How to Implement "HSE Tobacco Free Campus Policy"

Tobacco Free Campus Implementation Guidance Document

QUIT

hi Healthy Ireland

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

This resource has been produced by the HSE Tobacco Free Ireland Programme.
Members of the working group included:

National Tobacco Free Campus Toolkit Sub-Group

Ms. Miriam Gunning, Chair

Mr. Dave Molloy, AND, Environmental Health, HSE

Ms. Martina Blake, National Lead Tobacco Free Ireland Programme, HSE

Ms. Katherine Creegan, Communications, HSE

Ms. Michelle Quinn, Representative for Older Persons, HSE

Dr. Matthew Sadlier, Consultant General Adult Psychiatrist, HSE

Dr. Maire O'Connor, Consultant Public Health Medicine, HSE

Ms. Rachel Brennan, National Tobacco Free Ireland Programme, HSE

Ms. Rebecca Murphy, Representative for Intellectual Disabilities, HSE

ISBN Number: 978-1-78602-012-3

How to Implement
“HSE Tobacco Free Campus Policy”

Tobacco Free Campus Implementation Guidance Document

QUIT

hi Healthy Ireland

Table of Contents

Foreword

The Healthy Ireland Survey (2015) reported a smoking prevalence of 23%, 19% (daily smoking) and 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 in excess of 50,000 smokers will have to quit each year for the next ten years. Implementation of the HSE Tobacco Free Campus policy across all services and settings will be one of a number of key contributing factors in achievement of this goal.

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

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

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

The policy is based on international best practice and is in line with the ENSH global Network of Tobacco Free Health Services Model. Visit www.ENSH.org.

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 this implementation guide with supporting tools has been developed using the up-dated ENSH-Global Network for Tobacco Free Health Care Services standards 2015. The document is divided into eight sections with supporting tools based on the standards listed below:

Standard 1 – Governance and Commitment

Standard 2 – Communication

Standard 3 – Education and Training

Standard 4 – Identification, Diagnosis and Tobacco Cessation Support

Standard 5 – Tobacco-Free Environment

Standard 6 – Healthy Workplace

Standard 7 – Community Engagement

Standard 8 – Monitoring and Evaluation

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

Martina Blake
National Tobacco Control Programme Lead

Introduction

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

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

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

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

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

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

Miriam Gunning
Chair National TFC Toolkit Sub-Group

1. Governance and Commitment

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

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

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

a) Leadership

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

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

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

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

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

b) Action Plan

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

- HSE NSP's directs services to complete and submit an on-line comprehensive baseline assessment of tobacco management prior to commencing TFC policy implementation using the following link (http://www.ensh.org/self-audit.php). This can then be used as a benchmark for annual assessment and monitoring.
- Set a date
- Develop an action plan (Refer to Appendix 1 (c) for a sample of a Gantt chart)
- Assess resource requirements (Refer to Appendix 1 (d) for resource list)
- Develop a communication plan (Refer to standard 2/Next Section)
- Assess tobacco prevalence among staff and service users (Refer to Appendix 1(e) for prevalence questionnaire or use survey monkey https://www.surveymonkey.com
- Assess the Brief Intervention Smoking Cessation training needs of your staff (Refer to standard 3/section 3)
- Assess smoking cessation support service needs (Refer to standard 4/section 4 of this document for more information)
- Assess the need/potential for developing an exemption process to manage exceptional circumstances (Refer to Appendix 4 (a-e) for a suite of exemption guidance documents)
- Localise the HSE TFC policy http://www.hse.ie/tobaccofreecampus
- Revise your organisation's Statement of Purpose to reflect the implementation of the TFC policy. This is particularly relevant for Older Persons Services, Disability Services and Mental Health Services. (Refer to Appendix 1 (f) for guidance on revising your Statement of Purpose)

2. Communication

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

Communication

The communication of a clear consistent message to all service users is of paramount importance when introducing the Tobacco Free Campus policy. Messages will require tailoring to the specific audience. Careful use of language is important. All available media should be deployed to ensure maximum coverage.

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

For a Q&A template re Tobacco Free Campus Policy Implementation refer to Appendix 2(a). For template letters re communicating Tobacco Free Campus Policy Implementation (TFCPI) to relevant staff/disciplines refer to Appendix 2(b) and 4(m).

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 the policy has been agreed, it should be communicated to staff/service users/patients/visitors/the public/stakeholders (GP, Pharmacies, Taxi Services).

It may be useful to carry out a staff survey or service users/visitor survey when the initial announcement is made. Refer to Appendix 1 (e) for a sample survey, which may be adapted for your use if required. A staff/visitor/service user survey is particularly beneficial in directing the conversation around the policy, assessing attitudes to policy implementation and demand for smoking cessation support services. The survey can then be repeated two years post implementation to carry out a review of attitudes, behaviour and prevalence of tobacco use/policy support.

Preparation Phase

The Tobacco Free Implementation Group or the individual responsible for implementing the policy must now consider requirements prior to launch date.

The site environment will need to be surveyed to check what existing signage needs to be removed and replaced with the new 'Tobacco Free Campus' signage. Areas where staff and service users/visitors currently smoke will need to be identified and plans made for the removal of any shelters. Plans should be made to erect signage at entrances to the campus and in car parks where applicable. You may consider painting a blue line at entrances/exits marking the campus boundary (Refer to Appendix 2 (c) for national signage templates or find them on http://www.hse.ie/tobaccofreecampus). Please note the use of the blue line is only to define the boundary of the TFC, smokers should NOT be directed outside the blue line to smoke.

Preparation Steps:

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

Launch and Implementation Phase

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

After the initial launch day has passed, it will be important to monitor policy compliance and to support staff and service users to quit smoking or at least not to smoke while on campus. It is essential that you communicate with all your stakeholders regularly regarding the policy. This communication can include a reminder of the main purpose of the policy, results of internal audits on policy implementation and QUIT support services.

Service managers responsible for implementing the policy are advised to consider conducting a site survey on a regular basis. A 'walk about tool' has been developed to assist managers in surveying their sites and to monitor potential areas on-site where breaches of the policy may occur. This will help provide evidence of ongoing policy monitoring should your site be audited. (Refer to Appendix 2 (e) for example). Communicating the results of these site surveys and the supports available to staff to either quit smoking or manage their smoking during working hours are important.

A reminder/business card can be a useful tool for staff to help communicate the policy with visitors and services user, as it limits the potential for verbal confrontation (Refer to Appendix 2 (f) for example). It is important to note that it is the responsibility of all HSE staff members at all grades to communicate the policy to service users, visitors and other staff members. Security staff have specific roles and responsibilities within the policy. See roles and responsibilities section of the policy for further details on same.

If you have an existing feedback/comment box for service users consider inviting service users to provide feedback on your tobacco free campus policy.

Launch and Implementation Steps:

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

3. Education and Training

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

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

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

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

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

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

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

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

Smoking Cessation – A briefing for Midwifery staff

Training

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

Level 1 Training – Brief Intervention Training

Brief Intervention Training

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

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

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

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

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

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

Applicants wishing to find out more about this training and to apply for Brief Intervention Smoking Cessation (BISC) training should please complete a registration form on-line by following this link: http://www.hse.ie/bitobacco

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

Level 2 Training – Intensive Tobacco Cessation Specialist Training

This intensive tobacco cessation specialist training provides participants with the knowledge and skills to deliver one to one behavioural support to smokers in accordance with the HSE. E.g. Social Care Leader/Worker, Community Mental Health Nurse, Therapy Nurse, Psychologist or Clinical Nurse Specialist.

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

This 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 and Improvement Department which will enable practitioners to deliver the standard tobacco cessation treatment programme in a group setting. For further information on supplementary training, go to https://www.healthpromotion.ie/health/health_promotion

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

There is also shorter on-line training courses on smoking cessation medications http://elearning.ncsct.co.uk/stop_smoking_medications-launch 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 http://hse.ie/eng/about/Who/healthwellbeing/Health_Promotion_and_Improvement/Training/Stheast/quit.html.

4. Identification, Diagnosis and Tobacco Cessation Support

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

Identify Tobacco Users

A clear policy aim is to treat tobacco addiction/dependence as a healthcare issue, hence it is imperative that all services put a process in place to ensure that all tobacco users within existing services and all new clients are identified at first contact with the service. Consider a review of your admissions documentation (paper and electronic). Include tobacco use including e-cigarette use and exposure to second hand smoke in your admission and medical history documentation.

Diagnose the Addiction/Dependence Status

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

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

Once diagnosed, the management of tobacco dependence/addiction should be included in the Individual Care Plan.

Offer Cessation Support

The aim of the Tobacco Free policy is to treat tobacco addiction/dependence as a healthcare issue. All identified tobacco users should be advised of the best way of quitting smoking, offered behavioural support to QUIT and prescribed tobacco dependence treatments as per the *HSE Prescribing for Tobacco Dependence Tool*

Things to include

Develop a staff information pack to support staff in delivering appropriate and quality cessation support; Refer to Appendix 4 for supporting documents listed below.

- Staff guide to the admission of a tobacco dependent person to inpatient services (see Appendix 4 (g))
- Fagerstrom Scoring (see Appendix 4 (h))
- Decisional balance/smoking diary
- Prescribing for Tobacco Dependence (see Appendix 4 (j))
- Withdrawal symptoms (see Appendix 4 (i))
- Smoking and Drug Interactions (see Appendix 4 (k))
- Individual Care Plan (see Appendix 4 (L))

Develop a service user pack which should include:

- Cover letter (see Appendix 4 (m))
- Contact information for smoking cessation support for self-referral (see Appendix 4 (N))
- Quit Pack https://www.quit.ie/Order-Quit-Kit/

To order QUIT support resources go to www.healthpromotion.ie register as a health professional and bulk order QUIT resources to be delivered directly to your site free of charge.

- Consider the need to develop on-site intensive tobacco cessation support. See Section 3 on training. Alternatively, refer to the National Tobacco Quit Service. See https://www.quit.ie/ for further information
- Liaise with pharmacy to ensure a supply of tobacco dependence treatments is available
- Develop a referral process to provide intensive tobacco cessation behavioural support for your staff and service users
- Ensure follow-up in line with national standards for intensive tobacco cessation support

Exemption Process

It is identified that in exceptional circumstances it may be necessary to grant an exemption to the policy to a **service user/client**. To support a consistent approach in the management of exemptions the following guidance has been developed. Refer to appendices 4 (a) – 4 (e) for further advice and documentation on exemption procedures.

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

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

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

Key considerations in developing a local exemption process:

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

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

Points to be considered

- Exemptions should be given on an extraordinary basis only, for a defined period of time and are solely for patients/service users
- Documentation should be developed to include an exemption form (See Appendix 4 (d) for an example of an exemption form)
- Signing-off on an exemption rests with the patient's/service user's consultant, senior clinician and/or nurse manager. A multidisciplinary/team approach may be considered.
- It is the responsibility of all clinical staff to be familiar with the local exemption protocol
- Consistent with the service's approach to clinical governance, all exemptions should be audited by quality/risk personnel and the TFC implementation group for appropriateness of exemption, consistency of approach/management etc

Example Exemption Process:

- Carry out individual risk assessment. (Refer to Appendix 4 (b) for risk assessment template)
- Complete exemption form and ensure it is signed off by the consultant, senior clinician or nurse manager and patient/client.
- 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. A review date for the exemption should be decided and noted.

Monitoring and Audit Procedure

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

5. Tobacco Free Environment

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

Tobacco Free Environment

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

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

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

Things to consider prior to Policy Implementation

Buildings and transport

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

Sale and supply of tobacco products

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

Site boundary

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

Current levels of exposure to second hand smoke (SHS)

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

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

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

The role of staff

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

Existing smoking fixtures

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

Tobacco Litter

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

Signage requirements

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

Possible area suitable for management of exceptional circumstances

During the preparation stage a decision will need to be made regarding the management of exceptional circumstances. If a decision to develop a local exemption protocol is being considered, a suitable area will need to be identified for individuals exempted from the policy. (for further information on the exemption process please refer to Section/Standard 4 of this document).

Maintaining a Tobacco Free Campus Policy

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

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

1. Corporate walkabout tool (Refer to Appendix 2 (e) for sample of corporate walk about tool).
2. Tobacco Free Campus Breach form (Refer to Appendix 8 (c) for Tobacco Free Campus Breach Form).

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

Second Hand Smoke

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

Numerous health service staff provide services in service users' homes including nurses, home help staff and therapy grades. The purpose of the policy is to protect HSE staff who deliver services in service users' homes, from the harmful effects of second-hand smoke. As a result, service users and others present in their homes are asked not to smoke for a period before and during the visit. In any instance where the full application of the HSE Tobacco Free Campus Policy does not apply tobacco management should be directed by the Second Hand Smoke in Domestic Settings policy.

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

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

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

E-Cigarettes

The HSE is continuing to monitor the growing international evidence in relation to E cigarettes and has issued a position statement on same. The policy states that the sale, advertising and use of e-cigarettes are not permitted within HSE facilities or on HSE campuses. Further information on E-Cigarettes can be found http://www.hse.ie/eng/about/Who/TobaccoControl/campus/ecigpolicy.html

6. Healthy Workplace

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

Healthy Ireland Plan

As per the HSE Healthy Ireland Implementation plan all services are required to 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 health and wellbeing messages not just within their own working environments but also in their homes, with their families, friends and the many contacts they have in their communities. All employees, patient/service users, visitors and contractors should comply with the Tobacco Free Campus Policy. Any staff member who is finding it difficult to comply with policy should be identified and supported.

Develop a Health Promoting Workplace

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

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

Steps in developing a healthy workplace in relation to tobacco

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

Line managers who are informed of breaches of 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 the matter.

7. Community Engagement

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

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

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

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

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

Community Engagement

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

8. Monitoring and Evaluation

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

Compliance Monitoring

Monitoring of all aspects of the policy should be built into the policy implementation plan. Monitoring is a governance issue and is best managed by a dedicated tobacco free campus group or a service manager (in a small site).

Monitoring of the policy requires a specific plan. For example, two members of the Tobacco Free Campus Group could be assigned to monthly 'monitoring walk abouts' on a rotational basis using consistent documentation and processes to assess compliance.

Members of the TFC group should carry out regular site inspections where they observe any incidents of current smoking, evidence of recent smoking and conduct a review of the location of current signage and the effectiveness of the voice over message. In the event that smoking is witnessed it is important to approach the person, advise of the policy and establish if the individual is a staff member, patient or visitor then ask them politely to extinguish the cigarette, refrain from smoking and offer cessation support, complete documentation and file. A sample corporate walkabout tool for monitoring compliance has been developed and is available in Appendix 2 (e). This tool supports management to identify hot spots, collect concrete data on compliance and will be useful as evidence of compliance monitoring for potential Tobacco Free Campus audits.

In addition to the formal site inspections by the implementation group members/service management, it is important to remember that all staff have a role in communicating and monitoring the policy and should be encouraged to report incidences of policy non compliance. Security staff in particular have a specific role in monitoring and addressing breaches of the policy. Breaches of the policy that are reported to management by staff and all non compliance incidents observed and reported to security should be documented, reviewed and collated pending possible audit. Complaints or breeches of the policy that are identified by service users/visitors should be appropriately addressed, collated and filed.

Service managers implementing this policy should collect and collate data to reflect all aspects of policy implementation according to the Tobacco Free Health Care Service standards. In 2014, the HSE Quality & Patient Safety Division conducted a national audit of the TFC policy, using a request for evidence tool (see Appendix 8 (a). Should your service/site be chosen for formal audit, a similar request for evidence document will be sent to the service manager for completion. This document requires specific data , for example data relating to the level of education and training provided to staff to support the main policy objective (the treatment of tobacco addiction), data relating to the type and level of cessation support offered to service users and data relating to the number of exemptions granted and the validity of same.

A solution focused approach should be taken to all findings of inspections and internal audit and quality improvement plans should be developed and implemented.

In addition to a potential HSE (QPSA)/Mental Health Commission/HIQA audit of your Tobacco Free Campus policy, a key requirement of the Healthy Ireland Hospital Group/CHO implementation plans is completion of an the ENSH – Global online self audit annually http://www.ensh.org/docs/39-2016%2002%2015_ENSH-Global%20Self-Audit%20Tool.pdf which assesses implementation of all eight international tobacco free health service standards.

Prior to completion of the online audit, services are advised to survey their site and collect evidence of compliance with the standards. A Guidance for conducting an Internal Audit of your Tobacco Free Campus Policy (Appendix 8 (b)) tool has been developed to assist you in this process. Some hospitals/services use the support of healthcare students to do the fieldwork.

Complaints

The service complaints procedure should accommodate any policy breach or episode of exposure to second hand smoke by staff/service users/visitors. A log of complaints should be maintained by the service which will clearly identify the circumstances and particulars of the breach and the action taken. In the event of a breach of the TFC policy by any staff member, normal disciplinary procedures must be followed and recorded. A simple service-users comment box can be used to capture accurate feedback.

Tobacco related incidents should be incorporated in the normal complaints procedure for the service see Appendix 8 (c) for sample of a Tobacco Free Campus Breach Form.

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

Review of Policy

All local policies should have a review date in line with HSE standard practice for policy development.

Basic Steps in compliance monitoring

- Ensure all staff and security staff are aware of their roles and responsibilities in communicating the policy and monitoring/documenting incidences of non compliance
- Review complaints/breeches of the TCF policy and actions taken to address same on a regular basis
- Collect and review non compliance documentation weekly/monthly at Tobacco Free Campus Implementation Group Meetings
- Undertake regular "Corporate Walk Abouts" (minimum monthly) (Refer to Appendix 2e for sample corporate walk about tool)
- Work with service/ward managers to problem solve and to reduce and minimise further incidents
- Review the management of patient exemptions (where applicable) and associated documentation
- Assess the number of staff with the relevant training to treat tobacco dependence among patients/service users e.g. No. of staff trained in Brief Intervention for Smoking Cessation/Generic Brief Intervention against annual National Service Plan (NSP) targets (refer to section 3/standard 3 of this document)
- Review the intensive cessation support service provision. Refer to section 3/standard 3 for full details of training
- Collect evidence of compliance with all standards by surveying your service/site/reviewing documentation.
- Complete and submit ENSH-Global Network of Tobacco Free Healthcare Services on-line self-audit annually. Visit the http://www.ensh.org/docs/39-2016%2002%2015_ENSH-Global%20Self-Audit%20Tool.pdf to complete the self-audit for your service.

Glossary of Terms

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

Appendix 1 (a)

Suggested representation on Tobacco Free Campus Implementation (TFCI) group

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

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

Appendix 1 (b)

Suggested Terms of Reference for the Working Group

Terms of Reference

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

The purpose of the group will be:

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

Membership of the Group:

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

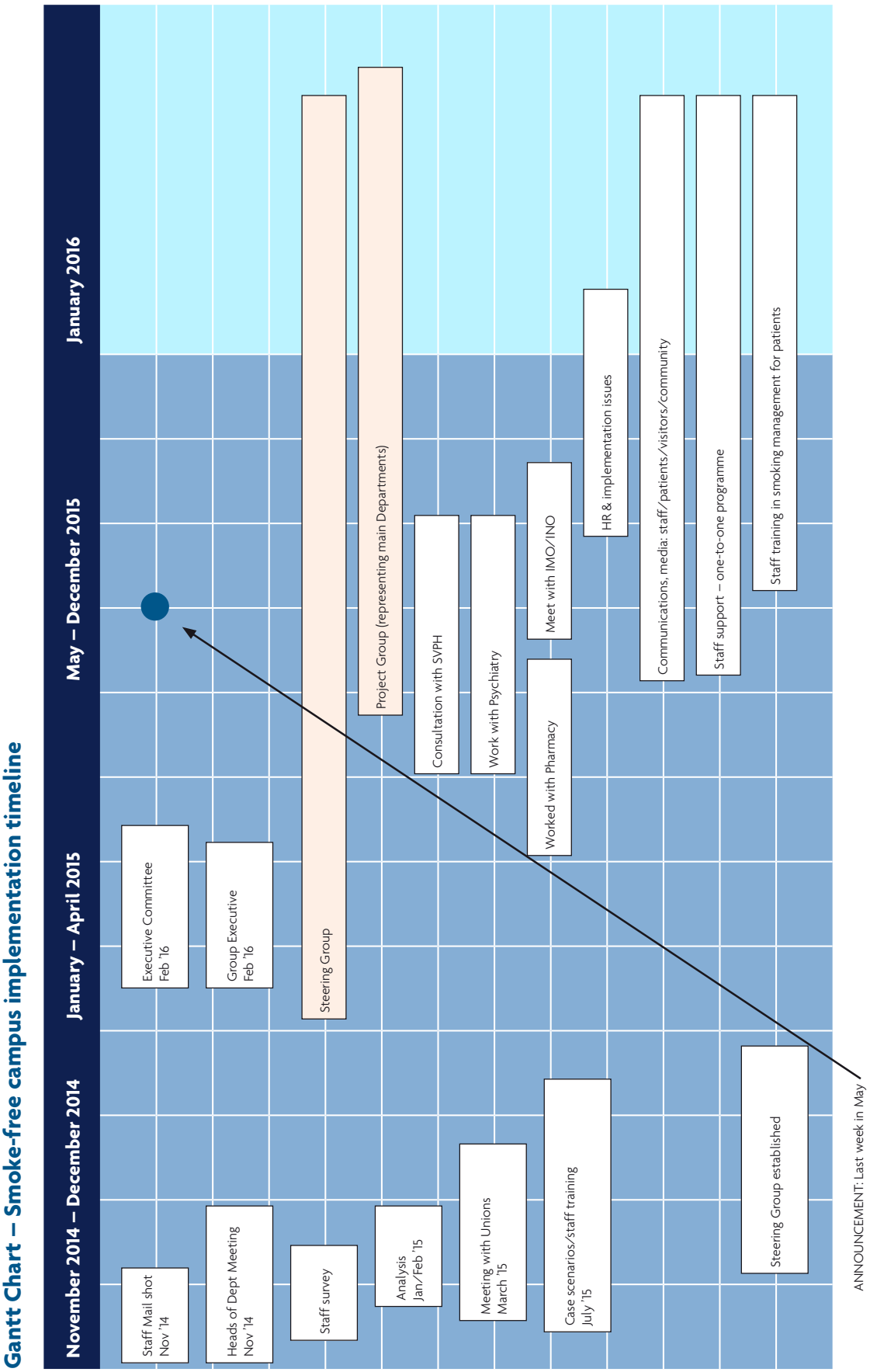
Frequency of Meetings:

Monthly

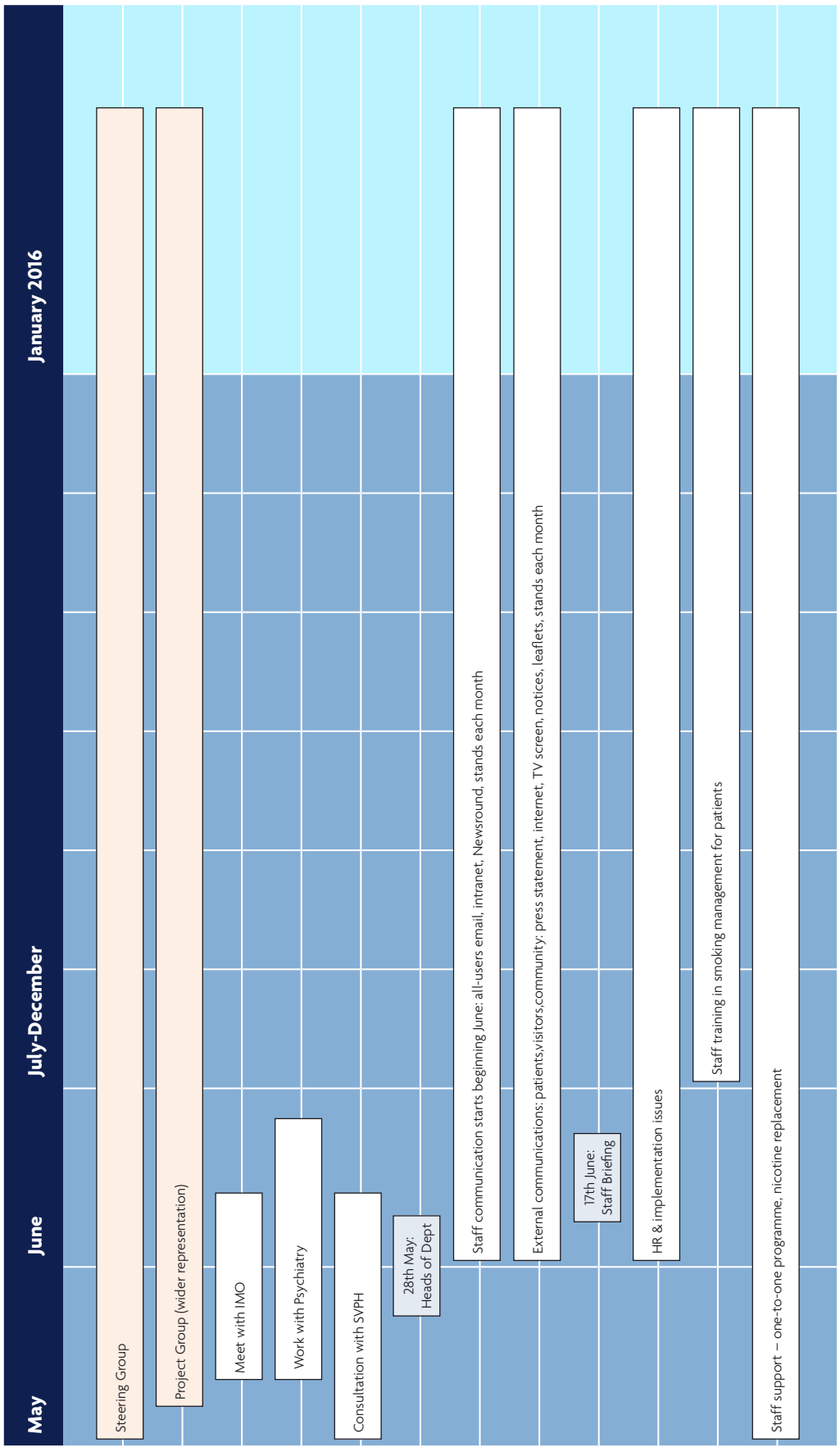
Reports:

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

Appendix 1 (c)


Gantt Chart – Smoke-free campus implementation timeline
November 2014 – December 2014
January – April 2015
May – December 2015
January 2016
Staff Mail shot Nov '14
Heads of Dept Meeting Nov '14
Staff survey
Analysis Jan/Feb '15
Meeting with Unions March '15
Case scenarios/staff training July '15
Steering Group established
Executive Committee Feb '16
Group Executive Feb '16
Steering Group
Project Group (representing main Departments)
Consultation with SVPH
Work with Psychiatry
Worked with Pharmacy
Meet with IMO/INO
HR & implementation issues
Communications, media: staff/patients/visitors/community
Staff support – one-to-one programme
Staff training in smoking management for patients
ANNOUNCEMENT: Last week in May

Gantt Chart – Smoke-free campus implementation timeline



Appendix 1 (d)

Resource list requirements

Resources to be considered/developed

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

Appendix 1 (e)

Staff Survey Questionnaire (prevalence questionnaire)

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

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

Staff Survey

All information is anonymous and confidential

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

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

Department/Occupation (please tick box)

- Administration (e.g. medical records, salaries, ward clerks, secretaries, I.T.) ☐
- Allied health care (e.g. dietetics, pathology, social work, phlebotomy, all types of Therapy Staff) ☐
- Allied services (e.g. catering, portering, technical services, stores, laundry) ☐
- Medical (NCHD) ☐
- Consultant ☐
- Nursing ☐
- (Other department/occupation, write here _____)

Sex

Male ☐ Female ☐

Age-group

‹ 30 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ › 60 ☐

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

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

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

www.quit.ie	Yes ☐	No ☐
On-site Smoking cessation support	Yes ☐	No ☐
Stop smoking course	Yes ☐	No ☐
Reduced cost Nicotine Replacement Therapies	Yes ☐	No ☐

Appendix 1 (e) continued

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

Adhere to the policy and facilitate its implementation	Yes ☐	No ☐
Inform others of the Tobacco Free Campus policy	Yes ☐	No ☐
If you see a breach of the policy, where practicable, politely ask the individual to stop smoking or leave the grounds	Yes ☐	No ☐
If you see a breach of the policy, inform relevant manager	Yes ☐	No ☐
Encourage smokers to quit	Yes ☐	No ☐
Refer smokers to the smoking cessation support services	Yes ☐	No ☐

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

Yes ☐ No ☐ Don't Know ☐

Smoking and you

5. Did you ever smoke?

Yes ☐ No ☐ (If no, questionnaire ends here)

Do you smoke now?	Yes ☐	No ☐
If yes, how many do you smoke a day?	_____	
Would you like to stop?	Yes ☐ No ☐	Maybe ☐
If you would like to stop, would you like help?	Yes ☐ No ☐	Maybe ☐
What help would you choose? (may have more than one answer)		
One-to-one support	Yes ☐	No ☐
www.quit.ie	Yes ☐	No ☐
Reduced cost NRT	Yes ☐	No ☐

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

(Please circle appropriate one)

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

Appendix 1 (e) continued

7. As a healthcare employee, do you feel that implementation of this policy will have positive consequences?	Yes ☐	No ☐	Maybe ☐
Improve health of HSE staff	Yes ☐	No ☐	Maybe ☐
Eliminate smokers breaks	Yes ☐	No ☐	Maybe ☐
Improve HSE corporate image	Yes ☐	No ☐	Maybe ☐
Reduce litter problems	Yes ☐	No ☐	Maybe ☐
Encourage smokers to quit	Yes ☐	No ☐	Maybe ☐

Current smokers

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

	Current smoker	
Make you think about stopping smoking	Yes ☐	No ☐
Help you to stop completely	Yes ☐	No ☐
Help you to reduce the number you smoke	Yes ☐	No ☐
Have no impact on your smoking	Yes ☐	No ☐

Appendix 1 (f)

Statement of Purpose Guidance Document

Guidance for review of Statement of Purpose

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

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

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

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

Appendix 2 (a)

Questions and Answer document – Tobacco Free Campus

Tobacco Free Campus Policy

Questions and Answers

Q: What does tobacco free mean?

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

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

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

Q: Where on campus does the smoking ban apply?

A: Smoking is prohibited in all buildings and grounds owned or leased by the HSE and in all buildings and grounds within services which are funded though the HSE including transport used by these services. This includes car parks and private cars parked in car parks on the campus.

Q: Is smoking allowed inside cars?

A: No. Smoking is not allowed in cars parked on all HSE owned, run or funded campuses or grounds.

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

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

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

Appendix 2 (a) continued

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

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

Q: Do smokers have a right to smoke?

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

Q: How will people be informed of the policy?

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

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

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

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

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

Q: Where should the designated area be?

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

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

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

Appendix 2 (a) continued

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

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

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

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

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

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

Questions relating to Mental Health Settings

Q: Should mental health settings not have certain allowances?

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

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

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

Appendix 2 (a) continued

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

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

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

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

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

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

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

The HSE as an employer has a duty of care under the Safety, Health and Welfare at Work Act 2005 to provide a safe working environment for its employees, and for others affected by its activities. This extends as far as is reasonably practicable to service users' homes when HSE services are delivered in domestic settings.

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

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

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

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

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

Q: How do we manage clients with limited understanding?

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

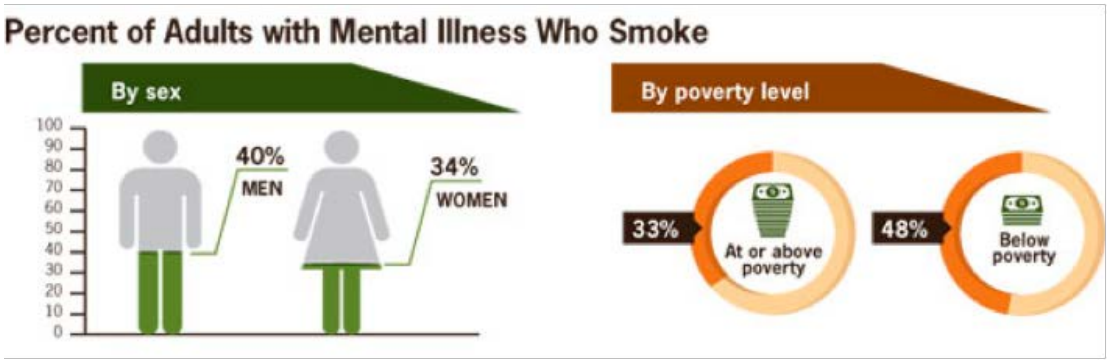
Appendix 2 (a) continued

Q: How many people with mental health illness smoke?

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

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

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



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

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

References

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

Appendix 2 (b)

Template Letter to GPs

Date

Dr x
Address

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

Dear Dr x,

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

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

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

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

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

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

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

Yours sincerely

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

Appendix 2 (b) continued

Details of QUIT Support Contacts

Talk to the Quit Team

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

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

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

TEXT US: Freetext QUIT to **50100**

Tweet US: **@HSEQuitTeam**

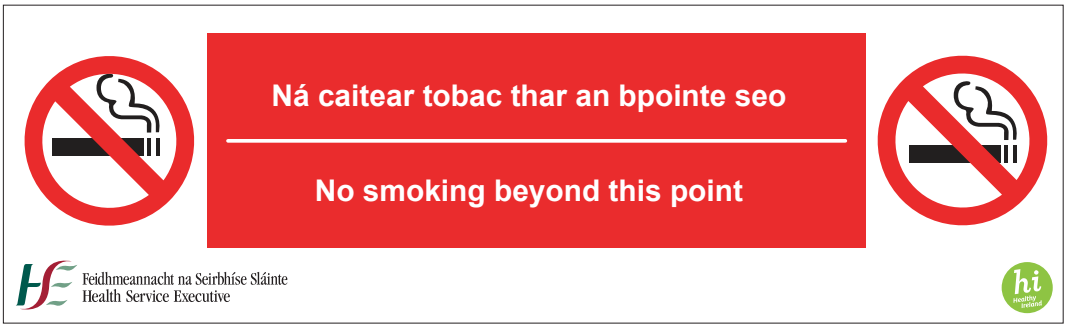
Facebook US: **facebook.com/HSEQuit**

For local face to face cessation service contact details:
https://www.quit.ie/How-the-Service-Works/Services-in-your-area/#contacts

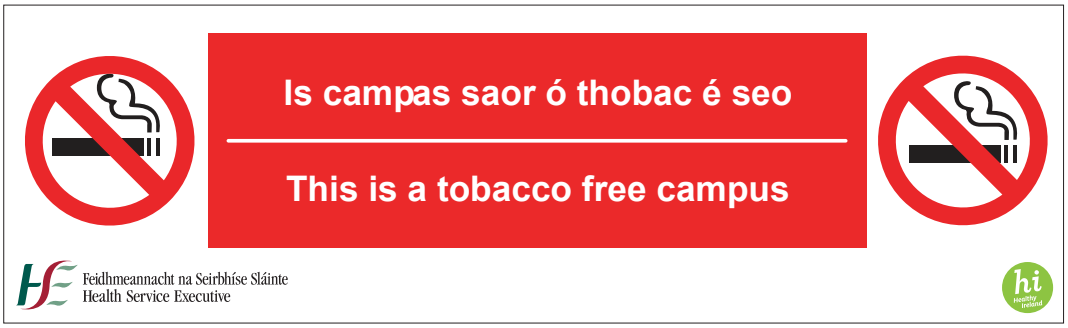
Appendix 2 (c)

Signage Templates

1. No Smoking Banner 3048 x 914mm



2 No Smoking Banner 3048 x 914mm



Appendix 2 (c) continued

1. 600 x 450mm No Smoking Sign

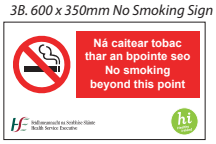
2A. 600 x 450mm No Smoking Sign

3A. 600 x 450mm No Smoking Sign

4A. 600 x 450mm No Smoking Sign

2B. 600 x 350mm No Smoking Sign

3B. 600 x 350mm No Smoking Sign



4B. 600 x 350mm No Smoking Sign

5A. 600 x 450mm No Smoking Sign

5B 600 x 450mm No Smoking Sign

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

Appendix 2 (d)

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

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

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

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

Appendix 2 (e)

Example of a walk about tool for compliance monitoring

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

Date: ☐☐/☐☐/☐☐

Time: _____

Auditors' names: _____

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

(cigarette butts, tobacco packaging/litter)

If Yes Where?

_____

_____

Any other comments

_____

_____

_____

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

If yes, who?

Staff member ☐ In-Patient ☐ Visitor ☐ Out-Patient ☐

Where, and if staff, what discipline?

_____

_____

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

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

_____

Have you offered cessation support to the patient/client?

_____

Have you informed the unit/ward manager of the breech and advised them to reassess the clients tobacco use care plan?

_____

Appendix 2 (e) continued

3) (a) Did you approach the individual smoking and inform them about the TFC policy? Yes ☐ No ☐

3) (b) What was the response?

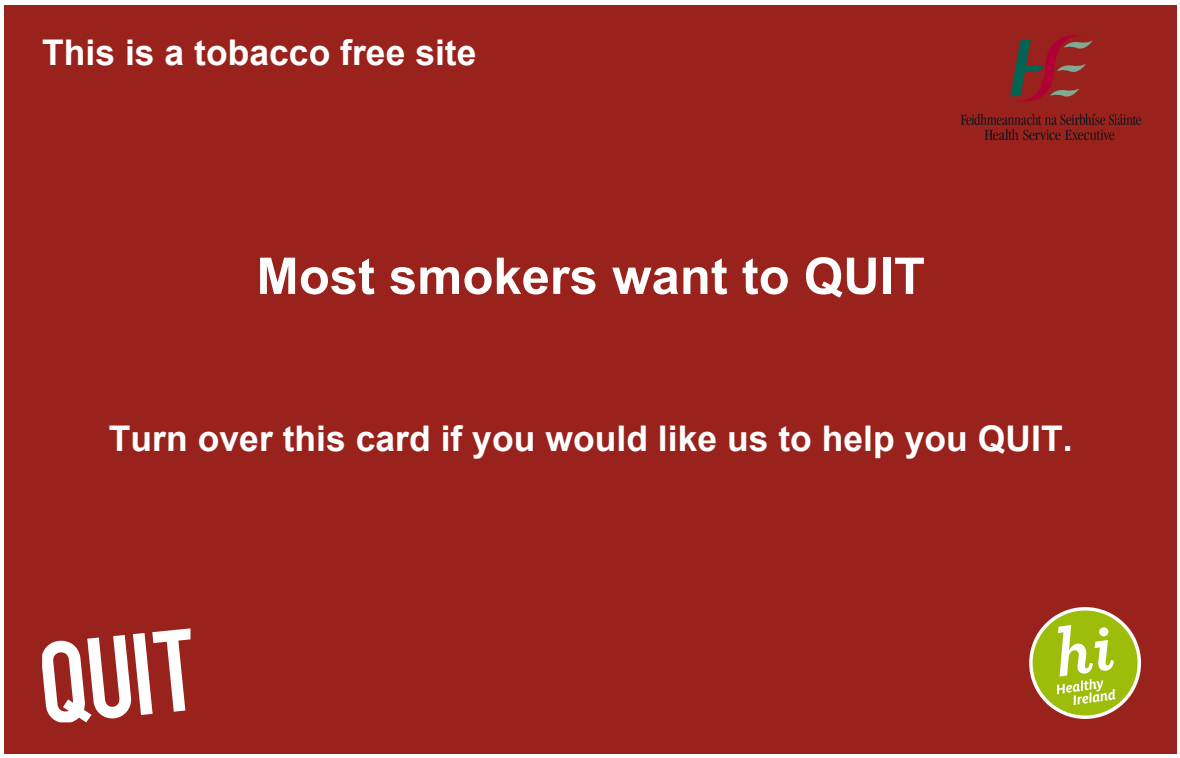
Any other comments

Please Monitor the following identified Hotspots: (examples)

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

Appendix 2 (f)

Information Leaflet/Reminder Card



Appendix 4 (a)

Exemption Process – Guidance for developing a local protocol for the management of exemptions

Purpose

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

Scope and Responsibilities

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

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

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

Key considerations in developing a local exemption protocol:

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

Appendix 4 (a) continued

- Can the patient mobilise independently to the 'exemption' area?
- If the patient cannot mobilise independently do you have staffing levels to facilitate the patient without compromising the care of all service users?
- Have you considered asking family members to accompany patients to the exempted area?
- Have any visible burn marks been noted by staff on the clients clothing or hands?
- Can the patient independently light, hold and extinguish flammable material ignited due to smoking?
- Can the patient dispose of the tobacco product completely and safely?
- Is the patient able to call for help in an emergency?
- Does the patient suffer from hand tremors/shakes, drowsiness, syncope, visual impairment etc?

- Exemptions should be given on an extraordinary basis only, for a defined period of time and are solely for patients/service users
- Documentation should be developed to include an exemption form and a patient information leaflet
- Signing-off on an exemption rests with the patient's/service user's consultant, senior clinician or nurse manager
- It is the responsibility of all clinical staff to familiarise themselves with the local exemption protocol
- Consistent with the service's approach to clinical governance, all exemptions should be audited by quality/risk personnel and the TFC implementation group for appropriateness of exemption, consistency of approach/management etc

Example Exemption Process

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

Monitoring and Audit Procedure

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

Appendix 4 (b)

Exemption Risk Assessment Form

Please Complete or Affix Label	
Surname:	
Forename:	
Date of Birth:	
Hospital No:	

Name of HSE Service

Guidelines:

- All service users who are identified as tobacco users should be informed of the Tobacco Free Campus Policy, offered behavioural support and tobacco dependence treatments first.
- The risk assessment will determine what level of supervision an "exceptional" service user requires, what additional supports need to be in place to ensure the delivery of safe quality care.
- Risk assessments will be reviewed every _____. This is to allow for compliance monitoring and to evaluate the current safety level of the service user. (If the service user presents with a new safety concern, then additional reviews will be required)

The following factors must be assessed before an exemption is granted:	
Does the service user have a history of poor judgement that has put themselves at risk previously?	Yes ☐ No ☐ **Comment:**
Has the patient used tobacco without supervision previously?	Yes ☐ No ☐ **Comment:**
Can the patient mobilise independently to the "exemption" area?	Yes ☐ No ☐ **Comment:**
If the patient cannot mobilise independently do you have staffing levels to facilitate the patient without compromising the care of all service users?	Yes ☐ No ☐ **Comment:**

Appendix 4 (b) continued

Have you considered asking family members to accompany patients to the exempted area?	Yes ☐ No ☐ **Comment:**
The following factors must be assessed before an exemption is granted:	
Have any visible burn marks been noted by staff on the clients clothing or hands?	Yes ☐ No ☐ **Comment:**
Can the patient independently light, hold and extinguish flammable material ignited due to smoking?	Yes ☐ No ☐ **Comment:**
Can the patient dispose of the tobacco product completely?	Yes ☐ No ☐ **Comment:**
Is the patient able to call for help in an emergency?	Yes ☐ No ☐ **Comment:**
Does the patient suffer from hand tremors/shakes, drowsiness, syncope, visual impairment etc?	Yes ☐ No ☐ **Comment:**
Main Reason/s for exemption:	

Exemption Granted by (Signature): _____

Appendix 4 (b) continued

Print Name: _____

Profession/Job Title: _____

Date: ☐☐/☐☐/☐☐

Review Date: ☐☐/☐☐/☐☐

Appendix 4 (c)

Tobacco Care Plan for service users/patients with exceptional circumstances

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

Appendix 4 (d)

Tobacco Free Campus Policy Exemption Form

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

Appendix 4 (e)

Patient Information Leaflet re Exemption

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

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

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

OR

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

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

Terms and Conditions

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

Appendix 4 (g)

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

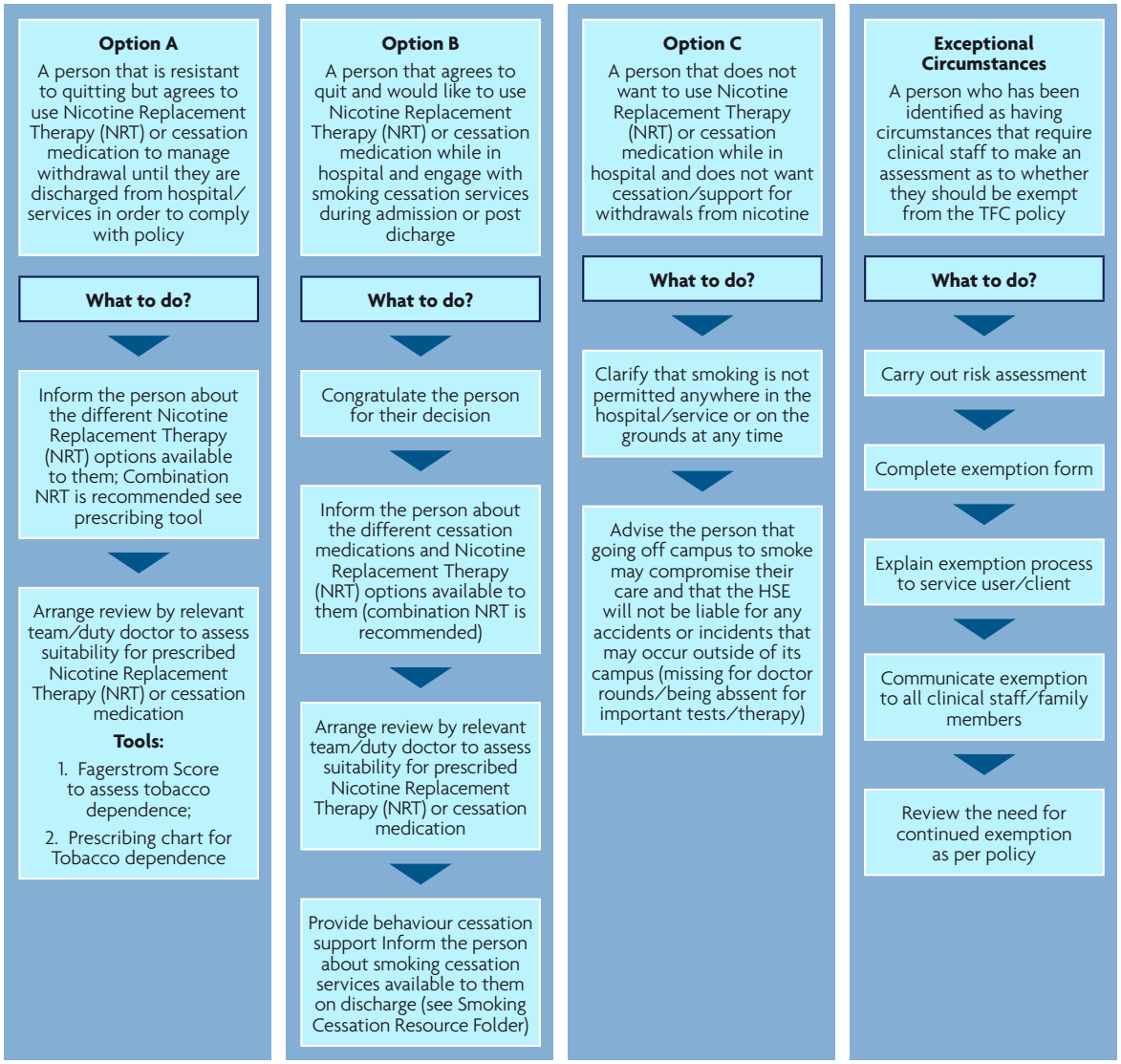
Step 1: All persons must be informed of the Tobacco Free Campus Policy on or before admission. On admission tobacco dependence should be documented and a brief intervention for cessation delivered and recorded in clinical notes.

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

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

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

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



Appendix 4 (h)

Fagerstrom Test for Nicotine Dependence

Score 8+ = high dependence

Score 5-7 = moderate dependence

Score 3-4 = low to moderate dependence

Score 0-2 = low dependence

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

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

The most distinctive indicators of nicotine dependence are:

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

Appendix 4 (i)

List of withdrawal symptoms to expect when person stops smoking

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

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

Appendix 4 (i) continued

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

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

Appendix 4 (j)

30 Second Stop Smoking Advice/Prescribing Tool

Appendix 4 (j) continued

PRESCRIBING FOR TOBACCO DEPENDENCE

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

TREATMENT

NICOTINE REPLACEMENT THERAPY (NRT)*

PATCH | GUM / LOZENGE | INHALER | MOUTH SPRAY

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

PATCH + GUM | PATCH + LOZENGE | PATCH + INHALER | PATCH + MOUTH SPRAY

SET QUIT DATE: SAME DAY AS STARTING NRT

KEY MESSAGES:

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

This guideline was developed in line with the evidence available. This guidance does not, however, override the individual responsibility of health professionals to make decisions appropriate to each patient. The guideline will be reviewed as new evidence emerges.

VARENICLINE (CHAMPIX)*

SET QUIT DATE: 7-14 DAYS AFTER STARTING VARENICLINE

KEY MESSAGES:

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

BUPROPION (ZYBAN)*

SET QUIT DATE: 7-10 DAYS AFTER STARTING BUPROPION

KEY MESSAGES:

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

We're here to help!

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

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

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

Appendix 4 (k)

Drug Interactions with Smoking

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

Drug/Class	Mechanism of Interaction and Effects
Benzodiazepines (diazepam, chlordiazepoxide	▶ Pharmacodynamic interaction: decreased sedation and drowsiness. ▶ May be caused by central nervous system stimulation by nicotine.
Beta-blockers	▶ Pharmacodynamic interaction: less effective antihypertensive and rate control effects. ▶ May be caused by nicotine-mediated sympathetic activation.
Caffeine	▶ Increased metabolism (induction of CYP1A2); clearance increased by 56%. ▶ Caffeine levels may increase after cessation.
Chlorpromazine (Thorazine)	▶ Decreased area under the curve (AUC) (36%) and serum concentrations (24%). ▶ Smokers may experience less sedation and hypotension and require higher dosages than nonsmokers.
Clozapine (Clozaril)	▶ Increased metabolism (induction of CYP1A2); plasma concentrations decreased by 28%.
Flecainide (Tambocor)	▶ Clearance increased by 61%; trough serum concentrations decreased by 25%. ▶ Smokers may require higher dosages.
Fluvoxamine (Luvox)	▶ Increased metabolism (induction of CYP1A2); clearance increased by 25%; decreased plasma concentrations (47%). ▶ Dosage modifications not routinely recommended but smokers may require higher dosages.
Haloperidol (Haldol)	▶ Clearance increased by 44%; serum concentrations decreased by 70%.
Heparin	▶ Mechanism unknown but increased clearance and decreased half-life are observed. ▶ Smokers may require higher dosages.
Insulin	▶ Insulin absorption may be decreased secondary to peripheral vasoconstriction; smoking may cause release of endogenous substances that antagonise the effects of insulin. ▶ Smokers may require higher dosages.

Appendix 4 (k) continued

Drug/Class	Mechanism of Interaction and Effects
Mexiletine (Mexitil)	▶ Clearance (via oxidation and glucuronidation) increased by 25%; half-life decreased by 36%.
Olanzapine (Zyprexa)	▶ Increased metabolism (induction of CYP1A2); clearance increased by 40-98%. ▶ Dosage modifications not routinely recommended but smokers may require higher dosages.
Opioids (propoxyphene, pentazocine)	▶ Pharmacodynamic interaction: decreased analgesic effect; higher dosages necessary in smokers. ▶ Mechanism unknown.
Propranolol (Inderal)	▶ Clearance (via side chain oxidation and glucuronidation) increased by 77%.
Oral contraceptives	▶ Pharmacodynamic interaction: increased risk of cardiovascular adverse effects (e.g., stroke, myocardial infarction, thromboembolism) in women who smoke and use oral contraceptives. ▶ Risk increases with age and with heavy smoking (15 or more cigarettes per day) and is quite marked in women over age 35 years.
Tacrine (Cognex)	▶ Increased metabolism (induction of CYP1A2); half-life decreased by 50%; serum concentrations threefold lower. ▶ Smokers may require higher dosages.
Theophylline (Theo Dur, etc)	▶ Increased metabolism (induction of CYP1A2); clearance increased by 58-100%; half-life decreased by 63%. ▶ Theophylline levels should be monitored if smoking is initiated, discontinued, or changed. ▶ Maintenance doses are considerably higher in smokers.

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

Appendix 4 (l)

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

Please Complete or Affix Addressograph		**Name of Service**
Surname:		
Forename:		
Date of Birth:	Ward/Unit:	
MRN/Hospital No:		

Date	Actual/Potential Problem	Goal of Care	Action Plan	Evaluation & Date	Initials
	[_____] has been diagnosed with nicotine dependence/ addiction	Deliver safe quality care to [_____] in relation to tobacco dependence	Following discussion with [_____] he/she has agreed with the following interventions 1. Behavioural Support for smoking cessation 2. Treatment with Tobacco Dependence Treatments Prescribe appropriate Tobacco Dependence Treatments Assess [_____] for compliance with the prescribed tobacco dependence treatments Monitor [_____] for concurrent smoking Ensure [_____] receives intensive behavioural support for tobacco cessation Monitor for treatment effectiveness/withdrawal symptoms Monitor for side effects, if same noted refer to medical team Monitor for interaction with other treatments, if same noted refer to medical team		

Appendix 4 (m)

Sample Cover Letter to Service Users

Dear Service User,

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

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

What's in it for me if I stop smoking?

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

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

Kindest regards

Staff and Management of "insert area and service"

Appendix 4 (m) continued

Nicotine Replacement Therapies

Patches and Gum

Patches are available in different strengths.

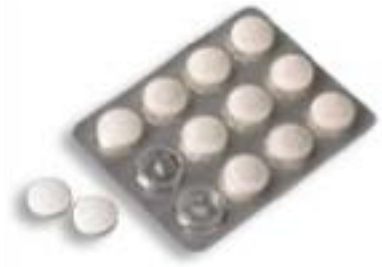
Gum is available is different strengths and flavours.

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

Inhaler

QuickMist (Mouth spray)

Lozenges (Available in different strengths)



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

www.quit.ie

HSE Quit Team Freephone 1800 201 203

Appendix 4 (n)

Contact information for Smoking Cessation Support – self referral

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

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

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

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

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

National Smoking Cessation Support Services

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

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

Appendix 8 (a)

Audit QPSA

Request for Evidence

Audit of Compliance with the HSE Tobacco Free Campus Policy 2012 and selected ENSH Global Network of Smoke Free Health Services Standards/Criteria.

Guidance for completion of the request for evidence documentation

Under each section where you see a text box double left click on box to indicate a 'Yes' or 'No' response. When you double click a box will appear on your screen and you will need to indicate under 'Default Value' – click on 'checked' for the appropriate box.

When you have completed this document you will then need to take responsibility for gathering together all documentary evidence to support your response.

The completed 'request for evidence' document will need to be returned along with the supporting documentation to

_____

_____

_____

QPSA 001/2014 – Objective 1:

Determine if tobacco is on the agenda of senior management team meetings by seeking evidence that a local Tobacco Free Campus (TFC) Framework Group is in place and active and compliant with the following ENSH Standards:

Standard 1: Commitment

1.1 The healthcare organisation documents specify commitment to a policy towards the implementation of the ENSH Standards.

Evidence requested: Yes ☐ No ☐

- Part of service plan in relation to TFC for this healthcare setting for the calendar year 2013
- Has the TFC Policy been personalised for this setting
  Please provide a copy of same.
- Has the TFC policy been implemented by every department/ward within your service including Mental Health/Care of the Elderly departments (if you have these within your service)?
- Any other evidence/documentation that you consider relevant (i.e., any evaluation and audit of Policy)
  Service plan achievements

Appendix 8 (a) continued

1.2 A policy working group or committee is designated to coordinate the development, Implementation and monitoring of the tobacco-free policy

Evidence requested: Yes ☐ No ☐

- Details of the membership of the working group or committee designated to coordinate the development, implementation and monitoring of the tobacco free policy.
- A copy of the Terms of reference of the above group
- Please indicate the frequency of meetings for the calendar year 2013
- Minutes of meetings from January to December 2013.
- Any other evidence/documentation that you consider relevant

1.4 A senior manager has responsibility for the actions of the policy working group or committee

Evidence requested: Yes ☐ No ☐

- Name and Title of senior manager with responsibility for the implementation of the Tobacco Free Policy.
- List the actions of the policy working group that were identified from January to December 2013 and the current status
- No and % of decisions documented that have senior manager support
- Any other evidence/documentation that you consider relevant.

1.5 Financial and human resources are allocated in the healthcare organisations' operational plan and/or contract to implement and monitor the tobacco-free policy

Evidence requested: Yes ☐ No ☐

- What is the annual budget dedicated to implement the tobacco free policy
- For the calendar year 2013 (please supply evidence of same)
- Details of how this budget was allocated for staffing and education.
- Details of how this budget was allocated for signage, NRT/Pharmacological therapies.
- Any other evidence/documentation that you consider relevant (Quality Improvement Plans etc)

Appendix 8 (a) continued

QPSA001/2014 – Objective 2:

Establish if tobacco is seen as a care issue by front line staff by determining the degree to which the following ENSH Standards are met:

Standard 3: Education & Training

3.3 Brief Intervention training is offered and available to all staff

3.4 Key clinical staff are trained in motivational and tobacco cessation techniques

Evidence requested: Yes ☐ No ☐

- Details of how training courses are circulated to all staff within this Healthcare setting; please include details of who provides the training (i.e. Health Promotion, Health & Safety etc)
- What is the target number of staff to be trained in the national BISC training programme between January and December 2013 (National Service Plan target)
- Number and % of staff who received smoking cessation support between January and December 2013.
- How many BISC 6 hour training programmes were advertised between January and December 2013. (please supply evidence of same – i.e. email, flyer etc)
- How many staff were actually trained in the national BISC training programme between January and December 2013. (please supply grade and title details)
- Number of information/skill development sessions on smoking cessation for staff that were held between January and December 2013 to support the Campus Tobacco Free Policy (please supply attendance lists)
- Induction
    1. Is the TFC policy part of the Induction Programme
    2. Is Smoking Cessation support available for staff
    3. Are Referral Procedures/Pathways and Smoking Cessation Support for Patients included
    4. Please include attendance sheets for the Induction Programmes that were held between January and December 2013.
- Please supply full details of the induction programme that relates to the TFC and smoking cessation
- Any other evidence/documentation that you consider relevant.Standard 4: Identification & cessation support

4.1 A systematic procedure is in place to identify and document the tobacco status of all patients/residents

Evidence requested: Yes ☐ No ☐

- Number and status of patients with tobacco status recorded (ex smoker, current smoker,non smoker, passive smoker) between January and December 2013.
- Is there a procedure for identifying and documenting patient's/resident's tobacco status (ie Admissions protocol, Standardised Tobacco prevalence assessment form etc).
- Please provide evidence of same.
- Any other evidence/documentation that you consider relevant.

Appendix 8 (a) continued

4.4 Interventions to motivate tobacco users to quit during the healthcare stay are documented in the patient/resident care plans

Evidence requested: Yes ☐ No ☐

- Number and % of patients who received intensive smoking cessation support between January and December 2013.
- Do you have an intensive smoking cessation support service on site for patients/residents and if so how many attended same between January and December 2013
- If you do not have an on-site intensive tobacco cessation support service do you have procedures in place to routinely refer to a community or national (QUIT line) intensive support service?
- Number and % of patients/residents who were referred to a community/national intensive smoking cessation support service.
- Number and % of cessation interventions recorded in the patient's health care record and/or care plan.
- Please provide a breakdown by department and state numbers that refused screening.
- Any other evidence/documentation that you consider relevant.

4.5 NRT/Pharmacological therapy is available within the organisation

Evidence requested: Yes ☐ No ☐

- Is NRT/Pharmacological therapy available to Patients
- Is NRT/Pharmacological therapy available to Staff
- Number and % of patients that had the above therapies prescribed, between January and December 2013.
- Number and % of staff that received the above therapies between January and December 2013.
- What was the pharmacy expenditure on NRT between January and December 2013
- Any other evidence/documentation that you consider relevant.

Appendix 8 (a) continued

QPSA001/2014 – Objective 3:

Actively observe if patients, staff or others are smoking anywhere on campus at the time of audit and/or if there is evidence of non compliance with the policy. If there is evidence of non compliance, determine if the associated follow up documentation has been completed.

Standard 5: Tobacco Control

5.1 The campus (grounds) and property owned by the healthcare organisation are completely tobacco free.

Evidence requested: Yes ☐ No ☐

- Are non-compliances recorded?
- Number and % of infringements of non compliances recorded (breakdown by departments, different groups) between January and December 2013.
- Do you have an exemption protocol in place if you have please attach details of the protocol
- How many people were exempted between January and December 2013 and who made the decision (please detail how exemptions are monitored and reviewed).
- Any other evidence/documentation that you consider relevant.

5.5 If tobacco is used, it is completely away and separate from designated tobacco free areas, windows and entrances

Evidence requested: Yes ☐ No ☐

- Number of designated exempted smoking areas on site (please supply details of same).
- Number and % of risk assessments and exemption procedures completed between January and December 2013.
- Please provide copies of completed risk assessments and exemption procedures that have been followed (where appropriate) and any associated documentation that has been completed for same between January and December 2013.
- Any other evidence/documentation that you consider relevant

Thank you for completing this request for evidence. If you need clarification please contact _____ QPSA

Appendix 8 (b)

Guidance for conducting an Internal Audit of your Tobacco Free Campus Policy

Guidance document and tools for Services

Prior to completing the ENSH-Global self-audit tool, services should undertake an internal review or information gathering process. This process will also support you in meeting national standards for Safer Better Healthcare. You could consider using students for this work if you have access to same through your service.

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

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

Internal Audit Sections	
Management (Governance and Commitment + Communication) ▶ Head of Dept's Survey (Sections 1 + 2) ▶ Staff Survey – Questions 1 + 2 + 4 + 5 ▶ Visitors survey – Question 1 ▶ Patient Survey – Questions 1 ▶ Document Review *(Source: Document Checklist)* ▶ Committee & Meeting schedule *(Source: Meeting Checklist and minutes)*	**Human Resource (Education and Training + Healthy Workplace)** ▶ Head of Dept's Survey (Source: Section 3 + 7) ▶ Visitors survey – Question 2 ▶ Document Review *(Source: Document Checklist)* ▶ Staff Survey Questionnaire *(Source: Questions 6 + 7 + 8)*
Clinical Services (Identification, Diagnosis & Tobacco Cessation Support) ▶ Head of Dept's Survey *(Source: Section 4)* ▶ Audit of Patient Documents *(Source: Patient Records/HIPE)* ▶ Patient Survey – Questions 2 + 3 + 4 ▶ Observational Survey	**Organisation (Tobacco-free Environment)** ▶ Observational survey ▶ Head of Dept's Survey *(Source: Section 5 + 6)* ▶ Staff Survey *(Source: Questions 3 + 9)*

Appendix 8 (b) continued

Internal Audit Sections	
Clinical Services (Identification, Diagnosis & Tobacco Cessation Support) *continued* ▸ Head of Dept's Survey *(Source: Section 4)* ▸ Audit of Patient Documents *(Source: Patient Records/HIPE)* ▸ Patient Survey – Questions 2 + 3 + 4 ▸ Observational Survey	**Organisation (Tobacco-free Environment)** *continued* ▸ Patient Survey – Questions 5 + 6 ▸ Visitor Survey – Question 3 ▸ Reports *(Source: Environmental Health CO_2 Test, Particle survey testing)*
Community Engagement (Health Promotion) ▸ Document Review *(Source: Document Checklist)* ▸ Head of Dept Survey *(Source: Section 8)*	**Policy Monitoring and Evaluation** ▸ Document Review *(Source: Document Checklist)* ▸ Policy Committee *(Source: Meeting Checklist and minutes)*

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

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

Observational Survey

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

Head of Department Survey

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

Staff Survey

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

Patient/client Survey

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

Appendix 8 (b) continued

Visitors Survey

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

Review of organisational documentation

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

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

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

A timeline will be agreed;

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

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

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

Checklist of Materials (Before)

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

Appendix 8 (b) continued

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

Materials to be Developed/Agreed

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

General Guidelines For Auditors

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

When conducting interviews please.

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

Patients

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

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

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

Results

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

Appendix 8 (c)

Tobacco Free Campus Breach Form (sample)

Name of Site:

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

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

Completed By: _____

Date: ☐☐/☐☐/☐☐

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Health Service Executive
Health Promotion and Improvement
Health and Wellbeing Division

HPM00865
ISBN Number: 978-1-78602-012-3