



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

National Tobacco Free Campus Policy

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1 Policy Statement

- 1.1 The Health Service Executive (HSE), as the leading healthcare provider is committed to reducing the use of tobacco and its harmful health effects. The HSE aims to create a healthier tobacco free, clean environment for its staff, patients/service users and visitors. As the national body responsible for health promotion, health protection and prevention of illnesses and disease, the HSE has adopted the Tobacco Control Framework which states that all HSE campuses will become tobacco free within 3-5 years (by 2015). As a result, smoking by employees, patients/service users, visitors and any other parties will be prohibited within all HSE campuses on or before 31st December 2015. The policy will help change social norms around tobacco use, treat tobacco addiction as a healthcare issue, and promote smoking cessation by actively advising, encouraging and supporting people to quit smoking.

2 Purpose

- 2.1 Smoking is the leading preventable cause of death and disease in the world and accounts for 5,500 deaths on average in Ireland annually. There is a growing recognition throughout the developed world that allowing smoking on healthcare campuses significantly undermines the health promotion message of healthcare organisations.
- 2.2 The HSE is deeply concerned about the harmful effects of tobacco use on the population. The HSE Corporate Plan (2008-2011) recognises the need for a shift towards prevention and better self care. Addressing tobacco use requires ongoing health awareness, illness prevention and health promotion initiatives as well as population health strategies. Within this context, the Tobacco Control Framework (2010) has been developed to inform HSE policy and provide a coherent national response to tobacco use. The Framework outlines national standards for service provision in relation to tobacco and has identified the need to incorporate cessation services at all levels of service provision. The Framework further seeks to maximise the health promoting ability of its 100,000 plus staff in order to ensure that the wider community is aware of the dangers of tobacco use. The Health Promotion Strategic Framework (2011) also seeks to re-orientate health and social care services to address the determinants of health through three priority settings, one of which is health services.

2.3 The HSE Tobacco Free Campus Policy has been developed to:

- help change social norms around tobacco use;
- protect and improve the health, safety and welfare of staff, patients/service users, visitors, contractors and the wider community;
- provide a better health outcome for patients/service users by treating tobacco addiction as a care issue;
- create a supportive environment for patients/service users and staff to stop smoking;
- support management and staff in the implementation of tobacco free campuses across the organisation;
- Provide clarity to staff on their role in the implementation of a tobacco free campus, and in promoting and supporting healthier lifestyles.

3 Scope

3.1 The Tobacco Free Campus Policy applies to all staff, patients/service users, visitors, contractors and other persons who enter HSE grounds and facilities for any purpose. The policy prohibits smoking anywhere on the campus including doorways, entrances, walkways, roads, and car parks, cars parked on HSE campus grounds, bicycle sheds and bus shelters on HSE grounds. It is effective from the date of implementation of the policy at that campus. As stipulated in the HSE's Tobacco Control Framework, all HSE sites will be tobacco free by 2015.

4 Legislation/Other Related Policies

- 4.1 Tobacco Control Framework (2010).
- 4.2 HSE Corporate Plan (2008-2011).
- 4.3 Health Promotion Strategic Framework (2011).
- 4.4 Best Practice Guidelines for Tobacco Management in the Mental Health Setting (2008).
- 4.5 Risk Assessment Guidance Tool for Environmental Tobacco Smoke (ETS) (2009).
- 4.6 Public Health (Tobacco) Acts 2002-2011.
- 4.7 HSE Incident Management Policy and Procedure (2008).
- 4.8 Safety, Health and Welfare at Work Act 2005.
- 4.9 Disciplinary Procedure for Employees of the Health Service Executive (2007).

5 Glossary of Terms

“Campus”: Campus is used in this document to refer to all HSE properties and grounds where HSE services are delivered whether owned, rented or occupied by the HSE, e.g. hospital, administration building, health centre, residential unit etc. In a site which the HSE shares with another organisation the policy will apply to that part of the campus used by the HSE where appropriate.

6 Roles and Responsibilities

6.1 Responsibilities of Senior Management:

Chief Executive Officer

The Chief Executive Officer has responsibility for ensuring the development of and compliance with the Tobacco Free Campus Policy. The delegated authority for co-ordinating and monitoring implementation of this policy and the associated protocols/procedures are the National Directors and Regional Directors of Operations.

Responsibilities of National Directors (NDs)/Regional Directors of Operations (RDOs)/Area Managers (AMs)/Hospital Managers (HMs):

NDs, RDOs, AMs and HMs are responsible for overseeing the development, provision and communication of resources and supports locally to assist the implementation of this policy, in conjunction with the appropriate personnel. They should:

- Endorse and support the local implementation of the policy and ensure compliance;
- Ensure this policy is brought to the attention of all staff;
- Ensure that appropriate resources are available to support the implementation of this policy.

A local tobacco free policy implementation group may be established by the relevant senior manager to support the implementation, monitoring and review of the Tobacco Free Campus Policy in that campus. (See Appendix 2)

6.2 Responsibilities of Line Managers/Supervisors etc:

- Support, implement and ensure compliance with the policy;
- All employees, patients/service users, visitors and contractors are advised to comply with the policy;
- Co-operate with any training initiatives under the policy;
- Identify, support and encourage any staff member who is finding it hard to comply with the policy;
- Ensure that patients/service users and employees are informed of smoking cessation supports available;
- Keep a record of all incidences of non-compliance, and complete an incident form if necessary, in line with national and local protocols.

6.3 Responsibilities of Frontline Staff:

- Inform all patients/service users and visitors of the policy;
- Encourage smoking cessation among patients/service users, visitors and colleagues where appropriate (See Appendix 1);
- Document smoking status of all patients/service users where appropriate. Encourage them to quit using brief intervention and appropriate pharmacotherapies, or alternatively manage their addiction while in the care of the HSE.

6.4 Responsibilities of all Staff:

- All staff members have a role in facilitating and supporting the implementation of this policy;
- All staff members should inform patients/service users/visitors of the policy where appropriate;
- If a breach of the policy is witnessed, whether by a patient/service user/visitor or staff member inform the individual of the campus policy where appropriate. Take a common sense approach to supporting compliance. If a person refuses to comply with the policy, staff should not engage in an altercation with the person but should simply advise them of the breach and advise them of support services where appropriate;
- In most cases this will be sufficient but if the patient/service user or visitor continues to smoke, alert security/management. Where appropriate, the individual should be asked to stop smoking or leave the campus grounds;
- Employees who witness breaches of the policy should advise the manager of the campus;
- All staff are requested to co-operate with training provided to facilitate implementation of the policy;
- Staff members are role models for the organisation and staff members who choose to smoke off-campus grounds during work breaks should not be identifiable as employees of the organisation. Staff must adhere to infection control principles at all times.

6.5 Responsibilities of Security Personnel:

- Security personnel have a key role in ensuring compliance with this policy in line with normal security arrangements and responsibilities on HSE sites.

6.6 Responsibilities of Contractors:

- All contracted staff working on HSE campus grounds are expected to comply with this policy.

6.7 Responsibilities of Patients/Service Users and Visitors:

- All patients/service users and visitors are expected to comply with the Tobacco Free Campus Policy while on HSE campuses.
- The HSE is only liable for the health, safety and welfare of patients/service users while they are on HSE grounds. If a patient/service user decides to leave the campus grounds to smoke, they do so at their own risk.

7 Procedure

7.1 Supports for Employees/Service Users/Patients/Visitors

The HSE is committed to providing information, advice and support to all those who are affected by the Tobacco Free Campus policy.

Cessation supports can double a person's chances of quitting smoking successfully. A range of supports are available:

- Self referral to free HSE smoking cessation services;
- National Smokers' Quitline 1850 201 203 (Monday-Saturday, 8am-10pm);
- www.quit.ie provides information and ongoing support via email when you sign up to a Quitplan;
- The facebook page 'You can QUIT' www.facebook.com/HSEquit is an online support community for those wishing to quit;
- GPs/Pharmacists can offer support and advice on nicotine replacement therapy (NRT) and other cessation pharmacotherapies. NRT and other cessation pharmacotherapies are available free to GMS patients;
- Inpatients and staff will be offered cessation pharmacotherapy/cessation advice.

Appendix 3 provides details of these supports and a list of specialist smoking cessation services by region.

7.2 Exceptional Circumstances

- Exemptions from the Tobacco Free Campus Policy will not be permitted for employees or contractors engaged by the organisation.
- The HSE recognises that there may be exceptional circumstances which may render the full application of this policy a risk to a patient's/service user's well being i.e. where the risk would be disproportionate to any benefit achieved by prohibiting smoking. Such circumstances might arise in the case of patients/service users who are mentally or terminally ill, or who are a long term resident on a HSE Campus.
- Blanket exemptions will not apply: each patient/service user will be assessed on an individual and case by case basis.

Exemptions can only be granted where:

A formal risk assessment has been completed to include: -

- No increase in the risk of fire;
- Staff and other patients are protected from exposure to second-hand smoke;
- Facilitating the patient/service user smoking does not compromise observation or staffing levels;
- Facilitating the patient/service user smoking does not compromise clinical care.

Permission to grant an exemption lies with the patient's/service user's consultant, senior clinician, or nurse manager. Where an exemption has been granted the decision should be formally recorded in their records. In all cases where an exemption has been made, there should be demonstrable evidence that smoking cessation or management of nicotine withdrawal using pharmacotherapies has been fully considered, in conjunction with the patient/service user and/or their relatives.

7.3 Compliance with the Policy

The HSE is committed to taking a supportive role with its employees in implementing the Tobacco Free Campus Policy.

Line managers who are informed of breaches of the policy by an employee under their direction, or who directly witness 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 this matter.

Compliance with this policy by HSE contractors will be considered in all contractual reviews.

Patients/service users will be advised of the policy and offered every assistance to support them in compliance. Ongoing breaches of the policy by service users/patients will be dealt with on a case by case basis by local management.

Visitors who repeatedly breach the policy may be asked to leave and/or may be escorted off HSE Campus grounds.

8 Implementation Plan

- 8.1 The policy will take effect upon implementation of the Tobacco Free Campus Policy within a particular site or across a particular setting.

Appendix 2 provides guidance on local implementation.

A toolkit to support the implementation of the policy has been developed and is available by contacting info.ntco@hse.ie.

9 Revision and Audit

- 10.1 The HSE Tobacco Free Campus Policy will be reviewed at the end of 2015 when all sites have implemented this policy and thereafter every two years. Responsibility for reviewing the policy will rest with the Tobacco Control Framework Implementation Group/RDOs.

- 10.2 The review process will incorporate obtaining feedback on local compliance, effectiveness of communication systems and use of support measures by staff and patients/service users. The policy will be updated and amended as necessary.

10 Bibliography

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National Institute for Health and Clinical Excellence (2006) Brief interventions and referral for smoking cessation in primary care and other settings. London: NICE.

Smoke Free at Connolly Hospital Blanchardstown Working Group (2009) Connolly Hospital Smoke Free Campus Policy (Buildings and Grounds). Ireland: Smoke Free at CHB Working Group.

11 Appendix 1 Role of staff and best practice in promoting and supporting smoking cessation with patients / service users

Tobacco dependence is a critical care issue and frontline staff has a duty of care to address it. Every interaction that a front line staff member has with a service user is an opportunity to be proactive. Depending on the circumstances a brief intervention can be:

- Simple opportunistic advice to stop smoking.
- An assessment of the person's willingness to quit.
- An offer of pharmacotherapy and or behavioural support.
- Provision of self help material and or a referral to cessation support services.

Brief Intervention for Smoking Cessation – The 5 As

Brief interventions involve opportunistic advice, discussion, negotiation or encouragement for smoking cessation. Brief interventions typically take between 5 and 10 minutes.

The 5As: The 5A model is made up of 5 simple steps

1. Ask
2. Advise
3. Assess
4. Assist
5. Arrange

Ask: Ask the person if they smoke. Incorporate this question into your regular practice and document updated smoking status on all patient/service user records.

Advise: Advise all smokers that they should quit. In a clear strong personalised manner urge every tobacco user to quit.

Assess: Assess how interested the person is in quitting. 70-80% of smokers in Ireland say they want to quit and 40% try to quit every year.

Assist: For the person willing to make a quit attempt, assist them by suggesting medication which can help and provide or refer for counselling or additional treatment.

Arrange: Arrange for follow up support as appropriate to ensure the smoker has as much support as possible.

12 Appendix 2 Guidance for local implementation of the policy

The implementation of the Tobacco Free Campus Policy will require a number of resources. In some cases, a local Implementation Group will be established to manage, support and facilitate the implementation plan. Consideration should be given to include patients/services users in the implementation group. In others, the Campus Manager is responsible for ensuring implementation:

Steps to assist in successful implementation:

1. Commitment

Senior managers within the specific service need to commit to the implementation of the Tobacco Free Campus Policy and put in place procedures to ensure its successful implementation. A local Implementation Group may be established to support the project. If established, roles and responsibilities, along with the date of introduction of the policy should be agreed at the outset.

2. Communication

Communication of the date of commencement of the policy to all stakeholders including staff (across all disciplines), patients/service users, visitors, GPs and Primary Care services and the general community needs to be considered.

Ongoing communication and specific signage regarding the policy needs to be considered. For example consider:

Staff Communication

- The Tobacco Free Campus Policy may be communicated at staff briefings and induction programmes, through written notices and in orientation booklets. Job advertisements should include references to the policy. Staff members are required to have a clear understanding of the policy and its implications. Staff will be encouraged to highlight our commitment to tobacco free campuses by putting notification re same on email signatures.
- Notification of the policy could be communicated via pay slips, briefing sessions, email, website etc.

Patient Communication

- Actively communicate the policy to patients/service users, e.g. patient information leaflet when confirming OPD or elective admission.
- Customising in-house stationery, emails, call waiting messages, patient information leaflets including map and boundaries.
- Customising public announcements at entry points.
- Review nursing and medical admission documentation to include identification of smokers and follow up support.

Visitor Communication

- Submit materials to local media.
- Customise internal signage.
- Highlight the boundary in which smoking is prohibited on site.

Community/Primary Care Services

- Letter to local GPs, Pharmacists, Dentists, Primary Care Teams, Ambulance Services, Post Offices, Garda Stations, Libraries, taxi companies.

National Services

- Memo/letter from Tobacco Control Framework Implementation Group to be broadcast/circulated to National HSE services and stakeholders communicating developments.

3. Education and Training

Consider how you plan to train all frontline staff in:

- Communicating the policy in a non confrontational way;
- Risk assessment;
- Dealing with non compliance;
- Brief interventions for smoking cessation on a phased basis.

4. Identification of Smokers and Cessation Support

- Consider how you will identify service users/patients who smoke in order to offer those who are affected the appropriate help and support.
- Make information leaflets outlining cessation support available at all points of entry to services.
- Promote all forms of smoking cessation supports via various media.

5. Maintaining the Tobacco Free Campus Policy

- Mark the boundary line at all entry/exit points and ensure same is maintained.
- Remind staff of their role in implementing the policy on an ongoing basis.
- Update managers on the disciplinary procedures and protocols.
- Update staff on the procedures to be followed when granting exemptions.

6. Signage and Environment

- Identify required signage; agree suitable locations for same, source funding.
- Identify role of security in maintaining a clean, litter free environment – liaise with Hygiene Committee.
- Advise appropriate county manager of date policy will be introduced.
- All entry and exit points to the HSE campus grounds should be marked with a blue line indicating the boundary of the campus.

7. Develop a Health Promoting Workplace

- Recruitment processes and documents should include information about the tobacco free campus buildings and grounds.
- The tobacco free campus policy should be included in staff induction.
- The smoking cessation service should be promoted to staff.

8. Review of Policy

Consider when and how you plan to review your policy locally.

9. Compliance Monitoring

Consider how you plan to monitor compliance. The following are suggestions for consideration:

- Consider where breaches of the policy will be recorded (e.g. Incident Book);
- A Corporate Walk Around should be undertaken by the lead manager with responsibility for the implementation of the policy on a monthly basis;
- Review management of exemptions;
- Review breaches of policy by all service users – staff, patients/service user, visitors;
- Audit of nursing/medical documentation including identification of smokers and follow-up support;
- Undertake European Network of Smoke Free Hospitals (ENSH) audit annually.

10. Ongoing Policy Implementation

Service Management continues to provide on-going support for tobacco free campus policy, and manage issues arising.

13 Appendix 3 Supports available to staff and patients/service users to assist them in quitting tobacco or in managing their addiction during working hours/hospital stay

Visit www.quit.ie

Join www.facebook.com/HSEquit

Call the National Smokers' Quitline 1850 201 203

Contact your local smoking cessation counsellor

www.quit.ie is a HSE health education website aimed at encouraging smokers to quit. It has information on the benefits of quitting, useful tips on how to measure your level of addiction and on calculating your smoking costs. There is a Quitplan which you can sign up to that will support you during the quitting process.

The facebook page 'You Can QUIT' is an online support community which can also support you through the process.

The National Smokers' Quitline 1850 201 203 is open 8am-10pm Monday to Saturday and offers a confidential counselling service to anyone seeking support or information about quitting smoking.

The HSE provides a range of free smoking cessation support services, some in community services and some in hospitals. Contact details below:

HSE Dublin Mid-Leinster:

Dublin South Central	01 463 2800
Dublin West	01 463 2800
Dublin South West	01 463 2800
Kildare/West Wicklow	01 463 2800
Dublin South East/Wicklow	01 274 4297
Longford	1800 242 505
Laois	1800 242 505
Offaly	1800 242 505
Westmeath	1800 242 505

HSE Dublin North East

Cavan	041 6850671
Monaghan	041 6850671
Louth	041 6850671
Meath	041 6850671
North Dublin City	01 8823406/7
North County Dublin	01 8823406/7

HSE South

Waterford	051 846712
Carlow/Kilkenny	056 7761400
South Tipperary	052 6177037
Cork City	021 4921641
North Cork	022 58634
West Cork	028 40418
Kerry	066 7195617

HSE West

Donegal	1850 200 687
Letterkenny General Hospital	074 9123678
Sligo	1850 200 687
Sligo General Hospital	071 917 4548
Leitrim	1850 200 687
Mayo	1850 201 203
Roscommon	1850 201 203
Galway University Hospital	091 542 103
Clare	065 6865841
Limerick	061 301111

14 Appendix 4 Policy Development Group Membership

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15 Appendix 5 Peer Review of Policy

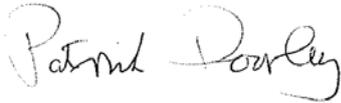
Reviewer: The purpose of this statement is to ensure that a Policy, Procedure, Protocol or Guideline (PPPG) proposed for implementation is circulated to a peer review (internal or external). You are asked to sign this form to confirm to the committee developing this Policy or Procedure or Protocol or Guideline that you have reviewed and agree the content and approve the following Policy, Procedure, Protocol or Guideline for use within the organisation:

Tobacco Free Campus Policy

I acknowledge the following:

- I have been provided with a copy of the Policy described above.
- I have read the Policy and agree the content.
- I approve the Policy for implementation.

Signature:



Dr Patrick Doorley
National Director, Health & Patient Information

Date: 16 March 2012

16 Appendix 6 Key Stakeholders Review of Policy

An internal consultation process was undertaken through National Directors and Heads of Care Groups in September/October 2011.

Following this internal consultation process the draft Policy was presented to the health service unions for consultation. This process has now been successfully concluded. The Policy was endorsed by the National Joint Council at its meeting on 20th March 2012.

