



Supporting Biting Policy

Policy Name:	Supporting Biting Policy
Adopted By:	Louise Farrow-Brookes
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1. Policy Overview

Evidence suggests 10-25% of children will bite others at some stage within their early years development, as this is a typical stage of development for many children. We acknowledge that this can be a challenging time for the parents/carers and children of both the child that is biting and the child/children who are subjected to the incidents of biting.

This policy sets out ways to support by detailing:

- How staff can identify triggers which lead to a child biting.
- How staff can design and implement consistent strategies to reduce/eliminate biting incidents.
- How the nursery works in partnership with parents/carers of a child who bites or has been bitten.
- Gaining consent for additional support for their child.
- Effective management systems to support individual children with long term or more complex needs.

All “Manager” responsibilities and actions referred to throughout the policy would usually be undertaken by the most senior person in charge, in the absence of the Nursery Manager.

2. Roles and Responsibilities

2.1 The Behaviour Coordinator (job role within the Promoting Positive Behaviour Policy) must work in collaboration with the child, parents/carers, and Key Person to complete the Settings ABC Analysis Form (Appendix 1) for a child that persistently bites (three or more occasions). This must be in the way of face-to-face meetings after such time we see this is a new persistent behaviour.

Certain circumstances, e.g. biting for a suspected sensory need, may require the expert knowledge of the nursery SENDCo, Company SENDCo or Havering’s Area SENDCo. Practitioners (usually the key person) will request consent for this. In the event of parents/carers not giving us permission to gain additional support for their child, this will lead us to notify the Havering SEND Early Years Team about refusal of consent and we will determine whether this is a safeguarding concern.

This will support staff and parents to identify environments and/or triggers that may provoke these biting incidents and agree an effective strategy for the child. An individual Behaviour Strategy Plan (Appendix 2) should be completed if needed.

2.2 The management team must ensure that the staff team are:

- 2.2.1** Aware of the biting triggers (see section 4) and are actively working to reduce these.
- 2.2.2** Implementing the agreed behaviour management strategy consistently and effectively.
- 2.2.3** Supporting the children and parents/carers involved in any biting incidents which may take place.
- 2.2.4** Suitably first aid trained in the treatment of bites.
- 2.2.5** Provided with appropriate protective clothing when dealing with bodily fluids.
- 2.2.6** Supported and guided towards the biting training within our online training provider Noodle Now as part of each staff induction, and refreshed every two years.

3. Procedures

3.1 In the event of a biting incident

- 3.1.1** The child who has been bitten should be the priority and should be comforted and given reassurance. The child who has bitten should be supported in an age-appropriate manner, in line with the Promoting Positive Behaviour Policy and their behaviour plan if they are being supported with one.
- 3.1.2** Once the child is calm, wherever possible the bitten area should be cleaned with cool running water from the tap, or saline solution.
- 3.1.3** If the wound is bleeding, it should be covered with a sterile pad and pressure applied.
- 3.1.4** Attempted bites must be recorded on an incident form. This monitors early warning signs before behaviours escalate and helps to identify triggers so we can provide support prevention strategies.
- 3.1.5** The incident must be recorded on both children's Family account for the parents/carers of the child who has been bitten and for the parents/carers of the child who was responsible for the bite. Confidentiality must always be maintained.
- 3.1.6** If the bite has broken the skin, then a senior member of staff must advise the parents/carers to seek medical attention as soon as reasonably practicable.
- 3.1.7** In the event of an adult being bitten, the same first aid treatment must be followed, and the incident recorded on an adult accident/incident form.

4. Additional Supporting Information

When a child has been bitten and there is a clear bite mark, the child's key person or most appropriate member of staff must contact the parent/carer via telephone with support from the Manager. This is to inform the parent/carer of the incident prior to the incident form being shared via the Family app.

4.1 Potential strategies to support the management of biting incidents

- 4.1.1** Staff may need to increase the supervision of a child who is biting, when ratios allow us to do so. This does not necessarily need to be one-to-one. It could be during particular times of the day, or by simply reducing the number of large group activities provided. Staff must always assess the reason and take remedial action that supports the child, not just manage the child's behaviour.
- 4.1.2** Staff should make sure a child who is biting receives significant encouragement when displaying positive behaviour and avoid excessive attention following an incident.
- 4.1.3** 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 with minimal waiting times, depending on their stage of development. Group activities should be for the benefit of the children and not as a holding exercise.
- 4.1.4** Staff should plan activities which help release frustration such as physical outdoor play and malleable experiences like play dough, gloop etc.

4.1.5 Staff should provide cosy areas for children to relax in and activities that release tension such as splashing in water, digging in sand and sensory experiences.

If the key person, during the time frame of a child being on a behaviour plan for significant biting, notices any additional need (SEND/Health), the key person should contact the site SENDCo for advice.

Staff (ideally the key person) should assess and consider whether a chew buddy is necessary and if it would assist with the child's urge to bite. Staff should liaise with parents/carers about this and gain advice from the Behaviour/SEND Coordinator. A chew buddy must be a consistent approach for supporting the child with biting; therefore, one should be used at home and nursery.

4.2 Influencing Factors

4.2.1 There are many reasons why a child may bite as it is a typical developmental emotional phase for some children.

4.2.2 When identifying those triggers, staff should also consider potential underpinning factors/influences such as:

- Adult interaction and engagement
- Deployment of staff
- Room layout
- Routines and transitions
- Over stimulation or under stimulation and/or challenge
- Child attendance patterns
- Home life

If staff are unable to identify a trigger, they must seek support and advice from the Behaviour Coordinator or management team.

For additional support, see the company's Promoting Positive Behaviour Policy and Special Educational Needs and Disabilities Policy.

5. Appendices

Appendix	Description
1	ABC Analysis
2	Behaviour Strategy Plan

Review History

Date Approved	Reviewed By
03/01/2023	Louise Farrow-Brookes
10/02/2026	Louise Farrow-Brookes