

## Smoke-free Residential Care Homes Implementation Guide

### Introduction

The Government's tobacco control policy seeks to safeguard public health by discouraging smoking, containing the proliferation of tobacco use and minimising the impact of second-hand smoke on the public. To this end, we adopt multi-pronged approach comprising legislation, enforcement, publicity, education, smoking cessation services and taxation.

2. To further safeguard members of the public against health damages caused by second-hand smoke, the Smoking (Public Health) Ordinance (Cap. 371) (hereinafter referred to as "the Ordinance") was amended in 2025 to extend the statutory smoking ban as well as prohibit smoking while queuing.

3. According to the Ordinance, an indoor area in any residential care home and public places that lie within 3 metres outside the entrances / exits exclusively used for the residential care homes are designated as a no smoking area. While one of the meanings of residential care home is defined by section 2 of the Residential Care Homes (Elderly Persons) Ordinance (Cap. 459), i.e. any premises at which more than 5 persons who have attained the age of 60 years are habitually received for the purposes of care while resident therein, it is also defined by section 2 of the Residential Care Homes (Persons with Disabilities) Ordinance (Cap. 613), i.e. any premises at which more than 5 persons with disabilities\*, who have attained the age of 6 years, are habitually received for the purpose of residential accommodation with the provision of care. Therefore, any person who smokes or carries a lighted cigarette or other tobacco products in an indoor area in a residential care home will be liable to a fixed penalty of \$3,000.

4. For this purpose, the Tobacco and Alcohol Control Office of the Department of Health prepared this implementation guide to give managers and staff of residential care homes a better understanding of tobacco control legislation and its implementation, so that they can carry out the smoke-free policy more effectively.

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\* Person with disabilities mean a person who suffers from one or more of the following disabilities:-

- (a) total or partial loss of the bodily or mental functions;
- (b) total or partial loss of a part of the body;

- (c) the malfunction, malformation or disfigurement of a part of the body;
- (d) a disorder, illness or disease that affects the thought processes, perception of reality, emotions or judgement or that results in disturbed behaviour.

### Hazards of Second-hand Smoke

#### *Second-hand Smoke = Group A Carcinogen*

5. Second-hand smoke is a mixture of the smoke exhaled by smokers (mainstream smoke) and the smoke given off by the burning end of tobacco products (sidestream smoke). Studies show that second-hand smoke, similar to active smoking, can cause many fatal diseases such as cancers. Second-hand smoke contains a complex mixture of more than 7,000 chemicals, of which at least 69 carcinogens.<sup>1</sup> As early as 1992, second-hand smoke was classified by the US Environmental Protection Agency as “Group A carcinogen” and there is no risk-free level of exposure for second-hand smoke.<sup>2</sup>

6. The World Health Organization has stated that if a worker works in a second-hand smoke-laden workplace for a long time, their risk of lung cancer increases by 12-19%.<sup>3</sup> Other than lung cancer, second-hand smoke will also cause other fatal diseases like heart disease, stroke, etc. Therefore, second-hand smoke not only affects the health of the staff and residents of residential care homes, but also harms their life.

### Hazards of Third-hand Smoke

7. Third-hand smoke means the chemical residual of tobacco smoke contamination that clings to clothing, wall, furniture, hair and skin after the cigarette is extinguished. A large amount of toxic substances can be found in third-hand smoke. They include hydrocyanic acid, used in chemical weapons; butane, found in lighter fluid; toluene, found in paint thinners; arsenic; lead; carbon monoxide; and even polonium-210, which is a highly radioactive carcinogen. Nicotine, one of these toxic substances, could react with nitrous acid (a common pollutant found indoor) to produce carcinogenic tobacco-specific nitrosamines.

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<sup>1</sup> U.S. Department of Health and Human Services. How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: *A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2010.

<sup>2</sup> U.S. Environmental Protection Agency. Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders. Washington: U.S. Environmental Protection Agency, Office of Research and Development, Office of Health and Environmental Assessment, 1992.

<sup>3</sup> International Agency for Research on Cancer. IARC Monographs on the Evaluation of Carcinogenic Risks to Humans Volume 83 Tobacco smoke and involuntary smoking. Lyon, France: International Agency for Research on Cancer, 2004.

## Hazards of Electronic Cigarettes and Heated Tobacco Products

8. Most electronic cigarette (e-cigarette) cartridges contain propylene glycol, which is a known irritant when inhaled. Propylene glycol may irritate eye and respiratory tract. As e-cigarette cartridges may also contain various concentrations of nicotine, use of e-cigarette may cause nicotine dependence and constriction of blood vessels. In addition, some toxic substances such as carcinogenic tobacco-specific nitrosamines and formaldehyde-releasing chemical were also detected in some e-cigarettes, according to some overseas research.

9. Since heated tobacco products are relatively new in the market, research on their health effects has been relatively scarce. The World Health Organization stated that currently there is no evidence to demonstrate that heated tobacco products are less harmful than conventional tobacco products. A research conducted by tobacco company claimed heated burn tobacco products may be less harmful than combustible cigarettes, but other studies reported that such products may release carbon monoxide and formaldehyde, as well as second-hand smoke. All of these are harmful substances. On top of that, heated tobacco products heat tobacco to release the addictive nicotine which may cause nicotine dependence.

## Benefits of Implementing Smoke-free Measures

### *Safeguarding employees' health*

10. Employees are valuable asset of a company. Tobacco control measures safeguard employees against the impact of second-hand smoke and allow for a clean and healthy environment. This will reduce absenteeism and lead to improved productivity.

### *Reducing the risk of fire*

11. Statistics showed that in 2024, more than 500 fires were caused by careless handling or disposal of cigarette ends, matches and candles, etc.<sup>4</sup> Implementing smoke-free measures will substantially reduce the risk of fire caused by disposal of cigarette ends.

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<sup>4</sup> Hong Kong Fire Services Department. Statistical Information.  
[https://www.hkfsd.gov.hk/eng/fsd\\_info/publications/statistic/](https://www.hkfsd.gov.hk/eng/fsd_info/publications/statistic/)

*Avoiding conflicts with problems related to smoking*

12. Smoking ban in residential care homes can avoid conflicts between residents due to spreading of second-hand smoke. This will eventually facilitate the management and operation.

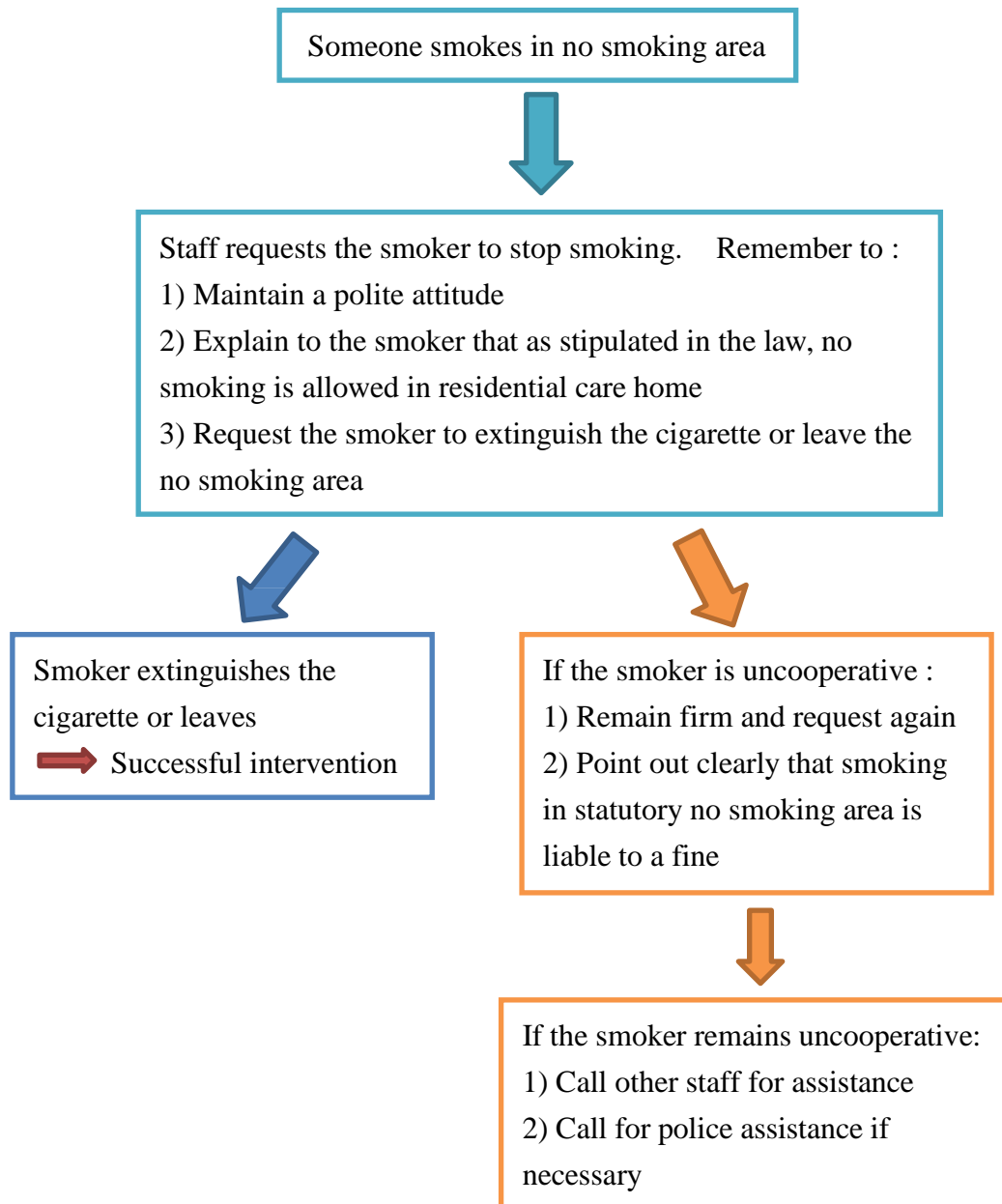
*Cutting operation costs*

13. Furniture in a smoke-free residential care home will suffer from less damage and loss caused by burn resulting from lighted cigarette and can thus reduce cleaning and replacement costs. Furthermore, deterioration of the air conditioning and ventilation system due to dirt-sucking (e.g. smoke ash) will be minimised. As such, maintenance cost for equipment and air conditioning systems will be reduced.

Duties and Responsibilities of Managers and Staff

14. In order to implement smoke-free measures in residential care homes, the Ordinance empowers managers and authorised employees of residential care homes with certain authority and responsibilities. If anyone is found smoking in a no smoking area, the manager or staff shall request the smoker to extinguish his/her cigarette, cigar or pipe immediately. If that person refuses to cooperate, the manager may call the police for assistance.

15. Procedures to handle smoking offences



*Strengthen the training for employees*

16. Managers should inform all employees that residential care homes have implemented smoke-free measures pursuant to law and emphasise that a smoke-free residential care home allows for a fresh environment for both employees and residents. At the same time, staff training should be provided to make them understand their responsibilities and duties under the Ordinance, and improve their techniques of advising residents. This enables staff to effectively discharge their duties of stopping residents from smoking, thus achieving a smoke-free environment in residential care homes.

*Remove ashtrays from residential care homes*

17. Placing ashtrays in residential care homes can mislead residents that smoking is allowed in residential care homes. Therefore, managers should remove all ashtrays.

*Display no smoking signage*

18. Managers should display sufficient number of no smoking signs in prominent positions in order to remind residents and employees that smoking is prohibited in residential care homes and public places that lie within 3 metres outside the entrances / exits exclusively used for the residential care homes. This helps managers to implement the no smoking requirement.

*Encourage employees who smoke to quit smoking*

19. Managers should make employees who smoke understand that the smoke-free policy is for the benefit of their health, rather than an action against their smoking behaviour. Managers should encourage their employees to quit smoking and provide appropriate assistance and support, such as offering smoking cessation information and incentives or rewards to employees who have successfully quit smoking.

*Enhancing implementation skills*

20. Experience suggests that when a manager advises politely and refers to the no smoking signage displayed around, most smokers will cooperate and extinguish the cigarette or leave the no smoking area as requested. Managers should remind employees that when advising, they should first explain very clearly to the resident that the indoor areas of the residential care home are statutory no smoking areas. The advice should be given in a polite manner with appropriate phrases such as “excuse me”, “please”, “thank you” and “I’m afraid”, etc. Usually, smokers will extinguish their cigarette when they are informed of the no smoking requirement.

21. When giving advice, the manager should pay attention to the resident’s mental state such as drunkenness. Do not have any body contact with the smoker or request the smoker to extinguish the cigarette in a commanding tone, such as “Hey, put out your cigarette!”. This helps to avoid conflicts or quarrels.

### *Handling uncooperative smokers*

22. If the smoker refuses to cooperate after repeated warnings from the manager or staff, or even behaves violently or disrupts the public order, the manager may call the police at once for assistance.

### Support and Assistance

#### *The Tobacco and Alcohol Control Office of the Department of Health*

23. The Tobacco and Alcohol Control Office under the Department of Health was established in 2001 to promote smoke-free culture in Hong Kong. We provide education and assistance to managers of public premises for the implementation of tobacco control measures. The responsibility of tobacco and alcohol control inspectors of Tobacco and Alcohol Control Office is to enforce the Ordinance. They handle the complaints of smoking offences, and carry out enforcement actions against the offenders. On the other hand, we inform the public the health hazards of smoking through publicity and education, and help smokers to quit smoking through coordinating and providing smoking cessation services.

#### *Seminar on tobacco control legislations*

24. The Tobacco and Alcohol Control Office regularly conducts seminars on the Ordinance. It aims at enhancing the understanding and implementation skills of managers and staff in relation to the Ordinance, so that they can carry out smoke-free measures in their premises more effectively. Seminars on the Ordinance cover the following areas: smoking situation in Hong Kong, harmful effects of smoking and second-hand smoke brief introduction of the Ordinance, duties and power of “Manager”, guidelines on handling smoking offence and case discussion. Managers and authorised employees of residential care homes are welcomed. Please fill in the application form available at the Tobacco and Alcohol Control Office’s website, [www.taco.gov.hk](http://www.taco.gov.hk), and send to our office by post or fax.

#### *Health education materials*

25. To facilitate managers to implement smoke-free measures, we have prepared a series of no smoking signage (plates, stickers, standees, etc.), posters, pamphlets, as well as this implementation guide and other free materials. Interested

parties can download the Application Form of Health Education Materials from the Tobacco and Alcohol Control Office's website, [www.taco.gov.hk](http://www.taco.gov.hk), and fill in the form and send to our office by post or fax.

#### *Smoking cessation services*

26. The Department of Health collaborates with local non-governmental organisations to provide Hong Kong residents with free smoking cessation services, including smoking cessation counselling and medication (e.g. nicotine replacement therapy). To facilitate quitting smoking at home, smoking cessation centres also provide free postal services of smoking cessation medication ("Mail to Quit" Programme), supplemented by follow-up telephone counselling. In addition, Chinese medicine acupuncture cessation services are also available for quitters. People may select the cessation services required, including cessation assessment, cessation tips and pharmacotherapy information, etc., through the Quitline at 1833 183.

#### *Enquiries on tobacco control issues*

27. For enquiries or assistance concerning the implementation of smoke-free measures, please contact enquiry and complaint hotline of Tobacco and Alcohol Control Office, Department of Health at 2961 8823.

## Frequently Asked Questions

Q: How should staff of residential care homes deal with uncooperative smokers?

A: If the smoker is uncooperative despite staff's polite request, the venue manager should stand firm, explain and give advice once more. If your repeated requests are still in vain, you may give a verbal warning indicating that the smoking offence is subject to a penalty and request the smoker to leave the no smoking area. If the manner of the smoker turns worse, you may call the police for assistance. Step back and keep away from the smoker to avoid conflicts before police arrival.

Q: Can venue managers request the help from the Tobacco and Alcohol Control Office?

A: Yes. If venue managers have any enquiry on the tobacco control issues, or when they have any difficulties on implementing the smoke-free measures, they can call the enquiry and complaint hotline of the Tobacco and Alcohol Control Office at 2961 8823. However, as smoking usually lasts for only a few minutes, it is impracticable for inspectors to provide assistance on spot immediately upon receipt of complaint. Nonetheless, Tobacco and Alcohol Control Office pledges to follow up all enquiries and complaints. Venue managers should call for police assistance when there is an emergency.

## Contact Us

Enquiry and Complaint Hotline : 2961 8823

Smoking Cessation Hotline : 1833 183

Address : Room 1801-1803, 18/F, Wing On Kowloon Centre, 345 Nathan Road,  
Kowloon

Fax : 2575 8944

Email : tobaccocontrol@dh.gov.hk

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