

**Policy Document Control Page**

**Title: Smoke Free Policy for Staff**

**Version: 6**

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**Keywords:**

(please enter tags/words that are associated to this policy)

The Health Act 2006, Fire Safety Order 2005  
Health & Safety at Work Act (1974)  
Smoke Free (Exemptions and Vehicle) Regulations 2007  
Nicotine Replacement Therapy Guidelines for Patients of Pennine Care NHS Foundation Trust (MM036)

**Supersedes: Version 5**

**Description of Amendment(s):**

**Section 2** – Aims of the Policy  
**Section 3** – Screening  
**Section 6** – Patient Support  
**Section 7** – Community Staff  
**Section 10** – Pharmacology  
**Section 11** – Staff Support  
**Section 15** – NICE Guidance  
**Section 16** – Monitoring  
**Section 17** – Electronic Cigarettes

**Originator**

**Originated By: Vinny Nolan**

**Designation: Smoke Free Lead**

**Equality Impact Assessment (EIA) Process**

**Equality Relevance Assessment Undertaken by: Equality & Diversity Team**  
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**Where policy deemed relevant to equality-**  
**ERA undertaken by V Nolan & A Khan**  
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**Referred for approval by: Vinny Nolan**

**Date of Referral: 29.08.2015**

**Approved by: PCFT Smoke Free Group**

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**Issued to: An e-copy of this policy is sent to all wards and departments**

**Policy to be uploaded to the Trust's External Website? YES**

**Review**

**Review Date: September 2018**

**Responsibility of: V Nolan via PCFT Smoke Free Group**

**Designation: PCFT Smoke Free Lead**

**This policy is to be disseminated to all relevant staff.**

**This policy must be posted on the Intranet.**

**Date Posted: 15<sup>th</sup> December 2015**

## **Pennine Care NHS Foundation Trust Smoke Free Policy**

### **Introduction:**

On July 1st 2007, The Smoke Free Law, the Health Act 2006, was introduced. It is now against the law to smoke in virtually all 'enclosed' and 'substantially enclosed' public places and workplaces.

Smoking causes more preventable deaths than anything else - nearly 80,000 in England during 2011. There's also an impact on smokers' families: each year, UK hospitals see around 9,500 admissions of children with illnesses caused by second hand smoke.

### **The Government aims to reduce smoking by:**

- 18.5% or less for adults (compared to 21.2% for April 2009 to March 2010) - meaning around 210,000 fewer smokers per year
- 12% or less for 15 year olds (compared to 15% in 2009)
- 11% or less for pregnant women, measured at the time of giving birth (compared to 14% over 2009 to 2010)

NICE (National Institute for Health and Care Excellence) public health guidance, published in November 2013, recommends that secondary care organisations like PCFT take appropriate action to assist a safe, smoke-free environment for all.

Pennine Care NHS Foundation Trust has an important health promotion role to play in relation to reducing tobacco related harm for patients and staff. One of the most important aspects of this role is to provide a smoke free environment.

Through the implementation of this policy, the Trust provides guidance that is considered to be reasonable management requests, which takes into consideration the Trust's responsibilities to provide a safe working environment as detailed in the Health and Safety at Work Act (1974).

By introducing a smoke free policy, the Trust is not forcing staff to quit but promoting a healthier lifestyle through discouraging tobacco use and offering all staff the opportunity of quitting. PCFT will support staff in reasonable prearranged time off to attend a stop smoking advisor appointment.

This policy is also concerned with providing a safe, smoke-free environment and fostering health promotion for staff.

Pennine Care Foundation Trust will support any member of staff who takes all reasonable actions in order to implement this policy.

### **Staff Smoking at Work:**

In terms of staff who do smoke, an average smoker takes six 10-minute smoke breaks each day, which equates to an hour of lost productivity per smoker per day or five hours per week. The additional smoking breaks are often resented by non-smoking colleagues, which can cause tension between staff and lower

morale. Implementing a smoke free policy gives greater equity in break patterns; hence Pennine Care NHS Foundation Trust **prohibits staff** from taking **paid** smoke breaks during working hours.

The National Institute of Health and Clinical Excellence (NICE) estimate that a person who smokes will take an additional 33 hours or 4.4days off sick each year compared to a non-smoker.

Health care professionals are important role models in promoting healthy lifestyle behaviour and choices to patients, visitors and the community, including children. Observed smoking by staff, regardless of whether in uniform or not, gives the impression that tobacco smoking is acceptable and permitted on NHS sites. This, in turn, undermines levels of public confidence in adopting a smoke free lifestyle, portrays a mixed message regarding smoke free policy and lowers levels of compliance.

This policy will apply to all staff, visitors, contractors and other persons, who enter PCFT owned or leased buildings (or grounds) including vehicles parked on Trust grounds. Some Pennine Care NHS Foundation Trust staff share premises with other organisations and therefore they (staff) should make themselves aware and adhere to the local agreed policy.

All trust employees, visitors, contractors and other persons are not permitted to smoke on PCFT premises or grounds.

Community Staff are requested to ask patients to provide a smoke free room/environment if they are receiving home visits from PCFT staff.

Staff who do not comply with this policy will be interviewed by their line manager and offered a referral to the Stop Smoking Services for support and advice as appropriate.

Should an individual or group of individuals continue to infringe this policy the manager may invoke disciplinary procedures as a means of encouraging adherence to this policy.

## **1. The law**

Local councils are responsible for enforcing the Health Act 2006, The Smoke Free Law, in England. There are legal obligations for both smokers and the Trust, a breach of which constitutes a criminal offence -

All enclosed or substantially enclosed premises owned and or occupied by the Trust are smoke free premises.

The offence of smoking within smoke free premises is set out in Section 7 of the Health Act 2006 and applies to patients, visitors, staff and contractors-

- (1) A person who smokes in a smoke-free place commits an offence.
- (2) A person guilty of an offence under this section is liable on summary conviction to a fine not exceeding a level on the standard scale specified in regulations made by the Secretary of State.

The Trust is liable to Prosecution under the Act if it fails to comply with the requirements' of Section 8 of the Health Act 2006-

- (3) It is the duty of any person who controls or is concerned in the management of smoke-free premises to cause a person smoking there to stop smoking.
- (4) A person who fails to comply with the duty in subsection (1) or any corresponding duty in regulations under subsection (3) commits an offence.
- (5) It is a defence for a person charged with an offence under subsection (4) to show:-
  - (a) That he took reasonable steps to cause the person in question to stop smoking or
  - (b) That he did not know, and could not reasonably have been expected to know, that the person in question was smoking
- (6) A person guilty of an offence under this section is liable on summary conviction to a fine not exceeding a level on the standard scale specified in regulations made by the Secretary of State.

In essence the Trust's duty is to take reasonable steps to cause patients, visitors, staff and contractors to stop smoking whilst on smoke free premises. Also that staff should not be smoking whilst representing the Trust (identified with ID Badge)

In addition to the legislative requirements set out above, the Trusts healthcare regulator, the Care Quality Commission 'CQC' issued their Essential standards of Quality and Safety in December 2009 which came into force in April 2010.

Outcome 10, Safety and Suitability of Premises, specifically requires all premises to comply with all relevant legislation and legal requirements. This includes the smoking legislation set out above.

Further, the CQC have issued guidance on their role in relation to the smoke free legislation. Whilst the Local Authority is responsible for enforcement, the CQC have confirmed that they will consider how the environment impacts on peoples quality of life and that where a lack of proper arrangements for smoking is adversely affecting people they will make recommendations or requirements.

Smoke free policies in mental health trusts will ensure a supportive environment for quit attempts and make non-smoking the norm.

## **2. Aims of the Smoke Free Policy:**

- To support our staff in giving up smoking through the Stop Smoking Services.

- To protect our staff, patients, visitors and contractors and local communities from tobacco related harm.
- For Pennine Care NHS Foundation Trust to continue its focus on becoming totally smoke free.
- To comply with the legislation 'The Smoke Free Law, the Health Act 2006'
- To comply with the requirements of the CQC.
- To ensure patients medication is managed appropriately during quit attempts or reduction in smoking, to prevent toxicity.
- To comply with the Fire Safety Order 2005

It is the responsibility of all staff to comply with Trust policies.

### **3. Work Areas**

- 3.1 All work areas are smoke free at all times except those areas specified as designated smoking areas for in-patients only.
- 3.2 This policy will apply to all staff (whether uniformed or not and including contracted and agency staff and staff of other NHS bodies), patients, visitors, contractors and other persons who enter Pennine Care NHS Foundation Trust premises or grounds for any purpose whatsoever.

This includes any part of the Trusts occupied buildings and grounds including entrances, exits, vehicles used for Trust related work, car parks, pavements and walkways, areas hidden from general view and residential accommodation.

### **4. Community Staff:**

The Trust is required by law not to put its' staff at risk and second hand smoke is now recognised to be a risk. All routine visits should be pre-booked and service users should be given a time for the visit.

Second-hand smoke, or passive smoking as it's sometimes called, has been found to be detrimental to people's health. It can cause heart disease, strokes and lung cancer in adults. It is also harmful to children.

The Trust is committed to protecting its staff from the dangers of second hand smoke. You therefore should ask patients to do everything possible to provide a smoke free environment, when a member of the Trust's staff visits them in their home by-

- Advising them not to smoke inside their house for at least 1 hour before staff arrive, as a minimum they are requested to try and keep one room smoke free
- Advising the patient to open windows and doors, as this aids ventilation (weather permitting)
- Requesting patients/carers/families not to smoke during the visit.

In extreme circumstances patients may not comply with such requests but every effort should be made to minimise the risk to staff.

- 4.1 Whilst every effort will be made to protect staff from second hand smoke, the Trust recognises that there will be occasions when staff visit patients in their own homes and this may expose staff to tobacco related harm.

Patients can legitimately be asked to cease smoking for the duration of the visit, but clearly this cannot be enforced.

Supported living schemes and community residential settings cannot be regarded in the same way as inpatient services. Such settings should be regarded as if they were the patient's home.

- 4.2 Pennine Care NHS Foundation Trust is keen to work with employees to ensure that their responsibilities as an employer and as a service provider are met. It is acknowledged that there may be occasions when the Trust's responsibility in relation to fulfilling their duty of care may appear to place employees in a compromising position.

If a patient is receiving treatment at home or in a community setting, they should be assessed for stop-smoking support and where appropriate an action plan should be developed in collaboration with the patient. .

- 4.3 Community staff should advise patients that if they are likely to need admission to hospital in the near future, they will be encouraged to try Nicotine Replacement Therapy (NRT) and for some Pennine Care NHS Foundation Trust community based services Zyban and Champix may be prescribed.

Community staff are obliged to inform patients of the Nicotine Management Policy and to consider what future support they may need to address their nicotine dependency during their stay in hospital.

When PCFT staff visit patients at home, the patient will be asked to provide a smoke free room/environment.

- 4.4 If staff are concerned about their exposure to tobacco related smoke they should discuss this with their line manager. In some cases it may be appropriate to suggest that alternative arrangements can be made to see the patient at another location.

Pennine Care NHS Foundation Trust is keen to work with employees to ensure that their responsibilities as an employer and as a service provider are met. It is acknowledged that there may be occasions when the Trust's responsibility in relation to fulfilling their duty of care may appear to place employees in a compromising position.

## **5. Trust Vehicles**

In addition to premises, the Smoke Free (Exemptions and Vehicle) Regulations 2007 require vehicles to be smoke free at all times if they are to be used:

- By members of the public; or in the course of paid or voluntary work by more than one person- (even if those persons use the vehicle at different times or only intermittently).

- Public transport and work vehicles used by more than one person (whether at the same time or not) must be smoke free at all times. (Smoking in smoke free premises or work vehicles: a fixed penalty notice of £50 (reduced to £30 if paid in 15 days) imposed on the person smoking or a maximum fine of £200 if prosecuted and convicted by a court.)

Vehicles that are used only for private purposes are not required to be smoke Free.

## **6. Supervised Designated Smoking Areas: (In-Patient Areas Only)**

In a partial ban, staff can supervise planned smoking breaks for patients more easily than 'on-demand' smoking. If smoking shelters are provided they are required by law to not be 'substantially enclosed'.

Staff must not without agreement of the manager, purchase cigarettes or other tobacco products for patients. Furthermore staff must not, under any circumstances, share cigarettes or other tobacco products with service users or prepare cigarettes or other tobacco products for service users

- 6.1 Taking into account the risk assessment of patients' staff must as much as possible remain a safe distance from the direction of the smoke whilst maintaining supervision of the area at all times.

## **7. Managing Covert Smoking**

Since the implementation of the smoke free legislation covert smoking on in-patient areas has become problematic. Covert smoking on wards can be harmful to others whether harm is intentional or not (through tobacco related harm and the risk of fire)

The Fire Safety Order 2005 requires us to carry out a risk assessment and to reduce the risk and as far as practicable stop a fire occurring. This is to safeguard employees, patients and visitors.

The order also requires us to reduce or replace the use of dangerous substances, which includes butane lighters. In order to achieve this, the use or possession of lighters in trust buildings should be controlled.

In order to support this it is mentioned in the order, that we should seek alternative substances or processes and provide safe storage. The use of electronic lighters outside ward areas and safes leading off the ward to store these materials would meet this requirement or the use of 'fire rated' boxes safely to store ignition sources would also meet this requirement.

- 7.1 It is important that where control measures are in force then staff support the ban in a proactive way. It has already been demonstrated where the use of safes or fire rated boxes has been encouraged and supported by staff then the incidence of covert smoking has reduced.

In order to enforce the ban, if it becomes apparent that patients are smoking on Trust premises or there is evidence leading to that belief for example cigarette burns on carpets and bedding or cigarette smoke, It would then be reasonable

to carry out searches of patients' belongings and searching of patients entering the ward. Whilst evidence of smoking within ward areas still exists searches should be maintained.

It is essential therefore that all staff are proactive in managing covert smoking and work collaboratively with patients in order to eradicate covert smoking.

- 7.2 When a member of staff finds a patient covertly smoking on the ward they should advise them in the first instance of the law in relation to smoking in enclosed spaces. They should also use this opportunity to discuss with the patient ways of supporting them to stop smoking.

Staff must not knowingly allow patients to smoke covertly on the wards (please refer back to section 1 of this policy 'The Law')

There is no legitimate reason for any inpatient to be in possession of lighters/matches etc. therefore where staff are made aware that a patient has a lighter in their possession they should request that patient to place their lighter in the 'fire rated box'. This is in accordance with fire safety and prevention.

If they refuse to do so and there are significant concerns about the level of risk posed to the safety to the individual and/or others regarding the lighting materials then staff may decide to conduct a search of the

A) Patient,

B) Patients property

and/or

C) Patients room/personal space area

- 7.3 Under the direction of the Search Policy (CL 35), maintaining safety is a legitimate reason to search however those undertaking searches must be conversant with the policy and have undertaken the appropriate training. Alternative interventions to searching may also be employed and these are defined in the policy CL35. It is the responsibility of staff and managers to ensure they know the extent and boundaries to searching including the response of increasing a service users challenging behaviour if searched and using strategies to overcome this.

Fire Rated Boxes on Adult In-Patient Wards:

All patients on the in-patient wards will be asked to place their tobacco and lighter in the designated fire rated boxes provided.

There is no legitimate reason for any patient to be in possession of lighters/matches etc. therefore where staff are made aware that a patient has a lighter in their possession they should request that patient to place their lighter in the locker provided. This is in accordance with fire safety and prevention.

If they refuse to do so and there are significant concerns about the level of risk posed to the safety of the individual and/or others regarding the lighting materials then staff may decide to conduct a search of the-

A) Patient,

B) Patients property

and/or

C) Patients room/personal space area

Maintenance of safety is a legitimate reason to search however those undertaking searches must be conversant with the policy and have undertaken the appropriate training. Alternative interventions to searching may also be employed and these are defined in the policy CL35. It is the responsibility of staff and Managers to ensure they know the extent and boundaries to searching including the response of increasing a Service Users challenging behaviour if searched and using strategies to overcome this.

All incidents of suspected or actual covert smoking must be reported through the Trusts' electronic incident reporting system – "Safeguard"

7.4 The Fire Safety Order 2005 requires us (PCFT Staff) to carry out a risk assessment and to reduce the risk as far as practicable to stop a fire occurring. This is to safeguard employees, patients and visitors.

The Order also requires us to reduce or replace the use of dangerous substances, which includes butane lighters. In order to achieve this, the use or possession of lighters by patients in Trust in-patient buildings should be controlled in order to help address the on-going incidents of inpatients smoking in internal non-designated areas such as toilets and bedrooms.

Staff must implement systems where tobacco and lighters are prohibited from patient's possession while on the unit by offering alternative storage and access for tobacco products (offer safe and accessible storage for patient's tobacco products and lighters)

This will support staff in making the reasonable request for patients not to keep them on their person

7.5 Patients who are identified as smokers through screening must be informed of the Pennine Care NHS Foundation Trust smoke free policy and other related policies.

Patients will be advised that fire rated boxes are the only place ignition sources are permitted to be stored on the unit.

If patients wish to smoke during the allocated smoke times and within the designated areas, they should be reminded to return ignition sources to a member of staff.

When commencing time-out from the unit patients can remove their ignition source from a member of staff to take with them off the unit.

On returning to the unit patients should give their ignition source to a member of staff. Staff should prompt patients to comply with this request.

Staff must maintain vigilance regarding patient's failure to comply with the ignition source procedure. If patients are found to be keeping lighters/ignition source on their person staff should politely remind them of the policy and insist on the use of the fire rated boxes provided on the adult wards.

Persistent failure to store ignition sources in the fire rated boxes will be discussed within each individual's multi-disciplinary team. The team should advise patients of the Nicotine Management Policy and an appropriate individual management plan should be established.

- 7.6 Under the direction of the Search Policy (CL 35), maintenance of safety is a legitimate reason to search however those undertaking searches must be conversant with the policy and have undertaken the appropriate training. Alternative interventions to searching may also be employed and these are defined in the policy CL35. It is the responsibility of staff and Managers to ensure they know the extent and boundaries to searching including the response of increasing a Service Users challenging behaviour if searched and using strategies to overcome this.

All incidents of suspected or actual covert smoking must be reported through the Trusts' electronic incident reporting system – "Safeguard"

## **8. Health Promotion:**

There are very few healthcare professionals who do not treat conditions caused by or exacerbated by smoking. Helping these patients to stop smoking is often the most effective and cost-effective of all the interventions they receive. Despite this, however, rates of intervention by healthcare professionals remain low.

Simple advice from a clinician can have a small but significant effect on stopping smoking – more so than Nicotine Replacement Therapy (NRT) alone. Advice and/or counselling given by nurses also significantly increase the likelihood of successful quitting.

Brief interventions are aimed at motivating smokers to quit and supporting them during the attempt. Current NICE guidance describes these interventions as lasting 10 minutes. However, in the UK, appointments with a hospital consultant typically last 15–20 minutes, while those with a GP last 10 minutes. In such a context, it is not possible to spend 5–10 minutes discussing smoking when this is not the primary focus of the consultation.

Stop smoking advice need only take as long as 30 seconds, all health and social care workers, as well as those working for partner organisations such as children's centres, the fire service and workplaces, should be encouraged to systematically deliver very brief advice to all smokers at every opportunity- Triple A advice- Ask Advise Act.

In addition, all areas should provide information literature advising on both the dangers of continuing to smoke, the benefits of stopping smoking and the ways in which people can access support locally. This information should be available to both patients and staff.

## 9. Pharmacology

The tar in cigarette smoke can increase the activity of the enzymes in the liver responsible for metabolising medication and therefore patients who smoke need higher doses of these medications than non-smokers. Stopping smoking or even reducing the number of cigarettes smoked reduces exposure to tar and reduces the metabolism of these medications resulting in higher, sometimes toxic blood levels over a few days.

It is very important for some medication that the dose be reduced when patients stop smoking or cut down the number of cigarettes smoked to prevent toxic effects, for example clozapine or theophylline. Therefore it is recommended that the advice of a pharmacist be sought prior to smoking cessation.

For details of stopping smoking and drug interactions staff must refer to Nicotine Replacement Therapy Guidelines for Patients of Pennine Care NHS Foundation Trust (MM036)

- 9.1 As part of their clinical role the pharmacy team within Pennine Care NHS Foundation Trust are in a position to explain to patients how stopping smoking can improve physical and mental health. They should highlight to patients and prescribers the need for planned reduction of doses of some medication upon stopping smoking or cutting down on the number of cigarettes smoked. They can also advise on the extra monitoring that is required with some medication following stopping smoking.

They will speak to patients about their preferred method of stopping smoking and advise doctors to prescribe accordingly on the prescription charts.

They can also advise patients about the on-going stop smoking support available within the community and NHS stop smoking services.

## 10 Staff Support

All Trust Job Descriptions detail that the Trust operates a 'No Smoking Policy'. Prospective employees are therefore made aware of this policy during the Recruitment Process. Prospective members of staff will be reminded of the Trusts 'No Smoking' policy at interview.

Staff Support-This smoke free policy will be highlighted for new staff at Trust Induction and local induction.

10.1 If a staff member observes another staff member smoking whilst on duty in the first instance they should report this immediately to their line manager. The relevant line manager should offer that staff member support in accessing the 'Stop Smoking Services'

It should be made clear that staff cannot smoke whilst on duty and doing so is a breach of this policy.

10.2 It is the personal and legal responsibility of all staff and managers to ensure compliance of this policy. If any staff member suspects that a patient, visitor or contractor has been smoking on Trust premises they should advise that person politely of the Trust's policy on smoking and that it is now against the law to smoke in virtually all 'enclosed' and 'substantially enclosed' public places and workplaces.

If that person refuses to adhere to the smoke free policy then the member of staff should report it immediately to their manager and complete an incident form.

10.3 All staff should be proactive in advising patients, visitors, other staff and contractors not to smoke on Pennine Care NHS Foundation Trust grounds and car parks. Staff should approach any offenders in breach of the smoking policy in a polite manner taking every precaution not to place them in any danger and advise them of the Trust's policy on 'No Smoking'.

If the person(s) in breach of this policy and refuses to stop smoking or becomes abusive then the staff member should report this via the Trust's electronic incident reporting system and inform their manager. Staff should not place themselves in any danger.

## **11. Web information**

The Trust Internet and intranet websites will contain links to sources of help and information regarding the stop smoking services. In addition PCFT has a 'Smoke Free' section on the Trusts' intranet. Staff can download relevant documents pertaining to the Nicotine Management Policy and the Smoke Free Policy and also the referral forms to Greater Manchester Fire & Rescue service (GMFRS) for a free 'Safe & Well Visit'.

Minutes from the Trust's smoke free steering group will also be posted on this site.

Other useful resources that can be found on the Pennine Care NHS Foundation Trust intranet site are-

- Greater Manchester Fire & Rescue Service (GMFRS) and Pennine Care NHS Foundation Trust (PCFT) partnership agreement.
- National Guidance
- Persons at Increased Risk of Fire (PAIRoF) Referral Forms
- Information on Training
- Relevant Policies
- National guidance and news

## **12. Signage**

To ensure that everyone entering Pennine Care NHS Foundation Trust sites understand that smoking is not allowed clear signage will be clearly displayed

informing them that Trust buildings and grounds are smoke free and smoking is therefore not permitted except for patients in designated supervised areas.

PCFT Estates Department will ensure No Smoking' signs shall be displayed within all Trust owned vehicles.

### **13. NICE Guidance (Best Practice Guidance)**

13.1 With the advent of a network of NHS stop smoking services across the country we can help to provide the specialist support to smokers with mental health problems that is required. Specialist stop smoking advisors should liaise with mental health professionals to support them in advising and supporting smokers to stop.

All health professionals (mental health, primary and secondary care) should routinely ask patients about smoking and advice smokers on how to quit.

The triple AAA advice-

Ask  
Advice  
Act

13.2 Staff should refer all patients who have been identified as smokers and who wish to attempt to stop to a trained adviser for specialist support. (Contact Numbers are at the back of this policy) Referrals should include the contact details of relevant healthcare professionals working with the patient, who need to be notified about a quit attempt and details of current medication

13.3 The quit attempt should be monitored closely when the smoker is on psychotropic medication to check whether there is any exacerbation of medication side effects, whether the dose of neuroleptic medication needs to be altered, or if the smoker needs further help with withdrawal symptoms and urges to smoke

### **14. Monitoring of this policy (Audit)**

14.1 Compliance of this policy will be monitored by the Smoke Free Trust group and also through local governance arrangements. Compliance will also be monitored by an agreed cycle of clinical audit. The Health and Safety Department should also support the monitoring of this Policy through local and Trust arrangements

14.2 Under the Health and Safety at Work Act (1974) employees have a responsibility to both themselves as well as others and so if staff fail to act on concerns regarding smoking on Trust premises or smoking related incidents they may be liable to disciplinary action being taken against them or more importantly they may be pursued legally by the Health and Safety Executive and liable to a fine of up to £20,000.

## 15. Electronic cigarettes

15.1 The electronic cigarette is a battery powered electronic nicotine delivery system that looks very similar to a conventional cigarette and is capable of emulating smoking [1] however the evidence for their safety is conflicting. The vapours from electronic cigarettes are a complex mixture of chemicals not pure nicotine. It is unknown whether this mixture is safe and as yet there is no evidence that electronic cigarettes are effective as treatment for nicotine addiction, therefore they are not approved as stopping smoking devices [2].

As the electronic cigarettes are claimed not to contain tar, patients taking medication potentially affected by reducing or stopping smoking should have their medication reviewed by a member of the pharmacy team or a medic before they start to use the electronic cigarette.

A number of countries have strict regulations on the use of the electronic cigarettes and many have banned their use [3]. Therefore due to the lack of information on the safety and the effectiveness of the electronic cigarette in stopping smoking the Pennine Care NHS Foundation Trust cannot approve or recommend their use at this time.

**Staff cannot use an e-Cig charger in the work place because of the fire risk**

### References

- [1] The emerging phenomenon of electronic cigarettes. Expert review of Respiratory Medicine. Feb 2012 vol/is 6/1(63-74).
- [2] Electronic cigarettes and third hand tobacco smoke: Two emerging health care challenges for primary care providers. International Journal of General Medicine 2011 vol/is 4/ (115-120).
- [3] E-cigarettes. A rapidly growing internet phenomenon. Annals of Internal Medicine Nov 2010.

Pennine Care NHS Foundation Trust does NOT endorse the use of electronic cigarettes by staff or patients.

Fresh Air Everywhere - A short guide for staff.

### **What does it mean to be 'smoke-free'?**

For the Trust to be smoke-free, it means that smoking is not permitted anywhere within hospital buildings or grounds. This means that our buildings and grounds will be safer and healthier.

### **What is second-hand smoke?**

Second-hand smoke is other people's tobacco smoke. Also known as passive smoking, second-hand smoke is a major source of indoor air pollution. It can lead to heart disease and lung cancer, and make illnesses like asthma worse.

## **How dangerous is second-hand smoke?**

Breathing someone else's smoke increases your risks of heart disease, cancer and respiratory problems. It can make asthma, hay fever and bronchitis worse and prematurely age your skin. Just 30 minutes exposure can affect your health.

Seven out of ten people who do not smoke suffer from eye and throat irritations and breathing difficulties when exposed to someone else's smoke.

## **Wouldn't ventilation solve the problem?**

No – you would need a system as powerful as a tornado to get rid of the dense gases and particles in tobacco smoke -not exactly practical for Trust premises! Even expensive air cleaners cannot remove sufficient tar particles to eliminate the cancer risk from tobacco smoke.

Is all this just about trying to make people stop smoking?

No, this is about making sure that everyone on Trust premises is protected from the dangers of second-hand smoke. It is not about making people give up smoking, although we would of course encourage anyone to consider the personal health benefits of stopping smoking.

## **What about my right to smoke?**

People may have the right to smoke but they don't have a right to damage other people's health in the process. The right to be free from the damage caused by other people's tobacco smoke outweighs the right to smoke whenever and wherever someone wants.

It's not fair to ask people with mental health problems to stop smoking! People living with mental health problems are particularly vulnerable to nicotine addiction. Smoking rates are at least twice as high among mental health patients than in the general population, and aside from the physical impact, heavy smoking has been found to be a predisposing factor for both anxiety and depression.

Research has shown that around 50 per cent of smokers with mental health problems want to quit. What's more, there's evidence that smoking cessation treatments are just as effective for people with mental health problems as for the rest of the population. Research suggests that quitting does not make psychiatric symptoms worse. Rather, it can actually lead to lowered anxiety levels.

## **Will inpatients be given access to nicotine replacement therapy (NRT)?**

Yes, NRT will be available to people using our inpatient services, this may be to help them cope with their time at the Trust where they cannot smoke or it may be prescribed as part of an attempt to stop smoking. People attending outpatient services and using community services can also be assisted in accessing NRT. NRT can also be prescribed by your GP.

Will there be support for service users if they want to stop smoking?

Yes, people who use our services will be asked if they smoke and if they do if they want any help in stopping. If they do, staff will arrange for support in helping them stop. If they don't want help to stop they will be offered help in coping without a cigarette whilst on Trust premises.

### **What if someone is really unwell, will they be expected to just stop smoking?**

The policy recognises that some patients have circumstances that will require staff to make an assessment as to whether special arrangements need to be made. If a number of detailed criteria are met, a patient may be permitted to smoke on Trust premises but this will be determined depending on personal circumstances. No blanket exceptions will be made for particular categories of patients.

### **What about Trust staff, are they still allowed to smoke?**

Absolutely not, all staff should be aware that they cannot smoke whilst on Trust premises. There are no exceptions to this.

Is there anywhere on Trust premises that visitors/carers can go to smoke?

No, all premises are to be totally smoke-free. Visitors will not be able to smoke whilst on Trust premises and will be politely asked to leave if they do.

### **What about people who are treated in the community?**

The Trust has a responsibility to protect all staff from the dangers of second-hand smoke; this includes Trust staff that works in the community and visit people in their homes. The Trust recognises that it would be wrong to tell people they cannot smoke in their own homes but would ask that if they are due a visit from a member of staff that they do everything possible to keep a room in their house smoke-free for at least one hour prior to the appointment and for the duration of their appointment.

### **Will these rules ever change?**

It is likely that there may be some change to the details of the Trust's smoke-free policy in the future. This may be because government guidance changes or because of feedback the Trust receives about how well these rules are working for people who use our services. If the Trust does need to make any changes to the guidance we will make sure that everyone is fully informed.

### **Where can I get support to stop smoking?**

You can get support and advice from your G.P practice or from your local Stop Smoking Service.

Contact Numbers:

Contact Numbers:

**Bury Stop Smoking Service: 08452239001 or 0161 253 7574**

Staff and patients can be referred to Bury Stop Smoking Service through this number.

**Oldham Stop Smoking Service (Positive Steps): 0800 288 9008**

Staff and patients can be referred to Oldham Stop Smoking Service through this number.

**Tameside Stop Smoking Service: 0161 716 2000**

Staff and patients can be referred to Tameside & Glossop Stop Smoking Service through this number.

**Stockport Stop Smoking Service: 0161 426 5085**

Staff and patients can be referred to Stockport Stop Smoking Service through this number.

**Rochdale Stop Smoking Service: 01706 751 190**

Staff and patients can be referred to Heywood, Middleton & Rochdale Stop Smoking Service through this number.

**Trafford Stop Smoking Service: 0300 456 2400**

Staff and patients can be referred to Trafford Stop Smoking Service through this number.