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| **Original Date**:  **Reviewed/Revised**: 9/5/2022 | **Title:**  **Non-Smoking Facility** | **Approved By**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**POLICY**

(Insert name of facility) **is a non-smoking facility** in accordance with NYS Public Health Law. As such, smoking is prohibited by residents, staff, and visitors. Smoking products include cigarettes, cigars, pipes, hookahs, e-cigarettes, vapes, and marijuana/cannabis. Existing and new employees, as well as existing residents and prospective admissions and their families, will be informed of the facility’s non-smoking policy. Facility will honor the smoking preferences for residents that have been admitted prior to the policy change (insert date). “No Smoking” signs will be posted near all major entrances and exits as well as other areas when indicated.

**BACKGROUND**

On July 31, 2013, Governor Andrew M Cuomo signed Chapter 179 of the Laws of 2013 amending Article 13-E of the Public Health Law (PHL), also known as the NYS Clean Indoor Air Act. Effective as of October 29,2013, the legislation added § 1399-o-(2)(b) to the PHL which prohibits smoking outdoors on the grounds of general hospitals and residential health care facilities, including outdoor areas within 15 feet of the buildings’ entrances or exits or within 15 feet from the entrances or exits to the grounds.

However, the legislation does allow residential healthcare facilities to designate a separate outdoor area on the grounds (the area within the facility property lines) where smoking may be permitted to residents and visitors, providing that the designated area is not within 30 feet of any building structure, including any overhang, canopy, awning, entrance, exit, window, intake or exhaust. Employees were not listed under this provision and may not smoke in any designated outdoor area on the grounds where smoking is permitted by residents and visitors.

**PROCEDURE**

**Assessment and treatment of New Residents/Patients Who Smoke or use Smoking Products**

1. The admissions department will notify referring facilities of the facility’s non-smoking policy.
2. Prior to admission, all prospective residents and/or their families/designated healthcare representative will be informed that the facility is a non -smoking facility.
3. Upon admission, will be provided with information regarding non-smoking policy via the Admissions Packet
4. Residents admitted to the facility prior to (insert date of policy change), and who are active smokers are considered “grandfathered” and will be permitted to smoke. All other residents, whether existent or new, will be provided with education regarding the facility’s non-smoking policy.
   * Smoking cessation will be discussed and offered by physicians
5. Newly admitted residents who verbalize the desire to smoke (despite being informed prior to admission that facility is a non-smoking facility) and established residents who wish to continue smoking will be offered transfer to a facility with a Smoking Program.
6. Residents who are in the facility and smoke are required to sign a contract with respect to their smoking (see below).
   * The social worker will initiate the smoking contract

**Management of “grandfathered” residents/patients who Smoke**

1. Facility will determine resident’s smoking needs and capacity to smoke independently
2. Facility will provide appropriate safety education, including location of the designated smoking area (insert designated smoking area)
3. Residents who are identified as smokers will keep all smoking materials/paraphernalia with the (insert who will keep smoking paraphernalia) (*rationale*: to ensure safe storage of materials)
   1. Each resident’s paraphernalia will be kept in a separate compartment/container
4. Residents who are identified as smokers will be provided with smoking aprons.
5. Ashtrays with non-combustible material with a center rest will the provided in designated smoking area.
6. Residents smoking in the designated outdoor area must be appropriately dressed for the weather.
7. The social services department will develop an individualized care plan related to smoking for those residents who smoke.
8. Facility will provide supervision as needed.
9. The social service department will maintain a list of all residents who smoke and update the interdisciplinary team when there are any changes.

**Management of Residents/Patients who do not Adhere to the Non-Smoking Policy**

1. When a resident who has not been “grandfathered” smokes and refuses to enter into a smoking cessation program, the Social Worker will re-educate them on the smoke-free environment policy and document same for the first incident, notify the primary care physician and convene a CCP meeting to include the resident/patient and their designated representative for the second incident, and initiate discharge on the third incident.

**References**:

NYSDOH (10/8/2013). DAL NH 13-06 – Outdoor Smoking <https://www.leadingageny.org/linkservid/F9BA2607-D62C-D749-3CA582FEF3A3B8B3/showMeta/0/>

**SMOKING POLICY/ CONTRACT**

**Acknowledgement of Understanding Facility Smoking Policy**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have had the facility’s non-smoking policy explained to me. I understand that it is my obligation and the obligation of my visitors to comply with all aspects of the policy without exception. I understand that the policy is as follows:

1. At no time may I keep in my possession or in my room any cigarettes (including vapes), cigars, pipes, matches, lighter, or any other fire or smoking paraphernalia.
2. I will only be permitted to smoke when I am out on pass (OOP) in the designated area (insert area). At no time may I smoke in any other area of the facility or its perimeter, including but not limited to my room, the hallways, the elevators, bathrooms, shower rooms, patios, or anywhere else on the premises.
3. I understand that I have to sign back in and give my smoking materials to the receptionist/security guard for safe keeping after I have returned from OOP.
4. I understand that at no time may I give or sell cigarettes (or any smoking materials) and lighting materials to any other resident and that I may never buy cigarettes or lighting materials for, or for, any other resident or visitor.
5. I understand that all smoking materials brought into the facility must be given to the receptionist/security guard at the front desk as it is brought into the building.
6. I understand that I must abide by all of the smoking regulations of the facility.
7. I understand that if I have questions regarding my smoking status or this policy, I will direct them to my social worker.
8. The purpose of this policy/contract is to ensure the health and safety of both smoking and non-smoking residents as well as visitors, and to comply with health and safety regulations.

**By signing the contract, I agree to the above regulations. If I do not comply with them, I understand that my smoking privileges can be revoked. I realize that at any time I can request a transfer to a Smoking Facility.**

Resident’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Worker’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I have been offered a smoking cessation program and I choose to decline at this time.**

Resident’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Worker’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_