

Making Your Worksite Tobacco-free



MINNESOTA'S
VISION
A Better State of Health

*Statewide Health
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Table of Contents

Introduction

- Welcome 4
- Policy Change Checklist 6

Making the Case

- Introduction 7
- Benefits to Employer and Employees 8
- Reasons for Change: Overview 9
- Reasons for Change: Health 10
- Reasons for Change: Dollars 11
- Legal/Union Issues Addressed 15

Making the Change

- Introduction 19
- Committee Overview 20
- Sample Timelines 21
- Education Materials 24
- Human Resources 25

Making it Work

- Introduction 26
- Enforcement 27
- Cessation 28

Making a Connection

- Introduction 33
- Sample Resources 34

Introduction

Welcome! We are glad that you have decided to consider “Making Your Worksite Tobacco-free.”

“Making Your Worksite Tobacco-free” can be used by all business leaders interested in implementing a tobacco-free worksite policy. The information in this handbook is broad-based and is written to be applicable to all types of worksites including hospitals, corporate businesses, small businesses, commercial businesses, industry and college/university campuses.

In Minnesota, the Freedom to Breathe (FTB) provisions took effect in 2007 to protect employees and the public from exposure to secondhand smoke in most indoor environments. These provisions prohibit smoking in virtually all indoor public places and indoor places of employment, including:

- Bars, restaurants, and private clubs
- Office and industrial workplaces
- Retail stores
- Common areas of rental apartment buildings, hotels and motels
- Public transportation, including taxis
- Work vehicles, if more than one person is present
- Home offices with one or more on-site employees, or used as a place to meet or deal with customers – during work hours
- Public and private educational facilities
- Auditoriums, arenas and meeting rooms
- Day care premises
- Health care facilities and clinics

Now, business leaders in Minnesota and across the nation are taking a step to improve the health of their employees by creating tobacco-free worksite policies for outdoor areas. Tobacco-free worksite policies are more than simply saying smoking is prohibited indoors or on the grounds. Tobacco-free worksite policies comprehensively eliminate *all* forms of tobacco use in company buildings, on company grounds, and in company owned, leased or rented vehicles. A comprehensive policy would also include addressing the needs of tobacco-using employees who are interested in quitting.

One of the main reasons tobacco-free worksite policies are a priority, not simply *smoke-free policies*, is because smokers may replace their cigarettes with spit tobacco products during times when smoking is prohibited. Smokers’ trading one addiction or tobacco industry product for another is not a healthy alternative.

Although there are many questions that arise when considering tobacco use policies, such as designating tobacco use areas, ventilation systems, enforcement procedures or employee resistance, the most effective policy change you can make for your company is to implement a tobacco-free worksite policy. Such a policy can impact the health of both tobacco users and non-tobacco users, increase productivity and save the company in insurance and liability costs.

All businesses that address tobacco use by providing appropriate time and resources to the policy change will see success. Many businesses have noted the policy change motivated tobacco users to finally quit years of addiction.

Many of Minnesota's leading worksites and hospitals have committed to a tobacco-free worksite policy. Many more are in the process of making an announcement, and hundreds more are considering such a change.

We hope you will find this resource helpful in your journey to make your worksite tobacco-free.

Policy Change Checklist

- ✓ Determine Messaging on WHY the Policy Change is Happening
- ✓ Select Committees and Committee Chairs
- ✓ Survey Readiness of Worksite
- ✓ Identify Decision Makers, Champions, and Potential Barriers
- ✓ Select a Timeline and Implementation Date
- ✓ Assess Employee Tobacco Use
- ✓ Review Health Insurance Change Opportunities
 - Employees (Tobacco Users vs. Non-Tobacco Users)
 - Cessation Product Coverage
 - Company Insurance Costs
- ✓ Utilize Community Resources to Assist in Policy Change
- ✓ Employee Education
 - Tobacco Use and Secondhand Smoke
 - Policy Change – why changing policy, employee role
- ✓ Visitor Education
- ✓ New Employee Education
- ✓ Community Education (use media)
- ✓ Comprehensive Policy Includes:
 - Tobacco-free Worksite (all property included with no exceptions)
 - Who will Enforce the Policy
 - Cessation Opportunities
 - Nicotine Replacement Therapy (NRT) Reimbursement Opportunities
 - Consequences for Violations - Progressive Disciplinary Policy
- ✓ Removal of all smoking huts, ashtrays and receptacles
- ✓ Install Adequate Signage
- ✓ Ongoing Education and Reminders
- ✓ Ongoing Enforcement

Making the Case

Tobacco is the number one cause of preventable death in the United States. Secondhand smoke exposure is one of the most preventable causes of death. Consequently, tobacco - especially cigarette smoking - takes an enormous toll on business and industry in terms of:

- health-care costs
- disability
- lost productivity
- fires
- insurance
- liability

Most business leaders who decide to implement a tobacco-free worksite policy base their decision on one of two factors: health or dollars. Although many believe the motivation behind such a policy change should be the health of all employees and visitors, they also understand that the business needs speak loudly to decision makers including profit and loss, cost savings, and return on investments. For that reason, both factors will be addressed in this section.

With approximately 17% of Minnesota adults smoking and 5,500 Minnesotans dying every year because of their addiction, it is important to look at tobacco use in the worksite as a health issue.

No person is untouched by the toll of tobacco in Minnesota. According to the 2006 Surgeon General's Report on tobacco, Surgeon General Richard Carmona concludes, "there is no safe level of exposure to secondhand smoke." Even brief exposure can be detrimental to certain populations, such as asthmatics.

Tobacco use creates a \$1.6 billion bill for Minnesotans every year due to healthcare costs. Nearly \$1 billion is lost in Minnesota every year due to lost productivity as a result of tobacco use. These costs are absorbed not only by taxpayers through the Medicaid Program, but by employers and employees through higher insurance premiums.

A common argument some employers hear from tobacco-using employees is, "you can't implement a tobacco-free worksite. It's my right to smoke." Indeed, an employee can choose to smoke, but it is not a legal right. According to the anti-discrimination law by the U.S. Securities and Exchange Commission, tobacco users are not a protected class.

To better understand the current environment at their worksite and to better understand how to approach a tobacco-free worksite, some businesses might choose to conduct an employee survey. This survey will inform decision makers of what the thoughts of employees are on such a change or to identify how many tobacco users are employed by an organization. By involving employees as part of the change, they are often more likely to feel ownership of the new policy.

Benefits to Employer and Employees

Employer benefits of a tobacco-free worksite:

- Creates a safer and more healthy environment
- Conveys an increased positive corporate image
- Direct health care costs can be reduced
- Maintenance costs reduced
- Possible to negotiate lower health, life, and disability coverage
- Reduced risk of fire
- Reduction of absenteeism
- Reduction of worker's compensation claims
- Increased productivity
- Increased resale of building or business

Employee benefits of a tobacco-free worksite:

- Creates a safer and more healthy environment
- Demonstrates the company cares about employee health
- All workers are protected from secondhand smoke exposure
- Worksite policies motivate tobacco users to quit

Reasons for Change: Overview

Economic Costs

- Annually, smoking costs Minnesota nearly \$3 billion in health care costs.¹
- The tobacco industry spends an estimated \$196 million a year to market its products in Minnesota.²
- The average cost of a pack of cigarettes in Minnesota is \$5.22 - while each pack smoked in Minnesota costs an estimated \$8.85 in medical expenses and lost productivity.^{3,4}

Emotional Costs

- Whether it's family, friends, coworkers or neighbors – maybe even the person who means the most – tobacco use leads to over 5,500 deaths in Minnesota a year.^{1,9}
- In Minnesota, 634,000 moms, dads, sons, daughters, grandparents, brothers, sisters, aunts and uncles continue to smoke.⁵
- Children of smokers are almost twice as likely to smoke as children of nonsmokers.^{6,7}

Health Costs

- Smoking causes coronary heart disease, the leading cause of death in the United States.⁸
- Smoking harms nearly every organ of the body, causing many diseases and reducing the health of smokers in general.⁸
- Smoking accounts for an estimated 443,000 deaths each year in the U.S. – that's nearly one of every five deaths.^{9,10}

Citations on following page. Learn more at www.weallpaytheprice.com.

Citations

¹Blue Cross and Blue Shield of Minnesota. Health Care Costs and Smoking in Minnesota. 2010.

²Campaign for Tobacco Free Kids. The Toll of Tobacco in Minnesota Available at <http://tobaccofreekids.org/reports/settlements/toll.php?StateID=MN>. Accessed November 5, 2009.

³Blue Cross and Blue Shield of Minnesota. Health Care Costs and Secondhand Smoke – The Bottom Line. 2007.

⁴Centers for Disease Control and Prevention. State Data Highlights 2006. Table 4. Smoking-Attributable Costs. Available at [here](#). Accessed December 22, 2008.

⁵ClearWay MinnesotaSM, Blue Cross and Blue Shield of Minnesota and the Minnesota Department of Health. Creating a Healthier Minnesota: Progress in Reducing Tobacco Use. Minneapolis: 2008.

⁶Bauman K, et al. Effect of parental smoking classification on the association between parental and adolescent smoking. Addictive Behaviors. 1990;15(5):413-22.

⁷Kalesan B, et al. The Joint Influence of Parental Modeling and Positive Parental Concern of Cigarette Smoking in Middle and High School Students. Journal of School Health. 2006; 76(8).

⁸U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. The Health Consequences of Smoking: A Report of the Surgeon General. Available at http://www.cdc.gov/tobacco/data_statistics/sgr/2004/.

⁹Centers for Disease Control and Prevention. State-Specific Smoking Attributable Mortality and Years of Potential Life Lost – United States, 2000 - 2004. Morbidity and Mortality Weekly Report [serial online]. 2009;58(2):29-33. Available at: <http://www.cdc.gov/mmwr/PDF/wk/mm5802.pdf>.

¹⁰Centers for Disease Control and Prevention. Health United States, 2003, With Chartbook on Trends in the Health of Americans. Hyattsville, MD: CDC, National Center for Health Statistics; 2003. Available at <http://www.cdc.gov/nchs/hus.htm>.

Reasons for Change: Health

The Health Consequences of Involuntary Exposure to Tobacco Smoke:

A Report of the Surgeon General, U.S. Department of Health and Human Services

6 Major Conclusions of the Surgeon General Report

Smoking is the single greatest avoidable cause of disease and death. In this report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*, the Surgeon General has concluded that:

- 1. Many millions of Americans, both children and adults, are still exposed to secondhand smoke in their homes and workplaces despite substantial progress in tobacco control.**
 - Levels of a chemical called cotinine, a biomarker of secondhand smoke exposure, fell by 70 percent from 1988-91 to 2001-02. In national surveys, however, 43 percent of U.S. nonsmokers still have detectable levels of cotinine.
 - Almost 60 percent of U.S. children aged 3-11 years—or almost 22 million children—are exposed to secondhand smoke.
 - Approximately 30 percent of indoor workers in the United States are not covered by smoke-free workplace policies.

- 2. Secondhand smoke exposure causes disease and premature death in children and adults who do not smoke.**
 - Secondhand smoke contains hundreds of chemicals known to be toxic or carcinogenic (cancer-causing), including formaldehyde, benzene, vinyl chloride, arsenic, ammonia, and hydrogen cyanide.
 - Secondhand smoke has been designated as a *known human carcinogen* (cancer-causing agent) by the U.S. Environmental Protection Agency, National Toxicology Program and the International Agency for Research on Cancer (IARC). The National Institute for Occupational Safety and Health has concluded that secondhand smoke is an occupational carcinogen.

- 3. Children exposed to secondhand smoke are at an increased risk for sudden infant death syndrome (SIDS), acute respiratory infections, ear problems, and more severe asthma. Smoking by parents causes respiratory symptoms and slows lung growth in their children.**
 - Children who are exposed to secondhand smoke are inhaling many of the same cancer-causing substances and poisons as smokers. Because their bodies are developing, infants and young children are especially vulnerable to the poisons in secondhand smoke.
 - Both babies whose mothers smoke while pregnant and babies who are exposed to secondhand smoke after birth are more likely to die from sudden infant death syndrome (SIDS) than babies who are not exposed to cigarette smoke.

- Babies whose mothers smoke while pregnant or who are exposed to secondhand smoke after birth have weaker lungs than unexposed babies, which increases the risk for many health problems.
- Among infants and children, secondhand smoke causes bronchitis and pneumonia, and increases the risk of ear infections.
- Secondhand smoke exposure can cause children who already have asthma to experience more frequent and severe attacks.

4. Exposure of adults to secondhand smoke has immediate adverse effects on the cardiovascular system and causes coronary heart disease and lung cancer.

- Concentrations of many cancer-causing and toxic chemicals are higher in secondhand smoke than in the smoke inhaled by smokers.
- Breathing secondhand smoke for even a short time can have immediate adverse effects on the cardiovascular system and interferes with the normal functioning of the heart, blood, and vascular systems in ways that increase the risk of a heart attack.
- Nonsmokers who are exposed to secondhand smoke at home or at work increase their risk of developing heart disease by 25 - 30 percent.
- Nonsmokers who are exposed to secondhand smoke at home or at work increase their risk of developing lung cancer by 20 - 30 percent.

5. The scientific evidence indicates that there is no risk-free level of exposure to secondhand smoke.

- Short exposures to secondhand smoke can cause blood platelets to become stickier, damage the lining of blood vessels, decrease coronary flow velocity reserves, and reduce heart rate variability, potentially increasing the risk of a heart attack.
- Secondhand smoke contains many chemicals that can quickly irritate and damage the lining of the airways. Even brief exposure can result in upper airway changes in healthy persons and can lead to more frequent and more asthma attacks in children who already have asthma.

6. Eliminating smoking in indoor spaces fully protects nonsmokers from exposure to secondhand smoke. Separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot eliminate exposures of nonsmokers to secondhand smoke.

- Conventional air cleaning systems can remove large particles, but not the smaller particles or the gases found in secondhand smoke.
- Routine operation of a heating, ventilating, and air conditioning system can distribute secondhand smoke throughout a building.
- The American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE), the preeminent U.S. body on ventilation issues, has concluded that ventilation technology cannot be relied on to control health risks from secondhand smoke exposure.

The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General was prepared by the Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC). The Report was written by 22 national experts who were selected as primary authors. The Report chapters were reviewed by 40 peer reviewers, and the entire Report was reviewed by 30 independent scientists and by lead scientists within the Centers for Disease Control and Prevention and the Department of Health and Human Services. Throughout the review process, the Report was revised to address reviewers' comments.

Citation

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, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.

For more information, please refer to the CDC Resources page. Additional highlight sheets are also available at www.cdc.gov/tobacco.

Reasons for Change: Dollars

New research confirms the major impact that cigarette smoking has on the work force. Economist Petter Lundborg from Free University, Amsterdam, estimates that smoking is responsible for more than one third of all sick days taken each year.

The figure is based on an analysis of Swedish registry data containing the annual number of sick days amassed by 14,272 workers between 1988 and 1991.

Twenty-nine percent of the workers were current smokers, 26 percent were ex-smokers and 45 percent never smoked. The non-smokers averaged 20 sick days a year, while current smokers averaged 34 days and ex-smokers 25 days.

Smoking increased the annual number of sick days by 10.7 compared with never smoking. This corresponds to 42 percent of the average number of days of sickness for the whole sample.

The number of sick days due to smoking was reduced by only 1 day when Lundborg factored in the tendency of smokers to choose riskier jobs and activities than non-smokers, which, in turn, may make them more likely to be absent from work.

Still, in these adjusted analyses, smoking was responsible for 38 percent of all annual work absences due to sickness, Lundborg reports in the journal *Tobacco Control*. Controlling for health status further reduced the effect of smoking to 7.7 days sick annually.

Smokers were older, less educated, had more chronic ailments and were more likely to report "bad" health than non-smokers. The effect of smoking on sick leave was similar for men and women.

Lundborg says knowledge about the link between smoking and sickness absences is of importance from several perspectives. It allows employers, for example, to see the potential benefits of implementing anti-smoking policies and practices at the workplace.

"At a higher societal level, such knowledge is necessary for policy makers to judge the potential benefits of societal interventions against smoking," Lundborg writes.

SOURCE: Reuters Health and *Tobacco Control*, March 29, 2007.

Legal & Union Issues Addressed

There Is No Constitutional Right to Use Tobacco

- There is no constitutional right to smoke or use other tobacco products. Claims to the contrary have no legal basis. No court has ever recognized tobacco use as a fundamental right nor has any court ever found tobacco users to be a protected class. [1](#)
- The Constitutional “right to privacy” protected by the U.S. Constitution includes only marriage, contraception, family relationships, and the rearing and educating of children. [2](#)
- There are groups of people – such as groups based on race, national origin and gender – that receive greater protection against discriminatory acts under the U.S. and California constitutions than do other groups of people. [3](#) Tobacco users have never been identified as one of these protected groups. [4](#) Tobacco use is a behavior, not a condition of birth. [5](#) Tobacco use is not an "immutable characteristic" because people are not born as smokers; smoking is a behavior that people can stop.

Yes, you can choose to make your worksite tobacco-free!

- People who use tobacco are not protected by state and federal anti-discrimination laws.
- It is legal to advertise a unit (residential or commercial) as "tobacco-free."
- It is legal to ask tenants to acknowledge in the lease or month-to-month rental agreement that they do not smoke and/or will not smoke in the unit they are renting.

1 All citations compiled from "There Is No Constitutional Right to Smoke" an informational memo prepared by The Technical Assistance Legal Center (TALC), a project of the Public Health Institute. Full memo available at: talca@phi.org • (510) 444-8252.

2 Griswold v. Connecticut, 381 U.S. 479, 484 (1964); Meyers v. Nebraska, 262 U.S. 390 (1923); and Moore v. East Cleveland, 431 U.S. 494 (1977).

3 Brown v. Board of Education, 347 U.S. 483 (1954); Sugarman v. Dougall, 413 U.S. 634 (1973); Craig v. Boran, 429 U.S. 190 (1976).

4 City of Cleburne v. Cleburne Living Center, Inc., 473 U.S. 432 (1985); San Antonio Independent School Dist. v. Rodriguez, 411 U.S. 1 (1973).

5 Frontiero v. Richardson, 411 U.S. 677, 686 (1973).

This information is not offered or intended as legal advice. For more information about legal issues, e-mail the Public Health Law Center at publichealthlaw@wmitchell.edu.

City and Union Laws: Legal Issues Addressed

Various legal issues might be asked when creating, implementing or enforcing tobacco-free worksite policies. All worksites must comply with federal, state and city policies. Hospitals, for example, must comply with accreditation guidelines set by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

According to the U.S. Centers for Disease Control Office on Smoking and Health, employers have a common law requirement to provide a “safe and healthful” workplace. Because secondhand smoke is a Class A carcinogen (like asbestos, radon and benzene), employers are responsible for creating an environment where employees are not exposed to secondhand smoke. Otherwise, employers leave themselves open to lawsuits.

For further clarification and to answer questions specific to your business, work with your company’s attorney to ensure your policy complies with any local or state laws. In Minnesota, it is legal to create, implement and enforce tobacco-free worksite policies.

According to American Nonsmokers’ Rights Foundation, “there is a natural alliance between unions and tobacco control advocates: both are charged with improving workers’ health through education and policy initiatives. Workers’ unions are political bodies that should be one of the first groups tobacco control advocates reach out to when forming tobacco-free coalitions; unions are strong, politically savvy, and they advocate for safer workplaces.” For more information, please see the attached fact sheet in this section entitled, “Smoke-free Air is a Union Issue.”

For additional legal information, go to the following websites:

Public Health Law Center: <http://publichealthlawcenter.org/>

Technical Assistance Legal Center: <http://www.phi.org/talc>

Tobacco Control Legal Consortium: <http://tclconline.org/>

Tobacco Public Policy Center: <http://www.law.capital.edu/tobacco>



Union Leaders Support Smoke-free Workplaces, July 2005

For complete list go to - <http://no-smoke.org/document.php?id=225>

- "Every worker deserves the right to breathe smoke-free air." (*Joslyn N. Williams, President of the Metropolitan Washington Council, AFL-CIO, Smoking foes in D.C. gird for second try, Washington Post: B01, March 18, 2005*)
- "If we are all signed up to making workplaces safe then how can we justify low paid workers continuing to have to breathe in substances that can kill them, or being faced with no option other than to resign their job?...There is mounting good practice in bringing in safe and effective smoking policies with the full backing of the Wales TUC and our affiliated unions. We are keen to share this with the National Assembly and look forward to supporting them in bringing about cleaner, safer workplaces across Wales." (*Derek Walker, Wales TUC [Trade Union Congress] Head of Policy and Campaigns*)
- "Fundamentally, the role of a union is to better the lives of members. Most people think [unions] just deal with wages, but that is not true. We believe our work on secondhand smoke is no different than any other issue.... We [Boston, MA, Hotel Employees & Restaurant Employees] framed the issue of secondhand smoke as a workers' rights issue.... Clean indoor air works. We helped give legitimacy that this was a workers' rights issue. The public can leave. A worker cannot leave the job." (*Mark Parker, Hotel, Restaurant, Institutional Employees and Bartenders Union, Local 26 -- AFL-CIO, "How to Build Win-Win Relationships with Organized Labor," 12 December 2003, National Conference on Tobacco or Health, presentation [9-12 December 2003].*)
- "When the hazard of tobacco smoke is added to other workplace toxics, the risk for these diseases skyrockets.... Training is essential to protect workers from preventable illnesses caused by tobacco and other toxics. Well-informed workers can make their workplaces safer. In our experience, workers in the trades want more information about the occupational hazards they face and the options available to them." (*BUILT Project, "Union, yes [and] tobacco, no," California: Department of Health Services, 2001.*)
- "I think success, in terms of the union, comes from the fact that the union was involved from the onset. A joint approach was used, not a unilateral one. Also, I think it is important that the impetus came from the workers. It was a groundswell of support from the workers." (*Sue Pisha, Area Director of Northwest region for Communications Workers of America, National*

Cancer Institute. "Smoking Policies and the Unions." [question and answer memo]. No. 7. [n.d.])

- "Reducing smoking in the workplace can bring tremendous rewards to the employer and worker alike. Some of these benefits include improved employee health, productivity and morale: enhanced labor-management relations; and reduced occupational hazard." (*Joseph S. Francis, Executive Secretary-Treasurer, San Diego-Imperial Counties Labor Council, AFL-CIO, "Unions working together toward a tobacco-free 2000: implication and innovation," San Diego: Labor's Community Service Agency, May 1993.*)
- "Unlike a piece of machinery, the damage to a human is all too often irreparable. If a circuit or wiring goes bad, the company can install a replacement part. It is not so simple in the case of a human lung or heart.... A company that has demonstrated concern for mechanical components should have at least the same concern for human beings." (*Gruccio, Orrick, Herrington, and Suncliff, "Smoking in the Workplace." Labor and Employment and Health. October 1985.*)

For additional information about union issues please refer to the following resources:

The Role of Labor Organizations in Tobacco Control: What Do Unionized Workers Think?

Rebecca J. Mitchell, MPH; Susan R. Weisman, JD; Resa M. Jones, MPH, PhD; Darin Erickson, PhD

<http://www.publichealthlawcenter.org/sites/default/files/resources/article-weisman-ajhp-2009.pdf>

Smokefree Air is a Union Issue (ANRF)

http://www.no-smoke.org/pdf/Smokefree_Air_is_a_Union_Issue.pdf

Making the Change

Improving your tobacco use policy does require some attention to ensure implementation is smooth for employees and visitors of your worksite. A comprehensive tobacco-free worksite policy ensures no one is exempt from the policy. As with most company policies, all employees, visitors, vendors, students and/or patients will need to comply by the tobacco-free worksite policy.

A tobacco-free policy committee is vital to successful implementation. Sample committees include: education, marketing, and facilities. Some worksites also create a steering or advisory committee that oversees the activities of the subcommittees. Affiliate or offsite employees need to be updated about the policy through the Steering Committee. Although all committees are important, the education and marketing groups will be responsible for moving the policy forward. The Human Resources and Marketing departments need to be strongly represented on such committees.

Businesses need to determine a timeline to implement their tobacco-free policy. Most businesses use a six-month timeline. Larger businesses or hospitals may need more time because of public impact. An appropriate timeline should be determined by:

- Company Size
- Committee Size
- Number of Employees
- Public Impact

For a 1-year implementation timeline, spread the 6-month timeline out over 1-year, focusing on education.

Some worksites are smaller and do not need a full 6 months or do not have the staff resources available to dedicate to the full process.

Committee Overview

The below committees and duties are for use in a business with the available resources. Some businesses do not have the manpower to create large committees and will only use 3-4 people to implement this policy change. In such circumstances, please use this page as a resource for the activities that need to be considered or addressed.

Committees are comprised of all levels of employees from a variety of departments. It is beneficial to invite tobacco-users to be part of each committee.

Steering/Advisory

- Set Implementation Date
- Create overall timeline
- Determine committees needed and select committee chairs
- Approval and oversight of committee activities
- Affiliate office managers are updated by a Steering Committee member and pass information along to their office and implement policy in their respective location

Education

- Create formal subcommittee timeline to implement activities
- Develop Tobacco-free Policy
- Develop educational materials about the policy
- Provide employee educational materials about tobacco and secondhand smoke (Utilize community resources.)
- Provide resources for those who want to quit tobacco
- Work with PR committee to address communication to visitors

Public Relations/Marketing

- Create formal subcommittee timeline to implement activities
- Create theme/campaign/logo
- Create messaging
- Create internal/external signage
- Media Relations/Press Releases
- Business-to-business communication

Facilities

- Create formal subcommittee timeline to implement activities
- Remove any smoking huts, ashtrays and receptacles
- Install signage on property

Sample Timelines

6-Month Implementation Timeline for Worksites and Hospitals

Six Month Countdown

- Form an employee committee (include tobacco users and non-tobacco users)
- Work with administration/senior management to finalize policy
- Announce policy and date of implementation via usual employee communication
- Schedule meetings with supervisors and management to review policy and enforcement issues
- Involve all shifts
- Include public relations to outline a schedule of releases
- Meet with Human Resources and Facilities Management
- Move ash receptacles 20 feet away from all entrances
- Promote employee cessation counseling with any incentives
- Medical Staff updated on policy and their role (*if applicable*)
- Approval of standing orders by medical staff (*if applicable*)

Five Month Countdown

- Have final policy available
- Make a mechanism of feedback available for employees
- Continue public relations campaign
- Ongoing meetings with employee task force and policy team

Four Month Countdown

- Meetings with management to outline responsibilities
- Continue with the public relations campaign
- Promote cessation assistance as well as offering wellness education

Three Month Countdown

- Utilize employee communications to publish testimonials of successful cessation efforts by employees
- Address employee resistance to quit
- Continue all campaigns – Human Resources, Public Relations, employee education

Two Month Countdown

- Continue with Public Relations campaign
- Address any concerns from management
- Have letters to the editor in the local newspapers
- Continue to promote community and employee cessation opportunities
- Ensure signage is ready for placement

One Month Countdown

- Meet with Facilities Management
- Continue management meetings, human resources, and public relations involvement
- Assess changes needed on admission forms
- Strongly encourage employee cessation with approaching deadline
- Hold cessation support group for employees

Implementation Date

- Tobacco-free worksite policy in place
- Patients sign acknowledgement of policy with admission papers
- All ash receptacles removed from property as well as any smoking huts
- Signage on all entrances and drives in place
- Continue public relations campaign – invite media for photo opportunity
- Continue with employee cessation services

Post Implementation Evaluation

- Assemble employee task force on a monthly basis for 3-6 months as needed
- Make modifications if needed – although cautiously
- Question neighbors for any problems
- Continue with employee cessation support
- Address any complaints through proper channels

5-Month Implementation Timeline for Smaller Company

Five Month Countdown

- Establish committee to implement policy timeline
- Create draft policy
- Create timeline
- Order materials from QUITPLAN Services
- Website will be updated to reflect forthcoming policy change
- Determine management commitment to providing staff NRT
- Communication to Guests
 - Verbal announcements
 - Signs announcing policy change will be created and placed at front desks, in offices and in conference rooms.
 - Pre- date: “Effective DATE, WORKSITE will be a tobacco-free.”
 - Post- date: “WORKSITE is a tobacco-free.”

Four Month Countdown

- Finalize cessation dates for staff
- Display QUITPLAN Services materials (posters and brochures) throughout building(s)
- Create and distribute letter to appropriate organizations notifying them about the policy change.
- Finalize policy and share with management (if committee is creating policy)

Three Month Countdown

- Cessation class (Freedom from Smoking) for staff interested in quitting begins
- Identify management responsibility for implementing/enforcing policy
- Discuss signage needs with management

Two Month Countdown

- Management to recognize efforts of quit attempts by staff
- Management to discuss policy in more detail with all staff. Answers to any lingering questions given.

One Month Countdown

- “Acknowledgement of Policy” form created and shared with all staff
- Remove ashtray receptacles
- Outdoor and indoor signage displayed

Implementation Date

- Tobacco-free worksite policy in place
- Signage on all entrances and drives in place
- Continue with employee cessation services

Education Materials

Ensuring all audiences are clearly informed about the policy before implementation is key to a successful policy change. The Public Relations/Marketing subcommittee works hand-in-hand with the Education subcommittee. In an effort to reach internal and external audiences about the policy change, the subcommittees will ensure everyone on the property or coming to the property is aware of the policy.

Based upon your individual worksite, the following groups are some of the audiences worksites need to consider and target during implementation:

- Employees
- Patients (if health care facility)
- Visitors
- Public/Community
- Media
- Volunteers
- Vendors/Contract Workers
- Surrounding Worksites/Neighbors
- Board of Directors

Human Resources

Many Human Resource questions need to be addressed when a tobacco-free policy is presented. First, insurance concerns are raised. It is important to understand that in Minnesota, it is up to each individual company to set the insurance premiums for their company. Also, companies can make a distinction between tobacco users and non-tobacco users on insurance forms.

Some employers, such as Northwest Mutual Life Insurance Co. and the state of Georgia, have started imposing surcharges for employees who use tobacco. Quoting a story written by S.P. Dinnen from the November 20, 2005, *Des Moines Register*, "Gannett Inc., which publishes The *Des Moines Register* and has 1,150 employees in Iowa, will add a \$50 per month surcharge starting in January [2006] for smokers who use its insurance plans."

Some companies screen potential job applicants for tobacco use and have enacted policies that indicate the company will not hire tobacco users.

Human Resources employees need to be familiar with the tobacco-free policy and it is encouraged they be included in the planning and implementation of the policy.

Some Human Resources departments may choose to provide a "complaint form" to employees who observe tobacco use on the campus by employees. In an effort to not pin employee against employee, complaint forms relieve anxiety of many employees to "tell" on a co-worker or a friend. This confidential tool may be available to employees online or may be a written form.

Making it Work

“How will we ever enforce this policy?” We recommend you enforce this policy in the same manner you enforce any other policy at your worksite. Enforcement is a common and valid concern for business leaders interested in improving their tobacco policy. Like any policy, it is difficult to achieve 100% compliance; however, enforcement should not be a make-or-break factor for any worksite wanting to commit to the health of their employees.

Any policy can be violated. Just because someone speeds, should we eliminate speed limits? A tobacco-free policy change can be successful if key members of the organization commit to making the change a priority. Signage, on-going education and reminders about the policy decrease the frequency of violations. Over time, people will know your worksite – like most worksites – is off limits to tobacco use.

Tobacco cessation, or assistance in quitting tobacco, is a key component to a tobacco-free worksite policy. Providing adequate assistance to tobacco users choosing to quit as a result of the policy change is not difficult with the number of community and state resources available to all Minnesotans. Tobacco users are addicted to nicotine; this is not merely a ‘bad habit.’ Sensitivity to the needs of tobacco users is important as you provide resources to help them quit. Resources addressed in this section include:

- on-site cessation
- telephone cessation
- web-based cessation
- tobacco cessation therapy reimbursement (nicotine replacement and oral medications)

Enforcement

Many business leaders are fearful of enforcement issues. Those who are concerned often believe if a policy cannot be enforced without fail, the policy shouldn't be implemented. However, most employees will abide by company-set policies. No worksites have been confronted with severe reactions from tobacco-using employees after implementing a policy change.

Most worksites already have established a progressive discipline policy for violations of other worksite policies. The enforcement of the tobacco-free worksite policy would not be implemented any differently.

Often times, progressive discipline policies read:

- First offense: verbal warning
- Second offense: written warning
- Third offense: further disciplinary action, may result in termination
- Fourth offense: termination

Cessation

Cessation programs are a beneficial tool for individuals serious about quitting tobacco use. Cessation programs offer the tobacco user tools, accountability and support to assist in the quit attempt. Studies show quit attempts accompanied by cessation counseling can double a person's chance of success.

Most tobacco users who are trying to quit find it easier to quit in a setting where tobacco use is not an option, such as when a worksite moves toward a tobacco-free worksite policy.

On-site Cessation Classes

Freedom from Smoking is the American Lung Association smoking cessation program. The program launched in 1975 and has been revised through the years to provide the most current cessation information. *Freedom from Smoking* classes are run by a facilitator who guides the conversation. Participants learn tools and techniques for quitting tobacco from the facilitator and gain additional support and ideas from fellow participants. Research shows tobacco users are more likely to be successful in their quit attempt when they use a cessation program.

The 8 session *Freedom from Smoking* class addresses:

- benefits of quitting
- how to deal with withdrawal/recovery symptoms
- importance of social support
- weight control
- stress management
- resisting the urge to use tobacco
- relapse and success

Freedom from Smoking facilitator trainings are available through the American Lung Association. Call the American Lung Association in MN at 218.726.4721 or 1.800.LUNG.USA for a current facilitator training schedule and participant material fees.

Minnesota Cessation Resources

QUITPLAN serves anyone over 18 who lives or works in Minnesota. They serve people who use any form of tobacco and want to quit in the next 30 days.

QUITPLAN at Work

QUITPLAN at Work offers group counseling at the workplace. You may find more information on their programs at www.clearwaymn.org.

Telephone Counseling

Personal support to help you stop smoking is just a phone call away. There is no cost to you, whether you're covered by insurance or not. Hours of service may vary.

If you have one of these health plans, call the number listed below for telephone counseling.

Blue Cross Blue Shield of MN and Blue Plus	1-888-662-BLUE
CCStpa	1-888-662-QUIT
First Plan of MN	1-888-662-BLUE
HealthPartners	1-800-311-1052
Medica	1-866-QUIT-4-LIFE
MCHA members	1-866-QUIT-4-LIFE
Metropolitan Health Plan	1-800-292-2336
PreferredOne Community Health Plan	1-800-291-2336
UCARE Minnesota	1-888-642-5566

If your health plan is not listed, or if you don't have health insurance, call:

American Lung Association Helpline:	1-800-LUNGUSA
QUITPLAN of Minnesota	1-888-354-PLAN
National Quitline	1-800- QUIT NOW

Online Quit Smoking Help

These websites offer free online help to quit smoking:

- www.lungusa.org
- www.smokefree.gov
- www.quitnet.com
- www.way2quit.com
- www.quitplan.com

Cessation Reimbursement Options

Many worksites offer additional support to tobacco users outside of cessation classes. Below, find the procedure for cessation reimbursement Mercy Medical Center – Des Moines provided for employees.

For class attendance

- Must attend 8 sessions of Freedom from Smoking or 3 sessions of Quit Smart to get \$25 reimbursed.
- Payment method is check or cash. Checks to be made payable to facility providing the smoking cessation class.
- Reimbursement will be provided by the employees' home facility.
- Reimbursement for attending smoking cessation classes will be available for up to 3 different sessions
- Reimbursement is available for those attending classes that begin prior to December 31, 2006

For Nicotine Replacement Therapy (NRT)

- Smoking cessation class participation with 100% attendance is a requirement for NRT.
- NRT will be reimbursed for a **total** of 8 weeks of therapy
- Participants will purchase the NRT and turn in the receipts at the end of 8 weeks of therapy.
- Receipts are turned into each hospital's designee. Class participation list will be provided by the facilitator to the appropriate hospital.
- Reimbursement for NRT will be in the form of check request.
- NRT reimbursement is available for those attending classes that begin prior to December 31, 2006.

Other

- Attendance at smoking cessation classes is "on your own time".
- \$25 will be reimbursed for attendance at smoking cessation classes outside of those offered at Mercy, IHS and Broadlawns. Must have written documentation of 100% attendance at required classes.
- Reimbursement for NRT is not available for those attending smoking cessation classes outside of those sponsored by Mercy – DM, IHS – DM, or Broadlawns. Resource information for NRT will be available.
- No reimbursement is available for other forms of smoking cessation such as hypnotism, self-help and etc.

Cessation Incentives

Many worksites see the value in providing incentives for those who are attempting to quit and who successfully quit as a result of the policy change. Below are a number of incentives a company might consider providing employees who decide to quit.

- Allowing cessation classes be held on the clock
- Reimbursing the employee for the cessation class if the employee successfully completes all sessions
- Inviting employees with tobacco-using spouses, neighbors and friends to participate in the cessation classes, as well
- Reimbursing up to a certain dollar amount to use toward non-traditional forms of cessation (hypnosis, acupuncture, etc.)
- Providing nicotine replacement therapy to employees for a set number of weeks, a set number of months, or a specific dollar amount
- Allowing any established fitness reimbursement to go toward nicotine replacement therapy and/or non-traditional forms of cessation
- Reimbursing employees for fitness efforts to assist in quitting (gym memberships, at-home fitness equipment, etc.)
- Target gift card after completing class or quitting
- Additional paid time off or vacation day (full or half day)
- Public recognition at staff meetings for their willingness and courage to quit at 10 days, 1 month, 3 months, 6 months, 1 year, etc.
- Lunch/Dinner with significant other or friend paid for by CEO, President, manager, etc. to recognize quit attempt
- Office Pizza Party or Office Potluck to celebrate successful quit attempts or those who are trying to quit

Making a Connection

Many community resources are available – free of charge – to assist in the implementation of a tobacco-free worksite policy. The American Lung Association in MN (ALAMN) SHIP Technical Assistance team provides comprehensive and individualized technical assistance, consultation, and training to communities to assist in the planning and implementation of the SHIP grantees tobacco-related inventions. It is our goal to provide the most efficient and valuable technical assistance needed to the SHIP grantees. Our staff will assist SHIP grantees as they work with local worksites in taking steps to make their worksite tobacco-free. ALAMN staff can assist with linkages for SHIP grantees to implement tobacco-free worksite policies in their communities.

Our Team

The ALAMN SHIP Technical Assistance team brings over 75 years of tobacco control experience to their new role as technical assistance providers to all SHIP grantees across MN. ALAMN has worked with community partners to adopt and implement a wide variety of policies in many settings, including health care, community, school, and worksite. Their deep organizing experience has contributed to a good understanding of the challenges and opportunities of policy work on a local level.

The ALAMN SHIP Technical Assistance team has staff located in Bemidji, Duluth, Mankato, St. Paul, and Winona.

Contact Information

Pat McKone
Pat.McKone@LungMN.org
218.726.4721

Sample Resources

The American Lung Association in MN SHIP Technical Assistance Team has access to many sample implementation materials. They are happy to share these materials and their expertise to assist you in the process of adopting a tobacco-free policy. Please call Pat McKone at 218.726.4721 to be connected with a SHIP TA staff person near you. Included below are just a few examples of the sample materials we have available.

Employee Survey

(Insert Company name) is considering the best way to introduce a tobacco-free worksite policy that acknowledges the needs of both tobacco users and non-tobacco users. Please take a few minutes to complete this survey and return it to *(person/location)*.

Your response is completely confidential, and you do not need to give your name on this form.

1. Do you use tobacco? (circle one) Yes No

If 'Yes', how many cigarettes on average do you smoke per day? (select one)

- Less than 5 a day
- 5 to 10
- 11 to 20
- 21 to 40
- More than 40

If 'Yes' and you use another form of tobacco, please indicate: _____

2. Are you bothered or affected by tobacco or secondhand smoke in your work area or elsewhere at *(insert company name)*? (circle one) Yes No

If 'Yes', please indicate any ways in which you are bothered or affected by tobacco including physical symptoms, if relevant.

Which work locations are most troublesome to you?

3. At which locations do you think tobacco use/smoking should be prohibited?

4. If you use tobacco, would a tobacco-free worksite policy:

- Help you cut down?
- Create difficulties for you?
- Encourage you to quit?
- Not affect you at all

Please comment: _____

5. What type of support should be provided for tobacco users who wish to quit or cut down?

- Quitting information
 - Group cessation counseling at work
 - Individual cessation counseling at work
 - Time off to attend a group outside of work
 - Cash incentive/fee reimbursement for quitting courses or products
- Other: _____

6. What timeframe should be taken to introduce a tobacco-free worksite policy?

- 3 months
- 6 months
- 1 year

Other: _____

7. Are you familiar with the cessation support covered by your company's insurance policy?

(circle one) Yes No

8. Please make any further comments about a tobacco-free worksite policy.

Model Tobacco-free Worksite Policy

*Revised from "Making your Workplace Smoke-free: A Decision Maker's Guide"
Centers for Disease Control and Prevention*

Policy

Due to the acknowledged hazards of tobacco use, it shall be the policy of _____ to provide a tobacco-free environment for all employees and visitors. This policy covers all tobacco products and applies to both employees and non-employee visitors of _____.

Definition

There will be no use of tobacco products within the facilities at any time.

There will be no use of tobacco products on the property of _____ at any time.
Property is defined as any location owned, leased or maintained by _____.

There will be no tobacco use in any rented, owned or leased _____ vehicle.

There will be no tobacco use in personal vehicles while on the campus or when transporting persons on _____-authorized business.

Those who use tobacco products shall ensure they do not smell like tobacco when on _____ property.

Procedure

1. Employees will be informed of this policy through signs posted in _____ facilities and vehicles, the policy manual, and orientation and training provided by their supervisors.
2. Visitors will be informed of this policy through signs, and it will be explained by their host.
3. The _____ will assist employees who wish to quit tobacco use by facilitating access to recommended tobacco cessation programs and materials.
4. Any violations of this policy will be handled through the company's standard disciplinary procedure which can be found _____.

Sample Hospital Tobacco Free Environment Policy

Purpose:

It is the policy of (*name hospital*) to promote the health, well being, and safety of the patients, visitors, and employees while on the (*hospital*) campus. Tobacco is a proven health and safety hazard, both to the smoker and non-smoker, carrying very serious health risks. It has been proven to be the leading cause of preventable death in the United States and is inconsistent with our healthcare mission. The use of tobacco products by our employees compromises our image as a healthcare institution.

The (*hospital*) is committed to:

- Create and provide a safe and healthy environment for all of its patients, employees, volunteers, and visitors.
- Make no use of tobacco a normal practice on hospital property.
- Encourage staff to present a positive image to the public by not using tobacco on the hospital property.
- Assist both patients and employees who wish to quit their tobacco habit.

Definition:

Tobacco products refer to any and all uses of tobacco including, but not limited to smoking and chewing.

Policy:

Tobacco use or sale of tobacco is prohibited:

- In all areas within the hospital buildings
- On all property maintained by the hospital, including either leased or owned property, adjacent sidewalks, and parking lots.
- In all vehicles owned, leased, or rented by the hospital
- In all employee vehicles when parked on hospital property

This policy covers all individuals working, visiting, or receiving medical care within the boundaries of this hospital property. This policy also includes vendors and contractor workers.

General Policy Provisions:

1. No tobacco products shall be sold anywhere on hospital property.
2. Signs declaring tobacco free worksite posted at all campus entrances, drives, and other conspicuous places. No ash receptacles will be on the property.
3. Hospital employees will be advised of the provisions of this policy during new employee orientation. (*Hospital*) will post this policy in employee common areas. Supervisors will be responsible for notifying their employees of the provisions of this policy. All employees are authorized and encouraged to communicate this policy with courtesy and diplomacy regarding patients and visitors. This policy will be communicated to the public through advertisements, company website, job postings and media coverage.
4. Employees may attend tobacco cessation counseling free of charge (during paid time off).

5. Employees who remain tobacco free for one year may be reimbursed by the hospital for any purchase of nicotine replacement therapies. (Proof of purchase and receipts required)
6. Employees smoking or using tobacco products on the (*hospital*) campus are in violation of the stated policy and subject to corrective action.
 - A. First offense – verbal warning
 - B. Second offense – written warning
 - C. Third offense – may result in termination
7. Violations of this policy by volunteers, students, or contracted employees will be addressed through the existing Human Resources Policies.
8. Employees will be educated on the tobacco policy and opportunities for cessation counseling throughout the corrective action process.
9. Security staff is assigned to approach employees in violation of this policy to remind them of the policy and complete an incident report for supervisory follow up.
10. Patients and visitors will be notified of this policy prior to arrival whenever possible or during the admission process.
11. Standing orders approved by the medical staff may be requested for a nicotine dependent patient. Recommended:
 - 21 mg nicotine patch for a patient who smokes more than one pack per day
 - 14 mg nicotine patch for a patient who smokes a pack a day or less
 - Anti-anxiety drug (i.e. Xanax 0.25 mg) should be considered.
12. Patients will be counseled by the nurse or physician regarding nicotine replacement therapy and policy of the (*hospital*). A patient who insists on using a tobacco product (after all other means of care and counseling have been exhausted) must leave the property and sign an AMA form. The supervisor and the attending physician will be notified. The patient will be escorted to the door of the building but will not be escorted outside. Appropriate forms will be completed for the patient's record and actions will be documented.
13. Visitors will be counseled on the policy and offered alternatives to tobacco use on campus. (hard candy, mediation room, social service visit). Visitors who refuse to comply with the Hospital's tobacco free policy should be reported to security for immediate follow up action. Noncompliant visitors may be escorted off the property by security.
14. Neighboring properties will be educated on the new property and date of implementation. Concerns (loitering and littering for example) can be directed to a contact within the security department.
15. Any questions regarding this policy should be addressed to the Chair of the Hospital Safety Committee.