

VALENCIA

Smoke Free/Tobacco Free Campus Policy Work Plan

I. Charge

- A. Strengthen the College's existing policy on smoking in order to promote the health, well being and safety of students, faculty, staff and visitors while on the campus by ensuring protection from secondhand smoke exposure. Other results of policy change could include:
 - 1. Support for employees and students who want to quit
 - 2. Make it less attractive for new employees and students to start smoking
 - 3. Take a stand for improved employee health and against this major source of preventable disease and premature death
 - 4. Create potential to influence worker's comp, absenteeism, health care cost trends
- B. Design policy communication and implementation plan to promote awareness of new policy and existing smoking cessation resources, services and benefits.

II. Stakeholders

- A. Faculty, Staff, Students, and Visitors

III. Work Team

Debi Jacobcin (Co-Primus)	Lucy Boudet
Bill MULLowney (Co-Primus)	Phillip Lambert
Amy Bosley	Joe Bivens
Leslie Golden	Kathleen Plinske
Todd Hunt	Brad Honious
Lisa Macon	Tom Lopez
Michal Ewing	Terry Miller
Pat Woodberry	Helene Loiselle
John McFarland	

IV. Principles

- A. Work as a collaborative team in development of policy and implementing plans.
- B. Seek appropriate input from college stakeholders.
- C. Comply with the requirements of law and regulation and identify best practices and model language of other institutions and literature in the field.

V. Outcomes

- A. The long-term benefits of this policy change:
 - 1. We will begin to change the culture of tobacco use at Valencia – make it not a “normal” part of Valencia daily life. That helps people quit successfully – and helps keep people from starting to smoke.
 - 2. To the extent that we are successful in supporting employees in their efforts to quit smoking, we will reduce employee health care costs.

3. For employees who can stop smoking and who have families, decreased exposure to secondhand smoke will improve their family's health and decrease health care costs. Children of smokers have more asthma, more respiratory illnesses, more office visits. Spouses have higher heart disease risk because of their exposure to secondhand smoke.

VI. Procedures

- A. Consider a range of policy options:
 1. One policy applies to everyone, everywhere
 2. Policy variation based on owned or leased space
 3. Tiered policy (different policies apply to different locations, based on history, location, workforce)
 4. Address smoking only or include smokeless tobacco
 5. include or exclude cars parked on company property
 6. include or exclude public walkways and roads

- B. Primary planning tasks, after deciding on a policy and an effective date:
 1. Prepare employees (and others) for this change via advance education and communications.
 2. Decide how the policy will be enforced.
 3. Consider extra assistance for smokers who want to quit during a transition period, and information on existing resources/benefits.
 4. Enlist assistance from facilities (for signage, removal of ashtrays, identification of property lines, etc.)

VII. Timeline

September 2010	Finalize work plan
October 2010-March 2011	Work group meets, gathers input, communicates, drafts and redrafts policy and procedures
February 2011	Faculty Council final comments
March 2011	DBOT Adoption
TBA	Effective Date of Implementation
Ongoing	Input/comments on transition to new policy