REPORT OF THE COUNCIL ON SCIENCE AND PUBLIC HEALTH

CSAPH Report 1 - I-07

Subject: AMA Policy on Smoke-Free Environments and Workplaces

Presented by: Mary Anne McCaffree, MD, Chair

Referred to: Reference Committee K
(M. Leroy Sprang, MD, Chair)

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1 Background
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3 This report proposes updates to a portion of Policy H-490.913, Smoke-Free Environments and
4 Workplaces (AMA Policy Database). Sections 6 and 7 of this policy address smoking in
5 hospitals. Section 6 refers to incorporating a smoke-free environment as a Joint Commission
6 requirement. The Council notes that this has already been accomplished.
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8 Section 7 lays out an elaborate set of principles and rules governing smoking in hospitals in
9 which it has not been banned. The existence of these policy statements prevents our American
10 Medical Association (AMA) from fully supporting state and local advocacy efforts devoted to
11 creating smoke-free work environments and workplaces and in reducing the health consequences
12 of involuntary exposure to tobacco smoke. The 2006 (29th) report of the Surgeon General
13 provides the most recent comprehensive review of the evidence on the health effects of
14 involuntary exposure to tobacco smoke. Secondhand (or environmental) smoke comprises the
15 (sidestream) smoke released from ignited tobacco products, and the (mainstream) smoke exhaled
16 by smokers. Elimination of Section 7 in Policy H-490.913 would allow our AMA to share a
17 contemporary science-based policy statement on environmental tobacco smoke exposure in order
18 to buttress state-based and other advocacy efforts.
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20 RECOMMENDATION
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22 To facilitate advocacy efforts related to creating smoke-free environments and workplaces, the
23 Council on Science and Public Health recommends that Policy H-490.913 be amended by
24 addition, deletion, and renumbering to read as follows: (Modify Current HOD Policy)
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26 **H-490.913 Smoke-Free Environments and Workplaces**
27 On the issue of the health effects of environmental tobacco smoke (ETS) and passive smoke
28 exposure in the workplace and other public facilities, our AMA:
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30 (1) (a) supports classification of ETS as a known human carcinogen; (b) concludes that passive
31 smoke exposure is associated with increased risk of sudden infant death syndrome and of
32 cardiovascular disease; (c) encourages physicians and medical societies to take a leadership role
33 in defending the health of the public from ETS risks and from political assaults by the tobacco
34 industry; and (d) encourages the concept of establishing smoke-free campuses for business, labor,
35 education, and government;

Action of the AMA House of Delegates 2007 Interim Meeting: Council on Science and Public Health Report 1 Recommendations Adopted as Amended and the remainder of the Report Filed.

(2) (a) honors companies and governmental workplaces that go smoke-free; (b) will petition the Occupational Safety and Health Administration (OSHA) to adopt regulations prohibiting smoking in the workplace, and will use active political means to encourage the Secretary of Labor to swiftly promulgate an OSHA standard to protect American workers from the toxic effects of ETS in the workplace, preferably by banning smoking in the workplace; (c) encourages state medical societies (in collaboration with other anti-tobacco organizations) to support the introduction of local and state legislation that prohibits smoking around the public entrances to buildings and in all indoor public places, restaurants, bars, and workplaces; and (d) will update draft model state legislation to prohibit smoking in public places and businesses, which would include language that would prohibit preemption of stronger local laws.

(3) (a) encourages state medical societies to: (i) support legislation for states and counties mandating smoke-free schools and eliminating smoking in public places and businesses and on any public transportation; (ii) enlist the aid of county medical societies in local anti-smoking campaigns; and (iii) through an advisory to state, county, and local medical societies, urge county medical societies to join or to increase their commitment to local and state anti-smoking coalitions and to reach out to local chapters of national voluntary health agencies to participate in the promotion of anti-smoking control measures; (b) urges all restaurants, particularly fast food restaurants, and convenience stores to immediately create a smoke-free environment; (c) strongly encourages the owners of family-oriented theme parks to make their parks smoke-free for the greater enjoyment of all guests and to further promote their commitment to a happy, healthy life style for children; (d) encourages state or local legislation or regulations that prohibit smoking in stadia and encourages other ball clubs to follow the example of banning smoking in the interest of the health and comfort of baseball fans as implemented by the owner and management of the Oakland Athletics and others; (e) urges eliminating cigarette, pipe, and cigar smoking in any indoor area where children live or play, or where another person's health could be adversely affected through passive smoking; (f) urges state and county medical societies and local health professionals to be especially prepared to alert communities to the possible role of the tobacco industry whenever a petition to suspend a nonsmoking ordinance is introduced and to become directly involved in community tobacco control activities; and (g) will report annually to its membership about significant anti-smoking efforts in the prohibition of smoking in open and closed stadia;

(4) calls on corporate headquarters of fast-food franchisers to require that one of the standards of operation of such franchises be a no smoking policy for such restaurants, and endorses the passage of laws, ordinances and regulations that prohibit smoking in fast-food restaurants and other entertainment and food outlets that target children in their marketing efforts;

(5) advocates that all American hospitals ban tobacco and supports working toward legislation and policies to promote a ban on smoking and use of tobacco products in, or on the campuses of, hospitals, health care institutions, retail health clinics, and educational institutions, including medical schools;

~~(6) supports the development and dissemination of model language to administrators of American hospitals and the membership of the AMA Hospital Medical Staff Section to emphasize and facilitate the importance of a smoke-free hospital environment, and as a matter of high priority, the incorporation of this requirement by the Joint Commission on Accreditation of Healthcare Organizations and the American Hospital Association;~~

~~(7) In hospitals where smoking has not been banned, our AMA encourages hospitals and physicians to support the following guidelines with respect to smoking in hospitals: (a)~~

~~Physicians should take a leadership role in promoting the development of nonsmoking policies and programs in hospitals; (b) Smoking should be prohibited in areas where oxygen or flammable materials are stored or in use; (c) Smoking should be prohibited in all corridors, elevators, and acute care areas; (d) Bedridden patients should not be permitted to smoke; (e) Smoking on patient floors by visitors, hospital staff, and ambulatory patients should be restricted to designated, well-ventilated areas equipped to meet fire standards; (f) If smoking is permitted in cafeterias, other dining areas, employee lounges, waiting areas, and library facilities, there should be separate sections for smokers and nonsmokers. Where segregation is not feasible, smoking should be prohibited; (g) Smoking should be prohibited in all hospital staff meetings, Board meetings, and conferences (e.g., Grand Rounds); (h) Hospitals should ask all patients prior to or upon admission about their preference for a smoke-free room and should guarantee that preference; (i) Hospitals should seriously consider designating one or more entire floors as completely nonsmoking; (j) No tobacco products should be sold in hospitals or on hospital grounds; (k) Signs should be posted at entrances to the hospital and in all nonsmoking areas to inform patients, staff and visitors where smoking is prohibited. When indicated, the signs should be multilingual or should make use of symbols; (l) Designated smoking areas should not be interpreted as approval of smoking by the institution and its physicians; (m) Hospitals should develop, implement, enforce, and maintain a formal written smoking policy, to be distributed to all staff, visitors, and patients; (n) Either directly or in conjunction with other community agencies, hospitals should make smoking education and cessation programs, literature and other materials available to patients, employees, and the community; (o) Hospitals that restrict or eliminate smoking within the institution should initiate discussions with their fire and casualty insurance carriers to consider reductions in insurance premiums; and (p) Hospital administrators should be aware of all of the hazards of smoking and should take the necessary steps to reduce these hazards. Administrators should utilize appropriate nonsmoking resource materials (e.g., those of the American Hospital Association) in developing policies on nonsmoking;~~

(~~8~~6) will work with the Department of Defense to explore ways to encourage a smoke-free environment in the military through the use of mechanisms such as health education, smoking cessation programs, and the elimination of discounted prices for tobacco products in military resale facilities; and

(~~9~~7) encourages and supports local and state medical societies and tobacco control coalitions to work with (1) Native American casino and tribal leadership to voluntarily prohibit smoking in their casinos; and (2) legislators and the gaming industry to support the prohibition of smoking in all casinos and gaming venues. (CSA Rep. 3, A-04; Appended: Sub. Res. 426, A-04)

Fiscal Note: Less than $500