



# policy for a smoke-free workplace

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Supporting Employees in the



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 Palmerstown, Dublin 20



**SOUTH WESTERN  
 AREA HEALTH BOARD**  
 Bord Sláinte an  
 Limistir Thiar Theas



**EAST COAST  
 AREA HEALTH BOARD**  
 Bord Sláinte Limistir ar  
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**NORTHERN  
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EASTERN HEALTH SHARED SERVICES  
EOL SÉRIBHEIDHÍR HOSPITÁL, DUBLÍN 8



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## Introduction

Smoking is a major cause of preventable ill health and premature mortality; its effects on the individual smoker have been well documented. In the case of the workplace, recent research has quantified the significant risk posed by exposure to environmental tobacco smoke (passive smoking) in relation to lung cancer and coronary heart disease.

The Safety, Health and Welfare at Work Act 1989 and the Tobacco Regulations 1995 prohibit smoking within hospitals, nursing homes and other health facilities, except where suitable designated areas might be provided for staff or patients.

The Eastern Regional Health Authority, Eastern Health Shared Services and the three Area Health Boards recognise that passive smoking – inhaling other people's tobacco smoke is a particular issue for the workplace.

In recognising this problem, the existing policy on smoking has been reviewed, in order to create and maintain a minimum standards smoke free policy within all work locations.

The principle aim of the policy is to establish a healthy environment for all employees, service users and visitors at all Eastern Regional Health Authority, Eastern Health Shared Services and Area Health Board facilities.

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# Policy for a smoke-free workplace

## Aim

The aim of this policy on smoking is to establish a healthy environment for all employees, clients and visitors at all Eastern Regional Health Authority, Eastern Health Shared Services and Area Health Board facilities.

## SCOPE

All ERHA, EHSS and AHBs controlled premises occupied by employees, including temporary staff, visitors, contractors and service users.

## RELEVANT LEGISLATION

- The Safety Health and Welfare at Work Act 1989, requires all employers to provide safe places of work, including the provision of a working environment which is effectively free from airborne contamination 'so far as is reasonably practicable'.
- The Workplace Regulations (Part III of the Safety, Health and Welfare at Work (General Application) Regulations 1993) require employers to make suitable arrangements to protect workers from discomfort caused by tobacco smoke in rest rooms or rest areas.
- The Chemical Agents Regulations 1994 require employers to assess the risks arising from working exposure to hazardous substances, and this may lead to prohibition of smoking for certain occupations in the work area to minimise the risk of hand to mouth transfer of toxic material.
- The Tobacco (Health Promotion and Protection) Act 1988 and Regulations 1995. These regulations identify hospitals, nursing homes, long-stay care of the elderly homes, child-care centres, maternity homes, centres for the mentally and physically handicapped as prohibited smoking areas. 'Save that smoking may be permitted where specific facilities are provided for patients and staff to smoke'.
- Employers 'Duty of Care'  
Common law

## POLICY

It is the policy of the Eastern Regional Health Authority, Eastern Health Shared Services and the three Area Health Boards in the Eastern Region that the preference of both smokers and non-smokers will be respected, but where these conflict the preferences of the non-smoker to breathe clean air takes precedence at all times.

In this respect all buildings will be 'smoke-free' with smoking limited to specific facilities provided for staff and patients to smoke, where available.

## NOTE

**Eastern Regional Health Authority (ERHA)**

**Eastern Health Shared Services (EHSS)**

**Area Health Boards (AHBs)**

**South Western Area Health Board**

**East Coast Area Health Board**

**Northern Area Health Board**

**Common Law**

**For example:  
The local manager is the person with responsibility for a particular area e.g. nursing officer, catering officer, Superintendent etc.**

## **Implementation**

Every local manager will be responsible for implementing this policy in their area and among employees under their control. Overall responsibility for policy implementation rests with the senior local manager who has overall control of each building. Managers must clearly indicate in their Service Plan how they are going to communicate, implement and monitor the policy.

## **Staff**

The general principle of non-smoking applies in all Eastern Regional Health Authority, Eastern Health Shared Services and Area Health Board premises.

- Smoking is prohibited in all work areas, eating/common areas and facilities used by staff, including transport and at main entrances.
- If deemed necessary a common smoking area(s) for staff should be designated.
- Designated area(s) should be completely separate from non-smokers.
- Appropriate ventilation and extraction should be provided in designated area(s) (if indoor facility).
- Size of area/facility should correspond with level of use and be subject to review.

## **Service Users**

**Health Centres, Clinics etc.**

- Smoking is prohibited in all ward/treatment areas, eating/common rooms and facilities used by service users, including transport and at main entrances.
- Patients with a preference for smoking may do so only in the separate designated areas.
- All designated area(s) must have an appropriate ventilation and extraction facility (if indoor facility).
- Size of area/facility should correspond with level of use and be subject to review.
- In the case of hospitals etc, notification prior to admission and hospital patient handbooks should inform patients that the hospital operates 'a restricted smoking policy that supports a smoke free environment'.
- Local communities in all other areas of service delivery should be informed of this policy.

## **Visitors**

- Smoking is not permitted by visitors in wards, health centres, day rooms, clinics, main entrances and reception areas.
- Exceptions made on compassionate grounds must use designated smoking areas.

## Residential Units

In recognition of the added consideration of the residential unit not only being a workplace, but also the residents home, where they should have certain freedoms as if in their own private dwelling. In this respect it is important that there is full in-depth consultations with staff and residents to ensure the smooth implementation of a smoking policy.

Service users should be assisted to quit smoking through the use of health promotion initiatives i.e., information, supportive environments and smoking cessation programmes etc.

Service users who choose to smoke, should do so in designated areas or zones.

## Smoking Cessation

Training in smoking cessation facilitation and brief intervention techniques is available to hospital and community care staff from the Health Promotion Departments in the three Area Health Boards.

Management should display the contact numbers of the quitline and support services in smoking cessation. Additional assistance on smoking cessation may be obtained from Tobacco Control Advisors within the three Area Health Boards and from the Occupational Health Unit in Dr Steevens' Hospital.

## Signs and Equipment

It is the responsibility of the local manager who has overall control of the building to ensure that designated non-smoking areas are identified clearly by appropriate notices.

All premises should have signage at the entrance clearly identifying that it is a 'smoke-free' building. Stubbing bins should be provided in the immediate vicinity. Additional signage throughout the building must indicate that it is a designated no-smoking facility.

In addition to prohibition notices, health promotion literature, poster and pamphlets should be clearly displayed together with contact numbers for those offering support to smokers wishing to quit.

## Who is responsible?

All issues concerning the implementation of the policy must be addressed in the first incidence with the appropriate local manager.

**Ashtrays should be removed from all areas other than the specified smoking area.**

**For example:  
The local manager is the person with responsibility for a particular area e.g. nursing officer, catering officer, Superintendent etc.**

## IMPLEMENTATION OF THE POLICY

To a large extent this policy will be self-enforced by staff. Continued or repeated breaches of the policy will be brought to the attention of and dealt with by the local Manager.

To assist with the smooth implementation of the policy the following support mechanisms should be made available.

- All existing employees should be informed of the policy and their role in the implementation and monitoring of the policy.
- All new and prospective employees should be given a copy of the policy on recruitment/induction.
- The policy should be promoted as part of other work-based health promotion programmes.
- Progress on implementation of policy should be monitored at the local Health & Safety Joint Consultative Committees.
- Smoking cessation support should be made available to all staff who wish to quit smoking.
- Health Promotion and other educational materials should be made available to staff, service users and visitors.
- All communications with service users should inform them of the 'No-Smoking' policy.
- All premises must have effective and clear signs to indicate a 'smoke-free' environment is the norm.
- Clear signs should indicate any or all designated smoking areas.
- All recruitment communication should inform prospective employees that all premises operate a restricted smoking policy that supports a smoke-free environment.
- Sale, distribution and advertising of tobacco products will cease in acute hospitals.

## POLICY INFRINGEMENTS

- Infringements of the policy by staff will be dealt with under local disciplinary procedures.
- All members of staff have a responsibility to take action in the event of policy infringements by service users, relatives and visitors

## MONITORING

In order to achieve success in terms of the policy implementation, it is important to recognise implementation difficulties and to address them in a realistic and achievable manner. It is recommended that implementation difficulties are raised with the relevant local manager by the staff involved, so that appropriate judgements can be made to achieve a satisfactory solution.

Once the action/decision to the problem has been decided and consideration has been given to resources and timescales, the management controls can be implemented.

In the event that a matter cannot be sufficiently managed at local level, the issue must be forwarded as an agenda item to the next scheduled meeting of the local Health and Safety Joint Consultative Committee

The Health and Safety Joint Consultative Committee under the chair of the responsible manager will discuss the matter formally and record any agreed management responses.

## REVIEW

The policy will be monitored and reviewed annually by the Safety Monitoring Committee in the three Area Health Boards.

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