

# SMOKE-FREE HEALTH CARE AND SMOKING CESSATION POLICY®

## DOCUMENT SUMMARY/KEY POINTS

### NSW Ministry of Health Policy Directive

#### NSW Health Smoke-free Health Care Policy

[http://www0.health.nsw.gov.au/policies/pd/2015/pdf/PD2015\\_003.pdf](http://www0.health.nsw.gov.au/policies/pd/2015/pdf/PD2015_003.pdf)

- The above linked document is a NSW Ministry of Health Policy Directive and requires mandatory compliance.
- **Compliance with the NSW Health Smoke-free Health Care Policy means that all NSW Health buildings, grounds and vehicles are smoke-free with the exception of designated outdoor smoking areas.**
- In keeping compliance with the Smoke-free Environment Act 2000, SCHN will enforce smoke free areas in the following locations:
  - Enclosed public places.
  - Within 4 metres of the pedestrian access point to buildings.
  - Bus stops and cab ranks, where people queue or gather.
  - Within 10 metres of children's play equipment.
  - In commercial outdoor dining areas.
- Where appropriate and in line with the NSW Health Prosecution Policy and Guidelines, Penalty Infringement Notices (PINs) may be issued to staff, clients and visitors who fail to comply.
- Tobacco and smoking materials are not sold within SCHN.
- Quit smoking programs are available for staff and volunteers, parents/carers and patients. More details are found in this policy.
- Electronic cigarettes (e-cigarettes) are banned on campus, in all health buildings and in vehicles

**SCHN Contact:** Member of the Executive

<b>Approved by:</b>	SCHN Policy, Procedure and Guideline Committee	
<b>Date Effective:</b>	1 <sup>st</sup> October 2015	<b>Review Period:</b> 5 Years
<b>Team Leader:</b>	Director	<b>Area/Dept:</b> Clinical Governance

## CHANGE SUMMARY

- New MoH Policy Directive released (PD2015\_003).
- Replaces PD2005\_375: *Smoke Free Workplace Policy - Progression of the NSW Health*
- Inclusion in revised PD of the ability of LHDs and speciality network governed statutory health corporations to make smoke-free bylaws.
- Other minor changes to terminology.

## READ ACKNOWLEDGEMENT

- All staff should be read the Policy Directive.

# 1 Introduction

## 1.1 Compliance and Responsibilities

- It is the responsibility of Department Heads to ensure that all staff is aware of the policy.
- All staff members have a clear responsibility to ensure that the MoH Smoke Free Health Care Policy is observed.
- Non-compliance with this policy for all staff members will be managed in line with the NSW MoH Managing Misconduct Policy [PD2014\_042]:  
<http://chw.schn.health.nsw.gov.au/o/documents/policies/policies/2014-9113.pdf>
- Visitors and clients not complying with the policy should be advised of the MoH Smoke Free Health Care Policy.
- Penalty Infringement Notices (PINs) may be issued to staff, clients and visitors who do not comply
- Staff, volunteers and patients who want to give up smoking may be assisted by the availability of Nicotine Replacement Therapy (NRT), Quit Help Line and counselling services.
- Parent/carers who want to give up smoking should be offered smoking cessation intervention see 4.3 for further information.

## 1.2 Publicity, Promotion and Education

Appropriate publicity and promotion of strategies to ensure broad support are implemented and subject to ongoing reviews. The publicity and promotion explains the objectives of the NSW MoH Smoke Free Health Care Policy. The focus of these strategies is positive and refers to the promotion of the benefits of a smoke free environment. The Network may seek assistance from NSW Health in developing appropriate education and information strategies for promotion and publicity of this policy. This includes, but not limited to:

- Bulletins
- Flyer / News Letters
- Messages on Pay Slips
- Quit Kits available
- Quit Help line promoted
- PC screen saver messages
- Inclusion in Orientation Programs
- E-mail messages
- Intranet page dedicated to the Smoke Free Workplace Committee
- **Staff Recruitment:** Advertisements for positions in SCHN include a statement to ensure that applicants are aware of the Smoke Free Health Care Policy. Position descriptions include a statement to inform applicants of the Smoke Free Policy. Reference to the policy is be made in all contracts or appointments.

- **Contractors:** Smoking restrictions apply to any outside contractor engaged to perform work or provide a service at SCHN. A staff member engaging a contractor(s) must ensure that they understand and comply with the Smoke Free Health Care Policy.

## 1.3 Definitions

### ***Smoking Cessation Brief Interventions***

Brief opportunistic advice from a health professional to present options on smoking cessation for example: Car & home smoke free zone, cutting back and or stop smoking.

### ***5As Smoking Cessation***

Evidence based framework for structuring smoking cessation brief interventions in the healthcare setting.

### ***Second Hand Smoke (SHS)***

SHS is formerly known as Environmental Tobacco Smoke (ETS). This is smoke released from a cigarette and emitted into the surrounding air. This is a combination of side stream and exhaled mainstream smoke. It consists mainly of exhaled mainstream smoke and side stream smoke. Small amounts of mainstream smoke also escape through the cigarette mouthpiece, and vapour compounds diffuse through the cigarette wrapper. Breathing in SHS is also called passive smoking or involuntary smoking.

### ***Third Hand Smoke (THS)<sup>14</sup>***

THS is generally considered to be residual nicotine and other chemicals left on a variety of surfaces by tobacco smoke. THS is a relatively new concept, and researchers are still studying its possible dangers. This residue is thought to react with common indoor pollutants to create a toxic mix. This toxic mix of THS contains cancer-causing substances, posing a potential health hazard to non-smokers who are exposed to it, especially children.

Studies show that THS smoke clings to hair, skin, clothes, furniture, drapes, walls, bedding, carpets, dust, vehicles and other surfaces, even long after smoking has stopped. Infants, children and non-smoking adults may be at risk of tobacco-related health problems when they inhale, ingest or touch substances containing THS. The THS residue builds up on surfaces over time and resists normal cleaning, can't be eliminated by airing out rooms, opening windows, using fans or air conditioners, or confining smoking to only certain areas of a home and remains long after smoking has stopped.

### ***Nicotine Replacement Therapy (NRT)***

NRT is any form of smoking cessation aid which delivers a measured dose of nicotine such as nicotine patch, nicotine gum, nicotine lozenges, nicotine inhalers and nicotine spray. NRT helps in reducing the severity of craving and withdrawal symptoms.

## 2 Designated smoking areas

Smoking is **only** permitted in the following areas.

- At CHW:
  - Level 2 at the side of the main entrance
- At SCH:
  - Barker Street entrance of the Randwick Hospital campus
  - Nurses Drive, opposite the Prince of Wales Hyperbaric chamber

## 3 Aboriginal and Torres Strait Islander Peoples<sup>15</sup>

For Aboriginal and Torres Strait Islander Peoples, it is important to note and understand that they:

- Have smoking rates over twice that of the non-indigenous population.
- Are almost three times as likely as the non-Indigenous population to be daily smokers.
- Take up smoking at an earlier age.
- Smoke for longer.
- Have a higher percentage of children living at home with at least one daily smoker compared to the non-Indigenous population
- Make fewer quitting attempts than the broader Australian population.

For more information, refer to the Centre for Excellence in Indigenous Tobacco Control:  
<http://www.ceitc.org.au/>

## 4 Smoking Cessation Interventions<sup>5,6,7,8</sup>

It is every health professional's responsibility to promote healthy lifestyles. This type of health prevention education also aligns with NSW Health and SCHN directives to provide a smoke free workplace for patients, families, staff and visitors. Smoking cessation brief interventions strategies provide real benefits to the individual's health, finances and self-confidence.

For staff it is important to be aware that the majority of smokers would like to quit smoking. More than half of all smokers intend to quit smoking within the next six months and over 80% of smokers have tried at some time in the past to quit smoking. Advice and support from healthcare professionals is an important part of this process. Nurses, being the largest healthcare workforce and are involved in virtually all levels of healthcare service can play a big role to help smokers quit. Smoking cessation advice and support from nursing staff can help to increase an individual's success in quitting smoking, especially in a hospital setting. Opportunistic brief advice from physicians and from other health professionals has proven efficacy in promoting quit attempts and it is recommended that this becomes part of routine practice. For more information see KidsQuit E-learning at: <http://www.doh.edmore.com.au/>

No-one (staff, volunteers, visitors, contractors, parent/carer or other patients) should be exposed to second or third hand smoke in the workplace.

## 4.1 Intervention at Admission

NSW Ministry of Health require parent/carers and/or patients (10 years and over) to be asked in a common sense non-confrontational manner if they smoke and if they would like to cease smoking. The admission process is an opportune time to ask.

There are some strategies to facilitate the conversation including:

- **Taking a clinical and/or medical history** in both nursing and medical admission to facilitate identification of smoking and other high risk activities which may cause complications or problems throughout the admission.
- If an adolescent indicates that they are smoking, this can be assessed in more detail followed by an opportunistic *brief intervention*. This brief intervention can be performed by nursing, medical and allied health staff.
  - If the adolescent wishes to use the admission as a quitting opportunity this can be supported both by counselling support and assessment regarding the use of NRT. Assessment by the relevant team can proceed regarding indications and contraindications for use of NRT.
  - If the adolescent does not wish to quit, the difficulties of smoking in hospital need to be discussed. That is, smoking is not permitted in any public facilities and the adolescent must go to one of the designated smoking areas in order to have a cigarette. In addition to this, under duty of care, staff may need to accompany them whilst they are absent from the Ward (some staff may not wish to be exposed to SHS or THS). NRT therapy should be offered as alternative during hospital admission with medical assessment as above.

## 4.2 Intervention for Patients during Admission

- Continuous encouragement and support for the adolescent to engage in smoking cessation strategies. Reinforce the following:
  - **The most important thing you can do for your health and/or the health of your child is to stop smoking.**

### ***If the adolescent or parent/carer indicates they wish to cease smoking***

- Smoking cessation intervention using the '5As' to assess motivation to quit and nicotine dependence.
- Organise an assessment by the admitting team. To assess nicotine dependence there are two commonly used tools (one for adolescents and one for adults).
  - [Hooked on Nicotine Checklist](#) specially designed for Adolescents and
  - [Fagerstrom Scale](#) specially designed for adults.
  - The tools are available on the CHW Smoking Cessation page, but are applicable across SCHN. Both of these forms are available at [http://chw.schn.health.nsw.gov.au/ou/smoking\\_cessation/](http://chw.schn.health.nsw.gov.au/ou/smoking_cessation/)

- If signs/symptoms of developing nicotine dependence are evident, discuss using nicotine replacement therapy (NRT) at least for duration of admission.
- If the adolescent is agreeable to using NRT patches these can be charted on the NSW Paediatric Medication Chart and supplied through CHW pharmacy (for adolescents only, not parents).
- For further support and advice refer to the Department of Adolescent Medicine.

***If the adolescent chooses to leave the ward for a cigarette***

- The adolescent may be advised that they require supervision for their own safety.
- Discuss with the Nurse Unit Manager if a member of staff is able to leave the ward area to accompany the patient. If staff are not comfortable with this, then another option is to have a parent or responsible adult take the adolescent to a designated smoking area.

For the **mental health and/or disruptive patients in the Emergency Department**, a parent and or carer will need to accompany and supervise whilst smoking. [NB: This group of patients may become more agitated if not allowed to access regular cigarettes.]

*It must be noted that stress is a major factor impacting on their level of functioning.*

Smoking is discouraged for patients in the **Mental Health Unit** and NRT is offered. If patients are permitted leave, a parent /carer can accompany them to a designated smoking area.

- If the ward makes a decision to supervise the adolescent while smoking, the patient should be directed to the [Designated Smoking Area \(DSA\)](#). It is recommended that staff to remain at a reasonable distance from the main and side stream smoke (which is at least 7 to 25 metres). To note that there is no level of SHS that is free of risk and there has been no safe distance established against the effects of SHS.

### 4.3 Intervention for Parents/Carers during Patient Admission

All parents, carers and adolescents should be asked if there are any smokers at home who should be offered a smoking cessation brief intervention, which can allow for the introduction of smoking cessation options including:

- information on cessation options such as providing a Quit Pack,
- advice on smoke free home and car;
- options for the use Nicotine Replacement Therapy;
- Referral to Quitline for ongoing counselling and or to follow-up with their General Practitioner.

At CHW in Powerchart there is a documentation template available to document smoking cessation intervention (Adhoc charting-General Forms).

For further information on smoking cessation interventions- Kidsquit E-learning:

<http://www.doh.edmore.com.au/>

## 4.4 Intervention for Staff

A non-smoking workforce is the goal and the responsibility rests with all staff members to try to maintain these high standards. To help staff who would like to quit smoking, the following options are available. A single or combination of strategies may be used:

### ***FREE Nicotine Replacement Therapy (NRT)***

To help support staff wanting to quit smoking, NSW Health provides *four weeks of free* NRT patches, available through the hospital Pharmacy Department.

To register, please visit the hospital Pharmacy website and fill out the “Free Nicotine Replacement Therapy” form:

[http://chw.schn.health.nsw.gov.au/ou/pharmacy/resources/forms/nicotine\\_replacement\\_therapy/application\\_form.pdf](http://chw.schn.health.nsw.gov.au/ou/pharmacy/resources/forms/nicotine_replacement_therapy/application_form.pdf)

### ***Telephone Support for Quitting***

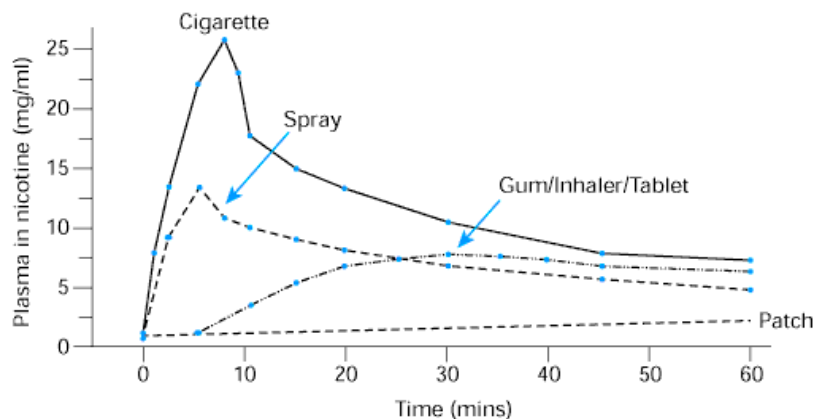
For the cost of a local call from anywhere in Australia, the Quitline contactable on 137848(13 QUIT) or <https://www.icanquit.com.au> provides advice and assistance to smokers who want to quit.

This service is Monday to Friday 7am to 10.30pm; Saturday to Sunday 9am to 5pm but a message can be left 24 hours a day; seven days a week. Quitline can offer the assistance that a smoker may need to make a successful quit attempt.

Quitline also offers multicultural quit line (see <https://www.icanquit.com.au/further-resources/quitline>) and further information is available at:

<http://www.mhcs.health.nsw.gov.au/publicationsandresources/pdf/publication-details/reasons-to-quit-smoking>

With a chronic smoker the level of nicotine achieved in the blood from one cigarette is significantly higher than that received from the administration of the transdermal patch as can be seen in the graph below:



In some smokers combining different forms of NRT can achieve improved control of withdrawal symptoms. Tobacco smoke contains polycyclic aromatic hydrocarbons that induce (increase) the activity of certain hepatic enzymes in particular CYP1A2. Therefore for some drugs for example duloxetine, olanzapine, carbamazepine, theophylline, naproxen, and clozapine, smoking significantly reduces drug plasma levels and higher doses are needed. On ceasing smoking the enzyme can take up to a week or longer to return to normal activity so dose adjustments would be needed at this time. Nicotine is metabolised by CYP 2B6 and thus clopidogrel, itraconazole, and thiotepa and other medications can increase nicotine levels.



## 5 Kidsquit E-learning – supporting smoking cessation

### 5.1 The 5As of Smoking Cessation

It is recommended that health professionals provide opportunistic brief interventions for smoking cessation to parent/s, carer/s as well as adolescent smokers. The 5As of Smoking Cessation is an evidence based framework for providing assistance and support strategies to motivate and assist quit attempts.

Many health professionals have not received smoking cessation training and can experience lack of knowledge and or confidence around how to undertake a smoking cessation intervention with a parent/carer and or adolescent and this can be a major barrier to asking about smoking.

The Kidsquit E-Learning has been developed to provide health professionals in a paediatric and adolescent health care setting with information on how to perform smoking cessation intervention. Kidsquit is now available state-wide and is located at <http://www.doh.edmore.com.au/login.php?logout=1>

The objectives of Kidsquit:

- To increase knowledge of the 5As of smoking cessation
- To increase confidence in performing brief interventions for smoking cessation.
- To provide with resources and support for smoking cessation

### 5.2 The Kidsquit E-Learning covers

- Pre and post assessment questions assessing knowledge and clinical practice of smoking cessation.
- Four educational modules:
  - Smoking and health effects
  - Brief interventions: the 5As of smoking cessation
  - Adolescents and smoking
  - NRT and pharmacotherapy
- The training takes approximately 30 minutes to complete in total however each module can be completed separately allowing time flexibility.

## 6 E-Cigarettes<sup>11,12,13</sup>

E-cigarettes are electronic cigarettes that are battery-operated devices designed to look like and to be used in the same manner as conventional cigarettes. E-cigarettes are sold online, markets and tobacconist. These devices generally contain cartridges filled with nicotine (and or non-nicotine version), flavour, and other chemicals. The importation and supply (including sale) of therapeutic goods is illegal in Australia unless authorised by the Therapeutic Goods Administration (TGA).

### 6.1 How do e-cigarettes work?

E-cigarettes turn nicotine, which is highly addictive, and other chemicals into a vapour that is inhaled by the user. E-cigarettes use either disposable or refillable cartridges ("tanks") containing nicotine (typically 0-24milligrams) and/or flavourings dissolved in propylene glycol and/or glycerin. When puffed, the liquid is heated into a fine vapour that is inhaled into the lungs. The vapour does not contain carbon monoxide or the other toxic products of combustion in tobacco smoke and is exhaled as a visible mist, simulating cigarette smoke. Some models also have an LED light at the tip that glows during inhalation.

E-cigarette users ('vapers') employ them for four main purposes:

1. Smoking cessation: As an aid for quitting
2. Harm reduction: To reduce the number of traditional cigarettes smoked
3. Relapse prevention: As a long-term replacement for smoking after quitting
4. Temporary abstinence: For temporary relief in places where smoking is banned

The use, potential side effects and safety of E-cigarettes are currently being debated at both national and international levels. There has been experts that have promoted e-cigarettes are a safer option but this appears to be outweighed by the safety concerns. The CEO National Health and Medical Research Council Australia released statement March 2015: "There is currently insufficient evidence to conclude whether e-cigarettes can benefit smokers in quitting, or about the extent of their potential harms. It is recommended that health authorities act to minimise harm until evidence of safety, quality and efficacy can be produced"

E cigarettes are currently banned on campus, in all health buildings and in vehicles.

For further information on e-cigarettes refer to

<http://www.health.nsw.gov.au/tobacco/Pages/electronic-cigarettes.aspx>

## 7 CHW Contact Information

- Department Head Kids Health: extension 53589
- Department of Adolescent Medicine/ SAMY (Service for Addiction Medicine in Youth extension 52446
- Department of Respiratory Medicine CNC Complex Asthma: extension 52293

## 8 Links

For further information refer to:

- NSW Quitline: <http://www.icanquit.com.au/>
- Tobacco in Australia: <http://www.tobaccoinaustralia.org.au/>
- NSW Health Managing Nicotine Dependence: A Guide for NSW Health Staff  
<http://www.health.nsw.gov.au/tobacco/Pages/managing-nicotine-dependence.aspx>

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