



Biting Policy

Introduction

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.

Aims:

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

Developmental reasons behind biting

Biting is a common developmental behaviour in babies and young children, especially under the age of 3. While it can be upsetting for adults and other children, it's typically not a sign of aggression or poor behaviour—but rather a form of communication or a response to developmental stages.

Here are the main developmental reasons behind biting:

Exploration and Sensory Curiosity

In infants and toddlers, biting is often part of natural exploration. Young children use their mouths to discover the world, especially before they have developed strong verbal skills.

- Similar to mouthing toys or fingers
- Helps them explore texture, pressure, and sensation
- Most common in babies around 6–12 months

Teething Pain

Teething can cause gum discomfort or irritation, and biting relieves pressure.

- Common from around 4 months to 2.5 years
- Children may bite toys, objects—or occasionally other people



- Cold teething rings or appropriate objects help soothe discomfort

Limited Communication Skills

Toddlers may bite when they struggle to express needs, wants, or emotions.

- Frustration, excitement, or anger can lead to biting
- They may bite instead of saying “no,” “mine,” or “I’m upset”
- This typically improves as speech and emotional regulation develop

Overstimulation or Frustration

Children may bite in response to sensory overload, stress, or frustration.

- Loud environments, transitions, or changes in routine can overwhelm them
- Biting is a quick way to release energy or communicate distress

Seeking Attention or Control

Some children learn that biting gets a big reaction—and may do it to gain attention or control a social situation.

- This can be reinforced if biting consistently leads to immediate attention
- Children may not fully understand the impact of their actions

Emotional Regulation Difficulties

Young children are still learning to manage big emotions.

- Biting may occur during emotional outbursts or when a child feels anxious, excited, jealous, or insecure
- This is particularly common when socialising with peers is still new or challenging

Imitation or Experimentation

Biting can be copied behaviour, especially if a child sees another do it.

- They may try it out of curiosity or to see what will happen
- Reinforcing positive behaviour and teaching empathy helps reduce this



When to Seek Further Support

While biting is usually developmental and temporary, persistent or severe biting may signal:

- Speech, sensory, or emotional regulation difficulties
- Unmet needs or underlying stressors
- The need for additional support from a SENCo or child development specialist

Preventative and environmental strategies

Understand Individual Needs and Triggers

- Observe children to identify patterns: Is biting happening during transitions, group play, or tiredness?
- Use behaviour logs to track when, where, and why incidents occur.
- Know each child's temperament, communication style, and triggers (e.g., frustration, teething, overcrowding).

Support Emotional Regulation and Communication

- Teach and model emotion words (e.g., sad, angry, excited) with visuals or Colour Monster-style tools.
- Encourage non-verbal communication tools like picture cards or signs for children with limited speech.
- Acknowledge feelings and help children express them safely:
"I can see you're feeling cross. Let's find a better way to show that."

Offer Teething and Sensory Alternatives

- Provide teething toys for babies and toddlers needing oral sensory input.
- Introduce calming spaces with textured objects, stress balls, or sensory baskets.

Promote Calm and Predictable Routines

- Maintain consistent, calm daily routines to reduce anxiety and overstimulation.
- Use visual timetables and transition cues so children know what's coming next.
- Avoid overcrowded play spaces; create defined zones with clear paths.



Encourage Positive Peer Interactions

- Use small group play to model turn-taking, sharing, and cooperation.
- Provide duplicate toys during free play to reduce conflict over high-demand items.
- Intervene early in escalating situations to prevent frustration turning into biting.

Structure the Environment Thoughtfully

- Set up well-organised, calm areas for play, rest, and exploration.
- Ensure quiet corners or retreat spaces are available for overstimulated children.
- Use low shelves and clear layouts to promote independent choice and reduce frustration.

Role Model and Reinforce Positive Behaviour

- Demonstrate gentle hands, kind words, and problem-solving during interactions.
- Praise positive behaviour: *"You waited your turn – well done!"*
- Use social stories and puppets to rehearse scenarios in a safe way.

Staff Deployment and Supervision

- Ensure high adult-to-child ratios, especially during high-risk times (e.g., transitions, group play).
- Position staff so they can observe and anticipate potential flashpoints.
- Offer extra support for children known to bite or be vulnerable to being bitten.

Involve Parents and Share Strategies

- Keep open, non-judgemental communication with families.
- Share what strategies are working in the setting.
- Encourage consistent approaches at home and at nursery.



Procedures:

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 bite mark, this should then be washed with warm soapy water and wiped with an antiseptic wipe. Staff will explain to the child what is happening and support the child as this process may be painful.

3. If the skin is broken:-

- If the wound is bleeding it should be allowed to bleed as covering the wound can increase the risk of infection.
- Staff should wear gloves when dealing with bodily fluids.
- In cases where the bite has broken the child's skin, a senior member of staff must contact the parent/carer of the child immediately. This phone call should be sensitive and give reassurance to the parent/carer and offer an explanation of the procedure which has been followed. You will need to advise the parents/carers to contact the child's GP. If the skin has been severely broken the child should be taken to Accident and Emergency immediately by staff.
- If further guidance is required staff should contact the local hospital.

4. If the skin is not broken (we do not want to worry parents/carers unnecessarily):

- 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 then the Manager 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 and Leadership 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.

8. If a child continues to bite, observations will be carried out to try to distinguish a cause, e.g. tiredness or frustration. 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.

9. 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.

10. 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 Pre-school will carry out a risk assessment.

Arrangements to Support this Policy

Key messages:

- 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 these 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's 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 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.

Equal Opportunities and Inclusion

The children and parents are actively involved in our behaviour expectations and their perceptions are explored and valued.

There are clear curriculum guidelines for children with learning difficulties and behaviour. Appropriate assistance will be provided in a variety of ways including;

- A range of learning styles
- Using pupil's ideas and motivations as a starting point for learning



- Adjusting the conceptual demand of the task as appropriate for the child.

Little Pioneers' Pre-school is fully aware of the equal opportunities legislation as it relates to behaviour policies, the Disability Discrimination Act 2005 and the Race Relations Act 1976 Amended 2000 and takes account of all special educational needs, disability, race, religion, culture and other vulnerable pupils. Staff are aware that they must make reasonable adjustments in the application of their behaviour policy according to the individual child. The school ensures that it complies with the relevant equality legislation and with the duty to promote the well-being of pupils (section 21 of the Education Act 2002, as amended by section 38 EIA 2006) and has a commitment to improving outcomes for all pupils and eliminating all forms of discrimination, harassment and bullying; as well as promoting equality of opportunity, the welfare of pupils and good relations across the whole school community. It also ensures that vulnerable pupils – such as those with special educational needs, physical or mental health needs, migrant and refugee pupils and looked-after children – receive behavioural support according to their need.

Record Keeping and Confidentiality

Record Keeping Requirements for Biting Incidents

Record incident on Arbor:

- o Date and time of the incident
- o Name of the child who bit (kept confidential from other parents)
- o Name of the child who was bitten
- o Description of the incident (location, what happened before, during, and after)
- o Action taken (first aid, comforting the child, removing from situation)
- o Staff members present or involved
- o Any witnesses (if applicable)
- o Follow-up actions (monitoring, discussions with parents, referral to SENCo if repeated)
- o Signatures of staff and manager

Injury Record / Accident Book

- o For the child who was bitten



- Record any first aid given, and ensure it matches your setting's accident procedure
- May be a separate entry to protect confidentiality

Behaviour Monitoring Log (if biting is repeated)

- Used to track patterns and triggers
- Includes frequency, context, and any support strategies implemented

Parent Communication Logs

- Record details of all discussions with parents (date, time, who spoke, summary of conversation)
- Ensure these are objective and professional

Confidentiality Guidelines

- Never disclose the identity of the other child to parents involved (e.g. do not say "your child was bitten by X" – instead say "another child").
- Store all incident forms securely and separately in individual children's files.
- Only authorised staff (e.g. key person, manager, SENCo) should access behavioural or incident records.
- If sharing information with external professionals (e.g. health visitors, SEND services), ensure written consent is obtained from parents, unless safeguarding overrides this.
- Follow GDPR and data protection laws: ensure data is stored securely, kept accurate, and retained only as long as necessary.

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