

## Non-Smoking Policy

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Document Remains Fit for Purpose & Legislative Requirements.

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### REVIEW DATE AND DETAILS OF CHANGES MADE DURING THE REVIEW

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This policy has been re-written and re-formatted to meet the latest standards. Whilst the **Non-Smoking Policy** has not changed, in that the previous rules on smoking still apply, there has been a greater emphasis on the management of patients who smoke and the prevention of the risk of fire. The review date will be November 2020.

### KEY WORDS

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Non-Smoking Policy; Smoking; No Smoking, NRT, Fire, Fire Risk, Fire Prevention, electronic cigarette device, vapouriser

## 1 INTRODUCTION

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- 1.1 The University Hospitals of Leicester NHS Trust (UHL) acknowledges that breathing other people's smoke is both a public health hazard and a welfare issue. Therefore, the following policy has been adopted concerning smoking at all UHL premises including car parks and grounds (the Policy does not apply to hospital residential accommodation).
- 1.2 The Public Health White Paper, 'Choosing Health' (2004), made a clear commitment to taking action on second hand smoke and set out a clear strategy to tackle smoking as well as to reduce the effects of smoking on others. The Health Act 2006, Chapter 1 contained the smoke free legislative provisions and received royal assent in July 2006.

A smoke free NHS remains Government Policy.

- 1.3 Section 2(2) of the Health and Safety at Work act 1974 places a duty on employers to;
- "... provide and maintain a safe working environment which is, so far as is reasonably practical, safe, without risks to health and adequate as regards facilities and arrangements for their welfare at work."
- 1.4 Several EU directives relating to health and safety in the workplace have come into force since 1 January 1993. These include the Management of Health and Safety at Work Regulations 1999 which, under General Principles of Prevention, include;
- a) Avoiding risks.
  - b) Combating risks at source.
  - c) Replacing the dangerous by the non dangerous or the less dangerous.
  - d) Giving collective protective measures priority over individual protective measures.
- 1.5 Second hand smoke – breathing other people's tobacco smoke, has now been shown to cause lung cancer and heart disease in non smokers, as well as many other illnesses and minor conditions.

## 2 POLICY AIMS

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- 2.1 The aim of the policy is to;
- a) Protect and improve the health of staff.
  - b) Protect and improve the health of patients, visitors and contractors.
  - c) Protect both smokers and non smokers from the danger to their health of exposure to second hand smoke.
  - d) Set an example to other employers and workforces, particularly in health related locations.
  - e) To establish that Trust buildings and grounds are smoke free (with the exception of designated outside areas). To prevent patients and visitors from smoking, other than in the designated areas, and to require staff not to smoke whilst on duty.

## 3 POLICY SCOPE

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- 3.1 This policy relates to all site users, including;
- a) All patients, including inpatients and outpatients but there may be some exceptions. See Section 6.8.

- b) All visitors, including patient visitors and those attending site for business reasons.
- c) Contractors.
- c) Bank Staff.
- e) Volunteers.
- f) Staff.
- g) Agency Staff.
- h) Students.

3.2 This Policy applies to all of the above who enter the Trust owned or rented buildings and grounds for any purpose excluding hospital accommodation where an employee holds a personal rental agreement.

3.3 This Policy is part of a range of policies that together comprise the UHL Trust Health and Safety Policy; Trust Reference: A17/2002..

## **4 DEFINITIONS**

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Contractors - Contractors working for the Trust or within Trust premises include, but are not limited to agency staff, embedded service providers, such as Facilities Management contractors, professional/technical staff such as maintenance technicians and construction workers. This group of staff will be notified of the Non-Smoking Policy as part of their terms of engagement and will be required to comply at all times.

## **5 ROLES AND RESPONSIBILITIES**

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### **5.1 Responsibilities of the Chief Nurse and Director of Workforce and Organisational Development**

5.1.1 Have responsibility, for this Policy, who will ensure that the Non-Smoking Policy is applied across the Trust.

### **5.2 Clinical Directors/Head of Operations (CMGs) and Corporate Directors**

Shall:-

5.2.1 Provide the necessary leadership to ensure the Policy is applied across the organisation.

5.2.2 Support staff in the implementation of the Policy by leading by example and challenging smokers when it is appropriate and safe to do so.

5.2.3 Feedback to the Chief Nurse and Director of Human Resources any issues or concerns identified through the corporate or CMG management process which may need to be taken into account during future reviews of the Policy.

### **5.3 Line Managers**

Are responsible for:-

5.3.1 The local implementation of the Policy.

5.3.2 Encourage smokers to desist when it is safe and appropriate to do so. Informing them of Trust policy, in relation to smoking.

5.3.3 Supporting staff in enforcing the Policy and empowering staff to challenge smokers.

5.3.4 Where manager's areas of responsibility include in-patient areas, managers must ensure that the appropriate information is provided to patients with respect to the Non-Smoking Policy, fire and health and safety implications including the risks associated with smoking materials whilst undergoing oxygen therapy. In addition smoking cessation opportunities should be provided.

5.3.5 Staff who choose to smoke must do so in accordance with this Policy. Line managers are responsible for ensuring this and taking appropriate action if staff are found not to be following the Policy.

#### 5.4 **All Staff (Including Contractors , Volunteers and Students)**

Are responsible for:-

5.4.1 Adhering to this Policy with respect to their own actions.

5.4.2 Implementing the Policy where their job role requires this ie admitting patients or managing staff.

5.4.3 Encourage smokers to desist where they feel it is safe to do so.

5.4.4 Taking appropriate action in terms of intervention or reporting to management where smoking is occurring and gives rise to a fire or health and safety risk.

#### 5.5 **Responsibilities of and communication with stakeholders**

##### 5.5.1 **Patients**

Patients have a responsibility to conform with the Non-Smoking Policy. The policy will be communicated in pre-admission correspondence and during the admissions process.

##### **Other Healthcare Professionals**

5.5.2 These professionals, including GP's, will be notified of the Trust's Non-Smoking Policy through the UHL Communications Directorate and asked to communicate to any patients they are referring to UHL.

## **6 POLICY STATEMENTS, STANDARDS, PROCESSES, PROCEDURES AND ASSOCIATED DOCUMENTS**

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6.1 To ensure that everyone entering UHL sites understands that smoking is not allowed in the buildings and grounds other than in stated outside areas. Statutory and mandatory signs will be on display. Signage will also refer to the existence of smoking shelters.

6.2 Tenders and contracts with UHL will stipulate adherence to the Policy as a contractual condition.

6.3 Job advertisements will include reference to the Non-Smoking Policy and indicate that the adherence will be contractual.

#### 6.4 **Patients (See Smoking Risk Control Flow Chart – Appendix B)**

6.4.1 This Policy applies to all patients, but there may be some exceptions (See Section 6.8).

6.4.2 The provisions and restrictions within policy apply equally to the use of electronic cigarettes, vaporisers and alternative smoking products as well as conventional smoking products such as pipes, cigars and cigarettes.

- 6.4.3 The use of any charging device or cable with an electronic cigarette device or vaporiser within UHL premises is strictly prohibited. There have been a number of fire related incidents with these devices and therefore it unacceptable to recharge electronic cigarettes or vaporiser units from any electrical source within UHL whether the accessory is approved or not.
- 6.4.4 All patients shall be informed of the Trust's Non-Smoking Policy at pre-admission and on admission. Patients who are identified as a smoker should be asked if they wish to stop smoking and made aware of the availability of Nicotine Replacement Therapy NRT and other smoking cessation assistance. If patients intend to smoke they should be directed to the smoking shelters where it is considered safe for them to do so.
- 6.4.5 The most critical risk associated with smoking is that of fire. It is, therefore, essential that the following actions are carried out;
- a) Upon admission or during pre-admission, it must be established if a patient smokes and a record made in the admission paperwork according to documentation standards. Smoking Status should also be recorded on Patient Centre.
  - b) Where a patient lacks mental capacity and has demonstrated a desire to smoke, consideration should be given to removing the patient's smoking materials. Staff should discuss and encourage patients to give up their smoking materials which may include seeking support from the patient's family or carers. If this is unsuccessful an alternative form of management needs to be found. This may involve the provision of one to one observation of the patient, or, where clinically appropriate and in the best interests of the patient, discharging the patient (in extreme cases and with appropriate clinical authorisation).
  - c) Where a patient, who has mental capacity, exhibits behaviour which gives rise to a fire risk and they have failed to comply with verbal warnings to stop, a written warning should be given. There is a Trust policy relating to Violence, Aggression and Disruptive Policy.
  - d) Once a patient has been informed of the Trust Policy on smoking and that smoking is prohibited in all areas of the buildings and grounds except the designated smoking shelters for patients and visitors. Any person found smoking, or attempting to smoke inside a hospital building, will be asked to surrender their lighters/matches for their own safety and the safety of other patients. In cases where the safety of persons or property are put at risk then the Trust will take all necessary action, and, in appropriate cases, this may include contacting security staff and/or reporting matters to the Police.

If a patient challenges staff, then staff should inform them of the following:-

- e) There is a Trust Policy relating to health and safety and is based on the same principles as policies relating to dangerous machinery, toxic substances etc.
- f) The Trust has a duty to its patients to protect them and all other hospital users from the risks involved in relation to fires from smoking.
- g) The Trust has a duty to its patients to protect them from the health hazard that smoking represents. Both smoking and second hand smoke exposure pose risks to patients and staff, particularly those within areas where-by smoke-drift is an issue.
- h) NRT is available to all in-patients for temporary or total abstinence from the Trust's pharmacy, or patients can bring in their own. **(see 6.10 for further information)**

- i) All smokers should be offered brief advice on the health benefits of quitting regardless of whether they want to quit or not; the patient should be given written advice on stopping smoking. (included in the Bedside |Patient Information Leaflet) and offered referral to the STOP Smoking Cessation Advisors)
- j) Patients who have capacity (and despite attempts to persuade otherwise) who choose to discharge themselves, after appropriate advice in relation to their current health, because of the policy may do so and where possible, complete the self-discharge documentation.

6.4.4 If a patient becomes angry or violent, the UHL 'Management of Violence, Aggression and Disruptive Behaviour Policy' is to be invoked.

## 6.5 Staff (Including Contractors and Students)

6.5.1 The Trust does appreciate that some employees are addicted to nicotine so staff are permitted to use personal nicotine vaporisers and e-cigarettes on site, but only in the designated areas i.e. tobacco cannot be smoked by staff on site or within 500 metres from hospital perimeters.

6.5.2 As smoking is not permitted on duty and in recognition of the Trust's responsibility in promoting healthy lifestyles, staff who leave the site to smoke must change out of their Trust uniform, or, as a minimum requirement, cover their uniforms and not have any NHS/Trust logo or identification badge on display.

6.5.3 Staff are only permitted to leave the department to smoke cigarettes and vaporisers - if they chose to do so, during an official / unpaid break.

6.5.4 The use of any charging device or cable with an electronic cigarette device or vaporiser within UHL premises is strictly prohibited. There have been a number of fire related incidents with these devices and therefore it unacceptable to recharge electronic cigarettes or vaporiser units from any electrical source within UHL whether the accessory is approved or not.

6.5.5 Staff who move off Trust premises, to smoke, as well as adhering to the Trust values, they have an obligation not to bring the Trust into disrepute. They should, therefore, move away from site entrances and at least 500 metres (unless this is within a private or public residence that permits smoking) from hospital perimeters and not near to neighbouring properties. For the avoidance of doubt this includes:- The St. Andrews Estate opposite the Windsor building at the Royal Infirmary. Littering, associated with the disposal of smoking materials, is an offence under local byelaws and may be subject to a fine of £80.00; issued by the local authority. Failure to comply will be subject to disciplinary action taken by the line manager and without further warning. This is in line with the Trust Disciplinary Procedure.

6.5.6 Staff will be expected to comply with this Policy. Failure to comply with the rules about proximity to the Trust's sites and changing out of/covering uniforms will lead to disciplinary action based on bringing the Trust into disrepute. Managers will support and encourage adherence to the Policy and any alleged failure to comply will be subject to disciplinary action without further warning.

6.5.7 If individual staff challenge their manager on their right to smoke, the manager should refer to these points;

- a) This is a Trust Policy relating to health and safety and is based on the same principles as policies relating to dangerous machinery, toxic substances etc.
- b) An employee cannot challenge the employer's right to introduce healthier and safer working practices.

- c) The Policy is concerned with where an individual smokes (a smoker may use their official break to go off site to smoke complying with section 6.5.2).

6.5.8 Under no circumstances should a confrontational attitude be adopted or allowed to develop. All staff who experience difficulties with the application of this policy should seek support from their line manager in the first instance.

## 6.6 Visitors

6.6.1 If visitors intend to smoke they should be directed to the smoking shelters, by staff, where they feel it is safe to do so.

6.6.2 Visitors may seek advice on stopping smoking and should be given the contact details for the local Stop Smoking Service STOP on 0116 2954141.

## 6.7 Vehicles

6.7.1 Smoking is not allowed in any Trust vehicle whether on or off Trust premises.

6.7.2 All work vehicles must display a 'no smoking' sign.

6.7.3 All vehicles owned by volunteers and used to transport patients, shall display a 'no smoking' sign whilst being used for this activity.

## 6.8 Exceptions

6.8.1 UHL recognises that some patients may have circumstances that will require staff to make an assessment, as to whether special arrangements need to be made so that the patient will be permitted to smoke on a Trust site. Such circumstance might include terminal illness or the inability of a patient to give informed consent for help with smoking cessation. To grant an exception will rest with the nurse in charge of the ward or unit, in collaboration with the appropriate Matron, and be recorded in the patient's record.

6.8.2 In all cases where an exception has been made, there should be demonstrable evidence that smoking cessation has been fully considered as part of the patient pathway, in conjunction with the patient and/or their relatives. Where an exception is made every effort must be made to minimise staff exposure to smoke. This would normally mean that smoking would only be permitted outdoors, where staff and other patients would not be in close proximity to the smoker. Ideally this would also be out of sight of other patients, visitors and staff, who may be engaged in a stop smoking programme. Patients should be directed to the smoking shelters where it is considered safe for them to use these facilities.

6.8.3 Where there is an exception, permission to smoke in an outdoor area away from others can only be given by the relevant ward or unit nurse in collaboration with the appropriate Matron, clinician or senior manager. This allowance will not be extended to staff who work with those patients/clients.

6.8.4 There may be some exceptional circumstances in which it is appropriate to grant an exception to allow visitors to smoke.

This may be in particularly stressful or traumatic circumstances such as bereavement, or where there is a high likelihood that implementing the Non-Smoking Policy will lead to a violent incident. In all such cases smokers must be directed to the smoking shelters. Under no circumstances should smoking be allowed inside buildings.



## **6.9 Smoking Cessation Services**

- 6.9.1 It is incumbent on those working in UHL, to recognise the importance of encouraging their patients who smoke to stop. Local smoking cessation services are widely publicised throughout the Trust and in patient literature. Smoking Cessation Advisors work across the 3 sites and regularly visit ward areas to see patients whilst in hospital.
- 6.9.2 Smoking cessation advisers are available to train staff, in pre admission clinics, to provide assistance for those patients with planned admission who may find difficulty in complying with the Policy.
- 6.9.3 Awareness sessions can be provided for staff on how to give opportunistic stop smoking advice to smokers. The STOP smoking services details can be found on Insite under making Every Contact Count or under Stop Patients Smoking sections or from STOP Smoking Cessation Services 0116 2954141.
- 6.9.4 Smoking status must be recorded during patient history taking and where the patient is a smoker, they should be made aware of local smoking cessation services and pharmacological support available.
- 6.9.5 Smoking cessation clinics for staff members are provided on all sites and departments/teams can request support direct from STOP, the Leicester Smoking Cessation Service on 0116 2954141.

## **6.10 Nicotine Replacement Therapy**

- 6.10.1 Nicotine replacement therapy (NRT) is a proven smoking cessation treatment and as such a limited range is available through the Trust's Pharmacy.
- 6.10.2 NRT can be supplied and administered by Registered nurses, pharmacists or physiotherapists. See UHL Patient Group Directive UHL-19 on INSite.

## **7 EDUCATION AND TRAINING REQUIREMENTS**

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- 7.1 Training can be provided to clinical staff by the Smoking Cessation team upon request. This will enable staff to engage patients regarding the Non-Smoking Policy and the alternatives available.

## **8 PROCESS FOR MONITORING COMPLIANCE (APPENDIX A)**

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- 8.1 Implementation of this Policy will be monitored by the Health and Safety Committee.
- 8.2 Monitoring will take the form of Datix Reports of adverse incidents relating to smoking on wards and inappropriate locations and a report from the FM Contractor regarding incidents occurring where smokers have been challenged. These incidents may also be classified as relating to violence and aggression.

### **8.3 Reporting**

Results from the monitoring process will be presented to the Health and Safety Committee.

## **9 EQUALITY IMPACT ASSESSMENT**

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- 9.1 The Trust recognises the diversity of the local community it serves. Our aim, therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
- 9.2 As part of its development, this Policy and its impact on equality have been reviewed and no detriment was identified.

## **10 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICES**

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- 10.1 Other Trust and site policies relating to the Non-Smoking Policy are listed below. Those available on INsite documents have the following Trust reference numbers;

UHL Health and Safety Policy, INsite A11/2002  
Fire Policy, INsite A7/2002  
Violence and Aggression Policy, B11/2005

- 10.2 External documents include:-

- 'Choosing Health' (2004)
- The Health Act 2006 Chapter One
- Health and Safety at Work Act Management Regulations – Section 7
- Criminal Law Act 1967 Section 3
- Common Law Breach of the Peace Human Rights Act Article 2

## **11 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW**

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- 11.1 Once approved by the UHL P&G Committee, Trust Administration will allocate the appropriate Trust Reference number for Document Control purposes.
- 11.2 The updated version of the Policy will then be uploaded through Sharepoint and available through Insite Documents and the Trust's externally-accessible Freedom of Information publication scheme. Previous versions of the Policy will be archived on Insite Documents.
- 11.3 This Policy will be reviewed every three years and it is the responsibility of the Chief Nurse to initiate this process.
- 11.4 The updated Policy will be uploaded onto INsite documents.

## POLICY MONITORING TABLE

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
Unauthorised smoking and aggressive responses to challenge	N Smith , Health and Safety Manager	Datix reports	Quarterly	Health and Safety Committee

## Smoking Risk Control Flowchart

## Appendix B

