



## Resident and Client Smoking Agreement



Effective May 31, 2006, the Smoke-Free Ontario Act took effect. There is no indoor smoking at Sunnyside Home. Outdoor smoking is available to residents and clients who are able to smoke safely on their own or with assistance from their family/friends.

Smoking is only permitted in the designated outdoor smoking area at the front of the buildings.

No smoking materials will be sold on site. The Home will purchase cigarettes for residents whose families are unable to purchase them.

Smoking cessation assistance is available to residents and can be requested through Nursing.

Residents/clients who are able to smoke independently and safely in the outdoor smoking area are permitted to smoke at Sunnyside Home. Staff do not assist with or transport residents/clients for the activity of smoking.

Residents/clients who require a secure home area (Special Care) are not able to leave the home area unless they are accompanied, due to wandering concerns.

Family members/friends can transport or assist residents/clients to smoke.

If a resident is not able to access the outdoor smoking area and/or is not able to smoke safely, they are not permitted to smoke while at Sunnyside Home. The assessment of smoking safety is made by the Registered Nurse.

Smoking materials will be dispensed to the resident/client by Nursing staff.

If a resident is attempting to smoke independently and they are not able to do so safely, the Home will advise the resident and their family that the resident is no longer able to smoke at Sunnyside Home. If a resident is found to be smoking inside of the Home, they will no longer be able to smoke at Sunnyside Home.

Visitors and volunteers may use the outdoor smoking area.

Contact a Registered Nurse for additional information about resident/client smoking.

**Please sign below to confirm that you understand the smoking regulations at Sunnyside Home and agree to abide by them.**

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*Signature of resident*

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*Signature of resident's Power of Attorney for Personal Care/Substitute Decision Maker*

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*Signature of staff member who reviewed the smoking guidelines with resident and family*

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*Date*