

A Practical Guide for Ensuring Food Safety in Residential Care Homes



Introduction

In Hong Kong, residential care homes for the elderly and persons with disabilities play a vital role in providing care and support to vulnerable populations. Residents of care homes are often at a higher risk of severe complications due to chronic conditions and weakened immune systems. Residential care homes are collective living environments where communicable diseases can easily spread. In this setting, unsafe food handling practices – such as improper storage, inadequate cooking and cross-contamination, can lead to serious food poisoning outbreaks. To address this, food handlers and residential care home staff must be aware of the specific risks associated with food preparation and distribution, and implement robust food safety measures tailored to the needs of this vulnerable population.

This guide is intended to provide practical and comprehensive information needed for building and maintaining a safe food environment in residential care homes. It outlines key principles, including the Five Keys to Food Safety and Good Hygiene Practices (GHPs), as well as other important areas that should be addressed in order to build a comprehensive food safety programme.



The guide is divided into six chapters:

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The following symbols are used in this set of guidelines as reminders:

 Warning Sign	 Magnifier	 Light Bulb
Good Hygiene Practices (GHPs) that food handlers tend to overlook and should take note of	Detailed relevant information or external guidelines	Additional information to facilitate the implementation of the GHPs

1

Food Safety Basics

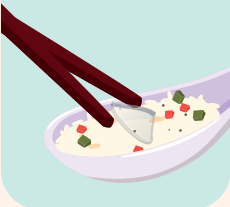


Residents of residential care homes (including elderly individuals and persons with disabilities) are generally more vulnerable to foodborne illnesses due to weakened immune systems and, in some cases, chronic health conditions. Age-related changes, such as reduced stomach acid and slower digestion, can allow harmful bacteria to thrive, while impaired liver and kidney function may hinder the body's ability to eliminate toxins. Additionally, medications used to manage chronic diseases may further compromise immunity, increasing the risk of infections from contaminated food.

Given these vulnerabilities, implementing safe food handling practices is essential in residential care homes. Meals are prepared and served multiple times daily, and food can be exposed to contamination at various stages—from procurement to serving. To minimise risks, food handlers should follow the **Five Keys to Food Safety** and adhere to **Good Hygiene Practices** (GHPs) throughout the food supply chain. Proper personal, environmental and food hygiene can help to prevent cross-contamination and ensure that all food served is safe to eat.

Food Hazards

Food hazards have the potential to harm consumers' health, and they arise when food is exposed to hazardous agents, resulting in food contamination. They are subdivided into four primary categories:

Hazard	Description	Examples
Biological hazards 	They are mainly microorganisms that cause illness.	Bacteria, yeasts, moulds, viruses and parasites
Chemical hazards 	They occur when chemicals are present in food at levels that can be hazardous to humans.	- Natural toxins (from food plants and animals), mycotoxins (from mould) and pesticide residues - Detergents, sanitising agents, bleaching agents and insecticides
Physical hazards 	They are associated with the presence of foreign objects.	- Foreign objects such as wood, glass or metal chips from damaged tools or utensils - Accessories worn by food handlers, hair or plasters
Hazards from food allergens 	Food allergy refers to the immune system's reaction to certain substances or ingredients in foods.	Some elderly or staff may be allergic to specific foods or food ingredients. Please see <i>Chapter 4</i> for more details

Food Contamination

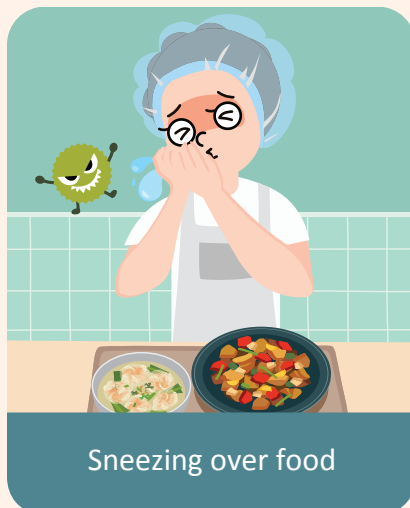
There are three ways in which food contamination could happen: primary, direct and cross-contamination.

1 Primary Contamination

Occurs in primary food production processes such as harvest, slaughter, collecting, milking and fishing. An example is the contamination of eggs by a hen's faeces.

2 Direct Contamination

The contaminants (hazards) affect the food when the person handles it with direct contact. This is the most common type of contamination. Some examples are:



3 Cross-contamination

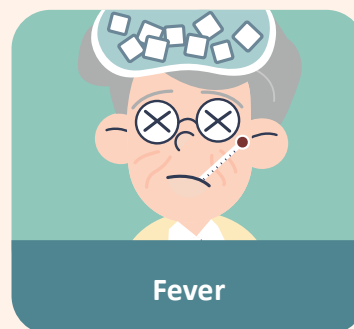
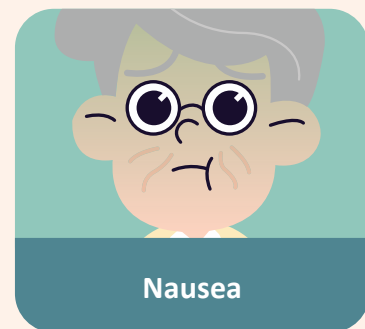
The contamination is caused by the transference of a hazard present in a food to another food via the surfaces of utensils that have contact with both without requisite cleaning and disinfection. Some examples are:



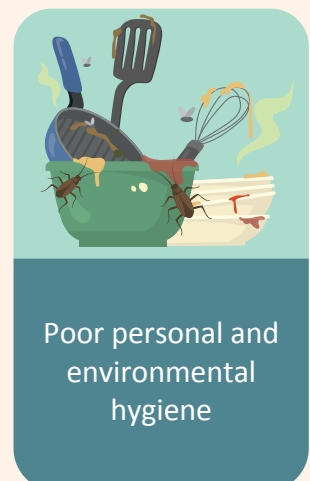
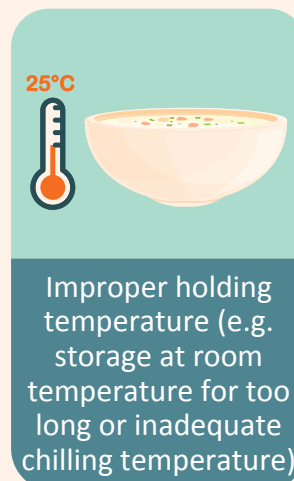
Food Poisoning

Food poisoning, also known as foodborne diseases, is usually caused by the consumption of contaminated food or water containing bacteria (e.g. *Salmonella*), viruses (e.g. norovirus), parasites or toxins (e.g. ciguatoxin). Depending on the causative agent involved, patients may fall ill within hours or days after the consumption of contaminated food.

Common symptoms of food poisoning include nausea, abdominal pain, diarrhoea, vomiting and fever.

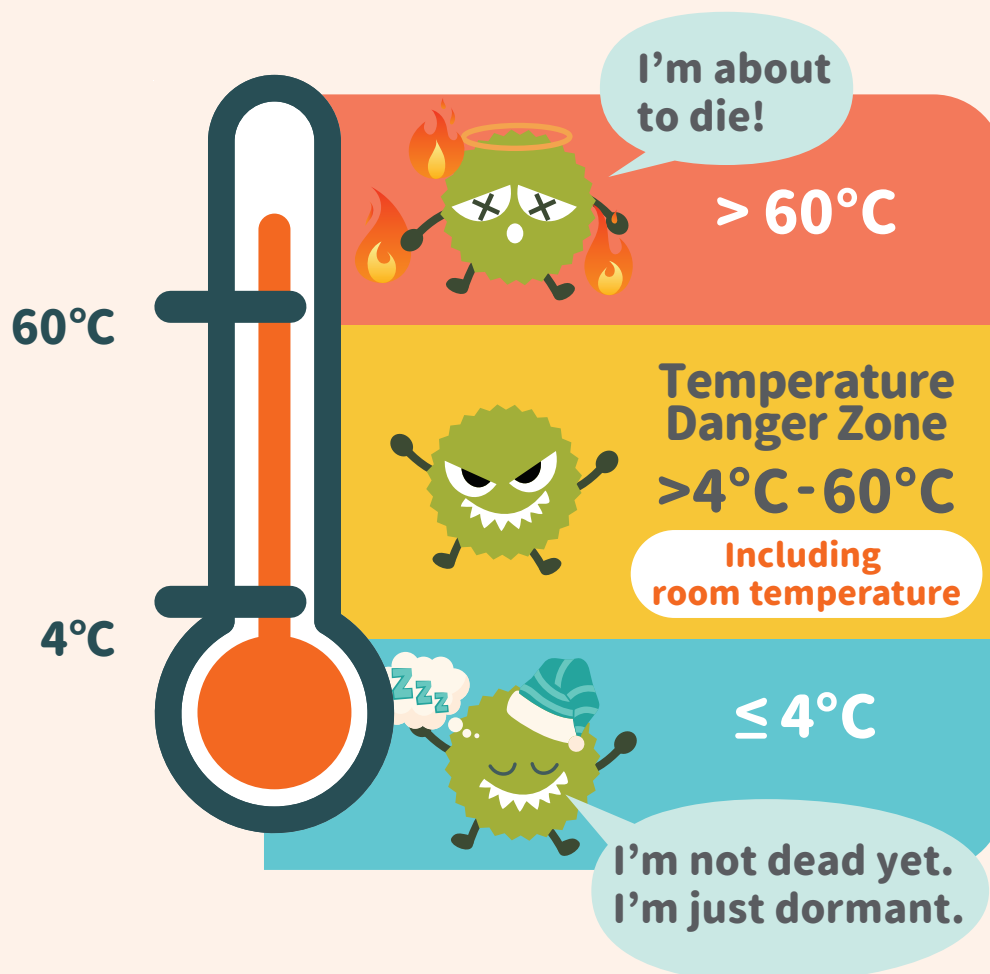


Bacteria and viruses are the most common causative agents of foodborne diseases related to food premises and food businesses. The top causes of food poisoning are:



Temperature Danger Zone

Storing food at the Temperature Danger Zone (i.e. between 4°C and 60°C) can allow various types of bacteria to grow rapidly. Therefore, proper temperature control to keep food away from the Temperature Danger Zone at all stages of food preparation is important to prevent bacterial food poisoning. While chilling will inhibit bacterial growth (but cannot kill them), high temperature treatment can destroy bacteria effectively.



2-hour / 4-hour Rule: to Keep, to Eat or to Throw Away?

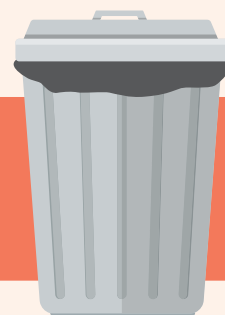
The **2-hour / 4-hour rule** is a good way to keep food safe even if it has been out of refrigeration or placed at ambient temperature after cooking. The rule has been scientifically proven and is based on how fast microorganisms grow in food at the Temperature Danger Zone between 4°C and 60°C.

The table below outlines the 2-hour / 4-hour rule. ✓ means "yes" and ✗ means "no".

Food held at 4°C-60°C for	For refrigeration to use later	For immediate consumption
<2 hours 	✓	✓
2-4 hours 	✗	✓
>4 hours 	✗	✗



Prepared foods held at temperatures between 4°C and 60°C for 4 hours or more **must be thrown away**.



Five Keys to Food Safety and Good Hygiene Practices

To prevent food poisoning, food handlers and other staff should follow the “Five Keys to Food Safety” as below:

1



Choose

Choose safe raw materials

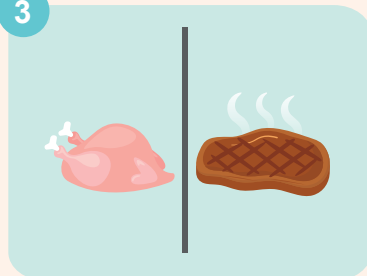
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Clean

Keep hands and utensils clean

3



Separate

Separate raw and cooked food

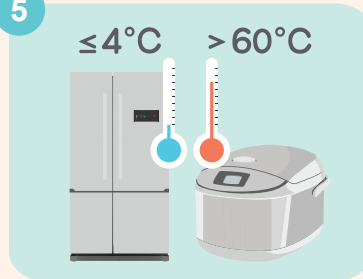
4



Cook

Cook thoroughly

5



Safe Temperature

Keep food at safe temperature

Good Hygiene Practices (GHPs) are an extension of the "Five Keys to Food Safety" to cover personal hygiene, environmental hygiene and food hygiene. Apart from preventing contaminants during food production and maintaining well-equipped establishments, operation monitoring, product information, food delivery and on-going training are equally important. GHPs are fundamental to ensuring food safety. We will elaborate on GHPs in [Chapter 2](#).

Training of Food Handlers

Any staff member who prepares or handles food (including catering contractors) in a residential care home should be supervised, instructed, and trained in food hygiene matters before reporting duty to ensure that they are familiarised with the working environment and adhere to safe food preparation practices. Food handlers should be trained according to their responsibilities, working environment and tasks. Refresher training is also essential, whereas the frequency will vary depending on the type of facility, its risks, the foods/drinks given and the competence of the staff. It is recommended to provide retraining courses to food handlers every two years.



2

Serving Meals at Residential Care Homes

1 Advice for Residential Care Homes with On-Site Kitchen

Preparing meals for dozens or even hundreds of residents in an on-site kitchen presents significant food safety challenges. Without proper controls, large-scale food production can increase the risk of contamination and foodborne illness.

During bulk cooking, heat from the heat source may not be evenly distributed throughout the food, resulting in food that is not thoroughly cooked or warmed enough before consumption. Similarly, food prepared in large quantities may remain in the Temperature Danger Zone (4°C to 60°C) for extended periods, creating ideal conditions for harmful bacteria to multiply. Cooling large volumes of food is also problematic, as heat retained in the core of the food may not dissipate quickly enough, allowing pathogens to grow.

In addition, insufficient kitchen space, improper workflow design, and poor hygiene practices can significantly increase the risk of cross-contamination between raw and ready-to-eat or cooked foods. Shared equipment, inadequate separation of work areas, and lack of proper cleaning procedures further compound these risks. To mitigate them, it is essential to have well-trained food handlers and adequately designed and equipped kitchen facilities that support safe food handling practices at every stage— from purchasing and receiving, through storage and preparation, to cooking, holding and distribution.

To ensure food safety in residential care homes, operators should ensure that the kitchen is sufficiently large, well-equipped, regularly maintained and hygienic, and the staff who prepare and handle food are supervised, instructed and trained in food hygiene practices.

The following section is adopted from the Food Safety Guide: An Illustrated Guide to Good Hygiene Practices for Food Handlers published by the Centre for Food Safety (CFS). It outlines the GHPs necessary for working in a kitchen. All food handlers working in residential homes are advised to review the materials before commencing work.



Scan the QR code to access the *Food Safety Guide: An Illustrated Guide to Good Hygiene Practices for Food Handlers*



A Purchase

- Purchase food ingredients from licensed and reputable suppliers.
- Purchase food ingredients that are fresh and wholesome.
- Avoid providing any raw or undercooked food to residents, as they are high-risk foods with no or inadequate heat treatment involved to eliminate the microorganisms present. For details please refer to **Chapter 3**.

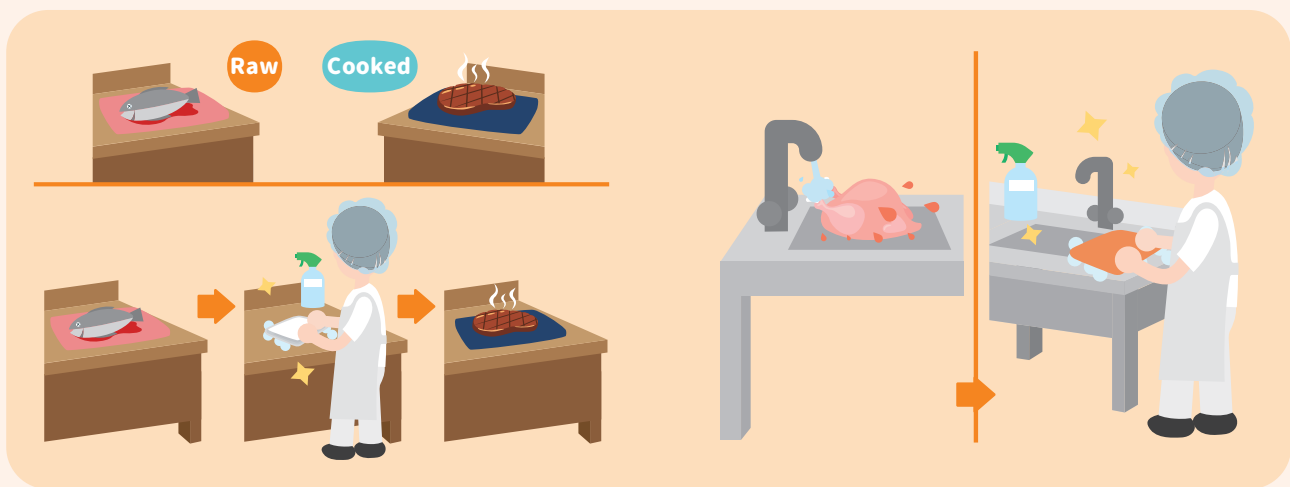
B Receiving and Storage of Raw Materials

- Check food for its quality, appearance, expiry dates, labelling and package integrity upon arrival and prior to storage. Check for any signs of infestation. Dispose of any suspicious foods that could compromise food safety.
- Store perishable foods, such as raw meat, pasteurised milk and cheese, in a refrigerator immediately after checking is completed.
- Store raw foods separately from cooked and ready-to-eat foods to avoid cross-contamination.
- Store food items to be kept at room temperature, such as canned food, cereals and potatoes, in a cool and dry place.
- For prepackaged foods, follow the storage instructions on the package.
- Practise an effective stock rotation system, e.g. the first-in-first-out principle.
- Store chemicals and cleaning equipment away from food storage areas.

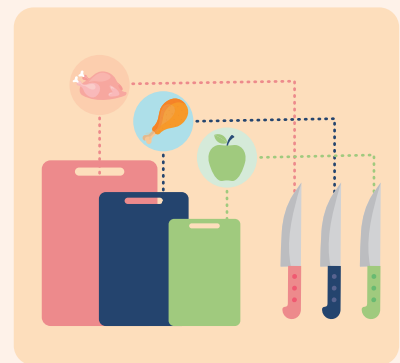


C Preparation

- Ensure that adequate facilities such as wash basins, refrigerators, cutting areas, defrosting areas or cooking appliances are available in the kitchen.
- Use separate food preparation areas to handle raw, cooked and ready-to-eat foods. No unauthorised switch of area use should be allowed. If raw, cooked and ready-to-eat foods need to be handled in the same preparation area, disinfect the area thoroughly between uses.
- Should washing raw meat or poultry be needed, clean and sanitise the sinks and the surrounding areas afterwards.

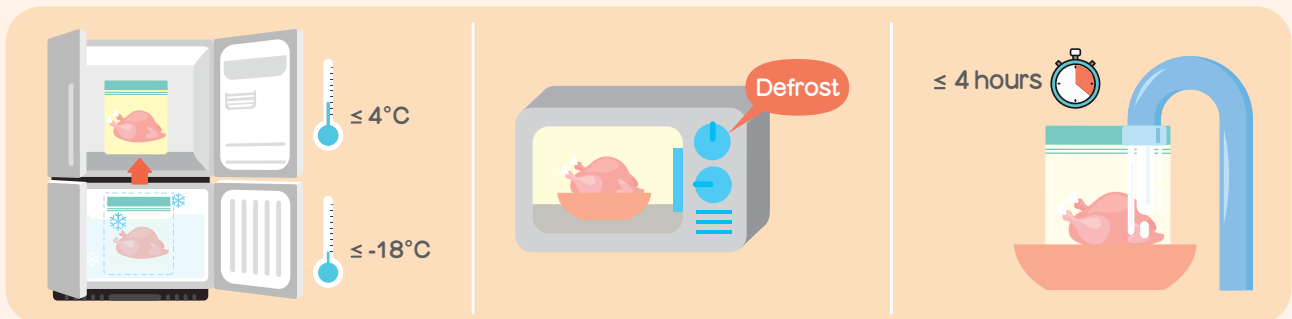


- Use designated tools and utensils, e.g. chopping boards and knives for handling raw and cooked/ready-to-eat foods.



- Fruits and vegetables should be washed thoroughly under clean running water before preparation. Scrub hard surfaces of produces, such as melons, with a clean brush to remove dirt and contaminants.
- Keep chilled (perishable) food out of the refrigerator for as little time as feasible during preparation.

- Defrost frozen foods in a refrigerator at 0°C to 4°C, in a microwave, or under clean and cool running water. Food defrosted by the latter two methods should be cooked immediately after defrosting. **Do not defrost food at room temperature.** Except for food properly defrosted in the refrigerator, refreezing defrosted foods is not acceptable.

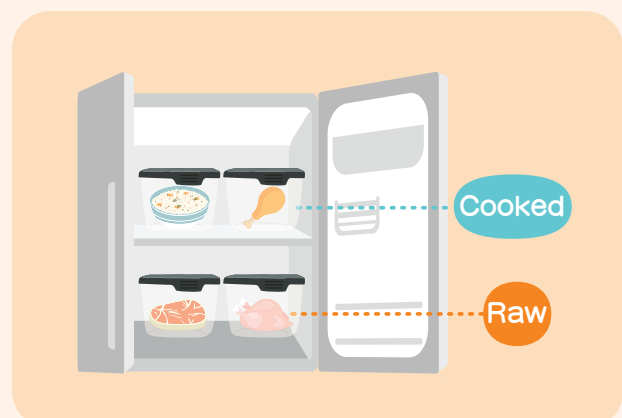
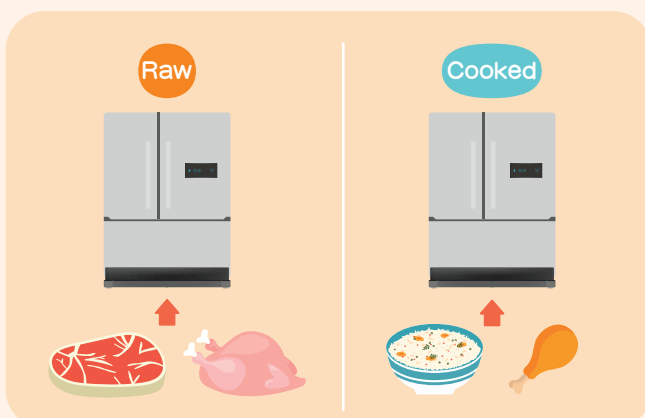
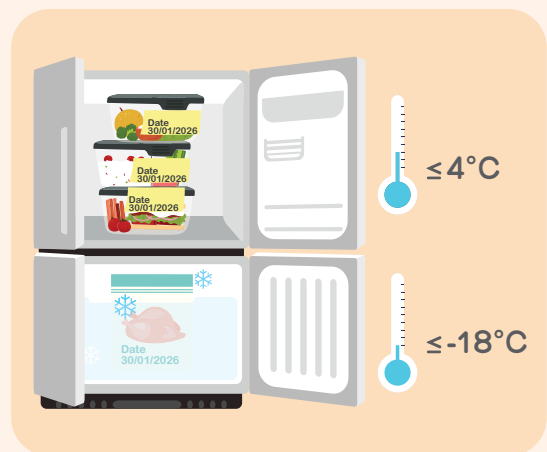


D Cold Storage



Chilling does not kill harmful bacteria, but can help to stop them from growing. If food is improperly chilled, it can enter the temperature danger zone (4°C to 60°C) and encourage bacteria to grow, increasing the risk of food poisoning.

- Perishable food should be wrapped or put into an airtight container, and stored at the correct temperature:
 - Chilled food: 4°C or below
 - Frozen food: -18°C or below
- Ideally, use separate refrigerators for raw foods and cooked foods. Otherwise, store cooked or ready-to-eat foods on the upper shelves of the refrigerator, and raw foods on the lower shelves.



E Cooking and Reheating

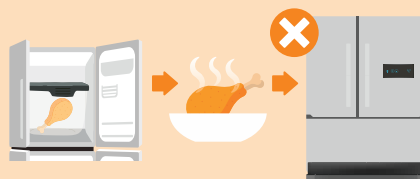


Proper cooking and reheating are important ways of eliminating bacteria or pathogens that can cause serious foodborne diseases.

- Always cook or reheat foods thoroughly before serving. Using a food thermometer to ensure that the centre or the thickest part of the food reaches 75°C or above for at least 30 seconds.
- Reheat foods only once; do not refrigerate them again after reheating.
- Follow the cooking instructions on the food packaging, if present.
- Preferably adopt the “cook-serve system” (i.e. serve the food right after cooking) to shorten the preparation time.
- All leftovers should not be kept in the refrigerator for more than 3 days.



Can only be reheated once



F Hot and Cold Holding



Prolonged storage of food at room temperature can allow bacteria to thrive and spores to germinate, proliferate and even generate heat-resistant toxins.

- Pre-cooked foods, especially rice, pasta, eggs, meat, poultry and gravy, should be stored properly in hot- or cold-holding devices within two hours of cooking if not served immediately.
- Preheat suitable hot-holding equipment before storing hot food ingredients. Food must be kept at temperatures over 60°C.
- Pre-chill cold-holding equipment before storing cold food ingredients. Food must be kept at 4°C or below.



Keep hot food hot



Keep cold food cold

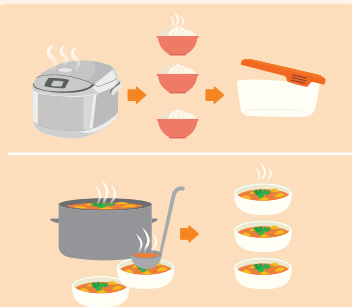
G Cooling



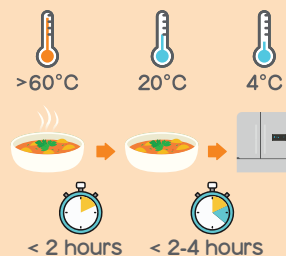
Cooked food, if not immediately consumed, should be cooled down quickly using safe chilling methods. When food such as cooked rice, pasta, noodles, beans, nuts, eggs, casseroles and meat-containing sauces sits out at room temperature for too long, harmful bacteria can grow and produce toxins. Certain toxins are heat-stable and cannot be eliminated even by thorough reheating.

1 Two-stage Cooling Method

- Cooked food is divided into smaller portions and placed in shallow containers.
- Food is cooled down stepwise from 60°C to 20 °C within two hours, and then cooled further from 20°C to 4°C within two to four hours.
- An ice water bath, paired with stirring, can help to speed up the cooling process.
- A thermometer is used to ensure that the ice water temperature remains consistently at 4°C or below.



To speed up cooling, the food can be divided into small portions and placed in shallow covered containers in a well-ventilated area.



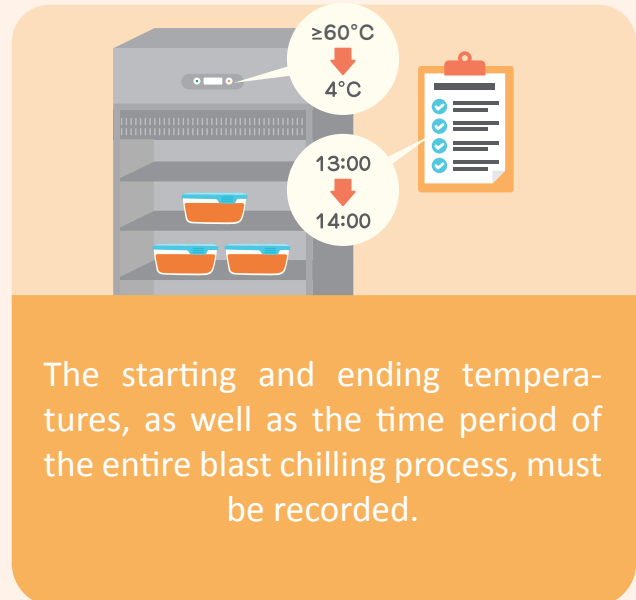
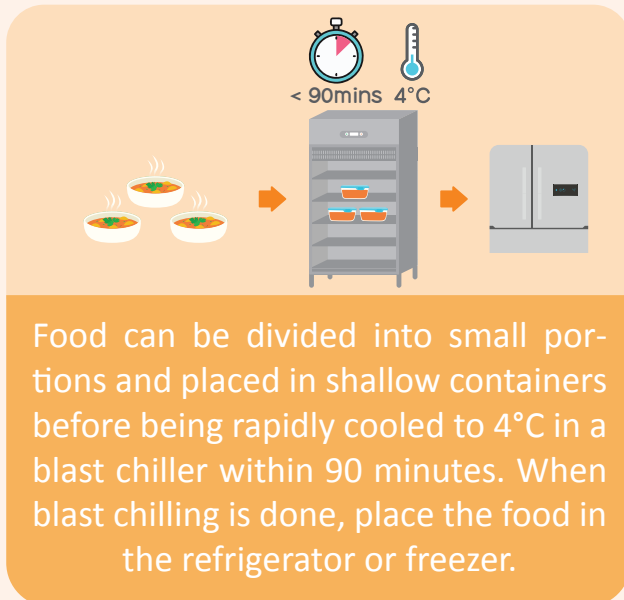
Food can be cooled down stepwise from 60°C to 20°C within two hours, then from 20°C to 4°C in a refrigerator within two to four hours.



An ice water bath, paired with stirring, can also help to speed up cooling, but a thermometer should also be used to ensure that the ice water temperature remains at 4°C or below consistently.

2 Blast Chilling Method

Food is divided into smaller portions and placed in shallow containers before being rapidly cooled down to 4°C in a blast chiller within 90 minutes.



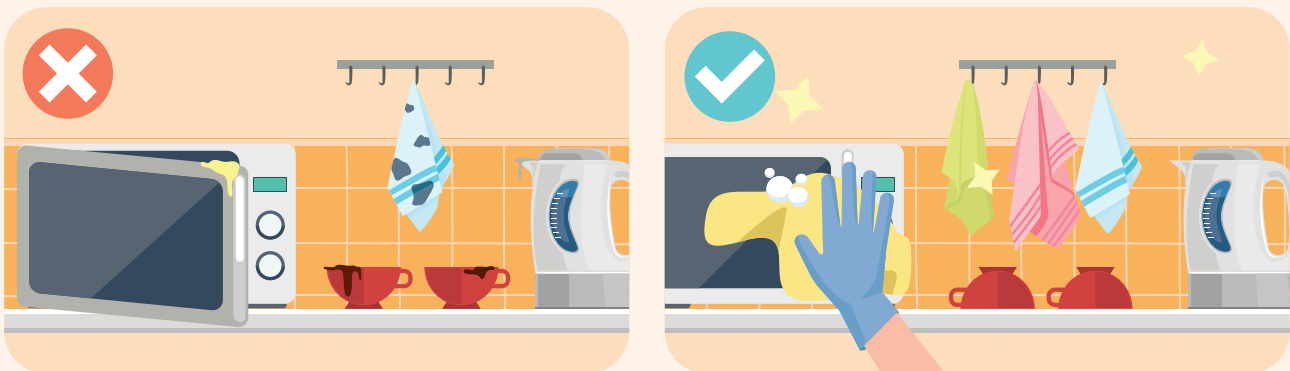
H Distribution

When portioning food at residential care home:

- There should be clean and adequate space, equipment (e.g. electric warming devices or insulated containers) and designated utensils for portioning. Sufficient manpower should be arranged to portion and distribute meals efficiently.
- Cooking and portioning should be performed in separate areas.
- There should be a complete set of hand-washing facilities for food handlers.
- Kitchen staff appointed for portioning should wear hand gloves and change them when they are torn or soiled. Hair nets, aprons and masks may be worn as appropriate.
- Food temperature should be checked just before distributing meals to residents. Hot food should be kept above 60°C while chilled food should be kept at 4°C or below. All foods, once portioned, should be consumed immediately and finished within two hours.
- Reusable containers and cutlery should be stored in sealed cupboards or containers that are rendered proof against dust and pests.

2 Advice for Residential Care Homes with Mini-kitchens / Pantries

Some residential care homes may provide mini-kitchens or pantries, allowing both residents and staff to handle foods that do not require complex preparation. However, the communal nature of these spaces may pose a higher risk of various food safety concerns, including cross-contamination and allergen exposure. While operating such mini-kitchens or pantries, residential care homes should ensure that:



- Work surfaces and equipment that come into contact with food (e.g. microwave, oven, knives, cutlery, cloths, trays, and trolleys) are thoroughly cleaned and sanitised using either boiling water or food-grade disinfectants in a timely manner.
- Designated tools and utensils (e.g. chopping boards and knives), are used specifically for handling ready-to-eat foods.
- Raw food ingredients should not be prepared in mini-kitchens or pantries; instead, these should be handled in the main kitchen to reduce contamination risks.
- Refrigerators are operated at safe temperatures (Chilled state at 4°C or below; frozen state at -18°C or below).
- A separate cleansing schedule and a record documenting the individual responsible for the cleaning, the cleaning frequency, and any corrections taken are well maintained.
- Allergen-free foods are stored separately whenever possible.
- Preparation areas are thoroughly cleaned after handling allergens.
- At least one wash hand basin for use by both residents and staff is equipped (See Appendix 1).
- Supervision or periodic checks are performed to maintain a hygienic environment.

3 Advice for Ordering Meals from Suppliers

Some residential care homes may place meal orders for their residents through an external meal supplier. When selecting a meal supplier, residential care homes should ensure that:

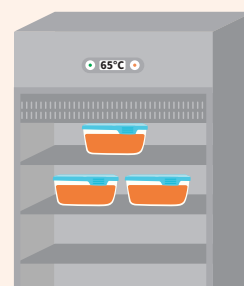
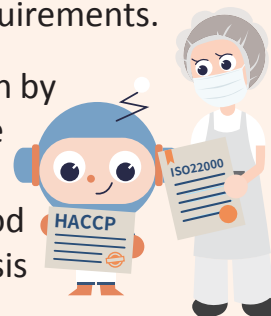
- The supplier has obtained a licence (“Food Factory (Approved to Supply Meal Boxes)”) issued by the Food and Environmental Hygiene Department (FEHD).



The list of licensed caterers is available here.



- The supplier keeps a good food safety record as revealed by FEHD health inspectors’ inspection record to the supplier regularly.
- The choice of food, preparation standards, temperature control during the processes and delivery, food storage methods and meal box distribution are clearly stipulated in the contract. The supplier should monitor the aforementioned items properly to guarantee that they comply with the contractual requirements.
- The supplier observes proper hygiene practices during production by visiting their premises during the peak hours of operations before placing a long-term order for meal boxes. Additional establishment, monitoring and record of procedures on food safety management with certifications, such as Hazard Analysis and Critical Control Point (HACCP) or ISO 22000 are in place.
- The holding temperature of meals is properly monitored during delivery of meal boxes by the supplier.
- Maintain good communication with the delivery service provider to minimise the time in which the food is exposed to dangerous temperatures. Electric warming trolleys can be used to keep food consistently hot before use. When the meals arrive, distribute and consume them as soon as feasible.



If there are sub-contractors engaged to take up production for meal boxes on behalf of the licensee or to manufacture ready-to-eat foods as part of the food components in the meal boxes, they should also hold a valid and relevant food factory licence.

4 General Advice on Personal and Environmental Hygiene

A Personal Hygiene

Residential care home staff and residents should maintain good personal hygiene. Visual cues such as posters can be displayed in and around toilets and dining areas to remind staff and residents to practise good personal hygiene including proper hand hygiene during meal times. There should be enough wash basins. Disposable paper towels and liquid soap should be kept near the wash basins.

Residential care home staff and residents

Residents should be taught on the topics of basic food hygiene and personal hygiene. Washing hands properly before eating, after using the toilet, touching one's face, coughing, sneezing or blowing one's nose, and touching articles for common use greatly helps to prevent the spread of infectious diseases.

Residential care home staff and residents should:

- Maintain good hand hygiene and wash their hands thoroughly with liquid soap and water for at least 20 seconds before and after handling food, before eating and after going to the toilet. Dry hands with a disposable paper towel.
- Cover both the nose and mouth with a handkerchief or tissue paper when coughing or sneezing.
- Wrap up sputum with tissue paper and discard it into a garbage bin with lid.

Food Handlers

Food handlers should be trained regularly and observe good personal hygiene during food preparation at residential care homes. Any staff member who shows symptoms of illness such as diarrhoea, abdominal pain and vomiting, should refrain from handling food to ensure food safety.

During food preparation, staff should:

- Wash hands thoroughly with liquid soap and water for at least 20 seconds before and after handling food, after coughing, sneezing or blowing the nose, handling waste and chemicals, cleaning up, going to the toilet and contacting respiratory secretions.



Food handlers should wash their hands with liquid soap and water frequently as alcohol hand sanitisers work less effectively at removing grease, dirt and foodborne microorganisms. For non-food handlers, alcohol-based hand sanitisers can be used for cleaning hands when they are not visibly dirty. Otherwise, wash hands with liquid soap and water.

- Wear hand gloves properly after washing hands and change them if they are soiled or torn.
- Wear clean clothing, keep nails clean and trimmed, and refrain from smoking while at work.
- Maintain clean, tidily combed hair and tie up long hair. If using a cap / hair net, make sure it covers the hair entirely to prevent hairs from falling into the food.
- Cover any wounds, skin infections or sores with brightly coloured waterproof plasters or dressings, even if they are not infected.
- Dress discharging wounds or sores on any exposed part of the body properly so that they do not contaminate any food.



Food handlers can wear disposable gloves if there are wounds or cuts on hands, or cover all wounds or cuts on hands or forearms completely with bright-coloured waterproof plasters. Change both gloves and plasters regularly.

Appendix 1 includes some infographics for food handlers on personal hygiene such as hand-washing, appropriate glove use and work attire. (see Page 41)

B Environmental Hygiene

Cleanliness in food preparation areas and places of consumption are essential for producing safe meals for residents. Frequent cleaning and sanitisation at every stage of food handling is vital.

Food handlers should:

- Establish effective cleaning procedures and schedules to ensure that equipment for food storage and preparation (e.g. exhaust fans, drains, grease traps, refrigerators, cooking appliances) as well as serving and eating areas are kept clean and tidy, with adoption of the “clear and clean as you go” approach.
- Ensure places of consumption such as dining areas, common areas, bedside and/or offices are kept clean at all times.
- Ensure all food contacting utensils, including reusable tableware, are clean, sanitised and properly stored. All items that come into contact with food must be effectively cleaned and sanitised in a 5-step process that removes food waste, dirt and grease and kills foodborne pathogens:

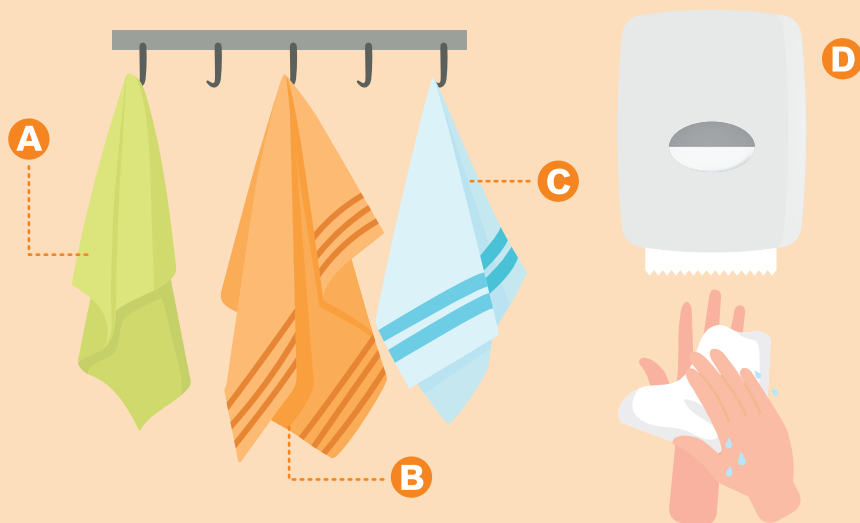


Ideally, a three-compartment sink for dishwashing is preferred, especially for residential care homes serving meals on reusable plates, cups and utensils. Also, there should be a separate hand washing sink with liquid soap and paper towels.



Washing surfaces with warm water and detergent foam can effectively remove microorganisms that are present. Utensils can be sanitised by immersing in boiling water for at least one minute. Wear clean gloves to prevent burns. If using a chemical sanitiser, follow the instructions on the label. Do not overload the dishwasher and maintain it regularly.

- Each piece of wiping cloths should be used for one single purpose. For example:



A is used to clean the worktops in the kitchen; **B** is used to wipe off the food crumbs on the side of the dish before serving; and **C** is used to wipe the dining tables. Do not dry hands with a wiping cloth. Use a disposable paper towel **D** instead.

Residential care homes are likely to produce many different types of waste from food and packaging. If waste is not well managed, it can encourage pests that can infest the environment and contaminate food with harmful pathogens. Therefore, residential care homes should have a well-maintained infrastructure such as good ventilation, potable water supply and proper sewage and drainage systems. Approved contractors should be employed for waste management and pest control.

Residential care homes should:

- Provide appropriate sizes and types and a sufficient number of garbage bins inside and outside the kitchen areas. Waste should be removed from residential care homes regularly by an approved and licensed waste carrier.
- Provide garbage bins designed with tight-fitting covers and foot pedals. It should be closed at all times.
- Always avoid waste accumulation by emptying food wastes regularly.
- Clean and disinfect garbage bins regularly.
- Train residential care home staff for spotting any signs of pest infestations and checking for gaps or holes that could allow pests into buildings.
- Ensure external areas of the residential care homes are kept clear of vegetation and anything that could encourage or harbour pests.
- Apply fly screens on any open windows in food production areas.
- Make sure that pest control chemicals are kept away from food and residents.



5 Management of Food Poisoning Outbreaks

Food poisoning outbreaks can be suspected when two or more individuals developing similar gastrointestinal symptoms after eating common food items. Residential care homes are responsible for closely monitoring for the occurrence of outbreaks, particularly those related to statutory notifiable diseases.



Acute Gastroenteritis vs Food Poisoning

While they might look alike, acute gastroenteritis is not equivalent to food poisoning. Acute gastroenteritis is usually caused by viruses, most commonly norovirus, rotavirus and adenovirus, and occurs more frequently in winter. The modes of transmission include contact with vomitus or faeces from infected persons, contact with contaminated environment or objects and aerosol spread with contaminated droplets of splashed vomitus. Acute gastroenteritis outbreaks can happen in institutions where susceptible populations gather, such as schools, childcare facilities and nursing homes.

Food poisoning is usually caused by the consumption of contaminated food or water containing bacteria, viruses, parasites, biotoxins or chemicals. Victims of group food poisoning often share common food items in a meal, whereas this is not necessary in an acute gastroenteritis outbreak.

Residential care homes should have protocols in place for handling food poisoning incidents that occur in their institution. Follow-up actions may include:

- Isolate the residents or staff with symptoms of illness and help them seek medical treatment as necessary.
- Advise other residents and staff to stop eating the concerned food items immediately to prevent further food incidents from occurring.

- Record the following items to facilitate further investigation:
 - Name list of residents or staff to whom meals are provided (with information such as the types of food served);
 - Names of food suppliers and corresponding purchasing records; and
 - Contact information of outsourced contractors (if any).
- Submit a food incident report with details on:
 - Meal consumption history, onset time, symptoms and medication; and
 - Records of on-site checks on food storage, temperature control and personal hygiene for residential care homes with in-house kitchens.
- Report suspected food poisoning outbreaks to the Centre for Health Protection (CHP) of the Department of Health as soon as possible so that timely preventive measures can be implemented.
- Keep and provide food exhibits, if any, according to the instructions of the health inspectors.
- Step up personal and environmental hygiene measures according to the advice of the health authority.



3

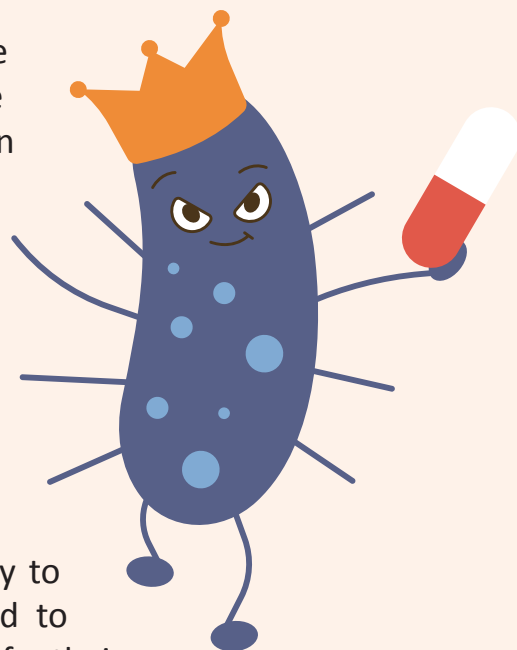
High-risk Food

Residents of care homes are particularly vulnerable to foodborne illnesses. Age-related weakening of the immune system, along with chronic health conditions such as diabetes, can increase the severity of illness when exposed to harmful microorganisms in food. Infections that may cause only mild symptoms in a healthy adult can lead to serious or even life-threatening complications in high-risk populations—such as elderly residents or those with weakened immunity due to chronic diseases or medical treatments (e.g. antibiotics, antacids, long-term steroid use or immunosuppressive drugs).

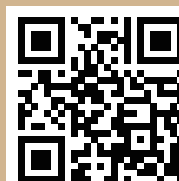
Raw or Undercooked Food

Raw or undercooked foods are high-risk foods, as there is no or inadequate heat treatment to eliminate the microorganisms present that can pose risks to human health. To protect the health of residents, care home staff and food handlers should refrain from serving raw or undercooked foods.

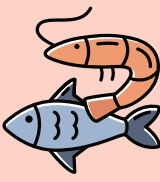
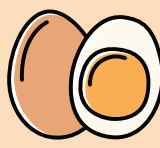
Raw or undercooked foods are also associated with the risk of “superbugs”, which are microorganisms that have developed antimicrobial resistance (AMR) and are capable of resisting a wide range of antimicrobial agents. While cooking is effective in killing “superbugs”, raw or undercooked foods are more likely to carry these microorganisms, which can be transferred to humans through food intake. Superbugs” may also transfer their antibiotic resistance genes to other bacteria inside the human body, therefore affecting the effectiveness of the future use of antibiotics when needed.



Please visit the thematic website on foodborne AMR for more details.



Residential care homes should avoid high-risk foods and choose safer alternatives for their residents:

	Foods to Avoid 	Safer Alternatives 
Seafood 	Fish served raw / undercooked (e.g. sushi, sashimi, smoked salmon) All other raw / undercooked seafood (e.g. oysters, scallops, shrimps, cuttlefish)	Thoroughly cooked fish; smoked fish and precooked fish reheated thoroughly; canned fish Thoroughly cooked seafood; smoked seafood and precooked seafood reheated thoroughly; canned seafood
Eggs 	Eggs served raw or undercooked (unhardened whites and yolks, e.g. sunny-side-up eggs, scrambled eggs) Salad and sandwich dressings or desserts made with raw eggs (e.g. Caesar dressing, mayonnaise, puddings)	Fully cooked eggs Salad and sandwich dressings or desserts containing no raw eggs or made with pasteurised eggs
Meat 	Raw or undercooked meat and offal (e.g. congees served with undercooked minced beef / pork liver, partially cooked steak) Cold meat and meat products (e.g. ham, sausages, pate)	Thoroughly cooked meat and offal Thoroughly cooked cold meat and meat products
Dairy products 	Soft cheeses (e.g. Feta, Brie, Camembert) and blue cheeses (e.g. Danish blue, Gorgonzola and Roquefort) made from raw milk	Hard cheeses (e.g. Cheddar) and cheeses made from pasteurised milk (e.g. sliced cheeses, cheese spread)
Vegetables 	Ready-to-eat raw vegetables (e.g. prepackaged salad vegetables, seed sprouts, raw greens in sandwiches)	Thoroughly washed and cooked fresh vegetables

4

Food Allergy and Other Food Ingredients that Require Attention

Food allergy is a reaction of the body's immune system to some common, otherwise harmless, substances in food. A very low level of an allergenic substance may cause a potentially fatal allergic reaction in susceptible individuals. Therefore, it is necessary for all residential care home staff to be fully educated about what foods contain allergens, and which foods are suitable for specific dietary needs.

1 Common Food Allergens

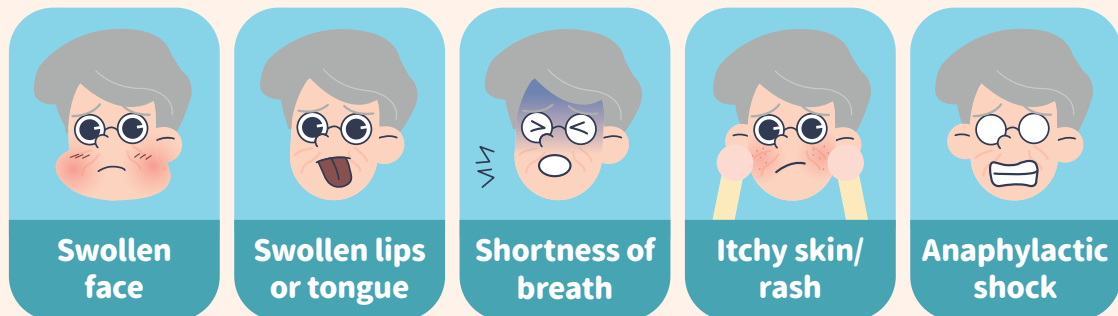
Common food allergens include:

Allergens	Some typical examples of food item in which allergens may be found	
Cereals that contain gluten (e.g. wheat, rye, barley and oats)		Foods containing flour, such as bread, pasta, cakes, pastry, meat products, sauces, soups, batter, stock cubes, breadcrumbs, foods dusted with flour, vegetarian products (e.g. plant-based milk)
Crustaceans (e.g. prawns, crabs and lobsters)		Shrimp paste
Eggs		Cakes, mousses, sauces, pasta, quiche, some meat products, mayonnaise, foods brushed with egg
Fish		Some salad dressings, pizzas, relishes, fish sauce, other sauces (e.g. soy and Worcestershire sauces)
Milk		Yoghurt, cream, cheese, butter, milk powders, foods glazed with milk
Molluscs (e.g. mussels and oysters)		Oyster sauce
Tree nuts (e.g. almonds, cashews, hazelnuts, pecans and walnuts)		Sauces, desserts, crackers, bread, ice cream, marzipan, ground almonds, nut oils, vegetarian products (e.g. plant-based milk)
Peanuts		Sauces and spread (e.g. peanut butter), cakes, desserts, groundnut oil, peanut
Soybeans		Beancurd (tofu), green soybeans (edamame), fermented beans (douchi), tempeh, soya flour, textured soya protein, certain ice-cream, soy sauces, desserts, meat products, vegetarian products (e.g. plant-based milk and meat)
Sulphur dioxide and sulphites		Meat products, fruit juice drinks, dried fruit and vegetables

2 Symptoms of Food Allergy

Symptoms of food allergies usually develop within several minutes to two hours after consuming the offending food.

Common food allergy symptoms include:



In most cases, allergic reactions to food are uncomfortable but not particularly dangerous. However, food allergies can cause a potentially fatal reaction known as anaphylactic shock in severe instances. This can present severe symptoms including constriction of the airways, difficulty breathing, severe drop in blood pressure and loss of consciousness. Anaphylactic shock requires immediate emergency care.

3 Advice for Residential Care Homes

To minimise the risk of food allergy, residential care homes are advised to:

- Have clear instructions and protocols in place to reduce the risk of cross-contamination of allergens during food preparation.
- Obtain individuals' food allergy history along with other medical history at the beginning of admission to residential care home.
- Maintain a proper and up-to-date allergy record.
- Ensure that meals can accommodate the residents with food allergies and specific dietary requirements.
- Ensure that all catering personnel are informed of the ingredients in the foods they serve. Check the ingredient list for prevalent allergens and take precautions to reduce the risks.
- Read food labels carefully to identify any food or food ingredients of allergic concern.
- Train and educate staff to address food allergy emergencies.

5

Choking Hazards of Food

Choking is a serious health risk in residential care homes, particularly for elderly residents and individuals with disabilities who may have weakened chewing or swallowing abilities. Age-related changes, neurological conditions, or certain medications can impair the muscles involved in swallowing, increasing the likelihood of food becoming lodged in the airway.

While choking can happen with any food, it is more commonly associated with "firm foods" that contain bones or other hard substances, and foods that are small and round which can easily get stuck in the throat. Special dietary arrangements should be made for residents with swallowing difficulties to reduce the risk of food-related choking.



Reduce Choking Hazards of Food

To reduce the risk of food-related choking, the following foods are generally **not recommended** for elderly residents or individuals with compromised swallowing ability:

- Foods that are small and do not dissolve easily (e.g. konjac jellies)
- Small hard foods (e.g. hard candy, nuts, peanuts, melon seeds)
- Small round / oval foods (e.g. grapes, beef balls, fish balls)
- Hard-to-chew, sticky, and compressible foods (e.g. glutinous rice cakes, marshmallows, chewing gum)
- Thick pastes (e.g. chocolate spreads, peanut butter)



Residential care home staff are also advised to apply the following measures to reduce the risk of food-related choking:

- **Modify the food texture:** Chop finely, mash, puree, cook until soft, peel skins, or remove tough fibers to make foods easier to chew and swallow.
- **Avoid or replace unmodifiable foods:** Avoid giving foods with a texture that cannot be safely altered, such as hard candies or whole nuts.
- **Cut high-risk items into smaller pieces:** For example, foods such as glutinous rice cakes should never be consumed whole. Instead, cut them into small, manageable pieces before serving.
- **Supervise meals:** Ensure staff are present during meals in order to spot the first signs of choking.
- **Promote safe eating habits and proper posture:** such as eating slowly, sitting upright and refraining from talking when eating.



6

Other Food Safety and Nutrition Issues

1 Advice for Pureed Food Preparation

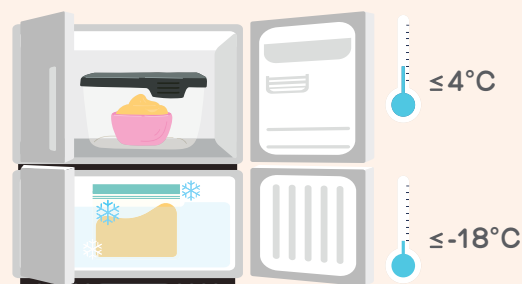
A pureed diet is commonly implemented in residential care homes, particularly for elderly residents or residents with difficulties in chewing or swallowing solid foods. Pureed meals play a crucial role in ensuring adequate nutrition while maintaining safety and comfort during mealtimes.

In general, with the appropriate ingredients and equipment, most foods can be pureed to suit residents' dietary needs. Proper food handling and hygiene are essential during the preparation of pureed foods to ensure food safety and protect residents' health. Residential care home staff involved in food preparation should follow Good Hygiene Practices (GHP) at all times to prevent contamination of food and maintain a safe food environment.



To reduce the risk of contamination during the preparation of pureed foods, food handlers in residential care homes are advised to:

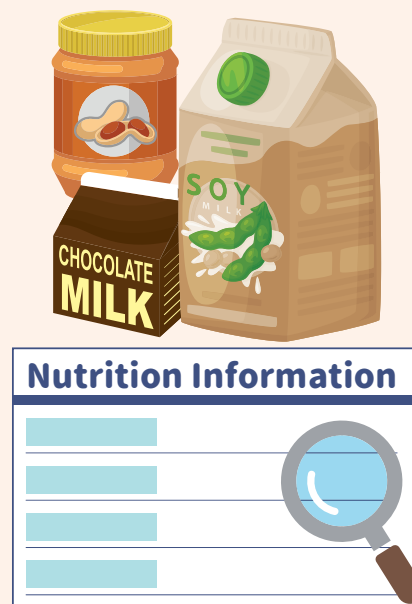
- Wash hands thoroughly and ensure all cooking equipment, utensils, and preparation surfaces are cleaned and sanitised before handling food.
- Keep perishable ingredients such as fruits, vegetables, eggs, meat, and dairy products refrigerated until ready for use.
- Cooked food intended to be stored for later use should be properly cooled down using safe chilling methods (see page 16) to reduce the time that it is exposed to dangerous temperatures and reduce the risk of bacterial growth.
- Store pureed foods at safe temperatures (Chilled state at 4°C or below; frozen state at -18°C or below).



2 Salt and Sugar

Dietary sodium and sugar intakes are closely related to health. Excessive sodium intake increases the risk of developing hypertension, stroke and coronary heart disease, while added sugars are a significant source of excess calories, provide no nutritional value and may cause weight gain and an increased risk for dental caries, cardiovascular disease and diabetes.

Residential care homes play an important role in creating an eating environment that promotes low sugar and sodium in meals.



3 Advice for Accepting Gift Food

Residential care homes may occasionally receive external food through various channels, such as gifts or surplus food from supermarkets, charities, or other organizations, as well as food brought by residents' families and friends during their visits. Given that residents are considered a susceptible population, additional precautions are necessary to avoid offering inappropriate foods, such as high-risk foods and foods that pose a choking risk. While gift food can come from a variety of sources and may have been exposed to conditions that could compromise its safety, staff working in residential care homes play an essential role in ensuring that these external foods are safe for resident consumption.

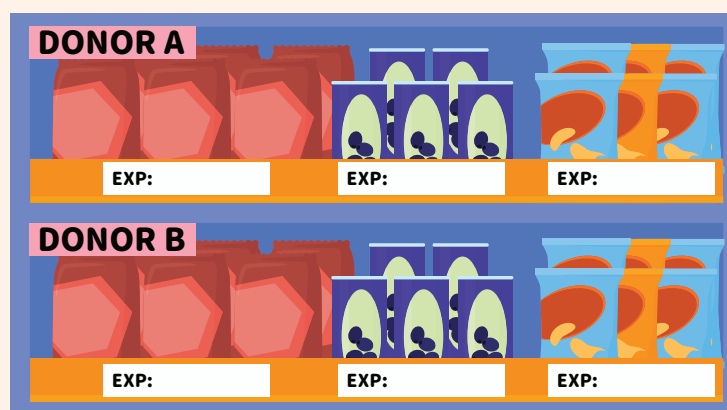
In light of this, residential care homes should establish explicit criteria and procedures for accepting gift food and donations. Similarly, it is advisable to provide guidelines for visitors on how to prepare and bring safe food for resident consumption.



4 Safe Acceptance and Management of Gift Food

To minimise food safety risks while accepting gift food, residential care homes are advised to:

- Accept foods from reliable and approved organizations.
- Avoid accepting high-risk foods (**see Chapter 3**) and foods that pose a choking risk (**see Chapter 5**) for resident consumption.
- Check food for its quality, appearance, expiry dates, labelling and package integrity upon arrival and prior to storage. Do not accept food that has passed its “Use by” date.
- Check for any signs of infestation and discard any suspicious foods.
- Store perishable foods, such as raw meat, bottled milk and cheese, in a refrigerator immediately after checking is completed.
- Store raw foods separately from cooked and ready-to-eat foods to avoid cross-contamination.
- Document all information regarding the received foods, including, but not limited to, the names of donors, quantities, food names and categories, manufacturing dates, and expiry dates, to ensure effective storage management and traceability.
- Ideally, store gift food from the same donor separately, as identical products may come from different sources with different manufacturing dates and expiry dates.



5 Advice for Visitors to Bring Safe Food for Residents

To help visitors understand how to bring safe food for residents, residential care homes should provide advice reminding visitors to:

- Avoid bringing high-risk foods (**see Chapter 3**) and foods that pose a choking risk (**see Chapter 5**) for resident consumption.
- Ensure that the resident does not have an allergy to any of the ingredients in the food. (**see Chapter 4** regarding allergens)
- Adhere to the "Five Keys to Food Safety" during food preparation and transportation.
- Keep packed food at safe temperatures:

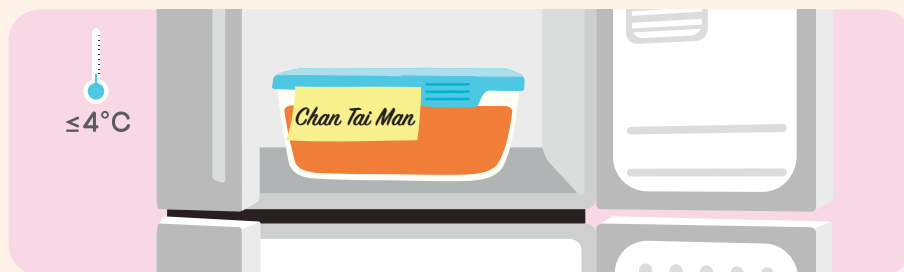
- ✓ Hot foods should be kept above 60°C in appropriate insulated containers.



- ✓ Cold foods should be kept at or below 4°C in insulated bags with cold packs.



- Store the food in the fridge with the residents' name clearly labeled if it is not consumed immediately.

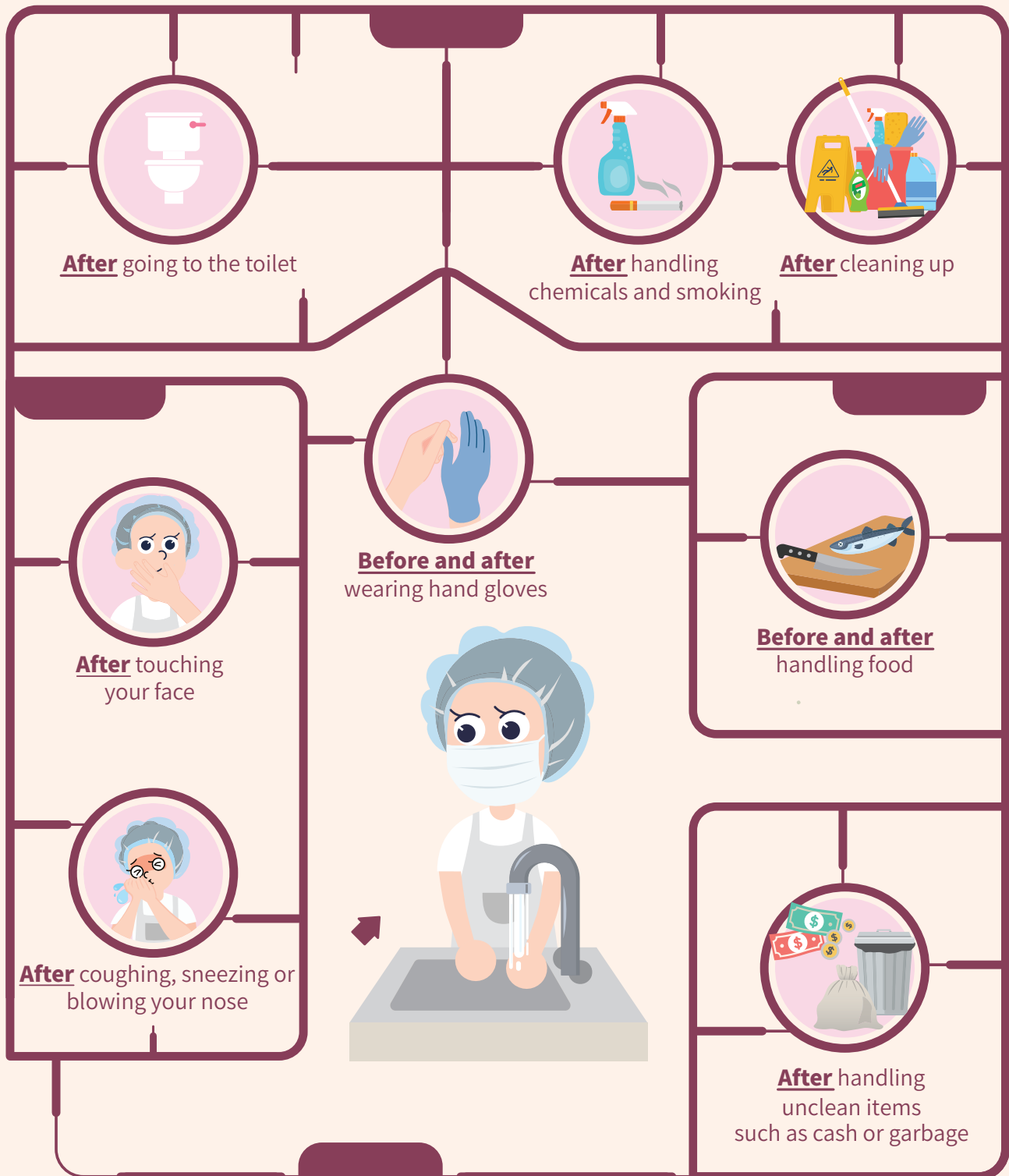


- Ensure that any prepackaged foods are properly labeled with a valid "Use by" or "Best before" date.
- Ensure that the food is thoroughly reheated until its core temperature reaches at least 75°C for at least 30 seconds before consumption.
- Ensure all cutlery, containers, utensils and food bags are clean before use.

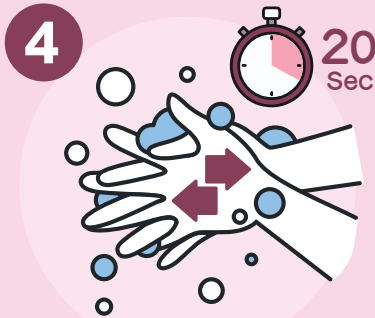
Appendix 1

Infographics for Hand-washing, Proper Use of Gloves and Work Clothing

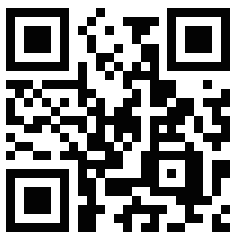
1 When You Should Wash Your Hands?



2 How to Wash Your Hands Properly?



Video:
7 Steps to Hand Washing



- 1 Pull sleeves up to the elbows.
- 2 Wet hands under running water.
- 3 Apply liquid soap.
- 4 Rub hands thoroughly for 20 seconds, including the forearms, wrists, palms, the back of hands, fingers and under the fingernails.
- 5 Rinse thoroughly.
- 6 Dry with a paper towel and avoid sharing a hand towel.
- 7 Use a paper towel to turn off the tap if not automatic or foot operated.

3 Setup of Proper Hand-washing Facilities



- 1 Liquid soup dispenser and liquid soap
- 2 Disposable tissue paper
- 3 Sensor or non-touch tap
(e.g. pedal or elbow operated tap)
- 4 Continuous supply of hot and cold water
- 5 Pedal operated trash bin with lid
- 6 Poster on steps for hand washing

4 How to Use Disposable Gloves Properly and When to Change Them



Wearing disposable gloves cannot replace hand washing. The following should be noted when using them:

- Wash hands thoroughly **before putting on, after removing and when changing gloves.**
- Discard gloves after use and **never reuse them.**



- Disposable gloves are a tool that helps to handle food safely, especially when there are wounds or cuts on hands, or when handling ready-to-eat food (e.g. salads).



- Change gloves at the appropriate time:



Between handling raw and cooked foods



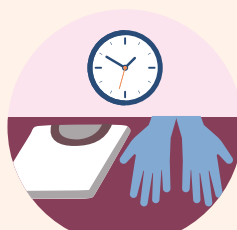
After completing each task (e.g. handling garbage)



When gloves are torn or dirty



When gloves are wet with hand sweat



When switching jobs or shifts



Using tools such as food tongs can also help to avoid bare hand contact with foods

5 Proper Clothing for Food Handlers at Work



Wrong demonstration



1 Long hair should be tied up. If using a cap / hair net, make sure it covers the hair entirely to prevent hairs from falling into food.

2 Wear a mask and make sure it covers the nose and mouth.

3 Working clothes should preferably be light-coloured and should be worn solely in the work area.

4 Working clothes and aprons should be clean at the beginning of a work shift. Do not wipe hands on an apron.

5 Comfortable closed toe shoes should be worn exclusively in the work area.

6 Do not wear working clothes or aprons outside the food preparation area.



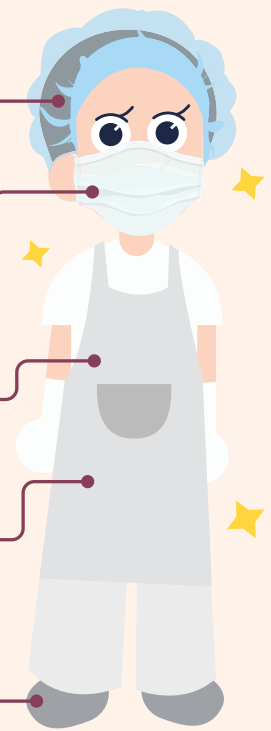
7 Avoid wearing jewellery (e.g. bracelet, rings) and watches while handling food.

8 Keep fingernails short and clean. Do not wear nail polish or acrylic nails.

9 Wear disposable gloves if there are wounds or cuts on hands, or cover all wounds or cuts on hands or forearms completely with bright-coloured (e.g. blue) waterproof plasters. Change both gloves and plasters regularly.



Good demonstration



Appendix 2

Shopping Cards for a Healthier Diet

Tips for Choosing Healthier Food

Check out the fat, sugars and sodium (or salt) contents in nutrition labels and make a healthier choice of "3 Low".

	What is High? (Choose less)		What is Low? (Choose more)	
	Per 100 g (more than)	Per 100 mL (more than)	Per 100 g (not more than)	Per 100 mL (not more than)
Total fat	20 g		3 g	1.5 g
Sugars	15 g	7.5 g	5 g	
Sodium	600 mg	300 mg	120 mg	

01/20



Nutrients	Daily intake upper limits	Excessive intake will increase risk of developing
Total fat	60 g*	Overweight and obesity
Sugars	50 g*	
Saturated fat	20 g*	Heart diseases
Trans fat	2.2 g*	
Cholesterol	300 mg	
Sodium	2000 mg	High blood pressure and stomach cancer

*Based on a 2000-kcal diet. Individual intake amounts may be higher or lower depending on energy requirements.

Posters

找出鹽疑犯

LOOK OUT FOR THE HIDDEN SALT

少食高鈉調味料 保持健康血壓有辦法

REDUCE YOUR SODIUM INTAKE FOR A HEALTHIER BLOOD PRESSURE

成人每日鈉攝取量
Daily sodium Intake for Adult
<2000毫克
大抵少於一茶匙鹽
Less than a teaspoon of salt

每罐含鈉 Sodium per Tins/Cans	雞粉 Chicken Powder	魚露 Fish Sauce	蝦醬 Shrimp Paste
2100毫克mg	1300毫克mg	1190毫克mg	
佔每日鈉攝入量比例 Contribution to Daily Sodium Intake	105%	65%	60%
高鈉指數 High Sodium Index	★★★★★	★★★★★	★★★★★

每罐含鈉 Sodium per Tins/Cans	豉油 Soy Sauce	豆豉醬 Bean Paste	蠔油 Oyster Sauce	海鮮醬 Seafood Sauce
1000毫克mg	750毫克mg	620毫克mg	390毫克mg	
佔每日鈉攝入量比例 Contribution to Daily Sodium Intake	50%	38%	31%	20%
高鈉指數 High Sodium Index	★★★★★	★★★	★★★	★★

低鈉廚房宣言

LESS SODIUM NOW

可選用蒜頭、薑、蔥、蔥、檸檬汁、香茅、沙薑粉、五香粉、七味粉、花椒、八角、羅勒等天然食料來調味，或含有低鈉的菇菌類、蕃茄作為配料。

Use natural ingredients like garlic, ginger, onion, scallion, lemon juice, lemongrass, "hot" ginger powder, five spice powder, anise star powder, Chinese prickly ash, star anise and seeds for flavouring. Vegetables containing sodium and like mushrooms and tomato will work too!

食物環境衛生署
Food and Environmental Hygiene Department

食物安全中心
Centre for Food Safety

cfs.gov.hk

hkassr

減糖斷捨離

REDUCE SUGAR CRAVINGS

選擇少糖食品 保持健康體重有辦法

CHOOSE FOODS WITH LESS SUGAR FOR HEALTHIER WEIGHT

留意甜蜜陷阱：
Beware of the Sugar Traps:

成人每日游離糖攝取量
Daily Free Sugar Intake for Adult
<50克*
(約10粒方糖)
*100克含糖2000千卡糖質約含4.2大卡
*100g contains 2000 kcal sugar and 4.2 kcal

甜味飲品 Sweetened beverages	糖果 Confections	能量補充食品 Energy supplements
蛋糕及甜點 Cakes and Desserts	醬汁 Condiments	早餐穀物 Breakfast cereals
加工水果 Processed fruits		

一起少甜

LESS SWEET NOW

選擇含有較少糖、無糖或無甜味劑的食物及飲品
Choose foods and beverages with less sugar, no sugar or no sweeteners added

參閱預先包裝食品上的食物標籤，作出有依據的選擇
Refer to the food labels on prepackaged foods to have informed choices

慢慢適應味道較清淡的食物，最終改變飲食習慣
Alter dietary habits by gradually adapting to the lighter-flavoured food

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