



Early Years Biting Policy

Policy Information

Date of last review:	January 2026	Review period:	2 years
Date ratified by Local Governors:	January 2026	Policy owner:	EY Lead

Reviews/revisions

Review date	Changes made	By whom
January 2028		

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.

Reasons for Biting

At Princefield, we acknowledge that 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. This typically improves as speech and emotional regulation develop. Children may bite in response to sensory overload, stress, or frustration. Loud environments, transitions, or changes in routine can overwhelm children and we recognise that biting is a quick way to release energy or communicate distress. Children may bite to seek attention or to gain control. 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. Children may bite through imitation or experimentation and can be copied behaviour.

Our Early Years children may not fully understand the impact of their actions.

Aims:

At Princefield Early Years, We follow our positive behaviour policy to promote positive behaviour at all times. We use our PSED curriculum to ensure children learn to regulate their emotions and control their immediate impulses, which includes biting.

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.

Staff should make sure a child who is biting received significant encouragement when displaying positive behaviour, and avoid excessive attention following an incident.

We use the following strategies to prevent biting: sensory resources and staff who recognise when children need more stimulation or quiet times.

We aim to act quickly and efficiently when dealing with any case of biting in our Early Years.

We treat each biting 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.

In line with our behaviour policy, adults will speak to the child about biting incidents so that the child understands the consequences of the biting.

Staff will communicate any incidents of biting to parents/carers on the day of the incident, informing parents of any quiet or reflection time taken and the circumstances around the incident. We keep open, non-judgemental communication with families. We will involve parents and carers by sharing strategies that are working in our classrooms to encourage consistent approaches at home and school.

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

At Princefield, we aim to understand Individual needs and triggers by observing children to identify patterns. We use behaviour logs to track, where/when and why incidents occur.

In line with our Early Years behaviour policy, we use positive behaviour strategies to reduce incidents of biting.

We support Emotional Regulation and Communication through our PSED curriculum. We teach and model emotion words (e.g. sad, angry, excited) with visuals, including Colour Monster tools to support children to regulate their behaviour. We use non-verbal communication tools like picture cards or signs for children with limited speech.

Staff will acknowledge feelings and help children express them safely and offer alternatives, encouraging different ways to show emotions.

We use mouthing resources for children where appropriate.

We promote calm and predictable routines, maintaining consistent, calm daily routines to reduce anxiety and overstimulation.

We use visual timetables and transition cues so children know what's coming next.

During teaching, we use small group play to model turn-taking, sharing, and cooperation.

We structure the environment thoughtfully, including quiet/calm areas are available at all times.

We demonstrate gentle hands, kind words, and problem-solving during interactions.

Offer extra support for children known to bite or be vulnerable to being bitten

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

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. We may need to advise the parents/carer 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.

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 a senior member of staff should contact the parents of the child to inform them of the incident.

The staff member who witnessed the incident should complete an Incident Form for all children involved.

A member of SLT must be informed of all biting incidents.

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 a favourite book or comforter.

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.

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 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.

Repeated incidents of biting

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, we will carry out an individual risk assessment.

Record Keeping and Confidentiality

Following each incident of biting, the following will be recorded on CPOMS;

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

We follow GDPR and data protection laws: ensure data is stored securely, kept accurate, and retained only as long as necessary.

Arrangements 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 our Early Years

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.

Princefield Early Years 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 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.

This policy will be reviewed every 2 years, or earlier if necessary.