

# **INTRODUCING SMOKE-FREE POLICIES IN HOSPITALS: FRAMEWORK ACTION PLAN AND TIME-LINE**

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## **INTRODUCTION**

This paper outlines a framework action plan and “time-line” for developing and implementing smoke-free policies in hospital settings. It follows a study visit by SmokeFree Liverpool and the Royal Liverpool and Broadgreen University Hospitals NHS Trust to University Hospitals Coventry and Warwickshire NHS Trust (UHCW), and the publication of the Health Development Agency’s (HDA) *Guidance for smokefree hospital trusts*. It is intended to support hospitals wishing to implement their own smoke-free policies and to complement the HDA’s guidance – it does not re-state all the details of the guidance.

The study visit to UHCW took place on 24 January 2005. UHCW has introduced a comprehensive smoke-free policy that prohibits smoking in all buildings and throughout the hospital grounds. UHCW was also one of the three pilot hospital trusts that provided the case studies that informed the HDA's guidance.

This paper is in 3 parts.

- Part 1:**        **highlights key issues that may emerge and how these can be addressed**
  
- Part 2:**        **specifies the key stages for developing and implementing smoke-free policies in hospital settings**
  
- Part 3:**        **sets out a framework action plan that incorporates key actions and their timing**

## **PART 1 KEY ISSUES**

The study visit to UHCW flagged up a range of important lessons that hospitals need to take account of in developing and implementing smoke-free policies.

### **General lessons**

General lessons, which the HDA guidance also touches on, include the importance of:

- leadership and senior management commitment
- informing staff and gaining Union Support (including letting trade union representatives know that most health professional Trade Unions are supportive of smoke-free workplaces – including TUC, UNISON and RCN)
- adequate signage with clear messages
- raising awareness of introduction of policy amongst staff, patients, the public and contractors etc.
- availability of smoking cessation services to meet demand
- clarity about how and when smoke-free policy will be enforced
- clarity about exemptions

The study visit also highlighted important lessons to take into account relating to:

- the make-up of the steering committee
- costs of implementing the policy
- enforcement and compliance.

### **Membership of steering committee**

Experience and guidance suggests that an effective steering committee will enjoy support and commitment from senior managers and would benefit from the following representation:

- Medical Director – this was seen as very helpful to gain support of medical staff and to help with patient guidelines
- Staff representation
- Estates
- Fire Officer
- Smokers
- Smoking cessation specialists
- Pharmacy representation

### **Costs**

The guidance asserts that cost benefits could flow from savings on cleaning and from accidental fires. Notwithstanding these possible benefits, hospitals will need to budget for:

- Signage

- Literature
- Cessation services
- Enforcement
- Litter

### **Enforcement and compliance**

Enforcement is a key issue. The HSA guidance gives suggestions about what it calls the “lead-in” period. It suggests that this could be for the first three months after the policy becomes live. During this time, staff not complying with the policy are not formally disciplined but, instead, are interviewed by their line manager and referred to occupational health for support and advice. Whatever enforcement approach is adopted, the UHCW experience indicates that it is important for enforcement policies to be clear, understood and enforced for both staff and patients.

## PART 2 KEY STAGES

The HDA guidance highlights 5 steps to implementing smoke-free trusts that broadly reflect the issues outlined above. The following table highlights these steps and the actions involved.

STEP	MAIN ACTIONS
<b>1. Commit to the Policy</b>	<ul style="list-style-type: none"> <li>• Identify a champion responsible for implementing the policy</li> <li>• Secure visible senior commitment</li> <li>• Set up a working party</li> <li>• Identify financial and human resources</li> <li>• Consider the pros and cons of including grounds as well as buildings in the policy</li> </ul>
<b>2. Create the Policy</b>	<ul style="list-style-type: none"> <li>• Draft the policy</li> <li>• Consult with all staff and representative patient groups</li> <li>• Anticipate and deal with common challenges</li> <li>• Finalise policy and seek board approval</li> <li>• Ensure adequate timescale for implementing the policy with “lead-in” period</li> </ul>
<b>3. Ensure Cessation Support is Widely Available and Accessible</b>	<ul style="list-style-type: none"> <li>• Local NHS Stop Smoking Services should be widely advertised</li> <li>• Offer training in smoking cessation to healthcare staff</li> <li>• Ensure smoking cessation medications are on the hospital formulary</li> </ul>
<b>4. Communicate the Policy</b>	<ul style="list-style-type: none"> <li>• Adopt and advertise a firm date for implementing the policy</li> <li>• Communicate policy requirements internally and externally</li> <li>• Inform ancillary services</li> <li>• Ensure employee ownership of policy, especially at management level</li> </ul>
<b>5. Consolidate the Policy</b>	<ul style="list-style-type: none"> <li>• Introduce the policy</li> <li>• Enforce the policy via written and verbal communication on a regular basis</li> <li>• Deal with violent or abusive patients or visitors</li> <li>• Ensure a rigorous monitoring protocol whereby all staff are responsible for implementation</li> <li>• Review the policy regularly</li> </ul>

## PART 3 FRAMEWORK ACTION PLAN

The framework action plan is structured around the key steps in the HSAs guidance. In addition, it highlights the importance of (1) tasks related to Estates issues and (2) the need for a special focus on protecting staff when they are working in non-hospital environments.

The time-line is based on the premise that a smoke-free policy could, optimally, be launched in the 4<sup>th</sup> month following the decision to develop and implement it.

The framework sets out tasks for a series of action areas – and when they could take place.

Optional tasks are *in italics*.

Action	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
<b>Committing to the policy</b>	<p><b>SETTING UP</b></p> <p>Identify champion / smoking lead</p> <p>Secure senior commitment</p> <p>Set up working party/steering group and terms of reference</p> <p><i>Set up sub-groups eg: (1) Estates and contractors (2) Patients (3) Staff (4) Media, launch and supporting activity</i></p> <p>Agree time-line</p> <p>Identify financial and human resources</p> <p>Agree policy scope (eg. Grounds and buildings)</p>					
<b>Creating the Policy</b>	<p><b>CONSULTATIONS</b></p> <p>Consult with staff, Unions and patient groups</p>	<p><b>DRAFTING</b></p> <p>Draft smoke-free policy</p> <p>Identify date and methods for enforcement of policy</p> <p>Finalise policy and seek board approval</p>				

Action	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
<b>Estates issues</b>	<p><b>AUDITING</b></p> <p>Carry out audit of sites to identify smoking rooms and problem areas – inside and outside buildings</p> <p>Assess adequacy of signage and identify need for new signage</p>	<p><b>SIGNAGE</b></p> <p>Agree type and scope of signage</p> <p>Order signage</p>	<p><b>LITTER</b></p> <p>Agree arrangements for dealing with additional litter</p>	<p><b>INSTALLATIONS</b></p> <p>Remove smoking shelters (if agreed)</p> <p>Close smoking rooms, re-decorate and introduce new uses</p> <p>Install signage</p> <p><i>Install smoke activated recordings at key locations (eg. Entrances)</i></p>		
<b>Ensuring cessation support</b>		<p><b>SERVICE DEVELOPMENT</b></p> <p><i>Staff survey to test likely demand for smoking cessation support</i></p> <p>Promote cessation service and full support for staff</p> <p>Develop protocol for pre-operation visit to raise stop smoking at six weeks prior to operation</p> <p>Develop NRT protocol for patients in hospital</p>			<p><b>ASSESSMENT</b></p> <p>Assess demand for smoking cessation services</p>	

Action	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
<p><b>Communicating the policy</b></p>		<p><b>INFORMING STAFF</b></p> <p>Issue draft policy to all employees</p> <p>Utilise team briefings</p> <p>Provide update in newsletters/e-bulletins</p> <p>Inform prospective and new staff (reference in job ads; copy of policy in offer process; information in induction materials)</p> <p>Agree “strap-line” and amend hospital paperwork/ web-site etc.</p> <p><i>Include details of smoke-free launch on pay-slips.</i></p> <p><b>INFORMING NON-TRUST STAFF</b></p> <p>Inform ancillary services, agencies and sub-contractors of smoke-free policy</p> <p><b>INFORMING PATIENTS</b></p> <p>Ensure all letters to patients include smoke-free and stop smoking information</p> <p><b>GENERAL AWARENESS RAISING</b></p> <p>Produce posters/leaflets to inform and promote hospital will be smoke-free</p>		<p><b>LAUNCH:</b></p> <p>Develop press releases</p> <p>Arrange launch day activities</p> <p>Launch day for smoke-free hospital</p>		

Action	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
<b>Consolidating and enforcing the policy</b>		<p><b>TRAINING</b></p> <p>Provide training for all security, reception and front-line staff on dealing with smoking incidents</p> <p>Provide training to managers re implementation of policy</p>		<p><b>INTRODUCE POLICY</b></p> <p>Apply for smoke-free award</p>	<p><b>EXTENDING POLICIES</b></p> <p>Encourage suppliers and other contractors to apply for smoke-free award</p>	<p><b>ENFORCEMENT</b></p> <p>Enforce policy</p> <p><b>EVALUATION</b></p> <p>Evaluate progress</p> <p>Gain staff and patient feed-back on problems and issues</p>
<b>Protecting staff away from hospital settings</b>		<p><b>OFF-SITE MEASURES</b></p> <p>Design wording for all correspondence with patients to ask for compliance with non-smoking during visits</p>	<p><b>OFF-SITE MEASURES</b></p> <p>Provide training for all staff attending homes where exposed to smokers</p> <p>Develop means of informing groups without smoke-free policies about need for PCT staff to attend meetings that are smoke-free.</p>			