

Sample Form for

Assessing Resident's Ability to Smoke Independently

Name of Resident _____ Age _____ File # _____

Date _____ Time _____

The *Smoke-Free Ontario Act* specifies several requirements for Controlled Smoking Areas (CSAs):

- The room must be designated as a controlled smoking area;
- Residents must be able, in the opinion of the proprietor or employer, to smoke safely without assistance from an employee;
- Employees are not required to enter the controlled smoking area;
- Only residents (not staff or visitors) of the facility are allowed to smoke in the controlled smoking area; and
- The controlled smoking area must be enclosed and fitted with ventilation in compliance with the regulations, is identified as a controlled smoking area by prescribed signs, and meets any other prescribed requirements.

This form is to be completed when the resident is awake and alert, oriented to time, place, and person and is able to ambulate independently or propel self safely in a wheelchair. **If the resident does not meet these criteria, they may not smoke.**

Information Sources: (check all that apply)

- Observation
- Discussion with resident
- Family Caregiver
- Nursing/Team report
- Chart review for smoking incidents
- Staff physician/pharmacist re: medications

1) **Resident Perspective:**

Source of information if not resident: _____

i) Would you like to quit smoking?

- Yes (**set up appointment with NP/MD**)
- No

ii) How many cigarettes do you smoke every day? _____

iii) When is your first cigarette of the day? _____

iv) Do you need assistance smoking?

- Yes
- No

Explain: _____

If it appears the resident is safe to smoke independently an observation must be done as follows:

2) Direct Observation:

Take the resident outdoors and ask them to smoke a cigarette. Did the resident complete the following tasks safely and independently? If no, comment on the resident's action in the space provided. Indicate whether the underlying cause is related to physical, cognitive, perceptual, behavioural issues.

- a) Get to smoking room? Yes No _____
- b) Obtain cigarettes and lighter? Yes No _____
- c) Obtain and use a smoking apron? Yes No _____ N/A
- d) Access an ashtray? Yes No _____
- e) Light cigarette? Yes No _____
- f) Hold cigarette securely? Yes No _____
- g) Dispose of ashes in ashtray? Yes No _____
- h) Put out cigarette? Yes No _____
- i) Return cigarettes and lighter to storage? Yes No _____
- j) Able to call for emergency assistance? Yes No _____

If NO to any of the above, resident is a fire risk and not safe to smoke independently

If yes to all, the resident is able to smoke independently

Name of Staff member completing assessment:

Signature:

(Adapted with permission from Sunnybrook Health Sciences Centre)