

APPENDIX D SMOKING POLICY

Smoking policies **shall** be created by all facilities and the policies **shall** be enforced.

A fire-risk assessment **shall** be conducted for all new residents who smoke and a reassessment **shall** be conducted when renewing an oxygen prescription or at any time there is a significant change in the resident's abilities.

Control of ignition sources (such as lighters and matches) is critical to the prevention of fires and elimination of burn injuries. Facility policies shall in all cases specify how staff will monitor who has possession of ignition sources both during resident use, as well as when not in use. Facility policies shall establish adequate controls to ensure that ignition sources are secured in a manner that minimizes the potential for injury to residents and for unwanted ignition of combustibles.

Smoking areas are to be kept clean of all discarded smoking materials, and provided receptacles are to be used.

The Oregon legislature passed a smoke free workplace law in June 2007. The new law will prohibit smoking within 10 feet of entrances, exits, windows that open, and ventilation intakes.

High-Risk Residents. High-risk residents are those that exhibit unsafe clinical, physical or behavioral traits involving smoking, such as:

- (a) Attempting to hide their smoking materials or activities from staff.
- (b) Having a history of non-compliance with smoking rules.
- (c) Smoking in a resident sleeping room or other areas designated as non-smoking areas.
- (d) Unable to retrieve a dropped cigarette.
- (e) Unable to obtain and operate a fire extinguisher to extinguish a fire started as a result of smoking.
- (f) Use of supplemental oxygen
- (g) Short term memory problems
- (h) Presence of tremors or uncontrollable movements of the body.
- (i) Use of medications that cause drowsiness.
- (j) Any conditions that could result in causing a burn or fire injury to themselves or others.

Residents, family members, and visitors of these high-risk residents **shall** be instructed by staff that smoking materials may not be kept in the room of, or on the person of, these high-risk residents. Residents, family members and visitors are to be requested to acknowledge that they understand this requirement by signing a facility-developed smoking fire hazard awareness form.

Smoking and Oxygen Use: Oxygen is not flammable, it is an accelerator. Oxygen increases the speed at which things burn once a fire starts. Nearly all materials, even metals, will burn vigorously in oxygen enriched environments. The air we breathe contains approximately 21% oxygen and most materials are tested for safety at that concentration. When pure oxygen is

flowing near clothing, furniture, hair, and other materials they absorb the oxygen and become more susceptible to burning. "No Smoking" **shall** be enforced at a facility where oxygen is used. Even if it is not being used at a particular moment, the environment is still oxygen enriched and a fire can develop quickly. Keep open flames and smoking materials away from oxygen therapy equipment to prevent fatal fires.

When there is potential or identified conflict between the resident's right to smoke and/or the resident's continued smoking while using oxygen and the risk of harm to self or others, the provider(s) or others are to conduct a reassessment of the resident's smoking abilities. **In all cases resident safety will outweigh their right to smoke.**

Oxygen cylinders and other oxygen delivery equipment are not permitted within 20 feet of smoking shelters or smoking areas.

Resident **shall** be instructed to remove the mask or canula, shut-off the oxygen supply, and wait for oxygen to dissipate for a minimum of five minutes prior to smoking. Studies have shown oxygen can remain in material and clothing for up to 20 minutes.

"No Smoking, Oxygen in Use" and "No Oxygen Equipment, Smoking Area" signs **shall** be posted.

Resident and visitors **shall** be given educational materials regarding the hazards of smoking and using an open flame near oxygen.

Most residents on oxygen use a nasal canula. Nasal canula tubing is a polyvinyl chloride product which, when ignited, emits an intense flame. The prongs of a canula are intended to direct oxygen into the nose; however a significant amount of oxygen exits the nose and constantly leaks out and bathes the lower face. An oxygen-enriched environment facilitates ignition and combustion of any material. The cause of flash burns to residents are related to the inherent flammability of the canula tubing as the fuel, the flame of the cigarette lighter as the heat source, and oxygen flowing through the canula as the oxidizer. Residents who smoke while on oxygen expose themselves to a significant and avoidable burn injury risk.

DANGER: Oxygen causes rapid burning. Do not smoke within 5 minutes of operating your oxygen concentrator or when you are near a person utilizing oxygen therapy. Do not use oxygen concentrators within 20 feet of hot, sparking objects or sources of flame.

Oregon Fire Code 2007 Edition

SECTION 310
SMOKING

310.1 General. The smoking or carrying of a lighted pipe, cigar, cigarette or any other type of smoking paraphernalia or material is prohibited in the areas indicated in this section.

310.2 Prohibited areas. Smoking shall be prohibited where conditions are such as to make smoking a hazard, and in spaces where flammable or combustible materials are stored or handled.

310.3 “No Smoking” signs. The fire code official is authorized to order the posting of “No Smoking” signs in a conspicuous location in each structure or location in which smoking is prohibited. The content, lettering, size, color and location of required “No Smoking” signs shall be approved.

310.4 Removal of signs prohibited. A posted “No Smoking” sign shall not be obscured, removed, defaced, mutilated or destroyed.

310.5 Compliance with “No Smoking” signs. Smoking shall not be permitted nor shall a person smoke, throw or deposit any lighted or smoldering substance in any place where “No Smoking” signs are posted.

310.6 Ash trays. Where smoking is permitted, suitable noncombustible ash trays or match receivers shall be provided on each table and at other appropriate locations.

310.7 Burning objects. Lighted matches, cigarettes, cigars or other burning object shall not be discarded in such a manner that could cause ignition of other combustible material.

NFPA 99 1999 Edition
Standard for Health Care Facilities

9.6.1.1 Elimination of Sources of Ignition.

9.6.1.1.1 Smoking materials (e.g., matches, cigarettes, lighters, lighter fluid, and tobacco in any form) shall be removed from residents receiving respiratory therapy.

9.4.2.9 Smoking, open flames, electric heating elements, and other sources of ignition shall be prohibited within storage locations and within 6.1 m (20 ft) of outside storage locations.

9.6.3.2* Signs.

9.6.3.2.1 In health care facilities where smoking is not prohibited, precautionary signs readable from a distance of 1.5 m (5 ft) shall be conspicuously displayed wherever supplemental oxygen is in use and in aisles and walkways leading to that area; they shall be attached to adjacent doorways or to building walls or be supported by other appropriate means.

9.6.3.2.2 In health care facilities where smoking is prohibited and signs are prominently (strategically) placed at all major entrances, secondary signs with no-smoking language shall not be required.

9.6.3.2.3 The nonsmoking policies shall be strictly enforced.

NFPA 101 2000 Edition
Life Safety Code

New/Existing Healthcare Facilities:

18/19.7.4* Smoking. Smoking regulations shall be adopted and shall include not less than the following provisions:

- (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such areas shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking.
- (2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required.
- (3) Smoking by residents classified as not responsible shall be prohibited.
- (4) The requirement of 18.7.4(3) shall not apply where the resident is under direct supervision.
- (5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted.
- (6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted.

A.18/19.7.4 The most rigid discipline with regard to prohibition of smoking might not be nearly as effective in reducing incipient fires from surreptitious smoking as the open recognition of smoking, with provision of suitable facilities for smoking. Proper education and training of the staff and attendants in the ordinary fire hazards and their abatement is unquestionably essential. The problem is a broad one, varying with different types and arrangements of buildings; the effectiveness of rules of procedure, which need to be flexible, depends in large part on the management.