



Smoke-Free VIHA: Frequently Asked Questions

Why is VIHA adopting a smoke-free premises policy?

Tobacco is acknowledged as the leading cause of preventable disease; scientific evidence indicates there is no safe level of exposure to second-hand smoke.

VIHA and all health authorities are committed to improving the health of all British Columbians, and reducing tobacco use is included.

All health authorities are adopting smoke-free premises policies that will be fully implemented by October 2008, to ensure visitors, patients and health care workers at health facilities are protected from the harms of tobacco use.

When do smoke-free policies come into effect?

VIHA's smoke-free policy is in effect as of March 1, 2008. At that time, no smoking will be permitted on any health authority owned, operated or leased property or grounds.

By October 2008, all health authorities will have fully implemented smoke-free premises policies.

There are already some smoke-free policies and initiatives in place within VIHA including:

- No smoking is permitted in VIHA owned or leased vehicles;
- The Capital Regional District's Clean Air Bylaw for many of the South Island facilities that does not permit smoking indoors, nor outdoors in a location where food or beverage is either served or consumed or served and consumed; and
- Employees who want to quit smoking are eligible for educational seminars, cessation supports and nicotine replacement therapy provided under the employee extended health care program.

How will VIHA's smoke-free policy be applied?

VIHA's policy is not about forcing people to quit smoking. It's about asking people not to smoke on VIHA's properties.

VIHA will also provide in-patients and clients in our facilities with nicotine replacement therapy.

This policy applies to ALL staff, patients, and visitors. Smoking will not be allowed anywhere on VIHA owned, operated or leased property - inside or out.

VIHA employees who want to quit smoking are eligible for educational seminars, cessation supports and nicotine replacement therapy provided under the employee extended health care program.

VIHA will work with its staff to ensure compliance with this policy in and around all facilities throughout the region.

When it comes to the needs of clients in mental health, palliative care or residential care, VIHA will consider special considerations and alternative timelines to ensure special needs for these populations are accommodated.

All ceremonial use of tobacco products for cultural purposes will be exempt from this policy.

Is this policy the same for all of BC's health authorities?

Each Health Authority has produced their own smoke free policy, based on guidelines issued by the Ministry of Health in November 2005 with common core elements such as considerations for certain populations and smoking cessation supports. VIHA's policy is effective March 1, 2008 in coordination with the Provincial Health Services Authority (PHSA) to avoid confusion for patients where there are shared sites (such as the BC Cancer Agency on the Royal Jubilee Hospital site).

All Health Authorities have agreed that Smoke-Free policies will:

- Be fully implemented by October 2008.
- Ban smoking in all indoor facilities, and without exception in the CRD area facilities. For the remaining facilities in the region, indoor smoking is permitted under the proposed Tobacco Control regulation, which says only residents in extended care homes can smoke in Designated Smoking Rooms. However, site operators are not obligated to provide these specialized rooms.
- Ban smoking on all outdoor premises with accommodations for key populations (mental health, addictions, residential and palliative care) or security concerns.

Does the policy apply to contracted employees as well?

Yes. Contracted employees working on owned and operated VIHA sites will be expected to comply with the policy. This includes individuals who provide services in security, housekeeping and laundry.

Can staff (physicians, employees, volunteers, etc) smoke on scheduled breaks?

Yes. However, they will be required to smoke outside of VIHA property if time permits on breaks. This will need to be arranged with the respective supervisor to avoid disruption in care for patients, residents or clients.

Does VIHA's policy apply to affiliates as well?

VIHA will work closely with affiliated facilities and strongly encourages them to adopt similar policies. All future contracts with VIHA affiliated facilities shall require the agency or facility providing clinical services to adopt a similar smoking control policy.

I work at a VIHA facility. Does this mean I have to quit smoking?

No. This policy is not about forcing staff, patients or visitors to stop smoking. This is about creating a smoke-free environment because tobacco is as the leading cause of preventable disease and scientific evidence indicates there is no safe level of exposure to second-hand smoke. If staff choose to quit smoking, cessation supports and nicotine replacement therapy are available under VIHA's extended health care plan. For more information, go to <http://www.viha.ca/mho/tobacco/cessation/employees.html>.

What about facilities who have patient/client populations in mental health, residential or palliative care? Are these patients expected to quit smoking when they may not be able to leave the premises and are unwilling to stop smoking?

In these special situations where patients have unique needs, VIHA has put in place an internal process to apply for accommodation of the unique needs of clients in mental health, palliative care or residential care.

For facilities that choose to apply for this accommodation, a Special Consideration Application form must be completed and submitted to the Tobacco Control department. This form needs to be signed by the Manager/Director of the facility as well as the Executive Director and the Executive Medical Director.

Sites may apply for Special Considerations within the policy if there is over-night or residential care provided to designated mental health/addictions clients, long term care clients (residential and assisted living) or palliative care clients; and there are exceptional clinical and/or physical constraints that preclude an entirely smoke free property.

Ceremonial use of tobacco products for cultural purposes will also be exempt.