



## Smoke-free Policy

### NO SMOKING

The Lighthouse Medical Practice is a NO SMOKING ZONE. This also applies to E-Cigarettes and other electronic smoking devices. This includes the areas outside of our premises. This is in the interest of public health and fire safety.

#### **For our detailed policy- Please read on:**

1. Introduction
  - 1.1 Smoking is the single greatest cause of preventable illness and early death in the UK <sup>1</sup>
  - 1.2 The public health white paper Choosing Health (2004)<sup>2</sup> makes a clear commitment to a smoke free NHS by the end of 2006. We believe that all patients, visitors, clients and staff have a right to be in a totally smoke-free environment when in or on any of it's ground or premises. The Lighthouse Medical Practice is committed to a smoke free environment.
  - 1.3 The Health and Safety at Work Act (1974) places a duty on employers to:  
  
“...provide and maintain a safe working environment which is, as far as is reasonably practical, safe, without risks to health and adequate as regards facilities and arrangements for their welfare at work...<sup>3</sup>.

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<sup>1</sup> Indications of Public Health in the English Regions: Lifestyle and it's impact on Public Health, 2004 Association of Public Health Observatories

<sup>2</sup> Department of Health (2004) Choosing Health Making Healthy Choices Easier, <http://www.dh.gov.uk>

<sup>3</sup> Health and Safety Executive (1974) Health and Safety at Work Act London HMSO Section 2(2)



The main hazards associated with smoking are seen as

Ill-health in smokers

Effects of passive smoking on non-smokers

Fires caused by the careless disposal of cigarettes

- 1.4 Breathing other people's tobacco smoke-has now been shown to cause lung cancer and heart disease in non smokers, as well as many other illnesses and minor conditions (see appendix)
  - 1.5 The purpose of this policy is to promote a healthier, safer environment by ensuring that our buildings, grounds and premises are smoke free. This policy will be implemented in a supportive manner to all staff, visitors and patients.
2. General Principles and Scope.
    - 2.1 The aims of this policy are to:
      - Protect and improve the health of staff;
      - Protect and improve the health of patients, visitors, students and contractors;
      - Protect both smokers and non-smokers from the effects of passive smoking;
      - Provide opportunities and support to staff who wish to give up smoking;
      - Provide a model of good practice for other NHS organisations and other partner organisations in implementing policies on smoking;



- Reduce the burden of premature death and illness in the wider community by promoting a comprehensive approach to addressing smoking;
- Support smokers to help them cope with increased restrictions if they do not want to quit.
- Set an example to other employers and workforces, particularly in health related locations.

### 3. The Policy

3.1 This policy applies to all persons present in or on any part of the Practice grounds or premises. This includes:

- All staff including bank and agency, all students, contractors, patients, clients, volunteers, locums and visitors
- All persons travelling in Practice owned or leased vehicles during work time
- All persons travelling in their own vehicles while on duty in Practice time or while on Practice premises
- Any staff identifiable as employees of the Practice on it's premises during their work hours, or providing services to patients or clients for the Practice in any place, including the patient's or client's home.

### 4. Smoke Free Environment – Practical Implications The Lighthouse Medical Practice

4.1 There will be no designated smoking areas within the Practice with all grounds and premises being 'no smoking' at all times

4.2 All Practice owned vehicles are 'no smoking' areas at all times



- 4.3 A total ban will mean that the Practice staff will not be allowed to smoke in view of patients, clients or members of the public when on duty especially if in uniform and especially wearing a name badge
  - 4.4 In order to maintain a smoke free image staff are encouraged to avoid situations where a lingering smell of smoke on clothes is noticed by patients
  - 4.5 The no smoking policy should be mentioned while arranging appointments or giving travel advice to those visiting the Practice premises.
  - 4.6 To ensure that everyone accessing Practice sites understands that smoking is not allowed in the buildings or grounds clear signs will be on display.
5. Implementation
    - 5.1 From 1st January 2007 staff will not be permitted to smoke while they are on duty irrespective of their location.
    - 5.2 There will be a 3-month 'lead-in' period between 1st January and 31st March 2007. This will allow for alteration to necessary stationary, preparing signage and informing staff. The policy will be fully enforced from 1st April 2007
6. Community-Based Staff
    - 6.1 Community-based staff may need to work in environments where it is difficult to control exposure to tobacco smoke e.g. in patient's



homes. In these instances, the patient should be respectfully asked not to smoke while the employee is working with them.

6.2 For those with pre-booked appointments, a leaflet advising patients not to smoke during the home visit can be sent out with the appointment letter (see appendix 2).

6.3 For those with non pre-booked appointments, this leaflet can be left with the patient where there is an issue of exposure to second-hand smoke.

6.4 If the patient/other occupants continue to smoke during the visit, the line manager will where reasonably practical arrange an alternative venue for the appointment.

## 7. Responsibilities

7.1 The GP Practice partners are responsible for ensuring this policy is fully followed by all staff and that there are sufficient resources available to enable its implementation

7.2 Practice staff must comply with this policy  
Staff who smoke and wish to quit are encouraged to do so and will be offered support if they request it

7.3 Staff who smoke and do not wish to quit will not be required to do so. However they will not be allowed to smoke in or on any of the Practice grounds or premises, in its vehicles or while identifiable as Practice staff.

7.4 In the circumstance that patients, clients, visitors or staff are seen smoking on Practice premises, all staff are strongly encouraged to



inform them that the Practice operates a no smoking policy. However, staff should not put themselves at risk of physical or verbal abuse in doing so.

7.5 Any member of staff who has a complaint made against them for pointing out the Practice no smoking policy to anyone who is smoking will have the full support of the Practice for taking such action, which will be in compliance with this policy.

#### 8. Support for Smokers who want to Quit

The Practice recognises its duty of care towards staff that smoke, and to support those who would like to stop. The Practice will therefore support staff by:

- Informing staff about stop smoking clinics to help staff quit
- Setting up a demand led workplace stop smoking group if the need is identified
- Supporting staff to obtain nicotine replacement therapies from their GP at prescription costs
- Providing access to a 'buddy scheme' where another member of staff voluntarily agrees to support that smoker to quit

The above arrangements should be agreed in consultation with line managers.

#### 9. Informing staff of this Policy

9.1 The Practice will ensure that staff are aware of the implementation of this policy 90 days in advance. All staff will be provided with a copy of this policy on request. It will be available on the Practice Quicklinks.



9.2 Information about this policy and the Stop Smoking Service will also be included in staff Handbooks.

## 10. Adherence

10.1 Every effort will be made to deal with breaches of this policy sensitively and respectfully. However repeat breaching of any aspect of this policy by Practice staff may eventually lead to formal disciplinary action.

10.2 An initial breach of this policy will be dealt with in an advisory way with help to quit smoking being offered. This support will be ongoing. It is only in the case of repeated instances of smoking that disciplinary action will be considered.

## 11. Recruitment

On appointment all new staff members will be made aware of the current policies including the no smoking policy. Copies of policies are also available on request or can be accessed via the staff handbooks in reception and via the intranet

## 12. Enforcement and Monitoring

12.1 All managers in the Practice have a duty to enforce this policy. All members of staff have a duty to comply with it and encourage others to comply with it, reporting any breaches to their line manager. Ultimately it is the Partners of the Practice responsibility to make sure the Policy is adhered to.



### 13. Working in Partnership

13.1.1 In recognition of the fact that all NHS organisations have a duty to implement a smoke free policy, the Practice will be working in partnership with other NHS organisations in the implementation of the policy.



## Appendix 1

### What's in the smoke?

Tobacco smoke contains over 4000 chemicals in the form of particles and gases. **[1]** Many potentially toxic gases are present in higher concentrations in side stream smoke than in mainstream smoke and nearly 85% of the smoke in a room results from side stream smoke. **[2]** The particulate phase includes tar (itself composed of many chemicals), nicotine, benzene and benzo(a)pyrene. The gas phase includes carbon monoxide, ammonia, dimethylnitrosamine, formaldehyde, hydrogen cyanide and acrolein. Some of these have marked irritant properties and some 60 are known or suspected carcinogens (cancer causing substances). The Environmental Protection Agency (EPA) in the USA has classified environmental tobacco smoke as a class A (known human) carcinogen along with asbestos, arsenic, benzene and radon gas. **1**

### Illness caused by smoking

Smoking has more than 50 ways of making life a misery through illness and more than 20 ways of killing you. In general, smokers endure poorer health than non-smokers. It has been estimated that, in England, 364,000 patients are admitted to NHS hospitals each year due to diseases caused by smoking. This translates into 7,000 hospital admissions per week, or 1,000 day. **i[3]** In 1997/98, cigarette smoking caused an estimated 480,000 patients to consult their GP for heart disease, 20,000 for stroke and nearly 600,000 for COPD. **4**

Half of all teenagers who are currently smoking will die from diseases caused by tobacco if they continue to smoke. One quarter will die after 70 years of age and one quarter before, with those dying before 70 losing on average 21 years of life. **ii[4]** It is estimated that between



1950 and 2000 six million Britons, 60 million people worldwide, would have died from tobacco-related diseases. **iii[5]**

How does this affect the passive smoker?

Some of the immediate effects of passive smoking include eye irritation, headache, cough, sore throat, dizziness and nausea. Adults with asthma can experience a significant decline in lung function when exposed, while new cases of asthma may be induced in children whose parents smoke. Short-term exposure to tobacco smoke also has a measurable effect on the heart in non-smokers. Just 30 minutes exposure is enough to reduce coronary blood flow. **6]**

In the longer term, passive smokers suffer an increased risk of a range of smoking-related diseases. Non-smokers who are exposed to passive smoking in the home, have a 25 per cent increased risk of heart disease and lung cancer. **7]** A major review by the Government-appointed Scientific Committee on Tobacco and Health (SCOTH) concluded that passive smoking is a cause of lung cancer and ischaemic heart disease in adult non-smokers, and a cause of respiratory disease, cot death, middle ear disease and asthmatic attacks in children. **8]** A more recent review of the evidence by SCOTH found that the conclusions of its initial report still stand i.e. that there is a “causal effect of exposure to second-hand smoke on the risks of lung cancer, ischaemic heart disease and a strong link to adverse effects in children”. **[9]** A review of the risks of cancer from exposure to second-hand smoke by the International Agency for Research on Cancer (IARC) noted that “the evidence is sufficient to conclude that involuntary smoking is a cause of lung cancer in never smokers”. **[10]** A study published in the British Medical Journal suggests that previous studies of the effects of passive smoking on the risk of heart disease may have been under-estimated. The



researchers found that blood cotinine levels among non-smokers were associated with a 50-60% increased risk of heart disease. **[11]**

## Appendix References

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- [1] Respiratory health effects of passive smoking. EPA/600/6-90/006F United States Environmental Protection Agency, 1992.
- [2] Fielding, JE and Phenow, KJ. New England J. of Medicine 1988; 319: 1452-60.
- [3] Nicotine Addiction in Britain : A Report of the Tobacco Advisory Group of the Royal College of Physicians. RCP 2000. Mortality Statistics 2002
- [4] Peto, R . Mortality in Relation to Smoking : 40 Years Observation on Male Doctors. BMJ 1994 : 309, 901 – 911
- [5] Cigarettes : What the warning label doesn't tell you. American Council on Science and Health 19
  
- [6] Otsuka, R. Acute effects of passive smoking on the coronary circulation in healthy young adults. JAMA 2001; 286: 436-441
- [7] Law MR et al. Environmental tobacco smoke exposure and ischemic heart disease: an evaluation of the evidence. BMJ 1997; 315: 973-80. [View abstract] Hackshaw AK et al. The accumulated evidence on lung cancer and environmental tobacco smoke. BMJ 1997; 315: 980-88.
- [8] Report of the Scientific Committee on Tobacco and Health. Department of Health, 1998.
- [9] Secondhand smoke: Review of evidence since 1998. Scientific Committee on Tobacco and Health (SCOTH). Department of Health, 2004.



- [10] Tobacco smoke and involuntary smoking. IARC Monographs on the evaluation of carcinogenic risks to humans. Vol 83. Lyon, France, 2004.
- [11] Whincup, P et al. Passive smoking and risk of coronary heart disease and stroke: prospective study with cotinine measurement. BMJ Online First June 2004



## Appendix 2

### Leaflet for Patients Exposure to Second-hand Smoke on Home Visits

#### Take Care of the Healthcare Professional who Takes Care of You

#### Important Information for People Receiving Home Visits

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

Second-hand smoke has been found to be detrimental to people's health. It can cause heart disease, stroke and lung cancer in adults. Being exposed to second-hand smoke even for a short time can cause eye irritation, headache, cough, sore throat, dizziness and nausea.

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

#### How to Protect Staff from Second-hand Smoke

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

#### During the Visit

- Do not smoke or let anyone else in the house smoke



- Wherever possible, when the healthcare professional is in the house ask other smokers to go outside to smoke

### Our Primary Care Trust Policy

As a Trust, we operate a smoke-free policy. As part of this, we have a duty of care to our staff to prevent them being exposed to second-hand smoke during their working hours. We will support our staff to leave an environment they deem to be unsafe due to tobacco smoke pollution. If necessary you will be offered alternative treatment options.

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