

Policy Title:	Smoke Free Hospitals
Policy Number:	H118
Version Number:	02
Date of Issue:	09/12/2021
Date of Review:	08/12/2024
Policy Owner:	Paul Cowans, Speciality Director
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Outcome:	<p>This policy:</p> <ul style="list-style-type: none"> • Aims to set out the requirements for all staff employed by Priory Healthcare to promote healthy behaviours. • To provide guidance to all professional clinical staff with promoting the health and wellbeing of patients by being able to provide support to those who wish to either quit smoking or reduce their dependence on nicotine.
Cross References:	OP49 Smoking HR04.2 Disciplinary Procedure OP04 Incident Management, Reporting and Investigation

EQUALITY AND DIVERSITY STATEMENT

Priory Median is committed to the fair treatment of all in line with the Equality Act 2010. An equality impact assessment has been completed on this policy to ensure that it can be implemented consistently regardless of any protected characteristics and all will be treated with dignity and respect.

In order to ensure that this policy is relevant and up to date, comments and suggestions for additions or amendments are sought from users of this document. To contribute towards the process of review, email LegalandComplianceHelpdesk@priorygroup.com

SMOKE FREE HOSPITALS

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1 SCOPE OF THE POLICY

- 1.1 This policy applies to all sites and services across England, Scotland and Wales. Where there is different legislation between nations, this will be clearly highlighted.
- 1.2 Promote Health & Wellbeing for all:
- (a) Through comprehensive screening, patients who smoke are identified and offered evidence based treatments to help them quit successfully and sustainably.
 - (b) By eliminating the health risks associated with passive smoking, the health and wellbeing of patients, staff and visitors is improved.
 - (c) Smoking leads to increased metabolism of many medications including antipsychotics like Clozapine. By supporting patients to quit, patients are potentially able to reduce prescribed medications and this will contribute to improved health outcome and less side-effects. Since smoking cessation is the single most important way to reduce the risk of respiratory disease, coronary heart disease, cancer and other serious illness it is a worthwhile endeavour.
 - (d) Smoking cessation has been associated with improvements in long term mental health compared with continuing to smoke, in particular improving mood, self-confidence, and reducing levels of anxiety.
 - (e) Smoking cessation support for staff will provide opportunities for improved health status, good role modelling and improved attendance at work.
- 1.3 Promote Social Inclusion:
- (a) By providing access to evidence based interventions that previously have not been easily accessible to people with mental health problems.
 - (b) By clinical staff supporting patients in the ongoing management of their health care needs.

- (c) By promoting recovery through the integration of physical and mental health care delivery in line with the public health agenda.

2 INTRODUCTION

- 2.1 The Smoke Free Policy prohibits smoking in Priory Healthcare premises i.e. buildings, grounds and company vehicles. As per the UK Health Security Agency guidance (<https://ukhsa.blog.gov.uk/2016/12/06/its-time-for-a-truly-tobacco-free-nhs/>), for a site to be smoke free, we need:
 - (a) No smoking anywhere in NHS buildings or grounds (note that Priory Healthcare Services aligns itself to the NHS arrangements).
 - (b) 'Stop smoking' support offered on site or referrals to local services.
 - (c) Every frontline professional discussing smoking with their patients'.
- 2.2 Priory Healthcare 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. The service is dedicated to changing this to one that positively promotes health and wellbeing for all. We will provide comprehensive and evidence based interventions and treatment to smokers who want to quit. We will endeavour to address any concerns and provide encouragement to attempt a quit to all patients who smoke. We will provide those who do not smoke, with a healthy environment in which to be cared for and to work in and create outside spaces that are conducive to nurturing wellbeing.
- 2.3 The policy complies with current smoke free legislation (Health Act 2006, and Smoking, Health and Social Care (Scotland) Act 2005) and the NICE Guidelines for Smoking Cessation in Secondary Care; Acute, Maternity and Mental Health Services (NICE, 2013).
- 2.4 This policy should be read in conjunction with Priory policy, OP49 Smoking.

3 BACKGROUND

- 3.1 Smoking is the main cause of preventable illness and premature death. Currently in the UK, approximately 14.1% (ONS July 2020) of adults smoke. Approximately 70% of people with a severe mental illness who receive services from Priory Healthcare smoke. Employee rates of smoking are between 25% and 40%. People with a mental illness who smoke are more likely to be heavier smokers and be more nicotine dependent than smokers in the general population. Smoking is the largest single contributor to the 10-20 year reduction in life expectancy among people with mental health conditions compared to the population as a whole. 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.
- 3.2 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. Approximately a third of welfare benefits are spent on cigarettes and patients often prioritise buying tobacco over buying food, toiletries and leisure activities.
- 3.3 Evidence shows that people with mental health problems are just as likely to want to stop smoking as those without. The SCIMITAR trial showed that, with support, smokers with mental health conditions could double their chances of successfully quitting. However, often smokers with mental health conditions aren't being given the help they need to quit. Smoking cessation amongst our patient population will bring about one of the single most important health benefits to improve all of our health. Smoking behaviours are strongly influenced by our local social networks, our friends, families, carers, peers and the social

norms. This policy is targeted at all those who work in Priory Healthcare sites, as well as patients, carers and families.

4 PRINCIPLES

- 4.1 **Reducing the harm to Patients** - Caring for and protecting our patients; promoting their health and wellbeing, underpins the essence of all healthcare. All staff members will promote the health and wellbeing of patients by being able to provide support to those who wish to either quit smoking or reduce smoking.
- 4.2 **Supporting Staff to deliver successful smoking cessation interventions** - Priory Healthcare is committed to developing strong leadership capabilities within each Hospital to support staff to deliver successful smoking cessation interventions to patients and staff. The Smoke-Free Policy Steering Group will support local Smoke Free Implementation groups to develop local resources and training to support the delivery of this policy by all frontline mental health professionals working with Priory.
- 4.3 **Supporting Staff to stop smoking** - The health and wellbeing of all staff is important to the Priory, so Priory Healthcare will support staff who wish to stop smoking. A smoke free environment also provides a healthier environment, which increases the chance of success of smoking cessation attempts by patients and staff.
- 4.4 **Promoting a healthy environment** - Our working environment must be conducive to creating a healthy workplace, as well as a safe and therapeutic place in which patients, families and carers can be cared for. Post going smoke free gardens and open spaces will be seen to be healthy places that promote healthy lifestyles.

5 THE PURPOSE OF THIS POLICY

- 5.1 This policy sets out the requirements for all staff employed by Priory Healthcare to promote healthy behaviours. All clinical staff are specifically tasked with screening 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 the staff member's role and the patient's choice. All staff are expected to be familiar with the care pathway for those who are dependent on nicotine.

6 ROLES AND RESPONSIBILITIES

- 6.1 Priory Healthcare Hospital Director's:
- (a) Ensure that staff, patients, visitors and contractors are made aware of the policy.
 - (b) Provide resources to ensure effective implementation.
 - (c) Comply fully with this policy and provide suitable role models for staff and patients.
 - (d) Monitor compliance via the site monthly Clinical Governance Committee and Clinical Networks.
 - (e) Ensure that all jobs advertised state that *Priory Healthcare is a smoke free environment*.
 - (f) Ensure that all Service Level Agreements with other organisations contain the following clause *'Priory Healthcare is a smoke free environment. Smoking is banned in all Priory buildings, grounds and all Priory company vehicles.*
- 6.2 Occupational Health:
- (a) Provide smoking cessation services for all employees to access.
 - (b) When joining Priory Healthcare, occupational health staff will make new employees aware of the smoking cessation support services within the Priory and will screen all new recruits for smoking status.
 - (c) Support employees to have access to nicotine dependence treatment programs.

- 6.3 Local Implementation Committees:
- (a) Will have a named individual responsible for the implementation of the Smoke Free Policy.
 - (b) Have a documented action plan in relation to the Priory Healthcare Smoke Free Policy.
 - (c) Have adequate staff trained as level two smoking cessation advisors who will be easily accessible to patients who require specialist smoking cessation support including nicotine replacement therapy (NRT) behavioural support and other cessation aids like Varenicline and e-cigarettes/vapes.
 - (d) Provide smoking cessation resources such as carbon monoxide monitoring.
 - (e) Promote the smoking cessation pathways and choices for patients and staff.
 - (f) Meet the Priory Healthcare mandated training requirements for staff trained in smoking cessation.
 - (g) Ensure that staff record all assessments and interventions delivered to support smoking cessation activity clearly in the CareNotes Health Care Record (HCR)
- 6.4 Line Managers will ensure:
- (a) There is a safe and appropriate skill mix within teams to meet the nicotine dependence needs of patients (either to provide very brief advice or intensive behavioural support).
 - (b) Staff **do not** help facilitate patients to smoke cigarettes or tobacco (i.e. escort a patient on Sec 17 leave to smoke cigarettes or tobacco, buy tobacco products, light cigarettes, etc.).
 - (c) Staff are competent at identifying and recording the smoking status of every patient in their HCR.
 - (d) All staff with clinical contact provide very brief advice (VBA) to all smokers (ask, record, advise, act).
 - (e) All smokers are offered support to stop smoking on admission and at regular intervals throughout their admission.
 - (f) All smokers who want to stop smoking are referred to a level two trained Stop Smoking Adviser.
 - (g) Every smoker has a personal tobacco dependence care plan as part of their "Staying Healthy" care plan.
 - (h) Nicotine Replacement Therapy (NRT) is available in all in-patient areas to manage tobacco withdrawal symptoms.
 - (i) NRT is offered to a smoker **as soon as practicable after admission** to an in-patient facility. **Best practice is within 30 minutes otherwise withdrawal symptoms kick in and cravings get worse.**
 - (j) Ensure staff and patients are aware of the need to adjust medication if required according to smoking status and this is reflected within individuals care plans.
 - (k) Ward systems are in place so that 1) patients are supplied with an adequate amount of NRT during periods of leave and on discharge, 2) follow up support is in place if the patient wishes to maintain their abstinence after discharge.
 - (l) Patient information regarding the relationship between smoking and illness (both physical and mental) is available in patient areas.
 - (m) Information on tobacco smoke and medication interactions is available in all clinical areas.
 - (n) Staff appraisals and personal development plans reflect staff training needs to deliver smoking cessation advice and treatment.
 - (o) All staff who have clinical contact with patients have completed basic knowledge training (eLearning level 1 Smoking Cessation) and complete the annual refresher competency test.
 - (p) There are sufficient staff trained in Smoking Cessation Training (Level 2) to meet the needs of smokers in each clinical area.
 - (q) Smoking Cessation Training is promoted, taken up and translated into practice.
 - (r) Staff are fully supported in reminding other people of the Smoke Free policy.
 - (s) Full compliance with the policy and provide a suitable role model for staff and patients.
 - (t) Ensure staff **do not** take smoking breaks on the hospital premises during paid or unpaid working hours.

- (u) Ensure that 'No Smoking' signs are placed in the buildings and gardens where services are delivered.
- (v) Ensure that welcome packs and promotional materials provided about the service describe the smoke free status.

6.5 Clinical staff working in inpatient settings will:

- (a) Complete the mandatory smoking cessation online training on how to provide comprehensive smoking cessation support.
- (b) Ask and record a patient's smoking status on admission, advise them that the unit is smoke free and provide very brief advice to all smokers.
- (c) Provide information and offer all smokers behavioural support, choice of NRT products, e-cigarettes and Bupropion (if no contraindications) at every opportunity and at each patient contact to encourage them to attempt a quit.
- (d) Refer all smokers who want to stop smoking to the ward or on-site-hospital Smoking Cessation Advisor. If patient refuses, make a diary note to offer referral again within 48 hours and thereafter at regular interval throughout the episode of care.
- (e) Work closely with Smoking Cessation Advisors to support the patient to maintain abstinence.
- (f) Liaise with the ward/hospital Smoking Cessation Advisor(s) to ensure smokers who do not want to quit, are supported in managing temporary abstinence from tobacco during an inpatient admission.
- (g) Actively engage smokers in conversations about the benefits of quitting.
- (h) Review the care plan at each ward round, Care Programme Approach (CPA), or clinical review meeting.
- (i) Monitor adherence with NRT daily. Consider combination NRT use in every eligible patient. Assess if the dose is adequate, technique is correct, and if it is helping them cope with the withdrawal symptoms and cravings.
- (j) Ensure patients are supplied with an adequate amount of NRT during periods of leave.
- (k) Ensure follow up plans are in place if the patient wishes to maintain their abstinence after discharge. Referral to the local community NHS Stop Smoking Service should be made prior to discharge with full details of the appointment given to the patient.
- (l) Ensure that patients have access to a variety of diversional activities and fresh air during their admission to support their smoke free compliance.
- (m) Ensure that patients are provided with advice and support to actively manage stress and nicotine withdrawal.

6.6 Level two Smoking Cessation Advisors will:

- (a) Support smokers who wish to make a planned quit attempt.
- (b) Support smokers who do not wish to quit during an in-patient stay, to manage temporary abstinence from tobacco, while providing support and encouragement to attempt a quit.
- (c) Deliver one to one, drop in and group based treatment to patients who smoke.
- (d) Following a referral from the MDT, 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 pharmacotherapies.
- (e) If authorised to administer NRT under the Priory facilitate access to pharmacotherapy in line with Priory Healthcare protocols.
- (f) Liaise with prescribers regarding potential interactions of stopping (and restarting smoking) and psychotropic medication.
- (g) Minimise withdrawal symptoms through optimising adherence to pharmacotherapy (e.g. correct technique, sufficient dose and length of treatment).
- (h) Provide intensive psychological, behavioural and social support to assist the smoker to:
 - i. Understand the personal relevance of smoking.
 - ii. Cope with cravings.
 - iii. Maximise motivation and commitment.
 - iv. Maintain abstinence.
 - v. Maximise mental health.
 - vi. Maximize physical health.

- (i) In collaboration with the smoker and their in-patient/community team, formulate, document and evaluate personal stop smoking plans.
- (j) 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 Stop Smoking service (or level two trained Advisor in the Community Mental Health Team (CMHT)). Inform their GP in the discharge summary so that patients can receive follow up care for up to 12 weeks.
- (k) Complete required refresher training.

6.7 Staff who smoke:

- (a) Must not smoke cigarettes or tobacco on hospital grounds or Priory Healthcare premises.
- (b) Must not smoke cigarettes or tobacco in Priory Services owned and pool vehicles.
- (c) Must not smoke cigarettes or tobacco in front of patients, their families or carers.
- (d) Will not take "smoking breaks" during their contractual hours of employment.
- (e) Can access support to quit smoking, via occupational health or via their own GP/local Stop Smoking service.
- (f) Can use licenced NRT products, i.e. Patches/Lozenges while at work to help quit/ manage temporary abstinence.
- (g) Can use e-cigarettes or vapes in the hospital grounds or designated space therein to help quit/ manage temporary abstinence.
- (h) Will meet with their line manager to discuss and agree any flexibility in time off work in order to attend a smoking cessation clinic, this will be time limited to a maximum of three months.
- (i) Understand that Priory disciplinary policies for non-compliance with this policy apply. (Refer to HR04.2 Disciplinary Procedure)

7 APPLICATION

- 7.1 This policy is applicable to all patients, carers and staff at all Registered Hospitals across Priory Healthcare as well as sub-contractors who undertake activities on behalf of the organisation and any visitors to Priory Healthcare premises. This policy and its mandatory application will be communicated to all staff, sub-contractors, visitors and interested parties.
- 7.2 Wherever possible, prior to admission, patients should be informed that the hospital is a smoke free environment and that smoking (should they not wish to abstain or be supported to quit) will not be allowed until the patient is assessed as safe to go off-site unescorted. If the patient uses an e-cigarette or vape they should be advised to bring this and the correct charger with them on the day of admission.
- 7.3 As part of the Priory Healthcare induction process, new starters will be made aware of this policy and where to locate it on the Priory Healthcare Intranet system. The Central HR department is responsible for informing job applicants of this policy. All staff are responsible for informing subcontractors and other visitors to their area of this policy.

8 PROHIBITION ON SMOKING

- 8.1 Smoking cigarettes or using tobacco is strictly prohibited in any part of Priory Healthcare Hospital premises, including at entrances or anywhere on the grounds. This includes areas that are outside but that form part of the Priory Services premises. Specific sites may be given permission on application to designate a smoking point as close to their boundary as possible where patient safety issues exist.
- 8.2 Staff will not be permitted to smoke cigarettes or use tobacco during normal working hours and no 'smoking cigarette breaks' will be allowed.

9 SIGNAGE

- 9.1 Priory Healthcare sites will displays signs that make it clear that smoking is prohibited on its premises. All Priory owned vehicles will also display no-smoking signs.

10 VEHICLES

- 10.1 The Priory does not permit staff to smoke at all in any vehicle owned by the Priory Services. Staff wishing to smoke in their own vehicles before work, during their lunch break or after working hours can do so, but are not permitted to do so whilst on Priory Healthcare premises, including car parks.

11 NRT PRODUCTS

- 11.1 Quit smoking medications help reduce withdrawal feelings and cigarette cravings. They can also double a person's chances of quitting smoking for good. Nicotine Replacement Therapies is the most commonly used family of quit smoking medications.
- 11.2 Patients who are committed to stop smoking or those who need to support during admission to abstain from cigarette use can be prescribed specific NRT products as set out below.
- 11.3 Patients in longer stay services who are committed to quit smoking can be supported with up to 12 weeks of NRT after which time patients who want to continue use can do so, but at their own expense.
- 11.4 Patients in short stay services (Acute/PICU/Respite) who need support to quit smoking or abstain from cigarettes use can be prescribed NRT for the duration of their stay.
- 11.5 The NRT products approved for use under this policy will be lozenges, spray, gum and transdermal patches. An inhalator can be approved by the MDT if this is the patients preferred choice and there is no risk that the item will be swallowed.
- 11.6 **Drugs other than NRT which can be prescribed** - Both Bupropion and Varenicline have relevant licences, for smoking cessation and can be prescribed after a full safety consideration of the potential risks and benefits, along with reference to the BNF if the prescriber isn't experienced in prescribing the drugs. Advice, support and cessation counselling, along with NRT is first line.
- 11.6.1 **Note; warning, contraindications, cautions, side effects, interactions below:**
- a) **Bupropion** - Is a serotonin and noradrenaline re-uptake inhibitors are indicated "to aid smoking cessation in combination with motivational support in nicotine-dependent patients".
 - i. Note it should be commenced 1-2 weeks before smoking cessation and only continued for 7-9 weeks.
 - ii. Contraindications; Acute alcohol withdrawal; acute benzodiazepine withdrawal; bipolar disorder; CNS tumour; eating disorders; history of seizures; severe hepatic cirrhosis.
 - iii. Cautions; alcohol abuse; diabetes; elderly; history of head trauma; predisposition to seizures (prescribe only if benefit clearly outweighs risk)
 - iv. Common or very common side effects; Abdominal pain; anxiety; concentration impaired; constipation; dizziness; dry mouth; fever; gastrointestinal disorder; headache; hyperhidrosis; hypersensitivity; insomnia (reduced by avoiding dose at bedtime); nausea; skin reactions; taste altered; tremor; vomiting.
 - v. Manufacturer advises that patients and carers should be instructed to report any clinical worsening of depression, suicidal behaviour or thoughts and unusual changes in behaviour.

- vi. There are also numerous interactions listed with psychotropic and other drugs in the BNF
 - vii. MHRA has added safety information for Bupropion. MHRA/CHM advice: Bupropion (Zyban®): risk of serotonin syndrome with use with other serotonergic drugs (November 2020)
 - viii. Manufacturer advice is to monitor blood pressure before and during treatment.
 - ix. Manufacturer advises that patients and carers should be counselled on the effects on driving and performance of skilled tasks—increased risk of dizziness and light-headedness.
- b) **Varenicline** - Is a selective nicotine-receptor partial agonist indicated "to aid smoking cessation". Currently Varenicline has been withdrawn from the markets and it has not been announced when will it be available again.
- There is no evidence of an increased risk of suicidal behaviour in patients prescribed Varenicline or Bupropion compared with those prescribed nicotine replacement therapy. These findings should be reassuring for users and prescribers of smoking cessation medicines. <https://www.bmj.com/content/347/bmj.f5704>
- i. Note it should be commenced 1-2 weeks (up to 5 weeks) before smoking cessation and only continued for 12 weeks, but with consideration of repeat course for those liable to relapse.
 - ii. Refer to latest RCPCH statement on use of Varenicline: https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/position-statements/ps05_18.pdf?sfvrsn=2bb7fdfe_4
 - iii. See also www.nice.org.uk/TA123

12 ELECTRONIC CIGARETTES (including vapes) (For the purpose of this document, e-cigarettes mean nicotine only electronic cigarettes)

- 12.1 **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 atomizer that when heated vaporises the solution in the cartridge enabling the nicotine to be inhaled (it should be noted however that a few e-cigarettes do not contain nicotine). E-cigarettes can be disposable, rechargeable, in packs or the cartridges can be refillable. E-Liquids come in various different volumes, concentrations and flavourings. 'Over 3 million people in the general population in Great Britain currently use e-cigarettes/vapes, nearly all of these are recent ex-smokers'.
- 12.2 **Are electronic cigarettes safer than ordinary cigarettes?** - As e-cigarettes do not contain tobacco and as there is no burning, there is no smoke. As a result, vaping does not result in the inhalation of cigarette smoke which contains about 4000 constituents, around 70 of which are known to cause cancer. E-cigarettes are therefore regarded by most experts as much safer delivery devices for nicotine. PHE stated that e-cigarettes were 95% less harmful than smoking cigarettes. In UK, national health authorities support the use of e-cigarettes to help smokers quit smoking. E-cigarettes provide nicotine without the harmful chemicals from cigarette smoke. They can help smokers cope with the withdrawal symptoms and deal with the cravings for cigarettes. Hence their use should be supported as one of the cessation tools.
- 12.3 **Do e-cigarettes help smokers to stop?** - There is evidence from surveys, case reports and now two randomised controlled trials that e-cigarettes may help some smokers to stop. A recent 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. A small pilot of e-cigarettes with people with serious mental illness was positive regarding reduction/cessation of cigarette smoking.

- 12.4 **What concerns have been raised by e-cigarettes and what does the evidence say about it?** - E-cigarettes were first introduced onto the market in the UK in 2004 so there have been no long-term health studies. There are concerns that:
- (a) E-cigarettes resemble ordinary cigarettes and therefore re-normalise smoking - There is currently no evidence to support this.
 - (b) Simply replacing some cigarettes with e-cigarettes may confer little benefit - Any reduction in the amount of cigarettes smoked is beneficial.
 - (c) All e-cigarettes and e-liquids legally sold in the UK are regulated by TRPR regulations 2020.
 - (d) There is a potential fire risk that these devices may present - the correct charger must be used. E-cigarettes must not be used near naked flames or oxygen.
 - (e) There is some emerging evidence that vaping causes lung inflammation and is associated with COPD: There is no evidence that nicotine containing regulated e-cigarettes lead to this harm.
 - (f) The undoubted health benefits of smokers switching to vaping cannot be extrapolated to ex-smokers taking up vaping or non-smokers taking up vaping, where the risks are unclear.
- 12.5 Smoking leads to increased metabolism of many medications. If a patient switches from smoking cigarettes to e-cigarettes, this increased metabolism does not happen. As a result, medication level in the plasma increases. Blood plasma levels will need to be monitored and medication regimes adjusted accordingly. This is especially important for patients taking clozapine and Olanzapine.
- 12.6 **How are e-cigarettes regulated?** – The Medicines and Healthcare products Regulatory Agency (MHRA) is the competent authority for the notification scheme for e-cigarettes and refill containers in the UK. Consumers and healthcare professionals can report side effects and safety concerns to MHRA through the “yellow card” scheme.
- 12.7 **E-cigarette use in public places** - As stated above, some reports 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 this could be socially irritating to non-users in their immediate environment. .
- 12.8 **Priory guidance on the use of E-cigarettes (Including vapes)**
- (a) 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.
 - (b) Disposable e-cigarettes may be the most suitable option for those who present with a higher risk profile, while re-chargeable and re-fillable e-cigarettes/vapes will be suitable for most patients.
 - (c) Unless there is any specific concern/ risk, all patients should be allowed to use their choice of e-cigarette.
 - (d) In services where there is increased risk, disposable e-cigarettes are recommended: discuss with the Priory smoking cessation lead for latest recommended brands.
 - (e) 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.
 - (f) 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.
 - (g) 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 or

single bedrooms, but not communal indoor areas or during therapeutic groups and 1:1 sessions)

- (h) Staff should not facilitate e-cigarette breaks for groups of patients at fixed times during the day.
- (i) 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.
- (j) Patients may wish to use their e-cigarette interchangeably with cigarettes while on unescorted leave, (sometimes called dual use). Using NRT products simultaneously with an e-cigarette has been proven to be very effective to help people stay away from cigarettes.
- (k) If a patient switches from smoking cigarettes to e-cigarettes, this will affect the metabolism of some prescribed medication, especially Clozapine and Olanzapine. Plasma levels must be monitored and medication regimes adjusted accordingly.
- (l) 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.
- (m) 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.
- (n) Patients are allowed to use e-cigarettes or their vape during escorted leave but only in open outdoor spaces.

12.9 Guidance for staff regarding e-cigarettes:

- (a) Staff who smoke cigarettes or tobacco 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.
- (b) Staff who smoke and are dependent on tobacco will be encouraged to use NRT whilst at work.
- (c) Staff are permitted to use e-cigarettes/vapes whilst at work but only on a break and outdoors or at a designated point.

12.10 **Estates & Facilities e-cigarette alerts** - Guidance issued by the Department of Health and others indicates that:

- (a) All staff should be made aware of possible fire hazards with use/recharging of e-cigarettes, particularly if the incorrect charger is used.
- (b) E-cigarette batteries should not be recharged in unsupervised areas and not in company vehicles.
- (c) E-cigarettes should not be used in an oxygen rich environment.

12.11 These alerts are available in full on the Priory Healthcare smoke-free intranet page and have informed this policy.

12.12 Relevant Priory Healthcare training will also cover e-cigarettes. Given that the e-cigarette market is a rapidly evolving one then this policy will be reviewed every 12 months. Please send comments on this guidance to the author of this policy or the Legal & Compliance Helpdesk.

13 **MANAGING BREACHES OF THE SMOKE FREE POLICY**

13.1 Many staff and patients have raised questions about how to manage or respond to situations where people are not complying with the Smoke Free policy and continue to smoke cigarettes or tobacco on the Priory Healthcare grounds.

13.2 Priory Healthcare do 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 asking them to stop smoking unless they are confident that it is safe to do so.

- 13.3 Our expectation is to promote and develop a culture across all our buildings and sites that smoking cigarettes or tobacco 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.
- 13.4 The right culture 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 rather than a failure of the project. This is a very important programme of change not only of behavioural change but of winning 'hearts and minds' with people.
- 13.5 In the initial stages of implementation breaches of the policy will be dealt with as below. It is intended to gather information on breaches for a period of time so management can evaluate the success of the policy implementation. Once enough information on breaches is available it will be possible to target specific areas where breaches are occurring and to implement a more robust policy to ensure Priory Healthcare maintains a Smoke Free status.

14 BREACHES BY STAFF

- 14.1 All Priory staff will be expected to promote a smoke-free environment and healthy living programmes. Staff should avoid condoning or advocating tobacco smoking.
- 14.1.1 Staff must not purchase or provide tobacco products to patients or use tobacco as a reward for patients.
- 14.1.2 If any colleague breaches the policy then in the first instance line managers should discuss the issue with them and ensure they fully understand the Smoke Free policy. If the colleague continues to breach the policy then action through the disciplinary process may be appropriate. 'No Smoking' signs are clearly displayed in appropriate places inside and outside of the Priory premises. All staff are obliged to support the implementation of the Smoke Free Policy.
- 14.2 **Visitors and contractors breaches** - It is recommended that where a colleague chooses to approach a visitor or contractor to inform them of this policy, this approach is made only once. The information provided should be limited to and along the lines of; 'Can I make you aware that this is a smoke free Priory Hospital within both the hospital and grounds.' If a contractor does breach this policy, the breach will be reported to the Priory and Estates Department.
- 14.2.1 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 colleague is to walk away from the situation and inform the appropriate senior manager that a breach has occurred.
- 14.3 **Patient breaches** - Prior to planned hospital admissions patients will be advised that smoking cigarettes or tobacco is not permitted in the hospital or grounds and they will be offered support to temporarily abstain or quit. This will include nicotine replacement products, e-cigarettes, Bupropion or Varenicline, and behavioural support. They will be asked not to bring tobacco, cigarettes, lighters or matches with them to hospital.
- 14.4 For unplanned admissions patients will not be permitted to keep tobacco, cigarettes, lighters or matches on their person. If they have arrived at hospital with a carer or family member they will be asked to take the prohibited items home. If they are unaccompanied when they arrive at the hospital staff will store these contraband items and they will be returned at the point of discharge.
- 14.5 Should the patient become aggressive when the Smoke Free policy is being implemented then the colleague should summon assistance and the aggressive incident managed in the usual way or according to that person's individual care plan.

14.6 Should a patient be observed breaching the Smoke Free policy by smoking in the hospital, staff should ensure the area is safe. If there is an imminent risk then support should be enlisted immediately using the emergency response systems. Where there is no immediate risk the colleague should discuss the breach with his/her staff team and agree the most appropriate time and place to meet with the patient to review the care plan. Patients who are struggling to comply with the Smoke Free policy should have a review of their nicotine replacement therapy in the form of NRT and / or e-cigarettes, and consideration given to increasing the amount of behavioural support that has been provided.

14.7 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 or ward gardens where the use of cigarettes is allowed.**

15 POLICY MONITORING

15.1 The policy will be monitored by a variety of different methods including a more formal review every 12 months.

15.2 There will also be a feedback process in place concerning progress and issues arising, via reports from key organisational meetings, including the Smoke Free Strategy Group, Patients Forum, Colleague forums and regular nursing and senior management meetings.

15.3 All staff will be expected to reinforce the Priory Healthcare Smoke Free Policy in circumstances which they are comfortable to do so. This will include asking patients and visitors to cease smoking cigarettes or tobacco on Priory Healthcare premises. Senior staff should support junior staff in enforcing the policy.

15.4 Colleague safety must always be paramount. Under no circumstances should any colleague be encouraged to enforce the policy if they believe they would be at personal risk in doing so.

16 REPORTING OF SMOKING RELATED INCIDENTS

16.1 The Priory has a robust incident reporting system in place. 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. Staff should use the incident reporting system to promptly share information about any difficulty with implementation of the Smoke Free policy. Analysis of all recorded incidents enables Priory Healthcare to be both proactive and reactive to reduce the impact and likelihood of future recurrence. (Refer to OP04 Incident Management, Reporting and Investigation)

16.2 Priory will carefully monitor any violence and aggression, fire, and 'absent without official leave' (AWOL) incidents that are linked to the Smoke Free policy. The incident reporting system has been adapted to allow staff to specifically highlight a breach of the Smoke Free policy by adding this to the subcategory list.

16.3 Staff can use the smokefree@priorygroup.com email address to provide a quick report about a breach of the Smoke Free policy in the grounds. This would be relevant if staff had observed smoking but did not feel confident to approach those concerned. Priory Healthcare will ensure that appropriate measures are taken to enhance the Smoke Free policy at the location concerned.

17 REFERENCES

17.1 Health Act 2006.
NICE (2013) Smoking Cessation in Secondary Care: Acute, maternity and mental health. PH46.

DH (2014) Estates and Facilities Alert - EFA/2014/002. E-cigarette, Batteries and Chargers. Smoking, Health and Social Care (Scotland) Act 2005.

18 EQUALITY IMPACT ASSESSMENT

How is the policy likely to affect the promotion of equality and the elimination of discrimination in each of the groups?			
Protected Characteristic (Equality Act 20210)	Impact Positive/ Negative/ None	Reason/ Evidence of Impact	Actions Taken (if impact assessed as Negative)
Age	P	Health Outcomes/Life Expectancy	
Disability	P	Health Outcomes/Life Expectancy	
Gender re-assignment	P	Health Outcomes/Life Expectancy	
Marriage or civil partnership	P	Health Outcomes/Life Expectancy	
Pregnancy or maternity	P	Health Outcomes/Life Expectancy	
Race	P	Health Outcomes/Life Expectancy	
Religion or beliefs	P	Health Outcomes/Life Expectancy	
Sex	P	Health Outcomes/Life Expectancy	
Sexual orientation	P	Health Outcomes/Life Expectancy	
Other, please state:			
EIA completed by:			
Name:	Paul Cowans		
Role/ Job Title:			
Date completed:	26.11.2021		

19 APPENDICES

18.1 Appendix 1 - Tobacco Dependence Treatment Pathway

APPENDIX 1**TOBACCO DEPENDENCE TREATMENT PATHWAY****Introduction:**

Tobacco dependence is a treatable, chronic and relapsing condition. [1] The treatment needs of a smoker will differ slightly according to their smoking history and behaviour, age, gender, socioeconomic status, mental health needs, use of other substances, if they are an inpatient or outpatient and their personal choice about receiving support. However there are essential steps within the tobacco dependence treatment pathway that apply to all smokers.

The aim of the tobacco dependence treatment pathway is to:

- (a) Ensure we identify the smoking status of every current patient.
- (b) Ensure early diagnosis of severity of tobacco dependence.
- (c) Offer every smoker **NRT** within 30 minutes of arrival.
- (d) Offer evidence-based pharmacological, psychological and psycho-education treatment to smokers.
- (e) Ensure smokers receive continuous, efficient care and treatment at transition points across their pathway.
- (f) Ensure **PRIORY SERVICES** meet the recommendations of the NICE guidelines for smoking cessation in secondary care.

As the pathway develops in response to evaluation and feedback from clinicians, patients and carers, we will update it at regular intervals.

Inpatient user Pathway**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 in CareNotes.

STEP 2: Advise and offer support

To comply with the Priory Services Smoke Free Policy and the NICE guidelines for smoking cessation in secondary care [2] smokers will need to abstain from smoking whilst in Priory Services buildings and grounds during their admission.

Therefore, during an admission a smoker has **three** options:

OPTION 1: to temporarily abstain from smoking whilst in buildings and in the grounds, **with** pharmacological and/or psychological support.

OPTION 2: to temporarily abstain from smoking whilst in buildings and in the grounds, **without** pharmacological and/or psychological support.

OPTION 3: to use the opportunity to make a sustained quit attempt, with pharmacological and/or psychological support.

Regardless of which option the patient chooses, **every smoker** should be **offered NRT** to manage their tobacco dependence within 30mins of their arrival to the hospital. This should be followed up by comprehensive tobacco dependence treatment and support from a trained and identified Smoking cessation advisor.

Offering support to quit or manage tobacco withdrawal symptoms during a period of temporary abstinence, rather than asking a smoker how interested they are in stopping or telling a person they should stop, leads to more people making a quit attempt. [3] The most effective method of quitting or managing tobacco withdrawal symptoms during a period of temporary abstinence, is with

combination NRT (i.e. a patch and oral product) and intensive behavioural support. [2,4] E-cigarettes are currently the most popular cessation aids in UK. Advising the smoker patient that 'stopping smoking is one of the best things they can do for their health and wellbeing' is recommended by the Department of Health. [5].

Record in CareNotes

- (a) That you have advised the smoker that stopping smoking is one of the best things they can do for their health and wellbeing.
- (b) If the smoker wants NRT for temporary abstinence.
- (c) If they want to see a specialist smoking cessation advisor during their admission.