

**Tobacco Free Campus Policy
Models of Best Practice**

**ENSH Concept and
International Experience**

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ENSH
GLOBAL NETWORK
FOR TOBACCO FREE
HEALTH CARE SERVICES

- **To foster Tobacco Control in health care centres**
- **To reduce the visibility of tobacco consumption in entrances and proximity to health care centres**
- **To involve health professionals in tobacco control**
- **To train health professionals to tackle tobacco consumption**



- To implement tobacco cessation programmes (patients and health care workers)
- To warrant the follow-up of tobacco cessation across the health care system
- To promote specific intervention programmes: cessation in pregnancy, psychiatric patients, COPD...



The ENSH Concept

- ENSH started to promote tobacco control in European hospitals in 1999
- ENSH changed to ENSH-Global in 2009
- ENSH-Global is an independent, international, non-profit organization

To develop a common strategy across all health care services to prevent and control tobacco consumption

Regional/national Networks



ENSH Tools


www.ensh.eu



- 1. Commitment**
- 2. Communication**
- 3. Education/Training**
- 4. Identification & cessation support**
- 5. Coobacco Control**
- 6. Environment**
- 7. Healthy workplace**
- 8. Health promotion**
- 9. Compliance monitoring**
- 10. Policy implementation**








ENSH Code to develop a Tobacco Free Health Care Service

1. Engage decision-makers. Appoint a working group and reject tobacco industry sponsorship.
2. Develop a strategy and an implementation plan. Inform all personnel, patients/residents and the community.
3. Set up a training plan to instruct all staff on how best to approach tobacco users.
4. Organise cessation support facilities for patients/residents in the organisation and ensure continuity of support after discharge.
5. Develop the organizations campus (grounds) to be tobacco free. If smoking areas remain, they should be clearly indicated.
6. Display clear tobacco free signage. Ban all incentives to use tobacco.
7. Develop personnel management policies and support systems to protect and promote the health of all that work in the organisation.
8. Promote tobacco control activities in the community setting.
9. Renew and broaden information to maintain commitment to the tobacco free policy. Ensure follow-up and quality assurance.
10. First convince, then constrain considering legislation if needed. Have patience!





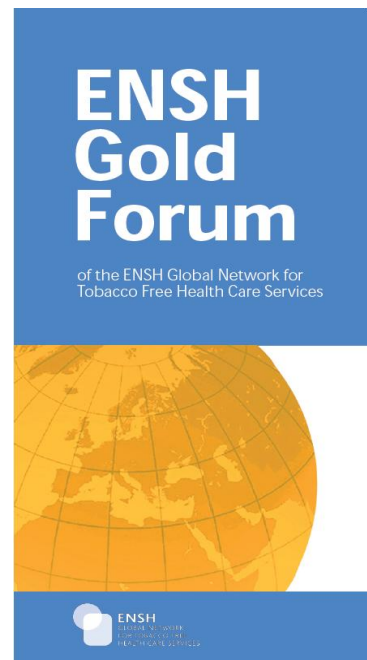
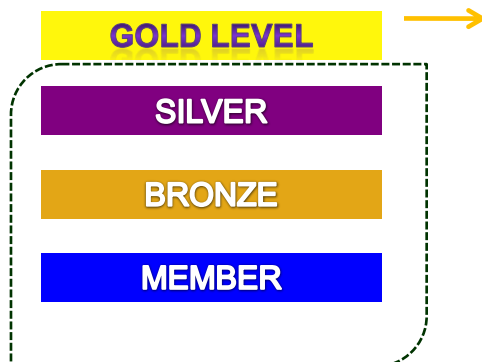
The maximum score of the Self-audit Questionnaire is 168 points

Standard 1: Commitment

- 1.1 The healthcare organisation documents specify commitment to a policy towards the implementation of the ENSH Standards.
- 1.2 The healthcare organisation does not accept any sponsorship from the tobacco industry.
- 1.3 A policy working group or committee is designated to coordinate the development, implementation and monitoring of the tobacco-free policy.
- 1.4 A senior manager has responsibility for the actions of the policy working group or committee.
- 1.5 Financial and human resources are allocated in the healthcare organisation's operational plan and/or contract to implement and monitor the tobacco-free policy.
- 1.6 All staff understand their responsibility to take action in the implementation and management of the tobacco-free policy.



Accreditation Process



Accreditation Process



ENSH-Global Activities

- Annual General Assembly
- Gold Forum Process
- Promote symposia, sessions... in tobacco control & health promotion conference
- Advocacy campaigns



Supporting and evaluating the implementation of tobacco-free legislation in hospital: the example of Catalonia, Spain

Xisca Sureda, Montse Ballbè, Marcela Fu, Esther Carabasa,
Cristina Martínez, Esteve Saltó, Esteve Fernández

Xarxa Catalana
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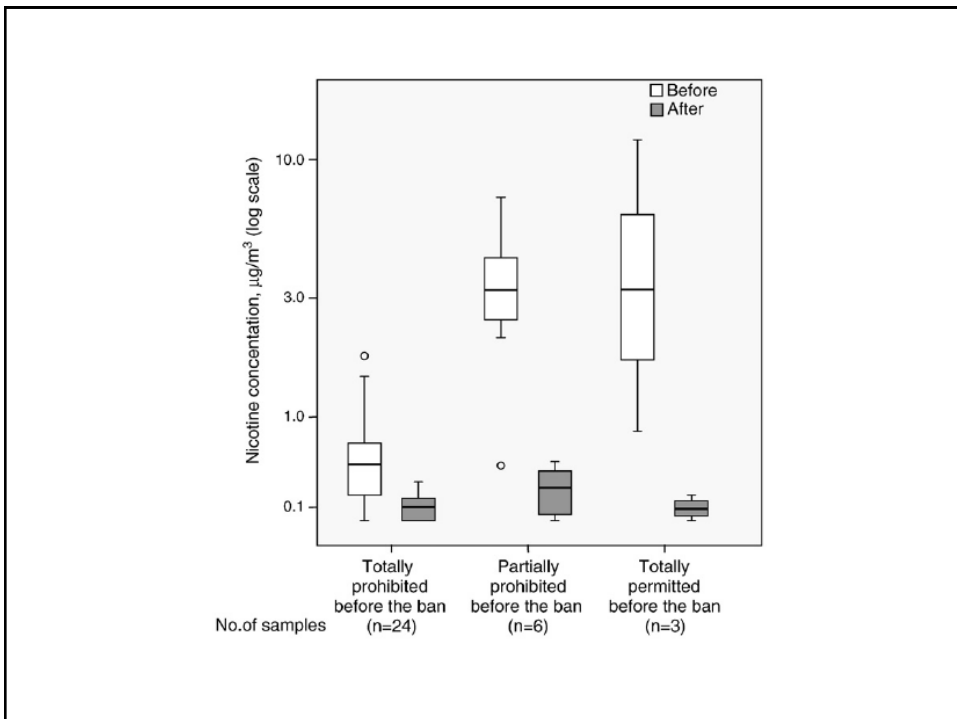
 **U**
B Universitat de Barcelona

Background

Spanish smoking bans in hospitals

1988 RD192/1988 First tobacco ban in hospitals
- consumption
- sales

2005 Law 28/2005 Non-explicit extension to outdoors





Spanish smoking bans in hospitals

1988 RD192/1988 First tobacco ban in hospitals
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2005 Law 28/2005 Non-explicit extension to outdoors

2010 Law 42/2010 Compulsory extension to outdoors

Objective

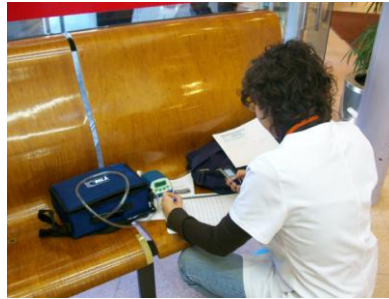
To evaluate the implementation of **smoke-free campuses** in the hospitals of the Catalan Network using an objective environmental marker of tobacco smoke and observational data.

Methods

- Design: cross-sectional study
- Setting: Catalonia, Spain (2011)
- Participants: 60 hospitals affiliated to the XCHsF
- Measurements: Particulate Matter $\leq 2.5 \mu$ (PM2.5)
- Places:
 - Hall
 - ER, waiting room
 - General medicine
 - Cafeteria
 - Dressing room
 - Main entrance (building)
 - Fire escape
 - Main entrance (campus)
 - Black point (if any)
 - Outside Campus (control)

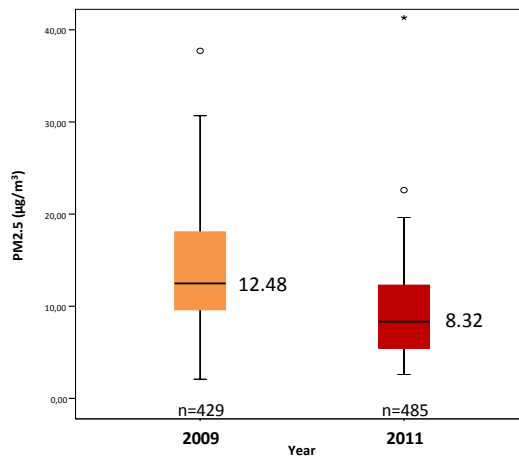
PM2.5 assessment

- TSI SidePak AM510 Personal Aerosol Monitor
- Flow rate of 1.7 l/min, calibration factor of K=0.52
- PM2.5 concentrations in $\mu\text{g}/\text{m}^3$
- Statistics: Medians and interquartile range (P25 and P75)

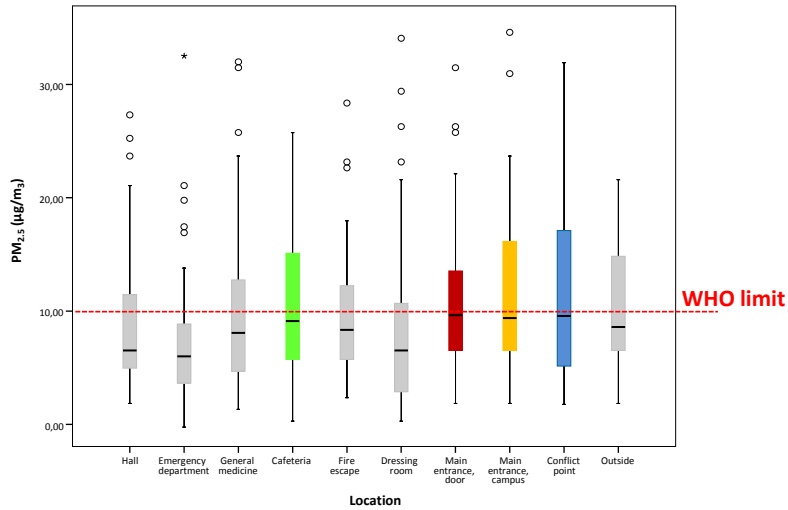


Results

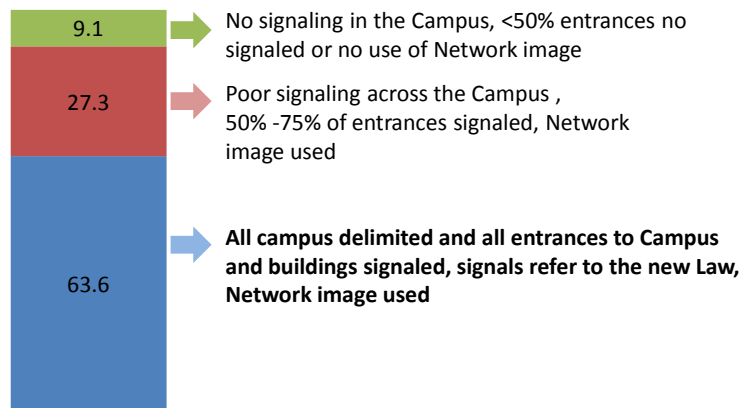
PM_{2.5} concentration ($\mu\text{g}/\text{m}^3$) for all locations combined in 2009 and 2011, Catalonia, Spain



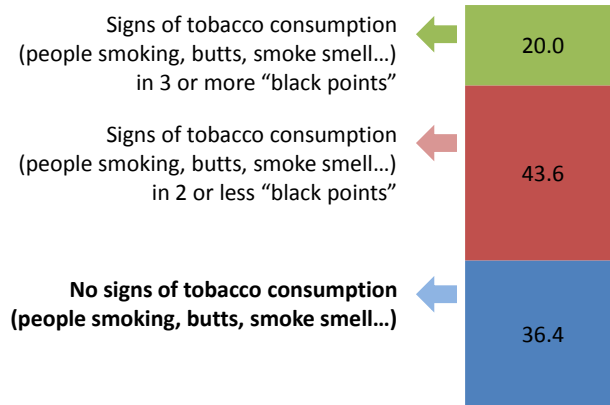
PM_{2.5} concentration (µg/m³) by specific locations in 2011, Catalonia, Spain



Presence (%) of **smoke-free signaling** in hospital campuses, Catalonia, Spain



Presence (%) of **signs of tobacco consumption** in hospital campuses, Catalonia, Spain



Conclusions

- Median PM2.5 concentrations were lower than the annual guideline value of 10 µg/m³ recommended by the World Health Organization for outdoor settings.
- These concentrations and the observational data from outdoor areas show the feasibility of implementing smoke-free campuses legislation and a reduction of the exposure to tobacco smoke.



inhph **HE** **QUIT**

Thanks for your attention!

ENSH Concept and International Experience

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www.ensh.eu
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