

## Third Hand Smoke Policy

To be reviewed Bi-Annually.

Policy Agreed September 2018. To be reviewed September 2020



### Aim of policy

The aim of this policy is to establish a healthy environment for young children by reducing the risk of exposure to passive and third hand smoke. The purpose of this policy is to seek to reduce the risk of passive smoke inhalation from early years staff who smoke, to young babies and children in their care.

Definition of third-hand smoke - "Residual contamination from tobacco smoke that remains after a cigarette is extinguished – toxic dust that settles onto surfaces and harmful volatile compounds that disperse in the air." (ASH 2009)

Professor Jonathan Winickoff (2009) is a paediatrician who has carried out much research on this topic. He states:

"toxic particles in cigarette smoke can remain on nearby surfaces, as well as the hair and clothing of the smoker, long after the cigarette has been put out, and small children are susceptible because they are likely to breathe in close proximity, or even lick and suck them."

Third hand smoke is a complex phenomenon resulting from residual tobacco smoke pollutants that adhere to the clothing and hair of smokers and to surfaces, furnishings, and dust in indoor environments. These pollutants persist long after the clearing of second hand smoke. They are re-emitted into the gas phase or react with oxidants or other compounds present in the environment to form secondary contaminants, some of which are carcinogenic or otherwise toxic for human health (Matt et al 2011). Thus, third-hand smoke exposure consists of unintentional intake (mainly through inhalation but also via ingestion and dermal routes) of tobacco smoke and other related chemicals that occurs in the absence of concurrent smoking. Exposure can even take place long after smoking has ceased, through close contact with smokers and in indoor environments in which tobacco is regularly smoked.

Researchers said that when people smoke outside, children could still be exposed to tobacco toxins through open windows and doors, and from the smoker exhaling chemicals for several minutes after finishing their cigarette. The study said that children are particularly susceptible to third hand smoke exposure because they breathe, crawl and play around contaminated surfaces, and ingest twice the amount of dust per day as adults (Nursery World 2009).

Consequently, exposure to third hand smoke can present a risk for children.

### Legislation

The Health Act 2006 makes provision for the prohibition of smoking in certain premises, places and vehicles declaring them smoke free if they are open to the public or if they are used as a place of work.

The Early Years Foundation Stage states under the Welfare Requirements: “Children are in a smoke free environment, and there is a no smoking policy that ensures that no one smokes in a room or outside when children are present or about to be present”.

### Procedure

In keeping with the Local Authority directive, Everton Nursery School and Family Centre have adopted a policy, which does not permit smoking inside the school/centre or in the school/centre grounds by any member of staff, parent/carer or visitor to the school/centre. Times and days for ‘Fagends’ (support organisation) drop in clinics can be given to staff if they need help and support if they wish to quit smoking. In consideration of the health risk to children the following procedure is therefore to be adopted:

- Staff smoking prior to work or during lunch breaks will wear a jacket over their clothes and remove it prior to working with the children. Staff are required to have a jacket for smoking and another jacket for when they are working with children.
- Hair should be tied back.
- Hands need to be thoroughly washed using a sanitiser after smoking (to combat the smell of cigarettes) before returning to work with the children.
- Staff members are role models for the children they care for. It is therefore important that staff choosing to smoke prior to starting work or during lunch break, ensure they do not stand at the front of the building or in sight of young children. Smoking habits should not be spoken about in front of children.
- Staff who smoke should take a break of reasonable length (suggested 20-25 minutes) before returning to work with children after smoking a cigarette.

**Disciplinary procedures will be followed if staff do not adhere to this policy.**

### References:

Carmela Protano, Matteo Vitali (2011) The New Danger of Third hand Smoke: Why Passive Smoking Does Not Stop at Second Hand Smoke. Environ Health Perspect 119: a422-a422 <http://dx.do.org/10.1289/ehp.1103956>

Matt et al (2011) Thirdhand tobacco smoke: emerging evidence and arguments for a multidisciplinary research agenda. Environ Health Perspect 119:1218-1226 <http://dx.doi.org/10.1289/ehp.1103500> (Online 31 May 2011)

Winickoff, J, MD, (2009) Beliefs About the Health Effects of Third hand Smoke and Home Smoking Bans. Paediatrics, 123 (1), pp74-79.

<http://pediatrics.aapublications.org/content/123/1/e74.full.html>

This policy was agreed by four Governors from the Curriculum and Family Committee on behalf of the Governing Body of Everton Nursery School and Family Centre on Tuesday 1<sup>st</sup> October 2018.