



Biting

This policy aims to help children grow in a safe and secure environment, and to become positive, responsible and increasingly independent members of our nursery.

At The Spring Montessori we role model and praise good behaviour, as we believe that this will develop an ethos of kindness and cooperation. This policy is designed to promote good behaviour, rather than merely deter anti-social behaviour.

The nursery may work alongside outside agencies with individual children and their families to support a child's behaviour.

Statement

Biting is a common behaviour among children and can be a concern for parents and staff. Biting can often be painful and frightening for the child who has been bitten and also frightening for the child who bites. Biting happens for different reasons with different children and under different circumstances. This is part of some children's development and can be triggered when they do not yet have the words to communicate their anger, frustration or need. At The Spring Montessori we follow our positive behaviour policy to promote positive behaviour at all times.

Aim

We aim to act quickly and efficiently when dealing with any case of biting.

The nursery uses the following strategies to prevent biting: sensory activities, biting rings, adequate resources and staff who recognise when children need more stimulation or quiet times. We will treat each incident with care and patience, offering comfort to intense emotions, helping children to manage their feelings and talk about them to help resolve issues and promote understanding.

Procedure

In the event of a biting incident:-

1. The child who has been bitten will be the priority and should be comforted and given reassurance.
2. Once the child is calm, staff should check for any visual injury. If there is a bruise, a cold compress will be given to reduce any swelling.
3. If the skin is broken:
If a child or member of staff sustains a bite wound where the skin has been severely broken they may require urgent medical attention after initial first aid has been carried out. If the wound is bleeding it should be allowed to bleed as covering the wound can increase the risk of infection. In the event of a bite breaking the skin and to reduce the risk of infection from bacteria, prompt treatment may be needed for both the 'biter' and the 'bitten'.

4. If the skin is not broken (we do not want to worry parents/carers unnecessarily): A member of staff should wait 45/60 minutes and then check if there is bruising or a bite mark still present. If there is no obvious mark or bruising this can then be discussed with the parents/carers at collection time. If after 45/60 mins the bite has left the child with a bite mark or bruising or it has broken the skin then a senior member of staff should contact the parents of the child to inform them of the incident.
5. The staff member who witnessed the incident should complete an Incident Form for all children involved.
6. The Nursery Manager must be informed of all biting incidents.
7. Wherever possible the child who has bitten should have their behaviour managed by their key person and the consequence of this behaviour should be explained in a way which is appropriate to the child's age and stage of development.
 - The child who has caused the bite will be told in terms that they understand that biting (the behaviour and not the child) is unkind and will be shown that it makes staff and the child who has been bitten sad. The child will be asked to say sorry if developmentally appropriate or develop their empathy skills by giving the child who has been bitten some comfort.
 - If a child continues to bite, observations will be carried out to try to distinguish a cause, e.g. tiredness or frustration (using an ABCC chart). Meetings will be held with the child's parents to develop strategies to prevent the biting behaviour. Parents will be reassured that it is part of a child's development and not made to feel that it is their fault.
8. 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.
9. Where a child may repeatedly bite and/or if they have a particular 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 to support this policy

- Staff should acknowledge that biting incidents can cause parents a great deal of distress and worry, and staff need to be sensitive and supportive at all times.
- 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 there are a range of triggers which can cause children to bite and should work as a team to identify these and reduce them.

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 again 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 a number of 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.

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 particular times of the day, or by simply reducing the number of large group activities provided.
- Staff should make sure a child who is biting receives significant encouragement when displaying positive behaviour, and avoids receiving 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.

This policy was adopted by

_____ *(name of*

On

_____ *(date)*

Date to be reviewed

_____ *(date)*

Signed on behalf of the provider

Name of signatory

Role of signatory (e.g. chair, director or

