

**CORPORATE POLICY & PROCEDURE  
SCENT-FREE ENVIRONMENT  
ROHCG  
CORP IV-i – 240**

**SCENT-FREE ENVIRONMENT**

<b>SECTION: IV-i Environment Management – Occupational Health &amp; Safety</b>		<b>NO: 240</b>	
<b>Issued By:</b>	Chief Operating Officer. & Chief Financial Officer	<b>APPROVAL DATES :</b>	
<b>Approved by:</b>	Senior Management Team	<b>Date Initially Approved:</b> 25/04/2012	
		<b>Date Reviewed:</b> 23/01/2015	
		<b>Date Revised:</b> 25/10/2018	
		<b>Date Implemented:</b> 07/05/2012, 23/01/2015, 12/12/2018	
<b>Key Words:</b>	Scent, scent free, perfume, flowers, scented products, after shave, asthma, sensitivity, allergic reaction	<b>Cross Reference(s)</b>	CORP V-iii 100 Discipline, CORP IV-i 160 Staff Incident Reporting

**1. PURPOSE:**

To provide direction for Royal Ottawa Health Care Group's (ROHCG) staff about how to ensure a low to no scent environment.

**2. POLICY STATEMENT:**

The ROHCG will endeavour to provide a scent-free work environment. Wherever possible the organization will eliminate the use of products with scent or other properties that are known to cause health problems for patients, staff and visitors.

**3. SCOPE:**

This policy applies to all patients, staff and visitors of the ROHCG.

**4. GUIDING PRINCIPLES:**

The ROHCG is committed to creating a healthy and safe environment in which to provide and receive services. Manufactured and natural fragranced products can affect patients, staff and visitors who have known allergic reactions or medical conditions. All patients, staff and visitors are encouraged to use unscented/low scented personal products. This low scent to no scent policy is based on cooperation on the part of everyone and is vital to the success of the policy.

**5. DEFINITIONS:**

**Manufactured Fragrances:** are materials or products containing a scent and that may be used (e.g. aerosol cleaning sprays, highly scented deodorants, air fresheners – for example – wall plug-ins, gels, wick & reed diffusers, etc.), worn (e.g. perfume, cologne, aftershave lotions) or brought onto ROHCG properties (e.g. air fresheners).

**6. PROCEDURE:**

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**6.1** This policy shall be communicated to new staff upon hire and/or signing their acceptance letter/offer and in Corporate Welcome. All staff are expected adhere to the scent-free environment policy in a respectful manner.

**6.2** Staff with known allergic reactions or medical conditions related to scented products are asked to notify Occupational Health and Safety Services (OHSS) and their manager. If an adverse health effect from a fragrance is encountered staff are to remove themselves from exposure or (after an explanation) request the individual contributing to the problem to leave the area. Staff are to complete a Staff Incident Report thru the Client and Staff Incident Feedback (CSIF) system ) and contact their manager immediately.

**6.3** Contractors working at or vendors using ROHCG facilities are to be notified in advance of that the Royal is a scent-free environment. Vendors' products are to be low or no scent.

**6.4** When flowers and/or gifts are brought in or sent to the facility, they should be low or no fragrance. Artificial arrangements are encouraged.

**6.5** Each building/site of ROHCG shall display appropriate signage to advise patients, staff and visitors that the organization is scent-free. Managers will ensure approved signage is posted on their units. (**Appendix 1**)

**6.6** All staff are expected to inform persons using scented products that the ROHCG is a scent-free workplace. In order to resolve a concern relating to a scented product (including flowers) staff should deal directly with the person in a cordial and respectful manner by:

- Approaching the person in a positive, polite manner and express how the fragrance is affecting others.
- Being as specific as possible regarding symptoms of exposure.
- Informing the individual of the scent-free policy.
- Requesting that the individual remove the scent or leave the ROHCG facility where possible and commit to discontinue future use of the product within ROHCG facilities.

**6.7** Should an individual continue to be non-compliant the appropriate contact person should be informed of the steps taken to resolve the issue. The contact person shall deal with non-compliant individuals, upon request. Appropriate contact persons are:

Employee:	Manager
Student:	Student's Instructor
Volunteer:	Director – Volunteer Services
Visitor:	Manager (or Delegate)
Patient:	Manager (or Delegate)
Physician:	Chief of Staff/Associate Chief of Staff

**6.7.1** Contact persons should address any concerns raised by staff openly and honestly.

**6.7.2** Staff who continue to disregard this policy may be subject to corrective action as outlined in *CORP V-iii 100 - Discipline*.

**6.7.3 Patients:** Should a patient continue to disregard this policy the Manager-PCS/delegate, in consultation with the physician and the Client & Family Relations Coordinator, will develop a plan for patient compliance.

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**6.7.4 Visitors:** Should a visitor continue to disregard this policy the Manager-PCS/delegate shall speak with the person to inform them of the scent-free policy and ask for their cooperation by either removing the scented product or leaving ROHCG facilities within a reasonable time period. If the visitor refuses to leave, the Manager-PCS/delegate may contact Security.

**7. RELATED PRACTICES AND/OR LEGISLATIONS:**

*Ontario OH&S Act and Regulations*

*Ontario Human Rights Code*

*Accessibility for Ontarians with Disabilities Act 2005*

**8. REFERENCES:**

*Scent Free Workplace* (2007) The Ottawa Hospital, Ottawa, Ontario

*"Fragrance Sensitivity: an Issue for Health Care Workplaces*, Health Care Health & Safety Association Safe Angle Publication Vol. 2 Number 2 Winter 2000

*"Scents and Sensitivity"*; Environmental Health Perspective, Vol. 106, Nov 98 & Dec 12

*Scents in the Workplace Policy* (2003) Cambridge Memorial Hospital, Cambridge, Ontario

*Scent-free Personal Products* (2005) Capital Health, Halifax, Nova Scotia

*Use of Perfumes and Fragrances* (2004) Northern Health, Prince George, British Columbia

**9. APPENDICES:**

<http://oreo.rohcg.on.ca/departments/ohs/Resources-PolicyAppendices.cfm>

**Appendix 1** – Signage for Scent-free Environment

**Appendix 2** – Examples of Low/No Scent Alternatives