



Western Health
and Social Care Trust

SMOKEFREE POLICY

2014

Title **Smokefree Policy**

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1.0 Introduction

This Policy is to ensure that the Western Health and Social Care Trust, herein referred to as the Trust, complies with Smokefree legislation – The Smoking (Northern Ireland) Order 2006(the Order) and The Smokefree (Exemptions, vehicles, Penalties and Discounted Amounts) Regulations (Northern Ireland) 2007.

This Smokefree Policy seeks to guarantee Western Health and Social Care Trust employees and those who access the Trust facilities and services, the right to air free of tobacco smoke, which contains a class “A” carcinogen. The Trust has worked in partnership with the management and staff side in developing this policy.

This policy applies to all Trust staff delivering services across a range of facilities and environments, as well as service users, visitors, contractors and members of the public. This Policy is supported by an accompanying Guidance Note “Guidance for Managers and Staff, including Guidance for Staff Delivering Services in Patients/Clients Homes, and Limited Patient Exemptions” (See Appendix 1).

2.0 Rationale

Smoking prevalence in Northern Ireland is currently at 25% (GHS, 2012). However, analysis shows that smoking rates in those areas of highest deprivation are greater than in the most affluent areas. In 2009/10, smoking prevalence was 41% for those in the most deprived areas and 13% for those in the least deprived areas (based on Super Output Area and 2010 NI Multiple Deprivation Measure - NIRSA). The majority of the most deprived areas in N Ireland are located in Belfast and Londonderry – in the top 100 most deprived Super Output Areas (SOA) 23 are in the Western area, Londonderry with 16 SOA, Strabane with 3, Limavady with 2, and one each in Omagh and Enniskillen.

Over the past ten years we have made many inroads into reducing the harm caused by smoking, with latest figures showing that adult smoking prevalence is down from 29% in 1998/99 to 25% in 2011/12.

The Health and Safety at Work Order (NI) 1978, requires employers to ensure the health, safety and welfare of employees. Exposure to second hand smoke increases the risk of lung cancer, heart disease and other illnesses. The introduction of Smokefree legislation in April 2007 was a major step forward in protecting people at work, and the general public, from secondhand exposure to the numerous harmful chemicals in tobacco smoke. This clearly demonstrates that health improvement is a key aim of the DHSSPS and a reduction in smoking prevalence and exposure will contribute greatly towards this goal.

The DHSSPS Ten Year Tobacco Control Strategy for N Ireland (2012) aspires, by 2020, to reduce the proportion of adults smoking to 15% and ultimately to create a tobacco-free society. The WHSCT Smokefree Policy reflects the goals of the Public Health Agency's Strategy to reduce smoking prevalence, to tackle the underlying causes of poor health, reduce health inequalities and to make healthier choices easier.

3.0 Objectives

3.1 The Smokefree Policy **objectives** are to:

- save lives over the next decade by reducing exposure to hazardous second-hand smoke
- protect and improve the health of staff, patients/clients, visitors and contractors by countering the health risks caused by tobacco smoke
- assist both patients and staff who wish to stop smoking by ensuring smoking cessation support is widely available to staff, patients and clients
- set an example of best practice
- reduce the risks to health from exposure to second-hand smoke

- recognise a person's right to be protected from harm and to enjoy Smokefree air
- Increase the benefits of Smokefree enclosed public places and workplaces for people trying to give up smoking so that they can succeed in an environment where social pressures to smoke are reduced

The Western Health and Social Care Trust Smokefree Policy objectives complement the objectives specified in the Smokefree legislation.

4.0 Introduction of a Smokefree Workplace Policy

In particular, the Policy takes account of:

- The Smoking (Northern Ireland) Order 2006, which seeks to establish comprehensive control on smoking in enclosed workplaces and public places by April 2007
- The employers' obligations under the Health and Safety at Work (Northern Ireland) Order 1978 – Article 4 states that employers “have a duty to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all their employees”.
- This policy replaces the smokefree policy of 2009

This Policy designates all Trust workplace buildings, exits and entrances and Trust-owned vehicles and grounds as Smokefree areas from 12th March 2014, with some very limited exemption arrangements which are consistent with current legislation and regulation. This demonstrates the Trust's commitment to the provision of a Smokefree environment to help ensure the health, safety & welfare of **clients, staff and visitors**.

4.1 Implications for Western Health and Social Care Trust Facilities and Vehicles

For patients and service users the policy means:

There is no designated smoking area for patients on any WHSCT sites. Patients must refrain from smoking whilst receiving their care. If they require support to stop smoking they can be prescribed Nicotine Replacement Therapy. All patients who are smokers should be referred to the stop smoking service. Where possible patients being admitted for planned treatment should be informed of the Western Trust smokefree policy prior to admission and commenced on nicotine replacement therapy.

For staff/contractors the policy means:

Western Trust employees are not permitted to smoke on WHSCT sites including all buildings, doorways/entrances, grounds, car parks and Trust vehicles. The Trust requires staff not to smoke in their uniform. Western Trust employees can access the stop smoking service for free nicotine replacement therapy and support to help them quit smoking. If staff smoke, they should endeavor not to smell of smoke when entering patient wards or clients' homes. Any employee who breaches the Smokefree Policy will be reported to their line manager and disciplined in accordance with the Western Trust's Disciplinary Procedures.

For visitors the policy means:

Visitors are not allowed to smoke in any areas of the Trust including all buildings, doorways/entrances, grounds and car parks. Where practical, information will be available regarding the Trust stop smoking service and other support to help them stop smoking.

For staff carrying out home assessments or providing care to patients/clients/carers in their own homes the policy states:

Staff should not be expected to enter a smoking environment during the course of their work and should ask patients/clients/carers not to smoke for the duration of their visit. On initial assessment and on an ongoing basis, staff delivering home-based services should inform patients/clients/ carers of the Trust's smokefree policy, and should require them to refrain from smoking for 1 hour before the visit and in their presence for the duration of the visit.

4.2 Exemptions (Residential Care Homes and Nursing Homes, Hospices and Mental Health Units)

4.2.1 In line with current legislation, this Policy is not intended to prevent individuals from smoking in areas or premises, which are considered to be **'their private residential space'**. Nevertheless, in certain types of residential accommodation balance is needed between allowing people to smoke in their own residential space, and protecting others from exposure to second-hand smoke, including those people who call the premises home, and the people who work there.

4.2.2 The legislation states that designated rooms in the following premises used as accommodation are required to be Smokefree, subject to specified conditions:

- A) Residential Care Homes and Nursing Homes
- B) Hospices
- C) Mental Health units that provide long term residential accommodation

4.3 Other Issues Relating to the Smokefree Policy

- 4.3.1 The existence of a Smokefree policy within Trust premises will be documented in recruitment, advertising literature, appropriate Trust stationery eg appointment letters, and appropriate electronic communication systems. It will form part of staff induction procedures together with information on support available for those who wish to stop smoking.
- 4.3.2 Job advertisements and job descriptions will continue to include reference to the Smokefree policy and indicate that the adherence to the Smokefree Policy will be contractual.
- 4.3.3 The sale of tobacco products will not be permitted within Trust buildings. This includes over the counter and through vending machines in canteens.

4.4 Smoking Cessation Support for Staff/Patients/Clients in the Western Health and Social Care Trust

- 4.4.1 All patients who currently smoke when admitted to hospital should have their nicotine addiction treated as a care issue with outcomes documented within their overall nursing care plan.
- 4.4.2 A range of specialist smoking cessation services including individual and/or group support is available for patients and staff who wish to stop smoking. Time out for Trust staff wishing to avail of smoking cessation services during working hours must be negotiated with line management.
- 4.4.3 All staff working with patients/clients in a clinical/professional capacity should assess and record smoking status at initial patient/client contact. This status should be reviewed at every appropriate opportunity. Clients wishing to quit smoking should be supported and signposted to appropriate smoking cessation services – a stop smoking referral (electronic or written) should be forwarded to the stop smoking service.

Smoking cessation support is available from the helpline number 0800 917 9388.

4.5 Breaches of the Smokefree Policy

4.5.1 Action to be taken in cases of non-compliance

If a member of staff sees someone contravening the policy, it is suggested that the following actions be taken, in a polite and courteous manner:

- Draw the individual's attention to the "no smoking" signs
- Explain that the Trust is implementing a Smokefree policy to ensure a safe working environment for everyone
- Advise on the stop smoking service available and give leaflet if appropriate
- Staff are not expected to get involved in conflict situations in order to enforce the policy. In the event of anyone becoming violent or aggressive due to the smoking restrictions, reference should be made to the Trust's Policy on Management of Violence and Aggression
- Any difficulties with implementation of the policy should be reported to the relevant line manager for adverse incident reporting

4.5.2 All WHSCT employees have a responsibility to ensure compliance with, and implementation of, this Policy. The overall responsibility for the implementation of this policy lies with the Chief Executive. All staff should actively discourage smoking, which contravenes the policy, by colleagues, visitors, patients and clients.

4.5.3 Any employee who breaches this Smokefree Policy will be reported to their line manager and may be disciplined in accordance with the Trust's Disciplinary Procedure.

4.5.4 Any member of the public or a visitor who contravenes this Policy will be requested by local management to leave the premises. If a patient becomes angry or violent the Trust's Zero Tolerance and Security policy should be invoked.

4.6 Communication

4.6.1 Patients, staff and visitors to Trust facilities will be made aware of the Trust's Smokefree status through a range of communication tools and methods:

- The Trust website will provide staff with information and updates on the Policy
- Media coverage and Smokefree signage will ensure that patients, visitors and the public are aware of the Smokefree status in the Trust
- Primary Care Team.

4.7 Monitoring

This policy will be subject to regular monitoring and will be reviewed by the Corporate Management Team or representation thereof, by 12th March 2016 and every two years thereafter

4.8 Evidence Base

This Policy is consistent with the Trust's legal obligations with respect to The Smoking (Northern Ireland) Order 2006 and also the Health and Safety at Work (Northern Ireland) Order 1978, Article 4 of which states that employers "have a duty to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all their employees"

4.9 Equality & Human Rights Considerations

This policy has been screened in accordance with the Trust's requirement for Equality Impact Assessment in April 2013 and is available on request from Trust Headquarters. This policy has been developed by the Western Trust Smokefree Committee which is made up of a wide range of stakeholders including representatives from Trust Directorates, patient representation and staff side. The Trust has also surveyed patients/service users and WHSCT employee views on smokefree.

The Trust has also been working along with the Public Health Agency, the European Network of Smokefree Hospitals and the other Health & Social Service Trusts in the development of this policy. The Policy has been presented and endorsed by the Trust Board and the Corporate Management Team.

The WHSCT Smokefree Coordinator has met regularly with staff side and they are in agreement with the policy.

Signed

Chairman

Chief Executive

Date

Date

APPENDIX I

Guidance for Managers and Staff

The Western Health and Social Care Trust Smokefree Policy applies to all staff. It has been developed in partnership with the Western Tobacco Control Group, and has been endorsed by the Trust's Corporate Management Team. This guidance has been developed to support managers and staff to ensure consistent application of the Policy.

1.0 GENERAL GUIDELINES

- 1.1 The Smokefree Policy applies to patients, residents, clients, service users, visitors and contractors. The Policy also applies to staff from other Trusts or organisations based in or using Western Health and Social Care Trust facilities.
- 1.2 Staff may only smoke during designated breaks in line with the current Trust arrangements. They should not smoke in their uniforms.
- 1.3 Staff who experience difficulty in adjusting to the Smokefree Policy should:
 - 1.3.1 Discuss the issue with their immediate line manager
 - 1.3.2 Access further support through the Specialist Smoking Cessation Staff delivering Smoking Cessation Services.
- 1.4 Staff who wish to stop smoking can access appropriate support provided by the smoking cessation services funded by the Public Health Agency.
- 1.5 The Smokefree Policy must be brought to the attention of patients and relatives pre-admission (where possible) and following admission. Patient's motivation to stop smoking should be assessed as soon as possible on or following admission.
- 1.6 Staff should use appropriate Brief Intervention training skills to encourage patients to stop smoking.
- 1.7 An individualised risk assessment in regard to health Improvement/smoking cessation should be utilised and outcomes documented within the overall nursing care plan.

- 1.8 Patients wishing to quit smoking should be signposted to a trained smoking cessation specialist (see contact details on page 9).
- 1.9 Patients who have stopped smoking beyond discharge should be encouraged to engage with appropriate cessation support in the community setting.

2.0 DELIVERING SERVICES IN PATIENT/CLIENT HOMES

- 2.1 It is imperative that the Trust ensures that staff delivering services within patients/clients' homes are protected from second-hand tobacco smoke.
- 2.2 Staff delivering home-based services should inform clients of the Trust's Smokefree Policy and ask the client and/or carers to refrain from smoking for the duration of the visit and up to one hour prior to their visit where possible.
- 2.3 Staff should contact their line manager if difficulties arise should the patient/client continue to smoke whilst they are present.

3.0 E Cigarettes

The WHSCT Smokefree Committee has discussed the inclusion of E Cigarettes on WHSCT Smokefree sites with the European Network of Smokefree Hospitals and have reviewed a statement from the British Medical Association (BMA) and the Medicines & Healthcare Products Regulatory Association's (MHRA) (June 2013) announcement that the government will regulate Electronic Cigarettes and nicotine containing products (NCP) as medicines in 2015. The Western Trust has decided to prohibit the use of E Cigarettes on WHSCT grounds and buildings. The safety of NCPs has not been scientifically demonstrated yet. The ban on the use of E Cigarettes will be reviewed once further scientific evidence becomes available and E Cigarettes and NCPs are regulated as medicines by the government.

BMA statement

E-cigarettes are battery-operated products designed to replicate smoking behaviour without the use of tobacco – some look like conventional cigarettes, while others appear more like an electronic device. They use heat to vaporize a liquid-based solution containing nicotine into an aerosol mist and have been proposed as a way to help smokers quit the habit. But there is a lack of rigorous, peer-reviewed studies to support the use of e-cigarettes as a safe and effective nicotine-replacement therapy. They are also subject to limited regulation, and are not licensed as a medicine in the UK. These devices may also undermine efforts to prevent or stop smoking by making

cigarette use seem normal in public and at work. At the BMA's annual meeting, our members agreed that electronic cigarettes should be included in the ban on smoking in public places.

Information from MHRA Website on E Cigarettes regulation

In June 2013, the MHRA announced that the government will regulate electronic cigarettes and nicotine containing products as medicines. The decision has been reached following a public consultation and further scientific and market research into the safety and quality of these unlicensed products, including how they are used. This has helped the government conclude that by regulating electronic cigarettes and other NCPs as medicinal products, it can ensure that high-quality products can be made available to help support smokers to cut down their smoking and to quit.

The government has accepted the advice of the Commission on Human Medicines (CHM) and its expert group, which concluded that NCPs currently on the market do not meet appropriate standards of safety, quality and efficacy. Testing data confirm that nicotine levels can vary considerably from the labeled content and the amount of nicotine per product can differ from batch to batch. In terms of how well NCPs work, there can be widely differing amounts of nicotine from the same format with one form delivering what could be an effective therapeutic dose, another a 'placebo' dose. With regards to safety, toxic elements may be included at unexpectedly high doses which could produce adverse effects, particularly in vulnerable patient groups.

The consistent evidence from a variety of sources is that most electronic cigarettes use is to support stop smoking attempts or for partial replacement to reduce harm associated with smoking. This is comparable to other nicotine replacement products (eg gums, patches, inhalator), which are licensed as medicines. The current evidence is that electronic cigarettes have shown promise in helping smokers quit tobacco but the quality of existing NCPs is such that they cannot be recommended for use.

The public health priority of reducing the harm of smoking is not supported by the current regulatory framework, under the general product safety regulations. To manage the risk of poor and ineffective products and to maximise the potential for public health gain, NCPs should be regulated as medicines to ensure that:

- standards of quality, safety and efficacy are met
- monitoring safety in use, including over the long term, is provided for
- advertising of NCPs is controlled through medicines provisions
- any emerging risks, eg of NCPs acting as a gateway to smoking tobacco, can be effectively managed.

5.0 CONCLUSION

All members of staff have a responsibility to ensure the Smokefree Policy is consistently applied at all times. It is recognised that situations may arise which need further support and guidance. In the event of a client or visitor becoming violent or aggressive due to the smoking restrictions, the Trust's Zero Tolerance and Security policy should be invoked if alternative options have been exhausted.