

SMOKEFREE POLICY

		POLICY
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Author (Position & Name)	Charlotte Ranchordas, Health and Wellbeing Lead	
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Position of Person able to provide Further Guidance/Information	Health and Wellbeing Lead	
Associated Documents/ Information	Date Associated Documents/ Information was reviewed	
<ol style="list-style-type: none"> Smoking Cessation – Information Sharing Agreement/ Service Line Agreement Smokefree – a guide for inpatients (leaflet) Smokefree Support Form 	<ul style="list-style-type: none"> <i>Maintained via Information Governance, last updated Oct 2018</i> <i>Developed with this version of revised policy</i> <i>Available for use/ maintained locally by Health and Wellbeing Lead</i> 	

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1.0 INTRODUCTION

- 1.1 The purpose of this policy is to create a completely smokefree environment within all the buildings and grounds owned by Sherwood Forest Hospitals NHS Foundation Trust (SFHFT). The aim to achieve a Smokefree NHS by 2020 is in the Five Year Forward View mandate set out by NHS England 2017 and in the Nottinghamshire Integrated Care System. The NHS Long Term Plan also provides a clear focus on prevention, recognising that the NHS can take important action on smoking and to treat tobacco dependence (The NHS Long Term Plan, 2019).
- 1.2 Smoking is not permitted anywhere on SFHFT premises. This applies to all staff, patients, service users, visitors, volunteers, carers, contractors and other persons who enter SFHFT premises including the grounds.
- 1.3 Sherwood Forest Hospitals NHS Foundation Trust is committed to providing a safe and healthy environment for staff, patients and visitors and the smokefree policy will:
- Protect and improve the physical and mental health and wellbeing of staff, patients, visitors and contractors
 - Protect both smokers and non-smokers from the danger to their health of exposure to second-hand smoke when visiting SFHFT premises
 - Provide a clean, smoke-free environment
 - Promote a culture that non-smoking is the norm
 - Embed NICE PH48 guidance “Smoking cessation in secondary care: acute, maternity and mental health services”. This guideline covers helping people to stop smoking in acute, maternity and mental health services. It promotes smokefree policies and services and recommends effective ways to help people stop smoking or to abstain from smoking while using or working in secondary care settings.
 - Ensure all staff and patients have access to specialist behavioural support and stop smoking medications to remain smokefree whilst in the hospital. This will give them the best possible chance of quitting smoking long-term if they choose to do so
- 1.4 The British Thoracic Society audited UK hospitals in 2016 and found that 25% of all patients in secondary care are current smokers and research tells us that 70% of smokers want to quit (British Thoracic Society, 2016). Rather than being a lifestyle choice, smoking is an addiction to nicotine that often starts at a young age, and therefore to ensure patients comply with a smokefree site we must treat their nicotine addiction as part of routine care. The secondary care setting presents a teachable moment where treating and providing support for nicotine addiction is possible, due to an increased focus on health, the vulnerability of illness or planned surgery, and the absence of many triggers for smoking that may be present elsewhere.
- 1.5 Prevention of smoking-related ill health can improve the health of local people and reduce admissions to secondary care services. Stopping smoking at any time has considerable health benefits for people who smoke, and for those around them. For people using secondary care services, additional advantages include shorter hospital stays, reduced dosing of some medications, improved wound healing, fewer infections, and fewer complications and re-admissions after surgery. There is also data from Canada suggesting those targeted with a comprehensive smoking cessation programme had a reduced mortality at one year (Mullen et al, 2016).

2.0 POLICY STATEMENT

- 2.1 **SFHFT strives to embed NICE Guidance PH48 to ensure treatment and specialist support is available to patients, visitors and staff. This will support the smokefree policy compliance. SFHFT aims to provide specialist support to all current smokers with an offer of pharmacotherapy to ensure patients remain temporarily abstinent from tobacco smoke throughout their admission and have the opportunity to quit smoking.**
- 2.2 **The wellbeing of staff members is vitally important, and SFHFT is committed to ensuring those members of staff that smoke have access to specialist support to support them to quit smoking.**
- 2.3 SFHFT has a duty of care to protect the health of those who use or work in their services. SFHFT has a key role and responsibility to support every patient who smokes to remain abstinent with specialist behavioural support from a smokefree advisor with the use of pharmacotherapies, such as Nicotine Replacement Therapy.

Scope of Policy

- 2.4 This policy prohibits smoking of any substance on Trust premises or grounds.
- 2.5 **Public Health England (PHE) states that hospitals should support patients to comply with the smokefree policy than focus on enforcement.**
- 2.6 This policy is applicable to SFHFT sites including Kings Mill Hospital, Newark Hospital, and SFHFT parts of Mansfield Community Hospital. It applies to all persons in or on any SFHFT grounds and premises i.e. inpatients, outpatients and day-case patients, staff, visitors and contractors. It also covers all persons travelling in Trust owned vehicles (including lease cars) whilst on official business, and those in privately owned vehicles parked on Trust grounds or when transporting patients or visitors on official Trust business.
- 2.7 This policy embeds recommendations from NICE Guidance PH48.
- 2.8 SFHFT will ensure:
- Strong leadership to ensure secondary care premises (including grounds, vehicles and other settings involved in delivery of secondary care services) remain smoke-free – to promote non-smoking as the norm for people using our services
 - All our hospitals have access to an onsite stop smoking service
 - We identify people who smoke at the first opportunity, advising them to stop, providing pharmacotherapy to support abstinence, offering and arranging intensive behavioural support, and following up with them at the next opportunity
 - We provide intensive behavioural support and pharmacotherapy as an integral component of secondary care, to help people abstain from smoking, at least while using secondary care services
 - We support continuity of care by integrating stop smoking support in secondary care with support provided by community-based and primary care services

- Staff training to support people to stop smoking while using our services will be ongoing;
- Specialist behavioural support is available to staff to stop smoking and to remain abstinent whilst on duty.
- No designated smoking areas, as stated in NICE PH48 guidance and staff should not supervise or facilitate smoking breaks for people using our services.
- No exceptions for particular groups, and no staff-supervised or staff-facilitated smoking breaks for people using secondary care services.

3.0 DEFINITIONS/ ABBREVIATIONS

Current Smoker	Someone who currently smokes tobacco or who has smoked within the last 4 weeks (28 days).
E-cigarette	Also known as Electronic Cigarettes or Vaporisers - electronic devices which deliver nicotine in a vapour. This allows the inhalation of nicotine without most of the harmful effects of smoking, due to the absence of the toxins usually found in tobacco (including tar and carbon monoxide).
Ex- smoker	Someone who has quit smoking for longer than 4 weeks.
NICE	National Institute for Health & Care Excellence.
NRT	Nicotine Replacement Therapy. A medication (for example, patch or gum) that provides a low level of nicotine to treat nicotine addiction and encourage abstinence or cessation of tobacco smoking.
Opt out method	A system whereby people are included in a service plan, such as delivery of smoking cessation support, by default rather than having to choose to participate. Such systems are supported by national guidance, better for patients, and are likely to lead to higher uptake of smoking cessation support. NRT is supplied in an opt-out method at SFHFT.
Patients	All patients of SFHFT including inpatients, out patients and those patients treated within their own homes.
PH48	Guidance from NICE (see above) from 2013, entitled: Smoking cessation in secondary care: acute, maternity and mental health services
Pharmacotherapy	Medical treatment, which can include prescribed or over-the-counter medications.
SATOD	Smoking Status at Time of Delivery – the number of mothers smoking and not smoking at time of delivery (childbirth).
SFHFT	Sherwood Forest Hospitals NHS Foundation Trust - this includes King's Mill Hospital, Newark Hospital and Mansfield Community Hospital

SOP	Standard Operating Procedure
Staff	All employees of the Trust including those managed by a third party organisation on behalf of the Trust i.e. locum, bank, agency, honorary contracts, volunteers, staff in training and seconded staff on either temporary or permanent contracts.
Trust premises	All buildings, grounds, vehicles and carparks including: <ul style="list-style-type: none"> • Kings Mill Hospital (including School of Nursing) • Newark Hospital • Mansfield Community Hospital
TTO	To Take Out (medicines given to patient on discharge from hospital stay)
Visitors	All visitors to Trust sites including external contractors, staff from external agencies, voluntary workers, and students.

4.0 ROLES AND RESPONSIBILITIES

Staff Group	Responsibility
The Trust Board	Ensure all staff adhere to and support this policy.
Inpatients and outpatients who smoke	To comply with the smokefree policy and where possible accept support and treatment to stay temporarily abstinent or permanently quit.
Carers, family and friends of patients	To comply with the smokefree policy and support patients to remain smokefree, including not taking patients out for a cigarette.
Visitors to Trust Premises	To comply with the smokefree policy.
Staff involved in patient care: <ul style="list-style-type: none"> • Medical staff • Registered Nurses • Health Care Assistants • Pharmacists • Other allied health professionals 	<p>Provide every smoker with the best opportunity to stay smokefree (temporary abstinent or permanently quit) by offering treatment (e.g. NRT) and making a referral to local stop smoking services.</p> <p>To comply with the smokefree policy, including not smoking in uniform or with a visible trust identity card and/or lanyard whether of or off site.</p> <p>To not facilitating breach of the smokefree policy by taking patients outside to smoke.</p>
Employee	To comply with the Policy as part of the terms & conditions of employment, and to support and enforce it with patients, visitors and colleagues.

Manager/Supervisor	To support any employee who expresses a desire to stop smoking including signposting to local stop smoking services. To ensure that the Policy framework is being adhered to in his/her area of responsibility and to handle any breaches in a considered, consistent and thoughtful manner.
Human Resources	To provide support and advice to managers to help them to apply the Policy effectively, to monitor Policy breaches, and to include a briefing on the Policy at staff induction.
Staff-side Representatives	To provide support and advice to their members, ensuring that the Policy is applied appropriately.
Occupational Health	To provide information and advice to those employees who wish to stop smoking including signposting to local stop smoking services.
Pharmacy	Provide support and guidance regarding pharmacotherapy e.g. NRT.
Head of Estates and Facilities	Support initiatives that aid the smoke free estate i.e. litter offences, signage.
Smoke Free Steering Group	To review development and implementation of this policy, including compliance and effectiveness.
Communications	Support the implementation and reinforcement of this policy through timely and appropriate dissemination of information e.g. campaigns.
Contractors	Tenders and contracts between SFHFT and other agencies will stipulate adherence to this policy as a contractual condition.
Peripatetic staff	Employees who are required to visit premises away from a Trust should assess the risk of second-hand smoke and where possible minimise that risk.
Smoking Cessation Service	Accept and support those patients referred for stop smoking support including temporary abstinence.

5.0 APPROVAL

- Decisions regarding aspects of this policy have been made by the Trust Management Team.
- Consultation has been via: Smokefree Steering Group; Health and Wellbeing Group; Smokefree Staff Working Group; and Nursing Matrons Business Meeting.
- The policy has been virtually approved by members of the Patient Safety and Quality Board.

6.0 SUPPORTING PATIENTS

- 6.1 All current smokers must receive advice, support and treatment to support them to remain temporarily abstinent whilst in hospital or for future planned admissions. Advice for temporary abstinence creates a teachable moment and often encourages smoking cessation. This is a cost-effective way of improving health outcomes. In practice this means that all patients must be asked if they smoke and have their smoking status established.
- 6.2 **ASK** – All smokers must be asked if they smoke or have ever smoked. Clinical staff must record if the patient is a current, ex or never smoker, and if they use e-cigarettes or other non-tobacco substances, such as illicit drugs, legal highs and /or novel substances.
- 6.3 If a person is unable to discuss smoking due to altered mental state, note this in their records and ask about their smoking status at the first available opportunity. To ensure all screenings are complete the nurse or HCA must check for completion on transfer to the base ward.
- 6.4 For those patients who are current smokers, further interventions will be provided, including Very Brief Advice, offering and supplying NRT, and onward referral to the Health and Wellbeing Team for smokefree support.
- 6.5 **ADVISE** – Very Brief Advice must be provided to all current smokers. Very Brief Advice informs the patient that the best way to remain smokefree is with a combination of treatment (NRT) and behavioural support available on the NHS.
- 6.6 Any healthcare professional can deliver Very Brief Advice, in as little as 30 seconds. Healthcare professionals who deliver the message do not require specific knowledge about tobacco dependency.
- 6.7 **OFFER NRT**- All current smokers must be offered NRT and this must be provided at the earliest opportunity. (See section 11 in the policy and NRT procedure [appendix 1](#)).
- 6.8 **ACT** – All staff must ACT and refer every current smoker to extension 6066 for smokefree support. Receiving support is an essential aspect for tobacco dependency treatment to help the patient remain smokefree throughout their admission and/or to stop smoking completely. (See Smokefree Referral Pathway, [appendix 2](#)).
- 6.9 **RECORD**- Record all steps that you have taken in the smoking screening pages of the admission booklet.
- 6.9.1 All patient areas must display information on support for stopping smoking in the form of a poster obtained from the local stop smoking service. Targeted material should be available in certain areas, for example “Fitter Better Sooner” toolkit.
- 6.9.2 Smokefree Champions are present in clinical areas to promote smokefree norms and behaviours. The Smokefree Champions volunteered themselves to do this as an additional role. They will have received 1 days training around smokefree issues and will be experts in the clinical area around Nicotine Replacement Therapy and Smokefree Policy Compliance. The Smokefree Champions are identifiable by wearing a Smokefree Lanyard.

7.0 COMPLIANCE IN THE EMERGENCY DEPARTMENT

- 7.1 There will be some exceptional circumstances where an individualised approach to smoking is appropriate.
- 7.2 When deemed in the patient's best interest on the emergency pathway, a discreet and designated area, in line of sight, will be found in order to allow a patient to smoke whilst ensuring staff safety. This will be the decision of the clinician caring for the individual and risk assessed at the time of the emerging situation. If the patient is then admitted to the wards, SFHFT smoke free team will offer support, advice and NRT. As an in-patient, the patient will then be advised and expected to adhere to our no smoking policy.

8.0 INPATIENT COMPLIANCE

- 8.1 Clinical staff should advise patients who have tobacco products to give them to friends, family or visitors at the first opportunity to remove all temptation to smoke whilst in hospital.
- 8.2 Trust staff must not facilitate smoking by escorting patients to smoke or providing smoking shelters. Cravings for cigarettes can return within minutes of smoking a cigarette and repeated escorting would be impractical and reduce the time staff can spend with other patients. Furthermore staff should not be exposed to the potential harms of second-hand smoke while working for the Trust.
- 8.3 Nicotine dependence must be treated in a timely and effective manner by providing the correct amounts of NRT (See [appendix 1](#)) to ensure patients feel comfortable and to prevent nicotine withdrawal symptoms. Such an approach has been widely adopted in a range of other healthcare settings. This consistent approach across SFHFT will ensure that all patients and staff understand that smoking cannot be allowed or facilitated in a healthcare setting - an environment where people have come to 'get well'. There is evidence that incidents of aggression and violence have reduced with effective treatment and support to remain smokefree, rather than escalated (Huddleston et al 2018).
- 8.4 There are no exceptional circumstances for allowing non-compliance. For those patients who disregard guidance around smokefree policies and continue to smoke whilst in our care, staff should do the following:
- Be consistent and state the hospital is smokefree.
 - Offer NRT and repeat the offer if required – advise that use can support their period of temporary abstinence.
 - Provide an information leaflet including details of the stop smoking service e.g. "Smokefree – A guide for inpatients"
 - Ensure a referral has been made via ext. 6066. Refer again for further support if necessary. The Health and Wellbeing Team aim to respond to all referrals with 24 hours Monday-Friday
 - Record in the patient's notes that all the above steps have been taken.
 - If the Smokefree Policy is breached complete an incident form on Datix.

If a patient becomes violent or aggressive refer to the Policy for the Management of Work Related Violence and Aggression

<http://sfhnet.notts.nhs.uk/content/showcontent.aspx?contentid=18817>

9.0 HOME VISITS

9.1 Patient homes are exempt from smokefree legislation and therefore exposure to second-hand smoke must be considered when completing the usual risk assessment on entering a patient home. To reduce exposure to second-hand smoke staff must consider adopting one or more of the following strategies:

- Consider whether the patient could be seen in an alternative location where second-hand smoke is not present.
- Ask the patient or other person(s) present in the home to refrain from smoking whilst the employee is on the premises.
- Request that the premises be ventilated before and/or during the visit.
- Inform the person(s) to be present on the visit in advance of the request to refrain from smoking whilst the employee(s) is in attendance.

10.0 MATERNITY

10.1 The Trusts current (September 2019) smoking at the time of delivery (SATOD) rate is 19.9%. It is known that smoking or smoke exposure during pregnancy can cause serious pregnancy related health problems and smoking is a modifiable risk factor in pregnancy. Reducing smoking is one of the key elements of the Saving Babies Lives Care Bundle and as a system we are committed to reducing smoking at time of delivery to the national target of 6% by 2022.

The guideline below covers the pathway to identify women who smoke, offer them information on the effects of smoking in pregnancy and offering them support to successfully stop smoking.

10.2 Smoking in pregnancy guidance is outlined in the following document.
<http://sfhnet.notts.nhs.uk/content/showcontent.aspx?contentid=42164>

11.0 IMPORTANCE OF NRT

11.1 Current smokers and ex-smokers must all be offered NRT. Nurses must provide the relevant NRT as stated in the NRT Quick Reference Guide (see [appendix 1](#)). Nurses should aim to provide NRT within 20 minutes of arrival in the clinical area, unless the patient's medical condition prevents smoking status from being assessed. Screening should be revisited at the earliest opportunity. To ensure compliance with the smokefree policy, NRT must be given promptly and in adequate amounts to ensure the patient's nicotine dependency is treated and thereby prevent nicotine withdrawal. Those patients experiencing withdrawal will be more likely to breach the smokefree policy. If a product other than those available on the procedure is required, a doctor or other non-medical prescriber must prescribe this.

11.2 NRT must be offered in an opt-out manner e.g. "The hospital is smokefree and the best way to remain smokefree is with NRT". Nicotine cravings can begin 20 minutes after the

last cigarette, and therefore NRT should be offered as soon as the patient is clerked and smoking status is identified. If stop smoking pharmacotherapy is accepted, it should be provided immediately or at the earliest opportunity.

- 11.3 The Drugs and Therapeutics Committee, on behalf of the Trust, has decided that NRT provision is exempt from the requirements of the Trust self-administration policy.
- 11.4 Patients can choose their NRT product, which is dependent on how many cigarettes they smoke. Patients must be given a full box of their chosen product and this must be stored in the unlocked drawer of their bedside cabinet whilst in hospital.
- 11.5 The leaflet “Smokefree – A guide for Inpatients” should be given to every patient that smokes. This supports the smokefree message, provides additional explanation to patients and their visitors, and provides further information about the NRT products.
- 11.6 If the wrong NRT label has been placed on the drug chart nurses must complete an incident form (Datix).
- 11.7 All patients should be aware that NRT is available to support temporary abstinence throughout their admission.
- 11.8 Those patients that smoke and refuse NRT must be made aware that the hospital is smokefree and Trust policy supports provision of NRT to support temporary abstinence throughout their admission. Patients are entitled to refuse NRT but nurses must explain its use for temporary abstinence rather than solely for a quit attempt.
- 11.9 Nicotine patches are suitable for surgical patients prior to induction of anaesthesia, but nicotine gum should be actively discouraged in the immediate peri-operative period. No patient should have their operation cancelled or delayed purely because they are chewing gum immediately prior to induction of anaesthesia. Please refer to the trust’s [Pre-operative and Pre-procedure Fasting in Adults and Children Guideline](#) for details of use of NRT before an operation.
 - 11.9.1 If the patient wants to stop smoking on discharge, then NRT must be prescribed on the TTO. It can then be issued by the nursing staff out of ward stocks. It does not need labelling by pharmacy as full directions are enclosed in the packet. One week’s supply of the patient’s preferred product(s) can be issued at discharge. Prescribing on discharge is the responsibility of the discharging medical team.

12.0 E-CIGARETTES

- 12.1 E-cigarettes, also known as electronic cigarettes, are an alternative source of nicotine. Users are described as vapers, not smokers, as the products do not produce smoke. Public Health England recommend hospitals should support the use of e-cigarettes suggesting they are 95% less harmful than conventional cigarettes (PHE, 2018), and currently they are the most popular method of quitting smoking (Fidler et al, 2011). E-cigarettes are not covered by smoke-free legislation and Public Health England emphasise how e-cigarettes support smokefree policy compliance.

- 12.2 E-cigarettes aid the delivery of Nicotine through a vapour rather than cigarette smoke. They do not contain tar, Carbon Monoxide and additional carcinogens that are well documented components of conventional cigarettes. E-cigarette can be safely used alongside licensed Nicotine Patches. Like prescribed NRT, e-cigarettes provide an opportunity to treat nicotine cravings without the associated harms of tobacco / conventional cigarettes. While long-term health data are not available, e-cigarettes are almost certainly a safer option than smoking for those who smoke.
- 12.3 Patients and visitors can use e-cigarettes on-site but these must be used externally to the main building structure, away from entrances. The Trust recognises that some people may perceive risk or feel uncomfortable with excess vapour in busy areas.
- 12.4 Any type of E-cigarette can be used but the Trust does not allow refilling and recharging onsite due to safety concerns from the use of inappropriate chargers and toxicity of e-liquids. Patients using rechargeable e-cigarettes must ask family members to take these off-site to be re-charged.
- 12.5 The Trust permits the use of e-cigarettes by staff. Staff can use their e-cigarette on-site in designated break times only, vaping breaks are prohibited. Staff may vape in uniform however the Trust advises that this is covered to protect uniform from any lingering scents. Staff must vape outside, external to the main building structure and not in the following onsite locations

Kings Mill:

- Main Entrance
- ED Entrance
- TB3 entrance
- Entrance 4
- Clinic 10 (Hydro pool entrance)

Newark:

- Main Entrance
- Urgent Treatment Centre
- Eastwood Centre Entrance

MCH:

- Front and back entrance

Staff must not refill or charge their e-cigarette onsite whilst at work.

13.0 REFERRALS AND SERVICE PROVISION

- 13.1 SFHFT aims to support all current smokers to remain smokefree throughout their admission. The best way to remain smokefree is to have specialist support, and therefore every smoker must be referred to the Health and Wellbeing Team, who can offer ongoing behavioural support on discharge from the specialist stop smoking service. Further details are available in [appendix 2](#) – Smokefree Referral Pathway. The Health and Wellbeing Team have the dedicated time and specialist skills to support temporary abstinence and move patients closer to being motivated to quit for good.

- 13.2 Patients seen in outpatient clinic that are current smokers must also be referred to the Health and Wellbeing Team. They will ensure support is offered to quit and provide tips about to remain smokefree in the event of a planned admission. If the patient is interested then an onward referral will be made to the specialist service, see [appendix 3](#) for service details.
- 13.3 Referrals to the Health and Wellbeing Team must be made by leaving a confidential voicemail on extension 6066. Staff must leave their name as the referrer, the ward and the patient's D number. The information sharing agreement means that patient details can be shared routinely. The Healthcare Professional must explain to the patient that every patient who smokes is routinely referred.
- 13.4 The Health and Wellbeing Team will aim to respond to the voicemails with 24 hours of the referral (Monday-Friday). The Health and Wellbeing Support Worker will visit the patient at the bedside, if clinically appropriate. Those patients who have been discharged will be telephoned by the Health and Wellbeing Admin Assistant.
- 13.5 The Health and Wellbeing Team will:
- Support patients face to face on a weekly basis whilst they are an inpatient.
 - Complete a Carbon Monoxide reading with the patient and explain their reading
 - Offer support on discharge to remain smokefree for 6 weeks
 - If the patient has been discharged or has a planned future admission then the advisor will phone the patient to offer support to help them quit smoking
- 13.6 A **Smokefree Support Form** is completed for every patient contact. This will be placed in the nursing documentation. Staff taking care of this patient can refer to this to see all discussions that have taken place. Those who are interested in more information about quitting smoking post discharge will be referred to the specialist stop smoking service.

14.0 STAFF COMPLIANCE AND SUPPORT

- 14.1 Staff must not smoke when on duty, including when on rest breaks whilst on Trust property or grounds (including in their vehicles parked within Trust grounds). Staff are prohibited from smoking when in uniform or while identifiable as members of NHS staff (for example, while wearing a lanyard whether on or off site). Staff must not return to their workplace smelling of tobacco smoke as this can be offensive and harmful to patients and colleagues as well as having an adverse effect on anyone trying to stop. All staff have a responsibility to be health promotion role models and have a professional image.
- 14.2 All staff who smoke are entitled to use 30 minutes of work time to attend their first stop smoking appointment in order to help them quit. This is via self-referral, referrals are made to ext. 6066. The service can support staff to quit using NRT, Varenicline (Champix) or e-cigarettes. Some stop smoking medications can be provided free of charge directly from the service.
- 14.3 If a member of staff breaches the Smokefree Policy they will be offered support to help them to remain smokefree with access to stop smoking services whilst at work from the Health and Wellbeing Team. However if a staff member continues to breach the policy on

a repeated basis they will be subject to disciplinary action. Line Managers will be made aware of their responsibility and authority in this matter. Line managers can refer to Occupational Health and they can offer the employee an onward referral to the Health and Wellbeing Team for further support, contact extension 6066 for further information.

- 14.4 Staff may use an e-cigarette during unpaid breaks to support temporary abstinence/quit attempt whilst at work. Refer to policy section 12.

15.0 SMOKEFREE ESTATE

- 15.1 Signage clearly state that SFHFT is a Smokefree site and this will be reviewed in future to contain information on how to obtain support to stay smokefree.
- 15.2 Those booking a room to use on SFHFT premises must comply with the Smokefree site or risk losing their right to hire a room on site.
- 15.3 The removal of smoking shelters provides a consistent message that smoking is prohibited, while also supporting smokefree compliance. Seeing or smelling others smoking is often a trigger for someone starting smoking again. The benefits of promoting smokefree as the “norm” in all healthcare premises cannot be underestimated.
- 15.4 Under no circumstances will tobacco products be sold, advertised or otherwise promoted on SFHFT premises. SFHFT will not hold tobacco-related investments, or accept sponsorship or donations from tobacco companies. Furthermore staff should not procure tobacco products for patients or visitors. In future Nicotine Replacement Therapy (NRT) products, including patches and chewing gum may be available in selected retail outlets across the Trust.

16.0 MONITORING COMPLIANCE AND EFFECTIVENESS

The trust holds a bi-monthly Smokefree Steering Group. The group will oversee the implementation and monitoring of the Smokefree Policy and trust compliance with PH48.

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Smoking status	Health and Wellbeing Lead	Audit using meridian software	Quarterly	Smokefree steering group and the respiratory governance meeting
Brief Advice given	Health and Wellbeing Lead	Audit using meridian software	Quarterly	Smokefree steering group and the respiratory governance meeting
NRT offered	Health and Wellbeing Lead	Audit using meridian software	Quarterly	Smokefree steering group and the respiratory governance meeting
NRT provided	Health and Wellbeing Lead	Audit using meridian software	Quarterly	Smokefree steering group and the respiratory governance meeting
Referrals made to specialist services	Health and Wellbeing Lead	Audit using meridian software	Quarterly	Smokefree steering group and the respiratory governance meeting

17.0 TRAINING AND IMPLEMENTATION

- 17.1 Smokefree training is on the Clinical Induction and is on the mandatory update.
- 17.2 An E-Learning module called “Tobacco and Alcohol Brief Interventions” is available on the Sherwood e-academy accessed via <https://sherwood-eacademy.co.uk/login/index.php>.
- 17.3 Nationally recognised and accredited training is available via the National Centre for Smoking Cessation and Training, accessible at <http://www.ncsct.co.uk/>
- 17.4 The key messages included within communications about with the smokefree policy will include:
- We support all inpatients to comply with the Smokefree Policy by providing them with the best opportunity to stay smokefree. This includes treatment (stop smoking medication e.g. NRT) and support from a specialist trained stop smoking advisor
 - How to access support and treatment.

18.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at [Appendix 4](#)
- This document has been subject to an Environmental Impact Assessment, see completed form at [Appendix 5](#)

19.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

The key piece of guidance used to inform this policy is:

- NICE PH48 (Nov 2013) Smoking: acute, maternity and mental health services (NICE public health guideline) <https://www.nice.org.uk/guidance/ph48/resources/smoking-acute-maternity-and-mental-health-services-pdf-1996364658373>

AGRAWAL and MANGERA (2016). British Thoracic Society Smoking Cessation Audit Report Smoking Cessation Policy and Practice in NHS Hospitals. <https://www.brit-thoracic.org.uk/media/70159/bts-smoking-cessation-audit-report-7-december-2016-final.pdf>

FIDLER et al (2011). 'The smoking toolkit study': a national study of smoking and smoking cessation in England. BMC Public Health 11: 479

HUDDLESTONE et al (2018). Complete smokefree policies in mental health inpatient settings: results from a mixed-methods evaluation before and after implementing national guidance. BMC Health Serv Res. 18: 542

MULLEN et al (2016). Effectiveness of a hospital-initiated smoking cessation programme: 2-year health and healthcare outcomes. Tob Control 2017;**26**:293–299.

NHS England. Next steps on the NHS five year forward view. 2017 (viewed June 2017)

Nottinghamshire Sustainability and Transformation Plan 2016-21.

<http://www.stpnotts.org.uk/media/116404/sustainabilitytransformationplan2016-21.pdf>

O'CONNOR (2018). Creating a smokefree NHS: how e-cigarettes can help.

<https://publichealthmatters.blog.gov.uk/2018/02/19/creating-a-smokefree-nhs-how-e-cigarettes-can-help/>

Smokefree Nottinghamshire (2014). Nottinghamshire County & Nottingham City Declaration on Tobacco Control Toolkit. [online].

<https://www.rushcliffeccg.nhs.uk/media/2717/14179-appendix-3-nottinghamshire-declaration-on-tobacco-control-toolkit-version-1-sept-2014.pdf>

[The NHS Long Term Plan \(2019\). https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf](https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf)

Public Health England <https://www.gov.uk/government/news/phe-publishes-independent-expert-e-cigarettes-evidence-review>

NICE. (2013). A review of the effectiveness of smokefree strategies and interventions in secondary care settings. ONLINE at: <https://www.nice.org.uk/guidance/ph48/evidence/review-6-effectiveness-of-smokefree-strategies-in-secondary-care-settings-430361396>

Related SFHFT Documents:

- Policy for the Management of Work Related Violence and Aggression
- Guideline for Pre-operative and Pre-procedure Fasting in Adults and Children
- Smoking in Pregnancy Guideline
- Disciplinary Policy

20.0 KEYWORDS

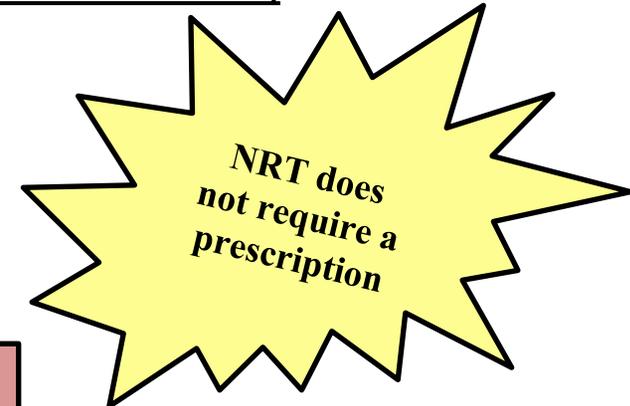
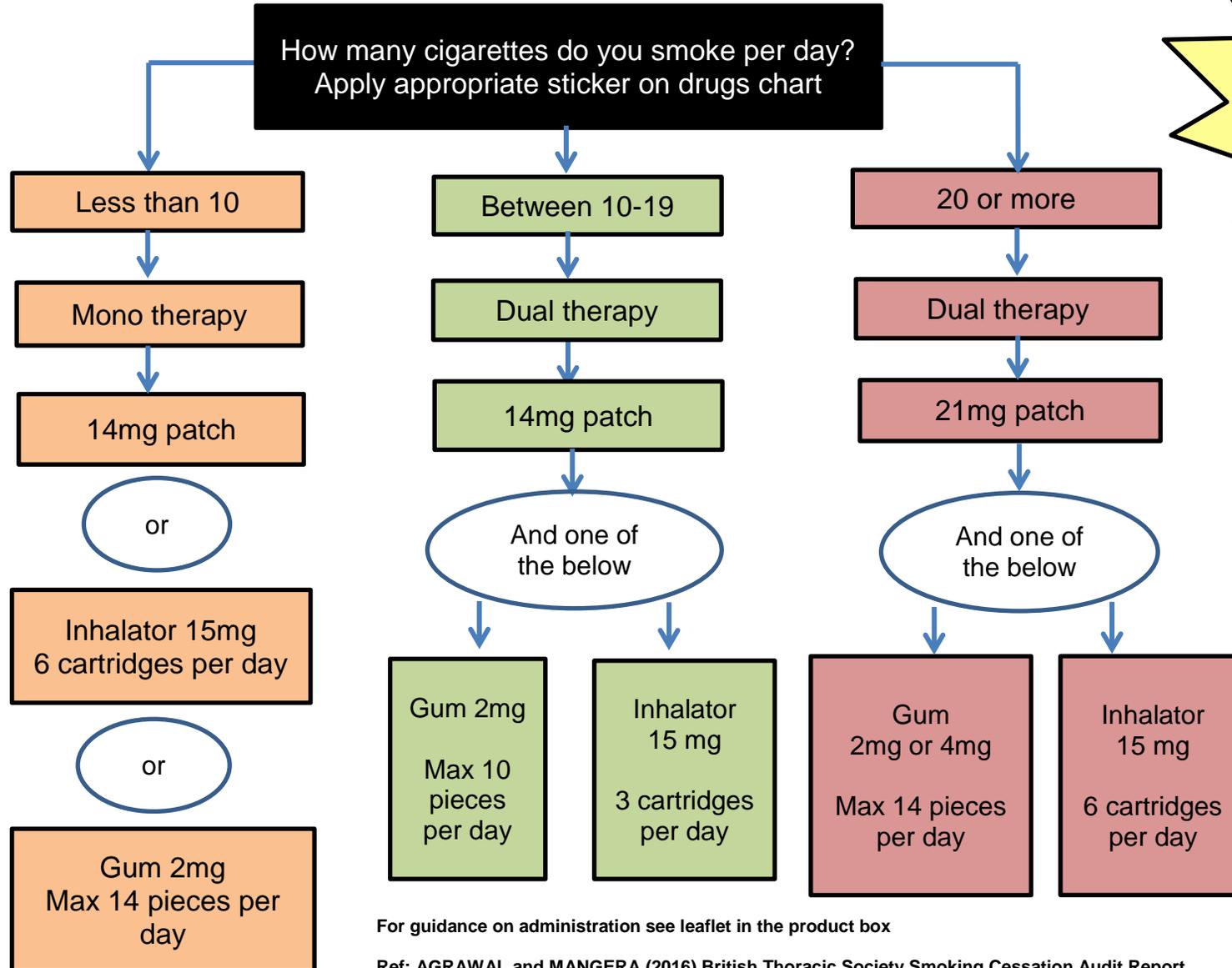
Stop; stopping; smoking; e-cigarettes; NRT; nicotine replacement therapy; standard operating procedure; SOP; leaflet; electronic; vaporisers; vape; vapour

21.0 APPENDICES

APPENDIX 1	NICOTINE REPLACEMENT THERAPY (Quick Reference Guide, Procedure and How to Use)
APPENDIX 2	SMOKEFREE REFERRAL PATHWAY (and specialists responsibilities)
APPENDIX 3	STOP SMOKING SERVICES
APPENDIX 4	EQUALITY IMPACT ASSESSMENT FORM (EQIA)
APPENDIX 5	ENVIRONMENTAL IMPACT ASSESSMENT

APPENDIX 1 – NICOTINE REPLACEMENT THERAPY (Quick Reference Guide, Procedure and How to Use)

Quick Reference Guide



If a patient is taking any of the following medications:
Theophylline – will need medical review
Clozapine – will need review by psychiatry

Smoking cessation may also cause alterations in the circulating drug levels of the following (but are not normally enough to cause therapeutic problems):

- Insulin
- Adrenergic agonists and antagonists
- Fluvoxamine
- Clomipramine
- Imipramine
- Olanzapine
- Flecanaide
- Tacrine
- Pentazocine

Clients who are taking NRT together with any of the above medicines should be advised to inform their GP they are trying to stop smoking.

For guidance on administration see leaflet in the product box

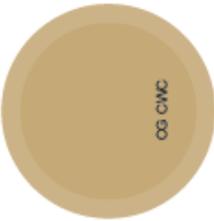
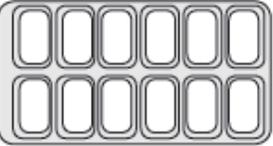
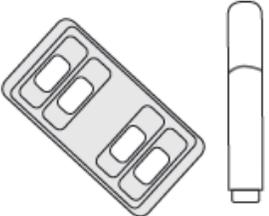
Ref: AGRAWAL and MANGERA (2016) British Thoracic Society Smoking Cessation Audit Report Smoking Cessation Policy and Practice in NHS

How to use Nicotine Replacement Therapy

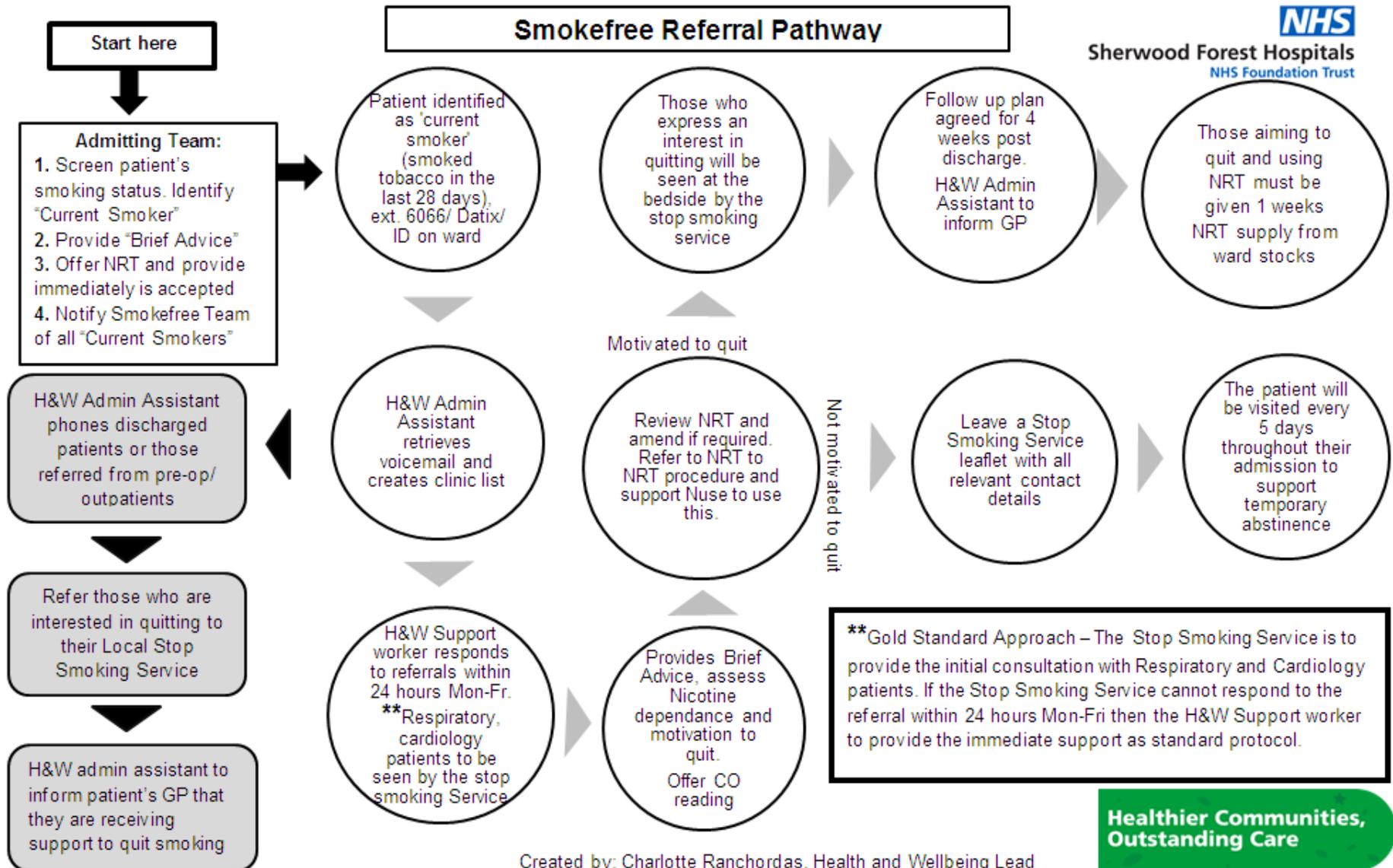
Nicotine withdrawal symptoms include: Irritation, Headache, Concentration problems, Depression or low mood, Tiredness, Constipation, Nausea and Anxiety.

Remember: Nicotine is absorbed through the lining of the mouth from all oral Nicotine Replacement Products. Use the guide below to remind you how to advise a patient to use the products effectively. Incorrect use is a common reason for patients giving up on their NRT and starting smoking again.

Further advice can be given to a patient by a Stop Smoking Advisor. Refer your patients via confidential voicemail through **ext. 6066** and SmokefreeLife will do the rest.

Product	Strength	Pack size	How to use	Maximum dose per day
24 hour patch 	21mg or 14mg	7 patches	Peel back the film and hold in the air for 10-20 seconds then apply to skin somewhere away from the heart, not on scarring or tattoos e.g. top of the leg or arm. Encourage patient to put this in a different place each day.	1 Nicotine patch every 24 hours If a patient smokes more than 10 cigarettes a day it is recommended that you use the patch and a second product.
Gum 	2mg or 4mg	108 pieces	Chew for 1 minute then park the gum in the side of the cheek for 5 mins, chew for another minute then park on the other side for 5 mins.	Maximum 14 pieces of gum per day
Inhalator 	15mg	Starter pack with 4 cartridges Refill pack has 20 cartridges	Insert 1 cartridge after 15 minute continuous use. Inhale in multiple short breathes as if the inhalator was a straw.	Nicotine Inhalator Maximum 6 cartridges per day

APPENDIX 2 – SMOKEFREE REFERRAL PATHWAY (and Specialist Responsibilities)



Specialists Responsibilities

The Health and Wellbeing Support Worker and the Specialist Stop Smoking Advisor will ensure the following:

Observe any infection control procedures before visiting the patient's cubicle.

Take the following resources to the ward:

- CO Monitor and tubes and CO reading chart
- SmokefreeLife support form printed on blue paper
- SmokefreeLife monitoring form
- Black ink pen
- Supply of Smokefree- A guide for inpatients leaflets
- SmokefreeLife business card with your contact details for the patient
- Data monitor/recording form

On Consultation Checklist (for all patients sign up or not):

- Introduce self and advise patient that you come to see anyone who smokes that is admitted to talk about their smoking
- Draw curtain around patients in bays if you are comfortable to do so
- Ask patient how many cigarettes they smoke per day
- Ask if they are currently using NRT and explain NRT is available to support them whilst they are an inpatient to support them to remain smokefree
- Refer to the Trust's Nicotine SOP for products that the nurse can provide
- Complete CO reading and explain what this is to patient.
- Ask patient what the benefits of going smokefree are to them? Prompt if needed with why we encourage smokefree
- Complete the Smokefree support form
- Give patient the "Smokefree- a guide for inpatients" and SmokefreeLife business card/contact details
- If the patient has voiced an interest to receive support. Take their details and you can follow them up.

Key points to note

- Do not visit patients on the ward between 12noon-1pm- Wards observe protected meal times to ensure a patient eats their meal
- Ensure you observe bare below the elbow rule
- Ensure you observe hand hygiene rules including no nail varnish
- Observe relevant Infection control procedures- 5 moments and room posters indicating isolation status
- Patients can be referred to SmokefreeLife without consent therefore on calling reference King's Mill

Policies and Guidance to refer to:

- Dress code
- Hand Hygiene
- Infection control

APPENDIX 3 – STOP SMOKING SERVICES

The national stop smoking helpline can help people find stop smoking services in their local area. As of December 2018 services and contact details are as follows:

Service	Contact details	Commissioned by
National Smokefree Helpline	0300 123 1044 https://www.nhs.uk/smokefree	Public Health England
SmokefreeLife Nottinghamshire	0800 2465343 or 0115 772 2515 or hospital ext. 6066 text QUIT to 66777 https://www.smokefreelifenottinghamshire.co.uk/	Public Health, Nottinghamshire County Council
Live Life Better Derbyshire	0800 085 2299 or 01629 538 200 https://www.livelifebetterderbyshire.org.uk/services/stop-smoking/	Public Health, Derbyshire County Council
QUIT 51	0800 622 6968 https://www.quit51.co.uk/	Public Health, Lincolnshire County Council

Other local authorities may commission their own local stop smoking service but if in doubt contact the national helpline.

APPENDIX 4 – EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: Smokefree Policy			
New or existing service/policy/procedure: New			
Date of Assessment: 28/11/2018			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?	b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?	c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality
The area of policy or its implementation being assessed:			
Race and Ethnicity	Language	Language and translation service available.	None.
Gender	None	NA	NA
Age	None	NA	NA
Religion	None	NA	NA
Disability	NRT products not suitable for all patients eg. Some NRT is oral only.	Multiple NRT products are available therefore one will be suitable.	None.
Sexuality	None	NA	NA
Pregnancy and Maternity	Separate guidance for Smoking in Pregnancy.	See Smoking in pregnancy guidance	None.
Gender Reassignment	None	NA	NA
Marriage and Civil Partnership	None	NA	NA
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	None	NA	NA

What consultation with protected characteristic groups including patient groups have you carried out? <ul style="list-style-type: none">• Informal consultation in conversation with a Stoke patient and Stroke service regarding disability.
What data or information did you use in support of this EqIA? <ul style="list-style-type: none">• Observation of procedures and service delivery in practice.
As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments? <ul style="list-style-type: none">• Not aware.
Level of impact From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (click here), please indicate the perceived level of impact: Low Level of Impact
Name of Responsible Person undertaking this assessment: Charlotte Ranchordas
Signature:
Date: 28/11/2018

APPENDIX 5 – ENVIRONMENTAL IMPACT ASSESSMENT

The purpose of an environmental impact assessment is to identify the environmental impact, assess the significance of the consequences and, if required, reduce and mitigate the effect by either, a) amend the policy b) implement mitigating actions.

Area of impact	Environmental Risk/Impacts to consider	Yes/No	Action Taken (where necessary)
Waste and materials	<ul style="list-style-type: none"> Is the policy encouraging using more materials/supplies? Is the policy likely to increase the waste produced? Does the policy fail to utilise opportunities for introduction/replacement of materials that can be recycled? 	Yes Yes No	Encourages use of NRT for which the alternative is patients smoking outside. Waste produced is minimal. Patient will take remaining NRT home. E-burn is recycled and e-burn limited will come and collect the recycling boxes
Soil/Land	<ul style="list-style-type: none"> Is the policy likely to promote the use of substances dangerous to the land if released? (e.g. lubricants, liquid chemicals) Does the policy fail to consider the need to provide adequate containment for these substances? (For example bunded containers, etc.) 	No No	
Water	<ul style="list-style-type: none"> Is the policy likely to result in an increase of water usage? (estimate quantities) Is the policy likely to result in water being polluted? (e.g. dangerous chemicals being introduced in the water) Does the policy fail to include a mitigating procedure? (e.g. modify procedure to prevent water from being polluted; polluted water containment for adequate disposal) 	No No No	
Air	<ul style="list-style-type: none"> Is the policy likely to result in the introduction of procedures and equipment with resulting emissions to air? (For example use of a furnaces; combustion of fuels, emission or particles to the atmosphere, etc.) Does the policy fail to include a procedure to mitigate the effects? Does the policy fail to require compliance with the limits of emission imposed by the relevant regulations? 	No No No	
Energy	<ul style="list-style-type: none"> Does the policy result in an increase in energy consumption levels in the Trust? (estimate quantities) 	No	
Nuisances	<ul style="list-style-type: none"> Would the policy result in the creation of nuisances such as noise or odour (for staff, patients, visitors, neighbours and other relevant stakeholders)? 	No	