

Control of Smoking Policy (Patients and Visitors)

| Issue Date | Review Date | Version |
|---------------|---------------|---------|
| February 2021 | February 2022 | 4 |

Purpose

Coming into hospital presents many patients with an ideal opportunity to stop smoking. The Trust is committed to providing practical help, support and advice to patients who wish to take advantage of this opportunity with the Stop Smoking Service. Patient information leaflets should be available to reflect this advice.

The purpose of this policy is to set out the agreed hospital protocols for inpatients, outpatients and visitors who smoke, along with the specialist stop smoking support available to patients.

University Hospitals Plymouth NHS Trust seeks to:

- Improve the efficiency of patient care by promoting smoking cessation.
- Follow NICE guidance where it relates to patients and visitors
- Provide nicotine replacement therapy for temporary use for patients who do not wish to quit smoking, but who need to manage their nicotine withdrawal symptoms during hospital admission.

Who should read this document?

All Matrons and Heads of Departments
All Managers and Team Leaders

The above have the responsibility to:

Ensure that employees and other Trust users are aware of this Policy and their responsibilities therein.

Ensure that the key messages within this Policy are effectively communicated to employees, patients, visitors and other Trust users.

Key Messages

Smoking of tobacco, is not permitted in University Hospitals Plymouth NHS Trust buildings
Smoking is actively discouraged on University Hospitals Plymouth NHS Trust property, including grounds, car parks and parked cars.

Patients will receive advice and support to stop smoking, or help with withdrawal whilst at University Hospitals Plymouth NHS Trust.

Matrons and Heads of Departments must:

- Formalise and raise awareness of the Trust Control of Smoking Policy.
- Ensure that employees and other Trust users are aware of their responsibility in respect of this Policy.
- Ensure that Trust users are aware that action may be taken as a consequence of failure to act in accordance with this Policy.

All Clinical Staff Must:

Ensure that all patients who smoke are offered referral to evidence based smoking cessation services in line with the QS43 NICE quality standard (Smoking: Supporting People to Stop), and NICE NG92 (Smoking Cessation Interventions and Services 2018)

All Managers and Team Leaders must:

- Ensure that staff are aware of the Policy and their responsibilities therein.
- Ensure that patients wishing to give up smoking are fully supported as outlined in the Policy.

Integrated Parking and Security Management Services Contractor (IPSMS) must:

- Assist in the policing of a site wide smoking ban by carrying out regular patrols of the identified 'hot spot' areas.
- Assisting patients and visitors who wish to report incidents of smoking on Trust property

Patients and Visitors

- All patients and visitors must comply with the Control of Smoking Policy whilst on Plymouth Hospital NHS Trust property, including all peripheral sites.
- Patients who wish to take advantage of the available Stop Smoking Support should speak to a member of the nursing team or to their consultant, who will then arrange access to the service.
- Patients and visitors who are concerned about smoking on site can convey their concerns by reporting any incidents to either:
 - The Saba Security Team via the reception desk in the main entrance
 - The Patient Advice and Liaison Service (PALS) office located in the main concourse
 - Or by speaking to any member of Trust staff

All Staff must:

- Familiarise themselves with this Policy and their responsibilities therein.
- Comply will all aspects of this and any associated policies.
- Ensure that smoking on hospital grounds is either challenged appropriately or notified to the Saba helpdesk on level 6 (x32000).
- Report all incidences of smoking on site to Datix to aid with evidence gathering to allow the Trust to focus on highly abused areas
- Assist patient and visitors who express concern with regard to smoking on site

| Core accountabilities | | |
|--|---------------|--|
| Owner | | Local Security Management Specialist |
| Review | | Trust Board |
| Ratification | | Director of Planning and Site Services |
| Dissemination (Raising Awareness) | | Local Security Management Specialist |
| Compliance | | Director of Planning and Site Services |
| Links to other policies and procedures | | |
| Performance and Conduct Policy | | |
| Uniform and Dress Code Policy | | |
| Version History | | |
| 1 | | Approved by Trust Board |
| 2 | January 2016 | Approved by Trust Board |
| 3 | May 2016 | Final version for release |
| 4 | February 2021 | Approved by Trust Board |

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

**An electronic version of this document is available on Trust Documents.
Larger text, Braille and Audio versions can be made available upon
request.**

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1 Introduction

In common with many NHS Trusts, smoking presents a major challenge. The provision of a Tobacco Free environment is essential in allowing University Hospitals Plymouth NHS Trust to comply with the Health Act 2006, under which employers have a legal duty to provide a Tobacco Free work environment to protect the health of their employees.

2 Purpose

University Hospitals Plymouth NHS Trust is committed to protecting and improving the health and well-being of staff, patients and visitors by providing Tobacco Free environments. This is fundamental to the Trust's desire to play an exemplary health promotion role as a health care organisation.

In addition to complying with the legislative requirements of the Health Act 2006, University Hospitals Plymouth NHS Trust has a legal responsibility under the Health and Safety at Work Act 1974 to provide a safe place of work and to protect non-smokers from tobacco smoke.

This policy sets out the agreed hospital protocols for patients and visitors who smoke.

University Hospitals Plymouth NHS Trust seeks to:

- Set out the specialist stop smoking support available to and patients and promote the use of stop smoking medications.
- Motivate and assist patients to stop smoking with the provision of NHS Stop Smoking Services
- Provide nicotine replacement therapy for temporary use for patients who do not wish to quit smoking, but who need to manage their nicotine withdrawal symptoms during a stay in hospital.

3 Definitions

The Trust: University Hospitals Plymouth NHS Trust

4 Duties

Chief Executive

The Chief Executive is responsible for:

Ensuring the maintenance of the Tobacco Free Site for patients and visitors.

Director of Planning and Site Services

The Director of Planning and Site Services is responsible for:

Ensuring that arrangements and procedures are in place for the maintenance of the Tobacco Free Site.

Executive Directors

Executive Directors are responsible for:

Taking the lead in promoting and maintaining the Tobacco Free Site

Providing and promoting Tobacco Free and litter free environments for patients and visitors

Being seen to actively approach patients and visitors found to be smoking on Plymouth NHS Trust premises.

Ensuring nicotine replacement therapy is available to patients at point of need

Ensuring support systems are in place to signpost patients to NHS Stop Smoking Services and stop smoking medications

Monitoring implementation of this policy and ensuring that adequate resources are in place to support it

Ensure that the trading or promoting of tobacco products in any form is not allowed on the premises

Matrons and Heads of Departments

Matrons and Heads of Departments are responsible for:

Ensuring that staff, patients, visitors, volunteers, and contractors are made aware of the policy and information leaflets are available

Ensuring that all staff are aware of NHS Stop Smoking Service available for patients.

Ensuring that patients wishing to quit smoking are given access to NHS Stop Smoking Services and medications.

Ensuring that patients' tobacco use status is recorded on admission and whether they wish to be referred to the Stop Smoking Service.

Ensuring that staff follow the correct referral pathway

All Clinical Staff:

All clinical staff are responsible for:

Ensuring that all patients who smoke are offered referral to evidence based smoking cessation services in line with the QS43 NICE quality standard.

Managers and Team Leaders

Management and Team Leaders are responsible for:

Ensuring that staff, patients, visitors, volunteers and contractors are made aware of the policy and information leaflets are available

Ensuring that all staff are aware of NHS Stop Smoking Service available for patients.

Ensuring that patients wishing to quit smoking are given access to NHS Stop Smoking Services and medications.

Livewell Stop Smoking Service

The Livewell Stop Smoking Services is responsible for:

Providing advice and support to patients regarding stopping smoking or temporary abstinence from smoking

Helping patients to access stop smoking medications for temporary abstinence from smoking or whilst quitting smoking

Supporting PHNT with the development and updating of this policy

Support Trust staff by offering training and advice on dealing with patients and visitors who are smoking on site and those who wish to give up smoking or take advantage of temporary stop smoking medications whilst in hospital.

All PHNT Clinical Staff

All Trust clinical staff are responsible for:

Actively encourage and support the Tobacco Free environment.

Ensuring that smoking on hospital grounds is either challenged appropriately or notified to the Saba helpdesk on level 6 (x32000).

Ensuring patients are made aware of the Control of Smoking Policy and given appropriate medications.

Ensuring that patients are referred to the Stop Smoking Service as outlined in the admissions protocol.

Integrated Parking and Security Management Services Contractor (IPSMS) must:

Assist in the policing of a site wide smoking ban by carrying out regular patrols of the identified 'hot spot' areas.

Assisting patients and visitors who wish to report incidents of smoking on Trust property

All Trust Staff

All Trust staff are responsible for:

Actively encourage patients and visitors not to smoke on Trust premises.

Ensuring that smoking on hospital grounds is either challenged appropriately or notified to the Saba helpdesk on level 6 (x32000).

Assisting patients and visitors who express concern with regard to smoking on site

5 Key Elements

Patients

The Trust, working with Public Health, will inform patients before planned admissions of the Trust's Control of Smoking Policy. All patients will be asked their tobacco use status at their initial appointment and referred to the Stop Smoking Service where appropriate. Encouragement and support to cease smoking should for part of the clinical management plan for all smokers.

Patients who smoke are to be reminded that smoking is not permitted in any Trust building or in the grounds.

Breaches of the Control of Smoking Policy by patients should be reported to the Line Manager, or their representative, of the relevant clinical/non-clinical area.

Breaches which take place inside the building should be dealt with immediately: anyone discovered smoking should be approached and asked to extinguish the cigarette/e-cigarette with immediate effect. If this approach is unsuccessful, then:

- Report the incident to the relevant Line Manager or representative.
- If necessary, call the security team via the helpdesk on 32000
- If it is felt that smoking is causing immediate danger, i.e. in an oxygen rich environment and the smoker is refusing to extinguish, the cigarette may be removed from them without consent. Where it is felt there is immediate danger, security can be contacted via the emergency number: 3333
- A Datix report should be completed for all incidents

The premises where the hospital is sited is private land. The Trust can legally withdraw the invitation (licence) of patients and visitors to be on the premises if the Control of Smoking Policy is infringed.

The Trust has a statutory obligation to provide a safe environment for its patients, staff and visitors, as well as a moral duty to take all reasonable steps to protect the health of staff. Serious breaches of the Control of Smoking Policy could therefore, in some circumstances, be dealt with in line with the Trust Policy on tackling violence and aggression and may result in the issuing of a 'Yellow Card' formal warning, which sets out strict guidelines that must be followed in order to continue to be allowed to attend Trust premises. Further serious breaches, may result in exclusion from Trust premises, except for emergency care.

Electronic Cigarettes

In line with Public Health England guidance, and after careful consideration and consultation, University Hospitals NHS Trust considers that e-cigarettes may support compliance with Plymouth University Hospitals NHS Trust smoke free policy and may help some smokers move away from using harmful burnt tobacco towards a cleaner form of nicotine delivery. E-cigarettes are not recommended as a first line treatment option, and cannot be used by patients who are under 18 years or pregnant women. They should be considered after smokers have rejected all other options. Information on managing nicotine dependence can be found South and West Devon Formulary and Referral website:

<https://southwest.devonformularyguidance.nhs.uk/formulary/chapters/4.-central-nervous-system/smoking-cessation>

All e-cigarette users must have in place a risk assessment and care plan that details how the smoker will be supported to use his/her device.

Patients receiving care or home visits

Where staff provide services in the homes of patients, they should be able to do so in a safe, Tobacco Free environment. All staff visiting or treating patients in their own homes are entitled to the same level of protection from second hand smoke as those working on Trust premises.

Patients and other occupants in the home should be asked to refrain from smoking during the visit and it should be explained that this is Trust Policy. This information should be made available in appointment letters or in advance by telephone where possible.

If the client/patient or other occupants do not respect the Control of Smoking Policy, the Line Manager should be informed. Contact will be made with the patient by the Line Manager or their representative to reinforce the Control of Smoking Policy, and the requirement to refrain from smoking whilst Trust staff are in their home. If smoking continues, the Trust may consider an alternative care plan or venue in order to ensure the safety of staff. The Trust will ensure that the well-being of the patient is not compromised.

Visitors

Visitors to Trust sites must:

Comply with the Control of Smoking Policy

Breaches which take place inside the building should be dealt with immediately: anyone discovered smoking should be approached and asked to extinguish the cigarette/e-cigarette with immediate effect. If this approach is unsuccessful, then:

- Report the incident to the relevant Line Manager or representative.
- Contact security if the smoker continues to refuse to extinguish.
- Continual serious breaches of the Control of Smoking Policy may, in some circumstances, result in visitors being excluded from Trust premises.

6 Overall Responsibility for the Document

Overall responsibility for this document rests with the Director of Planning and Site Services

7 Consultation and Ratification

The design and process of review and revision of this policy will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the Trust Board and ratified by the Director of Planning and Site Services.

Non-significant amendments to this document may be made, under delegated authority from the Director of Planning and Site Services, by the nominated owner. These must be ratified by the Director of Planning and Site Services.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

8 Dissemination and Implementation

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document owner will be responsible for agreeing the training requirements associated with the newly ratified document with the named Director of Planning and Site Services and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

9 Monitoring Compliance and Effectiveness

The effectiveness of the Tobacco Free Site will be monitored by:

- Visual leadership of the Executive Team, who will be seen to approach any persons smoking on site.
- Joint monthly site wide audits carried the Trust and Saba to ascertain the number of patients and visitors smoking on the site. The results of these audits will be reported to the Trust Management Executive.

The Policy shall be approved and ratified by the Trust Board.

This Policy may be reviewed at any time when government legislation and guidance is reviewed or when other circumstances dictate. This Policy will automatically be reviewed after 12 months and thereafter on a five yearly basis.

ASH.org

Health Act 2006

Health and Safety at Work Act

- Public Health Matters

| Dissemination Plan | | | |
|--------------------------------------|---|--------------------------------------|-----------------------------|
| Document Title | Control of Smoking Policy (Patients and Visitors) | | |
| Date Finalised | February 2021 | | |
| Previous Documents | | | |
| Action to retrieve old copies | Remove from Staffnet | | |
| Dissemination Plan | | | |
| Recipient(s) | When | How | Responsibility |
| All Trust staff | | Information Governance StaffNet Page | Information Governance Team |
| | | | |

| Review Checklist | | |
|----------------------------|---|-----|
| Title | Is the title clear and unambiguous? | Yes |
| | Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP? | Yes |
| | Does the style & format comply? | Yes |
| Rationale | Are reasons for development of the document stated? | Yes |
| Development Process | Is the method described in brief? | Yes |
| | Are people involved in the development identified? | Yes |
| | Has a reasonable attempt has been made to ensure relevant expertise has been used? | Yes |
| | Is there evidence of consultation with stakeholders and users? | Yes |
| Content | Is the objective of the document clear? | Yes |
| | Is the target population clear and unambiguous? | Yes |
| | Are the intended outcomes described? | Yes |
| | Are the statements clear and unambiguous? | Yes |
| Evidence Base | Is the type of evidence to support the document identified explicitly? | Yes |
| | Are key references cited and in full? | Yes |
| | Are supporting documents referenced? | Yes |

| | | |
|--|--|-----|
| Approval | Does the document identify which committee/group will review it? | Yes |
| | If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document? | Yes |
| | Does the document identify which Executive Director will ratify it? | Yes |
| Dissemination & Implementation | Is there an outline/plan to identify how this will be done? | Yes |
| | Does the plan include the necessary training/support to ensure compliance? | Yes |
| Document Control | Does the document identify where it will be held? | Yes |
| | Have archiving arrangements for superseded documents been addressed? | Yes |
| Monitoring Compliance & Effectiveness | Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document? | Yes |
| | Is there a plan to review or audit compliance with the document? | Yes |
| Review Date | Is the review date identified? | Yes |
| | Is the frequency of review identified? If so is it acceptable? | Yes |
| Overall Responsibility | Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document? | Yes |

| Core Information | |
|--|---|
| Date | February 2021 |
| Title | Control of Smoking Policy (Patients and Visitors) |
| What are the aims, objectives & projected outcomes? | The Control of Smoking Policy sets out the measures that will be put in place to ensure the provision of a Tobacco Free environment in line with the Health Act 2006, under which employers have a legal duty to provide a Tobacco Free work environment to protect the health of their employees, and to encourage patients to use the opportunity that coming into hospital presents to stop smoking. |
| Scope of the assessment | |
| | |
| Collecting data | |
| Race | There is no evidence to suggest that there will be an impact on race with regard to this policy |
| Religion | There is no evidence to suggest that there will be an impact on religion with regard to this policy |
| Disability | There is no evidence to suggest that there will be an impact on disability with regard to this policy |
| Sex | There is no evidence to suggest that there will be an impact on sex with regard to this policy |
| Gender Identity | There is no evidence to suggest that there will be an impact on gender identity with regard to this policy |
| Sexual Orientation | There is no evidence to suggest that there will be an impact on sexual orientation with regard to this policy |
| Age | There is no evidence to suggest that there will be an impact on age with regard to this policy |
| Socio-Economic | There is no evidence to suggest that there will be an impact on socio-economic circumstances with regard to this policy |
| Human Rights | As this policy requires compliance with the Human Rights Act 1998, there is no evidence to suggest there will be an impact on Human Rights. |

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| What are the overall trends/patterns in the above data? | None |
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| Involving and consulting stakeholders | |
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| Internal involvement and consultation | Integrated Parking and Security Management Group |
| External involvement and consultation | Saba |

| | |
|--------------------------|--|
| Impact Assessment | |
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|--|---|
| Overall assessment and analysis of the evidence | <p>Consideration will be given if information is required in an alternative language or format.</p> <p>Consideration will be given to staff that require reasonable adjustment for training purposes.</p> |
|--|---|

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|--------------------|--|--|--|--|
| Action Plan | | | | |
|--------------------|--|--|--|--|

| Action | Owner | Risks | Completion Date | Progress update |
|--------|-------|-------|-----------------|-----------------|
| | | | | |

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|---|------|
| Specific issues and data gaps that may need to be addressed through consultation or further research | None |
|---|------|