BREATHING SPACE
YOUR HOME-OUR WORKPLACE

PROTECTING COMMUNITY STAFF FROM EXPOSURE TO SECONDHAND SMOKE

GUIDANCE DOCUMENT
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For further information and help and advice about completing your Breathing Space application, please contact the Health Equalities Group.

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INTRODUCTION

The Health Equalities Group has developed the Breathing Space – Your Home - Our Workplace award to support organisations in the development of policies and practices to protect staff in the community from exposure to secondhand smoke from cigarettes, other combusted tobacco products and the secondhand vapour from electronic cigarettes.

Breathing Space will be awarded to organisations that can demonstrate their commitment to best practice standards to minimise the effect of secondhand smoke for their community staff and the clients they serve.

This Breathing Space Guidance Document includes essential information to ensure that staff are protected from the effects of secondhand smoke when visiting clients or customers in their home. Guidance is provided to managers about the steps that need to be taken to acquire and maintain the Breathing Space award and to staff who have face-to-face contact with clients in their own homes.

The Breathing Space award replaces the Mersey and Cheshire Charters, which were launched in 2009. Over 200 organisations across the region were awarded the original Charter.

Secondhand smoke defined

For the purpose of this document the term secondhand smoke refers to the secondhand smoke from cigarettes, other combusted tobacco products and the secondhand vapour from electronic cigarettes.
SECONDHAND SMOKE

Breathing in other people’s cigarette smoke is called passive, involuntary or secondhand smoking.

Immediate effects of exposure to secondhand smoke include eye irritation, headache, cough, sore throat and nausea. Adults with asthma can experience a significant decline in lung function when exposed to secondhand smoke. Short-term exposure to tobacco smoke also has a negative effect on the heart in non-smokers.

**What is secondhand smoke?**

Whenever someone lights up a cigarette, secondhand smoke is produced. It includes smoke exhaled by the smoker and smoke created by the burning end of the cigarette.

Secondhand smoke contains more than 4,500 chemicals, many of which are irritants and toxins and more than 50 are known to cause cancer.

More than 80% of secondhand smoke is invisible and odourless. Smoke can spread throughout the home, even if windows are opened. Opening windows and doors does not remove its harmful effect.

Secondhand smoke can increase a non-smoker’s risk of getting lung cancer and coronary heart disease by 25 percent, and may also increase the risk of cancers of the larynx and upper throat. It is estimated that secondhand smoke kills over 12,000 people in the UK from lung cancer, heart disease, stroke and Chronic Obstructive Pulmonary Disease every year.

Secondhand smoke is particularly dangerous for children. Children exposed to passive smoke are at higher risk of respiratory infections, asthma, bacterial meningitis and cot death. Secondhand smoke has been linked to around 165,000 new cases of disease among children in the UK each year.

For children, the majority of exposure to secondhand smoke happens in the home. Over 20 percent of children in the UK live in a household where at least one person smokes.

Electronic cigarettes do not produce smoke. Instead a smoke-like vapour, consisting largely of propylene glycol, glycerine and nicotine is produced. Electronic cigarette studies have found levels of potentially harmful constituents in vapour, though in concentrations much lower than for normal cigarettes. The precise impact of secondhand electronic cigarette vapour on human health is unclear.
Since the implementation of the smokefree provisions of the Health Act in 2007, smoking in all enclosed public places and workplaces is prohibited across the UK. This has resulted in virtually all enclosed work and public places being smoke-free. People today are most likely to be exposed to the harmful effects of secondhand smoke in the home. This affects the health of smokers, their family and friends and visitors including health and social care staff and tradespeople.

PROTECTING STAFF FROM SECONDHAND SMOKE

Employers have a duty under the Health and Safety at Work Act 1974, and the Management of Health and Safety at Work Regulations 1999 to provide a working environment for employees that is safe and without risks to health. However, there is no law to protect anyone working in a client’s home in relation to secondhand smoke. Employers and employees rely on the understanding and goodwill of the client to refrain from smoking.

During the mid-2000s the Royal College of Nursing produced best practice guidelines Protecting community staff from exposure to second-hand smoke. The report outlined the responsibilities of patients, carers and service providers in relation to secondhand smoke.

The Breathing Space award comprises standards and guidance that ensure that staff from public sector organisations, voluntary organisations and private businesses are protected from secondhand smoke from cigarettes and the secondhand vapour from electronic cigarettes.

PURPOSE

The main purpose of Breathing Space is to protect staff in the community from exposure to secondhand smoke in the home environment.

Breathing Space also aims to protect clients and their family and friends from secondhand smoke and to promote local stop smoking services.
ACHIEVING THE BREATHING SPACE AWARD

In order to achieve the award, organisations have to demonstrate compliance with the following Breathing Space standards:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 The organisation has a smokefree workplace policy, which includes reducing the risk of secondhand smoke in the home</td>
<td>Policy document</td>
</tr>
<tr>
<td>2 The organisation requests clients to provide a room, which has been smokefree for a minimum of 30 minutes prior to a planned visit by a member of staff. Clients should also be requested not to smoke during the meeting</td>
<td>Letter sent to client and/or other relevant communication activities</td>
</tr>
<tr>
<td>3 The organisation advises staff on the ways to minimise their risk of secondhand smoke</td>
<td>List of activities</td>
</tr>
<tr>
<td>4 The organisation enables staff to inform clients about the risks of secondhand smoke and to promote local stop smoking services</td>
<td>List of activities</td>
</tr>
</tbody>
</table>

To apply for the Breathing Space award, organisations should complete the application form and provide evidence in the form of policy documents; letter for clients; information leaflets and training and communication initiatives to support their application. See the Breathing Space application form.

Once an organisation meets the Breathing Space standards, a certificate will be awarded along with copies of the client-facing information leaflet.

Health Equalities Group will support organisations by publicising the Breathing Space intervention, providing a client-facing information leaflet and offering help and advice.
IMPLEMENTING BREATHING SPACE - BEST PRACTICE GUIDELINES

Attaining the Breathing Space award needs to involve more than having written policies; organisations have to be able to demonstrate a bottom-up as well as a top-down approach by providing evidence of listening to community staff and supporting them in resolving any difficulties, which may arise with individual clients or customers. They have to demonstrate the various ways in which the organisation communicates the smokefree message to both staff and clients and to offer brief interventions to signpost those wishing to access local stop smoking services.

BEST PRACTICE FOR MANAGERS

1. Ensure the smokefree workplace policy includes guidance about reducing the risk of secondhand smoke in the home.

2. Ensure that all staff are aware of the policy and the steps they can take to reduce exposure to secondhand smoke. This can be done as part of staff induction and other routine staff briefings and communication activities.

3. Ensure that all clients understand that they will be requested to provide a room, which has been smokefree for a minimum of 30 minutes prior to a planned visit by a staff member. A letter, text or email must confirm this every time an appointment is made in so far as is practical. See Appendix 1. The request can also be given verbally when booking a home visit. Other steps should be taken by the organisation to publicise this requirement, for instance, inclusion on websites and email signatures. The Breathing Space logo can also be included on letterheads, websites and other media.

Some occupational groups routinely make unplanned visits to their clients. In this situation organisations should establish an agreed course of action. At the very least, this should include ensuring that staff members upon arrival at their client’s home, request them not to smoke during the duration of the visit.

It is recognised that on some occasions, staff will be placed in a difficult position balancing their right to a safe workplace with the complex needs of their client. See Box 1. Managers, in partnership with staff, should identify in advance situations when it may be impractical (for example, an unplanned visit) or difficult (for example, a client who is confined to one room) for clients to provide a smokefree room. Organisations must demonstrate that all reasonable steps are taken to minimise the effect of secondhand smoke for their staff, and as far as is practical, staff are supported to carry out their duties in a smokefree environment.
Box 1: Complex needs and dilemmas

“Community staff can use their professional judgment when deciding whether or not to implement the smokefree policy. There may be some highly complex or crisis situations where staff decide to allow a patient to smoke, for example, an acutely distressed or terminally ill smoker.”

Protecting community staff from exposure to second-hand smoke (2006) Royal College of Nursing

4. Ensure a protocol is in place that deals with non-compliance by the client. This should include supporting staff who choose to cancel a meeting if a smokefree room cannot be provided; rescheduling meetings at a later date and, potentially, withdrawing home visits. If a staff member reports non-compliance, managers should ensure systems are in place to document the problem and take reasonable steps to resolve the situation with the client.

5. Ensure staff are confident and competent in providing information about the risks of secondhand smoke to clients, their family and friends and other visitors to the household and local stop smoking services.

BEST PRACTICE FOR FRONTLINE STAFF

1. Ensure that the request for a room that is smokefree for a minimum of 30 minutes prior to a planned visit is included in all written correspondence (letter, text or email) with clients. See Appendix 1. A verbal request for a smokefree-working environment should also be made when a home visit is arranged with clients either face-to-face or as part of a telephone call. An example of how to make the request for a smokefree room is provided in Box 2.

Staff making unplanned visits should request that their clients do not smoke during the duration of the visit. [See Box 2].

2. It is recognised that on some occasions, staff will be placed in a difficult position balancing their right to a safe workplace with the complex needs of their client. See Box 1. Organisations must demonstrate that all reasonable steps are taken to minimise the effect of secondhand smoke for their staff, and as far as is practical, staff are supported to carry out their duties in a smokefree environment.

3. Ensure that non-compliance by the client is reported to a supervisor or manager as soon as is practical.
Box 2: Requesting a smokefree environment

Describe the purpose of the visit and confirm the date and time. Ask directly whether anyone in the home is a smoker.

If the answer is yes, ask: “Would it be possible for you to provide a smokefree room for the duration of my visit?” Explain to the client that smokefree means a well-ventilated room where no one has smoked in the previous 30 minutes.

Most people are already happy to comply with requests from community staff such as, “Please can you turn down or turn off the TV?” and “Can the animals go into another room while I am working?”

If you are concerned about your risk of exposure, ask your client: “What can you do in your home to help protect me from breathing in secondhand smoke?” If someone cannot, or refuses to provide a smokefree space, ask if it’s possible for them to meet elsewhere. If this is impossible, explain that your employer has a smokefree policy in place to protect you from the dangers of secondhand smoke.

Adapted from Protecting community staff from exposure to secondhand smoke (2006) Royal College of Nursing

4. Ensure that at the close of the home visit the client is provided with the ‘Breathing Space: the case for a smokefree home’ client leaflet. The resource thanks the client for providing a smokefree room and provides information about the risks of secondhand smoke to the client, their family and friends and other visitors to the home.

5. When appropriate, encourage the client to consider making the home completely smokefree by means of delivering a brief intervention in two to three minutes.

Current policy guidance identifies a key role for frontline staff, through everyday contact with service users, to help people to adopt and sustain healthier lifestyles through the use of behaviour change interventions. Improving capacity and capability amongst the wider workforce to deliver brief behaviour change interventions has been identified as key to achieving health targets, particularly in relation to tackling health inequalities.

It may not be possible to deliver a brief intervention each visit. And of course, if a client doesn’t want to engage with you about smoking issues, it is important to respect their wishes. Your role is to ‘draw out’ your client’s motivation for change – it is not your role to tell them what to do or why they should do it. Encouraging the client to talk about change is directly related to positive changes in behaviour. Asking open-ended questions about changing behaviour seems to work. Giving unsolicited advice and telling people what to do doesn’t. See the Talking About Change example on page 10.
Talking About Change – staff prompt

<table>
<thead>
<tr>
<th>Raise the subject</th>
<th>“Thank you for not smoking today. Would you mind if I asked you a couple of questions about smoking?”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask permission</td>
<td></td>
</tr>
<tr>
<td>Starting point</td>
<td>“What do you think about making your home completely smokefree?”</td>
</tr>
<tr>
<td>Focus on benefits</td>
<td>“If you decided to make your home smokefree, how would that benefit you?” ”What are the advantages to you?”</td>
</tr>
<tr>
<td>Encourage</td>
<td>“That’s great that you will speak to your family about this.” ”That’s great that you will try to make your home smokefree.” ”Well done – I am sure you’ll notice a big difference.”</td>
</tr>
<tr>
<td>Agree an action</td>
<td></td>
</tr>
</tbody>
</table>

When appropriate, provide information about the local stop smoking service. The contact details are included in the ‘Breathing Space: the case for a smokefree home’ client leaflet.

**SUMMARY**

The Breathing Space award will ensure that staff from public sector organisations, voluntary organisations and private businesses are protected from secondhand smoke. Breathing Space also aims to protect clients and their family and friends from secondhand smoke and to promote local stop smoking services.

As more organisations attain the Breathing Space award, a consistent smokefree message is communicated across Cheshire and Merseyside. Smoking in the home will continue to become less acceptable and less prevalent.

**BREATHING SPACE RESOURCES**

- Pop-up banner
- Guidance Document
- Certificate
- Client booklet
APPENDIX 1: Example copy to be included in a letter, email or text to clients

Dear

Providing a smokefree environment in your home for our staff

[insert organisation name] has a smokefree policy that protects staff from the exposure to secondhand smoke from cigarettes, other combusted tobacco products and the secondhand vapour from electronic cigarettes whilst visiting clients in their home. In support of this policy, we would ask that you take these two steps:

1. Please ensure that a room is available for the meeting that has been smokefree for at least 30 minutes prior to the member of staff arriving. Please ensure that the room has also been well ventilated.

2. Please do not smoke during the meeting.

The member of staff may cancel the meeting if a smokefree room cannot be provided and an alternative meeting date will be rearranged. Failure to take the above action may also result in home visits being withdrawn.

Exposure to secondhand smoke has immediate and long-term health effects. More than 80% of second-hand smoke is invisible and odourless. Smoke can spread throughout the home, even if windows are opened.

If you have any questions about this policy, please contact [insert your relevant organisation contact].

Thank you for cooperating with this matter.

Yours sincerely,