



Please Note: This policy is currently under review and is still fit for purpose.

SMOKE FREE POLICY

This procedural document supersedes: Smoke Free Acute Services Policy - CORP/COMM 2 version 3

This procedural document should be used in conjunction with:

- Fire Policy - CORP/HSFS 14
- Dress Code and Uniform Policy - CORP/EMP 20
- Care of Prisoners Policy - PAT/PA 10



Did you print this document yourself?

The Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version. **If, for exceptional reasons, you need to print a policy off, it is only valid for 24 hours.**

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Approved by:	Policy Approval and Compliance Group
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Target audience:	Trust wide - Anyone who enters the Trust premises

Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 4	17 February 2015	<ul style="list-style-type: none"> • This procedural document has changed substantially, please read in full 	M Kyi
Version 3	March 2011	<ul style="list-style-type: none"> • Format updated • Minor changes in text to support new guidance • References updated • Appendix 1 – Guidance for Staff Updated 	H Keane

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1. INTRODUCTION

Smoking is the single greatest cause of preventable illness and premature death in the UK.

Second hand smoke is a proven carcinogen and apart from cancer causes a range of other diseases including heart disease and respiratory infections. Under the Health and Safety at Work Act 1974, the Trust has a duty to protect employees and others from the effects of tobacco smoke.

There is evidence that patients who continue to smoke while in hospital are at increased risk of complications and delayed recovery.

Cleaning up the detritus left by smokers is a poor use of Trust resources. Complaints arise from second hand smoke in entrances and the sight of staff and patients' smoking gives a poor impression of the Trust.

NICE Public Health guidance 48 (2013) recommended establishing complete and real smoke-free premises with a strong leadership and management to ensure they remain smoke-free. It also recommended on-site stop smoking service in all hospitals with hospital stop smoking steering group and infrastructure. It also advised on providing intensive behavioural support and pharmacotherapy as an integral part of the service and emphasised on maintaining continuity of care by integrating with community and primary care services. Staff training and staff stopping smoking/abstinence were also emphasised.

Doncaster and Bassetlaw Hospitals NHS Foundation Trust takes the responsibility in providing a safe and healthy environment for all of its staff, patients, visitors and contractors, to promote health and protect non-smokers.

2. PURPOSE

By implementing this policy the Trust supports the Department of Health (DH) white paper 'Choosing Health' (DH 2004) and 'Healthy Lives, Healthy People: a Tobacco Control plan for England' (DH 2011). The Trust will maintain its commitment to a smoke free hospitals environment. The Trust recognises the individual's right to consume tobacco, as it is a legal product, however counterbalances this argument with the rights of others who have a right to a smoke free environment, and for their health to be protected.

3. AIMS

With the Smoke Free Policy, the Trust will:-

- Strive to achieve a completely smoke-free environment on all its sites.
- Treat all patients equally, irrespective of whether they smoke or not.
- Ensure all buildings have been designated as smoke free.

- Provide clear signage at all main entrances to ensure that anyone entering a building is aware that the hospital is smoke free.
- Ensure smoke free policy information is provided and available to all service users of the Trust in written form and on the intranet.
- Ensure that patients, staff, relatives and visitors do not smoke in any area of the Trust.
- Protect staff, patients and visitors from the harmful effects of passive smoking.
- Ensure prohibition of sale or advertising of tobacco products on Trust sites.
- Support staff and patients who want to give up smoking.
- Ensure that staff will not smoke on site whilst on duty.
- Staff to be informed of the policy via publications.
- Smoking cessation training to be included as a desirable training module.
- Policy to be discussed and implemented in all teams via Smoke Free Champions.
- Policy to be included in the Trust induction programmes.
- Highlight the risks of smoking, and promote a smoke-free NHS culture.

4. SCOPE

Who does the policy apply to?

The policy applies to any person on any of the Trust's sites including staff, patients, students, visitors, and contractors.

Where does the policy apply?

The policy applies to all buildings and grounds on the Trust's sites; this includes:-

- Doncaster Royal Infirmary,
- Bassetlaw District General Hospital
- Montagu Hospital Mexborough

What about other Trust sites where the Trust provides a service?

The smoke – free policy extends to staff working on other sites where the Trust provides patient services.

Staff residential accommodation

Smoking is not allowed in communal and circulation areas or grounds, and in rooms or other accommodation. This applies both to Trust accommodation and that managed by partners.

Vehicles

Smoking by staff is prohibited in vehicles owned or leased by the Trust. Staff who uses their own vehicles for Trust business should not smoke in them during work hours.

Junior Doctors Mess

Smoking is prohibited in these areas.

Contractors

Contractors are not permitted to smoke anywhere on the Trust's sites, including within their work site.

Other organisations on the Trust's sites

Other organisations, which occupy the Trust's sites, are expected to comply with the smoke – free policy. They are responsible for communicating the policy to their staff, visitors and contractors.

Staff who visit patients at home

Staff have the right to work in a smoke free environment. Patients or their carers who smoke in their own homes should be requested not to smoke for the duration of the visit and 30 minutes before the visit. If the patient or carer does not agree to this, the member of staff has the right to withdraw if it is clinically safe to do so.

Smoking breaks for staff

Breaks for smoking are not permitted. Staff are encouraged not to smoke in breaks and if they do so, they have to leave the site. No extra time will be granted for this. Any staff who take frequent breaks that have not been agreed should be escalated to a manager or supervisor.

Staff smoking off the Trust's site

The uniform policy states that staff must not smoke in uniform. Uniforms must be removed completely; it is not acceptable for staff to cover their uniform with a coat. Trust staff are not permitted to smoke off the Trust's site if they are wearing an identity badge or are representing the Trust.

Electronic cigarettes

E-cigarettes are unregulated nicotine products for which there is insufficient evidence of safety and pose a fire hazard. In view of this, use of e-cigarettes is not permitted anywhere on Trust premises.

5. EXCEPTIONS

No exceptions will be made for patients, visitors, staff or others unless agreed by the Director of Nursing, Midwifery & Quality.

6. RESPONSIBILITIES

The Chief Executive, Executive Directors and Senior Managers will:-

- Promote good practice and awareness of the policy amongst all managers, staff and contract employees.
- Take actions necessary to enforce the policy.

- Provide guidance and support on required resources and in ensuring consistent application of the policy.

The Human Resources Department will:-

- Ensure that recruitment literature, including job descriptions, job advertisements, interviews and staff inductions, will reflect the Trust policy.
- Provide support and guidance to managers in consistent application and correct interpretation of the policy in relation to employees.

The Estate and Facilities Department will:-

- Via the security contract, ensure all service users and providers (employees, patients and visitors) are aware that it is legally required not to smoke on the Trust premises, and challenge those not complying with the policy.
- Ensure appropriate signage is displayed in smoke free premises and vehicles.
- Ensure the installation and maintenance of a fire detection system in all appropriate areas.

The Occupational Health Department will:-

- Provide appropriate support to any employees requesting help to stop smoking.

Managers will:-

- Be responsible for implementation of the policy and protocols and continued compliance in their clinical areas.

Clinicians will:-

- Work with Commissioners of our services to provide joint initiatives to help patients to stop smoking.
- Be responsible for implementation of the policy and protocols in their clinical departments/areas.
- Receive training for very brief (Smoking Cessation) advice.
- Ensure that all their patients (inpatients as well as outpatients) are asked of smoking status, offered smoking cessation support information if willing to stop and make a referral if requested.

Nurses in Charge of a shift will:-

- Be responsible for ensuring adherence to the policy by all (staff, patients, relatives and visitors) in their ward on their shift.

Smoke Free Champions will:-

- Be responsible for ensuring engagement of frontline healthcare professionals in their designated clinical areas and their obtaining of appropriate Smoke Free education.
- Cascading information/feedback up to the Smoke Free steering group and down to all the frontline healthcare professionals.

Pharmacists will:-

- Ensure appropriate Smoking Cessation medications are prescribed when necessary.
- Provide support and guidance to doctors in prescribing Smoking Cessation medications.

The Medical Education Department will:-

- Ensure all fire lectures refer to the Smoke Free Policy.
- Ensure Smoking Cessation will be included in training modules and continuing education programmes.

Smoking Cessation Service will:-

- Receive all inpatient and outpatient smoking cessation referrals.
- Provide smoking cessation advice and support including providing pharmaceutical agents and one to one behavioural cognitive counselling to patients and staff.
- Be responsible for follow up or subsequent referral to the community smoking cessation team.
- Be responsible for monitoring and evaluation of the service provision.
- Provide training, advice and support to Trust employees to enable them to provide effective smoking cessation support to patients.
- Ensure resource materials (written information and leaflets on smoking cessation service, smoking policy and health information on smoking) are easily available to patients, relatives and staff.

7. IMPLEMENTATION OF THE POLICY

General duty to promote the policy

- All staff have a responsibility to help promote and implement the policy.
- Patients who smoke should receive very brief advice (VBA) from a clinician and the advice should be recorded in the notes.
- In-patients should be offered smoking cessation advice at the pre-admission session or at the time of booking.

Informing patients and visitors of the policy

- The policy will be advertised and promoted in a variety of ways: in leaflets, on the Trust's website, in clinics, on the wards, in PALS office, via doctors, nurses, therapists, pharmacists, in DBH Buzz and other health care professionals – and signage.

Informing staff of the policy

- Staff will be informed about the policy via the intranet and at induction. Line managers will draw staff's attention to the policy and it will be highlighted in job recruitment information and advertisements.
- Line managers are expected to take a lead in ensuring everyone complies with the policy.
- Security staff will help enforce the policy, and will respond to requests from staff to deal with anyone who reacts aggressively to being asked to desist from smoking or who refuses to do so.

Non-compliance by staff

- All members of staff have the right to bring the policy to the attention of any other member of staff they find smoking on the Trust's premises.
- Members of staff found smoking should be reminded of the Trust's policy on smoking. They should be asked politely to stop smoking or to move off the Trust's grounds.

- If a member of staff who is smoking refuses to desist, or is aggressive or abusive, their line manager should be informed.
- If a member of staff is reported to their line manager for refusing to stop smoking when asked or for persistently smoking on the Trust's premises, the manager should initially counsel them, remind them of the policy and encourage them to seek smoking cessation advice in line with section 6 above.
- If, despite counselling, a member of staff continues to be reported for smoking in breach of the policy, the matter should be addressed through the Trust's performance and conduct procedure.
- If a member of staff is reported to their line manager for being aggressive or abusive when asked to stop smoking on the Trust's premises, the matter should be addressed through the performance and conduct procedure and could result in dismissal.
- In the event that staffs from another organisation are found to be in breach of the policy, the appropriate organisation will be advised in writing.

Non-compliance by patients and visitors

- All members of staff have the right to bring the policy to the attention of anyone they find smoking on the Trust's site.
- Patients or visitors found smoking should be reminded of the Trust's policy on smoking. The person should be politely asked to stop smoking or to move off the Trust's grounds.
- Staff should enlist the assistance of security if they feel it necessary.
- Staff should have regard to their own personal safety. If the person who is smoking becomes aggressive or refuses to desist or to move off the Trust's grounds, security staff should be informed.
- Refusal by the smoker to comply with this policy may result in the Trust's red card policy being applied. This may lead to treatment being withdrawn or the person being asked to leave the Trust site.
- Any complaint relating to this policy from or on behalf of patients should be dealt with under the Trust's complaints procedure.

Contractors

- Contractors and their employees are not permitted to smoke anywhere on the Trust's site, including within their work site.
- Any contractor or contractor's employee found to be in breach of this policy will be required to leave the site.

Informing other organisations of the Trust

- Other organisations on the Trust's sites will be sent a copy of the policy. They are expected to communicate this to their staff and ensure they comply with the policy.

8. TRUST COMMITMENT TO SUPPORTING STAFF

The Trust appreciates that smokers become addicted to nicotine and need help and support in order to comply with a smoke-free policy.

Smoking cessation advice and support is available to everyone including staff. Stop smoking services provide information on:-

- Different ways of giving up smoking.
- How to obtain nicotine replacement therapy.
- Advice and support while on a smoking cessation programme, and post smoking support.

Smoking cessation services can be accessed via occupational health and smoking cessation services in the community.

9. TRAINING AND EDUCATION

Issues related to smoking and health will be included in in-service and continuing education programmes. Training will address the health risks of smoking and the role of NHS employees generally as health educators.

Fire training will refer to the Smoke-free Policy and the reasons for it.

An education/training programme is available to relevant staff on brief intervention training and documentation in supporting patients and colleagues who wish to stop smoking.

10. PROCESS FOR MONITORING COMPLIANCE

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
All aspects of the policy will be reviewed.	Trust's smoke free project team.	3 monthly	Smoke Free Steering Group meetings.
Effectiveness of the Policy.	Managers of each Care Group	Annually	To Strategic Lead
Effectiveness and Impact of the Hospital based Smoking Cessation Service.	Smoking Cessation Service Team.	6 monthly	Audit – To be done by Smoking Cessation Service Team. To be reported to Smoking Cessation Steering Group.
Staff members, patients and the public being challenged when smoking in Hospital Grounds.	Security Contractor	Daily	Local Security Management Team (LSMS)

11. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment for All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. Please see appendix 1.

12. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

- Fire Policy - CORP/HSFS 14
- Dress Code & Uniform Policy - CORP/EMP 20
- Disciplinary Procedure Policy - CORP/EMP 2
- Equality Analysis Policy - CORP/EMP 27
- Fair Treatment for All Policy - CORP/EMP 4

13. REFERENCES

Borglykke, Pisinger C, Jorgensen T, et al. **The effectiveness of smoking cessation groups offered to hospitalised patients with symptoms of exacerbations of chronic obstructive pulmonary disease (COPD)**. Clin Respir J 2008; 2:158-165

British Thoracic Society Reports: British Thoracic Society (BTS) (2012) **Recommendations for Hospital Smoking Cessation Services for Commissioners and Health Care Professionals**.

British Thoracic Society Reports (2013) **The Case for Change: Why dedicated, comprehensive and sustainable stop smoking services are necessary for hospitals**. BTS Stop Smoking Champions.

Callum C, Boyle S, Sandford A. **Estimating the cost of smoking to the NHS in England and the impact of declining prevalence**. Health Econ Policy Law 2011; 6:489-508

Department of Health (2004) **Choosing Health. Making healthy choices earlier**. London, Stationary Office.

Department of Health (2011) **Healthy Lives, Healthy People: A Tobacco Control Plan for England**. Tobacco Programme, London.

Godtfredsen NS, Vestbo J, Osler M, et al. **Risk of hospital admission for Chronic Obstructive Pulmonary Disease (COPD) following smoking cessation and reduction: a Danish population study**. Thorax 2002; 57:967-972

Godfrey C, Parrott S, Coleman T, et al. **The cost-effectiveness of the English smoking treatment services: evidence from practice.** *Addiction* 2005; 100 Suppl 2:70-83

Khuder SA, Milz S, Jordan T, et al. **The impact of a smoking ban on hospital admissions for coronary heart disease.** *Prev Med* 2007; 45:3-8

Lewis KE. **Where do smokers prefer their smoking cessation to be based?** *Thorax* 2005; 60:ii37

Mohiuddin SM, Mooss AN, Hunter CB, et al. **Intensive smoking cessation intervention reduces mortality in high-risk smokers with cardiovascular disease.** *Chest* 2007; 131:446-45

National Institute for Clinical Evidence (NICE) (2013) **Smoking Cessation in Secondary Care: Acute, Maternity and Mental Health Services.**

National Institute for Clinical Evidence (NICE) (2013) **Smoking Cessation: Supporting People to Stop Smoking.**

Ong K, **Predictors of success in smoking cessation among hospitalised patients.** *Respirology* 2005

Purdy S, Griffin T, Salisbury C, et al. **Emergency respiratory admissions: influence of practice, population and hospital factors.** *J Health Serv Res Policy* 2011; 16:133-140

Rigotti NA, Munafo MR, Stead LF. **Smoking cessation interventions for hospitalized smokers: a systematic review.** *Arch Intern Med* 2008; 168:1950-1960

APPENDIX 1 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/ Strategy	CSU/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
CORP/COMM 2 v.4 – Smoke Free Policy	Corporate	Moe Kyi	Existing policy	January 2014
1) Who is responsible for this policy? Corporate Policy				
2) Describe the purpose of the service / function / policy / project/ strategy? Intended to ensure the Hospital Sites are smoke free with the involvement of Staff and Patients.				
3) Are there any associated objectives? Governments White Paper Choosing Health- all Hospitals adopt and ensure Smoke free NHS.				
4) What factors contribute or detract from achieving intended outcomes? – Patients and staff continue to smoke on Hospital sites.				
5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? No				
<ul style="list-style-type: none"> • If yes, please describe current or planned activities to address the impact 				
6) Is there any scope for new measures which would promote equality?				
7) Are any of the following groups adversely affected by the policy?				
Protected Characteristics	Affected?	Impact		
a) Age	No			
b) Disability	No			
c) Gender	No			
d) Gender Reassignment	No			
e) Marriage/Civil Partnership	No			
f) Maternity/Pregnancy	No			
g) Race	No			
h) Religion/Belief	No			
i) Sexual Orientation	No			
8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box				
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	
<i>*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form in Appendix 4</i>				
Date for next review: November 2017				
Checked by: Moe Kyi		Date: January 2014		