

Frequently Asked Questions (FAQs) about the Smoking Policy



Effective July 5, 2006, smoking will be restricted on the Crozer-Chester Medical Center campus to **designated areas only** for employees, tenants, visitors, and patients. This means that smoking will no longer be tolerated in the front of the hospital or in the parking garages. To make this change work, your help is needed to make all smokers aware of the changes and enforce the policy. By doing so, we can work together to create a safe and pleasant healing environment for our community.

Here are a few questions that have been asked about the new smoking policy.

Background of the policy

What factors influenced the development of the new policy?

There are a few major factors that helped shape the new policy:

1. *Patient, employee, and visitor complaints.* Letters, survey comments, and other feedback we received consistently wondered about the image we were presenting to the public by permitting smoking to happen near our entrances. Some particularly emotional appeals to change our approach came from cancer survivors or patients who would witness smoking near the entrance of the Cancer Center.
2. *Health concerns.* Research consistently points out the increased health risks about secondhand smoke. Just this week, the Surgeon General restated those risks (see the newspaper account at <http://www.nytimes.com/2006/06/27/health/27cnd-smoke.html>, also attached). As a healthcare facility, we need to be aware of those risks and do a better job moving smoking away from our entrances.
3. *Competitive concerns.* More hospitals throughout the country are re-examining their smoking policies for these reasons, including some locally.
4. *Cessation support.* As our system goal is to build a healthy place to live and work, part of the new change has been to support any of our employees who wish to quit smoking with cessation support materials, whether through our Wellness Works program or with reduced-cost nicotine replacement therapies through our Employee Pharmacy.

What input did employees have?

Over the last few years, many employees have recommended that we tighten our smoking policy via employee surveys and at Employee Open Forums. Special employee Town Meetings were held earlier this year where employees could ask questions of Joe Saunders, Crozer's Chief Operating Officer, and the senior leadership team. Those lines of communication remain open—relay any questions, comments or concerns to Terry Lynch in Administration (15-2114; e-mail terry.lynch@crozer.org).

Will Crozer move to a completely smoke-free environment?

It remains a possibility. The new policy is our last attempt at “policing ourselves.” The Security Department will monitor the enforcement effort and, if the desired change does not occur, the Medical Center may consider implementing a completely smoke-free environment, which would mean that there would no longer be any areas on the campus to smoke.

Enforcement questions

Where are the designated smoking areas now?

See the map attached with these FAQs.

Is the smoking hut in Garage 1 gone?

Yes.

As an employee, am I expected to confront smokers I see?

Yes. While the enforcement effort will be led by the Security Department, they ask for your support in courteously informing any smokers about the policy. Enforcement will be a particular challenge during evening, night, and weekend hours, and your help will be appreciated. It will take some months for all of our visitors and patients, many of whom have been coming to Crozer for years, to get used to the change. If any smoker becomes argumentative or abusive, do not engage them; instead, contact Security.

Will patients also have to comply with the policy?

Yes. Signage off the Ground Floor of the elevators will direct them to the designated smoking areas.

Is smoking permitted in the parking garages and employee lots?

No. Additional signage will ask that smokers extinguish all smoking materials in their cars.

Is smoking permitted in my car?

During the first wave of enforcement, the Security Department will not actively monitor smoking in automobiles. They will, however, enforce the policy during routine patrols of anyone smoking while walking in the lot. Keep in mind that the amount of time allotted for a break does not change as a result of this policy.

The new policy seems focused primarily on the Medical Center. How does it affect the other campus buildings?

While the primary aim of the new policy is focused on the “front” areas of the hospital, it does apply throughout the campus. In general, the application of the new policy at other campus buildings may require some common-sense, practical changes that honor the intent of the new policy. Work together with your managers, co-workers, and other departments who share your work areas and building to craft something sensible. Let the Security Department know of any changes you put in place so that our officers and other employees can enforce the policy fairly and consistently.

Other hospitals & entities

What’s happening with the other hospitals/entities in the system?

Other hospitals in the Crozer-Keystone Health System are actively re-examining their smoking policies. The final draft of the policy will likely include language that specifies the guidelines and enforcement strategy at each site.

Do you have other questions about the new smoking policy? If so, send them to Terry Lynch in Administration, ext. 15-2114, or terry.lynch@crozer.org

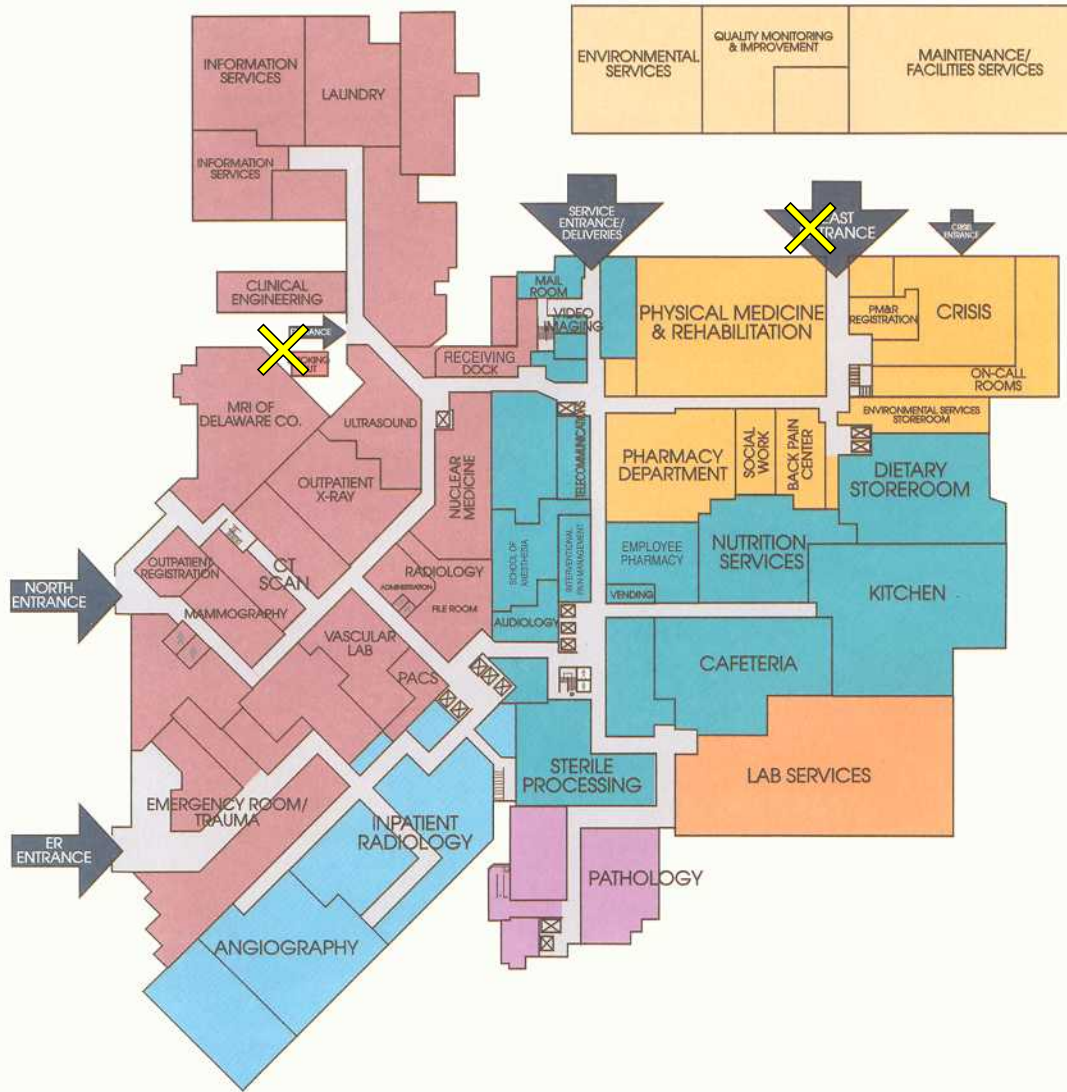
EAST DRIVE

CROZER NORTH CAMPUS

UPLAND AVENUE

NORTH PARKING

ER PARKING



North Wing

- Information Services
- Laundry
- Clinical Engineering
- MRI of Delaware County
- Ultrasound
- Outpatient X-Ray
- CAT Scan
- Mammography
- Emergency/Trauma
- Vascular Lab
- Nuclear Medicine
- Radiology File Room
- PACS Viewing
- Outpatient Registration
- Radiology Administration
- Receiving

West Wing

- Angiography
- Inpatient Radiology

East Wing

- Pharmacy
- Social Work
- Back Pain Center
- Crisis
- On-Call Rooms
- Physical Medicine & Rehabilitation

Central Wing

- Mail Room
- Video Imaging
- Telecommunications
- Audiology
- Sterile Processing
- Employee Pharmacy
- Vending
- Cafeteria/Kitchen/Dietary
- Nutrition Services
- Interventional Pain Management Center
- School of Anesthesia

South Wing

- Lab Services

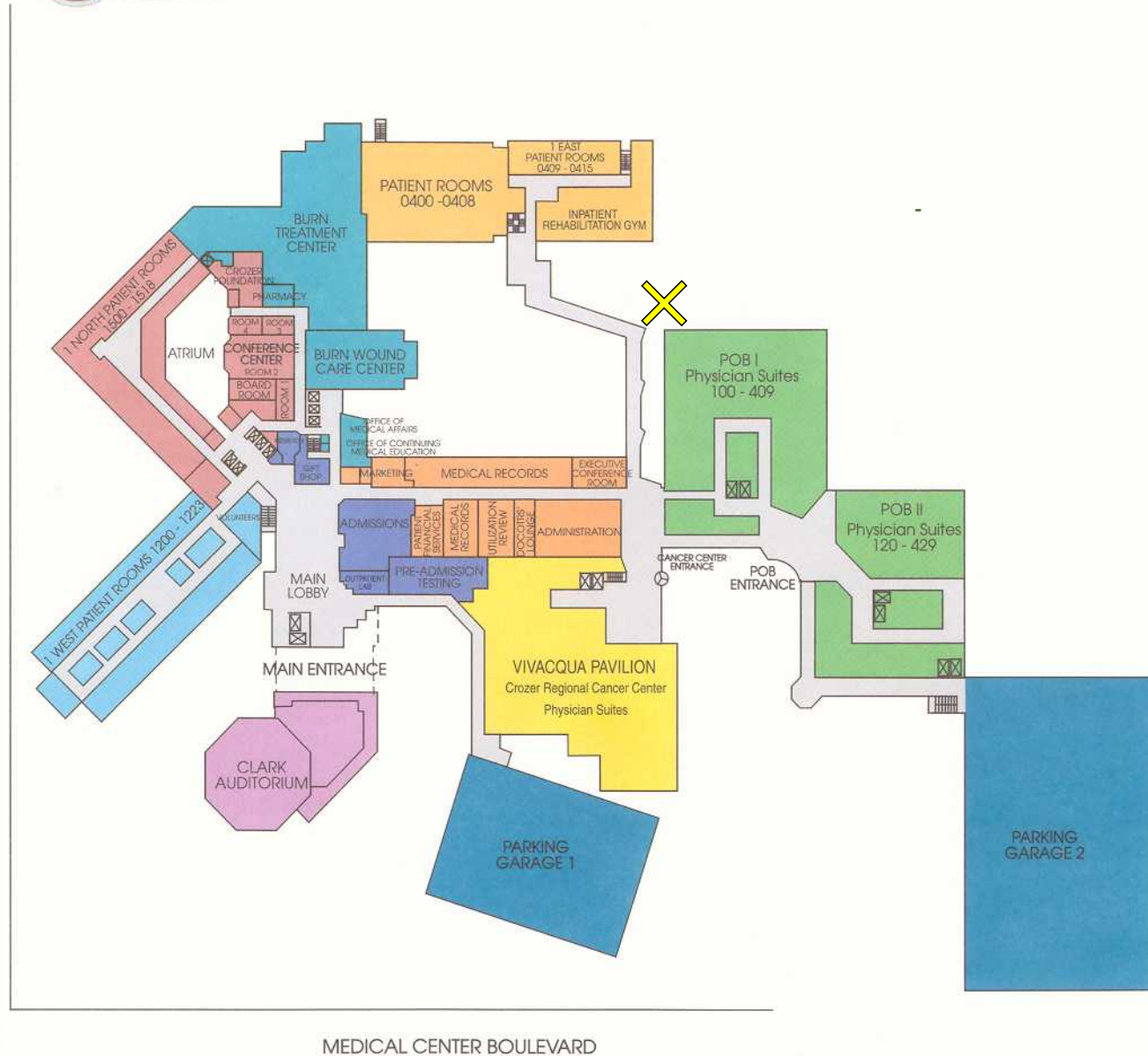
Pavilion

- Pathology



CROZER NORTH CAMPUS

UPLAND AVENUE



North Wing

- 1 North Patient Rooms 1500-1518
- Crozer Foundation
- Atrium Cafe
- Conference Center
- Board Room

West Wing

- 1 West Patient Room 1200-1223
- Volunteer Office

East Wing

- 1 East Patient Rooms 0400-0415
- Inpatient & Rehabilitation Gym

Central Wing

- Burn Treatment Center
- Burn Wound Care Center
- Office of Medical Affairs
- Office of Continuing Medical Education

South Wing

- Marketing
- Medical Records
- Executive Conference Room
- Patient Financial Services
- Utilization Review
- Doctor's Lounge
- Administration

Pavilion

- Clark Auditorium

Main

- Gift Shop
- Meditation Room
- Admissions
- Pre-Admissions Testing
- Outpatient Lab

Vivacqua Pavilion

- Crozer Regional Cancer Center
- Radiation TherapyFirst Floor
- Comprehensive Infusion Suite . . .Third Floor
- Physicians' Suites 240-443

Parking

- Garage 1 & 2

POB 1 & 2

- Physicians' Suites 100-409
- Physicians' Suites 120-429

11/02



June 27, 2006

Surgeon General Warns of Secondhand Smoke

By [JOHN O'NEIL](#)

See link: <http://www.nytimes.com/2006/06/27/health/27cnd-smoke.html>

Surgeon General Richard H. Carmona declared today that the evidence is now "indisputable" that secondhand smoke is an "alarming" public health hazard, and warned that measures like no-[smoking](#) sections don't provide adequate protection.

"Smoke-free environments are the only approach that protects nonsmokers from the dangers of secondhand smoke," he said.

Dr. Carmona did not call for a federal ban on smoking in workplaces, bars and restaurants, as a growing number of cities and states have done. He said he saw his role as providing the American people and Congress with definitive information on the subject.

"We hope that they will make the right decision on behalf of their constituents," Dr. Carmona said.

Smoking bans have often been bitterly resisted by business owners worried about losing customers and by groups skeptical about the dangers posed by secondhand smoke. But Dr. Carmona today said that "overwhelming" evidence showed that secondhand smoke is responsible for "tens of thousands" of premature deaths from [heart disease](#) and [cancer](#) among nonsmokers each year.

"I am here to say the debate is over: the science is clear," Dr. Carmona said at a televised news conference this morning, at which he released a report updating the original surgeon general's study of secondhand smoke in 1986.

In the years since then, hundreds of studies have indicated that the harm caused by secondhand smoke is far greater than earlier believed, he said. The report's findings include the following:

- * There is no safe level of secondhand smoke, and even brief exposure can cause harm, especially for people already suffering from heart or [respiratory diseases](#).

- * For nonsmoking adults, exposure raises the risk of heart disease by 25 to 30 percent and of cancer by 20 to 30 percent, and accounted for an estimated 46,000 premature deaths from heart disease and 3,000 premature deaths from cancer last year.

- * Secondhand smoke is a cause of Sudden Infant Death Syndrome, or SIDS, accounting for an estimated 430 deaths last year. The risk is elevated both for children whose mothers were exposed during [pregnancy](#) and for children exposed in their homes after birth.

- * The impact on the health and development of children is more severe than previously thought. "Children are especially vulnerable to the poisons in secondhand smoke," Dr. Carmona said.

- * Efforts to minimize the effect of secondhand smoke by separating smokers and nonsmokers are ineffective, as are ventilation systems meant to remove smoke from a shared space.

- * While exposure has declined, as many as 60 percent of nonsmokers show biological evidence of encountering secondhand smoke, and an estimated 22 percent of children are exposed to secondhand smoke in their homes.

Studies conducted by the [Centers for Disease Control](#) show that great progress has been made in reducing exposure, Dr. Carmona said. The amount of cotinine — the form nicotine takes after being metabolized — fell by 75 percent among adults, when samples taken between 1999 and 2002 were compared with samples taken a decade earlier.

But Dr. Carmona said more needed to be done, particularly to protect children.

He urged parents who smoke not only to quit, but to move their smoking outside while they are trying to quit. "Make the home a smoke-free environment," he said.

Dr. Cheryl G. Heaton, the president and chief executive of the American Legacy Foundation, a nonprofit group created to use settlement money from tobacco companies to educate young people about the dangers of tobacco, called the report "groundbreaking" even though much of its information had been published in journal articles previously. Bringing it all together creates a persuasive case for smoking bans, she said.

But she said that many tobacco advocates would be hesitant about using it as a springboard to push for federal legislation creating smoke-free environments like those that have been adopted in many other countries and throughout most of Western Europe.

"The risk of approaching it nationally in this country is the extreme lobbying power that the tobacco industry has on the Hill," she said, and any national bill able to pass would likely be weaker than the bans adopted by municipalities.

The report issued today also went beyond the 1986 study by finding that evidence suggests possible links between secondhand smoking and some other cancers, including [breast cancer](#), childhood cancer and nasal sinus cancer. It found no link to cervical cancer.

Earlier this year, the California [Environmental Protection Agency](#) issued a report that concluded that exposure to secondhand smoke was a cause of breast cancer.

The surgeon general's report also found a link between exposure to secondhand smoke by pregnant women and low birth weights for their children, and said that evidence suggests a possible link to premature delivery.