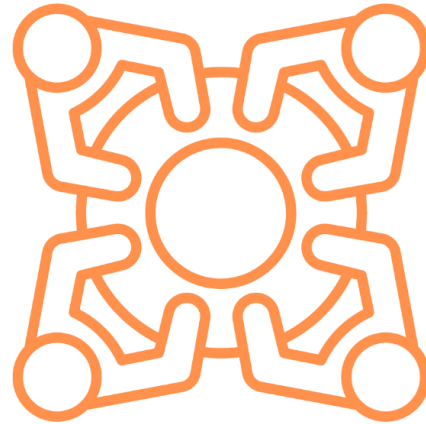


THIRDHAND SMOKE RESOURCE CENTER

POLICY ROUNDTABLE SERIES



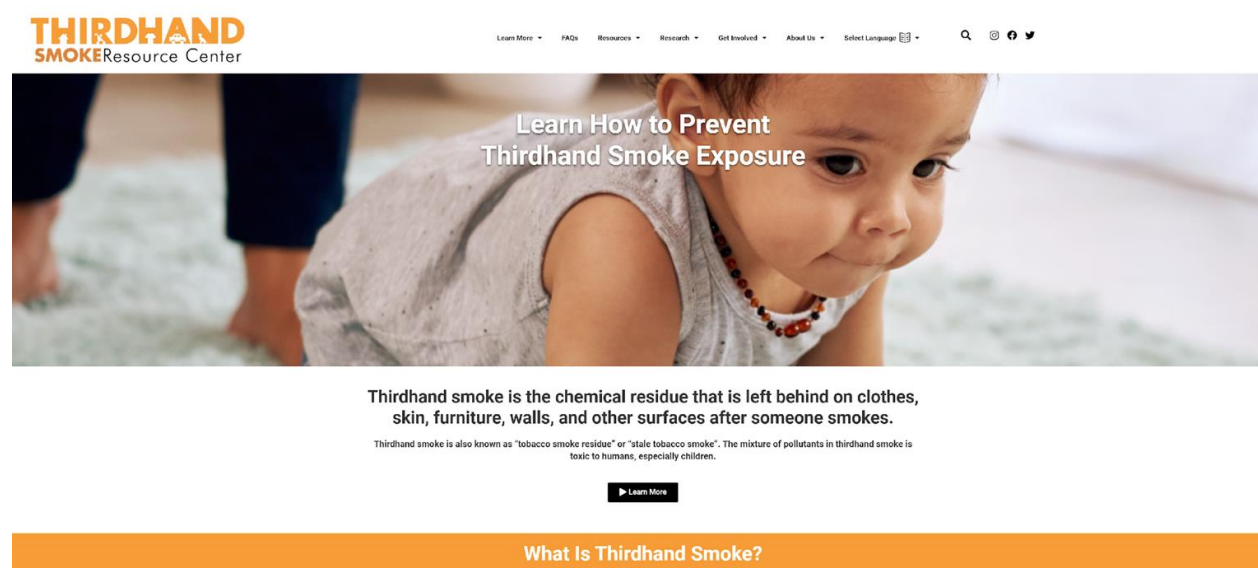
Thirdhand Smoke in Health Care Settings: Implications for Policy and Practice

**September 19, 2023
9:30-10:30 AM PST**

Nafisa Ferdous, PhD; Sarah Lavalley, PhD; Lydia Greiner, DrPH

Thirdhand Smoke Resource Center

Mission: To share **information, resources, and technical support** with California's residents, communities, businesses, health care professionals, and policymakers about the toxic legacy of tobacco smoke residue and to achieve **indoor environments that are 100% free of tobacco smoke toxicants.**



The screenshot shows the homepage of the Thirdhand Smoke Resource Center. At the top left is the logo "THIRDHAND SMOKE Resource Center". To the right of the logo is a navigation menu with links for "Learn More", "FAQs", "Resources", "Research", "Get Involved", and "About Us". There is also a "Select Language" dropdown and social media icons for search, Instagram, Facebook, and Twitter. The main content area features a large image of a young child crawling on a light-colored carpet. Overlaid on the image is the text "Learn How to Prevent Thirdhand Smoke Exposure". Below the image is a text block that reads: "Thirdhand smoke is the chemical residue that is left behind on clothes, skin, furniture, walls, and other surfaces after someone smokes." Below this text is a smaller line of text: "Thirdhand smoke is also known as 'tobacco smoke residue' or 'stale tobacco smoke'. The mixture of pollutants in thirdhand smoke is toxic to humans, especially children." At the bottom of the text block is a "Learn More" button. The entire content area is set against a white background with an orange footer bar at the bottom containing the text "What Is Thirdhand Smoke?".

THIRDHAND SMOKE Resource Center

Learn More • FAQs • Resources • Research • Get Involved • About Us • Select Language: [EN] • [Search] [Instagram] [Facebook] [Twitter]

Learn How to Prevent
Thirdhand Smoke Exposure

Thirdhand smoke is the chemical residue that is left behind on clothes, skin, furniture, walls, and other surfaces after someone smokes.

Thirdhand smoke is also known as "tobacco smoke residue" or "stale tobacco smoke". The mixture of pollutants in thirdhand smoke is toxic to humans, especially children.

Learn More

What Is Thirdhand Smoke?

Agenda

9:30-9:45:

Presentation on *Medical staff contributions to thirdhand smoke contamination in a neonatal intensive care unit*

9:45-10:15:

Breakout room discussions

10:15-10:30:

Regroup and report take home points

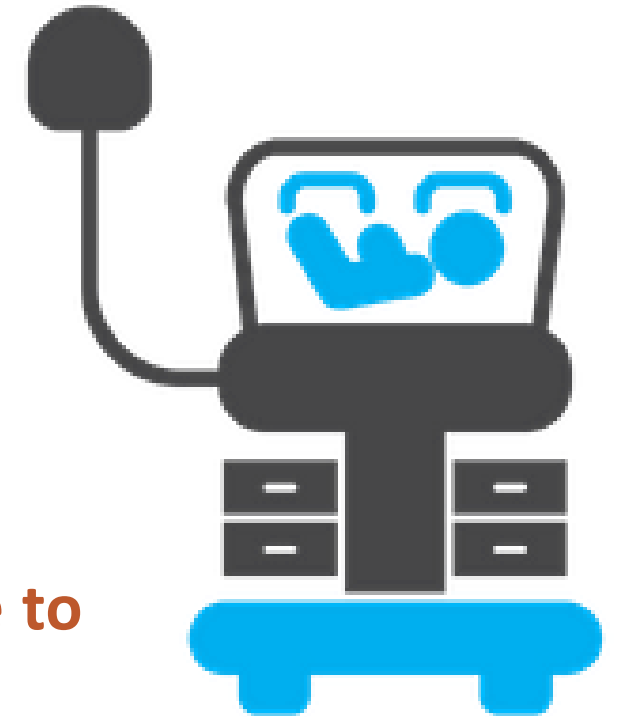
GOAL:

Share challenges, brainstorm together, and discuss ideas on tobacco control policy initiatives

***Thirdhand Smoke In Healthcare Facilities
May Put NICU & Pediatric Patients
At Risk***

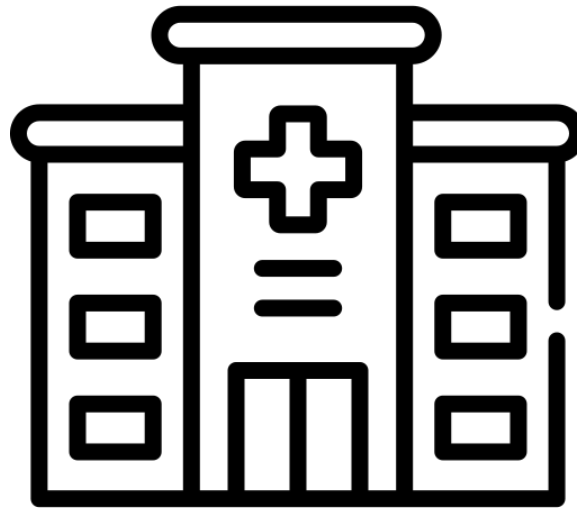
Thirdhand Smoke in Health Care Facilities

- Thirdhand smoke can be **easily transported** to new environments
- **Exposure** through **various means**:
 - Ingestion
 - Inhalation
 - Skin Absorption
- Healthcare providers, staff, and visitors can **contribute to exposure**
- **Infants** in a **NICU** can come into contact with thirdhand smoke



Medical staff contributions to thirdhand smoke contamination in a neonatal intensive care unit

Thomas F. Northrup, Angela L. Stotts, Robert Suchting, Amir M. Khan, Charles Green, Penelope J. E. Quintana, Eunha Hoh, Melbourne F. Hovell, Georg E. Matt



Northrup et al., 2019

Study Aims

- Characterize the **level of nicotine** found on the **fingers** of **NICU medical staff**
- Assess medical staff's **self-reported smoking** and **exposure** to secondhand smoke (SHS)/thirdhand smoke (THS) outside the hospital.
- Assess **other factors** with potential direct **influence** on **finger nicotine level**

Methodology

- Large, urban **children's hospital** in Houston TX
- **240 NICU medical staff** completed a survey
- **35%** of survey participants also had a **nicotine wipe of their finger**



Study Findings

Overwhelming majority did not smoke or vape or live with people who smoked or vaped.

- 98.8%: did not smoke cigarettes currently
- 100% did not use e-cigarettes currently
- 93.6%: did not live with smokers
- 98.6%: did not live with e-cigarette users

*Finger surface nicotine wipes were collected from 84 out of the 240 respondents.

<i>Characteristics</i>	<i>Univariate Modeling Results</i>	
	<i>>Median blank (>0.377 ng wipe)</i>	
	<i>Percentile (tau = 0.587)</i>	
	<i>Coefficient (95% CI)</i>	<i>p</i>
Finger surface area ^{b,c}	0.015 (-0.001-0.03)	0.07
Number of adults in home	0.098 (-0.082-0.279)	0.29
Participant age ^b	-0.007 (-0.019-0.005)	0.26
Any cigarette users in home	0.542 (-57.862-58.946)	0.99
Any nicotine users in home ^a	0.38 (-45.078-45.837)	0.99
Near smoke in friends'/family members' homes ^{a,b}	0.437 (0.017-0.857)	0.04
Near smoke in any other locations	0.238 (-0.232-0.709)	0.32
Participant=lifetime smoker	1.164 (-56.611-58.94)	0.97
Participant=female	-0.404 (-2.181-1.373)	0.66
Total smokers in home	0.319 (-88.802-89.441)	0.99
Sample time	-0.119 (-0.566-0.327)	0.60

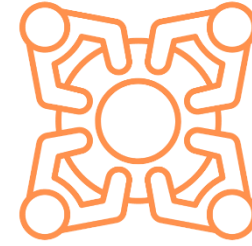
Study Findings

- **Majority of NICU staff (78.3%)** providing care to vulnerable infants had **measurable nicotine** found on one of their **fingers**
- **Higher** reported **exposure to SHS/THS** in friends' and family members' homes resulted in **greater nicotine** found on participants' fingers.

Findings indicate:

- **Non-smokers may not fully protect** infants and children from thirdhand smoke
- **Difficulties of completely removing nicotine contamination** from the **fingers of non-smoking medical staff** despite working in a smoke-free hospital setting.

Time to discuss



1. Think about your own work. Do you see a way to use the results of this study in discussions of tobacco control? If so, how? What would you emphasize?
2. What are the current policies in your workplace related to tobacco/e-cig use during work hours? On the property? Off-work hours?
3. What are your ideas about extending current policies to ban hiring people who smoke or vape on the grounds that this activity, even if it takes place outside of work and off site, poses an exposure risk to employees and clients?

Take-home Points *from* Discussion Questions

1. Think about your own work. Do you see a way to use the results of this study in discussions of tobacco control?
If so, how? What would you emphasize?

Although ACHC is a 100% smoke/tobacco-free campus, this information is crucial in informing providers about how they can still contribute to smoke contamination.

Yes, I see a way to use the results of this study in discussion of tobacco control. The results can contradict anyone who believes that those who do not smoke do not get impacted.

The information can be used to back out public messaging so people can see evidence of the effects of second hand smoke

One can transfer over the particles to others by touch due to it being attached to the finger tips. This can inform the public that particles can stay on someone for a period of time

It would be significant to inform all providers/ staff that 78.3% of individuals tested positive for nicotine during a finger swab.

We work with FQHCs (health centers) on SF campuses, and e-referrals to KIC. This information would be good to share with clinic staff when promoting staff cessation.

Discussions about tobacco residue lingering and transferring.

Infection control/cleaning

Interesting study - the information is good for educating healthcare providers and staff about the dangers of third-hand residues

What is the solution for removing nicotine from hands?

Sharing study results with our staff shows them who they are helping, it personalizes the importance of the work

Incorporating the results in advocacy for a smoke-free multi-unit housing ordinance

Keeping our frontline staff aware of any data related to studies helps to personalize the work they do and validate that what they do

2. What are the current policies in your workplace related to tobacco/e-cig use during work hours? On the property? Off-work hours?

Most have smoking areas or locations off the property to smoke. No regulations regarding smoking during off-work hours.

Workplace is a smoke-free campus, but those that do smoke end up going outside of that smoke-free area and smoke during work hours in the next-door shopping center.

Discussions on cleaning compounds to remove residue.

Smoke-free building ordinance, designated smoking section on the property adjacent to a side door.

211 LA staff cannot smoke/vape inside the building, however can outside, but must be away from any entrance to the building. Staff can smoke inside their own cars.

No policy for off-work hours

At America On Track there is a smoke free policy in the office and as well in the whole building. Not sure about off work hours.

At Monterey County we have a smoke free campus. I do not think we have any restrictions once employees are not on work hours or off campus

ACHC has a smoke free policy throughout all campuses

Smoke-free property in-doors and outdoors.

3. What are your ideas about extending current policies to ban hiring people who smoke or vape on the grounds that this activity, even if it takes place outside of work and off site, poses an exposure risk to employees and clients?

Providing resources and incentives for cessation is a more passionate way to go.

I feel like this would be another barrier to employment in our communities.

besides washing their hands, adding extra soap to eliminate nicotine residue.

testing for nicotine use in order to use protective equipment.

Offer cessation interventions/ support for all staff

It might work when getting hiring, such as getting clean before taking a nicotine test. There might have to do frequent testings

I think people would just lie about their smoking habits so they can get hired. We cannot really control what people do in their own time.

Resources:

Reference of Presented Article:

Northrup TF, Stotts AL, Suchting R, Khan AM, Green C, Quintana PJE, Hoh E, Hovell MF, Matt GE. Medical staff contributions to thirdhand smoke contamination in a neonatal intensive care unit. *Tob Induc Dis*. 2019 Apr 24;17:37. doi: 10.18332/tid/106116. PMID: 31516480; PMCID: PMC6662774.

Other articles:

Northrup, Thomas F, et al. "Thirdhand Smoke Contamination and Infant Nicotine Exposure in a Neonatal Intensive Care Unit: An Observational Study." *Nicotine & Tobacco Research*, vol. 23, no. 2, Jan. 2021, pp. 373–82, <https://doi.org/10.1093/ntr/ntaa167>.

Northrup, Thomas F., Amir M. Khan, et al. "Thirdhand Smoke Contamination in Hospital Settings: Assessing Exposure Risk for Vulnerable Paediatric Patients." *Tobacco Control*, vol. 25, no. 6, 2016, pp. 619–23, <https://doi.org/10.1136/tobaccocontrol-2015-052506>.

Northrup, Thomas F., Georg E. Matt, et al. "Thirdhand Smoke in the Homes of Medically Fragile Children: Assessing the Impact of Indoor Smoking Levels and Smoking Bans." *Nicotine & Tobacco Research: Official Journal of the Society for Research on Nicotine and Tobacco*, vol. 18, no. 5, May 2016, pp. 1290–98, <https://doi.org/10.1093/ntr/ntv174>.

Northrup TF, Stotts AL, Suchting R, Matt GE, Quintana PJE, Khan AM, Green C, Klawans MR, Johnson M, Benowitz N, Jacob P, Hoh E, Hovell MF, Stewart CJ. Thirdhand smoke associations with the gut microbiomes of infants admitted to a neonatal intensive care unit: An observational study. *Environ Res*. 2021 Jun;197:111180. doi: 10.1016/j.envres.2021.111180. Epub 2021 Apr 16. PMID: 33865820; PMCID: PMC8187318.

<https://thirdhandsmoke.org/thirdhand-smoke-in-the-nicu-may-put-infants-at-risk/>

Thank you!

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@THSResources



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