

Policy Framework:

Policy framework provided centrally for use by schools with minimal amendment to the core text
Changes **must** be made to the text where indicated

Safer Eating Policy Framework



Approved by:	Estates & Safeguarding
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1. Purpose

This policy aims to ensure a safe, inclusive, and healthy eating environment for all children in the Early Years Foundation Stage and wider school including those with allergies, medical conditions, or specific dietary needs.

This policy is based on requirements from:

- EYFS Statutory Framework 2025
- Food Safety Act 1990
- Food Standards Agency guidance
- Health and Safety at Work Act 1974
- Allergy guidance: Natasha’s Law 2021

2. Scope

This policy applies to all EYFS and wider school staff, children, parents/carers, volunteers, and visitors involved in food handling, preparation, or supervision of mealtimes.

3. Key Principles

- **Safety First:** Eating practices must prioritise the prevention of choking, allergic reactions, and foodborne illnesses
- **Inclusion and Respect:** Children’s cultural, religious, and dietary requirements must be respected and accommodated
- **Positive Mealtime Environment:** Mealtimes are calm, social experiences where children are supported and encouraged to eat healthily and independently

4. Food and Drink

Where children are provided with meals, snacks, and drinks, these must be healthy, balanced and nutritious. To understand how to meet this requirement for children in EYFS, providers must have regard to the [Early Years Foundation Stage nutrition guidance](#). Fresh drinking water must always be available and accessible to all children.

Children in Key Stage 1 are provided with a piece of fresh fruit or vegetable each day. Children in Key Stage 2 are welcome to bring their own piece of fresh fruit or vegetable for morning break.

5. Eating Routines

Whilst EYFS children are eating there should always be a member of staff in the room with a valid paediatric first aid certificate for a full course consistent with the criteria set out in the Appendix. For all other pupils, there should be a member of staff with a valid paediatric first aid certificate available in the area throughout the period when pupils are eating.

Providers must prepare food in such a way to prevent choking. This guidance on food safety for young children: [Help for early years providers : Food safety](#) includes advice on food and drink to avoid, how to reduce the risk of choking and links to other useful resources for early years providers.

Children must always be within sight and hearing of a member of staff whilst eating. Choking can be completely silent, therefore, it is important for providers to be alert to when a child may be starting to choke. Where possible, providers should sit facing children whilst they eat, so they can make sure children are eating in a way to prevent choking and so they can prevent food sharing and be aware of any unexpected allergic reactions.

- Staff must supervise all children closely at all times during meals and snacks.
- EYFS children must always be seated while eating or drinking—no eating while walking, running, or playing
- All other children should be seated whilst eating or drinking
- EYFS staff involved in supervising children when they are eating must hold a Paediatric First Aid Certificate (12-hour course)
- Staff supervising in other areas of the school must hold an Emergency Paediatric First Aid Certificate (6-hour course)
- High-risk foods (e.g., whole grapes, cherry tomatoes, hard sweets, popcorn, large chunks of meat/cheese) must be appropriately prepared—e.g., grapes and cherry tomatoes must be sliced lengthwise
- Children will be encouraged to chew food thoroughly and eat slowly

6. Allergy and Dietary Needs Management

Before a child is admitted to the setting the provider must obtain information about any special dietary requirements, preferences, food allergies and intolerances that the child has, and any special health requirements. This information must be shared by the provider with all staff involved in the preparing and handling of food. At each mealtime and snack time providers must be clear about who is responsible for checking that the food being provided meets all the requirements for each child.

Providers must have ongoing discussions with parents and/or carers and, where appropriate, health professionals to develop allergy action plans for managing any known allergies and intolerances. This information must be kept up to date by the provider and shared with all staff. Providers should refer to the British Society for Allergy and Clinical Immunology ([BSACI](#)) [allergy action plan](#) . Providers must ensure that all staff are aware of the symptoms and treatments for allergies and anaphylaxis, the differences between allergies and intolerances and that children can develop allergies at any time, especially during the introduction of solid foods which is sometimes called complementary feeding or weaning.

Providers should refer to the NHS advice on food allergies: [Food allergy - NHS](#) and treatment of anaphylaxis: [Anaphylaxis - NHS](#)

- A comprehensive allergy/dietary needs register must be kept, regularly updated, and made accessible to all staff
- Children with allergies must have clearly labelled individual meal plans
- All food and drink must be checked for allergens before being given to a child
- Staff must receive annual allergy and anaphylaxis training
- Emergency medication (e.g., EpiPens) must be easily accessible, and staff must be trained in its use
- There are clear procedures for avoiding cross-contamination of allergens
- Meals and snacks comply with government guidance on healthy balanced diets for early years

The Hendreds identifies all food allergies and dietary needs through information provided by parents/carers on admission and reviewed regularly. Where a child has a diagnosed or suspected food allergy, the school completes an individual allergy risk assessment, taking account of the child's age, the severity of the allergy, likely allergens, eating environments, and potential routes of exposure.

Children with food allergies have an Individual Healthcare Plan or Allergy Action Plan, developed in partnership with parents/carers and, where appropriate, health professionals. These plans are shared with relevant staff and reviewed at least annually or following any incident or change in need.

Staff receive training to recognise allergic reactions and anaphylaxis, understand cross-contamination risks, and follow agreed prevention and emergency procedures. Clear controls are in place to reduce allergen exposure, including food checking, supervision during eating times, hand hygiene, cleaning of surfaces, and restrictions on food sharing.

Emergency medication is stored accessibly, and staff follow the child's plan in the event of a reaction. Any allergic reactions or near misses are recorded, reported to parents/carers, and reviewed to inform updates to risk assessments and preventative measures.

7. Food Hygiene and Handling

There must be an area adequately equipped to provide healthy meals, snacks and drinks for children as necessary. There must be suitable facilities for the hygienic preparation of food for children, if necessary, including suitable sterilisation equipment for babies' food. Providers must be confident that those responsible for preparing and handling food are competent to do so. All staff involved in preparing and handling food must receive training in food hygiene.

- Staff involved in food prep must complete Food Hygiene Level 2 training or other appropriate course that is commensurate with their role
- Hands must be washed thoroughly before and after handling food
- All food must be stored and served at safe temperatures
- Only approved suppliers should be used for meals and snacks
- Food preparation areas must be kept clean and sanitised at all times

8. Emergency Procedures

When a child experiences a choking incident that requires intervention, providers should record details of where and how the child choked and ensure parents and/or carers are made aware. The records should be reviewed periodically to identify if there are trends or common features of incidents that could be addressed to reduce the risk of choking. Appropriate action should be taken to address any identified concerns

- In case of choking, staff must follow the approved first aid response and call emergency services if necessary
- For allergic reactions, staff must follow the child's Individual Healthcare Plan and administer emergency medication as trained

9. Communication with Parents and Carers

- Parents must provide full and updated information about their child's dietary needs and allergies upon registration
- The following NHS guidance is provided on safe and healthy options for lunch boxes:
<https://www.nhs.uk/healthier-families/recipes/healthier-lunchboxes/>
- Parents are not to send in food for children to share in class (e.g. birthday celebrations)

10. Staff Roles and Responsibilities

- The **EYFS Leader** is responsible for implementing and monitoring this policy in EYFS
- All staff must follow this policy consistently and report any incidents or concerns
- All mealtime incidents (e.g., choking, allergic reactions) must be recorded and reported immediately to the headteacher and parents/carers via Smartlog and the school's own reporting mechanism

11. Monitoring and Review

- This policy will be reviewed annually or in response to a significant incident or update in guidance.
- Regular risk assessments of food safety procedures will be carried out.

Appendix

Criteria for effective Paediatric First Aid (PFA) training

[EYFS statutory framework for group and school-based providers Annex A](#)

- Training is designed for workers caring for young children in the absence of their parents and is appropriate to the age of the children being cared for.
- Following training, an assessment of competence leads to the award of a certificate.
- The certificate must be renewed every three years.
- Adequate resuscitation and other equipment including baby and junior models must be provided, so that all trainees are able to practice and demonstrate techniques.
- The **emergency PFA** course should be undertaken face-to-face which means trainers are physically present with their trainees. This excludes the use of online platforms.
- The course must last for a minimum of 6 hours (excluding breaks) and cover the following areas:
 - Be able to assess an emergency situation and prioritise what action to take
 - Help a baby/child who is unresponsive and breathing normally.
 - Help a baby/child who is unresponsive and not breathing normally.
 - Help a baby/child who is having a seizure.
 - Help a baby/child who is choking.
 - Help a baby/child who is bleeding.
 - Help a baby/child who is suffering from shock caused by severe blood loss (hypovolemic shock).
- The **full PFA** course should last for a minimum of 12 hours (excluding breaks) and cover the elements listed below in addition to the areas set out in the emergency PFA training elements outlined above
 - Help a baby/child who is suffering from anaphylactic shock.
 - Help a baby/child who has had an electric shock.
 - Help a baby/child who has burns or scalds.
 - Help a baby/child who has a suspected fracture.
 - Help a baby/child with head, neck or back injuries.
 - Help a baby/child who is suspected of being poisoned.
 - Help a baby/child with a foreign body in eyes, ears or nose.
 - Help a baby/child with an eye injury.
 - Help a baby/child with a bite or sting.
 - Help a baby/child who is suffering from the effects of extreme heat or cold.
 - Help a baby/child having: a diabetic emergency; an asthma attack; an allergic reaction; meningitis; and/or febrile convulsions.
 - Understand the role and responsibilities of the paediatric first aider (including appropriate contents of a first aid box and how to record accidents and incidents).
- Providers should consider whether paediatric first aiders need to undertake annual refresher training, during any three-year certification period to help maintain basic skills and keep up to date with any changes to PFA procedures.