

**SMOKE-FREE POLICY FOR PATIENTS, VISITORS, CONTRACTORS,
VOLUNTEERS, AND VENDORS AT VA HEALTH CARE FACILITIES**

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive provides a comprehensive smoke-free policy for patients, visitors, contractors, volunteers, and vendors, at the Department of Veterans Affairs (VA), Veterans Health Administration (VHA) health care facilities.

2. SUMMARY OF MAJOR CHANGES: This updated VHA directive implements a smoke-free policy for patients, visitors, contractors, volunteers, and vendors at VA health care facilities, as defined in this directive, based on scientific evidence regarding the adverse health effects of secondhand and thirdhand smoke exposures.

3. RELATED ISSUES: VHA Directive 1056 National Smoking and Tobacco Use Cessation Program, dated February 10, 2014.

4. RESPONSIBLE OFFICE: The Assistant Deputy Under Secretary for Health for Administrative Operations (10NA) and the Assistant Deputy Under Secretary for Health for Clinical Operations (10NC) are responsible for the contents of this directive. Questions may be referred to VHA Smoke Free: vhasmokefree@va.gov.

5. RESCISSIONS: VHA Directive 1085, Smoke-Free Policy for VA Health Care Facilities, dated February 8, 2017, is rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of March 2024. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

**BY THE DIRECTION OF THE UNDER
SECRETARY FOR HEALTH:**

/s/ Renee Oshinski
Deputy Under Secretary for Health
for Operations and Management

NOTE: All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

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SMOKE-FREE POLICY FOR PATIENTS, VISITORS, CONTRACTORS, VOLUNTEERS, AND VENDORS AT VA HEALTH CARE FACILITIES

1. PURPOSE

This Veterans Health Administration (VHA) directive provides a comprehensive smoke-free policy for patients, visitors, contractors, volunteers, and vendors on all property assigned to VHA that is under the charge and control of VA (and not under the charge and control of the General Services Administration (GSA)). **AUTHORITY:** Public Law (Pub. L.) 102-585, Section 526; 38 U.S.C. 7301(b); and Title 38 Code of Federal Regulations (CFR) 1.218(a)(3), (a)(4), and (b)(6).

2. BACKGROUND

a. **Smoke-Free Policy.** All VA medical facilities have had a smoke-free policy since 1991, with smoking allowed only in designated areas.

(1) On November 4, 1992, Congress passed the Veterans Health Care Act of 1992, Pub. L. 102-585. Under section 526 of that law, Use of Tobacco Products in Department Facilities, each VA medical center, nursing home or domiciliary care facility is required, consistent with medical requirements and limitations, to establish and maintain a suitable indoor smoking area for patients or residents and provide access to such area for patients or residents of the facility who are receiving care or services and who desire to smoke tobacco products.

(2) On August 9, 1997, President Clinton signed Executive Order (EO) 13058 Protecting Federal Employees and the Public from Exposure to Tobacco Smoke in the Federal Workplace, which established a smoke-free environment for federal employees and members of the public visiting or using Federal facilities.

(3) On February 8, 2017, the Department of Veterans Affairs published VHA Directive 1085, Smoke-Free Policy for VA Health Care Facilities. In accordance with the requirements of Pub. L. 102-585 Section 526, VHA Directive 1085 restricted smoking to designated smoking areas.

b. **Smoking Cessation Policy.** In accordance with VHA Directive 1056, National Smoking and Tobacco Use Cessation Program, dated February 10, 2014, patients have access to treatment and consultation for tobacco use cessation in the clinical setting.

c. **Reports of Fire and Safety Hazards.** There are numerous reports in VA issue briefs and The Joint Commission citations of fire and safety hazards caused by smoking. VHA seeks to reduce all fire and safety hazards associated with smoking as documented in issue briefs and citations on fire and safety hazards related to smoking on VA property.

d. **Scientific Evidence.** The Surgeon General Reports of 2006, 2010, and 2014 concluded that cigarette smoking is the number one preventable cause of morbidity and premature mortality worldwide. Studies also have shown that the harmful effects of

smoking are not confined solely to the smoker, but extend to co-workers and members of the public who are exposed to secondhand smoke as well. The scientific evidence in these reports indicate that there is no risk-free level of exposure to secondhand smoke. There are also new studies that demonstrate risks to patients and anyone exposed to thirdhand smoke. **NOTE:** See paragraph 9, *References*, for details.

(1) As the nation's largest integrated health care system, VHA has a strong commitment to protecting and ensuring the health and safety of patients, visitors, contractors, vendors, volunteers, and employees.

(2) VHA seeks to reduce all hazardous health exposures associated with smoking through the reduction of secondhand and thirdhand smoke exposures.

e. As there is currently overwhelming evidence that smoking and exposure to secondhand smoke creates significant medical risks, and a growing body of evidence that exposure to thirdhand smoke creates additional risks to safety and direct patient care, VHA is unable to establish suitable indoor smoking areas that are consistent with medical requirements and limitations as required by Pub L. 102-585 Section 526. Accordingly, VHA must eliminate all designated smoking areas for patients at VHA health care facilities in order to be consistent with medical requirements and limitations, and to prevent the creation of hazards to persons on VA property, as required by 38 CFR 1.218(a)(3).

3. DEFINITIONS

a. **Designated Smoking Area.** For the purposes of this directive, a designated smoking area is a smoking area in a VHA Health Care Facility that is accessible to patients, visitors, contractors, volunteers, and vendors. This could be an indoor or outdoor smoking area and includes an area in a detached building that is accessible, heated and air-conditioned as appropriate, and meets The Joint Commission requirements for ventilation. **NOTE:** Such areas have in the past been referred to as "shelters" or "outdoor" smoking areas.

b. **Smoking.** For the purposes of this directive, the term smoking includes the smoking of cigarettes, cigars, pipes, any other combustion of tobacco and non-Federal Drug Administration (FDA) approved electronic nicotine delivery systems (ENDS), including but not limited to electronic or e-cigarettes, vape pens, or e-cigars.

c. **Smoke-free.** For the purposes of this directive, smoke-free means that smoking is prohibited for patients, visitors, contractors, volunteers, and vendors at all property assigned to VHA that is under the charge and control of VA (and not under the charge and control of GSA).

d. **Thirdhand Smoke.** For the purposes of this directive, thirdhand smoke is the particulate matter or residue left behind or carried around on materials with which smokers come into contact and can be deposited in areas where there is no smoking activity.

e. **VHA Health Care Facility.** For the purposes of this directive, a health care facility is any property assigned to VHA that is under the charge and control of VA (and not under

the charge and control of GSA) and includes Veterans Integrated Service Networks (VISNs), VA medical facilities, VHA Health Care Systems, Community-Based Outpatient Clinics (CBOCs), Readjustment Counseling Centers (Vet Centers), and VHA Research Centers of Excellence.

f. **Volunteer.** For the purposes of this directive, the term volunteer is a person who has an agreement with VHA to provide services without payment pursuant to VA's Voluntary Service program. These volunteers are described in detail in VHA Handbook 1620.01, Voluntary Services Procedures, dated February 12, 2010.

4. POLICY

Consistent with its core health mission, as authorized in 38 U.S.C. 7301(b), it is VHA policy that all VHA health care facilities will be smoke-free for patients, visitors, contractors, volunteers, and vendors effective October 1, 2019. Accordingly, at VHA health care facilities, by that date all designated smoking areas for patients, visitors, contractors, volunteers, and vendors must be eliminated.

5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for:

(1) Establishing overall strategic priorities for VHA.

(2) Ensuring a safe and functional environment for patients, visitors, contractors, volunteers, and vendors.

b. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management is responsible for providing oversight of VISNs to assure compliance with this directive, relevant standards, and applicable regulations. **NOTE:** For more information, please see *The Joint Commission, Environment of Care Standards EC.02.01.03 and EC.02.03.01.*

c. **Assistant Deputy Under Secretary for Health for Administrative Operations.** The Assistant Deputy Under Secretary for Health for Administrative Operations is responsible for providing technical assistance and support on questions related to the implementation of this directive, including the dismantling and phasing out of former designated smoking areas.

d. **Assistant Deputy Under Secretary for Health for Clinical Operations.** The Assistant Deputy Under Secretary for Health for Clinical Operations is responsible for:

(1) Providing ongoing clinical training to VA health care providers to inform them of the appropriate use of tobacco use screening and smoking cessation medications for outpatient and inpatient populations consistent with VHA Directive 1056.

(2) Providing consultation to VA medical facility Directors and health care providers on best practices to increase the use of smoking cessation medications to prevent withdrawal among patients who have been identified as tobacco users during inpatient admissions consistent with VHA Directive 1056.

e. **Veterans Integrated Service Network Director.** The VISN Director or designee is responsible for providing resources and oversight of VHA health care facilities to ensure compliance with this directive.

f. **VA Medical Facility Director/Readjustment Counseling Center Director.** The VA medical facility Director/Readjustment Counseling Center Director, or designee, is responsible for:

(1) Ensuring that designated smoking areas for patients, visitors, contractors, volunteers, and vendors at VHA health care facilities are eliminated. Examples include but are not limited to indoor areas with separate ventilation systems on an inpatient unit, lobby, or community living center.

(2) In accordance with 38 CFR 1.218(a)(4), developing appropriate signage for installation at each VHA health care facility indicating that the facility is smoke-free.

(3) Developing, publishing, communicating, and implementing a local smoke-free implementation plan that is consistent with this directive. The plan must be communicated, to patients, visitors, contractors, volunteers, and vendors.

(4) Assigning appropriate staff, such as Police Service, to verbally remind individuals who are not complying with the smoke-free signage; however, if verbal communication is ineffective in promoting compliance, a courtesy violation warning can be issued by VA Police. Ultimately, failure to comply with the signage can result in the issuance of a Federal citation in accordance with 38 CFR 1.218(b)(6).

6. TOBACCO USE AND SMOKE-FREE POLICY IMPLEMENTATION

a. VHA will implement this policy with guidance from a National VHA Smoke-Free Implementation Plan and Toolkit. For more information, see: <https://www.va.gov/health/smokefree>.

b. 38 CFR 1.218(a)(3) prohibits the creation of any hazard to persons or things on property under the charge and control of VA (and not under the charge and control of the General Services Administration). VHA interprets the harmful effects of both secondhand and thirdhand smoke to constitute a hazard to persons. As such, the smoking of cigarettes, cigars, or any combustible tobacco products by any patient, visitor, contractor, volunteer, or vendor is prohibited at all VHA health care facilities. This prohibition includes the use of non-FDA approved ENDS, including but not limited to electronic or e-cigarettes, vape pens or e-cigars, as these products have not been proven to be safe to the user or others. Further, their use imposes greater enforcement issues as it is difficult to distinguish them from traditional cigarettes. The inclusion of ENDS is consistent with smoke-free policies of many hospital and university campus grounds, other Federal agencies, and U.S. military medical treatment facilities. **NOTE: GSA Order ADM 5800.1C prohibits the smoking of tobacco products in all government-owned or -leased vehicles assigned to GSA, as well as GSA-occupied space.**

c. Although permitted under 38 U.S.C. 1715, VHA will not participate in the sale of tobacco products because the sale or distribution of tobacco products is inconsistent

with VA's mission as a national leader in disease prevention and health promotion. This includes ENDS or any other nicotine delivery device that has not been FDA-approved as a smoking cessation aid or medication. In addition, sales or distribution of free tobacco products, ENDS, or any non-FDA approved nicotine product by any groups will not be permitted in VHA health care facilities.

d. Many Department of Defense (DoD) Medical Treatment Facilities (MTF) have adopted smoke-free campus grounds, prohibiting the use of any tobacco products. In the instances of co-located VA-DoD facilities, the smoke-free policy of VA must be followed when the facility is on the grounds of a VA health care facility. If the co-located facility is on the grounds of a DoD MTF, then DoD policy must be followed.

e. All outpatients coming into the VHA health care facility must be notified prior to arrival that the VHA health care facility is smoke-free. **NOTE:** *As a best practice Nicotine replacement therapy (NRT) can be used with outpatients identified as tobacco users to prevent nicotine withdrawal, unless otherwise medically contraindicated (please see the U.S. Public Health Service Clinical Practice Guideline: Treating Tobacco Use and Dependence: 2008 Update). For details about NRT, refer to VHA Directive 1056.*

f. In accordance with VHA Directive 1056, all inpatients must be routinely screened by the appropriate medical providers for current tobacco use status upon admission. NRT must be routinely prescribed for use for inpatients identified as current tobacco users to prevent nicotine withdrawal, unless otherwise medically contraindicated. **NOTE:** *For more information, please see the U.S. Department of Health and Human Services. Treating Tobacco Use and Dependence: 2008 Update.*

7. TRAINING

There are no formal training requirements associated with this directive.

8. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive shall be managed per the National Archives and Records Administration (NARA) approved records schedules found in VA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Manager or Records Liaison.

9. REFERENCES

- a. Pub. L. 102-585, section 526.
- b. 38 U.S.C. 1715 and 7301(b).
- c. 38 CFR 1.218(a)(3), (a)(4), and (b)(6).
- d. General Services Administration (GSA) Order ADM 5800.1C, dated August 20, 2009.

e. VHA Directive 1056, National Smoking and Tobacco Use Cessation Program, dated February 10, 2014.

f. VHA Handbook 1620.01, Voluntary Services Procedures, dated February 12, 2010.

g. VHA Smoke-Free Web site: <https://www.va.gov/health/smokefree>.

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j. The Joint Commission, Environment of Care Standards EC.02.01.03 and EC.02.03.01.

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o. U.S. Department of Health and Human Services. *The Health Consequences of Smoking: 50 Years of Progress: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and

Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014: <https://www.hhs.gov/surgeongeneral/reports-and-publications/tobacco/index.html>.

p. U.S. Department of Health and Human Services. *Treating Tobacco Use and Dependence: 2008 Update*. Tobacco Use and Dependence Guidebook Panel. Rockville, MD: U.S. Department of Health and Human Services, Public Health Services, 2008. (Accessed on December 14, 2018): <https://www.ncbi.nlm.nih.gov/books/NBK63952/>.