

31. Biting

EYFS: 3.1, 3.2, 3.53, 3.54,

At Ridgemount Cottage Nursery School we follow a positive behaviour policy at all times. We understand that children may use certain behaviours, such as biting to communicate their feelings and needs. Biting is a common type of behaviour that some children use to help them make sense of the world around them, and to manage interactions with others. It can be triggered when they do not have the words to communicate their anger, frustration or need. It can also be used to fulfil an oral stimulation need, such as during periods of teething or developmental exploration. Sometimes biting can be due to a Special Educational Need and/or Disability.

The nursery uses the following strategies to help prevent biting:

- Individual, one-to-one and small group times so that each child is receiving positive attention
- Quiet/cosy areas for children who are feeling overwhelmed to go to
- Stories, puppets, discussion about emotions and feelings including activities and stories that help support children to recognise feelings and empathise with characters and events
- Additional resources for children who have oral stimulation needs, such as, biting rings
- Vigilant staff that know the children well and are able to identify where children need more stimulation or quiet times
- Adequate resources are provided and, where possible, more than one resource or toy is sought to minimise conflicts.

Every child is treated as an individual and we work with families to support all children's individual needs. With this in mind, it will be necessary to implement different strategies depending on the needs of the child carrying out the biting.

In the event of a child being bitten we use the following procedures.

The most relevant staff member(s) will:

- Comfort any child who has been bitten and check for any visible injury. Administer any paediatric first aid where necessary and complete an accident form once the child is settled again. If deemed appropriate the parents/carers will be informed via telephone. Staff will continue to observe the bitten area for signs of infection. For confidentiality purposes and possible conflict, we do not disclose the name of the child who has caused the bite to the parents/carers and we ask parents not to discuss this in group chats.
- Tell the child who has caused the bite in terms that they understand that biting (the behaviour and not the child) is unkind and show the child that it makes staff and the child who has been bitten sad. Utilise Gloucestershire Total Communication system to show a sad face, Change tone and say 'no biting'. Remove the child who has bitten to another area away from the incident to support the child to regulate their emotions.

- Ask the child what they can do to make the 'child that has been bitten' feel better (this could be fetching them a toy or sharing toys with them, get the cooling pack from the fridge and support with aftercare or a rub on the back etc.)
- The person who witnessed the incident form should complete the incident form to share with the parents/carers at the end of the child's session. The incident form should include details of the pre-cursor to the bite (what happened leading up to the bite).
- If a child continues to bite, carry out observations to try to distinguish a cause, e.g. tiredness or frustration utilising the ABC procedure. This will help identify any causes of the behaviour to support staff in managing this more effectively in the future.
- This must be brought to the General Manager for analysis.
- Arrange for a meeting with the child's parents/carers to develop strategies to prevent the biting behaviour. Parents/carers will be reassured that it is part of a child's development and not made to feel that it is their fault. Nursery to provide parents with the strategies used in nursery to replicate at home for a streamline approach. Nursery to also share Gloucestershire County Council's biting support sheet.
- In the event of a bite breaking the skin and to reduce the risk of infection from bacteria, give prompt treatment to both the child who has bitten and the child who has been bitten.
- The parents/carers of the child who has bitten another person should be informed at collection time; this must be handled in a sensitive and confidential manner and not discussed openly in front of other parents/carers and children. Parents/carers may ask you the name of the child who has bitten or been bit. Staff must explain that they cannot disclose this information as confidentiality must be maintained.
- Where a child may repeatedly bite and/or if they have a special educational need or disability that lends itself to increased biting, e.g. in some cases of autism where a child doesn't have the communication skills, the nursery will carry out a risk assessment.

Key messages

- Staff should acknowledge that biting incidents can cause parents a great deal of distress and worry, and staff will always need to be sensitive and supportive.
- Working in partnership with parents/carers is a key factor of any successful Behaviour Management Strategy. Staff should involve parents/carers every step of the way and explain that this should be implemented in the home as well as in the nursery.
- Staff should be aware that these are a range of triggers which can cause children to bite and should work as a team to identify these and reduce them.

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2. Potential triggers for biting

- Exploration – babies and young children explore the world around them using their senses, young children do not always know the difference between gnawing on a toy and biting someone.
- Teething – swelling gums can be painful and cause discomfort; this can be relieved by biting or chewing on something.
- Cause and effect – at around one year old, children become interested in what happens when they do something. For example, they may bang a spoon on a table and discover it makes a noise. This behaviour may be repeated and again to support their learning and development. This could be the case with biting as the child explores the reaction to biting someone.
- Attention – when children are in a situation where they feel they are not receiving enough attention biting is a quick way of becoming the centre of attention.
- Independence – toddlers are trying very hard to be independent using phrases such as “me do it” and “mine”. If a child wants a toy or wants another child to do something this could lead to a biting incident.
- Frustration – children can be frustrated by several things, such as long waiting times before or after transitions times. Wanting to do something independently, but not quite being able to manage the task. Also not having the vocabulary to express themselves clearly.

This can lead to biting as a way of dealing with this frustration.

- Environment – an environment that does not provide challenge or allows children to become uninterested can lead to displays of negative behaviour such as biting.
- Not having their needs met – children who are tired, hungry or uncomfortable may bite others as a way of expressing their emotions.

All these triggers should be considered – it could be one of these factors or a combination of them.

3. Potential strategies to support the management of biting incidents

- Staff may need to increase the supervision of a child who is biting; this does not necessarily need to be one to one. It could be during times of the day, or by simply reducing the number of large group activities provided.
- Staff should make sure a child who is biting received significant encouragement when displaying positive behaviour and avoid excessive attention following an incident.
- Staff should evaluate the routine and judge whether it is meeting the needs of the child. A good quality routine should provide experiences and activities both indoors and outdoors that have no waiting times. Whilst group activities should be for the benefit of the children and not as a holding exercise.
- Staff should plan activities which help release frustration such as physical outdoor play and malleable experiences like play dough, gloop etc

- Staff should provide cosy areas for children to relax in and activities which release tension such as splashing in water, digging in sand and using sensory equipment.

If a child or member of staff sustains a bite wound where the skin has been severely broken, arrange for urgent medical attention after initial first aid has been carried out.

In cases where a child may repeatedly bite and/or if they have a particular special educational need or disability that lends itself to increased biting, for example, in some cases of autism where a child doesn't have the communication skills, the nursery manager will carry out a risk assessment and may recommend immunisation with hepatitis B vaccine for all staff and children.

This policy was adopted on	Signed on behalf of the nursery	Date for review
<i>November 2024</i>	<i>N Hendry</i>	<i>November 2025</i>