HS32

Smoke Free Policy

Contents

Appendices

1.0   Policy Statement (Purpose / Objectives of the policy)

1.1   Smoking is prohibited in all Trust buildings, and vehicles in line with the Health Act (2006) and Smoke free legislation (2007).

1.2   The health damaging effects of second-hand smoke (SHS) are well documented. There is no safe level of exposure to tobacco smoke and there are long-term health effects, including heart disease and lung cancer, especially with continued exposure over time.

1.3   This policy will ensure staff, patients and visitors (including those who choose to use e-cigarettes for risk reduction or as a quitting aid) to Royal Wolverhampton Trust (RWT) hospital buildings, vehicles and grounds are protected from the health damaging effects of tobacco smoke.

1.4   Smoking is banned on all Trust grounds across all RWT sites (and associated healthcare centres) and will remain completely smoke free in line with national guidance for acute Trusts (NICE, 2013).

1.5   Achieving smoke free hospital grounds will help to make non-smoking the default option in our wider communities – creating a "new normal". This will support Trust ambitions to improve population health by tackling tobacco related health inequalities.

1.6   Learning from other Trusts' experiences of implementing smoke free policies highlights the need to focus on facilitating a cultural shift in the way smoking is perceived within the context of healthcare settings. As a result, the Trust took a phased approach to achieving smoke free Trust grounds (by October 2020).

1.7   The Trust position in relation to e-cigarettes can be found in **Appendix 1.**

1.8   We will continue to review unintended consequences to health and safety, or reputational risk for the Trust, and any new evidence or policy which may impact the Policy.

2.0   Definitions

2.1   Smoking Smoking is the act of inhaling smoke produced by the combustion of an element, through the mouth, usually of tobacco in a cigarette, cigar, or pipe. Smoking often, especially cigarettes, which contain many toxic substances such as nicotine or tar which are proven health hazards.

2.2   Smoke free Smoking is not permitted anywhere within hospital buildings and vehicles in line with smoke free legislation (2007). Hospital grounds became smoke free with effect from 1st October 2020 in line with Nice Guidance (2013) for Trusts.

2.3   Trust Premises/ Trust Grounds Any area, either within or associated with Trust property that a member of staff accesses during their work (this may be rented property), that a patient accesses as part of their treatment or where a visitor or the public have access.

2.4   Nicotine Replacement Therapy (NRT) is a category of medication that provides nicotine, without the tar, carbon monoxide and other poisonous chemicals present in tobacco smoke. It can help reduce unpleasant withdrawal effects, such as bad moods and cravings.

2.5   E-cigarettes An e-cigarette (sometimes referred to as a vaporiser or vape) is a device that allows inhalation of nicotine in a vapour rather than smoke. E-cigarettes do not burn tobacco and do not produce tar or carbon monoxide, two of the most damaging elements in tobacco smoke. E-cigarettes work by heating a solution (e-liquid) that typically contains nicotine, propylene glycol and/or vegetable glycerine, and flavorings.

Using an e-cigarette is also known as vaping. See [Appendix 1](#)

2.6 **Quit Zones** Canopy covered areas on Trust grounds that are designated for the use of e-cigarettes. Use of any other substances (including tobacco) is not permitted within these areas. Quit Zones are available for use by staff, patients and visitors.

2.7 **Smoking – any other substances** is not allowed in any part of any building, or any part of the grounds and use may be reported to the police.

3.0 **Accountabilities**

3.1 **Chief Executive** – has overall accountability for policy however, in this instance this is delegated to the Director of Governance.
The **Director of Governance**
- Provide resources to ensure effective implementation.
- Ensure that all Service Level Agreements/Contracts with other organisations contain the following clause *'The Royal Wolverhampton NHS Trust' is a smoke-free Trust. Smoking is prohibited in all Trust buildings and all Trust vehicles. This will apply to all Trust Grounds for RWT staff and external contractors from 1st January 2020. Until this period, tobacco use is only permitted on Trust grounds in designated smoking shelters.*

3.2 **Line/Ward Managers**
- Will be expected to comply fully with the policy and continue to be suitable role models for staff and service users
- Are responsible for ensuring all staff, patients and visitors comply with the Policy (Refer to Paragraph 4.6 for specific details)
- Continue to ensure all future jobs continue to follow smoke free implementation and are advertised stating RWT is a smoke-free environment, including all Trust premises, vehicles and Trust grounds (see 3.1)
- Where appropriate, support front-line staff to complete training relevant to their role to support the smoke free policy.

3.3 **Health and Safety Team** will continue to complete thematic reviews of Datix logged incidents and breaches will be undertaken by the Health & Safety Team and any trends or patterns included in KPI reports to the Health and Safety Steering Group.

3.4 **Security staff** will contribute towards the successful implementation of the Policy. For further details see **[Appendix 4](#)**

3.5 **All Staff** have responsibility to be aware of and comply with the Policy.
- The Trust looks to all employees to act as role models in promoting, implementing and championing this policy. See 4.3 for further details in relation to staff who smoke.

3.6 **Occupational Health**
- Screen all new employees for smoking status.
- Make new employees aware of the Policy and provide sign posting to smoking cessation information and support available.
- Continue to support staff wishing to stop smoking

4.0 **Policy Detail**
See appendices for further detail

4.1 **Patients who smoke**

- Patients are currently prohibited from smoking anywhere in Trust buildings and associated Trust vehicles.
- Patients are not permitted to smoke anywhere on Trust grounds (this took effect from 1st October 2020).
- Information about the smoke free policy is available to patients through a variety of communication routes and signage as detailed in a communications plan.
- Patients are encouraged to abstain from smoking via the provision of e-cigarette friendly areas across Trust grounds (called Quit Zones, which are separate from smoking shelters, so that those who choose to abstain or quit are protected from second hand smoke).
- Patients who are seen smoking can be reminded of Trust policy and asked not to smoke in future whilst on Trust grounds.
- Patients who smoke are sometimes seen within their own homes by Trust staff and will be asked to refrain from smoking for a period preceding and during the visit. The Trust will support staff who wish to work in a smoke-free environment and where patients or others persist to smoke during domiciliary visits, alternative arrangements will be sought. See **Appendix 2**

4.2 In-patients who smoke
These measures apply to adults, young people and children aged 12+ (at the discretion of the admitting doctor).
- In-patients will be systematically screened for smoking status on admission.
- In-patients recorded as smokers will be given very brief advice by ward staff (verbally and via a structured information card).
- In-patients who smoke can be treated by ward staff with NRT for temporary abstinence during their in-patient stay or as part of a quit attempt. This will help reduce the patient's nicotine withdrawal cravings during their time in hospital. See **Appendix 3** for an outline of this procedure.
- In-patients will be given NRT as part of their standard discharge TTO package if they wish to remain smoke free upon discharge.
- Where appropriate, and if safe to do so, patients may also choose to use e-cigarettes in the Quit Zones provided across Trust grounds.

4.3 Relatives and Visitors who smoke
- Relatives and visitors are reminded of this policy and informed that they are unable to smoke on Trust grounds. Information about the smoke free policy is available to patients through a variety of communication routes and signage.
- Relatives and visitors who are seen smoking can be reminded of Trust policy and asked not to smoke in future whilst on Trust grounds.

4.4 Staff who smoke
- Staff will lead by example in not smoking anywhere on Trust grounds which came into effect from 1st January 2020, helping protect the health of other staff, patients and visitors.
- Staff who wish to vape on Trust grounds should do so only in designated Quit Zones and within their allocated break time.

4.5 Signage
- The Trust will display signs that make it clear that smoking is prohibited in its buildings and vehicles
- Signs will outline all Trust grounds as being smoke-free.

- Signs will make it clear where 'Quit Zones' are located on Trust premises for the permitted use of e-cigarettes.

4.6   Managing breaches of the policy

- The Trust does not require staff to engage in situations that will result in physical or verbal abuse, and staff should not approach individuals (whether staff, patients or visitors) to advise them about the smoke free policy unless they are confident that it is safe to do so.
- Our expectation is to promote and develop a culture across all our buildings, vehicles and grounds that smoking is unacceptable in a healthcare environment and that everyone respects this. Shifts in culture and behaviours can take time to embed and compliance is viewed as an ongoing process.
- The required culture change has continued to be achieved if we stay committed to smoke free becoming a reality and respond to situations when this does not happen as a breach and 'an opportunity', rather than a failure of the policy. Staff should approach their manager if support is needed.

4.7   Staff breaches

- All Trust staff are expected to contribute towards a smoke-free, health promoting work environment, regardless of their personal smoking status.
- If any staff member breaches the policy, then in the first instance line managers should discuss the issue with them and ensure they fully understand the policy and their responsibility to adhere.

4.8   Patient breaches

- Should a patient be observed breaching the policy by smoking inside a Trust building they should be requested to cease smoking immediately.
- If a fire alarm has not been triggered and it is perceived by a staff member that there is an imminent fire risk, then support should be enlisted immediately using the emergency response systems available in the hospital.
- Where there is no immediate risk and, or the patient was smoking outside the buildings, staff should discuss the policy breach with his or her colleagues and agree the most appropriate time and place to meet with the patient to reinforce the policy for future reference and review the care plan regarding nicotine withdrawal management.

4.9   Relatives and visitors' breaches

- Should a visitor be observed breaching the policy by smoking inside a Trust building they should be requested to cease smoking immediately (subject to section 4.6).
- If a fire alarm has not been triggered and it is perceived by a staff member that there is an imminent fire risk, then support should be enlisted immediately using the emergency response systems available in the hospital.
- Where there is no immediate risk and, or the visitor was smoking outside the buildings, staff may reinforce the requirements of the smoke free policy for future reference if it is safe to do so.

4.10   Reporting of smoking related incidents

- All smoking related incidents must be recorded using the DATIX incident recording system, in order that they can be monitored and used to evaluate this policy and supporting activities.

4.11 Advertising and selling tobacco products

- The advertising of tobacco products or companies is not permitted on Trust premises or in any of its publications.
- The sale of tobacco products on Trust premises is not permitted under any circumstances.
- Sponsorship from tobacco companies will not be allowed.

4.12 Security and Challenge – see 4.3 and Appendix 4

5.0 Financial Risk Assessment

6.0	Does the review of this policy require any additional Capital resources	No
	Does the review of this policy require any additional revenue resource	No
	Does the review of this policy require additional manpower	No
	Does the review of this policy release any manpower costs through a change in practice	No
	Are there additional staff training costs associated with the review of this policy which cannot be delivered through current training programmes or allocated training times for staff?	No
	Other comments:	N/A

Equality Impact Assessment

The Royal Wolverhampton NHS Trust aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and advances equal opportunities for all.

In carrying out it's functions, RWT must have due regard to the different needs of different protected equality groups in their area. This applies to all the activities for which RWT is responsible; including policy development, review and implementation. As far as can be determined this policy does not unfairly disadvantage any member of society based on a specific protected characteristic.

An Equality Impact Assessment review was completed. No issues identified

7.0 Maintenance

7.1 The responsibility for the continued implementation of this policy rests with all Trust Managers.

7.2 Managers will ensure all employees, patients, visitors and contractors using/working within their department are complying with this policy (refer to section 4.6).

7.3 This Policy will be maintained through the Health and Safety Steering Group, in line with the requirements of Trust Policy OP 01.

8.0 Communication and Training

8.1 This policy will be brought to the attention of all staff at the recruitment stage, at both

Trust induction and at mandatory fire training. The policy will be available on the staff intranet.

8.2 All patients will be made aware of the requirements of the policy when visiting the Trust sites. Written information informing patients of the Trust policy on tobacco use and the availability of NRT during inpatient stay will be made available to all identified smokers. Smoke free signage is located across Trust grounds and include pictorial as well as written signs to support users of the trust in an inclusive manner.

8.3 Visitors will be made aware of the policy using signage and various communication routes.

9.0 **Audit Process**

Criterion	Lead	Monitoring method	Frequency	Committee
Compliance with policy	H&S Team	DATIX incident monitoring	Thematic review	HSSG
Repeat smoking observation exercise to determine compliance with smoke free policy	Public Health CWC	Repeat of observation exercise completed in January 2019	Annual	HSSG
Staff continue to engage with Occupational health support to quit smoking	Occupational Health	OH records for health promotion interventions	Annual	HSSG

10.0 **References - Legal, professional or national guidelines**

1. Health and Safety at Work Act 1974
2. The Health Act 2006
3. The Smoke-free (Premises and Enforcement) Regulations 2006
4. The Smoke-free (Signs) Regulations 2007
5. The Smoke-free (Penalties and Discounted Amounts) Regulations 2007
6. The Smoke-free (Vehicle Operators and Penalty Notices) Regulations 2007
7. The Smoke-free (Exemptions and Vehicles) Regulations 2007
8. NHS Management Executive "Towards Smoke-Free NHS Premises" HSG(92)41
9. The Health of the Nation "A Strategy for Health in England" White Paper
10. The Department of the Environment's Code of Practice on Smoking in Public Places
11. Health Education Authority "Smoking Policy for the Nation"
12. The Workplace (Health, Safety and Welfare) Regulations 1992
13. DOH White Paper - Choosing Health - Making Healthy Choices Easier
14. Health Development Agency - The Case for a Completely Smoke-free NHS in England

15. Health Development Agency - Guidance for Smoke-free Hospital Trusts
16. UNISON Information Sheet - Smoking at Work.
17. OP26 Security Policy
18. HR03 Trust Disciplinary Procedure
19. NICE Guidance PH48
20. NHS Five Year Forward View (2014)
21. NHS Long-Term Plan (2019)

Document Control

To be completed when submitted to the appropriate committee for consideration/approval

Policy number and Policy version: HS32 5.0	Policy Title Smoke Free Policy	Status: Final		Author: Health & Safety Manager **Director Sponsor:** Director of Assurance
Version / Amendment History	**Version**	**Date**	**Author**	**Reason**
	5.0	July 2022	H&S Manager	Full review
	4.0	July 2019	HSIC	Final version as ratified by Policy Group
	3.0	May 2013	HSIC	Policy review
	2.0	June 2007	H&S Coordinator	Change in legislation Policy review
	1.0	April 2006	H&S Coordinator	New Policy

Intended Recipients: All staff, patients, visitors & contractors	
Consultation Group / Role Titles and Date: Health & Safety Steering Group, (OH and Staff side representation)	
Name and date of Trust level group where reviewed	HSSG April 2022 Trust Policy Group – August 2022
Name and date of final approval committee	Trust Management Committee – September 2022
Date of Policy issue	September 2022
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated)	August 2025 3 yearly
Training and Dissemination: All User Bulletin, Email comms to Managers, Risky Business	
Publishing Requirements: Can this document be published on the Trust's public page: **Yes / ~~No~~** If yes you must ensure that you have read and have fully considered it meets the requirements outlined in sections 1.9, 3.7 and 3.9 of OP01, Governance of Trust-wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines, as well as considering any redactions that will be required prior to publication.	
To be read in conjunction with: N/A	
Initial Equality Impact Assessment (all policies): Completed Yes / ~~No~~	
Full Equality Impact assessment (as required): Completed ~~Yes~~ / No / NA	
Monitoring arrangements and Committee	HSSG via any thematic review of Datix reports

Document summary/key issues covered.
- To protect staff, patients and visitors from the health damaging effects of second-hand smoke
- To build upon the existing smoke free policy that restricts smoking in Trust buildings and vehicles in line with the Health Act (2006).
- To provide a timeline of activities in our countdown to implementation of smoke free Trust grounds
- To outline measures to support implementation of the policy, including new patient protocols and development of supportive environments where e-cigarette use will be permitted
- To make non-smoking the default option in our wider communities, supporting Trust ambitions to improve population health by tackling tobacco related health inequalities.

Key words for intranet searching purposes	Smoke free
	Nicotine
	NRT
	Tobacco
	Second hand smoke (SHS)
	Quit Zones

| **High Risk Policy?** **Definition:** | ~~Yes~~ / No (delete as appropriate) |
| Contains information in the public domain that may present additional risk to the public e.g., contains detailed images of means of strangulation. References to individually identifiable cases. References to commercially sensitive or confidential systems. If a policy is considered to be high risk it will be the responsibility of the author and chief officer sponsor to ensure it is redacted to the requestee. | If Yes include the following sentence and relevant information in the Intended Recipients section above –
In the event that this is policy is made available to the public the following information should be redacted: |

Part B   **Ratification Assurance Statement**

Name of document: HS32 Smoke Free Policy

Name of author: John Frazer

Job Title: Health & Safety Manager

I, John Frazer, the above named author, confirm that:

• The Strategy/Policy/Procedure/Guidelines (please delete) presented for ratification meet all legislative, best practice and other guidance issued and known to me at the time of development of the said document.
• I am not aware of any omissions to the said document, and I will bring to the attention of the Executive Director any information which may affect the validity of the document presented as soon as this becomes known.
• The document meets the requirements as outlined in the document entitled Governance of Trust-wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines (OP01).
• The document meets the requirements of the NHSLA Risk Management Standards to achieve as a minimum level 2 compliance, where applicable.
• I have undertaken appropriate and thorough consultation on this document and I have detailed the names of those individuals who responded as part of the consultation within the document. I have also fed back to responders to the consultation on the changes made to the document following consultation.
• I will send the document and signed ratification checklist to the Policy Administrator for publication at my earliest opportunity following ratification.
• I will keep this document under review and ensure that it is reviewed prior to the review date.

Signature of Author:

Date:

Name of Person Ratifying this document (Chief Officer or Nominee):

Job Title:

Signature:

I, the named Chief Officer (or their nominee) am responsible for the overall good governance and management of this document including its timely review and updates and confirming a new author should the current post-holder / author change.

To the person approving this document:

Please ensure this page has been completed correctly, then print, sign and email this page only to: The Policy Administrator

IMPLEMENTATION PLAN

To be completed when submitted to the appropriate committee for consideration/approval

Policy number and policy version HS32 5.0	Policy Title Smoke Free Policy		Date reviewed: 07.06.2022
Reviewing Group	HSSG		
Implementation lead: John Frazer, Health & Safety Manager			
Implementation Issue to be considered (add additional issues where necessary)	**Action Summary**		**Action lead(s) (Timescale for completion)**
Strategy; **Consider** (if appropriate) 1. Development of a pocket guide of strategy aims for staff 2. Include responsibilities of staff in relation to strategy in pocket guide.	N/A		

Training; Consider
  1. Mandatory training approval process
  2. Completion of mandatory training form
	N/A		

Development of Forms, leaflets etc.; Consider 1. Any forms developed for use and retention within the clinical record **MUST** be approved by Health Records Group prior to roll out. 2. Type, quantity required, where they will be kept / accessed/stored when completed	N/A		
Strategy / Policy / Procedure communication; Consider 1. Key communication messages from the policy / procedure, who to and how?	AUB, Risky Business Safety Rep Forum Email		Continuous as thematic review dictates
Financial cost implementation Consider Business case development	N/A		
Other specific Policy issues / actions as required e.g. Risks of failure to implement, gaps or barriers to implementation			

HS32/V5/TMC Approval September 2022

Smoke-free and Trust position on the use of e-cigarettes and vapes on Trust grounds

A.1 The UK has made great strides in reducing the harms caused by smoking tobacco, the leading cause of preventable illness and premature death in England[1]. Smoking rates have fallen significantly but still account for more years of life lost than any other modifiable risk factor. Around 6.1 million people in England still smoke[2].

A.2 Smoking rates continue to remain higher amongst those in our society who already suffer from poorer health outcomes and other disadvantages. Rates of smoking are almost three times higher amongst the lowest earners, compared to the highest earners[3], accounting for approximately half the difference in life expectancy between the richest and poorest in Society[4]. The Trust recognises the role it can play as an integrated care provider in improving population health by reducing tobacco related health inequalities across the City, starting with its own workforce.

A.3 By introducing this policy, the Trust is not forcing staff to quit smoking. Our aim is to promote an environment that supports staff wellbeing by discouraging tobacco use and offering 'Quit Zones' where staff who wish to continue using nicotine will be able to use e-cigarettes / vapes (if they choose to). The principle of the human right to live and work in a safe environment prevails over the rights of individuals to smoke (Campion et al, 2006)[5]. The British High Court (2008) ruled in the case Regina (G) v Nottingham Healthcare NHS Trust that smoking is not a basic human right and concluded that strict limitations upon smoking following the introduction of legislation were justified[6]. It is reasonable to expect the Trust to act, and therefore to preserve the health of patients, visitors and staff to its building and grounds.

A.4 The use of electronic cigarettes (known as e-cigarettes or vapes) has increased significantly in the UK. Public Health England advise that encouraging smokers who cannot, or do not, want to stop smoking to switch to e-cigarettes, as they could help to reduce smoking related disease, death and health inequalities. The smoke produced from burning tobacco contains about 4,000 ingredients, with 70 of these known to cause cancer. Since e-cigarettes do not contain tobacco and are not burnt, studies evaluating their safety have found them to be safer than smoking [7,8]. E-cigarettes deliver vapour rather than smoke, and they deliver nicotine by heating and vaporising a solution that typically contains nicotine, propylene glycol, plus flavours. Despite concerns relating to the effects of aldehydes found in the vapour from some e-cigarettes, these levels are significantly lower than those found in tobacco smoke[9], leading Public Health England (PHE) to suggest that currently

---

[1] NHS Digital (2015). 'Health Survey for England 2014 Trend Tables Commentary'.
[2] Office for National Statistics (2018) Adult smoking habits in the UK: 2017.
[3] NHS Digital (2016). 'Health Survey for England 2015 Key Findings'.
[4] Marmot M (2010). 'Fair Society, Healthy Lives'. Available at: http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review
[5] Campion et al, (2006)
[6] R (N) v SSH; R (E) v Nottinghamshire Healthcare NHS Trust [2009] EWCA Civ 795 Available at: http://www.mentalhealthlaw.co.uk/R_(G)_v_Nottinghamshire_Healthcare_NHS_Trust_(2008)_EWHC_1096_(Admin)
[7] Nutt, D.J., et al., *Estimating the harms of nicotine-containing products using the MCDA approach.* European addiction research, 2014. **20**(5): p. 218-225.
[8] West, R., et al., *Electronic cigarettes: what we know so far. Briefing report to UK All-Party Parliamentary Group on Pharmacy.* 2014.
[9] Farsalinos, K. (2014) *Electronic cigarette aerosol contains 6 times LESS formaldehyde than tobacco cigarette smoke.*; Available from: http://www.ecigarette-research.com/web/index.php/2013-04-07-09-50-07/2014/188-frm-jp.

HS32/V5.0 – Appendix 1

there is no indication that e-cigarette users are exposed to dangerous levels of aldehydes[10].

A.5. Concerns regarding the impact of e-cigarette / vape use on non-vapers is understandable, the evidence is clear that exposure to secondhand smoke is harmful, which is why the UK has laws prohibiting smoking in enclosed public places and workplaces. These laws do not cover vaping and organisations are free to make their own policies on the use of e-cigarettes on their premises. E-cigarette liquid is typically composed of nicotine, propylene glycol and/or glycerin, and flavorings. Unlike cigarettes, there is no side-stream vapour emitted by an e-cigarette into the atmosphere, just the exhaled aerosol. PHE's 2018 evidence review found that to date, there have been no identified health risks of passive vaping to the health of bystanders. People with asthma and other respiratory conditions can be sensitive to a range of environmental irritants, as well as pollen and cold air and PHE advises organisations to take this into account and to make adjustments where appropriate, when making their own policies on the use of e-cigarettes[11]. To mitigate for further public concerns, designated 'Quit Zones' are to be established directly away from hospital entrances.

A.6 The Trust will support staff who choose to use e-cigarettes / vapes (either as part of a quit attempt, or as a harm minimisation or abstinence tool) whilst at work through the provision of 'Quit Zones' where use of these devices will be permitted. Tobacco use is not permitted in these zones. The use of e-cigarettes is strictly prohibited anywhere within Trust buildings or vehicles. Staff will not be permitted to charge e-cigarette devices whilst at work, and will be expected to charge any devices at home. Quit Zones are available for use by staff, patients and visitors.

A.7 When patients arrive in hospital, they may choose to bring in their own e-cigarette or vaping devices into the hospital. These devices may not be used in Trust buildings but can be used in dedicated 'Quit Zones' across Trust sites. Charging e-cigarettes or vaping devices for patients is strictly prohibited on Trust premises, in line with policy for other devices such as mobile phones, due to potential fire risks[12].Patients will be expected to make suitable arrangements with friends or relatives for re-chargeable e-cigarette devices to be charged off the Trust grounds. Alternatively, single use e-cigarette devices (with non-rechargeable batteries) are also available to purchase from retailers.

A.8 This policy offers advice in managing patient's nicotine dependency symptoms whilst on Trust premises and actively promotes access to NRT during their inpatient stay.

---

[10] **E-cigarettes: an evidence update :** A report commissioned by Public Health England (2015). Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/733022/Ecigarettes_an_evidence_update_A_report_commissioned_by_Public_Health_England_FINAL.pdf

[11] https://publichealthmatters.blog.gov.uk/2018/02/20/clearing-up-some-myths-around-e-cigarettes/

[12] Lavigueur, N.(2013). *Fire Warning After E-Cigarette Explodes While Being Charged*. Available from: http://www.mirror.co.uk/news/uk-news/e-cigarette-dangers-fire-chiefs-warning-2949094.

HS32/V5.0 – Appendix 1

Home Visits by Trust Staff

- The Trust is required by law not to put its staff at risk, and second-hand smoke (SHS) is recognised to be a risk to staff health and wellbeing.

- The Trust is committed to protecting its staff from the dangers of SHS. Clinicians where appropriate, will therefore 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 patients (or anyone else living at the patient's address) not to smoke inside the house for at least one hour before staff arrive
  - advising patients (or anyone else living at the patient's address) not to smoke for the duration of healthcare visits
  - as a minimum, patients are requested to try and keep one room smoke-free and open windows where appropriate to aid ventilation in the room (weather permitting).

- If the patient (or anyone else in the home) refuses to stop smoking during a healthcare visit, then the staff member has the right to leave, if in their judgment the risk to their own health and wellbeing outweighs the potential risk of any immediate threat to the patient's health.

- If a staff member leaves a patient because they, or someone else at the address during the visit refuses to stop smoking then alternative arrangements should be made for the patient to be seen as soon as practicable following a risk assessment. This might involve them being seen in a different location or by a different staff member. If this is not possible, then the employee should refer the matter to their line manager who will decide how to proceed further.

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

- The Royal Wolverhampton Trust is keen to work with employees to ensure that their responsibilities as an employer and as a service provider are met. The Trust will ensure that no staff member is expected to make consecutive visits, or even a sequence of visits, to houses in which they are likely to be exposed to tobacco smoke.

- Community staff should advise patients who are likely to need admission to hospital soon they will be required to abstain from tobacco use for the duration of their inpatient stay. Very brief advice can be provided to smokers outlining the benefits of stopping smoking.

In-Patient Nicotine Management Pathway

Identification

- Upon admission all patients are asked their smoking status and this is documented in the clerking document and any required electronic system

- For smokers, addiction level is ascertained using cigarettes/day

Brief advice

- Smokers are advised of the smoke free policy requirements

- Smokers are advised that Nicotine Replacement Therapy (NRT) is available during their inpatient stay for temporary abstinence or a quit attempt

- Smokers are signposted to behavioural support available if they wish to quit

Nicotine withdrawal management

- If accepted, NRT is provided in line with prescribing guidance, according to addiction level

- If not accepted, the offer is renewed again during clinical review or following a policy breach event

- If default NRT provision is not suitable (side effects or inadequate symptom management) this may be discussed during Clinical Pharmacy review

Security role in supporting the
Nicotine Management Pathway (NMP)

A.1. Security staff will contribute towards the maintenance of the Trust's smoke free policy (see section 4.6).

A.2. Within their existing role, security staff are ideally positioned to identify Trust employees, contractors, patients and visitors who breach existing regulations on the use of tobacco in Trust premises or vehicles. During their existing patrols security staff are also ideally placed to identify people inappropriately using tobacco on Trust grounds.

A.3. Where a Trust employee is found to be smoking on Trust grounds, the relevant security officer is required to remind the member of staff of the smoke free policy.

A.4. The name of the employee found to be smoking on Trust grounds should be noted from their staff I.D. badge (or via verbal confirmation) and the incident should be recorded on DATIX Incident monitoring system.

A.5. Should an employee breach the policy for a second time, the same process will be conducted again. Health and Safety will audit DATIX incidents, note any staff members being recorded more than once for a policy breach and contact the relevant line manager for the employee concerned to request that they take appropriate action with the staff member (see section 4.7).

A.6. Where a member of the public (patient, relative or visitor) is found to be in breach of the policy, security officers will compassionately make them aware of the policy and ask them to refrain from tobacco use in future whilst on the Trust grounds.

A.7. Where a contractor is found to be in breach of the policy, security will note the name of the contractor and their employing organisation and remind the individual of the policy. The incident will be recorded on DATIX Incident monitoring system.