DUNDEE CITY COUNCIL

REPORT TO: Social Work Committee - 19 December 2005

REPORT ON: Passive Smoking - Home Visiting Policy

REPORT BY: Director Of Social Work

REPORT NO: 723 - 2005

1.0 PURPOSE OF THE REPORT

To inform members of the development of the Passive Smoking: Home Visiting Policy which is designed to minimise the exposure to tobacco smoke of staff members in order to help protect their health and safety.

2.0 RECOMMENDATIONS

It is recommended that the Social Work Committee:

2.1 Approve the contents of the policy and the proposed implementation date of 1st January 2006.

3.0 FINANCIAL IMPLICATIONS

3.1 Financial implications will be absorbed within existing budgets.

4.0 LOCAL AGENDA 21 IMPLICATIONS

Health is protected by creating safe, clean, pleasant environments and services which emphasise prevention of illness as well as care for the sick.

5.0 EQUAL OPPORTUNITIES IMPLICATIONS

5.1 There are no equal opportunities arising from this report

6.0 MAIN TEXT

- Passive smoking breathing other people's tobacco smoke has been accepted by scientific bodies worldwide as a cause of lung cancer in non-smokers, as well as aggravating many other illnesses such as asthma. Some research also suggests a possible connection to heart disease.
- As part of the Social Work Department's commitment to ensure the health and safety of its employees and service users, and to protect them where possible from exposure to tobacco smoke, the Passive Smoking: Home Visiting Policy has been developed after consultation.
- Where a service does not require to be delivered in the home setting on all occasions, an alternative venue can be used such as the local Social Work office or Family Support Centre, all of which have a 'No Smoking' policy.

- However, many social work services require to be provided within the home of the service user. For this period the service user's home becomes the employee's workplace. The Passive Smoking: Home Visiting Policy proposes that service users who smoke, or their family members/carers, be asked to refrain from smoking during the period of any visit and also to ventilate the room/house if possible.
- 6.5 A service user survey was undertaken within Home Care Services.

Of the 518 survey forms returned, 140 service users reported being smokers or living with a smoker (27.1%).

- > 71 of the 140 service users (50.7%) said they were willing not to smoke at all while also ventilating their home when the worker was providing a service.
- A further 34 (24.3%) were willing not to smoke during the visit.
- > 30 (21.4%) said they would be willing to open a window to ventilate the house for the worker.
- Only 5 service users (3.6%) said they were unwilling to stop smoking and would not ventilate their house.

Based on the results of the survey, it is expected that the majority of service users will be willing to comply with this policy if given supporting information.

A procedure has been agreed to cover situations where there is absolute refusal by the service user, or a member of their household, to stop smoking during a home visit (See Appendix 1). This will include a Health and Safety Risk Assessment.

Negotiations will be undertaken throughout the process and the service user will be advised that their choice, to continue smoking during visits and refusal to minimise the risk of passive smoking to the worker by ventilating their home, could ultimately affect the level of their service.

Managers will consider all possibilities such as:

- different staff members undertaking the service on different days
- some interviews/meetings held in alternative settings
- > a reduction to the minimal possible service.
- 6.7 Staff members will obviously be flexible in situations where the service user is unable, rather than unwilling, to comply with the no smoking request but a risk assessment will still be undertaken in these circumstances focused on minimising the risk to staff members.

7.0 CONSULTATION

7.1 The Chief Executive, the Depute Chief Executive (Finance) and the Depute Chief Executive (Support Services) have been consulted in the preparation of this report. Two consultations have also been undertaken on the subject of Passive Smoking: Home Visiting Policy: with Home Care service users and with staff members.

8.0 BACKGROUND PAPERS

None.

Alan G Baird Director of Social Work

Date: 9 December 2005

PASSIVE SMOKING: HOME VISITING POLICY

PLANNED SERVICES AT HOME

In the case of planned services delivered at home, service users who smoke will be given an information leaflet about the new policy which tells them about the policy and asks them to refrain from smoking during the period of any visit and if possible to ventilate the room/house. With supporting information from the staff member, and positive negotiation, it is expected that many service users will be willing to comply with the policy.

Where the service user refuses to refrain from smoking or to ventilate the house the worker will advise their manager who will undertake an assessment of the risk. Following this risk assessment, and discussion with the service user where necessary, the manager will consider alternative ways of pursuing their business in order to protect the employees.

Where there is a refusal by the service user to stop smoking during a home visit, and that <u>service does not require to be delivered in the home setting on all occasions</u>, the service user may be asked to attend an alternative venue such as the local Social Work office or Family Support Centre, all of which have a 'No Smoking' policy.

Where the service has to be provided at home, the service user will be advised that their choice to continue smoking during visits, and refusal to minimise the risk of passive smoking to the worker by ventilating their home, may affect their service.

This could include:

- different staff members undertaking the service on different days (example from Home Care).
- > some interviews/meetings held in alternative settings (e.g. use of a Day Care Centre, Family Support Centre, Social Work office).
- > a reduction to the minimal possible service.

In some circumstances there will be service users who are unable, rather than unwilling, to comply with the request not to smoke (e.g. those with dementia). In such circumstances the manager will undertake an assessment of the risk and, again, consider alternative ways of pursuing their business in order to protect the employees.

Within services, such as Home Care, where staff are delivering services at home, often for long periods of time, workers should have their home visit schedule reviewed regularly by their manager.

All reasonable steps must be taken to reduce the risk to employees, who are pregnant or who have a specific, medically supported condition, that is exacerbated by smoke (eg asthma).

EMERGENCY SITUATIONS

In emergency/exceptional circumstances, where to insist on 'no smoking' could result in violence to staff or add to the distress of service users, staff members will need to exercise a degree of flexibility. However where possible the policy should be consistently reinforced.

PASSIVE SMOKING AND SOCIAL WORK EMPLOYEES INFORMATION FOR SERVICE USERS AND THEIR FAMILIES/CARERS

Dundee City Council recognises that it has a duty to ensure the health and safety of its employees and others and to protect them where possible from exposure to tobacco smoke. The Council is also committed to maintaining a clean environment and promoting health for all. To this end, the Council has a clear 'No smoking' policy in place in offices, other workplaces and in Council vehicles.

Fundamental to these measures is the absolute right of employees to breathe air free of tobacco smoke at work.

It is well recognised that smoking can cause heart disease, strokes, circulation problems and many cancers. There is now clear evidence that passive smoking, the smoke that drifts from cigarettes, is also harmful to non-smokers who breathe it.

The Social Work Department wants to take all reasonable steps to minimise the harmful effects of passive smoking on employees.

How can you help?

When a worker from the Social Work Department provides a service in someone's home, that home becomes his or her workplace.

If you, or a member of your household, smoke, you can help us make sure that our employees stay healthy by:

- Not smoking during the visit and
- Opening a window if necessary before and during a visit

This will ensure the risks from passive smoking are reduced.

Thank you for not smoking.

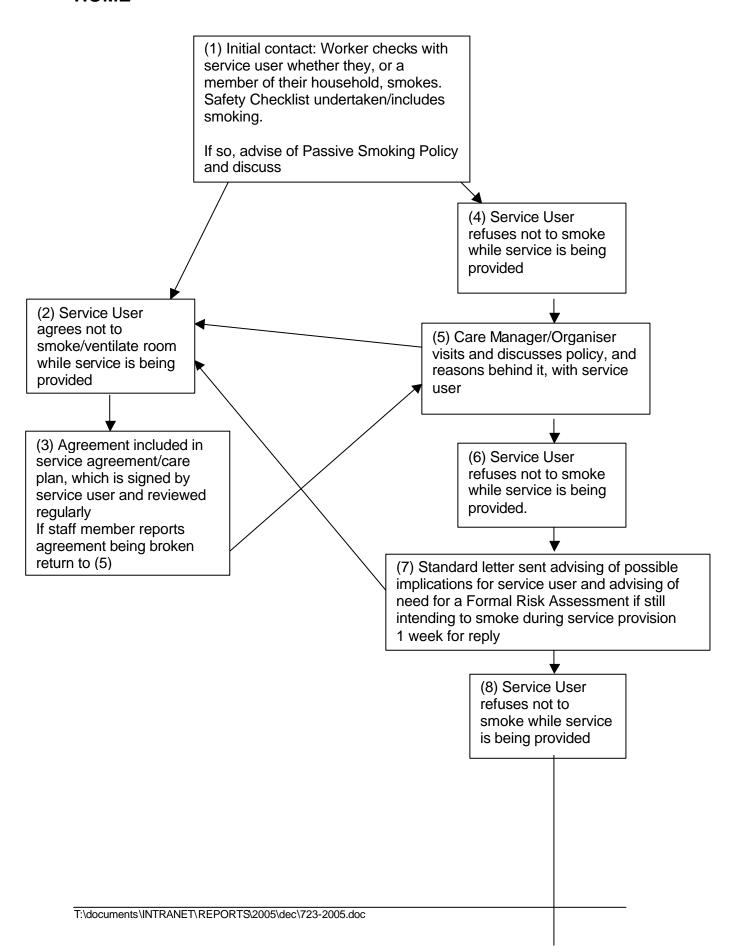
If you would like information on how to give up smoking speak to your support worker, local pharmacist or doctor who will be able to help.

Or Call: Tayside Smoking Cessation Service 0845 600 999 6

NHS Smoking Healthline 0800 169 0 169

Scottish Health Education Organisation (Hebs) 0800 848484

PASSIVE SMOKING GUIDANCE FOR MANAGERS FOR SERVICES PROVIDED WITHIN THE SERVICE USERS HOME



(9) Formal Risk assessment visit undertaken by H&S Officer and Case Holder within 14 days from standard letter response (if service user still refusing to stop smoking while service is being provided). Formal Risk Assessment to include: Impact of smoking on staff members Impact of withdrawal, reduction or rearrangement of services on service user Legal implications of any proposed actions Written report within 5 working days of visit to be discussed with Service Manager 10. Letter and copy of Risk Assessment to Service User detailing possible solutions and arranging, within 10 working days, a visit by H&S Officer and Case Holder to discuss (2) Service User agrees not to (11) Service User smoke/ventilate room refuses not to while service is being smoke while service provided is being provided (3) Agreement included in service agreement/care (12) Five working days after visit (10) plan, which is signed by service user and reviewed After discussion with Service Manager - Formal regularly written notification to Service User signed by the Head of Service advising of service to be If staff member reports provided (e.g. changed/reduced/alternative) agreement being broken case holder to visit and repeat discussion (10)