



# Clearing the Air: Smoking Safety and Assessment in Assisted Living

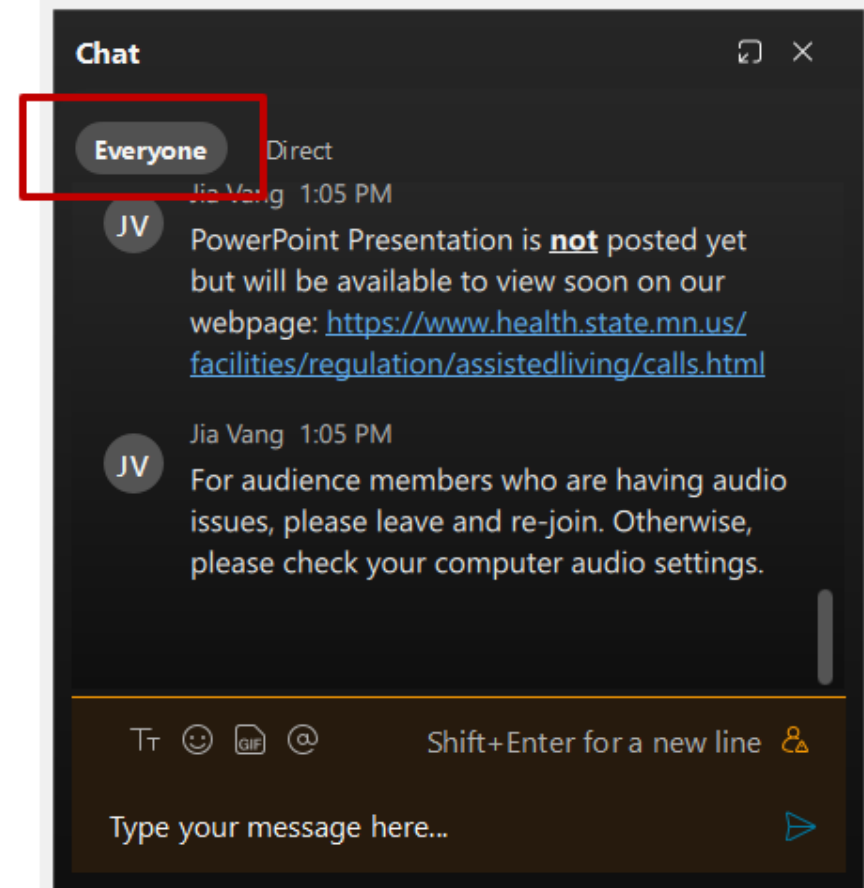
MDH Health Regulation Division

# Webex Participants

## Participants are muted.

**To ask a question**, click on the chat bubble to open the chat, select “Everyone”, and ask a question or provide a comment. Messages sent privately may not be addressed due to logistics.

We will answer as many questions as we can at the end of our time today.



- Smoking & Fire Code
- Smoking Assessments
- MN Clean Indoor Air Act & Resident Rights
- Fire Safety Evacuation Plan Reminders
- What's Next?



# Smoking & Fire Code

Bob Dehler, P.E. | Engineering Manager

# Hazards of Smoking in Assisted Living Facilities (1/2)

- Recent Tragedy – Gabriel House Fire.
- Massachusetts, July 2025: A fatal assisted living fire claimed 10 lives and injured over 30.
- Investigators found smoking materials and a malfunctioning oxygen concentrator in the room of fire origin.
- Concentrated oxygen dramatically accelerated fire spread.





# Hazards of Smoking in Assisted Living Facilities (2/2)



- Recent fire in MN Assisted Living.
- Fire destroyed AL but all residents and staff survived.
- This fire was reportedly started when ashes/cigarette butts were discarded in a dumpster and ignited.
- The improper discarding of ashes or cigarettes butts, as in this case, is the number one cause of fires caused by smoking.



# Why does smoking matter?

- Smoking is a leading cause of fires in assisted living facilities.
- Many residents have **limited mobility**, increasing evacuation risks.
- The **fire code** and **life safety code** require strict smoking policies to reduce ignition hazards.
- **Goal:** Protect residents, staff, and property from smoking-related fires.



# Smoking Area Requirements

**Smoking generally only in designated outdoor areas with:**

- Metal or noncombustible ashtrays.
- Fire-resistant furnishings and away from combustibles.

**Oxygen use restrictions:**

- Smoking is strictly prohibited where oxygen is stored or in use.
- Signage must clearly indicate **“Oxygen in Use – No Smoking”**.





# Policies and Staff Enforcement



## **Written Smoking Policy Required:**

- Outlines approved areas and resident responsibilities. Enforce your policies.

## **Staff Training:**

- Enforce rules, monitor residents with cognitive impairments.

## **Fire Drills and Risk Assessment (Part of FSEP):**

- Include smoking hazards in emergency plans.

## **Resident Education:**

- Explain risks and facility policies during admission.

# What is Engineering Citing for Smoking?

Each assisted living facility must comply with [Minnesota Rules, Chapter 7511, Fire Code](#).

## Safe Smoking

- Facility is responsible for safety of residents.
- Smoking outside is generally ok. Make sure cigarettes are disposed of properly. MDH will cite for disposing butts on ground, mulch, rocks, deck, etc. Need an ashtray and/or receptacle to dump used cigarettes.
- Engineering will cite if there is evidence of careless use of smoking materials and other burning objects in the building. Many times, staff have observed cigarette butts on the carpet or holes in carpet from cigarette burns.

# Final Fire Safety Thoughts

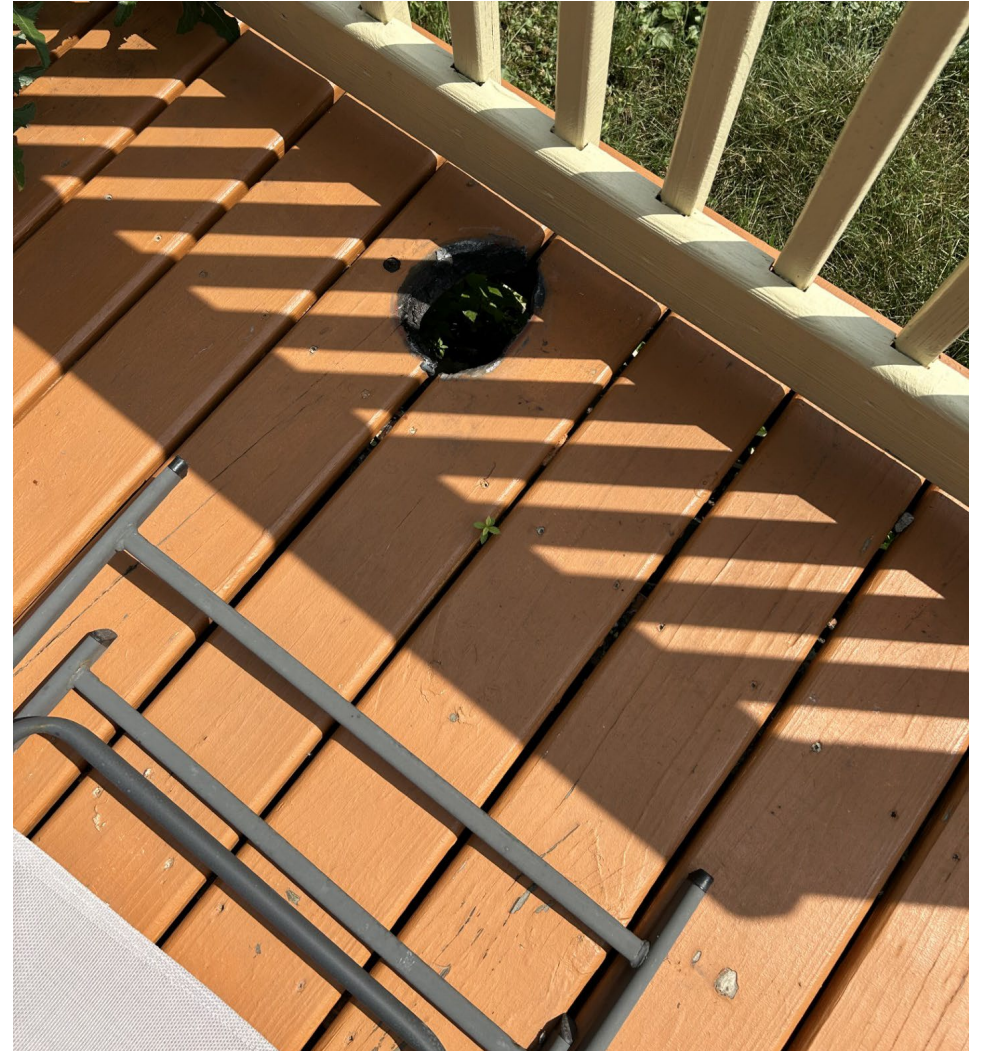
- Smoking shall be done safely, and cigarettes discarded into approved non-combustible ash trays placed on a sturdy surface. Lighted matches, cigarettes, cigars, or other burning objects shall not be discarded in such a manner that could cause ignition of other combustible material.
- Garages can be a good place to smoke or dangerous place. Not a good idea if you have gas cans, combustibles, parked cars, etc. We have seen many that have been safe.
- Don't dispose in piles of leaves, out windows (especially with leaves or bark).
- Dumpster not a good ash tray. Remember the focus can be on fire safety and not just compliance. Incorporate your smoking policies into your FSEP.



# Proof of Hazards



8/28/2025



12



# Smoking Assessments

Matt Heffron | Regional Operations Manager

# Smoking and Assessment (1/2)

Residents have a right to autonomy and making their own life choices.

- Residents who choose to smoke generally have the right to do so.
- Facilities are responsible for addressing smoking in their assessment and care planning.

Smoking poses numerous health and safety risks.

- Fire safety.
- Health risks to the person smoking.
- Health risks to others.



## Smoking and Assessment (2/2)

- The assisted living rule regarding the uniform assessment tool requires it to address “risk indicators, including ... smoking, including the ability to smoke without causing burns or injury to the resident or others or damage to property.” ([Minnesota Rules, Chapter 4659.0152, Subpart 2](#)).
- Smoking consequently must be addressed in each 90-day assessment.

# Smoking Assessment

Many smoking assessments are limited to a “yes / no” response to whether the resident can safely smoke. However, it is sometimes necessary to look in more details at each part of the smoking process:

- Can the resident safely ignite or start their own smoking materials? Or do they require assistance?
- Can the resident safely manage the smoking implement once started?
- How does the resident extinguish the materials and dispose of them?

In addition, the assessment should address any unique concerns or risks such as oxygen use.

# Care Planning for Smoking (1/2)

- Care planning for smoking needs to consider the totality of the resident's rights, abilities, and risks.
- Facilities are required to use person-centered planning and service delivery, to include supporting the person in making choices with the least restrictive interventions necessary.



## Care Planning for Smoking (2/2)

- Assessments should include physical and cognitive ability to smoke safely. They should address any history of smoking related incidents or any unique risk factors.
- Residents should be provided appropriate education regarding the risks of smoking.
- Residents should be offered smoking cessation options, without coercion.



# Smoking Locations

- The care plan should consider the physical environment where the resident will be smoking.
- If the resident does not use the designated, safe locations for smoking, interventions should be developed to encourage use of safe location.
- These interventions should be applied early on, so problematic smoking is addressed before it becomes a dangerous habit. For example, if the care plan is for the resident to smoke outside, and the resident is standing in the doorway, the resident should be reminded every time.

# Ignition / Starting

- If the assessment indicates the resident has difficulty igniting their smoking materials or getting started, consider interventions specific to this challenge.
- These can include managing or storing the resident's lighter or matches for them.





# Smoking Process and Extinguishing

- Supervision of residents during smoking is another potential intervention.
- Ensuring safe methods of extinguishing and disposal are critical for fire safety.

# Smoking and Oxygen (1/2)

Smoking while using supplemental oxygen is especially dangerous for the resident. Residents who smoke and who use supplemental oxygen must have interventions tailored to this risk:

- Separation between the oxygen use and smoking.
- Communication with the prescriber of the supplemental oxygen.
- Education of the resident regarding the significant risks.



# Smoking and Oxygen (2/2)

## The Dangers of Smoking with Oxygen - Stevens Point Burn Demo

Fires caused by smoking with home oxygen being applied is 100% preventable. There is no safe way to smoke with oxygen in the home. These fires are hot, fast moving, and deadly.

# Staff Smoking

- Under the Minnesota Clean Indoor Air Act, **staff members** may not smoke indoors, even if you have safe designated indoor smoking areas.
- If staff members are permitted to smoke outdoors on your campus, they must dispose of cigarette butts in a safe receptacle. Encourage staff members to be a good example on this issue.





# Smoking and Termination of Services (1/2)

- Anecdotal reports indicate failure to comply with smoking rules is a leading cause of terminations from assisted living facilities.
- There may be situations when a facility is genuinely unable to safely care for a resident because of smoking issues.
- However, termination of services and housing creates housing instability for residents and revenue disruption for facilities and should be avoided, when possible, if the facility can otherwise meet the resident's needs.

## Smoking and Termination of Services (2/2)

- Be transparent with smoking policies and options at the time of admission.
- Do not ignore early, smaller issues with smoking. **Apply interventions early**, or they become more difficult to apply as the resident's condition changes.
- Keep up a dialogue with the residents and those they want involved.
- If termination is necessary, follow the appropriate process.

# Potential Interventions (1/3)

Interventions should be person-centered, focused on the needs, risks, and preferences of the individual resident. Options to consider:

- Offering smoking cessation:
  - Nicotine replacement, medications, and therapy can assist.
  - Support groups, coping strategies, and healthy activities.
- Education.
  - Health risks, fire safety risks, and options.

## Potential Interventions (2/3)

- Reminders, especially about appropriate places to smoke.
- Supervision and monitoring.
- Managing smoking materials.
- Signage.
- Fire-resistant materials.
- Ensuring smoke detectors and sprinklers are functional.



## Potential Interventions (3/3)

- Consider ventilation or air purifiers.
- Cleaning of areas where smoking occurs (whether it should be or not).
- A safely accessible area to smoke; for example, a resident with limited mobility is unable to smoke outdoors if the sidewalk is not kept clear, or an outdoor smoking shelter will not be used if not maintained.
- Termination of services, if you cannot safely provide care.

# Selecting Interventions

Not all interventions are applicable to every situation:

- Care planning must be person-centered; select interventions which fit the needs and habits and preferences of **that person**.
- The size and layout of your facility will impact what makes sense for fire safety.
- None of the options listed are necessarily required; select what is reasonable for the situation.
- Be creative and resourceful.



# MN Clean Indoor Air Act

Amy Hyers | Regional Operations Manager

## Licensed Residential Healthcare Facilities

- The Freedom to Breathe (FTB) provisions amended the Minnesota Clean Indoor Air Act (MCIAA) further protect employees and the public.
- October 1, 2007.
- Amended again in 2019 to include vaping/e-cigarettes.
- Includes smoking cannabis products.
- Tag # 0830: Cited 8 times from January 2025 to current.
- Each time it was cited an evaluator smelled/saw smoke in the facility.



**Smoking:** The MCIAA defines smoking as inhaling, exhaling, burning or carrying any lighted or heated cigar, cigarette, pipe or any other lighted or heated product containing, made or derived from nicotine, tobacco, marijuana, or other plant intended for inhalation. As of August 1, 2019, this definition includes carrying or using an activated electronic delivery device.

**Indoor Area:** A space between a floor and a ceiling that is 50% enclosed by walls, doorways or windows (open or closed) around the perimeter. A wall includes retractable dividers, garage doors, plastic sheeting or any other temporary or permanent physical barrier. A (standard) window screen is not a wall.

# Applicable State & Federal Requirements

**Licensed Assisted Living Facilities** prohibit indoor smoking except in a designated separate, enclosed room maintained in accordance with applicable state and federal laws. ([Minnesota Statutes 144.414, Subd. 3](#))

(a) Smoking is prohibited in any area of a hospital, health care clinic, doctor's office, licensed residential facility for children, or other health care-related facility, except that a patient or resident in a nursing home, boarding care facility, or licensed residential facility for adults may smoke in a designated separate, enclosed room maintained in accordance with applicable state and federal laws.

**[144.412 PUBLIC POLICY](#)**. The purpose of sections [144.411](#) to [144.417](#) is to protect employees and the general public from the hazards of secondhand smoke and involuntary exposure to aerosol or vapor from electronic delivery devices by eliminating smoking in public places, places of employment...

# Outdoor smoking

- The MCIAA does not prohibit outdoor smoking, regardless of the distance from building openings such as doors or windows. The law does not address the drift of smoking coming from the outside.
- Some cities and counties have local ordinances that restrict smoking by entrances.
- Some businesses (facilities) have adopted a "campus-wide" smoke-free policy.

# Regulatory Framework and Compliance

## FIRE SAFETY CODES

- **NFPA requirements:** Enhanced fire protection for smoking areas.
- **Sprinkler protection:** Automatic suppression system requirements.
- **Exit requirements:** Emergency egress from smoking areas.
- **Construction materials:** Fire-resistant materials and finishes.

## HEALTH REGULATIONS

- **Public health codes:** Protection of non-smoking occupants.
- **Workplace safety:** OSHA requirements for employee protection.
- **Indoor air quality:** Compliance with air quality standards.
- **Accessibility:** ADA compliance for smoking area access.



# Separated, Well-ventilated Area for Smoking

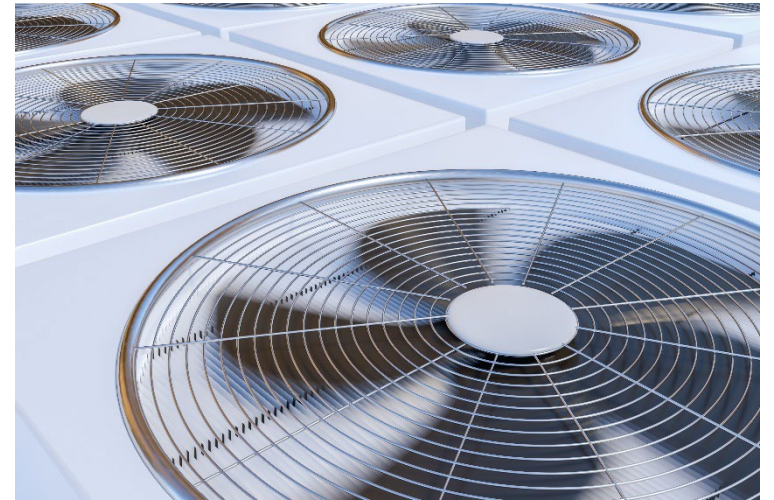
A **separated well-ventilated area for smoking** is designed to accommodate smokers while minimizing the impact on non-smokers. This area typically includes:

- **Exhaust fans** to remove smoke and odors from the room.
- **Air conditioning and heat** to maintain a comfortable temperature.
- **Filtration systems** to remove smoke and other contaminants from the air.
- **Separation from other spaces** to prevent the spread of smoke and odors.
- **Proper ventilation rates** to ensure air circulation and fresh air intake. These features work together to create a comfortable and safe environment for both smokers and non-smokers, while also complying with health regulations and safety codes.

# What could a proper indoor smoking space look like?

## Enclosed room maintained in accordance with applicable state and federal laws:

- Be ventilated according to the Minnesota State Building Code.
- Have a negative pressure relationship relative to adjacent spaces.
- Minimum Air Changes of Outdoor Air Per Hour: 2
- Minimum Total Air Changes Per Hour: 10
- All Exhaust Directly To Outdoors.
- No compressed oxygen or oxygen concentrators in the room.
- Room should contain noncombustible ashtrays and metal containers with self-closing cover devices into which ashtrays can be emptied.



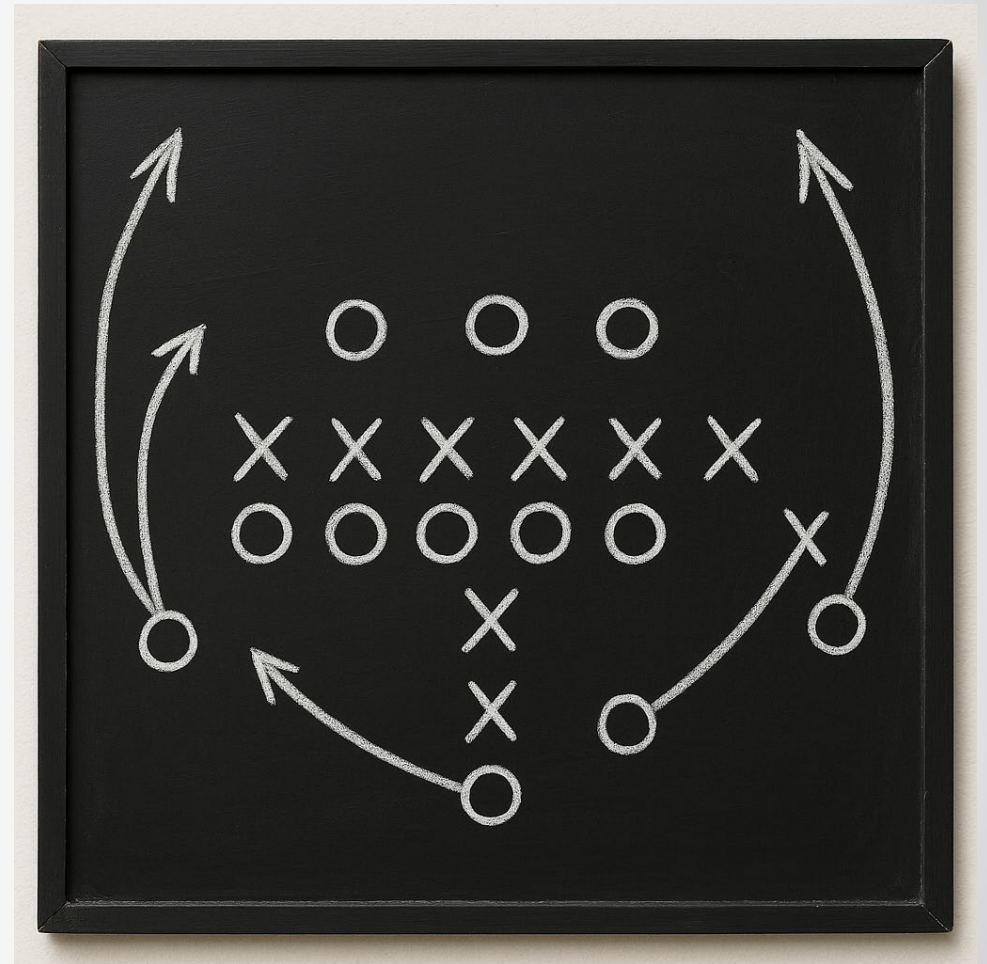


# Fire Safety Evacuation Plan Reminders

Bob Dehler, P.E. | Engineering Manager

# Fire Safety is Like Game Day Readiness

- Creating a fire safety and evacuation plan is like building a championship game plan
- We create the game plan (FSEP), coach our team (staff and residents), run practices (drills), and prepare to execute flawlessly on game day (emergency)





# You Need a Playbook

Each assisted living facility is required to develop and maintain a Fire Safety and Evacuation Plan (FSEP).

The FSEP is a key document necessary to train staff and residents, so everyone knows what to do in the event of a fire or similar emergency.

- This FSEP is separate from the facility Emergency Preparedness plan.
- If the facility received/purchased a policy developed by a third party, you must modify/update the facility-specific contents.



# Build the Playbook

Our Fire Safety and Evacuation plan includes the following:

1. Location and number of resident sleeping rooms.
2. Staff actions during emergencies.
3. Resident actions during emergencies.
4. Procedures for movement, evacuation, or relocation during a fire or similar emergency.



# Coach the Team: Staff Training

Training is a lot like coaching.

Employees must be trained on the facility FSEP:

- Upon hire.
- Twice per year after hire.

Employee FSEP training must be documented and available during survey.

Drills are not FSEP training.

- Everyone must know their role on the court!  
Walk through the training.
- MDH has seen in many surveys that staff do not understand smoke barriers.



# Coach the Other Members of the Team: Resident Training

Residents are also part of the team. They have a part on the team and some can self evacuate.

- Train your residents at least once per year.
- What do you expect them to do?
- If training was part of resident meeting, keep minutes and attendance of the meeting for record of training.
- Learning the game plan equals performance.

# Run the Drills: Evacuation Practice

No team wins without practice.

- Drills must take place twice per year per shift (2x3=6 drills per year).
- One drill every other month.
- Alarms or resident evacuation is not required.
- Practice sharpens our reactions!

# Make Sure the Game Plan is Always Available

- The FSEP must be in central location, accessible to all employees.
- The best prepared facilities place the evacuation plan in each unit or wing if you expect staff to take the plan and implement it.
- If you have a locked memory care unit, having one copy in the area is a good procedure. Especially if employees are trained to stay with residents in case of any emergency, they will need the policy to reference in any emergencies.



# Tips on Conducting Practice and Updating Game Plan (1/2)

Sometimes we see evacuation drills while staff are sitting in an office.

- Verbally announce fire and have staff walk through.
- Move items out of means of egress – preparing means of egress. Will see wheels may be locked or cart too heavy. May need to revise plan.
- Close any doors open that need to be closed.
- Do we know where closest fire extinguishers are located and when they should be used or not? Facility needs to evaluate their staff's ability to use fire extinguisher and train on what scenarios that they should use them in.
- On the drills, walk through your staff and show them the smoke barriers, smoke barrier walls and exit stairs.
- You will get feedback from your staff on what works and what does not work.

# Tips on Conducting Practice and Updating Game Plan (2/2)

- Document the drills and figure out what worked and what did not work.
- Alter plan after your practice. Even practice moving residents if they need assistance.
- Include residents if you can. Have them participate. Tell them you are doing a drill and ask if they want to participate.
- Make sure your plan does not say to evacuate to your room for every emergency. Not every evacuation is in place. What if there is a gas leak? Tornado?
- Have fire department come out and participate with them. Walk through and get pointers from fire department. FD will tell you what they do and how they connect to the building. You may see your gathering spot is near the FD connection and it may need to be moved (example).

# Game Day = Emergency

- Just like a game, emergencies test our preparation.
- Preparation starts with clear plan, trained staff, informed residents and regular drills.
- Execute like 'Champions' under pressure.







# What's Next?



# Advisory Council

## Home Care and Assisted Living Advisory Council

Monday, September 22nd

1:00 pm – 3:00 pm

See [Advisory Council website](#) for details!



## **Assisted Living Quarterly Update**

**Thursday, November 20th**

**1:00 pm**

## **Agenda**

- FY 2025 Licensing, Survey, and Complaint Trends
- Reconsideration updates

# Thank You!

Email: [health.assistedliving@state.mn.us](mailto:health.assistedliving@state.mn.us)