



**GUIDANCE NOTE
ON THE ELIMINATION OF
ENVIRONMENTAL TOBACCO SMOKE
IN THE WORKPLACE
[NOHSC:3019(2003)]**

October 2003

West Australian Appendix to the NOHSC guidance note on the elimination of environmental tobacco smoke

Background

In December 2003, the Western Australian Commission for Occupational Safety and Health adopted the National Occupational Health and Safety Commission's Guidance Note on the Elimination of Environmental Tobacco Smoke in the Workplace [NOHSC:3019(2003)] subject to a modification to Section 7 so that it complies with the requirements under the Western Australian occupational safety and health legislation.

Amendment to Section 7 (on Page 6)

The final sentence in Section 7 on Administrative Controls (in the column on the left hand side on Page 6) should be disregarded as it is incorrect under the requirements of the Western Australian Occupational Safety and Health Regulations 1996. The following sentence should be referred to instead:

Under the Western Australian Occupational Safety and Health Regulations 1996, employers, self-employed people and employees must not smoke in an enclosed workplace. (Regulation 3.44B)

Enclosed public places (e.g. hospitality venues)

For information on the legislative requirements for enclosed public places, refer to the Tobacco Products Control Regulations 2006. These regulations are available from the [State Law Publisher](#)

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FOREWORD

This Guidance Note replaces the 1994 Guidance Note on Passive Smoking in the Workplace. It provides detailed guidance for use by employers, workers, health and safety representatives, OHS committees, OHS professionals, and other interested parties.

Materials issued by NOHSC are of an advisory character except where made mandatory by or under a law of the Commonwealth, a State or a Territory.

The National Occupational Health and Safety Commission (NOHSC) is a tripartite body established by the Commonwealth to lead national efforts to improve occupational health and safety. The National Commission consists of representatives of the peak employee and employer bodies — the Australian Council of Trade Unions and the Australian Chamber of Commerce and Industry — and of the Australian Government, State and Territory governments. Each of these government, employer and union bodies endorsed the National OHS Strategy 2002-1012. This strategy includes standards development, the development of hazard-specific and industry-based preventive strategies, research, training, information collection and dissemination and the development of common approaches to occupational health and safety legislation. The National Occupational Health and Safety Strategy aims to achieve minimum targets in reducing the incidence of work-related death and disease. NOHSC's initiatives include the declaration of national standards, codes of practice and the publishing of guidance on how to address significant hazards.

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PREFACE

The National Occupational Health and Safety Commission has agreed that, given the health risks of environmental tobacco smoke, all Australian workplaces should be made completely smoke-free as soon as possible, i.e., environmental tobacco smoke should be excluded. The position statement of the Commission is:

Position Statement , October 2002

Environmental Tobacco Smoke in the Workplace

The National Occupational Health and Safety Commission recommends that exposure to environmental tobacco smoke should be excluded in all Australian workplaces. This exclusion should be implemented as soon as possible. The recommendation takes account of:

- a. the Air Quality Guidelines for Europe of the World Health Organisation¹ which conclude that there is no evidence for a safe exposure level of environmental tobacco smoke and that at typical environmental exposure levels, environmental tobacco smoke is carcinogenic, increases the risk of fatal and non-fatal cardiovascular disease in non-smokers and carries substantial mortality and morbidity from other serious health effects as a result of acute and chronic disorders;
- b. the conclusions of the National Health and Medical Research Council² that exposure to environmental tobacco smoke causes lung cancer in adults, causes lower respiratory tract illness in children, contributes to the symptoms of asthma in children and may also cause coronary heart disease in adults;
- c. the position adopted in the National Tobacco Strategy³ endorsed by the Ministerial Council on Drug Strategy as well as the National Response to Passive Smoking⁴ that the establishment of smoke free environments should be the norm; and
- d. the increasing prohibition in Australian jurisdictions of smoking in workplaces;
- e. and the continued work of Health Ministers in this area.

¹ *Air quality guidelines for Europe*, 2nd ed. Copenhagen, WHO Regional Office for Europe, 2000 (WHO Regional Publications, European Series, No. 91).
http://www.who.dk/InformationSources/Publications/Catalogue/20010910_6

² *The Health Effects of Passive Smoking – A Scientific Information Paper*, National Health and Medical Research Council, November 1997.

³ *National Tobacco Strategy 1999-2002-03 – A Framework for Action*, Commonwealth Department of Health and Aged Care, 1999.

⁴ *National Response to Passive Smoking in Enclosed Public Places and Workplaces – A Background Paper*, National Public Health Partnership, 2000.

The Workplace Relations Ministers Council (WRMC), in November 2002, endorsed NOHSC revising the 1994 Guidance Note to assist parties in Australian workplaces to exclude environmental tobacco smoke (ETS).

The Ministers have asked NOHSC to monitor the progress of the Commonwealth, States and Territories in implementing passive smoking policies.

INTRODUCTION

This *Guidance Note on the Elimination of Environmental Tobacco Smoke in the Workplace* [NOHSC: 3019 (2003)] supports the Commission's Position Statement and is intended to provide information and advice to employers, workers, unions, occupational health and safety practitioners, managers, health and safety committees and representatives, medical practitioners and other interested persons on how environmental tobacco smoke can be eliminated from the workplace.

Part one – Environmental tobacco as a risk to occupational health and safety provides information on the health risks of exposure to Environmental Tobacco Smoke (ETS) and the requirements of occupational health and safety legislation.

Part two – Elimination of exposure to environmental tobacco smoke provides advice on assessing the risk of exposure to ETS, controlling ETS exposure and eliminating ETS from the workplace.

Part three – Implementation of a workplace policy provides guidance on the development and implementation of workplace processes to eliminate ETS

.

PART ONE: ENVIRONMENTAL TOBACCO SMOKE AS A RISK TO OCCUPATIONAL HEALTH AND SAFETY

1. BACKGROUND

The world's major public health agencies have concluded that environmental tobacco smoke (ETS) is a significant hazard to the health of non-smokers. **There is no safe level of exposure to ETS¹**. World Health Organisation (WHO) 1999 estimates indicate that four million people, or one person every eight seconds, die globally from tobacco related disease and illness. In Australia, 1998 figures indicate some 19,019 deaths attributable to tobacco, with 128 considered the direct result of ETS². Furthermore, WHO has estimated that some 9–13% of all cancer cases can be attributed to ETS in a nonsmoking population of which 50% are exposed to ETS³.

2. DEFINITION OF 'PASSIVE SMOKING' AND 'ENVIRONMENTAL TOBACCO SMOKE'

Passive smoking means inhaling ETS. ETS is the complex mixture of chemicals and particles (particulate matter) released into the air whenever someone smokes a cigarette, cigar or pipe.

3. THE RELATIONSHIP BETWEEN ENVIRONMENTAL TOBACCO SMOKE AND ILL-HEALTH

Health Effects of ETS

There is a continuing increase in the body of scientific evidence, endorsed in Australia by the National Health and Medical Research Council and, internationally, by the World Health Organisation, that inhalation of ETS poses the same types of threats to the health of involuntary smokers as active smoking does to smokers (see Appendix 2). This is the fundamental reason for its elimination in the workplace.

ETS contains over 4,000 chemical compounds, including 60 known carcinogens⁴.

Non-smokers may experience many adverse health effects from ETS⁵. These include:

- a) Cancer, and chronic degenerative diseases such as middle ear disease in children, diseases of the heart and blood vessels, chronic bronchitis and emphysema. The length of exposure is a significant risk factor.
- b) Acute symptoms and illnesses such as irritation of eyes, nose and throat, acute bronchitis and pneumonia, and sudden infant death syndrome. Relatively short- term exposure may be sufficient for these effects to occur.

- c) Acute exacerbations and complications of underlying health conditions, such as coronary insufficiency, coronary occlusion, stroke⁶ and acute asthma. Relatively short-term exposure may be sufficient to cause these outcomes.
- d) Because of the effect of ETS on the foetus, pregnancy also represents a special vulnerability for ETS.

- Acts and regulations that legislate for smoke-free environments in a wide range of enclosed public places, transport vehicles, and some outdoor locations and other circumstances.
- The Commonwealth Trade Practices Act and State fair trading legislation over misleading and deceptive conduct also protects consumers who have an entitlement to smoke-free facilities, where these facilities have been offered or are reasonably expected

Related Effects of Smoking

Cigarettes are also a fire hazard. Most work environments contain furniture, fittings, paper products and chemicals that are flammable. Control of tobacco smoking, and the habits associated with it, among other measures, is essential to the reduction of fire and explosion risks.

Chemicals produced during the combustion of tobacco have the ability to adsorb onto surfaces of natural and synthetic materials. These chemicals subsequently desorb increasing the period of exposure to ETS⁷.

As employers are responsible, as far as is practicable, for the health and safety of workers and other persons who enter the workplace, **smoking should be eliminated from workplaces.**

Occupational Health and Safety Legislation

Under occupational health and safety legislation, employers are required to take all measures that are practicable to protect the health and safety of employees and others in the workplace. This entails employers identifying potential hazards, assessing the risks, and taking steps to eliminate or control them.

4. THE LEGAL POSITION

The right to protection from exposure to ETS arises from various sources across jurisdictions:

- **Occupational Health and Safety legislation:**
 - the **duty of care owed by employers** to employees to provide a safe working environment;
 - the **duty of care owed by employees** to employers to take reasonable care for the safety of others in all the circumstances of the employment situation;
- the Disability Discrimination Act 1992 protecting the right of access and service to people with specific disabilities or susceptibilities.

Employers are obliged to provide healthy and safe workplaces. Allowing workers and others to harm persons through passive smoking in the workplace contravenes this obligation.

ETS is among the most significant of airborne contaminants and employers must ensure that overall air quality at a workplace does not endanger the health, safety or welfare of any worker or visitor. Employers who continue to allow smoking at the workplace may be prosecuted under occupational health and safety law.

A legislative obligation for health and safety at the workplace also applies to employees. Employees have a general duty of care to take 'reasonable' action to minimise the effects of their acts or omissions on the health and safety of all persons at their place of work. There is a further obligation to cooperate with the employer, to comply with State/Territory or Commonwealth health and safety legislation. Accordingly, smoking in workplaces should be prohibited and employees advised of the legal implications of their non-compliance.

Penalties for breaching a duty of care, by employers and employees in any capacity, may include a monetary penalty or imprisonment.

Further information regarding the legal position, penalties and remedies may be obtained by consulting the relevant Occupational Health and Safety authority (**See Appendix 2** – Occupational Health and Safety Organisations).

PART TWO: ELIMINATION OF ENVIRONMENTAL TOBACCO SMOKE

5. OBJECTIVE OF ELIMINATION

The primary objective in controlling employee exposure to ETS in the workplace must lie in eliminating ETS.

Workplace arrangements should ensure that no-one in the workplace is exposed to ETS.

6. PRINCIPLES OF ELIMINATION

Elimination considerations

Elimination of exposure to ETS should be achieved by the following measures:

1. Prohibition of smoking in the workplace, including;
 - indoors;
 - in vehicles and other enclosed or partially enclosed areas such as those listed in section 8;
 - in areas where smoke can drift into workplaces.
2. Ensuring designated outdoor smoking permitted areas have adequate natural ventilation.

Other considerations

Programs and guidelines for the elimination of ETS should also be based upon the following guiding principles.

Universality

Guidelines apply to all members of the workplace, and to everyone at, or in control of workplaces, including directors, managers, employees, contractors and visitors alike.

Non-Discrimination.

No program to eliminate ETS from the workplace should involve discrimination against or stigmatisation of workers on the basis of their dependency on tobacco. Nor should stigmatisation of workers involved in the implementation of a smoke-free workplace be tolerated. The promotion of “Quit” smoking programs has an important place in workplace smoking policies. These programs should be offered and delivered in a supportive way and in accordance with best practice in the management of addiction and dependency.

Consultation

The elimination of smoking in the workplace should use the consultative processes available for any workplace change. Discussion with employees, members of an occupational health and safety committee, and occupational health and safety representatives is recommended.

State and Territory occupational health and safety authorities and health departments can provide information on legislative requirements and exemptions for eliminating ETS. Employer associations, unions and professional bodies can also assist with the implementation of a workplace program, including the provision of advice on program development and materials.

To ensure effective progress toward a workplace program, the key elements of the process and timeframe for implementation of smoke free workplaces, as soon as possible, should be discussed between the employer and employees or their representatives.

Inclusiveness and Communication

The introduction of a smoke-free workplace should be accompanied by information about ETS, health impacts and the law, and the results of any specific workplace risk assessment. Mechanisms should be instituted to consult on ways and means of eliminating ETS, and to help understanding and consideration of groups who are especially affected. Procedures for regular communication about the process, timeframe and progress of implementation should be instituted.

7. INEFFECTIVE CONTROLS

Many measures commonly used in the past to protect people from ETS have limited demonstrable effect.

Designated Smoke-Free Areas

The creation of smoke-free indoor areas separated from designated smoking areas has only a **limited effect** on the concentration of ETS in non-smoking sections⁸. Separation of smokers from non-smokers within a space does not affect either the smoke density or the ventilation rate, and so cannot reduce the average ETS concentration⁹.

Ventilation Controls

This Guidance Note **does not** endorse the use of Australian Standard 1668.2-2002, *The Use of Ventilation and Air-conditioning in Buildings, Part 2: Ventilation Design for Indoor Air Contaminant Control*.

Mechanical dilution ventilation is not an appropriate method for eliminating exposure to ETS for any given level of smoking¹⁰. Exhaust hoods, over designated smoking tables, and ventilated ashtrays have been promoted as measures to reduce smoke dispersal and control ETS exposure. However, even under optimal conditions, residual ETS levels still exceed acceptable risk levels. Furthermore, limitations on ventilation/hood operation and installation often reduce actual performance well below the theoretical optimum¹¹.

A risk of dilution ventilation is that ETS may be circulated to remote parts of a building from a smoking permitted area, thus extending the exposure. Operational problems include the need for regular maintenance, and the need for impracticably high airflows¹².

Restriction of smoking to outdoor areas where drift to workplaces cannot occur is a component of good practice in eliminating exposure to ETS. Smoking must not be permitted near doorways, windows or ventilation ducts.

Administrative Controls

Administrative controls, which can be usefully deployed to support more effective primary control measures, include:

- a written non-smoking policy;
- informing new and existing staff of non-smoking policies, relevant legislative provisions and relevant risks associated with ETS;
- job recruitment advertisements that clearly state that employees will be working in a non-smoking environment;
- employers encouraging, supporting and assisting, where practicable, employees who wish to give up smoking;
- access to quit smoking programs for staff;
- posting signs using the standard symbols to clearly indicate to staff and members of the public that workplace areas are non-smoking; and
- prohibiting the sale of tobacco products in the workplace to reduce the availability of tobacco products in the working environment and thereby assist in the reduction of ETS.

It should be noted that, selective recruitment of non-smokers is prohibited under anti-discrimination legislation. However, it is the employer's prerogative to refuse to allow employees to smoke in a workplace.

8. ELIMINATION OF ENVIRONMENTAL TOBACCO SMOKE IN WORKPLACES

In the vast majority of workplaces the banning of smoking and subsequent elimination of ETS is straightforward.

Careful consideration is required to prevent drift and leakage of ETS from outdoor smoking areas to the rest of the workplace through access and egress points such as doorways, corridors, vents, windows, basements and lift areas. Protection of service personnel also needs to be ensured.

Banning smoking in the workplace may at first appear difficult where patrons or residents are unwilling, to quit smoking, or to restrict their smoking to sites removed from the workplace.

However, the requirement to protect employees and others from ETS is undiminished.

Designated smoking areas within internal areas of workplaces are not considered effective controls. Even where areas are ventilated by a separate ventilation system with negative air pressures maintained relative to surrounding areas, the need to protect cleaning and other staffs that service these areas is a key consideration.

It is recommended smoking be prohibited in all workplaces. Other areas that have full open-air natural ventilation, and where ETS cannot drift or be drawn into non-smoking enclosed areas, should be chosen as alternatives. Areas near entrances, open windows and air conditioning intakes, should be avoided.

The choice of outdoor areas is also restricted in Australia by the existence of a number of legislative provisions, which either specifically ban smoking, or make provision for regulations to control smoking in various circumstances. These legislative provisions include those relating to:

- food hygiene;
- entertainment areas;
- dangerous goods;
- construction safety;
- mines;
- passenger transport;
- local government;
- public health.

In accordance with an employer's duty of care, outdoor designated smoking areas need to be equipped to ensure the health and safety of users (ie. Free of slip, trip and fall hazards and adequate shelter provided etc).

Where the source of exposure to ETS comes from adjacent premises, employers should seek through negotiation to have the occupier of the premises eliminate or contain ETS. Where negotiation is unsuccessful an employer may also seek the assistance of occupational health and safety authorities.

PART THREE: IMPLEMENTATION OF A WORKPLACE POLICY

STEP 1 — INFORM KEY STAKEHOLDERS

The rationale for eliminating exposure to ETS, and the intention of the workplace to implement a revised policy should be discussed with employees, members of an occupational health and safety committee, and with occupational health and safety representatives. This guidance note, and information from unions, employer associations and professional bodies can assist at this and subsequent phases.

STEP 2 — ESTABLISH AND SUPPORT A WORKING GROUP

A working group empowered to undertake the steps leading to a workplace policy and action plan might include the following membership:

- senior management;
- occupational health and safety committees;
- occupational health and safety representatives;
- human resource management;
- safety and/or health personnel/specialists;
- employee and union representatives.

The working group needs to operate with very clear objectives and terms of reference, and be empowered to undertake investigations, consult, inform and communicate with staff. Terms of reference need to incorporate the principles, frameworks, and procedures of this guidance note.

The working group should provide management with a clear plan, budget and time frame, which needs to be endorsed by senior management.

The working group needs to be provided with the support and resources to effectively carry out its role.

STEP 3 — A CLEAR PLAN AND TIMETABLE

A plan might include:

- a statement of the occupational health and safety objectives of the project;
- background information and rationale – e.g. risks, health effects, legal issues, and best practice examples;
- project stages and timeframe;
- brief description of activities at each stage; and
- procedures for consulting and informing employees.

Project phases may include the following (in no particular order), with some phases running concurrently:

- distribution of information on ETS and occupational health and safety;
- staff survey and risk assessment;
- development and consultation on policy;
- policy launch;
- publication of timeframe for implementation agenda ;
- pre-launch of awareness campaigns on smoking and ETS;

- production of administrative support resources (e.g. signage);
- program launch; and
- post-implementation review and assessment.

Interventions contained in the Plan might include:

- ‘No Smoking’ signs strategically placed at entrances and throughout the workplace to alert employees, contractors and visitors entering the workplace to the Company Policy
- A map of the buildings and outdoor areas with the smoke-free areas and permitted smoking areas clearly marked.

Employees and, where relevant, clients or contractors should be regularly informed of the progress of a project.

A smoke-free workplace policy should be implemented as soon as possible. It is necessary that the timeframe be appropriate to the particular workplace to enable the objectives set out in its policy to be achieved. Adequate time should be set aside for consultation, education on relevant issues and the development of confidence in the implementation process prior to the implementation of a workplace policy.

A model policy for a smoke-free workplace is provided in *Appendix 1*.

Further sources of advice and information that may assist in developing and implementing a workplace policy are provided in **Appendix 2**.

Small Businesses/Organisations

Management is encouraged to adopt a proactive role in eliminating workplace exposure to ETS. However, in some instances, strict adherence to the above process for eliminating ETS may not be practical for small businesses/organisations.

For small businesses/organisations, the following process is suggested:

Step 1 Hold discussions with staff on the need to eliminate exposure to ETS and notify them of the ETS prohibition.

Step 2 Display the ‘No Smoking’ policy in a highly visible location/s (eg. entrances and exits, staff facilities etc.) where it may be viewed by employees and others visiting the workplace (i.e. customers/clients).

Step 3 Ensure the ETS prohibition is enforced.

APPENDIXES

APPENDIX 1

A MODEL POLICY FOR A SMOKE-FREE WORKPLACE

Passive smoking (the inhalation of environmental tobacco smoke [ETS]) increases risks to health.

XYZ (insert organisation name) has a duty of care under occupational health and safety legislation to provide a safe and healthy work environment for all employees and others who enter the workplace.

XYZ has therefore adopted a Smoke-free Workplace Policy. The objective of this policy is to eliminate smoking in the workplace and prevent exposure of workers to environmental tobacco smoke.

OBJECTIVE

To achieve a smoke-free workplace to protect all employees and visitors from the effects of environmental tobacco smoke.

IMPLEMENTATION

To design the best way to introduce the policy, a working party with representatives from all groups affected by the policy has been set up. At the recommendation of the working party, the following outlines milestones to eliminating smoking in all areas:

- From (insert first action date) smoking will not be permitted in any enclosed areas, including meeting rooms, staff rooms and company motor vehicles.
- By consensus, staff in a designated work area may declare their area to be totally smoke-free prior to this date.
- Cigarette/tobacco sales and cigarette/tobacco availability will also cease from (insert date)(insert only if appropriate).
- The Smoke-free Workplace Policy becomes fully effective on (insert date). Employees who wish to smoke during work hours may only do so outside the workplace and in their scheduled breaks or other approved times. Smoking will not be permitted on the premises or at any area where ETS may drift back into the workplace. The organisation can choose to provide assistance for smokers to quit smoking.
- From (insert final date) all XYZ work places will be totally smoke-free.

The responsibility for enforcing this policy rests with managers and employees. All are obliged under occupational health and safety legislation to protect the health of their fellow employees, and visitors, while at the workplace.

APPENDIX 2

SUPPLEMENTARY HEALTH AND LEGAL INFORMATION

The information in this appendix provides a more detailed background on the health and legal issues relevant to smoking in the workplace.

Other Guidance Material

Worksafe WA, *Guidance Note - Environmental Tobacco Smoke*, Department of Consumer and Employment Protection, Government of Western Australia, 2000

<http://www.safetyline.wa.gov.au/PageBin/guidswa0064.htm>

Workplace Health and Safety (WHS), Queensland, *Achieving Smoke Free Workplaces*, WHS 2001

<http://www.whs.qld.gov.au/brochures/bro033v1.pdf>

Workplace Services, South Australia, *SafeGuards GS47: A Guide to a Smoke Free-Workplace*, October 2000

http://www.eric.sa.gov.au/uploaded_files/gs47i.pdf

Comcare, *OHS Risks of Smoking*, Commonwealth Government fact sheet 2001

<http://www.comcare.gov.au/publications/factsheets/fact-sheet-41.html>

WorkCover NSW Health and Safety Guide, *Passive Smoking: Policy and Control*, WorkCover NSW 2000

http://www.workcover.nsw.gov.au/Publications/pdf/Cat_353.pdf

Some Findings from Major Reports on the Health Effects of Environmental Tobacco Smoke

- The World Health Organisation (WHO) has produced, in 2003, updated *Indoor Air Quality Guidelines*, following an evaluation of the health risks of ETS exposure. This report identifies a number of health risks associated with ETS exposure and concludes that there is no safe exposure level for ETS¹³.
- The US Surgeon General's report (1986) on *The Health Consequences Of Involuntary Smoking* found that ETS causes chronic disease, including lung cancer, in adults; and retarded lung development and respiratory symptoms and infections in children¹⁴.

- The United States Environmental Protection Agency¹⁵ has also classified tobacco smoke as a Group A carcinogen^α. Its 1992 report found that ETS is a cause of lung cancer in adults, and of bronchitis, pneumonia, middle ear disease, worsened asthma, respiratory irritation and reduced lung function in children. The United States Department of Health and Human Services¹⁶, in its 10th *Report on Carcinogens*, has similarly listed tobacco and ETS as a known human carcinogen.
- The International Agency for Research on Cancer, an agency of the World Health Organisation, lists ETS as a Group 1 carcinogen^β, and, in 2002, undertook a review of the over 50 studies now available on ETS and lung cancer¹⁷.
- The 1997 report of the UK Scientific Committee on Tobacco and Health concluded that exposure to ETS leads to the delivery of genotoxic carcinogens to all parts of the respiratory tract, and that long-term exposure among non-smokers living with smokers increases lung cancer risk by 20 - 30%, and further extended findings on effects among children. It also found a 23% excess risk of heart disease caused by various mechanisms, especially an acute effect on blood clotting. It judged these effects to be responsible for several hundred cases of lung cancer and a large number of heart disease episodes in the United Kingdom annually¹⁸.
- The 1997 report of the California Environmental Protection Agency *Health Effects of Exposure to Environmental Tobacco Smoke* found in addition that ETS caused nasal sinus cancer, low birth weight, eye and nasal irritation, and affirmed ETS as a cause of acute and chronic heart disease and death¹⁹.
- In Australia, the National Health and Medical Research Council 1997 report, *Health Effects of Passive Smoking*, confirmed a number of relationships between passive smoking and ill-health, particularly in relation to asthma in children, lower respiratory illness, lung cancer and an association of uncertain causality with major coronary events. The review of scientific evidence also concluded that passive smoking contributes significantly to the risk of sudden infant death syndrome (SIDS) and may increase risk of death. Exposure to environmental tobacco smoke also irritates the eyes and upper respiratory tract.²⁰
- The International Union Against Cancer commissioned the development of a paper, *Fact Sheet on Second Hand Smoke* (1999), which provides information on ETS and known illness as well as evidence suggesting that ventilation is ineffective for controlling exposure to ETS²¹.

Other findings indicate:

- ETS increases the risk of stroke among non-smokers living with a smoker²².
- In people with asthma, exposure to ETS is not only associated with more severe symptoms, but also with lower quality of life, reduced lung function, and increased use of health services for asthma, including hospital admissions²³. This extends findings in relation to asthma in children and implicates ETS as a significant factor in disease and disability among adults.

^α Group A (known human) carcinogen designation is used when there is sufficient evidence from epidemiological studies to support a causal association between exposure to the agents and cancer.

^β Group 1 - The agent (mixture) is carcinogenic to humans. This category is used when there is sufficient evidence of carcinogenicity in humans.

- The risk of acquiring meningococcal disease appears to be increased with exposure to ETS²⁴.

Reports on the Health Effects of ETS

The following publications may be useful references on passive smoking and ETS.

National Health and Medical Research Council, *The Health Effects of Passive Smoking - A Scientific Information Paper* 1997

<http://www.health.gov.au/nhmrc/advice/nhmrc/index.htm>

National Public Health Partnership, *National Response to Passive Smoking in Enclosed Public Places and Workplaces – A Background Paper*, 2000.

<http://www.nphp.gov.au/legtools/smoking/passive/index.htm>

National Cancer Institute (USA). Health effects of exposure to environmental tobacco smoke: the report of the California Environmental Protection Agency. In: *Smoking and Tobacco Control Monograph No. 10*. Bethesda, MD: National Institutes of Health, National Cancer Institute; 1999

http://cancercontrol.cancer.gov/tcrb/monographs/10/m10_complete.pdf

Websites

The following websites provide information on ETS.

Australian Sites

Australian Council on Smoking and Health

<http://www.acosh.org>

National Heart Foundation

<http://www.heartfoundation.com.au>

Quit – The National Tobacco Campaign

<http://www.quitnow.info.au/index1.html>

Action on Smoking and Health Australia

<http://www.ashaust.org.au>

Tobacco Control Supersite

<http://tobacco.health.usyd.edu.au>

International Sites

World Health Organisation

http://www.who.int/health_topics/tobacco/en

Action on Smoking and Health

<http://ash.org>

The National Centre for Chronic Disease Prevention and Health Promotion – Tobacco Information and Prevention Source (TIPS)

<http://www.cdc.gov/tobacco>

Smoking from All Sides

<http://smokingsides.com>

Relevant public authorities and organisations, which can provide further advice on passive smoking and environmental smoke issues, are listed below.

OCCUPATIONAL HEALTH AND SAFETY ORGANISATIONS

WorkCover Authority of New South Wales

92-100 Donnison Street
GOSFORD NSW 2250

Locked Bag 2906
LISAROW NSW 2252

Phone: (02) 4321 5000
Fax: (02) 4325 4145

<http://www.workcover.nsw.gov.au>

Victorian Workcover Authority

Level 24
222 Exhibition Street
MELBOURNE VIC 3000

GPO Box 4306
MELBOURNE VIC 3001

Phone: (03) 9641 1555
Fax: (03) 9641 1222

<http://www.workcover.vic.gov.au>

Queensland Department of Industrial Relations - Division of Workplace Health and Safety

Brisbane North Office:
Level 4,
Lutwyche City Shopping Village,
Lutwyche Road,
LUTWYCHE QLD 4030

PO Box 820
LUTWYCHE QLD 4030

Phone: (07) 3247 9444
Fax: (07) 3247 9426

<http://www.whs.qld.gov.au>

Brisbane South Office:
Level 2, Block C
643 Kessels Rd
UPPER MT GRAVATT, QLD 4122

PO Box 6500,
UPPER MT GRAVATT QLD 4122

Phone: (07) 3896 3363
Fax: (07) 3216 8431

South Australian Workplace Services

Level 4
ANR Building
1 Richmond Road
KESWICK SA 5035

GPO Box 465
ADELAIDE SA 5001

Phone: (08) 8303 0400

<http://www.eric.sa.gov.au>

WorkSafe Western Australia

5th Floor
1260 Hay Street
WEST PERTH WA 6005

PO Box 294
WEST PERTH WA 6872

Phone: (08) 9327 8777
Fax: (08) 9321 8973

<http://www.safetyline.wa.gov.au>

Workplace Standards Tasmania

Department of Industrial Relations
30 Gordon Hill Road
ROSNY PARK TAS 7018

GPO Box 56
ROSNY PARK TAS 7018

Phone: (03) 6233 7657
Fax: (03) 62 33 8338

<http://www.workcover.tas.gov.au>

Northern Territory WorkSafe

Minerals House
66 The Esplanade
DARWIN NT 0800

GPO Box 4821
DARWIN NT 0801

Phone: (08) 8999 5010
Fax: (08) 8999 6260

<http://www.nt.gov.au/deet/worksafe>

ACT WorkCover

Level 4
Eclipse House
197 London Circuit
CANBERRA CITY ACT 2601

PO Box 224
CIVIC SQUARE ACT 2608

Phone: (02) 6205 0200
Fax: (02) 6205 0797
<http://www.workcover.act.gov.au>

Comcare Australia (Commonwealth)

Level 1
14 Moore St
CANBERRA ACT 2600

GPO Box 9905
CANBERRA CITY ACT 2601

Phone: 1300 366 979
Fax: (02) 6257 5634
<http://www.comcare.gov.au>

National Occupational Health and Safety Commission

Level 6, 25 Constitution Avenue
CANBERRA ACT 2601

GPO Box 1557
CANBERRA ACT 2601

Phone: (02) 6279 1000
Fax: (02) 6279 1199
<http://www.nohsc.gov.au>

HEALTH DEPARTMENTS

New South Wales Health Department

73 Miller Street
NORTH SYDNEY NSW 2060

LMB 961
NORTH SYDNEY NSW 2059

Phone: (02) 9391 9000
Fax: (02) 9391 9101
<http://www.health.nsw.gov.au>

Victorian Health Department

555 Collins Street
MELBOURNE VIC 3000

GPO Box 4057
MELBOURNE VIC 3001

Phone: (03) 9616 7777
Fax: (03) 9616 8329
<http://www.dhs.vic.gov.au>

Queensland Health Department

North Building
147-163 Charlotte Street
BRISBANE QLD 4000

GPO Box 48
BRISBANE QLD 4001

Phone: (07) 3234 0111
Fax: (07) 3234 1600
<http://www.health.qld.gov.au>

South Australian Department of Human Services

11-13 Hindmarsh Square
ADELAIDE SA 5000

PO Box 287
RUNDLE MALL SA 5000

Phone: (08) 8226 8800
Fax: (08) 8226 0725
<http://www.dhs.sa.gov.au>

Western Australian Health Department

189 Royal Street
EAST PERTH WA 6004

PO Box 8172
Perth Business Centre
PERTH WA 6849

Phone: (08) 9222 4222
Fax: (08) 9222 4046
<http://www.health.wa.gov.au>

Tasmanian Health Department

34 Davey Street
HOBART TAS 7000

GPO Box 125B
HOBART TAS 7001

Phone: (03) 6233 3185
Fax: (03) 6231 0735
<http://www.dhhs.tas.gov.au>

Northern Territory Health Department

Health House
87 Mitchell St
DARWIN NT 0811

PO Box 40596,
CASUARINA NT 0811

Phone: (08) 8999240
Fax: (08) 8999270
<http://www.health.nt.gov.au>

ACT Health Department

Level 2, North Building
London Circuit
CANBERRA CITY ACT 2601

GPO Box 825
CANBERRA ACT 2601

Phone: (02) 6205 5111
Fax: (02) 6207 5775
<http://www.health.act.gov.au>

**Commonwealth Department of Health and
Ageing (including National Health and
Medical Research Council)**

26 Furzer Street
WODEN ACT 2606

GPO Box 9848
CANBERRA ACT 2601

Phone: (02) 6289 1555

Fax: (02) 6281 6946

<http://www.health.gov.au>

CANCER COUNCILS

The Cancer Council New South Wales

153 Dowling St
WOOLMOOLOO NSW 2011

PO Box 572
KINGS CROSS NSW 1340

Phone: (02) 9334 1900
Fax: (02) 9358 1452
<http://www.cancercouncil.com.au>

The Cancer Council Victoria

1 Rathdowne Street
CARLTON VIC 3053

Phone: (03) 9635 5000
Fax: (03) 9635 5270
<http://www.cancervic.org.au>

Queensland Cancer Fund

553 Gregory Terrace
FORTITUDE VALLEY QLD 4006

PO Box 201
SPRING HILL QLD 4004

Phone: (07) 3258 2200
Fax: (07) 3257 1306
<http://www.qldcancer.com.au>

The Cancer Council South Australia

202 Greenhill Road
EASTWOOD SA 5063

PO Box 929
UNLEY SA 5061

Phone: (08) 8291 4111
Fax: (08) 8291 4122
<http://www.cancersa.org.au>

Cancer Foundation of Western Australia

46 Ventnor Avenue
WEST PERTH WA 6005

Phone: (08) 9212 4333
Fax: (08) 9212 4334
<http://www.cancerwa.asn.au>

The Cancer Council of Tasmania

140 Bathurst Street
HOBART TAS 7000

Phone: (03) 6233 2030
Fax: (03) 6233 2123
<http://www.cancer.org.au/tas>

The Cancer Council Northern Territory

Casi House, Unit 1-3/25 Vanderlin Drive
CASUARINA WA 811

Phone: (08) 8927 4888
Fax: (08) 8927 4990
<http://www.cancercouncilnt.com.au>

The Cancer Council ACT

159 Maribyrnong Ave
KALEEN ACT 2617

PO Box 84
JAMISON CENTRE ACT 2614

Phone: (02) 6262 2222
Fax: (02) 6262 2223
<http://www.actcancer.org>

The Cancer Council Australia

Level 5, Medical Foundation Building
92-94 Parramatta Road
CAMPERDOWN NSW 2050

GPO Box 4708
SYDNEY NSW 2001

Phone: (02) 9036 3100
Fax: (02) 9036 3101
<http://www.cancer.org.au>

NATIONAL HEART FOUNDATION OFFICES

**National Heart Foundation
(New South Wales Division)**
407 Elizabeth Street
SURRY HILLS NSW 2010

PO Box 222
STRAWBERRY HILLS BC NSW 2012

Phone: (02) 9219 2444
Fax: (02) 9219 2424

**National Heart Foundation
(Victorian Division)**
411 King Street
WEST MELBOURNE VIC 3003

Phone: (03) 329 8511
Fax: (03) 321 1574

**National Heart Foundation
(Queensland Division)**
557 Gregory Terrace
FORTITUDE VALLEY QLD 4006

PO Box 442
FORTITUDE VALLEY QLD 4006

Phone: (07) 3854 1696
Fax: (07) 3252 9697

**National Heart Foundation
(South Australian Division)**
155-159 Hutt Street
ADELAIDE SA 5000

PO Box 7174
Hutt Street
ADELAIDE SA 5000

Phone: (08) 8224 2888
Fax: (08) 8223 1416

**National Heart Foundation
(Western Australian Division)**
334 Rokeby Rd
SUBIACO WA 6008

PO Box 1133
SUBIACO WA 6904

Phone: (08) 9388 3343
Fax: (08) 9388 3383

**National Heart Foundation
(Tasmanian Division)**
87 Hampden Rd
BATTERY POINT TAS 7000

GPO Box 1312
HOBART TAS 7001

Phone: (03) 6224 2722
Fax: (03) 6224 2884

**National Heart Foundation
(Northern Territory Division)**
3rd Floor
Darwin Central Building
21 Knuckey Street
DARWIN NT 0800

GPO Box 4363
DARWIN NT 0801

Phone: (08) 8981 1966
Fax: (08) 8941 0344

**National Heart Foundation
(ACT National Office)**
Corner Denison Street and Geiles Court
DEAKIN ACT 2600

PO Box 220
DEAKIN WEST ACT 2600

Phone: (02) 6282 5744
Fax: (02) 6282 5877

QUIT CAMPAIGNS

Quit – The National Tobacco Campaign

24 hour Quitline

Phone: 131 848

<http://www.quitnow.info.au/index1.html>

New South Wales

QUIT NSW

Level 7

73 Miller Street

NORTH SYDNEY NSW 2060

Locked Mail Bag No. 961

NORTH SYDNEY NSW 2059

Phone: (02) 9391 9620

Fax: (02) 9391 9579

<http://www.health.nsw.gov.au>
[u](#)

Victoria

QUIT Victoria

PO Box 888

CARLTON VIC 3053

Phone: (03) 9663 7777

Fax: (03) 9635 5510

<http://www.quit.org.au>

Queensland

Queensland Cancer Fund

553 Gregory Terrace

FORTITUDE VALLEY QLD 4006

PO Box 201

SPRING HILL QLD 4004

Phone: (07) 3258 2200

Fax: (07) 3257 1306

<http://www.qldcancer.com.au>

South Australia

QUIT South Australia

202 Greenhill Rd

EASTWOOD SA 5063

PO Box 929

UNLEY SA 5062

Phone: (08) 8291 4111

Fax: (08) 8291 4194

<http://www.quitsa.org.au>

Western Australia

QUIT WA

Department of Health

189 Royal St

EAST PERTH WA 6004

PO Box 8172

Perth Business Centre

PERTH WA 6849

Phone: (08) 9222 2096

Fax: (08) 9222 2088

<http://www.quitwa.com>

Tasmania

QUIT Tasmania

2 Midwood Street

NEWTOWN TAS 7008

Phone: (03) 6228 2921

Fax: (03) 6228 4149

<http://www.quittas.org.au>

Northern Territory

Tobacco Action Project

Department of Health and Community

Services

Building 9, RDH Campus

Rocklands Drive,

TIWI NT 0810

PO Box 40596

CASUARINA NT 0811

Phone: (08) 8922 7767

Fax: (08) 8922 8403

Australian Capital Territory

Cancer Council ACT

159 Maribyrnong Ave

KALEEN ACT 2617

Phone: (02) 6262 2222

Fax: (02) 6262 2223

<http://www.actcancer.org>

Quit Now Program Offices
Commonwealth Population
Health Social Marketing Unit
Commonwealth Department
of Health & Ageing

GPO Box 9848
CANBERRA CITY ACT 2601

Phone: (02) 6289 7245
Fax: (02) 6289 3671

INDUSTRY AND UNION CONTACTS

Australian Chamber of Commerce and Industry

ACCI House
Level 4, 55 Exhibition Street
MELBOURNE VIC 3000

PO Box 18008, Collins East Street
MELBOURNE VIC 8003

Phone: (03) 9668 9950
Fax: (03) 9668 9958
Email: melb@acci.asn.au

Australian Council of Trade Unions

ACTU OHS Unit
Level 3
393 Swanston Street
MELBOURNE VIC 3000

Phone: (03) 9664 7302
Fax: (03) 9663 8220
www.actu.asn.au
Email: mailbox@actu.asn.au

Liquor, Hospitality and Miscellaneous Workers Union

9th Floor , 187 Thomas Street
HAYMARKET NSW

Locked Bag 9
HAYMARKET NSW 1240

Phone: 02 8204 7200
Fax: 02 9281 4480
Email: lhmu@lhmu.org.au
<http://www.lhmu.org.au>

GLOSSARY OF TERMS

‘Employee’ means an individual who works under a contract of employment, apprenticeship or traineeship.

‘Employee representative’ includes an employee member of a health and safety committee where established in the workplace, or a person elected to represent a group of employees on health and safety matters.

‘Employer’ means an organisation or an individual who employs persons under a contract of employment or training.

***Note:** The definition of employer includes the self-employed, which means a person who works for gain, other than under a contract of employment, apprenticeship or traineeship, whether or not that person employs others.

‘Practicable’ means ‘practicable’ in Victoria, Queensland, Western Australia and the Northern Territory, ‘reasonably practicable’ in New South Wales, South Australia, the Australian Capital Territory and Commonwealth jurisdiction and ‘a reasonable precaution’ in Tasmania.

‘Risk’ means the likelihood that a substance will cause harm in the circumstances of its use.

‘Workplace’ means any place, including any aircraft, ship or vehicle, where a person works, or is likely to work, and includes any place where a person goes while at work.

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<http://www.aihw.gov.au/publications/phe/sdua02/sdua02.pdf>
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- National Health and Medical Research Council (NHMRC) (1986). *Effects of Passive Smoking on Health. Report of the National Health and Medical Research Council Working Party on the Effects of Passive Smoking on Health*. Adopted at the 101st Session of the NHMRC, June 1986. Canberra: Australian Government Publishing Service, 1987.

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