American Lung Association®
Nebraska

Making Your Worksite Tobacco-Free

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Adapted from the American Lung Association in Minnesota and Iowa's Toolkits, updated 2020

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Section 1: Introduction

Welcome! Thank you for taking the time to consider making your worksite tobacco-free! As you start this process, it is likely that you have many questions. This toolkit will help answer these questions and guide you through the entire process of implementing a tobacco-free worksite policy. Choosing to go tobacco-free is one of the best decisions you can make for your worksite and your employees!

Topics you can learn more about within this toolkit:

1. **Who is this toolkit for?** This toolkit can be used by any worksite making the choice to go tobacco-free. The information in this toolkit is relevant for hospitals, corporate businesses, small businesses, commercial businesses, industry, K-12 schools, colleges and universities, cities, counties and many others.

2. **How do I use this toolkit?** This toolkit contains step by step instructions on how to implement a tobacco-free worksite policy. You can follow this toolkit in its entirety or skip around to the sections that most pertain to you and your worksite.

3. **My worksite is already smoke-free. Why should we update our policy to tobacco-free?** Implementing a tobacco-free worksite policy involves more than simply stating that smoking is prohibited in buildings or on the grounds. A comprehensive tobacco-free policy prohibits the use of all tobacco products, including electronic cigarettes, in company buildings, on company grounds, and in company owned vehicles. By only prohibiting smoking, you may send a message that the use of other tobacco products is acceptable.[1] All tobacco products are harmful.[2] Implementing a tobacco-free policy ensures that smokers do not replace cigarettes with other tobacco products during work hours.[1] Four model tobacco-free worksite policies can be found within the Additional Resources section of this toolkit.

4. **My worksite is already tobacco-free. What can the American Lung Association do for me?** Congratulations on your tobacco-free worksite! We are able to offer worksites in our service area: cessation resources, media awareness, and other technical assistance at no cost! If your worksite is looking to update to a nicotine-free policy, more options may be available. To connect with local resources, please contact the American Lung Association at 402-502-4950 or Nebraska@Lung.org, or Metro Omaha Tobacco Action Coalition (MOTAC) at info@motac.org

5. **Will implementing a tobacco-free worksite policy improve the health of my employees?** Yes! Smoking and using other forms of tobacco impact almost every organ in the body.[3] Using tobacco can lead to cancers, cardiovascular and respiratory issues, and even death.[3] Research has shown that implementing tobacco-free worksite policies can help users quit![4-7] For more information on the negative health effects of tobacco, see pages 5-8.

6. **Will implementing a tobacco-free worksite policy save my company money?** Yes! For every smoker that successfully quits, an employer can save $5,816 annually due to reduced absenteeism, increased productivity, and decreased healthcare costs.[8] To see how much money this policy change could save you, see pages 9-11.

7. **Have other worksites made the decision to go tobacco-free?** Yes! Many businesses across Nebraska and the United States have taken this important step toward employee health and cost-savings.

8. **Is it legal to implement a tobacco-free policy?** Yes. The U.S. Constitution does not grant individuals a right to smoke or a right to use tobacco products.[9] Smokers are not a protected group of people under the Equal Protection Clause of the U.S. Constitution.[9] For more information about legal issues surrounding a tobacco-free worksite policy, please see the Online Tobacco Resources links within the Additional Resources section of this toolkit.

9. **What resources are available to help my employees quit using tobacco products?** There are many resources available to help your employees stop smoking or using other tobacco products. These resources include telephone counseling through the Nebraska Tobacco Quitline, group counseling through the American Lung Association's Freedom From Smoking® course, and web-based cessation support. For more information, please and the Additional Resources section at the back of this toolkit.

10. **If I need additional assistance throughout this process, who can I contact?** If your worksite is located within Douglas County in Nebraska, please contact the American Lung Association at 402-502-4950 or Nebraska@Lung.org for further assistance with this policy change. If your worksite is located outside of Douglas County for resources, please visit the Tobacco Hurts Business website, at TobaccoHurtsBusiness. ne.gov. *The information provided in this document is not intended to be legal advice. Please consult an attorney for additional information.*

Section 2: Reasons To Go Tobacco-Free

There Are Three Major Reasons To Implement A Tobacco-Free Policy At Your Worksite.

Reason # 1: Update Existing Smoke-free Policies to Include all Tobacco Products Including Electronic Cigarettes

A Tobacco-free policy involves more than just prohibiting smoking in buildings and on grounds. A tobacco-free policy prohibits the use of all tobacco products in company buildings, property and in company vehicles.

A smoke-free policy eliminates the use of cigarettes and other combustible forms of commercial tobacco. These can include: cigars, little cigars, cigarillo, pipes, hookahs, etc. To ensure that smokers do not replace cigarettes with other tobacco products during work hours, it is important to implement a Tobacco-free policy. A Tobacco-free policy will enhance any smoke-free policy to also include other tobacco products. Some of these products include: chewing tobacco, snuff, dip, snus, and electronic smoking devices (e-cig, mods, tanks, vapes, JUUL, etc.). These products are not safe alternatives. It is important to note that a Tobacco-free policy should make exceptions for the use of Food and Drug Administration (FDA) approved nicotine replacement therapies that are used for the purpose of tobacco cessation. There are 7 FDA approved medications for tobacco cessation.[2,3] These come in the forms of patches, gums, nasal sprays, inhalers, lozenges, and prescription medications.[2,3] Electronic cigarettes are not an FDA approved cessation method.[4]

Additional information on what the Smoke Free Air Act covers can be found in the resources section at the end of the toolkit.

Cigarettes: Tobacco rolled into a paper wrapping with chemicals and a filter. The smoke produced by cigarettes contains over 7,000 chemicals. 69 of these chemicals have been proven to cause cancer.

Cigars, Cigarillos, Little Cigars: Roll of tobacco wrapped in leaf tobacco or in a substance that contains tobacco. Three types are sold in the U.S. These could be flavored, making them appealing to youth and young adults. **This is not a safe alternative.**

Pipe Tobacco: Loose leaf tobacco that is burned in a smoking pipe with a bowl. **This is not a safe alternative.**

Dissolvable Products: Lozenges, orbs, strips, and sticks that can be consumed similarly to candy or other dissolvable food item. These products also do not require any form of spitting. **These products are not a safe alternative.**

Hookah: Waterpipe used to smoke combustible hookah tobacco. Smoke from a hookah exposes users to nicotine and contains the same chemicals that we find in cigarette smoke. **This is not a safe alternative.**

Smokeless Tobacco: Most includes placing the product between the gum and the check or the lip and is a noncombustible tobacco product. Two main types exist in the U.S., chewing tobacco and snuff, including snus. **These are not a safe alternative.**

Menthol Cigarettes: Tobacco companies add menthol to make cigarettes seem less harsh. These products are more appealing to new smokers and young people. **These are also not a safe alternative.**

Electronic Smoking Devices (ESD): Electronic cigarettes, or e-cigarettes, include e-pens, e-pipes, e-hookah, and e-cigars are known collectively as ESDS—electronic smoking device. According to the FDA, e-cigarettes are devices that allow users to inhale an aerosol containing nicotine or other substances. Unlike traditional cigarettes, e-cigarettes are generally battery-operated and use a heating element to heat e-liquid from a refillable cartridge, releasing a chemical-filled aerosol. **These are not safe alternatives to cigarettes and are not approved for tobacco-use cessation.** For information on FDA approved tobacco-cessation medications, see page 41.

Heated Tobacco Products: Products that have low temperature combustion compared to a conventional cigarette and contain commercial tobacco leaf. These products contain nicotine and produce an aerosol with harmful chemicals.

Reason #2: Improve the Health Employees and Visitors

Tobacco use is responsible for more than 480,000 deaths per year in the United States, including more than 41,000 deaths from secondhand smoke exposure.[21] This is about 1 in 5 deaths annually or 1,300 deaths every day.[6] More people in the United States die prematurely due to tobacco use than any other cause.[6] Approximately 2,500 Nebraskans die each year as a result of their own smoking.[7] Implementing a tobacco-free policy at your workplace can help tobacco users quit and increase their overall quality of life.

Current Tobacco Use in the U.S. and Nebraska

More than 7 million deaths worldwide will be attributable to direct tobacco use in 2019 and an additional 890,000 deaths a result of exposure to secondhand smoke.

In 2017, 15.4% of Nebraska adults reported being smokers[17], lower than the national rate of 17.1%.[17] Electronic smoking devices were currently used by 3.8% of Nebraska adults, which is lower than the national rate of 4.6%.[17] For smokeless tobacco, 5.3% of Nebraska adults were users.[17], higher than the national level of 4.1%.[17]

Tobacco Use Consequences

In 1964, the Surgeon General of the United States released a report stating that smoking cigarettes is a cause of lung cancer and COPD. One of every three cancer deaths in the U.S. is linked to smoking.[11] Tobacco users can have negative health effects in almost every organ of their body.[12]

Tobacco users are at an increased risk for a long list of health conditions.

Tobacco use has been proven to cause the following cancers:[16]

1. Lung, Trachea, and Bronchus Cancer
2. Oropharynx Cancer
3. Cancers of the Lip and Oral Cavity
4. Laryngeal Cancer
5. Esophageal Cancer
6. Acute Myeloid Leukemia
7. Stomach Cancer
8. Liver Cancer
9. Pancreatic Cancer
10. Kidney Cancer
11. Cervical Cancer
12. Bladder Cancer
13. Colorectal Cancer

Beyond cancer, tobacco-use has also been proven to cause:[16]

1. Strokes
2. Coronary heart disease
3. Vision loss due to cataracts and macular degeneration
4. Periodontitis (serious gum infection that can end in tooth loss)
5. Aortic aneurysm
6. Early abdominal atherosclerosis
7. Pneumonia
8. Atherosclerotic peripheral vascular disease
9. Chronic obstructive pulmonary disease (COPD)
10. Tuberculosis
11. Asthma
12. Diabetes
13. Reproductive health issues
14. Hip fractures
15. Ectopic pregnancy
16. Erectile dysfunction
17. Rheumatoid arthritis
18. Immune dysfunction
19. Heart Disease

Tobacco use effects almost every part of the body.
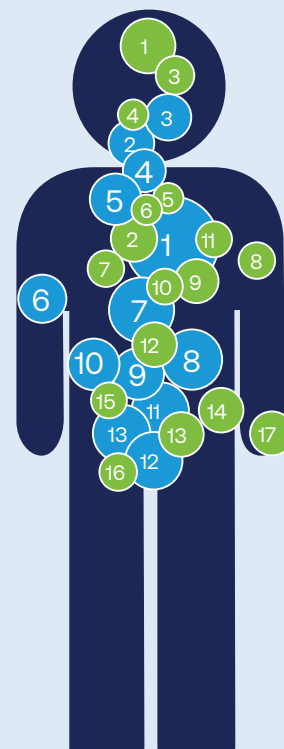
Effects of Secondhand

Non-smokers that are exposed to cigarette smoke can also suffer negative health effects. Secondhand smoke has been proven to cause strokes, lung cancer, and coronary heart disease in adult non-smokers.[16] Pregnant women exposed to secondhand smoke have an increased risk of delivering a low birth weight infant.[16] It is estimated that 42,000 Americans die each year from secondhand smoke exposure, with the majority of these being from lung cancer and heart disease.[16,24]

Secondhand smoke also causes numerous health issues for infants and children. Infants that are exposed to secondhand smoke have an increased risk of sudden infant death syndrome (SIDS).[16] Children exposed to secondhand smoke are also more likely to suffer from ear infections, coughing, sneezing, bronchitis, pneumonia, and shortness of breath.[25-26] Children with asthma that are exposed to secondhand smoke are more likely to suffer from severe asthma attacks.[25-26]

Effects of Thirdhand Smoke

Individuals are exposed to thirdhand smoke when they are forced to inhale the chemicals from tobacco products that remain on a smoker's clothing, hair, or skin.[27] The chemicals from tobacco products that cause thirdhand smoke can also linger on carpets, furniture, window treatments, within vehicles, and on various other surfaces.[27] Workers that take smoke breaks and then return to the office can expose their coworkers to this deadly mix of chemicals.

Implementing a tobacco and nicotine-free policy is the only way to protect against exposure to secondhand and thirdhand smoke exposure in the workplace.

Effects of Secondhand Aerosol

Unlike combustible tobacco products, electronic smoking devices do not produce side stream emissions from the device itself. Aerosol is produced during activation of the device and is exhaled by the user into the environment.[15] Individuals are exposed to secondhand aerosol when they come into contact with electronic smoking device aerosol plumes or clouds. Secondhand aerosol can contain harmful substances such as nicotine, heavy metals, ultrafine particulates, volatile organic compounds such as formaldehyde, acetaldehyde, and benzene and other cancer-causing chemicals.[14,15] These substances can lead to lung disease and cancer. to help tobacco-users quit.

Tobacco-Free Policies Help People Quit

According to the Community Preventive Services Task Force, smoke-free worksite policies "...reduce consumption by smokers, increase smoking cessation attempts, increase the number of smokers who successfully quit, and reduce the prevalence of tobacco use among workers."[5]

This is especially important because smokers that quit before age 30 can almost entirely eliminate their risk of dying prematurely of a smoking-related cause and smokers that quit before age 40 reduce their risk of early death by 90%.[16,28] Beyond this, smokers who quit at any age will see health benefits and quality of life improvements.[28]

When Smokers Quit

20 minutes:	Heartrate drops
12 Hours:	Carbon monoxide level in blood drops to normal.
2-12 Weeks	Lung function improves
1-9 Months:	Coughing, sinus congestion, fatigue and shortness of breath decrease.
5 Years:	Stroke risk is reduced.
15 Years:	Risk of coronary heart disease is back to that of a non-smoker's.

Benefits of Quitting

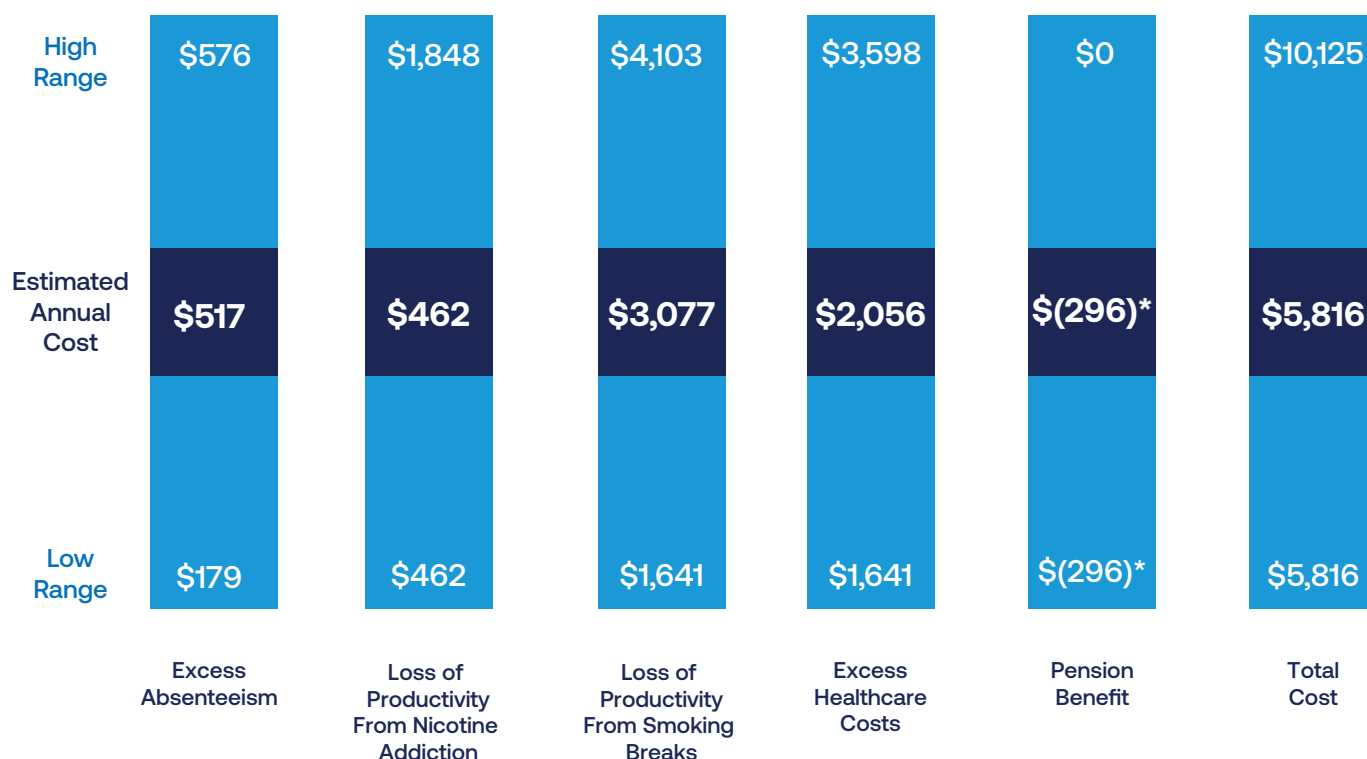Save money | Food tastes better | Lower insurance costs | Whiter teeth | Increased energy

Reason # 3: Reduce Employer Costs

In Nebraska, $795 million per year is spent on healthcare costs as a direct result of smoking and $605 million is lost in productivity.[17] Nationally, productivity is impacted with $156 billion lost, including $5.6 billion due to secondhand smoke exposure.[19] Tobacco users cost employers in terms of increased absenteeism, reduced productivity as a result of nicotine addiction, missed work time due to smoke breaks, and increased healthcare expenses.[20]

A recent study found that for every smoker that quits, an employer can save between $2,885 and $10,125 annually (2014).[20] The breakdown of these potential savings can be seen in the table below. It is clear that implementing a tobacco-free policy can reduce costs for your business. By implementing a tobacco-free policy, you can help your employees quit. This life change will not only improve their health and quality of life, it will also save you money!

You can estimate the number of smokers at your worksite, the productivity losses of your business due to tobacco use, your excess healthcare costs due to smoking, and the total amount of money your company could save by helping tobacco using employees quit. Fill in the template on

Total Annual Excess Cost of a Smoking Employee to a Private Employer

	Excess Absenteeism	Loss of Productivity From Nicotine Addiction	Loss of Productivity From Smoking Breaks	Excess Healthcare Costs	Pension Benefit	Total Cost
High Range	$576	$1,848	$4,103	$3,598	$0	$10,125
Estimated Annual Cost	$517	$462	$3,077	$2,056	$(296)*	$5,816
Low Range	$179	$462	$1,641	$1,641	$(296)*	$5,816

*For employers with defined-benefit plans

Estimating The Annual Cost Of An Employee Using Tobacco

Americans who work full-time spend more than one-third of their day at their job. Because of this, employers have an opportunity to promote healthy behaviors and create a healthy work environment for their employees.[21]

Number of Employees   ✖   **0.154**
Rate of smoking in Nebraska   =   Number of Smokers

Number of Smokers   ✖   **4,056**   =   Total Productivity Losses

Number of Smokers   ✖   **2,056**   =   Total Excess Healthcare Costs

Total Productivity Losses   ✚   Total Excess Healthcare Costs   =   Total Loss Due to Smoking
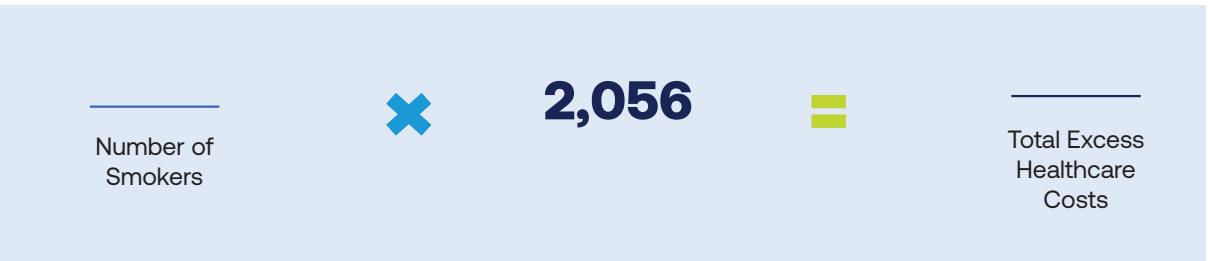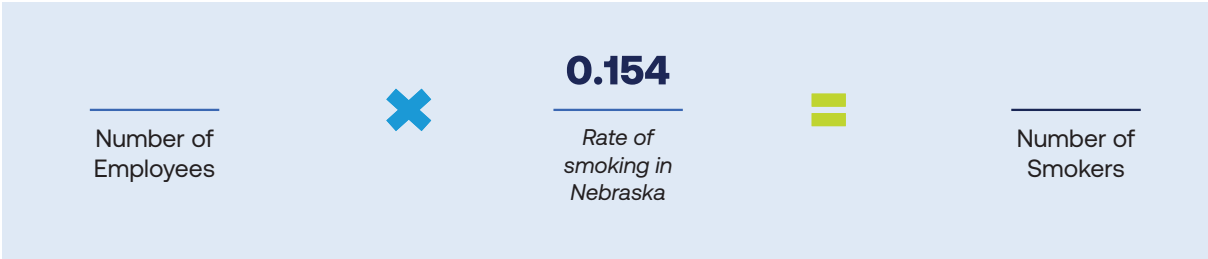
*Productivity losses include costs associated with increased absenteeism, reduced productivity as a result of nicotine addiction and missed work time due to smoke breaks

What Tobacco Users Costs Employers

Missed Work Time Due to Smoke Breaks

A recent study estimated that the average smoker takes two 15 minute smoke breaks per day in excess of regularly scheduled and allowed breaks.[20] This results in 5 ½ days per year of paid time that an employee is not working.

Reduced Productivity from Nicotine Addiction

Smokers can feel withdrawal symptoms within 30 minutes of their last cigarette/tobacco use.[6] As a result of nicotine addiction, this can interfere with an employee's ability to effectively perform his/her job. It is estimated that smokers are 1% less productive than nonsmokers.[20]

Increased Absenteeism

It is estimated that smokers miss approximately 2.6 more days of work than their nonsmoking peers each year.[20]

Increased Healthcare Expenses

A recent study estimated that the healthcare expenses of a smoker are nearly 8% higher than the expenses for a nonsmoker.[20] For employers that self-insure their employees, this can increase the total amount spent on healthcare costs. Employers who purchase private insurance are likely to see an increase in healthcare expenses due to their smoking employees.[20] Smokers are likely to have more insurance claims, this could require employers to pay higher premiums.[20]

Nebraska Clean Indoor Air Act Summary of the Law

LB 840 adds electronic smoking devices to the definition of smoking, which bans the use in worksites and public places.

The Nebraska Clean Indoor Air Act to include electronic smoking devices requires every indoor workplace to be smoke-free. The purpose of the Nebraska Clean Indoor Air Act is to protect the public health and welfare by prohibiting smoking in public places and places of employment.

The Act eliminates smoking in enclosed indoor workspaces including restaurants,bars, keno establishments and other workplaces (retail/ office space, manufacturing, etc.) and indoor public places. The only exceptions are the following:

- Up to 20 percent of hotel rooms

- Tobacco retail outlets

- Cigar shops

- Facilities researching the health effects of smoking

- Private residences, except when a residence is being used as a licensed child care program

Please refer to state statutes for exemption requirements.

Indoor area is defined as "an area enclosed by a floor, a ceiling, and walls on all sides that are continuous and solid except for closeable entry and exit doors and windows and in which less than twenty percent of the total wall area is permanently open to the outdoors. For walls in excess of eight feet in height, only the first eight feet shall be used in determining such percentage."

A person who smokes in a place of employment or a public place in violation is guilty of a Class V misdemeanor (maximum $100 fine) for the first offense and Class IV misdemeanor (minimum $100, maximu m $500) for t he second and subsequent offense. Charges can be dismissed upon successful completion of smoking cessation program. A proprietor that fails, neglects or refuses to perform a duty under the Act is guilty of a class V misdemeanor for the first offense and Class IV misdemeanor for the second and subsequent offenses.

This information is not intended to be legal advice. Please consult state statutes or contact an attorney for more information about the Nebraska Clean Indoor Air Act.

For more information about the Nebraska Clean Indoor Air Act, please visit SmokeFree.ne.gov

Section 3: Implementing A Tobacco-Free Policy

So far, we have given you three very important reasons to consider making your worksite tobacco-free:

1. to upgrade any smoke-free polices to tobacco-free policies

2. to improve the health of your employees

3. to save you money

After deciding that a tobacco-free worksite policy is right for your business and your employees, it is time to begin the policy implementation process. This may seem overwhelming at first, but the following pages of this toolkit will guide you through the following steps.

1. Develop Messaging on Why You Are Implementing This Policy

2. Assemble a Tobacco-free Committee or Workgroup

3. Select a Timeline and Implementation Date

4. Assess Tobacco Use at the Worksite

5. Tobacco-free Policy Employee Survey

6. Develop a Comprehensive Policy

7. Review Insurance Change Options

8. Determine Cessation Options

9. Determine Compliance and Enforcement Strategies

10. Develop and Disseminate Educational Materials

11. Install Adequate Signage and Remove any Smoking Huts, Ashtrays, and Receptacles

12. Implementation Day Celebration

13. Evaluate Effectiveness of Policy

Please remember that each worksite is unique and has different needs while going through this process. Some suggestions within this toolkit may not be applicable or feasible for your situation. Focus on what is best for your worksite and employees. If you need additional assistance in determining the best steps and timeline for your worksite, there are free resources available to you. To connect with local resources, please contact the American Lung Association at 402-502-4950 or Nebraska@Lung.org.

Sample Policy Implementation Timeline

The timeline on page 15 will serve as a guide for implementing a tobacco-free policy. This list of activities is presented within a six month implementation timeline. Each of these activities will be described in detail on the following pages, offering examples and helpful hints along the way. The colored boxes of the timeline indicate suggested months for each activity to occur. For more information on determining the best timeline for your worksite, see page 16 of this toolkit.

Sample Policy Implementation Timeline

MONTH 1	Develop messaging on WHY you are implementing this policy	Assemble a tobacco-free committee or workgroup		
MONTH 2	Select a timeline and implementation date	Access tobacco use at the worksite		
MONTH 3	Develop comprehensive tobacco-free policy language	Review insurance change options	Discuss compliance and enforcment strategies	Develop educational material
MONTH 4	Finalize comprehensive tobacco-free policy language	Access cessation options	Determine compliance and enforcment strategies	Disseminate educational material
MONTH 5	Disseminate educational material	Promote cessation options		
MONTH 6	Emplace enforcment strategies	Disseminate educational material	Install adequate signage and remove any smoking huts, ashtrays, and receptacles	Implemenation day celebration
ONGOING	Disseminate educational material	Promote cessation options	Monitor and address hotspots	Evaluate effectiveness of policy

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Develop Messaging on Why You are Implementing this Policy

It is important to develop messaging on why changes will be taking place very early in the policy implementation process. By doing this, you can ensure that a positive and consistent message is sent to all impacted by these changes. Notifying employees, clients, vendors, neighbors, and other community members early in the process allows them to express their opinions, get involved in the process and prepare for the changes coming their way.

The purpose of this messaging is to state the employer's intention to develop and implement a tobacco-free worksite policy. This message should come from company leadership or be accompanied by a letter of support from leadership.

Assemble a Tobacco-free Committee or Workgroup

Depending on the size of your business, a committee or workgroup may be a crucial part of your implementation process. This committee can take ownership for the policy roll-out. Committee members can provide support after the implementation has occurred.

Some large workplaces may choose to break their committee into sub-committees based on the skills and expertise of the people. For example, a worksite could assemble an education subcommittee, a marketing subcommittee and a facilities subcommittee. These could all be overseen by a steering or advisory committee. If so, it is recommended that current and former tobacco users be within each subcommittee, as well as all levels of the organization. Examples of the responsibilities of subcommittees can be found on page 16.

In a smaller business, the committee may be made up of only a few members. These individuals could include a human resources representative, manager, and business owner. While subcommittees are not necessary, the tasks on page 16 can provide a good example of activities to include throughout the duration of the policy implementation process.

While it's encouraged to develop a committee to gather input and provide support, worksites may determine this is not feasible. It's acceptable to not have a committee. You might find it best to have your Wellness Department or Human Resources staff take the lead on this. Those individuals can easily take care of the responsibilities on the following page.

Roles you may want to involve on a committee:

- Human resources staff

- Facilities and operations staff

- Current and former tobacco users

- Union or labor group representatives

- Communications representatives

- Employee benefits specialists

- Occupational health and safety representatives

- Managers, supervisors, department heads, leadership roles

- Employee wellness staff

- Opinion leaders at the worksite

- Security staff

- Policy/legal representatives

Responsibilities by Committees & Subcommittees

Steering/Advisory Committee
- Set a Tobacco-free worksite policy implementation date
- Create overall timeline
- Determine what subcommittees are needed
- Select subcommittee chairs and help recruit participants
- Approval and oversight of committee activities
- Update affiliate office managers on progress of policy implementation

Education Committee
- Create education subcommittee timeline
- Develop the tobacco-free policy
- Review insurance and medication benefits
- Develop educational materials about the policy
- Identify community resources and how to utilize them
- Provide resources for those who want to quit tobacco
- Work with public relations/marketing subcommittee to address communication

Public Relations/Marketing Committee
- Create public relations and marketing subcommittee timeline structure
- Create campaign/logo
- Determine messaging
- Create overall signage
- Media relations and press releases
- Business-to-business communication

Facilities Subcommittee
- Develop enforcement protocol plan
- Take note of litter around building
- Create facilities subcommittee timeline
- Remove any smoking huts, ashtrays, or receptacles
- Install signage in and around the property

Select a Timeline & Implementation Date

Many businesses choose to make this policy change over a six month or one year time frame. However, some may require more or less time. The timeline for implementing a tobacco-free worksite policy is influenced by the size of the worksite, the number of individuals involved in making decisions related to the policy, the number of employees and locations that will be affected, the anticipated public impact, and various other factors. This six month timeline has been provided as a guide. However, blank six month and twelve-month timelines have also been provided in the Additional Resources section at the back of this toolkit. These blank timelines can be filled in according to the timeline that works best for your business.

Assess Tobacco Use at the Worksite

During the early stages of this implementation process, it may be beneficial for committee members to conduct a broad assessment of tobacco use at the worksite. Gathering information now will allow you to get a better picture of the current state of tobacco use with your employees and prepare you for future evaluation of the policy. Please know that while these suggestions can improve the Tobacco-free worksite policy implementation process, they are not required. Conduct the strategies that are applicable to your worksite and possible with your resources. American Lung Association staff members are happy to meet with you in person to discuss this process and help determine what is best for your worksite.

What Information Should be Collected?

- Research what your current policies are in relation to tobacco use. If changes have occurred to these policies in recent years, see if any information exists related to the policy change process. This may better inform you on the steps you should take and any issues that you may encounter along the way.

- Research what tobacco cessation options are currently available to your employees. This includes an analysis of current insurance benefits for coverage of cessation counseling and/or medications.

- Meet with any union representatives to determine if there are any contract issues that may impact the policy implementation process.

- Ask human resources to provide the number of tobacco related complaints received in recent years. While the nature of the complaints may be confidential, a general number can provide an indication of the need for this policy change.

- Designate a committee member to perform an assessment of the entire worksite at various times throughout the day. On this walk, make note of the number and location of people seen using tobacco products on the property. Also look for cigarette butts or other tobacco related waste on the property. By conducting this assessment at various times throughout the day (in the morning, around lunch, and mid-afternoon), you can get an idea of the amount of tobacco use taking place during the workday.

- Conduct an anonymous and confidential survey of employees to determine the number of tobacco users at your worksite, types and amounts of products they use, interest in quitting, cessation options they find most appealing, and feelings toward a tobacco-free campus. This survey could be administered through email, using webbased survey software, or with paper copies that can be deposited anonymously in a collection box. This could be incorporated into any regularly scheduled employee health assessment. Regardless of how survey data is collected, make sure to seek permission and follow any data collection rules that may exist in your workplace.

Develop a Comprehensive Policy

A comprehensive tobacco-free worksite policy includes all tobacco products and the entire property at all times. Tobacco products that should be listed as prohibited substances while on the worksite grounds include, but are not limited to:

- Cigarettes/e-cigarettes
- Cigars
- Chewing tobacco
- Snuff/snus
- Pipes
- Dissolvable tobacco
- Hookah
- Other tobacco products

It is important to define tobacco with the ever-changing market. Locations that this policy apply to include, but not limited to:

- All buildings (owned, leased, rented, maintained by your organization)
- All property grounds
- Parking lots and ramps (including while inside privately owned vehicles)
- Plazas and sidewalks, where law allows
- Company owned vehicles
- • Personal vehicles while on company property

Individuals covered under a comprehensive tobacco-free policy include all those that step onto the property at all times. These include but are not limited to:

- Employees
- Visitors
- Vendors
- Clients
- Contract workers
- Volunteers

A model tobacco-free worksite policy can be accessed by contacting the American Lung Association. Important things to include in a tobacco-free policy include:

- The sale or distribution of any tobacco products on the property is prohibited.
- The implementation of the policy.
- The effective date for this policy.
- Any new rules or regulations for new hires.
- Plans for action of the policy and consequences for violations.
- Any new cessation benefits or options available to employees.

Review Insurance Change Options

It's important to review your company's health insurance options as you develop a tobacco-free policy. You will want to research any current proceedings that differentiate tobacco users from nontobacco users on insurance premiums. You will also want to investigate the benefits your company provides for tobacco cessation services. The transition to a tobacco and nicotine-free environment may serve as encouragement for employees to quit. Offering tobacco cessation services can provide the assistance your employees need.[22] It's important to involve human resources representatives in the implementation process.

On May 2, 2014, the U.S. Departments of Health and Human Services, Labor and Treasury issued guidance, in the form of an FAQ, on insurance coverage of tobacco cessation as a preventive service. To comply with ACA preventive services requirements, health plans should, for example, cover the following benefit:

- Screening for tobacco use
- Two quit attempts per year, consisting of:
    o Four sessions of telephone, individual and group cessation counseling lasting at least 10 minutes each per quit attempt.
    o All medications approved by the FDA as safe and effective for smoking cessation, for 90 days per quit attempt, when prescribed by a health care provider.

The guidance reiterates that plans must not include cost-sharing for treatments and that plans should not require prior authorization for any of these treatments.[22]

Determine & Promote Cessation Options

The Centers for Disease Control and Prevention (CDC) has found that 7 out of every 10 of U.S. adult smokers are interested in quitting.[23] Tobacco cessation programs offered at worksites as part of a comprehensive tobacco and nicotine-free policy can help tobacco users achieve this goal.[16] It's important to remember that tobacco users are addicted to nicotine; this addiction is difficult to overcome. Sensitivity to the needs of tobacco users is important as you provide resources to help them quit. There are cessation program options that can help employees quit. Some of these include:

- A doctor visit to provide advice about quitting
- Group-based counseling
- Telephone counseling
- Internet-based counseling
- Nicotine replacement therapy and medications

While cessation counseling and nicotine replacement therapies have both been proven as effective ways to help tobacco users quit, research has found that individuals that receive counseling and medication support simultaneously are more successful in their quit attempts than others.[24] In Nebraska, there are many resources that employers can utilize to help their employees quit. These options include telephone and internet-based counseling through Quitline Nebraska and the American Lung Association's Freedom From Smoking® group-based counseling.

Nebraska Tobacco Quitline

Telephone-based quitlines are recommended by the Community Preventive Services Task Force based on strong evidence of effectiveness for tobacco cessation.[34] The Nebraska Tobacco Quitline provides FREE individualized tobacco cessation counseling either by telephone or online. The Nebraska Tobacco Quitline can provide support for users of all types of tobacco products and is available 24 hours a day, 7 days a week. Contact information for the Nebraska Tobacco Quitline:

Phone: 1-800-QUIT-NOW (800-784-8669)

Online: www.QuitNow.ne.gov

Services are available in Spanish:

1-855-DÉJELO-YA (1-855-335-3569)

NEBRASKA TOBACCO QUITLINE

Quitlines services can be accessed in all states by calling the same 1-800-QUIT-NOW number. For more information on the Nebraska Tobacco Quitline, please see the brochure in the Additional Resources section of this toolkit.

Freedom From Smoking®

Freedom From Smoking® is the American Lung Association's gold standard smoking cessation program. The program launched in 1975 and has been revised through the years to provide current cessation information. Classes are run by a facilitator who guides the conversation. Participants learn tools and techniques for quitting tobacco and gain additional support and ideas from fellow participants. The 8 session Freedom From Smoking® classes address the following points:

- Benefits of quitting
- How to deal with withdrawal and recovery symptoms
- Importance of social support
- Weight control
- Stress management
- Resisting the urge to use tobacco
- Relapse and success

Freedom From Smoking® Plus

Freedom From Smoking® Plus is an innovative new behavior change program that's perfect for today's mobile lifestyles

- Nine highly-interactive sessions split into three phases:
    - Getting Ready to Quit
    - Quit Day
    - Staying Smokefree
- Works on a desktop, tablet or smartphone
- Fully updated with engaging activities, content and tools
- Telephone and online chat support from the American Lung
- Association's expert tobacco cessation counselors at the Lung HelpLine

American Lung Association

For worksites that implement a tobacco-free policy or update an existing policy, and are located in our service area, Freedom From Smoking® may be available at no cost. For more information, please contact the American Lung Association in Nebraska.

Nicotine Replacement Therapy and other Cessation Medications

There are 7 FDA approved tobacco cessation medications.[2,3] Using nicotine replacement therapies in conjunction with individual or group-based counseling has been shown to increase the chances of successful cessation when compared to counseling alone.[24] See the table below for a list of approved therapies and common names.

FDA Approved Tobacco Cessation Medications[2,3]		
Method	**Availability**	**Common Name**
Nicotine Patches	Over the Counter	Nicoderm CQ, Nicotrol, Habitrol and Prostep
Nicotine Gum	Over the Counter	Nicorette
Nicotine Lozenges	Over the Counter	Commit
Nicotine Inhalers	Prescription	Nicotrol Inhaler
Nicotine Nasal Spray	Prescription	Nicotrol NS
Buproprion	Prescription	Zyban®, Wellbutrin®
Varenicline	Prescription	Chantix®

Incentives
Companies may wish to offer incentives to encourage employees to participate in tobacco cessation counseling activities or to reward employees who have successfully quit. We recommend rewarding employees for quitting. Below are some examples of incentives that a company could consider implementing during the process:

- Allowing cessation classes be held on the clock

- Reimbursing the employee for the cessation class if the employee successfully completes all sessions

- Inviting employees with tobacco-using spouses, neighbors, or friends to participate in any provided cessation classes

- Providing nicotine replacement therapy to employees for a set number of weeks, a set number of months, or a dollar amount*

- Allowing any fitness reimbursement to go toward nicotine replacement therapy*

- Reimbursing employees for fitness efforts to assist in quitting (gym memberships, at-home fitness equipment, etc.)

- Gift card after completing class or quitting

- Public recognition at staff meetings for their willingness and courage to quit at 10 days, 1 month, 3 months, 6 months and 1 year, etc.
- Office pizza party or office potluck to celebrate successful quit attempts or those who are actively trying to quit

* For those who do not already have comprehensive tobacco cessation coverage through a health insurance plan.

Determine Enforcement Strategies

The first step in enforcing a tobacco-free policy is to ensure that all staff and visitors are aware of the policy and the reason for its implementation. Taking time to educate employees, vendors, clients, neighbors and the community of the new policy and the reason for the change will make it less likely that individuals will violate the policy.

Education should be provided on a continual basis, with reminders being part of ongoing communication. Signage throughout the worksite will provide notification of the policy. In many cases, simply ensuring that everyone is aware of this policy will be sufficient to achieve compliance.

While it is hopeful, it may be difficult to achieve 100% compliance of any policy. A tobacco-free worksite policy can be enforced in the same manner as other company policies. For worksites that have established progressive discipline policies for worksite policy violations, this same process can be used to enforce a tobacco-free worksite policy (see table below). Asking employees to sign a document that states that they have read and understand the new policy and the disciplinary actions that will take place if they are in violation can be helpful toward compliance, as well.

Worksites may also find it helpful to provide information to employees on how to handle situations in which they encounter other employees or visitors violating this policy. For example, staff may be asked to politely inform violators that this worksite is tobacco-free and instruct them on where they can find additional information about the policy. Employees may also be instructed on who to notify if individuals refuse to comply. This could be a security officer for visitors or a human resources representative for other employees. Some worksites may also find it beneficial to provide a means for staff to anonymously submit complaints.

A confidential "Complaint Form" can be made available online or in written form, and this may reduce anxiety associated with reporting a co-worker. Worksites must decide what enforcement strategies will work best. Example Q & A documents and role playing exercises can be found in the Additional Resources section of this toolkit.

Sample Progressive Discipline Policy for Violation of Worksite Policies	
Offense	**Discipline**
First	Verbal Warning
Second	Written Warning
Third	Further Disciplinary Action, Possible Termination
Fourth	Termination (last resort)

Develop & Disseminate Educational Materials

While implementing a TF/NF worksite policy it is important to develop and disseminate educational materials for a variety of impacted groups. Strategies should be developed for reaching:

- Employees
- Visitors
- Patients (healthcare facility)
- Job applicants/ new employees

- Vendors, partners/clients
- Worksites/neighbors
- General public/community
- Board of Directors

Strategies for reaching these audiences include:

- Tobacco and Nicotine-Free signage
- Company website
- Company intranet
- Emails/newsletters
- Letter from company leadership
- Pamphlets for visitors
- Appointment cards
- Insert with pay slip
- Newspaper articles
- Social media

- Job applications
- Admittance forms/check-in paperwork (patients at healthcare facilities)
- Posters/displays/bulletin boards in the worksite
- Employee handbooks
- Discussion at staff meetings
- Guest speakers
- New employee orientation
- Mass media (press releases, articles, features, news conferences, conducting interviews, hold special event)

Install Signage & Remove Any Smoking Huts, Ashtrays, & Receptacles

It is important that worksites implementing a tobacco-free policy make changes throughout their buildings and grounds prior to the new policy. One important step is to remove any smoking huts, ashtrays, and receptacles. This will ensure that a consistent message is being sent in reference to the policy changes taking place.

Additionally, it is very important that worksites install tobacco-free signage prior to the effective date of the new policy. These signs should be posted near entrances and throughout the grounds and facilities to make the new policy known to everyone who spends time at the worksite. It may also be beneficial to post these in areas that smokers gathered prior to the policy change to serve as a reminder. These tobacco-free worksite signs should be posted in addition to any Smoke Free Air Act signage. It is important that worksites implementing a tobacco-free policy make changes throughout their buildings and grounds prior to the new policy. One important step is to remove any smoking huts, ashtrays, and receptacles. This will ensure that a consistent message is being sent in reference to the policy changes taking place.

For worksites in Douglas County in Nebraska, free signage may be available. Please contact the American Lung Association at 402-502-4950 for more information on how your worksite can obtain free signage.

If your worksite is located outside of Douglas County for resources, please visit the Tobacco Hurts Business website, at TobaccoHurtsBusiness.ne.gov.

Implementation Day Celebration

Worksites may find it rewarding to have implementation day celebrations. To kick-off the new policy, employers may choose to invite staff and community members to an on-site event. This could also be an opportunity to invite members of the media to share your company's commitment to health and wellness. An implementation day celebration could also be as simple as having a team outing, bringing in snacks, or allowing employees to have a potluck lunch. A celebration such as this can raise awareness about the new policy and cessation options and serve as encouragement for employees to quit using tobacco and nicotine products.

Evaluate Effectiveness of Policy

Conduct follow-up surveys of employees.
If you conducted an employee assessment prior to implementing your policy, you may be able to conduct a follow up survey to analyze changes. This could help you determine the level of employee awareness regarding the new policy and new cessation options. This could also be an opportunity for employers to ask for any concerns or suggestions. We recommend conducting this follow-up survey six months after the policy is implemented.

Conduct follow-up assessments of the worksite.
If you performed a walking assessment of the worksite prior to policy implementation you can observe and record changes in the number of people smoking on the grounds and a reduction in cigarette butts or other tobacco product waste throughout the worksite.[20]

Work with your health insurance provider to compare healthcare costs prior to and following the implementation of the policy.
Depending on how health insurance is provided to your employees, you may be able to quantify the cost savings of a tobacco-free worksite policy. If you wish to conduct an evaluation in this manner, begin working with your insurance provider prior to the policy implementation.

Utilize a Health Risk Assessment to determine changes in tobacco usage.
If your worksite participates in annual Health Risk Assessment activities, you may be able to use this as a method of determining how many of your employees used tobacco products prior to the policy and any changes to this number in the years following the policy implementation.

Section 4: Conclusion

Thank you for taking the time to consider making your worksite tobacco-free! This toolkit has provided information on three important reasons to implement a tobacco-free policy; to update any smoke-free polices to tobacco-free policies, to improve the health of your employees, and to save you money. It also provided a list of suggested activities to assist with the policy implementation process and a sample timeline to follow when conducting these activities.

If you need additional information or assistance with any of the activities provided in this toolkit, free resources are available.

If your worksite is located within Douglas County in Nebraska, please contact the American Lung Association at 402-502-4950 or Nebraska@Lung.org for further assistance with this policy change.

For assistance on the development and implementation of tobacco-free policies outside of Douglas County, check out the Tobacco Free Nebraska Tobacco Hurts Business website at TobaccoHurtsBusiness.ne.gov or contact DHHS.TFN@nebraska.gov.

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Section 6: Additional Resources

Checklist : 6 Month Implemention Timeline

MONTH	1	2	3	4	5	6	ONGOING
1. Assemble a Tobacco-Free Committee or Workgroup							
2. Assess Tobacco Use in the Workplace							
3. Develop Messaging on Why you are Implementing this Policy							
4. Select a Timeline and Implementation Date							
5. Develop a Comprehensive Policy							
6. Review Insurance							
7. Determine Compliance & Enforcement Strategies							
8. Develop and Disseminate Educational Materials							
9. Determine Tobacco Cessation Options							
10. Install Signage and Remove Smoking Huts, Ashtrays							
11. Implementation Day Celebration							
12. Have education materials & Tobacco Cessation Options Information Available							
13. Evaluate the Policy							

6 Month Implementation Timeline

Checklist: 12 Month Implemention Timeline

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	ONGOING
1. Assemble a Tobacco-Free Committee or Workgroup													
2. Assess Tobacco Use in the Workplace													
3. Develop Messaging on Why you are Implementing this Policy													
4. Select a Timeline and Implementation Date													
5. Develop a Comprehensive Policy													
6. Review Insurance													
7. Determine Compliance & Enforcement Strategies													
8. Develop and Disseminate Educational Materials													
9. Determine Tobacco Cessation Options													
10. Install Signage and Remove Smoking Huts, Ashtrays													
11. Implementation Day Celebration													
12. Have education materials & Tobacco Cessation Options Information A													
13. Evaluate the Policy													

12 Month Implementation Timeline

Tobacco-Free Policy Employee Survey

{Business Name} is considering introducing a tobacco/nicotine-free worksite policy that acknowledges feedback of both tobacco users and non-tobacco users. Please take a few minutes to complete this survey. Your response is completely confidential. You do not need to provide your name on this form.

1. **Do you currently use tobacco or tobacco products?**

    a. Yes
    b. No
    c. Unsure

2. **Please indicate what form(s) you use? (Circle all that apply)**

    a. Cigarettes
    b. E-cigs/Vapes/JUULs/Mods
    c. Chewing tobacco/snuff/dip/snus
    d. Cigars or little cigars
    e. Hookah
    f. Other
    g. Not applicable

3. **Please indicate about how many packs, pods/tanks/cans/pouches etc. you use per day or per week (ex. I use 1 pack per day):**

    a. I use_____ per day
    b. I use _____ per week

4. **If you use tobacco, are you interested in quitting?**

    a. Yes
    b. No
    c. Unsure

5. **How likely are you to quit within the next 6 to 12 months?**

    a. Very likely
    b. Likely
    c. Unsure
    d. Unlikely
    e. Very likely

6. **If you use tobacco, which of the following options would you consider to help you quit? (circle all that apply)**

   a. Telephone cessation program
   b. Online cessation program
   c. Group cessation program (on-site)
   d. Individuals counseling (on-site)
   e. Employer assistance toward tobacco cessation medications
   f. I am not interested in quitting at this time
   g. Other: _____

7. **Are you impacted by tobacco products usage while at work?**

   _____Yes _____No

   Please explain: _____
   _____
   _____

8. **Would you be in support of a tobacco-free worksite policy?**

   ☐ Yes   ☐ No   ☐ Unsure

   Please explain: _____
   _____
   _____

9. **What timeframe should be taken to introduce a tobacco-free worksite policy?**

   ☐ 3 months   ☐ 6 months   ☐ 1 year   ☐ Other: _____

10. **Additional comments or suggestions about a tobacco/nicotine-free worksite policy.**

    _____
    _____
    _____
    _____
    _____
    _____

Memo

Campus-Wide Tobacco-Free Policy

At _____, we care about providing a healthy environment for our employees and visitors. That's why we plan to implement a new policy that will make our campuses entirely tobacco-free by _____ of next year. We believe that by making this change, we are addressing the inconsistency of providing a healthy environment for all who come to our facilities while permitting the use of tobacco products on our campuses.

It is our belief that by eliminating tobacco use at our facilities, we are providing a healthy work environment for our employees, and are contributing to reducing the health care costs associated with tobacco use.

A Tobacco-Free Task Force consisting of employees has been established to develop, implement and communicate about the new policy, which will take effect on (date). The policy makes a strong statement about the dangers of tobacco consumption by banning its use on our campuses (grounds, facilities, both owned or leased), our vehicles, as well as employees' vehicles parked at our facilities.

What is our plan of action?

Over the next year, we are planning several educational programs for our employees to assist them in preparing for issues related to being a tobacco-free environment. In addition, various tobacco cessation initiatives, including tobacco replacement therapies, will be available to assist our employees and the community with their no smoking efforts.

You can also look forward to additional communication pieces regarding our new policy, timeline for implementation, and our efforts to help our employees and families adjust to a tobacco-free environment.

We have known for years that tobacco cessation is the number one thing Americans can do to improve their health and increase their life expectancy. I look forward to your support of this important community health initiative.

Sample Tobacco-Free Worksite Policy

SAMPLE TOBACCO-FREE GROUNDS POLICY

PURPOSE

_____ is committed to providing safe and healthy environments. Tobacco use is a major cause of preventable disease and death. Smoking, tobacco use, and exposure to second-hand smoke have been found to cause heart disease, cancer, asthma, bronchitis, and other respiratory problems. Electronic delivery devices, commonly referred to as electronic cigarettes, closely resemble and purposefully mimic the act of smoking. They produce an aerosol of undetermined and potentially harmful substances and typically contain nicotine derived from tobacco, which is a highly addictive substance. Their use in locations where smoking is prohibited creates concern and confusion and makes policy enforcement more difficult.

_____ believes the use of tobacco products, including electronic delivery devices, on its property is detrimental to the health and safety of its employees and other visitors.

DEFINITIONS

"All Times" means 24 hours a day, seven days a week.

"Electronic Delivery Devices" means any product that can be used by a person to deliver nicotine, lobelia, or any other substance through inhalation of aerosol or vapor from the product. The term includes, but is not limited to, devices manufactured, distributed, marketed or sold as e-cigarettes, e-cigars, e-pipes, or under any other product name or descriptor.

"Property" means all facilities, grounds, and property (including vehicles) owned, leased, rented, contracted, used, or controlled by _____.

"Smoking" means inhaling or exhaling smoke from any lighted or heated cigar, cigarette, pipe, or any other tobacco or plant product, or inhaling or exhaling aerosol or vapor from any electronic delivery device. Smoking includes being in possession of a lighted or heated cigar, cigarette, pipe, or any other tobacco or plant product intended for inhalation, or an electronic delivery device that is turned on or otherwise activated.

"Staff" means any person employed by _____ in a full- or part-time capacity, or any position contracted for or otherwise employed, with direct or indirect monetary wages or profits paid by _____, or any person working on a volunteer basis. The term includes, but is not limited to, elected and appointed officials, personnel, contractors, consultants, and vendors.

"Tobacco Products" means any product containing, made, or derived from tobacco that is intended for human consumption, whether chewed, smoked, absorbed, dissolved, inhaled, snorted, sniffed, or ingested by any other means.

"Tobacco Use" means the act of smoking, the use of smokeless tobacco, or the use of any other tobacco product in any form.

"Visitor" means any person who is not _____ staff.

POLICY

The sale and use of tobacco products and electronic delivery devices is prohibited at all times in or on all property _____ has the authority to control regardless of location.

There are no areas designated for tobacco use on _____ property.

Sample Tobacco-Free Grounds Policy

APPLICABILITY

This policy applies to all visitors and staff on_____ property. This policy also applies to private vehicles parked on _____ parking lots.

Organizers and attendees at public or private events on _____ property are required to abide by this policy. Event organizers are also responsible for communicating and enforcing this policy.

When _____ events are conducted off _____ property, _____ staff will work with the owner to prohibit the use of tobacco and electronic delivery devices throughout the property.

EXCEPTIONS

It is not a violation of this policy to use a product that has been approved by the United States Food and Drug Administration for sale as a tobacco cessation product, as a tobacco dependence product, or for other medical purposes, and is being marketed and sold solely for such an approved purpose.

It is not a violation of this policy for a Native American to use tobacco on _____ property as part of a traditional Native American spiritual or cultural ceremony. Approval from administration must be requested and received prior to the ceremony.

DISSEMINATION

Signage will be posted at strategic locations to notify staff and visitors of this policy.

CESSATION

_____ will identify and/or offer cessation programs and services to those ready to quit.

COMPLIANCE AND ENFORCEMENT

The success of this policy depends on the consideration and cooperation of both tobacco-users and non-users. Enforcement is a shared responsibility of all staff. Individuals acting in violation of this policy will be reminded and asked to comply. Staff found to have violated this policy may be subject to disciplinary action. Visitors who violate this policy may be asked to leave the property.

EVALUATION

This policy will be periodically assessed for effectiveness and revised accordingly.

EFFECTIVE DATE

This policy shall take effect in full on _____.

PUBLIC HEALTH LAW CENTER

Tobacco Control Legal Consortium

Sample Tobacco-Free Hospital/Healthcare Policy

Purpose

_____ is committed to the health, well-being, and safety of our patients, visitors, and employees. Tobacco is a proven health and safety hazard, both to the smoker and non-smoker, carrying very serious health risks. It has been proven to be the leading cause of preventable death in the United States and is inconsistent with our healthcare mission. Electronic delivery devices commonly known as electronic cigarettes, resemble and purposefully mimic the act of smoking. They produce an aerosol of undetermined and potentially harmful substances and typically contain nicotine derived from tobacco, which is a highly addictive substance. Their use in locations where smoking is prohibited creates concern and confusion and makes policy enforcement more difficult.

Allowing the use of tobacco products and electronic delivery devices in and around our campus does not portray us as a health care leader in the community and does not promote a healthy environment for our patients, employees, or other guests.

Definitions

"All Times" means 24 hours a day, seven days a week.

"Electronic Delivery Devices" means any product that can be used by a person to deliver nicotine, lobelia, or any other substance through the inhalation of aerosol or vapor from the product. The term includes, but is not limited to, devices manufactured, distributed, marketed or sold as e-cigarettes, e-cigars, e-pipes, or under any other product name or descriptor.

"Patient" means an individual who receives or has received medical services at_____.

"Property" means all facilities and property (including vehicles) owned, leased, rented, contracted, used, maintained, or otherwise controlled by_____.

"Smoking" means inhaling or exhaling smoke from any lighted or heated cigar, cigarette, pipe, or any other tobacco or plant product, or inhaling or exhaling aerosol or vapor from any electronic delivery device. Smoking includes being in possession of a lighted or heated cigar, cigarette, pipe, or any other tobacco or plant product intended for inhalation, or an electronic delivery device that is turned on or otherwise activated.

"Staff" means any person employed by _____ in a full- or part-time capacity, or any position contracted for or otherwise employed, with direct or indirect monetary wages or profits paid by _____, or any person working on a volunteer basis. The term includes, but is not limited to, faculty, personnel, contractors, consultants, and vendors.

"Tobacco Products" means any product containing, made, or derived from tobacco and intended for human consumption, whether chewed, smoked, absorbed, dissolved, inhaled, snorted, sniffed, or ingested by any other means.

"Tobacco Use" means the act of smoking, the use of smokeless tobacco, or the use of any other tobacco product in any form.

"Visitor" means any person who is not a patient or _____ staff.

Policy

The sale and use of tobacco products and electronic delivery devices is prohibited at all times:

- Within all _____ buildings.

- On all property maintained by _____, including sidewalks and parking lots.

- In all vehicles owned, leased, or rented by _____.

Staff are prohibited from using tobacco products and electronic delivery devices and are not to have a recognizable odor of tobacco smoke on their persons while on duty.

Scope

This policy applies to all patients, staff and visitors.

Whenever _____ leases facilities, it will work with the facility owner/manager to prohibit the use of tobacco and electronic delivery devices throughout the property.

Wherever _____ does not have jurisdiction over adjoining streets, sidewalks, parking lots or other common areas, patients, staff, and visitors are strongly encouraged to comply with the spirit of the policy. It is the expectation that employees, patients and visitors will not loiter near neighboring properties or discard litter in a way that reflects negatively on _____.

Sponsorship

_____ ensures that its business practices reflect its commitment to being tobacco-free. This includes refusing donations or gifts, money or materials and research grants from the tobacco industry or related companies. _____ will not participate in any type of functions that funded by the tobacco industry. _____ will remain free of all tobacco and electronic delivery device product advertising, including those in hospital publications or magazines purchased for waiting rooms.

Cessation

_____ supports and encourages all cessations efforts by our patients and our staff.

It is not a violation of this policy to use a product that has been approved by the United States Food and Drug Administration for sale as a tobacco cessation product, as a tobacco dependence product, or for other medical purposes, and is being marketed and sold solely for such an approved purpose.

Dissemination

Members of the _____ community will be notified of the policy through staff handbooks, orientation sessions, workplace postings, and any others means available. Patients and visitors will be notified of this policy prior to arrival whenever possible.

Signage will be posted at strategic locations to notify staff, patients, and visitors of this policy.

Enforcement

All employees are authorized and encouraged to communicate this policy with courtesy and diplomacy. It is everyone's responsibility to see that the policy is followed.

Individuals acting in violation of this policy will be informed or reminded and asked to comply. Patients who refuse to comply with the tobacco-free policy should be reported to treating staff for follow-up action. Staff found to have violated this policy may be subject to disciplinary action. Visitors who violate this policy may be asked to leave.

Any questions regarding this policy should be addressed to (insert appropriate contact).

Effective Date

This policy shall take effect in full on _____.

Frequently Asked Questions

On (date), _____ is implementing a comprehensive tobacco-free campus policy for employees and visitors. Tobacco use will be prohibited for employees, residents, and visitors both indoors and outdoors on all properties owned and cared for by _____. In preparation for this transition, employees have asked questions about what a tobacco-free environment means to them. The following are frequently asked questions and responses regarding the tobacco-free campus.

Q: Why are we becoming totally tobacco-free?
A: Tobacco use is the leading cause of disease and death in the US. As an organization that is concerned about the health of our community, we need to take action to help people take control of their health. Our organization has made a commitment to participate with local and state partners to create healthy communities; this is a step in that direction.

Q: How does this policy differ from our existing smoking policies?
A: Our existing policy prohibits smoking inside any facility but allows employees and visitors to smoke oruse e-cigarettes in designated outdoor areas. Effective (date), employees will not be allowed to smoke or use any tobacco product anywhere on _____ property inside or outside, which include personal vehicles and vehicles leased or owned by _____.

Q: Why can't we have designated smoking areas?
A: Eliminating tobacco use on our campus supports those who are trying to quit, and helps to eliminate employees', residents', and visitors' exposures to secondhand smoke. Strong tobacco odors have been known to trigger allergy or asthma reactions with fellow workers, residents, and visitors. Tobacco odors on others can serve as a trigger for the desire to smoke in persons attempting to quit. In compliance with the promotion of a healthy environment, we need to effectively eliminate the secondhand smoke that may trigger adverse health effects for employees,residents, and visitors who are attempting to make positive life changes. Eliminating tobacco use completely is the most effective and considerate way for us to provide the best possible environment.

Q: What does this mean to _____staff?
A: Employees who do NOT choose to stop using tobacco products will need to learn how to not smoke and manage their tobacco use (i.e., by the use of nicotine replacement therapy) during work hours. Several support programs planned for staff include: Freedom From Smoking® tobacco cessation program and Nicotine Replacement Therapy reimbursement. The Freedom From Smoking® cessation classes are also open to family and community members.

Q: Will I have to quit by (date)?
A: Becoming a tobacco-free workplace and campus does not mean you have to quit. What it means is that you will not be able to smoke or use tobacco products on the grounds of _____ or while on work time. However, we will encourage everyone to quit because of the great health benefits associated with being tobacco free.

Q: Can I smoke in my car at work?
A: Again, the policy states that no tobacco use by employees is allowed while on _____ property,including parking areas. You will not be able to smoke inyour car if it is parked on the property grounds or on work time. You will also not be able to smoke in your car if it is parked at _____ or any of the neighboring areas included in the policy.[66]

Myths And Facts About E-Cigarettes

There's been a significant increase in electronic cigarette (e-cigarette) use in recentyears, particularly among kids and teens, as well as smokers looking for an alternativeto traditional cigarettes. But lack of basic consumer protection and U.S. Food andDrug Administration (FDA) oversight leaves concerns unanswered about the healthand safety of these products. So what do we know? Here's a look at some common misperceptions about e-cigarettes.

MYTH: E-cigarettes are safe.

FACT: E-cigarettes are unregulated tobacco products.

Nearly 500 brands and 7,700 flavors of e-cigarettes are on the market and none ofthem have been evaluated by the FDA. We don't know for sure what's in them. Studies have found toxic chemicals, including an ingredient used in antifreeze and formaldehyde in e-cigarettes. Because the FDA doesn't regulate these products,there aren't requirements around ingredient disclosure, warning labels or youth access restrictions.

MYTH: E-cigarettes don't have nicotine.

FACT: Almost all e-cigarettes contain nicotine—including many that claim they are nicotine-free.

A 2014 study showed wide-ranging nicotine levels in e-cigarettes and inconsistencies between listed and actual nicotine levels in these products. Nicotine is an addictive substance that can have negative health impacts, including on adolescent brain development. The more nicotine a person uses, the greater the potential for addiction.

MYTH: E-cigarettes can help smokers quit.

FACT: The FDA hasn't found any e-cigarette to be safe and effective in helping smokers quit.

Instead of quitting, many e-cigarette users are continuing to use e-cigarettes while still using conventional cigarettes. In 2013, 76.8 percent of the people who recently used e-cigarettes also currently smoked conventional cigarettes. The U.S. Surgeon General has found that even smoking a few cigarettes a day is dangerous to your health. When smokers are ready to quit, they should talk with their doctors about using one of the seven FDA-approved medications proven to be safe and effective in helping smokers quit. They can also contact the American Lung Association to finda program that is right for them.

MYTH: E-cigarettes aren't marketed to kids.

FACT: E-cigarette use among middle and high school students tripled from 2011 to 2013.

With aggressive industry tactics such as cartoon characters and candy flavors including bubble gum, fruit loops, chocolate and strawberry, it's no surprise studies show a dramatic increase in kids using e-cigarettes. For the first time ever, teens are smoking e-cigarettes more than traditional cigarettes.

MYTH: There's no secondhand emissions from e-cigarettes.

FACT: E-cigarettes expose others to secondhand emissions.

The aerosol (vapor) emitted by e-cigarettes and exhaled by users containscarcinogens, such as formaldehyde, according to early studies. Little is known about these emissions or the potential harm they can cause. Source: American Lung Association (2018). http://lung.org/stop-smoking/smoking-facts/myths-and-factsabout-e-cigs.html

Policy Enforcement Role-Playing Exercises for Health Care Settings: Situations with Patients, Families and Visitors

"What are you going to do if I continue to smoke here?"

"Smoking is not permitted on the campus. Please extinguish your cigarette now." (Then walk away).

"I have to have a cigarette! My loved one is very ill or just passed away."

"I'm very sorry about your loved one. Is there anything else I can do to help?"

"How am I supposed to get through the day without smoking?"

"Free care kits are available that might help you, and there is nicotine gum for purchase at a pharmacy. [Provide assistance if requested. Walk away if no help is requested.] (After hours: call the House Supervisor for nicotine gum.)

"I'm afraid to leave the property at night and want to smoke."

"You may go inside and get nicotine gum that will take away your craving. You can purchase gum inside at the outpatient pharmacy." (After hours: "If you would like to try the gum, ask your nurse for assistance." Nurse: call the House Supervisor) [If the individual becomes very upset, walk away and contact public safety if you believe the safety of others is at risk.]

"I cannot use the nicotine gum (patient, contraindications, don't like gum)."

"Let's go inside the hospital so I can provide you an information card or brochure with smoking cessation information and other options. Also, feel free to talk to the manager on the unit you are visiting to determine other options available."

"Where am I (visitor) allowed to smoke?"

"Nowhere on our property. You may leave our property if you wish to smoke. Nicotine gum is available at the outpatient pharmacy. I have a care kit that might help you. Smoking cessation support information is also available in the information cards at the entrances. Patients are not allowed to leave the property."

Staff believes the patient is smoking in the bathroom.

"I just want to remind you that we are a tobacco-free institution inside and outside on all the property. Would you like me to contact your physician about an order for nicotine gum or other nicotine replacement therapy to help with the cravings while you are in the hospital?" [Contact public safety or follow normal procedures for smoke in the facility.]

Patient wants to go outside to smoke.

"We are now a tobacco-free institution inside and outside on all the property. Would you like me to talk with your physician about an order for nicotine gum or other nicotine replacement therapy while you are here? This may help with the cravings."

Tobacco Cessation Health Coverage in Nebraska

For the best chance at a successful quit, use therapy and cessation aid(s) approved by the Food and Drug Administration (FDA):

THERAPY	and	CESSATION MEDICATIONS	and/or	NICOTINE REPLACEMENT THERAPIES (NRTs)
• Individual • Group counseling • Telephone counseling		• Buproprion (Zyban®) • Varenicline (Chantix® *(Available by prescription only)*		• Patch *(over the counter)* • Gum *(over the counter)* • Lozenge *(over the counter)* • Inhaler *(by prescription only)* • Nasal spray *(by prescription only)*

Nebraska Insurance Marketplace Coverage

All plans in the Health Insurance Marketplace are required to cover tobacco cessation treatment with no cost sharing. Specific coverage may vary by plan. Check with your insurance plan to find out what is covered.

State Employee Health Program Coverage

The State Employees Group Insurance Program covers:

Covered
- NRT Gum
- NRT Patch
- NRT Nasal Spray
- NRT Lozenge
- NRT Inhaler
- Varenicline (Chantix®)
- Buproprion (Zyban®)
- No Tobacco Surcharge

Not Covered
- Individual Counseling
- Group Counseling
- Phone Counseling

Go to http://das.nebraska.gov/Benefits/Active.html or https://das.nebraska.gov/Benefits/Active/docs/2017/2017-18Pharmacy.pdf for additional information.

For more information visit Lung.org

Private Insurance Coverage

Nebraska does not require private health insurance plans to cover cessation treatments. Cessation coverage in private health insurance plans varies by employer and/or plan. Smokers with this type of health insurance should contact their insurance plan for information on cessation benefits.

Medicaid Assistance In Nebraska

The Nebraska Medicaid program covers:
- NRT Gum
- NRT Patch
- NRT Nasal Spray
- NRT Lozenge
- NRT Inhaler
- Varenicline (Chantix®)
- Buproprion (Zyban®)
- Quitline
- Individual Counseling
- Group Counseling *(coverage varies by plan)*

Cost: Subject to copay.

For more information, please call the Nebraska Medicaid Program at 402-471-9147 or 800-358-8802.

Refer to the provider bulletin regarding Medicaid tobacco cessation coverage: http://dhhs.ne.gov/medicaid/Documents/pb1048.pdf

Ready. Set. Quit.

No need to go it alone.

Check out these resources and get the assistance you need to be successful.

○ **Nebraska Tobacco Quitline**
Call **1-800-QUIT-NOW (784-8669)** for free, confidential counseling from a trained Quit Coach. In addition to telephone coaching, receive self-help materials and referrals to community programs. Quitline services are available 24/7 for all Nebraskans.

○ **QuitNow.ne.gov**
Go to the Nebraska Tobacco Quitline website for information, support, encouragement and helpful links in one handy spot.

○ **QuitNow Mobile App**
Get motivation and support wherever you go PLUS track the money saved since quitting and the days added back to your life. Find the app under "Tools for Quitting" at **QuitNow.ne.gov**.

○ **Web Coach**
Access motivational tools, social support and information about quitting tobacco. Web Coach is free for anyone enrolled in the Quitline program and can be found at **quitnow.net/nebraska**.

○ **Smoke-Free Counter App on Facebook**
See how much money you've saved since quitting and what it could buy. Log on to your Facebook account and search "SmokeFreeNE."

○ **In-Person Support**
Opt for face-to-face assistance through a local cessation class. Go to the "Tools for Quitting" page at **QuitNow.ne.gov** to get started. The Tobacco Cessation Programs list provides locations and contact information for classes throughout the state.

NEBRASKA TOBACCO QUITLINE

QuitNow.ne.gov | 1-800-QUIT-NOW (784-8669)

[Quitline services are available 24/7 in 170 languages.]

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES • DIVISION OF PUBLIC HEALTH • TOBACCO FREE NEBRASKA

American Lung Association.

What to Expect

Frequently Asked Questions about the Nebraska Tobacco Quitline Process

○ **What happens when I call the Quitline for the first time?**

You will be asked some basic demographic questions that are asked of everyone who calls the Quitline for the first time. (All information is kept confidential.) During the call, you'll be given a choice of one or more of the following services:

| Telephone coaching | Self-help materials | Referrals to community programs |

○ **How much will it cost?**

Services are free of charge to all Nebraskans aged 16 and older.

○ **How many coaching sessions will I get?**

You can receive up to five. The sessions are generally scheduled as follows:

Session 1	Session 2	Session 3	Session 4	Session 5
Includes registration, completing, or at least scheduling, your first coaching session, and establishing a quit date.	1–2 days after the quit date.	Approximately 1 week after the quit date.	2–3 weeks after the third session.	2–3 weeks after the fourth session.

The timing and length of each call can be adjusted to fit your schedule.

○ **What about medications to help me quit?**

Individuals enrolled in Nebraska's Medicaid program are eligible for the coverage of nicotine replacement medications with a co-pay typically less than $10. Covered medications include: buproprion (Zyban), varenicline (Chantix), nicotine gum, nicotine inhaler, nicotine lozenges, nicotine nasal spray, and nicotine patches. To receive medication coverage, Medicaid recipients must also enroll and actively participate in the Quitline coaching services. Check with your health care provider to get started. Individuals with private insurance are subject to the provision of his/her individual coverage.

○ **I don't smoke, but I do use other tobacco products. Can the Quitline help me, too?**

Yes! Many of the same strategies that are used to successfully quit smoking can also be used to quit chew, e-cigarettes, pipes, cigars, or any other tobacco product.

○ **What if I'm pregnant?**

Quit coaches are specially trained on the specific needs of pregnant women. However, it's important that you speak with your doctor before taking any medications—including nicotine gum, lozenges, or patches.

○ **What are the Quitline hours?**

All calls are answered live 24/7. Quit coaches are available 24/7 as well.

○ **Are services available in languages other than English?**

Coaching is offered in English and Spanish. More than 170 languages are available through Interpretative Services.

○ **How about services for the hearing impaired?**

Quit coaches are fluent in American Sign Language. Coaching sessions can be conducted in ASL using video relay, video-to-video, and TTY.

○ **I'd rather receive coaching online. Are there any options for me?**

Yes! After enrolling (by phone or at QuitNow.ne.gov), you will be sent a welcome message and log in information/instructions for accessing the Web Coach program. Web Coach offers e-learning tools, social support, and information about quitting. You can also interact with other participants or with quit coaches. A QuitNow mobile app is also available at **QuitNow.ne.gov** under Tools for Quitting.

Get started today. Call or go online.

NEBRASKA TOBACCO QUITLINE

QuitNow.ne.gov | 1-800-QUIT-NOW (784-8669)

TOBACCO FREE NEBRASKA • NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES • DIVISION OF PUBLIC HEALTH

Updated: July 2017

Nebraska Tobacco Quitline and Freedom From Smoking®

Connecting an employee to a cessation program can be essential to their quit attempt. By referring them to cessation programs, you are continuing to do your part in creating a healthy, smoke-free environment in your community.

Ready. Set. Quit.

No need to go it alone.

Click or call 1-800-784-8669.

NEBRASKA TOBACCO QUITLINE

Nebraska Department of Health & Human Services Division of Public Health Tobacco Free Nebraska

American Lung Association®
Freedom From Smoking®
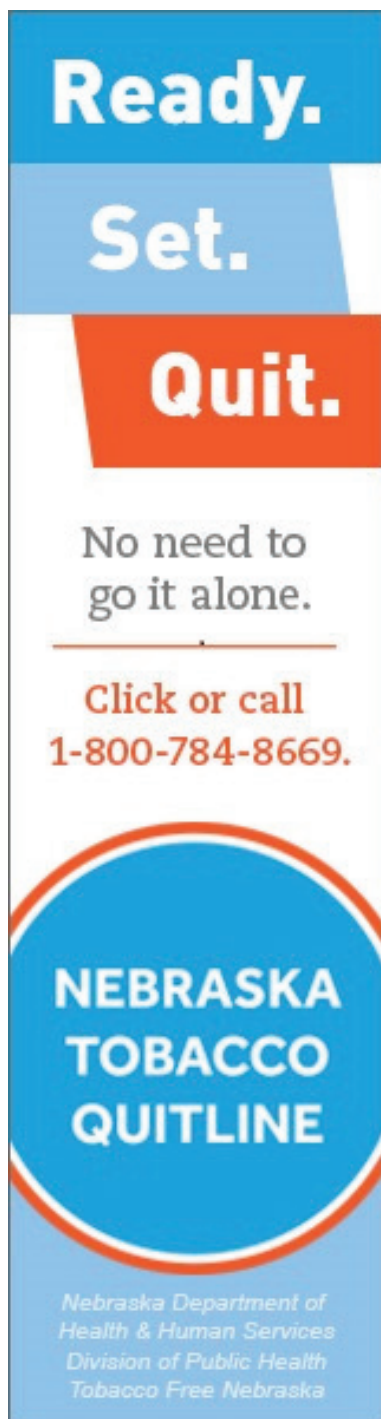
A **Freedom From Smoking®** Group Clinic will give you the knowledge and tools to overcome your tobacco addiction and quit smoking for good so you can enjoy better health, extra money in your pocket and many other rewards.

American Lung Association®
Freedom From Smoking® Plus

Quit smoking with the click of a button through the **Freedom From Smoking® Plus** user-friendly interface that helps you create a personal quit smoking plan on your desktop, tablet or smartphone.

American Lung Association®
Lung HelpLine

Staffed by respiratory therapists and certified tobacco treatment specialists, the **Lung HelpLine** is available to answer any question – whether you're looking to start a quit smoking attempt, want to learn more about Freedom From Smoking Plus, Group Clinics or The Guide to Help You Quit Smoking, or want telephone counseling from an expert over the course of your journey to quit smoking. Call **1-800-LUNGUSA** to learn more.

Freedom From Smoking: The Guide to Help You Quit Smoking
Work through a quit smoking attempt, on your own time, at your own pace and on your own through the Freedom From Smoking® self-help guide. It's available in English and Spanish, and you can lean on the support of the Lung HelpLine and online community whenever you need it. Call **1-800-LUNGUSA** to order Freedom From Smoking: The Guide to Help You Quit Smoking today.

American Lung Association.

Nebraska

11225 Davenport St., STE 101, Omaha, NE 68154
402-502-4950 | 1-800-LUNGUSA | LUNG.org

MOTAC
Metro Omaha Tobacco Action Coalition