

**EXEMPTION FORM**  
**DHSC/Manx Care Smoke Free Policy**

1	Name of Resident ("Resident")
2	Resident's address (the "Location")
3	Is the Resident a current smoker?
4	Have they been a Resident at the Location prior to 1 <sup>st</sup> April 2022? If yes, please provide the date the person became a Resident.
5	Has the resident met the Smoke Free Policy Implementation Team and do they understand the Policy? If so please provide the date of the meeting and the outcome.
6	Has the Resident been offered full support from the specialist Stop Smoking Service? Please provide the date the support was offered and the outcome.

Date of exemption form: [date]  
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7	<p>Has every other alternative to smoking at the Location been exhausted? Please list alternatives discussed with Resident and the date they were discussed.</p> <p>Examples of alternatives are -</p> <ul style="list-style-type: none"><li>• Nicotine Replacement Therapy</li><li>• Vaping</li><li>• Can friends/relatives assist the Resident to smoke in areas away from the Location?</li><li>• Has a Harm Reduction Plan been considered?</li><li>• Have any other methods been discussed that are not listed here?</li></ul>
8	<p>Has a risk assessment been carried out? If so, what date?</p> <p>The risk assessment must as a minimum:</p> <ul style="list-style-type: none"><li>• Be carried out by a Senior Staff Member in conjunction with the person responsible for the Resident's care;</li><li>• Take into account the needs of the Resident;</li><li>• be carried out in conjunction with the Resident's family and any other relevant person;</li><li>• consider the Resident's specific needs and identify whether the Resident is at any increased risk when smoking as a result of those needs;</li><li>• consider if the Resident requires an appropriate level of supervision;</li><li>• consider the risks to any other person in the Location;</li><li>• consider a Safeguarding Policy and any other relevant policies in place.</li></ul>

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9	<p>Has an appropriate outdoor smoking area been designated? Please provide details of the smoking area with location map where appropriate.</p> <p>Please note that the Exemption does not permit the designation of an indoor smoking area for the Resident.</p>
	<p>The Resident is permitted to smoke at -</p>

#### Terms of the Exemption

1. This Exemption Form shall be used in conjunction with the Department of Health and Social Care/Manx Care's Smoke Free Policy<sup>1</sup> (as updated from time to time), where an individual is residing in **DHSC/Manx Care premises** and chooses to smoke.
2. The Exemption should be granted on the basis that:
  - a) It applies to the Resident only;
  - b) It applies to the Location only;
  - c) the answers are 'yes' to questions (3) to (9) above;
  - d) a designated smoking area cannot be inside the Location and can only be outside;
  - e) staff at the Location are not obliged to assist a Resident to smoke but can assist at their personal discretion and only where staffing levels permit.
3. An **Emergency Exemption** may be granted in the event of an unplanned emergency placement where the Resident is a smoker.

The Emergency Exemption period shall only be in place for a **maximum of 21 days**. The exemption criteria listed in paragraph 2 (a) to (e) above will need to be met in full upon the expiry of the 21 day period.

The Emergency Exemption will be reviewed on .....

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<sup>1</sup> <https://www.gov.im/media/1371865/dhsc-smoke-free-policy.pdf>

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Next review date: [date]

## EXEMPTION FORM DHSC/Manx Care Smoke Free Policy

I confirm that I have considered the Smoke Free Policy and that the Resident qualifies for an Exemption:

Signed by –

Smoke Free Policy representative or Social Worker	Name:	Role:	Date:
Quit4You Representative	Name:	Role:	Date:
Residential Manager	Name:	Role:	Date:

I confirm that I understand the Smoke Free Policy and the Exemption, including where I am able to smoke:

Signed by -

Resident		Date	
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Date of exemption form: [date]

Next review date: [date]