

Scent Reduction Policy			
For Policy Office Use Only			
Policy Type: Corporate Policy		Policy Number: 87	
Approved By: Executive Team	Original Date: Apr 5, 2011		
(Corporate)	Revised Date(s): Jul 29, 2014, May	Version: 3	
Approval Date: May 28, 2024	2024	version. 5	
Effective Date: May 28, 2024	Next Review Date: May 28, 2028		
All Rights Reserved. This is a CONTROLLED document for internal use only.			
Any documents appearing in paper form are not controlled and should ALWAYS be checked			
against the electronic version prior to use			
Policy Sponsor: Chief Talent Officer			
Policy Author: Kelly Hebert (Manager, Occupational Health & Wellness) and		Dept: Occupational Health	
Denise Ranger (OHS Nurse)		& Wellness	
Scope/Impact: CHEO staff, medical staff, fellows and residents, volunteers, learners, patients, visitors and all			
other persons attending CHEO for any reason.			
Keywords: Scent reduction, scent-free products, fragrances			

1. Purpose

CHEO is committed to providing a scent-reduced environment to all CHEO staff, medical staff, fellows and residents, volunteers, learners, patients, visitors and all other persons attending CHEO for any reason. The intention is to minimize potential health concerns arising from exposure to scented products (e.g. headaches, nausea, asthma attacks, allergies etc.).

2. Policy

- **2.1.** Scent-free personal hygiene products will be used in the facility by staff, physicians and volunteers. All staff will ensure that their practices reflect the 'scent reduction policy' by eliminating and/or replacing scented products whenever possible. In addition, CHEO will consider 'odor free' or 'low odor' for new products.
- **2.2.** Scents, fragrances, and odors will be limited to the use of those products that are necessary for the care and comfort of patients and to the proper maintenance and operation of CHEO.
- **2.3.** Patients and visitors will be advised of this policy through signage and information brochures and are expected to comply.
- **2.4.** Patients, including all outpatients, will be informed of the policy during the booking and admission process and are also expected to comply.
- **2.5.** If the employee refuses to comply with a request to limit their use of scented products (either at the time or at a future time) and continues to report for duty with such products evident on their person, they may be subject to progressive disciplinary action, including dismissal.
- **2.6.** Environmental deodorizers and disinfectant sprays will be only those approved and provided by CHEO.
- **2.7.** CHEO Procurement will ensure vendors and contractors are aware of the Scent Reduction Policy as required.
- **2.8.** Plants with strong fragrances should not be brought into CHEO.

3. Responsibilities

3.1. Managers/Directors/Supervisors must ensure the Scent Reduction Policy is adhered to using all reasonable measures.



- **3.2.** CHEO mandatory training sessions provide staff with awareness and education regarding a scentreduced environment.
- **3.3.** All staff, medical staff and volunteers must ensure they adhere to this policy and report their concerns directly to their manager/supervisor.
- **3.4.** Staff are responsible for informing patients and visitors of the policy as required.

4. Procedure

If fragrances or malodors are detected, the following steps will be followed.

- **4.1.** Identify the source, remove, if possible, i.e. food, waste, floral, linen, etc.
- **4.2.** If the scent is a result of a personal fragrance worn by others, staff should remind the individual of the policy and bring it to the attention of the manager/supervisor.
- **4.3.** A manager/supervisor shall direct the person wearing the product to take steps to remove the scented product, so it is no longer evident.
- **4.4.** If the individual is a physician, the matter will be brought to the attention of the Chief of Staff or designate and will be dealt with through the processes applicable to physicians.
- **4.5.** If the individual is a learner, the matter will be brought to the attention of their direct supervisor and will be dealt with through the processes applicable to learners.
- **4.6.** Incidents involving volunteers will be referred to Volunteer Resources for follow up.
- **4.7.** Patients and visitors will be requested to comply with this policy.
- **4.8.** An incident report in the Safety Reporting System (SRS) will only be completed by staff should they experience adverse effects as a result of potential exposure to scented products. OHW will follow their internal process and review.
- **4.9.** CHEO will continue to endeavor to eliminate the use of scented cleaning products in the Hospital.

5. Cross-References

- 5.1. CHEO Policy #128 Dess Code Policy
- 5.2. CHEO Onboarding Portal

6. References

- <u>Scent-Free Policy for the Workplace</u> Canadian Centre for Occupational Health and Safety (CCOHS), Government of Canada
- Section 25 (2) of the Occupational health and Safety Act requires the employer take every precaution reasonable in the circumstances for the protection of the worker. This regulation requires the employer to limit the exposure of workers to chemical substances.

7. Definitions

• **Fragrance**: any product that emits a distinctly noticeable scent to others. They include, but are not limited to, cologne, after shave, perfume, perfumed hand lotion, fragranced hair products, scented oils, flowers, and hospital products used for cleaning or freshening the air and/or similar products.



Malodor: unpleasant smell that includes but not limited the scent of tobacco smoke, body odor, food vapors and other sources.

Version History:

Date	Type of revisions	List of revisions
May 5, 2011	Revisions	
May 28, 2024	Minor Revisions	Updated language/terms/department names/removed old fragrance free workplace poster as appendix