

August 26, 2008

## **SMOKE-FREE POLICY FOR VA HEALTH CARE FACILITIES**

**1. PURPOSE:** This Veterans Health Administration (VHA) Directive provides current smoke-free policies for the Department of Veteran Affairs (VA) health care facilities.

### **2. BACKGROUND**

a. VA health care facilities have had a smoke-free policy since 1991, with indoor smoking allowed only in designated areas.

b. In 1992, Congress passed Public Law 102-585, requiring VHA medical centers, nursing homes and domiciliary care facilities establish smoking areas for patients, and residents, in a way that is consistent with medical requirements and limitations. These areas could be in a building detached from the facility, accessible to the patients or residents, and with appropriate heating and air conditioning. In 1997, Executive Order 13058 established a policy of providing smoke-free environments for Federal employees and members of the public visiting or using Federal facilities, consistent with other laws, policies and collective bargaining agreements.

c. Smoking areas for Federal employees, including VHA employees, have traditionally been negotiated through Collective Bargaining Agreements.

d. Since the 1990s, there has been a large body of clinical research providing strong evidence of the harmful health effects of indoor exposures to secondhand smoke. In 2006, this evidence was reviewed and published in the United States Surgeon General's Report, "The Health Consequences of Involuntary Exposure to Tobacco Smoke," which reported that "secondhand smoke causes premature death and disease in children and in adults who do not smoke." In addition, the Surgeon General's Report also concluded that "eliminating smoking in indoor areas fully protects nonsmokers from exposure to secondhand smoke. Separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot eliminate exposure of nonsmokers from secondhand smoke.... The operation of a heating, ventilating, and air conditioning system can distribute secondhand smoke throughout a building." The Report clarifies the difficulties of providing an indoor area within a larger facility in a way that is "consistent with medical requirements and limitations," as required by Public Law 102-585, given its conclusions that:

(1) "The scientific evidence indicates that there is no risk-free level exposure to secondhand smoke."

(2) The current separate ventilation, heating, and air conditioning systems used in indoor smoking areas within larger facilities do not control exposure to smoke and, in fact, may distribute secondhand smoke throughout a building.

**THIS VHA DIRECTIVE EXPIRES SEPTEMBER 30, 2013**

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e. Over the last two decades, the findings of the harmful health effects of smoking and secondhand smoke exposures have led to the enactment of smoke-free policies in many workplaces and communities, including over 1,252 private and state hospitals and two national healthcare systems, which have adopted smoke-free grounds. There has been increasing clinical evidence that laws to enforce smoke-free worksites and public places may be associated with a reduced incidence of admissions for heart attacks in communities with such bans.

f. While VHA is still required to provide smoking areas for patients and residents, additional measures can be put in place to further decrease exposure to secondhand smoke for VHA patients, residents, employees, visitors, and volunteers and to promote tobacco use cessation.

**3. POLICY:** It is VHA policy that, consistent with the core health mission of VHA, the following measures will be adopted to strengthen existing smoke-free policies:

a. Whenever possible, smoking areas should not be within 35 feet of any entrance of a VA health care or office building that is routinely used by patients, residents, employees or staff.

b. All facilities need to work to reduce the number of smoking areas on their grounds as set forth herein.

c. Wherever possible, the designated smoking area for employees and staff needs to be separate from that of patients and residents.

d. As a health care system, VA shall not participate in the sale of tobacco products, as smoking continues to be the leading cause of preventable death and disease.

e. Free or discounted distribution or sales of tobacco products by any outside groups will not be permitted on VHA grounds.

f. Nicotine replacement therapies and other smoking cessation medications are on VHA formularies and should be used with inpatients to prevent nicotine withdrawal, unless otherwise medically contraindicated (see, the VA-Department of Defense (DOD) Clinical Practice Guidelines on the Management of Tobacco Use).

**4. ACTIONS:** The VA health care facility Director is responsible for ensuring that:

a. Each health facility has an area in a detached building as a smoking area for patients or residents that is accessible, heated, and air-conditioned and meets The Joint Commission (TJC) requirements for ventilation. Indoor smoking for patients and residents should only be allowed in such an area in a detached building. **NOTE:** *Such areas have in the past been referred to as “shelters” or “outdoor” smoking areas.*

b. Smoking outside on facility grounds is allowed to the extent that it does not interfere with safety and public access.

c. Whenever possible, in order to decrease unintended exposures to secondhand smoke by any patient, resident, employee, visitor, or volunteer, it is strongly recommended that there should not be any outside smoking or areas in detached buildings within 35 feet of any entrance to a health care or office building that is routinely used by patients, residents, employees or staff.

*NOTE: This is an important safety issue as patients on oxygen treatment with oxygen delivery equipment may be entering VA facilities and there have been adverse events (fires involving smoking and oxygen use) in the past resulting in hazards to patients and staff.*

d. Appropriate signage must be installed making it clear that smoking at entrances is not permitted. This is to include, but is not limited to, posting signs at each entrance to a VA health care facility indicating that the facility is smoke-free and that smoking is only allowed in the designated smoking areas. *NOTE: A map indicating the location of smoking areas is highly recommended.*

e. All sales of cigarettes or tobacco products to long-term care patients, inpatients, residents, employees, staff, or volunteers will be banned effective October 15, 2008.

f. Medical use of nicotine replacement therapy is used to manage and prevent nicotine withdrawal of VHA inpatient or long-term care patients as outlined in the VA-DOD Clinical Practice Guidelines on Management of Tobacco Use.

g. All remaining indoor smoking areas in long-term care, spinal care injury, and inpatient psychiatric facilities will be phased out February 1, 2009, if an area in a building detached from VA health care facilities is available that is accessible to patients and residents and has appropriate ventilation, heating and air conditioning.

h. A local smoke-free policy is to be developed, published, and implemented in accordance with these new measures. This policy must:

(1) Be communicated, both verbally and in writing, to patients, residents, visitors, employees and staff.

(2) Identify a local plan for enforcement of the smoke-free policy, with clear identification of personnel responsibilities. *NOTE: All employees need to be encouraged to assist in enforcing the policy as part of the VA health care mission of promoting health and ensuring the safety of patients, residents and staff.*

(3) Remind individuals, not complying with the smoke-free policy, of the policy in a helpful manner; however, if verbal communication is ineffective in promoting compliance, VA Form 6160, Courtesy Violation Notice, will be used.

(4) Be posted, along with the facility's smoking and tobacco use cessation resources, in the designated area in the detached building so as to provide additional information to smokers who may be interested in quitting.

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(5) Require acute care, ambulatory care, outpatients, and domiciliary patients and residents use the area in a detached building designated for them.

*NOTE: Whenever possible, the facility Director needs to take steps to reduce the number of smoking areas and to designate areas as for patients and residents or for employees and staff so as to discourage employees and staff from smoking with patients and residents. A number of VHA medical facilities have been successful in reducing the number of areas to one for patients and residents, and one for employees and staff. Such measures can be effective in not only reducing secondhand smoke exposures, but in reducing costs associated with heating, cooling, and cleaning these areas, and reducing maintenance, monitoring and policing costs associated with these areas.*

### 5. REFERENCES

- a. Public Law 102-585, Section 526.
- b. TJC Standard Management of the Environment of Care, EC.1.1.2.
- c. Presidential Executive Order 13058, "Protecting Federal Employees and the Public from Exposure to Tobacco Smoke in the Federal Workplace."
- d. U.S. Department of Health and Human Services. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.
- e. Sargent RP, Shepard RM, and Glantz SA. "Reduced Incidence of Admissions for Myocardial Infarction Associated with Public Smoking Ban: Before and After Study," British Medical Journal. 328:977-980:2004.
- f. American Nonsmokers' Rights Foundation. 100% Smoke-free U.S. Hospitals and Nursing Homes. <http://www.no-smoke.org/pdf/smokefreehealthcare.pdf>. (Accessed July 30, 2008).

**6. FOLLOW-UP RESPONSIBILITY:** The Chief Consultant for the Public Health Strategic Health Care Group (13B) is responsible for the contents of this Directive. Questions may be referred to (202) 461-7240, or [publichealth@va.gov](mailto:publichealth@va.gov).

**7. RECISSIONS:** VHA Directive 2003-035 is rescinded. This VHA Directive will expire September 30, 2013.

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