



Notra Ideal Est Servir
**Institute of Hospitality
in HealthCare Ltd**
ABN 640 058 875 70

**VICTORIAN
BRANCH**

Institute of Hospitality in HealthCare News

Notre Ideal Est Servir



Wishing you a Merry Christmas



A MESSAGE FROM THE VICTORIAN STATE CHAIRPERSON

RUSSELL HARDY

Hi All,

Our recent AGM meeting held at the Croatian Centre in Geelong which was well attended consisted of four excellent speakers in Phillip D'huij, Imran Hanif, Frank Burke and Simone Budd.

Phillip D'huij from ProSquared gave a brief overview of a tender program which has been developed to standardise and keep tenders transparent.

Frank Burke from Tender Loving Cuisine explained the concept of a private meal service delivered to home and the opportunities within Victoria to expand the service through franchising.

Simone Budd from Barwon Regional Waste spoke about some practical ways and methods to reduce waste and recycle within the healthcare environment.

Imran Hanif from Southern Health gave an overview of systems which the Southern Health kitchen at the Kingston Centre implemented in order to achieve Hal Hal certification.

We appreciate the Speakers time in presenting to our members.

The Institute would like to thank PFD Foodservice and Poultry Palace for providing lunch.

A big thank you to all our other sponsors who attended COMCATER and ECOLAB (our major sponsors) Thomas Catering and Australian Food Hygiene Services and also for the donations of prizes for our raffles.

Our incoming committee for next year is John Patison, Robert Schroeder, Philip Barnet, Russell Hardy, Graham Walker, John Hamilton-Smith, Tracey Bugbird, Trevor Nelson Michael Tomlin and David Church.

The Committee is meeting during November and a planning session will form part of the agenda to develop the forthcoming years Professional Meetings.

Our next function is on December 12th at Queenscliff on the "Blues Train".

This will be our last edition of the newsletter for this year so on behalf of the board I would like to Wish Everyone, their team and families a Very Happy Christmas and a Fantastic New Year.

Take Care on the roads this Christmas and we look forward to catching up with you all at one of our functions in 2010.

I look forward to your ideas and newsletter articles of what is happening at your place, as I'm sure by sharing our information we can all benefit and not have to reinvent the wheel.



Chairperson

Would you eat **ice cream** in the name of **SCIENCE?**



The ice cream, known as ReCharge, has started Phase 2 clinical trials in New Zealand to assess its effectiveness against Chemotherapy Induced Diarrhoea (CID) and anaemia, but the 'dessert with a difference' could also reduce weight loss and damage to the immune system during chemotherapy.

Oncology Centres at Whangarei, Auckland, Waikato, Palmerston North, Wellington, Christchurch, Dunedin and Invercargill are taking part in the trial. Around 10 patients are already signed up for a daily regime that includes eating a 100 gram tub of strawberry ice cream containing two active dairy ingredients that combine to address the unpleasant side effects of chemotherapy. Cancer Trials New Zealand (CTNZ) is currently seeking 190 additional volunteers for the trial.

The trial's manager, Dr David Perez of CTNZ says ReCharge ice cream has been welcomed by medical professionals for its tasty and palatable format, as chemotherapy patients can often lose their appetite.

"There is always a lot of interest in how food affects the treatment of cancer, and we're inviting potential volunteers who are about to receive chemotherapy, to speak to their oncologist about taking part in the trial. While ReCharge has shown early promise in the laboratory, it's also important to be aware that a high proportion of Phase 2 trials do not subsequently work out," Dr Perez said.

Dr Jeremy Hill, Chief Technology Officer at Fonterra, said the development of ReCharge was the result of linking Fonterra's team of 350 world-class dairy researchers in Palmerston North with the ice cream making experts at Fonterra's company, Tip Top, and the medical expertise of the University of Auckland.

"It was a tremendous technical challenge to develop this ice cream. We drew on many years of research into the health-promoting properties of milk and

worked with Tip Top to incorporate a specific type of interacting milk fat and dairy protein, into a great tasting, easily palatable ice cream for people who find it difficult to consume food," said Dr Hill.

"We worked through our LactoPharma partnership with The University of Auckland to screen the dairy components for health effects. The two bio-active milk components developed for ReCharge have the unique potential to assist the body in coping with the side effects of chemotherapy," Dr Hill said.

LactoPharma is a joint venture between Fonterra and The University of Auckland. It is funded by Fonterra and the Foundation for Research, Science and Technology which jointly invested NZ\$2 million to develop ReCharge in a project led by LactoPharma's Associate Professor Geoff Krissansen.

"Earlier trials in the laboratory found that weight loss and damage to the gut lining were significantly reduced by the active ingredients in ReCharge. There were also marked improvements to the immune system and blood markers," said Associate Professor Krissansen.

The patient trials have been approved by the Ministry of Health and the New Zealand Health and Disability Ethics Committee, with outcomes of the trial expected to be known in about a year.

"We have now been given the opportunity to test ReCharge through clinical trials using the expertise of Cancer Trials New Zealand. More volunteers are sought, so if you are about to receive chemotherapy and are interested in taking part, please speak with your oncologist to see if you are a suitable candidate," Fonterra's Dr Hill said.

Originally published in the Medical Search Newsletter November 3rd 2009.

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What has changed in HEALTH CARE FOOD SERVICE since 1994.



I was just sorting through some of my old records during a routine clean out when I came across the Welcome pamphlet to delegates to the 12th National Conference in Tasmania 1994 and it started me thinking about what had changed and thought all of you might like to get in on the act and come back with your thoughts. Hobart General Hospital is currently planning a major upgrade so we will look forward to a report from Rob and the team in Hobart and see how that stacks up with previous experiences.

The conference theme was “ A Recipe for Change” and started off with a quote from Hippocrates and the early diet record for the Colonial hospital of Van Dieman’s Land in 1831. So firstly let me write straight from the Royal Hobart Document:

Hippocrates the father of modern medicine, laid down three principles in treating disease as rest, fresh air and good food.

Food, good food, remains a major factor today and generates criticism, praise and indifference. One thing which is certain for certain for yesterday, today and tomorrow, is that food will remain a key component in determining the status of a hospital.

Early records show the Colonial Hospital of Van Dieman’s Land in 1831 had three diets prescribed, the Full Diet, the Half Diet, and the Low Diet.

The Full diet comprised:

One pound of meat
One pound of bread
One pound of vegetables
Seven drachms of sugar
On sixth pint of milk
One ounce vinegar
One ounce of barley
One and a half drachms of tea
One ounce of salt

All at a cost of nine pence and one farthing
In 1992-93 the Royal Hobart Hospital spent \$1.3m serving 603,821 meals to patients at a cost of \$9.00 per day or \$2.25 per meal.

A royal Commission of 1904 reported on the Hobart General Hospital kitchen and stores that “ food is carried to the wards in tin boxes, bottom of which is filled with hot water. Food is placed in trays above this and taken to the wards”.

Today (1994) the preparation, transportation and cost of food remain key considerations for health services.

The decision to replace a 23 year old system of food preparation and delivery was taken in 1993, and we selected two discrete components for the new Southern Region Food Services System.

Firstly we introduced the Aladdin Advanced Meal Delivery System. Food is portioned, plated and put onto special trays and inserted into custom built trolleys which are stored in refrigerator banks.

Thermalisation is set according to the required delivery time of meals.

Secondly we installed the Groen Capkold Cook Chill Program. Capkold is an acronym for controlled atmosphere packaging kept cold.

Meat is encased in vacuum packs which allows for better heat transfer. After cooking meat is chilled to 4 degrees Celsius and kept at this temperature in a walk-in refrigerated food bank and stored for up to forty days. Because it is an automatic process it can be done at any time, day or night.

The Benefits are:

- 33% Labour savings
- 10 – 15% on food cost due to less lost in the cooking process.
- The pay back period is 2 – 3 years to recoup the \$1.8M set up costs.

Currently processing 2,000 meals daily and the ultimate target is 4,500 meals daily. Other markets are being considered with the key to change and a successful outcome is staff development and support. Both of these have been outstanding at this time.

Portion Control packaging - not the answer for everyone.

A study was conducted at Maroondah Hospital to assess the ability of unassisted patient to access items on their meal trays. We looked at all the items on the meal tray to work out which were the most difficult for patients to access, and which patient groups needed the most assistance. Over 10 consecutive workdays patients were observed and it was noted whether assistance was needed from staff or family members to open meal items.

Observations were classified as full assistance or some assistance.

No patient was observed more than once.

150 patients in 5 different hospital wards were observed. – Short stay medical; long stay medical; surgical; orthopaedic; Geriatric Evaluation and Management (GEM)

Hot meals at Maroondah are served on Aladdin Heat on Demand® bases and lids

Soup is served in insulated bowls and lids

Cutlery is packaged in paper cutlery bags and many other meal tray items are portion control packed.

what we found

Patients may have to open as many as 17-19 items per meal.

The items that were the most difficult were:

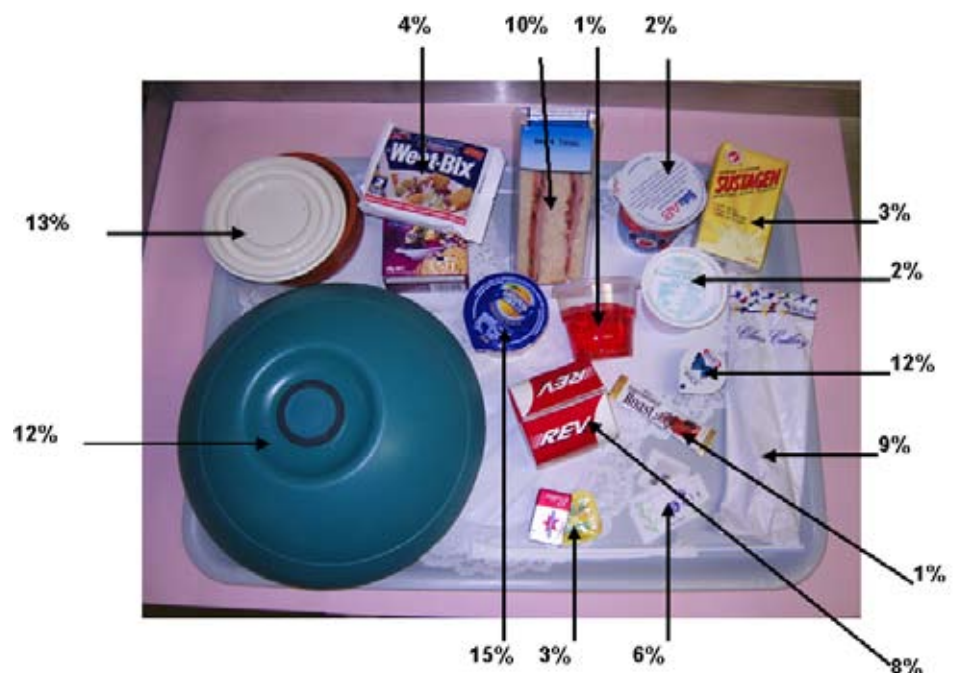
- Portion control juice containers (15% observations)
- UHT milk (12% observations)
- Soup/porridge lids (13% observations)
- Lids of hot meals; dessert lids and even the cutlery bag was a problem for 6% of our patients

36 % of patients in the GEM ward needed full assistance opening meal items.

Orthopaedic ward patients had the most difficulty opening meal items without assistance.

Surgical and medical short stay patients had least amount of difficulty.

The picture below illustrates the relative degrees of difficulty for patients to open.



so what have we learnt?

This study has highlighted a number of issues – some of these can be solved readily, others are going to take a bit more work.

31% to 48% of patients needed some form of assistance at the bedside with accessing their meals. We are completing another project to see if bedside assistance actually improves food consumption and decreases plate wastage.

We use portion control products because of food laws, hygiene, convenience, increased shelf life of products, reduced staff levels and theft or loss of crockery and utensils. In using these products though, we need to check that our patients can readily open them.

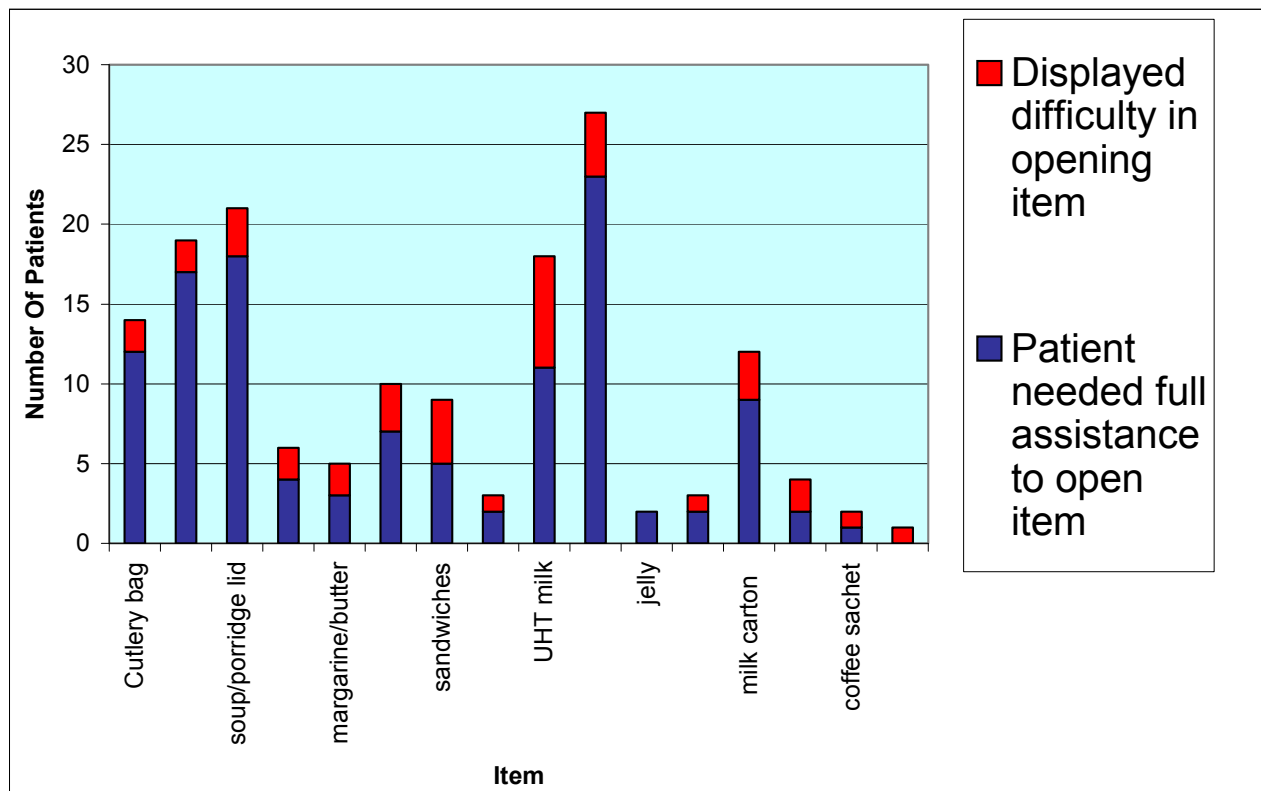
We need to think about the types of lids and the lid design used in serving meals to patients. Any lid that forms a heat vacuum makes it more difficult for the patient to open. New lids have been introduced recently on the soup bowls. These have a serrated edge, and can be lifted off rather than forming a seal. This small change in design is already making it easier for our patients.

Meal time becomes increasingly difficult for aged patients. This study showed that where our patients were older, they had more problems (ie in Orthopaedics and GEM ward at Maroondah). As our hospital population ages, this will become even more evident. It is interesting to note that British hospitals are now employing ward housekeepers, who amongst other duties are responsible for providing assistance to patients at meal times.

The importance of manufacturers understanding the particular needs of the health industry when designing packaging for this customer group both in portion control package size which is not always the package size we want or find useful and the ease of opening the product which in most cases is attempted by very ill patients with limited dexterity and sight problems. The test for suitability should be that a manufacturer must first test their product by:

- a) Being able to open the product with one hand tied behind their back,
- b) Wearing a pair of thick bi-focal glasses so they can't see properly what they are opening up and
- c) Do all of this half propped up in a bed.

If it passes this test it may then be suitable for the health care market



Anita Wilton, Graham Walker, Judy Appleton.
 Thanks to Deakin University Student Dietitians (at the time, and now graduates) Lyndsay Burton, Rachael Cavanagh, Tracey Higgins and Karen McDougall for their assistance in this project

HOSPITAL CATERING: SERVICE OF **HOT** MEALS



It may not be the most glamorous branch of catering but all sorts of technological wizardry - hot-line, cook-serve, cook-chill and cook-freeze - is now available to hospital caterers. Examples include self-activated induction heating, multi-element heat sinks and "Peltier" plates able to heat or cool depending on the kind of food being served. A lot of development attention has also gone into isothermal trays, on-board power for trolleys and remote monitoring systems.

All these developments aim for the same basic goal: food which is fresh, hot, safe, nutritious and palatable. But is there a simpler way?

Steamplicity, trialled over the past year at a few NHS hospitals in the London area, takes a less equipment-intensive approach. It is based on complete meals with a nutritionally balanced mix of ingredients - raw, part-cooked and fully cooked, as appropriate - on plastic

plates with lids incorporating patented steam-release valves. These cause the packs, when microwaved, to pressure-steam the food for maximum retention of texture, colour and nutrients.

Patients choose at about 10.30am from a full-colour menu showing an unvarying list of 20 hot main meals, with an additional menu including vegetarian, halal, kosher, Asian, Afro-Caribbean and special/therapeutic dishes. Each ward kitchen has a bank of three standard 1,000W commercial microwave ovens, plus an upright refrigerator to hold the chilled meal packs, delivered daily, plus cold items. The total ward equipment cost is about £2,000.

At the lunch and evening meal times, ward hostesses remove meal packs as required from the ward fridge, place them on ceramic plates and microwave them for, typically, three or four minutes, depending on the cook-time code on each pack. With three meals handled simultaneously and a typical ward taking 60% of main

meals hot, each service can be carried out in about 25 minutes, similar to other systems.

The concept was developed by Medirest, a Compass Group company which supplies hotel services at more than 130 NHS Trusts and private hospitals. Meals are assembled and packed at its Cuisine Centre at St Albans, Hertfordshire, using ready-prepared ingredients from various suppliers. Ingredients such as fillet of salmon, cabbage and broccoli are raw, while new potatoes are part-cooked and meat dishes such as braised beef casserole are fully cooked.

Medirest has an exclusive arrangement to use the European-developed packaging used on Marks & Spencer's Steam Cuisine retail meal products.

"In my experience, the majority of patient feeding systems are designed more around the hospital and the way it works than around the needs of patients," says Ian Moore, Medirest's strategic development director. "The biggest issue has always been the logistics of getting the food from a central kitchen and delivering it hot to a ward which might be half a mile away.

"And then there might be activity on the ward which prevents the food being served straight away, so the first patient served may get a hot meal but not the last."

He adds: "Cook-chill has tried to address the transit issue by regenerating the food in the ward. But meals will lose temperature once on a trolley being wheeled around. By the time you've served the patient, which is maybe half an hour, the chances are the quality won't be quite as good. And in any case, meals have been cooked once already and then chilled. Our food is cooked literally five minutes before service, so it couldn't be fresher."

Limitations

There are limitations, however. Steamplicity doesn't suit fried food such as fish and chips, and pastry-based dishes haven't yet proved adaptable enough, apart from quiche. The complete meals are also inflexible if, for instance, patients want to modify accompaniments or portion sizes.

Moore emphasises that the Steamplicity menu has received a lot of input from dietitians. "We can be sure that every meal served has the appropriate nutritional values and the right amount of calories," he says. "Other systems depend entirely on the patients choosing the

right combinations of foods. If they then don't fully eat that food, they may be getting little nutrition at all."

Medirest calculates that Steamplicity complies with the average hospital budget for patients' food - breakfast, lunch, dinner, drinks and snacks - of £2.20 to £3.70 per day. Ward staffing needs are the same, and space formerly used for in-hospital meal production can be converted to other purposes. And Medirest estimates that the microwave ovens save £50,000-worth of energy per year against the costs for regeneration trolleys at an average large hospital.

Reduced wastage is also a big factor. Fresher-tasting food equates to higher take-up, while meals are cooked only when needed and have sufficient shelf life to be held over to the next day. Research at London's Charing Cross Hospital in Hammersmith found that patients ate 40% more Steamplicity food at lunch compared with the cook-chill meals previously served, and 33% more at evening meal times.

Any hospital considering this type of system has to pass a "point of no return", losing the ability to make ward meals on the premises. Much may also depend on public and staff catering issues, the age of the premises, the funding situation and the inroads of contractors. Thus, specialist meal systems continue to be very important, and recent months have brought some important developments.

For example, Electrolux Professional is launching a Meal Distribution System using patented Peltier technology at this month's Hospital Caterers Association National Conference at the Birmingham Hilton Metropole on 27-28 April. The system has yet to be used in UK hospitals but is widely proven on the Continent, with about 100 healthcare users. It's geared to producing a variety of tray meals, personalised to each patient, using hot and cold components prepared in the hospital kitchen.

After assembly, meals travel to the ward on a just-in-time basis aboard special trolleys with on-board batteries and "smart" rethermalising/preserving capabilities which use special Peltier elements. These can, with switchable polarity, absorb heat on one face to refrigerate while releasing it on the other face to heat foods. Elements self-activate through sensors reading the identity of plates.

The system avoids rehandling and keeps food at the correct temperature through to the last tray served. Other benefits include low-noise regeneration, with no ward audio insulation required, and easy cleaning. Another relatively new option for heating meal

components is induction. The Temp-Active Tray Meal Distribution System, from Aladdin Temp-Rite (available through Burlodge), incorporates induction heating elements, with special activators below the specially coated plates in each trolley raising and maintaining the temperature of hot foods in a self-selecting way.

The Thermoport meal delivery system from BGL-Rieber likewise uses induction. The company's commercial director, Gareth Newton, highlights the system's low energy usage and waste heat - and its speed, with heating taking an average 35 minutes from arrival of trolleys at the ward, compared with as long as 50-60 minutes for other systems.

Newton disputes any suggestion that sticking on plates can occur. "The inductive material only goes on the inner area of the plate," he says, "so it sits right in the food mass and not around the edges."

Specialist

Another example of specialist technology appears on Transtronic "intelligent" trolleys from Continental manufacturer Iseco. These use Thermo-Contact, a system of direct supply of heat to food by thermal conductivity, designed to preserve the organoleptic qualities of the food without overcooking or drying out. For cold sections of trolleys, tray compartments can

be equipped with a cold accumulator, using carbon dioxide, to keep chilled food at 3°C until the trolley reaches the ward, when it's plugged in again to ensure the cold chain is never broken.

While the key issue of ward meal delivery is the palatability of the food, safe performance also looms large. "All the EHOs are demanding more and more information about how hot the food is and how cold it was to start off with," observes Lyndsey Boothroyd, a director of healthcare meal system specialist Colston. "They need to see the transitions and make sure that all the temperatures are safe at all points in the chain, and they want proof."

The latest models of Colston's Hostess Trolley can be fitted with wireless technology and smart cards to deal with temperature-monitoring requirements. A 3D logging system maintains an audit trail as long as two years on E&R Moffat's Chillogen meal regeneration and transport trolleys, with electronic sensors automatically recording the internal temperatures of the oven/refrigerator at set intervals and identifying any unusual events or faults affecting food quality. Information can be transferred to a PC for storage, analysis and recording, according to the user's preferences.



GOLF DAY 19th FEBRUARY 2010

WHEN: Friday February 19th 2010
WHERE: Longford Golf Course
TEE OFF: 9.30 AM Shotgun start
WHY: Fundraising for the Tasmanian Branch of the Institute of Hospitality in Health Care. A representative from Nursing Homes and Hospitals within the State will be there (a great chance to catch up with us all in one go).
COST: \$350.00 excluding GST

WHAT THAT GETS YOU: Golf for 4 people (from your company or guest) along with food and beverages for the day.

FORMAT: 9.30am shotgun start. A group of players will be teeing off from each hole so that we all finish at the same time. 4-ball best ball style (Ambrose) to ensure plenty of fun is had and the scores aren't too embarrassing.



RSVP: To David Webb (Launceston) 6348 7460, or (e) david.webb@dhhs.tas.gov.au
Andrew Groves (Mersey) 0419 973 006 or (e) andrew.groves@dhhs.tas.gov.au or
Robert McKenzie (Hobart) 6243 8566 or (e) robertmckenzie@queenvichome.com.au

Events



IHHC 2009 National Conference - Navigating Uncharted Waters Sydney



Lester Wheadon (Ballarat Health) & Tony Bazzari (Comcater) - VIC AGM



Kevin Rappell has been employed with Sanitarium for many years and I along with other IHHC members and non members have had the pleasure of his company for some time as he keeps haunting our shores. It is rather sad that he and his lovely wife Lyn will be leaving Tasmania at the end of November to move to Sunny Queensland. Kevin has an extremely healthy sense of humor and is admired amongst his peers throughout Tasmania. Sanitarium has been a keen sponsor of the IHHC and are regular attendees at our Annual Golf Day. I am unable to divulge too many industry secrets around this gentlemen, but I am sure that those who are reading this article will be reading between the lines. On behalf of all of us here in Tasmania we wish Kevin and Lyn all the very best in the new challenges and for those who live in Queensland you have gained a great person and a lifelong friend.

Dale Anderson



convenience, consistency, commissary



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Braeside, Victoria, Australia. 3195
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NEW PRODUCT RANGE 09

Adding to our range of prepared vegetables, stirfry's, vegetable mixes, salad lines, mashed vegetables, garnish and brunoise – we can now offer puree and vitamised products.



We purchased a great new big toy to process these products.

Perfect for hospitals, nursing homes, food producers, large restaurants or hotels; we can puree any vegetable or fruit line to your specification.



Take the hassle out of making puree foods.

Just open the bag, heat and use.

We are happy to discuss any modification to the products.

The process; – vegetables are washed then peeled (or prepared) then they are blanched and blast chilled. Once cooled they are vitamised / pureed and packed into 1 or 2 kilo bags, vac sealed and frozen.

All products are made to order.

We can offer these products fresh or frozen.

Products:-

- | | |
|------------------|------------|
| Broccoli | Tomato |
| Cabbage | Carrot |
| Pumpkin | Potato |
| Beans | Peas |
| Mixed Vegetables | Corn |
| Zucchini | Capsicum |
| Eggplant | Turnip |
| Garlic | Leek |
| Mushroom | Onion |
| Parsley | Chives |
| Parsnip | Silverbeet |
| Sweet Potato | all herbs |



In the future we will be looking into offering a portion control range.

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2010 NACC INTERNATIONAL CONFERENCE 16 – 17 September 2010

The National Association of Care Catering (NACC) invites international participation in our 2010 International Conference to be held at the Hilton Hotel, Blackpool, England 16 – 17 September 2010

Audience

- Senior Managers of Catering (Foodservice) & Support Services
- Catering Managers (Foodservice / Nutrition / Dietary Managers)
- Day Services Managers
- Registered Care Home Managers (Long Term Care)
- Dietitians
- Community Meals (Meals on Wheels) Managers & Coordinators
- Health Care Industry Professionals



visit www.thenacc.co.uk



Have a Wonderful Christmas

Enjoying a glass or two with your Family and Friends but **Remember Don't Drink & Drive** it's just not worth it particularly for your loved ones and we all want to see you next year. Take Care on the Roads this Holiday Season.

H1N1 Influenza 09 (Human Swine Flu)

Health Professionals alert - SUSTAIN

This notice is provided to Health Professionals as the latest update on the situation regarding the influenza strain H1N1 Influenza 09 (Human Swine Flu).

Victoria is currently in a modified sustain phase of pandemic plan.

The Victorian public are still being asked to contact their local GP as a first port of call if they have influenza like illness.

The public are being asked to **only** present to their local hospital if they are seriously ill.

Current case definition

Children and Adolescents > 12 months old – 18 years

Acute onset of illness with a measured temperature of $\geq 38.5^{\circ}\text{C}$ or significant history of fever (rigors, sweating chills) plus two or more of cough, sore throat, body aches, fatigue/tiredness or shortness of breath.

Adults (over 18 years) as above except a measured temperature of 38°C may be used.

Or Laboratory confirmed Influenza A

It is important to check the DHS Human Swine Flu website regularly as the case definition may change over time www.health.vic.gov.au

Process for treating a patient during the 'modified sustain' phase

1 Patient presents with influenza like illness.

Does your patient meet the current clinical case definition above?

No – treat on clinical merit

Yes – If the patient is presenting within 48hours of symptom onset, treat with Tamiflu. If the symptom onset is over 48hours Tamiflu is not appropriate.

Please ask your patient for the details of their direct household contacts and write a script or letter for a community pharmacist to dispense the prophylactic doses of Tamiflu

2. Who should be tested?

Testing is **highly** recommended for:

- Symptomatic patients with severe clinical disease (i.e. hospitalised)
- Symptomatic students or staff who attend a special development school, those <12months and attend a childcare centre or residents in a residential aged care facility
- Symptomatic HCW's who have managed high risk patients during their infectious period.

High risk patients can be categorised as: pregnant women, the immuno-suppressed, those with chronic cardio-pulmonary disease, metabolic disease such as diabetes, or morbid obesity

Acute care facilities should follow their standard operating procedures to prevent nosocomial spread of the virus.

3. What is the procedure for testing?

Take nose and throat swabs combined in a single vial of viral transport medium (VTM), or place in several mls of sterile saline if VTM is not available. If VTM is not available a dry swab is suitable.

The swab can be sent through your normal pathology services for influenza testing. If it is positive for Influenza A, the sample should be referred to VIDRL for sub typing. The sample should be clearly marked "**H1N1 VIDRL Testing**". You should also ring VIDRL (medical staff) on 9342 2600 to advise that you are sending a specimen for testing.

4 Where can patients access antivirals?

Tamiflu for patients who meet the case definition above can have this dispensed with a prescription (by either a General Practitioner or Division 1 Nurse) from the state supply (free) from a community pharmacy. The script must state the dosage requirements.

Prophylactic doses of Tamiflu can be dispensed by the pharmacy to household contacts upon written advice from a doctor or Division 1 nurse. Household contacts must present in person

- Special consideration should be taken for the use of Tamiflu on children <12 months old for prophylaxis. It is recommended that treating health professionals should discuss any proposed use with DHS or a specialist paediatric infectious disease physician.

Stocks of Tamiflu have been sent to a range of community pharmacies to date and over the coming days more pharmacists across the state will be also receive stocks.

Travel medicine **IS NOT** included through the state supply. If you wish to provide a script for this purpose, please ensure that "for travel purposes" is clearly indicated on the script. Patients will be required to pay for this course/s as per normal arrangements.

Hospitals have also been provided with supplies for inpatient needs.

List of Community Pharmacies

Contact your local Division of General Practice or the Pharmacy Guild for a list of community pharmacies.

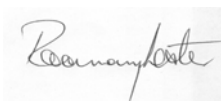
Isolation/Quarantine

If the patient is started on Tamiflu, please advise them to stay in voluntary home quarantine for **three days** from the start of treatment. Household contacts do not need to be quarantined

If the patient is not started on Tamiflu please advise the patient to stay in voluntary home quarantine for **seven days** from the onset of symptoms.

Quarantine of household contacts is not required.

Yours sincerely



Dr Rosemary Lester
Acting Chief Health Officer



IHHC CONTACT DETAILS

Victorian State Branch

Chair: Russell Hardy

Manager Ballarat Health Services Catering
Tel: (03) 5320 3738 Email: RussellH@bhs.org.au

Secretary: Robert Schroeder

Hotel Services Manager, Mt Alexander Hospital, Castlemaine
Tel: (03) 5471 1555 Email: rschroeder@mtalexhosp.vic.gov.au

Treasurer: Graham Walker

Hotel Services Manager, Maroondah Hospital
Tel: (03) 9871 3482 Email: graham.walker@maroondah.org.au

John Patison

Tel: 0419592861 Email: john.patison@bigpond.com

Philip Barnett

General Services Manager, Epworth Rehabilitation, Camberwell
Tel: (03) 9805 4167 Email: philip.barnett@epworth.org.au

David Church

Food Services Manager, South West Healthcare, Warnambool
Tel: (03) 5563 1611 Email: dchurch@swh.net.au

John Hamilton-Smith

Operations Manager Food Services, Kingston Centre
Tel: (03) 9625 1251 Email: john.hamiltonsmith@southernhealth.org.au

Tracey Bugbird

Food Services Manager, Bass Coast Regional Health
Tel: (03) 5671 3360 Email: tracey.bugbird@bcrh.com.au

Trevor Nelson

Support Services Manager, Colac Area Health
Tel: (03) 5232 5298 Email: tgnelson@swarh.vic.gov.au

Ian Rosser

Food Services Manager, Wangaratta District Hospital
Tel: (03) 5722 0224 Email: ian.rosser@nhw.hume.org.au

Pam O'Conner

Executive Chef, Wangaratta District Hospital, Tel: (03) 5722 0293

Michael Tomblin

ISS Facility Services, Box Hill Hospital
Tel: (03) 9895 3319 Email: michael.tomblin@easternhealth.org.au

Tasmanian members are affiliated with the Victorian Chapter

Dale Anderson, Food Services Manager, Launceston General Hospital
Tel: (03) 6348 7525 E-mail: dale.anderson@dhhs.tas.gov.au

Secretariat

IHHC National Secretariat
Suite 5 250, Gore Street
Fitzroy, Victoria 3065
Tel: (03) 9416 3833
Fax: (03) 9416 4344
Email: info@ihhc.org.au

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