

NICE GUIDANCE PH48 TOOLKIT

DOCUMENT 2: EXAMPLE SMOKEFREE POLICY

POLICY	Policy number
NATURE AND SCOPE:	Policy and procedure -Trust wide
SUBJECT	Smokefree
VERSION
POLICY LEAD/AUTHOR & POSITION
DIRECTORATE
REPLACING DOCUMENT	Previous policy dated...
APPROVING COMMITTEE / GROUP	i.e. Quality and Safety Committee Policy Development, Monitoring and Review Group
RATIFIED BY	Group name
DATE APPROVED/RATIFIED
PREVIOUS REVIEWED DATES
DATE OF CURRENT REVIEW
DATE OF NEXT REVIEW
ASSOCIATED TRUST POLICIES & PROCEDURES	i.e. Conduct Policy Uniform Policy Health, Safety and Welfare Policy Fire Safety Policy
TARGET AUDIENCE	All staff



SMOKEFREE POLICY

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1. INTRODUCTION

The purpose of this policy is to set out the [Insert Trust name] commitment and framework for creating and maintaining a completely Smokefree environment for the health benefits of all.

A Smokefree Trust is one that prohibits smoking anywhere on-site, in addition to offering evidence-based treatment for tobacco dependence for all who smoke, as core to its everyday business.

1.1 Effective implementation of this Smokefree policy is a Trust Board priority.

1.2 The Trust is working closely with key partner agencies to achieve the success of this policy. [Access toolkit document 4 - Partnership working smokefree contract agreement here.](#)

1.3 This policy has been developed to create and/or support an environment that is completely Smokefree throughout the Trust. It addresses both key overarching elements needed for successful implementation namely:

- Effective measures to prohibit smoking in all buildings and grounds, including car parks, owned or utilised by the Trust.
- Effective evidence-based treatment for appropriate support to help anyone who smokes to remain abstinent whilst on Trust property or to quit smoking if motivated to do so.

Each of these elements is of equal importance, as addressing one without the other will lead to confused messages, lower uptake of support and greater need for enforcement.

1.2 The policy is effective as of [Insert date] and applies to everyone who works within, uses or visits the Trust including volunteers, carers, contractors and other persons who enter Trust owned or rented premises for any purpose.

1.3 This means that the smoking of any product anywhere on our premises is not permitted. This is in-line with NICE Guidance¹ and the Tobacco Control Plan for England², within which NHS organisations are called upon to lead by example as one of the largest employers in England.

1.4 The aims of this policy are to:

- To contribute to reduced smoking prevalence locally and nationally.
- To protect and improve the physical and mental health and wellbeing of all who use, work or visit our Trust, through reduced exposure to second-hand smoke and associated triggers.
- To provide an environment which promotes a culture of non-smoking as the norm.
- To ensure that all staff, service users including outpatients, and visitors who wish to stop smoking have access to the best support possible to enable them to do so.
- To support all who smoke but are not motivated to stop, to manage nicotine withdrawal and, to remain abstinent whilst on our premises.

- To comply with the NICE Public Health Guidance PH48 Smoking cessation in secondary care: acute, maternity and mental health services.
- To comply with the Tobacco Control Plan for England.

2. BACKGROUND

2.2 The number of adults who smoke in England has dropped to an all-time low of 14.4%.³

2.2 One in four patients in hospital beds are smokers. Not only should the NHS be leading by example but taking every opportunity to engage those patients that smoke.⁴

2.3 Clinicians working in almost all areas of medicine will see their patients' problems improved by quitting smoking, and systematic intervention is a cost-effective means of both improving health and reducing demand on NHS services.⁵

2.4 Smoking results in an annual cost to NHS across England of £2bn.⁶

[Access Fingertips tool here.](#)

2.5 Smoking results in the premature death of about a half of all life-long smokers; annually around 77,800 deaths in England.³

2.6 Smokefree legislation in England was brought into force in October 2007 to prohibit smoking by law in virtually all enclosed, and substantially enclosed, work and public places throughout the United Kingdom.

2.7 Harms associated with smoking and second-hand smoking can negatively affect all organs of the body and worsen mental health illnesses. Therefore, patients in every clinical area of our Trust will benefit from being offered effective advice and treatment for tobacco dependence.

3. POLICY SCOPE AND PRINCIPLES

3.1 This Trust became / will become completely Smokefree on **[Insert date]**

3.2 Trust Site and property

- From **[Insert date]** smoking is not allowed for patients, workers, contractors or visitors anywhere within the buildings or grounds of the Trust.
- The Trust will not facilitate smoking by allowing escorted smoke breaks, or providing smoking shelters. This is a key recommendation of NICE PH48 and is in-line with more than two thirds of acute hospital Trusts in England⁸ according to PHE survey of 2018.
- **[State here if there are any specific changes in use of shelter or use of outdoor spaces formerly used as smoking shelter and how this will be managed]**



- The policy applies throughout all buildings and grounds owned or utilised by the Trust, whether used by patients or not.
- Premises include buildings, their entrances and exits and car parks.
- As part of the Trust wide implementation programme for this policy, local determination of site/ground perimeters will be confirmed for staff and patients by the Directorate/Service Management Team.
- The policy applies to all Trust owned or leased vehicles.

3.3 Staff

- Those who smoke whilst at work expose colleagues, patients and others to the health risks and unpleasant smells associated with smoking. Staff seen/smelt to be smokers, make it difficult to enforce a Smokefree Policy for patients/carers.
- It is not acceptable, therefore, for any NHS staff to be seen smoking whilst on duty or overtly recognisable as a member of staff (for example, when in uniform, or wearing identification, or handling Trust business) [\[Insert link to uniform policy\]](#).
- Healthcare Professionals must lead by example in promoting healthy lifestyles and behaviours.
- Staff are not allowed to smoke at any time in any location whilst on duty, or whilst overtly identifiable as Trust staff through wearing Uniform/ID badges, etc.
- No member of staff will be given additional time or facilities in order to smoke.
- This policy applies to all members of staff or workers including contractors, locum, bank, agency, honorary contracts, volunteers, staff in training and seconded staff on either temporary or permanent contracts.
- All staff have a duty to present a professional image and uphold the public's confidence in the NHS and the Trust.

3.4 Home visits

- Staff have the right to ask patients not to smoke whilst they are on home visits to minimise the risk of exposure to second-hand smoke.
- When care is offered to patients in their own home, there is an expectation that the environment will be Smokefree for at least one hour prior to the visit taking place.
- [\[Insert Trust system for communicating this to patients\]](#)
- If smoking is instigated during the visit, then the visit will be terminated.
- In the exceptional circumstance of emergency/urgent care being required, the staff will assess the risks and document their rationale for providing the care.
- Alternatives for provision of a suitable Smokefree environment for subsequent care will need to be identified. Where it is known that there is smoking on the premises, this should be documented in patient notes.
- Staff should deliver Very Brief Advice (VBA) ([See section 6](#) or [Access toolkit document 12 - Training plan here](#)) consistently and may find that doing so instigates a quit attempt before their next home visit.



3.5 Contractors

All tenders and contracts will stipulate adherence to the Smokefree policy as a contractual condition of working for the Trust. [Access Third Party Smokefree Contract here.](#)

4. VAPING

4.1 E-cigarettes deliver nicotine via vapour rather than smoke. It is the smoke produced when setting light to tobacco which makes smoking so harmful. The harm is much lower when using non-combustible forms of nicotine, such as e-cigarettes.

4.2 E-cigarette use is often known as “vaping and e-cigarette users are known as “vapers”

4.3 E-cigarettes are regulated as consumer products by the UK Tobacco and Related Products Regulations 2016.⁹ “To date, there is no evidence of harm to health from ‘second-hand vaping’ and the risks are likely to be very low,”¹⁰. whereas the harm associated with second-hand smoking are widely documented

4.4 A review of the evidence commissioned by Public Health England (PHE) in 2017 concluded that e-cigarettes are around 95% less harmful to health than smoking.¹¹ This is consistent with the findings of the Royal College of Physicians in 2016 that “Vaping poses only a small fraction of the risks of smoking and switching completely from smoking to vaping conveys substantial benefits over continued smoking.”¹²

4.5 Switching completely from smoking to vaping should be positively encouraged for those smokers who feel unable to quit nicotine abruptly. Anyone succeeding in switching should be supported and congratulated.

4.6 The Trust position on vaping is that [\[Insert position and rationale for this decision\]](#)

[\[Link to Trust vaping policy where one exists\]](#)

[Access toolkit document 6 – Vaping policy guide here.](#)

[Access N.E Vaping Standard here.](#)

5. ROLES AND RESPONSIBILITIES

[Access toolkit document 3 - Roles and responsibilities here.](#)

5.1 Senior Managers

- The Smokefree policy is supported at the highest level by the Trust Executive Management Team.
- The Smokefree Programme Manager appointed to lead on all aspects of the Smokefree policy is [\[Insert Smokefree Programme Manager designation\]](#)
- Adequate and appropriate training resource are in place to support all staff in the effective implementation of the Smokefree policy.



- The person with overall lead responsibility for implementing the Smokefree policy is [Insert name and designation].

5.2 Managers

- A supportive, rather than punitive, approach will be taken to ensure that help is readily available to anyone who is genuinely struggling to adhere to the policy.
- The Smokefree policy, as any other Trust policy, should be adhered to by ALL staff. Failure to do so may result in disciplinary action.
- Managers are responsible for ensuring that the staff they line-manage are aware of the Smokefree policy and comply with it.
- Compliance includes smoking behaviour by staff themselves, or facilitation and / or turning a blind eye to patients and visitors who may be seen smoking on site.
- Managers are likely to know which of their staff members smoke and are responsible for offering support, advice and referral to stop smoking services or self-help resources to help them remain Smokefree whilst at work, or to stop altogether if they feel ready to do so.
- The Smokefree policy should be discussed during performance development reviews.

5.3 All Staff

- The Smokefree policy is everyone's business.
- This means both complying and enforcing the policy.
- This does not have to be confrontational.
- The process for enforcement is below: [\[Insert specific Trust enforcement process\]](#).

5.4 Smokefree Steering Group

The (Trust name) Smokefree Steering Group is accountable for overseeing all aspects of the Smokefree agenda and will report formerly to the Executive Board. [Access toolkit document 15 - Template terms of reference here.](#)

The group will produce / maintain an effective action plan for all Smokefree work, to embed a culture which encourages and promotes prevention and health improvement. [Access toolkit document 13 - Template smokefree action plan here.](#)

Risks / concerns will be escalated through Trust Board Risk Committee / Trust Fire Safety Team / Trust Security Team / Estates and Facilities Governance Committee / Staff Wellbeing Group

6. TRAINING

A comprehensive training plan is in place to ensure staff have the necessary skills and confidence needed for success.

[Access toolkit document 12 - Training plan here.](#)

[Access NE Taskforce Training guide here.](#)



- 6.1** All staff induction sessions will include information and reference to the Smokefree Policy. This will include roles and responsibilities. [Link to Toolkit Document 15 – PP Training]
- 6.2** All fire lectures will refer to the Smokefree Policy and the reasons for its implementation.
- 6.3** Frontline staff, as identified in the training plan, will complete on-line training provided by the National Smoking Cessation Training Centre (NCSCT) & Health Education England.¹³
- 6.4** [Insert any additional Trust specific training programme including all links]

7. COMMUNICATION

A comprehensive and continuing communication plan is in-place to ensure that everyone who is affected by the Smokefree policy is made aware of it at the earliest opportunity.

[Insert link to Trust Communication Plan]

[Access toolkit document 14 - Fresh communications plan here.](#)

Key elements of this include:

- 7.1** Highlighting the Trust's Smokefree Policy in all recruitment communication including job descriptions, person specifications, advertisements, interviews and in the contract of employment
- 7.2** Making clear to all patients / service users at the earliest opportunity that smoking is not allowed within any buildings and grounds including car parks owned or utilised by the Trust. This includes those who are being admitted to hospital, attending out-patient appointments and whilst a staff member is visiting them at home
- 7.3** Information regarding the Trust position on vaping
- 7.4** Advice, to all those who smoke that the best thing they can do for their health is to stop smoking all together, will be widely promoted with signposting to in-house or local stop smoking services for support
- 7.5** The NHS offers a range of free services to help smokers give up including, local stop smoking services. These resources will be widely promoted at every opportunity

8. TREATMENT & SUPPORT

NICE Guidance PH48 recommends that all hospitals have access to on-site stop smoking support. The NHS England CQUIN Supplementary Guidance – “Preventing Ill Health”, recommends that stop smoking medications (both nicotine replacement therapy and varenicline) are available on



the hospital formulary and that all relevant healthcare professionals can prescribe or initiate an appropriate prescription.¹⁴

[Access toolkit document 8 – Example NRT procedure here.](#)

8.1 Patients

- All patients should have their smoking status assessed and recorded at admission or first contact in the community.
- Those who are smokers, should receive evidence based Very Brief Advice (VBA).¹⁵
- It is a Trust aim to follow NICE Guidance PH45¹⁶ and PH48 recommendations that NRT is offered to in-patients for cessation or temporary abstinence, and provided within 20 minutes of the patient arriving in the clinical area if accepted.
- NRT is provided for in-patients through the Trust Nicotine Replacement Therapy Protocol. [\[Insert link to Trust NRT procedure\]](#)
- In addition, for smokers who wish to quit, Varenicline is provided for in-patients through the Trust protocol for Varenicline. [\[Insert link to Trust Varenicline Procedure\]](#). [Access toolkit document 9 – Varenicline information here.](#)
- All patients who smoke and wish to make a quit attempt will be seen by a suitably trained member of staff to provide ongoing, intensive behavioural support throughout their quit attempt. [\[Insert who Trust appropriately trained staff are and how they are accessed\]](#)
- On discharge on-going support will be arranged through referral to the local Stop Smoking Service. [\[Insert service details\]](#)
- On-going supply of stop smoking pharmacotherapy will be given to last at least 1 week or until their next contact with a stop smoking service.
- Any in-patient who declines the offer of tobacco dependence treatment on admission will be advised that they can change their mind at any point, should be made aware that NRT is available to support temporary abstinence throughout their admission, and be offered behavioural support to remain Smokefree.
- Regular smokers not receiving nicotine are likely to experience withdrawal and this may increase as the admission continues if they do not receive sufficient NRT. It is therefore very important to ensure that the offer of support is revisited sensitively and frequently.
- For those who chose to vape, the Trust will facilitate this by [\[Insert local approach to facilitating access and charging of e-cigarettes in accordance with Trust Vaping Policy\]](#)

[Access toolkit document 10 – SF care pathway here.](#)

8.2 Staff

- The Trust aims to support staff to stop smoking or remain abstinent while at work.
- Staff seeking support should contact [\[Insert Trusts specific details for contact and what support will be given i.e. will time be given during working hours to attend support? Will NRT be provided? Any additional help\]](#)

8.3 Visitors

- Information, advice and support for those who smoke and visit the Trust is addressed through the Smokefree communications plan.
- Any member of staff who intervenes when a visitor is seen smoking on site, should be adequately trained to be able to signpost to the support available if they feel it is safe to do so.
- Visitors will be able to purchase NRT [and e-cigarettes where available] from the retail shops within the hospital.
- Visitors are discouraged from taking patients outside to smoke.

9. BREACHES OF THE SMOKEFREE POLICY

- Staff smoking on site is defined as gross misconduct.
- Any employee who fails to comply with the Smokefree policy will be subject to disciplinary action in accordance with the Trust Disciplinary policy for dealing with personal and professional conduct.
- Patients who fail to comply with this policy will be assisted through support and education. Those who continue to smoke on site will be reminded by a member of the clinical team of the Trusts policy, the impact of smoking on their and others' health and wellbeing and referred to Stop Smoking Services.
- Visitors who fail to comply with this policy will be reminded of the Trust's policy by any member of staff, requested to not to smoke on-site again, and signposted to the support available
- Visitors who continue to refuse to comply with the policy will be asked to leave the site
- Persistent smoking or refusal to leave site when asked to do so will be dealt with in accordance with the Management of Violence and Aggression Policy

10. EVALUATING IMPACT

[Access toolkit document 7 - Assessment & Evaluation here.](#)

10.1 The Trust will work with key partners to complete the CLear Local Tobacco Control Assessment which will be reviewed biennially.¹⁷

10.2 The local metric for measuring impact and effectiveness of the Smokefree policy can be accessed below: [\[Insert link to local metric here\]](#)

11. REVIEW DATE

The policy will be reviewed annually following implementation to ensure organisational, clinical or legislative changes are addressed.



12. CONSULTATION

External – e.g. Local Authority, CCG

Internal: e.g. Smoking Cessation Group, ELC, Executive Team and Core Group.
legislative changes are addressed.

13. CHAMPION AND EXPERT WRITER

The Champion/s of this policy is/are:

REFERENCES

1. <https://www.nice.org.uk/guidance/ph48/resources/smoking-acute-maternity-and-mental-health-services-pdf-1996364658373>
2. <https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-for-england>
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4. <https://publichealthmatters.blog.gov.uk/2018/05/31/progressing-a-smokefree-nhs/>
5. <https://www.rcplondon.ac.uk/projects/outputs/hiding-plain-sight-treating-tobacco-dependency-nhs>
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