

SMOKE FREE POLICY	
Summary statement: How does the document support patient care?	By ensuring that the risk of patient exposure to tobacco smoke is mitigated.
Staff/stakeholders involved in development: <i>Job titles only</i>	
Division:	Corporate
Department:	Human Resources
Responsible Person:	Medical Director
Author:	Assistant Director of HR
For use by:	All Staff, Patients, Relatives, Visitors and Contractors
Purpose:	To provide clear guidance to ensure the Trust is compliant with smoke free legislation and mitigate the risks of exposure to tobacco smoke for patients, staff and visitors.
This document supports: <i>Standards and legislation</i>	Smoke Free (premises and enforcement) Regulations 2006, Smoke free (exemptions and vehicles) regulations 2007, Smoke free (signs) Regulations 2007 and other related legislation.
Key related documents:	Manager's guidelines for implementing the Trust's Smoke Free Policy? Health and Safety Policy Trust Security Policy (inc Violence & Aggression)
Approved by: <i>Divisional Governance/Management Group</i>	Trust Executive Committee
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1.0 Purpose

The Trust sees breathing other people's smoke as both a public health hazard and a welfare issue. Exposure to second hand smoke increases the risk of lung cancer, heart disease and other serious illnesses. Ventilating or separating smokers and non-smokers within the same airspace does not completely stop potentially dangerous exposure.

This policy explains the Trust's Smoke Free policy and compliance with the requirements of the Smoke Free (premises and enforcement) Regulations 2006, Smoke free (exemptions and vehicles) Regulations 2007, Smoke free (signs) regulations 2007 and other related legislation.

"Smoke free describes the lack of tobacco smoke in an environment."

Despite evidence that using electronic cigarettes (e-cigarettes) can be used as an aid to quit smoking, they are not currently licenced as a nicotine replacement therapy. Therefore, the use of e-cigarettes is covered as part of this policy. Use of e-cigarettes is known as 'vaping' and for the purposes of this policy, smoke free is extended to include 'vaping'.

2.0 Scope

This policy applies to all staff, patients (see section 4.3 for exemption), visitors, volunteers, contractors and other persons who enter Trust owned or rented buildings for any purpose whatsoever.

Workplace is defined as offices and buildings owned or managed by the Trust as well as outside of a building adjacent to an entrance or adjacent to the windows of rooms where people work. Vehicles owned or parked on Trust property and anywhere staff, visitors and contractors frequent regardless of who owns the building are also applicable.

3.0 Principles

- 3.1 Smoking and vaping is not permitted within the University Hospitals Sussex NHS Foundation Trust environment. This will include the waiting areas, grounds and residence of all Trust properties, buildings and vehicles (including privately owned vehicles parked on Trust sites) and anywhere staff, visitors and contractors frequent regardless of who owns the building.

- 3.2 Staff and work areas

Staff must not smoke or 'vape' whilst on duty. Smoking and vaping is not permitted in any work, meeting or public area, and the grounds of the hospital including parking areas and any entrance or exit to Trust premises. This extends to the use of any device that gives the illusion of smoking. The Trust has an obligation to provide a smoke-free environment for everybody and all staff have a role to play in this to ensure the Trust's reputation and public confidence in health service provision is maintained in this regard.

Individuals may go off site in their own time to smoke or 'vape' during their working day, provided the line manager has agreed that there is adequate cover. Time spent outside on a smoking break is unpaid and must either be included in an established break such as lunch or when the individual would normally be entitled to an unpaid break. Any time owing should be worked at the beginning or end of each day provided the member of staff has the agreement from their line manager and there is adequate cover.

Staff should not smoke or 'vape' within view of the public or patients or have cigarettes or smoking materials visible at any time during their working hours or at any time when wearing a corporate identity badge/uniform. This includes when representing University Hospitals Sussex NHS Foundation Trust on or off Trust premises. Staff are expected to ensure that they dispose of their cigarette ends in a responsible manner, respecting the property and surroundings of the local neighbours to the Trust.

Staff should also be mindful that the smell of stale smoke on their clothing and breath is unpleasant. Staff should therefore take appropriate steps to reduce the impact this has on patients and colleagues if they have been smoking in their own time.

3.3 Patients and visitors

Patients and visitors are covered by this policy and will be required not to smoke or 'vape' in all Trust areas. All visitors, contractors and deliverers are required to abide by the Smoke free policy.

Staff will be expected to advise patients or visitors of the policy however they are not expected to enter into any confrontation that may put their personal safety at risk.

3.4 Patient exemptions

Patient exemptions should only be applied in exceptional circumstances such as a terminally ill patient and must be considered on a case by case basis. There are no blanket group exemptions

For planned admissions and attendances there must be demonstrable documented evidence as part of the written care plan that smoking cessation has been fully considered. Staff will be supported if they choose not to accompany a patient whose care plan exempts them from this policy.

For unplanned admissions and attendances, Ward/Department Managers may consider an exemption in circumstances where there is a high risk to patient or staff safety or where the patient's emotional health would be significantly compromised. These exemptions must be documented and reviewed by the Consultant within 24 hours of being applied.

In these very exceptional cases, minimising staff, patient and visitors exposure to smoke means smoking outdoors where staff, other patients and visitors are not in close proximity to the smoker. This must be out of sight of other patients, staff and visitors.

3.5 Community based staff

If staff are required to work in patient's homes they should not be exposed to smoke. Staff may ask patients and other persons to refrain from smoking during their visit, informing people

that the Trust has a Smoke Free policy. If a patient continues to smoke during a visit the staff member will be expected to discuss this with their line manager.

3.6 Homeworkers

Homeworkers are not required to refrain from smoking during the course of work that is carried out for the Trust in their home, unless they invite others into an area of their house for work purposes (such as for a meeting, to install equipment, or to conduct a risk assessment). In such cases individuals must not smoke whilst any colleagues are present.

3.7 Sales of tobacco and nicotine products

Sales of tobacco and nicotine products or cigarette lighters and matches including vending dispensers in non-public areas, are not permitted on any Trust premises.

4.0 Implementation

4.1 Responsibility

Overall responsibility for implementing this policy rests with the Chief Executive. Day-to-day responsibility rests with the Directors and Managers of University Hospitals Sussex NHS Foundation Trust and those managers and staff who have responsibility for the management of the Trust's sites and premises.

4.2 Smoking Cessation support

4.2.1 Staff

The Trust recognises that smoking is a personal choice for many. However, information, advice and support will be provided to staff if they wish to stop smoking including time for attendance at cessation group meetings or one to one support sessions. Staff should contact the smoking cessation service, identifying themselves as a staff member, to arrange attendance. Advice cards are also available around the hospital premises.

Occupational Health will discuss smoking with staff during referral appointments and where appropriate will signpost onto appropriate services.

4.2.2 Patients and Visitors

Information on the Smoke Free Policy will be produced and included on all patient literature, for example, appointment cards, letters and pre-admission literature, advice cards have been produced and are available around the hospital premises.

Patients should be asked about their smoking status at booking, when planning elective procedures or on admission to hospital. This will then enable patients to be offered advice and support to manage their nicotine dependence whilst in hospital. This may include the provision of nicotine replacement products during their hospital stay. A referral can be made to the local stop smoking services to support this process.

4.3 Non-compliance

4.3.1 Staff

Any staff breach of this policy may result in disciplinary action up to and including dismissal. It is also a criminal offence to smoke in smoke free areas and can result in a fixed penalty, prosecution and/or a fine.

4.3.2 Patients and visitors

Visitors or others who are smoking on Trust premises including at entrances or anywhere in its grounds, should be reminded of the no-smoking signs, offered an alternative and asked to stop. If the person continues to smoke, staff should report the matter to a senior manager who will again explain to the individual that they are committing a criminal offence and ask them to leave the premises. As a last resort, the senior manager may ask for further assistance or call the local authority compliance officer or the police.

REFERENCE SOURCES

Smoke Free (premises and enforcement) Regulations 2006	www.opsi.gov.uk/acts
Smoke free (exemptions and vehicles) regulations 2007	www.opsi.gov.uk/acts
Smoke free (signs) Regulations 2007 and other related legislation	www.opsi.gov.uk/acts
Smoke free glossary of terms	http://quitsmoking.about.com/od/glossaryofterms/g/smokefree.htm

Briefing Pack for Managers on addressing breaches of Smoke Free policy

Communication

1. Inform staff that the Smoke Free policy has been reviewed and updated. Remind staff that they are not permitted to smoke on any of the Trust's premises or grounds including car parks.
2. Advise staff that if they want help to stop smoking, there are a number of ways they can access support:
 - a. Through their GP
 - b. By calling the free NHS Smokefree helpline (Telephone 0800 022 4 332) Monday to Friday 0900-2000 hrs, Saturday and Sunday 1100-1600 hrs
 - c. Through a local Smoking Cessation group
3. Advise staff who wish to continue to smoke/vape that they may do so on their unpaid breaks (eg. meal breaks). Individuals are not entitled to go off site at any other time without the express consent of their line manager and any time granted will be unpaid.

Staff must ensure that:

- a. They go completely off site and are out of sight of the public or patients
 - b. Uniforms are completely covered – this includes scrubs
 - c. Corporate ID badges are not visible
 - d. They dispose of their cigarette ends and any other litter in a responsible manner, respecting the property and surroundings of the local neighbours
 - e. They take steps to reduce the impact of stale smoke on clothing and breath when returning to work
4. Inform staff that contraventions to the Trust's policy will be dealt with seriously. If staff are seen on Trust premises, in sight of the public or patients (including immediately outside the Trust's entrances or their uniform or corporate ID badge is visible, they will be reminded of the Trust's policy and will be asked to provide their name and area of work. This will be reported to their line manager for action. For medical staff this will be reported to the appropriate Clinical Director.
5. Action to be taken will include:
 - a. Manager maintaining a record of reported breaches including the date, time, location and nature of the breach
 - b. Manager informing the member of staff that a breach of the policy has been reported and reminding them of the Trust's expectations
 - c. On the third reported breach, a formal meeting with the line manager with 7 calendar days' notice will be held in accordance with the Trust's Disciplinary policy and a first written warning will be issued for a period of 12 months.
 - d. If there is a further reported breach, this will be progressed to the next stage of the disciplinary procedure at which an HR representative will be involved.
 - e. Continued breaches of the Trust's policy will result in dismissal from the Trust.

Breaches to the Trust's Policy

The Trust's Smoke Free policy will only be upheld if managers and clinical leaders ensure the principles are consistently and continually reinforced. This will require them to challenge breaches to the Trust's policy. A suggested approach to this is set out below:

- a. Ensure your body language is open and your intonation and tone of voice non-threatening and calm. Consider standing to the side of the individual rather than directly opposite.
- b. Introduce yourself and your position in the Trust. Ask them to tell you who they are and where they work.
- c. Advise the member of staff that the Trust has a Smoke free policy and remind them that you have observed them to be in breach of it because:
 - i. They are in sight of the public or patients and/or
 - ii. Their Trust uniform is clearly visible and/or
 - iii. Their corporate ID badge is on show
 - iv. They are disposing of their cigarette ends inappropriately
- d. Remind staff of what they need to do in the future – move further away from the hospital, walk around the block, and cover up their uniform or ID badge.
- e. Advise them that you will be informing their line manager that you have had this conversation and they will be reminded of the Trust's expectations.
- f. On your return to your workstation, contact the appropriate manager informing them of the name of the member of staff, the date, time and location and nature of the breach (see attached template)
- g. If a member of staff becomes aggressive or refuses to provide their name, remain calm. Remind them that it is important the Trust's policy is upheld and asking for their name and where they work is a reasonable request. Ask them to reconsider whether they wish to continue being aggressive or withholding their name and place of work.
- h. If there are other staff present, ask if they know who the member of staff is. If this continues walk away, seek assistance and report the incident.

Reported Breaches

1. Managers and clinical leaders will need to ensure that action is taken where breaches to the Trust's Smokefree policy are reported.
2. It is anticipated that actions to address these should be administratively simple and in the majority of cases, a reminder of the Trust's expectations will suffice.
3. Managers should maintain a record of reported incidents on the departmental HR file. This will include the date, time, location and nature of the breach, together with who reported it.
4. On receipt of a reported breach, managers should discuss this with the member of staff involved and remind them of the Trust's policy, including support available if they wish to stop smoking. Managers should advise the member of staff that if there is a third reported breach, formal disciplinary action will be taken and this will result in a first written warning being issued and pay progression being withheld.
5. On the third reported breach, arrange to meet with the individual giving 7 calendar days of the meeting in accordance with the Trust's Disciplinary policy. An HR representative is not required. Template letters are attached.

Breaches by Patients and Visitors

1. Staff will be expected to approach patients, visitors or others who are smoking on Trust premises to advise them it is a non smoking site. Staff should be aware that the individual may be distressed and approach them respectfully and considerately.
2. Staff should ask if the individual is aware that the Trust is a non smoking site and ask them to stop smoking. If the individual is clearly an in-patient they should be encouraged to discuss appropriate support with their clinical team.
3. Staff are not expected to enter into any confrontational situation and should the individual refuse to stop or become aggressive they should leave the situation and report this to a senior manager.
4. Senior managers will be expected to explain to the individual they are committing a criminal offence and ask them to cease smoking or leave the premises. Where the individual is behaving inappropriately in response to this request, they should be advised the Trust will not tolerate violent and aggressive behaviour towards the staff or any other person. If they continue with their aggressive behavior the Trust's Security Policy should be followed.
5. As a last resort, the senior manager may ask for further assistance from Security, the local authority compliance officer or the police.

EQUALITY IMPACT ASSESSMENT (EIA)

PURPOSE OF EQUALITY IMPACT ASSESSMENT

The EIA should:

- Inform the Trust if any groups are, or could be, disadvantaged by a policy, service change or reconfiguration and if so clarify / propose action to mitigate that impact
- Enable the Trust to identify where policy changes may be needed to actively promote equality / inclusivity and eliminate inequality
- Remind all involved in delivering services of the determination to promote equality
- If advice is required in completing the EIA please contact an HR Advisor

Section 1 – About the Policy, Service, Function, Proposal, Strategy or Consultation

1.1 Name of Policy, Service, Function, Proposal, Strategy or Consultation	Smoke Free Policy
1.2 Name of person completing this assessment (and role / department)	Assistant Director Human Resources
1.3 Brief description of the aims of the policy, service, function, proposal, strategy or consultation? (include details of who is affected by, involved in and / or benefits from it)	To provide clear guidance to ensure the Trust is compliant with smoke free legislation and mitigate the risks of exposure to tobacco smoke for patients, staff and visitors
1.4 Which department owns the policy, service, function, proposal, strategy or consultation?	Human Resources
1.5 Is responsibility for implementation of this policy, service, function, proposal, strategy or consultation shared with another agency / department?	Yes
1.6 Does the policy, service, function, proposal, strategy or consultation have direct consequences or implications for service users and / or staff?	Yes

Section 2 – Equality Impacts

2.1 Have you made sure that the views of stakeholders, including key people likely to face exclusion have been influential in the development of the policy, service, function, proposal, strategy? (please indicate which)

External	Partners	Internal
Service user interviews	Care Quality Commission	Staff event
Focus Groups	Multi Agency event	Staff interviews
Public events	Joint Working group	Staff workshop/focus groups
Patient experience surveys	Regional Minority network	Management Board
Voluntary organizations	Regional equality forum	Trust Executive Committee
Minority group events/forums	GP Practice groups	Diversity Matters Group
Carer Forum	Local/County Council	Staff side reps
LINKs	Equality and Human Rights Commission (EHRC)	Staff minority forums (e.g disability, BME, sexual orientation, religion/beliefs) (please state)
HOSC	Other NHS Trust (please identify below)	Trust Board
On line forums		Staff survey results
Local media		Annual General Meeting
Published research into minority needs		Other (please state)
Census data or other external demographic reports		
Comments:		

Section 3 – Equality Analysis Template

To be used to analyse the effect of your policy or service on the protected groups in equality law, resulting in either:

1. removing or minimizing disadvantages suffered by people due to their protected group characteristics (i.e. age, race/ethnicity, disability, gender reassignment, sex, sexual orientation, marriage & civil partnership, pregnancy, maternity/paternity, religion/ belief, human rights)
2. taking steps to meet the needs of people from protected groups where these are different from the needs of other people
3. no further action required

Equality law protects people on the following grounds:	Is your policy or service relevant to this area of equality or human rights?		If relevant, is the effect positive or negative		Evidence of the effect (e.g. statistics, research, surveys, results of engagement, etc)	Is further action required?	
	Yes	No	Positive effect	Negative effect		*Yes	No
Age		X					
Race / Ethnicity		X					
Disability		X					
Gender Reassignment		X					
Sex		X					
Sexual orientation		X					
Marriage and Civil Partnership		X					

Pregnancy, Maternity / Paternity		X					
Religion / Belief		X					
Human Rights		X					

* Complete the following Equality Analysis Action Plan only for the equality grounds marked: *Yes further action required.

Equality Analysis Action Plan								
Equality grounds ticked *yes requiring further action:	Does your policy or service:			Any action taken to date	Action to be taken	Target date	Responsible Person(s)	Expected Outcome (including monitoring arrangements)
	Discriminate?	Eliminate discrimination or promote equality?	Promote good relations between groups?					
Age								
Race / Ethnicity								
Disability								
Gender Reassignment								
Sex								
Sexual orientation								

Marriage and Civil Partnership								
Pregnancy, Maternity/Paternity								
Religion / Belief								
Human Rights								

Equality Analysis: Care Group Manager / Head of Service to sign off			
Signed		Date	