TOBACCO FREE FUTURES guidelines

Alberta Health Services

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CHAPTER 17

Specific Care Settings:

Public Health

Alberta Health Services

ADDRESSING TOBACCO USE IN PUBLIC HEALTH SETTINGS

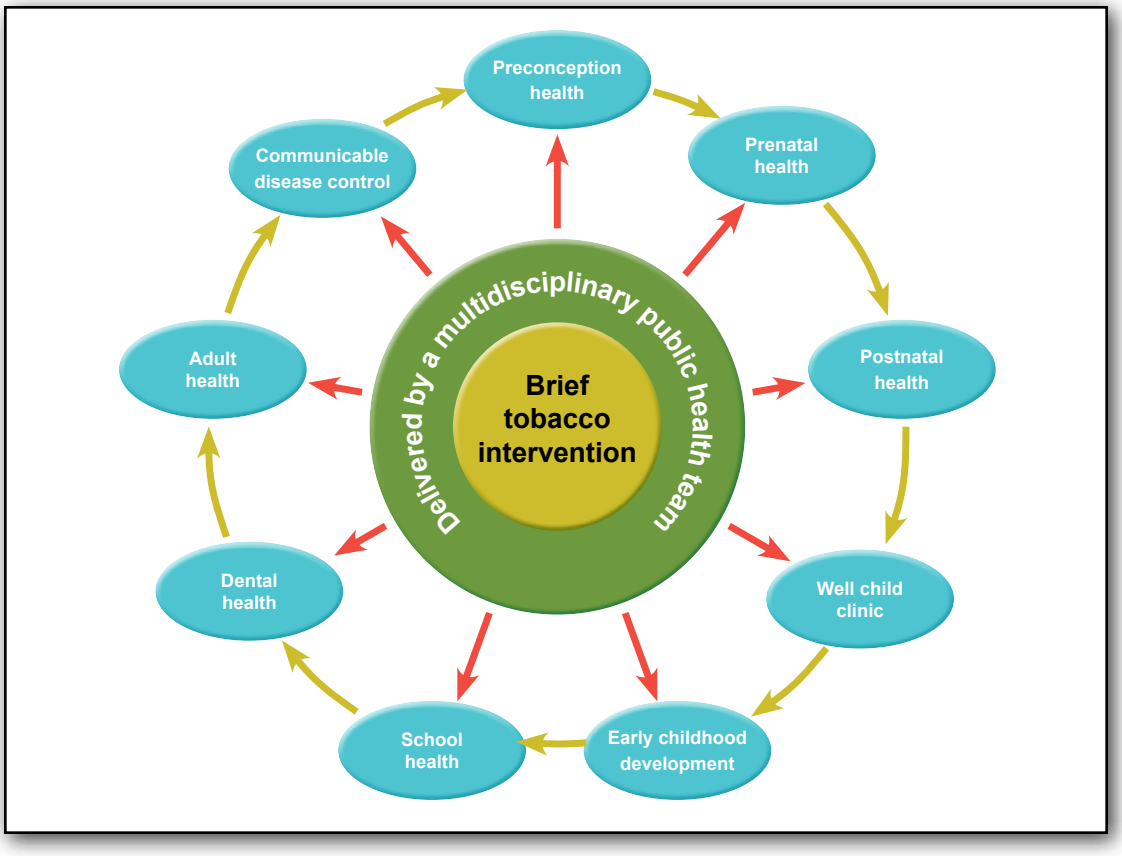
The *Tobacco Free Futures* initiative is relevant to and can be implemented across the continuum of care, providing consistent messaging and treatment for all those who are affected by tobacco use. Chapter 7 ("Brief Intervention") introduced the standard care pathway and considerations for implementation, which are applicable in many inpatient and outpatient care settings, including public health. This chapter will focus on factors related to public health settings that may require further consideration for implementation.

> "Public Health clinics have the potential for effective, large-scale delivery of smoking cessation interventions that can reach at risk populations."[1]

In Alberta, public health services are diverse, and their availability varies from community to community, depending on the population and its needs. Services associated with strengthening the public's health include those that focus on health promotion as well as disease and injury prevention. Public health programs and services are delivered by a multidisciplinary team of health care professionals in clinic, community and home settings.

This chapter will identify opportunities for integrating brief tobacco intervention as a standard of care within public health services, including preconception care, prenatal care, postnatal care, well-child clinics, early childhood development services, school health, dental health, adult immunization and communicable disease control. Public health management will make decisions regarding the expectations of integrating brief tobacco intervention within programs and service delivery, as well as the training of front-line staff from various health disciplines.

Figure 17.1: Public Health Programming and Brief Tobacco Intervention



Importance of tobacco treatment in public health

Public health programs have the potential to deliver effective tobacco interventions on a large scale. It is particularly important that public health services have been identified as a major source of maternal and child health information and care for women of a lower socioeconomic status and, thus, present an opportunity for intervention with this at-risk population.[3] Several studies have established both the short- and long-term effectiveness of tobacco cessation interventions in public health, and it is currently recommended that brief tobacco intervention be integrated into routine care.[1,4,5,6]

Exposure to one-time brief interventions in public health clinics is sufficient to enhance a client's abstinence for up to 12 months, and to take action toward quitting and motivation and readiness to quit for up to 18 months.[2]

The following content summarizes some of the literature related to the relevance of tobacco treatment for the following public health services: preconception care, prenatal care, postnatal care, well-child clinics, early childhood development services, school health, dental health, adult immunization and communicable disease control. More detail about the specific populations often served by these programs will be found in Chapters 20 ("Reproductive Years") and 21 ("Youth and Family").

PRECONCEPTION

A number of public health services, and primarily those that focus on sexual health, provide an opportunity to affect the overall health of clients during the preconception phase of their reproductive years. Young adults frequently access sexual health clinics for services such as birth control advice, pregnancy confirmation, pregnancy options counselling and referral, as well as treatment for sexually transmitted infections. The young adult demographic (ages 20–24) has the highest reported tobacco use rates in Alberta, at 24%.[7] Tobacco use has a significant impact on a person's overall health, including the reproductive health of this population.

The impact of tobacco use on fertility for both men and women has been documented by a 2008 literature review, which identified tobacco use as a compromising factor in all of the systems involved in reproduction.[8] For women, tobacco use is a known risk factor for precancerous changes and cancer of the cervix.[9] Sexual health clinics have long cautioned women about the dangers of smoking while taking oral contraceptive pills because of a higher risk for serious cardiovascular disease, stroke and high blood pressure.[8] Tobacco use also has effects on the ovaries, fallopian tubes and uterus, which can result in decreased fertility. Not only are women who use tobacco less likely to become pregnant, but they are also more likely to experience miscarriage. Tobacco use has been shown to affect the success of implantation and resulting pregnancies during in vitro fertilization (IVF) treatment.[8] Using alcohol, tobacco or illicit drugs during preconception is a strong predictor of prenatal use by childbearing women. Screening for these substances is therefore recommended for women who are at risk of becoming pregnant, planning to become pregnant or are pregnant already.[11]

Screening for tobacco use during preconception should also include males, as research confirms that the chemicals in tobacco affect the male reproductive system as well. Male smokers have decreased production of, lower motility of and increased genetic abnormalities in their sperm.[8]

It is recommended that everyone of reprductive age should avoid tobacco use and exposure.[20] The 5 A's approach is an effective tool for screening both men and women for tobacco use and linking them to treatment.[4,5]

See Chapter 20: "Reproductive Years"

PRENATAL

Although the reported rates of tobacco use during pregnancy are declining in Canada and other industrialized nations, supporting sustained cessation during pregnancy and postpartum remains an ongoing challenge for public health.[12] Alberta's rate of tobacco use during pregnancy is reported as 14.8%, but rates vary widely across the zones. Statistics from the Alberta Perinatal Health Program for 2011 show a high of 22.5% in the North Zone, 21% in the Central Zone, 18.3% in the South Zone, 13.3% in Edmonton and a low of 9.6% in Calgary.[13] These rates are based on self-reported tobacco use, and health professionals should be aware that the non-disclosure of tobacco use during pregnancy is not uncommon. A number of studies have demonstrated that women report they are not smoking even though their biological specimens test positive for tobacco use, suggesting that they are reluctant to disclose their use.[11] The increasing denormalization of tobacco use has created an environment wherein pregnant women who smoke often feel stigmatized, thereby increasing the need for a non-judgmental approach from their health professionals.[12]

Tobacco use during pregnancy has known consequences for the general health of the mother, the viability of the pregnancy and the health of the developing fetus. Smoking has been linked to spontaneous abortion, ectopic pregnancy, and complications including placenta previa, placenta abruptio and the preterm rupture of membranes. A fetus that is exposed to tobacco during development is more likely to suffer from intrauterine growth restriction (IUGR), prematurity and be of low birth weight.[11] Prenatal exposure to tobacco has also been linked to health consequences in childhood, including sudden infant death syndrome (SIDS), cognitive impairment, behaviour problems and being overweight.[11,14,15] Although women are highly motivated to stop tobacco use during pregnancy, many are unable to quit or sustain a quit for the duration of their pregnancy.[12]

While a focus on pregnant women is justified by the added health risks associated with tobacco use during pregnancy, opportunities to support partners and families could be missed if other public health services are ignored.[16] The impact of continued tobacco use by partners and families on pregnant women is twofold: the potential exposure of second- and third-hand smoke to the pregnant mother and developing fetus, and the use around a pregnant woman who has quit tobacco may heighten her risk of relapse.[4,12] Many expectant and new fathers continue to use tobacco, and their reasons are very different than their pregnant partners, often linked to their masculine identity at work and home.[16] It is important to note that a British Columbia study found that few men had considered the impact of their tobacco use on their partner's effort to quit smoking.[16]

Relapse rates during pregnancy and the postpartum period

- 25% before giving birth
- 50% within 4 months
- 70% to 90% by one year.[12]

In Alberta, public health programming for pregnancy often includes the delivery of prenatal education as well as programs for monitoring high-risk pregnancies (typically in larger urban centres). The brief tobacco intervention outlined in Figure 17.2 can be integrated into these services. Health care professionals should advise all pregnant women to stop using tobacco and inform them that there are benefits to stopping at any time during their pregnancy. Partners and family members should also be offered smoking cessation interventions and a smoke-free home should be encouraged to protect mother and baby from exposure to second-hand smoke.[4,5]

See Chapter 20: "Reproductive Years"

POSTNATAL

Public health postnatal care for families is provided in homes and clinics across Alberta. Public health professionals who provide early postpartum care, breastfeeding support and well-child clinics are in a unique position to help prevent relapse by linking women and their partners to available support. The opportunity to repeat the brief tobacco intervention multiple times in this all-important first year is key, considering that half of all women who used tobacco may have quit or cut down during their pregnancy. However, relapse rates in this population remain extremely high.[12] Consistent with the findings of relapse among postpartum women, one randomized, controlled trial found that a significant decrease in smoking by male partners during pregnancy was not sustained at 2-, 6- or 12-month follow-ups.[16] Having a partner who smokes is a well-documented risk factor for postpartum relapse. Therefore, it is preferable that addressing tobacco use be directed at both parents whenever possible. It is the mother who is seen most often during postnatal visits, but research suggests that it is best to engage with new fathers directly whenever possible, and thereby relieving women of the responsibility of bringing up their partner's cessation on their own. Women report that efforts to regulate a male partner's smoking can cause a significant amount of tension in a relationship. Canadian studies also suggest that despite a reported heightened interest by new fathers in reducing or quitting tobacco use during pregnancy and postpartum, they were not routinely asked about their tobacco use by health care providers.[16]

See Chapter 20: "Reproductive Years"

WELL-CHILD CLINICS

Well-child clinics for the target population of 0 to 6 year olds are a core service for public health across the province, with scheduled visits recommended at 2, 4, 6, 12 and 18 months, as well as at 4–6 years. In addition to immunizations, these visits also provide an opportunity for family-centred care, which includes anticipatory guidance related to health promotion and injury prevention. Guidelines from the Canadian Action Network for the Advancement, Dissemination and Adoption of Practice-informed Tobacco Treatment (CAN-ADAPTT) recommend that health care providers in child health settings counsel parents and guardians about the potential harmful effects of second-hand smoke on their children.[4]

Reducing parental tobacco use is a key element in encouraging health and development during early childhood, particularly among those living in difficult social and economic circumstances.[17]

Prenatal and postnatal exposure to environmental tobacco smoke has been linked to negative health outcomes for children, including SIDS, ear infections, asthma, respiratory infections, cognitive impairment and behaviour problems. Children who are exposed to household smokers are also more likely to become smokers themselves.[14,18]

See Chapter 21: "Youth and Family"

When counselling families about the impact of environmental tobacco smoke, health care professionals should be aware that negative effects of second-hand smoke have become widely known and are accepted amongst the general population. However, effects of third-hand smoke are not as well understood. A U.S. survey indicated that 95% of non-smokers and 84% of smokers agreed that second-hand smoke is harmful to children, as compared with 65% of non-smokers and 43% of smokers who agreed that third-hand smoke is harmful to children.[19] For more information on second- and third-hand smoke, refer to Chapter 2 ("The Effects of Tobacco Exposure").

Implementing the modified pathway recommended in Figure 17.2 as a standard of care during these child-centred visits helps improve the health of all family members. Research has demonstrated that intervening with parents during child-centred care can increase the parents' interest in their own cessation, quit attempts and quit rates.[5] Supporting cessation for parents and caregivers not only improves their health, but is also primary prevention for children trying to improve their health outcomes by eliminating their exposure to second- and third-hand smoke.[18,20] Public health professionals are in a position to influence parents/caregivers who are willing to address tobacco use through repeated and consistent messaging provided during well-child clinic interactions.[3,21]

EARLY CHILDHOOD DEVELOPMENT

Early intervention services, parenting education and high-risk family visitation programs that focus on the early childhood years create another window of opportunity to address tobacco use and exposure. The information presented under the postnatal and well-child clinics sections is also relevant in the context of these programs.

Children who are referred to early childhood development programs often have a number of health challenges, which make them more vulnerable to the effects of tobacco exposure. Multiple programs where families receive services should be equipped to identify, counsel and refer parents and guardians for tobacco treatment.[14]

See Chapter 21: "Youth and Family"

SCHOOL HEALTH PROGRAMS

Tobacco use patterns for youth typically evolve during the adolescent years and are affected by factors such as access to tobacco, genetic predisposition and social influences. From the first puff they take, youth should be considered at risk for continued tobacco use, which may transition from experimentation to regular or daily smoking.[4]

School health programs may offer an opportunity to influence youth tobacco use through prevention or cessation activities. The effectiveness of the 5 A's approach has not been established with this population, but health care professionals who work with youth are encouraged to **ASK** about use of all tobacco products and **ADVISE** that they not start or that they stop any current use. The Canadian guidelines for youth also suggest that more research is needed to establish the effectiveness of treatment for this population, but they acknowledged that a number of school-based programs have provided evidence of value.[4]

See Chapter 21: "Youth and Family"

DENTAL HEALTH PROGRAMS

There are clear links between tobacco use (both smoked and smokeless) and oral health. Those who use tobacco products are more likely to develop cancer of the mouth and throat, gum disease, halitosis, stained teeth and tongues, dulling of the taste buds and delayed healing after dental surgery. Smokeless tobacco users frequently experience the formation of oral leukoplakias (white patches) that may develop into cancerous lesions.[4,22]

Studies have shown that dentists and dental hygienists can effectively deliver brief tobacco interventions to clients who use any tobacco products.[5] The Canadian Association of Dental Hygienists advocates for integrating tobacco cessation support into client-centred practice.[23] Public health dental services are often targeted at children, so, like other well-child clinics, they offer a primary prevention opportunity by addressing the child's parent's or caregiver's tobacco use and his or her exposure to environmental tobacco smoke.

See Chapter 21: "Youth and Family"

ADULT IMMUNIZATION PROGRAMS

Public health also provides access to vaccines for adults through targeted programs such as annual influenza campaigns, adult immunization clinics and travel health services. The fast-flow format of an influenza clinic may not be the most appropriate opportunity for a brief tobacco intervention; this intervention may be more appropriate within the context of a longer immunization appointment or travel health counselling. A tobacco user who is preparing for travel, especially that which involves long flights, may need support in exploring strategies to deal with the nicotine withdrawal that may be experienced during the flight.

COMMUNICABLE DISEASE CONTROL PROGRAMS

Communicable diseases, particularly those that affect the respiratory system, are negatively impacted by tobacco use. Tuberculosis (TB) research has established a relationship between smoking and/or exposure to second-hand smoke on the disease's process, treatment and recovery. Not only do smokers have a higher risk of infection with TB, but they also have higher rates of disease recurrence and mortality. Smoking during treatment has been shown to decrease effectiveness and slow recovery.[5,24,25]

International and Canadian guidelines recommend intervention, and treatment is appropriate for all TB clients who are exposed to tobacco.[5,24,25] CAN-ADAPTT recommends that all tobacco users with TB should be informed of the impact that smoking and second-hand smoke exposure have on the disease and the effectiveness of treatment.[24]

Tobacco Free Futures in public health settings

At an operational level, public health management will need to decide how to integrate the *Tobacco Free Futures* initiative as a standard of care. Brief tobacco intervention by a health care provider, including a referral to intensive treatment supports, is an effective option for most of the services and programs included in this portfolio.[2] Evidence suggests that all public health services, including prenatal programs, family planning, well-child clinics and postnatal care, integrate tobacco interventions with provider advice to clients.[1,2] By offering brief tobacco intervention with a nonjudgmental approach, health care professionals will not only screen for tobacco use, but also provide the help and support that clients and their families need.

The brief intervention model outlined in Chapter 7 ("Brief Intervention") has been modified for use in the public health setting and is presented in Figure 17.2. Table 17.1 then outlines some of the considerations for implementing the model in the public health setting.

See appendices:

Appendix 17(a) AHS Meditech PH Brief Tobacco Intervention Assessment and Protocol (2014)

Appendix 17(b) AHS Meditech Newborn Assessment and Tobacco Protocol (2014)

Appendix 17(c) AHS Meditech Infant/Preschool Assessment and Tobacco Protocol (2014)

Appendix 17(d) AHS Tobacco Exposure Interim Department Guideline (Central Zone)

Figure 17.2: *Tobacco Free Futures*: Public Health Brief Intervention Model

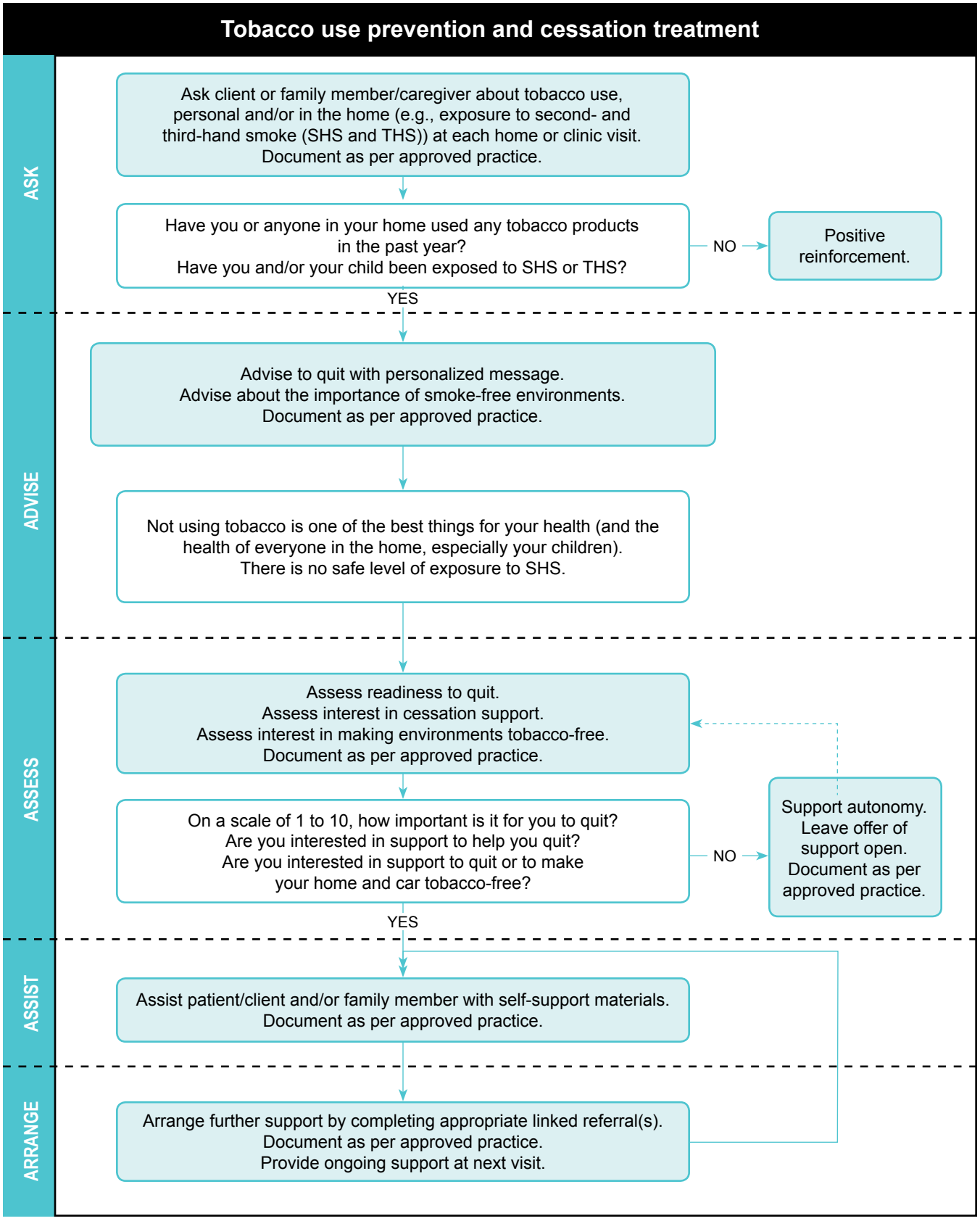


Table 17.1: Treatment Model: Considerations for Public Health Settings		
	MODEL COMPONENT	**CONSIDERATIONS**
ASK	**ASK** clients/family members if anyone in the household has used tobacco in the past year.	• Research suggests that asking a pregnant woman about her tobacco use, with a multiple choice question, can improve disclosure (e.g., "Which of the following best describes your tobacco use? 'I don't use tobacco now and didn't before I got pregnant.' 'I use tobacco regularly, and that hasn't changed since I got pregnant.' 'I use tobacco but have cut down since I got pregnant.'").[5,11] • Asking parents about their tobacco use in the last year at a child-centred visit can give an indication about potential exposure to second- and third-hand smoke (e.g., "Has anyone in the home used tobacco products in the last year?"). • Asking about tobacco use in the home can be relevant at any visit, but it is especially important when talking to clients (and their family members) who are in preconception and actively trying to conceive, are pregnant or have children in the home. • Clients and families who are making repeated visits in a relatively brief period of time (e.g., at well-child clinics) need to be approached in a way that acknowledges that this is a repeat screening (e.g., "I noticed that at your last visit you said that no one in the home was using tobacco. Is this still the case?"). • Relevant electronic or paper forms used in public health should be modified or created to document the ask. Appendices 7(a), 17(a), 17(b) and 17(c)

Table 17.1 *(continued)*

	MODEL COMPONENT	CONSIDERATIONS
ADVISE	**ADVISE** clients/family members of the importance of a tobacco-free home and vehicle. **ADVISE** current tobacco users to quit. Personalize the message. **REQUEST** home visit clients refrain from tobacco use prior to and during visit.	• A tobacco-free home environment should be encouraged so that pregnant women, breastfeeding women and children can avoid exposure to second-hand smoke[4] (e.g., "Research shows that there is no safe level of exposure to second-hand smoke for you or your developing baby"). • Advise that there is no safe level of exposure to environmental tobacco use and that a tobacco-free environment is in the best interests of the client, as well as anyone else in the home, including pets (e.g., "Your child is more vulnerable to the effects of smoke in the air and on the surfaces in your house. Her lungs are developing, she breathes faster and she crawls around, touches surfaces and puts things in her mouth"). • Many parents are motivated to quit or create tobacco-free environments for their children.[20] • If applicable, inform clients and families of restrictions regarding smoking in vehicles or environments with children present (e.g., bylaws, provincial legislation). • Advice to quit should be given in a non-judgmental manner and personalized based on how important it is for the tobacco user to change[4,5] (e.g., "It is important for me to advise you that quitting smoking is one of the most important things you can do for your health and to protect your developing baby"). • Health professionals should request that clients and household members refrain from tobacco use for two hours prior to and during a scheduled home visit. Approaching tobacco use in the home must be done respectfully, recognizing that health care providers are guests in a client's home (e.g., "It is our practice to respectfully ask that household members refrain from smoking for two hours before and during our visits"). • Health professionals must acknowledge their potential to expose others to third-hand smoke based on their personal tobacco use/exposure and take steps to protect clients. • Electronic or paper forms used in public health should be modified or created to document the advise. Appendices 7(a), 17(a), 17(b) and 17(c)
ASSESS	**ASSESS** readiness to quit. **ASSESS** interest in tobacco-free homes and vehicles.	• Assessing readiness to quit is appropriate for all clients who self-identify as tobacco users. • Assessing interest in creating tobacco-free homes and vehicles is appropriate for all clients who use tobacco or disclose others' use in the home. • The majority of parents who use tobacco agree that exposure to second-hand smoke is detrimental to their child's health, but may not be as aware of the risks of third-hand smoke.[19] • Electronic or paper forms used in public health should be modified or created to document the assess. Appendices 7(a), 17(a), 17(b) and 17(c)

Table 17.1 *(continued)*

	MODEL COMPONENT	CONSIDERATIONS
ASSIST	**ASSIST** the client/family member who is not ready to quit by supporting his or her autonomy. **ASSIST** the client/family member who is ready to quit with self-support materials and brief information.	• Support clients where they are at in their readiness to change (e.g., "I understand that you are not ready to discuss your tobacco use at this time," "It sounds like you are ready to start thinking about quitting. I can give you some information that might be helpful in making your decision"). • Encourage smoke-free personal spaces for family members if the client is uninterested in quitting at this time (e.g., "I understand that you are not interested in quitting at this time, but it sounds like you would like some information on making your home and car smoke-free"). • Offer information on tobacco-free homes and vehicles. Materials should include information on second- and third-hand smoke. • Many parents take action to reduce their family's exposure to second-hand smoke, but may not be aware that some of the techniques they are using are not effective (e.g., smoking by an open window, using fans or deionizers). Advocate for a complete ban on smoking in the home and vehicle.[19] • Families who live in a multi-unit dwelling where smoking is permitted in individual units may find it difficult to provide a truly smoke-free home. Support families by providing information about harm reduction. • Support a person ready to quit by offering self-support materials and referring to www.albertaquits.ca for more information. • Provide information on pharmacotherapy regarding safety and efficacy (e.g., "Medicines to help you stop smoking are safe and effective, and can double your chances of success. I recommend speaking to your doctor or pharmacist about options that might be right for you"). • Electronic or paper forms used in public health should be modified or created to document the assist. Appendices 7(a), 17(a), 17(b) and 17(c)
ARRANGE	**ARRANGE** further support through referrals to behavioural support.	• Link to ongoing supports such as the AlbertaQuits helpline, preferably by a fax (or electronically, if available) referral that is completed by a health professional (e.g., "If you like, I can make a referral to the AlbertaQuits helpline for you. A trained tobacco counsellor will contact you to discuss what supports might be right for you"). • Provide further support at the client's next visit. • If applicable, arrange referral to a prescribing authority for pharmacotherapy support (e.g., physician, nurse practitioner or pharmacist). • Electronic or paper forms used in public health should be modified or created to document the arrange. • AHS Health Information Management confirms that fax referral forms are considered transitory records. As long as there is documentation that a referral was sent and confirmation that the referral was received, the paper copy of the fax may be shredded. Appendices 7(a), 17(a), 17(b) and 17(c)

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APPENDICES

Appendix 17(a) AHS Meditech PH Brief Tobacco Intervention Assessment and Protocol (2014)

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Appendix 17(a) AHS Meditech PH Brief Tobacco Intervention Assessment and Protocol (2014) *(page 1)*

Alberta Health Services

Assessment Name: PH Brief Tobacco Intervention	Intervention Number: 1252505
Mnemonic: PHZTOBDEP02	Protocol: ZPHTOBACCO
Acuity: n/a	Move Date: Jan 20/2014

View PH Brief Tobacco Intervention

ASK	
Client Used Tobacco Products in Last Year	○ Yes ○ No Comment
Household Member Used Tobacco Products Last Year	○ Yes ○ No Comment "Have you or anyone in the home used tobacco products in the past year?" If NO for both END intervention (consider relapse prevention for quit within the last year.). If YES for either, refer to protocol and CONTINUE intervention.
ADVISE	
Client Advised to Quit	○ Yes ○ No Comment Personalize message e.g. "Not using tobacco is the best thing you can do for your health and the health of everyone in your home."
Client Advised Re: Exposure to Environmental Tobacco	○ Yes ○ No Comment There is no safe level of exposure to SHS or THS.
Client Advised of Policy/Laws	○ Yes ○ No Comment If client or household member currently using toabcco refer to protocol and CONTINUE intervention.
ASSESS	
Readiness to Quit	○ Important ○ Not Important "Is it important for you to stop using tobacco right now?"
Interested in Support to Quit	○ Yes ○ No Comment
Interested in Support to Make Home/Vehicle Tobacco Free	○ Yes ○ No If NO to both, END intervention. If YES for either refer to protocol and CONTINUE intervention.
ASSIST	
Information Provided	☐ Quit Kit ☐ Available Supports
Other Assistance	Specify

Appendix 17(a) AHS Meditech PH Brief Tobacco Intervention Assessment and Protocol (2014) *(page 2)*

ARRANGE	
Interested in Referral	○ Yes ○ No Comment "If you would like I can complete a referral to AlbertaQuits and a trained tobacco counsellor will contact you to discuss your needs for support."
Referral Completed	☐ AlbertaQuits ☐ Primary Care Network AlbertaQuits Fax Referral Form # 09973 or 1.866.710.7848 (Helpline and Groups) www.albertaquits.ca online
Other Referrals Completed	
COMMENT	
PH Brief Tobacco Intervention Comment	

PROTOCOL

PH Brief Tobacco Intervention Protocol
Developed: June 2012
Revision: December 2013

ASK
- About tobacco use by client or other household members.
If YES for client and/or household member CONTINUE WITH INTERVENTION
If NO for client and household members INTERVENTION STOPS HERE. Exceptions may be considered in case of recent quits (in last year) as risk of relapse may be very high for clients such as new parents.

ADVISE
If CLIENT AND/OR HOUSEHOLD MEMBERS DO USE tobacco products:
- Advise that there is no safe level of exposure to environmental tobacco use and that a tobacco free environment is in the best interests of the health or everyone in the home. Personalize message as appropriate; example in the best interest of their newborn or children.
- As per AHS policy and community laws/bylaws as appropriate
  - Clinics - advise of AHS Tobacco and Smoke Free Policy for all properties.
  - Home visits - request that household members refrain from smoking for 2 hours prior and during a scheduled home visit.
  - If applicable inform of restrictions regarding smoking in vehicles with children present.

If CLIENT DOES USE tobacco ALSO;
- Give personalized advice to quit using a non-judgmental approach: is most effective when personalized to the individual and their situation e.g. desire to start a family, effect on breastfeeding, relapse in the postpartum period.

CONTINUE WITH THE INTERVENTION

ASSESS
- Readiness to quit: Importance
- Interest in support to quit
- Interest in support to make home and/or vehicle tobacco free

If NO
Respect choice and leave offer of support open. INTERVENTION STOPS HERE

If YES for either to any of above CONTINUE WITH INTERVENTION

ASSIST

PHZTOBDEP02 3

- Provide Quit Kit ~~as~~ or self help information tailored to client who is ready to quit &/or how to make your home &/or vehicle tobacco free.
- Provide basic information on effectiveness of pharmacotherapy and link to prescriber (physician, pharmacist).
- Provide information on behavioural counselling and availability in community.
- Other (specify)

CONTINUE WITH THE INTERVENTION

ARRANGE

Arrange further support by completing appropriate community linked referral

If NO, STOP INTERVENTION

If YES, Referral/Information provided &/or fax referral to:

- AlbertaQuits(1.866.710.7848) - Helpline, Groups
- AlbertaQuits.ca - online
- Primary Care Network
- Other, specify

REFERENCES

- Tobacco Free Futures Guidelines (available at www.albertaquits.ca on Health Provider page)
- AHS Tobacco and Smoke Free Environments Policy
http://insite.albertahealthservices.ca/3548.asp

Appendix 17(b) AHS Meditech Newborn Assessment and Tobacco Protocol (2014) *(page 1)*

Alberta Health Services

Assessment Name: PH Newborn Assessment (Birth - 2 Months)	Intervention Number: 0251515
Mnemonic: PHZNEWBORN09	Protocol: ZPHNEWBORN
Acuity: n/a	Move Date: Jan 20/2014

View PH Newborn Assmt (Birth-2 Mth)

LOCATION/METHOD OF CONTACT

Instructions	This assessment is to be used to assess newborns up to 2 months old. Also can be used for newborns who are discharged from hospital post 2 months of age.
Location/Method of Contact	○ Acute Care ○ Drop-in Group ○ Home Visit ○ Office/Clinic Visit ○ Telephone ○ Fax ○ Mail ○ Email
Communication Type	○ Incoming ○ Outgoing
Contact With	○ Acute Care Staff ○ Child Protective Services ○ Client ○ Family Member ○ Lab/Diagnostic Centre ○ Legal Guardian ○ Mental Health ○ Oth Health Care Provider ○ Parent ○ Physician ○ Referral Facility ○ Significant Other ○ Translator ○ Other
Name of Contact Person	
Unable to Contact Action	☐ Letter Mailed ☐ Message Left - Person ☐ Message Left - Phone ☐ Text Message Sent - Phone ☐ Unable to Leave Message
Visit Refused	○ Yes
Contact Comment	

GENERAL INFORMATION

Reason for Assessment/Contact	☐ Assessment by PHN ☐ Breastfeeding Concerns ☐ Health Concerns ☐ Schedule Visit
Reason for Assessment/Contact Comment	
Others Present for Visit	☐ Mother ☐ Father ☐ Foster Parent ☐ Guardian ☐ Sibling(s) ☐ Other Relative ☐ Professional Support
Primary Language of Caregiver	○ English ○ Amharic ○ Arabic ○ Cambodian ○ Cantonese ○ Chinese ○ Dinka ○ French ○ German ○ Low German ○ Mandarin ○ Mandinka ○ Oromo ○ Philippine ○ Punjabi ○ Somali ○ Spanish ○ Tagalog ○ Ukrainian ○ Other
Translator Required	○ Yes ○ No Comment
Translator Present	○ Yes ○ No Comment
First Public Health Contact Since Discharge (Hours)	(hours) Indicate the number of hours since newborn discharge. If it is greater than 72 hours, indicate below the number of days since newborn discharge.
First Public Health Contact Since Discharge (Days)	(days)

Appendix 17(b) AHS Meditech Newborn Assessment and Tobacco Protocol (2014) *(page 2)*

Newborn Readmitted to Acute Care	○ Yes ○ No
General Information Comment	
	If newborn is readmitted to acute care, indicate length of stay in the hospital and why readmitted, i.e. diagnosis, anomalies, reason for prolonged acute care visit.
NOTICE OF BIRTH	
Source of Information	☐ Notice of Birth
Other Source of Notice of Birth	
Gestational Age at Birth, Weeks	(weeks) Enter the gestational age at birth in full weeks.
Gestational Age at Birth, Partial Week	(days) Enter number of days beyond full weeks of gestation.
Birth/Delivery Comment	
GENERAL	
General Behaviour	☐ Within Normal Limits ☐ Cannot Console ☐ Does Not Settle ☐ High Pitched Cry ☐ Jittery ☐ Lethargic ☐ No Cry ☐ No Cueing ☐ Not Waking for Feeds ☐ Sleepy ☐ Weak Cry
General Behaviour Comment	
Medical Concerns	
	For example, medical diagnoses, genetic disorders, NICU, etc.
TEMPERATURE	
Vital Signs Reference	Normal vitals signs can vary, see protocol
Temperature	(degrees Celsius)
Temperature Source	○ Temporal ○ Tympanic ○ Oral ○ Axillary ○ Rectal ○ Skin ○ Core
Temperature Comment	

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Appendix 17(b) AHS Meditech Newborn Assessment and Tobacco Protocol (2014) *(page 3)*

PULSE - Occurrence #1	
➔ Side	○ Left ○ Right
➔ Pulse Location	○ Radial ○ Apical ○ Brachial ○ Carotid ○ Digit ○ Dorsalis Pedis ○ Femoral ○ Peroneal Artery ○ Popliteal ○ Posterior Tibial ○ Superficial Temporal ○ Ulnar
Pulse Rate (Newborn - 6 Weeks)	(beats per minute)
Rhythm Concerns	○ Yes ○ No Comment
RESPIRATIONS	
Respiratory Rate (Newborn - 6 Weeks)	(breaths per minute)
Respirations	☐ Within Normal Limits ☐ Accessory Muscle Use ☐ Apnea ☐ Asymmetrical Chest Movmt ☐ Cough ☐ Crackles ☐ Dyspnea ☐ Grunting ☐ Indrawing ☐ Laboured ☐ Nasal Flaring ☐ Pursed Lip ☐ Ronchi ☐ Stridor ☐ Tachypnea ☐ Tracheal Tug ☐ Wheezes
VITAL SIGNS COMMENT	
Newborn Vital Signs Comment	
NEUROLOGICAL/REFLEXES	
Babinski Reflex	○ Present ○ Weak ○ Absent
Blinking Reflex	○ Present ○ Weak ○ Absent
Crawling Reflex	○ Present ○ Weak ○ Absent
Dance or Step Reflex	○ Present ○ Weak ○ Absent
Extrusion Reflex	○ Present ○ Weak ○ Absent
Gag Reflex	○ Present ○ Weak ○ Absent
Moro/Startle Reflex	○ Present ○ Weak ○ Absent ○ Asymmetrical
Palmar Grasp Reflex	○ Present ○ Weak ○ Absent
Plantar Grasp Reflex	○ Present ○ Weak ○ Absent
Rooting Reflex	○ Present ○ Weak ○ Absent
Sucking Reflex	○ Present ○ Weak ○ Absent
Tonic Neck Reflex	○ Present ○ Weak ○ Absent
Neurological/Reflexes Comment	

SKIN ASSESSMENT	
Skin Colour	☐ Within Normal Limits ☐ Acrocyanosis ☐ Cyanosis ☐ Harlequin Sign ☐ Jaundice ☐ Mottling ☐ Pallor ☐ Ruddy
Skin Colour Comment	
	Describe jaundice location and recommendations given.
TsB Level Discharge (Notice of Birth)	
TcB Reading Discharge (Notice of Birth)	
TcB Reading Community	
Risk Factors to Develop Hyperbilirubinemia	☐ None ☐ Cephalohematoma/Bruising ☐ East Asian Ancestry ☐ Gestational Age-Less 38Wk ☐ Jaundice Less 24Hr of Age ☐ Jaundice Before Discharge ☐ Prev Sibling - Jaundice ☐ Uncertain Intake
Skin Texture and Appearance	☐ Within Normal Limits ☐ Abundant Lanugo ☐ Birth Mark(s) ☐ Bruising ☐ Desquamation (Dry Skin) ☐ Diaphoresis ☐ Infant Acne ☐ Milia ☐ Mole(s) ☐ Mongolian Spots ☐ Persistent Edema ☐ Petechiae ☐ Poor Skin Turgor ☐ Stork Bites ☐ Unexplained Rash/Lesion
Skin Texture & Appearance Comment	
HEAD ASSESSMENT	
Head	☐ Within Normal Limits ☐ Bruising ☐ Caput Succedaneum ☐ Cephalohematoma ☐ Forceps Marks ☐ Lacerations/Abrasions ☐ Molding ☐ Scaling ☐ Softening of Skull
Suture Lines	○ Within Normal Limits ○ Overriding ○ Wide Separation ○ Fused
Anterior Fontanel	○ Within Normal Limits ○ Bulging ○ Sunken
Anterior Fontanel Length	(cm)
Anterior Fontanel Width	(cm)
Posterior Fontanel	○ Within Normal Limits ○ Bulging ○ Sunken
Posterior Fontanel Length	(cm)
Posterior Fontanel Width	(cm)
Head Assessment Comment	

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Appendix 17(b) AHS Meditech Newborn Assessment and Tobacco Protocol (2014) *(page 5)*

EYE ASSESSMENT	
Eyes Within Normal Limits	○ Yes ○ No
Eyes Symmetrical	○ Yes ○ No Comment
Pupils	☐ Within Normal Limits ☐ Absent or Sluggish ☐ Constricted ☐ Dilated ☐ Unequal
Left Eye	☐ Within Normal Limits ☐ Abnormal Red Reflex ☐ Blocked Tearduct ☐ Conjunctivitis ☐ Drooping of the Eyelid ☐ Epicanthical Folds ☐ Hazy/Dull Cornea ☐ Purulent Discharge ☐ Sclera Jaundiced ☐ Sub-Conjunctival Hemorrha
Left Eye Comment	
Right Eye	☐ Within Normal Limits ☐ Abnormal Red Reflex ☐ Blocked Tearduct ☐ Conjunctivitis ☐ Drooping of the Eyelid ☐ Epicanthical Folds ☐ Hazy/Dull Cornea ☐ Purulent Discharge ☐ Sclera Jaundiced ☐ Sub-Conjunctival Hemorrha
Right Eye Comment	
Eyes Comment	
EAR ASSESSMENT	
Ears Within Normal Limits	○ Yes ○ No
Ears Symmetrical	○ Yes ○ No Comment
Left Ear	☐ Within Normal Limits ☐ Discharge ☐ Low Set ☐ Misshapen ☐ Sinus or Fistula ☐ Skin Tag ☐ Unresponsive to Noise
Left Ear Comment	
Right Ear	☐ Within Normal Limits ☐ Discharge ☐ Low Set ☐ Misshapen ☐ Sinus or Fistula ☐ Skin Tag ☐ Unresponsive to Noise
Right Ear Comment	
Hearing Comment	
NOSE ASSESSMENT	
Nose	☐ Within Normal Limits ☐ Blockage ☐ Congestion ☐ Discharge ☐ Nasal Flaring
Nose Assessment Comment	
MOUTH/THROAT ASSESSMENT	
Mouth/Throat	☐ Within Normal Limits ☐ Cleft Lip ☐ Cleft Palate ☐ Dry Mucosa ☐ High Palate ☐ Jaw Abnormality ☐ Lip Abnormality ☐ Natal Teeth ☐ Thrush ☐ Tongue Abnormality
Mouth/Throat Assessment Comment	
NECK/SHOULDER ASSESSMENT	
Neck/Shoulder	☐ Within Normal Limits ☐ Limited Range Of Motion ☐ Palpable Mass ☐ Webbing
Neck/Shoulder Assessment Comment	

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CHEST ASSESSMENT	
Chest Shape	☐ Within Normal Limits ☐ Asymmetrical Movement ☐ Asymmetrical Shape ☐ Supernumerary Nipple
Chest Shape Comment	
Clavicles	☐ Within Normal Limits ☐ Abnormality
Clavicles Comment	
Breasts	☐ Within Normal Limits ☐ Abnormality
Breasts Comment	
ABDOMEN ASSESSMENT	
Abdomen	☐ Within Normal Limits ☐ Asymmetrical ☐ Bowel Sounds Absent ☐ Distended ☐ Masses ☐ Rigid ☐ Sunken Appearance
Umbilicus	☐ Within Normal Limits ☐ Abnormal Bleeding ☐ Base of Cord Moist ☐ Cord Clamp Removed by PHN ☐ Discharge ☐ Edema ☐ Foul Smell ☐ Redness ☐ Umbilical Hernia
Abdomen/Umbilicus Assessment Comment	
ANAL/GENITAL ASSESSMENT	
Anus/Buttocks	☐ Within Normal Limits ☐ Anal Fissures ☐ Diaper Rash ☐ Gluteal Folds Asymmetric
Anus/Buttocks Comment	
Male Genitalia	☐ Within Normal Limits ☐ Bruising or Lacerations ☐ Hydrocele ☐ Swelling in the Groin ☐ Testes Palpable- Inguinal ☐ Testes Unpalpable ☐ Unequal Scrotal Size ☐ Anticipatory Guidance
Male Genitalia Comment	
Circumcision Planned	○ Yes ○ No
Circumcision	☐ Within Normal Limits ☐ Abnormal Bleeding ☐ Plastibell Present ☐ Purulent Discharge ☐ Strong Odour ☐ Anticipatory Guidance
Circumcision Comment	
Female Genitalia	☐ Within Normal Limits ☐ Labial Abnormalities ☐ Rash ☐ Unusual Discharge ☐ Vaginal Skin Tag
Female Genitalia Comment	
BACK ASSESSMENT	
Back	☐ Within Normal Limits ☐ Curvature of Spine ☐ Cyst or Dimple ☐ Hair Tufts Along Spine ☐ Non Intact Spine
Back Assessment Comment	

Appendix 17(b) AHS Meditech Newborn Assessment and Tobacco Protocol (2014) *(page 7)*

EXTREMITIES ASSESSMENT	
Upper Extremity Assessment	☐ Within Normal Limits ☐ Asymmetrical Movement ☐ Asymmetrical Tone ☐ Trauma
Upper Extremity Assessment Comment	
Left Hand/Arm	☐ Within Normal Limits ☐ Arm Abducted ☐ Arm Hangs Limp ☐ Cyanosis Nail Bed ☐ Hypertonia ☐ Hypotonia ☐ Myoclonic Jerks ☐ Nail Beds Yellow ☐ Polydactyly ☐ Restricted ROM ☐ Simian Crease in Palm ☐ Syndactyly ☐ Tremors
Left Hand/Arm Comment	
Right Hand/Arm	☐ Within Normal Limits ☐ Arm Abducted ☐ Arm Hangs Limp ☐ Cyanosis Nail Bed ☐ Hypertonia ☐ Hypotonia ☐ Myoclonic Jerks ☐ Nail Beds Yellow ☐ Polydactyly ☐ Restricted ROM ☐ Simian Crease in Palm ☐ Syndactyly ☐ Tremors
Right Hand/Arm Comment	
Lower Extremity Assessment	☐ Within Normal Limits ☐ Asymmetrical Movement ☐ Asymmetrical Tone ☐ Trauma ☐ Unequal Leg Folds ☐ Unequal Leg Length
Lower Extremity Assessment Comment	
Left Foot/Leg	☐ Within Normal Limits ☐ Abnormal Foot Posture ☐ Abnormal Plantar Creases ☐ Clubbed Shape ☐ Cyanosis of Leg and Foot ☐ Diagnosed Hip Concern ☐ Flacid Limb ☐ Hyperflexibility ☐ Hypertonia ☐ Hypotonia ☐ Limbs Not Flexed ☐ Myoclonic Jerks ☐ Nail Beds Yellow ☐ Persist Cyanosis Nail Bed ☐ Polydactyly ☐ Restricted ROM ☐ Rocker Bottom Feet ☐ Syndactyly ☐ Tremors
Left Foot/Leg Comment	
Right Foot/Leg	☐ Within Normal Limits ☐ Abnormal Foot Posture ☐ Abnormal Plantar Creases ☐ Clubbed Shape ☐ Cyanosis of Leg and Foot ☐ Diagnosed Hip Concern ☐ Flacid Limb ☐ Hyperflexibility ☐ Hypertonia ☐ Hypotonia ☐ Limbs Not Flexed ☐ Myoclonic Jerks ☐ Nail Beds Yellow ☐ Persist Cyanosis Nail Bed ☐ Polydactyly ☐ Restricted ROM ☐ Rocker Bottom Feet ☐ Syndactyly ☐ Tremors
Right Foot/Leg Comment	

Appendix 17(b) AHS Meditech Newborn Assessment and Tobacco Protocol (2014) *(page 8)*

BOWEL AND BLADDER ASSESSMENT	
Voiding	☐ Within Normal Limits ☐ Dark Coloured Urine ☐ Foul Odour ☐ Inadequate Voiding ☐ Uric Acid Crystals Uric acid crystals present greater than 72 hours of age is not within normal limits.
Number of Voids in Past 24 Hours	
Voiding Comment	
Stooling	☐ Within Normal Limits ☐ Blood in Stool ☐ Constipation ☐ Diarrhea ☐ Inadequate Stooling ☐ Mucous in Stool ☐ Pale Colour
Number of Stools in Past 24 Hours	
Type of Stool	☐ Meconium ☐ Seedy ☐ Transitional ☐ Yellow
Stooling Comment	
FEEDING ASSESSMENT	
Feeding Observed	○ Yes ○ No
Type of Feeding	☐ Breast ☐ Formula ☐ NPO
Other Type of Feeding	
Frequency of Feedings in Past 24 Hours	
Average Duration of Each Feed	
Newborn Readiness	☐ Within Normal Limits ☐ Frantic ☐ Sleepy
Vitamin/Mineral Supplement	☐ Vitamin D ☐ Vitamin A, C, D ☐ Iron ☐ Anticipatory Guidance
Other Vitamin/Mineral Supplement	
Feeding Summary Comment	

Appendix 17(b) AHS Meditech Newborn Assessment and Tobacco Protocol (2014) *(page 9)*

BREASTFEEDING ASSESSMENT	
Position	☐ Within Normal Limits ☐ Poor Feeding Position
Latch/Suck	☐ Within Normal Limits ☐ Biting/Clenching ☐ Clicking ☐ Does Not Latch ☐ Flutter Suck ☐ Nipple Compress Post Feed ☐ Shallow Latch ☐ Short Frenulum ☐ Shuts Down During Feed ☐ Tongue Sucking ☐ Unable to Maintain Seal ☐ Using Nipple Shield ☐ Weak Suck
Swallowing Within Normal Limits	○ Yes ○ No Comment
Milk Transfer	☐ Within Normal Limits ☐ Breast Compression ☐ Ineffective ☐ Using Breast Pump
Alternative Feeding Methods	☐ None ☐ Bottle ☐ Cup ☐ Feeding Tube-No. 5 French ☐ Spoon ☐ Syringe
Before Meal (AC) and After Meal (PC) Weight Difference	(grams)
Breastfeeding Equipment	☐ Breast Pump Flanges ☐ Breast Shells ☐ Double Pump Kit ☐ Electric Breast Pump ☐ Manual Breast Pump ☐ Nipple Everter ☐ Nipple Shield ☐ Supplemental Nursing Syst
Breast Pump Flange Size	
Nipple Shield Size	
Breast Shell Size	
Supplemental Nursing System Type	
Other Breastfeeding Equipment	
Breastfeeding Summary Comment	
Breastfeeding Anticipatory Guidance	☐ Breast Compression ☐ Contraceptive Methods ☐ Correct Latch ☐ Correct Positioning ☐ Cluster Feeding ☐ Expected Voids & Stools ☐ Feeding Cues ☐ Growth Spurts ☐ Hand Expression/Pumping ☐ Increasing Milk Supply ☐ Overproduction ☐ Paced Bottle Feeding ☐ Pacifier Use ☐ Relactation ☐ Skin to Skin Contact ☐ Switch Nursing ☐ Yeast Diaper ☐ Yeast Oral
Breastfeeding Anticipatory Guidance Comment	

FORMULA FEEDING ASSESSMENT	
Type of Formula	☐ Appropriate ☐ Inappropriate
Formula Amount in 24 Hours	Indicate amount of formula in mls in a 24 hour period.
Mixing and Storing Formula	☐ Proper Preparation ☐ Improper Preparation ☐ Proper Storage ☐ Improper Storage
Formula Feeding Assessment Comment	
Formula Feeding Anticipatory Guidance	☐ Bottle/Nipple ☐ Burping ☐ Expected Voids & Stools ☐ Feeding Cues ☐ Growth Spurt ☐ Latch ☐ Paced Bottle Feeding ☐ Pacifier Use ☐ Positioning ☐ Skin to Skin ☐ Suck ☐ Warming Formula
Formula Feeding Anticipatory Guidance Comment	
LAB WORK	
Newborn Metabolic Screen	☐ Client to Go to Lab ☐ Completed in Hospital ☐ Completed by Midwife ☐ Completed by Other ☐ Completed by PHN ☐ Parent Refused ☐ Repeat Required
Metabolic Screen #1 Date	
Metabolic Screen #1 Time	
Metabolic Screen #2 Date	
Metabolic Screen #2 Time	
Parent Refusal Letter Signed	○ Yes ○ No Comment
Newborn Metabolic Screen Comment	
ANTICIPATORY GUIDANCE	
Anticipatory Guidance Provided To	
Anticipatory Guidance	☐ Car Seat Safety ☐ Community Supports ☐ Family Violence ☐ Healthlink ☐ Immunization ☐ Jaundice ☐ Newborn Metabolic Screen ☐ Safe Sleep ☐ Shaken Baby Syndrome ☐ SIDS ☐ Substance - Exposure To ☐ Water Quality/Tested
Anticipatory Guidance Comment	

Appendix 17(b) AHS Meditech Newborn Assessment and Tobacco Protocol (2014) *(page 11)*

HOME ENVIRONMENT/FAMILY ASSESSMENT	
Home Environment/Family Assessment	☐ No Concerns ☐ Concerns ☐ Referrals
Qualify for Synagis	○ Yes ○ No Comment Qualification approval can ONLY be given with approval from the Northern Alberta RSV Prevention Program and the Southern Alberta RSV Prevention Program.
Hepatitis B Immunization Eligibility	○ Yes ○ No Comment If yes, indicate parents' country of birth.
Health Follow-Up	Indicate the date of next anticipated physician follow-up appointment.
Home Environment/Family Assessment Comment	Indicate if seen family physician/pediatrician
TOBACCO EXPOSURE	
Tobacco Exposure in Past Year	☐ None Reported ☐ Caregiver Body/Clothing ☐ Caregivers In/At Home ☐ Caregivers Outside Home ☐ Prenatal Exposure ☐ Vehicle
Tobacco Exposure Anticipatory Guidance	☐ Caregiver to Quit/Reduce ☐ Home Tobacco Free ☐ Vehicle Tobacco Free
Tobacco Exposure Comment	
Quit Kit Given	○ Yes ○ No Comment
RECOMMENDED REFERRALS	
Recommended Referrals	☐ Alberta Quits ☐ Child/Family Services ☐ Early Intervention Prog ☐ Family Physician ☐ Food Access Programs ☐ Home Visitation Program ☐ Lactation Consultant ☐ Oth Health Care Provider ☐ Parent Link ☐ Pop Health Promo Program ☐ Postnatal Support Program ☐ Tobacco Cessation
Referrals Comment	Specify Other Health Care Provider
Programs Infant Enrolled	☐ Child/Family Services ☐ Early Intervention Prog ☐ Home Visitation Program
Programs Infant Enrolled Comment	
SUMMARY COMMENT	
Infant/Preschool Immunization/Wt Record OR Health Passport	○ Given ○ Mailed
Recommended Public Health Nurse Follow-Up	○ Yes ○ No Comment If yes, indicate date of next anticipated PHN follow-up appointment.
Newborn Assessment Summary Comment	

PROTOCOL (Tobacco Only)
NEWBORN ASSESSMENT PARAMETERS
Developed: July 2010
Revision: January 2011, June 2011, December 2011, November 2012, January 2014
May 2013 – Aligned with Alberta Health Services Public Health Nursing Maternal/Newborn Practice Manual

The Meditech term protocol refers to information that supports documentation using specific assessment screens. Users are responsible to follow the current Alberta Health Services policies, procedures and guidelines or when none available guidance documents for their service area; using clinical judgment based on current evidence-based practice.
Support for assessment is available from the Alberta Health Services Public Health Nursing Maternal/Newborn Practice Manual.
Only descriptors in the assessment that require definitions or further clarification are included in this document.

TOBACCO
Exposure to tobacco:

- Tobacco free environment is in the best interests of the health of everyone in the home especially in the best interest of the children
- Consider exposure to tobacco in all settings, including other locations where care is provided (grandparents, daycare) and public places
- There is no safe level of exposure to environmental tobacco - Second Hand Smoke (SHS) and Third Hand Smoke (THS)
- Chemicals from tobacco smoke pass to baby in mother's breastmilk, thus the baby may be more likely to refuse feedings, be cranky, sleep poorly and spit up. Although nicotine passes through to breastmilk, evidence supports better outcomes for the newborn as the benefits of breastfeeding outweigh the negative impact of nicotine and other contaminants passing through the breastmilk
- Children breathe faster and have a greater lung surface area to body size/weight than adults, so they absorb more harmful chemicals from second-hand smoke.
- Children are at higher risk for health concerns related to tobacco exposure – SIDS, respiratory infections and asthma
- Enclosed spaces retain and concentrate the harmful chemicals released when tobacco burns. This makes smoking in vehicles especially dangerous.
- Make home and vehicle tobacco free and when this is not possible, use tobacco outside away from windows and doors, change or cover clothing and wash hands after smoking
- Keep tobacco products out of children's reach

Tobacco policies/laws

- AHS policy - as appropriate for clinic visits. This facility, and other AHS facilities, and grounds are tobacco free. Tobacco use is prohibited
- Home visits – Staff exposure to tobacco products can be minimized when household members refrain from smoking for 2 hours prior and during a scheduled home visit.

- Provincial laws - *Tobacco Reduction Act* - Smoking is prohibited in all indoor public places and workplaces in Alberta. The legislation does not currently include restrictions on smoking in private homes, or public recreation areas.
- In November 2013 the Alberta Government passed Bill 33 which bans smoking in a vehicle containing children and youth under the age of 18.
- Some community bylaws restrict smoking in outdoor recreation venues.

Alberta Health Services

Assessment Name: PH Infant/Preschool Assessment	Intervention Number: 0251510
Mnemonic: PHZINFANTCL06	Protocol: ZPHINFANT
Acuity: n/a	Move Date: Jan 20/2014

View PH Infant/Preschool Assessment

LOCATION / METHOD OF CONTACT	
Location/Method of Contact	○ Acute Care ○ Drop-in Group ○ Home Visit ○ Office/Clinic Visit ○ Telephone ○ Fax ○ Mail ○ Email
Communication Type	○ Incoming ○ Outgoing
Contact With	○ Acute Care Staff ○ Child Protective Services ○ Client ○ Family Member ○ Lab/Diagnostic Centre ○ Legal Guardian ○ Mental Health ○ Oth Health Care Provider ○ Parent ○ Physician ○ Referral Facility ○ Significant Other ○ Translator ○ Other
Name of Contact Person	
Unable to Contact Action	☐ Letter Mailed ☐ Message Left - Person ☐ Message Left - Phone ☐ Text Message Sent - Phone ☐ Unable to Leave Message
Contact Comment	
GENERAL INFORMATION	
Reason for Assessment/Contact	☐ Assessment by PHN ☐ Health Concerns ☐ Lab/Test Results ☐ Schedule Visit
Accompanied By	☐ Mother ☐ Father ☐ Foster Parent ☐ Guardian ☐ Interpreter ☐ Sibling(s) ☐ Other Relative ☐ Professional Support
Accompanied By Comment	
GENERAL HEALTH	
Parental Reported Concerns	
General Health	☐ Within Normal Limits ☐ Fever Ask: How is your child feeling today? Fever in past 24 hours?
General Health Comment	
Appearance	☐ Within Normal Limits ☐ Referral
Appearance Comment	Describe concerns
Head	☐ Within Normal Limits ☐ Anticipatory Guidance ☐ Referral Ask "Are you giving child tummy time?"
Head Comment	Describe concerns
Fontanels/Sutures Comment	Indicate if referral made.

Appendix 17(c) AHS Meditech Infant/Preschool Assessment and Tobacco Protocol (2014) *(page 2)*

Oral Health/Dental Care	☐ Within Normal Limits ☐ Anticipatory Guidance ☐ Referral ☐ Bottle in Crib ☐ Dental Cavities ☐ Had Dental Check-up ☐ Pain ☐ Thrush ☐ White Lines Ask: Are you cleaning child's gums/teeth 2 times daily?
Oral Health/Dental Care Comment	
Skin	☐ Within Normal Limits ☐ Anticipatory Guidance ☐ Referral ☐ Dry ☐ Poor Skin Turgor ☐ Rash ☐ Scaly Scalp
Skin Comment	Indicate other skin concerns, if applicable.
Sleep Habits	☐ Within Normal Limits ☐ Anticipatory Guidance ☐ Referral Ask: Any concerns with child's sleep patterns?
Sleep Comment	
Elimination	☐ Within Normal Limits ☐ Anticipatory Guidance ☐ Referral ☐ Constipation ☐ Diarrhea
Elimination Comment	
GROWTH AND DEVELOPMENT	
Speech/Language	☐ Within Normal Limits ☐ Anticipatory Guidance ☐ Referral Ask: Any concerns with child's speech development?
Speech/Language Comment	
Eyes/Vision	☐ Within Normal Limits ☐ Anticipatory Guidance ☐ Referral Ask: Any concerns with child's vision or eye development?
Eyes/Vision Comment	
Ears/Hearing	☐ Within Normal Limits ☐ Anticipatory Guidance ☐ Referral Ask: Any concerns with child's hearing?
Ears/Hearing Comment	
Gross Motor	☐ Within Normal Limits ☐ Anticipatory Guidance ☐ Referral
Gross Motor Comment	
Fine Motor	☐ Within Normal Limits ☐ Anticipatory Guidance ☐ Referral
Fine Motor Comment	
Ages and Stages Questionnaire Given	○ Yes ○ No Comment Indicate if parent has refused or taken the questionnaire home to complete.
NUTRITION	
Primary Milk Source	☐ Breastmilk ☐ Formula - Cow's Milk ☐ Formula - Soy ☐ Formula - Specialized ☐ Milk - Whole Cow/Goat ☐ Milk - Skim or 1% or 2% ☐ Milk Alternate- Fortified ☐ Milk Alter- Non-Fortified
Milk Type Comment	Indicate other types of milk
Milk Amount in 24 Hours	Indicate amount of milk in mls per 24 hours.
Foods Given	☐ All Food Groups ☐ Fruits & Vegetables ☐ Grain Products ☐ Meat & Alternatives ☐ Milk & Alternatives
Vitamin/Mineral Supplement	☐ Vitamin D ☐ Vitamin A, C, D ☐ Iron ☐ Multivitamin ☐ Anticipatory Guidance
Other Vitamin/Mineral Supplement	
Nutrition	☐ Within Normal Limits ☐ Anticipatory Guidance ☐ Referral ☐ Early Introduction-Solids ☐ Excessive Juice Intake ☐ Excess Sugar Sweet Bevera ☐ Feeding Relat'n Concerns ☐ Inadeq Access-Healthy Fds ☐ Inadeq Intake- 4 Food Grp ☐ Inadequate Meals & Snacks ☐ Inappropriate Milk Intake ☐ Inappropriate Milk Type ☐ Refusing Specific Foods ☐ Refusing Specific Texture
Nutrition Comment	

Appendix 17(c) AHS Meditech Infant/Preschool Assessment and Tobacco Protocol (2014) *(page 3)*

SAFETY AND INJURY PREVENTION	
Safety & Injury Prevention Anticipatory Guidance Given	☐ Choking ☐ Crying - Shaken Baby Synd ☐ Drowning/Scalding ☐ Falls ☐ Mosquito Protection ☐ Motor Vehicle ☐ Pedestrian/Bicycle ☐ Playground ☐ Poisoning ☐ Safe Sleeping ☐ Sun Sense
Safety/Injury Prevention Anticipatory Guidance Given Comment	If applicable, indicate other safety/injury prevention concerns.
SOCIAL	
Caregiver/Child Interaction	☐ Within Normal Limits ☐ Anticipatory Guidance ☐ Referral
Caregiver/Child Interaction Comment	
TOBACCO EXPOSURE	
Tobacco Exposure in Past Year	☐ None Reported ☐ Caregiver Body/Clothing ☐ Caregivers In/At Home ☐ Caregivers Outside Home ☐ Prenatal Exposure ☐ Vehicle
Tobacco Exposure Anticipatory Guidance	☐ Caregiver to Quit/Reduce ☐ Home Tobacco Free ☐ Vehicle Tobacco Free
Tobacco Exposure Comment	
Quit Kit Given	○ Yes ○ No Comment
REFERRALS	
Recommended Referrals	☐ Addictions/Mental Health ☐ Alberta Quits ☐ Audiologist ☐ Behaviour Program ☐ Early Intervention Prog ☐ Dentist ☐ Family Physician ☐ Food Access Programs ☐ Home Visitation Program ☐ Lactation Consultant ☐ Nutritionist/Dietitian ☐ Occupational Therapy ☐ Oth Health Care Provider ☐ Optometrist ☐ Oral Health ☐ Parent Link ☐ Physiotherapy ☐ Pop Health Promo Program ☐ Prenatal at Risk Program ☐ Social Services ☐ Speech Language Pathology ☐ Tobacco Cessation
Other Recommended Referrals	
Recommeded Referrals Declined/Refused	
Hepatitis B Serology Requisition Given	○ Yes ○ No Comment
Written Resources Given	○ Yes ○ No Comment
Website Resources Given	○ Yes ○ No Comment
SUMMARY	
Infant/Preschool Assessment Summary Comment	

PROTOCOL (Tobacco Only)

INFANT/PRESCHOOL ASSESSMENT PARAMETERS
Developed: January 2011
Revision: June 2011, January 2014

Meditech uses the term protocol for the information that supports documentation in assessment screens. Users are responsible to follow the current policies, procedures and guidelines for their service area, using clinical judgment based on current evidence-based practice.
Only descriptors in the assessment that require definitions or further clarification are included in this document.

TOBACCO
Exposure to tobacco:

- tobacco free environment is in the best interests of the health of everyone in the home especially in the best interest of the children
- Consider exposure to tobacco in all settings, including other locations where care is provided (grandparents, daycare) and public places
- there is no safe level of exposure to environmental tobacco - Second Hand Smoke (SHS) and Third Hand Smoke (THS)
- Chemicals from tobacco smoke pass to baby in mother's breastmilk, thus the baby may be more likely to refuse feedings, be cranky, sleep poorly and spit up. Although nicotine passes through to breastmilk, evidence supports better outcomes for the newborn as the benefits of breastfeeding outweigh the negative impact of nicotine and other contaminants passing through the breastmilk
- Children breathe faster and have a greater lung surface area to body size/weight than adults, so they absorb more harmful chemicals from second-hand smoke.
- children are at higher risk for health concerns related to tobacco exposure – SIDS, respiratory infections and asthma
- Enclosed spaces retain and concentrate the harmful chemicals released when tobacco burns. This makes smoking in vehicles especially dangerous.
- Make home and vehicle tobacco free and when this is not possible, use tobacco outside away from windows and doors, change or cover clothing and wash hands after smoking
- Keep tobacco products out of children's reach

Tobacco policies/laws

- AHS policy - as appropriate for clinic visits This facility, and other AHS facilities, and grounds are tobacco free. Tobacco use is prohibited
- Home visits – Staff exposure to tobacco products can be minimized when household members refrain from smoking for 2 hours prior and during a scheduled home visit.
- Provincial laws - *Tobacco Reduction Act* - Smoking is prohibited in all indoor public places and workplaces in Alberta. The legislation does not currently include restrictions on smoking in private homes, or public recreation areas.
- In November 2013 the Alberta Government passed Bill 33 which bans smoking in a vehicle containing children and youth under the age of 18.
- Some community bylaws restrict smoking in outdoor recreation venues.

Appendix 17(d) AHS Tobacco Exposure Interim Department Guideline (Central Zone)
(page 1)

Alberta Health Services

INTERIM DEPARTMENT GUIDELINE
CENTRAL ZONE

TITLE **TOBACCO EXPOSURE**	
APPLICABILITY Public Health Nursing - Maternal Child	APPROVED 01 January 2012
APPROVED BY Public Health Nursing Management Team	LAST UPDATE 23 January 2014
DEPARTMENT Public Health Nursing	NEXT REVIEW 01 February 2017
The electronic copy posted on the PHN Shared Drive is considered the current copy	

OBJECTIVES

To enhance Public Health Nurses' (PHN) existing knowledge about:

- Tobacco exposure
- Current best practice in tobacco reduction
- Evidence based tobacco reduction resources
- Risk behaviours and stages of change to promote health behaviour change in clients and families

DEFINITIONS

Brief Tobacco Intervention (BTI) means a short focussed session to screen for tobacco use. Empathetic personalized assistance is provided, focussed on increasing the individual's insight and awareness regarding his/her tobacco use and *his/her* motivation for change. The BTI does not require in-depth knowledge about smoking cessation. The process is guided by 5 As; **A**sk, **A**dvise, **A**ssess, **A**ssist, **A**rrange. (Previous practice addressed all these components within the ask, advise, assist/refer headings.)

Mainstream smoke means the smoke that is exhaled by those that smoke.

Second-hand smoke (SHS), also called passive smoking, means smoke made up of mainstream and side stream smoke.

Side stream smoke means the smoke that comes from the burning end of a cigarette, pipe or cigar and other smoked tobacco products

Third-hand smoke (THS) means residual tobacco smoke pollutants that remain on surfaces long after the cigarette or other smoked tobacco product is extinguished. It is deposited on, penetrates and accumulates on all surfaces it comes in contact with each time someone smokes: any surface material such as; hair, skin, fabric, clothing, curtains, car seats, carpet, furniture, toys, furniture, and walls.

Tobacco Free means there is no tobacco use in the house or car at anytime by anyone; not even in a room with the door closed or the window open; or in an attached garage. A 100% tobacco -free home is one where visitors, family and friends are asked not to smoke any form of tobacco inside. Tobacco free also encompasses no use of any form of smokeless tobacco or electronic smoking products (ESP), like e-cigarettes indoors as recent evidence has shown smokeless tobacco use in enclosed spaces has health consequences for those other than the

user. More research is needed to evaluate health consequences of second-hand exposure to nicotine, especially among vulnerable populations, including children, pregnant women and people with cardiovascular conditions.

BACKGROUND

Central Zone presently has the second highest rate of maternal prenatal tobacco use in the province (see APHR Data Sheet) with some community rates as high as 50% prevalence. A substantial proportion of women who quit smoking during pregnancy resume smoking before delivery or postpartum: 25% before delivery, 50% within 4 months, 70-90% by 1 year postpartum. This indicates the importance of addressing tobacco use as often as possible.

Public health clinics have the potential for large-scale delivery of effective tobacco interventions. Several studies have established both the short-term and long-term effectiveness of smoking cessation interventions in public health clinics. Current recommendations are that brief tobacco interventions occur in multiple settings (well child visits, postnatal visits) for all household members. Of particular importance, public health clinics are a major source of maternal and child care for lower socioeconomic women and thus present an opportunity for intervention with this at risk population.

Client and family centered care honors the strengths, cultures, traditions, and experience that each person brings to the client/family-professional partnership. It acknowledges that a family has control and power to define, analyze and act upon situations

Many people will not identify themselves as a person who smokes for various reasons such as they don't buy them but get them from others or they only smoke socially. Identifying caregivers who have quit within the last year provides an opportunity to offer relapse prevention supports.

People may have a misunderstanding of the definition of a 100% tobacco-free environment. Some may think smoking near an open window, in a room with the door shut or in an attached garage is keeping their home/vehicle safe from the harmful constituents in tobacco products. Tobacco free also includes avoiding all forms of smokeless tobacco and electronic smoking products indoors. Smokeless tobacco use also can produce a 'second-hand-like' effect. Evidence has shown that median nicotine concentrations for residences with smokeless tobacco users were significantly greater than median nicotine concentrations for tobacco-free homes and similar to median nicotine concentrations in homes of those where active smoking occurs. Electronic smoking products like e-cigarettes, are designed to generate inhalable nicotine aerosol (vapour). When an e-cigarette user takes a puff, the nicotine solution is heated and the vapour is taken into the lungs. Although no sidestream vapour is generated between puffs, some of the mainstream vapour is exhaled by the e-cigarette user. Evidence shows that ESPs are a source of second-hand exposure to nicotine.

Background information relevant for professional practice is found in Appendix I *Tobacco Use and Exposure Facts for Professionals*.

Three types of tobacco cessation supports are provided by Alberta Quits:

- Helpline (1-866-710-Quit) - A free smoking cessation help-line available from 8am to 8pm, seven days a week for all residents of Alberta. Trained counselors will develop a quit plan, deal with cravings and provide ongoing support. Helpline counselors will call only three times to a client before giving up on the contact.

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- Online - Around the clock internet-based quit smoking service, available free of charge for all Albertans. Expert advice, online peer support, quitting strategies, email reminders and more can be accessed by any computer by providing an Alberta postal code.

- Alberta Quits Groups (QuitCore) – Register online for a Quit Core group cessation program in your area facilitated by professionally trained leaders and attended by people looking for peer support, encouragement and advice to help them quit tobacco. Availability of this program varies by community and may not be regularly available in smaller centers.

PROCEDURE

1.1. Routinely plan to offer brief tobacco interventions (BTI) at the initial home visit after the birth of the newborn and the 6 month well child clinic visit.

1.2. Brief tobacco interventions may be offered at any point of contact as appropriate. Reference *Tobacco Use and Exposure Facts for Professionals* (Appendix I).

1.3. Use the *Tobacco Free Futures: Public Health Brief Intervention Model Flow Chart* (Appendix II). It is a 5 step approach for brief tobacco interventions, messaging, support and referrals. It only takes a few minutes and does not require in–depth knowledge about smoking cessation.

1.4. Reference *Brief Tobacco Intervention Sample Scripting* (Appendix III) to facilitate discussion with clients, as needed.

1.5. The 5A approach includes:

- **ASK** – about tobacco use

Carefully, respectfully and non-judgementally approach clients about tobacco use and/or exposure to tobacco for themselves or any household contacts.

- **Do you or any of your child's caregivers currently use or have used any tobacco products in the <u>past year</u>?** Separately scheduled time may be required for client or partner counselling or support.
- Reference *Brief Tobacco Intervention Sample Scripting* (Appendix III) for additional scripting options.
- If currently using tobacco products, ask about pattern of use.
- **'Please describe what restrictions you have in your home/vehicle?**'
- If the client or other family/caregivers/household members residing with the client DO NOT USE tobacco products and there is no indication of exposure to tobacco products from caregivers outside the residence, STOP HERE. (See *Brief Tobacco Intervention Sample Scripting* Appendix III)

- If exposure to tobacco products from caregivers outside the residence is identified, offer second and/or third-hand smoke messages appropriate to situation for information and/or support.
- If tobacco use by the client or other family/caregivers/household members residing with the client is identified continue to ADVISE

- **ADVISE** – provide client-centered advice that is personalized and non-judgmental to the individual and their situation.
  - Inform client that all AHS facilities and grounds are tobacco-free.
  - Recommend tobacco users quit by providing messages relevant to the client. Reference *Brief Tobacco Intervention Sample Scripting* (Appendix III) as needed.
  - Describe a tobacco free environment and strategies to achieve this.
  - Clients who live in multi-unit dwellings may find it difficult to make their homes truly tobacco free because of lack of legislation and are therefore, involuntarily exposed to SHS or THS.
    i) Offer pamphlet Second Hand Smoke and Multi-Unit Dwellings.

- **ASSESS** – all tobacco users' readiness to quit or reduce tobacco use and interest in cessation support. Assess client's interested in support to:
  - Quit or reduce using tobacco products
  - Make home and/or vehicle smoke /tobacco free
    - Client answers *yes* to either of the above questions:
      - Continue to ASSIST.
    - Client answers *no*:
      - Support their autonomy
      - Offer resources for future support
      - Reference *Brief Tobacco Intervention Sample Scripting* (Appendix III) as needed.
      - Offer harm reduction strategies to reduce SHS or THS exposure. i.e. only smoke outside away from doors and windows, wear a jacket or other covering over clothing that can be removed before coming back into the house. Wash hands, face before handling baby.

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- **ASSIST** – client by discussing available cessation supports such as pharmacotherapy and behavioural support options
- **ARRANGE** – ongoing support for the client
  - Client has access to internet for referral:
    - Ask permission to provide referral to Alberta Quits website; www.albertaquits.ca This site enables clients to access the Helpline for telephone support, electronic cessation supports like text messaging tips and to sign up for group cessation support in their area.
  - Client has no access to internet for referral:
    - Ask permission to complete a fax referral to the Alberta Quits Helpline. The Helpline provides assistance and support for people who are ready to quit. Counsellors are trained to assess an individual's level of addiction to nicotine, and assist him/her to tailor an individualized quit plan and link him/her with available community supports.
  - Client consents to referral

    ii) Offer "Alberta Quits' pamphlet, or 'Alberta Quits' fridge magnet
    iii) For those without internet access, complete the Alberta Quits Help Line fax referral form (Alberta Health Services Insite ->Employee Tools -> Forms Library -> List of Forms -> Alberta Quits Helpline Referral).
    iv) Fax the completed form to the Alberta Quits Help Line
  - Client declines referral

    v) Suggest accessing www.albertaquits.ca, contacting a health care provider or Health Link when ready.
  - Ask permission to provide handout materials and information found on the PHN Client Resource Master list.

DOCUMENTATION
Document assessment findings, anticipatory guidance and referrals according to Meditech protocol.

APPENDICES

- Appendix I Tobacco Use and Exposure Facts for Professionals
- Appendix II Tobacco Free Futures: Public Health Brief Intervention Model Flow Chart
- Appendix III Brief Tobacco Intervention Sample Scripting