

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

Christopher Rawlins CE Primary School



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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.

Snacks in school

We encourage children to bring snacks that support concentration, growth and healthy habits. Suitable snacks are fresh fruit, vegetables, plain yoghurt, cheese, rice cakes or wholegrain crackers. Sugary snacks and drinks (for example chocolate bars, sweets, biscuits and sugary fruit drinks) should not be brought except for rare special occasions agreed with the school. For children in early years and key stage 1, snacks should be prepared to reduce choking risk (e.g. grapes halved, hard fruit sliced). Staff will always supervise children while they eat, and snack times will be organised so children are seated and visible to an adult. The school will make reasonable adjustments for cultural, religious or medical needs and will work with parents and health professionals to agree safe alternatives where necessary.

Lunchbox expectations and practical arrangements

Lunchboxes should contain a balanced meal and a drink of water; please avoid fizzy and high-sugar drinks. To help manage allergies and reduce risk, the school operates a no-nuts policy — do not include items that contain peanut or tree-nut ingredients. Clearly label all containers with the child's name and check that any food needing refrigeration is in an insulated box with a frozen pack. Please provide cutlery if required (we cannot guarantee availability). We ask parents to avoid whole cherry tomatoes, whole grapes, hard sweets and large chunks of raw apple for children under 5 and to cut or prepare these foods appropriately. If a child has a medical dietary requirement or known allergy, parents must supply up-to-date medical information and any necessary medication or action plan; the school will share this with staff involved in food handling.

Practical lunchbox suggestions

- Main: sandwich on wholegrain bread, pasta salad, rice and vegetables, or a homemade wrap.
- Snack/veg: sliced apple, banana, carrot sticks, cucumber, pepper strips, or a small pot of grapes halved.
- Protein/dairy: small pot of plain yoghurt, cheese cubes, hummus or a boiled egg (if allowed by the family).
- Treat (occasional): a small plain biscuit or a homemade baked item.
- Drink: water in a reusable bottle (no fizzy drinks).

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

Outline your school's procedures for risk assessment and prevention of food allergies

1. Admissions, information capture and record-keeping
 - a. At admission parents complete a medical/allergy section. For new or changed information parents must update the school immediately.
 - b. The office records allergies, intolerances and dietary needs on the central medical register and the child's electronic file. Key details recorded: allergens, typical reaction, usual treatment, emergency medication (brand, expiry), clinician contact (if relevant) and parental emergency contacts.
 - c. The medical register highlights children with life-threatening allergies; a one-page summary (name, class, allergen, action required) is available to class staff, lunchtime supervisors, wraparound leads and the catering team.
2. Individual Health Care Plans (IHCPs)
 - a. Any child with a diagnosed allergy (and any child prescribed an adrenaline auto-injector) must have a signed, dated IHCP, stating triggers, early signs, required medication and clear step-by-step actions for staff.
 - b. Parents and, where applicable, the child's clinician co-sign the IHCP. The IHCP is reviewed at least annually or after any incident or change in clinical advice.
3. Medication, storage and checks
 - a. Emergency medication (auto-injectors, antihistamines) is stored where it can be reached quickly: in class medical boxes for individual children with a copy in the main office. Staff know the exact location. Medication is labelled with the child's name and stored according to clinician guidance.
 - b. The office maintains a monthly in-date check log; SLT responsible for ensuring replacements are requested in time. A spare device is kept on site if clinician advises.
4. Staff training and competence
 - a. All staff complete annual basic training on recognising allergic reactions and anaphylaxis, and on the administration of auto-injectors. New staff and regular supply staff receive the same training on induction.
 - b. Paediatric first-aid trained staff are present for early years mealtimes and whenever children under five are eating, in line with EYFS requirements. Staff training records are monitored termly by the Headteacher.
5. Catering, food provision and lunchbox controls
 - a. School-provided food and on-site wraparound food comply with School Food Standards and carry full allergen labelling. External providers must supply an allergen matrix before starting on site. Catering contracts require adherence to the school's allergy procedures.
 - b. The school operates a whole-school no-nuts position. Parents are informed at admission, in the prospectus and termly reminders are issued where relevant.
 - c. Parents are given explicit lunchbox guidance: avoid specified allergens for affected classes, label items, provide insulated boxes for chilled items and prepare high-risk foods appropriately (e.g. grapes halved for under-5s). Teachers remind parents where there is a child with a life-threatening allergy.
6. Risk assessment and control measures (mealtimes, lessons, trips, events)

- a. A recorded risk assessment is completed for all activities involving food (cooking, food tech, cultural events), identifying hazards, controls and named responsible staff. Controls include: supervised eating, designated allergen-free zones where necessary, labelled food, and no sharing of food.
 - b. Off-site visits: the visit risk assessment records who will carry/administer medication, how food will be stored/served and contingency plans. Where needed, parents or clinicians are consulted and contributed to planning.
7. Preventing cross-contamination and safer eating practice
 - a. Practical controls: strict handwashing before/after handling food; separate utensils or thorough cleaning between uses; clearly labelled serving equipment; and avoidance of food sharing.
 - b. For children under five: adults sit facing children, children are within sight and hearing while eating, and staff prepare food to reduce choking risk (e.g. halved grapes, sliced apple).
8. Communication and confidentiality
 - a. Information is shared on a need-to-know basis: class staff, lunchtime supervisors, catering, wraparound staff and named first-aiders. Confidentiality is respected; sensitive medical details are not published beyond those who need to act.
 - b. The school publishes allergy procedures via the prospectus and website and issues targeted reminders to year groups where required.
9. Incident recording, review and escalation
 - a. All allergic reactions are recorded on the medical incident log (what, when, food involved if known, actions taken, parental contact). Choking incidents requiring intervention are separately logged and reviewed to identify trends.
 - b. For suspected food-poisoning affecting two or more children the school notifies Ofsted (or the relevant authority) within 14 days and follows public-health advice. Significant or repeated control failures prompt an immediate SLT review and, if necessary, advice from the school nurse or paediatrician.
10. Monitoring, governance and success indicators
 - a. Termly checks by SLT: audit of IHCPs, expiry checks for medication, training completion and a sample check of lunchbox guidance compliance. Findings reported to governors annually under safeguarding/health and safety.
 - b. Suggested success indicators: 100% of children with life-threatening allergies have a current IHCPs; 100% of relevant staff have completed annual allergy/anaphylaxis training; zero preventable allergy incidents caused by school process failures.

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
- Only approved packed lunch items are permitted; guidance is provided on safe and healthy options
- Parents must be reminded not to send in food to share (e.g., birthday treats) unless approved and allergen-checked by staff

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.