

Policy and Practice Guidance

Title:	BITING POLICY
Purpose:	The monitoring of departmental employees and to minimise the risk of exposure to adverse health and safety situations
	Education Department Health and Safety Operational Policy

1. Policy Statement

The **Education Department (ED)** shall strive to achieve the highest standards of health and safety consistent with their responsibilities outlined by the States of Jersey and under the Health and Safety at Work (Jersey) Law 1989, States Employment Board (SEB) policies and procedures as well any other relevant statutory laws and duties.

The 'Statement of Intent' covering Schools and Colleges shall include a description of the establishment's organisation and its arrangements for dealing with areas of risk, health and safety. Details of how these areas of risk will be addressed shall be given.

At the ED we will ensure, so far as is reasonably practicable, the health, safety and welfare of its staff, students and visitors while working on our premises.

2. Introduction

The ED recognises that biting can be an age appropriate developmental stage, a behaviour that is not uncommon among young children. The ED also recognises its responsibility to provide and maintain a safe environment and this policy has been developed to enhance everyone's safety by summarising the steps that should be taken in response to a child biting either other children and/or adults in settings/schools.

From time to time and for a variety of reasons, young children may attempt to bite others. Biting behaviour can be explained in a number of ways. A child may be teething or over tired. He or she might be experimenting or trying to gain the attention of staff or other children. Alternatively, biting might represent a child's frustrations in response to a range of environmental demands. There may, however, also be occasions when a child bites another individual for no apparent reason. Due to the speed and randomness with which biting incidents may occur, it is not always possible to prevent this from happening.

A bite that breaks the skin brings a risk of possible infection including tetanus and hepatitis. As a result, parents are advised to ensure their child's vaccinations/ immunisations are up to date. Because of the potential risks associated with this behaviour, however, repeated biting within settings/schools will not be tolerated and there is a requirement for positive intervention and support on the part of both school staff and parents.

In an instance where a child has been bitten the following guidelines should be used to respond to the situation.

Pupils

The pupil who has been bitten:

1. The child should be examined immediately for any visible injury and appropriate first aid should be administered and in line with the school's policy. If the skin is not broken, clean the wound with soap and water and apply a cold compress. If the skin is broken let the wound bleed gently (do not squeeze it), clean the wound carefully with soap and water and apply a mild antiseptic. If the skin is broken medical advice should be sought. Please see points 13 and 14 below.
2. In the case of a notifiable incident it should be recorded and reported to the department on as soon as possible. This form should be completed by any member of staff who has witnessed or was in close vicinity of the incident.
3. Incidents that are not classified as notifiable should also be recorded in the school's class incident log stating where and when the incident happened, who was there and how it was dealt with.
4. The Head teacher must be informed and they must be provided with a copy of the class incident report.
5. The child's parents/carers should be contacted by phone and informed of the incident.

The child who has caused the bite:

6. The child should be taken aside and told that biting is not allowed. Words such as 'naughty' and 'bad' should not be used to deal with this situation.
7. On the first occasion, there is no requirement for schools to report this to the parents/carers unless the bite is particularly big or involves broken skin. This acknowledges that this could be a 'one off' incident and that for the majority of children this behaviour will not be repeated.
8. The child should be observed for a period of time following the incident.
9. If the child shows any intention to bite another child at school on a second occasion, or actually bites for a second time then school should contact the parents/carers.
10. Consequences appropriate for the age and stage of the child should be considered and in line with the school's policy.

When biting continues:

11. If a child continues to bite, school should make arrangements to observe the child's behaviour and any noteworthy incidents recorded. This should include an analysis of the child's behaviour, which considers (for e.g.) antecedents, behaviour and consequences (often referred to as ABCs). At this stage, the setting/school might consider the involvement of an educational psychologist. If biting reoccurs, the child should be immediately removed from the class to prevent any further harm coming to other children or staff.

12. At this stage, school should arrange to meet with the child's parents/carers and any professionals involved (as appropriate) to develop and agree a structured and individualised plan to support the child. This plan should be subject to regular review and should focus on a reduction in the frequency with which the child bites others.

In the circumstances where the frequency of biting becomes excessive schools and settings should work to the guidance contained within the policy 'Improving Behaviour and Reducing Exclusions'.

If either a child or a member of staff is bitten:

13. Whether the bite is minor or serious, notify a member of the school's Senior Leadership Team (SLT). Parents of the child or the staff member concerned are to be advised to notify their GP.
14. If a child or a member of staff is bitten by a pupil where the skin has been broken it is advised that they have a blood test. The blood test can be arranged by the Education department in confidence with the Health department.
15. Ensure that all staff are advised to remain up to date with relevant vaccinations (including tetanus).
16. Ensure that any 'member' of staff who may have a blood disorder or infection, which has been made known to the 'schools management team', is as far as reasonably practicable excluded from any situation that might involve the use of physical intervention with a child engaging in biting behaviour.
17. In the rare occurrence where a child or staff member involved in a biting incident is known to have to have a blood disorder, whether biting or bitten, this should be reported to the department immediately. In such an eventuality, the Chief Education Officer, in confidence, will take responsibility for informing the affected individual/parents.

Issued by:	Head of Policy and Strategy, Education Department
Authors:	Head of Facilities Management Director - Inclusion and Family Support
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