NHS
Black Country Partnership
NHS Foundation Trust

Smokefree

Target Audience				
Who Should Read This Policy	Mental Health	Learning Disabilities	Children, Young People & Families	Corporate
All Employees	✓	✓	✓	✓

Our Community
you matter, we care

Honesty and Transparency | Integrity | Empowerment | Compassion & Kindness | Dignity & Respect

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Explanation of terms used in this policy

Smoking - The inhalation of the smoke of burning tobacco encased in cigarettes, pipes and cigars. For the purposes of this policy, including the title, 'Smoke' and 'Smoking' refers only to the definition around tobacco products / by products. The introduction of ENDS (see below) has introduced water vapour as a means of suspending nicotine and/or flavouring and this is considered / managed differently in the policy

Electronic Nicotine Delivery Systems (ENDS)/ Vaping - Battery-powered devices which simulate tobacco smoking, these are also known as vaporising units or e-cigarettes. They generally use a heating element that vaporises a liquid solution. Some solutions contain a mixture of nicotine and flavourings, while others release a flavoured vapor without nicotine. There are two main forms of ENDS product - disposable and rechargeable:

> **Disposable** - Single use products and relate to the fact that the batteries are self-contained, non-rechargeable and the liquid non-refillable; these single use units can be equivalent to approx. 30 – 40 standard cigarettes
>
> **Rechargeable -** Multiple use products with rechargeable batteries which can be dismantled into component parts and are refillable. A number of ENDS products are anticipated to be licensed in the near future which will complement the range of available NRT products. Re-chargeable products must be risk assessed when used (please see Appendix 1).

Nicotine Replacement Therapies (NRT) - A way of getting nicotine into the bloodstream without smoking. There are nicotine gums, patches, inhalers, tablets, lozenges, and sprays. Nicotine replacement therapy (NRT) stops, or reduces, the symptoms of nicotine withdrawal

Trust Property - The Trust has a wide range of properties fulfilling a wide range of purposes. For the purposes of this policy Trust Property refers to sites owned or leased by the Trust for the purposes of delivering patient care either directly e.g. inpatient facilities, or indirectly e.g. office bases. The physical area of the property relates to the boundaries of the entire property boundary and not the immediate vicinity of the building/s

Working Environment - The Trust delivers patient care services in a wide variety of working environments including hospital setting, community clinics, patient homes, supporting patients in community settings/activities. For the purposes of this policy staff working environments are considered anywhere in which staff would be expected to routinely deliver patient care and includes a patient's home and supported living settings and the wider community.

1.0 Introduction

The Smoke-free Policy prohibits smoking in Trust premises i.e. buildings, grounds and Trust vehicles this includes any staff wearing Trust uniform or lanyard The Black Country Partnership NHS Foundation Trust is committed to improving the health and wellbeing of patients, carers, staff and visitors. The historic image of mental health services is strongly associated with smoking and other health and social inequalities. The Trust is dedicated to changing this to one that positively promotes health and wellbeing for all.

Smoking is the main cause of preventable illness and premature death. People with mental health problems smoke significantly more and are more dependent on nicotine than the population as a whole, and on average die15-25 years younger than the general population. The high rates of smoking exacerbate the health inequality already experienced by those with a serious mental illness and the largest positive impact on the health of people with mental health problems will come from increasing the focus on their smoking behaviour and through the routine provision of smoking cessation support.

Smoking causes a wide range of diseases and medical conditions, including cancers, respiratory diseases, and coronary heart disease. It also has a negative impact on mental health. Smokers experience more severe mental health symptoms, require higher doses of psychotropic medication and spend more time in hospital compared to people with a mental illness who do not smoke.

We will provide treatment to smokers who wish to quit and support smokers who do not want to quit to temporarily abstain from smoking whilst in Trust buildings or grounds. We will provide a healthy environment to work in and create outside spaces that are conducive to nurturing wellbeing. The policy complies with Smoke-free legislation (Health Act, 2006) and The Nice Guidelines for Smoking Cessation in Secondary Care; Acute, Maternity and Mental Health Services (NICE, 2013).

2.0 Purpose

The purpose of this policy is to declare that the Trust has a completely smoke free environment and is in line with NHS requirements (NICE PH48).

3.0 Objectives

- Protect and improve the health of staff, service users, contractors and visitors by removing the dangers of second-hand smoke
- Safeguard the rights of staff, service users, contractors and visitors to breathe in air free from tobacco smoke
- Comply with Health and Safety Legislation and Employment Law
- Provide staff with a healthy working environment and protect the current and future health of staff, service users, contractors and visitors
- Support smokers to help them cope with increased restrictions
- Encourage and support those staff and service users who wish to stop
- Ensure compliance with NICE Guidance - Smoking cessation - acute, maternity and mental health services (PH48) and NICE Quality Standard – Smoking: Reducing Tobacco Use (QS82)

4.0 Process

This policy sets out the requirements for all staff employed by the Trust to promote healthy behaviours. All clinical staffs are specifically tasked with screening for smoking status and providing very brief advice – ASK, RECORD, ADVISE, ACT.

Some clinicians will be responsible for assessment and treatment of tobacco dependence. The extent and the nature of the interventions delivered will be dependent on staff's role and the patient's choice. All clinicians are expected to be familiar with the care pathway for those who are tobacco dependent and ensure referrals are completed as required. The principle requirements of this policy are to:

- Provide comprehensive screening, tobacco dependent patients are identified and offered evidence based treatments
- Eliminate the health risks associated with passive smoking and improving the health and wellbeing of patients, staff and visitors
- Protect non-smoking patients from second-hand smoke through being cared for in smoke-free environments across the care pathway
- Support patients to quit, patients are potentially able to reduce prescribed medications and this will contribute to improved health status.
- Support smoking cessation which has proved to be associated with improvements in mental health compared with continuing to smoke, in particular improving mood, self-confidence, and reducing levels of anxiety
- Support smoking cessation for staff to provide opportunities for improved health status, good role modelling and improved attendance at work

4.1 Pharmacological Support - Nicotine Replacement Therapies (NRT)

Nicotine replacement therapy (NRT) is a way of getting nicotine into the bloodstream without smoking. There are nicotine gums, patches, inhalers, tablets, lozenges, and sprays. Nicotine replacement therapy (NRT) stops, or reduces, the symptoms of nicotine withdrawal. Where patients are prohibited from smoking on-site, and not allowed to leave the area the following will apply:

- **First Line Support** - Recommend abstinence from use of all nicotine-containing products (e.g. nicotine replacement therapy [NRT] or pre-loaded Electronic Nicotine Delivery Devices [ENDS])
- **Second Line Support (driven by patient / service user choice and acceptability)** - Use of licensed nicotine replacement therapy (NRT) for smoking cessation or to manage temporary abstinence. Allow use of service user purchased approved disposable electronic nicotine delivery systems (following completion of individual risk assessment)

4.2 NRT Admission Prescribing Flow Chart (see Appendix 1)

Additional guidance on the implications for and clinical management of mental health patients and smoking can be found in the Trusts Clinical Guidance on Prescribing NRT. General information can be found in the National Centre for Smoking Cessation Training: Smoking Cessation and Mental Health a briefing for front-line staff (2014)

http://www.ncsct.co.uk/publication_smoking_cessation_and_mental_health_briefing.php

4.3 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 staffs that work 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 the duration of their appointment.

In some cases where a patient is provided with continuous care at home people living there should be asked to do everything possible to keep the room where care is provided totally smoke- free.

An information leaflet for patients and carers can be found at **Appendix 2** and a sample agreement that patients who smoke should be asked to sign can be found at **Appendix 3**.

Community staff can use their professional judgement when deciding whether or not to implement the smoke free policy. There may be some highly complex or crisis situations where staffs decide to allow a patient to smoke, for example, an acutely distressed or terminally ill smoker. If a patient's community care involves a team of people, all staff in attendance will need to agree to the exemption (RCN 2006).

Detailed guidance on managing such situations can be found in the Royal College of Nursing publication "Protecting community staff from exposure to second-hand smoke - RCN best practice guide for staff and managers" (RCN, 2006) available from the following web site:

http://www.rcn.org.uk/data/assets/pdf_file/0006/78702/003043.pdf

4.4 Healthy Living

This policy recognises that smoking is a key factor in the poor physical health experienced by people with diagnosed mental health problems and in their early death. As a health organisation the Trust acknowledges that it has a duty of care to patients to inform and support them in achieving the best possible health for themselves.

It also recognises that second hand smoke adversely affects the health of all employees. It is not concerned with whether anyone smokes but with where they smoke and the effect this has on patients, visitors, smoking and non- smoking colleagues and other members of the wider health community. It is also concerned with the presence of preventable carcinogenic substances in the locality of health sites

The Trust encourages its employees to refrain from smoking outside the times and circumstances set out in this policy, both in their own interests and as representatives of a major public body, whose purpose is to improve health.

4.5 Guidance for Staff who Smoke

Staff must not smoke on hospital grounds, in Trust premises or in Trust vehicles. Given the importance afforded to the public health aspects of smoking together with the Trust's image in that respect, staff in uniform or wearing Trust Lanyard, should not be seen smoking anywhere and will adhere to the following:

- Will not take "smoking breaks" during their contractual hours of employment.
- Will meet with their line manager to discuss and agree time off work in order to attend a smoking cessation clinic if they wish to.
- Understand that Trust disciplinary procedures for continued non-compliance with this policy may apply

- Staffs who are escorting patients to shops should not intervene if a patient wishes to purchases or use tobacco products whilst off Trust premises.
- Staff especially should not to smoke near entrances to the Trust site where boards are displaying the organisation's commitment to Smokefree environments.
- Staff who smoke outside the Trust premises and grounds are encouraged to show due regard to the possibility of service users seeing them smoking, so as not to undermine the positive health benefits of this policy.
- Staffs also need to be aware of the sensitivity of service users who are abstaining smelling smoke on them.

4.5.1 What if I am Finding it Difficult to Adjust?

Staff who are finding it difficult to adjust to the Policy should be invited to discuss the issues with their manager, and be referred to local stop smoking services or occupational health for support and, if they wish, advised to consult their GP or smoking cessation services for further help.

4.5.2 Challenging Managers on Right to Smoke!

If individual staff challenges their manager on their right to smoke, the manager should refer to these points:

- This is a Trust Policy relating to health and safety and is based on legislation and on the same principles as policies relating to dangerous machinery, toxic substances etc.
- An employee cannot challenge the employer's duty to comply with legislation or right to introduce healthier and safer working practices
- The Policy is concerned with where someone smokes

4.5.3 Will Staff Breaks be Affected?

This Policy makes no changes to the current arrangements for staff taking a break. The following are relevant to the issue of staff taking breaks and further advice can be obtained from service managers with input from Human Resource Advisors where necessary. The Working Time Directive and Agenda for Change Terms and Conditions, where staff work for longer than six hours they are entitled to an unpaid break of a minimum of 20 minutes.

In most health and social care workplaces, breaks are taken in a manner consistent with maintaining minimum staffing levels. Managers need to plan effectively for staffs who leave the buildings on breaks for any reason. At night the issues will include lower staffing levels. Staff should be aware of the potential effects of clients seeing them smoke off the grounds, whether in uniform or not, particularly when they may have been offering cessation of smoking advice to patients.

4.6 Smoking Cessation Support for staff

Details of local stop smoking services, training and resources are available from the local Stop Smoking services which can be found at **Appendix 5**. Alternatively smokers can phone the NHS Smoking Helpline free on 0300 123 1044 for advice and information about stopping smoking.

4.7 Guidance for Patients

This Policy applies to all patients. Patients who are distressed for any reason should be comforted, but the Policy still stands.

Patients should also be informed at pre-admission or on admission. They should be informed that:

This is a Trust Policy relating to health and safety and is based on legislation and on the same principles as policies relating to dangerous machinery, toxic substances etc. The Trust has a duty to its patients to protect them from the health hazard that smoking represents.

On admission to an inpatient area service users will have their smoking status recorded and a nicotine management intervention plan implemented. This will include:

- An assessment of the level of nicotine dependence the service user has
- A discussion of previous use of NRT (if any)
- An explanation of the different products available
- An explanation of how to use NRT
- Provision of a supply of NRT for use during the inpatient period

Some service users will need to have their NRT administered under supervision initially to reduce the risks of misuse of the products. Certain products such a gum is not permitted in the Forensic areas.

All staff should familiarise themselves with the Trust Formulary and supporting guidance to ensure that NRT is administered effectively. Training will be made available to support staff, particularly prescribers, in this role.

If a patient becomes angry or violent, staffs are encouraged to use de-escalation principles as they would in their normal working practices.

The approaches used to assess nicotine dependence and subsequent provision of NRT should be seen as part of the clinical pathway and be discussed by the clinician, the patient/client and appropriate relatives in that light and documented in the patient's health record.

4.8 Visitors and Outpatients

Visitors and service users attending out-patient premises will be advised prior to attending that the sites are smoke-free; those with language needs will be addressed as needed using existing diverse communication strategies. Information on support services to enable them to cope with restrictions will be included together with information regarding stop smoking services. Details of local stop smoking services can be found in **Appendix 5**. Alternatively, smokers can also phone the NHS Smoking Helpline 0300 123 1044 for advice and information about stopping smoking.

4.9 Vehicles

Smoking is not permitted in any vehicles used for Trust business. In addition smoking is not permitted in vehicles whilst transporting service users or clients. Staffs who use their own vehicles for Trust business journeys should not smoke in them during work hours, when they are parked on Trust property and if a work colleague is a passenger.

4.10 Electronic Nicotine Delivery Systems (ENDS) – Vaping

E-cigarettes have become the most popular quitting aid among smokers in England and there is evidence that they are helping people to quit, especially when combined with support from stop smoking services. They can also be a valuable tool in supporting smokers who are unable or unwilling to stop in one step to reduce the harm from smoking.

While e-cigarettes are not risk free, based on current evidence they carry a fraction of the risk of cigarettes. Public Health England's independent review of the latest evidence, published in August 2015, found that e-cigarette use (vaping) is around 95% safer than smoking.

There are two main forms of ENDS product - disposable and rechargeable. Clinical staffs will have flexibility to asses a patient's suitability for having e-cigarettes.

Disposable are single use products with a non-rechargeable self-contained battery, and the liquid non-refillable; these single use units can be equivalent to approx. 30 – 40 standard cigarettes.

Rechargeable are multiple use products with rechargeable batteries which can be dismantled into component parts and are refillable.

Disposable and rechargeable END's will not be provided by the Trust however they may support compliance with the Trust's smoke-free policy and help smokers manage their nicotine dependence.

If there is a desire amongst patients to use ENDS the Trust will only support the use of **re-chargeable and disposable** e-cigarettes to support cutting down or quitting tobacco. It is critically important that e-cigarettes do not simply replace cigarettes so that a culture of e-cigarettes replaces the smoking culture (see the conditions below). As new evidence emerges about e-cigarettes The Trust will review this position.

Standing Operating Procedures on e-cigarettes provides some additional background information and can be found on the Trust intranet**.**

4.10.1 Guidance for Staff when Facilitating E-cigarette use

- Staff will explain to patients and carers that nicotine replacement therapies (NRT) and other licensed stop smoking medicines such nicotine patches, lozenges and inhalators when given together with intensive behavioural support, are the most effective way to stop smoking and ideally should only advise on e-cigarette use after patients have tried these treatments.
- Information leaflets on e-cigarettes for patients should be used to develop a collaborative plan for any use of e-cigarettes, as they would with NRT or any other stop smoking medication.
- In order to safeguard children, patients who are under 18 or pregnant will not be allowed to use e-cigarettes on Trust premises.

- A risk assessment and care plan will need to be in place for patients who use e-cigarettes noting any risks with the devices chosen by the patient, and potential for harm e.g. access to batteries. (Please refer Appendix1 Guidance on e-cigarette use)

- When required, patients should be informed that disposable e-cigarettes are permitted. However, if the patient does not find that disposable devices are acceptable rechargeable types can be considered provided an individual risk assessment is complete and that staff comply with Department of Health guidance including undertaking all the charging.
- E-cigarettes can be purchased by patients and/or brought into the service by visitors.
- E cigarette use should only be permitted in discrete places and never be permitted in areas where patients and staff congregate.
- E-cigarette use is only allowed by patients in designated areas (e.g. hospital grounds, but not communal indoor areas or ward gardens).

- E cigarette use should not be included as part of therapeutic interventions or recreational conversations.
- E-cigarette users will be required to plan their use of these devices with their care team as part of their care plan (as they would with NRT) and allow staff to check the products that they are using.
- If a patient switches from smoking cigarettes to e-cigarettes this will affect the metabolism of some prescribed medication. Blood plasma levels will need to be monitored and medication regimes adjusted accordingly. This is especially important for patients taking clozapine.
- E-cigarette users will be required to store their e-cigarette safely and securely they should not share products with others for infection control reasons and should not use them near oxygen/naked flames.
- E-cigarette users are expected to be considerate to those around them and always use the e-cigarette when in an allocated and discrete area.
- E-cigarettes must be disposed of in a designated bin so that the battery and plastic can be recycled in line with European Union regulations.

Remember, NRT is the preferred product for supporting smoking reduction or cessation.

4.10.2 Guidance for Staff who wish to use E-cigarettes

- Staff who smoke will be encouraged to make full use of smoking cessation services, full and flexible support will be offered to staff in attempts to cut down and quit
- Staff who smoke and are dependent on tobacco will be encouraged to use NRT whilst at work
- Staff using e-cigarettes as part of their personal tobacco management plan should always do this discreetly and preferably off site. However there may be occasions where exceptions need to be considered. These should always be agreed by the member of staff's line manager
- Staff are not permitted to use e-cigarettes *with* patients whilst at work
- Staffs are expected to make considered and sensible judgments on their personal use of e-cigarettes. They should never be used indoors, never be in highly visible areas or in the sight of patients. If ever in doubt advice should be sought from the local manager/s

4.11 Communicating this Policy

Clear signs will be on display to ensure that everyone entering Trust properties understands that smoking is not allowed on the premises. Furthermore, those with language needs will be addressed as needed using existing diverse communication strategies.

Tenders and contracts with the Trust will stipulate adherence to this Policy as a contractual condition. Existing contracts currently have a contractual element in relation to smoking.

Job advertisements will include reference to the Smoke Free Policy of the Trust and indicate that adherence to the Policy is contractual.

Services will provide early information to all relevant parties of the Smoke Free Policy in advance wherever possible.

For staffs working in the community the expectation that our staffs are afforded a smoke free environment needs to be explained to service users and carers with reference to the possible alternatives (as described within Breach of Policy above) where necessary.

All contractors working with the Trust will be informed of the policy as part of the contractor's induction procedure for site attendance.

4.12 Managing Breaches of the Smoke Free Policy

The Trust does not want anyone to feel that they need to engage in difficult or overly challenging situations and should not approach individuals (whether staff or patients) to ask them to stop smoking unless they are confident that it is safe to do so.
Our expectation is to promote and develop a culture across all our buildings and sites that smoking is unacceptable and that everyone respects this. Shifts in culture and

behaviours can take time and will not be achieved simply by releasing policies and guidance. The required culture change will 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 project.

4.12.1 Patient Breaches

Prior to planned hospital admissions patients will be advised that smoking is not permitted in the hospital or grounds and they will be offered support to temporarily abstain or quit. This will include nicotine replacement therapy and behavioural support. They will be asked not to bring tobacco, cigarettes, lighters or matches with them to hospital.

For unplanned admissions carers or family members who accompany the patient to hospital, will be asked to take the prohibited items home. If the patients are unaccompanied when they arrive at hospital, staff will store their contraband items and they will be returned at the point of discharge.

Should the patient become aggressive when the smoke free policy is being implemented then the member of staff should summon assistance and the aggressive incident managed according to that person's care plan.

Should a patient be observed breaching the smoke free policy by smoking in the hospital, staff should ensure the area is safe and advise the patient of the smoke free policy and where they are able to access support. The policy is aimed at supporting patients to stop smoking and developing a smoke free culture not to introduce unnecessary conflict.

Patients who are struggling to comply with the smoke free policy should have a review of their nicotine replacement therapy, and consideration given to increasing the amount of behavioural support that has been provided.

It should be noted that there are no exceptions to this policy in respect of patients, there are to be no designated areas within buildings where the use of cigarettes is allowed (this will include 136 suites).

Patients in community settings will be informed about the smoke free policy and offered access to local smoking cessation services. Those who are receiving treatment in their own home will be asked to ensure that they do not smoke for one hour prior to or during their treatment session. If patients struggle to comply with this policy the staff will explore with the patient a variety of options such as using an NRT product during the treatment session or smoking in a different room than the one used for the treatment session.

4.12.2 Visitors and Contractors Breaches

Visitors to the Trust will be made aware of the smoke free policy through signs, posters, leaflets as well as conversations with staff. Carers will be provided with a list of the contraband items which includes tobacco, cigarettes, lighters and matches.

Any visitor who is found to be supplying a patient in hospital with contraband items will be reminded about the policy and asked to support the patient's treatment plan.

The rationale for the policy will be explained and carers will be offered support to learn more about the harmful effects of tobacco dependence.

If appropriate they will be directed towards their local stop smoking service. It is recommended that where staffs choose to approach a patient or visitor to inform them of the trust policy, this approach is made only once. The information provided should be limited and along the lines of; 'Can I make you aware that this is a smoke free trust within both the hospital and grounds.'

Breaches can be reported via Datix with a brief explanation of the circumstances and outcome. If staffs observe a contractor smoking on Trust premises, they should make the contractor aware of the Trust's smoke free policy and ask them to stop smoking. If the contractor does not comply they should report the contractor to the relevant supervising Trust manager and a Datix report completed.

A zero tolerance approach will be applied to any individual who becomes abusive when reminded of the policy. Should the person become aggressive then the member of staff is to **walk away** from the situation and seek support from their line-manager.

4.13 Reporting of Smoking Related Incidents

The Trust has a robust incident reporting system Datix. The aim of the system is to establish what is going wrong so that action can be taken to continuously improve the quality and the safety of the service provision. All members of staff should use the DatixWeb system to promptly share information about any difficulty with implementation of the smoke free policy.

Analysis of all recorded incidents enables the Trust to be both proactive and reactive to reduce the impact and likelihood of future recurrence. The Trust will carefully monitor violence and aggression, fire, and AWOL incidents that are linked to the smoke free policy.

The DatixWeb system will be adapted to allow staff to specifically highlight a breach of the smoke free policy by adding to the subcategory list. This would be relevant if staff had observed smoking but did not feel confident to approach those concerned. The Trust will ensure that appropriate measures are taken to enhance the smoke free policy at the location concerned.

Staff should also use DatixWeb to record incidents when patients refuse admission or self-discharge against medical advice because of the smoke free policy.

5.0 Procedures connected to this Policy

Health and Safety Policy

The policy will assist Trust Directors, Managers and their Supervisors in assessing and controlling workplace risks, specifically in their role to maintain patient safety and their wider health and safety responsibilities to staff, members of the public and the property they work in. Maintaining the health, safety of everyone at work is a statutory requirement and makes good economic sense.

Physical Health Care - Adult Services

The purpose of this policy is to set out the arrangements for managing the risks associated with the physical health needs of patients/ service users and to make

clear that duty of care extends to promoting overall, ongoing physical health and well-being and healthy lifestyles.

Physical Health Care - SOP 01 - Early Intervention in Psychosis Service
This Standard Operating Procedure has been developed to ensure standardised processes and safe practice in all aspects of physical health assessment within the Early Intervention in Psychosis Service (EIS) in Black Country Partnership NHS Foundation Trust (BCPFT).

Physical Health Care - SOP 02 - Crisis Resolution Home Treatment Team
The purpose of this SOP is to provide a framework for baseline physical health assessment and safe practice in detecting physiological deterioration of a patient and acting upon any early warning signs, thereby improving patient outcomes and safety. All patients admitted to Crisis Home Treatment Team will receive a Baseline assessment of their Physical Health. This standard operating procedure (SOP) describes the minimum standard of physical assessment that a service user can expect

6.0 Links to Relevant Legislation

Health and Safety at Work etc. Act 1974
Requires employers to ensure the health and safety of all employees and anyone who may be affected by their work, so far as is reasonably practicable. This includes taking all reasonably practicable steps to prevent workplace accidents.

Employees have a duty to take reasonable care for the health and safety of themselves and others who may be affected by their acts or omissions at work and to cooperate with their employer and others to enable them to fulfil their legal obligations.

6.1 Links to Relevant National Standards

NICE Guidance - Smoking - Acute, Maternity and Mental Health Services (PH48)
This guideline covers helping people to stop smoking in acute, maternity and mental health services. It promotes smokefree policies and services and recommends effective ways to help people stop smoking or to abstain from smoking while using or working in secondary care settings.

NICE Quality Standard – Smoking: Reducing Tobacco Use (QS82)
This quality standard covers reducing and preventing tobacco use in adults, young people and children. It includes interventions to discourage people from taking up smoking, tobacco control strategies and smokefree policies. It is particularly relevant to local authorities, schools and colleges, employers and NHS service providers. It describes high-quality care in priority areas for improvement.

6.2 Links to Trust Policies

Violence and Aggression Policy
The purpose of this policy is to detail the Trust's strategy and legislative compliance in tackling violence and aggression against patients and staff.

Incident Reporting Policy
The purpose of this policy is to make clear the system used for reporting incidents involving patients, staff and others undertaking activities on behalf of the Trust.

6.3 References

- Government's White Paper, "Smoking Kills", 1998.
- Health Act, 2006.
- Robson, D and Potts J (2014). Smoking Cessation and Mental Health: a guide for front-line workers NCSCT http://www.ncsct.co.uk/publication_Smoking_cessation_and_Mental_Health_briefing.php
- NICE Guidance PH 48 Smoking cessation in secondary care: acute, maternity and mental health services http://www.nice.org.uk/guidance/PH48
- NICE Quality Standard - Smoking: reducing tobacco use, (QS82), 2015
- Britton, J & Bogdanovica, I, 2014: Electronic cigarettes - A report commissioned by Public Health England.
- Protecting community staff from exposure to second-hand smoke: RCN best practice guide for staff and managers http://www.rcn.org.uk/__data/assets/pdf_file/0006/78702/003043.pdf

7.0 Roles and Responsibilities for this Policy

Title	Role	Key Responsibilities
Clinical Staff working In-patient Settings	Adherence	- Undertake e-learning Smoking cessation training annually - Ask and record a patient's smoking status on admission and provide very brief advice to all smokers - Refer all smokers who want to stop smoking to the ward or on-site-hospital trained Smoking Cessations Champions (via Physical Health Assessment Form) - Work closely with trained Smoking Cessations Champions to support the patient to maintain abstinence - Liaise with the ward/hospital Trained Smoking Cessations Champions to ensure smokers who do not want to quit, are supported in managing temporary abstinence from tobacco during an inpatient admission - Empower smokers through conversations about the benefits of quitting, motivate and encourage engagement in collaborative tobacco treatment plans - Educate patients about and recommend the use of NRT and other stop smoking medicines to all smokers - Review care plans at each ward round or clinical review meetings, taking the opportunity to recognise achievements and adjust medication if indicated - Monitor adherence with NRT daily, promoting self-medication where possible - Ensure patients are supplied with an adequate amount of NRT during periods of leave and on discharge - Ensure follow up plans are in place if the patient wishes to maintain their abstinence after discharge - Refer to the local community NHS Stop Smoking Service on discharge **Managing contraband items:** - Advise patients that they should not bring tobacco, cigarettes, lighters or matches onto the ward - If patients are found to be in possession of these contraband items during the admission process or later, the products should be removed in line with the Trusts Search Policy and local contraband list - If this is not possible contraband items will be stored and returned to the patient at the point of discharge **Activities:** - Ensure that patients have access to a variety of diversional activities and fresh air during their admission to support their smoke-free compliance - Ensure that patients are provided with advice and support to actively manage stress and nicotine withdrawal **Section 17 Leave:** - Patients should be given adequate NRT to use whether they are on or off the ward - Patients are permitted to smoke whilst on Section 17 Leave **Transfer between inpatient services:** - Information about NRT (prescription, use and adherence) and the patient's tobacco treatment care plan needs to be communicated from one service to another - The same standard of ensuring that NRT is offered within 30 minutes of arrival on a ward still applies. Transfers between services offer the opportunity to review the patients care plan and renegotiate support

Title	Role	Key Responsibilities
		Patient discharge: - Ensure that the record of the patient's current smoking status is updated - If the patient wants to continue to receive support to stop smoking, refer to local NHS Stop Smoking Service
Clinical Staff in the Community	Adherence	- Ensure all service users have access to smoking cessation - Ask and record each patients smoking status at the first contact and provide very brief advice to all smokers - Review each patient's smoking status regularly and refer all patients who wish to quit to their local specialist stop smoking services - If applicable ensure that blood plasma levels of relevant medications are monitored for those who are changing their smoking behaviour - Actively engage patients, their family and carers about the benefits of quitting
Trained Smoking Cessations Champions	Advice and Support	- Provide advice and support to patients who smoke - Support smokers who wish to make a planned quit attempt - Support smokers who do not wish to quit during an inpatient stay, to manage temporary abstinence from tobacco - Deliver one to one, drop in and group based treatment to patients and staff who smoke - Following a referral from ward/community staff, carry out a comprehensive assessment of a smoker's needs, including the severity of tobacco dependency, patient preference for treatment, assessment and recommendation for the use of stop smoking pharmacotherapy's - If authorised to administer NRT under the Trust's Clinical Guidelines for NRT or following consultation with a prescriber, facilitate access to pharmacotherapy in line with Trust protocols - Liaise with prescriber (ward, community staff) re potential interactions of stopping (and restarting smoking) and psychotropic medication - Minimize withdrawal symptoms through optimising adherence to pharmacotherapy (e.g. correct technique, sufficient dose and length of treatment) - Provide intensive psychological, behavioural and social support to assist the smoker understand the personal relevance of smoking: - coping with cravings - maximize motivation and commitment - maintain abstinence - maximize mental health - maximize physical health - In collaboration with the smoker and their inpatient/community team, formulate, document and evaluate personal tobacco dependence treatment plans - For patients who have made a quit attempt whilst in hospital and who wish to maintain their abstinence, ensure a seamless handover to the local community NHS Stop Smoking Service (or level 2 trained Advisor within applicable service area) so that patients can receive follow up care for up to 4 weeks - Ensure that when patient go leave that they are provided with a sufficient amount of NRT products for the duration. - At the point of discharge provide the patient with 7 day supply of NRT products so they are able to self- treat whilst waiting to access their local stop smoking cessation service - Attend annual refresher training

Title	Role	Key Responsibilities
Directors, Managers and Staff	Implementation	- Implementation of this policy lies with Directors, Managers and staff - Advise new service users of smoke-free requirements on first contact, either in writing as part of initial correspondence, or in person supported by the local service information leaflets as appropriate if this is the first form of contact - Provide existing service users with information about the smokefree requirements in person and in writing as judged
Service Managers, Matrons, Ward Managers and Heads of Departments	Implementation	- Ensure that at all times adequate numbers of trained smoking cessation champions are on duty to support patients and implement the requirements of the Smoke-free Nicotine Management policy - Support all front line staff to complete the smoking cessation e-learning programme and meet the Trust mandated training requirements for staff trained in smoking cessation - Ensure services who care for patients who have a higher prevalence of tobacco dependence, such as Addictions, Forensic, and Psychosis will require a much higher ratio of staff with specialist skills in order to meet the need for prompt nicotine replacement therapy (NRT) and behavioural support - Ensure that their staff are not exposed to the risks of smoking - Ensure that staff under their control are aware that smoking tobacco and vaping is prohibited during working hours and staff must NOT enter any premises smelling of tobacco **Nicotine Replacement Therapy (NRT):** - Make every contact count by providing very brief advice to all smokers (ask, record, advise, act) - Ensure all smokers who do not wish to permanently stop smoking are offered NRT to manage temporary abstinence from smoking and are referred to the wards tobacco dependence treatment adviser for consultation - Ensure all smokers who want to stop smoking are referred to the wards trained tobacco dependence treatment adviser - Actively engage smokers in conversations about the benefits of quitting - Promote the choice of smoking cessation and temporary abstinence pathways for patients and staff - Ensure that Nicotine Replacement Therapy is available and offered to a smoker within 30 minutes of admission in to inpatient facilities, Registered Nurses trained as smoking cessation advisors can administer NRT without prescription for up to 24 hours in line with the Trust Medicines Policy **Record:** - Record within patient care plans all assessments and interventions delivered to support temporary abstinence and smoking cessation activity, including referral, cigarette reduction and quit rates **Medication:** - Ensure staff and service users are aware of the need to adjust medication if required according to smoking status and this is reflected within individuals care plans - Ensure that blood plasma levels of relevant medications are monitored for those who are changing their smoking behaviour **Care Plans:** - Ensure that every service user that smokes has a personal tobacco dependence treatment plan - Ensure ward systems are in place so that: - service users are supplied with an adequate amount of NRT during periods of leave and on discharge - Follow-up plans are in place to encourage service users to maintain their abstinence after discharge

Title	Role	Key Responsibilities
		Patient information: - Provide patient information regarding the relationship between smoking and illness (both physical and mental) is available in patient areas and is made accessible - Ensure that welcome packs and promotional materials provided about the service describe the smoke free status - Ensure that all appointment letters and communications from the service communicate the smoke-free status in the service - Ensure information on tobacco smoke and medication interactions is available in all clinical areas and is shared with patients in a way that they understand **Accessing local smoking cessation services:** - Make contact with local stop smoking cessation providers as listed in **Appendix 5** to arrange regular on site clinics to mentor and support clinical staff in their practice as smoking cessation advisors **Patient discharge:** - Prior to discharge, Nurse in charge should refer service user to the appropriate - Local community smoking cessation service. Refer to **Appendix 5** for list of local community stop smoking services
Chief Executive and the Board of Directors	Accountable	- Implementation of this policy

8.0 Training

The implementation of the policy requires a competent workforce. The Trust will provide a training pathway to enable clinical services to provide a safe and appropriate skill mix to meet the tobacco dependence needs of service users.

What aspect(s) of this policy will require staff training?	Which staff groups require this training?	Is this training covered in the Trust's Mandatory and Risk Management Training Needs Analysis document?	If no, how will the training be delivered?	Who will deliver the training?	How often will staff require training	Who will ensure and monitor that staff have this training?
'Very Brief Advise'	All clinical and non-clinical staff	No, staff will receive specific training in relation to this policy where it is identified in their individual training needs analysis as part of their development for their particular role and responsibilities	OLM E-Learning	OLM E-Learning	Annually	Health and Safety Committee
Advanced Skills Training (level 2) builds on the knowledge gained from the basic training (level 1) and enables staff to provide intensive evidence support	Frontline Clinical staff/ registered nurses within	No, staff will receive specific training in relation to this policy where it is identified in their individual training needs analysis as part of their development for their	1.5 Hr face to face course	Can be accessed through registered local stop smoking cessation services	Once followed by 2 yearly updates	Health and Safety Committee

to service users to manage their tobacco dependence (temporary abstinence, gradual cessation and planned abrupt cessation), in line with NICE (2013) guidelines and the NCSCT Guidelines for intensive behavioural support	inpatient setting	particular role and responsibilities				

Type of training course	Who for	Location	Requirements
Basic Advise 30 minute e-learning Very Brief Advice Module	All front facing staff	All clinical areas	All front-line patient facing staff to complete the providing “very Brief Advice module

			Accessed via www.ncsct.co.uk
Level 2 Advanced Skills Training	Registered nurses and medical Staff	Inpatient setting	To be completed by registered nurses who have completed basic advise training (face-to-face) Courses as required will be arranged by Health Exchange

9.0 Equality Impact Assessment

Black Country Partnership NHS Foundation Trust is committed to ensuring that the way we provide services and the way we recruit and treat staff reflects individual needs, promotes equality and does not discriminate unfairly against any particular individual or group. The Equality Impact Assessment for this policy has been completed and is readily available on the Intranet. If you require this in a different format e.g. larger print, Braille, different languages or audio tape, please contact the Equality & Diversity Team on Ext. 8067 or email bcpft.equalityimpactassessment@nhs.net

10.0 Data Protection and Freedom of Information

Data Protection Act provides controls for the way information is handled and to gives legal rights to individuals in relation to the use of their data. It sets out strict rules for people who use or store data about individuals and gives rights to those people whose data has been collected. The law applies to all personal data held including electronic and manual records. The Information Commissioner's Office has powers to enforce the Data Protection Act and can do this through the use of compulsory audits, warrants, notices and monetary penalties which can be up to €20million or 4% of the Trusts annual turnover for serious breaches of the Data Protection Act. In addition to this the Information Commissioner can limit or stop data processing activities where there has been a serious breach of the Act and there remains a risk to the data.

The Freedom of Information Act provides public access to information held by public authorities. The main principle behind freedom of information legislation is that people have a right to know about the activities of public authorities; unless there is a good reason for them not to. The Freedom of Information Act applies to corporate data and personal data generally cannot be released under this Act.

All staffs have a responsibility to ensure that they do not disclose information about the Trust's activities; this includes information about service users in its care, staff members and corporate documentation to unauthorised individuals. This responsibility applies whether you are currently

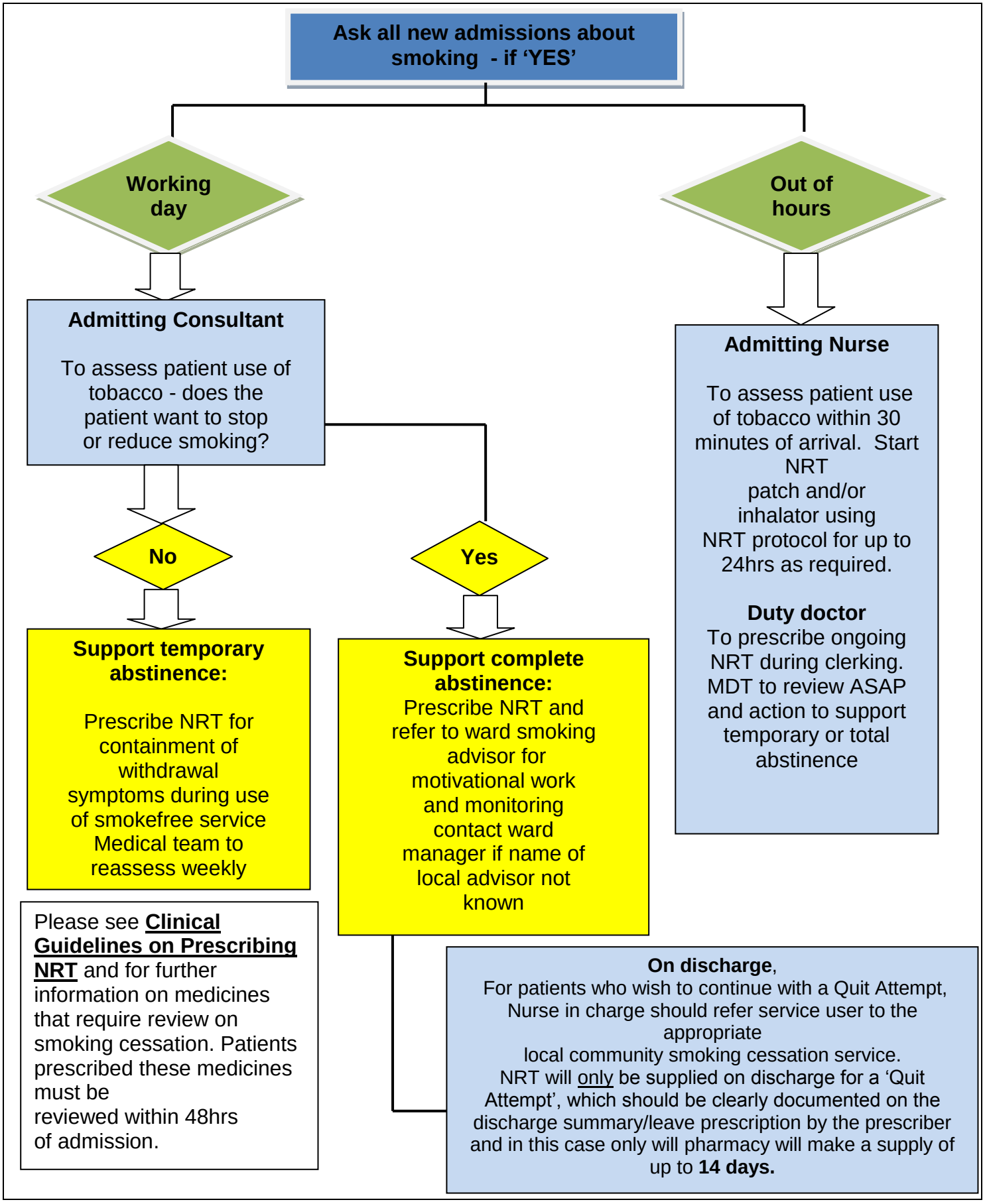
employed or after your employment ends and in certain aspects of your personal life e.g. use of social networking sites etc. The Trust seeks to ensure a high level of transparency in all its business activities but reserves the right not to disclose information where relevant legislation applies. The Information Governance Team provides a central point for release of information under Data Protection and Freedom of Information following formal requests for information; any queries about the disclosure of information can be forwarded to the Information Governance Team.

11.0 Monitoring this Policy is Working in ppractice

What key elements will be monitored? (measurable policy objectives)	Where described in policy?	How will they be monitored? (method + sample size)	Who will undertake this monitoring?	How Frequently?	Group/Committee that will receive and review results	Group/Committee to ensure actions are completed	Evidence this has happened
Monitoring of incidents relating to breach of policy on an exception basis	Section 7 Roles and responsibility of Health and safety	Review of Datix incident reports	Health and safety manager	Monthly	Health and Safety Committee	Health and Safety Committee	Inspection reports and action plans/ Minutes from safety meetings
Numbers of level 1 trained staff	Sec 8	Health and safety audit	Health and safety team	Annually	Health and Safety Committee	Health and Safety Committee	Inspection reports and action plans/ Minutes from safety meetings

Appendix1

NRT admission prescribing flow chart



Appendix 2

Community Pathway

Community staffs have an important role to play in the management of tobacco dependence before and after a smoker is admitted to hospital and during their episode of community treatment, whether their contact is brief or longer term.

STEP 1: Identification of smokers - The first step in treating tobacco dependence is to identify current tobacco users. Ask every patient if they currently smoke tobacco. Record smoking status on the Physical Health Assessment form.

The identification and recording of each patient's smoking status needs to be completed regularly – i.e on first contact with community services and at each Care Programme Approach (CPA) review.

STEP 2: Advise and offer support - Confirming if someone is a smoker, should be followed up with advice on the most effective way of quitting. Offering support to quit rather than asking a smoker how interested are they in stopping or telling a person they should stop, leads to more people making a quit attempt. Advising the smoker that stopping is one of the best things they can do for their health and wellbeing is recommended by the DH. The most effective method of quitting is with combination NRT (i.e. a patch and oral product) and intensive behavioural support. This level of support can be provided by a specialist stop smoking service. Smokers are up to four times more likely to succeed in quitting with a specialist stop smoking service than if they try to quit unaided.

STEP 3: Act on smoker's response - If the patient would like specialist support to stop smoking, refer them to their local Specialist Stop Smoking Service.

The patient will be offered a choice of treatment by the Stop Smoking Service depending on their smoking and mental health needs.

STEP 4: Support the patient and specialist adviser - Working in partnership with local Stop Smoking Services ensures the patient receives the optimum care. With the patient's involvement, information needs to be exchanged between services.

The mental health team need to know	**NHS Stop Smoking Service need to know**
The name and contact details for the local NHS stop smoking adviser	The name and contact details for the care coordinator
If the patient is stopping in one go or following a gradual cessation plan (as this will impact on the metabolism of some psychotropic medicines (see Clinical Guidelines for prescribing NRT)	Prescribed medication, so they are aware of potential interactions of stopping smoking and can alert the mental health team
Details of any medication advised for stop smoking (NRT or varenicline), so they can promote adherence.	Any risk issues
Any nicotine withdrawal symptoms the patient is struggling with (to distinguish between withdrawal symptoms and mental health symptoms)	Early warning relapse signs so they can distinguish between nicotine withdrawal symptoms and mental health symptoms and alert the mental health team
Outcome of treatment	

Appendix 3:

Smoke-free working environments

Important information for people receiving home visits

Please consider the needs of our staff and provide them with a smoke free environment. Second-hand smoke, or passive smoking as it's sometimes called, has been found by the Government Scientific Committee on Tobacco and Health to be detrimental to people's health.

It can cause heart disease, stroke and lung cancer in adults. Being exposed to second-hand smoke even for a short time can cause eye irritation, headache, cough, sore throat, dizziness and nausea.

Employers have a duty in common law to take reasonable care to protect the health of employees. Your NHS trust is required by the Health and Safety at Work Act 1974 and Health Act 2006 to ensure that employees and others are not put at risk.

We therefore ask if you would do everything possible to provide a smoke free environment when our staffs visit you in your home.

How to protect staff from exposure to second-hand smoke:

- Refrain from smoking inside the house for at least 1 hour before they arrive open windows and doors to fully ventilate the area
- try to keep one room smoke free at all times

During the visit:

- Do not smoke or let anyone else in the house smoke in the area
- Wherever possible, when the nurse is in the house, ask other smokers to go outside to smoke.

Our NHS trust policy:

We require our staff to assess whether any environment they enter is safe for them to provide their services. If a smoke free environment cannot be provided, a risk assessment will be required in order to reduce risk to a level that is as far as is reasonably practicable.

We will support staff to leave an environment they deem to be unsafe. If necessary, you will be offered alternative treatment options.

Our undertaking to you:

All routine visits will be pre-booked and you will be given a time for the visit. If the staff member is delayed, you will be contacted as soon as possible.

Appendix 4

Patient/Service User No Smoking Agreement

The Black Country Partnership NHS Foundation Trust has an obligation to staff health and welfare under the Health and Safety Act 1974. Part of that obligation is to ensure that staffs are not put at unnecessary risk and that everything practicable has been done to reduce that risk.

In the Trust there is a Smoke Free Policy. Part of this Policy includes reducing exposure of staff to second-hand smoke. In addition to our moral obligations to staff the Trust must do this to comply with the new legislation on smoke-free working environments.

Therefore, it would be appreciated if you would refrain from smoking whilst a member of the Trust staff is present. Where possible a room that is not used to smoke in should be used for treatment. Where smoking takes place in a room used for treatment it would be appreciated if smoking there could be avoided for at least an hour prior to staff visiting and if a window could be opened for ventilation.

Black Country Partnership NHS Foundation Trust recognises that it is an individual's right to smoke if they wish but ask that the staff who are visiting you in your home are not exposed to second-hand smoke.

I, (*Patients name)* have read the above statement and agree to refrain from smoking whilst I am in the presence of member of Black Country Partnership NHS Foundation Trust staff. I have asked my friends and family who might be present in my home to also refrain from smoking during a visit

Patient Signature:……

Date:……..

This agreement should be placed in the patient/service user's notes and staffs that are treating that patient/service user should be made aware of the agreement. A copy should also be given to the patient/service user.

Our obligation to you - to minimise any disruption this policy might cause to you and your family or friends all routine visits will be pre-booked and you will be given a time for the visit. If the staff member is delayed, you will be contacted as soon as possible.

Appendix 5

Summary of Human Rights Legislation and Ethics

The Northern Ireland Human Rights Commission considered the issue of smoking and human rights in 1995 and found that:

"no treaty or other instrument defines a human right to smoke and the Commission does not accept the position, sometimes advanced by the tobacco lobby, that there is such a right."

Article 1 of the UK Human Rights Act of 1998 states that: *"everyone's right to life shall be protected by law."*

The Charter of Fundamental Rights of the European Union, signed in 2000, states that:

"every worker has the right to working conditions which respect his or her health, safety and dignity."

Article 8 of the Universal Declaration of Human Rights provides for the right to a private life. This is a referred to as a 'qualified right', meaning it does not override the protection of the health and freedom of others.

Tobacco smoke is a Class A carcinogen, and exposure to second-hand smoke causes direct harm to non-smokers. Therefore, under the legislation the right to work or be treated in a hospital (or community centre) that has not been polluted by a Class A carcinogen outweighs any perceived right to smoke.

Under the Health Act 2006 the vast majority of the British public has legal protection from exposure to second-hand smoke in public places. Failing to afford people with a mental illness the same level of protection from exposure to second-hand smoke or encouragement to quit smoking as a result of the introduction of smoke-free places is discriminatory against this group.

During a 2008 legal challenge to a total smoke-free policy in Nottinghamshire NHS trust, legal precedence relating to the implementation of fully smoke-free mental health units was established by the High Court:

- Rejecting the notion of an absolute right to smoke wherever one is living.
- Rejecting the argument that those responsible for the care of detained people are obliged to make arrangements to enable them to smoke.
- Concluding that in the interests of public health, strict restrictions on smoking and a complete ban in appropriate circumstances are justified.

The Court also noted that none of the various disturbing consequences of a smoke-free policy feared by the claimants, such as an increase in the prescription of sedative drugs, had actually materialised.

Appendix 6

List of local stop smoking cessation providers

Service	Contact details	
Wolverhampton Stop Smoking Service is a NHS service	0800 073 42 42 01902 44 3083	10E Tettenhall Rd, Wolverhampton WV1 4SA
Dudley Group NHS Foundation Trust	01384 456111 ext 2783	
Dudley Stop Smoking Service 0800 0850 652		
Pharmacies that provide a service (Brierley Hill, Pensnett & Quarry Bank)		
Asda Pharmacy	01384 265001	Merry Hill Centre, Brierley Hill
McArdle	01384 77320	92 High Street, Brierley Hill. DY5 3AP
Murrays Pharmacy	01384 569564	37/38 High Street, Quarry Bank. DY5 2AA
Pharmacies within the Dudley area		
Boots the Chemist	01384 252300	25 - 26 Market Place, Dudley. DY1 1PJ
Priory Community Pharmacy	01384 366544	95-97 Priory Road, Dudley. DY1 4EH
Co-op Pharmacy	01902 676962	100 Maple Green, Dudley. DY1 3QZ
Pharmacies within the Halesown area		
Asda Pharmacy	0121 504 4210	The Cornbow Shopping Centre, Queensway Mall, Queensway, Halesowen B63 4AB
Boots the Chemist	0121 550 2496	7 Peckingham Street, Halesowen. B63 3AW
Boots the Chemist	01384 394157	Ryemarket, Stourbridge. DY8 1AT
Sandwell smoking cessation services		
Sandwell Stop Smoking Service (NHS Service)	0121 533 2881	290-292 High Street West Bromwich West Midlands
Linkway Medical Practice	0121 553 4000	Lyng Centre for Health and Social Care, Frank Fisher Way, West Bromwich , West Midlands, West Midlands, B70 7AW

Some services are only available for people living within the local area. There may be a one off charge for a 12 course of treatment for those who pay prescription charges

Smoking cessation @ BCPFT

The following are stop smoking services who will visit Trust sites offering smoking cessation support to staff and if requested to patients.

SANDWELL	
Health Exchange Ex *Covers:Tipton, Wednesbury, West Bromwich (Wolverhampton & Walsall?)* *Trust sites: Delta, Hallam St, Heath Lane, Edward St*	***0121 663 0007 Ext: 232***
Quit51 *Covers: Oldbury, (Walsall?)* *Trust Sites: Quayside, (Orchard Hills)*	***07855105840***
WOLVERHAMPTON *Healthy Lifestyles* *Covers: Wolverhampton* *Trust sites: Penn Hospital, Steps to Health, Pond Lane, Brooklands*	***(01902 553827/ 07833045976)***
DUDLEY ***Workplace Health & Wellbeing*** *Trust sites: Ridgehill, BrierleyHill Health & Social Care Centre*	***01384 816840/ 07966885354)***

Appendix 7

Electronic Cigarettes Factsheet (FAQ)

E-Cigarettes *(also known as "electronic cigarettes" or "Vapes")*

E-cigarettes are not covered by smoke-free legislation

The Trust does not consider e-cigarettes should be treated in the same way as tobacco products as they do not carry the same health risks as smoking.

The Trust takes a positive view on the use of e-cigarettes as an effective harm minimisation strategy for people who smoke: e-cigarettes may help them move away from using harmful burnt tobacco towards a cleaner form of nicotine delivery, and can help support cutting down and quitting altogether **(Electronic cigarettes factsheet below).**

E-cigarettes can be safely used alongside or instead of licensed pharmaceutical nicotine replacement treatments (NRT) like patches, lozenges and sprays.

E-cigarette use by patients in hospital will be permitted subject to the appropriate care planning and advice and with regard to the safe use and possession of devices

What are Electronic Cigarettes (E-Cigarettes)?

E-cigarettes are battery powered devices that deliver nicotine via inhaled vapour. Devices come in many shapes or forms, sometimes resembling cigarettes, but others resemble pens or gadgets. They commonly comprise a battery powered heating element, a cartridge containing a solution principally of nicotine in propylene glycol or glycerine, water (frequently with flavouring), and an atomiser that when heated vaporises the solution in the cartridge, enabling the nicotine to be inhaled.

It should be noted, however, that some e-cigarettes do not contain nicotine. E-cigarettes can be disposable, rechargeable or refillable. E-liquids come in various different volumes, concentrations and flavourings. An estimated 2.8 million people in the general population in Great Britain currently use e-cigarettes, the vast majority whom are smokers or recent ex-smokers.

Recent reports from Public Health England (PHE) and the Royal College of Psychiatrists (RCP) have summarised the evidence on the impact of e-cigarettes on smoking in England. These reports concluded that e-cigarettes offer a much less harmful alternative to tobacco for dependent smokers.

Are Electronic Cigarettes Safer Than Ordinary Cigarettes?

As e-cigarettes do not contain tobacco and are not burnt, they do not result in the inhalation of cigarette smoke which contains about 4000 constituents, around 709 of which are known to cause cancer. E-cigarette vapour contains far fewer chemicals and those that are found have much lower levels than in cigarette smoke. E-cigarettes are, therefore, regarded by most experts as much safer delivery devices for nicotine. This does not mean that they are completely safe, but they are envisaged to be much less harmful than cigarettes.

The RCP recently indicated that the hazard to health arising from e-cigarettes was unlikely to exceed 5% of the harm from smoking tobacco.

Do E-Cigarettes Help Smokers to Stop?

There is evidence from a Cochrane review which assessed two randomised controlled trials that e-cigarettes may help some smokers to stop, corroborated by surveys and case reports. A large cross-sectional analysis of a representative sample of the English population found that those who used e-cigarettes in their quit attempts, were more likely to report that they had stopped than those who used a licensed nicotine replacement product over the counter or no cessation aid. More recent data from the same survey indicated that changes in prevalence of e-cigarette use in England have been positively associated with the success rates of quit attempts, and estimated that e-cigarettes may have contributed about 18,000 additional long term ex-smokers in 2015.

There is some evidence that the newer generation e-cigarette devices are more helpful for smoking cessation compared with some of the older disposable models. This is likely to be due to improved efficiency of delivering nicotine in the new devices.

Two small pilots of e-cigarettes (first generation devices) with people with serious mental illness were positive regarding reduction/cessation of cigarette smoking and without an exacerbation in psychopathology.

What Concerns Have Been Raised by E-Cigarettes?

E-cigarettes were first introduced onto the market in the UK in 2004, so there have been no long term health studies. However, a recent study examined levels of known toxins in urine of e-cigarette users who had used them exclusively for around 17 months, and found much lower levels of these substances compared to cigarette smokers; e-cigarette users had similar levels to a group of long term users of nicotine replacement therapy.

There have been other concerns that:-

- E-cigarettes resemble ordinary cigarettes and, therefore, re-normalise smoking. The PHE and RCP reports found that there is currently no evidence to support this as smoking prevalence continues to decrease, both among adults and youth, in the United Kingdom and other countries such as the United States where e-cigarettes are prevalent.

- Simply replacing some cigarettes with e-cigarettes may confer little benefit. Some dual use is inevitable, but the toxins study reported above did indicate that e-cigarette users who also Smoke did not have significantly lower levels of toxins, so an important message is that e-cigarette users need to give up smoking completely as soon as possible.

- Some e-cigarettes are produced by the tobacco industry – this is indeed true. Whilst Independent companies, the tobacco industry are increasingly involved in this area.

- The tobacco industry is not tightly regulated in terms of their content and delivery. From May, 2017, all e-cigarettes on the UK market need to comply with an EU regulation on electronic cigarettes (see below).

- There is a potential fire risk that these devices may present; for example, if an incorrect Charger is used or if the device is left charging for longer than recommended. It is important, However, to recognise that the fire risk from tobacco cigarettes is much higher, and the fire risk caused by other commonly used devices such as mobile phones and MP3 players is similar.

- E-cigarettes must not be used near naked flames or oxygen.

How Are E-Cigarettes Regulated?

Since 20th May, 2017, all e-cigarettes in England on the consumer market need to be compliant with new regulations introduced through the European Union Tobacco Products Directive. These regulations include controls on content and packaging, such as child resistant/tamper proof packaging, they must deliver a consistent dose of nicotine under normal conditions, they must contain a health warning, tanks and cartridge sizes must be no more than 2 ml in volume and nicotine strengths of liquids must be no more than 20 mg/ml.

Manufacturers can apply for a Medicines and Healthcare Products Regulatory Agency (MHRA) licence for e-cigarettes, which will allow them to be used for smoking cessation, and confers other benefits such as enabling them to be prescribed, to be advertised and to make health claims in line with other medicinal products.

E-Cigarette Use in Public Places

As stated above, some people are concerned that the use of e-cigarettes will renormalize smoking, particularly if used in public places. Whilst many e-cigarettes differ in appearance to ordinary cigarettes, when users exhale they do produce a vapour for which there is no evidence of harm from second hand inhalation, but could be irritating to non-users in their immediate environment.

A number of organisations published a discussion document about whether e-cigarettes should be permitted or prohibited in various premises and Public Health England produced guidance, including key principles to guide policy making. We have referred to these documents as well as listened to patients' views when reaching a decision about e-cigarette use in The Trust.

As new evidence emerges, we will adapt this Policy accordingly. At the present time, we are allowing the use of e-cigarettes/ vapes on trust property (for example gardens) but not in communal areas.

Estates and Facilities E-Cigarette Alerts

Guidance issued by the Department of Health (June, 2014) recommended that:-

- All staff should be made aware of possible fire hazards with use/recharging of e-cigarettes.
- E-cigarette batteries should not be recharged in premises or vehicles.
- E-cigarettes should not be used in an oxygen rich environment.
- Safety advice should be given to patients receiving therapies at home.

Additional guidance issued by the Department of Health (July, 2014) suggested that a complete ban on recharging might not be a workable solution. Action required included:-

- Reviewing the risk of withdrawing or discouraging re-chargeable e-cigarette use.
- Recording competing risks in the Risk Register.
- Assessing the opportunities for safe, supervised charging of devices by designated staff in designated areas, and where this was possible taking several subsequent steps to further reduce risk, including only using batteries/chargers that came with the e-cigarette, and disconnecting when charge is complete, storing batteries safely etc.

Appendix 8

Guidance on the Use of E-Cigarettes in Hospital

The Trust will permit the safe, discreet and considerate use of e-cigarettes by staff. As new Evidence emerges about e-cigarettes; the Trust will review this position as follows;

- The Trust recommends NRT together with intensive behavioural support as the most effective way to stop smoking, and supports the use of e-cigarettes as a harm minimisation tool to compliment other smoking reduction or cessation strategies.

- E-cigarettes cannot be prescribed or supplied by staff unless they are licensed by the Medicines and Healthcare Products Regulatory Agency (MHRA).

- Patients who are already used to using their own e-cigarette can bring them to hospital but preferably, for safety, pre-loaded disposable e-cigarettes may be available for purchase in Hospital.

- Patients will be able to purchase e-cigarettes from the wards if they wish to.

- In some instances, for example for those who are restricted, staff may be able to assist with making these purchases on their behalf.

- E-cigarette use in hospital is only permitted as part of a collaborative plan for the safe use of the device, taking into account the individual's current risk assessment, current mental state and previous experience of using an e-cigarette.

- Disposable e-cigarettes may be the most suitable option for those who present with a high risk profile, while re-chargeable and re-fillable e-cigarettes will be suitable for most patients.

- In the interests of health and safety and to comply with Department of Health Guidance, Patients using a re-chargeable e-cigarette must have an up to date individual risk assessment and due to fire risk recharging must not take place in bedrooms and only undertaken at charging docks or charging locations as directed by staff.

- Some patients' risk assessments may dictate that the patient is supervised when re-filling His/her device. This might be appropriate for example if there is a risk that the patient might Add illicit substances to the device.

- E-cigarette users are expected to be considerate to those around them and always use the Device when in an allocated and discreet area (e.g. hospital grounds, gardens, not in doors.)

- Staff should not facilitate e-cigarette breaks for groups of patients.

- E-cigarette users will be required to plan the use of their device with their care team as part of their care plan (as they would with NRT), and allow staff to check the products that they are using.

- Patients may wish to use their e-cigarette interchangeably with cigarettes while on leave (Sometimes called dual use). Advise patients that replacing some cigarettes with e-cigarettes may confer little benefit. Using NRT products simultaneously with an e-cigarette is unlikely to increase harm.

- If a patient switches from smoking cigarettes to e-cigarettes; this will affect the metabolism of some prescribed medication, especially Clozapine. Plasma levels must be monitored and Medication regimes adjusted accordingly.

- E-cigarette users will be required to store their device safely and securely. They should not share products with others for infection control reasons, and should not use them near Oxygen/naked flames.

- Used e-cigarettes are considered hazardous waste and must be disposed of in a designated bin so that it can be disposed of in line with safety regulations.

Policy Details

Title of Policy	Smoke Free Policy
Unique Identifier for this policy	BCPFT-HS-POL-12
State if policy is **New** or **Revised**	Revised
Previous Policy Title where applicable	No Smoking Policy
Policy Category Clinical, HR, H&S, Infection Control etc.	Health and Safety
Executive Director whose portfolio this policy comes under	Executive Director of Nursing, AHPs and Nursing
Policy Lead/Author Job titles only	Head of Health Safety Fire and Security
Committee/Group responsible for the approval of this policy	Health and Safety Committee
Month/year consultation process completed *	September 2018
Month/year policy approved	December 2018
Month/year policy ratified and issued	January 2019
Next review date	January 2022
Implementation Plan completed *	Yes
Equality Impact Assessment completed *	Yes
Previous version(s) archived *	Yes
Disclosure status	'B' can be disclosed to patients and the public
* **Key Words** for this policy F *	Policy, Smoke, tobacco, tobacco by-products, Electronic Nicotine Delivery Systems (ENDS), Vaping, disposable ENDs, Rechargeable ENDs, Nicotine Replacement Therapies (NRT), nicotine withdrawal, smoke-free environment, risks to health caused by tobacco.

*For more information on the consultation process, implementation plan, equality impact assessment, or archiving arrangements, please contact Corporate Governance

Review and Amendment History

Version	Date	Details of Change
2.1	May 2019	Appendix 7 updated with FAQ on VapeE-cigarette and Appendix 8 Added
2.0	Sept 2018	Policy fully reviewed in new policy template with amendments to the training information and added in risk assessing the use of e-cigarettes; name changed form 'no Smoking Policy to Smoke Free Policy
1.0	June 2014	New Policy for the BCPFT, Alignment of policies following TCS.