



## PHC SAFE SMOKING SCREEN

### Drug / Alcohol Screening

Have you used any drugs, not prescribed by your Dr., or alcohol in last month?  Yes  No

When last used:

Tell me about what you use:

Have you used tobacco (any type) in the past 6 months?  Yes  No

When did you last use tobacco products?

**If yes to any of the above, refer to Nicotine Withdrawal Regional Protocol Orders (PHC-PH242) and complete the Resident Safe Smoking Assessment below.**

### CPT 1100: PHC Smoke Free Premises Policy states that:

1. Tobacco use is prohibited in or on all PHC owned and/or operated premises, facilities and grounds with the following considerations:

- a. culturally related ceremonial use of tobacco will be permitted
- b. special consideration will be given to identified groups that may include mental health, residential care, palliative care and addictions care

2. Policies and strategies will be developed to minimize employee exposure to environmental tobacco smoke.

### CPT 1000: Environmental Tobacco Smoke states that:

1. Where provisions have been made to accommodate patient /resident/client outdoor designated smoking areas, there is no expectation that staff accompany the patient/resident/client.

As a result, it is expected that residents who continue to smoke will be able to access designated smoking areas and smoke safely without assistance from staff

A Resident Safe Smoking Assessment must be completed on all residents who smoke.

Staff should also use this opportunity to enquire about the resident's interest in voluntarily stopping smoking

### Part A: Review of Resident's Risks / Abilities Related to Smoking

Information Sources - Check all that apply:

- Observation
- Discussion with Resident
- Family Caregiver
- Nursing/Team report
- Chart review for smoking incidents
- Staff physician/pharmacist re: medications

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1. Does resident need assistance to smoke?  Yes  No  
 If yes, specify:
2. Has resident ever fallen asleep while smoking a cigarette?  Yes  No  
 If yes, number of times:
3. Does the resident require continual use of oxygen?  Yes  No
4. Are there any physical limitations, which impede the resident's ability to independently light a cigarette or to smoke safely (i.e. arthritis, paralysis, numbness, visually impaired)?  Yes  No  
 If yes, specify:
5. Is the resident known to engage in the following unsafe smoking practices?  
 Put out or dispose of ashes/cigarette butts in an unsafe manner  
 Burn self or clothes
6. Is the resident known to attempt to set fires or use ignition materials unsafely?  Yes  No
7. Does the resident consume excessive amounts of alcohol which would likely affect his/her ability to smoke safely?  Yes  No
8. Does the resident have a history of falling asleep while seated, which would likely affect his/her ability smoke safely?  Yes  No
9. Does the resident take any medication which would likely affect his/her ability to smoke safely (e.g. cause drowsiness)?  Yes  No  
 If yes, specify:
10. Does the resident have any severe cognitive impairment which could affect his/her judgment or ability to smoke safely?  Yes  No

**If NO to ALL of the above, a direct observation of the resident smoking must be done.**

**If YES to ANY of the above, the resident is a fire risk and is not safe to smoke independently.**

**Next Steps:**

- a. Notify resident of results
- b. Communicate information to care team
- c. Send letter to resident's family
- d. Consult Form No. PHC-PH242 Nicotine Withdrawal Regional Protocol Orders (R. Apr-08)
- e. If a modifiable risk is identified, care team may agree to reassessment once risk addressed

Progress to Direct Observation

Resident is NOT safe to smoke independently at this time

Staff member completing assessment:

Signature:

Printed name:



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## Part B: Direct Observation

This observation is to be completed when the resident is awake and alert, oriented to time, place and person and is able to ambulate independently or propel self safely in a wheelchair.

\*\*\* IF THE RESIDENT DOES NOT MEET THESE CRITERIA, THEY MAY NOT SMOKE \*\*\*

Accompany the resident outdoors to the designated smoking area and ask them to smoke a cigarette.

Did the resident complete the following tasks safely and independently?

- a) Get to designated smoking area  Yes  No  
If no, comment on the resident's action:
- b) Obtain cigarettes and lighter  Yes  No  
If no, comment on the resident's action:
- c) Obtain and use a smoking apron  Yes  No  
If no, comment on the resident's action:
- d) Access an ashtray  Yes  No  
If no, comment on the resident's action:
- e) Light cigarette  Yes  No  
If no, comment on the resident's action:
- f) Hold cigarette securely  Yes  No  
If no, comment on the resident's action:
- g) Dispose of ashes in ashtray  Yes  No  
If no,, comment on the resident's action:
- h) Put out cigarette  Yes  No  
If no, comment on the resident's action:
- i) Return cigarettes and lighter to storage  Yes  No  
If no, comment on the resident's action:
- j) Able to call emergency assistance  Yes  No  
If no, comment on the resident's action:

If NO to ANY of the above, the resident is a fire risk and is not safe to smoke interpedently.

If YES to ALL of the above, the resident is able to smoke independently

Resident is able to smoke independently

Resident is NOT safe to smoke independently at this time

Staff member completing observation:  
Signature:   
Printed name: