

# Biting Policy

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<b>Statutory Policy:</b>	No			
<b>Publication:</b>	Website. <a href="#">G/Policies</a>			
<b>Date</b>	<b>Version</b>	<b>Reason for change</b>	<b>Overview of changes made</b>	<b>Source</b>
12.01.2021	0.1	Scheduled Review	Update name & logo. J Bowman	SCC
14.01.2021	0.2	Internal Lead Scheduled Review	Removal of biting handout. SLT	
14.01.21	0.3	Board Lead Scheduled Review	No further changes. PL	
14.05.21	1.0	Board Scheduled Review	Ratified	

## **Biting Policy**

Many children go through stages in their development, where they exhibit behaviour that others find unacceptable. Biting in particular is a very unpleasant form of behaviour that is particularly prevalent in children whose language skills are only just developing and can often be an expression of frustration that they have not yet acquired the skills to express what they are feeling. Temper tantrums are another form of behaviour that most children of a similar age or developmental stage go through. Happily, just as temper tantrums eventually diminish with age, so usually does biting.

The Trust always follows the same procedures in the event of a child being bitten. Our procedures are as follows:

- 1 To comfort the bitten child and administer appropriate First Aid.
- 2 To explain to the biting child why biting is unacceptable, that it hurts the other child and show the mark or bruise.
- 3 Remove the biting child from the circumstances that provoked the biting for a short period of time.
- 4 We will always inform the parents of the bitten child.
- 5 We will always inform the parents of the child that has bitten and explore with them their strategy for dealing with such incidents if they occur at home or elsewhere. (If their strategy was a direct contradiction of our strategy, e.g. Parent biting the child back, we would explain why we thought this was an inappropriate response.)
- 6 To discuss with other staff members the incidents concerned and evaluate and monitor the situation for the future.
- 7 In a small minority of cases where the biting is persistent to the point of serious concern, it may be appropriate to enlist the help of other professionals, e.g. Health Visitor, Child Psychologist, to look closely at any other contributory factors. This would only be done in consultation with parents/carers.

Staff members will not disclose the identity of the child that has bitten as it is vital to maintain the confidentiality of the children concerned.