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1 Introduction

Smoking is a major contributor to many serious illnesses including respiratory problems, vascular disease and various forms of cancer.

The Trust owes a duty of care to its staff to ensure they are protected from second-hand smoke and its detrimental effect on health.

Second-hand smoke – breathing other people’s tobacco smoke or passive smoking – has been shown to cause lung cancer and heart disease in non-smokers, as well as many other illnesses and minor conditions. Second-hand smoke adversely affects the health of all employees and patients.

Tees, Esk and Wear Valleys NHS Foundation Trust has a responsibility for the maintenance and, where possible, improvement, of the health of its patients and staff and acknowledges that breathing other people’s smoke is both a public health hazard and welfare issue, proven to cause ill health.

Smoking prevalence is particularly high among people with mental health problems and has changed little in this group in the past 20 years, with smoking identified as the single largest cause of the gap in life expectancy. ([The Stolen Years 2016](#))

Supporting people with mental health problems to quit smoking is the single largest, most effective intervention to reduce physical ill health and premature death. (NHS England 2016)

[The NHS Long Term Plan \(January 2019\)](#) identifies the development of a new universal smoking cessation offer which will be available as part of specialist mental health services for long-term users of specialist mental health, and in learning disability services. On the advice of PHE, this will also include the option to switch to e-cigarettes while in inpatient settings.

The Trust has a responsibility to support all patients and staff to reduce the harm from smoking with the aim to improve physical health. See Trust policy [Physical Health and Wellbeing Policy \(Inpatients and Community\) CLIN-0084](#)

This policy allows us to do this by ensuring that we show respect to patients and their families, by actively listening to their concerns and acting upon them. We acknowledge that refraining from tobacco use can be difficult, especially during an in-patient admission. Following the policy will help staff ensure we are always compassionate, kind, non-judgemental and supportive. Furthermore, the policy ensures we will be open and honest in our conversations, always receptive (listening) to how much information a person may want, and in what kind of format.

The new universal smoking cessation offer provided by Tobacco Dependency Treatment Advisors across the Trust will ensure we are able to work closely with both patients and families. During an in-patient admission the experience will provide individual choice, inclusive of the development of individualised care plans detailing support and treatment options available.

This policy supports the delivery of Our Journey To Change and our ambition to co-create safe and personalised care that improves the lives of people with mental health needs, a learning disability or autism. It helps us deliver our three strategic goals as follows:

- This policy supports the trust to co- create a great experience for all patients, carers, and families from its diverse population by providing:
 - outstanding and compassionate personalised care all of the time
 - choice and control regarding advice, support and treatment options available for those identified as using tobacco products
 - support to achieve your goals in either temporary abstinence or a full quit attempt during an in-patient admission or as part of your care in the community setting

- This policy also supports the trust to co-create a great experience for our colleagues by ensuring:
 - your workplace is fit for purpose including providing support and guidance at all times
 - staff are well led and managed to ensure they feel supported in working with patients identified as smokers in our care
 - staff are involved in decisions that affect you

- This policy also supports the trust to be a great partner by ensuring we work collaboratively with local and national agencies:
 - Recognising our achievements together within the Tobacco Dependency Treatment Services

2 Why we need this policy

The high rates of smoking exacerbate the health inequality already experienced by those with a serious mental illness. Studies show that the gap in life expectancy for people with a mental illness who smoke can be as much as 15-25 years lost (Schizophrenia Commission 2012)

This policy ensures we comply with the NICE Guidance “[Smoking cessation in Secondary Care](#)” and links also to the Physical Healthcare policy above.

Section 2 (2) of the Health and Safety at Work Act 1994 states:

‘that employers will ensure the provision and maintenance of a working environment for employees that is, so far as is reasonably practical, safe, without risks to health and adequate as regards facilities and arrangements for their welfare at work’.

2.1 Purpose

The aim of this policy is to:

- Improve and protect the health of patients, visitors, contractors and staff
- Support smokers to help them cope with increased restrictions or to stop smoking
- Support patients and visitors in complying with the policy and/or using their stay in hospital as an opportunity to stop smoking
- Support and promote the culture of a smokefree Trust

- Take a human rights-based approach to health promotion and smoking cessation
- Inform staff and managers of their responsibilities in respect of the policy whilst ensuring patients and their families receive compassionate care and support to achieve their goals

2.2 Objectives

This policy seeks to:

- Improve the physical health of our patients and staff
- Raise awareness of the dangers associated with exposure to tobacco smoke
- Take account of the needs of those who choose to temporarily abstain (rather than stop) and to support those who wish to stop
- Promote choice of smoking cessation and temporary abstinence pathways for patients and staff
- Assist the Trust in engaging with offering harm reduction approaches for those who cannot or do not wish to stop smoking [Harm Minimisation \(Clinical Risk Assessment and Management\) Policy](#)
- Support the transition into the community, for those patients who wish to continue with their quit attempt on discharge and achieve their personal goals.
- Guarantee a healthy working environment and protect the current and future health of patients, employees, and visitors
- Guarantee the right of everyone to breathe air free from tobacco smoke
- Comply with Health and Safety legislation and employment law
- Support the [NHS Next Steps on The Five Year Forward View 2017](#) to become a Smokefree Trust, screen and deliver brief advice to patients who smoke

3 Scope

3.1 Who this policy applies to

All patients, staff, students, volunteers, visitors, contractors, deliverers, and all other persons who enter Trust grounds and premises are required to follow the Nicotine Management Policy.

3.2 Roles and responsibilities

Role	Responsibility
Executive Directors	Supporting the implementation of policy Ensuring collaborative representation on regional tobacco control groups and at smokefree alliance meetings

	Ensuring that all Trust SLAs and contracts incorporate a smokefree statement
Senior Management	Supporting the implementation of policy within their own area of responsibility and share the policy with existing and newly appointed staff Ensuring the continued improvement of nicotine management support for patients, inclusive of the availability of identified training sessions across the Trust year on year for identified staff
All staff	Ensuring the principles and practices described within this policy are observed throughout the organisation to improve physical health by promoting and supporting nicotine management and smoking cessation Neither supervising nor facilitating patients smoking breaks or purchasing or providing tobacco products for patients
Champions	Champion: Dedicated support, trained to Level 1 National Centre for Smoking Cessation and Training (NCSCT) very brief advice in smoking cessation Advanced Champions: trained to Level 2 (NCSCT) and provide mentoring, advice and support to patients across the Trust
HR recruitment	To ensure new starters and applicants are aware of the Nicotine Management Policy for staff and visitors to the Trust

4 Policy



Smoking is not permitted in any part of the premises or grounds managed, leased or owned by the Trust at any time, by any person regardless of their status or business within the organisation.

It is important that smoking is not treated differently than for patients dealing with withdrawal symptoms from other addictions, such as alcohol or illicit drugs.



All patients are required to follow the Nicotine Management Policy, with the support of stop smoking trained assessors and access to Nicotine Replacement Therapy (NRT) as appropriate. See Trust Guidance -

[Medicines and Smoking Guidance](#)



Smoking can affect the way some psychiatric drugs are metabolised so individuals who quit smoking whilst taking medication should be closely monitored so that medication levels can be adjusted, if required.

Clear signs are displayed throughout the Trust to ensure that everyone entering our sites understand that it is a smokefree environment.

Our Nicotine Management Policy will feature on all documentation, including job and volunteer descriptions, induction packs, induction training and the Trust's web site. Information for patients will include reference to the Nicotine Management Policy.



Staff members should inform patients of the Nicotine Management Policy prior to and during admission to allow informed decision making and preventing Deprivation of Liberty Ref MHA-0012. However, no member of staff is expected to enter into any confrontation that may put personal safety at risk. See Trust Policy- [Supporting Behaviours that Challenge \(BtC\)](#) Ref: CLIN-0019

- Staff are not permitted to smoke in either Trust premises or grounds
- Staff must not smoke at any time in public when representing the Trust and when attending meetings on behalf of the Trust, wherever these are held. This includes staff not smoking in public whilst on Trust business, such as when attending meetings at other Trust premises or conferences, or whilst wearing an ID badge



If any individual or group of individuals infringes this policy, the manager should, if necessary, invoke the Trust's [Managing concerns of potential conduct \(Disciplinary\) Procedure](#).

- Staff who smoke must not smoke whilst wearing a visible name badge or other Trust identification in view of patients or visitors
- Staff are only permitted to smoke during working hours on **one** official unpaid break - such as lunch time (this official unpaid break **must not** be split into multiple smaller breaks to allow smoking)
- One exception to this is for staff working **12 hour** shifts who may be permitted to take a maximum of two breaks per shift with prior agreement from their direct line manager
- As a health Trust we are looking to promote and improve the physical health of our patients and staff by supporting them to stop smoking whilst in our care. Staff are therefore responsible for ensuring that they make every effort to ensure they do not smell of smoke during working hours as this may have a negative impact on those patients receiving nicotine management or smoking cessation support across the Trust
- There may be occasions where sometimes staff, who do not smoke, must enter an environment where someone habitually smokes and inevitably comes away smelling of smoke and is unable to change. This will not be considered a breach of the policy

- Staff wishing to be trained to support patients can access the NCSCT training via the following link https://elearning.ncsct.co.uk/vba-stage_1

4.1 Support for staff, students and volunteers wishing to stop smoking

The Trust will encourage all members of staff to take advantage of local Community Stop Smoking Services where these are available and may include.

- Information regarding smoking cessation methods
- A 12 week programme offering NRT (normal prescription charges may apply)
- Advice and support whilst on a smoking cessation programme

The Occupational Health Department will also provide signposting and advice for staff wishing to stop smoking. Additional information on stopping smoking with support from local and regional cessation services will be provided for all smokers, both patients and staff in the Trust.

4.2 Visitors and contractors

Visitors to the Trust, inclusive of contractors and partner organisations, will be made aware of the Nicotine Management Policy through signs, posters, leaflets as well as conversations with staff. Carers will be provided with a [letter containing a list of restricted items](#) (<\\tewv.nhs.uk\data\Trustwide Shares\Online smokefree training\Smokefree additional resources>List of Restricted items.docx>) in the hospital which includes tobacco, cigarettes, lighters and matches. Staff members are [expected to inform patients](#) and visitors of the restricted items but are not expected to enter into any confrontation that may put their personal safety at risk.

If visitors continue to bring restricted items into the hospital, they may be excluded from visiting in accordance with the Trust's [Visiting Policy \(General\)](#).

4.3 Patients



People with a mental health disorder, inclusive of young people legally able to smoke and those with learning disabilities, must be given the best possible care appropriate to their needs in the least restrictive environment. Any restrictions upon the liberty of patients should be kept to a minimum and reviewed at regular intervals.

See Trust policy- [Deprivation of Liberty](#) Ref MHA-0012

4.3.1 On site

Planned admissions

Very brief advice / brief intervention training will be made available to all healthcare professionals who will ensure that prior to planned hospital admissions patients are advised of the following:

- Smoking is not permitted in the hospital or grounds
- Not to bring tobacco, cigarettes, lighters or matches with them to hospital as these are restricted items
- All patients will be offered:
 - The choice of nicotine replacement therapies or alternatively a free e-cigarette to support nicotine management on admission
 - support to achieve your goal to temporarily abstain or quit
 - information leaflets detailing available support and offering signposting to appropriate services
 - the opportunity to complete the Advanced Community Intervention Plan on PARIS – see here for an [Advanced Intervention Plan](#)

Unplanned admissions

For unplanned admissions, trained healthcare professionals will inform patients of the Nicotine Management Policy and advise patients of those restricted items which are not permitted to be kept whilst in hospital care i.e. tobacco, cigarettes, lighters or matches.

If carers or family members accompany the patient to hospital, staff should offer the opportunity for them to take the prohibited items home, with the consent of the patient. If the patients are unaccompanied when they arrive at hospital, all restricted items will be stored safely for return at the point of final discharge.

A maximum of 100 cigarettes may be stored per patient, but this will be reviewed on a case-by-case basis to prevent any blanket restriction. Ward staff should request that any cigarettes above this limit be returned home by family and friends, if not the cigarettes should be destroyed. Ward staff should contact Modern Matrons demonstrating that all other options have been considered prior to requesting approval to destroy. Following approval to destroy, ward staff should take any cigarettes above the maximum to the Modern Matron who will arrange for disposal.

At no time will restricted items be returned to the patient during an inpatient stay as this is facilitation of smoking.



On Occasion staff may be required to search an individual's room or person should there be a suspected risk to other patients and staff i.e. should a patient be found smoking in a bedroom where there may be an increased risk of fire. At no time should staff put themselves at risk and the Searching of patients, their property, the environment and visitor's policy Ref: CLIN-0005 should be followed as standard.

Support for patients

Patients will be offered behavioural support and nicotine replacement therapies (NRT) or e-Cigarettes as required to use whether they are on or off the ward.

Training and support from the NCSCT is available to front-line clinical staff to provide brief interventions and other advice and support to patients.

A dedicated team of Tobacco Dependency Advisors will be available across the Trust in-patient services to offer advice, support and treatment options both during an in-patient stay and following discharge.

Nicotine management information leaflets will be made available for patients across the Trust inclusive of easy read versions which can be translated into different languages where required.

Please see Appendix 1 for detail of smokefree pathway.



If patients are struggling to comply with the Nicotine Management Policy, appropriately trained staff should offer to review their nicotine replacement therapy, ensuring choice and control of treatment options, and consider offering an increase in the amount of behavioural support being provided

Breaches of policy

Should a patient be observed breaching the Nicotine Management Policy by smoking in the hospital buildings or grounds, all staff should first ensure the area is safe.

- If there is an imminent risk, support should be enlisted immediately using the emergency response systems
- Where there is no immediate risk you should offer the opportunity to discuss the breach with the patient and agree to review their care plan together
- Staff will have access to the Positive Approaches Training (PAT) to enable them to appropriately support a patient should a breach occur – see here for [Positive Behaviour Support Information](#)

Staff must also take into consideration the following guidance and familiarise themselves with the information available to support patients whose behaviour may be considered challenging.

- [Supporting Behaviours that Challenge \(BtC\)](#) (Ref: CLIN-0019)
- [Harm Minimisation \(Clinical Risk Assessment and Management\) Policy](#) (Ref CLIN-0017)
- [Supportive Observations and Engagement Procedure](#)
- [Fire Safety Policy](#)
- [Fire Safety Protocol](#) (Ref HS-0008-001)
- [Safe use of Physical Restraint Techniques](#) (Ref CLIN-0019-002)

- [Searching of patients, their property, the environment and visitors](#) (Ref: CLIN-0005-)



There are no designated areas within buildings where the use of cigarettes is allowed (this includes 136 suites).

4.3.2 Therapeutic escorted leave

The management of patients leave is necessary to ensure their safety.



All escorted leave plans will be negotiated in advance so that the patient is aware they will not be permitted to smoke in the company of their staff escort. Should a patient purchase restricted items during escorted leave a joint review of the individuals care plan will be offered on return to the ward.

There is currently no documented evidence related to the safe distance away that staff would be required to stand from a patient who is smoking. In order to protect Trust staff from secondhand smoke exposure, the Trust has taken the decision that no staff member will be expected to accompany or support a patient to smoke at any time.



NRT is the preferred nicotine management product in the Trust. Patients may however express a preference to use e-cigarettes. Under these circumstances, staff can offer the option of a free e-cigarette on admission or allow patients to bring e-cigarettes into hospital with them. [Guidance will be given](#) as to where these can be used within buildings and grounds

In order to achieve the desired therapeutic effect, higher doses of some psychotropic medicines may be prescribed for smokers compared to non-smokers.

Should a patient resume smoking during either escorted or unescorted leave following a period of abstinence, there may be an impact on prescribed medication. Staff should therefore refer to the identified pathway for advice on the appropriate management plan and refer to Medicines and Smoking Guidance

4.3.3 Care in Private Homes

When care is offered in a patient's own home, we should request for them to provide a smokefree environment whilst the visit is taking place. This request should be made in the text of the appointment letter where possible – please see Appendix 2 for the full protocol, inclusive of a template letter 13.2.4 - and will:

- Inform patients of the Trust's Nicotine Management Policy
- Ask them not to smoke for at least 2 hours before the appointment

You can also make a verbal request at the time of the visit, respectfully asking those present not to smoke whilst the employee is working within that environment.

If a patient in a community setting persistently fails to comply with the policy, the care team should jointly review their care plan and agree appropriate action, taking into account their need for treatment and their risk assessment. Clinic appointments may be a more suitable alternative for those patients who persistently fail to comply with the policy and this option should be discussed as an alternative treatment plan.

4.4 Vehicles

4.4.1 Smoking

Smoking is not permitted in Trust-owned, leased or staff private vehicles whilst used on Trust business or whilst on Trust grounds.

Staff cannot smoke in lease cars at any time as per the terms and conditions of taking out a lease agreement.

4.4.2 Vaping

E-cigarettes and vaping are currently considered to be 95% less harmful than smoking tobacco however, a decision has been taken to not allow their use in Trust - owned or leased vehicles until proven 100% safe.

Staff can vape in their own cars during an unpaid break but should not vape in their own cars immediately prior to or whilst escorting patients or other staff during the working day.

5 E-cigarettes



The Trust currently supports the use of e-cigarettes for patients and as new evidence emerges about e-cigarettes the Trust will continue to review this position.

E-cigarettes are battery powered devices that deliver nicotine through inhaled vapour. Most e-cigarettes contain a heating element, a cartridge containing nicotine, glycerine and water. Information regarding the use of individual e-cigarettes is made available by the manufacturers in package inserts.

Since e-cigarettes do not contain tobacco and are not burnt, they do not result in the inhalation of cigarette smoke and are therefore regarded by most experts as much safer delivery devices for nicotine. This does not mean that they are completely safe, but they are envisaged to be much less harmful than cigarettes.

E-cigarettes therefore may support compliance with TEWVs Nicotine Management Policy and help smokers manage their nicotine dependence.

5.1 Types of e-cigarette

Whilst in hospital we allow the use of either disposable or rechargeable e-cigarettes. Disposable and rechargeable tank model e-cigarettes can be used in single occupancy bedrooms or outside in gardens and grounds. The modified (larger tank) models of e-cigarettes are only to be used outside in open areas as they may trigger fire alarms. Rechargeable devices can be used following an individual risk assessment and staff must then comply with DOH guidance to support patients with the recharging. Tank / modified models are also approved for use across the Trust following an [E-cigarette Risk Assessment](#)



National guidance for the safe use of personal electrical equipment should be followed when charging e-cigarettes.

[Safety of Personal Electrical Equipment](#)

For modified e-cigarettes all liquids will be stored safely and securely in lockable boxes either in a patient's own bedroom or in a lockable box within ward offices. Patients will be supported to refill these models as and when required.

Patients can bring in their own e-cigarettes for use, but these must be risk assessed for safety purposes by a member of staff prior to use. A simple [Tobacco to Vaping Conversion Chart](#) is available for staff to access looking at the number of cigarettes smoked and the equivalent e-cigarette strength-please note this is simply for guidance only.

5.2 Safe disposal

E-cigarettes must be disposed of appropriately. Rechargeable e-cigarettes should be given to a member of ward staff to be disposed of in special waste (Waste Electrical and Electronic Equipment – WEEE).

Disposable e-cigarettes and used cartridges can be disposed of in general waste bins.

5.3 Patients

The Trust will provide free e-cigarettes for patients on emergency admission to all inpatient wards and 136 crisis suites. Street Triage Team staff can also carry a small supply of disposable e-cigarettes which can be offered to patients at the first point of contact. Staff can offer a single free disposable e-cigarette within in-patient services or a rechargeable e-cigarette inclusive of replacement cartridges, should a patient decline NRT. A maximum

of 3 disposable e-cigarettes will be made available. Where staff offer a patient the option of free e-cigarettes they are required to complete the [E-cigarette sign out sheet](#) for audit purposes.

Following the use of up to 3 disposable e-cigarettes a patient will be required to purchase any further supplies or can choose to access free NRT from ward staff.

5.4 Areas where e-cigarettes can be used by patients

E-cigarettes will only be available for use by patients in [identified areas](#) where clinically appropriate such as single occupancy bedrooms, or outside but not in any communal areas.

The Trust is also mindful that e-cigarettes are not recommended for use by pregnant people in their care at this time and currently do not promote or advocate their use in pregnancy but should a patient come in to hospital already using an e-cigarette they will be supported to remain smokefree and referred to appropriate stop smoking services on final discharge. Staff should always recommend licensed NRT as the first line treatment and in pregnancy NRT should be offered as an alternative to e-cigarette use. Public Health England considers that e-cigarettes are 95% less harmful than continuing to smoke. For further information [read guidance](#) issued by “the smoking in pregnancy challenge group”.



While licensed NRT products are the recommended option, if a pregnant person chooses to use an electronic cigarette and if that helps them to stay smokefree, they should not be discouraged from doing so. (Ref: The smoking in pregnancy challenge group)

A further change with regards to e-cigarettes is the introduction of measures to protect children from e-cigarettes: an age of sale lower limit of 18 years of age (in line with tobacco cigarettes) is being introduced and a ban on proxy purchasing of e-cigarettes. Providing an e-cigarette for a young person under the age of 18 is currently illegal and should a young person bring in their own e-cigarette staff would offer NRT as the preferred option during an in-patient stay.

The Trust will continue to advocate the use of NRT as a first line option for smoking cessation on admission for young people. NRT is a proven, effective treatment for the management of nicotine withdrawal and is recommended by NICE in Guidance PH45.

The Tobacco Products Directive 2014/14/EU (TPD) introduced new rules for nicotine-containing electronic cigarettes and refill containers (Article 20) from May 2016. The Medicines and Healthcare products Regulatory Agency (MHRA) is the competent authority for the notification scheme for e-cigarettes and refill containers in the UK and is responsible for implementing the majority of provisions under Article 20.

The TPD introduced new rules which ensure:

- minimum standards for the safety and quality of all e-cigarettes and refill containers (otherwise known as e-liquids)
- that information is provided to consumers so that they can make informed choices

- an environment that protects children from starting to use these products.

5.5 Staff use

Staff will be permitted to use e-cigarettes outside during an unpaid break but not in communal areas of the grounds or when in view of patients or visitors. Staff will not routinely be permitted to use the e-cigarette within Trust buildings but will be allowed to use them within the grounds so long as they cannot be seen by patients or visitors to the Trust.

In exceptional circumstances there may be occasions where staff are allowed to use an e-cigarette within buildings. This would only be with the prior approval of their line manager, such as when a qualified nursing staff member is unable to leave the ward due to holding the keys whilst working a night shift. On these occasions staff should be mindful to only vape in identified areas away from patients and staff and as indicated above only with the approval of the line manager.

5.6 Secondhand vapour



There are no identified risks from secondhand vapour. Some studies have found traces of toxicants in secondhand vapour, but at such low levels that they do not pose a health risk to bystanders. Further guidance is available from the [National Center for Smoking Cessation and Training](#) website

People with asthma and other respiratory conditions can be sensitive to a range of environmental irritants, which could include e-cigarette vapour. The interests of such individuals should be taken into account in order to avoid a nuisance or distraction for people nearby.

By allowing vaping in enclosed places vapers are requested to follow simple etiquette guidelines:

- Minimise the production of visible vapour wherever possible
- Only vape in identified areas and not in communal areas
- Be mindful of those around you

Staff will be provided with guidance on the use of e-cigarettes and other harm reduction strategies for patients and the NCSCT have developed an e-cigarette training pack that staff can access. [National Center for Smoking Cessation and Training](#)



Public Health England advise that encouraging smokers who cannot or do not want to stop smoking to switch to Electronic Cigarettes could help reduce smoking related disease, death and health inequalities [PHE E-Cigarettes: an evidence update](#).

5.7 Exceptions in Forensic services



The Mental Health Act 1983: Code of Practice (2015) States within secure service settings some restrictions may form part of a broader package of physical, procedural and relational security measures (section 8.8).

Patients based at Ridgeway have identified security risks associated with the misuse of e-cigarettes. E-cigarettes therefore fall within the remit of a prohibited item within the secure perimeter and in low and medium secure wards.

Security risks associated with their misuse include;

- Using them for taking / smuggling illicit drugs;
- They are items that can be traded or used for coercion;
- The metal and glass can be used to self-harm or to form weapons;
- They can be used to set fires.

The prohibition of e-cigarettes within secure services is in the context of the service being a long-stay service and having a comprehensive programme in place to support patients to quit smoking and remain smokefree. Staff use of e-cigarettes within Ridgeway will not be permitted and staff must not bring these into Ridgeways buildings or grounds.



Should a patient switch from smoking cigarettes to using e-cigarettes this will affect the metabolism of some prescribed medication. Blood plasma levels will need to be monitored and medication regimes adjusted accordingly. This is especially important for patients taking clozapine or olanzapine.

5.8 Nicotine Overdose



The National Poisons Information Service should be contacted on 0344 892 0111 to discuss the case and further treatment. They would prefer to speak directly to the health care worker involved with the case so that they can advise directly. This information should then be written in the service users notes.

The minimum lethal dose of nicotine in a non-tolerant man has been estimated to be 40 to 60 mg. Small quantities of nicotine may be dangerous in children and considered a medical emergency.

5.8.1 Symptoms

Signs and symptoms of an overdose from nicotine containing products would be expected to be the same as those of acute nicotine poisoning, including pallor, cold sweat, salivation, nausea, vomiting, abdominal pain, diarrhoea, headache, dizziness, disturbed hearing and vision, tremor, mental confusion and weakness. Prostration, hypotension,

respiratory failure, rapid or weak or irregular pulse, circulatory collapse and convulsions (including terminal convulsions) may ensue with large overdoses.

5.8.2 Overdose from Ingestion

All nicotine intake should stop immediately. The patient should seek medical attention immediately and be treated symptomatically.

Artificial respiration with oxygen should be instituted if necessary. Activated charcoal reduces the gastrointestinal absorption of nicotine.

6 Recruitment

All job advertisements will include reference to the Trust’s Nicotine Management Policy and indicate that adherence to it will form part of the contract of employment as follows:

“TEWV is committed to the protection of staff, patients and visitors to the Trust from secondhand smoke and currently operates a no smoking policy which ensures all buildings and grounds are smokefree”.

7 Definitions

Term	Definition
E-cig / E-cigarette / Electronic cigarette / Tank Model e-cigarette	A battery powered device that deliver nicotine via inhaled vapour.
NCSCCT	National Centre for Smoking Cessation and Training
Nicotine containing devices	Any disposable or rechargeable device containing nicotine including e-cigarettes and unlicensed nicotine containing devices or products
NRT	Nicotine Replacement Therapy

8 Related documents

- [Medicines and Smoking Procedure](#)
- [Harm Minimisation \(Clinical Risk Assessment and Management\) Policy](#)
- [TEWV Health and Safety Policy](#)
- [Managing concerns of potential conduct \(Disciplinary Procedure\)](#)
- [Complaints Policy](#)

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- [Supporting behaviours that challenge policy](#)
 - [Managing substance misuse on Trust premises](#)
 - [Grievance Procedure](#)
 - [Physical Health and Wellbeing Policy](#)
 - [Visiting policy \(General\)](#)
 - [Leave of absence under s17 MHA 1983 and time away from the hospital](#)
 - [Searching of patients, their property, the environment and visitors](#)
 - [Admission, Transfer and Discharge Policy](#)
 - [Blanket restrictions: Policy on the use of Global Restrictive Practices \(Blanket Restrictions\) in In-Patient Units](#)
 - [Safe use of Physical Restraint Techniques](#)
 - [Fire Safety Policy](#)
 - [Fire Safety Protocol](#)
 - [Deprivation of Liberty](#)
 - [Deprivation of liberty safeguards \(DoLS\) procedure](#)
 - [National Center for Smoking Cessation and Training](#)

9 How this policy will be implemented

- | |
|--|
| <ul style="list-style-type: none">• This policy will be published on the Trust’s intranet and external website |
| <ul style="list-style-type: none">• Line managers will disseminate this policy to all Trust employees through a line management briefing |
| <ul style="list-style-type: none">• Managers will be encouraged to support staff wishing to access smoking cessation services |

9.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
All Frontline staff	Very Brief Advice Training (VBA) Level 1 NCSCT	25 minutes	Yearly
Identified Frontline staff	Brief Intervention (BI) Training	45 minutes	Yearly Update training online
Identified Junior Doctors	Brief Intervention	45minutes	At induction-available online
Identified Frontline Staff	Level 2 Practitioner Training NCSCT	6-8 Hours of reading and a 25 Question Exam (Nationally Accredited)	Initial online session followed by a Yearly Update Training online

10 How the implementation of this policy will be monitored

	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Audit to take place for all In-Patient services	Biannual / as required Audit- Smokefree Lead responsible to develop an audit tool with support from the Audit Team Smokefree Lead to support the completion of the audit and develop action planning to continue to improve services	Final Audit Report to be submitted to the Clinical Audit Effectiveness Group for final approval prior to dissemination Trust wide

11 References

Secondhand smoke: Review of evidence since 1998. Scientific Committee on Tobacco and Health (SCOTH).

Health Development Agency (2005) Guidance for Smoke Free Hospital Trusts.

HM Government (2004) Choosing Health: Making Healthy Choices easier

Health Development Agency (2004). The case for a completely smoke free NHS in England

Department of Health, 2004.

Public Health England (2015) E-Cigarettes: an evidence update

National Institute for Clinical Excellence (2013) Smoking cessation in secondary care: acute, maternity and mental health. London: NICE.

National Institute for Clinical Excellence (2013) Smoking cessation: supporting people to stop smoking. London: NICE.

The Schizophrenia Commission (2012) The abandoned illness: a report from the Schizophrenia Commission. London: Rethink Mental Illness.

Action on Smoking and Health (ASH) The stolen Years (2016)

Next Steps on the NHS Five Year Forward View

National Centre for Smoking Cessation and Training (NCSCT), Electronic cigarettes: A briefing for stop smoking services. Issued: January 2016

Public Health England, E-cigarettes: An evidence update, A report commissioned by Public Health England. Issued: August 2015

Department of Health, E-cigarettes: regulations for consumer products. Issued February 2016, Updated June 2017

Department of Health. Estates and Facilities Alert. Ref: EFA/2014/002. Issued 16 June 2014.

NHS England, NHS Long Term Plan,(LTP) Issued: January 2019

12 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	19 November 2024
Next review date	14 December 2025
This document replaces	Nicotine Management Policy CORP-0002-v6.2
This document was approved by	Tobacco Dependency Steering Group
This document was approved	18 October 2024

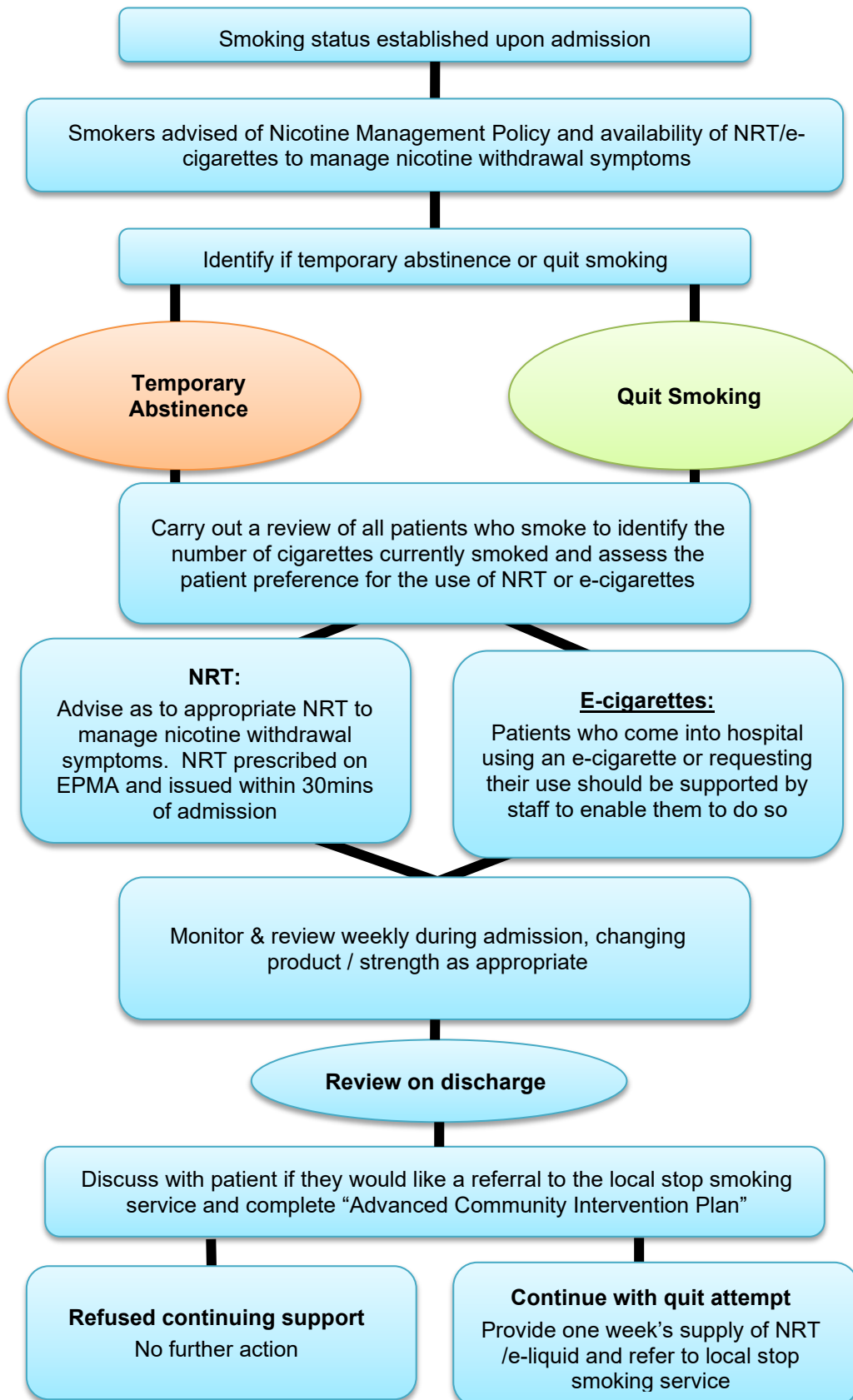
This document was ratified by	Management Group
This document was ratified	19 November 2024
An equality analysis was completed on this policy on	14 October 2024
Document type	Public
FOI Clause (Private documents only)	n/a

Change record

Version	Date	Amendment details	Status
v6.2	14 Dec 2022	<p>Full review with minor changes:-</p> <ul style="list-style-type: none"> • Transferred to current template. • Amended the title of the “Guidance on the use of Stop Smoking Products” document hyperlink to “Medicines and Smoking Guidance” • Changed service user to “patient” throughout the document as requested by the PPI group • Removed a paragraph detailing a pilot trial of free e-cigarettes as these are now readily available for patients to access following the success of the pilot • Included Olanzapine to Clozapine in an alert regarding medicines with the potential to be affected by smoking/cessation • Updated the training needs analysis detail as all training is now available on-line • Reviewed the full document to reflect OJTC 	Withdrawn
v6.3	19 Nov 2024	<p>Minor amendments to In-Patient Pathway:</p> <ul style="list-style-type: none"> • Kardex and Homely Remedy Pathway changed to EPMA 	Ratified

		<ul style="list-style-type: none"> • Pathway made clearer for patients preference for NRT/e-Cigarettes <p>Minor amendments made to the “patient” section of the policy and to the equality analysis screening form, following feedback from the Equality, Diversity & Human Rights Team.</p> <p>Additional clarity provided with regards to the storage and disposal of cigarettes</p>	
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Appendix 1 - Nicotine Management in-patient pathway



Appendix 2 - Smoke Free Protocol for domiciliary visits

Protocol

Smoking and passive smoking (i.e. breathing other people's tobacco smoke) is a major contributor to many serious illnesses including respiratory problems, vascular disease and various forms of cancer.

Tees, Esk and Wear Valleys NHS Foundation Trust acknowledges its statutory duty to provide public services and this rests under the provisions of the Health and Safety at Work Act 1994, which places a duty on all employers to ensure "so far as reasonably practicable, the health and safety and welfare at work of all their employees".

To help protect the health and safety of all our employees from the adverse effects of passive smoking the following protocol should be followed during a home visit:

- Ensure the staff member/patient requiring the visit is made aware of the Trust's Nicotine Management Policy prior to the visit and request that they refrain from smoking for the duration of the visit. This should be highlighted in the text of the appointment letter where possible.
- Where other household members/visitors smoke, employees should make them aware of the Trust's commitment to protect the health and safety of staff and request they abstain from smoking for the duration of the visit.
- If staff are faced with non-compliance, the staff member/patient/other household member/visitor will be sent a letter requesting that they refrain from smoking for the duration of the visit and this should be brought to the attention of their line manager. If staff are faced with continued non-compliance, a further letter will be sent from the Line Manager. If the member of staff continues to be exposed to second hand smoke during visits, a letter will be forwarded to the staff member/patient to suggest that an alternative plan of care/action will need to be discussed, and alternative arrangements made which would maintain the safety of both staff and patients.

Shared Living Scheme/Supported Housing

Patients who wish to give up smoking should be offered help and advice from a stop smoking advisor. No smoking will be allowed within the buildings and grounds.

Exceptions

Emergency home visits – due to the emergency nature of these visits, it will not be possible to inform the patient, prior to the visit, of the Trust's Nicotine Management Policy. However, patients who smoke may be respectfully requested to refrain from smoking at the time of the visit or asked to provide a room which is free from smoke where staff can carry out the appropriate assessment. This would apply to: Crisis Team, Community Nurses working in a crisis situation, Approved Social Workers, Child Protection Team, Emergency Duty Team and Consultant Psychiatrists/S.12 Doctors.

Appendix 3 - Equality Analysis Screening Form

Please note: The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Tobacco Dependency Treatment Service
Title	Nicotine Management Policy
Type	Policy
Geographical area covered	Trustwide
Aims and objectives	To review and update the current Nicotine Management Policy. The policy will then support the smokefree implementation as per NICE Guidance PH48
Start date of Equality Analysis Screening	16 July 2024
End date of Equality Analysis Screening	14 October 2024

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	The policy benefits all patients, visitors, carers, relatives, and staff employed by the Trust or contractors carrying out work on Trust premises.
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups?	<ul style="list-style-type: none"> • Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO • Sex (Men, women and gender neutral etc.) NO • Gender reassignment (Transgender and gender identity) NO

	<ul style="list-style-type: none"> • Sexual Orientation (Lesbian, Gay, Bisexual and Heterosexual etc.) NO • Age (includes, young people, older people – people of all ages) NO • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, people who are breastfeeding and people on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Veterans (includes serving armed forces personnel, reservists, veterans and their families) NO
Describe any negative impacts	No negative impacts identified
Describe any positive impacts	<p>The policy will benefit the health and wellbeing of all identified groups. The implementation of the policy supports the Trust to achieve a completely smokefree environment which ultimately will lead to a reduction in exposure to second-hand smoke thereby leading to an improvement in both short term and long-term health. The Trust will ensure that the nicotine management and smoking cessation assessments and treatment offered are rigorous, suited and tailored to individual specific needs, ensuring that the support required is attained within the care pathway from the point of entry to discharge.</p> <p>As part of the Long-Term Plan, funding has been made available to establish a Tobacco Dependence Team where staff will provide dedicated advice, support, and treatment during an admission. This will also now allow the opportunity for staff to provide support and treatment following discharge for up to 12 weeks.</p> <p>By implementing the updated Nicotine Management Policy the Trust will be ensuring that under 18s are prevented from smoking in the Trust and will also reduce the risks to health by exposure to second-hand smoke.</p> <p>Pregnant people and their partners will see a positive impact on their unborn child linked to the reduced exposure to the toxins within a cigarette. The Nicotine Management Policy will also support a reduction in second-hand smoke and address the potential risks this may cause to the foetus such as miscarriage and low birth weight.</p> <p>For those patients undertaking gender reassignment surgery there will be significant benefits to wound healing should the individual stop smoking prior to, during and post-surgery.</p>

Section 3	Research and involvement
<p>What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)</p>	<ul style="list-style-type: none"> • Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc. • Investigation findings • Trust Strategic Direction • Data collection/analysis • National Guidance/Reports • Staff grievances • Media • Community Consultation/Consultation Groups • Internal Consultation • Research • Other (Please state below) <p>All the above have been taken into consideration whilst reviewing the Nicotine Management Policy</p>
<p>Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?</p>	<p>Yes</p>
<p>If you answered Yes above, describe the engagement and involvement that has taken place</p>	<p>Throughout the development of the original policy in 2015 open discussions took place with staff within multiple meetings throughout TEWV. These meetings include the Smoking Cessation Steering Group, Sub-Group meetings and JCC meeting. The final draft policy was then submitted for Trust wide consultation and forwarded to a legal team of advisors prior to final amendments. Patients and carers were also an integral part of several subgroups which supported the project.</p> <p>For the review of the Nicotine Management Policy we are supported by members of a newly developed Tobacco Dependence Steering Group. As part of the group a Peer Support staff member has been identified to support the smokefree work undertaken across the Trust.</p> <p>A number of leaflets mentioned within the Nicotine Management Policy were reviewed recently with the support from patients and carers as part of PPI involvement. This co-</p>

	production proved invaluable to this revision of the leaflets and members of the group were acknowledged in the leaflets as a thank you for their support.
If you answered No above, describe future plans that you may have to engage and involve people from different groups	N/A

Section 4	Training needs
As part of this equality analysis have any training needs/service needs been identified?	Yes
Describe any training needs for Trust staff	<p>During the development of the previous policy it was identified that all frontline nursing staff were required to complete the 'Very Brief Advice' (VBA) online training tool with additional staff taking on the responsibility of further level 2 training. Work continues to train staff via a robust training programme which is accessible on the Trustwide T Drive for all staff to access.</p> <p><u>Trust staff</u></p> <p>All Clinical Trust frontline staff will be provided with training and have access to information leaflets detailing the smokefree agenda and services available to those who currently smoke and wish to stop.</p>
Describe any training needs for patients	N/A
Describe any training needs for contractors or other outside agencies	N/A

Check the information you have provided and ensure additional evidence can be provided if asked

Appendix 4 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
1.	Title		
	Is the title clear and unambiguous?	yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	yes	
2.	Rationale		
	Are reasons for development of the document stated?	yes	
3.	Development Process		
	Are people involved in the development identified?	yes	
	Has relevant expertise has been sought/used?	yes	
	Is there evidence of consultation with stakeholders and users?	yes	
	Have any related documents or documents that are impacted by this change been identified and updated?	yes	
4.	Content		
	Is the objective of the document clear?	yes	
	Is the target population clear and unambiguous?	yes	
	Are the intended outcomes described?	yes	
	Are the statements clear and unambiguous?	yes	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	yes	
	Are key references cited?	yes	
	Are supporting documents referenced?	yes	
6.	Training		
	Have training needs been considered?	yes	
	Are training needs included in the document?	yes	
7.	Implementation and monitoring		

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
	Does the document identify how it will be implemented and monitored?	yes	
8.	Equality analysis		
	Has an equality analysis been completed for the document?	yes	
	Have Equality and Diversity reviewed and approved the equality analysis?	yes	14 Oct 2024 ah
9.	Approval		
	Does the document identify which committee/group will approve it?	yes	
10.	Publication		
	Has the policy been reviewed for harm?	no	
	Does the document identify whether it is private or public?	yes	public
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	n/a	