

# How to Implement “HSE Tobacco Free Campus Policy”

Tobacco Free Campus Implementation Guidance Document



**QUIT**



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

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## Foreword

The Healthy Ireland Survey (2015) reported a smoking prevalence (daily) of 19% with a further 4% reporting to be occasional smokers. <http://health.gov.ie/wp-content/uploads/2015/10/Healthy-Ireland-Survey-2015-Summary-of-Findings.pdf>. National policy, Tobacco Free Ireland, has set a target of less than 5% smoking prevalence by 2025. To achieve this an average of more than 50,000 smokers will have to quit each year for the next ten years. Implementation of the HSE Tobacco Free Campus policy across all services and settings will be one of a number of key contributing factors in achievement of this goal.

In order to implement national policy objectives contained within “Healthy Ireland”, “Tobacco Free Ireland” and the “HSE Tobacco Control Programme” and to protect staff, service users and visitors from the harmful effects of tobacco smoke, the HSE has adopted an official corporate tobacco free campus policy. The policy has two clear aims:

1. To treat tobacco addiction as a health care issue
2. To denormalise tobacco use in all healthcare services and settings

The HSE Tobacco Free Campus policy underwent extensive internal (with senior management and staff in all divisions) and external consultation (Joint Council of Unions and patient advocate groups e.g. through the Vision for Change Mental Health forum) in 2011 and was adopted as an official policy by the Director General and the HSE management team in 2012.

The policy is based on international best practice and is in line with the ENSH global Network of Tobacco Free Health Services Model visit [www.ENSH.org](http://www.ENSH.org).

Experience demonstrates that the successful implementation of Tobacco Free Campus policy requires a systematic approach and the proactive support of service managers at all levels. To assist in the smooth implementation and ongoing management of this policy across all services and settings a resource implementation guide with supporting tools has been developed using the up-dated ENSH-Global Network for Tobacco Free Health Care Services standards 2015. The document is divided into eight sections with supporting tools based on the standards listed below:

Standard 1 – Governance and Commitment

Standard 2 – Communication

Standard 3 – Education and Training

Standard 4 – Identification, Diagnosis and Tobacco Cessation Support

Standard 5 – Tobacco-Free Environment

Standard 6 – Healthy Workplace

Standard 7 – Community Engagement

Standard 8 – Monitoring and Evaluation

The sample tools included have been developed by services that have already successfully implemented the policy and is intended to minimise the work involved for individuals or groups charged with implementing the policy in local settings. The tools will further assist in ensuring a consistent approach to tobacco management in all healthcare services and settings.

# Introduction

In recent years, Irish hospitals and Primary Care services have become champions in the introduction of Tobacco Free Campus policy. In doing this, they developed many innovative tools and resources which have helped to plan for, communicate and monitor policy implementation.

Since 2012, the roll-out of the HSE Tobacco Free Campus (TFC) policy has been coordinated and implemented through the National Tobacco Control Programme Group via HSE National Service Plans. Initially the policy was adopted by all Acute Hospitals, then Primary Care services and now currently by our most complex services/sites affecting the most vulnerable service users. In May 2015, a National TFC Toolkit Sub-Group was set up to develop a resource to support these services and ensure equity for all service users by ensuring that tobacco addiction is treated as a healthcare issue across all services.

Over the past eight months, this group have consulted with quality experts, reviewed international evidence and given consideration to the many tools and systems developed and used both internationally and here in Ireland to overcome challenges experienced in the implementation of the TFC policy.

The resource is comprehensive and easy to use. It works on the principle that the policy requires a 'whole organisation' approach, the buy-in of all service users and the need for all healthcare staff to embrace their potential as positive role models. It aims to support the delivery of high quality care to all with a clear focus on managing risk and ensuring safety. We would suggest that all TFC policy leads and members of TFC local groups familiarise themselves with the resource and supporting tools in an effort to minimise work and build the foundations for successful policy implementation. We would also value your feedback on using this resource and suggest all feedback is directed to [miriam.gunning@hse.ie](mailto:miriam.gunning@hse.ie)

I would like to thank the many people who contributed to the development of this resource; our colleagues in the first four hospitals that implemented TFC policy; St Vincent's University Hospital, Connolly Hospital, Cork University Hospital and the Mater University Hospital who shared many tools that have been adapted for generic use. Also those involved in the national and international validation processes of St Vincent's University Hospital, Connolly Hospital and Our Lady of Lourdes Hospital, as they presented their high level of policy implementation successfully for the prestigious ENSH-Global Gold Forum. Through this process, the quality aspect of policy implementation was showcased to and reviewed by a wide range of disciplines at various levels throughout the HSE.

Finally, I would like to thank the members of this sub-group who from the first meeting, adapted a team approach, participated actively at our monthly meetings, worked tirelessly between meetings to ensure their contribution to the final resource met the needs of the groups and services they represented.

## **Miriam Gunning**

*Chair National TFC Toolkit Sub-Group*



# 1. Governance and Commitment

**Standard 1** ENSH-Global: The healthcare organisation has clear and strong leadership to systematically implement a tobacco-free policy.

The implementation of the HSE Tobacco Free Campus policy (TFCP) in any service or setting requires strong leadership and the development of a clear action plan from the outset.

<http://www.hse.ie/eng/about/Who/TobaccoControl/campus/campus.pdf>

## a) Leadership

### Step 1: Appoint a senior manager to lead out on this initiative

In most cases, the establishment of a local Tobacco Free Campus Implementation Group with multidisciplinary and regional representation to support implementation across a larger area to avoid replication of effort.

- ▶ Establish a Group where appropriate with a senior staff member to chair and lead on the implementation of the policy. (See appendix 1 for list of suggested representation and for suggested Terms of Reference for the Group)

In other locations it may be appropriate for one person to lead out on this initiative.

- ▶ One person (eg. in a site where staff numbers are low/service users are transient e.g. small Primary Care Centre)

## b) Action Plan

### Step 2: Develop a clear action plan with timelines using a step by step approach

- ▶ Assess overall current situation in terms of tobacco control. A useful tool in helping you assess how well your site or service addresses tobacco control issues before you begin to implement the policy is to complete a self assessment audit questionnaire (<http://www.ensh.org/self-audit.php>)
- ▶ Set a date (Refer to Appendix 1 for further details)
- ▶ Develop an action plan (Refer to appendix 1 for a sample of a Gantt chart)
- ▶ Assess resource requirements (Refer to appendix 1 for resource list)
- ▶ Develop a communication plan (Refer to standard 2/Next Section)
- ▶ Assess tobacco prevalence among staff and service users (Refer to appendix 1 for prevalence questionnaire or use survey monkey <https://www.surveymonkey.com>)
- ▶ Assess the Brief Intervention Smoking Cessation training needs of your staff (Refer to standard 3/section 3)
- ▶ Assess smoking cessation support service needs (Refer to standard 4/section 4 of this document for more information)
- ▶ Assess the need/potential for developing an exemption process to manage exceptional circumstances (Refer to appendix 1 for a suite of exemption guidance documents)
- ▶ Localise the HSE TFC policy <http://www.hse.ie/tobaccofreecampus>
- ▶ Revise your organisation's Statement of Purpose to reflect the implementation of the TFC policy. This is particularly relevant for Older Persons Services, Disability Services and Mental Health Services. (Refer to appendix 1 for guidance on revising your Statement of Purpose)



## 2. Communication

**Standard 2** ENSH-Global: Standard 2 ENSH-Global: The Healthcare organisation has a comprehensive communication strategy to support awareness and implementation of the tobacco-free policy and tobacco cessation services.

### Communication

Communications is an important factor which needs to be considered when introducing the Tobacco Free Campus policy. Firstly, you will need to decide who your target audience is and how you will communicate with them.

Communication should commence as soon as the decision to go tobacco-free has been made and should continue right up to and beyond the implementation date.

For a Q&A template re Tobacco Free Campus Policy Implementation refer to Appendix 2. For template letters re communicating Tobacco Free Campus Policy Implementation (TFCPI) to relevant staff/disciplines refer to Appendix 2.

### Communication Phases

- ▶ Announcement Phase
- ▶ Preparation Phase
- ▶ Launch and Implementation Phase

### Announcement Phase

A minimum lead in time of three months and a maximum of six months from announcement to implementation is recommended. Once the launch date for implementation of policy has been agreed, it should be communicated to staff/service users/patients/visitors/public/stakeholders (GP, Pharmacies, Taxi Services).

It may be useful to carry out a staff survey or service users/visitor survey when the initial announcement is made. Refer to appendix 1 for a sample survey, which may be adapted for your use if required. A staff/visitor/service user survey is advisable to help communicate the policy and assess attitudes and the need for smoking cessation support requirements. The survey can then be repeated two years post implementation to carry out a review of attitudes, behaviour and prevalence with tobacco use/policy support.

### Preparation Phase

The Tobacco Free Implementation Group or the individual responsible for implementing the policy must now consider what needs to be in place prior to launch date.

The site environment will need to be surveyed to check what existing signage needs to be removed and replaced with the new 'Tobacco Free Campus' signage. Areas where staff and service users/visitors currently smoke will need to be identified and plans made for the removal of any shelters. Plans should be made to erect signage at entrances to the campus and in car parks where applicable. You may consider painting a blue line at entrances/exits marking the campus boundary (Refer to appendix for national signage templates or find them on <http://www.hse.ie/tobaccofreecampus>).

### Preparation Steps:

1. Prepare and order indoor and outdoor signage and other requirements such as patient information leaflets and patient reminder cards. The information leaflet can be left in key locations and sent out with appointment letters to service users to inform them of the new policy (Refer to appendix 2 for sample information leaflet. Consider the requirements under the Official Languages Act 2003 regarding the use of Irish in permanent signs. See national template for signage [http://www.hse.ie/eng/about/Who/TobaccoControl/campus/TFC\\_Signage.pdf](http://www.hse.ie/eng/about/Who/TobaccoControl/campus/TFC_Signage.pdf))
2. Consider: amending staff email signatures, inserting notice on headers/footers on all letters, organising a stamp for your franking machine, amending the recorded message on the public announcement system/or phone lines during call waiting to indicate the new policy
3. Where applicable stakeholders such as GPs or pharmacists, taxi services, local authorities should be informed by letter (Refer to appendix 2 for sample letter)
4. Decide what will happen on launch day and plan the event. Prepare spokesperson/s, ideally a clinical lead/champion and your site manager who will need to be available in the lead up to, and on the implementation day for media work e.g. local radio interviews, press interviews etc if required

### Launch and Implementation Phase

Consider the appropriateness of holding a formal media event/launch to mark the commencement of the Tobacco Free Campus Policy. A press release engaging local media can be useful to build compliance and support for the policy locally. The use of correct language in communicating with the media is important to contribute to the success of policy implementation. (Refer to appendix 2 for examples of the correct language to be used in communication).

After the initial launch day has passed, it will be important to support and communicate the implementation of the policy, particularly in the early weeks. Regular communications of the monitoring system i.e. walk about tool and findings with staff are important. (For sample walk about tool refer to appendix 2). Use of the 'walk about tool' which is resource to survey your site and monitor potential areas on-site where breaches of the policy may occur. Communicating the results of these site surveys and the supports available to staff to either quit smoking or manage their smoking during working hours are important.

The reminder cards are useful for staff to play a role in enforcing the policy, as they avoid the need for any verbal confrontation (Refer to appendix 2 for example). It is the responsibility of all HSE staff members at all grades to communicate the policy to service users, visitors and other staff members. To limit the potential for verbal confrontation when communicating the policy, a business card outlining the policy and the supports available for cessation, can be a useful tool.

If you have an existing feedback/comment box for service users consider including tobacco free campus policy feedback.

### Launch and Implementation Steps:

1. Consider and plan what type of event you might hold on implementation day
2. Distribute reminder cards to key staff i.e. security, receptionists etc
3. Plan for monitoring and evaluation of the policy on an on going basis. This can be done by seeking service user/visitor and staff feedback (see sample walk about tool)
4. Make a schedule of dates for site walkabouts and identify the individuals who will carry out this task

## 3. Education and Training

**Standard 3** ENSH=Global: The healthcare organisation ensures appropriate education and training for clinical and non clinical staff.

All staff should be informed of the policy and their role in policy implementation should be outlined. Consider organising an information session for staff prior to your launch date and/or using routine staff communication channels to inform staff about the policy e.g. staff/team meetings, email broadcast etc. See section 2/standard 2 for further advice on communication. Your local Health Promotion and Improvement Department staff can support you in facilitating staff information sessions ([http://www.hse.ie/eng/about/Who/healthwellbeing/Health\\_Promotion\\_and\\_Improvement/Contact%20Us/](http://www.hse.ie/eng/about/Who/healthwellbeing/Health_Promotion_and_Improvement/Contact%20Us/)) and facilitating brief intervention in smoking cessation training. Refer to <http://www.hse.ie/bitobacco> for further information.

Once the policy is localised, a system to ensure that all staff have signed it to indicate that they have read and understand their responsibilities in implementing the policy is recommended.

To ensure that all front line staff have the skills necessary to treat tobacco addiction/dependence among service users/patients, line managers should identify the training needs of all staff.

The key considerations are that clinical staff have the skills and knowledge to:

- ▶ Communicate the policy in a non confrontational way
- ▶ Raise the issue of tobacco use
- ▶ Document same appropriately and routinely
- ▶ Deliver a brief intervention on smoking cessation
- ▶ Organise a prescription for cessation medication (where appropriate)
- ▶ Refer to intensive smoking cessation behavioural support (where appropriate)
- ▶ Deal with non compliance appropriately

The HSE has worked with the National Centre for Smoking Cessation Training in the UK (NCSCT), to develop two briefing documents to support the implementation of tobacco free campus policy.

Smoking Cessation and Mental Health <http://www.hse.ie/tobaccofreecampus>

Smoking Cessation – A briefing for Midwifery staff

### Training

There are three levels of smoking cessation training currently; Brief Intervention Training, On-line Intensive Tobacco Cessation Training and Face to Face Training in Behavioural Support for Tobacco Cessation.

#### Level 1 Training – Brief Intervention Training

##### Brief Intervention Training

The target group for this training is suggested as Healthcare support staff with regular and extended patient contact such as Health Care Assistants, Multi Task Attendants, General Staff Nurses, Practice Nurses, Specialist Nurses, GPs, Allied Health Care Professionals and other patient and client care staff etc.

Many health and social care workers and professionals have regular contact with people who smoke and who have, or are at risk of developing tobacco related health conditions. Stop smoking interventions delivered by health and social care professionals that advise on the best way of quitting and offer referral to stop smoking services are clinically effective and cost effective and are directly in line with the making 'every contact count agenda' (NCSCT, 2014).

The HSE is committed to ensuring evidenced based brief interventions smoking cessation training courses are provided for front line health and social care professionals as per the HSE National Service Plan, a goal which is aligned to the HSE Healthy Ireland Implementation plan and the HSE Tobacco Free Ireland Plan.

This course is designed to address the knowledge, skills and attitudes that will help health and social care professionals and healthcare workers to promote smoking cessation among their clients. The objectives of the training course are:

- ▶ To enhance the knowledge of healthcare professionals and healthcare workers of the risks of tobacco use, benefits of quitting and the available resources to support a quit attempt
- ▶ To present core motivational interviewing principles and highlight behaviour
- ▶ To introduce participants to change models that will assist healthcare professionals and healthcare workers in understanding the basic theory that underpins Brief Intervention as it applies to promoting smoking cessation
- ▶ To encourage healthcare professionals and healthcare workers to reflect on their role in promoting smoking cessation among their patients/clients
- ▶ To introduce healthcare professionals and healthcare workers to evidence-based Brief Intervention techniques, that they can incorporate into their clinical practice/work environment

Currently the course is one day in duration, is free of charge and it has Category 1 Approval – 6 CEUs for registered Nurses and Midwives by and the NMBI and 6 External CPD credits for registered doctors/consultants by the Irish College of General Practitioners (ICGP/RCSI). There are plans to develop part of this course into an online training in the future.

Applicants wishing to find out more about this training and to make an application to take part in Brief Intervention Smoking Cessation (BISC) training should please complete a registration form on-line by following this link: <http://www.hse.ie/bitobacco>

On-site BISC training for a group of staff can also be arranged by contacting your local health promotion and Improvement training person or department. Refer to [https://www.healthpromotion.ie/health/health\\_promotion](https://www.healthpromotion.ie/health/health_promotion) for contact details.

#### **Level 2 Training – Intensive tobacco cessation specialist training**

The target group for this training are healthcare professionals who have dedicated time allocated to deliver intensive tobacco cessation support. E.g. Social Care Leader/Worker, Community Mental Health Nurse, Therapy Nurse, Psychologist or Clinical Nurse Specialist.

This training is intensive tobacco cessation specialist training in order to deliver one to one behavioural support to smokers in accordance with the HSE National Standard for Tobacco Cessation Support Programme. The training is a 6 hour (approx) online training course which can be completed (in as many sittings as desired) followed by an on-line assessment. For further information on this training go to <http://www.hse.ie/bitobacco> and to complete the registration and training click on [http://elearning.ncsct.co.uk/practitioner\\_training\\_ireland-registration](http://elearning.ncsct.co.uk/practitioner_training_ireland-registration)

The training and assessment programme was developed by the NCSCT in the UK and adapted to Irish QUIT service standards. It is based on research into the competencies (skills and knowledge) which are required by stop smoking specialists/practitioners in order to effectively support smoking cessation. This research identified the set of behaviour change techniques (BCTs) that are used when providing behavioural support and has established which of these has the strongest evidence. This has been supplemented by a systematic analysis of guidance documents on competencies required for the role of stop smoking practitioners.

#### **Level 3 Training – Face to Face Intensive Tobacco Cessation Training in Behavioural Support**

##### **Face to Face Training**

A further two day, face to face, training course which is designed to support staff that have completed the online intensive tobacco cessation training course and assessment is also available. The purpose of this course is to further develop and **practice various behavioural skills for cessation** with clients. This course is advisable for staff new to the area of intensive support for tobacco cessation. The course is organised periodically by the Health & Wellbeing division. Please contact Geraldine Cully on [geraldine.cully@hse.ie](mailto:geraldine.cully@hse.ie) for further information on availability of this course.

Supplementary training on group facilitation skills is also available from your local Health Promotion Department which will enable practitioners to deliver the standard tobacco cessation treatment programme in a group setting. For further information on supplementary training, go to [https://www.healthpromotion.ie/health/health\\_promotion](https://www.healthpromotion.ie/health/health_promotion)

Staff who have passed the practitioner assessment online can access two further specialty online training modules; one on working with smokers with mental health problems, and a second on working with pregnant smokers.

There is also shorter on-line training courses on smoking cessation medications [http://elearning.ncsct.co.uk/stop\\_smoking\\_medications-launch](http://elearning.ncsct.co.uk/stop_smoking_medications-launch) and another on second hand smoke which is designed for anyone who works or regularly comes into contact with families, including those who work in health and social care settings and in the domestic setting. The course will give participants the information they need to deliver effective interventions that will help protect people from the harmful effects of second hand smoke. To access this training course, please use the link below: [http://elearning.ncsct.co.uk/shs\\_vba\\_ireland-launch](http://elearning.ncsct.co.uk/shs_vba_ireland-launch)

##### **Additional Resources/Modified Training Courses**

There is also a resource designed to support the delivery of Brief Interventions for Tobacco Cessation to youth. The resource is called 'Quit for Youth'. See link [XXXXXXXXXXXXXXXXXXXXXXXXXXXXX](#).

## 4. Identification, Diagnosis and Tobacco Cessation Support

**Standard 4** ENSH-Global: The healthcare organisation identifies all tobacco users and provides appropriate care in line with international best practice and national standards.

### Identify Tobacco Users

Because a clear policy aim is to treat tobacco as a care issue it is imperative that all services put a process in place to ensure that all tobacco users are identified at first contact with the service. Consider a review of your admissions documentation (paper and electronic). Include tobacco use including e-cigarette use and exposure to second hand smoke in your admission and medical history documentation. Go to <http://www.hse.ie/secondhandsmoke/> for all documentation in relation to secondhand smoke.

Go to <http://www.hse.ie/eng/about/Who/TobaccoControl/campus/ecigpolicy.html> for the HSE policy position on the use of e- cigarettes and all documentation in relation to e-cigarettes.

Go to [www.healthpromotion.ie](http://www.healthpromotion.ie) and register as a health professional to order various quit resources.

### Diagnose the addiction/dependence status

In 1994 Nicotine Dependence was classified as a chronic relapsing disease: ICD 10. Advise medics of the following diagnosis codes for addiction/dependence status to ensure that tobacco use and treatment is offered and recorded.

- ▶ Diagnosis code of addiction/dependence status – to ensure that tobacco use and the treatment offered is recorded
  - ▼ Z72.0 current tobacco use
  - ▼ Z86.43 past history of tobacco use
  - ▼ F17.1 harmful tobacco use
  - ▼ F17.2 tobacco dependence
  - ▼ F17.3 withdrawal state
- ▶ Treatment code Z 71.6

### Cessation support

The aim of the Tobacco Free policy is to treat tobacco addiction as a healthcare issue. Every effort should be made to encourage identified tobacco users to make a quit attempt.

### Things to include

Develop a staff information pack to support staff in delivering appropriate and quality cessation support; Refer to appendix 3 for supporting documents listed below.

- ▶ Staff guide to the admission of a tobacco dependent person to inpatient services
- ▶ Fagerstrom Scoring
- ▶ Withdrawal symptoms
- ▶ Prescribing for Tobacco Dependence
- ▶ Smoking and Drug Interactions
- ▶ Nursing Care Plan
- ▶ Decisional balance/smoking diary

Develop service user pack;

- ▼ Cover letter
  - ▼ Contact information for smoking cessation support for self-referral
  - ▼ Quit Pack <https://www.quit.ie/Order-Quit-Kit/>
- ▶ Consider the need to develop on-site intensive tobacco cessation support. See Section 3 on training. Alternatively, refer to the National Tobacco Quit Service. See <https://www.quit.ie/> for further information
  - ▶ Liaise with pharmacy to ensure a supply of tobacco dependence treatments is available
  - ▶ Develop a referral for intensive tobacco cessation behavioural support
  - ▶ Ensure follow-up in line with national standards for intensive tobacco cessation support

### Exemption process

It is identified that in exceptional circumstances it may be necessary to grant an exemption to the policy to a **service user/client**. To support a consistent approach in the management of exemptions the following guidance has been developed. Refer to appendix 1 for further advice and documentation on Exemption procedures.

In the lead-in to the policy launch, it is advisable that the TFC implementation group assess the management of tobacco use by all service users/patients. Some patients/service users may have circumstances that will require clinical staff to make an assessment as to whether special arrangements need to be made so that they can be exempted from the TFC policy at this time. To guide safe quality care, in such circumstances, the TFC implementation group may consider developing a local exemption protocol. Blanket exemptions do not apply; each patient/service user should be assessed on an individual and case-by-case basis using a risk assessment process.

#### **Potential risks to be considered in granting an exemption to a tobacco dependent person:**

- ▶ The risk of fire hazards in smoking on campus even if smoking is outside
- ▶ The risk to staff in accompanying a service user/patient to a designated area
- ▶ The loss of this person to the service for this time
- ▶ Infection control risk/interference with medical management in allowing someone to smoke
- ▶ Post operative and other infection risks

#### **Key considerations in developing a local exemption process:**

- ▶ Can you identify an area to be used? Consider the following:
  - ▼ External area
  - ▼ Discreet area away from view of public & other service users
  - ▼ Safe & secure access to exempted clients & supervising staff
  - ▼ Requirement for supervision (camera)
  - ▼ No Second Hand Smoke exposure for staff/other service users
  - ▼ Hours of access



- ▶ Specific risks to be assessed:
  - ▼ Does the patient have a history of poor judgement that has put themselves at risk previously?
  - ▼ Has the patient used tobacco without supervision previously?
  - ▼ Can the patient mobilise independently to the 'exemption' area?
  - ▼ If the patient cannot mobilise independently do you have staffing levels to facilitate the patient without compromising the care of all service users?
  - ▼ Have you considered asking family members to accompany patients to the exempted area?
  - ▼ Have any visible burn marks been noted by staff on the clients clothing or hands?
  - ▼ Can the patient independently light, hold and extinguish flammable material ignited due to smoking?
  - ▼ Can the patient dispose of the tobacco product completely?
  - ▼ Is the patient able to call for help in an emergency?
  - ▼ Does the patient suffer from hand tremors/shakes, drowsiness, syncope, visual impairment etc?
- ▶ Can you incorporate the above into existing risk assessment documentation or do you need to develop a specific form? (Refer to appendix 1 for example of risk assessment form)

### Points to be considered

- ▶ Exemptions should be given on an extraordinary basis only, for a defined period of time and are solely for patients/service users
- ▶ Documentation should be developed to include an exemption form (See Appendix 2 for an example of an exemption form)
- ▶ Signing-off on an exemption rests with the patient's/service user's consultant, senior clinician or nurse manager. A multidisciplinary/team approach may be considered.
- ▶ It is the responsibility of all clinical staff to be familiar with the local exemption protocol
- ▶ Consistent with the service's approach to clinical governance, all exemptions should be audited by quality/risk personnel and the TFC implementation group for appropriateness of exemption, consistency of approach/management etc

### Example Exemption Process:

- ▶ Carry out individual risk assessment. (Refer to appendix 1 for risk assessment template)
- ▶ Complete exemption form and ensure it is signed off by the consultant, senior clinician or nurse manager and patient/client. (Refer to appendix 1 for exemption forms)
- ▶ Explain exemption process to service user/client
- ▶ Communicate exemption to all clinical staff and family members
- ▶ Review need for continued exemption periodically as per exemption process e.g. Weekly for acute admission, monthly for long term resident and/or if a patient's situation changes

### Monitoring and Audit Procedure

This procedure should be monitored on a regular basis and reviewed annually by the local TFC implementation group. The monitoring process will look at compliance and the effectiveness of the process. The process should be updated as necessary.

## 5. Tobacco Free Environment

**Standard 5** ENSH-Global: The healthcare organisation has strategies in place to achieve a tobacco-free campus.

### Tobacco Free Environment

The development and maintenance of a tobacco free environment is crucial to support the denormalisation of tobacco use in healthcare settings. The HSE Tobacco Free Campus policy aims to ensure that future generations never witness smoking on any healthcare setting or by any identified HSE healthcare worker. The use of e-cigarettes in this regard causes further concerns. The HSE has included the prohibition of e-cigarettes under the <http://www.hse.ie/eng/about/Who/TobaccoControl/campus/ecigpolicy.html>

It is advisable that at an early stage the Tobacco Free Campus implementation group assess the site with a view to identifying requirements for preparing the campus:

- ▶ Buildings and transport
- ▶ Sale and supply of tobacco products
- ▶ Site boundaries
- ▶ Current levels of exposure to second hand smoke
- ▶ Existing smoking fixtures e.g. shelters and bins with ashtrays
- ▶ Tobacco litter
- ▶ Signage requirements
- ▶ Possible area suitable for management of exceptional circumstances

### Things to consider prior to implementation of the policy

#### Buildings and transport

Implementation of the Tobacco Free Campus policy commits to the prohibition of smoking in all buildings and in any form of transport used by the service. This should be communicated to all HSE staff/contracted staff involved – transporting clients/goods/other on behalf of the HSE. The use of voice recordings i.e. call waiting messages or displays on any digital signage in your facility should be considered. Security may consider wearing high vis jackets with the universal no smoking logo on the back.

#### Sale and supply of tobacco products

The prohibition of the sale and supply of tobacco products may require the group to review any lease arrangements with shops/suppliers of tobacco products/e-cigarettes onsite. Discussion and negotiation with service users/clients/residents' family members/visitors re supply of tobacco products will need to be addressed.

#### Site boundary

Identification of the site boundaries will assist the group in planning for signage requirements and consultation with key stakeholders. This may also highlight a value in using the blue line branding with the universal no smoking logo. Careful consideration of your site boundary will be required in the case of a shared campus. Engagement with your neighbour tenants at the planning stage is vital. All tenants working towards implementing the policy together is advisable for maximum benefit. Any concerns should form part of staff information sessions from the outset.

### **Current levels of exposure to second hand smoke (SHS)**

An assessment to include exposure to SHS as a result of smoking at main entrances to buildings, practices that may be in use currently i.e. management of exceptional circumstances, staff accompanying service users/clients, smoking in in-climate weather and smoking by staff and/or service users/clients during social outings will assist in highlighting key requirements.

Evidence shows that there is no safe level of exposure to second hand smoke. Second hand smoke is a class A carcinogen and employers have a duty of care to ensure staff are protected from exposure to second hand smoke.

When assessing the current levels of second hand smoke consider the main entrances – current management of tobacco users for existing smoking practices of staff who smoke.

### **The role of staff**

All staff have a clear role in tobacco free campus policy implementation. Roles and responsibilities are explained within the policy document. Healthy role modelling by staff is paramount. This is particularly relevant for staff, who escort service users/clients to social outings.

### **Existing smoking fixtures**

Where existing smoking signage, smoking shelters, bins with ashtrays and lighters are in situ, plans will need to be made for removal.

### **Tobacco Litter**

A walkabout to assess current levels of tobacco litter will assist with assessing where signage is best placed. It will also provide a baseline for future monitoring of the policy implementation and will give some insight into where smoking is currently taking place and by whom.

### **Signage requirements**

Clear signage is crucial to communication of the Tobacco Free Campus policy. Depending on the site, a choice of fixed signage or banners may be used. Funding of signage is a commitment from the local budget. To minimise costs a generic design for tobacco free campus signage has been developed nationally. (Refer to appendix 2 for the design template suite).

### **Possible area suitable for management of exceptional circumstances**

During the preparation stage a decision will need to be made regarding the management of exceptional circumstances. If a decision to develop a local exemption protocol is being considered, a suitable area will need to be identified for individuals exempted from the policy. (for further information on exemption process please refer to Section/Standard 1 of this document).

## **Maintaining a Tobacco Free Campus Policy**

Once the policy has been implemented, monitoring policy compliance is crucial. A system to support the provision of feedback by all service users/clients should be facilitated. All feedback should be managed and communicated with a view to improving policy compliance from the outset. Evidence shows that positive feedback can be used successfully to encourage improvement in compliance.

A system to monitor evidence of non-compliance should be developed. A number of tools have been developed to assist in this.

1. Corporate walkabout tool (Refer to appendix 2 for sample of corporate walk about tool).
2. Tobacco Free Campus Breach form (Refer to appendix 4 for Tobacco Free Campus Breach Form).

These tools should be completed and returned to the local Tobacco Free Campus Implementation Group or individual charged with implementing the policy.

### Second Hand Smoke

In December 2014, the HSE extended its tobacco management policy and a policy on Protecting HSE staff from Second-Hand Smoke in Domestic Settings was adopted for use across all settings.

Numerous health service staff provide services in service users' homes including nurses, home help staff and therapy grades. The purpose of the policy is to protect HSE staff who deliver services in service users' homes, from the harmful effects of second-hand smoke. As a result, service users and others present in their homes are asked not to smoke for a period before and during the visit.

A number of resources have been developed to support the implementation of this policy, including posters and leaflets, risk assessment forms and template letters for managers to address non compliant service users. These resources, along with the policy document, are available below.

HSE Second Hand Smoke Policy document, posters and leaflets can be found on <http://www.hse.ie/eng/about/Who/TobaccoControl/shspolicy/>

Risk Assessment Guidance Tool for Second Hand Smoke can be found <http://www.hse.ie/eng/about/Who/TobaccoControl/campus/shs.pdf>

### E-Cigarettes

The HSE has updated the National Tobacco Free Campus policy to include e-cigarettes. The policy states that the sale, advertising and use of e-cigarettes are not permitted within HSE facilities or on HSE campuses. Further information on E-Cigarettes can be found <http://www.hse.ie/eng/about/Who/TobaccoControl/campus/ecigpolicy.html>

## 6. Healthy Workplace

**Standard 6** ENSH-Global: The healthcare organisation has human resource management policies and support systems that protect and promote the health of all that work in the organisation.

### Healthy Ireland Plan

As per the HSE Healthy Ireland implementation plan all services should develop a local Healthy Ireland plan.

The Implementation plan will recognise the role that staff can play in being positive role models and champions for the promotion of the health and wellbeing messages not just within their own working environments but also in their homes, with their families, friends and the many contacts they have in their communities. All employees, patient/service users, visitors and contractors should comply with the Tobacco Free Campus Policy. Any staff member who is finding it difficult to comply with policy should be identified and supported.

### Develop a Health Promoting Workplace

The HSE Tobacco Free Campus policy is developed to meet the ENSH Global Network of Tobacco Free Healthcare Service Standards. We strongly recommend that you use the ENSH global on-line self-audit tool to evaluate implementation of the standards in your service. See <http://www.ensh.org/self-audit.php>. Annual reviews help track progress and identify issues to be prioritised and will help your service/site comply with Health Care service standards such as the national standards for Safer Better Healthcare.

A stated aim of the TFC policy is the de-normalisation of tobacco use and healthcare staff have a particular responsibility to set a good example in this respect.

Steps in developing a healthy workplace in relation to tobacco

- ▶ Include reference to the TFC policy in recruitment processes and staff induction programmes
- ▶ Engage with occupational health to identify staff smoking prevalence. (Refer to staff prevalence questionnaire)
- ▶ Emphasise the proactive role of staff as role models in relation to tobacco use
- ▶ Ensure staff are aware of the smoking cessation supports available to them. (refer to Quit.ie for further details)
- ▶ Incentivise smoking cessation support for staff i.e. reduced cost NRT through local pharmacies
- ▶ Work with HR to manage TFC policy compliance through existing disciplinary procedures

Line managers who are informed of breaches of policy by an employee under their direction, or who directly witnesses a breach by an employee under their direction are responsible for discussing the breach with the employee concerned, and taking disciplinary action where appropriate under the Disciplinary Procedure for Employees of the HSE (2007). Managers should consult with the HR/Employee Relations Department for advice on the matter.

## 7. Community Engagement

**Standard 7** ENSH-Global: The healthcare organisation contributes to and promotes tobacco control in the local community according to the WHO FCTC and and/or national public health strategy

The HSE experience in implementing best practice in health services will be used to progress the Healthy Ireland & Tobacco Free Ireland National Implementation Plans. The HSE will support the Department of Health to progress the de-normalisation of tobacco use in schools, colleges, city councils, public sector workplace campuses and sporting organisations etc. This will improve public acceptance of the TFC policy.

Health services have been identified as champions with a key role in extending best practice into local organisations, institutions and associations.

The HSE will continue to identify good practice at local levels and support local services to share their experiences of implementing Tobacco Free Policies. The HSE is working with the tobacco control department of the Department of Health to develop a specific toolkit to support private businesses and companies to implement tobacco free campus policies within their business or company.

The Mid Western Mental Health Services have detailed their experience implementing the Tobacco Free Campus Policy to support others. See link <http://www.hse.ie/eng/services/publications/corporate/healthmatters/au15.pdf>

### Community Engagement

In addition, healthcare organisations should work with community partners and other organisations to promote and contribute to local, national and international tobacco-free activities. Healthcare organisations can positively influence community partners to empower tobacco users to quit, (tobacco products or associated devices including E-Cigarettes) and should consider the needs of specific target groups (men, women, adolescents, migrants, travellers and other disadvantaged groups). Sharing of best practice by healthcare organisation should be supported and facilitated with a view to supporting others to develop and implement tobacco-free campus policies.

## 8. Monitoring and Evaluation

**Standard 8** ENSH-Global: The healthcare organisation monitors and evaluates the implementation of all the ENSH-Global standards at regular intervals.

### Compliance Monitoring

Monitoring of policy compliance should be built into the policy implementation plan. The following are suggestions for consideration:

- ▶ Develop a simple tool to be used locally to document early incidents of non-compliance with the policy. (Refer to section 2/standard 2 for full details)
- ▶ Collect and review weekly at Tobacco Free Campus Implementation Group Meetings
- ▶ Work with divisional managers to problem solve and to reduce and minimise further incidents
- ▶ Undertake a monthly “Corporate Walk Around” (Refer to appendix 2 for sample corporate walk about tool)
- ▶ Review management of in-patient exemptions
- ▶ Review complaints/breaches of the TCF policy and actions taken on a regular basis
- ▶ Assess the number of staff with the relevant training to treat tobacco dependence among patients/ service users e.g. No. of staff trained in BISC against National Service Plan (NSP) target (refer to section 3/ standard 3 of this document)
- ▶ Review the intensive cessation support service provision. Refer to section 3/standard 3 for full details of training
- ▶ Undertake Internal Tobacco Audit to assess policy implementation. Please refer to Appendix 4 for information in relation to Internal Audit
- ▶ Complete and submit ENSH-Global Network of Tobacco Free Healthcare Services on-line self-audit annually

Visit the <http://www.ensh.org/docs/39-ENSH-Global%20Self%20audit.pdf> for further information.

### Complaints

The service complaints procedure should accommodate any policy breach or episode of exposure to second hand smoke by staff/service users/visitors. A log of complaints should be maintained by the service which will clearly identify the circumstances and particulars of the breach and the action taken. In the event of a breach of TFC policy by any staff member normal disciplinary procedure must be followed and recorded. Tobacco related incidents should be incorporated in the normal complaints procedure for the service.

Both policy breaches and complaints regarding exposure to second hand smoke by staff/service users/visitors should be incorporated into the locations’ existing complaints procedure.

### Review of Policy

All local policies should have a review date.



## Glossary of Terms

TFCPI	Tobacco Free Campus Policy Implementation
TFCP	Tobacco Free Campus Policy
TFC	Tobacco Free Campus
NCSCT	National Centre for Smoking Cessation and Training, UK
ICGP	Irish College of General Practitioners
BISC	Brief Intervention Smoking Cessation
CNS	Clinical Nurse Specialist
BCT	Behaviour change techniques
NMBI	Nursing & Midwifery Board Ireland
SHS	Second hand smoke
NSP	National Service Plan
QID	Quality Improvement Division
QPSA	Quality and Patient Safety Authority

# Appendix 1

## Supporting Documentation for Standard 1/Section 1 – Governance and Commitment

### **Suggested representatives on the Tobacco Free Campus Implementation group:**

(This is not an exhaustive list and neither is it essential that all these personnel are represented. It is just a guideline for sites based on the experience of previous HSE sites)

- ▶ Local Senior Manager as chairperson
- ▶ Senior Clinician (Respiratory consultant/cardiac/Consultant Psychiatrist)
- ▶ Psychologist
- ▶ Nursing manager/s
- ▶ Services Management
- ▶ Local Communications representative
- ▶ Health promotion & improvement/Tobacco cessation specialist
- ▶ Allied Health Professional Managers/Heads of Service
- ▶ Patient services/patient forum representative
- ▶ Union representative
- ▶ Allied health professional manager
- ▶ Health and Safety
- ▶ Risk Management
- ▶ Human Resources
- ▶ Pharmacy
- ▶ Environmental Health Officer/Waste Management
- ▶ Security

## Sample TORs for Working Group

### Terms of Reference

A Tobacco Free Campus Working Group is established to plan for and manage the introduction and ongoing monitoring and implementation of the Tobacco Free Campus Policy to a service or campus.

#### The purpose of the group will be to:

- ▶ To endorse the stated position of the HSE in respect of tobacco control and to implement standards in line with national and international best practice
- ▶ To implement the HSE Tobacco Free Campus Policy as per the HSE National Service Plan
- ▶ To consult and communicate with community partners, staff and service users in relation to ongoing support for this venture
- ▶ To identify the needs of staff and service users in adhering to a Tobacco Free Campus and put in place relevant supports
- ▶ To assist in providing advice and support to service users, staff and visitors on the campus on quitting and to assist in any education, seminars and training as required
- ▶ To discuss and aid with preparations for any internal and external audits post implementation
- ▶ To develop an on-going Tobacco Free Campus monitoring system
- ▶ To have a system in place to manage non compliance and deal with complaints
- ▶ To keep accurate records in preparation for a potential audit of the site and cooperate with Quality Improvement/HIQA or the (MHC) Mental Health Commission in terms of audit should this be required.

#### Membership of the Group:

The Tobacco Free Campus Working Group is drawn from a cross section of staff in the service and other persons nominated by service management as appropriate.

#### Frequency of Meetings:

Monthly

#### Reports:

The Chair of the Group will report on progress to the Senior Management Team of the service.

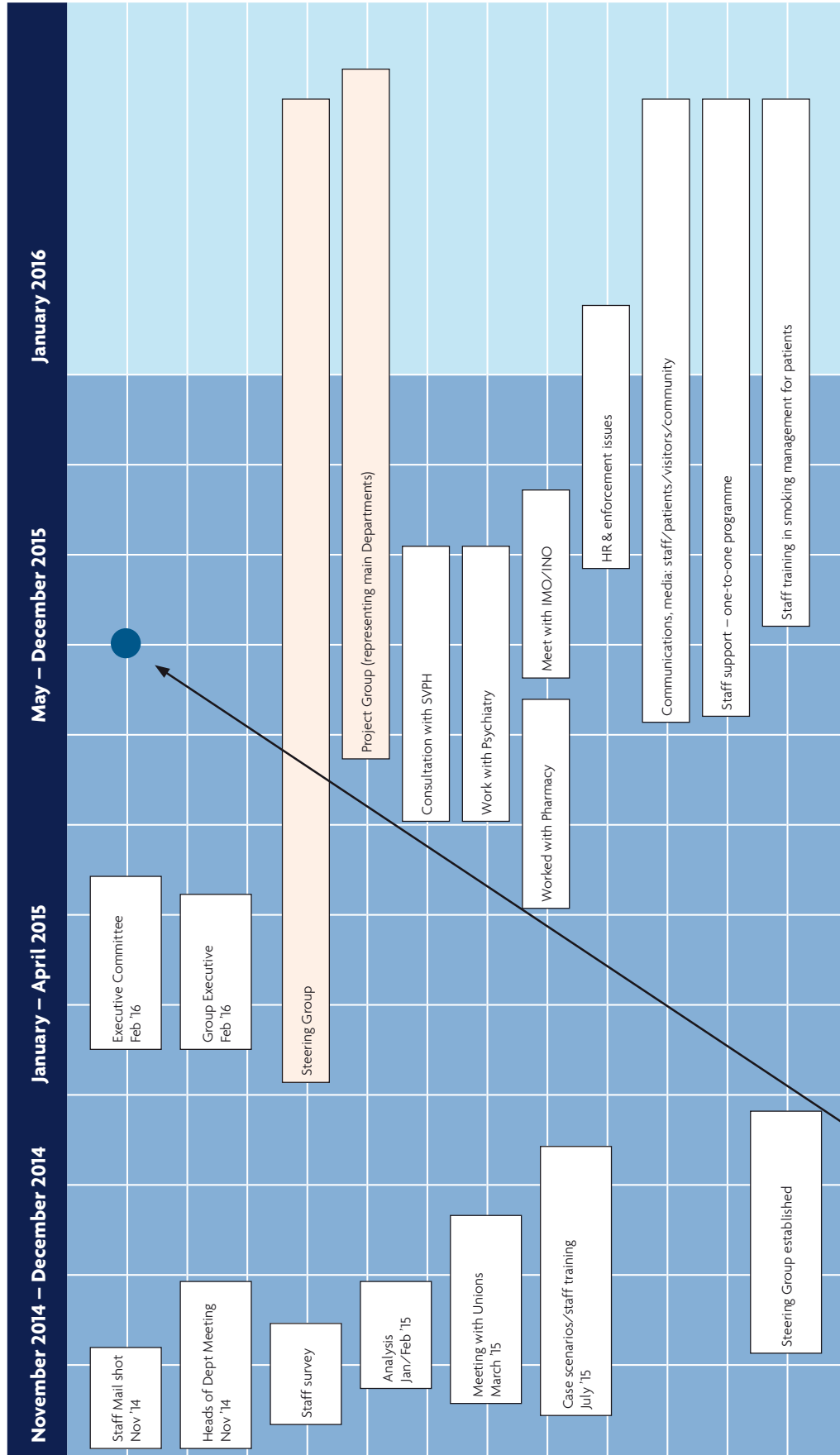
## Time Frames for TFCPI

### Guidance on date for local policy implementation

The plan for implementation of the HSE TFC policy across all settings is outlined in annual HSE National Service Plans. Locally, it is important that each site allows sufficient time to prepare, make changes and put systems in place to support policy implementation and minimise challenges.

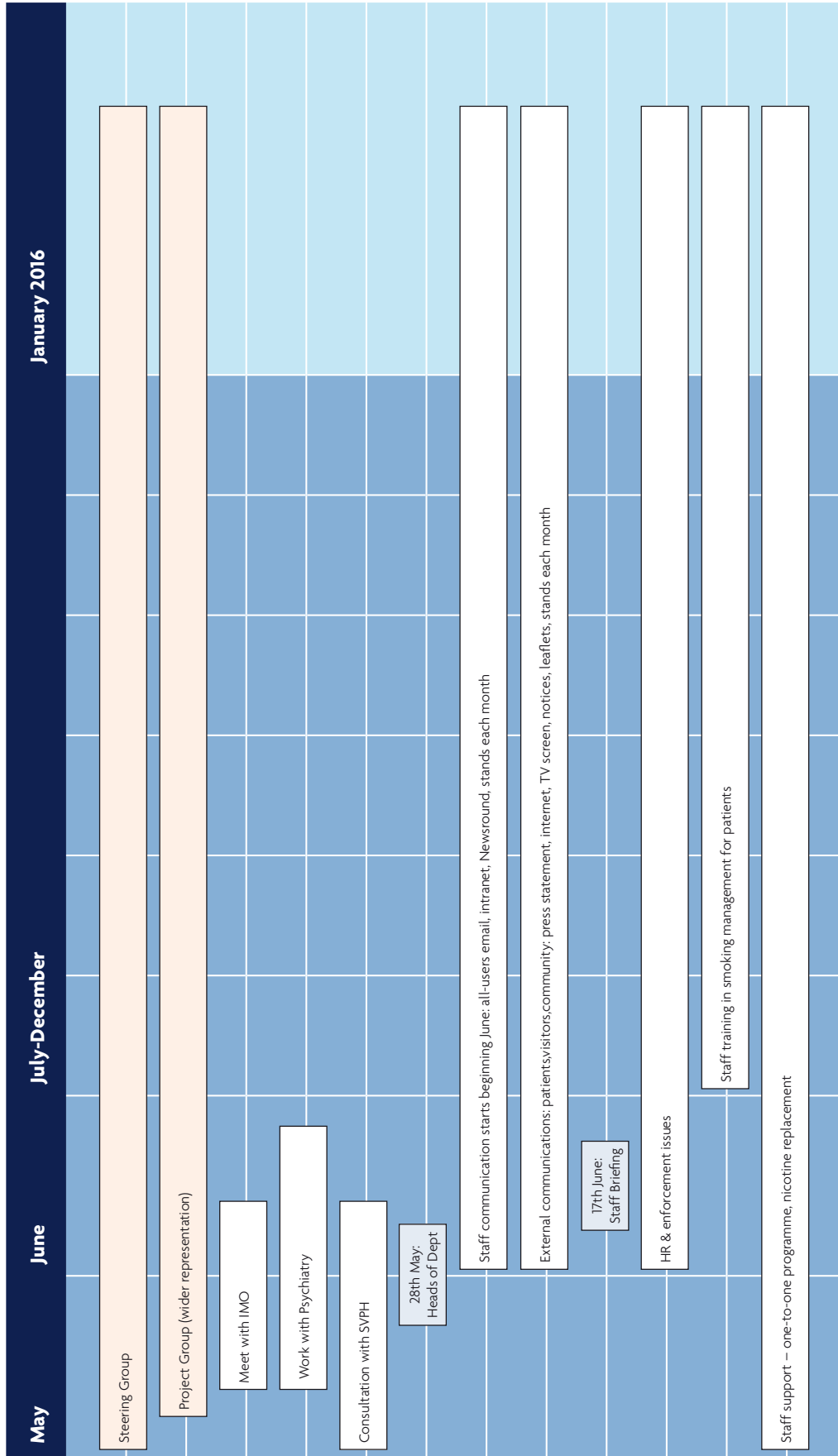
A timeframe of **six months**, from identifying a lead to policy launch, is considered reasonable.

### Smoke-free campus implementation timeline



ANNOUNCEMENT: Last week in May

### Smoke-free campus implementation timeline



## Resource list Information

### **Resource list to be considered/developed**

- ▶ Finance Requirements
- ▶ Posters/documentation/information leaflets for patients/staff
- ▶ External TFC Signage
- ▶ Removal of existing smoking shelters/cigarette butt bins
- ▶ Painting of blue line to mark campus boundary
- ▶ Provision of tobacco dependence treatments for service users
- ▶ Human resources eg. Tobacco cessation support

## Staff Survey Questionnaire

This sample questionnaire can be adapted to local requirements and used to assess support for the policy and the potential requirements in terms of smoking cessation support for staff.

### Prevalence and attitudes to smoking pre-introduction of HSE Tobacco Free Campus policy

#### Staff Survey

All information is anonymous and confidential

As and from X DATE the HSE Tobacco Free Campus policy will be implemented in \_\_\_\_\_

In an effort to ascertain staff attitudes, staff smoking prevalence and the need for further support services we would like all staff to complete the following questionnaire.

#### Department/Occupation (please tick box)

Administration (e.g. medical records, salaries, ward clerks, secretaries, I.T.)	<input type="checkbox"/>
Allied health care (e.g. dietetics, pathology, social work, phlebotomy, all types of Therapy Staff)	<input type="checkbox"/>
Allied services (e.g. catering, portering, technical services, stores, laundry)	<input type="checkbox"/>
Medical (NCHD)	<input type="checkbox"/>
Consultant	<input type="checkbox"/>
Nursing	<input type="checkbox"/>
(If unsure of department/occupation, write here _____ )	

#### Sex

Male  Female

#### Age-group

< 30  30-39  40-49  50-59  > 60

The HSE Tobacco Free Campus policy is being implemented in our services from / /

1. Do you agree with the introduction of the policy? Yes  No  Don't Know

2. Are you aware of the support services that are available to staff to help them quit successfully or manage their smoking while at work?

www.quit.ie	Yes <input type="checkbox"/>	No <input type="checkbox"/>
On-site Smoking cessation support	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Stop smoking course	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Reduced cost NRT	Yes <input type="checkbox"/>	No <input type="checkbox"/>



**3. What would you consider is your role in the implementation of the Tobacco Free Campus policy?**

- |  |                                  |                                 |
|--|----------------------------------|---------------------------------|
| Adhere to the policy and facilitate its implementation   | Yes (1) <input type="checkbox"/> | No (2) <input type="checkbox"/> |
| Inform others of the Tobacco Free Campus policy  | Yes (1) <input type="checkbox"/> | No (2) <input type="checkbox"/> |
| If you see a breach of the policy, where practicable, politely ask the individual to stop smoking or leave the grounds | Yes (1) <input type="checkbox"/> | No (2) <input type="checkbox"/> |
| If you see a breach of the policy, inform relevant manager   | Yes (1) <input type="checkbox"/> | No (2) <input type="checkbox"/> |
| Encourage smokers to quit  | Yes (1) <input type="checkbox"/> | No (2) <input type="checkbox"/> |
| Refer smokers to the smoking cessation support services  | Yes (1) <input type="checkbox"/> | No (2) <input type="checkbox"/> |

**4. A short information session will be made available to staff prior to the introduction of the Tobacco Free Campus policy, will you attend this session?**

Yes  No  Don't Know

**Smoking and you****5. Did you ever smoke?**

Yes  No  (If no, questionnaire ends here)

**Do you smoke now?**

Yes  No

If yes, how many do you smoke a day?

Would you like to stop?

Yes  No  Maybe

If you would like to stop, would you like help?

Yes  No  Maybe

What help would you choose? (may have more than one answer)

One-to-one support

Yes  No

www.quit.ie

Yes  No

Reduced cost NRT

Yes  No

**6. As a smoker, how difficult do you feel complying with this policy will be for you on a scale of 1 to 5 with one being very difficult and five being not very difficult?**

(Please circle appropriate one)

1 = Very difficult    2 = Difficult    3 = OK    4 = Not difficult    5 = Not very difficult

**7. As a healthcare employee, do you feel that implementation of this policy will have positive consequences?**

Improve health of HSE staff

Yes  No  Maybe

Eliminate smokers breaks

Yes  No  Maybe

Improve HSE corporate image

Yes  No  Maybe

Reduce litter problems

Yes  No  Maybe

Encourage smokers to quit

Yes  No  Maybe

Yes  No  Maybe

### Current smokers

**8. Will the introduction of the Tobacco Free campus policy make a difference to your smoking?**

Make you think about stopping smoking

Current smoker

Yes  No

Help you to stop completely

Yes  No

Help you to reduce the number you smoke

Yes  No

Have no impact on your smoking

Yes  No

## Exemption Process

### Guidance for developing a local protocol for the management of exceptional circumstances under the HSE Tobacco Free Campus (TFC) Policy

#### Purpose

The purpose of this document is to guide quality care management of exceptional circumstances which may render the full application of the TFC policy a risk to the patient's/service user's wellbeing i.e. Where the risk would be disproportionate to any benefit achieved by prohibiting smoking.

#### Scope and Responsibilities

In the lead-in to the policy launch, it is the responsibility of the TFC implementation group to assess the management of tobacco use of all service users/patients. Some patients/service users may have circumstances that will require clinical staff to make an assessment as to whether special arrangements need to be made so that they can be exempted from the TFC policy at this time. To guide safe quality care, in such circumstances, the TFC implementation group may consider developing a local exemption protocol. Blanket exemptions do not apply; each patient/service user should be assessed on an individual and case-by-case basis using a risk assessment process.

#### Potential risks to be considered in granting an exemption to a tobacco dependent person:

- ▶ The risk of fire hazards in smoking on campus even if smoking is outside
- ▶ The risk to staff in accompanying a service user/patient to a designated area
- ▶ The loss of this person to the service for this time
- ▶ Infection control risk/interference with medical management in allowing someone to smoke
- ▶ Post operative and other infection risks

#### Key considerations in developing a local exemption protocol:

- ▶ Can you identify an area to be used? Consider the following:
  - ▼ External area
  - ▼ Discreet area away from view of public & other service users
  - ▼ Safe & secure access to exempted clients & supervising staff
  - ▼ Requirement for supervision (camera)
  - ▼ No Second Hand Smoke exposure for staff/other service users
  - ▼ Hours of access
- ▶ Can you incorporate the risk assessment into existing risk assessment documentation or do need to develop a specific form to ensure the following factors are assessed?
  - ▼ Does the patient have a history of poor judgement that has put themselves at risk previously?
  - ▼ Has the patient used tobacco without supervision previously?

- ▼ Can the patient mobilise independently to the 'exemption' area?
- ▼ If the patient cannot mobilise independently do you have staffing levels to facilitate the patient without compromising the care of all service users?
- ▼ Have you considered asking family members to accompany patients to the exempted area?
- ▼ Have any visible burn marks been noted by staff on the clients clothing or hands?
- ▼ Can the patient independently light, hold and extinguish flammable material ignited due to smoking?
- ▼ Can the patient dispose of the tobacco product completely and safely?
- ▼ Is the patient able to call for help in an emergency?
- ▼ Does the patient suffer from hand tremors/shakes, drowsiness, syncope, visual impairment etc?
- ▶ Exemptions should be given on an extraordinary basis only, for a defined period of time and are solely for patients/service users
- ▶ Documentation should be developed to include an exemption form and a patient information leaflet
- ▶ Signing-off on an exemption rests with the patient's/service user's consultant, senior clinician or nurse manager
- ▶ It is the responsibility of all clinical staff to familiarise themselves with the local exemption protocol
- ▶ Consistent with the service's approach to clinical governance, all exemptions should be audited by quality/risk personnel and the TFC implementation group for appropriateness of exemption, consistency of approach/management etc


### Example Exemption Process

- ▶ Carry out individual risk assessment (see risk assessment form page 32)
- ▶ Complete exemption form and ensure it is signed off by the consultant, senior clinician or nurse manager and patient/client. This grants the patient/service user access rights and should accompany the Risk Assessment form (see risk assessment form page 32) 3 copies are required – a copy for the patient file, a copy for security and a copy for the audit group (see link to example exemption form)
- ▶ Explain exemption protocol to patient and give him/her exemption information leaflet (see page XXXXX)
- ▶ Communicate exemption to all clinical staff and family members
- ▶ Review need for continued exemption periodically as per exemption protocol e.g. Weekly for acute admission, monthly for long term resident and/or if a patient's situation changes. A review date for the exemption should be decided and noted.

### Monitoring and Audit Procedure

This procedure should be monitored on a regular basis and reviewed annually by the local TFC implementation group. The monitoring process will look at compliance and the effectiveness of the procedure. The procedure will be updated as necessary.

## Exemption Risk Assessment Form

Please Complete or Affix Label	
Surname:	 <p><b>Name of HSE Service</b></p>
Forename:	
Date of Birth:	
Hospital No:	
<p><b>Guidelines:</b></p> <ul style="list-style-type: none"> <li>▶ All service users who are identified as tobacco users should be informed of the Tobacco Free Campus Policy, offered behavioural support and tobacco dependence treatments first.</li> <li>▶ The risk assessment will determine what level of supervision an “exceptional” service user requires, what additional supports need to be in place to ensure the delivery of safe quality care.</li> <li>▶ Risk assessments will be reviewed every _____. This is to allow for compliance monitoring and to evaluate the current safety level of the service user. (If the service user presents with a new safety concern, then additional reviews will be required)</li> </ul>	
<p><b>The following factors must be assessed before an exemption is granted:</b></p>	
Does the service user have a history of poor judgement that has put themselves at risk previously?	Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Comment:</b>
Has the patient used tobacco without supervision previously?	Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Comment:</b>
Can the patient mobilise independently to the “exemption” area?	Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Comment:</b>
If the patient cannot mobilise independently do you have staffing levels to facilitate the patient without compromising the care of all service users?	Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Comment:</b>
Have you considered asking family members to accompany patients to the exempted area?	Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Comment:</b>

**The following factors must be assessed before an exemption is granted:**

Have any visible burn marks been noted by staff on the clients clothing or hands?

Yes  No

**Comment:**

Can the patient independently light, hold and extinguish flammable material ignited due to smoking?

Yes  No

**Comment:**

Can the patient dispose of the tobacco product completely?

Yes  No

**Comment:**

Is the patient able to call for help in an emergency?

Yes  No

**Comment:**

Does the patient suffer from hand tremors/shakes, drowsiness, syncope, visual impairment etc?

Yes  No

**Comment:**

Main Reason/s for exemption:

Exemption Granted by (Signature): \_\_\_\_\_


Print Name: \_\_\_\_\_

Profession/Job Title: \_\_\_\_\_


Date: / /

Review Date: / /

## Tobacco Care Plan for service users/patients with exceptional circumstances

Please Complete or Affix Addressograph					
Surname:				Name of Service	
Forename:					
Date of Birth:					
MRN/Hospital No:			Ward/Unit/Area:		
Date	Actual/Potential Problem	Goal of Care	Action Plan	Evaluation & Date	Initials
	<p>[ _____ ] is a smoker and has been exempted from the Tobacco Free Campus policy at this time.</p> <p>[ _____ ] has a current smoking risk assessment rating of _____ therefore current smoking activity is to be supervised/unsupervised.</p> <p>(Circle as appropriate)</p>	<p>Deliver safe quality care to [ _____ ] in relation to tobacco dependence.</p>	<p>Following discussion with [ _____ ] he has agreed to comply with the exemption protocol.</p> <p>Monitor [ _____ ] to ensure that smoking does not take place outside outdoor designated area.</p> <p>When dispensing his/her smoking materials, remind [ _____ ] that he/she can only smoke in the designated area. Arrange for supervision if required.</p> <p>Monitor [ _____ ] for signs of burn marks to his/her clothing, and re-assess risk rating if any are noted.</p> <p>Ensure [ _____ ] can access a call system at all times, in case of an emergency.</p> <p>Ensure [ _____ ] has the appropriate level of supervision at all times.</p> <p>Ensure that the following additional safety supports are in place for [ _____ ] whilst smoking.</p> <p>Liaise with [ _____ ] family, and the multi-disciplinary team as appropriate.</p> <p>Monitor for cognitive improvement and opportunity to initiate treatment for tobacco dependence.</p>		

## Tobacco Free Campus Policy Exemption Form

Please Complete or Affix Label		
Surname:		Insert Name of Service
Forename:		
Date of Birth:	Ward/Unit/Area:	
Hospital No:		
	<b>Yes</b>	<b>No</b>
Has the service user been offered tobacco dependence treatments?		
Has the service user had a risk assessment completed?		
Has the designated smoking area been identified to the service user and times/conditions of use been confirmed?		
Reason for Exemption:		
Signed by requesting Consultant:		
Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>		
Print Name:		



## Patient Information Leaflet re Exemption

### **Tobacco Free Campus Policy Exemption Terms and Conditions Information for Service User/Client**

Your consultant has exempted you from the 'Tobacco Free Campus Policy.

You have been allocated a swipe-card to access the designated smoking area. *(Include if applicable)*

OR

You have been informed where the designated smoking area is and when you can smoke in this area.

Below are the 'Terms and Conditions' for using the designated smoking area on campus.

### **Terms and Conditions**

- ▶ The swipe-card will allow you access to the designated smoking area between x am and x pm.  
*(Include if applicable)*
- ▶ You can smoke in the designated smoking area between X am and X pm
- ▶ As (name of hospital or site) is a tobacco free campus, you are not allowed to smoke anywhere else at any time
- ▶ You cannot bring another service user/client with you to smoke in the designated smoking area or give the swipe card to another service user/client so that they can smoke in the designated smoking area.  
*(Include if applicable)*
- ▶ Every service user/client using this facility must have an exemption
- ▶ Your exemption will be reviewed at regular intervals during your stay
- ▶ When you are going home please give the swipe card to the nurse manager on your ward or return to the security department. *(Include if applicable)*

## Toolkit Guidance Document – Statement Of Purpose

### Guidance for review of Statement of Purpose

As part of the development and implementation of the National Tobacco Free Campus policy the HSE Tobacco lead consulted with HIQA and the Mental Health Commission (MHC). Both HIQA and the MHC are fully supportive of this initiative. In preparing the Tobacco Free Campus (TFC) toolkit the group reviewed a number of Statement of Purpose (SOP) documents. It is recommended that the TFC policy should be referenced wherever possible throughout the SOP, so this policy like any other policy will form part of what is audited by HIQA and the Mental Health Commission..

### Statement of Purpose (SOP) and reference to Tobacco Free Campus Policy

There are many areas within the SOP where this can be referenced. Below is a guide to where this can be incorporated:

- ▶ In the introduction it would be important to include a clear line stating that the facility is a Tobacco Free Campus
- ▶ In the aims reference to ‘treating tobacco as a care issue’ and ‘denormalising the use of tobacco in all healthcare settings’ should be included
- ▶ Thereafter, where there is a reference to ‘lifestyle choice’ attention should be given to the wording to avoid any misconception or misunderstanding. Smoking is an ‘addiction’ that may be confused with a ‘lifestyle choice’ but more importantly, smoking is classified as a disease by the World Health Organisation and should be treated as such. The word ‘healthy’ could accompany the word ‘lifestyle’ at all times particularly when there is a reference to supporting lifestyles personalised to clients. Any reference to empowering clients to maximise their independence and quality of life might include ‘encouraging healthy lifestyle choices’
- ▶ When referring to ‘personal choice’, ‘homely environment’ and ‘support to live life on their own terms’ please be aware that there is no ‘right’ to smoke and as an organisation HSE Tobacco Free Campus Policy supports the rights of all clients and staff to breathe clean air and live and work in a safe environment. It also provides supports for smokers to quit successfully and a supportive environment to maintain quit attempts. It does not support staff being deployed to facilitate smoking by clients
- ▶ Tobacco use should be assessed as part of routine admission criteria and service users and their families should be made aware of the Tobacco Free Campus Policy at the earliest opportunity
- ▶ ‘Treating tobacco use as a care issue’ should be a key component of a ‘Person Centred Plan’
- ▶ Where services are outlined, the details of the smoking cessation support services available should be included

## Appendix 2

### Guidance Documentation for Section/Standard 2-Communication

#### Tobacco Free Campus Policy

##### Questions and Answers

**Q: What does tobacco free mean?**

**A:** From the date of implementation of the Tobacco Free Campus Policy, tobacco use of any kind including cigarettes, cigars, pipe smoking and e-cigarettes, will not be permitted anywhere on the grounds of the campus.

**Q: To whom does the Tobacco Free Campus policy apply?**

**A:** The policy applies to everyone; service users/clients, visitors, staff, volunteers, contractors or anyone who enters the campus.

**Q: Where on campus does the smoking ban apply?**

**A:** Smoking is prohibited in all buildings and grounds owned or leased by the HSE including transport used by the service. This includes car parks and private cars parked in car parks on the campus.

**Q: Is smoking allowed inside cars?**

**A:** No. Smoking is not allowed in cars parked on HSE campuses or grounds.

**Q: Why is the HSE making its campuses tobacco free?**

**A:** The HSE as the leading healthcare provider is committed to reducing the use of tobacco and its harmful health effects. As the national body responsible for health promotion, health protection and prevention of illnesses and disease, the HSE is implementing the HSE Healthy Ireland National Implementation Plan 2015-2017. A key action of this plan is the introduction of the Tobacco Free Campus Policy to all HSE services and settings. It is also worth noting:

- ▼ The WHO (World Health Organisation) has classified tobacco dependence as a chronic relapsing disease
- ▼ The HSE has committed to treating tobacco dependence as a care issue and recognising it as a medical disease
- ▼ The HSE recognises the need for a consistent approach to tobacco dependence across all services/ settings. Research shows that 70+% of all smokers want to quit. This is consistent in all groups including those with mental health illness
- ▼ Treating tobacco dependence is cost effective
- ▼ Health professionals have a key role in supporting addicted tobacco users to quit successfully
- ▼ We want to denormalise smoking and create a supportive environment to help people quit

**Q: Does the HSE have the authority to implement such a policy?**

**A:** Yes. The HSE Senior Management Team made the decision to introduce a Tobacco Free Campus Policy across the organisation to benefit the health of clients, visitors and staff. By introducing this policy it will help change social norms around tobacco use, treat tobacco addiction as a health care issue, and promote smoking cessation by actively advising, encouraging and supporting people to quit smoking.

**Q: Do smokers have a right to smoke?**

**A:** No, there is no absolute legal right to smoke. Everyone has a right to health care in a healthy smoke free environment. The HSE wants to create, encourage and promote a healthy environment for all of its service users/clients, visitors and staff. For this reason, the use of ALL tobacco products will be prohibited on all HSE campuses.

**Q: How will people be informed of the policy?**

**A:** A communication plan will be deployed in the run up to the implementation date. The policy will be well communicated with appropriate signage throughout the site. In addition various other methods of communication will be used to ensure that all service users/clients, visitors and staff are aware of the policy e.g. information leaflets at key locations, Business cards outlining the policy and cessation supports, tobacco free campus highlighted on appointment correspondence, email updates for staff and communication through local media where appropriate.

**Q: This initiative sounds like it doesn't treat smokers with much compassion?**

**A:** The policy highlights the importance of treating tobacco addiction as a care issue. The HSE will provide clients with all the support they need including advice, information, smoking cessation support and tobacco dependence treatments to help deal with cravings. Staff also will be offered assistance to quit smoking, or manage their smoking during working hours. This is about improving the health of our service users/clients and staff and ensuring quality care for all.

**Q: Will there be any exemptions made for service users/clients?**

**A:** The HSE recognises that there may be exceptional circumstances which may render the full application of this policy a risk to a service users/clients well-being i.e. where the risk would be disproportionate to any benefit achieved by prohibiting smoking. Blanket exemptions will not apply: each service user/client will be assessed on an individual and case by case basis and may be permitted to smoke on campus in a designated area, after a formal risk assessment has been undertaken and an exemption process has been completed.

**Q: Where should the designated area be?**

**A:** The designated area where an exempted service user/client may be allowed to smoke should be a safe discreet (out of public view) outdoor area, which can be easily observed by a staff member without exposing the staff member or anyone else to second hand smoke. The area should be risk assessed and signed off by a fire officer. The decision on where the designated area should be must be made locally.

**Q: What happens if a service user/client insists on leaving the campus to smoke?**

**A:** Every effort will be made to avoid a situation where a service user/client might decide to leave a campus to smoke. Smoking cessation support and treatment will be incorporated into the individual care plans of each service user/client who smokes.

**Q: How will the tobacco free campus policy be implemented?**

**A:** *Clients:* At first contact with any service clients/service users will be informed about the HSE Tobacco Free Campus Policy and advised to talk to their physician if they are concerned about being able to comply with the policy. All service users/clients who smoke will be asked about their tobacco use, advised of the benefits of quitting and encouraged to avail of behavioural support and pharmacotherapy to support them to quit successfully. At every contact with a health service they will be given further support and encouragement to remain quit.

*Staff:* All staff are obliged to comply with the Tobacco Free Campus Policy. If a staff member anticipates that they may find adjusting to the policy difficult they should talk to their line manager. The line manager can advise on the support available to them.

Staff members are role models for the organisation. If a staff member chooses to smoke off-campus grounds during their designated work break they should not be identifiable as an employee of the organisation. Staff must adhere to infection control principles at all times. Persistent breaches by employees will result in disciplinary action where appropriate under the Disciplinary Procedure for Employees of the HSE (2007). If staff are on long/overnight/weekend shifts which have no official off site breaks i.e. break times are fully paid by the HSE/Service and are taken on site, staff are advised to consider quitting or use nicotine replacement therapies during their shift to help manage withdrawal during this time.

*Visitors:* The Tobacco Free Campus Policy will be well communicated with appropriate signage throughout the site.

Visitors found smoking should be politely informed that smoking is prohibited on the campus. For those visitors who refuse to comply with the policy, a common sense approach to supporting compliance is recommended. Do not engage in an altercation with the person, simply advise them of the breach – in most cases this will be sufficient, but if the visitor continues to smoke the incident should be recorded and reported.

**Questions relating to Mental Health Settings****Q: Should mental health settings not have certain allowances?**

**A:** There is clear evidence to show that stopping smoking benefits mental health as well as physical health. We know that stopping smoking is associated with improvements in depression, anxiety, stress and psychological quality of life, and that smoking actually harms mental health rather than acting as a coping mechanism or support.

**Q: Do service users/clients with a mental illness actually even want to quit?**

**A:** Research in other countries has shown that service users/clients with mental health illnesses are just as likely as anyone to want to stop smoking. In August and September 2015, service users/clients using Louth Meath Mental Health Services who were smokers were surveyed to assess if they would like to quit. The survey showed that 61% wanted to quit smoking. Service users/clients with a mental illness deserve the same support to help them stop smoking as the rest of the population.

**Q: What can staff working in mental health services do to help service users/clients with a mental illness who smoke?**

**A:** Staff working with service users/clients with a mental illness who are inpatients or in the community have a critical window of opportunity to identify people who smoke, advise on the most effective way of stopping smoking and either provide or refer them for specialist support.

**Q: Is it fair to expect service users/clients with a mental illness who smoke to comply with this policy?**

**A:** Yes. Service users/clients with a mental illness have the same rights and responsibilities as all other members of society. Staff and other service users/clients of mental health services have as much right as anyone to work and receive care in a smoke free environment.

**Q: Is there an issue in implementing TFC policy in a community residence where the clients pay rent?**

**A:** HSE TFC policy will help to denormalise smoking and create a supportive environment to help people quit so it should be implemented in any community residence where HSE staff deliver a service.

If it is deemed that the TFC policy does not apply to a private residence the 'Protecting HSE staff from second hand smoke in domestic settings policy' applies.

The HSE as an employer has a duty of care under the Safety, Health and Welfare at Work Act 2005 to provide a safe working environment for its employees, and for others affected by its activities.

This extends as far as is reasonably practicable to service users' homes when HSE services are delivered in domestic settings.

The HSE seeks to protect its staff from second-hand smoke when they undertake a home visit and the policy aims to ensure that appropriate measures are in place to minimise this risk, and that guidance is given to managers, staff and service users on their roles in this policy. (See link to policy <http://www.hse.ie/eng/about/Who/TobaccoControl/pol/>).

**Q: Is there a legal issue to applying TFC policy to involuntary clients?**

**A:** No, all clients have a right to treatment for tobacco addiction. This concern was raised at a meeting with the Mental Health Commission and they did not see any issue specific to involuntary clients.

**Q: As high numbers of mental health service users smoke, is this re-stigmatising them?**

**A:** No, omitting them from the TFC policy would be re-stigmatising those with mental health issues.

**Q: How do we manage clients with limited understanding?**

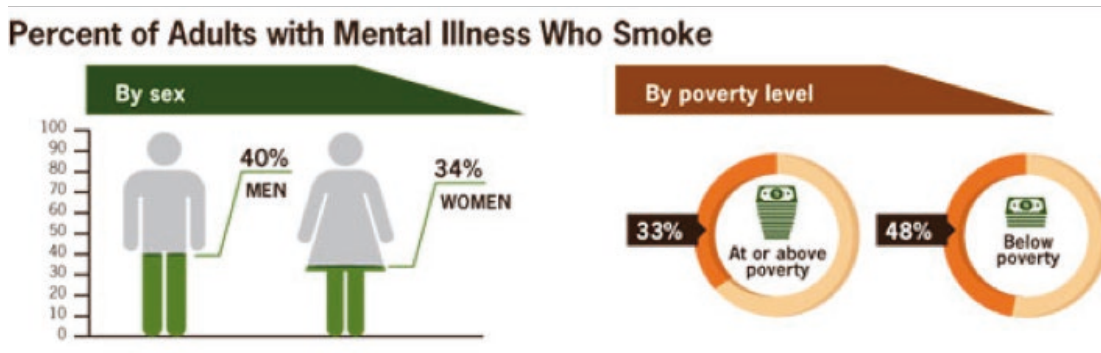
**A:** The issue of smoking and tobacco management in clients/service users with cognitive impairment should be managed in the same way as any other care issue would be managed by trained staff.

**Q: How many people with mental health illness smoke?**

**A:** Unfortunately we do not have Irish data on smoking prevalence for those with mental ill health as yet although further analysis of the recent Healthy Ireland survey will help provide some data in this regard in the coming year. However US data indicates that more than 1 in 3 adults (36%) with a mental illness smoke cigarettes, compared with about 1 in 5 adults (21%) with no mental illness. Similarly in the UK approximately 20% of adults smoke with smoking rates among adults with a common mental disorder such as depression and anxiety almost twice as high compared to adults who are mentally well, and three times higher for those with schizophrenia or bipolar disorder.

Percentage smokers among adults with mental illness	Percentage smokers among adults with no mental illness
36%	21%

Source: National Survey on Drug Use and Health US, 2009-2011, Adults ages 18 or older



**Q: Do service users/clients with a mental illness actually even want to quit?**

**A:** Research in other countries has shown that service users/clients with mental health illnesses are just as likely as anyone to want to stop smoking. A recent study in the Journal of the American Medical Association showed that smokers can quit and remain abstinent from cigarettes during mental health treatment and that this is a promising setting to promote smoking cessation (Cook, et al, 2014). Unfortunately few mental health care professionals assess clients' tobacco use, advise and assist them to quit smoking or arrange any follow up so most individuals with mental illness are not afforded the same cessation opportunities as the general population (Schroeder, S.A. et al, 2010). Implementation of this policy will help address this inequity. In August and September 2015, service users/clients using Louth Meath Mental Health Services who were smokers were surveyed to assess if they would like to quit. The survey showed that 61% wanted to quit smoking. Service users/clients with a mental illness deserve the same support to help them stop smoking as the rest of the population.

**Q: Are we not advocates for our clients? Will quitting smoking have an adverse effect on my clients' mental health?**

**A:** The short answer is No. Numerous studies have shown that quitting smoking improves both physical and mental health. In fact people who smoke cigarettes and are on psychotropic medication often require a reduced dose of psychotropic medication when they quit smoking and therefore have fewer side effects from that medication.

## References

1. 'Smoking Cessation and Mental Health – A Briefing for frontline staff' National Centre for Smoking Cessation and Training, UK 2014. [www.ncsct.org](http://www.ncsct.org)
2. 'Smoking and Mental Health – a neglected epidemic' Action on Smoking and Health (ASH Scotland) [www.ashscotland.org.uk](http://www.ashscotland.org.uk)

## Sample Letter to GPs

Date

Dr x

Address

**Re: Tobacco Free Hospital Campus @ x hospital – launch date**

Dear Dr x,

I am writing to advise you that we are introducing a Tobacco Free Campus Policy at x hospital on insert date. This initiative is aimed at reducing the enormous toll of mortality and morbidity caused by smoking. The policy covers all areas of the campus and will apply to all patients, visitors, staff and contractors.

We realise that this change may be difficult for people who smoke, and we are announcing the policy now in order to give everyone sufficient time to prepare for this change.

Successful implementation of the policy is dependant on the support and engagement of all our stakeholders and our local GPs in particular. We are asking you to:

- ▶ inform patients of the new arrangements
- ▶ document on referral letters your patients' smoking status and any intervention delivered
- ▶ encourage and support patients to quit prior to admission and and prescribe appropriate cessation medication
- ▶ support them to remain quit on discharge

Supports to help patients can include brief intervention by healthcare professionals, prescription of tobacco dependence treatments and/or a referral to the wide range of supports available from the HSE to help people quit smoking. A full list of these resources is detailed on the attached sheet.

You may already be aware that in 2011 the ICGP launched an online training module in brief intervention for smoking [www.promotingsmokingcessation.ie](http://www.promotingsmokingcessation.ie). This was developed by the ICGP in conjunction with the HSE and Irish Cancer Society. Further training can be provided to primary care teams by the HSE by completing an application for training in your local area. See <http://www.hse.ie/eng/about/Who/TobaccoControl/intervention/>.

We look forward to your support and co-operation as we move towards a smoke-free campus at x hospital.

Yours sincerely

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Hospital/Site Manager/Chair of Tobacco Free Working Group (as appropriate)



## Contact

### Talk to the Quit Team

For more support, contact the Quit Team, Monday to Friday 10am-7pm, Saturday 10am-1pm.



You Can Also CALL US: **1800 201203**

EMAIL US: **support@quit.ie**

TEXT US: Freetext QUIT to **50100**

Tweet US: **@HSEQuitTeam**

Facebook US: **facebook.com/HSEQuit**

## Signage Templates

**1. No Smoking Banner 3048 x 914mm**

Ná caitear tobac thar an bpointe seo  
No smoking beyond this point

Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

**2 No Smoking Banner 3048 x 914mm**

Is campus saor ó thobac é seo  
This is a tobacco free campus

Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

1. 600 x 450mm No Smoking Sign

2A. 600 x 450mm No Smoking Sign

3A. 600 x 450mm No Smoking Sign

4A. 600 x 450mm No Smoking Sign

2B. 600 x 350mm No Smoking Sign

3B. 600 x 350mm No Smoking Sign

4B. 600 x 350mm No Smoking Sign

5A. 600 x 450mm No Smoking Sign

5B. 600 x 450mm No Smoking Sign

*\*Any smoking sign could be reproduced into an A-Frame print item No.2 being used for this sample*

## Recommended Language to use within your policy and in communicating the policy

Recommended language to be used in relation to the communication of Tobacco Free Campus policy implementation

Prior to the first communication announcing intent to implement HSE Tobacco Free Campus policy in any setting, a clear focus should be on the use of appropriate language. This is vitally important in getting buy-in and securing support for policy implementation. All communication should highlight the TFC policy aims – To treat tobacco addiction/dependence as a healthcare issue & To denormalise tobacco use in healthcare settings. Consistent use of language and message is also important so give some thought to the date, allowing adequate time to carry out all necessary preparations and avoid changing that date.

Certain words in tobacco free campus policy implementation have proven to have had negative consequences ie. Ban, Enforce, Penalty, Failed to quit or failed quit attempt and terms like ‘You can’t smoke’

We suggest you use the following words that have the same meaning but a more positive connotation ie. Prohibit, Implement, Implication, Did not succeed and the term ‘Smoking is prohibited’

## Example of a Walk about Tool for compliance monitoring

This “walk about tool” is an example of a compliance monitoring tool used successfully by a particular hospital. This example could be adapted and adopted for use in your own work setting.

Date:   /   /

Time: \_\_\_\_\_

Auditors' names: \_\_\_\_\_

**1) Was there evidence of smoking on campus** Yes  No  N/A

(cigarette butts, tobacco packaging/litter)

If Yes Where?

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### Any other comments

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**2) Did you observe any person smoking on the campus?** Yes  No  N/A

If yes, who?

Staff member  In-Patient  Visitor  Out-Patient

Where, and if staff, what discipline?

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Have you informed their line manger of the breach? Yes  No  N/A

Where, and if patient/client what unit are they from?

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Have you offered cessation support to the patient/client?

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Have you informed the unit/ward manager of the breach?

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PLEASE TURN OVERLEAF ►

3) (a) Did you approach the individual smoking and inform them about the TFC policy?

Yes  No

3) (b) What was the response?

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**Any other comments**

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**Please Monitor the following identified Hotspots: (examples)**

- ▶ Around Main building and entrance
- ▶ Mortuary
- ▶ Boundary wall beside Oncology
- ▶ Area 4
- ▶ Windmill road entrance
- ▶ Left and right of new ED building
- ▶ All around Doctors residence
- ▶ On Call car park area

Information Leaflet/Reminder Card

**A Tobacco-Free Campus**



**You are not allowed to smoke on the hospital grounds**

**A tobacco-free campus means a healthier, safer and cleaner environment for all.  
It also means a better recovery for patients and service users.**

**If you would like to stop smoking:  
Contact the National Smokers' Quitline on 1800 201 203  
Visit [www.quit.ie](http://www.quit.ie)  
Get support on [www.facebook.com/HSEquit](https://www.facebook.com/HSEquit)  
Or contact your local GP or Pharmacist**



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive



**Plain English**  
Approved by NALA

## Appendix 3

### Supporting Documentation for Section 4/Standard 4 – Identification, Diagnosis and Tobacco Cessation Support

#### Staff guide to the admission of a tobacco dependent person to inpatient services

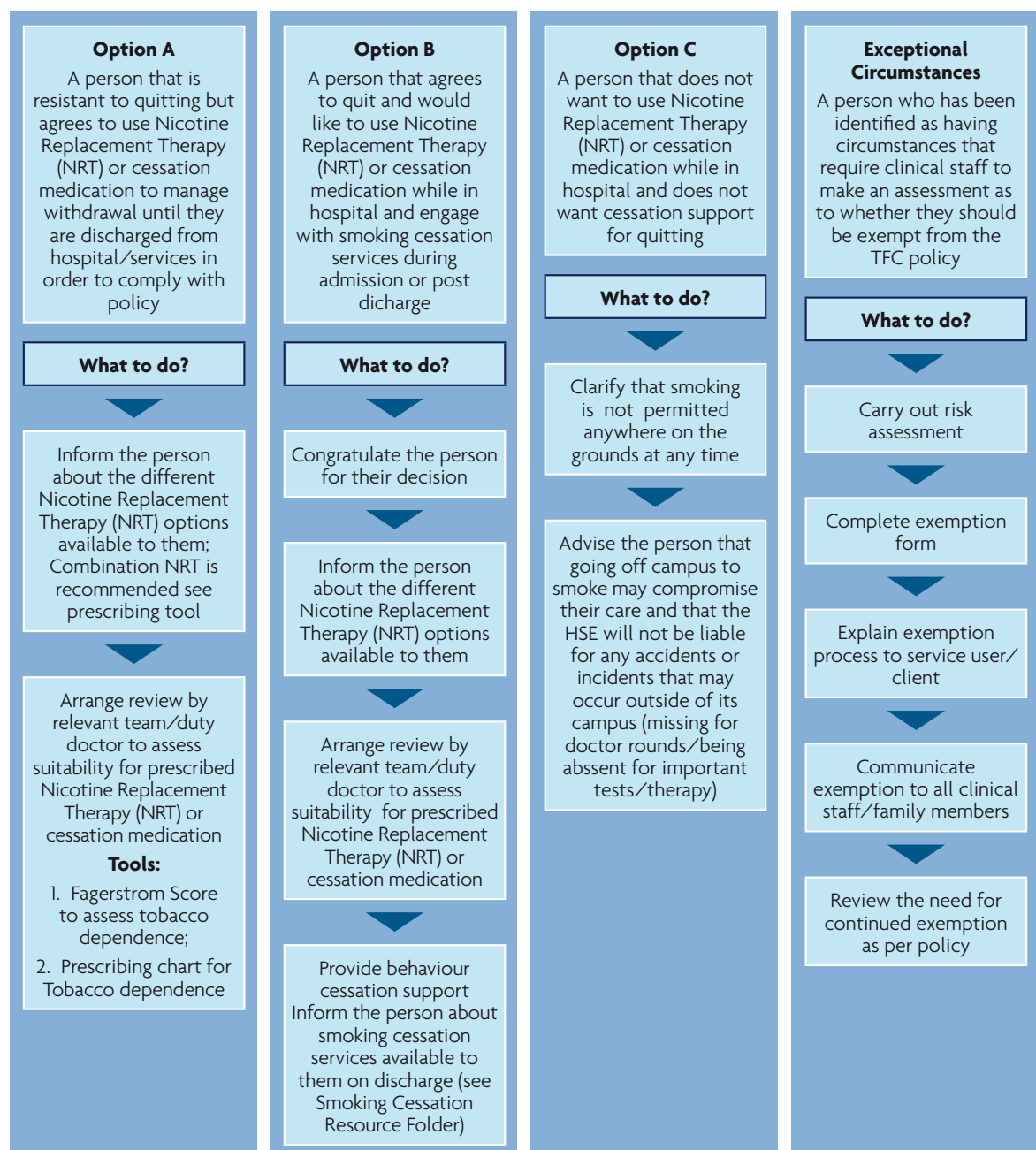
**Step 1:** All persons must be informed of the Tobacco Free Campus Policy on or before admission. On admission tobacco dependence should be documented and a brief intervention for cessation delivered and recorded in clinical notes.

**Step 2:** Give the person the 'Tobacco Free Campus Information Pack' on or before admission, using the guide below.

**Step 3:** Ask the person which option they would like to avail of from the options listed below:

**Step 4:** Document the person's response within their clinical notes. Implement a plan for the management of tobacco users who are unwilling to make a quit attempt.

**Smokers who quit may need their dosage of medications reduced and should be closely monitored (see Drug Interactions in Smoking Cessation Resource Folder)**



## Fagerstrom Test for Nicotine Dependence

**Score 8+ = high dependence**

**Score 5-7 = moderate dependence**

**Score 3-4 = low to moderate dependence**

**Score 0-2 = low dependence**

Question	Response	Score
1. How soon after you wake up do you smoke your first cigarette?	After 60 minutes	0
	31-60 minutes	1
	6-30 minutes	2
	Within 5 minutes	3
2. Do you find it difficult to refrain from smoking in places where it is forbidden?	No	0
	Yes	1
3. Which cigarette would you hate most to give up?	The first in the morning	1
	Any other	0
4. How many cigarettes do you smoke per day?	10 or less	0
	11-20	1
	21-30	2
	31 or more	3
5. Do you smoke more frequently during the first hours after waking, than during the rest of the day?	No	0
	Yes	1
6. Do you smoke even if you are so ill that you are in bed most of the day?	No	0
	Yes	1

*Adapted from Heatherton TF, Kozlowski LT, Frecker RC, Fagerstrom KO. The Fagerstrom Test for Nicotine Dependence: A revision of the Fagerstrom Tolerance Questionnaire. British Journal of Addictions 1991; 86:1119-27.*

The most distinctive indicators of nicotine dependence are:

- ▶ Time to first cigarette after waking
- ▶ The number of cigarettes smoked per day



## Withdrawal Symptoms

Quitting smoking brings about a variety of physical and psychological withdrawal symptoms. For some people, coping with withdrawal symptoms is like riding a roller coaster – there may be sharp turns, slow climbs, and unexpected plunges. Most physical symptoms manifest within the first one to two days, peak within the first week, and subside within two to four weeks. Any new symptoms should be notified to a health professional, especially if severe. Recent medication changes and caffeine intake can have an impact on symptoms. It may take longer to break the psychological dependence caused by constant triggers and social cues associated with smoking.

Symptom	Cause	Duration	Relief
<b>Craving for a cigarette</b>	Nicotine is a strongly addictive drug, and withdrawal causes cravings	A craving for a cigarette can last for between 3-5 minutes frequently for 2-3 days; can happen for months or years	Wait out the urge, which lasts only a few minutes Distract yourself Exercise (take walks) Drink a glass of water or fruit juice Breathe slowly and deeply Use of a nicotine medication may help
<b>Irritability</b>	The body's craving for nicotine can produce irritability	2-4 weeks	Take walks Try hot baths Use relaxation techniques
<b>Dizziness</b>	The body is getting extra oxygen	1-2 days	Use extra caution Change positions slowly
<b>Chest tightness</b>	Tightness is likely due to tension created by the body's need for nicotine or may be caused by sore muscles from coughing	A few days	Use relaxation techniques Try deep breathing Use of NRT may help
<b>Constipation, stomach pain, gas</b>	Intestinal movement decreases for a brief period	1-2 weeks	Drink plenty of fluids Add fruit, vegetables, and whole-grain cereals to diet
<b>Cough, dry throat, nasal drip</b>	The body is getting rid of mucus, which has blocked airways and restricted breathing	A few days	Drink plenty of fluids Avoid additional stress during first few weeks

Symptom	Cause	Duration	Relief
<b>Depressed mood</b>	It is normal to feel sad for a period of time after you first quit smoking. Many people have a strong urge to smoke when they feel depressed	1-2 weeks	Increase pleasurable activities Talk with your clinician about changes in your mood when quitting Get extra support from friends and family
<b>Difficulty concentrating</b>	The body needs time to adjust to not having constant stimulation from nicotine	A few weeks	Plan workload accordingly Avoid additional stress during first few weeks
<b>Fatigue</b>	Nicotine is a stimulant	2-4 weeks	Take naps Do not push yourself Use of a nicotine medication may help
<b>Hunger</b>	Cravings for a cigarette can be confused with hunger pangs; sensation may result from oral cravings or the desire for something in the mouth	Up to several weeks	Drink water or low-calorie liquids Be prepared with low-calorie snacks
<b>Insomnia</b>	Nicotine affects brain wave function and influences sleep patterns; coughing and dreams about smoking are common	2-4 weeks	Limit caffeine intake because its effects will increase with quitting smoking Use relaxation techniques

*Adapted from Materials from the National Cancer Institute, U.S. National Institutes of Health.*

# 30 Second Stop Smoking Advice

When you only have 30 seconds the most effective thing you can do is ASK, ADVISE and ACT

## ASK


  
**ASK** every patient about tobacco use at every healthcare contact, including on hospital admission and record smoking status.

## ADVISE


  
**ADVISE** is the single best thing you can do to improve your health. We need to do two things – give you support and start you on medication. With medication and support you are up to **4 times** more likely to be successful\*.

**Combined pharmacotherapy and behavioural support is 4 times more effective when compared with quitting unaided**

KEY MESSAGES:

- Tobacco dependence is a chronic relapsing disease, WHO (ICD-F17.2) classification
- Smokers expect to be asked about smoking as it shows concern for their overall health
- Tobacco dependence treatments are both clinically effective and cost effective
- No other clinical intervention produces the same significant results for such a small investment in time

## ACT


  
**PRESCRIBE** "The first few days and weeks after you quit can be the hardest. Many people will go back to smoking unless they get extra help. You will now get the medication and support to help you." (See prescribing information on page 2).

**REFER**

"I would also like you to call the HSE Quit Team @ 1800 201 203 www.quit.ie", which is a free service. They will give you tips on dealing with cravings, withdrawal symptoms, smoking medications and help in staying motivated. Are you happy to do that now?"

\* as per local arrangements



*Make every contact count*





# PRESCRIBING FOR TOBACCO DEPENDENCE

Tobacco use remains the leading preventable cause of illness and death in our society. Smokers who quit reduce their risk of many diseases, including cardiovascular disease, respiratory disease and cancer. Quitting increases life expectancy. Some smokers make many attempts to quit before they succeed.

## TREATMENT

### NICOTINE REPLACEMENT THERAPY (NRT)\*

PATCH

GUM / LOZENGES

INHALER

MOUTH SPRAY

**COMBINATION NRT**  
A combination of nicotine patch and a faster acting intermittent form along with behavioural support is more effective than monotherapy and should be considered the standard treatment.

PATCH + GUM

PATCH + LOZENGES

PATCH + INHALER

PATCH + MOUTH SPRAY

**SET QUIT DATE: SAME DAY AS STARTING NRT**

**KEY MESSAGES:**

- Quit rate is double placebo
- NRT is available to purchase over the counter
- NRT is available for medical card holders
- NRT should be prescribed to all patients ON ADMISSION to hospital, including day cases, to help them manage nicotine withdrawal symptoms

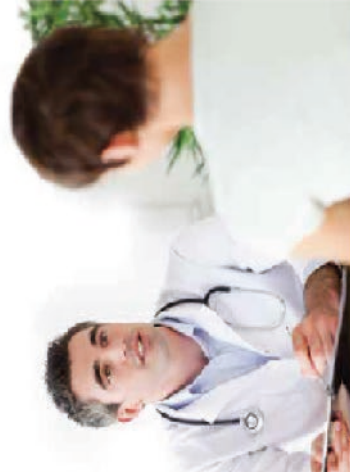
This guidance was developed in line with the evidence available. This guidance does not, however, mean that there are no other options available. Clinicians should consider individual patients to make decisions appropriate to each patient. The guidance will be reviewed as new evidence emerges.

### VARENICLINE (CHAMPIX)\*

**SET QUIT DATE: 7-14 DAYS AFTER STARTING VARENICLINE**

**KEY MESSAGES:**

- This is the most effective medication; quit rate is triple placebo
- Available only on prescription
- There is no good evidence that combining NRT with Varenicline improves success rates



### BUPROPION (ZYBAN)\*

**SET QUIT DATE: 7-10 DAYS AFTER STARTING BUPROPION**

**KEY MESSAGES:**

- Quit rate is double placebo
- Available only on prescription
- There is no good evidence that combining NRT with Bupropion improves success rates

**We're here to help!**

**FREEPHONE 1800 201 203**  
**FREE TEXT QUIT TO 50100**  
**EMAIL US SUPPORT@QUIT.IE**  
**TWEET US @HSEQUITTEAM**  
**FACEBOOK US FACEBOOK.COM/HSEQUIT**  
**GET STARTED ON WWW.QUIT.IE**

**\* for comprehensive information on these medications consult your prescribing manual.**

Acknowledgement: Developed with the assistance of Dr Andy McEwen, Executive Director, National Centre for Smoking Cessation and Training, www.ncscat.co.uk

## Drug Interactions with Smoking

Many interactions between tobacco smoke and medications have been identified. Tobacco smoke may interact with medications through pharmacokinetic or pharmacodynamic mechanisms. Pharmacokinetic interactions affect the absorption, distribution, metabolism, or elimination of other drugs, potentially causing an altered pharmacologic response. The majority of pharmacokinetic interactions are the result of induction of hepatic cytochrome P450 enzymes (primarily CYP1A2). Pharmacodynamic interactions alter the expected response or actions of other drugs. The most clinically significant interactions are depicted in the shaded areas of the table.


Drug/Class	Mechanism of Interaction and Effects
Benzodiazepines (diazepam, chlordiazepoxide)	<ul style="list-style-type: none"> <li>▶ Pharmacodynamic interaction: decreased sedation and drowsiness.</li> <li>▶ May be caused by central nervous system stimulation by nicotine.</li> </ul>
Beta-blockers	<ul style="list-style-type: none"> <li>▶ Pharmacodynamic interaction: less effective antihypertensive and rate control effects.</li> <li>▶ May be caused by nicotine-mediated sympathetic activation.</li> </ul>
Caffeine	<ul style="list-style-type: none"> <li>▶ Increased metabolism (induction of CYP1A2); clearance increased by 56%.</li> <li>▶ Caffeine levels may increase after cessation.</li> </ul>
Chlorpromazine (Thorazine)	<ul style="list-style-type: none"> <li>▶ Decreased area under the curve (AUC) (36%) and serum concentrations (24%).</li> <li>▶ Smokers may experience less sedation and hypotension and require higher dosages than nonsmokers.</li> </ul>
Clozapine (Clozaril)	<ul style="list-style-type: none"> <li>▶ Increased metabolism (induction of CYP1A2); plasma concentrations decreased by 28%.</li> </ul>
Flecainide (Tambocor)	<ul style="list-style-type: none"> <li>▶ Clearance increased by 61%; trough serum concentrations decreased by 25%.</li> <li>▶ Smokers may require higher dosages.</li> </ul>
Fluvoxamine (Luvox)	<ul style="list-style-type: none"> <li>▶ Increased metabolism (induction of CYP1A2); clearance increased by 25%; decreased plasma concentrations (47%).</li> <li>▶ Dosage modifications not routinely recommended but smokers may require higher dosages.</li> </ul>
Haloperidol (Haldol)	<ul style="list-style-type: none"> <li>▶ Clearance increased by 44%; serum concentrations decreased by 70%.</li> </ul>
Heparin	<ul style="list-style-type: none"> <li>▶ Mechanism unknown but increased clearance and decreased half-life are observed.</li> <li>▶ Smokers may require higher dosages.</li> </ul>
Insulin	<ul style="list-style-type: none"> <li>▶ Insulin absorption may be decreased secondary to peripheral vasoconstriction; smoking may cause release of endogenous substances that antagonise the effects of insulin.</li> <li>▶ Smokers may require higher dosages.</li> </ul>

Drug/Class	Mechanism of Interaction and Effects
Mexiletine (Mexitil)	<ul style="list-style-type: none"> <li>▶ Clearance (via oxidation and glucuronidation) increased by 25%; half-life decreased by 36%.</li> </ul>
Olanzapine (Zyprexa)	<ul style="list-style-type: none"> <li>▶ Increased metabolism (induction of CYP1A2); clearance increased by 40-98%.</li> <li>▶ Dosage modifications not routinely recommended but smokers may require higher dosages.</li> </ul>
Opioids (propoxyphene, pentazocine)	<ul style="list-style-type: none"> <li>▶ Pharmacodynamic interaction: decreased analgesic effect; higher dosages necessary in smokers.</li> <li>▶ Mechanism unknown.</li> </ul>
Propranolol (Inderal)	<ul style="list-style-type: none"> <li>▶ Clearance (via side chain oxidation and glucuronidation) increased by 77%.</li> </ul>
Oral contraceptives	<ul style="list-style-type: none"> <li>▶ Pharmacodynamic interaction: increased risk of cardiovascular adverse effects (e.g., stroke, myocardial infarction, thromboembolism) in women who smoke and use oral contraceptives.</li> <li>▶ Risk increases with age and with heavy smoking (15 or more cigarettes per day) and is quite marked in women over age 35 years.</li> </ul>
Tacrine (Cognex)	<ul style="list-style-type: none"> <li>▶ Increased metabolism (induction of CYP1A2); half-life decreased by 50%; serum concentrations threefold lower.</li> <li>▶ Smokers may require higher dosages.</li> </ul>
Theophylline (Theo Dur, etc)	<ul style="list-style-type: none"> <li>▶ Increased metabolism (induction of CYP1A2); clearance increased by 58-100%; half-life decreased by 63%.</li> <li>▶ Theophylline levels should be monitored if smoking is initiated, discontinued, or changed.</li> <li>▶ Maintenance doses are considerably higher in smokers.</li> </ul>

Rxforchange UCSF, adapted from Zevin S, Benowitz NL. Drug interactions with tobacco smoking. *Clin Pharmacokinet* 1999; 36: 425-438.



## Tobacco Care Plan for service users/patients receiving Tobacco Dependence Treatments

Please Complete or Affix Addressograph					
Surname:				Name of Service	
Forename:					
Date of Birth:					
MRN/Hospital No:			Ward/Unit:		
Date	Actual/Potential Problem	Goal of Care	Action Plan	Evaluation & Date	Initials
	[ _____ ] has been diagnosed with nicotine dependence/addiction	Deliver safe quality care to [ _____ ] in relation to tobacco dependence	Following discussion with [ _____ ] he/she has agreed with the following interventions <ol style="list-style-type: none"> <li>1. Behavioural Support for smoking cessation</li> <li>2. Treatment with Tobacco Dependence Treatments</li> </ol> Prescribe appropriate Tobacco Dependence Treatments Assess [ _____ ] for compliance with the prescribed tobacco dependence treatments Monitor [ _____ ] for concurrent smoking Ensure [ _____ ] receives intensive behavioural support for tobacco cessation Monitor for treatment effectiveness/withdrawal symptoms Monitor for side effects, if same noted refer to medical team Monitor for interaction with other treatments, if same noted refer to medical team		

## Sample Cover letter



Dear Service User,

Welcome to “insert area and Service”. As part of the National Tobacco Control Framework, the HSE has committed to making all of its’ workplaces and campuses tobacco free. On the “TFCP implementation date” all units in the “insert area and service” became tobacco free. This means that smoking, or the use of other tobacco products and electronic cigarettes, is not allowed anywhere on the grounds including in cars parked on the grounds.

We appreciate that it may be challenging adjusting to this change. We want to reassure you that we will be here to support you. A staff member will ask you if you wish to avail of Nicotine Replacement Therapy while availing of our services. You can also read the information in this pack. If you have any questions please speak with a member of our healthcare team.

### **What’s in it for me if I stop smoking?**

- ▶ Stopping smoking improves mental health
- ▶ You may be able to reduce the amount of medications that you take
- ▶ It’s the single most powerful way of improving your health
- ▶ If you stop smoking 20 cigarettes a day, you will save more than €3,800 a year

We thank you in advance for co-operating with our Tobacco Free Campus policy. We wish you good luck in whatever option you decide to take.

Kindest regards

---

Staff and Management of “insert area and service”



## Nicotine Replacement Therapies

### Patches and Gum

**Patches** are available in different strengths.

**Gum** is available in different strengths and flavours.

Nicotine gum should not be chewed like ordinary gum – the information leaflet that comes with it will explain how to use nicotine gum.



### Inhaler



### QuickMist (Mouth spray)



### Lozenges (Available in different strengths)



Always read the information leaflet that comes with your Nicotine Replacement Therapy.

[www.quit.ie](http://www.quit.ie)

HSE Quit Team Freephone 1800 201 203

## Contact information for smoking cessation support

### Intensive Support for Smoking Cessation – Services available in insert area

**The HSE – insert area offers free support to all smokers who want to stop.**

Each of the settings listed below has a Clinical Nurse Specialist for Smoking Cessation.

They work on a one-to-one basis with clients and also organise 6 week ‘Stop Smoking’ group support courses in each area.

Hospital		Service Available	Contact Number
Insert name	Insert name – Clinical Nurse Specialist	Detail on when available	Insert contact details
Insert name			
Insert name			
Insert name			
Insert name			

### National Smoking Cessation Support Services

There is a wide range of supports available to help smokers to quit.

1. [www.QUIT.ie](http://www.QUIT.ie) is a HSE health education website aimed at encouraging smokers to quit. It has information on the health impacts of smoking, benefits of quitting, useful tips on how to measure level of addiction and a cost calculator. There is also an option to sign up to a QUITplan and receive ongoing email support during the first six weeks
2. ‘You can QUIT’ facebook page [www.facebook.com/HSEquit](http://www.facebook.com/HSEquit) is an online community supporting quitters through their quit journey
3. **HSE QUIT Team 1800 201 203** offers a confidential counselling service to anyone seeking support or information about quitting smoking

## Appendix 4

### Supporting Documentation for Section/Standard 8 – Monitoring and Evaluation



**Internal Audit Process  
for  
HSE Tobacco Free Campus Policy**

#### Guidance document and tools for Services

Prior to completing the ENSH-Global self-audit tool, services should undertake an internal review or information gathering process. This process will also support you in meeting national standards for Safer Better Healthcare. Consider using student/students for this work.

There are 6 distinct parts to this process and together they provide the necessary detail to ensure that all ENSH-Global Audit questions can be completed with certainty.

- ▶ Observational Survey
- ▶ Head of Department Survey
- ▶ Staff Survey
- ▶ Patient/client Survey
- ▶ Visitors Survey
- ▶ Review of Documentation

Internal Audit Sections	
<p><b>Management (Governance and Commitment + Communication)</b></p> <ul style="list-style-type: none"> <li>▶ Head of Dept's Survey (Sections 1 + 2)</li> <li>▶ Staff Survey – Questions 1 + 2 + 4 + 5</li> <li>▶ Visitors survey – Question 1</li> <li>▶ Patient Survey – Questions 1</li> <li>▶ Document Review (<i>Source: Document Checklist</i>)</li> <li>▶ Committee &amp; Meeting schedule (<i>Source: Meeting Checklist and minutes</i>)</li> </ul>	<p><b>Human Resource (Education and Training + Healthy Workplace)</b></p> <ul style="list-style-type: none"> <li>▶ Head of Dept's Survey (Source: Section 3 + 7)</li> <li>▶ Visitors survey – Question 2</li> <li>▶ Document Review (<i>Source: Document Checklist</i>)</li> <li>▶ Staff Survey Questionnaire (<i>Source: Questions 6 + 7 + 8</i>)</li> </ul>
<p><b>Clinical Services (Identification, Diagnosis &amp; Tobacco Cessation Support)</b></p> <ul style="list-style-type: none"> <li>▶ Head of Dept's Survey (<i>Source: Section 4</i>)</li> <li>▶ Audit of Patient Documents (<i>Source: Patient Records/HIPE</i>)</li> <li>▶ Patient Survey – Questions 2 + 3 + 4</li> <li>▶ Observational Survey</li> </ul>	<p><b>Organisation (Tobacco-free Environment)</b></p> <ul style="list-style-type: none"> <li>▶ Observational survey</li> <li>▶ Head of Dept's Survey (<i>Source: Section 5 + 6</i>)</li> <li>▶ Staff Survey (<i>Source: Questions 3 + 9</i>)</li> </ul>

Internal Audit Sections	
<p><b>Clinical Services (Identification, Diagnosis &amp; Tobacco Cessation Support)</b> <i>continued</i></p> <ul style="list-style-type: none"> <li>▶ Head of Dept's Survey (<i>Source: Section 4</i>)</li> <li>▶ Audit of Patient Documents (<i>Source: Patient Records/HIPE</i>)</li> <li>▶ Patient Survey – Questions 2 + 3 + 4</li> <li>▶ Observational Survey</li> </ul>	<p><b>Organisation (Tobacco-free Environment)</b> <i>continued</i></p> <ul style="list-style-type: none"> <li>▶ Patient Survey – Questions 5 + 6</li> <li>▶ Visitor Survey – Question 3</li> <li>▶ Reports (<i>Source: Environmental Health CO<sub>2</sub> Test, Particle survey testing</i>)</li> </ul>
<p><b>Community Engagement (Health Promotion)</b></p> <ul style="list-style-type: none"> <li>▶ Document Review (<i>Source: Document Checklist</i>)</li> <li>▶ Head of Dept Survey (<i>Source: Section 8</i>)</li> </ul>	<p><b>Policy Monitoring and Evaluation</b></p> <ul style="list-style-type: none"> <li>▶ Document Review (<i>Source: Document Checklist</i>)</li> <li>▶ Policy Committee (<i>Source: Meeting Checklist and minutes</i>)</li> </ul>

The person identified to complete the ENSH-Global self-audit tool will co-ordinate this process by sourcing the necessary information; please see **Checklist of materials (before)**. Then the TFC committee should meet and identify the most appropriate way of collecting all further essential information, ensuring least possible amount of overlap. Where possible, this should be integrated into other hospital/health service's internal audit systems.

This internal audit process was developed by Connolly Hospital, Dublin as a method of informing members of the hospital's TFC Committee on the practices and behaviours with regard to tobacco and smoking within the hospital, as a whole. It is seen as an essential process from which objective data can be collected prior to the completion of the ENSH-Global self-audit tool. Members of the TFC committee participate in the carrying out the internal audit process. The committee should be management-led and multidisciplinary in nature.

### Observational Survey

The observational study will cover evidence of smoking internally, externally, entrances, exits, signage, designated areas, transport and information available on smoking, quitting & services.

### Head of Department Survey

This questionnaire is designed to ascertain commitment by all department heads to communicate and implement the policy at all levels within their remit.

### Staff Survey

This staff survey will be used to identify smoking prevalence and awareness of SC support for staff. It also aims to establish awareness of TFC policy, policy compliance, role of implementation, exposure to Second Hand Smoke (SHS).

### Patient/client Survey

The patient survey will assess patient's awareness of the TFC policy, any exposure to SHS, if smoking is treated routinely as a care issue and if all smokers accessing the system are offered SC support.

### **Visitors Survey**

The visitor's survey will ascertain knowledge of the TFC policy, any exposure to SHS and awareness of SC support and its range of availability.

### **Review of organisational documentation**

All documentation that refers to activities relating to tobacco control may be used; this may include staff, patient, visitor information or documentation, minutes of committee meetings, details of training & services etc.

The committee will review the ENSH-Global self-audit questions with all the available data; they may decide to score some of the self-audit questions. This should further highlight the information that is missing and agreement should be reached on how best to collect this data and ensure it is corroborated at every possible level. When deciding this, consideration should be given to using a specific IT package that will facilitate collation and enable reports to be returned to each department. Survey monkey may be an option for some of the process. The support of a statistician may be enlisted to ensure that the numbers of surveys agreed are representative of the group they represent (staff, patients & visitors) and that the questions are designed to get the information required. A representative staff sample is considered to be a 1:4 of each discipline, for example if there are 1000 staff in a hospital, 250 will be randomly selected for survey. If this work is being done by interview, interviews should take approx 3-5 minutes, and audits will be divided out among committee members.

Work should be allocated maximising skill base and in a way that will ensure that there is no unnecessary overlap and that final data is impartial. Colour coding of survey tools may be helpful.

A timeline will be agreed;

- ▶ To communicate the process
- ▶ To gather the required information
- ▶ To collate all questionnaires
- ▶ To return all feedback to department heads for review

Feedback should then be circulated to all group members prior to or at a group meeting where the partially completed ENSH-Global self-audit tool is reviewed. Previous scores may need to be changed based on new information. Scores should be decided by the group, in a discussion forum, using relevant feedback, to ensure transparency. Final scores on all aspects should be consensual.

The completed ENSH-Global self-audit should then be submitted electronically.

### **Checklist of Materials (Before)**

- ▶ List of all heads of department
- ▶ staff numbers by discipline
- ▶ patient numbers
- ▶ numbers of patient areas

- ▶ numbers of transport vehicles
- ▶ current list of committees
- ▶ any audits due
- ▶ what information is currently gathered for other audits etc

### Materials to be Developed/Agreed

- ▶ Letter to Head of Department from committee chairperson outlining all agreed elements of process & timeframe; **please see samples attached**
- ▶ Checklist of documents to be used as evidence of compliance (EOC) **please see samples attached**
- ▶ Guidance document for auditors; **please see samples attached**
- ▶ Observational, Head of Department, Staff, Patient & Visitor questionnaires; **please see samples attached**

### General Guidelines For Auditors

*It is recommended that committee members that are unused to dealing with the public should not be asked to undertake any of interviews for the audit.*

When conducting interviews please.

- ▶ Avoid confrontation with anyone
- ▶ If someone doesn't want to answer questions, do not insist
- ▶ Ensure that hospital I.D. is clearly visible
- ▶ Ensure confidentiality and explain procedure to heads of departments
- ▶ When interviewing staff, patients and visitors, explain what you are doing and why, and ask their permission to proceed with questions

#### Patients

- ▶ Please eliminate ill or confused patients and select every 4th patient
- ▶ *Please Note:* Some questions are specific to smokers  
Some for questions are specific to non-smokers

Heads of Departments are informed that an audit will take place in a particular week (date not specified)

- ▶ Each committee member will inform their supervisor well in advance, of their role in conducting the audit
- ▶ Each committee member will be allocated specified disciplines and numbers required. They will not audit their own discipline or in their own department

### Results

Specific data from each section or department is reviewed by the TFC committee and individual feedback is given to Heads of Departments. Areas for improvement are discussed, recommendations for action presented and the full support of the TFC committee offered.

## Tobacco Free Campus Breach Form

### Tobacco Free Campus Breaches

Name of Site: \_\_\_\_\_

Date of Breach	Initials of person in breach of policy	Contractor Service User Staff Member Visitor (see key below)	Location (specify inside/outside)	Actions	Observations	Initials of person reporting breach

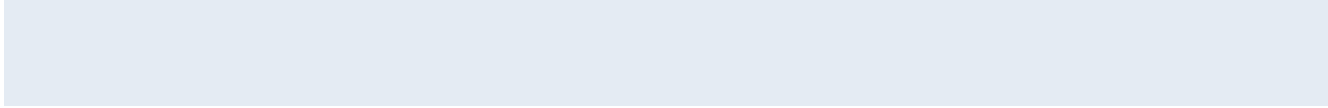
C = Contractor    SM = Staff Member    V= Visitor    SU = Service User

Completed By: \_\_\_\_\_

Date:   /   /











Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

Health Service Executive  
Health Promotion and Improvement  
Health and Wellbeing Division

HPM00865