NICOTINE MANAGEMENT POLICY

Policy Type	People & Organisational Development
Directorate	Corporate
Policy Owner	Director of People & Organisational Development
Policy Author	Joint Heads of Occupational Health and Head of Health & Safety
Next Author Review Date	1st July 2021
Approving Body	Corporate Governance and Risk Sub-Committee 13th December 2016
Version No.	4.0
Policy Valid from date	1st December 2016
Policy Valid to date:	31st December 2021

This Trust policy is under review and any references to Mental Health smoking arrangements within this policy have been superseded with specific arrangements agreed and communicated within the Mental Health Division. The policy will be updated to reflect this as part of the review date below.

'During the COVID19 crisis, please read the policies in conjunction with any updates provided by National Guidance, which we are actively seeking to incorporate into policies through the Clinical Ethics Advisory Group and where necessary other relevant Oversight Groups'

DOCUMENT HISTORY

(Procedural document version numbering convention will follow the following format. Whole numbers for approved versions, e.g. 1.0, 2.0, 3.0 etc. With decimals being used to represent the current working draft version, e.g. 1.1, 1.2, 1.3, 1.4 etc. For example, when writing a procedural document for the first time – the initial draft will be version 0.1)

Date of Issue	Version No.	Date Approved	Director Responsible for Change	Nature of Change	Ratification / Approval
29/03/12	2.0	29/3/2012	Carol Foley	Logo & wording updated for new organisation	
10.5.13	2.1		Di Eccleston	New policy format, and addition of electronic cigarette information 6.2	
9/7/13	2.2		Di Eccleston	Corrections following consultation, addition of smoking for pts at Sevenacres 6.1.1. Changes to 6.7.1 & 6.8 regarding patient referral/support services	
19/7/13	2.3		Di Eccleston	Change to 6.1.1 – accepted deviations to this policy for all mental health areas	
29/07/13	2.4		Liz Nials	Added Equality Analysis	
4/9/13	2.5		Di Eccleston	Addition of 6.1.6 to complete incident form if unable to challenge	
1/10/13	2.6		Di Eccleston	Comments added from Partnership Forum Change to clarify 6.4.1 Change from “will” to “may” for disciplinary action 3.8; 4.1; 6.1.2 and 6.4.4	
18/10/13	2.7		Di Eccleston	Appendix D added re MH areas	
30/10/13	3.0	29/10/13	Di Eccleston	Final comments Change of group names 7, 9.1, 9.2 & 9.3& approval at	Policy Group
31/08/16	3.1		Executive Director of Financial and Human Resources/Director Responsible for Information	Change of title, update to e-cigarettes 6.2 and Appendix D	
26.10.16	3.2		Executive Director of Financial and Human Resources/Director Responsible for Information	Updated policy name changes throughout text, revised page numbers	
06.11.16	3.3		Executive Director of Financial and Human Resources/Director Responsible for Information	Ratified at	Partnership Forum
13/12/16	4.0	13/12/2016	Executive Director of Financial and Human Resources/Director Responsible for	Approved at	Corporate Governance & Risk Sub-Committee

			Information		
21/02/2020	4.0		Executive Director of Financial and Human Resources/Director Responsible for Information	Approved via voting buttons for extension until end of April 2020	Policy Management Sub-Committee
26/03/2020	4.0		Executive Director of Financial and Human Resources/Director Responsible for Information	Approved via Chairs Action under COVID 19 for extension until end of Sep 2020	Policy Management Sub-Committee
28/10/2020	4.0		Executive Director of Financial and Human Resources/Director Responsible for Information	Extension to review date until the end of Jan 2021 with caveat regarding MH Smoking arrangements from November 1st 2020 - approved by current policy Lead Director	Director of Human Resources and Organisational Development
29/01/21	4.0	13/12/2016	Director of People and Organisational Development	12 month blanket policy extension due to covid 19 applied with author review date set 180 days prior to Valid to Date	Quality & Performance Committee
19/05/21	4.0	13/12/2016	Director of People and Organisational Development	Extended policy uploaded and linked back with new cover sheet	Corporate Governance

NB This policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust

Contents

This Trust policy is under review and any references to Mental Health smoking arrangements within this policy have been superseded with specific arrangements agreed and communicated within the Mental Health Division. The policy will be updated to reflect this as part of the review date below.

1 Executive Summary

On 1st July 2007, England introduced new laws to make virtually all enclosed public places and workplaces in England smoke free. The primary aim of this legislation was to protect workers and the general public from exposure to the harmful effects of second hand smoke.

In implementing this legislation the Department of Health directed NHS organisations to have smoke free sites and not just smoke free buildings. This was agreed for the Isle of Wight NHS Trust by the previous version of this policy on 28th September 2005.

Having smoke free grounds as well as buildings means a strong message is communicated about the established dangers of smoking and second hand smoke.

This policy is not concerned **whether** anyone smokes but **where** they smoke and the effect this has on patients, visitors, colleagues and other members of the wider health community.

The aim of this Policy is to:

- Protect and improve the health of staff
- Protect and improve the health of patients, visitors and contractors
- Set an example to other employers and workforces, particularly in health related locations.

It should be noted that this policy also relates to the use of electronic cigarettes (e-cigarettes) “Vaping” and sets out to make the achievement and maintenance of the above more effective.

This is a Trust policy relating to health and safety and is based on the same principles as policies relating to dangerous machinery, toxic substances etc.

2 Introduction

2.1 Second hand smoke - breathing other people’s smoke - has now been shown to cause lung cancer and heart disease in non-smokers, as well as many other diseases and minor conditions.

2.2 The Trust acknowledges that breathing other people’s smoke is both a public health hazard and a welfare issue. Therefore, the following policy has been adopted concerning smoking at all Isle of Wight NHS buildings and grounds.

The current 10 year national tobacco control strategy ‘A *Smoke free Future’* sets out a strategy for a smoke free future. This strategy has three aspirational priorities:

- To motivate and assist every smoker to quit.
- To stop the inflow of young people recruited as smokers.
- To protect families and communities from tobacco-related harm.

2.3 The first priority will be taken forward directly by the Trust's updated Nicotine Management Policy and the second and third priorities indirectly through the setting of a positive example by achieving 100% smoke free Isle of Wight NHS sites – a positive example to schools and other places frequented by young people.

3 Definitions

A&E-Accident and Emergency
EAU-Emergency Assessment Unit
NRT- Nicotine Replacement Therapy
UwFS's-Unwanted Fire Signals

4 Scope

4.1 This Policy will apply to all staff, patients, visitors, contractors and other persons, who enter the grounds and premises of the Trust

4.2 Smoking is a powerful addiction and inpatients who are smokers will require short term support (including Nicotine Replacement Therapy) during their stay in St Mary's that is if they are not able to commit to remaining a non smoker on returning to the community.

4.3 Visitors and staff who smoke may also find the policy challenging and will be offered support but staff in particular have a responsibility to adhere to this policy that moves the Island towards a smoke free future.

In Particular:

4.4 Patients whose admission to St Mary's can be anticipated will be notified of the Trust's Nicotine Management policy and steps they can take to stop smoking before their admission. GP practices will also be informed of the policy.

4.5 Patients admitted as an emergency will be informed promptly of the Nicotine management policy. Pharmacotherapies are available through the hospital pharmacy which can be prescribed for smoking cessation

4.6 Contracts will include a smoke free clause for contractors.

4.7 Visitors will be able to see clear smoke free signs and made aware of opportunities for support to quit.

4.8 Staff who smoke will not be permitted to do so on NHS sites or detract from the Trust's goal of setting a positive corporate smoke free example. Help to stop smoking will be offered to those who wish to quit. Disciplinary action may be taken on those staff who disregard this policy.

5 Purpose

The purpose of this policy is to protect and improve the health of staff, patients, visitors and contractors plus to set an example to other employers and workforces. It aims to send a clear message by endorsing established dangers of smoking, promoting the benefits of

stopping and setting clear guidance that smoking is not permitted on Trust sites. Staff are expected to set an example and those found smoking on Trust premises may be disciplined.

6 Roles and Responsibilities

6.1 Responsibility for implementing this policy rests with the Chief Executive. Day to day responsibility for implementation lies with directors and managers. Current advice and support services for staff to quit smoking will be made known via Occupational Health. To ensure that everyone entering the Trust sites understands that smoking is not permitted in any area, clear signs will be displayed.

6.2 All Staff will be expected to comply and support this Nicotine Management policy. It is also expected that all staff will support and encourage their colleagues who smoke to access stop smoking support.

6.3 It is the expectation that all staff will encourage and support patients to access stop smoking support.

6.4 Tenders and contracts with the Isle of Wight NHS Trust will stipulate adherence to this policy as a contractual condition.

7 Policy detail/Course of Action

7.1 RESTRICTIONS ON SMOKING

7.1.1 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 with the organisation.
Accepted deviations to this policy may be made for patients in Mental Health areas provided thorough risk assessments have been carried out and each area has its own smoking code of practice. This must be reviewed on a regular basis and form an attachment to this policy.
Designated smoking areas that are provided for patients in Mental Health areas must be supervised, separate and inaccessible to members of the public.

7.1.2 Any member of staff refusing to observe the Policy by smoking on site may be liable to Disciplinary Action in accordance with the Trust's Disciplinary Policy.

7.1.3 Security staff have a role to play in enforcing the Policy and are required to deal with any observed or reported breaches. If managers or staff feels apprehensive about their own safety in regard to addressing any breach, they should call the Security staff. It is important too that primary emphasis should be placed on prevention of such situations arising. Every member of staff has a duty to make sure that Trust Policy is adhered to when it is safe to do so.

7.1.4 In the event of a breach of the policy by a patient, visitor or staff member of other organisations, they should be asked to extinguish all smoking materials and be informed of the totally smoke free policy. If they continue to smoke, the matter should be referred to the appropriate manager or to the security staff as appropriate. In the event that staff of other organisations continue to breach the policy, the relevant

organisation should be advised in writing of the requirements of the Trust and the consequences of breaching these requirements.

At no time should any member of staff put themselves at risk of harm when challenging a smoker. It should be made clear that any verbal or physical abuse towards employees trying to enforce the policy will be dealt with in accordance with the NHS "Zero Tolerance" policy. If a patient becomes angry or hostile the standard Trust policy for aggressive behaviour is to be invoked.

http://intranet/uploads/safety/Safety/Aggression%20and%20Violence%20in%20the%20Workplace.pdf

http://intranet/uploads/safety/Safety/Aggression,%20Violence%20and%20Traumatic%20Events%20in%20the%20Workplace.pdf

If a staff member does not feel able to challenge a smoker, an incident form should be completed with the date, time and place and reported to Health & Safety who will follow it up.

7.2 E- CIGARETTES (ELECTRONIC CIGARETTES)

7.2.1 The smoke produced from the burning tobacco in cigarettes contains about 4000 ingredients, 70 of these are known to cause cancer. Since e-cigarettes do not contain tobacco and are not burnt, studies evaluating their safety have found them to be much safer than smoking.

7.2.2 E-cigarettes are battery powered devices that deliver nicotine through inhaled vapour. There are many different types but most contain a battery powered heating element, and a cartridge containing nicotine, glycerine and water.

7.2.3 E-cigarettes are not yet available to be prescribed and the Trust does not use e-cigarettes as part of their smoking cessation aids. The Trust recommends that patients use nicotine replacement therapies, which are licensed as medicines and therefore are safe, and can be prescribed by Trust staff, however, it is recognised that e-cigarettes are 95% safer than tobacco products.

7.2.4 E-cigarettes contain a heating element that creates the vapour, so they must not be used near flammable items, for example near oxygen canisters, or while receiving oxygen therapy. The vapour from the e-cigarettes could also activate automatic fire detection units such as smoke detectors within Trust buildings and create Unwanted Fire Signals (UwFS's) or false alarms.

7.2.5 There have been a number of high profile fires that were caused by the incorrect use of charging units or the wrong type of charging unit for the e-cigarette, due to the risk of electrical fires the Trust will not allow the charging of e-cigarettes within Trust owned or leased buildings.

7.2.6 The Trust Policy is to allow the use of disposable e-cigarettes in the following areas only:

- Outside areas only (Balconies, gardens etc.) clear of windows and doorways and avoiding high risk areas.

- Mental health buildings/wards have a separate procedure for the use of e-cigarettes, see Appendix A

7.3 VISITORS AND CONTRACTORS

7.3.1 This policy applies to all visitors, contractors and deliverers irrespective of their circumstances.

7.3.2 Staff members are expected to inform patients or visitors of the policy.

7.3.3 Visitors who are distressed for any reason should be comforted, but the policy still stands. No blanket exemptions to the smoke free policy should be given.

7.3.4 Contractors who contravene the policy should be reported to the person responsible for monitoring the conduct of contractors on site.

7.3.5 Visitors and contractors may wish for advice on stopping smoking and should be signposted to support services to stop smoking.

7.4 STAFF

7.4.1 Staff are only permitted to smoke whilst off duty (in official break times only) and may use their break to go off-site to smoke. Staff are expected to be out of uniform whilst smoking. It is not acceptable for staff to smoke on the perimeter outside Trust premises either individually or to congregate in groups.

7.4.2 Staff are not permitted to smoke at any time in public when representing the Trust or when attending meetings on behalf of the Trust, wherever these are held.

7.4.3 Job advertisements will include reference to the smoke free Nicotine Management policy and indicate that adherence to it will form part of the contract of employment

7.4.4 Staff who do not comply with the policy will be reported to the Assistant Director of Health, Safety and Security and interviewed by their line manager. Disciplinary action may be taken against any member of staff disregarding this policy. Support will be offered to all staff who wish to quit smoking.

7.5 VEHICLES

Smoking exclusion includes all vehicles parked on a Trust site and applies to Trust owned vehicles at all times. Staff using their own vehicles for work purposes should not smoke in them whilst on duty.

7.6 CARE IN PRIVATE HOMES

When care is offered to patients of the Isle of Wight NHS Trust in their own home, it is essential that a request be made to provide a smoke free environment whilst the visit is taking place. This request should be made in the text of the appointment letter wherever possible, as part of the arrangement of receiving care in patients' own homes. A verbal request can also be made at the time of the visit and the client should be respectfully asked not to smoke whilst the employee is working within that environment.

7.7 PATIENTS

7.7.1 Before a planned admission, all patients will have their smoking status recorded using the admission procedure. On the wards, the pharmacy team may themselves

identify a patient with a requirement for nicotine replacement therapy or be informed of a patient by the nursing staff.

A member of the pharmacy team can discuss with the patient, the types of nicotine replacement therapies available and counsel on their use and advise the prescriber as appropriate.

On discharge, the patient would be advised to continue replacement therapy by seeing their GP or local smoking cessation service.

7.7.2 On admission, all patients will be offered Nicotine Replacement Therapy in accordance with Guidelines for the duration of their stay to alleviate their withdrawal symptoms.

7.7.3 Breaches of the smoking policy by patients will be reported to the Ward Manager/Department Manager of the relevant clinical/non clinical area. If applicable, the clinical area may be asked to provide an escort to return the patient to their own ward or department. The Clinical Manager and the Patient Care Team should be informed of the event and decide upon appropriate action. Information will be gathered from Accident and Emergency (A&E) and Emergency Assessment Unit (EAU) to identify possible conflict.

7.7.4 Any complaint relating to this policy from or on behalf of patients should be dealt with under the Trust's complaint procedure.

7.8 SUPPORT FOR SMOKERS

7.8.1 The Trust recognises its duty towards employees and patients who smoke. Current support services will be made known and available for employees wishing to stop smoking. A member of the pharmacy team can advise patients about nicotine replacement therapies and these can be prescribed as appropriate.

8 Consultation

The policy was agreed by the Corporate Services Board at its meeting on 13th September 2010. Its formal implementation commenced on 13th September 2010.

Review of this policy took place in 2013 including additional information about electronic cigarettes, this has been reviewed in 2016 and this section has been updated including exceptions to this policy for mental health areas.

It has been reviewed at the Staff Partnership Forum.

9 Training

Appropriate training and support will be provided to allow front-line clinical staff to provide brief interventions and other advice and support for patients. Information sessions will be offered to staff advising patients, visitors etc. of the policy as requested.

This Nicotine Management Policy does not have a mandatory training requirement but the following non mandatory training is recommended:

- Brief Intervention for Smoking Cessation:
- Guidance on the use of Nicotine Replacement Therapy:
- Smoke Free England:

10 Monitoring Compliance and Effectiveness

The following will be monitored:

- That prospective employees are advised of the policy
- That the Trusts Policy forms part of the induction programme
- That job advertisements, job descriptions and contracts of employment,
- refer to the non-smoking conditions
- That patient information leaflets explain the smoke free arrangements
- That there is adequate, clear signage indicating that the site is smoke free.
- Annual review of known breaches to the policy by the Assistant Director of Health, Safety and Security and report to the Health & Safety Committee.

Policy success will be monitored by referral /intervention rates and complaints received about people smoking in appropriately.

11 Links to other Organisational Documents

http://www.nhs.uk/Livewell/smoking/Pages/Smokefreeengland.aspx

Disciplinary Policy – Human resources

Management of Violence and Aggression Guidelines (Guidance issued under the Security Policy)

12 References

Chief Medical Officer (2003). *Annual Report to the Chief Medical Officer 2002*. Department of Health.

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH_085811

Department of Health Policy Guidance – Smoke Free England

Use of e-cigarettes in public places and workplaces (2016) Public Health England

13 Appendices

Appendix A

Isle of Wight NHS
NHS Trust

Supporting Mental Health In-Patients Who Smoke.

The Trust recognises that some patients have circumstances that will require staff to make an assessment as to whether special arrangements need to be made so that the patient will be permitted to smoke on a Trust site.

Such circumstance might include detention under the Mental Health Act or the inability of a patient to give informed consent for help with smoking cessation.

Permission to grant an exception will rest with the nurse in charge of the ward or unit and be formally recorded in the patient record. A thorough risk assessment will be been carried out and each area will have its own smoking code of practice. This must be reviewed on a regular basis.

In all cases where an exception has been made there should be demonstrable evidence that smoking cessation has been fully considered as part of the patient pathway, in conjunction with the patient and/or their relatives.

Where an exception is made, every effort must be made to minimise staff, patient and public exposure to smoke. This would mean that smoking would only be permitted outdoors where staff and other patients would not be in close proximity to the smoker. Ideally, this would also be out of sight of other patients, visitors and staff, who may be engaged in a stop-smoking programme.

Use of Vaporisers in Mental Health

E-cigarette use is commonly known as vaping and has become one of the most popular nicotine management aids available with over 2.8 million adult users. However, e-cigarettes are not yet available to be prescribed and the Trust does not use e-cigarettes as part of their smoking cessation aids. The Trust recommends that patients use nicotine replacement therapies, which are licensed as medicines and therefore are safe, and can be prescribed by Trust staff, however, it is recognised that e-cigarettes are 95% safer than tobacco products.

E-cigarettes contain a heating element that creates the vapour, so they must not be used near flammable items, for example near oxygen canisters, or while receiving oxygen therapy. The vapour from the e-cigarettes could also activate automatic fire detection units such as smoke detectors within Trust buildings and create Unwanted Fire Signals (UwFS's) or false alarms.

There have been a number of high profile fires that were caused by the incorrect use of charging units or the wrong type of charging unit for the e-cigarette, due to the risk of electrical fires the Trust will not allow the charging of e-cigarettes within Trust owned or leased buildings.
The Trust Policy is to allow the use of disposable e-cigarettes in outside areas of mental health premises, such as designated parts of a garden and clear of windows and doorways and avoiding high risk areas.

Taking advice from Public Health England's use of e-cigarettes in public places and workplaces 2016, appropriate signage and monitoring needs to take place to ensure vapers and smokers have separate areas within the confines of the garden areas.

The Relationship Between Smoking and Mental Health

Smoking rates for people from this group tend to be, on average, twice as high as those for the general public. Smokers with a mental health problem also tend to smoke more heavily and be more dependent than smokers without mental health problems. For example, 51 per cent of people with a diagnosis of schizophrenia and 50 per cent of those with a bipolar affective disorder smoked over 20 cigarettes a day compared to only eight per cent of the general population. A USA survey estimated that in one particular month, 45 per cent of all the cigarettes smoked were consumed by individuals with a psychiatric or substance misuse disorder.

Smoking related fatal diseases are also more prominent among individuals experiencing mental health problems than amongst the general public. A study in Finland found that having a mental health disorder predicted a higher risk of cardiovascular disease, coronary heart disease and respiratory disease. It also found that individuals with schizophrenia were almost ten times more at risk of dying of a respiratory disease than other participants. These people 'are also often the least capable of coping with the effects of devastating medical illnesses caused by smoking.

It was found that smoking, in contradiction to popular belief, exacerbates stress, state anxiety and sleep disorders. All of these are detrimental to most mental health conditions. Anxiety levels fall significantly after successfully giving up smoking for one week. A research review found that smokers reported above-average stress prior to smoking, rather than below-average stress after smoking. Smokers smoke mainly to avoid the stress that nicotine depletion causes

Effects of smoking cessation on mental health
There is evidence that there is a relationship between the amount of tobacco smoked and number of depressive / anxiety symptoms with symptoms reducing after cessation and subsequent improvement in wellbeing

- Depression; a minority of people with depression who stop smoking experience an increase in depressive symptoms.
- Schizophrenia; little evidence of worsening of symptoms following cessation.
- Aggression; evidence suggests that smoking bans had no major effect on behaviour or aggression.
- Weight gain after cessation can be significant, this should be monitored as part of the care plan

Smoking and the Impact on medication
Smokers prescribed antipsychotic medication are often prescribed higher doses than non-smokers on the same medication. This is because smoking increases the speed at which the medication gets metabolised. Smoking induces higher levels of the enzyme CYP1A2, which is responsible for the activation of metabolising drugs. When giving up, less CYP1A2 is produced; this in turn slows down the metabolisation of the drug. This includes antipsychotics (Clozapine, Haloperidol, Olanzapine), Antidepressants (Mirtazapine, Tricyclics), Benzodiazepines and Opiates.

Medication regimes during smoking cessation

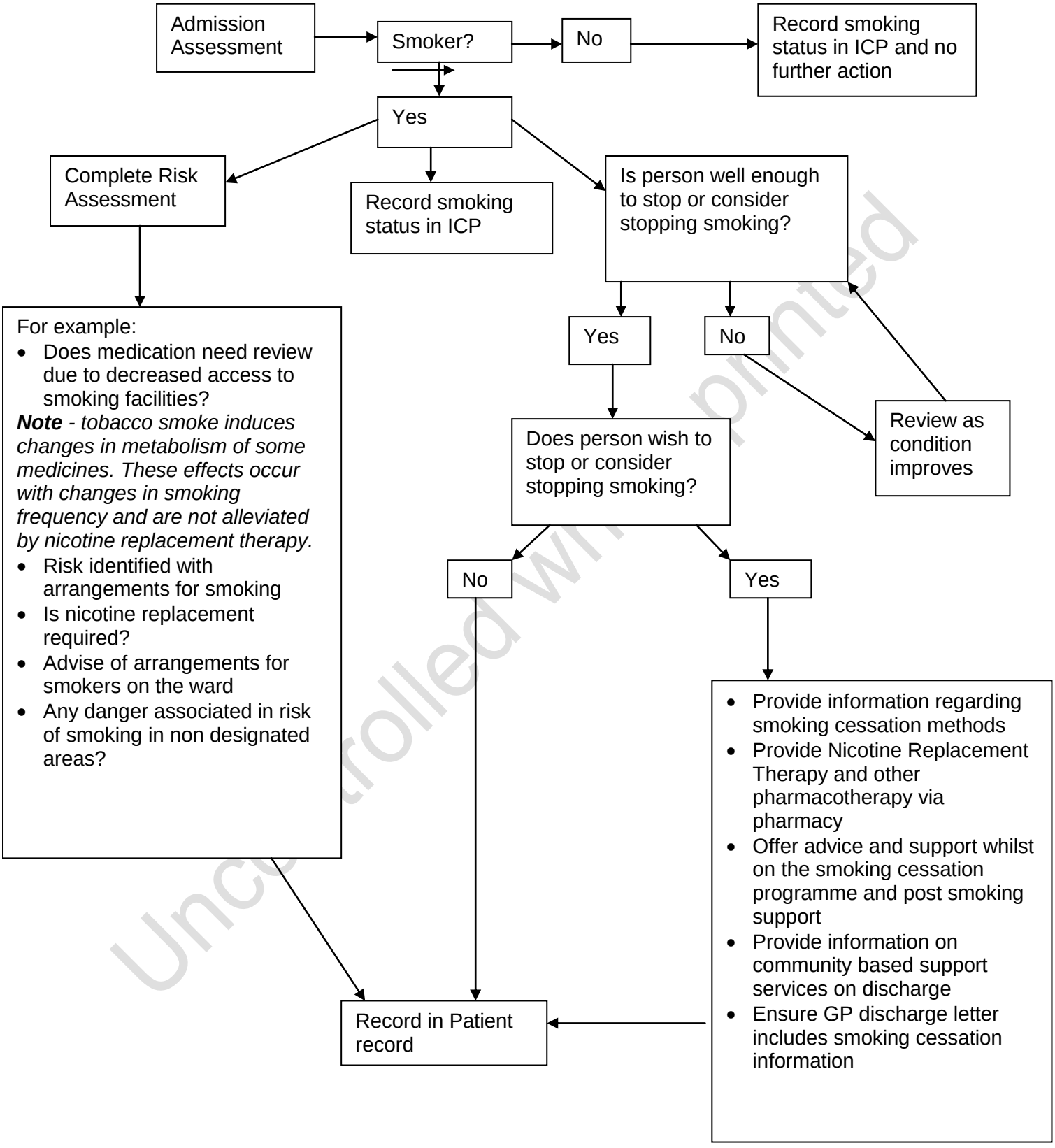
- Stopping smoking can reduce metabolism of these drugs resulting in higher, sometimes even toxic, blood levels over a few days. However, if smoking restarts, blood levels will go down again.
- Following cessation, medication will need to be reviewed and many can be significantly reduced by up to 50%.
- Blood levels of Clozapine should be measured before smoking cessation and also be considered for Olanzapine. For Clozapine and Olanzapine, 25% dose reduction should occur during first week of cessation and then further plasma level taken on a weekly basis until levels have stabilised. Fluphenazine and benzodiazepine doses can be reduced by up to 25% in first week of cessation and Tricyclic antidepressants may be reduced by 10-25% in first week. Further dose reductions may be required
- Information will be given to service users and carers regarding the likely need to increase the dose of their medication if they start smoking again.

It will be important to ensure that there is coordination of smoking cessation service provision should occur between inpatient and outpatient settings as well as between primary and secondary care to support smoking cessation and relapse prevention. Where appropriate, advice on access to primary care smoking cessation services should be provided to patients when they go on leave and at the point of discharge.

(Mental Health Service Leads 2016)

Appendix B

Quick Reference Guide



Appendix C

Financial and Resourcing Impact Assessment on Policy Implementation

NB this form must be completed where the introduction of this policy will have either a positive or negative impact on resources. Therefore this form should not be completed where the resources are already deployed and the introduction of this policy will have no further resourcing impact.

Document title	**Nicotine Management Policy**

Totals	**WTE**	**Recurring £**	**Non Recurring £**
Manpower Costs	**Nil**	**Nil**	**Nil**
Training Staff	**Nil**	**Nil**	**Nil**
Equipment & Provision of resources	**Nil**	**Nil**	**Nil**

Summary of Impact:

Risk Management Issues:

Benefits / Savings to the organisation:

Equality Impact Assessment

- Has this been appropriately carried out? YES
- Are there any reported equality issues? NO

If "YES" please specify:

Use additional sheets if necessary.

Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure you have thought through the impact on staffing, training and equipment carefully and that ALL aspects are covered.

Manpower	**WTE**	**Recurring £**	**Non-Recurring £**
Operational running costs	**Nil**	**Nil**	**Nil**
Totals:	**Nil**	**Nil**	**Nil**

Staff Training Impact	Recurring £	Non-Recurring £
Totals:	**Nil**	**Nil**

Equipment and Provision of Resources	Recurring £ *	Non-Recurring £ *
Accommodation / facilities needed		
Building alterations (extensions/new)		
IT Hardware / software / licences		
Medical equipment		
Stationery / publicity		**£1000**
Travel costs		
Utilities e.g. telephones		
Process change		
Rolling replacement of equipment		
Equipment maintenance		
Marketing – booklets/posters/handouts, etc		
Totals:		**£1000**

- Capital implications £5,000 with life expectancy of more than one year.

Funding /costs checked & agreed by finance:	**Yes**
Signature & date of financial accountant:	
Funding / costs have been agreed and are in place:	
Signature of appropriate Executive or Associate Director:	

Appendix D

Equality Impact Assessment (EIA) Screening Tool

Document Title:	**Nicotine Management Policy**
Purpose of document	The aim of this Policy is to: • Protect and improve the health of staff • Protect and improve the health of patients, visitors and contractors • Set an example to other employers and workforces, particularly in health related locations.
Target Audience	The purpose of this policy is to protect and improve the health of staff, patients, visitors and contractors plus to set an example to other employers and workforces. It aims to send a clear message by endorsing established dangers of smoking, promoting the benefits of stopping and setting clear guidance that smoking is not permitted on Trust sites. Staff are expected to set an example and those found smoking on Trust premises will be disciplined.
Person or Committee undertaken the Equality Impact Assessment	*Health and Wellbeing Group*

1. To be completed and attached to all procedural/policy documents created within individual services.

2. Does the document have, or have the potential to deliver differential outcomes or affect in an adverse way any of the groups listed below?

If no confirm underneath in relevant section the data and/or research which provides evidence e.g. JSNA, Workforce Profile, Quality Improvement Framework, Commissioning Intentions, etc.

If yes please detail underneath in relevant section and provide priority rating and determine if full EIA is required.

		Positive Impact	Negative Impact	Reasons
Gender	Men			No evidence. This policy will not have a positive nor negative impact on people.

	Women			No evidence. This policy will not have a positive nor negative impact on people.
Race	Asian or Asian British People			No evidence. This policy will not have a positive nor negative impact on people.
	Black or Black British People			No evidence. This policy will not have a positive nor negative impact on people.
	Chinese people			No evidence. This policy will not have a positive nor negative impact on people.
	People of Mixed Race			No evidence. This policy will not have a positive nor negative impact on people.
	White people (including Irish people)			No evidence. This policy will not have a positive nor negative impact on people.
	People with Physical Disabilities, Learning Disabilities or Mental Health Issues			No evidence. This policy will not have a positive nor negative impact on people.
Sexual Orientation	Transgender			No evidence. This policy will not have a positive nor negative impact on people.
	Lesbian, Gay men and bisexual			No evidence. This policy will not have a positive nor negative impact on people.
Age	Children			No evidence. This policy will not have a positive nor negative impact on people.
	Older People (60+)			No evidence. This policy will not have a positive nor negative impact on people.
	Younger People (17 to 25 yrs)			No evidence. This policy will not have a positive nor negative impact on people.
Faith Group				No evidence. This policy will not have a positive nor negative impact on people.
Pregnancy & Maternity				Support will be provided to women who attend Occupational Health for their Pregnancy Risk Assessment.
Equal Opportunities and/or improved relations				No evidence. This policy will not have a positive nor negative impact on people.

Notes:

Faith groups cover a wide range of groupings, the most common of which are Buddhist, Christian, Hindus, Jews, Muslims and Sikhs. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

3. Level of Impact

If you have indicated that there is a negative impact, is that impact:			
		YES	**NO**
Legal (it is not discriminatory under anti-discriminatory law)			
Intended			

If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.

3.1 Could you minimise or remove any negative impact that is of low significance? Explain how below:
At no time should any member of staff put themselves at risk of harm when challenging a smoker. It should be made clear that any verbal or physical abuse towards employees trying to enforce the policy will be dealt with in accordance with the NHS "Zero Tolerance" policy. If a patient becomes angry or hostile the standard Trust policy for aggressive behavior is to be invoked.
3.2 Could you improve the strategy, function or policy positive impact? Explain how below:
3.3 If there is no evidence that this strategy, function or policy promotes equality of opportunity or improves relations – could it be adapted so it does? How? If not why not?

Scheduled for Full Impact Assessment	Date:
Ian Stephens	05.12.2016
Date Initial Screening completed	10.2013