NHS
Central and North West London
NHS Foundation Trust

Smoke-Free Policy: Supplementary Information

Appendices

APPENDIX 1: Strategies for Working with Clients in the Community

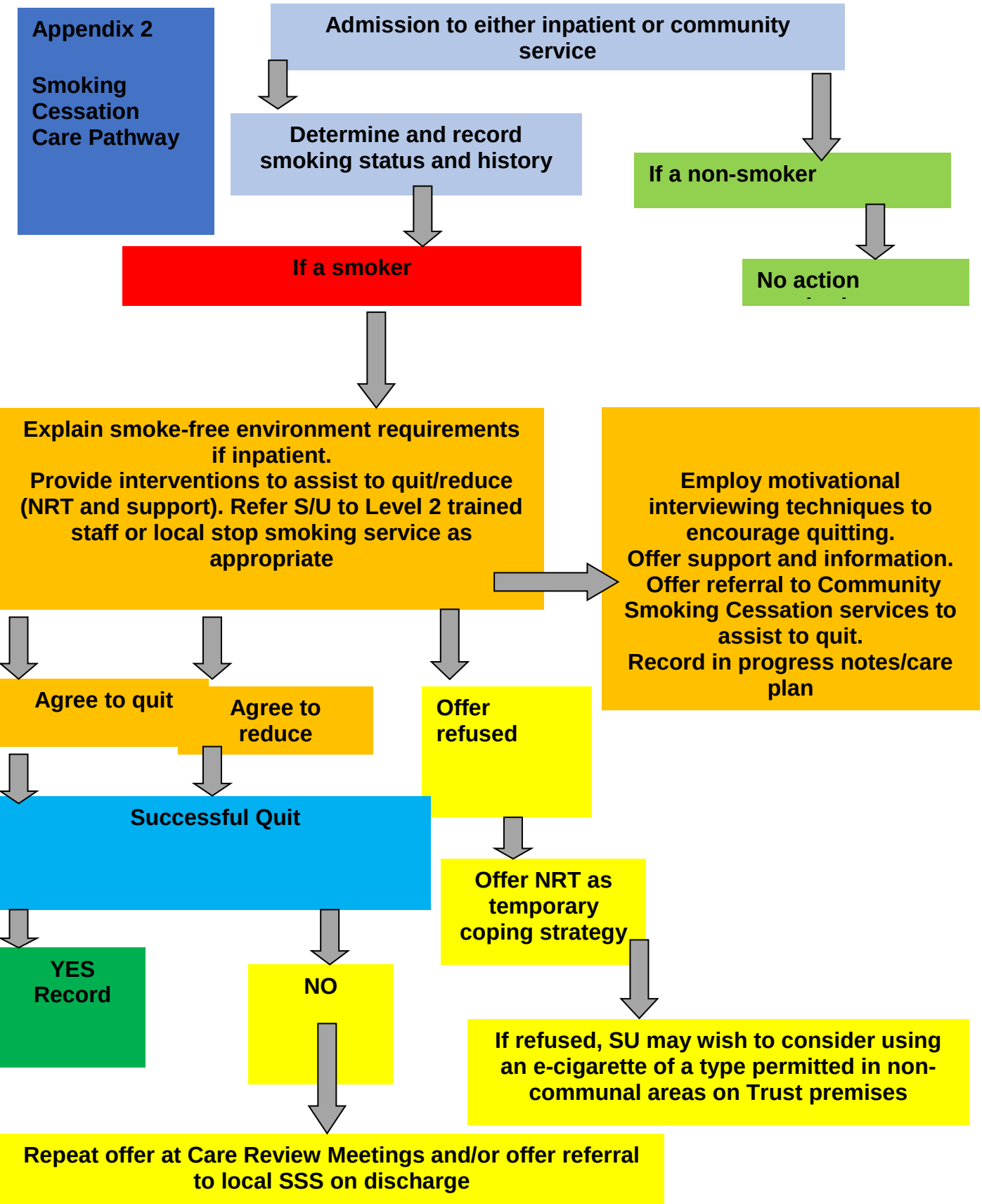
Relevant to community staff in general e.g. HVs should be protected see guidance Appendix 1 – ventilation.

Peripatetic Staff

Peripatetic working relates to employees who are required to visit premises away from the organizational workplace, whilst undertaking their duties and responsibilities.
This part of the Policy relates to peripatetic working within people's homes or premises that are exempt from any smoke free legislation.
The usual risk assessment undertaken by all staff before entering a home or premise that is exempt under any smoke free legislation should have consideration to second-hand smoke and the level of risk identified. Managers are also required to include consideration of second-hand smoke when they undertake risk assessments of peripatetic workers required to enter premises.
When entering a home or any other premises exempt from smoke free legislation, and where they are exposed to second-hand smoke, employees will be expected to make reasonable attempts to reduce their risk to exposure while they undertake their duties, by adoption of one or more of the following strategies:

- Consider whether or not the work could be undertaken in an alternative location away from where second-hand smoke may be present.
- Ask the person(s) to refrain from smoking whilst the employee is present.
- Discuss your concerns with the service user and develop agreed strategies together that could be used.
- Request that the premises be ventilated before/during the visit, usually as part of the standard appointment letter.
- Where possible, inform in advance the intended person(s) to be visited, of the request to refrain from smoking whilst the employee(s) are in attendance.
- Provide a copy of the Trust's Information Leaflet re becoming Smoke Free and Smoking Cessation/Quit information. Offer nicotine replacement therapy if appropriate.
- Minimise time spent in homes if conditions are uncomfortable and develop strategies together to manage the environment.
- Discuss their tenancy agreement and any non-smoking clause which could result in eviction

Staff escorting patients on leave/therapeutic activities should also not be exposed to passive smoking and it should be a condition of leave that service users do not smoke in the presence of staff (see Section 2.0).
If an employee has a personal concern that the environment they are working in poses a risk to their health, they should discuss it with their manager, the same as with any other risk situation.


Appendix 2
Smoking Cessation Care Pathway
Admission to either inpatient or community service
Determine and record smoking status and history
If a non-smoker
No action
If a smoker
Explain smoke-free environment requirements if inpatient.
Provide interventions to assist to quit/reduce (NRT and support). Refer S/U to Level 2 trained staff or local stop smoking service as appropriate
Employ motivational interviewing techniques to encourage quitting.
Offer support and information.
Offer referral to Community Smoking Cessation services to assist to quit.
Record in progress notes/care plan
Agree to quit
Agree to reduce
Offer refused
Successful Quit
Offer NRT as temporary coping strategy
YES
Record
NO
If refused, SU may wish to consider using an e-cigarette of a type permitted in non-communal areas on Trust premises
Repeat offer at Care Review Meetings and/or offer referral to local SSS on discharge

APPENDIX 3: Operational Guidance on maintaining a smoke-free environment on inpatient Units

1. Introduction

The introduction and maintenance of a smoke free environment represents a significant change in culture on in-patient mental health wards. This document therefore aims to provide guidance for clinical staff and local managers regarding how this should be undertaken. As such the document will outline the expectations from community, in-patient and gatekeeping staff in order to ensure that all patients have the relevant information prior to admission as well as post admission.

2. On Admission

2.1 On admission nursing and medical staff must explain the national requirements to maintain a smoke free environment.

2.2 Ask and record a service user's smoking status on admission and record this in their Physical Health Assessment, along with the relevant ICD10 code.

2.3 On admission or when appropriate, all service users who smoke should be made aware of the range of smoking cessation and support that are available on the ward and agree which products will be supplied for the service users. Following agreement on smoking cessation and support options, the agreed method will be made available, prescribed on the chart if indicated and documented in the service user's care plan.

2.4 NRT can be prescribed by either a doctor, or a nurse (on a short-term basis), who has completed level 2 training and has been assessed as competent to prescribe NRT in line with the Trust written instruction.

2.5 A capacity assessment must be completed in relation to this treatment and where the patient lacks capacity a best interest's decision recorded.

2.6 Both patient and visitors should be asked not to bring tobacco, cigarettes, lighters or matches on to the ward for the duration of the admission. Any accompanying visitors should be requested to take any tobacco with them when they leave the ward, wherever possible. Smoking materials should not be stored anywhere on hospital premises.

2.7 Patients can opt to use e-cigarettes – see e-cigarette guidelines in appendix Nos. 5 and 6.

3. Care and Treatment

3.1 Use of NRT should be monitored on a daily basis and self-medication promoted wherever possible.

3.2 Care plans should reflect how an individual's nicotine is to be managed during the course of their admission.

3.3 A service user's care plan regarding nicotine dependence should be reviewed collaboratively and supportively with the individual at each ward round, CPA or clinical review meeting with relevant mental health workers. Service users' achievements should be recognised and medication adjusted as required.

3.4 The impact of quitting smoking on medication plasma levels (e.g., Clozapine) should be closely monitored, due to the risk of toxicity, as levels may increase following smoking cessation.

3.5 Staff should empower smokers through conversations about the benefits of quitting, monitoring and engaging in collaborative tobacco treatment plans.

3.6 Staff should collaborate with patients, providing advice and support, to actively manage stress and nicotine withdrawal, and record in the care plan.

3.7 Ensure that all service users have access to a variety of diversional activities and fresh air, during their admission to support their smoke free compliance.

3.8 All service users who smoke should be referred automatically to the stop smoking service, where locally available unless they opt out.

4. Prohibited Items

4.1 Service Users and their visitors should be advised not to bring tobacco, cigarettes, lighters or matches on to the hospital premises.

4.2 Cigarettes and tobacco are a restricted item and, wherever possible, should not be stored or used on Trust premises.

4.3 Lighters and matches are not permitted and will be removed on admission.

5. Leave

5.1 On escorted leave patients will not be permitted to smoke in the company of escorting staff (see section 17 guidelines)

5.2 Based on the above all escorted leave plans for patients who smoke must be re-negotiated in advance of leaving the ward, or when staff accompany patients in community settings.

5.3 Where NRT or other smoking cessation medication has been prescribed, adequate supplies must be offered and maintained for the duration of all escorted, unescorted or overnight leave (see Appendix 4) for further details in relation to managing leave and smoking on mental health inpatient units.

6. Discharge

6.1 Service users should be supported to remain abstinent following discharge and should be referred to the local stop smoking service, where this is available unless they opt out. This intervention should be recorded in the service user record.

6.2 Smoking status and the use of NRT, other smoking cessation medication or E-Cigarette use must be included in the service user's discharge notification and discharge summaries.

6.3 Nicotine dependence must be recorded as ICD10 Diagnosis.

7. Community Mental Health Teams including EIS, Home Treatment & Liaison Psychiatry, FOCUS Teams

7.1 Community staff must record an individual's smoking status and provide very brief advice (VBA) to all smokers on smoking cessation and engage them in discussion to support them to consider the benefits of stopping smoking. Consider arranging an initial meeting with a member of staff trained at level 2 to explore options in relation to support to stop smoking

7.2 Review patients smoking status as a minimum, at CPA review meeting.

7.3 Refer all service users who smoke to local Stop Smoking Services, where these are available on an automatic basis unless the service user opts out.

7.4 Ensure that blood plasma levels of relevant medications (e.g., Clozapine) are monitored and medications reviewed in discussion with the pharmacist for those who are changing their smoking behaviour.

7.5 Inform all community patients who smoke that smoking is not permitted on hospital premises, offer support and help smokers to plan a coping strategy, should admission be required.

7.6 All community Health & Social Care staff in all settings e.g. Health visitors

Appendix 4: Managing section 17 leave for smokers in inpatient settings

There has been significant concern regarding people smoking whilst on escorted leave. This is particularly relevant where leave is facilitated under Section 17 of the Mental Health Act (1983, amended 2007).

- The principle of least restriction should mean that leave should be available whenever clinically possible, subject to normal staffing requirements and general safety.
- Leave for detained people should only be considered where it is determined that they are clinically fit for leave; the smoking status of an individual should not be a driver for the prescribing of leave.
- Leave should not be facilitated where the perceived intent is to facilitate smoking e.g., 10 minutes each hour in order to smoke. Leave should be granted in line with existing guidelines concerning the provision of leave for therapeutic purposes.
- The conditions of leave should be negotiated prior to it being made available and recorded in the patient's clinical records.
- For escorted leave, the service user should be made aware of the expectation that they should not smoke and a prior agreement should be negotiated before the leave. Contracts may be appropriate in some cases.
- Where a patient smokes whilst on leave escorting staff can remind them that they should not smoke. However, staff should not take any direct action which would place them at risk. Following any such event, the patient's lack of compliance should be discussed with them and their agreement not to smoke while on escorted leave in future should be sought.
- Where leave is made available to attend therapeutic groups i.e. external groups, and the patient uses it as a means to smoke then it may be considered inappropriate for the patient to attend that group in the future.
- Where it is expected that people do not smoke during leave then adequate NRT, or other smoking cessation support option, must be made available for patients due to take offsite leave for the duration of the leave.

APPENDIX 5: Protocol on the Use of Electronic Cigarettes on Trust Premises

E-cigarettes are a battery powered device that delivers nicotine via inhaled vapor. Whilst information regarding their long-term impact upon an individual's health is limited, Office of Health & Disparities (OHID) and other similar health providers have approved their use as part of a harm reduction approach. As e-cigarettes do not contain tobacco and are not burnt, they do not result in the inhalation of cigarette smoke, and they are therefore regarded as a much safer delivery device for nicotine. Expert advisors have estimated e-cigarettes to be 95% less harmful than smoking.

E-cigarettes may also have a useful role in helping smokers to manage their nicotine dependence and adhere to the Trust's smoke free policy. However, it is essential that e-cigarettes are used safely and do not replace cigarettes as part of a smoking culture. This document therefore aims to outline the type of e-cigarettes that can be used and how their use should be managed by ward staff.

1. E-cigarettes can be purchased by patients or their visitors, as well as from vending machines on Trust sites where these are available, provided that risk assessment does not indicate any undue risks for specific individuals or clinical settings.
2. Certain devices, particularly 'tank' or refillable vaporisers, may present increased risk of self-harm to some patients because the reservoirs or 'tanks' are refilled using bottles of e-liquid which may be ingested or contaminated. However, these devices may be acceptable for certain patients, within some ward environments, provided that effective steps are taken to manage any increased risk. In such cases it is recommended that refills (bottles or pods) are kept in the safe storage e.g. the ward office and that agreement is obtained from each individual patient that use of the device is for their own use in their room only, or outdoors. The clinical team should review each individual patient's requirements and carry out a risk assessment in order to ensure that the management of all personal e-cigarette devices is appropriate and safe within each ward environment. This may include taking the device away from the patient until it is deemed safe for them to have it back. Refillable devices will not normally be acceptable in secure settings.
3. Certain re-chargeable types can be used providing all re-charging is undertaken under supervised conditions by staff, as they currently do with mobile phones – see guidance.
4. E-cigarette users will be required to store their e-cigarettes safely and must not share products with other people, as this has implications with respect to infection prevention and control.
5. E-cigarettes must not be used near oxygen or naked flames.
6. For the comfort and safety for all inpatients including non-smokers, it is advisable, that E cigarettes use is confined to single occupancy bedrooms or the hospital grounds. It is NOT permitted indoor communal areas.
7. Legally, service users under 18 years of age are not permitted to purchase or use e-cigarettes
8. Medical advice and support should be sought for service users who are pregnant and wish to use E Cigarettes.
9. Guidance on e-cigarettes, pharmacotherapy and behavioural harm reduction strategies will be provided as part of the Trust's smoke free training.
10. Staff MUST explain to patients and carers that smoking cessation medications/products, in conjunction with intensive behavioural support, are very effective when used correctly and are the safest way to stop smoking.
11. The use of any kind of nicotine replacement, which results in stopping or reducing smoking cigarettes will reduce the metabolism of some prescribed medication and therefore blood plasma levels will need to be monitored in order that medication regimes can be adjusted. This is particularly important for people on Clozapine.

12. As with NRT, the use of e-cigarettes will need to be included in care planning discussions and plans.

13. Trust employees must not recommend particular brands of e-cigarette products. However, they can provide general advice and information about them. Requests for such information may also be signposted to local authority stop smoking services, where available.

Please note: This guidance will be kept under review in relation to the availability of information on the use of e-cigarettes.

APPENDIX 6: Risk Assessment and safety planning for service users using e-cigarettes within inpatient services

1. Explain smoking restrictions to all service users who smoke as soon as possible before/following admission.

2. All smokers must be assessed as soon as possible following admission and offered NRT/smoking cessation medication/products as required.

3. If a service user prefers to use e-cigarettes whilst on the ward, a risk assessment must be completed before they obtain or use an e-cigarette device, since these items contain a lithium battery and are dangerous to health if ingested. The types allowed in in-patient Units should be explained and an explanatory leaflet may be offered. See Appendix 5&6: E-cigarette protocol for further guidance on types of devices permitted and supervision requirements for re-charging devices.

4. Vending machines stocking Trust approved e-cigarettes are being made available in many inpatient Units at low prices. However, the Clinical Team may consider providing e-cigarettes from ward stock for newly admitted detained patients without the means to purchase these, for the first 3 days, if necessary. Only 1 e-cigarette should be issued per day. Further provision must be discussed with the ward manager or matron, who will control and log any devices issued from ward stocks.
5. It is vital to ensure that smokers are not kept waiting for supplies of NRT/smoking cessation medication/products including e cigarettes or there is any delay in re-issuing as required. As a guide, Trust approved e-cigarettes will normally last 1-2 days, depending on the intensity of use by individuals.

6. After use, ensure safe disposal of used devices into the e-cigarette recycling container only, located in designated safe areas.

Please address any queries to the Unit Matron/Coordinator.

APPENDIX 7: Occupational Health

CNWL Occupational Health plays an important role in the assessment and prevention ill health caused or made worse by work, or which has adverse effects on employees' ability to do their job. We promote mental and physical wellbeing of the workforce and fully endorse CNWL's smoke free policy: stopping smoking is a major factor in improving health and wellbeing.

- Staff on joining or who consult the occupational health service are routinely asked about smoking status and this is recorded. Smokers are provided with brief advice in the consultation and further advice where appropriate.
- Staff who are smokers signposted to NHS smoking cession support.

APPENDIX 8: Equality and Human Rights Screening Assessment

1. What is the name of the service/policy/procedure/Trust function that is being Impact Assessed?
   Smoke Free Policy

2. Briefly describe the aim of the service/policy/procedure/ Trust function that is being Impact Assessed. What needs or duties is it designed to meet? What are its intended outcomes
   To ensure all Trust premises are smoke-free, in compliance with Nice Guidance PH48, and to support service users and staff to quit their smoking habit or, if they choose not to, to support them to abstain whilst on Trust premises

3. If this service/ policy/ procedure/ trust function has no relevance for Equalities or human rights considerations, please give your reasoning below and sign on page 2.
   A judicial review brought against Nottinghamshire Trust held that the Trust was not in contravention of the Human Rights Act 1988 by requiring people not to smoke on Trust premises.
   The Act:
   Qualifies a person's rights, e.g., to choose to smoke, even though this may be injurious to their own health, **as long as** it does not infringe the rights of others.
   (Where there is no relevance then the screening section can be signed and countersigned, and there is no need for a full assessment. Where there is relevance, then a full Equality and Human Rights Impact Assessment must be undertaken.

To be signed by the manager undertaking the assessment

Name: Sue Murphy
Designation: Sector Manager
Date: 25/01/24

To be countersigned by the Senior Manager, i.e. Head of Service, Line Manager as appropriate

Name: David Jones
Designation: Clinical Effectiveness Manager
Date: 28/01/24

APPENDIX 9: Statements of Support Quote

Statement from The Rt Hon Norman Lamb MP:

(2014, Minister of State for Care and Support at the Department of Health)

I fully support this proposal to make Central and North West London NHS Foundation Trust a smoke free environment. For such a large Trust to take this step would be a very important step in improving the well-being of people living with mental health problems, and in helping people live longer, healthier lives'

Statement from Seamus Watson, Public Health England:

Smoking is the single largest cause of preventable illness and avoidable mortality. We know 19% of the general adult population smoke, compared with around 45% of people living with mental health problems, and that people living with mental health problems can die up to 20 years earlier. It is a national priority to reduce this health inequality. Mental health services going completely smoke free is one of the key interventions to helping address this.

Seamus Watson, National Programme Manager - Wellbeing and Mental Health

Health & Wellbeing Directorate

Public Health England

Statement from Professor Robert West:

14th July 2014

NICE has made an unequivocal recommendation that all NHS premises, including grounds and vehicles, should be smoke-free. The reasons for this are clearly set out in the guidance and the recommendation was made after consideration of all relevant factors, including convenience for patients, visitors and staff and their wellbeing. In my opinion, it is imperative that the guidance be implemented as quickly as possible, taking into consideration the range of steps needed to ensure that the policy will be complied with and any negative aspects are appropriately mitigated. CNWL has undertaken the necessary steps to achieve the transition and in my view could move rapidly to full implementation. The only area that requires further consideration is how to treat electronic cigarettes. The DH safety alert was issued prematurely and without adequate consideration of the evidence and the officers concerned have been asked by ASH and the UKCTAS to withdraw it pending an appropriate assessment of risks and benefits.

Professor Robert West

Professor of Health Psychology and Director of Tobacco Studies, Cancer Research UK

Health Behaviour Research Centre, Department of Epidemiology and Public Health

University College London