



The Latest from Child Care Licensing

Spring/Summer 2010 Edition

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Contacts:

Northeast:
Fort St. John: 250-263-6000
Dawson Creek: 250-719-6500

Northern Interior:
Prince George: 250-565-2150

Northwest:
Terrace: 250-631-4222
Smithers: 250-565-2150

A Message from the Regional Manager, Community Care Licensing

We are pleased to be collaborating with the Northern Health Tobacco Reduction program on this newsletter to highlight May as Child Care Awareness month and May 31st as World No Tobacco Day. As child care providers you are in a unique position to both provide a smoke free environment for the children in your care as well as having opportunities to provide parents with information to help them make informed choices about protecting their

children from the hazards of second hand smoke. We hope you will find the information in this newsletter useful to help you do both. Inside you will find contact information for Tobacco Reduction Coordinators across the north. Please feel free to contact the person in your area for more information, resources and support.

Sincerely,
Sharlene Lively, Regional
Manager, Community Care
Licensing
Kerri McCaig, Team Leader,
Tobacco Reduction Strategy



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Kids Need Breathing Space

Second-hand smoke is the combination of smoke from the burning end of the cigarette, cigar, or pipe and the smoke blown into the air by a smoker.

If you can smell smoke, you are breathing it.

WHAT WE KNOW ABOUT SECOND-HAND SMOKE

- There is no safe level of second-hand smoke. Breathing even a little second-hand smoke can be dangerous.
- Second-hand smoke contains more than 4,000 chemicals, and over 50 of these chemicals are known to cause cancer.
- Second-hand smoke doesn't know where to stop. It drifts from one room to another through light fixtures, cracks in walls, doorways and ventilation systems. Filtering the air or opening a window does not protect your home from second-hand smoke.
- Even after the cigarette is out, second-hand smoke remains in the air and toxic smoke particles settle on furniture, clothing, skin, toys, playpens, food and other surfaces - and it's still harmful!

WHAT HAPPENS WHEN CHILDREN ARE EXPOSED TO SECOND-HAND SMOKE

Second-hand smoke is more harmful to infants & children than adults because their lungs are still developing and are more easily damaged. They inhale more of the smoke than adults because they breathe faster.

Tobacco smoke harms babies before and after they are born. If you are pregnant, you should

avoid second-hand smoke.

Infants & children who are exposed to second-hand smoke get sick more often. Bronchitis, pneumonia, wheezing and coughing are more common. Second-hand smoke can trigger and cause worse asthma attacks. Ear infections are also more common, which can lead to hearing loss and speech problems.



THIRD-HAND SMOKE

- Third-hand smoke, a new name for an old problem - the toxic chemicals in smoke that stick around even after the smoker has put out the smoke.
- Each time someone smokes, more smoke gets trapped on surfaces.
- The chemicals from the trapped smoke pollute the air, by off gassing long after the visible smoke & smell are gone



SMOKE FREE HOMES

When someone smokes in a home or vehicle everyone inside breathes second-hand smoke. There is no safe level of second-hand smoke. The only way to fully protect yourself and your loved ones from the dangers of second-hand smoke is through 100% smoke free environments.

Talk About It!

Sit down with everyone living in your home and discuss ways to make or keep your home and vehicle smoke free.

Get Ready!

- Set up a smoking area outside
- Remove ashtrays from your home and vehicle
- Think about smokers who will visit and how you will ask them to smoke outside
- Display smoke free decals in your home and vehicle

Go!

- Ask all visitors to smoke outside
- Be polite but firm - Kids NEED breathing space
- Thank everyone for helping to keep your family healthy and your home and vehicle smoke free

By making your home and vehicle smoke free, you are taking an important step in protecting children from second-hand smoke.



SMOKE FREE VEHICLES

New regulations introduced in BC on April 7, 2009 under the Motor Vehicle Act prohibits smoking or holding lit tobacco in a motor vehicle when a person under the age of 16 is present.

Your commitment to complying with the Smoke Free Vehicle legislation supports the health and safety of all occupants of your vehicle as well as the health of your community.

Opening a car window isn't enough, because the airflow can cause the smoke to be blown back into the car.

The harmful chemicals in second-hand smoke remain in the air and cling to upholstery and clothes.

Did you know? Spending 1 hour in a smokers vehicle is like smoking 4 cigarettes.



Day Care Licensees demonstrate Leadership

Licensing Officer, Barb Mahon, spoke recently with a number of her day care licensees, who have demonstrated leadership regarding tobacco use in their facilities. She asked, "How do you meet the standards for no smoking on the premises?"

The care givers stated that they

- Inform staff/ECE students when they start, there is no smoking on or near the facility, or where they would be visible to children.
- They are not to smoke while on field trips.
- Ask them to wash their hands and rinse out their mouth after they come back from a smoke break
- Suggested to staff that they wear a smock to smoke in so when they come back from smoke break they don't smell like smoke
- Posted the Nicotine Intervention services card on the bulletin board for staff

(and parents) to encourage them to quit

- Would love to tell staff they can't smoke at all, but think it's against human rights

The care provider also informed parents and visitors to the day care center of their no smoking policies.

- We have a sign posted
- We sent a note home with parents reminding them of no smoking on the property and if we see a parent smoking, we will remind them not to.
- Our smoking policy is in the parent handbook.

- If children come to the centre smelling strongly of smoke, we are pretty sure parents are smoking in the home and/or the car. We mention they should not be as it's not good for the child.
- We put posters and information on the bulletin board about the harmful effects of smoking --- especially how it will hurt children
- We have sent some stickers home that the Licensing Officer gave to us at a recent workshop.



Third Hand Smoke - the stuff that's left behind

Have you every walked into a house, a room or sat in a car and smelled the pungent odour of a distant cigarette; where there isn't anybody currently smoking, where there isn't any visible smoke, but you know that there once was? The odour you smell is third hand smoke. It's the stuff that gets left behind after a cigarette has been extinguished and the visible smoke is gone.

We all know smoking is harmful and we all know breathing in second hand smoke is equally harmful to the non-smoker. But have you every wondered what happens to the stuff that's left behind. With each cigarette, third hand smoke gets into soft surfaces, furniture, carpets, clothing, blankets, toys and hair. A layer of toxin containing particulate matter is deposited onto every surface within the home or the car. These leftover toxins incorporate into household dust and off-gases into the air we breathe for days, weeks and months after the smoke is gone. The toxins from smoking that remain in the environment are harmful to health. Over 250 poisonous chemicals,



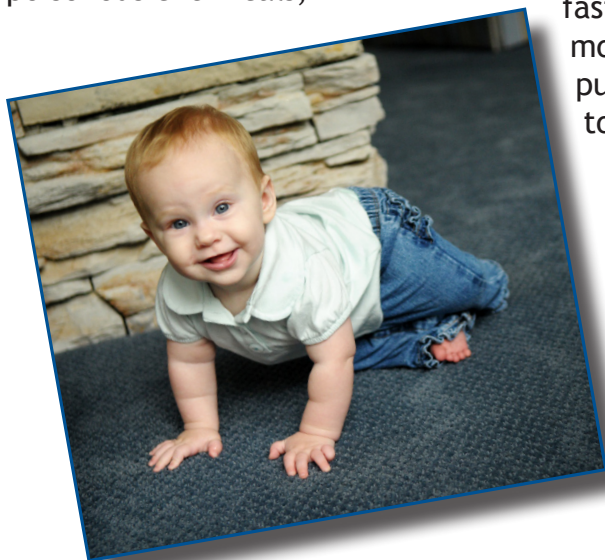
11 of which are known human carcinogens (such as arsenic, lead, hydrogen cyanide), are deposited into the environment and remain after the cigarette is out.

Babies and children are most at risk from third hand smoke. Babies and children play closest to the surfaces where tobacco toxins end up. They play and crawl on the floors and furniture; they put their fingers and other objects into their mouths. Babies and young children also have a higher respiratory rate which means they breathe faster and therefore inhale more of these toxins, thus putting them at greater risk to the harmful effects.

Smoking while children are not present in a room or a car doesn't prevent them from being exposed to the effects of tobacco toxins.

So what can you do to reduce the risk?

- ✓ smoke outside and away from children
- ✓ wear a designated smoking jacket when you smoke outside
- ✓ wash your hands as soon as you come inside
- ✓ seek help to quit
- ✓ do not allow others to smoke in your home, your car, your daycare



World No Tobacco Day ~ May 31 ~

On 31st May each year the World Health Organization (WHO) celebrates **World No Tobacco Day**, highlighting the health risks associated with tobacco use and advocating for effective policies to reduce tobacco consumption. Tobacco use is the second cause of death globally (after hypertension) and is currently responsible for killing one in 10 adults worldwide.

The World Health Assembly created World No Tobacco Day in 1987 to draw global attention to the tobacco epidemic and its lethal effects. It provides an opportunity to highlight specific tobacco control messages and to promote adherence to the WHO Framework Convention on Tobacco Control. Tobacco use is the number one preventable epidemic that the health community faces.

The theme for World No Tobacco Day 2010 is **Gender and Tobacco, with an Emphasis on Marketing to Women**. WHO will use the day to draw particular attention to the harmful effects of tobacco marketing towards women and girls.

- Women comprise about 20% of the world's more than 1 billion smokers.
- In Canada, 19% of males smoke & 16% of females smoke
- Women are a major target of opportunity for the tobacco industry, which needs to recruit new users to replace the nearly half of current users who will die prematurely from tobacco-related diseases.

On World No Tobacco Day 2010, and throughout the year, WHO will encourage governments to pay particular attention to protecting women from the tobacco companies' attempts to lure them into lifetimes of nicotine dependence. By responding to WHO's call, governments can reduce the toll of fatal and crippling heart attacks, strokes, cancers and respiratory diseases that have become increasingly prevalent among women.

Tobacco use could kill one billion people during this century. Recognizing the importance of reducing tobacco use among women, and acting upon that recognition, would save many lives.

Information provided by the World Health Organization:
<http://www.who.int/tobacco/wntd/2010/announcement/en/index.html>



Northern Health ~ Tobacco Reduction Program

Regional Tobacco Reduction Coordinators are located across northern BC to support individuals, organizations and communities with their tobacco reduction initiatives.

Contact your local Tobacco Reduction Coordinator to receive resources and information such as posters, brochures, videos, stickers, etc... on a variety of tobacco issues.

For more information, please contact the Regional Tobacco Reduction Coordinator in your area:

Prince Rupert

Doreen Bond 250-622-6380

Terrace

Sandra Conlon 250-631-4285

Trenna Johnson 250-631-4171

Lee Cameron 250-631-4172

Prince George

Laura Johnston 250-649-7179

Quesnel

Denys Smith 250-649-7504

Dawson Creek

George Wiens 250-719-6515

Bonnie Harper 250-719-6546

Fort St. John

Dionne Sanderson 250-263-6098

Thinking About Quitting?

Check out these two **FREE** services to help you quit:

NICC Program

Northern Health's Nicotine Intervention Counseling Centre (NICC) program can help you reach your goal to live a smoke-free life.

We have trained healthcare professionals that work with you to find the right combination of behaviour modification, advice, friendly encouragement and nicotine replacement therapy.

As a client of NICC you will receive:

- Individual Consultation (including helping you to develop a quit plan),
- Nicotine Replacement Therapy (ie: patch, gum &/or inhaler)
- Relapse Prevention (follow-up support for six months).

The NICC Program is available in over 20 communities throughout Northern Health. There is no cost for the program.

For more information about NICC, contact your local health unit or 250-565-7344.

quitnowca
1-877-455-2233

QuitNow Services

QuitNow Services is a quit smoking program provided FREE-of-charge to all British Columbians. It is operated by the BC Lung Association and funded by the BC Ministry of Health.

QuitNow By Phone:

is a confidential telephone-based helpline. It is available around the clock and is staffed by specially trained counsellors who are there to listen and to provide support and guidance. Call 1-877-455-2233.

QuitNow.ca:

is an Internet-based quit smoking service that combines effective methods for quitting smoking with a powerful individualized program. Expert advice, individual counselling and peer support available anytime and anyplace. Log onto www.quitnow.ca



Posting Inspections and Licence Information

In the interest of establishing increased transparency and accountability where public interest is high, Health Authorities and the Ministry of Healthy Living and Sport are moving ahead with a goal to increase the public access to information about community care facilities.

Currently, on the Northern Health website, you can find facility information such as the name of the care facility, the name of the licensee and the facility phone number. We are also posting routine inspection reports for senior's residential care facilities.

In the future, we will post the information that would typically appear on the licence. As well, we will be posting inspection reports for all types of care facilities. We are expanding the availability of this information to promote public confidence in the inspection and compliance system and to enable families to have increased information when they are choosing a care facility.

We want to provide information in a manner that limits misinterpretation as much as possible. Therefore we will not be posting contraventions using the terms "critical or noncritical hazards". Additionally, we will not be posting the hazard rating.

We have implemented business practices, training and an audit process to ensure that that all narrative comments on inspection reports comply with Protection of Privacy requirements.

We anticipate the website may be ready to publish information by June 30, 2010. Inspection reports prior to this date will not be published. As we draw closer to this date, I will continue to update care providers and funding agents of our progress.



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