

POLICY TITLE:	Smoking – Cigarettes & E-Cigs/Vapes
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Policy Owner:	Paul Cowans, Specialist Director
Ratified by:	Paul Lakeland, Associate Director of Quality & Governance
Responsible signatory:	Colin Quick, Chief Quality Officer
Outcome:	<p>This policy:</p> <ul style="list-style-type: none"> • Aims to effectively manage smoking cigarettes on Priory sites. • Aims to reduce the carcinogenic and ill health effects of smoking cigarettes and passive smoking in the workplace. • Reduces the influence of smoking cigarettes away from vulnerable children
Cross Reference:	<p>H&S17 Hazardous Substances H118 Smoke Free Hospitals</p>
EQUALITY AND DIVERSITY STATEMENT	
<p>Priory 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 (age, disability, gender identity and expression, marriage or civil partnership, pregnancy or maternity, race, religion or beliefs, sex, sexual orientation), and all will be treated with dignity and respect.</p>	

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

SMOKING – CIGARETTES & E-CIGS/VAPES

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1 SCOPE

- 1.1 This policy applies to all sites and services across England, Scotland, Northern Ireland and Wales. Where there are differences between nations, this will be clearly highlighted.
- 1.2 This policy applies to all sites and services within both the Adult Care and Healthcare Divisions.
- 1.3 For the purposes of this policy, the term 'service user' refers to patients and residents.
- 1.4 This policy applies to service users and colleagues, as well as any visitors or contractors that visit Priory sites/services.

2 KEY POINTS CHECKLIST

- 2.1 Priory is concerned with the health and wellbeing of those who use its services and our colleagues. Priory does not condone or encourage smoking cigarettes and will enable service users and colleagues, as far as possible, to pursue a healthy lifestyle.
- 2.2 Most premises within Priory are smoke free with a small number of premises having certain exemptions for their service users. By definition, 'premises' means all buildings within the Priory network. (**NB:** All Hospital sites are smoke free – refer to H118 Smoke Free Hospitals).
- 2.3 The units that are exempt from being smoke free are required to follow strict guidelines (see the Exemptions section).
- 2.4 Smoking cigarettes or E-Cigs/Vapes in company vehicles is not permitted (see the Vehicles section).
- 2.5 'No Smoking' signage must be displayed at entrances to all buildings and in company vehicles (see the Signage section).
- 2.6 Where external smoking shelters are provided they must meet certain legal requirements (see section on Provision of External Smoking Shelters). If the provision of a smoking shelter is required for service users this should be raised with the Estates Department.

Operational

- 2.7 Where a unit permits smoking of cigarettes in the grounds, a predetermined area must be identified for smoking with smokers not allowed to smoke outside the boundaries of the permitted area.
- 2.8 There is no legal requirement to provide smoking facilities for any individuals within any Priory premises or grounds.
- 2.9 Visitors to Priory premises, contractors, young individuals, outpatients and day patients are not permitted to smoke cigarettes in any Priory unit, even where exemptions permit residential service users to smoke.
- 2.10 Colleagues should not smoke cigarettes near to the entrance of Priory premises and/or within sight of service users and the general public.
- 2.11 Colleagues who use alternative nicotine aids are only permitted to use them during official breaks and must not use them in Priory buildings.
- 2.12 Priory will, where possible, facilitate service users to stop and/or reduce smoking cigarettes. These interventions will be planned with the involvement of medical colleagues and pharmacists where necessary.
- 2.13 Where the site has been determined as completely 'smoke free', no smoking of cigarettes will be allowed anywhere in the premises or in the grounds of the site by colleagues, service users or visitors.

3 RESPONSIBILITIES

- 3.1 Site/Service Managers are responsible for ensuring that this policy is strictly adhered to. Where individuals fail to adhere to this policy and the law, reasonable steps must be taken and **documented** to make sure that any individuals failing to comply are made aware of their legal responsibilities and the potential consequences of their actions.
- 3.2 Site/Service Managers are responsible, where exemptions are permitted, for ensuring that smoking areas are identified as such and meet legal requirements.
- 3.3 It is the duty of all colleagues to bring to the attention of all individuals on the site the contents of this policy.
- 3.4 Where a person is identified as smoking cigarettes where either they, or anyone, is not permitted to do so they must instruct the person to cease smoking. Where there is an unsatisfactory response, then it is the responsibility of the colleague to report the infringement to a member of the management team.

NB: There are legal fines for those that break the smoking ban and also for the Site/Service Manager responsible for the premises where the infringement happened. Enforcement is through local council officers and they can visit at any reasonable time without prior reason or in response to a complaint.

4 EXEMPTIONS

- 4.1 The only units that are exempt from a total smoking ban are those that:
 - (a) In England are defined and registered as Care Homes as in the Care Standards Act 2000
 - (b) In Scotland that are registered care homes under the Regulation of Care (Scotland) Act 2001 or psychiatric units or hospitals i.e. the whole or main purpose of which is to treat individuals with a mental disorder within the meaning of section 328 of the Mental Health (Care and Treatment) (Scotland) Act 2003
 - (c) In Wales that are defined and registered as Care Homes as in the Care Standards Act 2000 or as mental health units i.e. an establishment or part of an establishment the main purpose

- of which is the provision of treatment or nursing (or both) for individuals suffering from mental disorder as defined in section 1(2) of the Mental Health Act 1983
- (d) In Northern Ireland nursing homes or residential care homes as defined in Article 11 and 12 of the Health and Personal Social Services (Quality, Improvement & Regulation) (Northern Ireland) Order 2003.

- 4.1.1 Priory premises defined and registered as above will not provide internal smoking facilities, but will generally provide external facilities at a number of sites where the need exists.

5 VEHICLES

- 5.1 All company leased vehicles must be completely non-smoking. Service users and colleagues are not permitted to smoke in any vehicle owned by or leased to individual sites.
- 5.2 All vehicles that are used for company business, that are not exclusively used by one person, must be completely non-smoking (for example, colleagues travelling together to a meeting). Private vehicles that are being used to transport service users or colleagues must also be completely non-smoking when either are present.
- 5.3 Signage must be displayed in a key area to identify to drivers and passengers that the vehicle is non-smoking.

6 SIGNAGE

- 6.1 Every Priory building must have clear 'NO SMOKING' signage at each entrance. The signage must include the 'NO SMOKING' pictogram of a prohibition red circle with a lit cigarette under a red bar diagonally from corner to corner and the appropriate wording for the country where the unit is located.
- 6.2 All vehicles as defined in Section 5 above as non-smoking must also have the appropriate signage.
- 6.3 All signage must be clearly visible to all individuals entering the building or vehicle.

7 SERVICE USERS (CLINICAL) RISK ASSESSMENTS/CARE PLANS

- 7.1 Young individuals under the age of 18 are not permitted to smoke cigarettes or E-Cigs/Vapes in Priory units. Where a young person in the care of Priory is identified as a smoker, a risk assessment must be carried out and be placed with the care plan with guidance on how carers and other colleagues should manage the young individual's nicotine addiction. Care must be taken that smoking is not seen as a reward for positive behaviour and that smoking is discouraged and help given to stop smoking where possible. Individuals under the age of eighteen are not legally able to obtain tobacco or E-Cig products. Under no circumstances must colleagues purchase or give cigarettes/E-Cigs to a young person.
- 7.1.1 Priory units can prescribe nicotine replacement therapy to young individuals under the age of 18 to assist them in withdrawing from nicotine.
- 7.2 Service users who are cigarette smokers must be identified on the initial clinical risk assessment and any information must be placed in the care plan. All service users must be informed on induction of any smoking provision or bans. Service users on a higher level of observation may need to agree what is reasonable so they do not put care colleagues at risk.
- 7.3 Service users in Priory Hospital sites who are accessing/using NRT (Nicotine Replacement Therapy) should refer to **H118 Smoke Free Hospitals Policy**.

8 PROVISION OF EXTERNAL SMOKING SHELTERS

- 8.1 Although smoking cigarettes will be banned within all Priory buildings, it is possible that external provision can be made for smokers within the grounds. This can be in the form of external smoking bins and/or smoking shelters. There is no legal requirement to provide smoking shelters for smokers. Priory services are only allowed to create a safe smoking place, as close to the external perimeter as feasible, where there is a risk to patient safety or serious complaints from neighbouring dwellings. Any exemption must be agreed by the Managing Director.
- 8.2 If it has been decided that individuals on site are permitted to smoke in the grounds, a predetermined area must be designated by the senior person on site and smoking not permitted outside this designated area. This area must be suitably sited and then reviewed annually as to its suitability or if it is still required.
- 8.3 Smoking shelters, where allowed, must meet the following requirements:
- (a) Smoking shelters must be separate from the buildings so that tobacco smoke does not find its way back into the building, be situated away from the building, but sited so that individuals observing service users can do so safely without being affected by tobacco smoke
 - (b) Where a smoking shelter has a roof the walls must only cover 50% of the covered space allowing fresh air to move freely.

9 ALTERNATIVE NICOTINE AIDS INCLUDING ELECTRONIC CIGARETTES – SERVICE USERS

- 9.1 Local procedures should be drawn up bearing in mind the circumstances prevailing on individual sites due to the potential impact of these aids on the wider service user group and colleagues, not just those who use such items. In respect of electronic cigarettes, this should include the safe handling and care of any associated equipment such as:
- (a) Chargers (whether supplied with the device or obtained elsewhere), which can constitute an additional fire risk
 - (b) E-liquid, which can be toxic if swallowed
 - (c) Batteries, which can be toxic if swallowed.
- 9.2 Service users in Priory Hospital sites who are accessing/using NRT (Nicotine Replacement Therapy) should refer to **H118 Smoke Free Hospitals Policy**.

10 ALTERNATIVE NICOTINE AIDS INCLUDING ELECTRONIC CIGARETTES – COLLEAGUES

- 10.1 Whilst it is recognised that nicotine replacement in the form of electronic cigarettes may be preferable to smoking standard cigarettes, the use of these items is not condoned or encouraged by Priory given their addictive nature and potential health hazards. Colleagues who use alternative nicotine aids are only permitted to use them during official breaks and in external areas.
- 10.1.1 Local procedures should be in place to ensure the wider colleague group are not adversely affected by the use of alternative smoking materials.
- 10.2 **Colleagues Who Wish to Stop Smoking** – Assistance is available for colleagues who wish to stop smoking via the following contacts:
England - Smokefree National Helpline 0300 123 1044
Scotland - Smokeline 0800 848 484
Wales - Stop Smoking Wales 0800 085 2219
Northern Ireland - www.want2stop.info.

11 REFERENCES

- 11.1 Health Act 2006
- Prohibition of Smoking in Certain Premises (Scotland) Act 2006
- Smoking, Health and Social Care (Scotland) Act 2005
- The Smoke-free (Exemptions and Vehicles) Regulations 2007
- The Smoke-free (Penalties and Discounted Amounts) Regulations 2007
- The Smoke-free Premises etc. (Wales) Regulations 2007
- The Smoking (Northern Ireland) Order 2006

12 EQUALITY IMPACT ASSESSMENT

12.1

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 2010)	Impact Positive/ Negative/ None	Reason/ Evidence of Impact	Actions Taken (if impact assessed as Negative)	
Age	Positive	Health Benefit		
Disability				
Gender identity and expression				
Marriage or civil partnership				
Pregnancy or maternity				
Race				
Religion or beliefs				
Sex				
Sexual orientation				
Other, please state:				
EIA completed by:				
Name:	Paul Cowans, Specialist Director			
Role/ Job Title:				
Date completed:	18/07/23			

13 APPENDICES

- 13.1 **Appendix 1** – Guidelines for completing a smoking risk assessment for individuals

Appendix 1

GUIDELINES FOR COMPLETING A SMOKING RISK ASSESSMENT FOR INDIVIDUALS

The assessment should be carried out by taking into consideration the service user's mental and physical capacity for smoking unaided. It should consider any risk to other service users, visitors and colleagues, and identify physical precautions, as well as management arrangements such as supervision.

When carrying out the risk assessment, consider the following:

1. Identify the hazards that the act of smoking introduce, for example:

- (a) Ignition sources: lighters, matches, cigarettes
- (b) Fuel sources: furniture, textiles, soft furnishings, laundry, paper products, sleepwear, petroleum based emollient creams
- (c) Oxygen sources: natural airflow, cylinders, airflow mattresses.
- (d) Unsafe use of smoking or vaping materials: smoking in bed/bedroom

2. Evaluate the risk:

- (a) What is the likelihood of a fire starting? Is there anything that could make the service user more at risk when smoking; medical conditions/confusion/poor hand control/medication etc? Is there evidence of burn marks on the floor, carpets, clothing, furniture?
- (b) What is the severity/potential consequences of a fire occurring? How many other people could be at risk?
- (c) Previous fires or near misses caused by smoking?

3. Implement control measures, the following should be considered:

- (a) The location of smoke detector and flammability of clothing and furniture need to be considered.
- (b) Are cigarettes lit with a match or a lighter? How do service users access their lighters? How is access to cigarettes and lighters controlled? Do the family/visitors need to be informed of any arrangements/controls in place for a particular service user?
- (c) What level of supervision is required? Will someone else light the cigarette? Will anyone stay with the service user while they smoke?
- (d) Are flameless lighters being used as an additional precaution?
- (e) How will colleagues be protected from second hand smoke? Are any further risk assessments needed to consider this?
- (f) Do the arrangements change at night?
- (g) Are sprinklers or some alternative fire suppression arrangements required? Is there portable fire extinguishing media nearby and if so, are colleagues trained to use it?
- (h) Are there appropriate deep fire-safe ashtrays and appropriately affixed smoking receptacles? Are they emptied regularly?
- (i) Have smoking receptacles been affixed appropriately and away from fuel sources such as wooden fences, gas cylinders etc.?

4. Review and revise the risk assessment:

- (a) Who is responsible for reviewing the risk assessment?
- (b) What reporting mechanisms are in place for near misses/accidents/a need for review of the risk assessment?
- (c) Is help and support in place for those that wish to stop smoking?
- (d) Are there any factors that have increased the risk – changes in service user abilities/ changes to staffing levels affecting supervision?
- (e) Have any organisational changes in the provision of smoking areas been put in place? Has site recently become or transitioning to becoming a 'Non-Smoking' site? E.g. All Hospitals

Taken and adapted from advice provided by London Fire Service

www.london-fire.gov.uk