

SMOKEFREE POLICY

		POLICY	
Reference	CPG-TW-SfP		
Approving Body	Patient Safety Committee		
Date Approved	14/04/2023		
For publication to external SFH website	Positive confirmation received from the approving body that the content does not risk the safety of patients or the public:		
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	X		
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Lead Division/ Directorate	Corporate		
Lead Specialty/ Service/ Department	Nursing/Therapy Services		
Position of Person able to provide Further Guidance/Information	Tobacco Dependency Team Leader		
Associated Documents/ Information		Date Associated Documents/ Information was reviewed	
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1.0 INTRODUCTION

- 1.1** Smoking is the biggest cause of preventable illness and premature death in the UK. Smoking is not a lifestyle choice; it is an addiction – smokers are addicted to Nicotine and smoking is the most harmful delivery method. This policy will show the procedures we have in place to help patients, visitors, and staff to stay smoke free whilst on site and the support available post-discharge in the community. Stopping smoking is the greatest improvement to health that a smoker can make, extending life expectancy, and improving overall health.

2.0 POLICY STATEMENT

- 2.1** Sherwood Forest Hospitals NHS Foundation Trust (SFHFT) strives to embed NICE Guidance NG209 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 are given the opportunity to quit smoking post discharge. This supports the SFHFT strategic vision of healthier communities and outstanding care.
- 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 Tobacco Dependency 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** This policy is applicable to SFHFT sites including Kings Mill Hospital, Newark Hospital, and SFHFT estate at 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 incorporates all persons travelling in Trust owned vehicles whilst on official business, and those in privately owned vehicles parked on Trust grounds or when transporting patients or visitors on official Trust business.
- 2.6** This policy embeds recommendations from NICE Guidance NG209

2.7 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
- Promote non-smoking as the norm for people using our services
- All our hospitals have access to an onsite tobacco dependency 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 tobacco dependency 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.

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 vapor. 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).
EPMA	Electronic Prescribing and Medicines Administration. Digitises the process of prescribing and recording medication administered to inpatients within the Trust.
Ex- smoker	Someone who has quit smoking for longer than 4 weeks.
ICE	Integrated Clinical Environment (ICE) Electronic referral system used by the Trust
NICE	National Institute for Health & Care Excellence.
Nervecentre	Clinical application used for Electronic Patient Records (EPR) and Electronic Prescribing and Medicines Administration (EPMA)
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, outpatients and those patients treated within their own homes.
NG209	Guidance from NICE from 2021, entitled: Preventing uptake, promoting quitting and treating dependence
Pharmacotherapy	Medical treatment, which can include prescribed or over-the-counter medications.
SATOD	Smoking Status at Time of Delivery – the percentage 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 car parks including: <ul style="list-style-type: none"> • Kings Mill Hospital (including School of Nursing) • Newark Hospital • Mansfield Community Hospital
TTO	<ul style="list-style-type: none"> • To Take Out (medicines given to patient on discharge from hospital stay)
VBA	Very Brief Advice (Less in-depth advice given to a patient about best ways to quit, services available, and medication (NRT))
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 smoke free, 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 • Midwives • 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 on 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.
Tobacco Dependency 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.
Tobacco Dependency Service	Accept and support those patients referred for stop smoking support including temporary abstinence.

5.0 APPROVAL

This policy (v3.0) has been approved by the Trust's Patient Safety Committee on 14th April 2023.

DOCUMENT REQUIREMENTS (POLICY NARRATIVE): SECTIONS 6.0-15.0

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. On admission to ward, clinical staff must record if the patient is a current, ex or never smoker, and if they use e-cigarettes, via the smoking assessment on Nervecentre. Outpatient clinics should routinely ask if the patient smokes and make an onward referral to the tobacco dependency team on ext 6066 or via Integrated Clinical Environment (ICE)
- 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 via Nervecentre on transfer to the base ward.
- 6.4 All current smokers should be offered NRT on admission at the earliest opportunity. The tobacco dependency team will follow up with the patient at bedside to give further support.
- 6.5 **ADVISE** – Very Brief Advice (VBA) must be provided to all current smokers. Very Brief Advice informs the patient that the best way to remain smoke free is with a combination of treatment (NRT) and behavioural support available on the NHS and in the community.
- 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.

Very Brief Advice training can be accessed [Here](https://elearning.ncsct.co.uk/england) (https://elearning.ncsct.co.uk/england) and is provided by the National Centre for Smoking Cessation Training (NCSCT) All staff should be supported to complete this.

- 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 identify smokers on admission via Nervecentre assessment or, for outpatient clinics, ask for smoking status and refer via extension 6066 or ICE for tobacco dependency support. Receiving support is an essential aspect for tobacco

dependency treatment to help the patient remain smoke free throughout their admission and/or to stop smoking completely. (See tobacco dependency referral pathway, [appendix 2](#)).

- 6.9 **RECORD-** Record the smoking assessment on Nervecentre and record any NRT issued on EPMA. A guide to recording NRT on EPMA can be found [Here](#) or on the SFHFT intranet

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 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. However, the ideal situation would include rapid administration of NRT within 20 minutes of arrival, which may prevent the need to breach the policy. If the patient is then admitted to the wards SFHFT tobacco dependency 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'.

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 smoke free.
- Offer NRT and repeat the offer if required – advise that use can support their period of temporary abstinence.
- Provide a Patient Information Leaflet including details of the stop smoking service e.g., “Tobacco Dependency – Is it time to make a change?”
- Contact extension 6066 and speak to the tobacco dependency team for advice.

If a patient becomes violent or aggressive refer to the Policy for the Management of Work Related Violence and Aggression [Microsoft Word - violence and aggression guide for all staff.doc \(nnotts.nhs.uk\)](#)

9.0 HOME VISITS

9.1 Patient homes are exempt from smoke free 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

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 v2* (2019) and as a local integrated care system, we are committed to reducing smoking at time of delivery to the national target of 6% by 2022. At SFHFT the smoking at time of delivery rate in 2021-22 was 16.23%.

Addiction to nicotine needs to be treated in order to support families to be smoke free. At SFHFT there is an in-house maternity tobacco dependency treatment service known as The Phoenix Team. All pregnant people who smoke are referred to the team on

sfh-tr.tobaccodependency-maternity@nhs.net or using the maternity IT system 'BadgerNet' or via ext 4701 or 4702.

Link to the maternity specific tobacco dependency guideline can be found at [showcontent.aspx \(nnotts.nhs.uk\)](#).

Throughout pregnancy carbon monoxide testing is offered to all people at every contact regardless of smoking status. All people who are using tobacco are offered nicotine replacement therapy during an in-patient stay on Sherwood Birthing Unit or the maternity ward. Please see guideline [showcontent.aspx \(nnotts.nhs.uk\)](#).

11.0 IMPORTANCE OF NRT

- 11.1 Current smokers and ex-smokers must all be offered NRT, on admission and during their inpatient stay. 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 smoke free and the best way to remain smoke free 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 assessed, and smoking status is identified. If stop smoking pharmacotherapy is accepted, it should be provided immediately or at the earliest opportunity and recorded on EPMA.
- 11.3 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.
- 11.4 All patients should be aware that NRT is available to support temporary abstinence throughout their admission.
- 11.5 Those patients that smoke and refuse NRT must be made aware that the hospital is smoke free 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.

- 11.6 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.
- 11.7 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. Two 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 or vapes/vaporisers, 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, 2022), and currently they are the most popular method of quitting smoking (PHE 2020). 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 is not available, e-cigarettes are almost certainly a safer option than smoking for those who smoke (PHE 2021).
- 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. The Trust does not provide E-Cigarettes as part of NRT.
- 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
- Sherwood Women's 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 smoke free throughout their admission. The best way to remain smoke free is to have specialist support, and therefore all patients should be screened, on admission, using the smoking assessment on Nervecentre in the admission booklet ([Screenshot](#))

Further details are available in [appendix 2](#) – Tobacco dependency pathway. The tobacco dependency service advisors 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 be referred to the tobacco dependency team. They will ensure support is offered to quit and provide tips about to remain smoke free in the event of a planned admission. If the patient is interested in quitting an onward referral will be made to the specialist service in the community
- 13.3 Referrals to the Tobacco Dependency Team can 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. Alternatively, patients can be referred via the ICE clinical portal, by searching for 'smoke'.

- 13.4 The Tobacco Dependency Team will aim to respond to the voicemails with 24 hours of the referral (Monday-Friday). The tobacco dependency advisor will visit the patient at the bedside, if clinically appropriate.
- 13.5 The Tobacco Dependency Team will:
- Support patients at bedside to abstain from smoking whilst they are an inpatient.
 - Complete a Carbon Monoxide reading with the patient and explain their reading
 - Offer support on discharge from the relevant, local community provider

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 to help them quit. This is via self-referral; referrals are made to ext. 6066. The service can support staff to quit using NRT or e-cigarettes.
- 14.3 If a member of staff breaches the smokefree policy they will be offered support to help them to remain smoke free with access to stop smoking services whilst at work from the Tobacco Dependency Team. However, if a staff member continues to breach the policy on a repeated basis, they may 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 Tobacco Dependency 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 smoke free site and this will be reviewed in future to contain information on how to obtain support to stay smoke free.

- 15.2 Those booking a room to use on SFHFT premises must comply with the smoke free 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 smoke free compliance. Seeing or smelling others smoking is often a trigger for someone starting smoking again. The benefits of promoting smoke free 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

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 (e.g. verbal, formal report etc) and by who)
Smoking status	Tobacco Dependency Lead (Policy author)	Quitmanager software	Quarterly	Tobacco dependency core group – Verbal by Team Leader
Number of patients seen/engaged with	Tobacco Dependency Lead (Policy author)	Quitmanager software	Monthly	Tobacco dependency core group/Intranet site - report
No. patients setting a quit date	Tobacco Dependency Lead (Policy author)	Report from community provider	Quarterly	Tobacco dependency core group/Intranet site - report
No. of patients achieving a 4 week quit.	Tobacco Dependency Lead (Policy author)	Report from community provider	Quarterly	Tobacco dependency core group/Intranet site - report
Referrals made to community services	Health and Wellbeing Lead (Policy author)	Report from community provider	Quarterly	Tobacco dependency core group – Verbal by Team Leader

17.0 TRAINING AND IMPLEMENTATION

- 17.1 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>.
- 17.2 Nationally recognised and accredited training is available via the National Centre for Smoking Cessation and Training, accessible at <http://www.ncsct.co.uk/>
- 17.3 The key messages included within communications about with the smoke free policy will include:
- We support all inpatients to comply with the smoke free Policy by providing them with the best opportunity to stay smoke free. This includes treatment (stop smoking medication e.g., NRT) and support from a specialist trained stop smoking advisor
 - How to access support and treatment.
- 17.4 Further information is available on the trust intranet under ‘smoking cessation’

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 NG209 Tobacco: Preventing uptake, promoting quitting, and treating dependence – this replaces and encompasses all previous policies associated with PH48
- [Overview | Tobacco: preventing uptake, promoting quitting and treating dependence | Guidance | NICE](#)
- [Nicotine vaping in England: 2022 evidence update - GOV.UK \(www.gov.uk\)](#)
- [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)

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
- Tobacco dependence treatment in maternity services guideline
- Disciplinary Policy

20.0 KEYWORDS

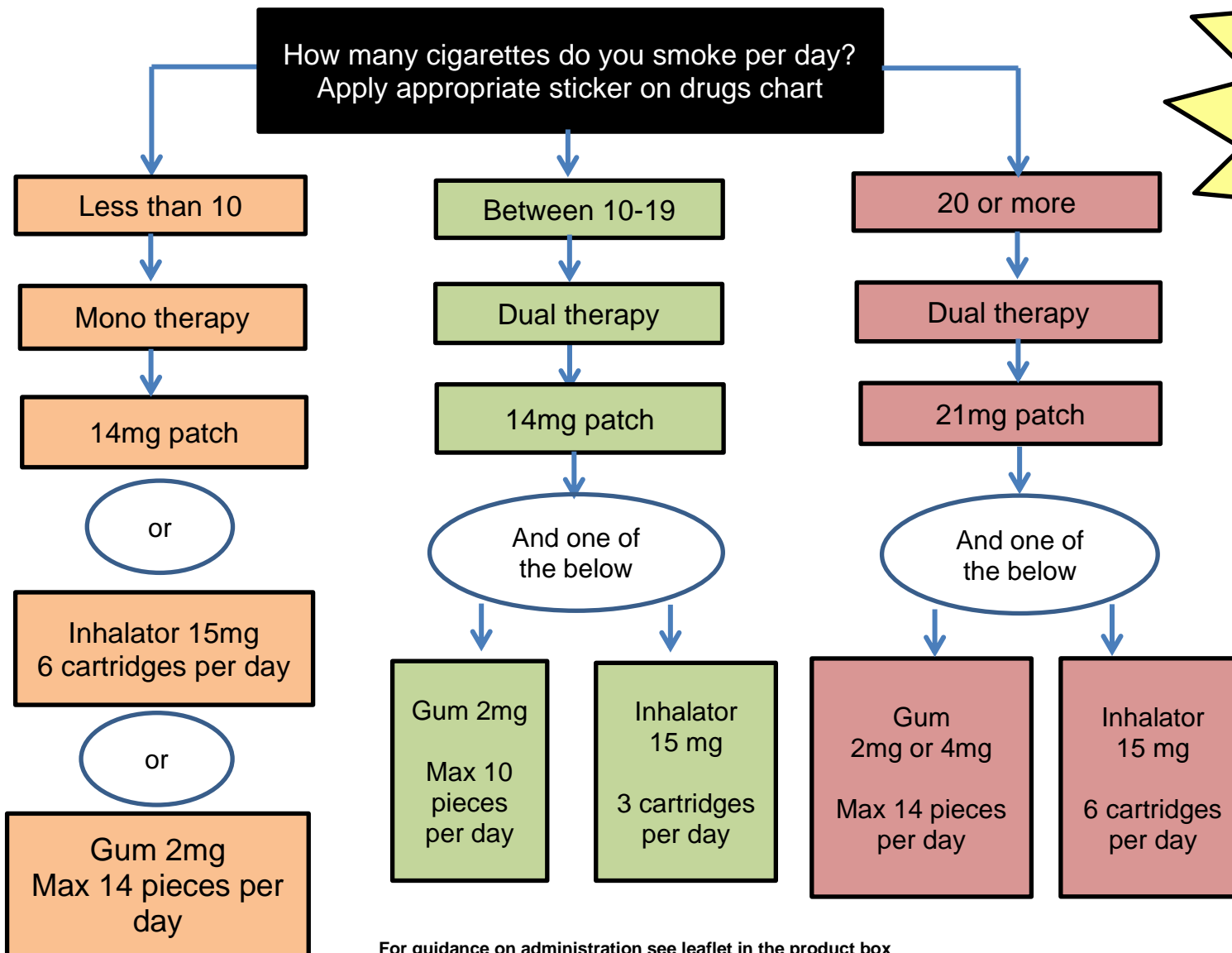
Stop; stopping; smoking; e-cigarettes; NRT; nicotine replacement therapy; standard operating procedure; leaflet; electronic; vaporisers; vape; vapour

21.0 APPENDICES

APPENDIX 1	Nicotine Replacement Therapy (Quick Reference Guide, Procedure and How to Use)
APPENDIX 2	Tobacco Dependency Pathway
APPENDIX 3	Nervecentre smoking assessment
APPENDIX 4	Equality Impact Assessment Form (EQIA)
APPENDIX 5	Environmental Impact Assessment

APPENDIX 1 – NICOTINE REPLACEMENT THERAPY (Quick Reference Guide, Procedure, how to use)

Quick Reference Guide



NRT does not require a prescription

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
- Flecainide
- 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

Guidance for recording on EPMA can be found [Here](#)

Nicotine Replacement Therapy Procedure


- As a registered nurse you can provide NRT to a patient **without a doctor prescribing it**.
- If the patient wants an NRT product e.g., lozenges or mouth spray that is not on the procedure you will need to get a doctor to prescribe.
- You are to give **full boxes** of products to the patient rather than 1 patch or 1 piece of gum so that the patient can keep and manage this on their own.
- Record any NRT given on [EPMA](#)
- Patients who have been transferred to your ward may come with their supply. **Every 24 hours** date that the patient is using their NRT appropriately (see below for how to use each product) and that they have enough supply to help them remain smokefree whilst in hospital.

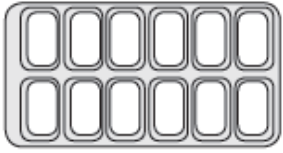
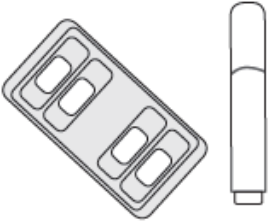
How to use Nicotine Replacement Therapy

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

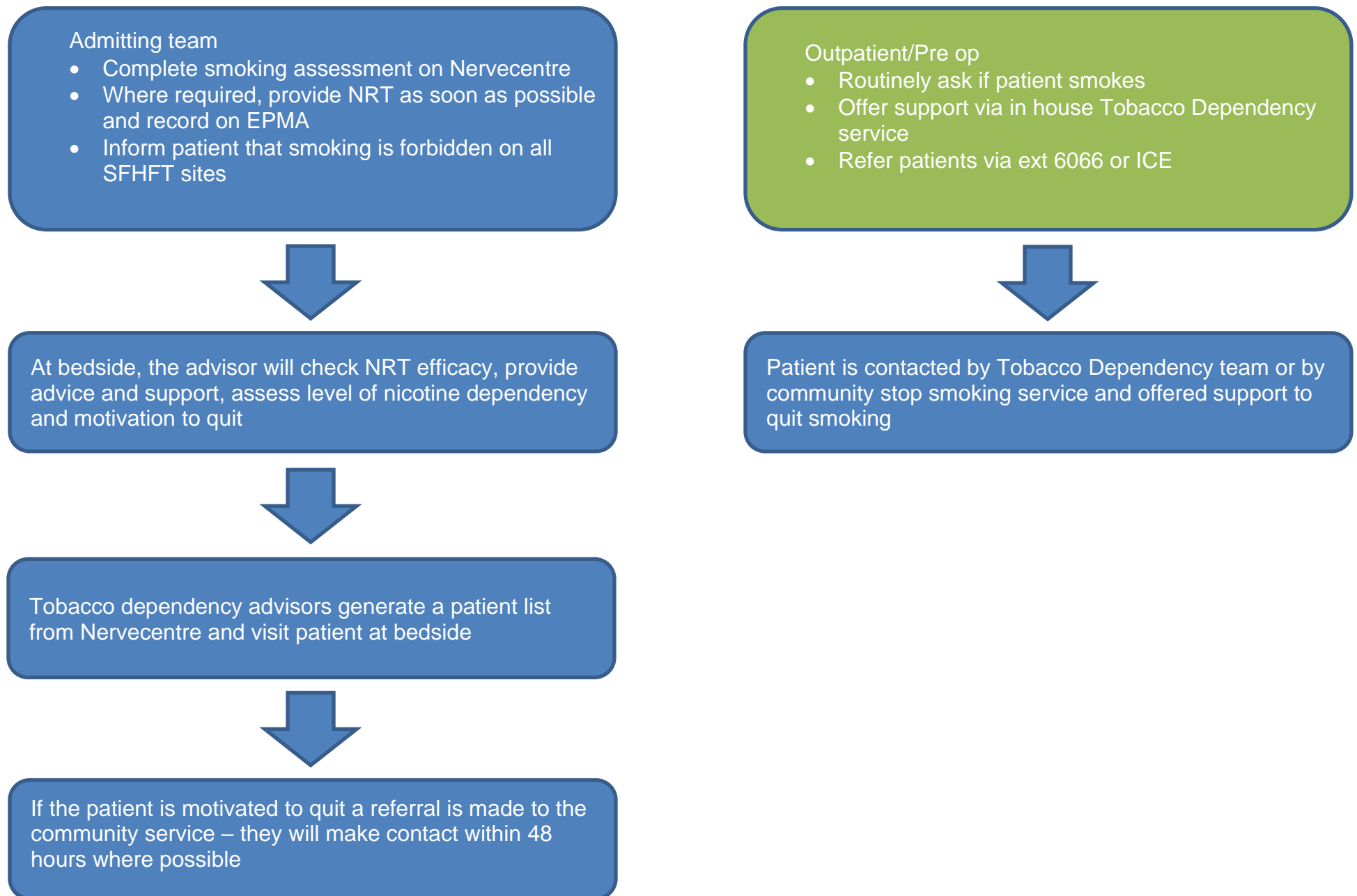
Remember: Nicotine is absorbed through the lining of the mouth from all oral Nicotine Replacement Products. Use the guide below to remind you how to advise a patient to use the products effectively. Incorrect use is a common reason for patients giving up on their NRT and starting smoking again.

Further advice can be given to a patient by a Tobacco Treatment Advisor. Contact the Tobacco Dependency team on **ext 6066**.

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.

<p>Gum</p> 	<p>2mg or 4mg</p>	<p>108 pieces</p>	<p>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.</p>	<p>Maximum 14 pieces of gum per day</p>
<p>Inhalator</p> 	<p>15mg</p>	<p>Starter pack with 4 cartridges Refill pack has 20 cartridges</p>	<p>Insert 1 cartridge after 15 minute continuous use. Inhale in multiple short breathes as if the inhalator was a straw.</p>	<p>Nicotine Inhalator Maximum 6 cartridges per day</p>

APPENDIX 2 – TOBACCO DEPENDENCY PATHWAY



APPENDIX 3 – Nervecentre Smoking Assessment

Assessments

- Admission Booklet
- Admission Demographics
- Altered & Usual Health Needs
- Bed Rails With Timer
- Carers Support & Accommodation
- Clinical Assessment
- Discharge Checklist
- Drug and Alcohol Screening Tool
- Falls Risk
- Hydration
- Infection Control
- Moving and Handling
- MUST
- Pressure Ulcer Risk Assessment
- Safeguarding
- Sepsis Screening (Adult)
- Smoking

Smoking

Do you smoke?

Current smoker

Ex-smoker

Never smoked

E-cigarette only

Smoking

TRAIN, Becky

State the quantity of cigarettes or roll-ups smoked per day

1-9

10-19

20 or above

Inform the patient that the hospital is smokefree and that the best way to remain smokefree is with: –Treatment e.g. Nicotine Replacement Therapy – Specialist support

Patient informed

If no, state rationale for not giving advice

Nicotine Replacement Therapy (NRT) recommended and offered?

NRT accepted and provided

NRT not offered, please state why?

NRT offered but declined

Dr informed that the patient is a current smoker?

Yes

No

APPENDIX 4 – EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: Smokefree Policy			
New or existing service/policy/procedure: Existing			
Date of Assessment: 19/12/22			
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 e.g. 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

<p>What consultation with protected characteristic groups including patient groups have you carried out? None</p> <ul style="list-style-type: none"> • None
<p>What data or information did you use in support of this EqIA?</p> <ul style="list-style-type: none"> • Service delivery in practice • NICE guideline: Tobacco Suite
<p>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?</p> <ul style="list-style-type: none"> • No
<p>Level of impact</p> <p>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:</p> <p>Low level of impact</p> <p>For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.</p>
<p>Name of Responsible Person undertaking this assessment: Ian Ferris</p>
<p>Signature: I.Ferris</p>
<p>Date: 03/01/2023</p>

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.
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	