

Appendix 2 Safer Sleep Assessment Tool (1 & 2-year review)

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Baby/child's Name:

Postcode:

NHS No:

DOB:

	COMMENTS
Where did the assessment take place?	
Where does the baby/child sleep at night?	
Where did the baby/child wake up?	
Where does the baby/child sleep during the day?	
Where else does the baby/child sleep? Car seat, pram	
Did you see where baby/child sleeps at day/night (visual assessment)	
Bedtime routine-sleep hygiene discussed?	

	YES	NO	COMMENTS
Does anyone in your household or anybody who cares for baby/child smoke?			
Do you ever take your baby/child to bed with you?			
Does anyone in your household or anybody who cares for baby drink alcohol?			
Does anyone in your household or anybody who cares for baby use drugs or take medication that may make you drowsy?			
Have you or anyone in the household received support for drug or alcohol use?			
What does your baby/child sleep in? (clothes/bedding) Is this appropriate?			
Are you able to ensure room temperature stays between 16-20°C?			
Do you have a plan to manage safe sleep for your baby/child in different circumstances or in an out of routine situation? (e.g., sleeping away from home, after drinking alcohol at a party or celebration)?			

	Yes	NO	COMMENTS
Discussed risks re blind cords			
Loose cables/wires/sockets			
Discussion around toys with batteries/button batteries			
Is there a safety gate in place and age appropriate?			
Is the child able to climb on to window bottom?			
Are window locks in place?			
Discussed safe storage of medicines/cleaning products etc?			
Discussed water safety?			
Any other risks discussed?			

Analysis - What risk factors have been identified during this assessment?

Action Plan – What is your Action Plan and what are the timescales?

Completed by..... Date.....

Review by..... Date.....