

Smoking Policies in Health Care Institutions

An Interview with
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Q: Does smoking create special problems for hospitals and health care institutions?

A: Yes, hospitals have a number of characteristics that set them apart from other institutions. For one, hospitals house sick people who often are particularly smoke-sensitive. Second, smoking in bed becomes particularly dangerous when people are either sick or sedated. Fire is a special concern in the hospital environment, where potentially dangerous amounts of flammable liquids and gases are stored and used. Studies indicate that over 60 percent of hospital fires are caused by smoking. And, finally, hospitals are finding that smoking has become a public relations issue, as the number of nonsmokers increases. Many people perceive the allowance of smoking in hospitals as incompatible with the institutions' health care mandate.

Q: What is the history of smoking control policies in hospitals?

A: Smoking restrictions in hospitals historically have involved segregating smokers or prohibiting the sale of cigarettes. Slow hospital responses, like corporate responses, have been based on a variety of fears: potential lawsuits by employees, staff resignations, union disputes, compromising the "personal rights" of smokers, and so forth.

However, based on experiences of health care institutions that have implemented strong and comprehensive smoking control policies, these fears are proving to be unfounded. A 1988 study reports that nine out of ten American hospitals now have policies that restrict smoking. Eight percent have banned smoking on the premises entirely—by employees, physicians, patients, and visitors—and that number is growing.

Q: How should a hospital determine its smoking control policy?

A: Although hospitals share many of the same problems, each will find different solutions to the smoking control issue. A great deal is determined by the physical layout, condition and location of the hospital, size of staff, number of smoking employees, and other factors. Possibilities range from separating smokers and nonsmokers to limiting smoking in enclosed, separately ventilated rooms to total bans.

A policy that totally eliminates smoking tends to be the easiest and least expensive to implement and enforce and the most beneficial to the greatest number of people. However, it is not always possible or acceptable. The alternatives should be studied carefully, keeping in mind the ultimate goal: the protection of patients, employees, visitors, and medical staff from environmental tobacco smoke.

The hospital should consider a variety of actions related to the policy: eliminating tobacco sales on the premises; posting visible, readable signs announcing the policy to all visitors; announcing the policy during admissions procedures; providing cessation support for staff, patients, and their families; and creating protected outdoor areas away from entries.

Q: Why aren't designated smoking areas for smokers an adequate solution?

A: Designated smoking areas within hospitals have existed for some time. However, as standards for indoor air quality have risen and information about environmental tobacco smoke has increased, upgrades of ventilation systems have not always followed or been possible. Often, in reviewing mitigation alternatives, administrators find ventilation upgrades to be cost prohibitive.

Q: How can hospital administrators enlist the support of nurses and other staff?

A: By emphasizing patient advocacy and the need for smoke-free, healthy facilities, administrators can create a high degree of policy acceptance and support among staff.



**Smoking
Policy:
Questions
and
Answers**

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