

## Safer Eating Policy

### **Aims**

This policy is in place to:

- Provide guidelines for parent/carers on the expectations for packed lunches brought from home
- Comply with food hygiene and safety regulations.
- Protect children with allergies and dietary needs.
- Provide information for staff to recognise symptoms of allergies and anaphylaxis.

At Malvern Special Families (MSF) we are committed to ensuring food safety in accordance with:

- [Early Years Foundation Stage \(EYFS\) statutory framework](#)
- [Health and Safety regulations including food hygiene regulations and safe storage practices](#)
- [The NHS Children's food: safety and hygiene](#)

### **Policy Statements**

All staff and volunteers working with children in MSF adopt and promote our Safer Eating Policy.

All parent/carers are responsible for providing packed lunches, snacks and drinks that are safe, meet their child's needs and adhere to the Safer Eating Policy and the Nut Free Policy.

### **Packed lunches**

#### **(Saturday Clubs and Holiday Playschemes)**

At Saturday Clubs and Holiday playschemes children bring packed lunches and snacks supplied by their parents /carers. Parents /Carers should make sure that portion sizes are the right size for their child and enough to last throughout the club day.

Parent /Carers should make sure that food provided in packed lunches is in **manageable pieces** and is not a choking hazard for their child. For example:

- remove any stones and pips from fruit before serving
- cut small round foods (like grapes, strawberries and cherry tomatoes) lengthways and into quarters
- cut large fruits (like melon) and hard fruit or vegetables (like raw apple and carrot) into slices instead of small chunks
- do not offer meat or fish with bones in
- cut cheese into strips rather than chunks
- consider wholemeal as white bread can form a doughy ball in the throat
- consider not providing popcorn as a snack
- consider not providing marshmallows or jelly cubes from a packet
- do not give children hard sweets, or gum.

### **Items to avoid:**

Parents/Carers must not provide nuts or nut-based products, including pesto and Nutella, in lunches or snacks. (These are strictly prohibited due to allergies). Clubs are a nut free zone.

### **Safe Storage & Handling of Packed Lunches**

To ensure compliance with food safety:

- All packed lunches should be provided in a clearly labelled, insulated lunchbox.
- Parents/Carers are advised to bring packed lunches in suitable lunch boxes which should include ice packs to keep perishable food fresh.
- Refrigeration is not available; therefore parents/carers should pack food that remains safe in the lunchbox provided and stored at room temperature whilst at club.
- We are unable to heat/ re-heat food for food hygiene purposes.

- Staff will monitor lunches for compliance with food safety standards.
- Any unsafe or unsuitable food will be returned home, and parents/carers will be informed.
- Children are only allowed to eat their OWN food and cannot share packed lunches.

Staff will, within reason, send any uneaten packed lunch food items back home. This is so that parents/carers can also monitor what their child has consumed during the day and then raise any concerns over their child's food intake with the club.

### **Safer Eating Regulations**

(The new Safer Eating regulations, 3.63 – 3.70 EYFS Statutory Framework for Group and School based providers.) Although we are not an Early Years provider, many of our children need close supervision and assistance whilst eating and drinking due to their additional needs and disabilities. Therefore, we will refer to the new regulations where appropriate. The measures included are:

- At any time when children are eating, a paediatric first aid (PFA) trained member of will be present.
- Before children come to our clubs, information is gathered about special dietary requirements, preferences, food allergies and intolerances and other health requirements. All staff have access to this information, and each child will have an allocated staff member responsible for checking any food and drink offered is safe for them to eat each day.
- Parents/carers, and healthcare professionals in some circumstances, will be consulted in order to create care plans for children with allergies.
- Introducing new foods in consultation with parents/carers, considering the individual child needs.
- Appropriately sized chairs will be used for seating children safely while eating.
- Children will be closely supervised and listened to while eating and drinking. Our play staff sit socially with the children during mealtimes; this allows them to react quickly in the case of choking or allergic reactions. It also enables them to prevent children eating from other children's their packed lunches.
- When a child experiences a choking incident that requires intervention from a member of staff, such as back pats, we will record the details of the incident and inform parents and carers.
- Any patterns or common issues will be identified and addressed.

### **Food allergies**

Parent/carers will have ongoing communication between MSF regarding allergies and intolerances. Children's information and care plans are reviewed and updated at least annually and shared with all club staff.

**All staff** will read this policy and be able to recognise symptoms of allergies and anaphylaxis and we have trained staff present at every club for emergency drug administration for anaphylaxis.

### **What is anaphylaxis?**

- Anaphylaxis is a severe systemic allergic reaction.
- It is at the extreme end of the allergic spectrum.
- The whole body is affected usually within minutes of exposure to the allergen.
- It can occur within minutes of exposure to an allergen, although it can take several hours.

### **Signs and symptoms**

- Swelling of the mouth or throat.
- Difficulty in swallowing or speaking.
- Alterations in the heart rate.
- Hives (nettle rash) anywhere on the body.
- Abdominal cramps, nausea and vomiting.
- Sudden feeling of weakness.
- Difficulty breathing.
- Collapse and unconsciousness.
- Sense of impending doom.

### **Healthy Eating Policy**

Reviewed January 2026

## Common triggers

In the case of allergy (and therefore anaphylaxis), the trigger is an allergen. A child's particular allergen can cause a reaction if touched, inhaled or eaten - this can be in very tiny amounts.

When a person with allergies comes into contact with an allergen for the first time, their body perceives the allergen as a threat and makes antibodies to fight it. The next time they come into contact with their allergen their immune system overreacts, chemical substances including histamine are released from the cells in the body, and we see the symptoms we have just discussed.

- **Peanut allergy** - The most common cause of severe allergic reaction. Peanuts are legumes rather than nuts. Reactions can be unpredictable. It is common for people with peanut allergy to react to tree nuts, and vice versa.
- **Tree nut allergy** - Such as Brazil nuts, hazel nuts, almonds, walnuts and cashew. As some children with peanut allergy go on to develop allergies to tree nuts as well, families are usually advised to avoid all nuts.
- **Sesame allergy** - An unpredictable allergy like peanut allergy and usually life-long.
- **Milk allergy** - Usually outgrown by school age.
- **Egg allergy** - About 50% will outgrow this by school age.
- **Fish and shellfish allergy** - With fish and shellfish, it is possible to be allergic to one type and not to others.
- **Latex allergy** - This is an allergy which can cross-link. People with latex allergy may also be allergic to banana, kiwi, avocado or horse chestnut.
- **Kiwi and Lupin** - These allergies are on the increase.

## Managing the condition

- Allergen avoidance.
- Risk assessment.
- Kitchens and dining areas kept clean of food allergens.
- Knowledge of food ingredients at mealtimes.
- Discouragement of food sharing.
- Easy access to emergency medication.
- Trained staff.

## Medicines and treatments

Treatment of anaphylaxis requires intramuscular adrenalin - an injection of adrenalin into the muscle. Adrenalin works by:

- reversing swelling
- relieving asthma symptoms
- constricting the blood vessels
- stimulating the heartbeat.

Every child at risk of anaphylaxis will be prescribed an adrenaline auto-injector (EpiPen). Children at risk of anaphylaxis must attend clubs with their EpiPen. We have staff present at every club who are trained in emergency drug administration. Trained MSF staff will follow the child's care plan in an emergency.