



Royal College  
of Nursing

# Protecting community staff from exposure to second-hand smoke

*RCN best practice guide  
for staff and managers*



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## 1

## Introduction

The RCN's two-year campaign arguing for a ban on smoking in enclosed public places achieved its aim when MPs voted in February 2006 to ban smoking in all pubs, clubs and restaurants in England from the summer of 2007. This will bring England in line with Scotland, where the law banning smoking in public places came into effect on 26 March 2006. Northern Ireland intends to bring in similar legislation as does Wales.

The RCN has also presented evidence to the Health Select Committee supporting the inclusion of a smoking ban in mental health care settings on the grounds that otherwise it would perpetuate the health inequalities suffered by this client group. However, the RCN argued strongly that the issue of smoking has to be addressed sensitively on an individual basis, and with due regard to the fact that a time of crisis or acute ill health may be an inappropriate point at which to ask a patient to stop smoking.

Importantly, the RCN's *A Breath of Fresh Air* campaign set the standard for the organisation. At the 2004 RCN Congress a resolution was brought by Liverpool branch calling on the RCN to provide guidance for community staff to protect them from exposure to second-hand smoke (SHS). It led to this new best practice guide being produced to inform managers and staff about ways to prevent and reduce staff exposure to SHS.

*Protecting community staff from exposure to second-hand smoke* provides essential information for both community nurses and managers. It contains practical advice for community nurses or other health workers when they visit patients in their own homes. The guidelines also have examples of NHS best practice policies designed to protect community staff from SHS.

The guide is for RCN members' use, and aims to encourage dialogue between health care workers and patients about ways in which staff could be protected from SHS – without compromising patient care.

## Background

The RCN has been educating members on tobacco control and smoking cessation since 1999 when it set up the Tobacco Education Project. In 2004 RCN members at RCN Congress voted overwhelmingly in favour of a resolution to campaign for a ban on smoking in enclosed public places. As a direct result the RCN's call for a total ban on smoking in all enclosed public places was one of the key demands of the RCN 2005 manifesto.

Since the RCN first published *Clearing the air* in 1999, there has been a major political shift towards tackling the problems caused by smoking – which continues to be the single biggest cause of avoidable death in the UK, and which it is estimated causes somewhere between 1,000 and 16,000 deaths a year through passive smoking. Nurses remain key to providing the individual help and support that is necessary to help people stop smoking. The information in *Clearing the air 2* is aimed at all nurses across the four UK countries, and shows how to put research evidence into practice (RCN, 2003).

All NHS premises will be totally smoke free by December 2006, but nurses working in the community will remain exposed to SHS in patients' homes.

A recent survey (unpublished) by The University of Manchester on the impact of SHS on nurses has further convinced the RCN of the need to protect community nurses. The survey found that many community staff are regularly exposed to SHS at work. Nurses reported exposure to smoke during home visits, citing symptoms such as watery eyes, runny nose, dry throat, coughing and in some cases difficulty in breathing.

## Working can damage your health

The RCN North West Regional Board submitted the agenda item ‘Working can damage your health’ to Congress 2005 as a matter for discussion (see Appendix 6). The Board wanted to ensure that members could debate an action plan to achieve a smoke free working environment for community nurses.

The key discussion points were:

- ◆ SHS is a proven health hazard and a cause of lung cancer and coronary artery (ischaemic heart) disease in adult non-smokers
- ◆ many community staff find themselves regularly exposed to SHS
- ◆ many staff feel it is outside of their role to ask clients not to smoke in their own homes and would prefer the issue to be addressed by their managers and employing authority.

*“We need to be persuasive and encouraging in our approach to patients who smoke. Their carers and nurses should compromise and agree the best way that nurses can be protected in houses where there are smokers.”*

Lynn Young, RCN Primary Care Adviser

*“Patients expect to be treated in a safe environment. I believe it is reasonable for any representative of the NHS providing care outside of a hospital to expect to work in a safe environment. Smoke free working should be a nurse’s right, not a privilege.”*

Jennifer Percival, RCN Tobacco Policy Adviser

## 2

## Protecting community staff from second-hand smoke

As an employer, the NHS has a duty under the Health and Safety at Work Act 1974, and the Management of Health and Safety at Work Regulations 1999 to provide a working environment for employees that is safe and without risks to health. However, there is no NHS guidance for community staff to protect them from the dangers of SHS.

Members called on the RCN to produce these best practice guidelines *Protecting community staff from exposure to second-hand smoke*. It outlines the responsibilities of patients, carers and service providers. The appendices contain good examples of smoke free policies from NHS trusts that address protecting community staff. An information leaflet called *Taking care of the nurse who takes care of you* (see Appendix 1) has also been included for you to download and use. It tells the public about the key health issues, and why health care providers need to have a smoke free working environment.

### Duty of care

The duty of care to patients exists in any situation where a nurse may reasonably be expected to work in the course of their employment. The RCN supports community nurses to make their own clinical decisions in all circumstances.

There is no law to protect anyone working in a client's home; employers and employees rely on the understanding and goodwill of the client. If a community nurse is concerned about exposure to SHS and their health, employers have a duty of care to take steps to reduce their exposure to SHS.

For guidance on:

- ◆ the steps that managers can take to protect staff from SHS exposure, see page 5
- ◆ advice for community nurses on ways to minimise risk, see page 6
- ◆ advice for the public, patients and service users, see page 8.

### Member communication

The RCN has planned a communication programme to publicise this new guidance to all members. This will include keeping members informed of new policies introduced by NHS trusts. For example, Ashfield and Mansfield District Primary Care Trusts in Nottinghamshire have introduced a new rule to protect staff from SHS. Health care workers can now ask a patient to stop smoking when they enter their home.

## 3

## Best practice for managers

Below are some best practice guidelines for managers to consider.

1. Give explicit senior management support to enable community nurses to carry out their duties in a smoke free environment.
2. Set up a working group to draw up and implement a local smoke free policy for community staff. Consider linking this to other policies, e.g. moving and handling, violence. Have senior management represented on the implementation group.
3. Widely publicise the policy. Explain to staff their rights in relation to working in a smoke free environment and how employers will help prevent staff exposure to SHS. Provide all staff with this policy at induction and ensure existing staff are aware of the updated policy.
4. Increase and build on staff knowledge about the dangers of exposure to SHS. Incorporate training on how to address the issue with clients, their families or guests into staff induction days.

Produce a written patient contract that outlines the responsibilities of the service and the patient. For example, the service needs to accept certain obligations such as: arranging times for visits with the patient, not imposing them; and, that staff will arrive within 30 minutes of the agreed time or let the patient know of any delay.

Patients' expectations should include providing visiting community nurses with a smoke free space and not smoking during the appointment. They should be informed that the visiting staff member may leave if they do not follow the agreed patient contract.

This is an example of the type of wording that might be used in a patient contract:

'In order to protect staff who visit clients in their own homes, when clients refuse reasonable requests for no smoking during the visit, line managers will provide a letter to the client, requesting that the client and their family do not smoke during the visit. If the client and or occupants do not respect this, the manager will ask for an alternative venue for the appointment where reasonably practicable.'

5. Include the request in all NHS correspondence and ask staff to give the information verbally when booking a home visit. Advise patients that the area being provided needs to have been smoke free for a minimum of one hour.
6. Provide a leaflet for patients that explains why staff need a smoke free working environment. Some good practice examples from NHS trusts are provided in the appendices.
7. If a member of staff reports a case of non-compliance with the patient contract, you will need to determine how to proceed based on the PCT's duty of care, both to the member of staff and the patient. In these circumstances documentation must be kept regarding the policy breach and the actions taken including the decision-making process.
8. Support those staff who want to stop smoking. Give them the opportunity to access the local NHS Stop Smoking Service in working time.



## 4

## Best practice for staff

Community staff can use their professional judgement when deciding whether or not to implement the smoke free policy. There may be some highly complex or crisis situations where staff decide to allow a patient to smoke, for example, an acutely distressed or terminally ill smoker. If a patient's community care involves a team of people, all staff in attendance will need to agree to the exemption.

### How to achieve a smoke free working environment

To ensure you achieve a smoke free working environment:

- ◆ make sure you include the request for a smoke free working environment in all written correspondence with patients
- ◆ make a clear verbal request for a smoke free working environment when you book each home visit with your patients
- ◆ offer patients an information leaflet on the dangers of SHS. This could be routinely sent with other documentation prior to the initial visit. You could adapt the RCN leaflet *Take care of the nurse who takes care of you* for this purpose
- ◆ record the smoking status of each patient in the care plan, and offer them advice and support on how to stop smoking. Provide them with the contact details of the local NHS Stop Smoking Service or the NHS Smoking Helpline 0800 169 0 169
- ◆ use family health plans or primary birth plans to address the issue of the dangers of SHS for all family members, children and babies.

Here is an example of how to make the request for a smoke free environment when booking your home visit:

- ◆ describe the purpose of the visit and confirm the date and time
- ◆ explain the procedure that you will carry out
- ◆ if appropriate, ask about hand washing facilities
- ◆ ask directly whether anyone in the home is a smoker.

**If the answer is no, no one smokes in the house,** you will be reassured that you are not going to be exposed to risk.

**If the answer is yes, we do smoke in the house,** ask the patient: "Would it be possible for you to provide a smoke free room for the duration of my visit?" Explain to the patient that smoke free means a well-ventilated room or area where no one has smoked in the previous hour.

In practice, most people are already happy to comply with requests from community staff such as:

- ◆ "Please can you turn down or turn off the TV?"
- ◆ "Can the animals go into another room while I am working?"

Now it's time to routinely ask them to provide a smoke free environment.

**If you are concerned about your risk of exposure, ask your patient:** "What would be possible for you to do in your home to help protect me from breathing in second-hand smoke?"

If someone cannot, or refuses to provide a smoke free space, **ask** if it's possible for them to attend an NHS clinic for their care instead. If this is impossible, explain that your NHS employer has a smoke free policy in place to protect you from the dangers of SHS.



## 5

## References

At all times you need to assess whether an environment is safe for you to provide a service. If you cannot reach an agreement with a patient, refer the case to your manager and ask for their support in handling the issue. They can write to the patient and send them a leaflet that explains the NHS policy, and why the NHS needs to protect staff from exposure to SHS. See Appendix 4, which shows how North Stoke PCT has put this advice into practice for their community staff.

Ashfield and Mansfield District PCTs (2005) *'Smoke free charter' for Ashfield*, Nottingham: Ashfield and Mansfield District PCTs. Press release issued 23/11/05. Available from: [www.ashfield-pct.nhs.uk](http://www.ashfield-pct.nhs.uk)

Department of Health (2004) *Choosing health: Making healthy choices easier*, London: DH. Available from: [www.dh.gov.uk](http://www.dh.gov.uk)

Health Development Agency and PharmacyHealthLink (2005) *The case for a completely smokefree NHS in England*, HDA: London. Available from [www.publichealth.nice.org.uk](http://www.publichealth.nice.org.uk)

Royal College of Nursing (2003) *Clearing the air 2. Smoking and tobacco control – an updated guide for nurses*, London: RCN. Publication code 001 945. Available from: [www.rcn.org.uk](http://www.rcn.org.uk)

## 6

## Further reading and useful websites

### HDA guidance for smoke free hospitals

The Health Development Agency (HDA) and PharmacyHealthLink have produced *Guidance for smokefree hospital trusts*, which explains the rationale for why the NHS should become smoke free (2005). It defines what is meant by smoke free, and sets out the steps needed for NHS trusts to become smoke free. It is based on an HDA survey of hospitals, three detailed case studies and consultations with individuals who have been involved in implementing smoke free policies. The guidance should be read in conjunction with the briefing paper *The case for a completely smokefree NHS in England* (HDA, 2005). It makes the case for a completely smoke free policy across the NHS, and counters objections from those who say it cannot be done.

Health Development Agency and PharmacyHealthLink (2005) *The case for a completely smokefree NHS in England*, London: NICE. [www.publichealth.nice.org.uk/download.aspx?o=502901](http://www.publichealth.nice.org.uk/download.aspx?o=502901)

Health Development Agency (2005) *Guidance for smokefree hospital trusts*, London: HDA. [www.cleanairaward.org.uk/downloads/HADGuidance.pdf](http://www.cleanairaward.org.uk/downloads/HADGuidance.pdf)

### RCN guidance

In 2002 the RCN updated its 1999 publication *Clearing the air*. The information in *Clearing the air 2. Smoking and tobacco control – an updated guide for nurses* is aimed at all nurses across the four UK countries, and explains the problems with tobacco use and shows the ways smokers can be supported

to quit the habit. It is available free to all members by ringing RCN Direct on 0845 772 6100 and quoting the publication code (001 945).

### Useful websites

#### ASH

ASH is a campaigning public health charity working for a comprehensive society-wide response to tobacco. Its aim is to achieve a sharp reduction and eventual elimination of the health problems caused by tobacco. Their 'Basic Facts' leaflets provide an overview of the key tobacco facts and statistics.

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

#### QUIT

QUIT is a charity that helps people give up smoking. It runs regular training courses for health professionals on how to help people stop smoking.

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

#### Treatobacco.net

Treatobacco.net is a useful source of global evidence-based data, information and practical support for the treatment of tobacco dependence. It is aimed at doctors, nurses and other health care professionals.

[www.treatobacco.net](http://www.treatobacco.net)

#### Giving up Smoking

Giving up Smoking is the NHS tobacco education campaign website about the local NHS Stop Smoking Service for the public and health professionals.

[www.givingupsmoking.co.uk](http://www.givingupsmoking.co.uk)

# Appendix 1:

## Example information leaflet for patients

### **Take care of the nurse who takes care of you**

#### **Important information for people receiving home visits**

Please consider the needs of our staff and provide them with a smoke free environment.

Second-hand smoke, or passive smoking as it's sometimes called, has been found by the Government Scientific Committee on Tobacco and Health to be detrimental to people's health. It can cause heart disease, stroke and lung cancer in adults. Being exposed to second-hand smoke even for a short time can cause eye irritation, headache, cough, sore throat, dizziness and nausea.

Employers have a duty in common law to take reasonable care to protect the health of employees. Your NHS trust [add name here] is required by the Health and Safety at Work Act 1974 to ensure that employees and others are not put at risk.

We therefore ask if you would do everything possible to provide a smoke free environment when our staff visit you in your home.

#### **How to protect staff from exposure to second-hand smoke:**

- refrain from smoking inside the house for at least 1 hour before they arrive
- open windows and doors to fully ventilate the area
- try to keep one room smoke free at all times.

#### **During the visit:**

- do not smoke or let anyone else in the house smoke in the area
- wherever possible, when the nurse is in the house, ask other smokers to go outside to smoke.

#### **Our NHS trust policy**

We ask our staff to assess whether any environment they enter is safe for them to provide their services. If a smoke free environment cannot be provided, a risk assessment will be required in order to reduce risk to a level that is as far as is reasonably practicable. We will support staff to leave an environment they deem to be unsafe. If necessary, you will be offered alternative treatment options.

#### **Our undertaking to you**

All routine visits will be pre-booked and you will be given a time for the visit. If the staff member is delayed, you will be contacted as soon as possible.

# Appendix 2:

## Best practice from Dorset Healthcare NHS Trust

**Dorset Healthcare NHS Trust's *Ensuring smoke free environments* policy is an excellent example of a smoke free policy that highlights the need to protect community nurses from exposure to second-hand smoke.**

### Ensuring smoke free environments Dorset Healthcare NHS Trust premises

#### Policy objectives

This policy is intended to:

Ensure that Dorset Healthcare NHS Trust satisfies its legal obligation under Section 2(2)(e) of the Health and Safety at Work Act 1974:

*'To provide and maintain a safe working environment which is, so far as is reasonably practicable, safe, without risks to health and adequate as regards facilities and arrangements for their welfare at work.'*

- comply with the 2004 white paper "*Choosing health: Making healthy choices easier*" and make a commitment to ensure smoke free places, "*By the end of 2006, all government departments and the NHS will be smoke free.*"
- reduce the risk of fires caused by smoking
- provide opportunities and support to staff, patients and visitors who wish to give up smoking
- provide a model of good practice for other organisations in implementing policies on smoking
- reduce the burden of premature death and illness in the wider community by promoting a comprehensive approach to tackling smoking.

From the implementation date smoking staff, contractors and visitors will not be allowed in any part of Dorset Healthcare NHS Trust's premises or grounds including:

- car parks (including in their own vehicles)
- corridors
- doorways and entrances
- gardens
- offices
- rest rooms
- restaurants or canteens
- toilets
- any shelters, garden sheds or other similar structures that have previously been designated as smoking areas.

It is anticipated that Trust headquarters will become the first trust site to move to a completely 'smoke free' environment.

Staff are requested not to smoke immediately outside Dorset Healthcare NHS Trust grounds and premises.

### **Shared premises**

Dorset Healthcare NHS Trust employees who are based in premises owned or managed by another organisation are entitled to the same protection as those working in Dorset Healthcare NHS Trust premises. In cases where this is not happening Dorset Healthcare NHS Trust will work with the organisation responsible for managing the building in order to progress towards a totally smoke free environment.

Future agreements for shared premises should ensure that staff are given the same protection as those working in Dorset Healthcare NHS Trust premises.

### **Home visits**

All staff visiting or treating service users in their own homes are entitled to the same level of protection as those working in Dorset Healthcare NHS Trust premises.

Prior to the initial visit service users will be made aware of Dorset Healthcare NHS Trust's 'no smoking arrangements' and requested to ensure that the service users and/or other occupants do not smoke during the visit.

### **Vehicles**

Smoking is not allowed in any vehicle owned or leased by Dorset Healthcare NHS Trust, when the member of staff is carrying out activities in connection with their employment.

### **Other venues**

When attending meetings or other events at venues where smoking is permitted, staff are expected not to smoke both because they are representing Dorset Healthcare NHS Trust, and therefore its strategy on tackling smoking, and because it is important not to expose others to environmental tobacco smoke. Similarly staff should not be seen smoking in public while wearing uniform or Dorset Healthcare NHS Trust identification passes.

### **Sale of tobacco products**

The sale of tobacco products is not permitted in any of Dorset Healthcare NHS Trust's premises.

## Service users smoking

It is the overall objective that inpatient areas will become smoke free by April 2006. It is however recognised that there may need to be specific arrangements for patients detained under the Mental Health Act which will be outside.

The Trust's legal advisers are confident that a ban on service users smoking does not contravene a service user's right to respect for a private life under Article 8 of the European Convention on Human Rights, unless a service user could show that being denied of his/her smoking habit would lead to a deterioration in his/her mental health.

The key to successful implementation of this policy is an adequate supply of appropriate support and practical advice for service users who are smokers supplied through the SmokeStop Service.

Until a unit becomes smoke free, service users smoking should be confined to designated rooms or outside.

Conflict can arise with some service users who have generalised difficulties with relationships. Discussion of the reasons for the arrangements and the firm and fair application of it can be used therapeutically with them. The use of cigarettes to reward approved behaviour or as a therapeutic aid is not appropriate.

A recent review of smoking bans in mental health and addiction settings (el-Guebaly et al., 2002) indicates that total or partial smoking bans resulted in 'no major long-standing untoward effects in terms of behavioural indicators of unrest or compliance', although they appeared to have had little or no effect on smoking cessation. The authors argue that smoking cessation strategies should be an inherent component of policies that ban smoking.

## Ensuring compliance

- prior to implementation, Dorset Healthcare NHS Trust's 'No smoking arrangements' will be circulated to all members of staff, and, in future, in all new members of staff induction packs.
- in addition all service users and visitors will be made aware of the local arrangements.

Support for staff who smoke:

- the SmokeStop Service will provide advice and support for those staff and service users who are smokers and want to give up. This will be tailored to the individual's preference and will be either one-to-one, group or telephone support. Staff will be able to access this support during their work time
- for those members of staff who do not wish to stop smoking the SmokeStop Service will provide advice and support on coping strategies and managing their smoking during the working day.



## Management responsibility

It is the responsibility of all managers to ensure that

- staff (including temporary staff) are aware of and comply with the policy
- staff who smoke are aware of the support available
- staff who smoke are able to access the support they require
- contractors are aware of and comply with the arrangements
- visitors are aware of and comply with the arrangements
- patients are informed of the arrangements prior to their attendance at the hospital or clinic
- patients comply with the local arrangements in use
- where home visits are undertaken the service user is made aware of the arrangements prior to the visit and complies with the arrangements.

Should a member of staff fail to observe the arrangements, their line manager will attempt to resolve the situation informally in the first instance. They must ensure that the staff member is aware of the arrangements and the support that is available to them and that they are able to access the support. If the staff member then continues to breach the arrangements they will be subject to normal disciplinary procedures.

Should a service user fail to observe the policy it is the responsibility of the senior person on duty to attempt to resolve the situation informally in the first instance. They should be offered the opportunity to access the SmokeStop Service to assist them in managing their smoking during their stay in hospital. Should a subsequent breach occur the action to be taken would be the responsibility of the whole MDT as part of the wider care plan.

Should a visitor fail to observe the policy it is the responsibility of the senior person on duty to attempt to resolve the situation informally in the first instance. If the visitor then continues to breach the policy they will be asked to leave the premises.

Should a service user receiving treatment in their own home fail to observe the policy, the member of staff providing the treatment will in the first instance enquire if the service user had received the information about Dorset Healthcare NHS Trust's Smoking Arrangements. If they have not, the member of staff will give them a copy and verbally request that they and/or other occupants stop smoking.

## Signage

It is the responsibility of the manager of each of Dorset Healthcare NHS Trust's premises to ensure that there is adequate signage both inside and outside the building.

## Outpatients

Prior to attending their first appointment all outpatients will be informed in writing of Dorset Healthcare NHS Trust's 'No smoking arrangements'.

## Recruitment procedures

Dorset Healthcare NHS Trust 'No smoking arrangements' should be included in:

- job descriptions, the interview stage and the contract of employment
- new staff induction days and fire lectures.

## Contractors

Prior to commencing work on site outside contractors should be given written information about Dorset Healthcare NHS Trust 'No smoking arrangements'.

## Implementation and monitoring

### Effective date

The Dorset Healthcare NHS Trust 'No smoking arrangements' will come into effect in a phased way from 1 April 2005.

### Monitoring

It will be the responsibility of the Joint Governance Team to monitor the effectiveness of the new arrangements.

**This policy will be reviewed in December 2006.**

## References and further reading

Department of Health (2003) *Annual report of the Chief Medical Officer 2002*. London DH.

Department of Health (2004) *Choosing health: Making healthier choices easier*, London DH. Available at: [www.dh.gov.uk](http://www.dh.gov.uk) (accessed 11 April 2006).

el-Guebaly N, Cathcart J, Currie S, Brown D and Gloster S (2002) Public health and therapeutic aspects of smoking bans in mental health and addiction settings, *Psychiatric Services*, 53(12), pp.1617-22.

International Agency for Research on Cancer (IARC) (2002) *Volume 83: Involuntary smoking, IARC monographs on the evaluation of carcinogenic risks to humans*, Lyon: IARC. Available at: <http://monographs.iarc.fr/htdocs/indexes/vol83index.html>

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# Appendix 3:

## Best practice from Bexley Care Trust

**Bexley Care Trust's smokefree policy is an excellent example of an NHS policy that highlights the need to protect community nurses from exposure to second-hand smoke.**

### Bexley Care Trust smokefree policy

#### 1. Introduction

- 1.1 Smoking remains the single largest cause of preventable death and disability in the United Kingdom. It has been estimated that one in five of all deaths in Bexley is caused by smoking (Callum and White, 2004).
- 1.2 Bexley Care Trust is committed to creating work environments which are free of tobacco smoke and therefore protect the health and wellbeing of Trust staff, visitors and patients.

#### 2. Scope

- 2.1 This policy applies to all staff employed by the Trust. All contractors (including agency staff and other contract staff), students and volunteers are expected to abide by the terms of the smokefree policy. The policy also applies to patients and visitors.
- 2.2 General practices and other contractor services may wish to use this policy for guidance when reviewing their own policies on smokefree workplaces.

#### 3. Rationale

- 3.1 Section 2(2) of the Health and Safety at Work Act 1974 places a duty on employers to provide and maintain a safe working environment which is, so far as is reasonably practical, safe, without risks to health and adequate as regards facilities and arrangement for their welfare at work. Additional information about the legal responsibilities for employers is outlined in Appendix 3a.
- 3.2 Several EU directives relating to health and safety in the workplace have come into force since 1 January 1993. These include the Management of Health and Safety at Work Regulations 1999 which, under general principles of prevention include:
  - avoiding risks
  - combating risks at source
  - replacing the dangerous by the non-dangerous or the less dangerous
  - giving collective protective measures priority over individual measures.

- 3.3 This policy is consistent with the program for smokefree policy implementation in NHS organisations outlined in the Government's Choosing Health white paper (November, 2004).

#### 4. Definitions of terms

- 4.1 For the purpose of this policy, smoking is defined as the burning of lighted cigarette, cigar, pipe or any other matter or substance that contains tobacco.

#### 5. Policy statement

- 5.1 Bexley Care Trust is committed to providing a smokefree environment for all staff, patients and visitors. As part of this commitment, appropriate advice and support will be offered by Bexley Stop Smoking Service (outlined in Section 8).
- 5.2 The aim of this smokefree policy is to guarantee the right of non-smokers to breathe smokefree air at work. The policy is concerned with **where** people smoke at work, not about **whether** they smoke.
- 5.3 Smoking will not be permitted in the following areas:
- 5.3.1 on any Bexley Care Trust premises and grounds. This includes lifts, corridors, stairways, reception, meeting rooms, toilets, rest/dining areas, waiting areas, car park and garden areas. The policy also applies to situations where the Care Trust shares grounds with other NHS trusts or any other organisation
  - 5.3.2 outside any entrances to Care Trust buildings. Smoking is not permitted within 15 metres from the outside perimeter to Trust buildings and grounds (in line with pan-London recommendation)
  - 5.3.3 in any vehicles owned or leased by Bexley Care Trust. As indicated, smoking is not permitted in car park areas.
- 5.4 This policy forms part of the Trust's health and safety policy, and any breaches may be dealt with under the normal disciplinary procedure.
- 5.5 Bexley Care Trust will ensure that the sale or promotion of tobacco products is not allowed on its premises.

#### 6. Responsibilities

##### 6.1 Chief Executive

- 6.1.1 The Chief Executive is responsible for ensuring that reasonable resources are made available for the implementation of this policy, and for providing support where it is necessary to implement the key aspects of Bexley Care Trust smokefree policy.

## 6.2. **Managers**

- 6.2.1 Managers are responsible for informing and educating their staff about the requirements of the smokefree policy as they would with other health and safety issues.
- 6.2.2 Any concerns employees may have regarding smoking at work should be reported immediately to their line manager so that corrective action can be taken, if necessary.
- 6.2.3 Managers will receive training with regard to their responsibilities in relation to the smokefree policy and will be expected to ensure that staff, patients, clients and visitors are aware of the policy and to enforce it.

## 6.3 **Staff**

- 6.3.1 All Bexley Care Trust staff members have the responsibility to comply with the smokefree policy.
- 6.3.2 Bexley Care Trust staff who want to smoke during official breaks can do so only if they cannot be identified as part of the Trust. This means that they are not smoking in a Trust uniform, wearing a Trust identity badge and are not smoking in Trust buildings or on Trust grounds (refer to Section 5.3 for additional information about areas where smoking is not permitted).
- 6.3.3 Staff are encouraged to remind anyone (colleagues, patients and visitors) who is failing to comply with the smokefree policy about the conditions of the policy document. If they do not feel comfortable to do so, they should report it to their manager or Human Resources.
- 6.3.4 From 31 December 2005, any member of staff who fails to comply with the smokefree policy may be subject to disciplinary action. An initial breach of this policy will be dealt with in an informal advisory capacity. However, any member of staff who persistently fails to comply with the Trust's smokefree policy, despite having it brought to their attention, will be subject the Trust's disciplinary policy and procedure.
- 6.3.5 All Bexley Care Trust staff are encouraged to attend training about the support that is available to smokers and how to refer smokers to the Bexley Stop Smoking Service.

## 6.4 **Human Resources**

- 6.4.1 Job advertisements and job descriptions will normally include a statement to say that Bexley Care Trust is a smokefree working environment.
- 6.4.2 All potential and new staff will be informed of the requirements of the smokefree policy. Information about the policy will be included in employment and induction packs sent to all staff.
- 6.4.3 An overview of the smokefree policy will be included in all Bexley Care Trust induction training programs.

## **7. Non-trust employees, volunteers and students**

- 7.1 All contractors (including agency staff and other contract staff), students and volunteers are expected to abide by the terms of the smokefree policy. These requirements should be included in the Trust's contracts with contractor organisations. It is the responsibility of the site managers to ensure that non-Trust employees, students and volunteers comply with the terms of the smokefree policy.

## **8. Support for staff who smoke**

- 8.1 It is recognised that some smokers will need to adjust to this policy and may welcome support. Evidence indicates that the most effective strategy to support smokers who want to quit is a combination of behavioural support (either one-to-one or in a group), complemented by the use of stop smoking aids, Nicotine Replacement Therapy (NRT) and Bupropion (Zyban) (West et al., 2000).
- 8.2 Bexley Stop Smoking Service offers personalised one-to-one support from trained advisers. There are over one hundred specially trained Stop Smoking advisers who work locally around Bexley. These range from practice nurses who work in GP surgeries to local community pharmacists. The Stop Smoking Service also offers group support. The support groups run for six weeks and include advice on managing withdrawal symptoms, how NRT or Bupropion (Zyban) can help and strategies to help cope without cigarettes.
- 8.3 Bexley Care Trust is committed to supporting staff who want to stop smoking. Individuals are entitled to take time away from work to attend internal stop smoking sessions (group or one-to-one). Arrangements need to be negotiated with individual line managers prior to attending the support services.
- 8.4 During the implementation period of this policy (September to December 2005), additional support services will be available for staff. Staff should contact the Bexley Stop Smoking Team on 020 8298 6161 for details of services.
- 8.5 If Trust employees would like further information or advice about coping with the policy, or would like to give up smoking, they are encouraged to contact Bexley Stop Smoking Team on 020 8298 6161.
- 8.6 Staff have the full support of the Trust in the delivery of this policy. Bexley Care Trust would like all employees to feel confident about their role and contribution to improve the health of staff and patients.

## **9. Patients, clients and visitors**

- 9.1 Appropriate signs will be displayed at all entrances to the premises and if employees feel comfortable, they should tactfully remind patients and visitors of the smokefree policy, if necessary.
- 9.2 Information about the introduction of the smokefree policy will be targeted to patients, clients and visitors of Bexley Care Trust particularly in the lead up to the launch of the policy.



- 9.3 In the circumstances where staff provide services in homes of patients, they should be able to do so in a safe environment.
- 9.3.1 At the assessment stage, staff should inform patients about the Trust's smokefree policy, which aims to provide safe work environments for all staff. A Trust leaflet will be provided for all patients informing that about the policy and other relevant requirements for staff providing services in patients' homes (e.g. that staff should not be exposed to the danger of second-hand smoke whilst providing services in the homes of patients nor should they be exposed to verbal, racial or sexual harassment). Patients should be encouraged to comply with these requirements.
- 9.3.2 If a member of staff enters a smoke-filled room in a patient's home, they should assess whether it is a safe environment for them to provide services. They have the discretion to make alternative arrangements for the provision of services ensuring at all times that the safety and welfare of the patient is not compromised. Staff have the full support of the Trust to make decisions about services in these circumstances. Each case should be judged on individual circumstances and staff should discuss these issues with their manager.
- 9.4 The challenge of enforcing a smokefree policy is acknowledged and staff will receive the full support of the Chief Executive, Board and senior management.
- 9.5 If a patient, client or visitor becomes angry or violent, the standard Trust policy for aggressive behaviour is to be invoked. Training in how to deal with aggressive and difficult behaviour from patients and staff is already available.

## 10. Implementation period

- 10.1 Bexley Care Trust smokefree policy is a part of the *Improving Working Lives* strategy. The policy was developed with input from key Trust stakeholders including employees (smokers and non-smokers) and the Joint Staff Committee. Information about the policy was communicated to staff from September 2005 and a staff survey will be conducted to ensure that appropriate support is provided to smokers who want to stop.
- 10.2 There will be a three month implementation period in the lead up to the launch of the Bexley Care Trust smokefree policy.
- 10.3 From 1 September 2005, additional support for smokers will be provided through Bexley Stop Smoking Service (refer to Section 8.3 for additional information about the support available).

## 11. Review

- 11.1 As with other Bexley Care Trust policies, the smokefree policy will be reviewed on an annual basis and will be amended, as appropriate.

## References and further reading

Action on Smoking and Health (2001) *Smoking in the workplace; National asthma campaign Trades Union Congress*. Available from: [www.ash.org.uk](http://www.ash.org.uk)

Callum C and White P (2004) *Tobacco in London: The preventable burden*, London: Smokefree London. Available at [www.lho.org.uk](http://www.lho.org.uk) (accessed 11 April 2006).

Hatfield D and Nguyen D (2005) *Tower Hamlets Primary Care Trust smokefree policy*, London: Tower Hamlets PCT. Available from: [www.thpct.nhs.uk](http://www.thpct.nhs.uk) (accessed 12 April 2006).

Health Development Agency (2004) *The smoking epidemic in England*, London: HDA. Available from: [www.nice.org.uk](http://www.nice.org.uk)

Greenwich Teaching Primary Care Trust (2005) *Greenwich Teaching Primary Care Trust smokefree policy*, London: Greenwich Teaching PCT. Available from [www.greenwichpct.nhs.uk](http://www.greenwichpct.nhs.uk) (accessed 12 April 2006).

West R, McNeill A and Raw M (2000) Smoking cessation guidelines for health professionals: an update, *Thorax*, 55, pp.987-999.

# Appendix 3a:

## Legal responsibilities for employers

### Legal responsibilities for employers

- Employers have a duty in common law to take reasonable care to protect the health of employees. The Trust is required by the Health and Safety at Work Act 1974 to ensure that employees and others are not put at risk. Section 2(2)(e) requires that, so far as is reasonably practicable, the working environment is safe, without risks to health and adequate as regards facilities and arrangements for the welfare of employees. In addition, under Section 7 employees must take reasonable care of their own health, safety and welfare, as well as that of others, and must cooperate with their employer's efforts to discharge the required duties. These obligations are additional to the common law duty of care.
- The Management of Health and Safety at Work Regulations 1999 require employers to make an assessment of all risks to health and safety, to identify any group of employees especially at risk and to take preventive measures. In view of the evidence of the adverse health effects of passive smoking, tobacco smoke should be included in that assessment and action taken, if it is judged that passive smoking could pose a risk.
- Under Regulation 25 of the Workplace (Health, Safety and Welfare) Regulations 1992 employers must ensure that non-smokers are protected from the discomfort of tobacco smoke in rest areas.
- As part of the Management of Health and Safety at Work (Amendment) Regulations 1994, pregnant women must be protected against passive smoking and should be provided with suitable rest facilities, which should be smokefree.
- A wide range of specific regulations also require that smoking be banned or restricted for safety reasons (e.g. the Highly Flammable Liquids and Liquefied Petroleum Gases Regulations 1972) or as a matter of hygiene (e.g. the Food Safety (General Food Hygiene) Regulations 1995). The Trust is committed to reducing the risk of fire. As carelessly discarded cigarette ends in non-designated smoking areas are a common cause of fire, unauthorised smoking may be regarded as a disciplinary offence.
- The Health and Safety Executive recommends that all employers should have a specific written policy on smoking in the workplace, which gives priority to the needs of non-smokers who do not wish to breathe tobacco smoke.

# Appendix 3b:

## Stop smoking services helplines and websites

**In addition to the support available at Bexley Stop Smoking Service (refer to the information in Section 7 of Bexley Care Trust smokefree policy), there are a number of national helplines and websites.**

### NHS Smoking Helpline

Advice, information and support to stop and stay stopped. Information and contact details about all NHS Stop Smoking services in the United Kingdom.

Telephone: 0800 169 0 169, website: [www.givingupsmoking.co.uk](http://www.givingupsmoking.co.uk)

### NHS Pregnancy Smoking Helpline

A specialised one-to-one service geared to the needs and concerns of pregnant women. With a counsellor, pregnant women can plan how often they want support throughout their pregnancy and after their baby is born.

Telephone: 0800 169 0 169,  
website: [www.givingupsmoking.co.uk/Smoking\\_Pregnancy/](http://www.givingupsmoking.co.uk/Smoking_Pregnancy/)

### Asian Quitline

Bengali, Urdu, Punjabi, Gujarati and Hindi speaking counsellors offer confidential, friendly help and advice in these languages. Many Asian smokers who speak English fluently appreciate that they can discuss the cultural issues surrounding smoking with someone who understands.

Mondays	Bengali	0800 00 22 44	1pm - 9pm
Tuesdays	Gujarati	0800 00 22 55	1pm - 9pm
Wednesdays	Hindi	0800 00 22 66	1pm - 9pm
Thursdays	Punjabi	0800 00 22 77	1pm - 9pm
Fridays	Urdu	0800 00 22 88	1pm - 9pm
Thursdays and Sundays	Turkish and Kurdish	0800 00 22 99	1pm - 9pm

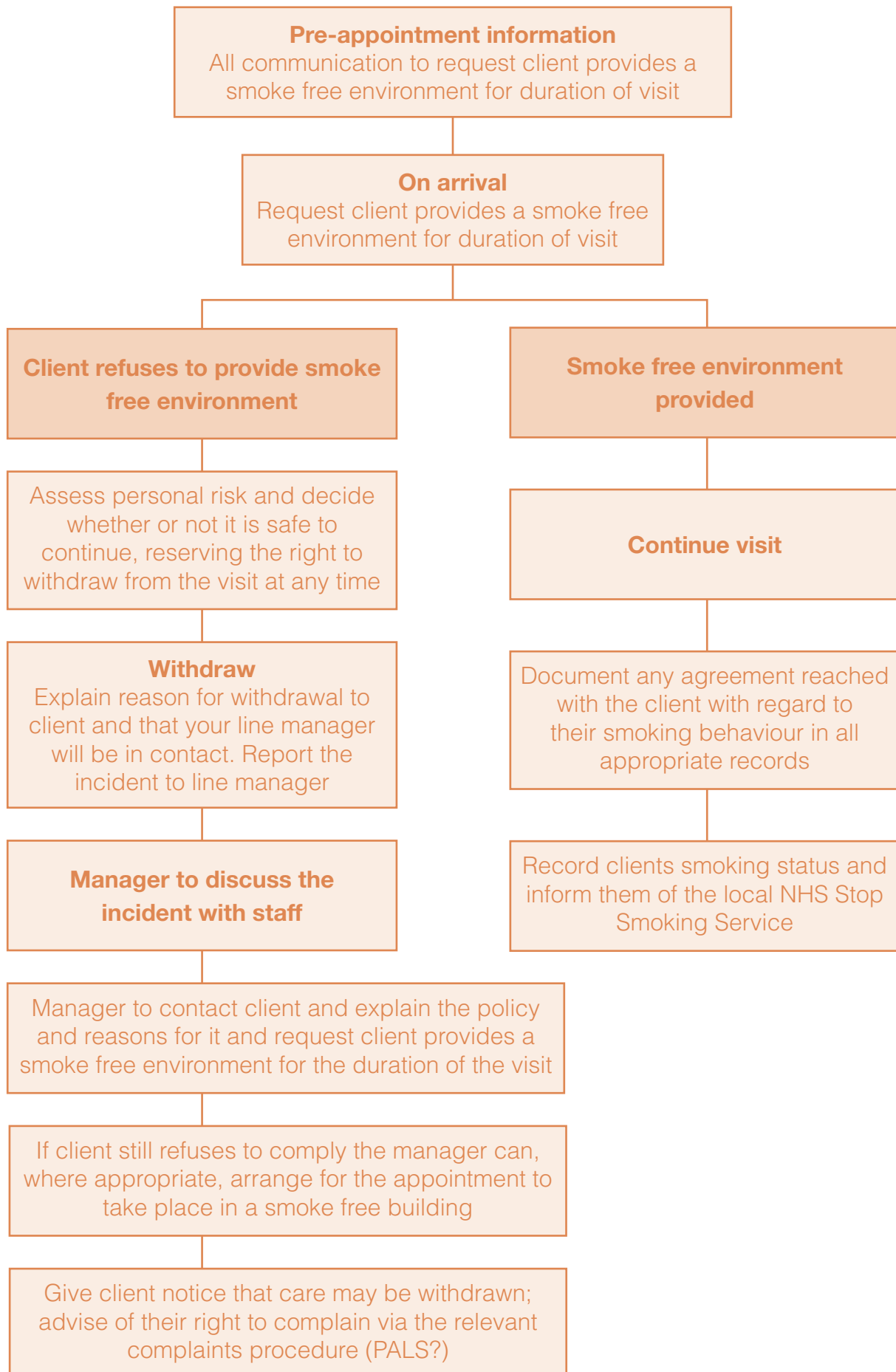
### QUIT

QUIT is an independent charity whose aim is to save lives by helping smokers to stop. QUIT provides advice, information and support to quit smoking through their telephone helpline and website.

Telephone: 0800 00 22 00, website: [www.quit.org.uk](http://www.quit.org.uk)

Bexley Stop Smoking Service  
Contact 020 8298 6161  
or [stop.smoking@bexley.nhs.uk](mailto:stop.smoking@bexley.nhs.uk)

# Appendix 4: North Stoke PCT flow chart



## Appendix 5:

# Speech by Sylvia Thomas, RCN Liverpool Branch, RCN Congress 2005

Smoking is the biggest cause of ill health and premature death. For example in Liverpool it is estimated that each year 900 people die from smoking-related diseases such as cancer or ischaemic heart disease. In the UK 120,000 people a year die from a smoking-related disease.

Now, second-hand tobacco smoke has now been proven to be a health hazard. A recent study shows that exposure to passive smoking kills more than 11,000 people a year in the UK.

Many of you will have had personal experience of some of the immediate effects of second-hand smoke, like eye irritation, headache, a cough, sore throat, dizziness and nausea; just 30 minutes' exposure is enough to significantly reduce coronary blood flow.

Many studies reveal that in the longer term, exposure to second-hand smoke can also result in an increased risk of a range of smoking-related diseases.

Under the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999 the NHS, as an employer, has a duty to provide a working environment for employees that is safe and without risks to health.

The white paper on Tobacco, Work and Health states that all NHS premises are to become totally smoke free by December 2006, in order to protect NHS employees working in secondary care from exposure to second-hand smoke. However, it does recognise that in some cases this may not be achievable, for example in mental hospitals and residential care homes, and makes recommendations to employers of staff working in these areas and in primary care trusts.

In a recent survey of community staff conducted by The University of Manchester, nearly all nurses reported exposure to second-hand smoke during domiciliary visits. Many of the staff viewed this exposure as a problem, citing symptoms such as watery eyes, runny nose, dry throat, coughing and in some cases difficulty in breathing!

Over half of the practitioners found it difficult to address the problem directly with the patient, believing they have no right to tell people what to do in their own home.

The white paper recommends that employers develop policies which detail how the organisation intends to reduce exposure to second-hand smoke and outline the rights of staff in relation to breathing smoke free air.



They are also advised to utilise staff knowledge and skills regarding the dangers of second-hand smoke and address these issues with the public.

I would like to see the RCN bring these recommendations together in a written contract outlining the responsibilities of both the service and the patient. An educational leaflet could be produced to inform the patient of the health issues and the reasons why health care providers need to be able to work in a smoke free environment.

Primary Care NHS trusts have already developed basic smoking policies and effective services to support people who want to stop smoking. They now need to build on these successes and make NHS smoking policies more explicit in order to protect community staff. For example, some employers have smoking policies that restrict the time nursing staff spend in areas where smoking is allowed, and feel that this is a reasonable alternative to a complete smoking ban.

They consider that they are doing everything possible to protect the health of the workforce from the effects of second hand smoke. But are they?

Nurses are in a legal, moral and ethical dilemma. They are torn between a duty of care to patients and a patient's individual rights to smoke.

This item for discussion is not about withholding treatment for smokers. The duty of care to patients exists in any situation where a nurse may reasonably be expected to work in the course of their employment.

As it stands at the moment a patient who needs assistance and insists on smoking, or who is situated in a smoking area is entitled to expect to receive appropriate care from the nurse at the time and in the place that they require that care.

So... how do nurses protect themselves and avoid harming their own health through exposure to their patient's second-hand smoke?

# Appendix 6: Resolution submitted by RCN Liverpool Branch to RCN Congress 2005 – Council report

## **Working can damage your health**

*That this meeting of RCN Congress discusses the dilemma faced by nurses when exposed to tobacco smoke in the workplace and the action the RCN can take towards achieving a smoke free environment for nurses.*

*RCN North West Regional Board*

### **Sylvia Denton OBE FRCN, RCN President**

This debate highlighted the concerns of community staff who do not wish to damage their own health through exposure to their patients' second-hand smoke. Nurses reported exposure to smoke during home visits, citing symptoms such as watery eyes, runny nose, dry throat, coughing and in some cases difficulty in breathing. Nurses also reported that they found it difficult to address the problem directly with the patient, believing they have no right to tell people what to do in their own homes. Community nurses simply wish to be afforded the same protection as acute sector colleagues working in a smoke free NHS.

Community staff called upon the RCN to produce recommendations outlining the responsibilities of the patient, carers and the service providers regarding the protection of community nurses. We need to ensure that exposure to second-hand smoke is as much as is reasonably possible prevented

Throughout 2005 the RCN has consulted widely to identify appropriate solutions to the problem. After looking at the issue from a variety of perspectives, including the service users, providers and community managers, a set of good practice guidelines has been agreed and the RCN has produced guidelines supporting the resolution (*Protecting community staff from exposure to second-hand smoke*).

These RCN guidelines inform managers and staff on ways to prevent and reduce staff exposure to second-hand smoke. Practical examples of current NHS policies, which have achieved protection for community staff, are included in the appendices. The guidelines were implemented in several PCTs, and the evaluation helped to produce the final product.

An educational leaflet called *Take care of the nurse who takes care of you* has also been written (see Appendix 1). This leaflet informs the public of the key health issues and why health care providers need to be provided with a smoke free working environment.

The RCN will promote this guidance both internally and externally to key audiences. The educational leaflet and good practice guidelines will be publicised internally on the publication area of the website, via forum newsletters, *RCN Bulletin*, *Activate*, and *The Answer* and on the RCN Intranet.



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