

3-3-25 Weekly Clinical Update

Let's talk smoking regulations this week. There is an increasing trend in deficiencies related to smoking safety & regulations. This might be a good time to review the facility's policies and procedures to make sure all the requirements are being met.

Here is a list of Federal regulations addressing smoking:

F561 Self-determination: (in the guidance)

"If a facility changes its policy to prohibit smoking (including electronic cigarettes), it should allow current residents who smoke to continue smoking in an area that maintains the quality of life for these residents and takes into account non-smoking residents. The smoking area may be an outside area provided that residents remain safe. Residents admitted after the facility changes its policy must be informed of this policy at admission. (See §483.10(g)(1) and §483.10(g)(16)) For further explanation of safety concerns, refer to §483.25(d), F689. For information on smoking policies, refer to §483.90(i)(5), F926.

F571 (ii): "Items and services that may be charged to residents' funds... Personal comfort items, including smoking materials, notions and novelties, and confections."

F600 Freedom from Abuse, Neglect, & Exploitation:

"Failure to provide adequate monitoring and supervision, if smoking is allowed;"

F689 Accidents/Hazards: "

Some facilities permit residents to smoke tobacco products. In these facilities, assessment of the resident's capabilities and deficits determines whether or not supervision is required. If the facility identifies that the resident needs assistance and supervision for smoking, the facility includes this information in the resident's care plan, and reviews and revises the plan periodically as needed.

The facility may designate certain areas for resident smoking. The facility must ensure precautions are taken for the resident's individual safety, as well as the safety of others in the facility. Such precautions may include smoking only in designated areas, supervising residents whose assessment and care plans indicate a need for assisted and supervised smoking, and limiting the accessibility of matches and lighters by residents who need supervision when smoking for safety reasons. Smoking by residents when oxygen is in use is prohibited, and any smoking by others near flammable substances is also problematic. Additional measures may include informing all visitors of smoking policies and hazards.

Guidance concerning resident smoking regulations can be found in NFPA 101, 2012 edition, the Life Safety Code at 19.7.4, Smoking, including requirements for signage,

prohibiting smoking by residents classified as not responsible, and disposal of smoking materials.

Electronic cigarettes – While electronic cigarettes (e-cigs), or vapor pens, are not considered smoking devices, and their heating element does not pose the same dangers of ignition as regular cigarettes, they are not without risk. A review of literature by the Centers for Disease Control and Prevention (CDC), Food and Drug Administration (FDA), and Federal Emergency Management Agency (FEMA) shows that as electronic cigarette use has increased, risks associated with their use have also increased. Risks and concerns include:

- Potential health effects for the smoker, such as respiratory illness or lung injury which may present with symptoms of breathing difficulty, shortness of breath, chest pain, mild to moderate gastrointestinal illness, fever or fatigue;
- Second-hand aerosol exposure;
- Nicotine overdose by ingestion or contact with the skin; and
- Explosion or fire caused by the battery.

Because these devices are not without risk and have accidents associated with them, facilities have a responsibility to oversee their use and provide supervision to maintain an accident-free environment.

F690 Incontinence (bet you didn't see that one coming!)

Risk factors for Fecal Incontinence Risk factors for FI may include, aging and dependency in daily activities, smoking and pulmonary disease, arthritis in adults over 75 years of age, older adults with rectal cancer, comorbidities such as kidney disease, transient ischemic attacks in men, women with arterial hypertension, acute stroke (FI may depend on the severity of a stroke), functional dependency and need for assistance with toilet access 3 months after stroke in men and women, and poor general health and dementia. (So it needs to be careplanned for smokers as a potential smoking risk)

F695 Respiratory Care

“If the resident is ambulatory with his/her oxygen delivery system, the resident must be informed of safety precautions and prohibitions for oxygen, such as where smoking is allowed or other hazardous areas, and staff should monitor to assure the resident adheres to the safety rules for oxygen.”

F699 Trauma-Informed Care

Examples of trigger-specific interventions include, but are not limited to the following:

Trigger	Intervention
Showers/shower fixtures	Provide alternative methods for bathing such as tubs, sponge bath.
Confinement in small/crowded spaces	Offer individual or small group activities
Loud noises	Decrease/eliminate exposure to loud noises during holiday celebrations (July 4 th , New Year's Eve); and/or decrease volume of, or eliminate overhead paging systems
Removal of clothing	Consideration should be given to methods of assistance given to resident such as: <ul style="list-style-type: none"> • Consistent staffing/same-sex care giver • Removing clothing slowly • Explanation of what is happening
Exposure to smoke or fire	<ul style="list-style-type: none"> • Remove from areas where smoking is permitted, or cookouts occur; • Provide alternative meals inside facility

F741

“Assisting the resident outdoors in the sunshine and fresh air (e.g. in a nonsmoking area for a non-smoking resident)”

F926 Establish policies, in accordance with applicable Federal, State and local laws and regulations regarding smoking, smoking areas, and smoking safety that also take into account nonsmoking residents

“§483.90(i)(5) Establish policies, in accordance with applicable Federal, State, and local laws and regulations, regarding smoking, smoking areas, and smoking safety that also take into account nonsmoking residents.

GUIDANCE: §483.90(i)(5) The use of oxygen in smoking areas and while smoking is forbidden. **PROCEDURES: §483.90(i)(5)** Review F689 guidance concerning smoking in the facility. As part of the overall review of the facility, look for signs of smoking by residents, staff, visitors, guests, and non-staff. Look for smoking areas both inside and outside of the facility. Review policies to determine if they have been developed and are being implemented in accordance with Federal, State and local laws and regulations in regards to smoking, smoking areas and smoking safety for both smoking and non-smoking residents.

Critical Element Pathways:

Respiratory Care CEP:

“Are “No Smoking” signs present wherever oxygen is stored *and/or* administered?”

Accidents CEP:

Smoking/Use of Electronic Cigarette Observations:

Is the resident smoking safely (observe as soon as possible):

- Is the resident supervised if required;
- Does the resident *smoke while on* oxygen; have a smoking apron or safety equipment *on* if needed; have difficulty holding or lighting a cigarette/*cigar*; *or have* burned areas in the resident’s clothing/body; and
- *For residents that smoke cigarettes or electronic cigarettes, are they stored in a manner that prevents misuse from other residents and fire hazards (including lighters and chargers)?*
- *Are e-cigarette devices charged while unattended? (yes=fire hazard)*

Resident, Resident Representative, or Family Interview:

Smoking/Electronic Cigarette Use:

Have you received instructions from staff regarding smoking, or use of electronic cigarettes (*e.g., storage, charging safety*)? *If yes, what were the instructions? If no, interview staff regarding resident education on smoking/e-cigarette safety.*

Do you know where the designated smoking areas are located?

Are staff available while you are smoking? Do they provide you with any safety equipment?

If the resident uses oxygen, do you take your oxygen off when smoking?

Do you keep your own cigarettes and lighter, *or e-cigarette? If so, where do you store them?*

Nursing Aide Interviews:

Are you aware of the signs and symptoms of substance abuse (e.g., resident that leaves the facility and returns) and how are these residents monitored?

How do you know what interventions or assistance is needed (e.g., for safe smoking, to prevent falls, *to address known substance use disorder*)?

Has the resident had an accident, such as a fall, smoking (burn, fire hazard), altercation, or elopement? If so, did they sustain an injury, when did it occur and what were the circumstances?

Nurse Interviews:

Are you aware of the signs and symptoms of substance abuse (e.g., for resident that leaves the facility and returns) and how are these residents monitored?

What are the resident’s risk factors for having an accident (e.g., smoking, *falls, substance use disorder*)? How often are they assessed and *educated, and* where is it documented? How do you know what interventions or assistance is needed (e.g., for safe smoking, to prevent falls)?

Has the resident had an accident, such as a fall, smoking (burn, fire hazard), altercation, or elopement? If so, did they sustain an injury, when did it occur and what were the circumstances?

That being said, Kansas has some “additional” regulations that have reared an “ugly head” recently.

KSA 28-39-163 Administration says: (page 67)

“(f) Smoking. If smoking is permitted, there shall be designated smoking areas.

(1) The designated areas shall not infringe on the rights of nonsmokers to reside in a smoke-free environment.

(2) The facility shall provide areas designated as smoking areas ***both inside and outside the building.***”

KSA 28-39-152 Quality of Care:

(4) A sign that reads “oxygen—no smoking” is posted and visible at the corridor entrance to a room in which oxygen is stored or in use.

(5) All smoking materials, matches, lighters, or any item capable of causing a spark has been removed from a room in which oxygen is in use or stored.

Room Name or Area Designation	Pressure Relationship to Adjacent Areas	Minimum Air Changes of Outdoor Air Per Hour Supplied to Room	Minimum Total Air Changes Per Hour Supplied to Room	All Air Exhausted Directly to Outdoors	Recirculated Within Room Units
Designated smoking area	Negative	Optional	20	Yes	No
• Continuous directional control not required					

Pressure Relationships and Ventilation of Certain Areas

Area Designation	Pressure Relationship to Adjacent Areas	Minimum Air Changes of Outdoor Air Per Hour Supplied to Room	Minimum Total Air Changes Per Hour Supplied to Room	All Air Exhausted Directly to Outdoors	Recirculated Within Room Units
Designated Smoking Area	Negative	Optional	20	Yes	No

Regulation requires “the more stringent of regulations...