BEST PRACTICE GUIDELINES FOR TOBACCO MANAGEMENT IN THE MENTAL HEALTH SETTING

February 2008

IRISH HPH NETWORK

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

FOREWORD

The European Network of Smoke-free Hospitals (ENSH) noted that many European countries were experiencing a variety of difficulties in relation to tobacco management in mental health services, and many were developing guidelines to support best practice. Thus as part of the ENSH 2006/2007 project, a work package was undertaken to develop an agreed set of best practice guidelines to assist organisations in the management of tobacco issues in the mental health setting, taking into account inconsistencies in legislation governing tobacco use across the member states of the ENSH and all employer's duty of care to health care workers.

The project reviewed current practices around tobacco management in a variety of psychiatric services in a number of European countries. It also undertook an extensive literature review of best practice in tobacco management in psychiatric services and a translation of any published guidelines to ensure a comprehensive result. Ireland took the lead role in this work package as complex issues in relation to the implementation of national smoke-free legislation were currently being addressed at national level.

This resource provides an extremely useful tool as it enables service providers to review current practices and develop strategies based on international best practice to address all tobacco management issues in psychiatric services.

A detailed report containing the international literature review along with a report on the project process and findings is available on the ENSH website [http://ensh.aphp.fr] to support the guidelines and actions in this document.

ABOUT THESE GUIDELINES

These guidelines were first written by an Expert Group in 2006 as an initiative of the Irish Health Promoting Hospitals [HPH] Network, Special Interest Group for Mental Health. In 2007 they were found by the ENSH project group to be comprehensive and reflective of the recommendations made by the researcher who undertook the EU funded project and this updated document has also been agreed by the ENSH project group.A detailed report containing the international literature review along with a report on the project process and findings is available on the ENSH website [http://ensh.aphp.fr] to support the guidelines and actions in this document.

IRISH CONTEXT

The guidelines have drawn on the experiences of numerous Irish mental health services. These guidelines were discussed at a number of meetings of the Expert Group, Special Interest Group for Mental Health, a national workshop and were revised in light of feedback at and following these meetings, as well as feedback from a wide variety of individuals, organisations and professional associations.

As this is a rapidly developing field, these guidelines may need updating following 12 months of the implementation phase and every two years thereafter. While this document was developed specifically for the mental health setting, it is acknowledged that amendments could be made in the future to make these guidelines applicable to the care of the elderly setting.

ACKNOWLEDGEMENTS

We would like to thank members of the Special Interest Group for Mental Health and the Expert Group for their support and contributions to developing these guidelines [See Appendix One].

INTRODUCTION

On 29th March 2004 a prohibition on smoking in enclosed workplaces was introduced under Section 47 of the Public Health (Tobacco) Acts 2002 and 2004. 'Section 47 prohibits the smoking of tobacco products in ALL indoor workplaces with limited exemptions'.

This was a response to a scientific report entitled 'Report on the Health Effects of *Environmental Tobacco Smoke (ETS) in the Workplace'* commissioned by the Health and Safety Authority and the Office of Tobacco Control, Ireland. This report concluded that exposure to Environmental Tobacco Smoke (ETS) or second-hand smoke, also known as passive smoking, causes lung cancer, heart disease and respiratory problems. The report also concluded that workers need to be protected from exposure to ETS at work and that ventilation technology is ineffective in removing the risk of ETS to health.

POLICY STATEMENT: The Safety, Health and Welfare at Work Act 2005 states that 'every employer shall ensure so far as is reasonably practicable, the safety, health and welfare at work of all employees'.

The introduction of the workplace smoking ban assists employers/ managers in meeting their pre-existing common law duty of care, together with their statutory responsibility, to provide a reasonably safe working environment. The exemption of a place or premises from the ban does not absolve the employer/ manager of these responsibilities.

POLICY MANAGEMENT: One of the most intractable problems facing effective tobacco control in psychiatric and long-stay units is that clients who smoke may spend long periods of time as residents. The key to effective policy management in these settings lies in the ability to address and resolve conflicts between service goals (that is, providing care to users) and health and safety responsibilities to staff and public alike (that is, protecting them from unacceptable levels of tobacco smoke).

EXEMPTED PREMISES: Under the legislation, certain premises are exempted, one of those listed premises being 'A psychiatric hospital'. The basis for this exemption was the practical difficulties anticipated in not permitting smoking by residents. However, in agreeing these exemptions, the Minister for Health and Children indicated that they would be subject to review in the event that the health of persons affected by Environmental Tobacco Smoke (ETS) was compromised.

The exemption in the case of psychiatric hospitals was intended to cover cases that might arise with very disturbed clients who required constant observation and staff/client safety would be an issue if the client had to go outside to smoke. In the case of the majority of clients there should be no need to avail of this exemption and it should be noted that nothing in the legislation obliges an employer or manager of exempted premises to permit smoking.

WHY THESE GUIDELINES ARE TIMELY

QUALITY AND FAIRNESS: A Health System for You: The National Health Strategy *'Quality and Fairness: A Health System for You'* is the defining document on health policy in Ireland. It describes the vision of health services in the coming years and defines the actions necessary to achieve this. In the Health Strategy it was recognised that there was a need to update mental health policy and a commitment was made to prepare a national policy framework for the further modernisation of mental health services.

A VISION FOR CHANGE: This report details a comprehensive model of mental health service provision for Ireland. It describes a framework for building and fostering positive mental health across the entire community and for providing accessible, community based specialist services for people with mental illness.

PURPOSE OF THESE GUIDELINES

DECLARATION OF INTENT: These guidelines are developed to assist organisations in the management of tobacco issues in the mental health setting, taking into account the exemption from legislation and the employer's duty of care to health care workers.

Many of the complex issues on tobacco control in psychiatric and long-stay units stem from the smoking behaviour of clients, visitors or other users. However, the emphasis of these guidelines is very firmly on the health of all service users and on management accountability for ensuring minimum exposure to ETS.

ACCOUNTABILITY: We need to address the fact that employees in psychiatric and long-stay units are currently exposed to ETS. Therefore, we need to be realistic about where the obstacles to going totally smoke-free lie and ensure that strategies are put in place to respond.

CORE PRINCIPLES: The core principles, adopted from *'Where do we go from here?'* by Linda Seymour, are those developed and used successfully to implement the workplace-smoking ban in a variety of premises over the past two years and represent examples of best practice both nationally and internationally. The examples of best practice used successfully by general hospitals, in their efforts to go smoke-free, prior to the introduction of the legislation are applicable in the main. It is recognized that change is best achieved when managers and staff work in partnership and collaboration through the spirit of concordance.

The core principles that follow set out the basic principles that should underpin all tobacco control policies, and identify additional principles that apply particularly to psychiatric and long-stay units.

The actions that naturally attach to these principles are recommendations on how they can be best achieved and are subject for discussion and consensus agreement.

1. COMMITMENT

1.1 A stated commitment should be the provision of a healthy, smoke free environment for staff, clients and all other service users

A. The organisations should designate a senior manager to establish a policy working group consisting of representatives from all disciplines and service users. This group will be responsible for personalising a policy *towards* a smoke free environment within their organisation and should specify the procedures to be followed in the event of non-compliance. This policy may form part of a written Safety Statement, which is an existing requirement for all employers under health and safety legislation.

B. The organisations managers should clearly indicate in the organisational plan or contract how they are going to communicate, implement and monitor the policy.

C. The organisations managers should clearly identify the resources necessary for implementation of the policy including signage, staff policy briefings, client and community communication systems, staff training, clients and staff support systems, evaluation and dissemination of data and the provision of external smoking areas, only if deemed necessary.

D. The organisations managers should ensure that all staff, clients and visitors take ownership of the policy.

E. The organisations managers should ensure that the risk assessment is conducted to incorporate the presence of ETS in the environment.

1.2 All new facilities must consider adopting a totally smoke free policy from the outset

A. All those involved with healthcare facility planning should identify resource implications in the planning stage to ensure this is manageable.

1.3 All existing facilities should work towards a totally smoke free status within a stated timeframe

A. Managers should identify resources [to incorporate gazebos] to ensure that this is manageable, whilst at the same time being cognisant that the client group may change due to various circumstances.

2. COMMUNICATION

2.1 Establish structures to communicate the policy

A. Clearly defined information systems should be developed locally using a variety of media to ensure **ALL** staff, clients and the community are adequately informed of the organisations tobacco management policy.

B. The policy and associated procedures must be communicated to **ALL** staff and in particular, to new and part-time staff as part of their induction pack.

C. Management must communicate to both staff and clients in the event of change in policy.

D. Management must provide appropriate briefing sessions within working time to **ALL** staff to assist with the implementation and monitoring of the policy.

E. As role models, **ALL** staff must promote the appropriate behaviour to service users and refrain from smoking in front of clients and visitors.

2.2 An acceptance of the proven hazards of ETS

A. All mental health services should conduct a risk assessment based on the hazards associated with ETS, particularly with susceptible groups, and address all identified risks by implementing appropriate control measures.

B. Ensure policy infringements by staff and clients are dealt with under agreed procedures for violations of the smoke-free policy and in line with current employment frameworks / policy and legislative requirements.

3. EDUCATION & PREVENTION

3.1 Staff should be offered information and training in policy implementation and monitoring within the health and safety brief of the organisation

A specialist training programme on the management of tobacco should be designed specifically for those working in mental health services which would include the following:

A. The rationale for the policy, including health and safety requirements, fire risk, environmental, corporate image management and expectations of staff roles.

B. The strategic role staff play in supporting smoking cessation in clients.

C. The hazards of Environmental Tobacco Smoke [ETS].

D. Links to other areas of relevant policy, such as quality assurance and clinical governance.

E. Managing the policy with colleagues, clients, visitors and other users [See Appendix Four].

F. A variety of communication skills including direct, in-direct and negotiational skills [See Appendix Four].

3. EDUCATION & PREVENTION

G. Risk assessment guidance tool for Environmental Tobacco Smoke [ETS].

H. Management support structures.

3.2 Staff should be offered information and training in the delivery of appropriate smoking cessation support designed specifically for mental health service users

A. Training in brief interventions and motivational interviewing techniques for smoking cessation should be made available to staff. Ideally this training will become incorporated into undergraduate studies.

B. In-service courses could be accredited and form part of an employee's personal development plan.

4. IDENTIFICATION & CESSATION SUPPORT

4.1 Smoking is treated as a care issue of all clients in mental health settings

A. Establish a system to identify and record the smoking status of all clients on admission and incorporate into overall client care plans, including specific smoking cessation techniques.

B. All nicotine dependant clients should have appropriate pharmacological therapies including NRT made available to them.

C. All medications should be carefully monitored during the quitting process and while the client is being treated for nicotine dependance.

D. Awareness raising campaigns highlighting smoking-related problems specific to clients of mental health services should be used to inform clients, staff and visitors to bring about cultural change.

4.2 Smoking cessation support should be made available to staff and clients in an effort to reduce consumption

A. All organisations / services should have a smoking cessation service or access to a smoking cessation service with a designated smoking cessation facilitator trained in mental health for the purpose of helping smokers, staff and clients to quit.

B. Continuously assess smoker's readiness to change and devise a comprehensive smoking cessation support programme for staff and clients to include pharmacological therapies and knowledge on all researched alternative methods for smoking cessation support.

C. Specific resources should be allocated for the cessation service, to ensure that systematic referral and audit systems are in place and that clients are followed up after quitting.

D. Information on smoking and smoking cessation methods should be widely available to all staff, clients and the community.

5. TOBACCO CONTROL

5.1 The practice of smoking indoors in mental health services should be phased out in an effort to promote health and support successful quit attempts

A. Smoking is prohibited in all work areas, common areas and facilities used by staff, clients and visitors in the organisation, including transport.

B. If smoking areas are designated, they should be completely separate from non-smoking areas, and all efforts should be made to reduce time spent there by smokers [See Appendix Five].

C. The designation of indoor smoking facilities may only be provided, if appropriate, in extreme circumstances[1] and the decision to do so has been recorded and reviewed by a senior manager.

D. Smoking at all entrances to the organisation and reception areas should be prohibited as smoke will migrate and enter indoor areas, increasing exposure and potentially increasing health risks.

E. Designated secure outdoor smoking facilities should be provided as deemed necessary by management for clients [See Appendix Five].

F. No tobacco advertising or sale of tobacco products should take place in mental health facilities.

G. Funding by tobacco companies should be rejected by all service providers.

5.2 Staff must be clearly guided and educated on how best to assess and record incidences of risk[2] associated with smoking

A. NO staff member should be required to use their discretion in difficult situations without clear direction.

B. The client care plan should form an integral part of the risk assessment process.

C. Establish an appropriate reporting system within the organisation to record all smoking related incidences, to quickly detect the problem and to identify the action taken.

---

[1] Extreme circumstances should only pertain to individual circumstances on a person-centred treatment approach. For example: a) Acute paranoid psychosis with potential for aggression and/or violence or b) Clients inability to understand/comprehend local rules/policies.

[2] The risk assessments should take account of the effects smoking has on a) the behaviour of a disturbed client, b) the number of staff exposed and c) the length of time each member of staff is exposed to the dangers of ETS. Smoking should only be deemed the safer option when the risk of safety to a client and / or members of staff outweigh the risk of exposure to the dangers of ETS.

6. ENVIRONMENT

6.1 All mental health services should have policy statements to openly identify problem areas and provide clear strategies for managing and changing long standing practices

A. Display national "No Smoking" signs indicating the name of the person in charge of the premises and the name of the person to whom a complaint may be made relating to breaches of the smoke free policy [See Appendix Four].

B. In accordance with the Safety, Health and Welfare at Work [Signs] Regulations 1995, clear signage should indicate any external designated smoking area.

C. Remove all ashtrays and provide external stubbing bins at appropriate positions at entrances.

6.2 Tobacco should never be used as a reward or incentive for mental health service clients

A. The practice of using tobacco as a reward, incentive or therapeutic tool for clients in mental health facilities should not continue. Other appropriate / alternative strategies, rewards and incentives must be identified. The legal implications of these actions should be recognised and appropriate support provided.

7. HEALTHY WORKPLACE

7.1 Staff exposure to ETS should be minimised to the greatest extent possible

A. Safe systems / places of work should be provided in order to ensure the safety, health and well-being of staff, service users and others.

B. Legal implications of staff exposure to ETS should be used to justify resources.

C. Management is responsible for ensuring that every effort is made to provide staff with a smoke free working environment.

D. Staff smoking habits and prevalence is monitored on a regular basis.

E. Mental health services staff may only smoke at official break times, in external designated smoking areas or facilities, away from entrances.

F. Infringements of the policy by staff will be dealt with under local disciplinary procedures.

8. HEALTH PROMOTION

8.1 Mental health services should promote smoke-free actions in the community

A. The organisation promotes, contributes to and supports smoke free activity outside of the organisation.

B. The organisation shares evolving best practices locally, nationally and internationally on tobacco control in challenging settings. By continuing to share their experiences those working in settings where tobacco control is particularly challenging will be able to build sustainable models of good practice.

C. Staff should be encouraged to take up mental health promotion activities [eg. Lifestyle programmes, healthy living, weight management, solutions to wellness etc.] and prevention activities, particularly targeting factors that determine or maintain ill-health.

9. COMPLIANCE MONITORING

9.1 All mental health services should state their commitment to monitor and review the tobacco control policy including regular environmental inspections to assess levels of smoke pollution

A. Information, education and training programmes are reviewed and updated regularly.

B. All members of staff have a responsibility to identify and take direct action in the event of policy infringements. Staff should report all smoking related incidences[3], episodes of non-compliance with policy rules, particularly when violence or verbal or physical aggression has occurred.

C. Responsibility for monitoring the policy rests with the management policy and monitoring working group that operates in conjunction with divisional supervisor / managers.

D. The monitoring process must include policy compliance and communication systems.

E. Environmental audit can be incorporated in the organisations health and safety risk management strategy. It should include monitoring of levels of exposure to ETS and be undertaken annually.

9. COMPLIANCE MONITORING

9.2

Each tobacco control policy should clearly define the way in which a smoke free environment can be achieved within the organisation.

A. Services should be evaluated with meaningful performance indicators annually to assess the added value the tobacco control policy is contributing to the mental health of the local catchment area population.

[3]Incident reporting: All incidents, regardless of severity, must be reported on the Risk Management Incident Report Form and forwarded to the appropriate local area manager. To ensure information is available about the current status of mental health and mental health activities, the Expert Group recommend recording incidences on the STARS Clinical Incident Reporting System. This enables each agency to collect and analyse information on clinical incidents and near misses which occur in their services.

10. POLICY IMPLEMENTATION

10.1

Recognition that moving to totally smoke-free is the long-term goal

A. Organisation gives full commitment to implement all of the steps.

APPENDIX 1

Members Of The Expert Group

Cornelia Stuart, Corporate Risk Manager, Risk Management Department, HSE Navan Road, Kells, Co. Meath, HSE – Dublin North East.

Denise Cahill, A/Senior Health Promotion Officer, , Eye, Ear and Throat Hospital, Western Road, Cork, HSE South

Elizabeth McArdle, Assistant Director of Nursing, St. Brigid's Hospital, Ardee, Co. Louth, HSE – Dublin North East

Gerry Dowling, Assistant Director of Nursing, St. Ita's Hospital, Portrane, HSE- Dublin North East.

Liz Martin, Co-ordinator Smoking Cessation Services, Health Promotion Department,JFK House, JFK Parade, Sligo HSE West

Marie Carroll-Browne, Projects Officer, Irish Health Promoting Hospitals Network, National Coordinating Centre, c/o Connolly Hospital, Blanchardstown, Dublin 15

Maurice Mulcahy, Principal Environmental Health Officer, , Merlin Park Headquarters, Galway HSE West

Michelle McDonagh, Staff Health, Safety and Welfare Department, HSE Shared Services Eastern Region, Dr. Steeven's Hospital, Dublin 8

Miriam Gunning, National Smoke Free Hospitals Initiative Coordinator, Irish Health Promoting Hospitals Network, c/o Connolly Hospital, Blanchardstown, Dublin 15. HSE – Dublin North East.

Patrick Benson, Director of Nursing, Sligo Mental health Services, HSE - West

Sheila Keogan, Research & Communications, Research Institute for a Tobacco Free Society, The Digital Depot, Thomas Street, Dublin 8

Members of Special Interest Group Mental Health

Catherine Brogan, Chair - HSE National Specialist Planner Mental Health Office of the CEO.

Rosaleen Molloy, A/Director of Nursing, St. Lomans / Tallaght Mental health Services, HSE – Dublin Mid Leinster

Adrian Ahern, Manager Galway Mental Health Services, HSE- West.

Christine McDermott, Health Promotion, St. Vincents Hospital , Fairview, HSE – Dublin Mid Leinster

Rita Kelly, Resource Officer for Suicide, HSE – Dublin Mid Leinster

Karen O Mullane, Senior Health Promotion Officer, HSE – South

Elizabeth McArdle, Assistant Director of Nursing, St. Brigid's Hospital, Ardee, Co. Louth, HSE – North East.

Gerry Dowling, Assistant Director of Nursing, St. Ita's Hospital, Portrane, HSE- Dublin North

Michael Cummins, Development Officer Mental Health Ireland – HSE -SWA.

Noreen Geoghegan, CNM 11, Addiction Services, Cherry Orchard Hospital, HSE – Dublin Mid Leinster

Colette Nolan, Irish Advocacy Network

Orla Tranior, Irish Advocacy Network,

Lorcan Martin, Consultant Psychiatrist, HSE – Dublin Mid Leinster

Patrick Benson, Director of Nursing, Sligo Mental Health Services, HSE - West

John McCardle, Assistant Director of Nursing, Donegal Mental Health Services, HSE – West.

Danny Connellan. Assistant Director of Nursing, Area 6, HSE Dublin North East

APPENDIX 2

Submissions to the Expert Group

Adrian Ahern, Manager, East Galway Mental Health and Older Peoples Services, St. Brigid's Hospital, Ballinasloe, Co. Galway

Annette Kennedy, Director of Professional Development, Irish Nurses Organisation, The Whitworth Building, North Brunswick Street, Dublin 7

Christina McDermott, HPH Coordinator, St. Vincent's Hospital, Convent Avenue, Richmond Road, Fairview, Dublin 3

Ciaran O'Kelly, Staff Nurse, Sligo/Leitrim Mental Health Services, Ballytivnan, Co. Sligo [Psychiatric Nurses Association of Ireland]

Des Pearson, Health and Safety Manager, Staff Health, Safety and Welfare Department, HSE Shared Services Eastern Region, Dr. Steeven's Hospital, Dublin 8

Fenton Howell, National Population Health Directorate, Health Service Executive, Millennium Park, Naas, Co. Kildare

Fidelma Flynn, Chairperson, National Clinical Directors of Psychiatry Group, Clarion Road, Ballytivan, Co. Sligo

Gerard Finnegan, Director, S.T.E.E.R. Ireland, Letterkenny, Co. Donegal

Gerard Tully, Manager, Loughrea Training Centre, East Galway Mental Health Services, Loughrea, Co. Galway

Irene O'Byrne, Smoking Cessation Officer, Galway Regional Hospitals, Newcastle Road, Galway

Kevin O'Malley, Healthcare Risk Manager, HSE Dublin/Mid Leinster Region, Unit 4 Central Business Park, Clonminch, Tullamore, Co. Offaly

Mairead Blackall, Office of Tobacco Control, Willow House, Millennium Park, Naas, Co. Kildare

Mick O'Hehir, A/Director of Nursing, Tullamore Community Mental Health Services, Bury Quay, Tullamore, Co. Offaly

Pauline Kent, Smoking Cessation Co-ordinator, Sligo General Hospital, The Mall, Co. Sligo

Siobhan McEvoy, Senior Environmental Health Officer, Department of Health and Children, Hawkin's House, Dublin 2

Thomas Kearns, Education Officer, An Bord Altranais, 31/32 Fitzwilliam Square, Dublin 2

APPENDIX 3

List of Participants at the Consultation Workshop on Practical Guidelines for Tobacco Management in the Mental Health Setting, Athlone, 17 May 2006

Adrian Ahern, Manager, East Galway Mental Health Services, St. Brigid's Hospital, Ballinasloe, Co. Galway

Ann O'Riordan, Director, Irish Health Promoting Hospitals Network, National Coordinating Centre, c/o Connolly Hospital, Blanchardstown, Dublin 15

Anna Marie McGill, Administrative Manager, Cluain Mhuire, Newtownpark Avenue, Blackrock, Co. Dublin

Anne Coe, A/Health & Safety Advisor, HSE Southern Region, Unit 1 Occupational Health Department, Waterford Regional Hospital, Dunmore Road, Waterford

Ber Cahill, Business Manager - Mental Health Services, HSE Southern Area, Aras Slainte, Wilton Road, Cork

Breege McGoldrick, A/Support Services Supervisor, Sligo/Leitrim Mental Health Services, Ballytivnan, Co. Sligo

Brian Hartnett, Irish Advocacy Network

Cara O'Neill, Programme Officer, HSE Western Region, Manorhamilton, Co. Leitrim

Carol McGeough, Assistant Administrator, Cavan/Monaghan Mental Health Service, St. Davnets Hospital, Monaghan

Catherine Brogan, A/Director of Mental Health & Suicide Resource Officer, HSE Dublin and Mid Leinster Region, Millennium Park, Naas, Co. Kildare

Ciaran O'Kelly, Staff Nurse, Sligo/Leitrim Mental Health Services, Ballytivnan, Co. Sligo

Claire Griffin, C N M II, St. Stephens Hospital, Glanmire, Co. Cork

Damien Douglas, A/Director of Nursing, St. Loman's Hospital, Palmerstown, Dublin 20

Derek Griffin, A/Director of Nursing, Connolly Norman House, 224 North Circular Road, Dublin 7

Eamon Leonard, A/Director of Nursing, North Lee Mental Health Services, Carraig Mor Centre, Shanakiel, Cork

Enda Doody, Hospital Manager, St. Ita's Hospital, Portrane, Donabate, Co. Dublin

Esther Wolfe, Education Officer, Addiction Services HSE Dublin Mid Leinster Region, Newbridge Health Centre, Henry Street, Newbridge, Co. Kildare

Fenton Howell, National Population Health Directorate, Health Service Executive, Millennium Park, Naas, Co. Kildare

Fidelma Flynn, Clinical Director, Mental Health Services, Clarion Road, Co. Sligo

Gareth Davies, Health & Safety Coordinator, HSE Western Region, Gate Lodge, Merlin Park Regional Hospital, Galway

Ger Lowry, Staff Nurse, Sligo/Leitrim Mental Health Services, St. Columbas Hospital, Ballytivnan, Co. Sligo

Gerard Tully, Manager, Loughrea Training Centre, East Galway Mental Health Services, Loughrea, Co. Galway

Gerry Devine, Area Manager, Area 6 - Connolly Norman House, North Circular Road, Dublin 7

Gerry Dowling, A/Director of Nursing, St. Ita's Hospital, Portrane, Co. Dublin

Julie Nelligan, Clinical Nurse Manager II, Mental Health Services Area 2, Vergemount Hall, Clonskeagh, Dublin 6

Kevin O'Malley, Healthcare Risk Manager, HSE Dublin/Mid Leinster Region, Unit 4 Central Business Park, Clonminch, Tullamore, Co. Offaly

Luke Clancy, Director General, Research Institute for a Tobacco Free Society, The Digital Depot, Thomas Street, Dublin 8

Marie Carroll-Browne, Projects Officer, Irish Health Promoting Hospitals Network, National Coordinating Centre, c/o Connolly Hospital, Blanchardstown, Dublin 15

Martin Connor, Director of Nursing, St. Ita's Hospital, Portrane, Co. Dublin

Mary Smyth, HPO for Tobacco, Connoly Hospital, Blanchardstown, Dublin 15

Maurice Farnan, S.E.O. Addiction Services, Addiction Services HSE Dublin Mid Leinster Region, Bridge House, Cherry Orchard Hospital, Ballyfermot, Dublin 10

Michael Cummins, Development Officer, Mental Health Ireland, Celbridge Health Centre, Maynooth Road, Celbridge, Co. Kildare

Michael Hyland, C N M III, St. Loman's Hospital, Mullingar, Co. Westmeath

Mick O'Hehir, A/Director of Nursing, Community Mental Health Centre, Bury Quay, Tullamore, Co. Offaly

Miriam Gunning, National SFHI Coordinator, Irish Health Promoting Hospitals Network, c/o Connolly Hospital, Blanchardstown, Dublin 15

Noreen Geoghegan, A/Director of Nursing, Addiction Services HSE Dublin Mid Leinster Region, Bridge House, Cherry Orchard Hospital, Ballyfermot, Dublin 10

Padraic Peyton, SIPTU Representative

Paul Hickey, Senior Environmental Health Officer, HSE Western Region, Environmental Health Dept., PCCC, Seamus Quirke Road, Galway

PJ Harnett, Practice Development Coordinator, Kerry Mental Health Services, St. Finan's Hospital, Killarney, Co. Kerry

Rita Kelly, A/Suicide Resource Officer, HSE Dublin and Mid Leinster Region, The Old Maltings, Coote Street, Portlaoise, Co. Laois

Ronan McNabb, Administrator, Sligo/Leitrim Mental Health Services, Manorhamilton, Co. Leitrim

Rose Marie Plant, Health Promotion Officer for Tobacco, HSE Dublin and Mid Leinster Region, Health Promotion Department, 3rd Floor, 52 Bloomhill Road, Tallaght, Dublin 24

Sharon Deighan, Hospital Administrator, Central Mental Hospital, Dundrum, Dublin 14

Sheila Keogan, Research & Communications, Research Institute for a Tobacco Free Society, The Digital Depot, Thomas Street, Dublin 8

Steve Jackson, Maintenance Manager, St. Brigid's Hospital, Ballinasloe, Co. Galway

Thomas Kearns, Education Officer, An Bord Altranais, 31/32 Fitzwilliam Square, Dublin 2

Timothy Lynskey, A/Director of Nursing, St. Brendan's Hospital, Rathdown Road, Dublin 7

Tom Quinn, A/Director of Nursing, Mental Health Services, Ballytivnan, Co. Sligo

APPENDIX 4

Procedure if a person smokes in contravention of the law prohibiting smoking in the workplace [Extract from Guidance for Employers and Managers Public Health [Tobacco] Acts 2002 and 2004, Office of Tobacco Control]

1. Draw the person's attention to the "No Smoking" signs and advise that they are committing an offence by smoking on the premises.

2. Advise the person that it is also an offence for the occupier, manager and any other person for the time being in charge of the premises to permit anyone to smoke in contravention of the law.

3. Advise the person that the business has a smoke-free policy to ensure a safe working environment for staff and customers. And that under the policy staff are obliged to refuse service to customers who persist in smoking.

4. If the person continues to smoke immediately request that they leave the premises.

5. If the person refuses, implement normal procedure for antisocial/illegal behaviour in the premises.

6. Maintain an appropriate record of all such incidents and notify all staff of action taken.

7. In all cases where physical violence is threatened or encountered, notify and/or seek the assistance of the Gardaí.

APPENDIX 5

Designated Smoking Rooms: Recommendations to reduce fire hazard:

1. The rooms should be enclosed with construction that will ensure a minimum fire-resisting standard of at least 30 minutes (half hour) throughout.

2. Doors to these rooms should be of half hour fire resisting standard, and should be fitted with an efficient self closing device which should over ride any latch and ensure that the door closes fully. The door should incorporate a vision panel constructed of fire resisting glazing; intumescant strips/smoke seals should also be fitted to the door/frame.

3. Furniture, fixtures and fittings should comply with U.K.DHSS HTM 87.

4. Appropriate automatic detection should be provided.

5. Ventilation system: while good extract ventilation will reduce the effects of tobacco smoke to a degree it will not completely prevent exposure. A minimum ventilation rate of 36 litres of outdoor air per person per second should be supplied to the area concerned.

6. Suitable stable, non-combustible ashtrays should also be provided.

7. Regular checks should be carried out, especially at night to ensure that all is well and that all ashtrays, bins etc are emptied in a proper / safe manner.

8. The room should be of basic design, without TV's

9. Designated usage and cleaning times should be implemented.

REFERENCES

- Brosnan, L. (2006) *What Part of the Picture? Perspectives of Service Users and Carers on Partnerships within Mental Health Services*, Western Alliance for Mental Health
- Department of Health and Children (2006) *A Vision for Change - Report of the Expert Group on Mental Health Policy*, Dublin
- Department of Health and Children (1978) *The Tobacco Products (Control of Advertising, Sponsorship and Sales promotion) Act.* Dublin: Government Publications Office
- Department of Health and Children (2002) *Public Health (Tobacco) Act 2002*, Number 6 of 2002, Dublin: Government Publications Office
- Department of Health and Children (2004) *Public Health (Tobacco) (Amendment) Act 2004, Number 6 of 2004,* Dublin: Government Publications Office
- Department of Health and Children (1988) *The Tobacco (Health Promotion and Protection) Act.* Dublin: Government Publications Office
- Department of Health & Children (2001) *Quality and Fairness: A Health System for You.* Dublin: Stationery Office.
- Department of Health and Children [1995] *Safety, Health and Welfare at Work [Signs] Regulations*, Dublin: Government Publications Office
- Department of Health and Children (2005) *Safety, Health and Welfare at Work Act.* Dublin: Government Publications Office
- Department of Health and Children http://www.dohc.ie/issues/enterprise_liability/cis.html
- Department of Health and Social Services (1998) Smoking kills – *A White Paper on Tobacco.* London: Her Majesty's Stationary Office
- Hackshaw, A.K., Law, M.R., Wald, N.J. (1997) The accumulated evidence on lung cancer and environmental tobacco smoke *British Medical Journal* 315; 980- 988
- Health Development Agency (2001) *Where do we go from here? Tobacco Control Policies within Psychiatric and Long-stay Units*, London, HDA
- Health Service Executive (2005) *HSE Corporate Plan 2005-2008*, Dublin
- Irish Heart Foundation (I.H.F.) (1997) *Going smoke-free. How to introduce a smoking control policy in the workplace.* Dublin: I.H.F. Publication
- McNeill, A. (2001) *Smoking and Mental Health – a Review of the Literature*, London
- Mulcahy, M. et al (2005) *Secondhand smoke exposure and risk following the Irish smoking ban: an assessment of salivary cotinine concentrations in hotel workers and air nicotine levels in bars*, Tobacco Control 2005; 14; 384-388
- Office of Tobacco Control (2003) *Report on the health effects of Environmental Tobacco Smoke [E.T.S.] in the workplace*, Kildare, OTC
- Office of Tobacco Control, *Guidance for Employers and Managers – Public Health (Tobacco) Acts 2002 & 2004 Section 47 – Smoking Prohibitions.*
- Office of Tobacco Control (2006) *Ireland: Current trends in cigarette smoking* http://www.otc.ie/research_reports.asp#cigarette;
- World Health Organisation (1999) *World Health Report* Geneva: WHO
- World Health Organisation (2005) *European Network for Smoke Free Psychiatric Hospitals: A strategic plan to reduce tobacco use in psychiatric hospitals.* Paris: Reseau hospital sans Tobac
- WHO European Ministerial Conference on Mental Health, Finland (2005) *Mental Health Action Plan for Europe: Facing the Challenges, Building Solutions.* WHO Europe Regional Office.

NOTES

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive