

# GLOUCESTERSHIRE PARTNERSHIP NHS TRUST

## Smoke Free Policy

### 1. INTRODUCTION

The Public Health White Paper "Choosing Health" makes a clear commitment to a smoke free NHS by the end of 2006. The NHS has a duty to protect the welfare of service users, staff and members of the public when they are on NHS premises. Smoking is the biggest single cause of ill health and premature death in the country. Users of mental health services smoke at higher levels than the general population. The Trust should be doing everything it can to promote the no-smoking message as part of its positive approach to the promotion of wellbeing and recovery

Section 2(2) of the Health and Safety at Work Act 1974 places a duty on employers to "provide and maintain a safe working environment which is, so far as reasonably practicable, safe, without risks to health and adequate as regards facilities and arrangements for their welfare at work"

Several EU Directives relating to health and safety in the workplace have come into force since January 1993. These include the Management and Safety at Work Regulations 1999 which, under General Principles of Prevention, include:

- Avoiding risks
- Combating risks at source
- Replacing the dangerous by the non-dangerous or less dangerous
- Giving collective protective measures priority over individual protective measures.

Second-hand smoke (breathing in other people's tobacco smoke which contains carcinogens) has been shown to cause lung cancer and heart disease in non-smokers, as well as many illnesses and minor conditions.

Gloucestershire Partnership NHS Trust acknowledges that breathing in other people's smoke is both a public health hazard and a welfare issue. An individual's right to smoke may be restricted if, by exercising that right, they threaten another person's right to life i.e. by exposing other users and staff to carcinogens. Therefore the following policy has been adopted concerning smoking in GPT premises.

### 2. AIMS

The aim of this policy is to

- Protect and improve the health and welfare of staff, service users, carers, visitors and contractors
- Protect both smokers and non-smokers from the danger to their health of exposure to second-hand smoke

- Set an example to other employers and workforces, particularly in health related locations

By arranging for Trust premises (buildings and vehicles) to be smoke free;

By offering service users opportunities for smoking cessation and

By requiring staff, external contractors and visitors to refrain from smoking in the Trust's buildings, vehicles and grounds

### **3. WORK AREAS**

This policy will apply to all staff, patients, visitors, contractors and other persons who enter GPT premises (leased or owned) for any purpose whatsoever. It will also apply to Trust vehicles and to lease cars when used for business and to staff visiting service users in their own homes.

## **4. IMPLEMENTATION OF THE POLICY**

### **4.1 Users**

The policy will be formally adopted by the Trust Board on 13th February 2006. The Trust intends that the policy will be introduced to non in-patient areas on 8<sup>th</sup> March 2006 and fully implemented by 31<sup>st</sup> March when all Trust buildings and vehicles will become smoke free environments. Thereafter, no blanket exceptions will be allowed for particular categories of patients and any exceptions will need to be made on a case-by-case basis. No new indoor facilities will be provided and all indoor smoking rooms will be de-commissioned. Service users will not be allowed to smoke in their individual rooms since this adds fire risk to health risk.

### **4.2 Hospital Grounds**

All users will be encouraged to refrain from smoking in the grounds of all GPT premises. No new external "shelters" for smoking will be provided but suitable external secure areas may be necessary for patients detained under the Mental Health Act. Care groups should review any existing external provision and determine suitability for staff to observe patients.

It is preferable to offer nicotine replacement therapy to users via patches, spray, gum etc. rather than have users self-administer nicotine (plus carcinogens) via tobacco smoke. Exceptionally, inpatients may be offered leave into the grounds and escorted as necessary should they require a cigarette. Staff should assess staffing levels on the ward and only offer this if it is safe to do so.

### **4.3 Tobacco Sales on Trust Premises**

Tobacco will not be sold or supplied on Trust premises.

#### **4.4 Staff, External Contractors, Members of the Public, Students or Volunteers**

The smoke free environment policy will also include the grounds of buildings for staff, external contractors, members of the public, students or volunteers. External contractors will be required to commit to this as part of their contract. Universities will be required to advise students that GPT is a no-smoking trust.

#### **4.5 Staff Visiting Service Users at Home**

Users and carers will be requested to refrain from smoking when staff visit them at home. Staff will have the right to arrange an alternative venue for the appointment if users and carer do not refrain from smoking during home visits.

#### **4.6 Responsibility for Policy Development, Initial Implementation and Monitoring**

Responsibility for implementing this policy lies with the Chief Executive. The Trust Board has delegated authority for implementation and monitoring to the Trust Smoking Cessation Lead, the Care Group Manager (Substance Misuse), who will be assisted in this task by leads nominated by the Executive Team. Day to day responsibility for implementation lies also with directors, care group managers, service managers, team and ward managers.

### **5. SUPPORT FOR USERS**

The Trust recognises that some users have a dependency on nicotine (the addictive substance contained within tobacco smoke). The Trust is keen to support users and promote a healthier lifestyle. All in-patient users will be asked about their smoking habits on admission to Trust premises and offered support and Nicotine Replacement Therapy for both smoking cessation and smoking reduction. NRT will be a stock item on wards and its administration will be supported by a Patient Group Directive. Day care and community users will also be offered advice about accessing Smoking Cessation Services through primary care.

### **6. STAFF TRAINING**

Clinical staff will be provided with training (Level 1) on how to approach the topic of smoking reduction with users. Training will be provided by the Gloucestershire Smoking Advisory Service. Smoking status will form part of the routine assessment of users and be included in CPA documentation and discharge information. Staff will be supported by senior staff trained to Level 2 who will provide specific advice on counselling and therapies. Linking with the Implementation Team, the Trust's Chief Pharmacy Advisor and its Drugs & Therapeutics Committee will advise clinical staff about possible effects on medication levels by service users reducing their levels of smoking: increased drug monitoring may be required in some instances.

## **7. PROVISION OF SUPPORT/ FUNDING**

The costs of implementing smoke free environments will be kept under review by the Trust. One off costs will be associated with signage and communications. Ongoing costs will be associated with the provision of NRT to in-patients. PCT funding will be sought for this.

## **8. COMMUNICATING THE POLICY**

This will be via Trust newsletter, via intranet, care group clinical leads and managers, local smoking leads, posters and leaflets. Literature on the effects of smoking, smoking cessation services, NRT and other medication issues will be made available. Communications will be required to input into this process, liaising with Gloucestershire Smoking Advisory Service as necessary. Pre-planned admissions will be informed of the Trust policy. Staff visiting users at home will provide users with an appropriate leaflet. Signage throughout the Trust will be significantly improved to ensure all staff, users and visitors are aware of the policy. PCTs will be asked to advise GPs to inform service users prior to admission.

## **9. ADDRESSING THE CONCERNS OF SERVICE USERS**

Service users should be informed of the policy prior to admission and on admission. Should service users question the rationale of the policy they should be informed that

- Trust has a duty to its staff under Health & Safety and related legislation
- The Trust wishes to promote a proactive approach to the well being and recovery of service users
- Nicotine replacement therapy is available for in-patients

The Trust's complaints policy should be followed for any complaint relating to this policy. Any aggressive behaviour in relation to his policy should be dealt with under the Trust's existing policies.

## **10. REVIEW**

The Director of Nursing, Social Care and Therapies will take the lead in reviewing this policy no later than March 2007 to determine if the smoke free environment for users should be extended to include the grounds. The policy may also be amended in light of any developments with the Health Bill which is being promoted by the Government in spring 2006.

## **11. REFERENCES**

- Health Development Agency      Smoking and Patients with Mental Health problems 2004
- Health Development Agency      Guidance for Smoke free hospital trusts 2005
- Health Development Agency      The Case For A Completely Smoke Free NHS In England 2004

## HEALTHCARE COMMISSION ASSESSMENT OF SMOKE FREE STATUS

Trusts will be asked:

As at 31st March 2006, can the trust demonstrate that it has a smoke-free policy in place, in line with 'Choosing Health' and 'Guidance for smokefree hospital trusts'  
Yes/No

Note:

Smoke-free means that smoking is not permitted anywhere within hospital buildings. No exceptions will be made for staff or visitors. For long-stay mental health patients in an acute psychiatric state or terminally ill patients exceptions may be made on a case-by-case basis. However, no blanket exceptions will be allowed for particular categories of patients.

Trusts that have yet to implement the Smokefree policy will be assessed on their progress up to 31st March 2006, in line with the steps set out in 'Guidance for smokefree hospital trusts'.

If trusts have answered 'No' to question 1, they will be asked to report their progress on steps one to four as follows:

### **Step One: Commit to the policy**

Has the trust identified a champion responsible for the implementation of the policy?  
Has the trust secured visible senior commitment to the policy (i.e. board level)?  
Has the trust set up a broadly based working party?  
Has the trust identified necessary financial and human resources?

### **Step Two: Create the policy**

Has the trust consulted all staff and representative groups about the policy?  
Has the trust obtained board level approval for the final draft?  
Has the trust ensured an adequate timescale for implementing the policy, with an appropriate 'lead-in' period as set out in the guidance?

### **Step Three: Ensure NHS stop smoking support is widely available and accessible**

Does the trust widely advertise its local NHS Stop Smoking services?  
Has the trust provided training in smoking cessation for healthcare staff?  
Has the trust ensured that smoking cessation medications are on the hospital formulary to cover prescribing of these products?

### **Step Four: Communicate the policy**

Has the trust adopted and advertised a firm date for implementing the policy?  
Has it ensured that the requirements of the policy are internally and externally communicated?

Has it informed ancillary services about the policy?

Has it ensured employee ownership of the policy, especially at management level?

## **Part 2 Recording smoking status in adult inpatients**

Trusts will be asked:

As at 31st March 2006, does the trust routinely record the smoking status of all adult inpatients? Yes/No

## **Part 3 Reducing smoking in adult inpatients**

Trusts will be asked:

As at 31st March 2006, can the Trust demonstrate that it has in place an agreed management process for the provision of advice and onward referral of adult inpatients who smoke to NHS Stop Smoking Services, either within or outside of the trust? Yes/No