



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Protecting HSE Staff from Second-hand Smoke in Domestic Settings

Document reference number	TCF002	Document developed by	Subgroup of the Tobacco Control Framework Implementation Group
Revision number	n/a	Document approved by	NATIONAL HR TEAM
Approval date		Responsibility for implementation	As defined within the HSE Corporate Safety Statement
Revision date		Responsibility for review and audit	As defined within the HSE Corporate Safety Statement

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1. Policy Statement

- The HSE aims to effectively manage and reduce all risks to staff, service users and other persons who may be affected by its activities. The HSE recognises that some healthcare staff who provide services in a person's home may be exposed to second-hand smoke (SHS) and its harmful effect, and is committed to reducing these risks as far as reasonably practicable.
- This policy aims to ensure that appropriate measures are in place to minimise this risk, and that guidance is given to managers, staff and service users on their roles in this policy. The HSE seeks to protect its staff from second-hand smoke when they undertake a home visit.
- This policy also gives effect to a commitment within the HSE's Tobacco Control Framework to protect staff entering domestic settings from the effects of second-hand smoke.

2. Purpose

- Second-hand smoke is a proven health hazard and a cause of lung cancer and coronary heart disease in adult non-smokers; people suffering from respiratory disorders and heart diseases are at particular risk from the effects of second-hand smoke. Some HSE staff who provide healthcare services in a domestic setting (e.g. Nurses, Health and Social Care Professionals, Home Helps) may find themselves exposed to SHS and feel uncomfortable raising the matter with the service user. This policy ensures that the issue of exposure of staff to second-hand smoke is appropriately addressed by their employer.
- The HSE as an employer has a duty of care under the Safety, Health and Welfare at Work Act 2005 to provide a safe working environment for its employees, and for others affected by its activities. This extends as far as is reasonably practicable to service users' homes when HSE services are delivered in domestic settings. Section 47 of the Public Health (Tobacco) Act 2002, as amended prohibits smoking in the workplace; however it does not apply to people's homes, and employers must rely on the understanding and goodwill of the service user.

- As the national body responsible for health promotion, health protection and prevention of illnesses and disease, the HSE is deeply concerned about the harmful effects of tobacco use and has developed the Tobacco Control Framework (2010) to inform HSE policy and provide a coherent national response to tobacco use. The development of this policy 'Protecting HSE Staff from Second-hand Smoke in Domestic Settings' is an agreed action under the Tobacco Control Framework with the key objective of protecting staff from the harmful effects of SHS in such circumstances.
- The principle purpose of this policy is to:
 - outline the HSE's commitment to reducing the risks posed by SHS to staff who provide health services in a domestic setting;
 - provide guidance to staff and their managers on their role in the policy;
 - provide guidance to service users on their role in the policy.
- Any employee who is concerned about their exposure to second-hand smoke should inform their line manager.

3. Scope

3.1 This policy applies to all HSE staff who provide healthcare services in a domestic setting. This includes a variety of staff – nurses (general, midwives, palliative care, mental health and public health), health and social care professionals (e.g. social workers, occupational therapists, physiotherapists, dieticians) medical (e.g. Area Medical Officers, Public Health Doctors) and home help staff. The policy also applies to agency-employed healthcare staff who provide services in a person's home under the supervision and control of HSE line management.

4. Relevant Legislation/Policies

Safety Health and Welfare at Work Act, 2005

Safety, Health and Welfare at Work (Chemical Agents) Regulations 2001

2011 Code of Practice for the Safety, Health and Welfare at Work (Chemical Agents) Regulations 2001 S.I 619 of 2001

Public Health (Tobacco) Act 2002, as amended

HSE Tobacco Free Campus Policy (2012)

HSE Corporate Safety Statement (2014)

HSE Risk Assessment Guidance Tool for Environmental Tobacco Smoke (2009)

HSE Risk Assessment Tool and Guidance (June 2008)

HSE Incident Management Policy and Procedure (2008)

HSE Policy for Lone Working (2012)

HSE Tobacco Control Framework (2010)

5. Glossary of Terms

Second-hand smoke:

Second-hand smoke is a mixture of gases and fine particles that includes:

- Smoke from a burning cigarette, cigar, or pipe tip
- Smoke that has been exhaled by the person or people smoking and
- More than 7,000 chemicals including hundreds that are toxic and about 70 that can cause cancer.

There is no safe level of exposure to second-hand smoke.

(Second -hand Smoke The Facts: Centres for Disease Control and Prevention)

Second-hand smoke causes serious and fatal diseases. These include lung cancer, heart disease and respiratory problems in adults and children. It also aggravates illnesses such as asthma and chronic bronchitis. People suffering from respiratory disorders and heart diseases are at particular risk. SHS increases the risk of coronary heart disease among non-smokers by 25-30%. Other ill effects include sore eyes, nose and throat; coughs and sneezes; bronchitis, pneumonia and other respiratory problems; headaches, dizziness and nausea.

(Second-hand Smoke The Facts: Office of Tobacco Control, 2004).

Risk Assessment: Risk assessment is the process of evaluating and ranking the risks to safety, health and welfare at work arising from the identification of hazards in the workplace. It involves estimating the magnitude of risk and deciding the best possible protective and preventative (control) measures to reduce the risk as low as possible so as to prevent harm.

(HSE Risk Assessment Tool and Guidance HSE, 2008).

6. Organisational Roles and Responsibilities

6.1 Responsibilities of Employer

- Under Section 8 of the Safety, Health and Welfare at Work Act 2005, every employer shall ensure, so far as is reasonably practicable, the health, safety and welfare at work of his or her employees. Under Section 12 of the Act, every employer shall manage and conduct his or her undertaking in such a way as to ensure, so far as is reasonably practicable, that in the course of the work being carried on, individuals at the place of work (not being his or her employees) are not exposed to risks to their safety, health or welfare.
- The HSE Corporate Safety Statement (2014) outlines the Director General's commitment to safety, health and welfare at work for staff and all those who are affected by the activities of the HSE.

6.2 Responsibilities of Senior Managers (e.g. National Directors/Area Managers/ General Managers/Hospital General Managers etc)

- Promote and support the aim and objective of the policy.
- Ensure appropriate measures are in place to govern, communicate and implement the policy.
- Give explicit senior management support to enable staff entering domestic settings to carry out their duties in a smoke free environment.

6.3 Responsibilities of Line Managers/Supervisors (e.g. Directors of Nursing/Assistant Directors of Nursing/Health and Social Care Professional Managers/Home Help Co-ordinators/Case Managers etc)

- Widely publicise the policy. Explain to staff that the HSE seeks to protect its employees from second-hand smoke when they undertake a home visit. Provide all staff with this policy at induction and ensure existing staff are made aware of it.
- Proactively engage with staff to identify and discuss service users where compliance may present challenges.
- Provide guidance and support to staff on how to address the policy with service users, their families or guests and include the policy for discussion during staff induction days.
- Increase staff knowledge about the dangers of exposure to second-hand smoke.
- Address and document smoking status in care plans.
- Promote and facilitate staff attendance at relevant training such as Brief

Interventions for Smoking Cessation, conducting risk assessments, and managing aggression and violence.

- Be responsive to staff who raise the issue of their exposure to second-hand smoke.
- Ensure that appropriate support is provided to staff to deal with non-compliance with the policy by service users (e.g. conducting risk assessments, communicating with service users who do not co-operate).
- Promote and monitor use of incident reporting tools to document incidences of non-compliance by service users, and the conduction of risk assessments on exposure to SHS.

6.4 Responsibilities of Employees

Employees have responsibility under Section 13 of the Safety, Health and Welfare at Work Act 2005 to take care of their own safety, health and welfare and to co-operate with the employer (i.e. the HSE) in discharging its duties. In this context, they are responsible for:

- Facilitating and supporting the implementation of the policy.
- Informing service users of the policy and the co-operation required from them.
- Addressing and documenting smoking status in care plans (if appropriate).
- Informing the line manager if exposed to second-hand smoke when visiting a service user.
- Completing a local incident report form where the service user will not co-operate with the request not to smoke.
- Co-operating with the line manager in terms of addressing the non-compliance with the policy by service user (e.g. risk assessment, consideration of alternative care provision).

Employees are not permitted to smoke when providing HSE services in a service user's home.

6.5 Co-operation from Service Users and their Families/Caregivers

Service users and other individuals present in the home are expected to comply with the HSE's policy and help the HSE to protect its staff from second-hand smoke when they undertake a home visit. They should be aware that the visiting staff member may leave if they do not comply with this policy. In situations where the service user has a cognitive impairment or exhibits challenging behaviour, broader co-operation from the family may be particularly important in supporting compliance with the smoke free policy. The HSE has produced a leaflet

for service users which contains information about the policy and the co-operation required from them (Appendix 1 Smoke Free Information for People Receiving Home Visits includes the wording of same).

7. Policy

7.1 Home Visits

When working in a service user's home, employers and employees rely on the understanding and goodwill of the service user. Usually most service users will value the member of staff visiting them and comply with a request to switch off the television, or remove animals from the room. A request not to smoke should be seen in the same way.

Outlined below is the information to be provided to the service user and the co-operation required for them under this policy.

- The service user should help protect the health of staff by not smoking an hour before the visit in the area where staff will be working. The service user should not smoke during the visit.
- Others in the house should not smoke prior to or during the visit in the area where staff will be working.
- The area for the visit should be fully ventilated if smoking has taken place – windows and doors should be opened if possible.
- The service user should be made aware that deciding whether to conduct or continue a visit where there is a smoky environment is at the discretion of the healthcare employee, taking into account the need to protect their own safety, health and welfare.
- The service user should be made aware that an alternative venue may be necessary for the visit if they do not co-operate with the request for a smoke free environment, or that in exceptional circumstances, the service may be withdrawn.

7.2 Care Plans

The Care Plans of service users (e.g. individuals to receive home help/home care supports) should address and document the smoking status of the new service user and potential exposure to second-hand smoke in their home. The requirement for a smoke free environment should be brought to the service user's attention from the outset.

7.3 Organising Home Visits

Given the diversity of healthcare services provided by the HSE in domestic settings, there is no standardised protocol which applies when home visits are being organised with service users. Ideally service users should be given advance notice of the HSE's policy and the request for a smoke free environment but this will not be possible in all cases. Guidance in relation to pre-planned visits and for unforeseen and emergency visits is outlined below.

7.3.1 Pre-Planned Visits

When booking a home visit in person or over the telephone, ask whether anyone in the home smokes. If the answer is no, you will be reassured you are not going to be exposed to risk. If the answer is yes, the healthcare employee should inform the service user of the HSE policy and make a clear verbal request for a smoke free working environment, using the guidance set out above in Section 7.1

If written correspondence about the home visit is sent to the service user, the correspondence should include:

- A reference to this policy and a request for a smoke free working environment.
- The HSE's information leaflet for service users (Appendix 1 contains wording of same) which summarises the content of the policy and sets out the co-operation required from service users in providing a smoke-free environment, and the consequences of non-cooperation with the policy.
- A leaflet on the dangers of second-hand smoke.

7.3.2 Unscheduled Visits

- On some occasions, an unscheduled or emergency visit will be required for a service user and it is not possible to give advance notice of the HSE's smoke free policy. In such circumstances, a verbal request should be made for a smoke free room and the service user and other smokers in the home should be asked not to smoke for the duration of the visit.
- The principle to be applied in such circumstances is that of risk assessment i.e. the potential risk of entering premises where someone is known to smoke should be assessed using the same principles used when assessing any risk. If the visit involves a team of healthcare employees then all members of the team should take account of the potential risks of second-hand smoke when making the visit. As with any situation it may only be possible to reduce rather than eliminate the risk and each situation needs to be addressed on a case by case basis. The HSE's risk

assessment tool *Risk Assessment Guidance Tool for Second-hand Smoke (SHS)* can be used to support this process.

7.4 Non-compliance with the Policy

It is expected that in the majority of cases service users will co-operate with the request for a smoke free environment. All efforts will be made in advance of home visits to secure the service user's agreement to this request.

- In cases where a service user cannot or will not co-operate with the policy, the employee concerned should refer the case to their line manager and seek their support in handling the issue. The line manager may write to the service user about the policy and request their co-operation. A copy of the HSE leaflet for service users should be included as well as a copy of this HSE policy.
- Where a service user continues to ignore the request for a smoke free environment, the healthcare employee and their line manager should consider whether the service can be provided in an alternative smoke free setting e.g. a HSE clinic instead.
- In circumstances where no mutually agreeable solution can be reached, a risk assessment should be undertaken with the support of the line manager. The basis of the risk assessment will be to establish the relative risk of continued exposure to second-hand smoke and identify actions and controls to eliminate or minimise this risk. The HSE's *Risk Assessment Tool and Guidance* (June 2008) and the HSE's *Risk Assessment Guidance Tool for Second-hand Smoke (SHS) 2009* can be used to support this process. The National HSE Risk Assessment form is attached as Appendix 2.
- As a last resort in rare situations of non-compliance, the HSE service may be withdrawn. This decision would be made on a case by case basis using the results of the Risk Assessment process, and having undertaken a Risk Assessment of the risks to the service user from withdrawing the service. In circumstances where the service will be withdrawn, the employee and/or their line manager will meet with the service user and their family, if necessary, prior to such action being taken. If the service is not being withdrawn, additional controls and actions must be considered to address the risks associated with the exposure to second-hand smoke.
- There may be some complex, crisis or emergency situations where staff entering a domestic setting decides to continue with the home visit although the service user is smoking e.g. an acutely distressed or terminally ill service user. An incident report form should be completed in such circumstances.

- If a service user becomes angry or violent in the course of discussions about the HSE's smoke free policy, the local protocol for managing aggressive behaviour should be invoked.
- At all times employees need to assess whether an environment is safe to provide a service. Inform your line manager if you have concerns about your exposure to second-hand smoke.
- Any incidents of non-compliance with the policy should be reported using the local protocol for incident reporting.

A Flowchart summarising the above procedure is set out in Appendix 3.

8.0 Implementation Plan

- The policy will be communicated to service users through posters and leaflets in primary care/health centres/acute hospitals.
- The policy will be communicated to staff via email and broadcast and through the HSE website.
- A toolkit will be available on the HSE website with resources to support the implementation of the policy.
- Senior managers will communicate and endorse the policy to their management teams and oversee distribution of the communication resources in the appropriate settings.
- Line managers must ensure that all staff are aware of the policy and provide hard copies to staff where needed. Line managers are responsible for overseeing and providing instruction on its implementation. This includes the need to inform service users of the policy, the need for local incident report forms to be completed in any case of non-compliance, and the conduction of risk assessments on exposure to second-hand smoke.
- The policy will be incorporated into induction for new staff if applicable to their work.

9.0 Revision and Audit

- This policy will be reviewed one year after its introduction in the HSE and thereafter every three years or more frequently as circumstances or legislation require.
- The review process will incorporate obtaining feedback on local compliance with the policy. The collection of data locally on an ongoing basis will be central to the monitoring and review process. This will require the careful completion and retention of relevant documentation including incident reports of non-compliance, and risk assessments of second-hand smoke. Any complaints or comments from service users and staff in relation to the policy should also be retained. Responsibility for overseeing employee compliance with these local data collection systems rests with Line Managers.
- The policy will be updated and amended as necessary.

10.0 Appendices

Appendix 1: Smoke Free Information for People Receiving Home Visits

If you, or anyone else in your household smokes, please read this information

Second-hand smoke, or passive smoking as it's sometimes called, has been found to be damaging to people's health. It can cause heart disease, stroke and lung cancer. Being exposed to second-hand smoke even for a short time can cause eye irritation, headache, cough, sore throat, dizziness and nausea.

The HSE has a duty of care to provide a safe working environment for its staff. During a home visit, this duty of care extends to a service user's home. Please help the HSE to take care of its staff by doing everything possible to provide a smoke free environment when services are delivered in your home.

How to protect staff from exposure to second-hand smoke:

Before the visit:

- Do not smoke or allow anyone else to smoke in the area where the visit will take place for at least 1 hour before the visit
- Open windows and doors to fully ventilate the area
- Try to keep one room smoke free at all times

During the visit:

- Do not smoke or let anyone else in the house smoke in the area
- Wherever possible, when the healthcare employee is in the house, ask other smokers to go outside to smoke if they wish to smoke

Our HSE Policy

If a healthcare employee enters a smoke-filled room, he/she will decide whether it is a safe environment in which to provide the service. If he/she feels that their health is at risk, he/she may decide to make alternative arrangements for the delivery of the service such as in an alternative venue or at a local clinic.

The HSE is committed to protecting its staff from the dangers of second-hand smoke. Please help us to consider the needs of our staff and provide them with a smoke free environment.

Please note HSE staff who smoke are not permitted to do so while they are on duty.

If you wish to quit smoking, please ask your healthcare employee who will put you in touch with specialist advice and support.

Appendix 2: National HSE Risk Assessment Form



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Risk Assessment Form

* One Risk only per form

Administrative Area: _____
 Location: _____
 Section/Ward/Dept: _____
 Date of Assessment: _____
 Source of Risk: _____
 Unique ID No: _____

Primary Risk Category: _____
 Secondary Risk Category: _____
 Tertiary Risk Category: _____
 Name Risk Owner; (BLOCKS) _____
 Signature of Risk Owner: _____

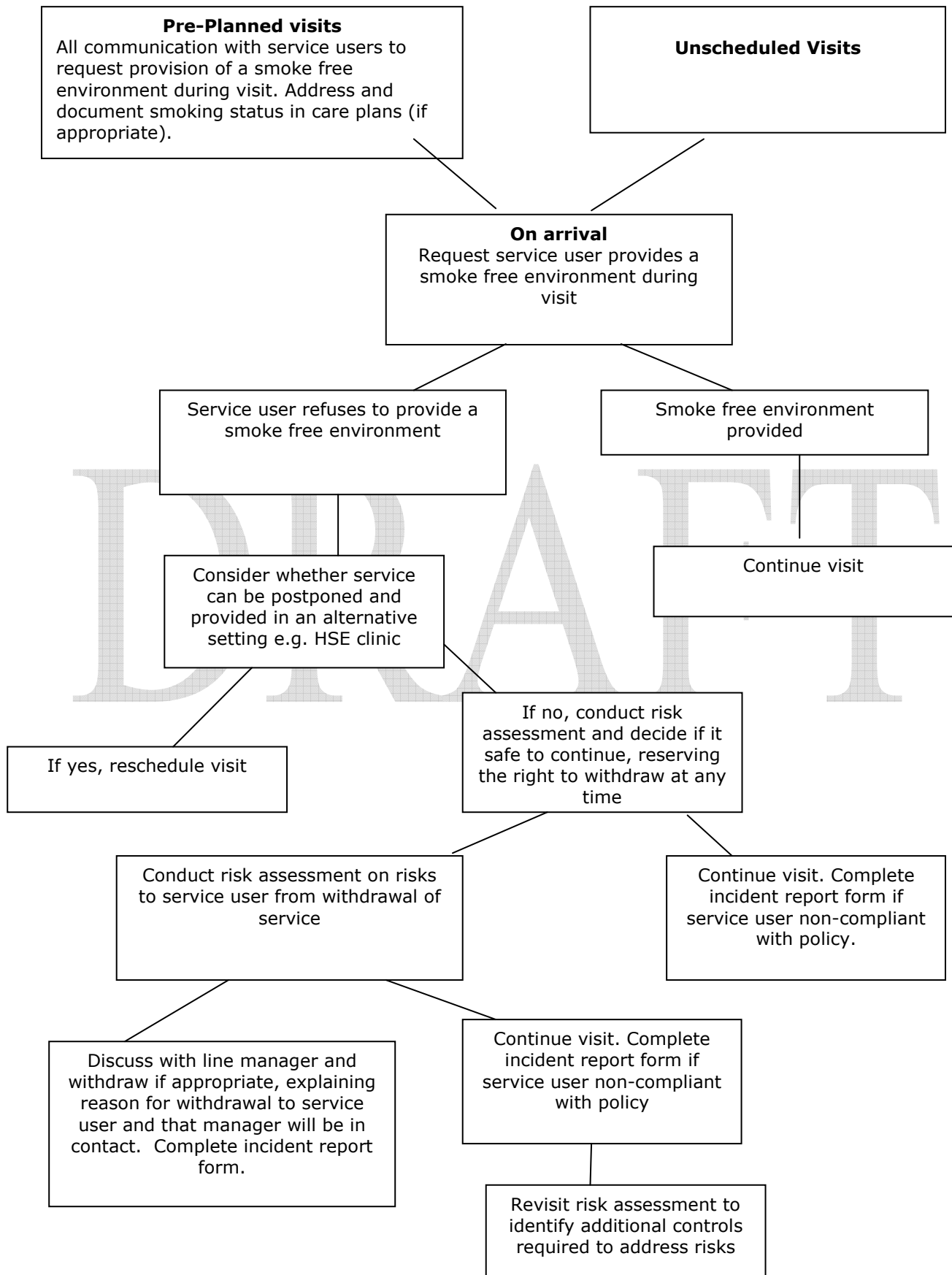
RISK DESCRIPTION (ICC)	IMPACTS/VUNERABILITIES	EXISTING CONTROL MEASURES	ADDITIONAL CONTROLS REQUIRED	PERSON RESPONSIBLE FOR ACTIONS	DUE DATE

RISK ANALYSIS

INITIAL RISK			RESIDUAL RISK			STATUS
Likelihood	Impact	Initial Risk Rating	Likelihood	Impact	Residual Risk Rating	

ICC Approach = Impact, Cause (i.e. Hazard) and Context.

Appendix 3: Smoke free Environment Flow Chart



Appendix 4: Supports for Quitting

You can QUIT and we can help

The HSE's QUIT team provides support to quitters across a range of channels – over the phone, on Twitter and Facebook, and by SMS and email. Quitters can also use interactive www.QUIT.ie website, talking to the QUIT team via Live Chat, and using our online QUITplan. As well as the new online and phone based support there is a network of face-to-face HSE QUIT services in many locations around the country, providing one-to-one and group support for smokers. However a smoker chooses to access our service, the QUIT team offers evidence-based care through a standard treatment programme, where quitters will be tracked and supported for 12 months to help them quit and stay quit.

You can QUIT and we can help

Contact the QUIT team today, you're twice as likely to quit with our help

Freephone 1800 201 203

Freetext QUIT to 50100

Get started on www.QUIT.ie

Tweet the QUIT team [@hseQUITteam](https://twitter.com/hseQUITteam)

Join our Facebook page www.facebook.com/HSEquit

Share your QUIT Story on the [QUIT Heroes App](#)

The HSE also provides a network of free smoking cessation support services, some in community services and some in hospitals. Contact details below and on QUIT.ie:

HSE Dublin Mid Leinster:		HSE Dublin North East	
Dublin South Central	01 463 2800	Cavan	041 6850671
Dublin West	01 463 2800	Monaghan	041 6850671
Dublin South west	01 463 2800	Louth	041 6850671
Kildare/West Wicklow	01 463 2800	Meath	041 6850671
Dublin South East/Wicklow	01 274 4297	North Dublin City	01 8823406/7
Longford	1800 242 505	North County Dublin	01 8823406/7
Laois	1800 242 505		
Offaly	1800 242 505		
Westmeath	1800 242 505		
HSE West		HSE South	
Donegal	1850 200 687	Waterford	051 846712
Letterkenny General	074 9123678	Carlow/Kilkenny	056 7761400
Sligo	1850 200 687	South Tipperary	052 6177037
Sligo General Hospital	071 917 4548	Cork City	021 4921641
Leitrim	1850 200 687	North Cork	022 58634
Mayo	1800 201 203	West Cork	028 40418
Roscommon	1800 201 203	Kerry	066 7195617
Galway University Hospital	091 542 103		
Clare	065 6865841		
Limerick	061 301111		

Appendix 5: Policy Development Group Membership

Emma Benton,
Therapy Professions Advisor

Violet Hayes,
Director of Public Health Nursing

Des Pearson,
Health and Safety Manager

Shirley Keane
Business Planning & Development Manager, National Primary Care Services

Marie J McCarthy
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Dr Fenton Howell
Director of Public Health, National Lead - Prevention of Chronic Disease Programme

Miriam Gunning
Senior Health Promotion Officer, DNE & HPHS Network Co-ordinator

Marie Killeen
Director, National Tobacco Control Office

Chairperson:
Mary Ruane
Corporate Employee Relations Services

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Appendix 6: Peer Review of Policy

Reviewer: The purpose of this statement is to ensure that a Policy, Procedure, Protocol or Guideline (PPPG) proposed for implementation is circulated to a peer review (internal or external). You are asked to sign this form to confirm to the committee developing this Policy that you have reviewed and agree the content and approve the following Policy for use within the organisation:

Policy: Protecting HSE Staff from Second-hand Smoke in Domestic Settings

I acknowledge the following:

- I have been provided with a copy of the Policy described above.
- I have read the Policy and agree the content.
- I approve the Policy for implementation.

Signature:



Dr Stephanie O'Keeffe

National Director of Health & Wellbeing

Date: 2nd September 2014

Appendix 7: Key Stakeholders Review of Policy

An internal consultation process was undertaken through National Directors and Heads of Care Groups from October 2012 – Jan 2013.

Consultation with the health service trade unions was completed in February 2014.

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