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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

Including, Nutrition, Food safety and Hygiene Guidance

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
- EYFS Nutrition Guidance (2025)
- Help for Early Years Providers: Food Safety
- Food Standards Agency: *Safer Food, Better Business (SFBB)*

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. Roles and Responsibilities

The EYFS Lead Practitioner ensures compliance with all legal requirements relating to nutrition, food safety and safer eating. This includes implementing, monitoring and reviewing this policy, ensuring appropriate staff training, and maintaining effective food safety systems, hygiene procedures and risk assessments in line with statutory guidance.

All staff are responsible for adhering to agreed procedures for food provision, hygiene, supervision and safer eating. They must handle food safely, support children appropriately at mealtimes and breaks, and follow all dietary and medical care plans. Staff involved in food handling must be suitably trained, competent, and maintain high standards of hygiene.

Each child's key person ensures that food and drink meet individual needs, including managing dietary requirements and allergies, and maintaining ongoing communication with parents and carers.

The EYFS Lead Practitioner oversees implementation of this policy within EYFS. All staff must follow it consistently, report any concerns, and record and report all mealtime incidents (e.g. choking or allergic reactions) immediately to the headteacher and parents/carers via Smartlog and the school's reporting systems.

5. Food Provision

Food provided by the setting meets children's individual nutritional needs and supports their health, growth, and development in line with EYFS requirements.

5.1 Balanced Diet

Food provision is informed by current government guidance for early years nutrition, including "Eat Better, Start Better" or equivalent, ensuring appropriate portion sizes, meal frequency, and nutritional balance.

The setting promotes good oral health by limiting sugary foods and drinks and encouraging healthy choices in line with early years oral health guidance

Meals and snacks will:

- Reflect the four food groups (fruit/veg, starchy foods, protein, dairy/alternatives)
- Follow the EYFS "provide, limit, avoid" approach (e.g. limiting high sugar/salt foods)
- Be appropriate in portion size, texture and consistency for age

5.2 Drinks

- Fresh drinking water is available at all times and is accessible to children to promote independence
- Milk is provided daily where appropriate
- Sugary drinks, squash and fizzy drinks are not provided

5.3 Babies and Young Children (Milk Feeding and Storage)

We support parents in providing breast milk, formula milk or whole milk appropriate to the child's age and stage of development.

Expressed breast milk and formula milk are:

- Clearly labelled with the child's name, date and time of expression or preparation
- Stored immediately in a refrigerator at the correct temperature
- Used within recommended time limits and disposed of safely if no longer suitable

Formula milk is always:

- Prepared as close as possible to the time of feeding
- Made using freshly boiled water that has cooled appropriately
- Never reheated more than once

During feeding:

- Babies are held and fed by a familiar adult wherever possible
- Bottles are never propped
- Feeding follows the child's individual routine agreed with parents

We work closely with parents to ensure safe, hygienic and responsive feeding practices, recognising that babies and young children are more vulnerable to infection and require careful handling of milk and feeding equipment.

Tracking food and milk intake:

- For babies and young children, staff record food and milk intake, including quantities and timing, where appropriate.

Records are used to:

- support communication with parents/carers
- monitor children's wellbeing and feeding patterns
- identify any concerns or changes in intake

Feeding records form part of the child's ongoing care documentation and are reviewed regularly with parents.

5.4 Food from Home

Parents are responsible for ensuring food brought from home is safe to consume. The setting will only store or handle such food where safe procedures can be followed.

We encourage healthy choices. The school will manage allergens and storage safely in line with this policy and procedures.

5.6 Procedures for Reheating and Storing Food

Where food is brought from home or prepared in advance, the setting follows strict procedures to ensure it is stored and reheated safely.

- Food is stored in sealed, labelled containers - All food must be clearly labelled with the child's name and date on arrival.
- Perishable food is stored promptly in a refrigerator maintained at a safe temperature (5°C or below).
- Food is only stored for the same day unless specific safe storage guidance has been followed.
- Raw and ready-to-eat foods are stored separately
- Any food not consumed within safe time limits is disposed of safely
- Staff follow "first in, first out" stock rotation principles where applicable

When reheating food:

- Food is reheated thoroughly until piping hot throughout
- Food is only reheated once and is never reheated again if not eaten
- Food is allowed to cool to a safe temperature before being given to the child

Additional safety measures:

- Staff check food for allergens before reheating and serving
- Separate utensils and equipment are used where necessary to avoid cross-contamination
- Food that appears unsafe or has not been stored correctly is not used and is returned or disposed of appropriately

Temperature monitoring:

- Temperature checks are recorded
- Fridge temperatures are checked daily and maintained at 5°C or below
- Freezers operate at -18°C or below where applicable
- Unsafe food is disposed of immediately

All staff follow these procedures to minimise the risk of foodborne illness and ensure children's safety at all times.

6. Eating Routines

6.1 Mealtime environment

- Mealtimes are calm, social occasions where children and staff sit together wherever possible
- Staff model positive eating behaviours, including healthy food choices and good table manners
- Children are encouraged to engage in conversation, supporting communication and language development
- Routines are consistent to help children feel secure and promote positive attitudes to food

6.2 Mealtime Risk Assessment and Choking Prevention

Staffing ratios meet EYFS statutory requirements at all times during meals and snacks. Staff deployment ensures effective supervision and a prompt response to any incidents.

The setting carries out regular risk assessments of mealtimes to minimise risks to children. These consider:

- choking risks
- food types and preparation
- seating and positioning
- individual needs, including age and developmental stage
- seating arrangements and equipment
- staff supervision and ratios

Control measures include:

- preparing food to reduce choking risk (e.g. cutting, grating, mashing where appropriate)
- ensuring all children are seated safely and appropriately positioned
- maintaining direct supervision (sight and hearing) at all times
- adapting practice for children with additional needs

Risk assessments are:

- reviewed regularly (termly, following incidents, or when children's needs change)
- updated following any incident or near miss

6.3 Eating Guidance

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
- Children are supported to develop independence in eating in line with their age and stage of development, including self-feeding using appropriate utensils
- Staff provide appropriate support to ensure independence is promoted safely, balancing skill development with supervision to minimise risks such as choking

6.4 Highchairs, where used:

Highchairs are subject to daily safety checks to ensure they remain secure, stable, and suitable for use. They must be age-appropriate, compliant with relevant safety standards, and positioned to allow constant supervision while avoiding hazards such as hot surfaces and walkways.

Before each use, staff check that the highchair is stable and that the harness is in good working order. Children must be strapped in correctly at all times and must never be left unattended. Staff are required to remain within immediate reach whenever a child is in a highchair.

All equipment is cleaned and sanitised between uses. A risk assessment is in place covering safe positioning within the room and proximity to potential hazards, and this is followed consistently in practice.

7. 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

See ODST Pupil Allergy Policy

8. Food Hygiene and Food Safety Management

The setting implements a documented food safety management system in line with the Food Standards Agency "Safer Food, Better Business" (SFBB) guidance.

8.1 Food Safety Management System

The setting operates a documented Food Safety Management System in line with the Food Standards Agency's *Safer Food, Better Business (SFBB)* guidance.

This system ensures that food is handled, prepared, stored, and served safely at all times through clearly defined procedures and consistent record-keeping.

Records maintained as part of this system include:

- daily safety and hygiene checks
- cleaning schedules
- documented food safety procedures

These records are completed regularly and reviewed to ensure compliance with food safety requirements and to support ongoing monitoring and improvement of practice.

8.2 Personal Hygiene

All staff handling food must:

- wash hands thoroughly before and after handling food
- wash hands after toileting, nappy changing, or cleaning tasks
- tie back hair and avoid jewellery (except plain bands)

Staff must not prepare or handle food if unwell, particularly with vomiting or diarrhoea (48-hour exclusion rule applies).

8.3 Prevention of Cross-Contamination

Separate utensils and preparation areas are used for:

- raw and cooked foods
- allergen-specific meals

Surfaces are cleaned and sanitised before and after use.

Cloths and equipment are cleaned or disposable and surfaces are sanitised before and after use.

8.4 Temperature Control

- Refrigerators are maintained at **5°C or below**
- Freezers are maintained at **-18°C or below**
- Temperatures are checked and recorded daily
- Hot food is served at a safe temperature and allowed to cool appropriately before serving
- Where applicable, food is reheated to **piping hot (75°C equivalent)**

8.5 Cleaning and Environment

A cleaning schedule is in place covering:

- food preparation areas
- eating surfaces
- equipment (including highchairs, surfaces and utensils)

Tables are cleaned before and after each meal/snack using food-safe cleaning products.

9. 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

10. Communication with Parents and Carers

The setting works closely with parents and carers to ensure children's dietary needs are understood and managed safely. Parents must provide accurate and up-to-date information about allergies, dietary needs, and medical conditions when their child starts and whenever there are changes.

Guidance is provided on safe and healthy food from home where applicable. Food sharing is not permitted unless it has been checked and approved by staff.

11. Monitoring and Review

The setting maintains robust systems to ensure that safer eating, food safety, and hygiene practices are consistently implemented, monitored, and continuously improved.

11.1 Ongoing Monitoring

The EYFS Lead (or delegated responsible person) carries out regular monitoring to ensure this policy is implemented effectively. This includes reviewing food safety records such as temperature logs, cleaning schedules, and SFBB documentation, and observing mealtime practice to ensure appropriate supervision, safe seating and positioning, correct food preparation, and good hygiene practices. Checks also confirm that dietary, allergy, and medical needs are being managed safely and consistently.

11.2 Risk Assessment Review

Mealtime and food safety risk assessments are reviewed at least termly, and sooner where necessary, such as following an incident or changes to staffing, the environment, or children's needs. Higher-risk areas, including highchair use, baby feeding, and allergen management, are prioritised within these reviews.

11.3 Incident Monitoring and Learning

All incidents relating to eating, including choking, allergic reactions, and food safety concerns, are recorded and reviewed. The setting analyses this information to identify patterns, implement corrective actions, and update procedures and risk assessments as required. Key learning is shared with staff to support continuous improvement.

11.4 Staff Training and Competency

The EYFS Lead ensures staff receive appropriate training in areas such as paediatric first aid, food hygiene, and allergy awareness. Staff competency is monitored through supervision, observation of practice, and refresher training where needed to maintain high standards.

11.5 Audit and Compliance Checks

Regular internal audits are undertaken to ensure compliance with EYFS requirements, Food Standards Agency guidance, and this policy. Where gaps are identified, actions are agreed, timescales set, and progress monitored to ensure improvements are implemented effectively.

11.6 Policy Review

This policy is reviewed at least annually, following any significant incident, or when there are updates to statutory guidance or best practice. Reviews take account of monitoring findings, incident data, and feedback from staff and parents/carers.

11.7 Accountability

Overall responsibility for implementation and monitoring sits with the EYFS Lead. The Headteacher and governing body receive assurance, where appropriate, that effective systems are in place to safeguard children during eating and drinking.

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.