How to Implement "HSE Tobacco Free Campus Policy"

Tobacco Free Campus Implementation Guidance Document

Table of Contents

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.

This 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.

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 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 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

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 group they represented.

Miriam Gunning, Chair National TFC Toolkit Sub-Group

1. Governance and Commitment

> *Standard 1 ENSH-Global: The healthcare organisation has clear leadership that demonstrates a commitment to systematic implementation of a tobacco-free policy and assures accountability.*

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.

a) Leadership

Step1: Appoint a senior manager to lead out on this initiative.

In most cases, the establishment of a local Tobacco Free Campus Implementation Group is recommended to support local development and manage implementation challenges.

- Establish a Group where appropriate Click here for list of suggested representation on the group and for suggested Terms of Reference for the Group click here.

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

- One person (eg. in a site where staff/service users are transient)

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 http://www.ensh.org/self-audit.php
- Set a date. For further information click here.
- Develop an action plan (see example SVUH Gant chart)
- Assess resource requirements (See resource list here)
- Develop a communication plan (Refer to Standard 2/Next Section)
- Assess tobacco prevalence: staff & service users (see sample prevalence questionnaire or use survey monkey)
- Assess Brief Intervention Smoking Cessation training needs of your staff. Refer to Standard 3/Section 3 of this document for more information.)
- 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.
- Localise HSE TFC policy http://www.hse.ie/tobaccofreecampus
- Revise your organisation's Statement of Purpose to reflect the implementation of the TFC policy. Select here for guidance on revising your Statement of Purpose.

2. Communication

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 implementation date.

For Q&A template re Tobacco Free Campus Policy Implementation click here. For template letters re communicating TFCPI to relevant staff/disciplines click here.

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. A sample survey is available here, 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 be completed 2 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 needed 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 entrance to the campus

and in car parks where applicable. You may consider a blue line at entrance/exits marking the campus boundary. For further details on signage please click here.

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.
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. For sample letter click here.
4. Decide what will happen on launch day and plan 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 launch of Tobacco Free Campus Policy. A press release engaging local media can be useful to build compliance and support of policy locally. The use of correct language in communicating with the media is important to contribute to the success of the policy implementation.

After the initial implementation day has passed, it will be important to support and communicate the implementation of the policy, particularly in the early weeks. Click here for sample email for informing of tobacco free campus policy progress. Regular communications of the monitoring system i.e. walk about tool and findings with staff are important. (For sample walk about tool click here).

The reminder cards (see sample here) are useful for staff that play a role in enforcing the policy, as they avoid the need for any verbal confrontation. 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 implementation of the policy on a non 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 names of 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/standard 2 for further advice on communication.   Your local Health Promotion and Improvement Department staff can support you facilitating staff information sessions and facilitating brief intervention in smoking cessation training. Click here for further information and contact details of your health professional office.

Once the policy is localised, a system to ensure that all staff have signed 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,
- 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 National Centre for Smoking Cessation Training in the UK (NCSCT), to develop two briefing documents to support the implementation of tobacco free campus policy.
Click here for "Smoking Cessation and Mental Health" – a briefing for staff.
Click here for a "Briefing for Frontline Staff and 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
- 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). 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-take in Brief Intervention Smoking Cessation (BISC) training should please complete a registration form on-line by following this link: http://www.hse.ie/bitobacco or click here.

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. For contact details for training in your local area click here.

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.

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 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 click here.

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 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

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. (insert)

4. Identification, Diagnosis and Tobacco Cessation Support

> *Standard 4 ENSH-Global: The healthcare organisation identifies, diagnosis the addiction/dependence status of all tobacco users and provides appropriate care, cessation support and follow-up in line with international best practice and national standards.*

Identify Tobacco Users

As 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 review of your admissions documentation (paper and electronic). Include tobacco use in admission documentation, including e-cigarettes and exposure to second hand smoke. See here for further information and documentation in relation to second hand smoke. See here for further information and documentation in relation to e-cigarettes.

Go to www.healthpromotion.ie and register as a health professional to order various quit resources.

Diagnose the addiction/dependence status

WHO 1994 Classification of Disease ICD-10: Nicotine Dependence – a chronic relapsing disease –

- 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 o
    - 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 care issue. Every effort should be made to encourage identified tobacco users to make a quit attempt.

Things to include;

Develop staff information pack to support staff in delivering appropriate and quality cessation support;

- Staff guide Pathways Document
- 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](#)

- 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 [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 a **service user/client**. To support a consistent approach to the management of exemptions the following guidance has been developed. Click [here](#) for further advice on Exemption Policy.

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? Please see here 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 exemption form (link)
- 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 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. Click here for risk assessment template.
- Complete exemption form and ensure it is signed off by the consultant, senior clinician or nurse manager and patient/client (click here for example exemption form)
- 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 developed and is maintaining a tobacco-free campus (grounds).*

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 Tobacco Free Campus policy.

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 will communication with all HSE staff/contracted staff involved – transporting clients/goods/other on behalf of the HSE. . The use of voice recordings i.e. calls 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.

As is well evidenced there is safe level of exposure to second hand smoke and violation is not recognised as an appropriate risk management measure. 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. Click to see roles within the policy. 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 who 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. Please click here to see design template suite and click here for a list of potential suppliers.

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. (Refer to Standard 4 Exemption Process 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. Click here for sample communication email

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
2. Tobacco Free Campus Breach form can be found here. Further information on exemption process can be found on section/Standard 4.

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, HSE extended it's tobacco management policy and a policy on Protecting HSE staff from second-hand smoke in domestic settings was adopted for use across all settings.

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. Numerous health service staff provide services in service users' homes including nurses, home help staff and therapy grades.

A number of resources have been developed to support the implementation of this policy, including posters and leaflets to download or order hard copies, and 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 can be found here.

Risk Assessment Guidance Tool for Second Hand Smoke can be found here.

Posters and Leaflets:

The links below give "second hand smoke" sample posters for use in HSE facilities and information leaflets for service users on second hand smoke.

http://hse.ie/eng/about/Who/TobaccoControl/shspolicy/leafletshspolicy.PDF

http://hse.ie/eng/about/Who/TobaccoControl/shspolicy/Secondhandsmokepolicyposter.PDF

E-Cigarettes

The HSE has updated the National Tobacco Free Campus policy to the effect 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 here.

6. Healthy Workplace

> *Standard 6 ENSH-Global: The healthcare organisation has in place 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

If your hospital/health service is not a member of the ENSH-Global Network of Tobacco Free Health Care Services consider joining. A self-assessment audit tool is available to evaluate how you currently manage tobacco use in your service. See http://www.xchsf.com/enshelfaudit/selfaudit.php for further information or click here. 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 Safer Better Healthcare.

A stated aim of the TFC policy is the de-normalistaion 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 the TFC policy in recruitment processes and staff induction programmes.
- Engage with occupational health to identify staff smoking prevalence. (Link to staff prevalence questionnaire)
- Emphasise the proactive role of staff as role models in relation to tobacco use.
- Ensure staff are aware of smoking cessation supports available to them. (Link to Quit.ie)
- 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 policy. 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 a tobacco free campus. (Click here for further information).

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 organisation 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 policy.

8. Monitoring and Evaluation

> *Standard 8 ENSH-Global: The healthcare organisation ensures the monitoring and evaluations the implementation of all the ENSH-Global standards at regular intervals and at least once a year.*

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 of policy. Click here for Sample tool.
- Collect and review weekly at Tobacco Free Campus Implementation Group Meetings.
- Work with divisional managers to problem solve and to reduce and minise further incidents.
- Undertake a monthly "Corporate Walk Around". Click here for sample corporate walk about tool.
- Review management of in-patient exemptions.
- Review complaints/breeches of the TCF policy and actions taken on a regular basis
- Review the skills among staff in terms of treating tobacco dependence for patients/service users e.g. No. of staff trained in BISC against National Service Plan (NSP)_ target (refer to standard 3 of this document)
- Review the intensive cessation support service provision. (refer to standard 4 of this document)
- Undertake Internal Tobacco Audit to assess policy implementation. (Link to QPSA request for evidence doc)
- Complete and submit ENSH-Global Network of Tobacco Free Healthcare Services on-line self - audit annually. Click here.

Complaints

The service complaints procedure should accommodate any policy breach or episode of exposure to second hand smoke by staff/service user/visitors. A log of complaints should be maintained by the service which will clearly identify the offender 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 user/visitor should be incorporated into the locations' existing complaints procedure.

Review of Policy

All local policies will have a review date.

Glossary

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
QPSA	Quality and Patient Safety Authority