

This policy is applicable to services provided by Heartlands, Good Hope and Solihull Hospitals Divisions **NHS Foundation Trust**

Smoke Free Policy v3.1

Key Points

- This policy replaces the previous Smoke Free Policy introduced in 2007 and applies to all Trust and non Trust staff working at any Heart of England NHS Foundation Trust sites and premises under the control of the Trust.
- This policy also applies to Patients, Visitors and Contractors on any Heart of England NHS Foundation Trust sites and buildings under the control of the Trust.

Key Changes

- This policy is to provide a robust framework which ensures the Trust provides the highest levels of fire safety to protect patients, visitors and staff to the Trust from the risk of fire.
- This policy sets out the aims, objectives and responsibilities and actions to be taken by the Trust to control the risk of fire to patients, visitors and staff and any other users on Trust sites

Paper Copies of this Document

• If you are reading a printed copy of this document you should check the Trust's Policy website (http://sharepoint/policies) to ensure that you are using the most current version.

Ratified Date: 25th February 2015

Ratified By: HEFT Human Resources Committee

Review Date: Insert Date Feb 2018

Accountable Directorate: John Sellars Director of Asset Management Corresponding Author: AJJ Morgan Specialist Fire Safety Adviser

Meta Data

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Ratification Date	Feb 25 th 2015
Ratified by:	HR Committee
Review Date:	Feb 2018
Related documents	Smoke Free (Premises and Enforcement) Regulations 2006
Superseded	Version 2 of the HEFT Smoke Free Policy introduced in 2007 in
documents	compliance with Health Development Agency Smoke Free Target
Relevant External	 Section 2(2) of the Health and Safety at Work etc. Act
Standards/	1974 Provide and maintain a safe working environment which is, so far as is
Legislation	reasonably practical, safe, without risks to health and adequate as regards
	facilities and arrangements for their welfare at work.'
	Section 8 of the Regulatory Reform Fire Safety Order
	2006 Duty to take general fire precautions (1) The responsible person must—
	(a) take such general fire precautions as will ensure, so far as is reasonably
	practicable, the safety of any of his employees; and (b) in relation to relevant
	persons who are not his employees, take such general fire precautions as may reasonably be required in the circumstances of the case to ensure that the
	premises are safe.
	 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 protective measures
	Department of Health Estates and Facilities Alert
	Ref EF 2014/002 Issued June 16 th 2014 – E-cigarettes- batteries – Chargers
	garante dans et a comigere
Key Words	Smoke - Smoking- Tobacco - E-Cigarettes or Smoking Cessation
	Devices - Recharging E-Cigarettes - Battery Powered Tobacco
	Replacement Products - Smoke Like Vapours - Vaporiser - Staff -
	Patients – Visitors – Trust Managed and Controlled Premises –
	Smoking Shelters –Trust Stop Smoking Services - Nicotine
	Replacement Therapy
	Replacement Inerapy

Revision History

Version	Status	Date	Consultee	Comments	Action from Comment
Version	Draft	August	Anthony JJ	Version 2 revised to meet	Version 3 to be
3		2014	Morgan	with Statutory and NHS Alert	circulated to
			Specialist Fire	EF -2014/002 Issued June	relevant HEFT
			Safety Adviser	2014	stakeholders
V3.1		June	•	Minor Amendement – New	
		2016		Trust Logo	

Consultation Process

Version	Status	Date	Consul tee	onsul tee Comments		
Version	Draft	November	Staff Side	Approved for submission	Version 3	
3		2014		to HEFT Fire Policy Group	submitted to HEFT	
				November 2014	Fire Policy Group	
					for discussion and	
					approval	
Version	Draft	December	HEFT Fire	Approved for submission	Version 3	
3		2014	Policy Group	to HEFT HR Committee	submitted to HR	
				December 2014	Committee for	
					approval and	
					ratification	
Version	Current	April 2015	HEFT HR	Approved and Ratified	Version 3	
3			Committee	25 th February 2015	Implemented Trust	
					wide April 1 st 2015	

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QUICK REFERENCE GUIDE

resembles smoke).

For quick reference the guide below is a summary of actions required. This does not negate the need for the document author and others involved in the process to be aware of, and follow the detail of, this policy.

- 1. Patients, visitors and staff are <u>not permitted</u> to smoke within Trust buildings or on Trust grounds except in the designated smoking shelters. (<u>This includes the use of e-cigarettes or other smoking cessation devices that produce smoke like vapour or products)</u>
- 2 Patients, visitors and staff are <u>not permitted</u> to use any electrical power supply or computer USB port to recharge e-cigarettes or any other smoking cessation device on Trust premises.
 (<u>This includes reusable and disposable electronic cigarettes</u>
 (e-cigarettes) cigars, pipes and similar battery powered tobacco replacement products which use a heating element (atomiser) to product a vapour which
- 3. To protect staff who visit clients in their homes, clients and patients should be encouraged not to smoke prior to, or during a home visit. If this request is not respected, the line manager may consider alternative venues for the appointment, where reasonably practicable.
- 4. Should an individual member of staff continues to infringe this Policy the Trust disciplinary procedures may be invoked.
- 5. To ensure that everyone entering Trust sites understands that smoking or the use of e-cigarettes or other smoking cessation devices are not allowed in Trust buildings except in designated smoking shelters:
 - Clear warning / advisory notices / signs will be on display in buildings
 - Tobacco and tobacco products or e-cigarettes or other smoking cessation devices will not be allowed on sale at any Trust site
 - Trust staff at all levels will actively discourage smoking in building
 - Nicotine replacement therapy is available on prescription for inpatients
 - Staff have access to Occupational Health Services within Heart of England NHS Foundation Trust, if required to do so

1. Circulation

This policy applies to patients, staff and visitors to Heart of England NHS Foundation Trust premises. (HEFT)

2. Scope

Includes: Buildings and hospital sites controlled by Heart of England NHS Foundation Trust

Excludes: Buildings controlled and managed by external health care providers under Tenant Occupancy Agreements

3. Definitions

Smoke free: means smoking is not permitted anywhere within hospital buildings
or residencies with the exception of the use of the designated smoking shelters by
patients visitors and staff. This includes vapour or smoke like products that
resembles smoke from e-cigarettes or other similar battery powered smoking
cessation devices

4. Reason for development

- To reduce so far as reasonably practicable fire and safety risks following a fire caused by an e-cigarette in a HEFT owned building.
- In response to Department of Health Estates and Facilities Alert Ref EF/2014/002

5. Aims and Objectives

- To comply with Smoke Free (Premises and Enforcement) Regulations 2006
- Reduce so far as reasonably practicable the fire and safety risks
- Prohibit the subsequent use and sale of e-cigarette devices and related products in all HEFT owned buildings and hospital sites and to reiterate the Trusts directive in prohibiting the recharging of e-cigarettes or other smoking cessation devices on HEFT owned premises

6. Standard

• This policy will set the standard required to meet with the HEFTs legal obligations Under Section 2(2) of the Health and Safety at Work etc 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 arrangements for their welfare at work.'

Several European Union 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 protective measures

7.1. Individual Responsibilities (General)

- Chief Executive: has overall accountability for ensuring that all Trust sites are smoke-free
- **Directors:** have day to day responsibility for dissemination of the policy to all staff groups and take action under non-compliance issues.
- Director of Asset Management: is the accountable officer for fire and has responsibility for monitoring the general operation of the 2015 HEFT Smoke Free Policy by receiving quarterly fire safety briefing reports from the HEFT Specialist Fire Safety Adviser
- Managers: will ensure clinical and non clinical staff are made aware of the requirements of this policy and ensure the use, recharging or sale of ecigarette / smoking cessation devices is prohibited in all Trust buildings In the event a person is smoking or using an e-cigarette device whilst oxygen therapy is in use, stricter fire safety controls must be implemented:

See Appendix A

All staff: have responsibility for ensuring that they and their colleagues adhere to this policy and undertake the procedures / measures listed In the event a person is smoking or using an e-cigarette device whilst oxygen therapy is in use the Ward Manager must be informed immediately

See Appendix A

- Occupational Health Department: will provide advice and support for staff who wish to stop smoking
- Community Clinics: refer to NHS Properties Services or Clinic Landlords Policies

7.2. Board and Committee Responsibilities

Heart of England NHS Foundation Trust Board

7.3. Operational Committees

Heart of England NHS Foundation Trust Fire Policy Group

8. Training Requirements

 Staff and contractual service providers will be made aware of the 2015 Smoke Free Policy through fire safety training sessions and workplace inductions.

9. Monitoring and Compliance

Criteria	Monitoring Mechanism	Responsibility	Committee	Frequency
Risk assessment	Risk assessment Review / Audit	Fire safety team	HEFT Fire Policy Group	Annually
Training	Completion of training programme	Fire safety team	HEFT Fire Policy Group HEFT Fire	Quarterly as part of fire safety report Quarterly as
	Local workplace inductions	Local managers	Policy Group	part of fire safety report
	Fire Warden Training	Fire safety team		
Raising Awareness	Completion of annual training programme –	Fire safety team	HEFT Fire Policy Group	Quarterly as part of fire safety report and
	Communication via internal IT communication portals	Fire safety team		
	Installation of warning notices In Trust buildings	BHH – SH and GH Estates		
Policy Monitoring	Fire alarm briefing reports HEFT IR1	Specialist Fire Safety Adviser	HEFT Fire Policy Group	Quarterly as part of Fire Safety report
	incident reports			

The smoke free policy will be reviewed 3 yearly or if there is significant change in smoke free legislation

10. References

Smoke-free (Premises and Enforcement) Regulations 2006

Section 2(2) of the Health and Safety at Work etc Act 1974

Section 8 of the Regulatory Reform Fire Safety Order 2006

Management of Health and Safety at Work Regulations 1999 under General Principles of Prevention

DOH Estates and Facilities Alert Ref EF 2014/ 002 Issued June 16th 2014

11. Attachments

Consultation and Ratification Checklist

Equality and Diversity - Policy Screening Checklist

Equality Action Plan / Report

Launch and Implementation Plan

Appendix 1 – Actions to take if patient or visitor is found smoking or using ecigarette devices inside HEFT Buildings

Title	Smoke Free Policy	
	Consultation and Ratification Checklist Details	
1	Is this a: Policy & Procedure	
2	Is this: Revised Version 3.1	
3	Format matches Policies and Procedures Template (Organisation-wide)	Yes
4	Consultation with range of internal /external groups/ individua	Fire Policy - Committee als Staff Representative Groups HR Committee
5	Equality Impact Assessment completed	Yes
6	Are there any governance or risk implications? (e.g. patient safety, clinical effectiveness, compliance with or deviation fro National guidance or legislation etc)	om No
7	Are there any operational implications?	No
8	Are there any educational or training implications?	No
9	Are there any clinical implications?	Yes
10	Are there any nursing implications?	Yes
11	Does the document have financial implications?	No
12	Does the document have HR implications?	Not Known
13	Is there a launch/communication/implementation plan within document?	the Yes
14	Is there a monitoring plan within the document?	Yes
15	Does the document have a review date in line with the Policie and Procedures Framework?	es Yes
16	Is there a named Director responsible for review of the document?	No
17	Is there a named committee with clearly stated responsibility approval monitoring and review of the document?	for Yes

Document Author / Sponsor	Ratified by (Chair of Committee or Executive Lead)					
Signed Anthony JJ Morgan	Signed John Sellars					
Title Specialist Fire Safety Adviser	Title Director of Asset Management					
Date April 1 st 2015	Date April 1 st 2015					

Equality and Diversity - Policy Screening Checklist

Policy/Service Title: Smoke Free Policy v3.1

Directorate: Asset
Management

Name of person/s auditing/developing/authoring a policy/service:

Anthony JJ Morgan Specialist Fire Safety Adviser

Aims/Objectives of policy/service:

To met with statutory smoke free legislation and to reduce identified safety and fire risks in buildings controlled by Heart of England NHS Foundation Trust

Policy Content:

For each of the following check the policy/service is sensitive to people of different age, ethnicity, gender, disability, religion or belief, and sexual orientation?

The checklists below will help you to see any strengths and/or highlight improvements required to ensure that the policy/service is compliant with equality legislation.

1. Check for DIRECT discrimination against any group of SERVICE USERS:

Question: Does your policy/service contain any statements/functions which may exclude people from		Response		Action required		Resource implication	
usin	g the services who otherwise meet the criteria er the grounds of:	Yes	No	Yes	No	Yes	No
1.1	Age?		X				
1.2	Gender re-assignment?		Х				
1.3	Disability?		Х				
1.4	Race or Ethnicity?		X				
1.5	Religion or belief (including lack of belief)?		Х				
1.6	Sex?		Х				
1.7	Sexual Orientation?		Х				
1.8	Marriage & Civil partnership?		Х				
1.9	Pregnancy & Maternity?		Х				

If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.

2. Check for INDIRECT discrimination against any group of SERVICE USERS:

Question: Does your policy/service contain any statements/functions which may exclude people from		Response		Action required		Resource implication	
	g the services under the grounds of:	Yes	No	Yes	No	Yes	No
2.1	Age?		X				
2.2	Gender re-assignment?		X				
2.3	Disability?		X				
2.4	Race or Ethnicity?		X				
2.5	Religion or belief (including lack of belief)?		X				
2.6	Sex?		X				
2.7	Sexual Orientation?		X				

2.8	Marriage & Civil partnership?	Х		
2.9	Pregnancy & Maternity?	X		

If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.

TOTAL NUMBER OF ITEMS ANSWERED 'YES' INDICATING DIRECT DISCRIMINATION = None

3. Check for DIRECT discrimination against any group relating to EMPLOYEES:

Question: Does your policy/service contain any statements which may exclude employees from		Response		Action required		Resource implication	
	ementing the service/policy under the grounds	Yes	No	Yes	No	Yes	No
3.1	Age?		X				
3.2	Gender re-assignment?		X				
3.3	Disability?		X				
3.4	Race or Ethnicity?		X				
3.5	Religion or belief (including lack of belief)?		X				
3.6	Sex?		X				
3.7	Sexual Orientation?		X				
3.8	Marriage & Civil partnership?	·	Х				
3.9	Pregnancy & Maternity?		X				

If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.

4. Check for INDIRECT discrimination against any group relating to EMPLOYEES:

Question: Does your policy/service contain any conditions or requirements which are applied equally		Response		Action required		Resource implication	
to e	veryone, but disadvantage particular persons'	Yes	No	Yes	No	Yes	No
4.1	Age?		X				
4.2	Gender re-assignment?		X				
4.3	Disability?		X				
4.4	Race or Ethnicity?		X				
4.5	Religion or belief (including lack of belief)?		X				
4.6	Sex?		X				
4.7	Sexual Orientation?		Х				
4.8	Marriage & Civil partnership?		Х				
4.9	Pregnancy & Maternity?		Х				

If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.

TOTAL NUMBER OF ITEMS ANSWERED 'YES' INDICATING INDIRECT DISCRIMINATION = None

Signatures of author

AJJ Morgan Specialist Fire Safety Adviser

Date of signing: April 1st 2015

Equality Action Plan/Report

Directorate: Asset Management	
Service/Policy: Smoke Free Policy	
Responsible Manager: John Sellars (Director of Asset Management)	

Name of Person Developing the Action Plan: Specialist Fire Safety Adviser

Consultation Group(s): Estates Statutory Compliance Group – HEFT Fire Policy Group - Employee Representatives

	Review Date:			
l				

The above service/policy has been reviewed and the following actions identified and prioritised.

All identified actions must be completed by:

Action:	Lead:	Timescale:
Rewriting policies or procedures	Specialist Fire Safety Adviser	3 yearly or if there is significant change in Smoke Fee Legislation
Stopping or introducing a new policy or service	Fire Policy Group	3 yearly or if there is significant change in Smoke Free Legislation
Improve /increased consultation	Specialist Fire Safety Adviser	When necessary
A different approach to how that service is		
managed or delivered	N/A	N/A
Increase in partnership working	Raising awareness at Manager briefings	When necessary
Monitoring	Fire Policy Group Specialist Fire Safety Adviser Fire safety team	Annually
Training/Awareness Raising/Learning	HEFT Managers and Staff Fire Safety Team	When necessary
Positive action	All HEFT Employees	As necessary
Reviewing supplier profiles/procurement arrangements	All HEFT Employees	As necessary

A rethink as to how things are publicised	Estates Compliance Manager	3 yearly	
	Specialist Fire Safety Adviser – HEFT		
Review date of policy/service and EIA: this information will form part of the Governance Performance Reviews	Estates Compliance Manager Specialist Fire Safety Adviser	3 yearly	
	HEFT Equality and Diversity Team		
If risk identified, add to risk register. Complete an Incident Form where appropriate.	All HEFT Employees Contractual Staff	As necessary	

When completed please return this action plan to the Trust Equality and Diversity Lead; Pamela Chandler or Jane Turvey. The plan will form part of the quarterly Governance Performance Reviews.		•
Signed by Responsible Manager:		Date:

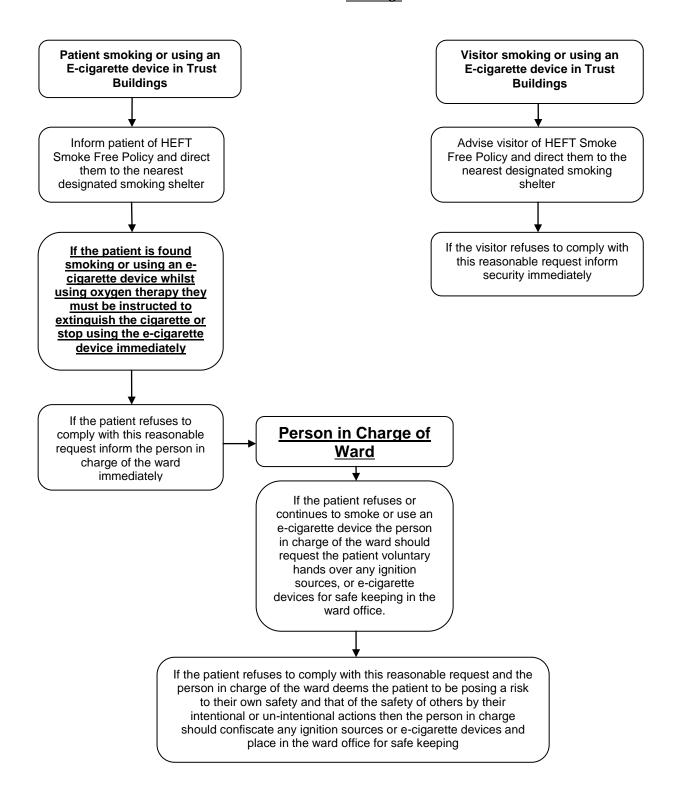
Launch and Implementation Plan

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

Action	Who	When	How
Identify key users / policy writers	Staff – Patients and Visitors	Prior to ratification	Raising policy awareness through internal communication portals
	Specialist Fire Safety Adviser		Staff fire safety training sessions Risk assessment process
Present Policy to key user groups – Staff Side – Fire Policy Group – HR Committee	Specialist Fire Safety Adviser	Following ratification by fire policy group	Presentation of draft policy to key internal trust stakeholders or groups
Add to Policies and Procedures intranet page / document management system.	Estates SharePoint gatekeeper	Once policy agreed and ratified by HR Committee	As per Estates gatekeeper process
Offer awareness training / incorporate within existing training programmes	Fire safety team	During programmed training sessions	Via Classroom IT presentations Notification to managers through fire risk assessment process
Circulation of document(electronic)	Specialist Fire Safety Adviser Estates Policy Gatekeeper	Following ratification by fire policy group	Via SharePoint web portal Internal communication portals

APPENDIX A

Actions to take in the event of a person is found smoking or using an e – cigarette device inside HEFT Buildings



The person in charge may seek support from the Senior Nurse on Duty i.e. Matron, Site Lead or Lead Manager