



ANMF (Vic Branch) Policy

Smoke-free work environment

1. Introduction

The Australian Nursing and Midwifery Federation (Victorian Branch) [ANMF (Vic Branch)] recognises that some nurses, midwives and carers working in healthcare environments and other industries may be exposed to environmental tobacco smoking during the course of their work, creating a risk to their health and safety. ANMF (Vic Branch) supports workplaces providing and maintaining a smoke-free work environment.

2. Objective

The ANMF (Vic Branch) objective is to support the prevention and management of risks to the health and safety of Victorian nurses, midwives and carers, arising from exposure of nurses, midwives and carers to environmental tobacco smoke during the course of their work.

3. Scope

This policy applies to all ANMF (Vic Branch) members, and all nurses, midwives and carers eligible for ANMF (Vic Branch) membership in Victorian healthcare environments and other industries.

4. Definitions

Environmental Tobacco Smoke (ETS): The smoke from burning tobacco products to which a person is unintentionally exposed, most commonly in the home and public places.

Passive smoking: The inhalation of smoke emitted from tobacco products inhaled by a person. This is also known as second-hand smoke.

Enclosed: This means an area, room or premises that are substantially enclosed by a roof or walls, which are permanent or temporary, or open or closed.

5. Policy

- 5.1 Under the Victorian Occupational Health and Safety Act 2004, all employees have a right to perform their work in an environment that is safe and without risks to health from exposure to environmental tobacco smoke.
- 5.2 There is no safe level of exposure to environmental tobacco smoke. Scientific evidence confirms that smokers face significantly increased risks of death and/or illness from numerous cancers, heart disease, stroke, atherosclerosis, abdominal aortic aneurysm, emphysema and other respiratory diseases. Passive smoke has also been shown to have negative health effects.
- 5.3 All workplaces, including outdoor areas, should be smoke-free.
- 5.4 Employers should implement a program, so far as reasonably practicable, aimed at achieving a smoke-free workplace, which includes:
 - 5.4.1 A smoke-free environment policy;

- 5.4.2 Ensuring that staff, patients, residents, clients consumers and visitors adhere to the smoke-free policy and are not permitted to smoke within the boundaries of the workplace, unless an exemption exists for that workplace;
 - 5.4.3 An educational awareness program to encourage staff, patients, residents, clients and consumers to stop or reduce smoking;
 - 5.4.4 Clear advice to staff, patients, residents, clients, consumers and visitors that the workplace is smoke-free;
 - 5.4.5 Clear implementation and enforcement of smoke-free workplace policies, without a requirement on nurses, midwives and carers to enforce the policy; and
 - 5.4.6 No facility sells or provides tobacco products.
- 5.5 Employers should recognise that nicotine is a substance of addiction to be managed, including through:
- 5.5.1 Acknowledgement of the seriousness of the addiction;
 - 5.5.2 Monitoring of withdrawal, including impact on occupational violence and aggression;
 - 5.5.3 Provision of information on the smoke-free policy to patients / residents / clients prior to admission where possible, and provision of smoking cessation information for smokers on discharge;
 - 5.5.4 Inclusion of assessment of patients, residents, clients and consumers with the need for nicotine replacement therapy on admission; and
 - 5.5.5 Provision of assistance and support to achieve cessation (including nicotine replacement therapies and participation in 'Quit' programs which may occur in conjunction with other programs in the workplaces, such as wellbeing initiatives).

6. Key elements

6.1 Employers

The ANMF (Vic Branch) requires employers to prevent and minimise the risk of exposure to environmental tobacco smoke through:

- 6.1.1 Implementation of a management policy to prevent potential exposure to environmental tobacco smoke;
- 6.1.2 Implementation of risk management processes to identify, assess and control environmental tobacco smoke hazards and risks;
- 6.1.3 Recognising that mechanical dilution ventilation is not an appropriate method for eliminating exposure to environmental tobacco smoke;
- 6.1.4 Integration of smoke-free healthcare environments into workplace OHS arrangements – including OHS representation, consultation and issue resolution;
- 6.1.5 Communication to all staff to raise awareness about smoking and involvement of staff in the prevention and management strategies implemented;
- 6.1.6 Provision of training to all staff to educate them about exposure to environmental tobacco smoke, including preventative and management strategies;
- 6.1.7 Action plans which outline management responsibilities, timelines and resource allocation for environmental tobacco smoke prevention at an organisational level. Policies and programs to eliminate smoking in the workplace should be developed in the workplace taking into account the goals of the National Tobacco Strategy, implemented and monitored in consultation with nurses, midwives and carers and their HSRs; and
- 6.1.8 Provision of knowledge and skills in managing issues around exposure to environmental tobacco smoke for managers and supervisors.

6.2 Consultation

6.2.1 The participation of and consultation with staff and their representatives, including the ANMF (Vic Branch) and Health and Safety Representatives (HSRs), is critical to the effective implementation of relevant and sustainable policies and procedures and risk control strategies for preventing and managing the risks associated with exposure to environmental tobacco smoke.

6.2.2 Appropriate consultative and representative structures (including HSRs and OHS Committees) are necessary to encourage staff to report injuries/illness and unresolved issues related to exposure to environmental tobacco smoke at the workplace to both management and/or HSRs.

6.3 Health and Safety Representatives (HSRs)

HSRs may call on the ANMF (Vic Branch) to assist with advice in the development of a smoke-free policy or program. The ANMF (Vic Branch) supports involvement of HSRs in the prevention of exposure to environmental tobacco smoke through:

6.3.1 Encouraging staff to report all incidents of exposure to environmental tobacco smoke, asthma and difficulties breathing;

6.3.2 Representation and consultation with employers;

6.3.3 Occupational Health and Safety Committee (OHSC) formulation and participation;

6.3.4 Review and dissemination of plans for prevention of exposure to environmental tobacco smoke;

6.3.5 Workplace OHS issue resolution; and

6.3.6 Provisional Improvement Notices (PINs) or requests for WorkSafe Victoria Inspectors to attend the workplace if employers have not acted to resolve environmental tobacco smoke issues.

6.4 Designated smoking areas

The *Tobacco Act 1987* (Vic) bans smoking in all enclosed workplaces. These areas must be monitored on a regular basis.

Exemptions may be applied for in the following circumstances and workplaces should still have smoke-free policies to ensure minimisation of exposure of nurses, midwives and personal care workers:

6.4.1 Personal sleeping or living areas of residential care facilities which include types of residential care services, supported residential services and aged care services; and

6.4.2 A declared area in a designated mental health service.

Where workplaces have an exemption under the *Tobacco Act 1987* (Vic), and are not smoke-free, designated smoking areas must be located outside of buildings, and meet the following criteria:

6.4.3 There must be a constant movement of fresh air that immediately dissipates environmental tobacco smoke;

6.4.4 Smoke-contaminated air does not recirculate into the building;

6.4.5 Smoking is not permitted near doorways, windows or ventilation ducts;

6.4.6 A smoker is not in proximity to non-smokers;

6.4.7 There are no flammable or other hazardous substances present; and

6.4.8 Appropriate receptacles for smokers are provided.

6.5 Issues specific to inpatient or residential care

The position of patients / residents and clients regarding smoking and lifestyle must not impinge upon:

- 6.5.1 The rights of staff or other persons to a smoke-free environment; or Employers' duties under OHS Act 2004 to provide a healthy and safe work environment for staff, patients, visitors and other persons;
 - 6.5.2 If patients / residents or clients wish to smoke, this should be done in a designated outdoor smoking area with appropriate controls in place to minimise risks to staff and others (refer to Section 6.1 – Designated Smoking Areas); or
 - 6.5.3 Consistent with the OHS Act 2004, nurses, midwives and carers shall have the right to refuse to assist patients / residents or clients with smoking.
- 6.6 Other hazards related to smoking
Smoking is a fire hazard, and most work environments contain furniture, fittings, paper products, chemicals and gases that are flammable. Chemicals produced during the combustion of tobacco have the ability to absorb into the surfaces of natural and synthetic materials. There is growing evidence that this 'third hand' exposure to cigarette smoke is also potentially hazardous to health.
- 6.7 ANMF (Vic Branch) members
The ANMF (Vic Branch) supports involvement of members in the prevention of exposure to environmental tobacco smoke through:
- 6.7.1 Reporting exposure to environmental tobacco smoke issues to management and HSRs; and
 - 6.7.2 Consultation through HSRs on environmental tobacco smoke control measures.
- 7. Relevant legislation**
- Occupational Health and Safety Act 2004
 - Occupational Health and Safety Regulations 2017
 - Tobacco Act 1987
 - Tobacco Amendment Act 2016
- 8. Relevant guidance**
- ANMF (Vic Branch) Occupational Health and Safety Policy (September 2020)
 - Victorian Tobacco Reforms - www.health.vic.gov.au/tobaccoreforms/
 - Quit - <http://www.quit.org.au/>