

## SMOKEFREE HOSPITAL POLICY

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# Smokefree Hospital Policy

## 1. RATIONALE

- 1.1 Yeovil District Hospital NHS Foundation Trust (the Trust) is committed to ensuring smoke free grounds and premises, and to assisting staff, patients and visitors to achieve greater health through smoking cessation.
- 1.2 Despite declines in prevalence over recent decades, over 7 million adults in England still smoke and tobacco remains the single largest cause of premature death and accounts for half of the health gap between the poorest and most affluent people. For every death caused by smoking, approximately 20 smokers are suffering from a smoking related disease. Smoking during pregnancy is associated with a range of negative outcomes including miscarriage, premature birth, stillbirth and neonatal complications.
- 1.3 The resulting burden on the NHS is huge: annually around 475,000 hospital admissions in England are attributable to smoking and the total annual cost is estimated at £2bn with a further £1.1bn in social care costs.
- 1.4 In a letter from the Chief Executive of Public Health England dated November 2016, health and social care organisations are requested to reach smokers who are in hospital waiting rooms, consulting rooms and beds, seizing the opportunity to achieve significant short term savings and reduce demand. There are also substantial cost implications to the Trust in terms of unofficial smoking breaks by staff, excess sickness amongst staff who smoke and cleaning up smoking related litter. Furthermore, patients who smoke are at greater risk of perioperative complications, delays in wound healing and increased rates of wound infection and postoperative pulmonary complications, resulting in prolonged hospital stays. Patients who stop smoking reduce their risk of surgical complications and increase the availability of hospital beds.
- 1.5 In addition to the public health opportunities, NICE guidance (PH48) sets out recommendations for smokefree NHS buildings and grounds accompanied by access to evidence based quitting support for all patients who smoke. The British Thoracic Society (BTS) has published the first ever audit of smoking cessation activity using both NICE and BTS standards for secondary care.
- 1.6 Tackling smoking is a key priority for many local Sustainability and Transformation Plans (STPs) Public Health England's menu of Preventative Interventions for STPs sets out the following recommendations for securing savings and improving the health of local populations:
  - The care plan for all patients who smoke should address their tobacco dependence. Secondary care providers should identify patients who smoke and offer advice and support to stop, including referral to stop smoking services.
  - NHS acute, maternity and mental health Trusts should implement completely smokefree estates, accompanied by access to quitting support.
  - For smokers who are unable or unwilling to stop smoking in one step, Trusts should provide support to reduce the harm from tobacco, including temporary abstinence, cutting down to quit and long-term nicotine use to prevent relapse.
  - All pregnant women should be screened for smoking via carbon monoxide monitoring at booking and subsequent antenatal appointments and referred for support to quit at the earliest opportunity.
- 1.7 This policy is further informed by evidence described in Public Health Guidance 26 (PH26),

Smoking: stopping in pregnancy and after childbirth (2010), NICE Quality Standard 92: Smoking: harm reduction (2015), NICE Quality Standard 43: Smoking cessation: supporting people to stop smoking (2013) and NICE Quality Standard 82: Smoking: reducing tobacco use (2015)

- 1.8 It is also useful to note the Ottawa Model for Smoking cessation (2015), which states that tobacco smoking remains the leading cause of premature death worldwide. It is unparalleled in producing early and preventable disease, disability and death, particularly related to cardiovascular and respiratory diseases and cancer. The 'Ottawa Model' for Smoking Cessation (OMSC) is a systematic approach to tobacco dependence treatment delivered within healthcare settings that has been integrated within over 120 hospitals across Canada. It involves: identifying and documenting the smoking status of all patients; providing brief counselling and in-hospital pharmacotherapy to smokers; and, offering follow-up support post-hospitalisation. The model has been found to improve long-term cessation by an absolute 11% (from 18% to 29%; OR, 1.71 (1.11 to 2.64); p=0.02) among general hospital patients.

Evidence of the health benefits of smoking cessation is overwhelming, particularly for younger people without existing disease, but also for higher risk individuals with smoking-related illnesses. (BMJ, 2016)

## **2. AIM**

- 2.1 In line with the Trust's iCARE philosophy the purpose of this policy is to communicate to staff, patients and visitors the Trust's position, and the support available to those that wish to stop and those that do not whilst they are on hospital grounds; to promote an attitude that respects both smokers and non-smokers and to improve the environment and health opportunities for all.

- 2.2 The aims of this policy are to:

- ensure the Trust discharges its legal obligations;
- provide support and guidance to staff, patients and visitors that wish to stop smoking and to those that do not whilst they are on hospital grounds;
- reduce the negative effects of littering on the environment caused by discarded cigarette ends and other smoking related paraphernalia;
- work with primary care and specialist stop smoking services to provide effective smoking cessation care pathways prior to admission and on discharge;
- ensure training is provided for staff to enable them to offer effective support to patients and to challenge non-compliance with the policy.

## **3. POLICY STATEMENT**

- 3.1 This policy is designed to ensure the Trust discharges its legal obligation to maintain a smoke free environment for its staff, patients and visitors whilst offering support to those that smoke and those who would like to stop.

## **4. APPLICABILITY**

- 4.1 This policy applies to all persons on Yeovil District Hospital premises, including staff, volunteers, contractors, patients and visitors. The policy is applicable to all Trust property and premises and those working in premises owned by other organisations and also includes cars being used for business use or parked on Trust premises.
- 4.2 The failure of Trust employees to comply with this policy will be treated as misconduct and as such may lead to formal action in accordance with the Trust's Management of Discipline Policy.

## 5. DEFINITIONS

- 5.1 **Nicotine addiction;** nicotine is a drug that is inhaled from the tobacco in cigarettes. It gets into the bloodstream and stimulates the brain. Most regular smokers are addicted to nicotine.
- 5.2 **Premises;** Trust buildings and grounds including entrances/exits, offices, corridors, toilets, Trust vehicles, car parks, pavements within Trust boundaries, coffee shops, restaurant, walkways and residences, see Annex A for a map of the boundaries.
- 5.3 **Replacement therapies;** nicotine replacement therapies are a substitution for nicotine and help to reduce the symptoms of nicotine withdrawal. Nicotine replacement therapies include gums, patches, inhalators, tablets, lozenges and sprays.
- 5.4 **Smokefree NHS;** smokefree means that smoking is not permitted anywhere within hospital premises, including all hospital grounds.
- 5.5 **Withdrawal;** patients may suffer withdrawal symptoms when they stop, or are unable to smoke (such as restlessness, inability to concentrate, irritability, dizziness, constipation and nicotine craving).
- 5.6 **Uniform;** for the purposes of this policy uniform would indicate that this is the usual clothes that the staff member wears to work, for some staff this will be their own clothes and not a designated uniform.

## 6. ROLES AND RESPONSIBILITIES

### 6.1. Chief Executive

The Chief Executive has overall responsibility for all aspects of this policy, and delegates this responsibility to senior managers of the Trust as detailed below.

### 6.2. Associate Director of HR and Organisational Development

The Associate Director of Human Resources is the Trust's Smokefree Hospital's Champion and is responsible for the implementation of all aspects of this policy.

### 6.3. Smokefree YDH Group

The Smokefree YDH Group is responsible for planning and overseeing the programme of work to ensure the Trust is smoke free.

### 6.4. Managers and Heads of Department

Managers and Heads of Department are responsible for ensuring that arrangements are in place to enable the full implementation and enforcement of this policy; this includes:

- Ensuring that all staff within their area of responsibility are aware of this policy.
- Supporting staff who are enforcing the policy.
- Providing staff with appropriate support and encouragement to help them stop smoking, or to manage without smoking breaks whilst at work (i.e. counselling, advice on smoking cessation, time to attend smoking cessation clinic appointments in work time on site, use of Nicotine Replacement Therapy for temporary abstinence).
  - Enforcing the policy and dealing appropriately with staff who are in breach of it, in accordance with the Trust's Management of Discipline Policy.
  - Ensuring that patient-facing staff are appropriately trained to provide smoking cessation

advice, support and replacement therapies where required.

## 6.5 **Smokefreelife Somerset**

Smokefreelife Somerset as part of Somerset County Council Public Health, delivers stop smoking services throughout the county, including here at YDH. Details of support available in the community are on the website. Call 01823 356222 for more information.

Patients who smoke and wish to quit should be referred to this service, as they are much more likely to engage with a referral, than by simply recommending the patient contacts the service.

## 6.6. **Staff**

All Trust staff have a responsibility to comply with the requirements of this policy by not smoking on Trust premises. When attending meetings or other events at venues where smoking is permitted, staff are expected not to smoke, as they are representing the Trust. Staff must not smoke when wearing their uniform. ( see definition of Uniform) Staff should also not be seen smoking in public whilst wearing their uniform or Trust ID badge or are in any way identifiable as a YDH employee.

## 7. **ENSURING A SMOKE FREE HOSPITAL**

- 7.1 All staff (whether uniformed or not, and including contracted, agency and other external staff), patients and visitors are not permitted to smoke on any Trust premises, including grounds.
- 7.2 All members of staff are expected to reinforce this policy in circumstances in which they feel comfortable and trained to do so. This will include asking patients and visitors to stop smoking on Trust premises. Senior staff are expected to support junior staff in enforcing the policy.
- 7.3 No facilities will be provided on site for smoking.
- 7.4 Cigarettes and other smoking materials will not be sold on Trust premises.
- 7.5 Staff and volunteers will not assist or facilitate patients obtaining tobacco, or smoking on premises.
- 7.6 Staff are permitted to smoke during their official breaks only as part of their standard working arrangements, however smoking is not permitted on Trust premises or whilst wearing Trust uniforms or ID badges or are in any way identifiable as a YDH employee. Staff are expected to be respectful to local residents and if residents or others complain of anti-social behaviour this will be managed as per this policy and in accordance with the Disciplinary Policy.
- 7.7 The Trust will actively work with the District Council Enforcement officers, to ensure that our neighbours and residents are supported in keeping the street scene clean and tidy. Staff who continue to smoke in the local residential roads and areas are responsible for ensuring that this is not offensive to the residents and that any requests to refrain from this are adhered to and that any litter attributed to smoking is not left at the site and disposed of appropriately.
- 7.8 If patients are known to be smoking in clinical areas, they should be made aware of the Trust's no smoking policy, the fire risk and informed that it is not permitted to smoke on Trust premises and that they are required to refrain.

- 7.9 All staff should receive the support of senior colleagues if patients or visitors place staff under pressure to violate this policy.
- 7.10 If this policy is breached by a patient, the Ward Sister, Manager or Matron must be informed. A separate zero tolerance procedure will be followed on an individual basis in consultation with the Local Security Management and PALS.
- 7.11 All patients, whether in-patients, elective care or outpatients will be advised that YDH is a smokefree environment and requested to make arrangements for managing this if they visit the premises.
- 7.11 The Trust has taken the decision not to support the use of electronic cigarettes, including vaping equipment; YDH will be smoke and an electronic cigarette free site.

## **8. SUPPORT STRATEGIES**

- 8.1 All staff, patients and visitors who smoke and those who would like to stop smoking will be offered support.
- 8.1.1 This Policy will be supported by training to staff on supporting patients and colleagues to stop or manage smoking whilst at work.
- 8.1.2 YDH will provide additional training to staff on support to stop smoking facilitators to be able to provide on-site and flexible access to support and advice.
- 8.1.3 YDH will provide a support to stop smoking service on site with access to NRT and other cessation support tools and techniques.
- 8.1.4 Communication resources will be available to staff, planned patients and emergency patients to ensure that support is offered and smokefree premises are maintained.

### **8.2 Patients**

- 8.2.1 All inpatients will be asked their smoking status on admission, by the admitting health professional and placed on the appropriate care pathway (see Annexes B and C). Patients who smoke and wish to stop will be offered support, advice and replacement therapies to help manage their withdrawal symptoms during their stay. They will also be provided with a supply of replacement therapies, along with a referral for support within the community, when they are discharged. Those who do not wish to stop will be provided with advice, support and replacement therapies to help manage their withdrawal symptoms during their stay.
- 8.2.2 Patients attending outpatient appointments will be asked their smoking status by the healthcare professional. Those that smoke and wish to stop smoking will be provided with advice and referred to the Smoke Free Life Somerset service.
- 8.2.3 Patients will be discouraged from leaving wards/departments to smoke outside and offered the appropriate advice and support to help them manage whilst in hospital.

### **8.3 Antenatal care**

- 8.3.1 Pregnant women who smoke will be given specific information relating to the risks associated to their unborn child.
- 8.3.2 Support to stop smoking will form part of the clinical management plan.

8.3.3 Midwives will ask partners accompanying pregnant woman their smoking status. Those who smoke will be referred to the local smoking cessation service. All pregnant women will routinely be offered CO testing and appropriate signposting to the smoking cessation service.

#### **8.4 Patients receiving care at home**

8.4.1 Staff visiting service users in their own homes should not be exposed to second hand smoke. The appointment letter will include a request that the service user, or others in their home, refrain from smoking for at least one hour before and during the visit. If the patient (or their relatives) wishes, a referral can be made to the local stop smoking service.

8.4.2 If patients, or their relatives, do not refrain from smoking and a member of staff has concerns about their own well-being, they should raise the matter with their line manager.

#### **8.5 Staff**

8.5.1 Line managers will work with staff to agree and support their release to attend a support to stop smoking programme. Staff are encouraged to give as much prior notice as possible so that cover arrangements can be made if necessary. It is recognised that such release will not always be possible depending on business needs.

#### **8.6 Visitors**

8.6.1 All hospital staff will endeavour to assist any visitor who asks for help to stop smoking, either by providing information and advice directly or signposting to local support to stop smoking service. All staff will be briefed on the availability of support to stop smoking resources.

8.6.2 The same restrictions apply to visitors to the hospital, including those visiting or accompanying patients, contractors and those attending for business meetings.

### **9. DEALING WITH VIOLENT AND ABUSIVE PATIENTS OR VISITORS**

9.1 If a patient or visitor becomes angry or violent when asked to stop smoking on Trust grounds the standard procedure for aggressive behaviour should be invoked in line with the Trust's Managing Violence, Aggression and Abuse in the Workplace Policy.

### **10. EXCEPTIONAL CIRCUMSTANCES**

10.1 The Trust recognises that some patients have circumstances that will require staff to make an assessment as to whether special arrangements need to be made to enable a patient to smoke on site.

10.2 In such circumstances, and only after support to stop smoking has been fully considered in conjunction with the patient and/or relatives, the following steps should be taken and clearly recorded in the patient's notes:

1. Discuss with Matron or Clinical Site Manager if out of hours;
2. On occasions where a resolution cannot be agreed, the discussion should be escalated to an Associate Director of Nursing or On-Call Manager;
3. If it is agreed that there are exceptional circumstances and the patient should be permitted to smoke onsite a suitable location should be found, ensuring that every effort is made to minimise exposure of staff and other patients to smoke; and
4. Complete incident report, a specific category will be developed to capture all smoking related incidents.

### **11. IMPLEMENTATION, MONITORING AND EVALUATION**

11.1 A statement regarding the Trusts Smokefree Hospital Policy is included in all job adverts and

staff contracts of employment and will be maintained by the HR Department. An information leaflet will also be included in packs for all new starters given out as part of the Trust's induction programme.

11.2 Staff will be provided with training to help them to reinforce the policy. Patient facing staff will be provided with brief intervention training in appropriate intervention techniques, motivational interviewing, opportunistic advice and conflict management.

11.3 On-going training will be organised through the Academy.

11.4 The Trust has erected and will maintain signs clearly indicating the Trust's Smokefree policy. They have been arranged to cover all areas of the site, particularly entry points.

11.5 All general patient information will be updated to include reference to this policy when they are reviewed.

11.6 Information on how to access support will be provided on the Trust's intranet and Internet webpage.

11.7 All clinical areas will display posters, leaflets and other forms of information, advising on the dangers of smoking, and signpost to sources of help.

11.8 The following key performance indicators will be monitored by the Smoke Free YDH Project Group:

- Number of reported incidents of staff non-compliance with the policy.
- Number of patients asked/recording of their smoking status.
- Number of patients who smoke that are offered support.
- Number of patients who access support to stop smoking programme.
- Number of patients given permission to smoke onsite under exceptional circumstances

## **12. DATE OF REVIEW**

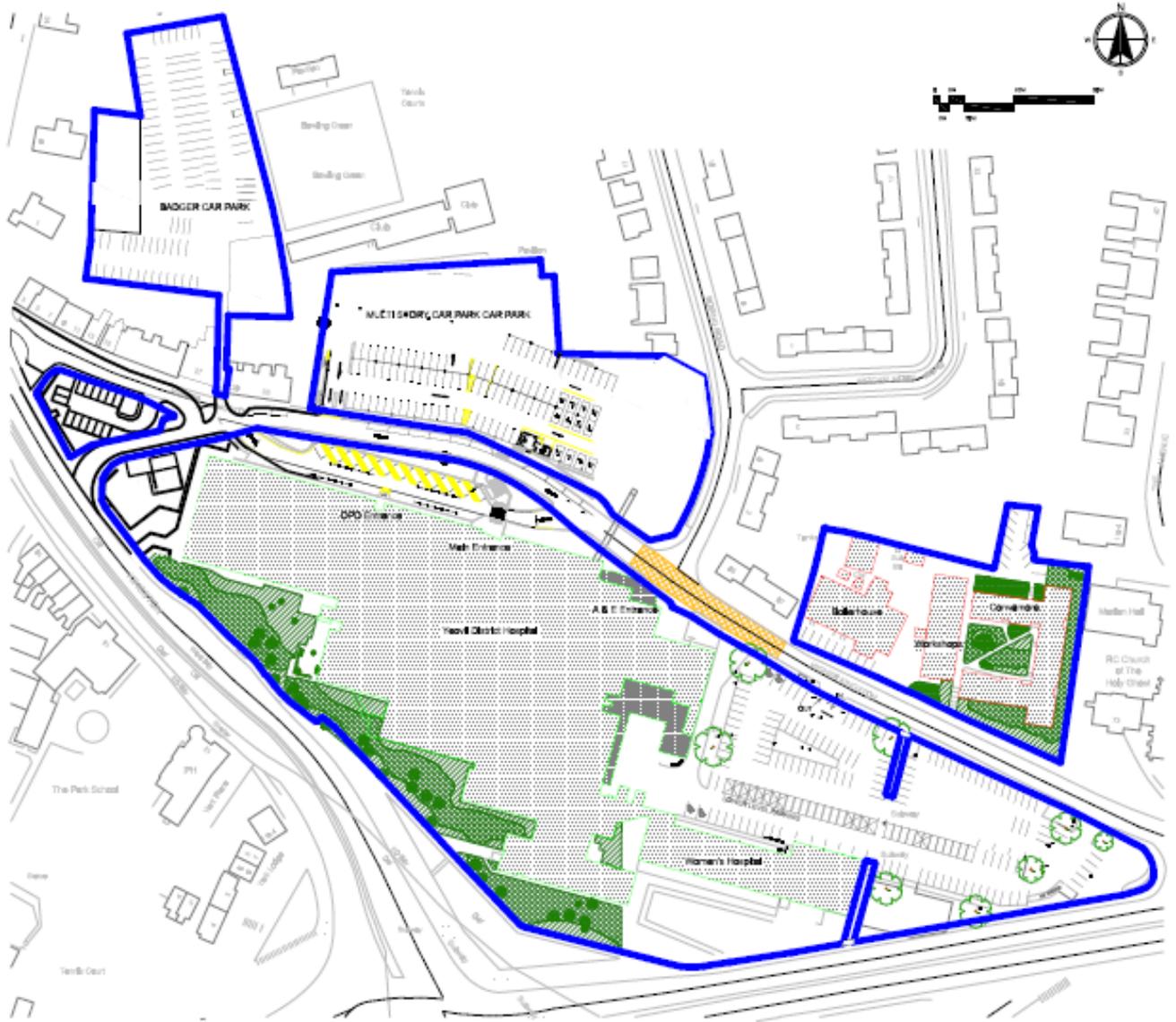
January 2019.

## **13. EQUALITY IMPACT ASSESSMENT**

This policy has been assessed and implemented in line with the policy on procedural documents and an equality impact has been carried out to ensure the policy is fair and does not discriminate any staff groups. See Annex D.

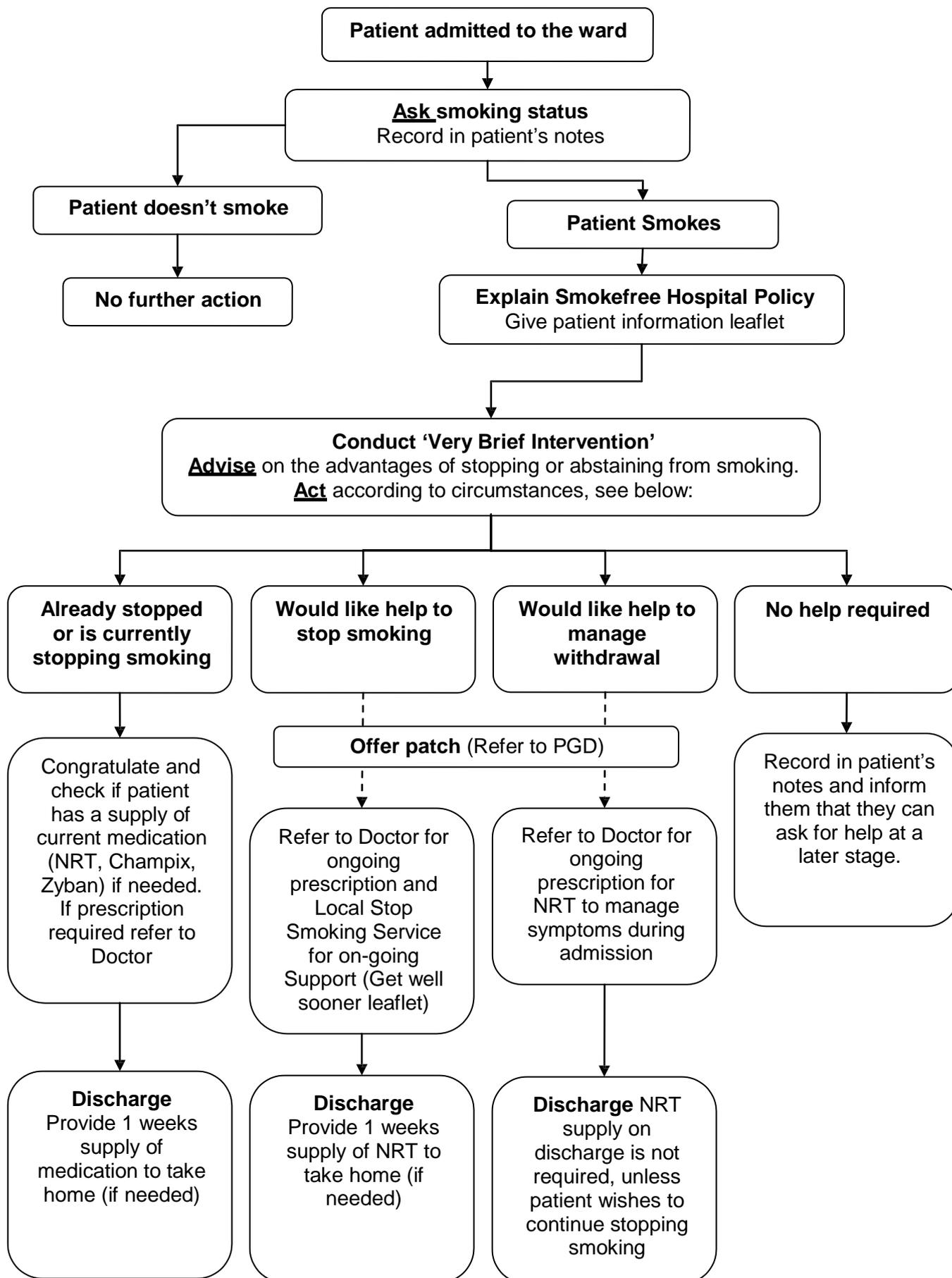
## **ANNEX A**

### **MAP OF YEOVIL DISTRICT HOSPITAL FOUNDATION TRUST BOUNDARIES**



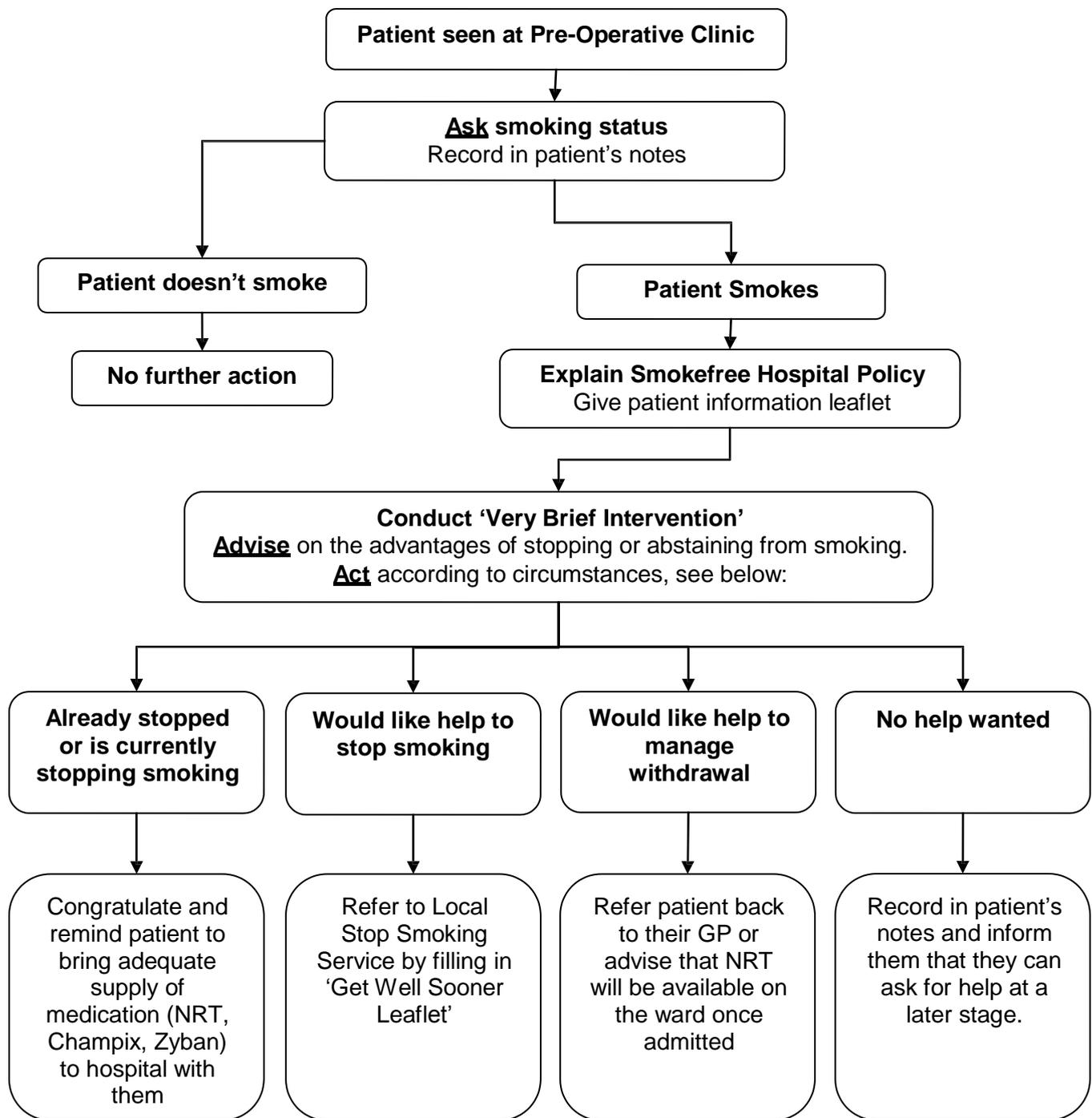
**ANNEX B SMOKEFREE YDH CARE PATHWAY FOR EMERGENCY PATIENTS**

**Smokefree YDH Care Pathway for Emergency Patients**



ANNEX C PATHWAY FOR ELECTIVE PATIENTS

Smokefree YDH Care Pathway for Elective Patients



## ANNEX D EQUALITY IMPACT ASSESSMENT TOOL

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

		Yes / No / N/A	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	Race	No	
	Ethnic origins (including gypsies and travellers)	No	
	Nationality	No	
	Gender	No	
	Culture	No	
	Religion or belief	No	
	Sexual orientation including lesbian, gay and bisexual people	No	
	Age	No	
	Disability	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

If you have identified a potential discriminatory impact of this procedural document, please refer it to the Trust's lead for Equality & Diversity, together with any suggestions as to the action required to avoid / reduce this impact.

For advice in respect of answering the above questions, please contact the Trust's lead for Equality & Diversity.

**Signed** – Name:

Date: -



**SmokefreeLife Somerset**  
Telephone 01823 356222

**REFERRAL FORM**

Please complete in block capitals in full and return to the team using one of the methods below

**Patient's Name:** ..... **DOB:** .....

**Address:** .....  
..... **Postcode:** .....

**Telephone:** ..... **Mobile:** .....

**Best time to call:** .....

**Can we leave a message:** Yes  No

**Can we send text messages:** Yes  No

**Is client pregnant?** Yes No If YES, please state EDD:

**GP:** ..... **Practice:** .....

<b>Referrer Details</b>		
Referred	by	(name)
Referred	by	(signature)
<b>Job Title:</b> .....		
<b>Place of work/Team:</b> .....		
<b>Contact Telephone Number:</b> .....		
<b>Comments:</b> .....		

*You can return the form by using email or telephone*



Email [smokefreelife@somerset.gcsx.gov.uk](mailto:smokefreelife@somerset.gcsx.gov.uk)



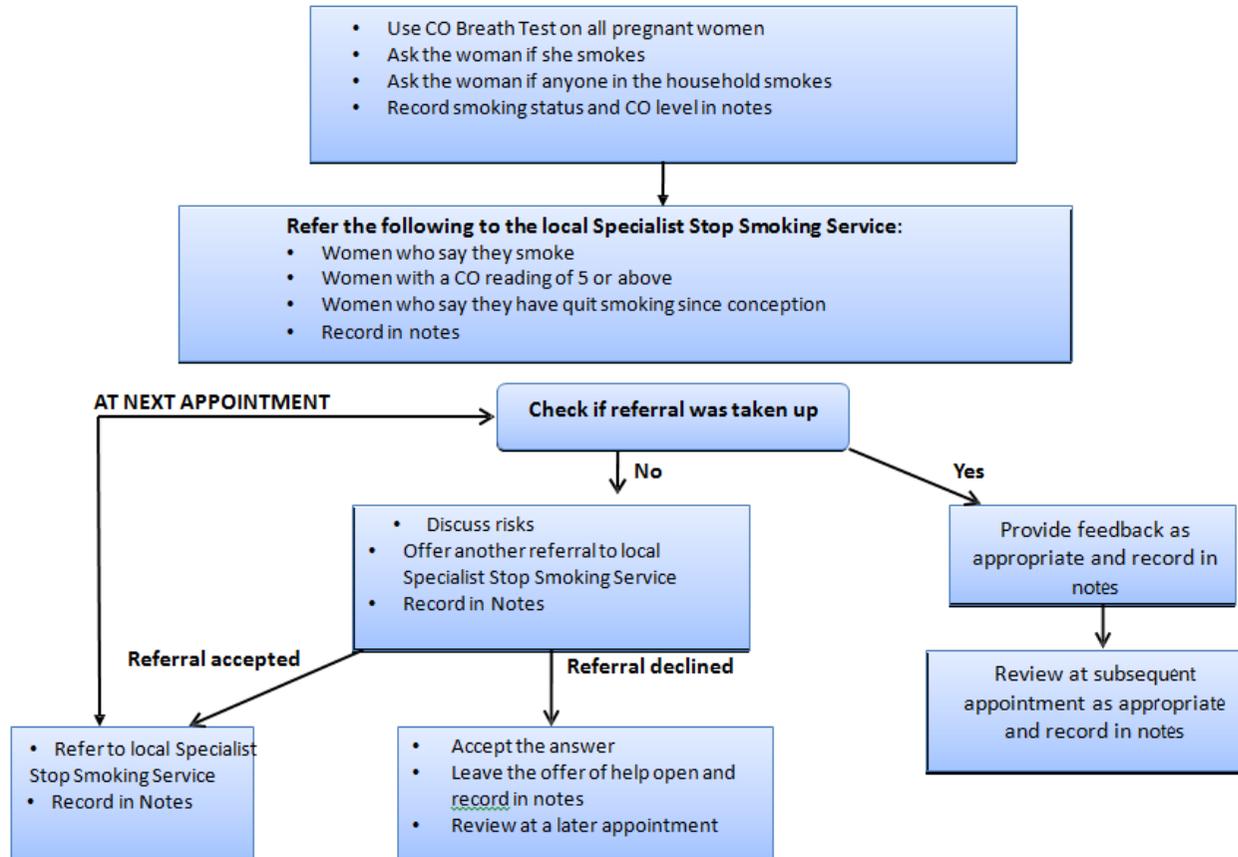
Telephone 01823 356222



## APPENDIX 2 REFERRAL PROTOCOL FOR MIDWIVES INTO MUM2BE PROGRAMME



### REFERRAL PATHWAY FROM MATERNITY SERVICES TO LOCAL SPECIALIST STOP SMOKING SERVICE





## REFERRAL PROTOCOL FOR MIDWIVES INTO THE LOCAL SPECIALIST STOP SMOKING SERVICE

Provide a CO breath test for **all** pregnant women at first booking. This should be as routine as taking blood pressure, testing urine etc.

**Ask** smoking status of **all** pregnant women.

**Ask** the woman if anyone in the household smokes.

**Record** status and CO levels in notes and the patient handheld record.

**Refer** the following to local Specialist Stop Smoking Service:

- Women who say that they smoke
- Women with a CO reading of 5 and above
- Women who say that they have quit smoking since conception

### **Suggested script for midwives**

*'As part of your routine ante natal care, because you are a smoker, I am going to refer you to the Specialist Stop Smoking Service. This is a free service. A Practitioner will contact you and arrange to visit you wherever is convenient e.g. your home or a café. They will talk through the process of support and medications to help make quitting easier. This is the best thing you can do for both your baby and yourself.'*

Midwives should explain the risks to the pregnancy and the unborn child and the health risks to the baby once it is born, should she continue to smoke. Research has shown that telling the mother the risks has had a positive effect in terms of them accepting support to stop smoking.

**Complete the referral form** and send the referral form as instructed on the form, to the local Specialist Stop Smoking Service.

### **If the woman declines to be contacted**

Tell the woman that this decision has been documented in her notes and that it will be discussed again at her next appointment. Complete the referral form and tick the 'declined contact' box and send to the local Specialist Stop Smoking Service as instructed on the form.

**Make a note** for the mother to be **asked again** at all antenatal checks.



## INVITATION TO SPEAK WITH STOP SMOKING SPECIALIST

### CLIENT DETAILS

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Can we leave a message: Yes  No

Can we send a text: Yes  No

CO reading: \_\_\_\_\_ EDD: \_\_\_\_\_

Place of delivery MPH  YDH  Other  (please state) \_\_\_\_\_

Declined support

### REFERRER DETAILS

Date of Referral: \_\_\_\_\_

Referred by (Print Name): \_\_\_\_\_

Referred by (Signature): \_\_\_\_\_

Job Title: \_\_\_\_\_

Place of work: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

You can return the form by email or telephone as per the details below:



Email

[smokefreelife@somerset.gcsx.gov.uk](mailto:smokefreelife@somerset.gcsx.gov.uk)



Telephone

01823 356222

