

Biting

EYFS: 3.1, 3.2, 3.53, 3.54,

At **Canopy Nursery** we follow the **Promoting 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.

Our procedures

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 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
- 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.



- 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, a rub on the back
- etc.) Being mindful that the child that has just been bitten may not want close contact with this child, and that they are of an age/stage to be able to do this.
- Complete an incident form to share with the parents at the end of the child's session.
- If a child continues to bite, carry out observations to try to distinguish a cause, e.g., tiredness or frustration
- Arrange for a meeting 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
- 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.

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
22/09/2021	Lucy Walker	22/09/2022