

| | | | |
|--|----------------------------|--|---------------------------------|
| Policy Document Title: Smoke Free Policy | | | |
| This document is relevant for staff at: <i>(please tick)</i> | Luton Hospital site | Bedford Hospital site | Both Hospital sites ✓ |
| Document Author(s): Madeeha Samsudeen, Tobacco Dependency Treatment Lead Victoria Parsons, Associate Director of Corporate Governance | | | |
| Policy Developed in Consultation with: <i>(name and title)</i> Dr Syed Tariq, Consultant Respiratory Physician – Clinical Lead for Smoking Cessation Helen Smith, HR Fire Officers (both sites) Specialist Respiratory Team Health, Safety and Security Managers Jennie Jones, Head of Engagement/Health and Wellbeing Staff Side Representatives Bill Wood, Deputy Chief Nurse Tobacco Control Teams, Public Health Departments of Bedford and Central Bedfordshire and Luton Local Authorities | | | |
| Is this policy new or revised? Revised – replaces S32T v1 | | | |
| Document Number <i>(if applicable):</i> CG07T | | Version Number <i>(if applicable):</i> 2 | |
| Target Audience/Scope: <i>(who is the document applicable to)</i> | | All members of staff including locum, bank, agency, honorary contracts, volunteers, staff in training, contractors, seconded staff on temporary or permanent contracts. The scope includes all staff (as above) and patients, carers and visitors | |
| Associated Trust Documents: <i>(policies / guidelines which directly impact on this document)</i> | | CG419 Smoking Cessation Guidelines and Pharmacotherapy for Adult Patients Uniform Policy/Dress Code Management of sickness absence Leave Policy Disciplinary Policy Smoking Cessation Guidelines for Adult Inpatients Health and Safety Policy Managing Conflict Policy CG423 Routine Screening for Carbon Monoxide (CO) in pregnancy CG424 Smoking in Pregnancy Guideline. | |
| Date of Approval: 20 th May 2024 | | Review Date: May 2027 | |
| Approved by: | | D Carter | |

Table of Contents

| | |
|---|---------|
| Target audience/Scope | Page 1 |
| Associated Trust Documents | Page 1 |
| <u>Policy</u> | |
| Background | Page 3 |
| Scope | Page 3 |
| Rationale | Page 4 |
| Policy Objectives | Page 4 |
| <u>Policy scope and principles</u> | |
| 1. Patients and carers | Page 5 |
| 2. Staff | Page 6 |
| 3. Home visits | Page 6 |
| 4. Contractors | Page 7 |
| 5. Vaping | Page 7 |
| <u>Roles and Responsibilities</u> | |
| Trust Board and Chief Executive | Page 7 |
| Managers | Page 8 |
| Occupational Health Department | Page 9 |
| Human Resources | Page 9 |
| Estates and Facilities | Page 9 |
| All Staff | Page 10 |
| <u>Treatment and Support</u> | Page 11 |
| Patients | Page 11 |
| Staff | Page 12 |
| Visitors | Page 12 |
| Pregnant Women and the maternity services | Page 12 |
| Smoke Free Steering Group | Page 13 |
| Smoke Free Education and Training | Page 14 |
| Communications | Page 14 |
| Fire Safety | Page 15 |
| <u>Breaches of the policy</u> | |
| Staff | Page 15 |
| Patients, carers or visitors | Page 16 |
| Monitoring & Evaluating Impact | Page 17 |
| Review Date | Page 17 |
| Consultation | Page 17 |
| Trust Documents | Page 17 |
| References | Page 17 |
| References Conti... | Page 18 |
| Q&A | Page 19 |

BACKGROUND

A Smoke Free Trust prohibits smoking anywhere on-site, in addition to offering evidence-based treatment for tobacco dependence to all smokers, as core to its everyday business. Effective implementation of this Smoke Free policy is a Trust Board priority. In line with most other acute NHS providers, our policy makes vaping prohibited on-site also.

Smoking is the main cause of preventable illness and premature death in England and the primary reason for the gap in life expectancy between rich and poor (NICE 2013). In England, in 2018, approximately 14.4% of adults smoked with about 80% of smokers wanting to quit (NHS Digital 2020a). A British Thoracic Society audit in 2016 identified that 25% of patients admitted to hospital were current smokers and were found in similar proportion across all hospital specialities (BTS 2017). Locally, the proportion of hospital admissions in people aged 35 and over in 2016/17, attributable to smoking were 1,873 hospital admissions per 100,000 population in Luton; 1,515 per 100,000 in Bedford and 1,419 per 100,000 in Central Bedfordshire (NHS Digital 2020b). The England average is 1,685 per 100,000.

Tobacco dependence is one of the hardest addictions to break. A smoker will typically have many failed attempts before they manage to successfully quit smoking. Providing support to help smokers quit is highly cost-effective and local stop smoking services continue to offer smokers the best chance of quitting. Smokers who use them are up to four times as likely to quit successfully as those who choose to quit without help or with over the counter nicotine replacement therapy products. Furthermore, the Royal College of Physicians emphasise the principle of justice which requires that we offer smokers help to quit smoking and that *“failure to do so implies that smokers’ health is less important than that of other patients”* (RCP 2018).

Harms associated with smoking and second-hand smoke 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. Substantial benefits are expected from the provision of a smoke free environment. These include reductions in inpatient length of stay, fewer complications, improved wound healing, reduction in infections, lower readmission rates, reductions in time off sick for staff with conditions exacerbated by smoking, less time lost to smoking breaks of employees, cleaner hospital sites and less air pollution in the proximity of the hospitals. Furthermore, people expect the NHS to provide smoke free environments and the Trust will be meeting these expectations.

SCOPE OF POLICY

This policy covers smoking and vaping and applies to all patients and visitors, including parents and carers of any users of our services. The policy applies to all staff employed under a contract of service by Bedfordshire Hospitals NHS Foundation Trust, including permanent and temporary staff; volunteers, students and contractors.

The policy applies to people inside and outside on Trust premises, including car parks, whilst driving Trust vehicles and staff working off site whilst on Trust business.

RATIONALE

- 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
- Comply with the NHS Standard Contract (NHS 2020)
- Comply with the Smoke Free Regulations 2006
- Comply with the National Institute for Health and Care Excellence (NICE) guidance and its recommendation to promote no smoking as the norm for people using our services and a smoke free hospital environment
- Comply with the Health and Safety at Work Act, ensuring that employees, patients, visitors and contractors are not exposed to risk due to smoking, second hand smoke or associated risks of fire
- Fulfil the Trust's responsibility to protect and improve the health and wellbeing of all patients, visitors and staff in accordance with the Tobacco Control Plan for England (DoH 2017)
- Comply with the Trust's public health responsibility to improve the health of the local population beyond those who are currently receiving healthcare
- Support the activities of the local Tobacco Free Partnerships in reducing the prevalence of smoking

POLICY OBJECTIVES

- Ensure that the Trust promotes good health and publicises its commitment to reducing smoking and its associated risks
- Have a Trust-wide systematic approach to support no smoking and no vaping whilst on Trust premises in order to achieve the Trust's commitment to have smoke-free and vape-free grounds
- Reduce the impact of smoking on patients, visitors and staff and raise awareness of the dangers of smoking and passive smoking
- 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
- Support those who smoke but are not motivated to stop, to manage nicotine withdrawal and, to remain abstinent whilst on our premises
- Provide nicotine replacement therapy to all hospital in-patients who smoke in order to reduce symptoms of nicotine withdrawal and promote smoking cessation, unless contraindicated or patients wish to opt out
- Encourage staff, patients and visitors to stop smoking with Trust Tobacco Dependence Treatment (TDT) support and promote access to the local stop smoking services
- Include assessment of patients' smoking status, provision of brief advice and an offer to In-house Tobacco Treatment Support and refer to the stop smoking service upon discharge as an integral part of the health and wellbeing review

This policy has been developed to create and support an environment that is completely Smoke free 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 and support to anyone who smokes to remain abstinent whilst on Trust premises/grounds or to support a quit attempt

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.

POLICY SCOPE AND PRINCIPLES

Patients and carers

Patients will be informed of the Trust's smoke free policy before attending any appointment in Appointment letters, admission letters and on the Trust website.

Patients in all settings aged 16 and over who smoke – inpatients, outpatients, attending for procedures and diagnostic tests, preparing for surgery – will be given brief advice on how to quit and where to obtain support, and offered a referral to the stop smoking service, supplemented with written information.

Inpatients will be screened for tobacco use and smokers will be offered brief advice and given prompt access to nicotine replacement medication to help them abstain whilst in hospital and afterwards.

All patients will be asked their smoking status on admission, and if smoke they will be asked if they wish to quit. The response provided will be recorded on their clinical record and will be referred to the Tobacco Dependence Treatment Team.

Patients who are being prepared for surgery will be informed that quitting or cutting down before surgery can reduce length of stay in hospital and improve wound healing and lung function.

They will also be referred onto Stop Smoking Services on an opt-out basis (RCoA 2018).

The Trust will not promote smoking and will not provide smoking shelters or facilitate escorted smoke breaks for patients. This is a key recommendation of NICE PH48.

If present, carers or people who live with patients and are smokers will be given brief advice about the impact of second hand smoke on the patient's health and signposted to stop smoking services.

Staff

Healthcare Professionals must lead by example in promoting healthy lifestyles and behaviours. It is a duty upon staff to present a professional image and uphold the public's confidence in the NHS and the Trust.

Those who smoke whilst at work expose colleagues, patients and others to the health risks and unpleasant smells associated with smoking. Staff seen smoking or who smell of tobacco, make it difficult to enforce a Smoke Free Policy for patients/carers.

Hence it is not acceptable for any NHS staff to be seen smoking or vaping whilst on duty or whilst overtly recognisable as Trust staff through wearing uniform/ ID badges. If they choose to smoke or vape whilst at work, they must do this within their designated break times, off site and must not be identifiable as a Trust member of staff.

No member of staff will be given additional time or facilities in order to smoke or vape whilst at work. However, staff will be supported to access the Stop Smoking services, and this may include time out of the working day without loss of pay in accordance with NICE recommendations (PH5, NICE 2007). Please refer to the management of leave policy and the Trust management of sickness absence policy.

This policy applies to all members of staff and workers including contractors, locum, bank, agency, honorary contracts, volunteers, staff in training and seconded staff on either temporary or permanent contracts.

Home visits

When care is offered to patients in their own home, there is an expectation that the environment will be Smoke Free for at least one hour prior to the visit taking place.

Staff members have the right to ask patients, and household members who are present, not to smoke or vape whilst they are on home visits to minimise the risk of exposure to second-hand smoke (or discomfort from exhaled vapours).

Patients will be informed of this policy verbally or in writing when home visits are arranged.

Leaflets will also be available and given to patients during home visits if they, or any household member, is a smoker.

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 Smoke Free environment for subsequent care will need to be identified. Where smoking on the premises is known, it should be documented in patient notes.

Staff should deliver Very Brief Advice (VBA) consistently and provide a patient information leaflet to support a quit attempt. They may find that doing so instigates a quit attempt before their next home visit.

The advice should equally be offered to other members of the patient's household in order to reduce the impact to themselves and the health risks of second hand smoke to the patient.

Contractors

All tenders and contracts will stipulate adherence to the Smoke Free policy as a contractual condition of working for the Trust.

Vaping

The Trust position on vaping is that the use of vapes onsite will make the application of the no smoking policy difficult to implement. Hence vaping is also not permitted.

E-cigarettes deliver nicotine via vapour rather than smoke. It is the smoke produced when lighting up tobacco which makes smoking so harmful. The harm is much lower when using non-combustible forms of nicotine, such as e-cigarettes. E-cigarette use is often known as "vaping" and e-cigarette users are known as "vapers".

E-cigarettes are regulated as consumer products by the UK Tobacco and Related Products Regulations 2016. "To date, there is no evidence of harm to health from 'second-hand vaping' and the risks are likely to be very low" (PHE 2020).

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. 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" (RCP, 2016; PHE, 2017)

Switching completely from smoking to vaping should be positively encouraged for those smokers who feel unable to quit nicotine abruptly and this can be followed up with support from the local stop smoking services.

ROLES AND RESPONSIBILITIES

The Trust Board and Chief Executive

The Trust Board and the Chief Executive will have overall responsibility for the development, effective implementation of and compliance with this policy including:
Ensuring that staff, patients, visitors and contractors are made aware of the policy

Providing resources to ensure effective implementation of the policy

Adhering fully to the policy and acting as role models for staff and patients

Monitoring compliance via the Trust's Smoke Free implementation group

Ensuring that all Service Level Agreements with other organisations contain the following clause

'Bedfordshire Hospitals NHS Foundation Trust is Smoke Free. Smoking is banned in all Trust buildings, grounds and all Trust vehicles'

Ensuring appropriate training resources are in place to support all staff in the effective implementation of the Smoke Free policy

Managers

Managers are responsible for ensuring that the staff they line-manage are aware of the Smoke Free policy and comply with it.

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 Smoke Free policy, as any other Trust policy, should be adhered to by ALL staff. Failure to do so may result in disciplinary action.

Adherence to the policy includes staff refraining from smoking/vaping themselves, as well as upholding the policy with patients, visitors and other staff by not turning a blind eye to those who may be seen smoking or vaping on site.

Managers are expected 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 Smoke Free whilst at work, or to stop altogether if they feel ready to do so.

A referral to the Stop Smoking Service is offered to all employees who smoke, ensuring that staff are encouraged and supported to quit smoking and allowed reasonable time off work to attend smoking cessation support sessions.

The Smoke Free policy should be discussed during performance development reviews until such time it has been embedded and sustained.

Ensure that frontline, clinical staff complete the required e-learning modules which will support delivery of ASK, ADVISE, ACT to patients in all settings.

Ensure that relevant clinical staff are competent at identifying and recording the smoking status of patients, giving brief advice, administering nicotine replacement therapies and making referrals to stop smoking services.

If provision of ASK, ADVISE, ACT is not routinely being completed for all inpatient and those undergoing pre-operative assessment (as evidenced through audit), action is taken to improve compliance.

Ensure that staff do not incur costs to the Trust in time and / or money by leaving the work area to smoke when it is not a scheduled break in their work-pattern.

Ensure that staff taking additional smoking breaks within their contractual hours, make the time up on the same day.

Occupational Health Department

Ensure that all new employees are informed about the trust Smoke Free policy and smoking cessation services continue to be provided for all staff to access.

Screen all new employees for smoking status as part of the routine occupational health screening programme.

As part of the induction programme, occupational health staff make new employees aware of the smoking cessation support services within the Trust and encourage employees to take up the offer if they smoke.

Support staff to have access to tobacco dependence treatment programmes.

When reviewing staff as part of the management of sickness absence process, provide brief advice and offer a referral to the staff stop smoking service to all smokers as a routine part of the consultation.

Human Resources Department

Ensure that recruitment publicity and materials publicise the Trust as Smoke Free.

Ensure that appropriate, related policies refer to and uphold principles of the Smoke Free policy including but not restricted to the Uniform/Workwear policy, management of sickness absence, management of leave and the disciplinary policy.

Provide guidance to managers requiring support to implement the Smoke Free policy

Estates and Facilities

Provide an environment that is conducive to a smoke free site, including provision of adequate signage and ensuring there are no smoking shelters or ashtrays on site. Where practicable, provide physical barriers to eliminate spaces for smoking in secluded areas.

Ensure that security patrols include areas known to be frequented by smokers and anyone found smoking is asked to refrain from smoking or move off the site.

Ensure that security team members are given training in talking to smokers and vapers in a way that supports them to stop and are provided with cards to hand to smokers during their patrols.

All Staff

All staff should adhere to and advocate the Smoke Free policy; making it everyone's business. All staff members have the authority to approach someone who is smoking in order to uphold the policy (see process below).

Help promote Smoke Free premises and support patients and colleagues in a non-confrontational manner.

Recognise that persistent disregard for the policy could result in disciplinary action.

Ward staff should ascertain the smoking status of patients at the earliest possible moment by completing the NerveCentre smoking assessment, and then a referral is made to the Trust TDT for further support.

Staff should offer initial Nicotine Replacement Therapy for the patients within 2hrs of admission, until further assessments are carried out and a suitable care plan is agreed with the Tobacco Dependence Advisors (TDA's) for those patients who are willing to quit smoking or to remain abstinent whilst on our premises.

Where appropriate, support patients and colleagues who smoke to access stop smoking services to help them quit or at least abstain from smoking whilst on Trust grounds/business.

The health benefits should be highlighted to the patient.

Staff are required to report any Health and Safety concerns, for example evidence of smoking indoors or in areas which could pose a fire hazard, to the Health and Safety Manager.

The process for implementing a smoke free site is:

- In a non-confrontational manner, explain that the Trust is a Smoke Free environment and that smoking or vaping is not permitted anywhere on the site.
- Request the person who is smoking or vaping to stop straight away.
- Briefly explain that this is for the health and comfort of everyone.
- Hand them a Smoke Free card (provided by the Trust) or point out that there are signs around the Trust site which provide information on how to access Stop Smoking Services should the person wish to quit.
- If the person intends to continue smoking or vaping, they should be asked to move off-site and shown clearly where the nearest exit route is.
- If the person does not comply with the request, the security team should be notified so that they can advocate for, and uphold the policy with the individual concerned by further explanation and request.

TREATMENT & SUPPORT

Tobacco Dependence Treatment Team are available to provide support and advice to all patients and staff who smokes. Confidential and individual or group support can be offered within the hospital during admission or post discharge support can be arranged in community setting.

NICE Guidance PH48 recommends that all hospitals have access to on-site stop smoking support and when possible, this will be provided in the Trust in partnership with the local PHE commissioned stop smoking services.

NHS England recommends that stop smoking medications (both nicotine replacement therapy and medications) are available on the hospital formulary and that all relevant healthcare professionals can prescribe or initiate an appropriate prescription.

Patients

All patients should have their smoking status assessed and recorded at admission or first contact in the community or outpatient setting.

Those who are smokers, should receive evidence based Very Brief Advice (VBA), which is a brief explanation that the best way to improve health is to quit using a combination of medication and support. A leaflet provided for smokers should also be given.

Nicotine Replacement Therapy (NRT) should be prescribed for in-patients who are smokers unless contraindicated or they opt out. It should be provided within 2 hours of the patient arriving in the clinical area whenever possible (in accordance with NICE PH45 and PH48).

NRT is provided for in-patients through in accordance with the Smoking Cessation Guidelines and Pharmacotherapy for Adult Patients.

Zyban or Cytisine is a treatment option to support patients with a quit attempt when Nicotine Replacement Therapy has failed. It may be appropriate to continue the prescription when patients are admitted to the Trust who are already taking this prescribed medication. Patients would normally take a 12 week course, prescribed by their GP or local stop smoking service, but should discontinue if they suffer with depression or agitation.

All patients who smoke should be assessed by a ward staff and anyone who wishes to make a quit attempt should be seen by a Tobacco Dependence Advisors (TDA's) to provide ongoing treatment and intensive behavioural support throughout their quit attempt. Referral to TDT's should be made as soon after admission as possible; referral to the local Stop smoking service should be made during their pre-operative assessment or during an outpatient or community intervention.

At discharge, on-going support will be arranged through referral to the local Stop Smoking Service or community Smoking Cessation Service (SCS) Pharmacy. In addition, ongoing supply of stop smoking pharmacotherapy will be given for 2 weeks, and patients informed that they should obtain their next supply from their local stop smoking service, SCS Pharmacy or their GP.

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 Smoke Free.

Regular smokers and vapers 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.

People who are unwilling or not ready to stop smoking should be advised that health problems associated with smoking are caused primarily by the toxins and carcinogens in tobacco smoke and not the nicotine (NICE 2015).

As vaping is not permitted on Trust premises, vapers should be provided with Nicotine Replacement Therapy during their hospital admission. See the Nicotine Replacement treatment guidelines.

If patients have carers or household members who smoke, advice should be given to them about the health risks of second hand smoke. If possible, brief advice and signposting to stop smoking services should be provided to the patient's carer/household members, when they are present.

Staff

The Trust aims to support staff to stop smoking or remain abstinent while at work.

Staff seeking support should contact the Staff Stop Smoking Service through the Occupational Health Department or directly using the Trust publicised contact details. Where possible to do so, staff will be supported to access stop smoking support during working hours without loss of pay (in accordance with NICE PH5, (NICE 2007)).

Staff clinic information- Total Wellbeing Luton offers stop smoking clinic for staff at Luton site and Smoke Free Bedfordshire team offers support to Bedford staff. These are weekly sessions with free behavioural support and treatment for all staff in the Trust. For more information contact the Tobacco Dependence Team.

Visitors

Information, advice and support for those who smoke and visit the Trust is addressed through the Smoke Free communications plan.

Any member of staff who intervenes when a visitor is seen smoking on site, should signpost them to the support available. This will be well publicised on signs around the site.

NRT will be available to purchase from a hospital retail outlets on-site.

Pregnant Women and the Trust Maternity Services

Smoking in pregnancy is a modifiable risk factor that contributes to a range of maternal and infant health problems and increased mortality (Public Health England, 2015). Supporting women to stop smoking after becoming pregnant is a key priority of the

Maternity Transformation Programme (2016). Whether or not a woman smokes during her pregnancy has a far reaching impact on the health of the child throughout his or her life (NHSE 2016).

NICE (2018) highlights that helping pregnant women to stop smoking during pregnancy and after childbirth benefits more than just the baby, it also helps those women who are planning further pregnancies and additionally her household environment for her partner, other children and extended family.

Carbon monoxide (CO) is inhaled from tobacco smoke directly; second hand smoke and pollutants within air. CO enters a woman's blood stream replacing the oxygen; it directly enters the placenta restricting the oxygen supply to her baby significantly. When a pregnant woman smokes her heart and her baby's heart have to work harder to expel these chemicals from poisoning their bodies.

Smoking in pregnancy significantly increases the risk of:

- Miscarriage
- Stillbirth
- Premature birth
- Low birth weight
- Increased risk of fatal outcomes for the neonate during its first year of life; including sudden infant death (SIDS) and breathing difficulties (RCOP 2010).

Other complications include:

- Ectopic pregnancy
- Placenta praevia
- Pulmonary embolism with possible fatal outcomes (BMA 2004, NCSCCT 2015).

The Trust has specific guidelines in place for the management of women who smoke using our Obstetric services (See CG423 and CG424).

KWIP Team (Keeping Well In Pregnancy)

Maternity Stop smoking advisors offers support and treatment to all pregnant smokers in the trust. Services are available to support the attempt to quit and remain smoke free during pregnancy. KWIP team offers a range of services and Nicotine Replacement Therapy (NRT) Support for pregnant women and their family.

SMOKE FREE GROUP

The Bedfordshire Hospitals NHS Foundation has a Smoke Free Group that supports the implementation of the Smoke Free agenda.

The group will produce and maintain an action plan for Smoke Free work, to embed a culture which encourages and promotes prevention and health improvement. This will be based upon the Trust's assessment using the CLear local tobacco control assessment tool which enables a 'deep dive' to improve tobacco control work (PHE, 2020).

Risks and concerns will be escalated to the most appropriate committee in accordance with the issue arising.

SMOKE FREE EDUCATION AND TRAINING

A comprehensive training plan is in place to ensure all staff have the necessary skills and confidence needed for fulfilling their role in advocating and upholding the Smoke Free Policy.

All staff induction sessions will include information and reference to the Smoke Free Policy. This will include roles and responsibilities.

Frontline staff, as identified in the training plan, will complete on-line-[Very Brief Advice on Smoking Training Module](#) to equip them to deliver ASK, ADVISE, ACT and will be provided access to make stop smoking referrals for patients.

The National Centre for Smoking Cessation and Training (available via Develop) has accessible courses for all clinical staff to participate in, including Stop smoking Practitioner Training.

The Trust has implemented several means of raising awareness that all premises and grounds are smoke free, these include:

- 'No smoking' signage is present across all Trust sites
- Appointment letters advise that all premises and grounds are smoke free, and no smoking is permitted
- All Trust job descriptions include a section advising of smoke free status across all premises

COMMUNICATION

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

Key elements of this include:

- Highlighting the Trust's Smoke Free Policy in all recruitment communication including job descriptions, advertisements and in the contract of employment
- Making clear to all patients / service users at the earliest opportunity that smoking or vaping 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.
- Advice to be given to all those who smoke, indicating the best thing they can do for their health is to stop smoking all together, and promoted with signposting to stop smoking services for support.
- 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.

FIRE SAFETY

Fire Safety risks associated with Smoking & Vaping

The National Fire Chiefs Council (NFCC) has stated in its position statement that smoking & vaping is the most common cause of fire (as extracted from Fire & Rescue service incident data), accounting for approximately 16300 incidents.

The lack of fire safety management control of smoking & vaping, puts patients, staff & visitors lives at risk, many of these who will rely upon the Trust for their care and welfare whilst undoing treatment on site.

The introduction of these fire risks poses a number of concerns, e.g.

Bin fires caused by the careless discarding of a cigarette.

Faulty or forgotten about E-Cigarettes that overcharge, ignite and explode

The subsequent fire spread potential of e. Cigarette incidents or smoking on patients who are being treated with emollient creams which are oil based and therefore flammable, who may be particularly vulnerable in terms of mobility

Smoking in oxygen rich environments

Smoking & vaping near high fire hazard areas such as electrical switch rooms and gas plant areas

Unauthorised smoking and E-Cigarette vaping inside the hospital, causing unwanted fire alarm activations, leading to un-necessary disruption

The Legal Fire Position

HTM05/03 part K considers smoking & vaping as a source of ignition within the fire risk assessment framework.

The Fire Safety Order 2005, imposes duties on the Responsible Person relating to articles 4/1/a, 9 & 23; therefore, allowing staff & patients to continue smoking & vaping exposes the Trust to unwanted litigation from the Fire Safety Regulator, should our measures be deemed insufficient or ineffective to drive down the risk of fire occurring and its' effects. Furthermore, staff should be aware that Article 23 requires them to comply with duties imposed on the "Responsible Person" so could in effect be breaking the law by smoking & vaping onsite.

BREACHES OF THE SMOKE FREE POLICY

Staff

Initial breaches of the policy should be reported to, and addressed by the manager of the staff member.

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. Support should be offered to help the staff member to quit smoking by referral to the Staff Stop Smoking Service.

Any employee who repeatedly fails to comply with the Smoke Free policy may be subject to disciplinary action in accordance with the Trust Disciplinary policy.

If a member of staff continues to infringe the policy, the manager should refer to these points:

- This is a Trust Policy relating to Health & Safety and is based on the same principles as policies relating to toxic substances, dangerous machinery etc.
- A member of staff cannot challenge the employer's right to introduce healthier and safer working practices
- This Policy is concerned with where someone smokes or the use of e-cigarettes.
- The Trust has a duty to its patients to protect them from the health hazard that smoking represents or the use of 'passive vaping'.
- The manager may invoke disciplinary procedures.

Patients, Carers, Visitors and Contractors

Patients leaving the ward to smoke or vape, should be advised about the smoke free policy and provided with advice and appropriate pharmacotherapy to help them abstain whilst an inpatient.

Patients, carers and visitors who smoke or vape on-site, may be reminded by any member of staff of the Trust's Smoke Free policy. They should be asked not to smoke on-site, and signposted to the support available (combination of signs around the site and cards will be available).

Smokers or vapers would be asked to move off-site if they intend to continue smoking or vaping.

Individuals not wishing to stop smoking – Nursing Staff will provide VBA guidance and NRT support during their temporary abstinence whilst using inpatient services. They will be offered regular opportunities to quit and more than one referral to the TTD service can be made during their inpatient admission.

Staff who become aware of patients and visitors who persistently smoke or vape onsite despite being informed of the smoke free policy should report their concerns to the Trust security office who will be responsible for reinforcing the request and upholding the policy. This may result in the patient/visitor being asked to leave the site.

A patient or visitor becoming aggressive as a result of the enforcement of the smoke free policy, will be managed in accordance with the Trust policy for Managing Conflict.

Breaches of the Smoke Free Policy by inpatients using Trust services must be:

- Reported as an incident on the Risk Management System (RMS)
- Reported to the Ward Manager so that appropriate action and support can be provided to the individual in question

Breaches of the Smoke Free Policy by outpatients, visitors and contractors must be:

- Reported to the Manager of the relevant clinical/non-clinical area
- Reported as an incident on the Risk Management System (RMS)

MONITORING & EVALUATING IMPACT

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

The Smoke Free Group will review relevant measures to determine progress and embedding of the Smoke Free Policy to inform quality improvement work. This will include any feedback received from patients, carers, visitors or staff.

REVIEW DATE

The policy will be reviewed 3 yearly following implementation unless organisational, clinical or legislative changes require an earlier review.

CONSULTATION

Specialist Respiratory Team;
Occupational health department;
Human Resources department;
Pharmacy team;
Corporate Nursing Team;
Head of Patient Safety and Clinical Quality Improvement;
Communications Team;
Bedfordshire Hospitals NHS Foundation Trust Executive Team;
Staff side representatives;
Public Health, Tobacco Control Teams at Bedford and Central Bedfordshire Borough Council and Luton Council;
BHT Governor Representatives
Healthwatch Luton

TRUST DOCUMENTS

Tobacco Treatment Pathway- [..\..\Tobacco Dependency Project\Project Actions\Process -pathway\Trust pathway\Process map- Acute Pathway V2.pdf](#)
Pregnancy Guideline - [Smoking in Pregnancy guideline version 2.2.docx](#)
Smoking in pregnancy SOP- [Smoking-in-Pregnancy-SOP-2024.pdf](#)

REFERENCES

Action on Smoking and Health (2015) Will you permit or prohibit e-cigarette use on your premises? <https://ash.org.uk/information-and-resources/briefings/will-you-permit-or-prohibit-e-cigarette-use-on-your-premises/> (accessed 1st June 2020)

British Thoracic Society (2020) Position Statement: Tobacco and Smoking www.brit-thoracic.org.uk/document-library/governance-and-policy-documents/position-statements/tobacco-and-smoking-march-2020/ (accessed 1st June 2020)

British Thoracic Society (2020) National Smoking Cessation Audit Report 2019. <https://www.brit-thoracic.org.uk/quality-improvement/clinical-audit/bts-national-audit-reports/>

Department of Health (2016) The Tobacco and Related Products Regulations (2016) <http://www.legislation.gov.uk/ukxi/2016/507> (accessed 1st June 2020)

Department of Health (2017) Towards a Smoke Free Generation – A Tobacco Control Plan for England <https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-controlplan-for-england>

NHS Digital (2020a) Statistics on Smoking – England 2019 <https://files.digital.nhs.uk/02/137D5C/stat-smok-eng-2019-tab.xlsx> (accessed 1st June 2020)

NHS England (2020) CLear Deep Dive Tool <https://www.gov.uk/government/publications/clear-local-tobacco-control-assessment>

NICE (2007) Smoking: workplace interventions (PH5) <https://www.nice.org.uk/guidance/ph5/resources/smoking-workplace-interventions-pdf-55455836101> (accessed 9th June 2020)

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

NICE (2013) Smoking: harm reduction (PH45) <https://www.nice.org.uk/guidance/ph45/resources/smoking-harm-reductionpdf-1996359619525> (accessed 1st June 2020)

NICE (2013) Smoking: supporting people to stop (QS43) <https://www.nice.org.uk/guidance/qs43/resources/smoking-supporting-people-to-stop-pdf-2098665030085> (accessed 16th May 2020)

Open Access Government (2019) PHE calls on all NHS Trusts to prohibit smoking on hospital grounds. <https://www.openaccessgovernment.org/phe-nhs-prohibit-smoking-hospital-grounds/66166/> (accessed on 1st June 2020)

Public Health England (2015) Health Matters: smoking and quitting in England. <https://www.gov.uk/government/publications/health-matters-smoking-and-quitting-in-england/smoking-and-quitting-in-england> (Accessed 1st June 2020)

Public Health England (2020). Vaping in England: an evidence update including mental health and pregnancy, March 2020: a report commissioned by Public Health

England. <https://www.gov.uk/government/publications/vaping-in-england-evidence-update-march-2020/vaping-in-england-2020-evidence-update-summary> (accessed 1st June 2020)

Royal College of Anaesthetists (2018) Fitter Better Sooner: Preparing for surgery. <https://rcoa.ac.uk/sites/default/files/documents/2020-05/FitterBetterSooner2018web.pdf>

Royal College of Physicians (2018) Hiding in Plain Sight: Treating Tobacco Dependency in the NHS: A report by the Tobacco Advisory Group of the RCP. <https://www.rcplondon.ac.uk/projects/outputs/hiding-plain-sight-treating-tobacco-dependency-nhs>

BEDSFT – Smoke Free Hospital

Questions and Answers

CONTENTS

GENERAL QUESTIONS

What do we mean by 'completely smoke free'?

Why is BEDSFT enforcing smoke free grounds now?

But we tried it before and it didn't work!

Why can't we have a smoking shelter?

Don't staff and patients have a right to smoke?

Is Vaping allowed?

Who is going to enforce all of this?

STAFF QUESTIONS

Will staff smoking breaks be allowed?

So where can I go to smoke?

What about staff who want to smoke at night - we are worried about their safety if they go off site?

Staff who continue to smoke on site

PATIENT AND VISITOR QUESTIONS

What about patients who need to smoke?

What if a patient asks, "where can I go to smoke?"

What if the patient asks to leave the ward to smoke?

What should I advise patients to do, if they are craving a cigarette?

What if a patient or visitor gets really aggressive when I ask them not to smoke?

How should people be approached if they continue to smoke?

What if people just carry on smoking?

What about at night – especially in ED?

What if someone has just had bad news/bereaved and is smoking?

SUPPORT

What sort of support is available for smokers?

Inpatients and ED.

Outpatients, staff and visitors who need temporary help.

Help to quit smoking.

To refer a patient.

I'm not ready to quit, but I need help to manage not smoking at work.

General Questions

WHAT DO WE MEAN BY 'COMPLETELY SMOKE FREE'?

This means that smoking is not allowed in any area of the hospital, including buildings, doorways, grounds and car parks.

Our smoke free status will be widely communicated to the local press and also very clear as people enter the site that they are entering a smoke free zone. In addition increased signage is planned and this will provide staff with the opportunity to have these conversations.

Hospital smokefree zone has been identified, as indicated on the map below. For our Trust sites, the smokefree zones starts/finishes at the respective boundaries (entrance/exit roads and paths).

WHY IS BEDSFT ENFORCING SMOKE FREE GROUNDS NOW?

The purpose is to protect and improve the health and wellbeing of all people who come into our hospital: patients, visitors, employees and contractors.

Smoking puts people at risk of complications and delays their recovery. A smoke free hospital creates the right environment for people trying to stop smoking and also for those who need to remain smoke free whilst in hospital or visiting.

As a healthcare organisation committed to promoting wellbeing it is important that we provide a healthy and safe environment. Allowing smoking is not consistent with this message.

We do not want people (especially vulnerable patients) to have to walk through or be exposed to second-hand smoke, which is proven to be detrimental to health, whilst they are in our hospital. In addition, our patients should not be exposed to third-hand smoke from staff who have been smoking in their break. Smoke can linger on clothes and hair for many hours if not cleaned, and studies have shown that exposure to third-hand smoke can be harmful to others and can lead to lung cancer.

BUT WE TRIED IT BEFORE AND IT DIDN'T WORK!

When we tried it before, we had not implemented a wide-ranging programme of support and information to smokers. We now have an onsite Tobacco Treatment Team to support smokers who either want to quit or need help with temporary abstinence whilst here.

The majority of public places are now smoke free along with many other hospitals. We are liaising with our local community groups and stakeholders to make sure patients, visitors and contractors are aware of our policy and requirements to adhere to it. We are also developing signage that will provide opportunity for all staff to politely ask anyone who is smoking to refrain from doing so on our site.

WHY CAN'T WE HAVE A SMOKING SHELTER?

Having a shelter gives a very mixed message as it condones smoking behaviour. Staff using the shelter will have tobacco smoke on their clothes and uniforms.

DON'T STAFF AND PATIENTS HAVE A RIGHT TO SMOKE?

There is no obligation to make arrangements for people to smoke (Rampton judgement 2009). There is no legal right to smoke, but the hospital does have a right to create a safe environment for people to be in. There is no safe level of exposure to the toxins in second and third hand smoke.

Smoking is not protected under the Human Rights Act.

The 1998 Human Rights Act allows individual choice, only if this choice does not endanger others.

Smoking is the leading cause of preventable illness and premature death in England.

Research demonstrates that many of the harmful chemicals that are in the smoke inhaled by

smokers are also found in second-hand smoke. It is also known that exposure to second-hand smoke can cause cancer, is associated with increased risk of harmful diseases and premature death, including increasing the risk of sudden infant death syndrome. In addition there are cancer health risks associated with third hand smoke (residue left on clothes and hair).

IS VAPING ALLOWED?

E-cigarettes are promoted by Public Health England as being safer to use than smoking tobacco. They are also shown to be a valuable aid in supporting people to reduce or quit smoking.

We are, however, mindful of other communications shared with us recently (from the Medicines and Healthcare Products Regulatory Agency) which have led to us feeling the need to take a cautious approach. Feedback from non-smokers has also been that they do not want to walk through the vaping 'mist' as they do not like smell that is emitted from some e-cigarettes.

The organisation wants to take a supportive approach to becoming smokefree and so it is recognised that we need to find a balance with regards to use of e-cigarettes on site. We are, therefore, adopting a vaping etiquette, which asks that:

- E-cigarettes are not used inside Trust buildings
- E-cigarettes are not used in front of doors or windows,
- E-cigarettes are not used in Hospital grounds and densely populated areas (e.g bike/bus shelters, car parks or boundary walks in busy times of day).

WHO IS GOING TO ENFORCE ALL OF THIS?

This is everyone's responsibility. For this to succeed, everyone needs to be prepared to remind smokers of our policy. Cards will be made available on wards and main reception areas for you to have in your pocket, so as a minimum you could hand these out to smokers. There will be access to fast acting Nicotine Replacement Therapy available within wards for inpatients so that people can manage their nicotine addiction whilst on our site.

Staff Questions

WILL STAFF SMOKING BREAKS BE ALLOWED?

Staff will be encouraged to take their official rest breaks. As smoking will not be permitted on the grounds, we would not encourage smoking breaks. Staff can take their official breaks and use nicotine replacement therapy, like the inhalator, to help cope with cravings. Total Wellbeing Luton and Central Beds stop smoking service will be able to provide advice on how staff can manage their nicotine addiction whilst on shift. They will be providing drop in clinics for staff who may wish to seek advice.

SO WHERE CAN I GO TO SMOKE?

As a member of staff you cannot smoke in uniform or with a hospital ID badge whether on or off duty. You should not smoke at hospital entrance and exits or in any part of the hospital grounds. BEDSFT employees are not entitled to take breaks during working hours for the purpose of smoking. You should manage your nicotine requirements in the same way that you would if you were travelling on public transport (eg long haul flight) / in public areas for prolonged periods of time through the use of NRT.

WHAT ABOUT STAFF WHO WANT TO SMOKE AT NIGHT - WE ARE WORRIED ABOUT THEIR SAFETY IF THEY GO OFF SITE?

It is important that night staff take their official breaks. Staff are not permitted to smoke on site at night. Staff working night shifts need to manage their nicotine addiction in the same way as day staff – eg through NRT. The health impacts of smoking do not change due to the hour of work.

STAFF WHO CONTINUE TO SMOKE ON SITE

As a minimum, staff will be expected to manage their nicotine addiction while at work and can explore options for how to manage this with TWL, CBed's team or the Trust Tobacco Dependence Team. Staff who continue to smoke on site should be aware that their manager will be expected to hold a conversation with them and identify actions of support. Continued non-compliance with the Policy will result in such conversations being documented, and as a last resort, managers may instigate procedures in accordance with the Trust's misconduct procedure. This will apply to all levels of staff.

Patient and Visitor Questions

WHAT ABOUT PATIENTS WHO NEED TO SMOKE?

Nothing harmful will happen to someone if they don't smoke. They may experience withdrawal symptoms due to lack of nicotine, but this can be managed with nicotine replacement therapy (NRT) in the same way that we manage other patients with drug and alcohol addictions. Patients in the Emergency Department and Inpatients need to be screened on admission about their smoking habits and advised that they cannot smoke on site. If they have a nicotine addiction then appropriate NRT needs to be prescribed so that they can manage their nicotine addiction whilst an inpatient and offered a referral to the stop smoking service. Outpatients will be informed via their outpatient letter that they cannot smoke on site and again will be advised to use NRT available from local chemist.

WHAT IF A PATIENT ASKS, "WHERE CAN I GO TO SMOKE?"

It is important to reiterate they cannot smoke anywhere on the site. It is important that we don't tell them where they can smoke as this would condone smoking. We should advise them that we can provide Nicotine replacement therapy to manage their addiction.

WHAT IF THE PATIENT ASKS TO LEAVE THE WARD TO SMOKE?

Advise the patient of the smoke free policy and make sure they have been offered NRT. Record that you have offered NRT in their notes and advised the patient of the policy.

WHAT SHOULD I ADVISE PATIENTS TO DO, IF THEY ARE CRAVING A CIGARETTE?

Find out if they have been offered fast acting NRT and if not, advise them to ask the nurse to get it prescribed. NRT can be used by smokers for temporary abstinence as well as for people wanting to quit for good

WHAT IF A PATIENT OR VISITOR GETS REALLY AGGRESSIVE WHEN I ASK THEM NOT TO SMOKE?

If someone becomes verbally aggressive or violent, the standard NHS procedures for aggressive behaviour should be invoked. A 'zero tolerance' policy applies in the NHS in all other aspects of treatment and smoking is not an exception. Security should be contacted.

HOW SHOULD PEOPLE BE APPROACHED IF THEY CONTINUE TO SMOKE?

Anyone seen smoking on site should be politely asked not to smoke. Staff are expected to remind people of the smoke free status whilst avoiding putting themselves at risk. A suggested script might be:

"Excuse me, I'm afraid you cannot smoke here as this is a smoke free site. Nicotine Replacement Products can be offered by the ward".

Approaching a group of smokers - "I'm sorry, may I remind you that this is a smoke free site. Nicotine Replacement products are available from our shops".

Inpatients - "Hello, my name is.....I'm wondering if anyone on the ward has offered you things like fast acting nicotine inhalators or lozenges to help with your smoking? I am afraid you cannot smoke here. You can just ask the nurse for nicotine replacement when you get back to the ward".

If they are close to signage it is easy to point to it to reinforce the message.

Cards with information about where to get support will be made available to all staff to hand out.

WHAT IF PEOPLE JUST CARRY ON SMOKING?

We anticipate that not everyone will stop smoking when we ask them to and that there are limits to what we can do. Politely provide people with information about the smoke free policy, point to the signage and provide them with a smoking information card.

WHAT IF SOMEONE HAS JUST HAD BAD NEWS/BEREAVED AND IS SMOKING?

If someone is obviously distressed and smoking, a sensitive approach should be taken.

□ “Hello, my name is.....I am sorry you are having a difficult time but we are a smoke free site. May I ask if you wish to continue to smoke then you need to move completely off site. Alternatively, fast acting Nicotine replacement therapy is available in the shops to assist you through this time”

- If they are close to signage it is easy to point to it to reinforce the message.
- Cards with information about where to get support will be made available to all staff to hand out. .

Support

WHAT SORT OF SUPPORT IS AVAILABLE FOR SMOKERS?

There is a wide range of treatment and support.

INPATIENTS.

In Patients- Fast acting Nicotine products (NRT) will soon be stock items on all wards so staff has easy access and can offer patients within an agreed time frame.

HELP TO QUIT SMOKING.

Trust Tobacco Dependence Treatment Team

Contact Total Wellbeing Luton:

- Tel: 0300 555 4152
- Website: totalwellbeingluton.org/home

Smokefree Bedfordshire

- Tel : 0800 013 0553
- Website: www.thestopsmokingservice.co.uk

TO REFER A PATIENT.

All inpatients smoking status should be recorded on the trust EPR system so they can Be visited by a Tobacco Dependence Advisor.

Direct referrals can also be sent to the Tobacco Dependence Team for onsite support.

Outpatient's referrals should be completed on ICE so patients can be referred to their local stop smoking service.

I'M NOT READY TO QUIT, BUT I NEED HELP TO MANAGE NOT SMOKING AT WORK.

Total Wellbeing Luton and Smoke free Bedfordshire will be providing drop in clinics for staff, where you will be able to discuss appropriate methods for managing your nicotine addiction while at work. If you prefer, staff can contact Tobacco Dependence team onsite who can make a referral to the relevant local service on their behalf.