

## **Draft Smoke-free Regulations 2007 – E-Consultation on-line response**

### **Response from Western Health & Social Services Board (WHSSB)**

Q1: YES

Q1a: 'No smoking' signs should be positioned so that they are clearly visible at entrances to buildings and should be of durable material so they may not be easily damaged.

Account must be taken to ensure that the needs of the blind and visually impaired are met in the design and production of the signage.

Q2: YES

Q2a: Signs in work vehicles need to be made of durable material and placed so they are clearly visible. As in Q1. above account must be taken of the needs of the blind and visually impaired.

Further clarification is needed on whether private vehicles (see 3.26) which are used for work related paid travel are work vehicles (see 3.29) and whether such vehicles normally only occupied at work by the driver may be exempt (see 3.30).

Q3: YES

Q3a: Regulation 3.5 does not offer protection to tradesmen, cleaners, carers or nannies. This also applies to health professionals who call at patients homes.

There is a need for employers and self employed persons who work from private dwellings to adopt model policies which ensure that workers who have to carry out work in private homes are not exposed to second hand smoke. The requirement could be set out in a code of good practice or guidance to accompany the regulations.

There is also a need for employers such as Health Trusts to develop policies to protect the health of their employees.

Q4: NO

Q4a: Bedrooms in hotels, guesthouses or members clubs should not be exempt. They do not comply with the definition of a 'home': Moreover employees will still be required to service and clean these areas and deserve to be protected from second hand smoke in similar manner to other employees.

Q5: NO

Q5a: Every effort should be made to protect the health of workers and clients/patients in residential care homes, nursing homes, hospices and mental health units from second hand smoke.

Research commissioned by the Western Health and Social Services Board in 2003 has shown that smoking dependency and the degree of smoking is much greater among people with mental health problems compared to the general population. Consequently

people with mental health problems suffer greater smoking induced health problems (WHSSB, 2003). The Western health and Social Services Board is committed to improving the health of people with mental ill health and ensuring that others are not subjected to second hand smoke.

The legislation in Scotland, as in the Republic of Ireland, does not specify "long term" accomodation in relation to mental health units. It is felt that similar legislation would be appropriate to Northern Ireland.

A phased-in approach would be more appropriate if the patient/client could not be taken outside to smoke unless to a secured area. Presently some mental health units do not have such facilities and Health Care Trusts would have difficulty in providing them before April 2007. The regulations , as proposed, may therefore result in some patients/clients of mental health units not being able to smoke whilst in care for up to 6 months: Moreover many patient/clients admit themselves voluntarily for treatment and may discharge themselves should they be unable to smoke.

In the interim health care senior management teams would identify the facilities, which would have extreme difficulty in implementing the legislation and agree to permit 'designated smoking rooms' with regular review. This would be part of a phased approach, where every effort would be made to strive for smoke free premises. This would be coupled with smoking cessation support being offered to all patients/clients, as well as staff wishing to stop smoking.

Reference:

WHSSB (2003):An investigation into smoking behaviour, lifestyle and smoking cessation in mental health within the Western Board area of Northern Ireland. WHSSB, Derry.

Q6: YES

Q6a: As described in 3.15 the proposed exemption for research and testing facilities appears appropriate. There is however a need to ensure the protection of any person who has to work in the facility from the effects of second hand smoke.

Q7: YES

Q7a: See response to Q2.

PLEASE NOTE

This response is submitted by Mr Dominic Burke, Acting Chief Executive on behalf of the Western Health and Social Services Board.

ADDITIONAL COMMENTS TO THE CONSULTATION

Ministry of Defence staff should be afforded the same protection under the regulations as other workers. The regulations for Northern Ireland should follow the lead from Scotland which does not have this exemption (see 3.17).

There should also be no exemption for performers (see 3.38). This may lead to performers being required to smoke against their will. Again the legislation has been successfully introduced in Scotland without this exemption.

It is essential to ensure that prisoners who do not smoke and prison staff are protected from the dangers of second hand smoke (see 3.12).