

No Smoking Policy (including electronic cigarettes)

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NHS Shetland Document Development Coversheet*

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Examples of reasons for presenting to the group	Examples of outcomes following meeting
Professional input required re: content (PI)	Significant changes to content required – refer to Executive Lead for guidance (SC)
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***To be attached to the document under development/review and presented to the relevant group**

Please record details of any changes made to the document in the table below

Date	Record of changes made to document
Jan 2021	Additional paragraph added to clarify exceptions to policy
Feb 2021	Updated formatting to match NHS Shetland guidance

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1. Introduction

Smoking is an addictive habit, which causes disability, disease and death, and is the primary preventable cause of ill health and premature death in Scotland. It is associated with over 10,000 deaths and around 128,000 hospital admissions every year.ⁱ

One of the Board's main aims is to improve and protect the health of the people of Shetland, and the advocacy of non-smoking is one of the most effective ways to achieve this.

The Smoking, Health and Social care (Scotland) Actⁱⁱ came into force on 26 March 2006, banning smoking in enclosed public places. NHS Shetland must comply with this regulation. In addition, the Scottish Government published "Creating a Tobacco Free Generation: A Tobacco Control Strategy for Scotland" 2013. This commits Scotland to being smoke free by 2034; defined as a smoking prevalence among the adult population of 5% or lower.

One action arising from this strategy is: "All NHS Boards will implement and enforce smoke-free grounds by March 2015". NHS Shetland implemented smoke-free grounds in 2006 and is committed to promoting healthy living and non-smoking as its normal culture. It will continue to do this by providing a smoke-free environment for all, while being sensitive to the needs of those who smoke and offering support to those who wish to give up or in managing temporary abstinence.

This policy also forms part of the Boards overall concern for the health, safety and welfare of staff. All workplaces have legal responsibilities to look after the health and safety of their staff through the Health and Safety at Work etc. Act 1974 and the Health and Safety at Work Regulations 1999, which implement the health and safety requirements of the Pregnant Workers Directive (92/85/EEC) into GB law.

2. Aims and objectives

The aim of the Smoking Policy is to make all Board premises and grounds owned or leased by the Board, no smoking areas, with the exceptions detailed in section 5.

The objectives are:

- to create a smoke free environment for Board employees, patients and visitors.
- to increase the awareness of the danger of smoking amongst all NHS staff in Shetland.
- to offer practical advice and smoking cessation support to staff who are cigarette smokers to give up smoking.
- to gain the support of the wider community for the policy as it affects patients and visitors.

3. Scope of the policy

Smoking is not allowed on NHS Shetland Premises. This Policy covers:

- All buildings e.g. offices, hospitals, health centres, staff residences including doorways and main entrances;
- All vehicles e.g. Crown Cars, lease cars (within working hours) and personal vehicles (when transporting other staff or patients within working hours and/or when on authorized business) or when carrying medical equipment at any time. Smoking is also not permitted within any vehicle parked on NHS Shetland premises;

- All grounds e.g. walkways, entrances, car parks, gardens.

It applies to:

- All employees of NHS Shetland, regardless of staff group or designation;
- The wider NHS family e.g. contractors, students, voluntary staff, other healthcare partners and anyone whose work, study or personal circumstances brings them into contact with NHS Shetland premises;
- All patients, including out-patients, day-patients, inpatients and long-stay patients;
- All visitors.

Although the main provisions of this policy do not apply to contracted General Practice premises, General Practitioners and their staff will be subject to the condition laid down in section 8.

4. General principles

The Board accepts without reservation that smoking is damaging to health. This policy is designed to reduce levels of smoking amongst staff, patients and visitors and to provide support to those wanting to stop smoking.

The Board also accepts without reservation that breathing other peoples' cigarette smoke is a public health hazard. This policy therefore is also designed to protect non-smokers from the dangers of passive smoking.

The Board recognises the important exemplar role of health professionals and other NHS employees in the advocacy of non-smoking. Employees of the Board who are cigarette smokers should therefore at no time smoke during working hours, except during agreed and designated breaks. Additional breaks outwith Agenda for Change conditions of Service will not be granted to facilitate smoking. If staff choose to smoke, they must not be in uniform, must not wear identity badges, and not be on Board premises or grounds. Staff must not smoke in their cars in NHS Shetland car parks or grounds during official breaks or at any other times whether in uniform or not. This principle applies equally in hospital and other Board premises as well as in a community setting.

5. Exceptions

There is acknowledgment that current legislation (The Prohibition of Smoking in Certain Premises (Scotland) Regulations 2006)¹³ allows certain exemptions within mental health units. However, the Smoke-free mental health services in Scotland: Implementation guidance 14 highlights that the allowance of smoking in these areas while it is completely banned in all other NHS settings perpetuates inequalities, and those who work and are in the units should have the same opportunities to enjoy the benefits of a smoke-free environment. In addition, within CEL 01(2012) there is the expectation of all NHS grounds being smoke-free. It further stigmatises patients and perpetuates the inequality not to provide staff and patients with the same opportunities to a smoke-free environment.

As such, NHS Shetland is adopting a comprehensive smokefree policy. A comprehensive policy is one which does not allow smoking anywhere on the premises, either inside buildings or in the grounds.ⁱⁱⁱ

The policy will not apply to off-site houses leased to Board staff as homes.

6. Support for smokers

6.1. Staff

NHS Shetland is committed to support staff who want to stop smoking. Staff who are unwilling or unable to stop smoking completely should be encouraged to use Nicotine Replacement Therapy (NRT) to help abstain while at work or in uniform.

The Health Improvement Department provides free specialist one-to-one support services across Shetland, under the national service heading of "Quit Your Way". Support may also be obtained from community pharmacies or through health centres. Pharmacotherapy can be provided along with a programme of support to any staff member making a serious attempt to stop smoking.

In respect of Board employees, an agreed course of smoking cessation support will be made available during the employee's normal working hours at times to be agreed with the employee's manager. Arrangements for attendance at smoking cessation activities for non-Board employees will have to be agreed by the individual's employer.

Staff can self-refer for a one-to-one appointment by telephoning the Health Improvement Department on 01595 807494 or they can seek support at their local health centre or pharmacy.

6.2. Inpatients

Written information on this policy will be provided to all planned care patients before they are admitted to hospital.

All inpatients will be asked as part of their admission procedures about their smoking status. If they smoke or have quit in the last four weeks the health professional concerned will follow the integrated care pathway. In accordance with the integrated care pathway staff should:

- Provide brief advice about the benefits of stopping and arrange NRT where appropriate to reduce withdrawal symptoms resulting from this policy.
- Offer to refer inpatients who wish to stop to the specialist stop smoking service run through the Health Improvement Department.
- Outline the policy, clarifying that smoking is not permitted anywhere on hospital premises and grounds.
- Document advice given and actions taken.

During their stay, inpatients who have initially chosen not to quit should be reassessed regularly and offered a referral to the specialist stop smoking service whilst still in hospital and on discharge.

If a patient becomes angry or violent on being asked not to smoke, the procedures in the Board's Policy and Guidelines for the Prevention and Non-Physical Management of Aggression and Violence (PMAV) in the Workplace should be invoked. However, most smokers appreciate that smoking in hospitals and on NHS premises is inappropriate.

The optimal solution is that patients should be encouraged to prepare for treatment by quitting smoking, although this is less easy to achieve in the case of emergency admissions.

If they are admitted as smokers, then patients should be encouraged to make use of smoking cessation services while they are in hospital. If a patient is unwilling or unable to stop smoking while in hospital, and needs to be escorted outside the hospital grounds, it is recommended that where possible, a family member or relative should be asked to undertake this role, but this can be negotiated within the care planning process.

6.3. Outpatients and members of the public

Access to specialist support to quit smoking is available from NHS Shetland's Health Improvement Department, available across Shetland. Telephone 01595 807494 for more information or to refer into the service. Support is also available from community pharmacies and through GP practices.

6.4. Training

Training on raising the issue of smoking and brief intervention techniques in order to offer appropriate support for smokers is available through NHS Shetland Health Improvement Department and may be requested by any member of staff. In addition, any member of staff who is interested in becoming a 'Quit Your Way' Champion within their team and offer smoking cessation support to patients can undertake the specialist smoking cessation training available.

7. Contracts with other providers

Where the Board contracts for the provision for clinical services for its residents with external healthcare providers, it will be a condition of such contracts that the contractor has in place a smoking restriction policy.

8. Smoke-free home visits

Various NHS Shetland staff visit patients in their homes to provide healthcare and advice and we have a duty to protect them from the risks of ill-health due to passive smoking. During these visits, the patient's home becomes their workplace.^{iv} Private houses are not covered by the Act. Several factors, therefore, need to be taken into consideration.

This policy aims to protect people from the harm caused by passive smoking – that is – breathing in second hand smoke. Second hand smoke comes from the burning tip of a cigarette and from the smoke breathed back out. It contains around 4,000 toxic chemicals, which means people who breathe it in are at risk of the same diseases as people who smoke, including cancer and heart disease.

Staff conducting home visits should ask patients and anyone living with them or visiting them not to smoke while they visit and to ventilate the room as best they can prior to visit by opening a window or door.

Staff must report to their manager when they are being exposed to second-hand smoke during a home visit. The manager has a duty to protect their health and wellbeing, and may decide they should not continue to carry out home visits. Ultimately, patients could be asked to attend local GP surgery or another venue for treatment if possible.

It is important to identify members of staff who have a pre-existing condition that is made worse by exposure to tobacco smoke, such as asthma, COPD and cardiovascular disease or who face additional risks e.g. due to pregnancy. Members of staff who have such conditions are at higher risk and particular care should be taken to prevent or minimise their exposure to tobacco smoke.

9. Electronic cigarettes

Electronic cigarettes (e-cigarettes) are becoming increasingly popular and many smokers report using them. There is now agreement based on the current evidence that using e-cigarettes is less harmful than smoking tobacco. Using e-cigarettes without stopping smoking (dual use) does not provide health benefits. Anyone who is using both should be encouraged and supported to stop smoking tobacco as soon as they can. To be absolutely clear, e-cigarettes are useful for public health and health service purposes only as a potential route towards

stopping smoking. There is still a lot we do not know about e-cigarettes. They are not risk free, but based on current evidence, they have a much lower risk than tobacco.

E-cigarette use will not be permitted within a 15m perimeter of the Gilbert Bain Hospital or other NHS Shetland buildings (with the exception of private accommodation buildings) and e-cigarettes must not be used or charged either within the hospital or any other NHS Shetland building. This is in line with the recent consensus statement from the Scottish Directors of Public Health.

10. Roles and responsibilities

10.1. NHS Shetland Chief Executive

NHS Shetland as an employer must ensure there is a designated named person(s) from the organisation that complaints may be directed to if required.

This is to be displayed on appropriate legal signs. This designated person will be the Chief Executive.

In practice, the usual complaints procedure should be used, via:

Feedback and Complaints Officer
Shetland Health Board Headquarters
Montfield
Burgh Road
Lerwick
Shetland
ZE1 0LA

Phone **01595 743 064**

Textphone **18001 01595 743 064**

10.2. Managers/Line Managers

Are responsible for ensuring that:

- Their staff know, understand and comply with this policy
- Ensure that no-smoking signs are prominently displayed
- Ensure their area is monitored for evidence of smoking, taking appropriate action if evidence is found
- Fully support staff who bring this policy to the attention of any person in breach of it, by reinforcing the no smoking message and intervening in situations that become difficult for the staff member to handle
- Contractors or non-NHS staff know, understand and comply with this policy

10.3. All staff

All staff, whether directly employed or working on a contract of locum basis;

- Must ensure they are familiar with the policy and comply with its provisions

- Support the policy and follow its guidance if they observe anyone smoking in breach of policy or legislation on NHS Shetland premises.
- Report any non-compliance of the Policy to their line manager

If any staff have concerns about the implementation of this policy they should raise them with their line manager or with a member of the Health and Safety Committee.

10.4. Health Improvement Department

- Provide cessation advice and support to any patient or staff who wish to stop smoking
- Provide tobacco related training for NHS staff and partner agencies across Shetland. This training equips staff with the knowledge and skills to raise the topic of tobacco use, the nature of addiction and how to manage withdrawal.

11. Signage

NHS Shetland will display no smoking signs both internally and externally on all its premises and vehicles. Signs at the entrances to premises will be visible to pedestrians and drivers as they approach the premises. Signage at the entrance and within buildings will comply with the Smoking, Health and Social Care (Scotland) Act 2005.

12. Non-compliance with the policy

Smoking in breach of legislation (in enclosed or semi-enclosed spaces)

Any person smoking in an enclosed space as defined by the Smoking, Health and Social Care (Scotland) Act 2005 and its associated regulations are breaking the law and may be liable to a fixed penalty of £50 imposed by the external agencies legally responsible for its implementation.

The Smoking, Health and Social Care (Scotland) Act 2005 allows the agencies charged with enforcing the Act to impose fines on the manager, or any other person in control of any no smoking premises, for allowing others to smoke within them. This applies whether or not the person is aware that smoking has occurred. It should be noted that senior management staff could face prosecution by the courts because of the actions of others.

Any person smoking within a building should be made aware that they are committing an offence, and be politely asked to stop smoking. All incidents should be recorded on Datix, available on NHS Shetland website. If a member of staff feels unable to approach the smoker they must report the matter to their line manager.

12.1. What to do if someone ignores the policy

We hope that the majority of people will respect the policy requirement not to smoke. However, it is important that we know what to do if someone does continue to smoke.

- If smoking within a building – Draw the person’s attention to the “No Smoking” signs and remind them about NHS Shetland’s No Smoking Policy and that they are committing an offence. Politely ask them to stop smoking.
- Advise the person that it is also an offence for NHS Shetland to let anyone smoke on their premises. Explain to them that NHS Shetland has a no smoking policy in buildings and grounds to ensure a safe working environment for all staff, patients and visitors.

- Anyone who breaches this policy can be asked how they feel about their smoking and if they are considering quitting then advise that free support services and NRT are available to them to assist them with stopping smoking.
- NHS Scotland is committed to improving the health of the Scottish people and promotes a healthy lifestyle where no smoking is the norm. For this to be successful our local community must support this commitment by not smoking whilst on our premises.

12.2. If the person is an employee:

- If your warning has been ignored and the individual is going to carry on smoking, if appropriate ask them to immediately leave the premises and grounds or inform their line manager.
- The line manager of the staff member committing the offence should be informed and the event reviewed.
- Staff should note that repeated non-compliance with the No Smoking Policy may be grounds for disciplinary action in accordance with the Board's Managing Conduct Policy.
- Record on the Datix adverse event reporting system: Tobacco – failure to follow system.
- If there is a clear breach of the health and safety policy, procedures under the Board's Health and Safety Policy may also be initiated.

12.3. If the person is a patient:

- They should be advised they are breaking the law and reminded of NHS Shetland's No Smoking Policy
- Patients should be made aware that repeated breaches of Legislation could affect the ability of NHS Shetland to continue providing them with care on healthcare premises. In some cases this may require an exploration of how the needs of the patient may be met in light of the legal requirements and will require written confirmation to the patient.
- In extreme and dangerous circumstances e.g. patient on oxygen or in shared ward, smoking materials may have to be removed for safe keeping and returned on discharge.
- Report them to their ward manager/senior charge nurse

12.4. If the person is a visitor/relative:

- They should be advised of NHS Shetland's No Smoking Policy
- If the person carries on smoking, ask them to leave the premises and grounds and if they ignore this advice then inform them that the police will be called as they are breaking the law.
- Record such adverse events as appropriate on Datix.
- If a member of staff feels unable to approach the smoker they must report the matter to their line manager.

12.5. Contractors

If a contractor breaches the smoking policy they should be reported to their managing organisation, which should deal with the breach.

In all cases if anyone reacts with aggression or violence, the Board’s Policy and Guidelines for the Prevention and Non-Physical Management of Aggression and Violence (PMAV) in the Workplace should be observed.

All staff will be issued with a written summary of this policy and Contracts of Employment/ Staff information will make explicit reference to the key aspects, and promote the availability of support in stopping smoking.

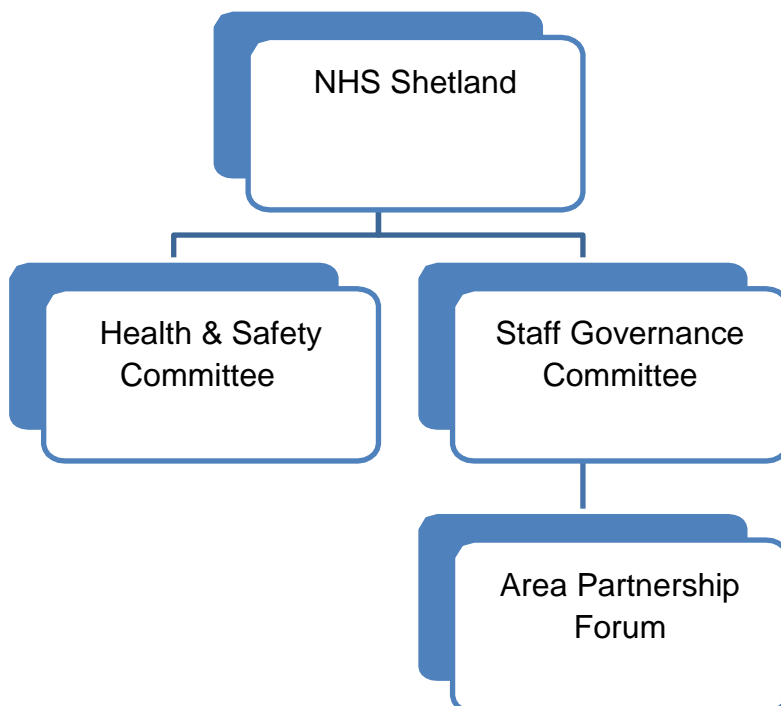
13. Supporting implementation

In line with the Staff Governance Agenda there is a requirement to support staff with cultural issues around policy implementation, along with the need to understand barriers in application of policy.

- Examples of barriers to policy application are outlined below.
- Staff not adhering to policy
- Issues with policy application/policy perceived not fit for purpose
- Support needed with a specific policy
- Support needed with general policy implementation

As a support mechanism for staff and managers it is recommended that any cultural issues that arise around policy implementation are directed to shet.staffdevelopment@nhs.scot who will review the issue and support the staff member with the best course of action.

14. Organisational chart showing reporting arrangements



15. Monitoring and Evaluation

The following indicators will be used to monitor how the policy is being implemented:

- Is the policy effectively and widely communicated?
- Is appropriate information available for staff, patients and visitors? Are staff aware of the policy and its implications?
- Is the policy covered at Induction?
- Number of staff and patients seeking support with stopping smoking Numbers of staff trained in brief interventions
- The number of complaints related to smoking adverse event reports recorded on the DATIX system

16. Review

The policy will be reviewed every three years or sooner in the light of further guidance on e-cigarettes. Next review due Sept 2021.

17. Rapid Impact Assessment

<p>Which groups of the population do you think will be affected by this proposal?</p> <ul style="list-style-type: none"> • people of low income • people with mental health problems • minority ethnic people (incl. homeless people, gypsy/travellers, refugees & asylum people involved in criminal justice system seekers) • staff • women and men • people in religious/faith groups disabled people • older people, children and young people • lesbian, gay, bisexual and transgender people 	
<p>NB The word proposal is used below as shorthand for any policy, procedure, strategy or proposal that might be assessed.</p>	<p>What positive and negative impacts do you think there may be?</p>
	<p>Which groups will be affected by these impacts? All – staff . visitors and patients</p>
<p>What impact will the proposal have on lifestyles? For example, will the changes affect: Diet and nutrition? Exercise and physical activity? Substance use: tobacco, alcohol or drugs? Risk taking behaviour? Education and learning, or skills?</p>	<p>The policy hopes to have a positive impact on peoples' lifestyle regarding tobacco use. Tobacco can often be used as a form of risk-taking behaviour initially, but very soon becomes an addiction problem and although the use of tobacco is legal, it is a substance that causes great harm to individuals, communities and our environment.</p>
<p>Will the proposal have any impact on the social environment? Things that might be affected include Social status Employment (paid or unpaid) Social/family support Stress Income</p>	<p>The perception of smoking has gradually changed over the past decade, from acceptance to a view that smoking is no longer the norm. Some people who smoke perceive that this has infringed upon their rights; the aim of this policy is to encourage everyone to consider their health and their responsibility in relation to smoking and second-hand smoke whilst offering help to those who want to stop smoking.</p>

<p>Will the proposal have any impact on Discrimination? Equality of opportunity? Relations between groups?</p>	<p>No – the policy impacts equally across all groups. We need to continue to offer smoking cessation services that are appropriate, accessible and non-discriminatory, e.g. offering one to one smoking cessation appointments instead of groups, delivering the service in remote areas and consulting with patients on an ongoing basis regarding the smoking cessation service, ensuring promotional activities and information provided are offered in other languages and in Braille.</p>
<p>Will the proposal have an impact on the physical environment? For example, will there be impacts on: Living conditions? Working conditions? Pollution or climate change? Accidental injuries or public safety? Transmission of infectious disease?</p>	<p>Some patients may perceive that the ban on smoking in hospital affects their experience of being in hospital. It is hoped they will welcome the opportunity and support provided in stopping smoking.</p>
<p>Will the proposal affect access to and experience of services? For example, Health care, Transport, Social services, Housing services, Education</p>	<p>Some patients may perceive that the ban on smoking in hospital affects their experience of being in hospital. It is hoped they will welcome the opportunity and support provided in stopping smoking.</p>

Rapid Impact Checklist: Summary Sheet

Positive Impacts (Note the groups affected)

Reduction in exposure to second hand smoke
Reduction in smoking for staff members and some patient groups

Negative Impacts (Note the groups affected)

Smokers will be required to leave NHS Shetland grounds in order to smoke or use e-cigarettes

Additional Information and Evidence Required

None

Recommendations

From the outcome of the RIC, have negative impacts been identified for race or other equality groups? Has a full EQIA process been recommended? If not, why not?

No negative impacts for race or other equality groups have been identified and therefore a full EQIA is not necessary.

18. References

- i <http://www.scotpho.org.uk/behaviour/tobacco-use/key-points>
- ii The Smoking, Health and Social Care (Scotland) Act 2005
- iii Smokefree NHS Scotland Implementation Guidance 20
- iv Royal College of Nursing (2006) Protecting Community Staff from exposure to second- hand smoke: RCN best practice guide for staff and managers: London