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| <i>Guideline (CMO):</i> | Smoke-Free |
| <i>Reference #:</i> | G-C021010 |
| <i>Approved by:</i> | Council |
| <i>Date approved:</i> | February 10, 2010 |
| <i>Attachments:</i> | none |

Guideline to the Smoke-Free Ontario Act

Midwives in Ontario are entitled to protection under the *Smoke-Free Ontario Act*, which came into effect May 31st, 2006. This Act prohibits smoking in enclosed work places and enclosed public places in Ontario in order to protect workers and the public from the hazards of second-hand smoke. This Act, therefore, protects midwives while working in clients' homes, whether at a prenatal or postpartum visit or during a labour and/or birth.

Midwives, however, are reminded that the CMO *Code of Ethics* states: "Each Midwife is accountable for her practice and in the exercise of professional accountability shall":

Section 9: Openly acknowledge to clients and health care practitioners any conscientious objection or conflict of interest, which may affect professional practice or the client's right to informed choice.

Section 12: Attempt to provide the best possible care under any circumstance. A midwife may not refuse to attend a client in the course of labour notwithstanding #9.

Taking into consideration this apparent contradiction between the *Smoke-Free Ontario Act* and the *Midwifery Code of Ethics*, midwifery practices are encouraged to develop a practice protocol if any midwives in the practice wish to exercise their right to a smoke-free work environment while attending clients' homes. Such a protocol may be particularly useful when conflict regarding the issue is anticipated.

The practice protocol may include the following considerations:

- 1) Reviewing with a client and her support person(s) the risks of smoking and second-hand smoke. This discussion should take place as early on in care as possible, and throughout care as appropriate. Possible opportunities for this conversation include during the taking of her health history, discussions regarding choice of birth place and/or in reviewing the scheduling of home visits.
- 2) Clearly communicating to clients and their support person(s) that midwives are protected under the *Smoke-Free Ontario Act*.
- 3) Discussing the home environment early on in care with the client to determine whether there are other individuals living in the client's home who smoke, and developing a plan with the client to manage any potential

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conflicts. This may include providing educational materials regarding the risks of smoking and second-hand smoke.

4) Developing a strategy for communication with the client and practice members in the rare event that a midwife decides to leave a client's home due to second hand smoke exposure. ⁱ

(i) *Smoke-Free Ontario Act* May 2006. Re: Home Health Care Workers Section 9.1.

(ii) College of Midwives of Ontario *Code of Ethics*.

ⁱ Sections 23(1) and (2) of the *Smoke-Free Ontario Act* state:

23(1) For the purposes of subsection 9.1 (3) of the Act, a home health-care worker who has exercised his or her right to leave must phone his or her employer within 30 minutes of leaving, or as soon as is reasonably possible after that, and inform the employer,

(a) that the worker has left;

(b) whether an appropriate person is present and available to care for the person to whom the health-care services were being provided or were to be provided;

(c) if the person to whom the health-care services were being provided or were to be provided would require care in the next 24 hours;

(d) in what situation the person to whom the health-care services were being provided or were to be provided was when the worker left; and

(e) whether there are any unusual circumstances and if so, what they are. O. Reg. 48/06, s. 23 (1).

23(2) The home health-care worker shall also follow any guidelines provided by the employer that are reasonably aimed at ensuring that the person to whom the health-care services were being provided or were to be provided is kept safe and provided with a reasonable level of care. O. Reg. 48/06, s. 23 (2).