1. NHS LOTHIAN – OUR SMOKEFREE COMMITMENT

Summary

1.1.1 NHS Lothian is committed to providing a safe and healthy environment for all users of its premises including staff, patients and visitors. This Policy has been developed to promote health, reduce risk and protect all users of its premises from the harmful effects of secondhand smoke.

1.1.2 Apart from certain exemptions below, this policy will ensure that as from March 26th 2006 smoking will not be allowed in any NHS Lothian premises, around entrances or buildings, or in vehicles.

1.1.3 The only exemptions to this Policy, in line with the smokefree legislation "Smoking, Health and Social Care (Scotland) Act (2005)", and which will be reviewed as part of the monitoring process, are as follows:

- designated room(s) for psychiatric inpatients within residential psychiatric units/hospitals.

- designated room(s) for inpatients within specified residential accommodation

In such cases, exemptions to the Policy will be made in line with the procedure outlined in 2.5 and more specifically in Appendix 3 below.

1.1.4 This Policy will be reviewed by 31 December 2006 with a view to NHS Lothian being smoke-free in 2007. The exemption will also be reviewed in line with the Policy Review by 31 December 2006.

1.1.5 Existing smoking shelters must be altered to exempt them from the smokefree legislation and where appropriate, moved further away from buildings.

1.2 Rationale

1.2.1 As the largest preventable cause of ill-health and premature death in Scotland, the harmful effects of both tobacco smoking and passive smoking, and the considerable costs to the NHS of treating smoking-related disease, are well-documented.
1.2.2. Employers have a duty to protect their staff from harmful substances in the workplace and take reasonable and practicable measures to secure the health, safety and welfare of their employees, e.g. Health and Safety at Work Act (1974), EU Directive on Management of Health and Safety at Work Regulations (1999).

1.2.3 The "Smoking, Health and Social Care (Scotland) Bill" was approved by the Scottish Parliament in June 2005 and includes all hospitals and health centres in its associated Regulations’ schedule of No Smoking Premises.

1.2.4 NHS Lothian recognises that promoting smoke-free environments will benefit the health, safety and welfare of all users of NHS Lothian premises.

1.3 Aims of the Policy

1.3.1 NHS Lothian has a responsibility to promote health and healthy lifestyles. The NHS Lothian Tobacco Policy recognises that passive smoking adversely affects the health of all employees. It is concerned with where smoking takes place and the ensuing effect on patients, visitors, smoking and non-smoking staff and other members of the wider health community.

1.3.2 The specific aims are as follows:

(i) To protect and improve the health of all staff, patients, visitors, contractors and users of NHS Lothian premises
(ii) To protect smokers and non-smokers from the danger to their health of exposure to environmental tobacco smoke
(iii) To strengthen community-based initiatives that reduce the harm associated with smoking
(iv) To comply with the “Smoking, Health and Social Care (Scotland) Act” (2005) and the associated forthcoming Prohibition of Smoking in Certain Premises (Regulations) 2006

1.3.3 The implementation of the Policy will contribute to the improvement of health of the population of Lothian by providing a smoke-free environment while offering support to those who smoke and would like to stop.

Key Principles

1.4.1 The principles underlying this Policy are designed to ensure that:
(i) No member of NHS Lothian staff or user of NHS Lothian premises should be exposed to tobacco smoke. 
(ii) It is tobacco smoke, and its effect on those who use it and are exposed to it, that is the issue rather than smokers themselves; a non-judgmental approach should therefore be adopted. 
(iii) Smokers, and those suffering from withdrawal symptoms, will be offered smoking cessation support in line with Appendix 2.

2. POLICY IN PRACTICE

2.1 The Policy applies to the following:

(i) All staff (when on NHS Lothian business either within or outwith NHS Lothian premises). This would not include NHS Lothian staff travelling between sites while not in uniform or identifiable to the public as NHS staff.
(ii) All patients including outpatients, day patients and inpatients (with the exception of those outlined in 2.5 below)
(iii) All visitors
(iv) All contractors (eg suppliers and deliverers of goods to premises, canteens/shops run by voluntary/commercial organisations within NHS Lothian premises)
(v) Those not in NHS Lothian employment but who work within NHS Lothian premises (eg students, staff on placement, voluntary workers, workers from other organisations to whom the buildings are leased, personnel with honorary contracts)

2.2 The NHS Lothian Tobacco Policy covers all NHS Lothian premises. Smoking is therefore not permitted in:

(i) NHS Lothian premises and rented buildings [all buildings include offices, hospitals, health centres, portacabins, cabins, staff residencies] or any other property belonging to NHS Lothian.
(ii) Entrances, doorways and surrounding areas, and areas adjacent to NHS Lothian buildings
(iii) All NHS Lothian vehicles - lease cars, pool cars and vans
(iv) Privately-owned vehicles if transporting patients or non-smoking staff on NHS business.

2.3 The application of this Policy may present particular challenges for staff working within the community who visit clients in their own homes. They

1 Unless this is to facilitate the specific cases outlined in 2.5 below.
should not be required, as part of their duties, to enter any specified smoking areas if, as a consequence, they would be exposed to secondhand smoke. Please see Appendix 4 for details.

This issue will be addressed as part of the ongoing monitoring and review process of the NHS Lothian Tobacco Policy (see Section 4) and more specific guidance relating to this will be developed as part of that process.

2.4 Staff who work with those under formal observation have the right not to enter designated smoking rooms. In such cases, remote observation should take place where possible and it will be hoped to move to a position whereby remote observation will be possible and become the norm in such cases.

2.5 Exemptions:

2.5.1 The only exemptions to this Policy are as follows:

- designated rooms for psychiatric inpatients within residential psychiatric units/hospitals
- designated rooms for inpatients within specified residential accommodation

2.5.2 Inpatients who are smokers, and who fall within the exempted categories, should be offered advice, guidance and support about tobacco use and smoking cessation. This should occur as soon as is practical and with clinical consideration of the mental state of the individual. A note of the discussion and it's outcome should be documented within the patient record, and where appropriate the patient may countersign the discussion note or alternatively may choose to sign an Against Medical Advice Disclaimer. Where the patient has been too unwell to understand advice, support and guidance, or has declined it, staff should ensure that the offer is revisited regularly and documented as before.

2.5.3 Within exempted settings, the development of local smokefree policies in order to minimise harm in association with these exemptions, and in order to minimise the uptake of smoking among non-smokers, is strongly recommended; this would be in accordance with the spirit of the regulations accompanying the legislation.

2.5.4 In facilities for residential psychiatric inpatients, or for inpatients in specified residential accommodation where the NHS is essentially the patient’s home, local NHS management may find it necessary to designate a smoking room for patients who smoke. The provision of such rooms is necessary if indoor smoking provision is desired; however, their existence
is not obligatory and is at the discretion of local management who may opt for smokefree provision instead. Such rooms should not be created if they do not already exist, and a non-smoking common-room must be available. Local protocols for reducing harm to staff and other patients will be developed by managers. These exemptions do not constitute a right to smoke – the NHS is bound by a duty of care to protect its employees.

2.5.5 All exemptions will be monitored and reviewed during 2006 on a quarterly basis by clinical staff/ward managers. This information will be collated and passed to the local Operating Divisional/ Site Tobacco Policy Review Group and ultimately reported to a NHS pan-Lothian Implementation and Review Group.

2.6 Promotion of Tobacco

2.6.1 The sale of cigarettes or other tobacco products either through shops or vending-machines, and the advertising of such, on NHS Lothian premises or property is not permitted. It is not appropriate to expect staff to purchase tobacco-related products on behalf of patients or offer cigarettes to patients. (Instead, nicotine replacement therapy will be made available.)

2.6.2 NHS Lothian will not accept sponsorship, research grants, donations from tobacco companies or associated organisations, or tobacco-related investments.

2.7 A NHS pan-Lothian Tobacco Policy Implementation and Review Group will be established in March 2006. Local operating divisional/site tobacco policy review groups will also be established from January 2006. 4.2 contains further details of how they will operate.

2.8 This Policy will be reviewed by 31 December 2006. The exemptions will also be reviewed in line with the Policy Review by 31 December 2006.
3. HOW STAFF/PATIENTS/VISITORS WILL BE INFORMED OF THE POLICY

3.1 All staff, patients, visitors and contractors should be made aware of the NHS Lothian Tobacco Policy by the methods outlined in the attached Action Plan (Appendix 5).

4. ENFORCEMENT/IMPLEMENTATION/REVIEW OF THE POLICY

4.1 Overall responsibility and accountability

4.1.1 Ultimate accountability for implementing, monitoring and reviewing of the NHS Lothian Tobacco Policy and the regulations in line with the smokefree legislation is with the Chief Executive of NHS Lothian. Given the public health and personnel issues involved, the lead executive officers are the Director of Public Health & Health Policy and Director of Human Resources.

4.2 Implementation and monitoring

4.2.1 The NHS pan-Lothian Tobacco Policy Implementation and Review Group will liaise with local implementation and review groups within each division and/or site in order to ensure consistency of implementation and monitoring across NHS Lothian. It will decide how infringements of the Policy by patients and visitors should be addressed, and will meet on a quarterly basis to monitor the impact and implementation of the Policy. The procedure for infringement of the Policy by staff is outlined in 4.3.1.

4.2.2 Chief Operating Officers/Directors of Operations will be responsible for overseeing the implementation and monitoring of the NHS Lothian Tobacco Policy within their respective areas via local Tobacco Policy Review Groups.

4.3 Enforcement/Compliance

4.3.1 Day-to-day responsibility for implementation and compliance among their staff lies with line managers. It will be the responsibility of line managers to ensure that all staff are informed of the current policy and to ensure adherence within their departments.

(i) As a first line measure for infringement of the Policy by staff, smoking cessation support and/or NRT will be offered [see
Appendix 2]. However, NHS Lothian could incur a fine if the legislation is contravened.

(ii) Repeated non-compliance by employees will be dealt with under the NHS Lothian Disciplinary Policy and Procedure. It will be viewed particularly seriously where this is in breach of the smokefree legislation or constitutes a health and safety hazard and disciplinary proceedings may be invoked as a first line measure in such cases.

4.3.2 All staff should help to ensure compliance by bringing the policy and legislation to the attention of staff/patients/visitors by appropriate communication mechanisms.

(i) All staff should encourage patients, visitors and other staff not to smoke anywhere on NHS Lothian premises. An explanation should be given and a request made to refrain from smoking (for the duration of the visit) or, in the case of staff, visitors or outpatients, that the smoker must leave the premises if they wish to smoke.

(ii) With patients and visitors, this will largely be prior to appointments through written means and appropriate signage.

(iii) Where an immediate risk to others is imposed (e.g. where it constitutes a health and safety hazard) or where smoking is taking place in contravention of the legislation (i.e. indoors or in partially-enclosed areas, with the exception of the exemptions for inpatients in specified designated rooms outlined above), this should be reported immediately to management or via the adverse incident reporting procedure.

(iv) Advice on how to broach this issue will be available on the intranet with hard copies available from line managers.

The potential difficulty of enforcing the NHS Lothian Tobacco Policy is acknowledged and staff will receive full management support.

4.3.3 The approach should be one of clarifying the policy and providing support for staff, patients and visitors. Any confrontational situations will be dealt with in line with existing guidance on managing violence and aggression.

4.3.4 Staff who smoke will under this Policy only be permitted to do so off NHS Lothian premises and during designated breaks. They should also be aware that smoking during business hours, or whenever in uniform or wearing an identity badge, compromises the public health message.
4.4 Monitoring

4.4.1 The Policy will be subject to regular review, and an annual monitoring report will be made available to the NHS Lothian Board by the NHS pan-Lothian Tobacco Policy Implementation & Review Group.

5. EQUAL OPPORTUNITIES

5.1 The Policy will be impact-assessed and monitored for its effects in terms of equality and diversity.

6. ACTION PLAN

6.1 Following agreement of the NHS Lothian Tobacco Policy, an Action Plan has been devised and is available in Appendix 5, “Action Plan: Supporting Document to NHS Lothian Tobacco Policy”. 
APPENDIX 1: TRAINING AVAILABLE TO HELP OTHER PEOPLE TO STOP SMOKING

Smoking cessation training is available in Brief Interventions and in In-Depth interventions for staff who wish to help others to stop smoking.

For details, please contact jane.riddell@lhb.scot.nhs.uk (training in CHPs and the Primary Care Organisation) or fiona.moore@lhb.scot.nhs.uk (training in West Lothian CHCP and the Single Operating Division).
Hospital inpatients:

Hospital inpatients should be offered advice from a member of staff trained to provide brief advice and support to help people stop smoking. Wards should have details of the trained member of staff on the ward where these exist, or of the smoking cessation facilitator if applicable. The offer of NRT may be made to assist with smoking cessation or as a short-term measure to manage acute withdrawal symptoms. This process for accessing smoking cessation support should be discussed in conjunction with the patient and/or their relatives where appropriate.

Referral can be made on to a smoking cessation facilitator (see below for details) who can provide more in-depth support for stopping smoking. They may also point smokers in the direction of support from other sources and/or refer them into these sources.

Visitors and outpatients:

Details of local smoking cessation support in the community should be available for visitors and outpatients of NHS Lothian premises. This will include services on NHS sites. Details of services are outlined below.

Staff:

NHS Lothian, as an exemplar employer recognises that the introduction of the new legislation on the 26th March 2006 may have an impact on employees and their desire to stop smoking. To facilitate treatment within the NHS Lothian work settings, funds will be directed to employ one Smoking Cessation worker to be attached to Occupational Health for one year. As demand may be high, this postholder will work in conjunction with Smoking Cessation workers at St John’s Hospital, the Royal Infirmary and Smoking Cessation workers in Primary Care to ensure NRT and Bupropion are delivered at GP level. Smoking Cessation group work will be provided in hospital and community based workplaces to ensure staff take as little time off work as possible.

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2 A smoking cessation facilitator can offer in-depth support for stopping or advice on how to manage withdrawal symptoms when abstaining, with or without the offer of NRT
Details of smoking cessation services in Lothian.

Support is available for the Lothian population from the following sources:

(i) Smokeline: freephone telephone helpline 0800 848484

(ii) Smoking cessation self-help materials are widely available in NHS premises.

(iii) Smoking cessation facilitators exist within St John’s Hospital and the Royal Infirmary of Edinburgh. Inpatients wishing to stop smoking can be referred to hospital smoking cessation services for assessment and, where appropriate, will be provided with NRT while in hospital. Follow up appointments can then be facilitated with community-based smoking cessation services convenient to the individual. Alternatively, hospital based smoking cessation facilitators can direct smokers (whether patients, staff or visitors) in the direction of other sources of local smoking cessation support.

NRT will be made available to inpatients who need help to manage acute withdrawal symptoms but do not wish to access smoking cessation support.

(iv) Smokers can contact the following designated smoking cessation services for information, local services and support:

- West Lothian: 01506 419666 x3000
- East Lothian: 01620 827363
- Midlothian: 0131 536 7666
- North West Edinburgh: 0131 459 7244
- North East Edinburgh: 0131 536 6206
- South West Edinburgh: 0131 537 7444
- South Central Edinburgh: 0131 536 9759
- South East Edinburgh: 0131 672 9532
APPENDIX 3: HOW TO APPLY THE EXEMPTION

Protocols

In order to be inclusive and supportive of psychiatric inpatients in residential psychiatric units/hospitals and inpatients in specified residential accommodation by addressing their physical health as well as their mental health, protocols should be developed in conjunction with the associated Operating Divisional/Site Tobacco Policy Review Groups. It is suggested that the following procedure is adopted for the exemptions.

On admission or within the first few days of admittance, smoking cessation should be promoted and smoking cessation support offered to such inpatients who are smokers.

The following steps should be considered by the relevant clinician:

(i) offer smoking cessation advice including alternative social activities to smoking and NRT (nicotine replacement therapy) to manage withdrawal symptoms as an alternative to smoking.

(ii) there should be formal, documented written evidence recorded in the patient’s notes that smoking cessation support and/or NRT as an alternative to smoking has been offered to the patient as part of the patient pathway [see Appendix 2 for details] within the first few days of admission.

(iii) if the smoker decides that they wish to smoke, a disclaimer form should be signed by the patient accepting that the patient takes responsibility for their actions, that they understand that smoking is damaging their health and that the long-term consequences have been explained to them, and that it is against medical advice but they choose to do so in spite of this. Where the patient has been too unwell to understand advice, support and guidance, or has declined it, staff should ensure that the offer is revisited regularly and documented as before

(iv) if smoking is permitted, then this should take place within a discrete, safe, small room dedicated solely for the use of smoking (ie with no other facilities or comforts). If no suitable indoor dedicated smoking area is available, or if one is not already in existence, then the building must be smoke-free to ensure protection from passive smoke. A dedicated smoking area outwith buildings, away from windows and entrances to buildings, and out-of-sight of others for whom this may jeopardise their own attempts to stop smoking (or as inconspicuous as possible in the


circumstances), could be identified as an alternative if feasible. The small room (if available) should be well-sealed and well-ventilated with external air extraction as per regulations from the Scottish Executive. Such provision must not be at the detriment of the provision of a non-smoking common room.

Literature and signage must indicate to patients who leave the ward to smoke in such designated areas that they do so at their own risk.

Steps (i) and (ii) should be revisited in the first month and thereafter at least once every 3 months and documented accordingly.
APPENDIX 4: HOME VISITS

The following steps should be taken:

(i) In order to protect such staff, clients and their families will be requested via appointment letters not to smoke indoors for one hour prior to the visit and during the visit.

(ii) If the client and/or occupants refuse reasonable requests for ‘no smoking’ during the visit, the manager will ask to arrange an alternative venue for the appointment where reasonably practical.
APPENDIX 5  ACTION PLAN: SUPPORTING DOCUMENT TO NHS LOTHIAN TOBACCO POLICY

1. POLICY IMPLEMENTATION

1.1.1 All staff, patients, visitors and contractors will be made aware of the NHS Lothian Tobacco Policy. Details of how this will be achieved are outlined below.

1.1.2 A media strategy is being developed along with the NHS Communications Department and will include mailshots in the media.

1.2 Patients

1.2.1 Outpatients, and patients being treated at home, will be informed of the NHS Lothian Tobacco Policy in their appointment letter.

1.2.2 Prospective inpatients will be informed of the NHS Lothian Tobacco Policy before admission.

1.2.3 Inpatients will be informed of the NHS Lothian Tobacco Policy on admission or, for non-routine admission, as soon as is practically possible.

1.2.4 The NHS Lothian Tobacco Policy and its aims will be publicised on promotional information, appointment cards and inpatient/outpatient information leaflets.

1.3 Visitors

1.3.1 Signs will be available indicating NHS Lothian’s smokefree status. Visitors should abstain from smoking for the duration of their visit to NHS Lothian premises.

1.4 Staff

1.4.1 Prospective and new staff will be informed of the NHS Lothian Tobacco Policy when applying for posts via recruitment information, at interview and as part of the induction procedure.
1.4.2 It is recognised that staff working in areas exempted under this policy are liable to be exposed to passive tobacco smoke at work. Job descriptions for these posts should document this fact, and applicants should be made aware of it at the pre-employment stage. Once in post, if the health of the staff member determines that the exposure should cease, then following medical advice the provisions of the NHS Lothian Redeployment Policy will come into operation.

1.4.3 The NHS Lothian Tobacco Policy will be publicised among existing staff and managers via team briefing, the intranet and Connections newsletter, and will also be available on the SHOW website. It is the responsibility of Managers to ensure that all their staff are made aware of, and have access to a copy of, this Policy.

1.4.4 All Fire Safety lectures will refer to the NHS Lothian Tobacco Policy and the reasons for it.

1.4.5 Training for staff to provide smoking cessation support will be advertised.

1.5 Contractors

1.5.1 The NHS Lothian Tobacco Policy will be incorporated into contracts and agreements between NHS Lothian and other parties as a constituent part of these contracts and agreements.

2. PROCEDURE


2.2 Establish local operating divisional/site tobacco policy review groups from January 2006.

2.3 Chief Operating Officers in conjunction with relevant Site Management Groups or Estates Departments should carry out an audit of signposting of no smoking and smoking designated areas in all NHS Premises, including grounds and entrances in line with this Policy. Any gaps identified will be addressed at site meetings.

2.4 No-smoking signs will be displayed at entrances/ exits, main reception and other appropriate areas. Signs will also be displayed in adherence with the Scottish Executive’s Regulations.
2.5 The removal of any indoor existing designated smoking areas will be achieved by 26th March 2006 [see Section 2.5 in the Tobacco Policy for the exemption to this i.e. in the case of psychiatric inpatients in residential psychiatric wards or inpatients in specified residential accommodation. Please note that this exemption does not extend to staff or visitors within such wards].

2.6 No new indoor designated smoking areas (whether in existing buildings or in the plans for new buildings) will be created.

2.7 All existing external designated smoking areas to be made compliant with the legislation by 26th March 2006.

2.8 No new designated external smoking areas will be introduced except where deemed necessary in line with the exemptions for psychiatric inpatients in residential psychiatric units/hospitals and inpatients in specified residential accommodation outlined in 2.5

2.9 Prepare staff and patients for policy by publicising it among existing staff and managers via Connections newsletter, by making hard copies available, and by updating section in the information admissions booklets eg the Single Operating Division’s “Going to hospital” information booklet.

2.10 Publicise details of local smoking cessation support - all wards will have details of their nearest support and a manual of how to provide smoking cessation support.