

	<p>ALPINE CHILDREN'S SERVICES INC <i>Incorporation Registration No. A006875Y</i></p>	<p>Approved: March 06 Review Date: March 08</p>
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PROCEDURE NAME	DEALING WITH BITING PROCEDURE
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<p>REGULATORY: SOURCES & PROCEDURAL REFERENCES:</p>	<p>Alpine Children’s Services Committee of Management</p> <ul style="list-style-type: none"> • Behaviour Management Policy • National Standards for Family Day Care 1.4
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PROCEDURE

Caregivers need to recognise that at times some children, for a variety of reasons, attempt to bite other children.

There are four main causes of biting:

1. Experimental biting. Most often infants who are exploring the world and putting everything in their mouth.
2. Biting from frustration. Occurs when children get into situations they can’t handle and have not yet learnt other ways to cope.
3. Biting because of feeling powerless.
4. Biting under stress. Most often occurs when a child is under emotional stress that she/he cannot handle.

- Parents are encouraged to discuss this policy on enrolment.
- Caregivers recognise that a human bite that breaks the skin brings great risk of infection to the victim. Parents are strongly requested to keep their children’s immunisation up to date.
- Where a bite does occur staff will check for broken skin. All bites that have broken or unbroken skin will be washed immediately with warm soap water and antiseptic cream applied. Staff need to assess the wound and decide whether the bite needs to be checked by a Doctor, for example the wound may need stitching.
- Staff will inform parents as soon as possible. The parents are then responsible for any follow-up medical attention.
- If the biter is known to be a carrier of an infectious disease and the victim’s skin is broken, the manager will convey this information to the parents and recommend to seek medical advice
- Caregivers will develop a behaviour management plan in conjunction with parents for “repeat offenders”
- If necessary, the manager reserves the right to exclude the “biter” from attending the centre while the manager, parents and staff develop a procedure to prevent further occurrence, consulting outside agencies if needed.

What to do when biting occurs

Respond Immediately

Infants may not yet understand the difference between biting a toy and biting a person, so a repeated message in an honest tone of voice that conveys pain (saying “Ouch, that hurt me, Joey!”) can help teach infants aged 4 months and older not to bite others.

Literature strongly suggests that caregivers and parents not bite the child back as a punishment or to show the child how it feels to be bitten. Biting back communicates to the child that violence is acceptable. Experts recommend focussing attention on the victim, shielding the victim from the biter, initiating first aid measures as necessary, and consoling the victim. Biters who are older than two may benefit from assisting in the first aid process. The biter can assist the victim by demonstrating “gentle touching”, having the biter rub the victim’s arm, and generally assisting with taking care of the victim to teach nurturing behaviour.

Other experts recommend that biters should be removed from the situation without dramatic movements, attention or an emotional response that could provide negative reinforcement to the biter. Caregivers can tell the biter that “biting is not OK,” “I can’t let you hurt your friends,” etc. Toddlers may not understand time-out, but carers need to make sure that the biter is not near other children until he or she has calmed down and can be redirected to other activities.

Stress communication skills

Emphasis should be placed on teaching biters to develop and use their expressive communication skills instead of biting, so they can learn to “use words” to express their feelings. Good carers consistently promote the child’s use of language to enhance cognitive development, and some experts believe that promoting children's language development is also helpful to reduce biting behaviours. For example, if another child is taking a toy away from a child who has a history of biting, caregivers can teach the potential biter to say "stop," "mine," etc., and tell the child "We don't bite people, we bite food" or "It hurts when you bite".

It is also suggested that using positive language to tell the child to "touch gently" rather than "don't hit/bite" can be helpful. They also suggest that caregivers can help children verbalize their feelings by saying "You look angry, Peter. Tell Amy to stop pulling, you don't like that." Caregivers and parents should try to be specific with their language. Instead of saying "Stop being mean to Peter," for example, they can say "Peter is angry because you are taking his truck." Experts also recommend consistently teaching the child to say "no" to other children rather than biting.

Examine context

Experts recommend that efforts be made to examine the pattern of biting incidents to determine if factors such as crowding, over-stimulation, lack of toys, lack of attention or supervision, or other factors seem to precede biting episodes. Carers need to be adept at observing the child's physical state and noticing whether factors such as new teeth or other kinds of pain on a given day seem to be associated with increased biting episodes. Carers might think about whether children bite when their bowels are irregular, when they are hungry, or when they are sleepy. Some experts believe that emotions and stress inducers such as a new baby in the house may also be associated with an increase in biting episodes for individual children.

Create positive physical and learning environments

If caregivers determine that a child is biting more than once a day for more than a week, experts suggest that it is probably time to develop a plan to decrease the biting. They recommend attempting to break the cycle by varying activities and the child's schedule. It may help to break up the density of the toddlers in the room to enhance program quality (one group goes outside, another stays in the room, etc.). Experts suggest tracking these changes so that there is a written record that can help to determine the context of the biting incidents and to show the results of interventions

Attempting to maintain a consistent routine, developing and maintaining rituals, and finding effective ways of calming children after energetic activity or during transition times (using calming music, relaxed/calming physical contact, etc.) may serve to relieve the conditions that lead to biting episodes. Experts also recommend avoiding grouping biters and previous victims together to the extent possible.

Carers need to examine the centre environment and try to minimize congestion and confusion, competition for toys and adult attention, frustration, and boredom. Young children do better in small groups, according to these experts, so spreading out activities and staff may help reduce undesirable behaviours.

The following strategies are suggested for carers:

- Be aware of the children's favourite toys and educational materials and duplicate these (because sharing is not always in the toddler's behavioural repertoire!).
- Provide a variety of options and motor/sensory choices (e.g., make the toys and climbing structures challenging but not so frustrating that the children become angry or bored). Adjust the schedule so that the children eat and nap when they are beginning to get hungry and tired rather than when these conditions become extreme.
- Find ways to strengthen the sense of security/stability in the environment.
- Maintain a consistent routine that minimizes surprises for children.
- Ensure prime times with the child's favourite primary caregiver.
- Create warm/cosy places to be.
- Avoid unnecessary staffing changes.
- Develop/maintain group rituals.

Other environmental factors need to be considered, such as creating a balance of open and closed spaces so that the children may move about freely but also feel protected and not feel overwhelmed. They suggest that counters and shelves be low so that the children are always kept in sight. Colours should be chosen carefully so that the overall colour environment is not too stimulating. Noise-absorbing materials should be used so that the environment offers a sense of warmth and security. Materials can be open-ended so they may be used in many different ways to accommodate differing abilities (choosing blocks that can be stacked, sorted, classified, etc.)

Educate teachers and caregivers

Carers need to understand why children bite and the range of developmental issues that arise when toddlers are in group care. They should understand that very young children really are not developmentally ready to share, and that toddlers communicate physically before they are ready to use language. Because their social conscience and expressive communication skills are limited, toddlers may tend to shove, push, and bite.

Carers need to engage in positive guidance to show the children in their care how to play safely and to be considerate of others. Caregivers also must become adept at mediating disputes. They should anticipate problem situations and stay alert. If a particular child has difficulty in transitions, for example, the caregiver should stay close to the child and praise positive behaviour, especially for children who bite.

Caregivers can teach children age-appropriate ways to control themselves, which will encourage confidence and serve to guide children who bite toward self-control and away from biting. The key to successful management of biting is understanding; for kids and adults alike. Carers need to recognize that biting is as normal and natural as toileting and tantrums, yet accept their responsibility to provide and maintain a safe environment.

Plan for biting epidemics

When a rash of biting incidents occurs in a centre, the following steps are to be taken:

- Meet with the director and room staff.
- Chart every occurrence and indicate location, time, participant behaviours, etc.
- Evaluate the immediate staff response to insure appropriateness (comforting bitten child and treating injury, providing a cool, firm disapproving response to the biter that does not inadvertently reinforce the behaviour).
- Determine the context of the biting incidents: analyse, chart, and profile.
- Shadow children who have a biting tendency; anticipate biting situations and teach non-biting responses, adapting the program as necessary. Staff might shadow a severe biter for 2 weeks to prevent the behaviour, because there is some evidence that if staff can prevent biting during this time period, the behaviour will dissipate.
- If necessary, briefly place young children who bite in a crib or playpen to contain the child who is engaging frequent biting, if the shadowing carer has to do something else.

- Shadow children who tend to be bitten and anticipate potential biting situations; teach children who get bitten responses that will minimize the chance of their becoming victims.
- Consider early transition to another room for children who bite frequently, because the older children are better able to defend themselves.
- Extreme biting epidemics may require extra help from a consultant, parent educator, or counsellor, especially if the behaviour occurs daily or persists.

Parent communication

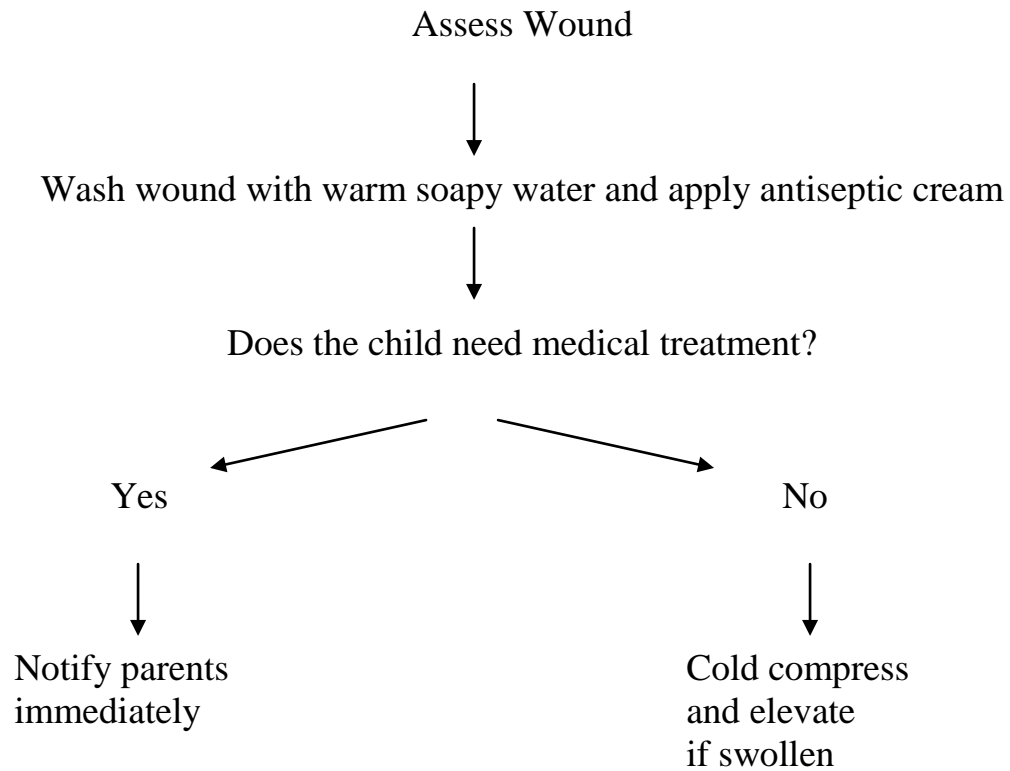
Much of the literature that is focused on issues related to biting also addresses communicating with and involving parents. Most experts stress confidentiality; they recommend that teachers or directors NOT reveal the identity of the child who is biting to parents of other children. Instead, experts suggest that child caregivers assure the parents that they are aware of the problem and are working toward solutions, but that all children are capable of having problems with biting. Parents should know that biting is a normal occurrence for many children in group care situations, particularly when they are in the toddler stage. It is also recommend that parents be apprised of the possibility of biting incidents occurring in child care facilities during the initial intake process, or when infants are making the transition into the toddler room.

Apologising to family members is not an effective strategy, because an apology implies that there is a foolproof way to prevent the incidents. Instead, relate to the parents what is being done to insure the safety of all of the children. She also recommends focusing on what first aid treatments are used when incidents occur and what else is being done for children who are bitten.

In extreme cases, termination or suspension of the biting child from a centre may become necessary. The centre should have a policy that offers guidance related to how long a severe biting problem can be allowed to continue. It is important that the parents of the biter be notified early of this possibility so that they can begin to make inquiries regarding alternate child care arrangements. In many cases enrolment may only need to be temporarily suspended until the child improves his or her communication skills.

Carers need to try to determine whether biting is occurring at home. Breaking the biting pattern will be difficult in an early childhood centre if biting is allowed to occur at home without the same formal interventions being applied at the centre. Experts advocate teaching parents to offer choices so that the child is given power and control at least a few times a day. Caregivers can keep parents informed about their child's favourite toy, what happened in the school day, etc. Overall, experts note that it is essential to maintain positive relationships with parents during biting outbreaks, to keep parents informed of the strategies being employed, to empathize with parents of both biters and victims regarding their feelings of helplessness related to the safety of their children, and to communicate to parents the staff training and intervention efforts that are occurring to remedy the problem.

Biting Flowchart



- Accident and Incident Book signed by parents
- Behaviour Management Plan for repeat offenders