

	POLICY Number: 7311-20-001 Title: Tobacco and Smoke Free Workplace Policy
Authorization [X] SRHA	Source: Director, Population and Public Health and Director, Safety and Wellness Cross Index: 7311-60-029, 7311-20-004 Date Approved: April 2, 2007 Date Revised: June 24, 2015 Date Effective: July 1, 2015 ¹ Date Reaffirmed: Scope: SHR and Affiliates

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OVERVIEW

Saskatoon Health Region (SHR) believes that tobacco smoke produces harmful effects to the health of individuals and to the health of our community. SHR also recognizes and respects the spiritual significance of traditional use of tobacco for spiritual, cultural and ceremonial purposes.

Tobacco smoke, including second and third hand smoke, affects the air quality of the healthcare and workplace environments. A smoke free environment is essential to safeguard our clients and staff against its harmful impacts.

Smoking produces both short-term and long-term effects to smokers and non-smokers alike. SHR prohibits smoking on SHR grounds as means of:

- reducing the health risks to patients, visitors and staff,
- reducing the risks associated with passive smoking, and
- reducing the risk of property damage and fire.

SHR recognizes use of tobacco as an addiction and the organization's approach promotes an attitudinal and behavioural change, acknowledging changing behaviour is difficult. SHR promotes a tobacco and smoke free environment through proactive encouragement and support for staff and clients by offering education, medication and counseling to encourage harm reduction, withdrawal management, and cessation services and programs. We are committed to working collaboratively with clients, families, and staff to develop and implement creative approaches while respecting the rights and safety of all.

SHR relies on the thoughtfulness, consideration and cooperation of both smokers and non-smokers to ensure a smoke free environment. All members of the community share the responsibility of adhering to and enforcing the Tobacco and Smoke Free Workplace policy and have the responsibility for bringing all instances of non-compliance to the attention of SHR staff to address the matter.

¹ Updated May 5, 2016 to include reference to SHR Policies: Medical Marijuana and Facilitation of Smudging Ceremonies.

DEFINITIONS

All staff means employees, professional staff, practitioner staff, students, volunteers and contractors.

Designated area means an area for patients/clients/residents and visitors containing receptacles.

Electronic nicotine delivery systems (ENDS) include a broad range of small devices that work as nicotine delivery systems. ENDS include electronic cigarettes (e-cigarettes), personal vaporizers and e-hookahs. These produce an aerosol, often referred to as vapour, which is inhaled. Each cartridge generally contains a blend of propylene glycol (PG), vegetable glycerine, nicotine and, occasionally, flavourings and other chemicals (although some ENDS claim to be nicotine free).²

Smoke means the vaporous matter created when any substance is burned. For the purpose of this policy, it pertains to the burning of tobacco, including but not limited to, a cigarette, cigar, pipe, bidi, hookahs, bong, water pipes or a clove cigarette; it also includes marijuana smoke (see SHR Policy: Medical Marijuana).

Special-care Homes means long term care facilities.

Tobacco means tobacco in any form in which it is used or consumed, and includes snuff and raw leaf tobacco, but does not include any food, drug or device that contains nicotine to which the *Food and Drugs Act* (Canada) applies.

Use of Tobacco means to smoke or maintain any substance containing tobacco in the mouth.

1. PURPOSE

The purpose of this policy is to foster an environment that protects staff, clients and the public from second and third hand smoke, to reinforce a social norm of being tobacco free and to support our organizational values and promote healthy lifestyle choices.

2. PRINCIPLES

- 2.1 Our commitment to fostering a healthy and safe work environment is grounded in SHR's healthy workplace philosophy and Respect and Dignity Policy.
- 2.2 Tobacco smoke produces harmful effects to the health of individuals and to the health of our community. Tobacco smoke, including second and third hand smoke that remains in clothing, carpets, on your skin and in your hair, affects the air quality of the healthcare and workplace environment. A smoke free environment is essential to safeguard our clients and staff against tobacco's harmful impacts.
- 2.3 This policy is not intended to restrict traditional and cultural use of tobacco.
- 2.4 There is a lack of evidence that demonstrates safe use of ENDS for users and for those exposed to the vapour emitted from ENDS.

² CMHO and Population and Public Health Joint Statement

2.5 Staff are not expected to accompany patients, clients or residents to use tobacco and related products on or off property.

3. POLICY

3.1 SHR prohibits the use of tobacco products in all SHR facilities and health service organizations operated/funded by SHR. This includes all above and underground parkades.

3.2 All exceptions must be reviewed by the Director, Population and Public Health and Director, Safety and Wellness in consultation with Site Leaders to create a safe place.

3.2.1 All exceptions must be in compliance with local bylaws and the long term goal for SHR to become a smoke-free workplace.

Exceptions

3.2.2 SHR respects and supports the traditional use of tobacco within First Nations and Metis traditional ceremonies and prayers occurring within SHR facilities. Tobacco used for ceremonial purposes is permitted.³

➤ See SHR Policy: Facilitation of Smudging Ceremonies. Procedures for smudging/ceremonial burning will be developed in consultation with First Nations and Metis Health and Spiritual Care (where available).

3.2.3 Special-care Homes may designate an outdoor location for residents to smoke 24 hours/day.

3.2.4 SHR may create temporary and time limited designated outdoor smoking areas for The Dubé Centre for mental health inpatients.

3.2.5 SHR may create designated outdoor smoking areas for patients/clients/residents/visitors and/or staff working dusk to dawn where perceived or actual consideration for personal safety may be at risk.

3.3 In consideration of the intent and purpose of this policy, electronic cigarettes and equivalents (ENDS) fall under the same provisions of this policy whereby there is no use of ENDS in SHR facilities and health service organizations operated/funded by SHR. Electronic cigarettes and equivalents (ENDs) are permitted in designated areas only.

3.4 SHR prohibits the use of tobacco products in vehicles operated/funded by SHR.

3.5 SHR requires there be no smoking while receiving in-home services.

3.6 The sale of tobacco is prohibited in all health care facilities.⁴

3.7 SHR will not create smoking areas for staff in or on SHR owned or operated facilities (except as stated in 3.2.5 above).

3.8 SHR provides help and support for patients, residents and staff who wish to stop using tobacco products.

3.9 SHR patients and residents are provided with access to nicotine replacement therapy, at no cost, upon new admission to one SHR facility.

3.10 SHR staff are not permitted to provide tobacco products to patients, clients or residents.

³ Saskatchewan Tobacco Control Act (2001), Part III subsection 11.3(c)

⁴ Saskatchewan Tobacco Control Act (2001) Part III subsection 8(b)

Exception

3.10.1 The provision of tobacco for traditional and cultural use is permitted.

4. ROLES AND RESPONSIBILITIES

4.1 President and CEO, Vice Presidents, Directors, Site Leaders and Managers

- 4.1.1 Incorporate consideration and enforcement of this policy in the standard work gemba walks.
- 4.1.2 Respectfully address policy violations in person, in the moment.
- 4.1.3 Orientate to and communicate about the policy with staff and support progressive enforcement of the policy.

4.2 First Nations and Metis Health

- 4.2.1 Advise regarding matters in relation to traditional use of Tobacco.
- 4.2.2 Support the various cultural beliefs amongst the First Nation and Métis people and may provide or be requested to provide an offering of tobacco for ceremonial purposes.
 - 4.2.2.1 For many of the First Nation and Métis communities, it is traditional protocol to offer tobacco for a variety of culturally appropriate reasons.
 - 4.2.2.2 Offering tobacco for ceremonial purposes is recognized by the First Nation and Métis Health Service and First Nation and Métis peoples as a sign of respect when requesting for prayers, ceremonies, or to speak with a client as necessary.

4.3 Spiritual and Cultural Care

- 4.3.1 Maintain "sacred space" in Saskatoon Acute Care centres for the purpose of smudging ceremonies in which tobacco may be used and will be available; advise on space use in other facilities.
- 4.3.2 Advise and/or provide education related to the ceremonial use of tobacco.
- 4.3.3 Conduct and/or facilitate culturally appropriate ceremonies within the parameters of the Facilitation of Smudging Ceremonies Policy.

4.4 Nursing Staff and Educators

- 4.4.1 Provide a brief tobacco assessment and cessation intervention for all patients/clients/residents admitted to a SHR acute care/Special-care Home or accessing community services.

4.5 Public Health Nurses

- 4.5.1 Provide brief tobacco assessment and intervention related to parental tobacco use and children's exposure to second hand smoke at postnatal home visits and subsequent child health clinic visits.

4.6 Dental Therapists, Dental Assistants and Dental Health Educators

- 4.6.1 Provide brief tobacco assessment and intervention related to parental tobacco use and children's exposure to second hand smoke at dental clinic appointments, dental sealant and fluoride varnish clinics and dental general anesthetic follow-ups.

4.7 Mental Health and Addiction Services Staff

- 4.7.1 Provide intensive and ongoing tobacco cessation services for clients, staff and the public.
- 4.7.2 Addiction Counselors provide a brief tobacco assessment and cessation intervention for all clients admitted to SHR residential addiction facilities.

4.8 Groundskeeping (urban and rural), Maintenance Staff (Special-care Homes)

4.8.1 Clean the property regularly to remove tobacco-related waste from facility grounds and property perimeters.

4.9 Security Services (where available)

4.9.1 Support the enforcement of the policy and respectfully address all policy violations by staff, physicians, patients, residents, clients, volunteers, and visitors.

4.10 Public Health Inspectors

4.10.1 Assist with enforcement during the course of their routine inspection duties, at selected sites.

4.11 All Staff

4.11.1 Promote and model a healthy and respectful workplace by demonstrating the SHR *Our Values in Action/Code Conduct* policy and the SHR *Respect and Dignity Policy*.

5. POLICY MANAGEMENT

Public

The management of this policy as it relates to the public, including policy monitoring and implementation is the joint responsibility of the Manager, Health Promotion and the Client Representatives under the direction of the Director, Population and Public Health and Director, Safety and Wellness.

Patients, Clients and Residents

The management of this policy as it relates to patients/clients/residents is supported by dyad leadership across all portfolios.

Staff

The management of this policy as it relates to SHR staff, including policy education, monitoring and implementation is the responsibility of the Manager, Employee Wellness and Accommodations under the direction of the Director, Safety and Wellness.

Policy amendment and program evaluation is the joint responsibility of the Director, Population and Public Health and the Director, Safety and Wellness.

6. NON-COMPLIANCE/BREACH

Non-compliance with this policy may result in disciplinary action up to and including termination of employment and/or privileges.

7. REFERENCES

Tobacco Control Act, Saskatchewan
City of Saskatoon Bylaw #N0.8286. The Smoking Control Bylaw, 2004.

PROCEDURE

Number: 7311-20-001

Title: Tobacco and Smoke Free Workplace Policy

Authorization

SRHA

Source: Director, Population and Public Health
and Director, Safety and Wellness

Cross Index: 7311-30-001

Date Approved: April 2, 2007

Date Revised: June 24, 2015

Date Effective: July 1, 2015

Date Reaffirmed:

Scope: SHR and Affiliates

DEFINITION

5 A's means five major steps to intervention (ask, advise, assess, assist and arrange).

1. PURPOSE

The purpose of this procedure is to foster an environment that protects patients, clients, residents, staff and the public from second and third hand smoke, to reinforce a social norm of being tobacco free and to support our organizational values and promote healthy lifestyle choices.

2. PROCEDURE

2.1 Communication

- 2.1.1 Managers inform staff in their care or service group of the policy provisions and the supports available for tobacco cessation.
Managers will provide the *Tobacco and Smoke Free Workplace and Tobacco Cessation* brochure to new employees, see Appendix A.
- 2.1.2 Staff receive information about the policy and services available for tobacco cessation at SHR Welcome Onboard Week (WOW) Healthy Workplace. Where WOW is not available, this information is provided as a part of the orientation process.
 - 2.1.2.1 All SHR job postings will contain reference that SHR is a smoke-free workplace, to support the health of our staff, patients, clients, residents and families.
- 2.1.3 Staff direct patients/clients/residents and visitors who are tobacco/ENDS users to the nearest designated smoking area, where available, or nearest location off property.
- 2.1.4 Staff who provide service in homes or buildings where the client or other occupants smoke, advise the client that SHR strives to ensure a smoke-free atmosphere for its staff, and require that the client and other household occupants refrain from smoking during visits.
- 2.1.5 A tobacco-free helpline is available to provide information and identify emerging issues related to SHR tobacco and smoke free resources.
- 2.1.6 Information on the policy and cessation supports is conveyed to staff, patients, clients, residents and the general public through the following mediums:

- New employee orientation handbook
- Correspondence with various stakeholders such as physician offices, educational institutions
- Newsletters, brochures, pamphlets, posters
- Permanent signage at all SHR sites
- SHR's public and internal websites

2.2 Tobacco Cessation Support for Staff (excluding contractors)

2.2.1 Staff access tobacco cessation support by contacting Mental Health and Addiction (MHA). Rural employees may call collect.

2.2.2 Staff requesting tobacco cessation counseling:

- choose from group and/or individual counseling, in person or over the phone; options will vary.
- based on geographical location or programs available in the local area. Staff who work/live in the rural area have access to a local addictions counselor.

2.3 Tobacco Cessation Support and Nicotine Replacement Program for Patients/Clients/Residents

2.3.1 Nurses in acute care and Special-care Homes receive training on the 5A's Tobacco Cessation Algorithm by working through the self-learning module available through the Clinical Nurse Educator (CNE) or the nurse's immediate nurse Manager/Supervisor in the facility.

2.3.2 Public health nurses, dental therapists, dental assistants and dental health educators receive training on the 5As Tobacco Cessation Algorithm approach by working through the self-learning module (customized for community setting).

2.3.3 When patients or residents present for service, nurses working in acute care and Special-care Homes:

- advise that tobacco use is not permitted anywhere in or on the grounds of an SHR operated/funded facility or in designated areas only, 24 hours per day.
- ask about smoking status, if the individual is a smoker, complete the *5As-Tobacco Cessation Intervention Flow Sheet*, [SHR form # 102848](#), when patients are admitted to hospital/residential care for ongoing care.
- provide a brief 3-5 minute smoking cessation intervention for patients and residents who smoke as per the *5As-Tobacco Cessation Intervention Flow Sheet*, [SHR form # 102848](#). The algorithm and background information for this intervention is located in the *Tobacco binder* on each nursing station/pod/facility and on the website.
- provide the *Are You Thinking of Quitting Smoking or Other Tobacco Products?* Booklet, [SHR form #102389](#)
- arrange for nicotine replacement therapy, if desired by the patient or resident, by requesting the attending physician assess and complete the *Preprinted Physician Order for NRT*, [SHR form #102844](#).
- refer patients and residents (upon obtaining consent) for more information or intensive counseling while in care or upon discharge by calling MHA, or provide patients/residents with the Tobacco Cessation Counselor contact information. In rural, the intake counselor makes contact with patients and residents to coordinate services in the respective home community.

- where clinical presentation is such that there is risk to leaving the facility, ensure *Release of Responsibility form # 101122* is signed by the patient, if he/she wishes to leave the facility to smoke.
- 2.3.4 Public health nurses assess for parental tobacco use and children's exposure to second hand smoke and intervene as per the procedures outlined in the Population and Public Health – Healthy Families Policy and Procedure Manual.

2.4 Nicotine Replacement Therapy (NRT) Distribution

- 2.4.1 NRT is distributed acute care sites using the SHR pharmacy distribution system.
- 2.4.2 NRT is distributed in Special-care Homes (urban and rural) as follows:
- 2.4.2.1 Special-care Home sends the physician order to the designated community pharmacy.
- 2.4.2.2 The designated community pharmacy:
- sends NRT to the special care home using unit dose (daily dose) regime, sending 1 week supply at a time.
 - invoices the Site Leader for the home.
- 2.4.2.3 The Site Leader:
- signs the invoice verifying NRT was dispensed.
- 2.4.2.4 The Director of Pharmacy approves for SHR.
- 2.4.3 NRT is distributed in Residential Addiction Services as follows:
- 2.4.3.1 Admission Nurse at Calder Centre arranges for NRT through SCH pharmacy.
- 2.4.3.2 Manager of Brief/Social Detox arranges for NRT through SPH pharmacy.
- 2.4.4 If the patient/resident discontinues use of NRT due to intolerance or tobacco use is resumed, a physician's order to discontinue is written and sent to the appropriate pharmacy.

2.5 Complaint Reporting and Resolution

- 2.5.1 Complaints may be brought directly to the individual concerned, the Manager/Supervisor or through the SHR Safety Report System.
- 2.5.2 Where a complaint involves a patient/client/resident (including their supports and families) follow procedure for SHR Policy: *Management of Patient/Client/Resident Concerns/Complaints*.
- 2.5.3 Where a complaint involves a physician, SHR will advise the Director, Practitioner Staff Affairs who will determine resolution for compliance with this policy.
- 2.5.4 SHR will contact external agencies, such as contractors/vendors, in situations where there is a violation of this policy/procedure. The SHR staff person most responsible for engaging the external agency is responsible for this.

3. ROLES AND RESPONSIBILITIES: Policy Implementation and Maintenance

3.1 The Director, Population and Public Health and Director, Safety and Wellness in consultation Site Leader/Administrator

- 3.1.1 May identify an outdoor location, at least 20 meters from an entrance.
- 3.1.2 Ensure the location is articulated in an agency policy/protocol specific to the Special-care Home.

3.2 Communications

- 3.2.1 Facilitate the communication process with all staff, physicians, other service providers, volunteers, students, patients/clients/residents and the general public regarding this policy and cessation opportunities by:
- consulting on the development of communication messages and delivery mediums
 - directing media inquiries to a Medical Health Officer.

3.3 Support Services

- 3.3.1 Grounds keeping and parking ensure that signs prohibiting tobacco use are posted and maintained at main entrances of buildings, parkades and property perimeters.
- 3.3.2 Security and Grounds keeping explore with Population and Public Health issues related to environmental tobacco smoke and plans appropriate intervention.
- 3.3.3 Grounds keeping cleans the property regularly to remove tobacco-related waste from facility grounds and property perimeters.
- 3.3.4 Security Services respectfully addresses all policy violations for staff, physicians, patients, residents, clients, volunteers, and visitors.

3.4 Mental Health and Addictions

- 3.4.1 Receive calls from the Tobacco helpline and respond or redirect inquiries as needed.
- 3.4.2 Provide counseling service using phone, in person, group strategies.
- 3.4.3 Lead clinical assessment and treatment regimes for nicotine replacement.
- 3.4.4 Support 5As Tobacco Cessation Algorithm approach in acute care and special care facilities and evaluate its effectiveness.
- 3.4.5 Respond to or redirect inquiries from the website.
- 3.4.6 Respond to requests for education as appropriate.
- 3.4.7 Review current best practice information related to tobacco cessation and NRT.

3.5 Population and Public Health

- 3.5.1 Assists with and liaises with Support Services and Human Resources regarding enforcement issues.
- 3.5.2 Works in collaboration with MHA to revise resource material related to the policy annually.
- 3.5.3 Works in collaborations with First Nations and Metis Health and Spiritual Care on matters related to traditional use of tobacco.
- 3.5.4 Oversees the orientation, implementation and evaluation of brief tobacco assessment and intervention in postnatal and child health clinic visits.
- 3.5.5 Monitors and reports on regional tobacco use and related indicators regularly.
- 3.5.6 Updates the information on the website regularly.

3.6 Printing Services

- 3.6.1 Formats/revises region wide policy related print resources.
- 3.6.2 Distributes resources (using the number on the back of the pamphlet or form). Resources available:
- Are You Thinking About Quitting Smoking or Other Tobacco Products? (English: SHR #102389)
 - Policy information pamphlet for staff (SHR # 102771)
 - Policy information pamphlet for client/public use (SHR #102483)
 - Preprinted Physician's Order for NRT (SHR # 102844)
 - 5A's - Tobacco Cessation Intervention Flow Sheet (SHR #102848)
 - Release of Responsibility form (SHR # 101122)

3.7 Pharmacy Services

- 3.7.1 Develops and revises preprinted physicians orders for NRT.
- 3.7.2 Assists with the selection and formulary addition process of NRT products.
- 3.7.3 Distributes approved NRT products to acute care inpatients following receipt of a physician order. Inpatients will not be charged for NRT.
- 3.7.4 Generates regular reports on NRT costs.

3.8 Human Resources

- 3.8.1 Advises management on issues related to staff policy enforcement and progressive disciplinary process as needed.
- 3.8.2 Consults with First Nations and Metis Health/Spiritual Care staff regarding staff issues and/or grievances related to traditional use of tobacco.
- 3.8.3 Handles grievances related to policy.

4. PROCEDURE MANAGEMENT

Public

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5. NON-COMPLIANCE/BREACH

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6. REFERENCES

SHR Policy *Respect and Dignity*

SHR Policy *Management of Patient/Client/Resident Concerns/Complaints*