



Residential Aged Care Smoking Policy

Policy Statement:

To protect all staff, care recipient or visitors from exposure to environmental tobacco smoke the entire premises is smoke-free, including vehicles owned or operated by West Wimmera Health Service.

Smoking will not be permitted in any indoor areas and restricted to designated outdoor areas.

Designated smoking areas are available outside the building for care recipients to smoke.

This policy relates to all residential aged care facilities and care recipients.

Smoking Areas

- Care Recipients are not permitted to smoke anywhere inside the residential aged care homes buildings.
- Designated smoking areas are available outside for care recipients to smoke.
- Designated area must be visible to staff, outdoors, and be well ventilated.
- Clear signage which alerts others to the fact that smoking will be visible.
- Easily accessible fire retardant aprons and fire blankets will be available.
- No soft chairs or furnishings to be in the designated smoking areas.

Restrictions

- Care Recipients who go outside to smoke, or are taken outside to smoke by staff must have their right to smoke respected.
- Their safety is the responsibility of West Wimmera Health Service and restrictions may be applied if the safety of the care recipient cannot be assured.
- Care recipients must wear a fire retardant safety apron supplied by West Wimmera Health Service.
- Care recipients who are deemed "at risk" must be constantly supervised.
- Care recipients who are deemed "at risk" will have scheduled smoking times in their care plan.
- Staff are to remain with the care recipient throughout the smoking activity until the cigarette is butted out.
- Staff are to remain close enough to the care recipient to intervene should something go wrong. Eg dropping a cigarette

Care Recipient Education

- Conduct orientation to smoking area including use of aprons and fire blanket.
- Education on West Wimmera Health Service Eventide Residential Aged

Care Smoking for Care Recipients Policy

Requests to Smoke

- Requests by care recipients to be taken outside to smoke should be at reasonable frequencies and not result in unreasonable demands on the time of staff.

Duty of Care

- Care Recipients, relatives and friends are to be asked to talk with the care staff before leaving cigarettes, matches or lighters with a care recipient.

Development and Documentation

- Care recipients are referred to specialist practitioners, as required, and in accordance with their preferences
- A Risk Assessment Smoking is undertaken at time of admission.
- Care recipients are informed of available treatments (both pharmacological and other contemporary research based alternatives), strategies, interventions and specialists by the multidisciplinary health care team
- If complementary therapies are required they are accessed and included to the extent they are safe (in consultation with the health care team)
- Should the care recipient wish to receive therapies/treatment against the advice of the health care team, a Refusal of Treatment form is to be completed
- Behaviour management interventions reflect contemporary practice and are preventive as well as reactive
- Document on Care Plan
- The care recipient, or their representative if not cognitively capable, are consulted regarding the care recipient's Care Plan or initial development and whenever changes are required; this is documented in the Care Plan and Progress Notes

Evaluation and Review

- A measurement of the effectiveness of interventions / strategies / treatment in achieving the goals is driven by the care recipient's clinical prognosis (predicted health status changes), exception reporting in Progress Notes and assessments
- Frequency varies according to the care issue/need/problem and as indicated by exception reporting in the Progress Notes
- A Smoking Risk Assessment is to be completed annually or when care needs change, and documented in the Progress Notes. Care Plans are amended to reflect changes

References:

- Standards and Guidelines for Residential Aged Care Services, 1998: 3.5, 3.7, 3.9
- AS/NZS ISO 31000:2009, Risk Management; Principles and Guidelines
 - AS/NZS ISO 9001:2000 Quality Management Systems;
 - AS/NZS 3806:1998 Compliance Programs;
 - AS/NZS 4804:2001 OHS Management Systems;
- Occupational Health and Safety Act, 2004 VIC, 2000 NSW; and Aged Care Act, 1997.