

# Smoking Policy (Including Stop smoking, Smoking and Vaping in East Sussex Healthcare NHS Trust)

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Associated Documents:	Disciplinary Procedure Policy Fire Safety Policy <a href="#">Maternity Guideline for pregnant women.</a> Clinical Guideline for Smoking Cessation in Pregnancy and in the Postnatal Period <a href="http://nwww.esht.nhs.uk/wp-content/uploads/2018/11/01798_P.pdf">http://nwww.esht.nhs.uk/wp-content/uploads/2018/11/01798_P.pdf</a>

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Please be advised the Trust discourages retention of hard copies of the procedural document and can only guarantee that the procedural document on the Trust website is the most up to date version

## Version Control Table

Version number and issue number	Date	Author	Reason for Change	Description of Changes Made
V1.0	September 2019	Penny Walker	New Document	New Document

## Consultation Table

Name of Individual or group	Title	Date
Smoking Task and Finish Group		October 2019
Workforce Policy Partnership Group		October 2019, November 2019
Joint Side Committee		January 2020
Health and Wellbeing Steering Group		October 2019
Medicines Optimisation Group		February 2020
Health Safety Steering Group		March 2020

**This information may be made available in alternative languages and formats, such as large print, upon request. Please contact the document author to discuss.**

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## 1. Introduction

East Sussex Healthcare NHS Trust is committed to providing a safe and healthy environment for all staff, patients, visitors and contractors, so that people who visit any Trust premises and their grounds do not experience exposure to the significant health risks associated with smoking. (Appendix 1 - Background to the health risks).

1.1 Smoking is an addiction and the Trust recognises that - despite the longer term serious effects of smoking - it is compassionate to allow addicted smokers to smoke in a designated area when under the severe stress of being in, or visiting relatives in hospital. .

1.2 This document sets out the guidelines and procedures for encouraging everyone to stop smoking while on any Trust property and grounds.

1.3 This document also sets out guidance and procedures on managing and supporting those who choose to smoke whilst attending on Trust grounds and premises.

## 2. Rationale and Scope

2.1 This policy clearly identifies the measures in place to support individuals to stop smoking while on Trust premises and grounds.

This policy details the procedures to be taken for patients and staff who wish to smoke while on Trust premises in the designated areas on Trust premises.

### 2.2 Scope

This policy applies to all service users, staff (including temporary/agency staff), visitors, contractors, volunteers and patients in acute sites, community settings including patient's homes and cars/vehicles.

## 3. Definitions

3.1	Smoke:	Smoke means smoke generated from tobacco or any other substance or mixture which includes tobacco; and a person is adjudged to be smoking, if the person is holding or is in possession or control of a lit substance or a mixture which includes tobacco
3.2	Second-hand Smoke	Breathing in other people's cigarette smoke is called passive, involuntary or second hand smoking. Second hand smoke, also called "environmental tobacco smoke". It comprises of "side stream" smoke from the burning tip of the cigarette and "mainstream" smoke which is the smoke that has been inhaled and then exhaled by the smoker. Tobacco smoke has eighty per cent invisible chemicals that lingers on clothes and on the breath. This is greatest of significance for staff and visitors who are smokers who are working or visiting any area within Trust premises, as second hand smoke can then be transferred to those that they come in contact with known as third hand smoke.
3.3	Vaping	To inhale and exhale the vapor produced by an electronic cigarette or similar device. E-cigarettes are battery powered devices that produce vapor. Devices come in many forms; sometimes resembling cigarettes, but other resemble pens or gadgets. Some products are disposable whilst others are rechargeable.

3.4	Trust Premises and Grounds	Any acute or community setting owned or used by East Sussex Healthcare NHS Trust – (Appendix 2 )
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#### **4. Accountabilities and Responsibilities**

4.1 The chief executive, the executive lead, all directors, and heads of departments are responsible for ensuring that all line managers adhere to the Smoking Policy.

4.2 It is the line manager's responsibilities to ensure all employees adhere to the smoking policy where persons wish to stop smoking and for those who wish to smoke or vape.

4.3 All employees are responsible for fulfilling their obligations under the smoking policy, including supporting to stop smoking, as well as giving guidance on where people can smoke in the designated Trust smoking shelters.

4.4 The Health Promoting Trust Team will be responsible for providing expert guidance and training to managers and employees on the interpretation and application of the smoking policy.

4.5 The Human Resource department will support managers and staff in adhering to the policy.

4.6. The estates department is responsible for clear and consistent signage around all Trust premises and maintenance of shelters and grounds.

4.7 All employees who feel safe to approach any colleagues, patients, visitors or contractors not adhering to the policy, should first advise the person of the policy, and if resistance is experienced then the employee should report any abuse or incident to their line manager and then via datix as per the Trust policy on violence and aggression. If a patient or member of staff reacts violently when reasonably asked to move to a shelter then the security team should be called to deal with the situation

The Health Promotion Trust Team will respond to any datix reports under the guidance of the Director of Human Resources as the executive lead for the policy.

4.8 The Trust has a zero tolerance of any verbal or physical aggression towards staff and all employees are responsible in making sure this does not occur. If any employee experiences aggression then this must be reported to their line manager and via datix.

#### **5. Process**

##### **5.1 Supporting staff to stop smoking**

###### **5.1.1 Signposting to the local service provider for stop smoking**

All employees will have access to the local service provider for stop smoking or the stop smoking clinic held in acute sites. (Appendix 3- Pathway to stop smoking service provider)

All employees will be advocates for the smoking policy giving support to their peers/colleagues to stop smoking.

All employees will be supported to attend the stop smoking clinics in their work day. In order for employees to be entitled to have time off to attend the stop smoking clinic, the

employee is required to complete a referral to One You East Sussex (OYES) by phone as per appendix 3, show their appointment booklet to their line manager as proof of clinic appointment.

## **5.2 Supporting Staff who choose to smoke**

5.2.1 All employees who decide to continue smoking while on any Trust premises are only allowed to smoke in the designated smoking shelters (Appendix 4, Map of smoking shelters in acute sites, and exclusion zones).

5.2.2 No smoking is allowed within five metres of any Trust building.

5.2.3 All employees who want to smoke in the designated areas are only allowed to do so in their allocated break times, no extra smoking breaks will be allowed.

5.2.4 It is the responsibility of all employees who choose to smoke to cover their clinical clothes/uniforms to minimize the risk of second hand smoke and transference of toxins to others.(Appendix 5 – Awareness Second hand and Third hand smoke).

5.2.5 It is the responsibility of all employees who choose to smoke to minimise the smell of tobacco on their clothing/person so as not to offend fellow colleagues.

5.2.6 All employees who choose to smoke are required to adhere to the policy. Any employee found in breach of the smoking policy may face disciplinary action.

## **5.3 Supporting Patients, Visitors and Contractors to stop smoking**

5.3.1 All employees will be advocates for the smoking policy giving support to patients, visitors and contractors to assist stop smoking.

All employees have a responsibility to support patients, visitors and contractors to stop smoking by informing them of the smoking policy and giving them the hand out relevant to the individual i.e. patient or contractor (Appendix 6 - Hand out for patients and visitors and guidance on where to access hand out for contractors) and by referring or directing them to the stop smoking service (Appendix 3 - Pathway to the stop smoking service).

Nicotine replacement therapy can be prescribed for patients to support them quit by a doctor and support can be given by the pharmacy team (Appendix 8) and with a referral to One You East Sussex for continued support.

## **5.4 Supporting Patients, Visitors and Contractors who choose to smoke.**

5.4.1 Patients within ward settings who choose to smoke will have to be responsible for ensuring they are able to get to the designated smoking areas without assistance from nursing/medical staff.

Staff will not be allowed to escort patients to or from designated smoking areas during any period of day or night for health and safety issues for both individuals.

## **5.5 Supporting all persons who choose to vape**

5.5.1 All staff, patients, visitors and contractors who choose to vape must do so outside the Trust buildings and the five metres exclusion zones.

No charging of electronic cigarettes/vapes are allowed in Trust premises (Appendix 7 - Fire guidance)

## **5.6 Staff who work in community settings (patient's homes)**

5.6.1 All staff who work in community settings such as patients homes, are responsible for being advocates of the policy and encouraging patients to stop smoking and referring to the stop smoking service.

If patients wish to continue smoking then the member of staff must inform the patient they must not smoke for at least an hour prior to the member of staff arriving, to open their windows to let fresh air in and not to smoke during the visit. (Appendix 5 – awareness of second hand and third hand smoking).

5.6.2 It is the responsibility of community staff not to smoke in community settings, so minimizing the risk of second hand smoke to others they come in contact with.

## **6. Competencies and Training Requirements**

There is no specific training required for this document. Human Resources will give ongoing support and advice regarding the application of this policy to manager and staff.

The Health Promoting Trust Team will give ongoing support and guidance relating to smoking and vaping requirements in ESHT.

**Document Monitoring Table**

<b>Element to be Monitored</b>	<b>Lead</b>	<b>Tool for Monitoring</b>	<b>Frequency</b>	<b>Responsible Individual/Group/ Committee for review of results/report</b>	<b>Responsible individual/group/ committee for acting on recommendations/action plan</b>	<b>Responsible individual/group/ committee for ensuring action plan/lessons learnt are Implemented</b>
Datix	HPT Lead	Datix system	Monthly	HR Director	Health Promoting Trust Team	Health Promoting Trust Team
Complaints	HPT Lead	PALS/Emails	Monthly	HR Director	Health Promoting Trust Team	Health Promoting Trust Team



## Appendix A - An EHRA has been completed Appendix A

A Due Regard, Equality and Human Rights Analysis form must be completed for all procedural documents used by East Sussex Healthcare NHS Trust. Guidance for the form can be found on the [Equality and Diversity Extranet page](#).

### Due Regard, Equality and Human Rights Analysis

<b>Title of document: Smoking Policy (Including Stop Smoking, Smoking and Vaping)</b>
<p><b>Who will be affected by this work?</b></p> <p>All service users, staff (including temporary/agency staff), visitors, contractors, volunteers and patients in acute sites, community settings including patient's homes and cars/vehicles</p>
<p><b>Please include a brief summary of intended outcome:</b></p> <p>All service users, staff (including temporary/agency staff), visitors, contractors, volunteers and patients in acute sites, community settings including patient's homes and cars/vehicles will be encouraged to stop smoking while on Trust grounds and premises. By being supported and sign posted to the stop smoking service One You East Sussex or the ESHT Health Promoting Trust Team advisors.</p> <p>For those who wish not to stop smoking then they must adhere to the requirements of the policy and use designated smoking shelters only. Clinical staff are required to change their clothes to prevent the transference of toxins from cigarettes.</p>

		Yes/No	Comments, Evidence and Link to main content
1.	<b>Does the work affect one group less or more favorably than another on the basis of:</b> (Ensure you comment on any affected characteristic and link to main policy with page/paragraph number)		
	• Age	No	
	• Disability (including carers)	YES	Not all wheelchairs will be able to fit in the smoking shelters
	• Race	No	
	• Religion & Belief	No	
	• Gender	YES	Men Statistics for England in 2018 demonstrated that 17% of men smoked compared to 13.3% of women. This policy aims to support all individuals own lifestyle choices.
	• Sexual Orientation (LGBT)	No	
	• Pregnancy & Maternity	No	
	• Marriage & Civil Partnership	No	

	<ul style="list-style-type: none"> <li>• Gender Reassignment</li> </ul>	No	
	<ul style="list-style-type: none"> <li>• Other Identified Groups</li> </ul>	No	
2.	<b>Is there any evidence that some groups are affected differently and what is/are the evidence source(s)?</b>	No	(Ensure you comment and link to main policy with page/paragraph number)
3.	<b>What are the impacts and alternatives of implementing / not implementing the work / policy?</b>	This policy supports the individuals own lifestyle behaviours thus protecting others from experiencing exposure to the significant health risks associated with Smoking. As per appendix 1,	
4.	<b>Please evidence how this work / policy seeks to “eliminate unlawful discrimination, harassment and victimisation” as per the Equality Act 2010?</b>	This policy seeks to eliminate unlawful discrimination by treating everyone fairly, by allowing the individuals to decide and support them in deciding on their own changes in their lifestyle behaviours.	
5.	<b>Please evidence how this work / policy seeks to “advance equality of opportunity between people sharing a protected characteristic and those who do not” as per the Equality Act 2010?</b>	Statistics for England in 2018 demonstrated that 17% of men smoked compared to 13.3%of women. This policy aims to support individuals own lifestyle choices.	
6.	<b>Please evidence how this work / policy will “Foster good relations between people sharing a protected characteristic and those who do not” as per the Equality Act 2010?</b>	Allowing individual’s to make their own choice of changing to a healthier lifestyle by offering support and referral to partnership organisations, and for those who wish to continue smoking to have the facilities to do so without causing harm to others.	
7.	<b>Has the policy/guidance been assessed in terms of Human Rights to ensure service users, carers and staff are treated in line with the FREDA principles (fairness, respect, equality, dignity and autonomy)</b>	Yes This policy supports the individuals own lifestyle behaviours thus protecting others from experiencing exposure to the significant health risks associated with Smoking	
8.	<b>Please evidence how have you engaged stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?</b>	Smoking consultation was undertaken and members of Health watch are on the task and finish smoking group.	
9.	<b>Have you have identified any negative impacts or inequalities on any protected characteristic and others? (Please attach evidence and plan of action ensure this negative impact / inequality is being monitored and addressed).</b>	This policy supports the individuals own lifestyle behaviours thus protecting others from experiencing exposure to the significant health risks associated with Smoking.	

## **Appendix 1**

### **Background to the Smoking Policy**

The aim of this Smoking Policy is to provide a clear and consistent message about smoking in Trust premises. Trust premises refers to any buildings, land or vehicles owned or occupied by East Sussex Healthcare NHS Trust (ESHT), irrespective of legal ownership.

This policy has been created in respect of exercising our duty of care as an NHS Organisation.

East Sussex Healthcare NHS Trust is committed to providing a safe and healthy environment for all staff, patients and visitors. This is in line with current work being undertaken to become a Health Promoting Trust and working towards the long-term Public Health goals, so setting a clear set of guidelines for smokers at the Trust. This includes protecting people from passive smoking while on Trust premises.

This policy complies with the Health and Safety at Work Act 1974 ensuring employees, patients, visitors and contractors are not exposed to risks due to smoking, second hand smoke or associated risks of fire.

The Trust's responsibility to protect and improve the health and well-being of all patients, visitors and staff comply with the Health Act 2006. Smoking and e-cigarettes pose a fire risk on NHS premises and smoking has environmental and cost implications for the cleaning and maintenance of buildings.

### **Health risks of smoking**

Evidence demonstrates that smoking causes significant risks. As of 2016/17 - 484,700 hospital admissions (NHS Digital, 2018, p.2) were attributable to smoking, a number which is increasing. Furthermore, smokers provide risks to others around them through second hand smoke. (See appendix 7) It is estimated that second-hand smoke could cause an estimated 11,000 or more deaths in the UK each year (Jamrozik, 2005).

Smoking is the nation's biggest killer. Every year around 79,000 people in England die from smoking. For every death caused by smoking, approximately 20 smokers are living with a smoking-related disease. Smoking causes lung cancer, respiratory disease and heart disease as well as numerous cancers in other organs including the mouth, throat, liver, pancreas, kidney and stomach. (BITC 2018).

NHS Digital 2018 page 8, explains that 22% of all respiratory hospital admissions were estimated to be attributed to smoking, that 47% of admissions for cancer that can be caused by smoking, were estimated to be attributable to smoking. Gender specific hospital admissions: 6% were male and of those 31% of admissions were admitted for conditions that can be caused by smoking. 3% of admissions were female and 22% of these admissions were for conditions that can be caused by smoking.

### **Tobacco dependency**

BITC 2018 states that the majority of smokers are dependent on tobacco and dependency can affect a person's work life and relationships and this can have serious psychological and physical impacts. There are many ways to help and support people who are dependent on tobaccos.

Although the number of smokers has fallen in recent years, nearly seven million people in England still smoke. Smoking remains entrenched in some sections of society, with the harm concentrated among the most disadvantaged. (BITC 2018)

Two thirds of smokers say they want to stop smoking and many smokers make repeated attempts to quit. However success rates are low, mainly because most choose to quit unaided, or 'cold Turkey', which is the least effective method. Support in the workplace can make a big difference by giving smokers access to the advice and help they need to maximise their chances of success.

Employers also benefit if employees stop smoking, because they will be healthier and are likely to take fewer days off work through ill-health. Your approach to health and wellbeing in the workplace should pay close attention to smoking and tobacco-related harm. Create an environment in which employees will feel supported to make healthier choices, including stopping smoking. (BITC 2018)

### **Quitting support for smokers**

The most effective way to stop smoking is with the help of a local stop smoking service (LSSS) – smokers who get this support are up to four times as likely to quit successfully as if they try to quit unaided. LSSS are free of charge and provide a combination of behavioural support and stop smoking medicines (prescription tablets and/or nicotine replacement therapy (NRT) products such as patches and gums). They can also support smokers who choose to quit with the help of an e-cigarette. Chances of quitting success are doubled for smokers who use a stop smoking medicine prescribed by a GP, pharmacist or other healthcare professional (BITC 2018).

East Sussex Healthcare NHS Trust is assisting staff and patients with the development of stop smoking clinics in the two acute hospitals supported by the local stop smoking service provider. Also with the development of virtual stop smoking teams to assist in individuals stopping smoking while on Trust grounds and premises.

Smokers who are trying to quit, can benefit from the use of stop smoking aids including NRT and e-cigarettes. These help to reduce cravings by replacing some of the nicotine they previously got from cigarettes.

### **E-cigarettes and vaping policies**

Around 2.9 million people in the UK use e-cigarettes, almost all of whom are smokers and ex-smokers. E-cigarettes have become the most popular stop smoking aid in England and there is growing evidence that they can help smokers to quit. (BITC 2018)

E-cigarettes do not burn tobacco and do not produce tar or carbon monoxide, two of the most harmful elements in tobacco smoke. Although not completely risk free, e-cigarettes carry a small fraction of the risk of smoked tobacco. Public Health England's 2018 independent review of the evidence confirms the conclusion that e-cigarette use is likely to be at least 95 per cent less harmful than smoking.

E-cigarettes allow users to inhale nicotine through a vapour rather than smoke. They work by heating a solution that typically contains nicotine, propylene glycol and/or vegetable glycerine, and flavourings. They are 'vaped' rather than smoked and although the vapour has been found to contain some potentially harmful chemicals also found in cigarette smoke, these are at much lower levels

PHE's 2018 evidence review finds that to date there have been no identified health risks of passive vaping to bystanders. This is in contrast to the strong evidence of harm to bystanders from exposure to second-hand smoke. Public Health England has published advice to support the development of policies on vaping in public places and workplaces. While there is no 'one-size-fits-all' approach, policies should be based on the evidence and designed to support smokers to quit while managing any risks applying to a particular setting.

## Supporting comments from staff and patients

I do not feel safe when I am asked to take patients out for a cigarette at night; it also leaves the ward short of staff.

I did not like being in hospital when the nursing staff came to me and smelt of smoke.

As a nurse and ex-smoker I found it very difficult to escort a patient to a smoking area

It is really awful to walk through the main entrance when there are so many patients standing in the doorway smoking. I saw a new born baby being carried out through all the smoke one day and patients who are quite poorly having to walk through it. It really isn't acceptable.

Please can the staff that are smoking outside of the staff entrance near theatres consider others as the smoke not only fills the corridor but also comes through the windows above to the Outpatient department rooms! This is a no smoking area but on wet days and when they pop out for a quick smoke it is very inconsiderate, please consider others!

Outside the back exits/entrances (Cardiology entrance and Egerton entrance) there are frequently patients and relatives smoking the smoke drifts in through the automatic doors, and travels a considerable distance down the corridors, as well as creating a cloud of smoke outside the exits and entrances which staff and visitors have to walk through, making them cough and offending them with the smell – this also creates the impression that the trust does not take smoking cessation seriously in patients, particularly as patients are never challenged or moved on.

## Resources for employers

The business impact of alcohol, drugs and tobacco: Department of Health – Towards a smokefree generation: a tobacco control plan for England  
[www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-for-england](http://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-for-england) Public Health England – The Public Health Burden of Alcohol  
[www.gov.uk/government/publications/the-public-health-burden-of-alcohol-evidence-review](http://www.gov.uk/government/publications/the-public-health-burden-of-alcohol-evidence-review)

Smoking and absence from work: systematic review and meta-analysis of occupational studies [www.ncbi.nlm.nih.gov/pubmed/23078132](http://www.ncbi.nlm.nih.gov/pubmed/23078132)

Employee confidentiality and data protection: Information Commissioner's Office (ICO) – The employment practices code  
[https://ico.org.uk/media/for-organisations/documents/1128/quick\\_guide\\_to\\_the\\_employment\\_practices\\_code.pdf](https://ico.org.uk/media/for-organisations/documents/1128/quick_guide_to_the_employment_practices_code.pdf)

Tobacco dependence: NHS Smokefree [www.nhs.uk/smokefree](http://www.nhs.uk/smokefree) NHS Choices–Stop Smoking  
[www.nhs.uk/live-well/quit-smoking/10-selfhelp-tips-to-stop-smoking](http://www.nhs.uk/live-well/quit-smoking/10-selfhelp-tips-to-stop-smoking)

NICE public health guidance PH5 – Smoking: workplace interventions  
[www.nice.org.uk/guidance/ph5](http://www.nice.org.uk/guidance/ph5)

NICE public health guidance PH45– Smoking: harm reduction  
[www.nice.org.uk/guidance/ph45](http://www.nice.org.uk/guidance/ph45)

Gov.uk – Use of e-cigarettes in public places and workplaces: advice to inform evidence-based policy making  
[www.gov.uk/government/publications/use-of-e-cigarettes-in-public-places-and-workplaces](http://www.gov.uk/government/publications/use-of-e-cigarettes-in-public-places-and-workplaces)

National Centre for Smoking Cessation and Training (NCSCT) [www.ncsct.co.uk](http://www.ncsct.co.uk)

Gov.uk – Smoking at work: the law [www.gov.uk/smoking-at-work-the-law](http://www.gov.uk/smoking-at-work-the-law)

Action on Smoking and Health (ASH) Fact Sheet: Smokefree Legislation  
<http://ash.org.uk/category/information-and-resources/fact-sheets>

Gov.uk – Smokefree (Signs) Regulations 2012  
[www.legislation.gov.uk/uksi/2012/1536/introduction/made](http://www.legislation.gov.uk/uksi/2012/1536/introduction/made)

Gov.uk – The Smokefree (Premises and Enforcement) Regulations 2006  
[www.legislation.gov.uk/uksi/2006/3368/contents/made](http://www.legislation.gov.uk/uksi/2006/3368/contents/made)

## References

Business in the Community (BITC) 2018 [www.bitc.org.uk](http://www.bitc.org.uk)

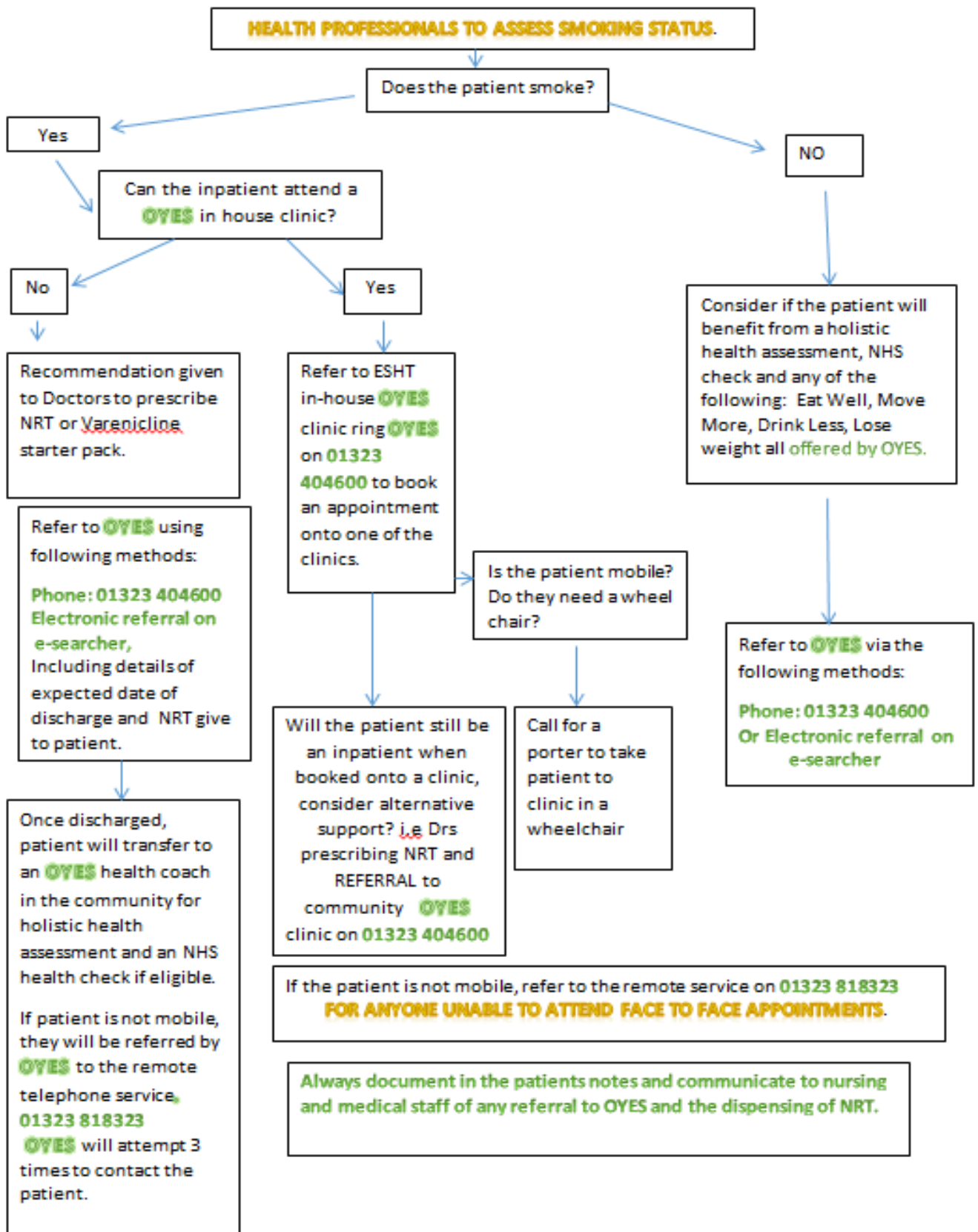
NHS Digital. (2018). Statistics on Smoking England: 2018. Retrieved from <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-smoking/statistics-on-smoking-england-2018>

Jamrozik, K. (2005, April). Estimate of deaths attributable to passive smoking among UK adults: database analysis. *BMJ* 2005; 330(7495). Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed?term=15741188>

## **Appendix 2 Properties covered by this policy within East Sussex Healthcare NHS Trust**

- Eastbourne District General Hospital – Kings Drive, Eastbourne
- Conquest Hospital, The Ridge, Hastings
- Rye Hospital
- Bexhill Hospital including Irvine unit, Bexhill health centre
- Brampton Road
- Appex Enterprise Units, Hailsham
- Arthur Blackman Clinic
- Unit 10 Wheelfarm Business Park
- Uckfield Hospital

## Pathway for stop smoking referral for Patients





### Additional Notes:

- 1) Staff and Patients may only have 1 or 2 appointments via the in-house clinic before being followed up in a local community clinic, **the first appointment will be 30 minutes long** and ANY subsequent appointments will be 15 minutes.
- 2) OYES will adjust the booking template to reflect that 15-minute sessions can be booked (the advisor will book these in automatically in advance) but it is important to note that patients/staff must be allocated a 30 minute slot, if it is their very first appointment.
- 3) At the first appointment with the patient, it is very helpful to know their expected/confirmed discharge date – this is to ensure that they are given the correct amount of Nicotine Replacement Therapy before they are well enough to visit a health coach – if the patient has a prolonged recovery period and is unable to attend a 1-1 health coach intervention after being discharged, it can be arranged to hold a telephone service for the patient, at an agreed time to allow them to still have access to smoking cessation support and advice. NRT can be sent out via postal mail and Varenicline can be arranged via the in-house support team at OYES (an email will be sent direct to the patients GP, asking for this to be prescribed) and the patients family member/friend/neighbour/carer etc. can pick this up on their behalf.
- 4) There will be 3 separate Varenicline letters– one for inpatients, one for outpatients and one for staff.
- 5) This information will be communicated to the in-house support team at OYES as well as the health coaches, so that they are aware of the process – the patients information will be stored on OYES' 1S4H database so that health coaches can view the initial appointments held with the Specialist Stop Smoking Advisor and review whereabouts the patient is on their smoking cessation journey (what the agreed quit date is, what NRT they are on/week of Varenicline etc.).

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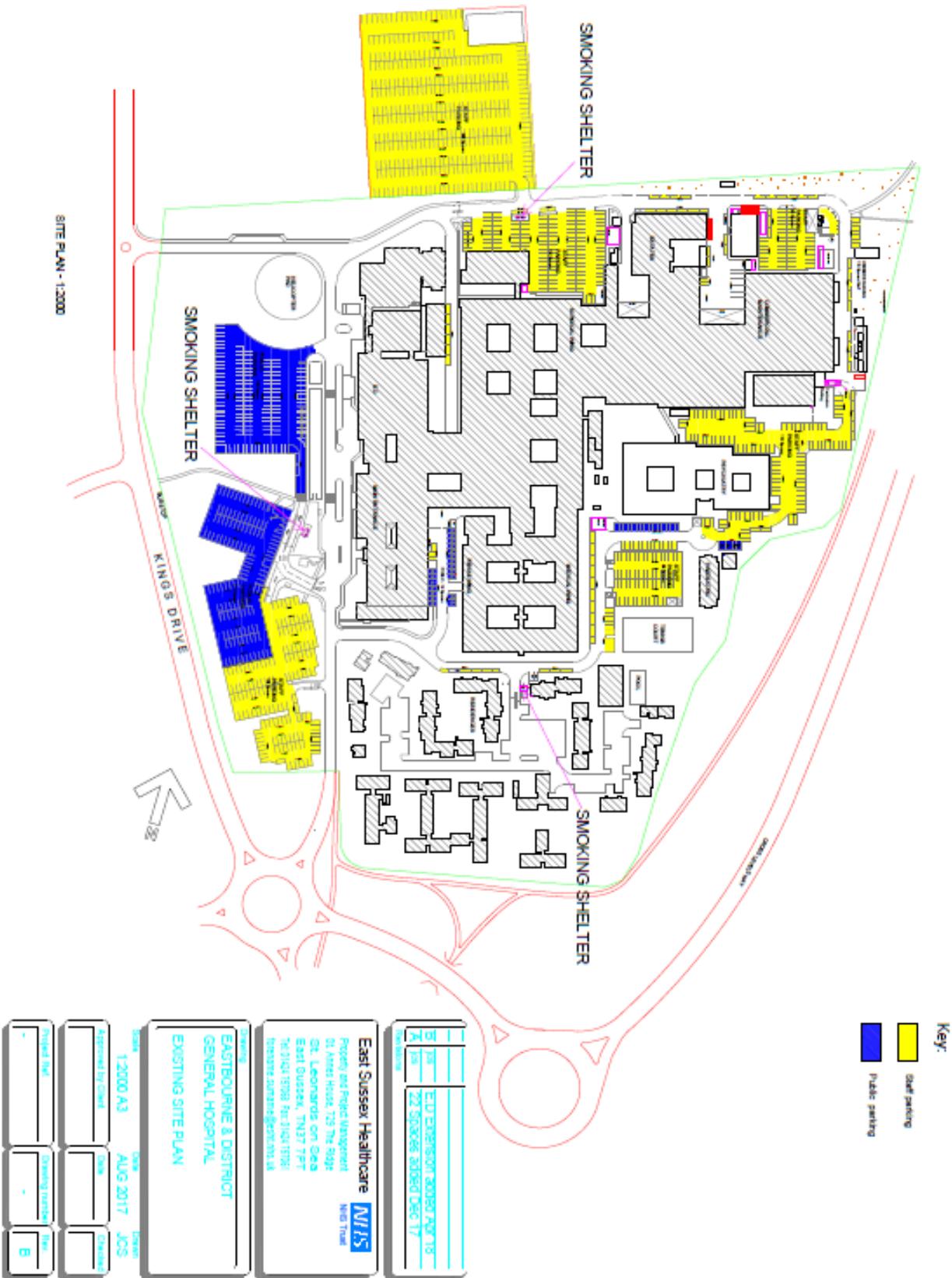
[www.oneyoueastsussex.org.uk](http://www.oneyoueastsussex.org.uk)

[oneyoueastsussex@nhs.net](mailto:oneyoueastsussex@nhs.net)

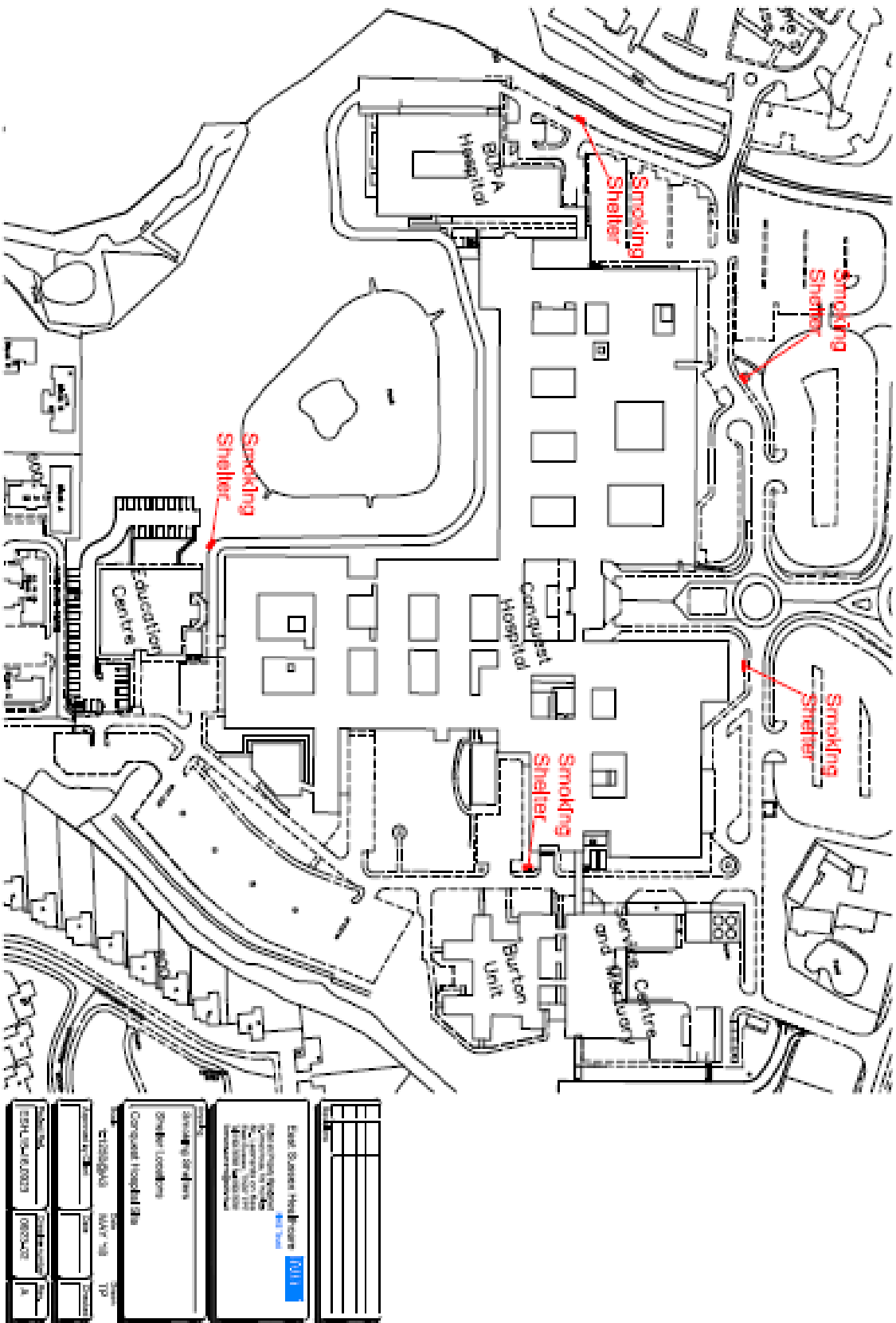
**ONE YOU**  
**EAST SUSSEX**

Appendix 4 Maps of Acute sites – EDGH and Conquest with Smoking shelters

EDGH



# CONQUEST



## Appendix 5 Second hand smoke and Third hand smoke

<https://www.nhsinform.scot/healthy-living/stopping-smoking/reasons-to-stop/second-hand-smoke>

Most second-hand smoke comes from the tip of a burning cigarette. This makes it almost impossible to direct smoke away from those around you. If you only smoke in one area of your home the harmful chemicals will spread rapidly from room to room and can linger for up to 5 hours. If you smoke in a confined space such as a car, you're exposing your fellow passengers to even more harmful chemicals.

Short-term effects:

- Some short-term effects from exposure to second-hand smoke include:
  - coughing
  - headaches
  - eye and nasal irritation
  - sore throat
- Long-term effects
  - Long-term effects from exposure to second-hand smoke include increased risk of:
    - coronary heart disease (risk increased by 25-30%)
    - lung cancer (risk increased by 20-30%) and other cancers
    - stroke (risk increased by 20-30%)
    - increased risk of chronic obstructive pulmonary disease (COPD) and other breathing problems

Breathing in second-hand smoke makes the blood stickier, meaning there is an increased risk of blood clots forming, even with brief exposure. A blood clot can block an artery and cause:

- heart attacks
- strokes
- angina
- complete heart failure

In pregnant women exposed to second-hand smoke, there is an increased risk of complications during the pregnancy and after the birth. The most likely risk is that your baby could weigh less than expected.

More than 80% of second-hand smoke is invisible and odourless, so no matter how careful you think you're being, your family still breathes in harmful poisons, putting them at risk of meningitis, cancer, bronchitis and pneumonia

Breathing second-hand smoke increases a child's or an adult's risk of lung cancer by 24% and heart disease by 25%.

Children breathing in other people's cigarette smoke results in 300,000 GP visits and 9,500 hospital admissions for children every year.

The smoke also contains other chemicals, many of which are irritants or toxins and more than 50 are known carcinogens. They're the ones that can cause cancer.

Just because you can't see it doesn't mean it's harmless. People who breathe in second-hand smoke are at risk of the same diseases as smokers, including cancer and heart disease

<https://www.cancerresearchuk.org/about-cancer/causes-of-cancer/smoking-and-cancer/what-is-passive-smoking>

The evidence is clear that second-hand smoke can cause lung cancer and other health problems like heart disease.

It may also increase the risk of some other types of cancer, stroke and the lung disease Chronic Obstructive Pulmonary Disease (COPD).

Most harmful tobacco smoke is invisible, but travels through the air and lingers. It can also build up on

surfaces and clothes

Most exposure to second-hand smoke happens in the home. Smoke can spread throughout the home, even if you open the windows.

Second-hand smoke can reach very high levels inside cars because it is a small, enclosed space. In the UK, since 2016 it has been an offence to smoke in a vehicle with anyone under the age of 18 inside

<https://www.gov.uk/government/news/campaign-warns-of-dangers-of-secondhand-smoke>

More than 80% of cigarette smoke is invisible and odourless, and smokers are warned that there is no safe level of secondhand smoke, particularly around children.

Children breathing in other people's cigarette smoke resulted in 300,000 GP visits and 9,500 hospital admissions last year in the UK and up to 5 million children are thought to be regularly exposed to secondhand smoke in the home.

98% of children wish their parents would stop smoking

## **Third Hand Smoke**

Thirdhand Smoke: New Evidence, Challenges, and Future Directions, P. Jacob et al, 2017, ACS 2017 Jan; 30(1): 210-294 Publications, "Chemical Research in Toxicology" accessed:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5501723/>

The contamination that persists after secondhand tobacco smoke has been emitted to the air

The particles become embedded in materials such as carpets, blankets, clothes.

These particles remain, react, re-emit and or are re-suspended long after active smoking ends

Exposure pathways for Third hand smoke include not only inhalation but also dermal uptake from contact with contaminated surfaces i.e. clothing, furniture, etc

The presence of third hand smoke indoors will generally be much longer (could stretch to months

THS has been shown to have many effects including delay in wound healing, lung and liver damage, metabolic effects, defects in insulin metabolism

Thirdhand Smoke Beliefs and Behaviors among Healthcare Professionals, S Darlow et al, Psychology Health Medicine. Apr 2017; 22(4): 415-424

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5659263/>

Only 1/3 of the sample had heard of THS before completing the study

Results showed that understanding or believing that THS is harmful was associated with a greater likelihood of providers discussing THS with others. Improving provider education about THS could increase the likelihood that more smokers and patients exposed to THS receive information from providers, who are a credible source of health education that can improve motivation to quit or reduce smoke exposure.

Smoke exposure education campaigns should consider that men may be less receptive and should make efforts to ensure that campaign messages and materials are appropriate and targeted for men.

## Helping you stop smoking during your visit

If you **choose to smoke** while you are visiting us, we will make you aware of the dangers of smoking and passive smoking and we will direct you to a designated smoking area.

It is important for the health of everyone that if you do smoke, you do so in the designated area. Smoking outside these areas will not be allowed and staff will redirect you if you are unsure or in the wrong area.

Anyone visiting Trust property can vape, however they must do so more than 5 meters away from the building. Unfortunately, if you do vape, we cannot charge your e-cigarette on Trust Property.

We can offer Nicotine Replacement for your stay in hospital to ensure you do not need to smoke or your friends and family can charge your vape and bring it in for you to use.

**ONE  
YOU**  
EAST SUSSEX  
01323 404600

## Helping you stop smoking during your visit

**East Sussex Healthcare NHS Trust is a Health Promoting Trust**

We want the environment around our hospitals and clinics to be one that is safe and healthy for our members of staff, patients and visitors. This includes protecting people from passive smoking while on Trust premises.

If you smoke, we want to help you to stop, especially while you are visiting us.

We have put together some support to help you stop smoking, that you access for free.

If you are **staying in hospital overnight** (as an inpatient), you may be asked questions about your lifestyle, including whether you smoke. If you smoke, our staff will offer you Nicotine Replacement Therapy (NRT) during your stay with us. They will also offer to refer you to One You East Sussex who provide one to one support throughout the quitting process and a holistic healthcare check beyond.

If you are not offered this, please ask your doctors, nurses, or pharmacists who will be able to advise you on the services available. You can also ask for contact details, so yourself or your visitors can contact One You East Sussex and start the quitting process. All wards have the business cards available.

**OneYou East Sussex. EAT WELL. MOVE MORE. BE SMOKE FREE.**  
01323404600

## **Appendix 7, Fire Guidance for electronic cigarettes**

ESHT buildings are smoke free environments, for traditional and electronic smoking products. Smoking is not permitted within the buildings for the obvious fire and passive smoking risks to other patients and staff in the building. Smoking is permitted in the designated smoking shelters in the grounds. Electronic cigarettes are also not permitted to be used in the buildings. Electronic cigarettes produce a vapour when in use, this activates the comprehensive smoke detection system installed in our buildings. The charging of electronic cigarettes is also prohibited in the premises, the lithium i-on batteries supplied with the devices can be volatile and have been known to cause fires. For the safety of all patients and staff in our buildings no charging or use of electronic cigarettes are allowed in our buildings.



## Appendix 8, Nicotine Replacement Therapy (NRT) Formulary and guidance

### Nicotine replacement therapy and product formulary for ESHT

Nicotine replacement therapy (NRT) aims to reduce withdrawal symptoms associated with stopping smoking by replacing the nicotine from cigarettes through other products. There are currently several different types of NRT holding marketing authorisation by the Medicines Health Regulatory Authority (MHRA)<sup>1,2</sup>.

Gum, nasal/oral sprays, inhalers, and lozenges/tablets deliver nicotine to the brain more quickly than through skin patches but less rapidly than from smoking cigarettes<sup>3-8</sup>.

The main addictive chemical in tobacco is Nicotine which makes stopping smoking difficult. However illness and death are caused by carcinogens and toxins in tobacco smoke – not the nicotine. Smokers often have misconceptions about the role of nicotine and the level of harm it can cause. This creates a barrier preventing them from considering the use of licensed nicotine-containing products<sup>1</sup>.

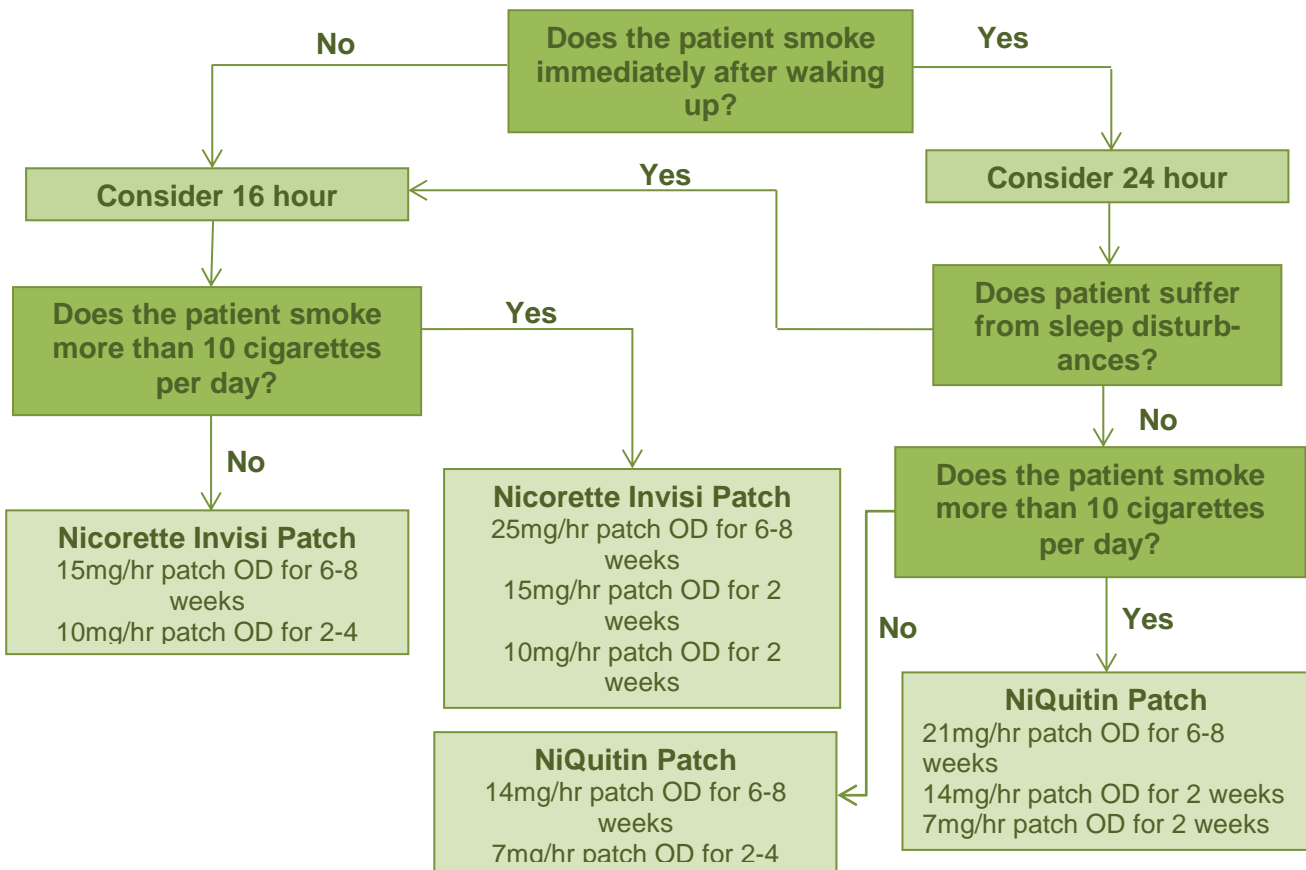
Combination therapy (the use of more than one NRT product) has been shown to be clinically more effective than the use of a single product alone. It is therefore recommended that dual therapy should be offered where possible. This usually consists of a transdermal patch in addition to a faster acting product for break-through cravings<sup>1</sup>.

NRT is licensed in the use of all patients over the age of 12 years old.

All the listed products can be used in pregnancy and lactation. Patients should be advised to try and give up without the use of NRT due to the harmful effects of nicotine on the fetus and the fact that it also passes freely into breast milk<sup>9</sup>. Smoking cessation can influence the efficacy of certain prescribed medication. Therefore it is recommended to check with a doctor or pharmacist before attempting to quit.

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**Chewing Gum (Nicorette)**  
(Available in Freshmint/Icy White/Fruitfusion)

- Not recommended for denture wearers
- Use the chew/park/chew technique for 30 minutes

**For patients that smoke more than 20 cigarettes per day:**  
Use 4mg gum. Use 6mg (4mg + 2mg) if 4mg does not fully relieve cravings

**For patients that smoke less than 20 cigarettes per day:**  
Use 2mg gum

**Lozenges (NiQuitin Minis Mint)**

- Good alternative to gum
- Move around mouth and allow to slowly dissolve

**For patients that smoke more than 20 cigarettes per day:**  
Use 4mg lozenges

**For patients that smoke less than 20 cigarettes per day:**  
Use 1.5mg lozenges

**Oromucosal Spray (Nicorette QuickMist 1mg/dose)**

- Takes seconds to work
- Start by using spray on the hour, every hour, until cravings are under control.  
Maximum of **2 sprays at a time**  
**4 sprays per hour**  
**64 sprays per day**