

# Strategic Objective:

## 1. Excellence in Service Delivery



**POLICY :** 1.2 Client Safety & Wellbeing

**PROCEDURE:** 1.2.21 **Smoking – Clients and Visitors**

Approval By:	Manager People & Culture	Approval Date:	30-05-14
Document Owner:	Director of Nursing	Next Review Date:	30-05-16

### Purpose

To create a smoke free workplace for QEC employees, contractors, clients, volunteers and visitors. There is strong scientific evidence that smoking and passive smoking is hazardous to health. In accordance with its legal obligations to protect the health and safety of those who work at QEC sites, QEC has developed the following smoke-free workplace policy.

### Implications for QEC

QEC has a duty to ensure QEC staff, non-smoking clients and children are protected from the harmful effects of passive smoking and exposure to cigarette smoke. This includes protecting children from cigarette butts which are not disposed of correctly.

A high percentage of our Parenting Assessment and Skills Development (PASD) Program clients are smokers. We recognize that clients are often stressed and that many of the QEC clients are experiencing mental health issues and anxiety. Admission to PASD and other QEC programs may not be the time for zero tolerance.

QEC is adopting a **harm minimisation** approach which means all teenage and adult clients that smoke will be provided with education on the harmful effects of smoking and passive smoking. They will be provided with a plan to cease smoking or reduce smoking. This plan will include strategies to protect their children from the harmful effect of passive smoking.

### Target Audience

All QEC Program clients & visitors

### Definitions

#### Smoking

Smoking is harmful and a major cause of premature death due the following diseases:

- Heart Disease
- Stroke
- Lung cancer
- Other cancers
- Acute and chronic respiratory symptoms
- Asthma
- Chronic obstructive airways disease
- Pre-term delivery

1.2.21 Smoking – Clients and Visitors

UNCONTROLLED IF DOWNLOADED

Any content in this document that has been made **Yellow Highlighted** alerts the reader to changes made to the document.

© QEC 2013 It is illegal to photocopy or otherwise reproduce this document without written permission

# Strategic Objective:

## 1. Excellence in Service Delivery



**POLICY :** 1.2 Client Safety & Wellbeing

**PROCEDURE:** 1.2.21 **Smoking – Clients and Visitors**

### Passive Smoking

Passive smoking is the involuntary inhalation of another person's tobacco smoke. Second hand smoke contains chemicals that cause irritation and damage to their airways. Cigarette butts contain high concentration of harmful chemicals and are dangerous to children if ingested or sucked.

SIDS and Kids recommends that children and babies are not exposed to cigarette smoke before birth and after. It also explains that children are not protected if smoking occurs in outside areas. "Strategies such a keeping windows open and avoiding smoking near the baby are not completely effective in reducing a babies exposure to tobacco smoke 25 and nicotine concentrations in the hair of the children of smokers were strikingly similar whether the parent stated that they smoked indoors or outside" (Groner et al quoted in SIDS fact sheet 2012).

Children who are exposed to smoke are more likely to have hospital admissions and experience the following conditions:

- Sudden Infant Death Syndrome (SIDS)
- Lower birth-weight babies (Mother smoking or exposed to smoking)
- Asthma
- Middle ear diseases
- Pre-term birth
- Respiratory Disease

(Quit Victoria 2013. Cancer Council Australia.2008. Australian Government, Department Health & Ageing, 2013)

### Procedure

All clients are informed that QEC does not support smoking and QEC staff will help clients to quit or reduce smoking by the following actions:

QEC Buildings, Residential Unit and grounds at Noble Park are a smoke free environment with the exception of one area. QEC must ensure that the smoking area on its grounds is away from staff, non-smoking clients and children.

- QEC will nominate one small area away from the Residential Unit and public thoroughfares as the area of smoking.
- Children are not to accompany their parents to the QEC area for smoking.
- Clients are to negotiate with the staff the care for their child whilst they smoke.

UNCONTROLLED IF DOWNLOADED

Any content in this document that has been made **Yellow Highlighted** alerts the reader to changes made to the document.  
© QEC 2013 It is illegal to photocopy or otherwise reproduce this document without written permission

# Strategic Objective:

## 1. Excellence in Service Delivery



**POLICY :** 1.2 Client Safety & Wellbeing

**PROCEDURE:** 1.2.21 **Smoking – Clients and Visitors**

**Procedure**

QEC community staff conduct a home safety audit prior to visiting client homes. They ask if the client is a smoker and inform clients that they do not visit homes unless the client agrees to smoke outside. QEC staff do not stay with clients whilst they smoke outdoors. If the client smokes outside the staff member will move away from the smoker so they do not inhale secondary smoke.

All QEC staff working with families receive training on QUIT packages and how to discuss clients smoking habits in a respectful manner. Written pamphlets, education tools and QUIT packages are stocked in all offices and in the Residential and Day Stay Units. Clients are provided with the following education:

- How secondary cigarette smoke is harmful to children and the resulting health hazards.
- Information to QUIT.
- Clients who continue to smoke are educated on ways to protect their children from harmful secondary smoke.
- Clients who decide to QUIT or reduce their smoking are provided with products/and or strategies to help them. The clients may be referred to the QUIT organization, GP's and counsellors.

**Reference documents**

Groner JA, Hoshaw-Woodard S, Koren G, Klein J, Castile R. (2005). Screening for children's exposure to environmental tobacco smoke in a paediatric primary care setting. Archives of Paediatric and Adolescent Medicine 159(5): 450-455.  
 28. Matt GE, Quintana PJ, Hovell MF, Bernert JT, Son S, Novianti N, Juarez T, Floro J

**Related Links**

Australian Government, Dept Health 7 Ageing, 2013 – <http://www.health.gov.au/internet/main/publishing.nsf/Content/SIDS>, 2013 [www.kidsandsids.org](http://www.kidsandsids.org)  
 Quit, 2013 [www.quite.org.au](http://www.quite.org.au)  
[2.2.7 Smoking – Staff, Contractors and Volunteers](#)

**Key Legislation, Acts and Standards**

PLEASE PLACE A 'Y' IN THE BLANK COLUMN relating to the applicable standards below:-  
 e.g.

<b>1.0</b>	<b>1.1</b>	Understanding Rights & Responsibilities	Y
<b>Empowerment</b>	<b>1.2</b>	Exercising Rights & Responsibilities	

**DHS STANDARDS Listing**

1.0 Empowerment	1.1	Understanding Rights & Responsibilities	
	1.2	Exercising Rights & Responsibilities	
2.0 Access & Engagement	2.1	Services Are clear	
	2.2	Services are delivered	

UNCONTROLLED IF DOWNLOADED

Any content in this document that has been made **Yellow Highlighted** alerts the reader to changes made to the document.

© QEC 2013 It is illegal to photocopy or otherwise reproduce this document without written permission

# Strategic Objective:

## 1. Excellence in Service Delivery



**POLICY :** 1.2 Client Safety & Wellbeing

**PROCEDURE:** 1.2.21 Smoking – Clients and Visitors

	2.3	Access to Services	
3.0 Wellbeing	3.1	Services Adoption	
	3.2	Services Participation	
	3.3	Goals Documented & Implemented	
	3.4	Reviews, Evaluations & updates	
	3.5	Delivery is in Safe Environment	Y
4.0 Participation	4.1	Choice & Control of Service Delivery	
	4.2	Community Participation	
	4.3	Maintaining Connections with Family & Friends	
	4.4	Strengthen Culture Connection - Aboriginal/Torres	
	4.5	Strengthen Cultural, Spiritual & Language	
	4.6	Life Skills - Develop Sustain Strengthen	

### ISO 9001:2008 Listing

4.0 Quality Management System	4.1	General	
	4.2.1	Doc Requirements General	
	4.2.2	Doc Requirements Quality Manual	
	4.2.3	Doc Requirements Control of Docs	
	4.2.4	Doc Requirements Control of records	
5.0 Management Responsibility	5.1	Management Responsibility	
	5.2	Customer Focus	
	5.3	Quality Policy	
	5.4	Planning Inc 5.4.1-5.4.2	
	5.5.1	Responsibility & Authority	
	5.5.2	Management Representative	
	5.5.3	Internal Communication	
	5.6	Management Review	
6.0 Resource Management	6.1	Provision of resources	
	6.2	Human resources	
	6.3	Infrastructure	
	6.4	Work Environment	Y
7.0 Product Realization	7.1	Planning of Product Realisation	
	7.2	Customer-related Processes	
	7.3	Design & development	
	7.4	Purchasing	
	7.5	Production and service provision	
	7.6	Control of monitoring & measuring devices	
8.0 Measurement, Analysis & Improvement	8.1	Measurement Analysis & Improvement	
	8.2	Monitoring & Measurement	
	8.3	Control of non- conforming Product	
	8.4	Analysis of Data	
	8.5	Improvement	

UNCONTROLLED IF DOWNLOADED

Any content in this document that has been made **Yellow Highlighted** alerts the reader to changes made to the document.

© QEC 2013 It is illegal to photocopy or otherwise reproduce this document without written permission

# Strategic Objective:

## 1. Excellence in Service Delivery



---

**POLICY :** 1.2 Client Safety & Wellbeing

**PROCEDURE:** **1.2.21 Smoking – Clients and Visitors**

---

**Other Key Legislation, Acts and Standards** Occupational Health & Safety Act Victoria 2004

**Key words** Client smoking, QUIT, passive smoking, children, SIDS

UNCONTROLLED IF DOWNLOADED

Any content in this document that has been made **Yellow Highlighted** alerts the reader to changes made to the document.

© QEC 2013 It is illegal to photocopy or otherwise reproduce this document without written permission