Suspected Food Poisoning in Singapore: Treat the Person and Preserve the Report

Description

When several people become ill after a meal, care comes before blame. One person may need urgent medical attention while another records the dishes, times and receipts needed for a useful food-safety report. Keeping those tracks separate avoids both dangerous delay and an evidence file built on guesswork.

This guide is for a diner or household dealing with vomiting or diarrhoea after a shared meal. The decision is to choose home care, GP or emergency help, while preserving the meal and establishment evidence needed for an SFA feedback report.

Use MOHâ??s symptom ladder

MOH advises fluids for ordinary diarrhoea and vomiting and lists escalation points. See a GP when symptoms worsen, do not improve in a few days, prevent eating or drinking, or involve a persistent fever of 38Â°C or above for more than three days. The patientâ??s age and medical conditions may justify earlier advice. MOH diarrhoea and vomiting guidance.

Emergency red flags are specific

MOH directs people to the emergency department for severe stomach pain, severe dehydration such as marked thirst, giddiness and weakness, blood in vomit, or bloody or black sticky stools. Do not wait to complete a restaurant complaint before seeking urgent care for those signs.

Create a diner timeline

For each diner, record what was eaten, meal and symptom times, symptoms, medical care and whether anyone did not become ill. Preserve the receipt, order confirmation and establishment details. A shared meal followed by illness is useful context but does not by itself identify the food or prove causation.

Handle leftovers safely

Do not taste suspected leftovers to investigate. Keep relevant packaging and food only if it can be stored safely and without contaminating other items. Photograph labels, batch details and condition. Follow SFA or a clinicianâ??s instructions if samples or further information are requested.

Submit a report SFA can investigate

SFAâ??s current feedback form asks for structured details such as the outlet, type of food, incident date and time, location, description and attachments. Provide facts, not a public accusation, and retain the case number so additional diner or medical information can be linked later. SFA feedback form.

The two working tools

The first original unit is a symptom-severity route that quotes MOHâ??s red flags without diagnosing food poisoning. The second is an incident sheet joining diners to dishes and time intervals. A person who ate the same dish but remained well is evidence too; do not delete that row because it weakens an early theory.

Condition	Immediate route	Record after care begins
Mild and able to drink	Home care and pharmacist advice where suitable	Fluids, meals and symptom times
Worsening or not better in a few days	GP	Clinical assessment and advice
Vomiting prevents food or drink, or persistent high fever	GP promptly	Temperature and hydration history
Severe pain, severe dehydration, blood in vomit, bloody or black sticky stool	Emergency department	Do not delay care to gather evidence

Keep the decision usable after today

A first check can go stale before the task is finished. Put use mohâ??s symptom ladder, emergency red flags are specific and create a diner timeline on separate dated lines instead of combining them into one â??doneâ?• box. Attach the authority page or document beside the line it supports, record the person who checked it, and write the exact event that will force another check. That event may be a changed account, amended filing, new appointment, revised timetable, altered access route, later test run or updated dataset. The format matters because a future reader must be able to see which fact changed without repeating every part of the exercise.

Next, give the two original tools different owners. The person maintaining a symptom-severity routing table for home care, pharmacist, GP and emergency department should preserve the inputs and arithmetic or branch logic. The person maintaining a food-incident evidence checklist covering diners, dishes, times, receipts, leftovers and symptoms should confirm that the final action followed the chosen route. One person may perform both roles, but the evidence should still distinguish calculation from

execution. This prevents a correct plan from being mistaken for proof that the payment, filing, trip, report, repair, training or release actually happened.

Before relying on the result, ask a second reader to reproduce the conclusion from the saved material without being told the preferred answer. They should be able to match the right person, entity, account, property, route, service or software version; identify the controlling date; and explain the strongest stop condition. If they reach another branch, do not average the two answers. Reopen the disputed source, definition or input. A decision that cannot be reproduced is not ready for a consequential step.

Worked example

Three diners share four dishes. Two develop vomiting eight and ten hours later; one remains well. One ill diner becomes giddy and cannot keep fluids down, so the household seeks medical help first. Another records the receipt, dish matrix, symptom times and outlet. The SFA submission says â??suspected food-borne incidentâ?• and does not claim a confirmed cause.

The example is a calculation or decision illustration, not a report of an interview, purchase, visit, transaction, taste test or personal outcome. Replace its inputs with the readerâ??s own current evidence.

Where this can go wrong

- Delaying urgent care while trying to complete the incident timeline.
- Naming one dish as the cause because it seems unusual.
- Discarding receipts, packaging and order details before reporting.
- Posting allegations or fabricated certainty instead of submitting structured facts to SFA.

Before acting

1. Apply MOHâ??s red flags and prioritise the patient.
2. List every diner, dish and symptom time.
3. Preserve receipts, order records, packaging and safe photographs.
4. Submit factual details and attachments through SFAâ??s current form.
5. Keep the case number and add medical or diner evidence when requested.

Limits and useful next reading

This article does not diagnose illness or prove a food source. Symptoms can have non-food causes and incubation periods vary. Use a clinician for personal medical advice and SFA for investigation. In an emergency, call 995 or seek immediate care.

For the next related decision, see another service-level wayfinding guide. It is also useful to check official hawker-centre closures before a visit.

Date Created
31/08/2026
Author

claratan