

CATEGORY:	ORGANIZATIONAL – EMPLOYEE WELLNESS/WORKPLACE HEALTH & SAFETY
SUB-CATEGORY:	EMPLOYEE WELLNESS
GROUP:	
DISTRIBUTION:	ALL STAFF
TITLE:	OCCUPATIONAL HEALTH & SAFETY - SCENT FREE ENVIRONMENT

PURPOSE

To minimize the amount of exposure employees have to *scented products*.

POLICY

The use of scented personal products by staff, patients, clients, residents, visitors, contractors and volunteers is prohibited. Western Health supervisors, employees, and medical staff must inform non-compliant individuals of our Scent Free Environment Policy in a respectful and non-confrontational manner. Employees and volunteers with known allergic reactions or medical condition related to *scented products* are asked to notify their supervisor.

Materiels Management

Materiels Management Department must ensure that the specifications for all new purchases will include “no scent/low scent”.

Physical Infrastructure Support/Environmental Services

Physical Infrastructure Support/Environmental Services must ensure that prior to any painting or periodic cleaning jobs, staff in the areas affected will be consulted to ensure minimal impact on staff and patients/residents.

Visitors

The general public will be made aware of this policy through communication from the office of the Director of Communication and through signage at all entrances. Supervisors must post signage indicating the facility is scent free to inform visitors of the policy. Noncompliance issues shall be reported to the appropriate Scent Free Policy Contact Person. Visitors who violate this policy may be asked to leave the property.

Patients & Residents

1. Patients/clients/residents scheduled for surgery must be advised when they are notified of the date their surgery is scheduled that they are prohibited from wearing *scented products*.
2. Patients, clients and residents will receive a pamphlet upon admission explaining the reasons for and how to comply with the Scent Free Policy. Patients, clients or residents who violate this policy may be subject to the provisions of established protocols for inappropriate behaviour.

DEFINITIONS

Scented Products refers to a scent that is perceptible by others, including perfume, cologne, aftershave, hair care products, lotions, powders, laundry products such as detergents and dryer sheets, cleaning products, air fresheners and scented candles.

PROCEDURE

When an individual is non-compliant with the Scent Free Policy all staff must:

1. Document health concerns and noncompliance issues on the *Employees Report of Incident Form* and report as per the [Employee Report of Incident Policy \(3 – 01 – 40\)](#).
2. Inform an individual that is non-compliant of the scent free policy and request the individual to remove the scented product.
3. If the individual remains non-compliant or you are not comfortable confronting them, you may send a copy of the [Scent Free Environment Letter \(Form #12 – 1526\)](#) to the individual informing them of the policy.
4. If you wish a Scent Free Policy Contact Person to discuss your concern with the individual send a copy of the letter to the Scent Free Policy Contact Person with the Consent for Release portion signed.
5. The Scent Free Policy Contact Person will contact the individual named in the letter and inform them of the Scent Free Policy and request that they comply with it. **The identity of the individual that wrote the letter must remain anonymous.**
6. The following is a table indicating who a Scent Free Policy contact person will be responsible for informing the non-compliant person of the policy:

Non compliant person	Scent free policy contact person
Employee	Employee’s supervisor/Lead hand
Medical Staff member	VP Medical Services
Student	Student’s instructor
Volunteer	Manager of Volunteer Services
Patient/clients/residents	Supervisor/Lead hand
Visitor	Supervisor/Lead hand
Contract worker	Regional Director of Physical Infrastructure Support

REFERENCES

Former Western Health Care Corporation Policy #AD-S-400
 Former Health & Community Services Policy #6-130
 Capital Health Scent Free-Personal Products policy <http://www.cdha.nshealth.ca/>

KEYWORDS

Scented products

FORMS

Employee Report of Incident Form (*forms can be obtained from Stores Department at your site or through Employee Wellness/Health & Safety*)
[Scent Free Environment Letter \(Form # 12-1526\)](#)

TO BE COMPLETED BY QUALITY MANAGEMENT & RESEARCH STAFF ONLY

Approved By: Chief Executive Officer	Maintained By: Regional Director – Employee Wellness/Health & Safety
Effective Date: 13/August/2008	<input checked="" type="checkbox"/> Reviewed: 29/January/2013 <input type="checkbox"/> Revised: (<i>Date of most recent changes to the policy</i>)
Review Date: 29/January/2016	<input checked="" type="checkbox"/> Replaces (WHCC) AD-S-400 Scent Free (Low Scent/No Scent Environment (HCSW) 6 – 130 Scent Free Environment

Form # 12 - 1520

Scent Free Environment Letter

Date: _____

Dear: _____

I am an employee of Western Health. I am very sensitive to *scented products* and get very sick when I come in contact with someone wearing perfume or aftershave, etc. I want to let you know that the *scented products* you wear make me physically sick.

I find it very difficult to discuss this with you personally; however, I am using this avenue to let you know anonymously. I have also reported it to the Regional Director ~ Employee Wellness/Health and Safety.

I am asking that you comply with the Western Health’s Scent Free Environment policy regarding the use of *scented products*. This will allow me to work in an environment that is scent free and will help prevent me from getting sick and losing time from work.

Please refrain from using *scented products* at Western Health.

Thank you for your cooperation.

Concerned Employee
cc. Regional Director ~ Employee Wellness/Health and Safety _____

This section to be detached and forwarded to the Regional Director ~ Employee Wellness/Health and Safety

CONFIDENTIAL

Not to be released unless authorized by the employee

Name of Employee _____
Department _____
Site _____

Name of person wearing *scented products*, causing me to be physically sick:

Name _____ Date of Offence _____

Employee’s Signature _____
Date _____

Employee’s Authorization to Release Information (optional)

I authorize the release of the above information to the appropriate Scent Free policy Contact Person to be used in the enforcement of Western Health’s Scent Free Environment policy #3-04-20.

Signature: _____ **Date:** _____