

Q & A: Tobacco and Smoke-Free Environments (TSFE) Policy

Policy Updates April 26, 2017

Q: What is the purpose of the TSFE policy?

The purpose of the policy is to:

1. Provide a safe and healthy environment for patients, visitors, AHS representatives and volunteers.
2. To prevent exposure to second-hand smoke on AHS property.
3. To ensure the well-being of patients/clients who use tobacco and related products is addressed while at a site.

Q: How will the policy be enforced?

All patients and visitors will be informed of the Tobacco and Smoke-Free Environments Policy at point of entry on AHS property and staff will encourage all people to adhere to it.

All patients will be asked if they have used tobacco or tobacco-like products in the past 30 days and be offered Nicotine Replacement Therapy (NRT) or tobacco cessation medications, therapeutic intervention and referral.

Staff will encourage everyone on AHS property to adhere to the policy.

Q: Does the policy include Electronic Cigarettes?

Yes. E-cigarettes may not be used on AHS property. E-cigarettes are not approved as smoking cessation aids by Health Canada.

Q: What is the definition of tobacco and tobacco-like products?

Tobacco means any product composed in whole or in part of tobacco leaves including, but not limited to: cigarettes, cigars, pipe tobacco, snuff, chewing/dipping tobacco, and shisha/hookah; it does not include any regulated NRT product.

Tobacco-like product means a product smoked or otherwise consumed in a manner similar to a tobacco product. Tobacco-like products include, but are not limited to: e-cigarettes, hookah, medical marijuana that is administered by smoking or vaporizing, and any other substance that is smoked, but does not include any regulated Nicotine Replacement Therapy products that are consumed in a manner similar to a tobacco product (e.g. an inhaler).

Q: Where will we be allowed to use tobacco products?

All patients, visitors, staff, physicians, and volunteers who wish to smoke must leave hospital property to do so.

Nicotine replacement therapy will be available for both staff and inpatients to help manage their nicotine withdrawal while at work or during their hospital stay. If anyone wishes to smoke despite the supports in place, they will be allowed to smoke just outside the hospital property lines which include adjacent streets and other public areas.

If you choose to leave the property during an approved break to use tobacco, please be respectful of adjacent property and do not leave any tobacco litter behind. Please choose an area that is not visible to the public.

Only patients who meet the criteria outlined in the special considerations guide will be permitted to smoke on AHS property in a location designated in the special considerations process.

Q: What are special considerations and how is it determined?

Special Considerations for a patient must be requested through the Application for Special Considerations form.

The Special Considerations clause of the policy (Section 2.2) allows for, in rare circumstances, the use of tobacco or tobacco-like products by patients. These special considerations are generally granted on 'compassionate grounds' with the following limitations.

Q: How are people to know what the boundaries of each AHS site are?

Public roadways generally indicate most boundaries of an AHS site. If unsure, contact the site administration and/or Protective services for further clarification. Some sites provide a site map with property lines indicated.

Tobacco & Smoke-Free Environment

Q: Do patients have to leave AHS property to consume tobacco products?

Yes. All patients, visitors, staff, physicians, volunteers and students must leave the premises if they wish to consume tobacco products. For inpatients who normally smoke and do not want to leave AHS property, Nicotine Replacement Therapy (NRT) is available free of charge to help them feel more comfortable. If a patient declines NRT and wishes to smoke, they will have to leave AHS property. Any patient leaving the nursing unit during their stay must inform their nurse.

Q: What about patient safety and those who physically cannot leave the property?

If patients' nicotine withdrawal is managed, the urge to smoke is significantly reduced and patients are less likely to smoke on hospital grounds or face potential safety risks associated with leaving the grounds to smoke. All patients will be screened when registering at inpatient sites to determine if they require nicotine replacement therapies to manage withdrawal symptoms.

Q: How can I help patients quit smoking or using other forms of tobacco?

Research shows that support and advice from a trained health professional can double a person's chances of quitting tobacco successfully.

All health professionals can help their patients/clients interested in tobacco reduction and/or cessation by use of the 5 A's model:

1. Ask all patients about any tobacco use in the last year
2. Advise all patients of the Tobacco and Smoke-Free Environments Policy and advise patients who currently use tobacco to quit with a personalized message
3. Assess interest in support for withdrawal symptoms and readiness to quit
4. Assist with pharmacotherapy for withdrawal support and link to behavioural support
5. Arrange for further support by completing linked referrals to AlbertaQuits.

Information on the different NRT products and tobacco cessation medications is available through the [Tobacco Reduction Program resource catalogue](#).

A variety of tobacco cessation training opportunities are available to enhance the knowledge and skills of professionals aspiring to effectively address tobacco reduction with their clients in a supportive, non-judgmental manner. Information and resources on cessation and options for health professional tobacco cessation training can be found under Helping Others on www.albertaquits.ca.

Additional information on health professional tobacco cessation training is available at tru@albertahealthservices.ca by contacting the Tobacco Reduction Program at 780-422-1350.

Q: Can I take a patient outside to consume tobacco products?

No. AHS representatives shall not facilitate patient/client use of tobacco products. This means staff may not purchase tobacco products or take patients/residents outside to consume tobacco and tobacco-like products. If the special considerations application has been approved, it is the responsibility of families or friends to accompany the patient if they need assistance. It is not appropriate for clinicians to request in writing or verbally that AHS Protective Services and the contract service provider, Paladin, take patients outside to use tobacco products. Protective Services has been directed not to comply with such requests.

Q: What is third-hand smoke?

Third-hand smoke “consists of residual tobacco smoke pollutants that remain on surfaces and in dust after tobacco has been smoked, are re-emitted back into the gas phase or react with oxidants and other compounds in the environment to yield secondary pollutants.” The smoke residue, which includes many types of particulate matter (including heavy metals such as arsenic, lead and cyanide), builds up on surfaces and furnishings, clothing, draperies and carpets. The gases can be absorbed by many of these materials.

Tobacco smoke is currently classified into three categories: first-hand smoke (also known as mainstream smoke), which is inhaled by the smoker; second-hand smoke, which is the smoke either exhaled by a smoker or released from the end of a burning tobacco product; and third-hand smoke, which is the tobacco smoke residue and gases that are left behind after a tobacco product has been smoked. The burning of tobacco also releases nicotine in the form of a vapour that attaches to surfaces such as walls, floors, carpeting, drapes and furniture. Nicotine reacts with nitrous acid (a common air pollutant, one source of which is burning tobacco) and forms carcinogenic tobacco-specific nitrosamines (TSNAs). The nicotine can last for weeks to months on indoor surfaces and results in the continued creation of carcinogens, which are then inhaled, absorbed or ingested.

More research is required to better understand the health impact of third-hand smoke. However the smell of third hand smoke is offensive to many people and staff are encouraged not to expose patients to third hand smoke by avoiding smoking while at work.

Thank you for helping to make Alberta Health Services a tobacco and smoke free environment.