

ADMINISTRATIVE MANUAL

Policy & Procedure

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Applies To:	All Team Members, Patients, and Visitors		

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PURPOSE

This Smoke and Tobacco Reduction policy promotes health, safety and wellness for everyone using NSHA facilities by restricting exposure to Smoke and Smoke residue (third hand Smoke), which can negatively impact people who are sensitive to scents (NSHA AD-OHS-035 Scent Awareness - pending).

Smoking, including Commercial Tobacco and cannabis ([NSHA AD-OHS-025 Drugs & Alcohol](#); NSHA Patient's Own Cannabis policy – in draft), is not permitted in workplaces, businesses, and health care facilities, as defined by the Nova Scotia [Hospitals Act](#) and the [Smoke Free Places Act](#).

As a responsible employer and health care provider, NSHA promotes this policy in order to complement and build upon provincial legislation. Maintaining a Smoke and Tobacco reduced environment supports NSHA's strategic direction of developing a health, high performing workforce.

GUIDING PRINCIPLES AND VALUES

1. NSHA is committed to providing a Smoke, vapour, and Commercial Tobacco free environment in support of health for all Patients, NSHA Team Members, and others occupying NSHA owned or leased buildings and properties.
2. NSHA is concerned for the health of its Patients, Team Members, Visitors, and the community. As such, we are dedicated to prevention and treatment based on best practice.
3. NSHA is a role model in health policy and will work to create healthy communities, for generations, as per the [Mission, Vision, and Values](#) of NSHA.
4. NSHA supports diversity and inclusion, and recognizes that specific ceremonial rituals and practices, such as Smudging, hold value and contribute to Patient and family well-being.
 - 4.1. The ceremonial nature of Smudging does generate Smoke that differs from Commercial Tobacco products and must be treated in a sensitive and supportive manner.
5. Pharmacotherapy should be offered:
 - 5.1. To assist Patients to manage Nicotine withdrawal in hospital;
 - 5.2. For use in-hospital and post-hospitalization to promote long term cessation.
6. NSHA recognizes evidence that:
 - 6.1. Smoking and Commercial Tobacco Use are health and fire safety hazards. There is no safe amount of exposure to Commercial Tobacco.
 - 6.2. Second hand Smoke and third hand Smoke are health hazards.
 - 6.3. There is clear evidence that Nicotine exposure during adolescence adversely affects cognitive function and development. Nicotine is a potent and powerfully addictive substance, particularly for youth. Vaping products containing Nicotine could potentially lead to addiction, the subsequent use of Commercial Tobacco products, and the renormalization of smoking behaviours. Though evidence on the potential

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benefits and risks of Vaping products is still emerging, Health Canada is of the view that while Vaping products are harmful, they are less harmful than smoking cigarettes. As a result of the passage of Bill S-5 in May 2018 ([Tobacco and Vaping Products Act](#)), Vaping products that contain Nicotine can now be legally sold as consumer products by retailers according to provincial or territorial legislation. To date, E-cigarettes are sold as an alternative to smoking Commercial Tobacco, not as a quit aid. Commercial Tobacco Use can have adverse effects or complications on medical treatment.

6.4. Commercial Tobacco related litter is a threat to environmental and human health.

POLICY STATEMENTS

1. NSHA does not allow any Smoking, Vaping, or Commercial Tobacco Use (all referred to as Smoking) on its Property at any time. Property includes all buildings, parking lots, the surrounding Outside Areas up to the Property line, personal vehicles on site belonging to NSHA Team Members and/or the public, vehicles owned or leased by NSHA, and properties leased by or under the control of NSHA, including [Outside Areas](#) of leased properties.
2. Signage (outside and in key areas including registration and waiting areas) indicating NSHA as a Smoke Free Environment is posted in a clear and visible manner on NSHA Property.
3. Patients are provided with written information on this policy upon admission and verbal information upon registration.
4. NSHA recognizes that there are ceremonial and spiritual practices that call for the use of Smoke which must be supported and addressed differently than the act of Commercial Tobacco Use and Smoking.

PROCEDURE

Roles & Responsibilities

1. **NSHA Team Members:**
 - 1.1. Everyone who works at NSHA is obligated to comply with this policy and as such, this policy is an Employment Standard.
 - 1.1.1. Team Members are expected to model behaviour and in this case, non-Smoking behaviour on NSHA Property.
 - 1.2. Team Members are supported to reduce or stop using Commercial Tobacco through access to adult Nicotine addiction treatment programs, Employee Family Assistance Programs, or community support groups.
 - 1.2.1. Immediate Supervisors/Managers do not unreasonably deny Team Members time to attend treatment for Smoking cessation, which can be drawn from medical appointment time, as per collective and employment agreements.
 - 1.3. Violation of this policy will result in disciplinary. Willful violation of official policies or regulations that impact health and/or endanger life or Property by negligence may lead to dismissal.

2. Patients

- 2.1 Patients who use Commercial Tobacco are identified and offered support while in hospital to cope with Nicotine withdrawal and assistance with quitting if interested
 - 2.1.1 NSHA clinical Team Members remind all registered Patients about this policy.
 - 2.1.2 Where facility-based cessation supports exist, Team Members ask about Commercial Tobacco Use, advise availability of cessation products, and arrange for support to be provided.
 - 2.1.3 NSHA clinical Team Members implement the [5A's \(Ask, Advise, Assess, Assist, Arrange\)](#) with all admitted Patients who identify as a person who uses Commercial Tobacco or Smokes.
 - 2.1.4 Team Members document the Smoking status of all Patients upon admission and in each Patient Health Record.
 - 2.1.5 All Patients who use Commercial Tobacco or Smoke are provided with a consult, including the option of Nicotine Replacement Therapy (i.e. nicotine patch, chewing pieces, inhaler) if ordered by their attending physician or by medical directive.
 - 2.1.6 Patients are referred to Commercial Tobacco addiction programs and services offered locally and provincially (i.e. community based stop Smoking programs, 811 -Tobacco Free Nova Scotia) prior to discharge if consent is obtained.
- 2.2 NSHA clinical Team Members implement the [3A's \(Ask, Advise, Act\)](#) with all ambulatory Patients and home care Patients who identify as a person who uses Commercial Tobacco or Smokes.
 - 2.2.1 NSHA Team Members document the Smoking status of all Patients upon registration/care visit and in each Patient Health Record.
 - 2.2.2 NSHA Team Members remind all registered Patients about this policy.
 - 2.2.3 All ambulatory Patients attending an NSHA facility are asked about their use of Commercial Tobacco by their health care provider, advised to quit for their overall health, and where possible, with specific reference to their care path.
 - 2.2.3.1 Where receptive to cessation support, the Patient is advised of best options and any contra-indications for use of Commercial Tobacco cessation aids (Nicotine Replacement Therapy, Varenicline, Bupropion, etc.) in relation to their health status or treatment.
 - 2.2.3.2 Patients who use Commercial Tobacco are offered assistance and follow up with quitting through a fax referral to Tobacco-Free N.S when they consent to same.
 - 2.2.3.3 Patients experiencing or concerned about Nicotine withdrawal while on NSHA Property are educated about the use of Nicotine Replacement Therapy to minimize withdrawal symptoms.

- 2.2.3.4 Community pharmacies housed in NSHA facilities stock Nicotine Replacement Therapy product options (i.e. nicotine patch, chewing pieces, inhaler) for sale. Should a Patient have insurance coverage for cessation aid(s) that require a prescription, the Patient's attending physician provides the prescription.
- 2.3 Patients in violation of the Smoke and Tobacco Reduction policy are respectfully reminded of the policy, by managers, delegates, supervisors, or security Team Members who approach Patients in violation of this policy.
 - 2.3.1 When a Patient is witnessed Smoking on NSHA Property, it should be reported to security personnel, management, or designate.
 - 2.3.2 The individual is approached by security personnel, management, or designate and asked to extinguish the Commercial Tobacco or Smoking product and/or stop using the product.
 - 2.3.3 The Patient is reminded of this policy and directed back to the unit where the unit manager/clinical lead or designate is notified and an incident report is completed using the Safety Improvement and Management System (SIMS) or another existing notification process.
 - 2.3.4 When the Patient returns to the unit, the incident is discussed, documented on their Patient Health Record, and Nicotine Replacement Therapy is offered by order from the most responsible physician or standing directive. The Patient is offered education and cessation programs/services where available to them.
- 2.4 If Patients continue to violate the policy, Team Members notify their Immediate Supervisor/Manager and enlist the assistance of the Patient's physician and/or family members/support persons.
 - 2.4.1 If a Patient violates the policy and refuses to return to the unit, security personnel, management, or designate will make every effort to ascertain the Patient's unit and to inform the unit manager, department head, or designate.
 - 2.4.2 The unit manager, department head, security or designate will when possible, go to the Patient and ask them to return to the unit. They will then discuss the policy violation with the Patient, and the attending physician, as well as refer the Patient to Nicotine Replacement Therapy, education, and cessation programs.
- 2.5 Team Member-led outings are Smoke and Commercial Tobacco free, and Team Members and Patients will not use Commercial Tobacco or Smoke cannabis (NSHA-AD-OHS-025 Drugs and Alcohol – in draft) during outings. This includes Team Members and Patients in vehicles, during transportation, and during the outing.
- 2.6 Home care and home visiting services are provided when the home environment is Smoke and Commercial Tobacco free for at least 60 minutes before the arrival of NSHA Team Members.

2.6.1 In accordance with the [Smoke Free Places Act](#) and the [Occupational Health and Safety Act](#), Team Members may refuse to provide services if the Patient or others in the home continue Smoking or Commercial Tobacco Use.

2.6.2 Refusal to work situations must be reported to the direct manager or supervisor as indicated in the NSHA Safety Management System.

3. Visitors (Families/Support Persons/Guests)

3.1. Visitors in violation of this policy are respectfully reminded of the policy by managers or delegates/supervisors/security Team Members. These Team Members approach any people who are in violation of the policy.

3.2. When a visitor is witnessed Smoking on NSHA Property, it should be reported to security personnel, supervisor, management, or designate.

4. Others

4.1. Contractors:

4.1.1. Contractors are informed of the Smoke and Tobacco Reduction policy and their required compliance through a clause in their work contracts/service agreements, or orientation to the work site, if on NSHA Property.

4.1.2. If Smoking or the use of Commercial Tobacco continues by a contractor, Team Members notify their Immediate Supervisor/Manager and/or security, who will assist in reinforcing the Smoke and Tobacco Reduction policy for the contractor.

4.2. Tenants

4.2.1. NSHA tenants are informed of the Smoke and Tobacco Reduction policy through clear language in lease agreements.

5. Requests for First Nations/Indigenous Cultural or Ceremonial Purposes

5.1. Patients requesting a Smudging ceremony are asked to contact spiritual care Team Members or, in areas that do not have spiritual care, the unit manager.

5.1.1. Smudging is permitted only in a designated area. Each NSHA facility determines the designated Smudging area based on existing ventilation and fire safety requirements.

5.1.2. The disposal/repose of ashes from sacred medicines used in Smudging must remain in the possession of the Patient/family in a fire-proof container until they may be respectfully and safely disposed of/reposed to the earth.

5.1.3. Smudging ceremonies are expected to follow Appendix B: Safety Procedure for Smudging.

5.1.4. In circumstances where Smudging cannot be accommodated due to building limitations, spiritual advice will be sought from an Elder regarding the potential or appropriateness for another ceremony (i.e. sweet grass blessing).

6. Inquiries

- 6.1. Refer any questions regarding the interpretation of this policy to an Immediate Supervisor/Manager.

Compliance

1. It is the responsibility of all NSHA Team Members to be aware of this policy and support compliance in a way that is positive and respectful, including advising Patients and Visitors of the policy on admission or in ambulatory care visits.
2. It is the responsibility of each member of the Management Team and/or security Team Members (where facilities have security Team Members on site) to ensure that there is consistent adherence to the provisions of this policy.
3. Management/supervisors/security are the individuals responsible for compliance with this policy. It is the responsibility of security Team Members and the management team to approach individuals who are in violation of this policy. Where security is available, security Team Members patrol entrances and Property.

Exceptions

1. Exceptions may be made in accordance with provincial legislation, the [Smoke Free Places Act](#).
2. Only Residents who reside in a Long Term Care (LTC) facility used for the acute or long-term care of veterans are permitted to Smoke Commercial Tobacco in designated ventilated spaces under the Nova Scotia [Smoke Free Places Act](#).
3. Only Patients who are 19 years or older, and who are admitted to a Community Hospice Residence are permitted to Smoke Commercial Tobacco in designated ventilated spaces under the [Nova Scotia Community Hospice Residence Standards](#).
4. Commercial Tobacco Use is only permitted in an area that no person under the age of 19 years is permitted to enter, only Patients may Smoke in the space, and signs are posted at the door of the area, also indicating the maximum occupancy.
5. The area is separately enclosed, separately ventilated and must meet all other requirements in the Nova Scotia Smoke-Free Places Regulations.
6. Signs must be posted on the door(s) of each designated smoking area.
7. Team Members of East Coast Forensic Hospital should refer to the East Coast Forensic Hospital [Airing Court Smoking Guidelines](#), which provides guidelines around designated times and Outside Areas for Patients who wish to Smoke.

Reporting

1. All policy violations are documented on an incident report by the facility/program manager, department head, security, unit manager, or designate. Such incidents may include: undue harm, noncompliance with policy, issues of enforcement, violator reaction, and the number of times management has spoken with Team Members, Patients, or visitors.
2. Incidents are reviewed by department heads and managers. Violations should be reported in the relevant workplace safety information system database (e.g. SIMS).

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Support

1. Nicotine Replacement Therapy items may be sold at retail and convenience stores on NSHA owned or leased properties, to support Nicotine withdrawal experienced by people who are visiting, working, or receiving care at NSHA.
2. Where people are not eligible for cessation/withdrawal support as above, information on community supports for cessation is located in Appendix C – Community Support for Tobacco Cessation

REFERENCES

Legislative Acts

Nova Scotia Smoke-free Places Act, Statutes of Nova Scotia (2002, c. 12.) Retrieved from the NS Legislature website:

<https://nslegislature.ca/sites/default/files/legc/statutes/smoke-free%20places.pdf>

Nova Scotia Occupational Health and Safety Act, Acts of Nova Scotia (1996, c.7) Retrieved from the NS Legislature website:

<https://nslegislature.ca/sites/default/files/legc/statutes/occupational%20health%20and%20safety.pdf>

Other

Non-Smokers' Rights Association & Smoking and Health Action Foundation. (2013). Position Statement on Electronic Cigarettes. Retrieved from <https://nsra-adnf.ca/key-issue/position-statement-on-electronic-cigarettes/>

Nova Scotia Health. (2021). *Nova Scotia community hospice residence standards.*

https://library.nshealth.ca/ld.php?content_id=35868991

Prochaska, J.J. (2010). Failure to treat tobacco use in mental health and addiction treatment settings: A form of harm reduction? *Drug and Alcohol Dependence*, 110(3), 177-182.

<http://doi.org/10.1016/j.drugalcdep.2010.03.002>

RELATED DOCUMENTS

Other

[NSHA Diversity Lens Tool Kit](#)

[NSHA Employee Family Assistance Program](#) (Search: Nova Scotia Health Authority)

[NSHA Drugs and Alcohol in the Workplace Intranet Site](#)

Appendices

[Appendix A – Definitions](#)

[Appendix B – Safety Procedure for Smudging](#)

[Appendix C – Support for Tobacco Cessation](#)

[Appendix D - Cessation for Specific Populations](#)

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Appendix A – Definitions

Commercial Tobacco	Tobacco products that are commercially and chemically processed, produced and sold in the retail market, including brand name and off brand cigarettes, cigars, cigarillos, loose tobacco contained in pouches, chewing tobacco, and other commercially prepared tobacco products that may emerge in the future.
Contractor	A person, business, or corporation which provides goods or services to NSHA on a contract, sub-contract or consulting basis.
Community Hospice Residence	A home-like setting of care provides hospice-level care in the last weeks of life for those who cannot or do not wish to die at home. Hospice is for those who are relatively stable but require monitoring and interventions that are unavailable in their home setting for a variety of reasons (as per the Nova Scotia Community Hospice Residence Standards).
Employment Standard	A set of expectations for Team Members that includes adherence to administrative policies, relevant clinical policies and related behaviour. Non-compliance with Employment Standards are subject to discipline.
Electronic Cigarettes/ Electronic Nicotine Delivery Systems (ENDS)	<p>Products that can be used for consumption of Nicotine-containing or non-Nicotine containing vapour via a mouth piece, or any component of that product, including a cartridge, a tank and the device without cartridge or tank. Electronic Cigarettes can be disposable or refillable by means of a refill container and a tank, or rechargeable with single use cartridges; refill container means a receptacle that contains a Nicotine containing or non-Nicotine containing liquid, which can be used to refill an Electronic Cigarette.</p> <p>Each device contains an electronic vapourization system, batteries, electronic controls and cartridges of the liquid that is vapourized. Most devices look like Commercial Tobacco products (e.g. cigarettes, cigars, cigarillos, pipes, hookah or water pipes) although some look like pens, markers or USB sticks to disguise the appearance. Also known as “hookah pens”, “e-hookahs”, “vape pipes” or “vape pens”.</p>
Nicotine Replacement Therapy	The use of Health Canada approved nicotine skin patch, gum, lozenge or replacement products to replace the Nicotine derived from using Commercial Tobacco or alternative Tobacco products
NSHA Team Member(s)	Unless specifically limited by a certain policy, refers to all Employees, physicians, learners, volunteers, board members, contractors, contract workers, franchise employees, and those

	with affiliated appointments and other individuals performing activities within NSHA.
Outside Areas	Areas within 4 meters of a door, window, or air intake of a premise leased or rented by NSHA, which is part of a Property shared by other tenants (such as a strip mall, commercial office building or store front location).
Patient	All individuals including clients, residents and members of the public who receive or have requested health care or services from NSHA and its health care providers.
Pharmacotherapy	The treatment of disease by means of drugs (Stedman's Medical Dictionary).
Property	All buildings, parking lots, the surrounding Outside Areas up to the Property line, personal vehicles on site belonging to Team Members and/or the public, vehicles owned or leased by NSHA, and properties leased by or under the control of NSHA, including Outside Areas of leased properties.
Safety Management System	A living document, that describes a systematic approach to managing safety and health activities by integrating occupational safety and health programs, policies, and objectives into organizational policies and procedures.
Smoke/Smoking	Inhaling, exhaling, burning, carrying or having possession of a burning or lit cigarette, cigar or pipe, or other combustion equipment for use with Commercial Tobacco or any other substance based on plants, herbs or fruits that is lighted, vapourized or heated. This includes Vaping, Smoked or vapourized cannabis, hookah/water pipe shisha with or without Commercial Tobacco, and vapour from Electronic Cigarettes/ENDS with or without Nicotine.
Smudging	<p>Traditionally a ceremony for purifying or cleansing the soul of negative thoughts of a person or place. Smudging is also used to clear negative energy from rooms and homes. There are four elements involved in a smudge:</p> <ul style="list-style-type: none">• The container, traditionally a shell representing water, is the first element.• The four sacred plants (cedar, sage, sweetgrass, tobacco), gifts from mother earth, represent the second element.• The fire produced from lighting the sacred plants represents the third element.• The Smoke produced from the fire represents air, the fourth element.

Tenant	A person or group to whom NSHA grants temporary and exclusive use of part of a building or land usually in exchange for rent.
Tobacco Use	Use of any product or substance that contains Commercial Tobacco including, cigarettes, cigars, cigarillos, pipes, loose leaf, moist snuff, snus, dissolvables, chewing Tobacco, shisha, water pipe, blunts and any future novel or alternative Tobacco products developed.
Vaping	Use of any Electronic Cigarettes/ Electronic Nicotine Delivery Systems (ENDS).
Visitors	Any person who is not a Patient of NSHA, or an NSHA Team Member, who is lawfully present at any NSHA controlled, leased or operated facility. This includes guests, families, support persons, any person using NSHA facilities such as restaurants or parking facilities, or walking through NSHA grounds.

Appendix B – Safety Procedure for Smudging

Considerations for choosing a safe area for Smudging

The area will:

- Be clear of the presence of medical gasses such as oxygen
- Be clear of combustibles
- Have a window that can open
- Have a door that shuts
- Be known to not impact positive/negative pressure environments in hospitals
- Can be an outdoor area
- Not be shared by other Patients (i.e. if an inpatient area, must be a private room, not a ward/semi private room)
- Have a 2.5 gallon pressurized water extinguisher within 10 meters

Spiritual Care/Site Management should be involved in selecting a designated Smudging area, and are responsible to communicate the location of this area to NSHA Team Members.

*** Patients in Central Zone requesting a Smudging ceremony are asked to contact Spiritual & Religious Care at 902-473-4055 or after hours, 902-473-2220 Pager # 2494.*

Smoke from Smudging does produce a scent. Staff in the immediate area of the Smudging ceremony should be made aware of the ceremony and related scent expected in the area. All efforts will be made to reduce scent impacts, in the choice of a Smudging area.

Safety Procedure: Outdoor Smudging Ceremony with NSHA Patients

The authority for establishing policy/procedure and managing the use of the Places of Prayer and Meditation / Chapels at Nova Scotia Health Authority rests with Spiritual Care Services, or Zone Operations Executive Directors in sites where Spiritual Care Services does not exist.

Patients or families request a Smudging ceremony by contacting Spiritual Care Services/unit manager associated with their facility. Patients or families may request/arrange their own spiritual support for the ceremony if required (an Elder, a community member).

Team Members or delegates of Spiritual Care Services are responsible for insuring the following procedures are implemented and this page is returned to the Fire Safety Officer within 24 hours of having a ceremony. The ceremony should be performed as soon as logistically possible, the reporting should take place within 24 hours of the ceremony.

- Ceremony limited to the Patient, their family and members of the spiritual community, and not open to the public.
- The ceremony will be held in an outdoor area, clear of combustibles.
- Ceremonial container is normally a shell, which is non-combustible. The shell contains the sacred medicines and is used to contain the ashes of the sacred medicines, produced during the ceremony.
- An NSHA Team Member will be aware and nearby during the ceremony. The Team Member will be aware of the location of the closest 2.5 gallon pressurized water extinguisher, but not hold the extinguisher as it is intrusive to the ceremony.
- At the end of the ceremony the ashes from the sacred medicines must remain in a sealed can, in the custody of the Patient/family until they can be respectfully and safely reposed to the earth (i.e. the Patient's home or preferred location).
- At no time can the Smudging ceremony conflict with hospital infection control safeguards.
- At no time can a Smudging ceremony take place when medical gases such as oxygen are in use.

Please return this check sheet to the Fire Safety Officer within 24 hours of a Smudging ceremony taking place.

Signature:

Date:

Location of Ceremony:

Comments/Concerns/Adverse Events:

Safety Procedure: Smudging Ceremony for Nova Scotia Health Authority Patients held in Places of Prayer and Meditation / Chapels or Designated Indoor Smudging Area

Patients or families request a Smudging ceremony by contacting Spiritual Care Services/unit manager associated with their facility.

Team Members or delegates of Spiritual Care Services are responsible for insuring the following procedures are implemented and this page is returned to the Fire Safety Officer within 24 hours of having a ceremony. The ceremony should be performed as soon as logistically possible, the reporting should take place within 24 hours of the ceremony.

- Ceremony limited to the Patient, their family and members of the spiritual community and not open to the public
- Post a sign on the door of the place of prayer and meditation/chapel or designated Smudging area stating that the space is closed for a private ceremony and leave the sign there until all scent dissipates.
- Door to the designated Smudging area kept closed during the ceremony and remains closed until all scent dissipates.
- Ceremony held near open windows, which remain open until all scent dissipated.
- Ceremonial container is normally a shell, which is non-combustible. The shell contains the sacred medicines and is used to contain the ashes of the medicines, produced during the ceremony.
- An NSHA Team Member will be aware and nearby during the ceremony. The Team Member will be aware of the location of the closest 2.5 gallon pressurized water extinguisher, but not hold the extinguisher as it is intrusive to the ceremony.
- At the end of the ceremony the ashes from the sacred medicines must remain in a sealed can, in the custody of the Patient/family until they can be respectfully and safely reposed to the earth (i.e. the Patient's home or preferred location).
- At no time can the Smudging ceremony conflict with hospital infection control safeguards.
- At no time can a Smudging ceremony take place when medical gases such as oxygen are in use.

Please return this check sheet to the Fire Safety Officer within 24 hours of a Smudging ceremony taking place.

Signature:

Date:

Location of Ceremony:

Comments/Concerns/Adverse Events:

Appendix C – Support for Tobacco Cessation

Anyone who requires support for reduction or cessation of Commercial Tobacco Use can connect with 811, <https://tobaccofree.novascotia.ca/>, Nova Scotia 211, at ns.211.ca or by dialing 211 anywhere in NS.

NSHA Employee Benefits for Smoke and Tobacco Reduction:

NSHA is currently working towards the harmonization of benefits for employees in all Zones. This is an initiative that will take time and collaboration with Health Association of Nova Scotia (HANS) and our union partners.

- NSHA employees covered under the HANS plans (Eastern, Western, & Northern Zones (excluding provincial NSGEU employees)
 - **Smoking Cessation Products are covered up to \$500 every 24 months**
- NSHA employees covered under the HANS plans (Central Zone – NSNU, and non-union employees hired after April 1, 2015)
 - **Smoking Cessation Products are covered up to \$500 every 24 months**
- NSHA employees covered under the Central Zone Plan (former CDHA employees)
 - **Smoking Cessation Products are not covered.**

NSHA employees covered under the Provincial Plan (primarily 5th bargaining union employees, some former CDHA employees)

- **Smoking Cessation Products are covered but limited to 1 course of treatment to a lifetime maximum of \$350**

*Note: The above amounts are only for the cost of the drug/Nicotine replacement products. It does not include counselling, other than what a pharmacist may provide at no additional cost. Paramedical benefits may also be used for smoking cessation, and coverage for these services are variable per plan, as follows (see table on the following page):

Para-medical practitioners (no referral required)	HANS Plan	Central Zone Plan	Provincial Plan
	<p>Maximum: \$1800 per year/combined (Reasonable & Customary)</p> <ul style="list-style-type: none"> • Acupuncturist • Chiropractor • Chiropodists or Podiatrist • <i>Counselling Therapist (\$100 per visit)</i> • <i>Dietician</i> • Homeopath • Massage Therapist • Naturopath • Occupational Therapist • Osteopath • Physiotherapist • Psychologist • Speech Therapist • <i>Social Worker</i> 	<p>Maximum: \$1500 per year/combined (R & C's, excluding Physio, Massage)</p> <ul style="list-style-type: none"> • Acupuncturist • Chiropractor • Chiropodists or Podiatrist • <i>Counselling Therapist/Not Covered</i> • <i>Dietician/Not Covered</i> • Homeopath • Massage Therapist • Naturopath • Occupational Therapist • Osteopath • Physiotherapist • Psychologist • Speech Therapist • <i>Social Worker/Not Covered</i> 	<p>Maximum: \$1500 per year/combined (\$500 max for Chiropractor & Massage)</p> <ul style="list-style-type: none"> • Acupuncturist • Chiropractor • Chiropodists or Podiatrist • <i>Dietician/Not Covered</i> • Massage Therapist • Occupational Therapist • Physiotherapist • <i>Psychologist, Registered Counselling Therapist or Social Worker, \$1000/calendar year</i> • <i>Speech Therapist, Naturopath, Osteopath or Homeopath-- \$300/practitioner/CalendarYear</i>

Appendix D- Cessation for Specific Populations

Commercial Tobacco Use is associated with worsened substance abuse and psychiatric treatment outcomes, increased depressive symptoms and suicidal risk – smoking cessation supports better treatment outcomes (Prochaska, 2010).

Studies have shown that clients who have mental illness are interested in quitting Smoking, and are able to quit with promising success rates. This means that Commercial Tobacco Use interventions should be an integral part of the comprehensive mental health care delivery system ([CAN-ADAPTT](#) Guidelines).

<https://www.nicotinedependenceclinic.com/English/CANADAPTT/Documents/Guideline/Mental%20Health%20and%20Other%20Addictions.pdf>

District Health Authority Policies Being Replaced

GASHA 3-70 Smoke Free, Vapour Free, and Tobacco Free

CHA 109-001 Smoke and Tobacco Free Policy

CEHHA 101-002 Tobacco Free policy

CDHA CH 04-055 Tobacco Reduction

SWNDHA 707.0 Smoke & Tobacco Use

AVDHA 150.010 Smoking and Tobacco Use

SSDHA AD-110-802 Smoking Regulations

PCHA 11-t-10 Tobacco Use and Smoking policy

CBDHA Smoke and Tobacco Free policy

Version History

Major Revisions (e.g. Standard 4 year review)	Minor Revisions (e.g. spelling correction, wording changes, etc.)
NEW 2018-10-11	2023-09-12 Added exception statement, reference and definition for community hospice residences. Approved by Director Occupational Health Safety and Wellness.