REVIEW key components of the protocol including:
 - o **Protocol Statement:** The Department of Children's Services (DCS) is committed to improving the health of the community and to ensure that every infant known to the Department, age 0–12 months, has the following:



- Primary caregivers educated on safe sleep; and
- Safe sleep furniture.
- **Note:** Safe Sleep Furniture is defined as a crib, bassinet, or pack-n-play.
- Purpose: To best ensure infants are placed safely to sleep, the Department educates caregivers on the "ABC's of Safe Sleep" and provides safe sleep furniture to any family served by the Department who is in need of this furniture.
 - All DCS employees are responsible for identifying infants in need of safe sleep furniture.
- **ASK** participants the following questions:
 - o Who is responsible for providing Safe Sleep Furniture?
 - How quickly does this need to be provided?
 - o **REVIEW** the correct answers and thank participants for their responses.
- ASK participants the following questions:
 - How does the family access Safe Sleep Furniture?
 - o Who sets up the Safe Sleep Furniture and checks it is in place?
 - o How is Safe Sleep Furniture accessed out of hours?
 - o **REVIEW** the correct answers and thank participants for their responses.

Lesson 3.2: Accessing and Replenishing Safe Sleep Furniture

Lesson Time: 5 minutes

- REVIEW key components of the Protocol for Safe Sleep Education and Delivery
 of Safe Sleep Furniture related to accessing and replenishing safe sleep
 furniture.
 - ASK participants to answer the following questions:
 - Who is responsible for maintaining a supply of Safe Sleep Furniture?
 - How many Pack 'n' Plays will be held in each Region or County?
 - o What happens to the Safe Sleep Furniture if a child moves?
 - Who authorizes the purchase of Pack 'n' Plays and how are they replenished?

• **REVIEW** the correct answers and thank participants for their responses.

Lesson 3.3: Safe Sleep Education

Lesson Time: 5 minutes

Key Teaching Points / Instructions

- **REVIEW** key components of the Protocol for Safe Sleep Education and Delivery of Safe Sleep Furniture related to Safe Sleep Education.
- **ASK** participants to answer the following questions:
 - o Who provides Safe Sleep Education and who to in Non-Custodial cases?
 - o Who provides Safe Sleep Education and who to in Custodial cases?
 - How is Safe Sleep Education delivered?
- **REVIEW** the correct answers and thank participants for their responses.

Lesson 3.4: Documentation

Lesson Time: 5 minutes

- REVIEW key components of the Protocol for Safe Sleep Education and Delivery of Safe Sleep Furniture related to documentation.
 - ASK participants to answer the following questions:
 - How is Safe Sleep Education documented?
 - How is provision of Safe Sleep Furniture documented in TFACTS?
 - ASK participants to also review the example recording in the Protocol.
- ASK if there are any questions regarding the Protocol for Safe Sleep Education and Delivery of Safe Sleep Furniture. ANSWER any questions.



- REMIND participants of the importance of having a safe sleep surface for all sleeps.
- STATE "Don't let just this one time turn into babies last time."

Unit 4: Safe Sleep Resources

Unit Time: 5 minutes

Learning Objectives:

 Participants will be aware of available safe sleep resources and how to access them.

Supporting Materials:

Safe Sleep website http://safesleep.tn.gov

Lesson 4.1: Safe Sleep Resources

Lesson Time: 5 minutes

- STATE Safe Sleep resource packets will be available at each DCS office for staff to provide to families with children one year old and younger.
- **REFER** participants to the Safe Sleep website http://safesleep.tn.gov for additional information.
- **REMIND** participants that they play a vital role in providing safe sleep education.





Unit 5: Pack 'n' Play Assembly

Unit Time: 15 minutes

Learning Objectives:

Participants will

• Participants will be able to assemble Pack 'n' Play Safe Sleep furniture

Supporting Materials:

- Video https://www.youtube.com/watch?v=liBWGHIUKNw&t=1s
- Pack' N' Play

Lesson 5.1: Pack 'n' Play assembly

Lesson Time: 5 minutes

- SHOW the Pack 'N Play video (1:35 minutes) Link: https://www.youtube.com/watch?v=liBWGHIUKNw&t=1s
- INFORM participants they will have an opportunity to practice assembling a Pack 'n' Play when they compete the Child Passenger Safety Car Seat installation training.
 - TRAINER NOTE: If there is not a Pack 'n' Play available the video can be shown and used as the basis for the discussion below.
- **ASK** participants the following scaling questions:
 - On a scale of 1 to 10; 1 being not confident at all and 10 being very confident how would you rate your confidence at putting together a Pack 'N Play? Why would you rate yourself there? Is there anything that would help you rate yourself higher?





- On a scale of 1 to 10; 1 being not confident at all and 10 being very confident how would you rate your confidence at teaching a birth parent and/or caregiver how to put a Pack 'N Play together? Why would you rate yourself there? Is there anything that would help you rate yourself higher?
- **ASK** if they have any additional questions or concerns.

Unit 6: Closing

Supporting Materials:

- Power Point
- Course Evaluation

Lesson 6.1: Closing

- **CONCLUDE** the training by asking participants if they have any questions or concerns about using the information received in the training in their work with children and families.
- **THANK** participants for their participation and explain how they can complete the training evaluation.



References

Website Content

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