EAST DULWICH GROVE NURSERY
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BITING POLICY & PROCEDURE

Policy Statement

EDG Nursery recognises that biting can occur during early childhood, particularly amongst babies and toddlers who are still developing **language, emotional regulation, impulse control, social understanding and the ability to communicate their needs**.

Although biting can be developmentally common, EDG takes every biting incident seriously because of the potential physical and emotional impact on the child who has been bitten.

Our approach is not to shame or punish the child who bites. We will:

KEEP SAFE → CARE → UNDERSTAND → TEACH → PREVENT → REVIEW

Both children require support: **the child who has been bitten and the child who has bitten**.

1. Why Children May Bite

There is rarely one reason why a child bites.

Possible factors include:

- teething;
- oral or sensory-seeking needs;
- limited language;
- frustration;
- wanting a toy or space;
- difficulty waiting or taking turns;
- tiredness or hunger;
- excitement;
- overstimulation;
- difficulty regulating strong emotions;
- wanting interaction;
- copying or experimenting;
- crowded environments;
- changes in routine;
- anxiety or transition;
- developmental stage; or
- SEND/additional needs.

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Practitioners should avoid assuming that a young child has deliberately intended to hurt another child.

Instead ask:

> **What happened, what might the child be communicating, and what can we teach or change?**

2. Immediate Response When a Child Bites

Staff should respond **promptly, calmly and consistently**.

STEP 1 — Make everyone safe

Calmly separate the children where necessary and prevent further injury.

Avoid shouting or reacting dramatically.

STEP 2 — Attend to the child who has been bitten

The child who has been hurt should receive **immediate attention, comfort and reassurance**.

Check the injury and provide appropriate first aid.

STEP 3 — Respond to the child who has bitten

Once the immediate situation is safe, use simple, clear language:

> **"I can't let you bite. Biting hurts."**

The purpose is to establish the boundary, not shame the child.

STEP 4 — Support regulation

Both children may need help to regulate before returning to play.

STEP 5 — Teach an alternative

When the child is calm, support an appropriate alterna

"Stop."

"My turn."

"Help."

"Move please."

For younger/non-verbal children, use appropriate gestures, signs or visual communication.

STEP 6 — Record and inform

Complete EDG's required accident/incident documentation and inform both families appropriately.

3. Supporting the Child Who Has Been Bitten

The needs of the child who has been bitten must not become secondary because staff are focused on managing the child who bit.

Practitioners should:

- comfort and reassure the child;
- assess the injury;
- administer appropriate first aid;
- acknowledge their feelings;
- provide additional reassurance where required;
- help them feel safe returning to play;
- continue to monitor the bite/injury; and
- inform their parent/carer.

Staff should not pressure the child to immediately play again with the child who bit them.

4. Supporting the Child Who Has Bitten

The child who has bitten also requires appropriate support.

They must not be:

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- labelled;
- shamed;
- humiliated;
- shouted at;
- isolated as punishment;
- forced to apologise; or
- repeatedly discussed negatively in front of others.

Staff should help the child develop the skill that is currently missing.

For example:

If the child bites because they want a toy:
Teach requesting and turn-taking.

If they bite when frustrated:
Support emotional language and regulation.

If they have limited speech:
Introduce simple words, signs, gestures or visuals.

If biting appears sensory:
Provide appropriate safe oral/sensory alternatives.

If biting occurs in crowded play:
Review the environment and adult deployment.

If biting occurs when tired/hungry:
Review routines.

The question is:

> **"What does this child need us to teach, provide or change?"**

5. Strategies Practitioners Should Try

Strategies must be based on the likely reason for the behaviour rather than applying the same response to every child.

Practitioners may try:

Communication

Teach and model:

STOP → HELP → MY TURN → MORE → FINISHED → MOVE PLEASE

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Use visuals/signs where appropriate.

Turn-Taking

- support children while waiting;
- use simple language such as "Sam's turn, then your turn";
- use visual timers where developmentally appropriate;
- provide alternatives while waiting; and
- consider duplicates of highly sought-after resources.

Teething

Where appropriate and agreed with parents, ensure suitable teething resources are readily available.

Sensory Needs

Provide appropriate oral/sensory experiences where this has been identified as a need.

Environment

Consider:

- overcrowding;
- noisy areas;
- availability of resources;
- room layout;
- stimulating activities;
- quiet spaces;
- opportunities for physical activity; and
- whether children have sufficient space.

Routines

Identify whether incidents happen around:

MEALS → SLEEP → TRANSITIONS → OUTDOOR TIME → COLLECTION → WAITING

Reduce unnecessary waiting and ensure children remain meaningfully engaged.

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Adult Deployment

Position adults strategically around situations where incidents are more likely.

This is **supportive supervision**, not following the child around continually saying "don't bite".

6. Observing Patterns

Where biting happens more than occasionally, practitioners should begin monitoring:

BEFORE → BITE → AFTER

Record or consider:

- time;
- location;
- activity;
- children nearby;
- what happened immediately beforehand;
- resources involved;
- child's emotional state;
- communication;
- hunger/tiredness;
- adult positioning;
- environmental factors;
- response used; and
- what happened afterwards.

This information should be used to identify patterns and preventative strategies.

7. When to Escalate

A single developmentally typical biting incident would not usually require a formal behaviour plan or SENCO involvement.

However, concerns should be escalated to the **Room Leader** where:

- biting begins to occur repeatedly;
- several incidents occur within a short period;
- the same triggers appear repeatedly;
- another child is being repeatedly targeted;

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- injuries are becoming more significant;
- ordinary strategies are having limited impact; or
- practitioners are struggling to safely manage the behaviour.

Room Leader Review

The Room Leader should review:

PATTERN → TRIGGERS → ENVIRONMENT → ROUTINE → COMMUNICATION → DEPLOYMENT → STRATEGIES

Where appropriate, an individual biting/behaviour support plan should be introduced.

SENCO involvement

The SENCO should become involved where:

- biting is persistent despite consistent strategies;
- there are wider communication/developmental concerns;
- sensory needs are suspected;
- behaviour significantly affects the child's participation;
- additional needs may be contributing; or
- further assessment/support may be beneficial.

SEND should **not automatically be assumed because a child bites**.

Management involvement

Management should be informed where:

- biting is frequent or escalating;
- significant injury occurs;
- parents raise substantial concerns;
- agreed strategies are not being consistently implemented;
- staffing/deployment may be contributing; or
- additional professional support may need to be considered.

Urgent medical escalation

Where a bite causes significant injury, breaks the skin, involves significant bleeding or raises another medical concern, staff must follow EDG's **First Aid/Accident procedures** and advise parents regarding appropriate medical attention.

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8. Individual Support Plan

Where biting becomes persistent, a short individual plan may be developed with parents and relevant staff.

This should identify:

- known/possible triggers;
- communication needs;
- child's strengths;
- agreed adult language;
- strategies staff will use;
- environmental changes;
- sensory/teething support;
- adult deployment;
- parent strategies/home information;
- frequency/pattern of incidents; and
- review date.

All staff working with the child must know the agreed approach.

Consistency is essential.

9. Staff Deployment

Repeated biting should always prompt consideration of adult deployment.

It is not sufficient to repeatedly state:

"They're very quick."

If staff know that a child is currently biting frequently, the team should **anticipate situations where additional support may be required**.

Room Leaders should ensure:

- practitioners know the current strategies;
- information is communicated during staff changes/breaks;
- adults are positioned appropriately;
- busy/high-risk areas are adequately supervised;

- transitions are organised;
- children are not left waiting unnecessarily; and
- apprentices/inexperienced practitioners are not repeatedly left to manage challenging incidents alone.

10. Communicating With Parents

Parents of **both children** should be informed.

Communication should be:

PROMPT → CALM → FACTUAL → CONFIDENTIAL → SUPPORTIVE

Staff should never identify the other child.

Parents of the Child Who Has Been Bitten

For biting incidents, EDG's preferred practice is for the parent/carer of the child who has been bitten to receive a **courtesy telephone call as soon as reasonably practicable**, particularly where a visible mark or injury has occurred.

This allows the nursery to explain what happened directly rather than the parent discovering the injury at collection or first learning about it through an electronic notification.

The call should explain:

- that their child has been bitten;
- approximately when it happened;
- the general context without identifying another child;
- where the child was bitten;
- whether the skin was broken;
- first aid provided;
- how their child is now; and
- that appropriate action is being taken.

For example:

> "I wanted to give you a quick courtesy call to let you know that during play today, another child bit Maya on her arm. We comforted her straight away and provided first aid. The skin has/hasn't been broken and she is settled and playing again. We have completed the appropriate record and we'll show this to you when you collect her."

The practitioner should **not identify or hint at the identity of the other child**.

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Required accident/incident documentation should still be completed.

11. Parents of the Child Who Has Bitten

Parents/carers of the child who has bitten should also be informed appropriately.

The conversation should remain supportive:

> "We wanted to let you know that today, when another child was using a toy, Noah became frustrated and bit them. We responded immediately and have been supporting him with turn-taking and using words/signs to communicate what he wants."

Where biting is recurring, parents should be invited to work with the nursery to identify:

- whether it also happens at home;
- triggers they have noticed;
- teething/sensory factors;
- communication needs;
- strategies that work at home; and
- approaches that can be used consistently.

Parents should not be made to feel that their child is being labelled as a problem.

12. Confidentiality

EDG must protect the confidentiality of **both children and families**.

Staff must not disclose:

- the name of the child who bit;
- the name of the child who was bitten to the other family;
- information about another child's behaviour history;
- SEND information;
- family circumstances; or
- previous incidents involving another child.

If a parent asks:

> "Who bit my child?"

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staff should respond calmly:

> **"I understand why you would want to know, but we have a responsibility to protect every child's confidentiality. What I can explain is what happened, how we cared for your child and what we are doing to reduce the likelihood of it happening again."**

13. When Parents Are Concerned About Repeated Biting

Where a child has been bitten repeatedly, management should not simply continue issuing individual incident forms without reviewing the wider pattern.

Management/Room Leaders should consider:

- whether patterns have been identified;
- staff deployment;
- environmental triggers;
- preventative strategies;
- whether strategies are consistently implemented;
- whether further support is required; and
- whether the affected child's parents require a wider discussion.

Parents can be reassured about **the actions EDG is taking** without receiving confidential information about another child.

14. What Staff Must Not Do

Staff must never:

- call a child **"a biter"**;
- shout at them;
- shame or humiliate them;
- bite them back;
- encourage retaliation;
- use physical punishment;

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- force an apology;
- repeatedly exclude them from play;
- discuss incidents negatively in front of children;
- identify the other child to parents; or
- assume biting is deliberately malicious.

A child may be supported to make amends when developmentally appropriate, but understanding is more important than simply repeating **"sorry"**.

15. Recording and Monitoring

Every biting incident must be recorded according to EDG's accident/incident procedures.

Where biting becomes recurrent, the Room Leader should monitor the pattern across incidents rather than treating each one separately.

Monitoring should help answer:

> **WHEN? → WHERE? → WHAT HAPPENED BEFORE? → WHY MIGHT IT BE HAPPENING? → WHAT HAVE WE TRIED? → IS IT WORKING?**

Where strategies are not working, **change the strategy rather than simply continuing to record incidents**.

Quick Guide - A Bite Has Happened

Step	Action
1. SAFE	Calmly stop further injury.
2. COMFORT	Attend immediately to the bitten child.
3. FIRST AID	Assess and treat the bite.
4. BOUNDARY	"I can't let you bite. Biting hurts."
5. REGULATE	Support both children.

All policies contained within this handbook have been created in line with current legislation and statutory guidance. EDG Nursery reviews all policies annually and updates them sooner where changes to legislation, statutory guidance, and recognised sector best practice.

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6. TEACH	Model an alternative when calm.
7. RECORD	Complete EDG documentation.
8. CALL	Courtesy call to bitten child's parent, particularly where a mark/injury is visible.
9. INFORM	Inform biting child's parent separately.
10. REVIEW	If repeated, identify patterns and escalate appropriately.

Escalation Guide

OCCASIONAL INCIDENT
→ Respond, first aid, record, parents informed, monitor.

REPEATED/PATTERN DEVELOPING
→ Room Leader review + observations + agreed strategies.

PERSISTENT DESPITE STRATEGIES / WIDER DEVELOPMENTAL CONCERNS
→ SENCO + parents + Assess–Plan–Do–Review as appropriate.

ESCALATING / SIGNIFICANT INJURIES / PARENT CONCERNS / STAFFING ISSUES
→ Management involvement and formal review.

SERIOUS INJURY
→ First aid + appropriate medical response + management + parents immediately.

Related EDG Policies & Procedures

- Promoting Positive Behaviour Policy & Practice Guidance
- Caring for Babies and Toddlers Policy
- Accident and First Aid Policy
- Infection Prevention and Control Policy
- SEND Policy
- Inclusion and Equality Policy
- Partnership with Parents Policy
- Staff Supervision and Deployment Procedures
- Safeguarding and Child Protection Policy

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- Staff Code of Conduct

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