

HAWKE'S BAY DISTRICT HEALTH BOARD	Manual:	Operational Policy Manual
	Doc No:	HBDHB/OPM/007
	Date Issued:	August 1999
	Date Reviewed:	October 2016
	Approved:	Chief Executive Officer
	Signature:	Dr Kevin Snee
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Smokefree/ Tobacco free Auahi Kore / Tupeka Kore Policy		

PURPOSE

To improve, promote and protect present and future health and wellbeing of the HBDHB population from the harms of tobacco consumption and exposure to second-hand smoke through demonstrating commitment and responsibilities in supporting a smokefree / tobacco free lifestyle for all.

To be a leader in health promotion in the community through advocating good health by focusing on achieving equity in reducing tobacco prevalence as smoking rates are a major contributor to inequalities in health status and outcomes in Hawke's Bay.

This policy builds on from the government's commitment to a Smokefree New Zealand/Aotearoa 2025 where smoking rates are lower than 5% and smoking will no longer be the norm. As stated by the Ministry of Health Smokefree 2025 will be achieved by:

- Protecting children from exposure to tobacco marketing and promotion
- Reducing the supply of, and demand for tobacco
- Providing the best possible support for quitting" (2015).

This position statement aligns with the Regional Tobacco Strategy for Hawke's Bay, 2015-2020 and the HBDHB Tobacco Control Plan 2015-2018 where priority groups and issues have been identified. (Refer to the HBDHB Tobacco Control Plan 2015-2018).

SCOPE

This policy applies to all HBDHB services; Mental Health Inpatient Unit – Nga Rau Rakau; HB Maternity; Health Delivery Services e.g. Inpatient, Outpatient, community Settings; to all staff; to all service users, visitors, volunteers, contractors, access agreement holders and others working on or accessing HBDHB sites; and to all contracted service providers.

The term 'smokefree' in this policy applies to all tobacco or herbal smoking products and electronic cigarettes.

ELECTRONIC CIGARETTES

Electronic cigarettes – or e-cigarettes – are electrical devices that mimic real cigarettes by producing a vapour by heating a solution (e-liquid), which the user inhales or vapes. E-liquid is available with or without nicotine, and usually contains propylene glycol and flavouring agents.

People who choose to use e-cigarettes (to vape), should aim to stop smoking completely to reduce the harm from smoking. Ideally, people would eventually stop vaping as well.

PRINCIPLES

The HBDHB recognises the evidence of harm caused by tobacco:

- Tobacco use is the single largest preventable cause of illness and early death and accounts for approximately 5,000 each year because of smoking or second-hand smoke exposure. Smoking is a major risk factor for heart attacks, strokes, chronic obstructive pulmonary disease (including emphysema and chronic bronchitis) and cancer (particularly lung, larynx, mouth and pancreatic). Second-hand smoke is the inhalation of smoke by people other than the intended 'active' smoker and causes many of the same diseases as direct smoking, e.g. cardiovascular, lung cancer and respiratory diseases.
- Tobacco use is a major determinant of inequality in health in Hawke's Bay with 1 in 5 adults (18%) currently smoking. Māori smoking rates is 36%, double that of the national rate of 15.1% and 23% for Pacific people. Māori women aged 20-29 years of age have the highest rate of smoking at 49% followed by pregnant women who smoke at 42%
- Tobacco dependence is a chronic relapsing addictive condition
- Pregnancy, neonatal, new-born and infant health is negatively affected by exposure to first and second hand tobacco smoke and smoking in pregnancy can be associated with low birth weight, miscarriage or stillbirth. In infants there is a higher risk of Sudden Unexpected Death in Infancy (SUDI) and in children, Asthma, respiratory infections and glue ear
- In recognition of the harmful effects of tobacco use, priority groups have been targeted in the Tobacco Control Plan 2015-2018 to address the above issues. The priority groups include Māori who smoke, particularly women across all age groups, pregnant women, certain geographic areas with high deprivation such as Wairoa and suburbs in Napier and Hastings and Mental health consumers – in the community and inpatient service users.

HBDHB SENIOR MANAGEMENT SHALL SUPPORT THE ROLES AND RESPONSIBILITY OF STAFF IN RELATION TO TOBACCO PRODUCTS OR ELECTRONIC CIGARETTES WHICH WILL INCLUDE:

- Increasing the number of smokefree people in the Hawke's Bay community through smokefree clinical practice, health promotion and health protection activities. To support these initiatives, all HBDHB events will be smokefree (whether or not held on DHB grounds including events sponsored, partnered or funded by the HBDHB)
- Demonstrate leadership through role modelling of positive smokefree behaviours and attitudes that can be displayed to each other and to the general public. This also means privately owned vehicles whilst on HBDHB grounds will be smokefree
- Being mindful of 'our boundary neighbours' and the community that tobacco use is a health risk and is not acceptable in or near a healthcare setting. Therefore groups named in the 'Scope' section of this policy shall not use tobacco products or e-cigarettes on any of the HBDHB boundary lines
- Meet legal obligations
 - a) Under the Smokefree Environments Act 1990 (and its amendments in 2003) and The Health and Safety at Work Act 2015.

- b) To protect the health and safety of employees and visitors to its workplaces (includes patients/clients and visitors from the effects of identified hazards which includes second hand smoke).
 - c) Actively supporting staff, contractors and volunteers to be smokefree through Occupational Health, Quitline or Te Haa Mātea Stop Smoking Services (Refer to Nettie: Smokefree Resources Site).
- HBDHB, in operating public facilities, will take steps to ensure members of the public especially service users, are not subtly encouraged to initiate smoking, or have cessation attempts undermined, by the presence of visible tobacco products or e-cigarettes or smoking related media. This will mean displaying Smokefree signs in appropriate public areas within the hospital and grounds.
 - New employees will be screened for tobacco use during the recruitment process, informed of the HBDHB Smokefree Policy and provided with information on support available to become smokefree. Screening is for the purposes of monitoring tobacco dependence in prospective staff and to ensure that the expectations of this policy are understood before employment. To support this initiative recruitment policies shall acknowledge this policy.
 - HBDHB Staff, contractors or volunteers are prohibited from smoking in uniform or attire worn during work (mufti clothing worn to work), or when wearing any item that might associate them with HBDHB, e.g. identification badge. Staff, contractors or volunteers who are not smokefree during unpaid break times are expected to change out of their uniform/mufti worn during work hours and wash their hands after tobacco use to minimise exposure of third hand smoke or signs of tobacco use.
 - Integration with local and national initiatives to support a smokefree Aotearoa:
 - Ngati Kahungunu Iwi Tupeka Kore strategy.
 - The government supported vision of a Smokefree Aotearoa by 2025.
 - Breaches to this policy:
 - Visitors - all HBDHB employees are to bring this policy to the attention to every person who smokes or uses their electronic cigarette within the hospital or hospital grounds and provide Brief Advice to stop
 - HBDHB employees, contractors or volunteers – employees are encouraged to bring the breach to the attention of the staff member's manager or Team Leader
 - Should there be significant breaches of this policy, for example continuing to visibly and obviously bring tobacco products onto HBDHB sites or continuing to be observed smoking in uniform or attire worn during work etc., then disciplinary action could be taken.
 - Managers/Team Leaders have the obligation of ensuring employees are aware of the Smokefree Policy roles and responsibilities (annually). In addition those staff that are not smokefree are offered help to access cessation support to manage their tobacco dependency whilst at work. Any breaches of this policy by HBDHB staff is the manager's or Team Leader's responsibility to take measures to ensure this does not occur again.

Smokefree Clinical Practice

In recognition of the chronic relapsing condition of tobacco use and harm of tobacco exposure it is expected that when accessing DHB services:

- 100% of all adult clients / patients will be screened for tobacco use
- 100% of adult clients / patients who are not smokefree will receive brief advice to be smokefree and strongly encouraged to use cessation support (a combination of

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- behavioural support and stop-smoking medicine works best) and offer to help them access it.
- All inpatients that are assessed as nicotine dependent will be assisted in the management of their nicotine dependency through the provision of nicotine replacement therapy and monitoring of this.
 - 100% of all babies / children of DHB services will be assessed for smoke exposure
 - 100% of whanau / family of babies or children that are smoke exposed will receive interventions that assist families to be smokefree

Smokefree Education and Cessation Support

- All HBDHB staff shall receive on-going evidence based smokefree education appropriate to their role i.e.
 - New staff shall complete the basic 'Smokefree' section of the HBDHB orientation e-learning
 - All health professionals regulated under the Health Practitioners Competence Assurance Act 2003, Medical Students and Nursing Students (3rd year and above) shall complete the Ministry of Health 'Helping People to Stop Smoking' e-learning and then 3 yearly or sooner if the e-learning tool is reviewed.
 - Smokefree education will be embedded in existing DHB education forums to ensure 100% of nursing and midwifery; medical and allied health staff receive smokefree ABC clinical education

Smokefree / Tobacco Free Staff

- HBDHB staff will be able to access smokefree support through the Occupational Health and Safety team, which includes:
 - free provision of smokefree counselling
 - free provision of monthly Nicotine Replacement Therapy product for the purpose of management of nicotine dependence short term or for long term abstinence

Smokefree Support

- There will be accessible, appropriate, and sufficient range and volume of cessation services for the HBDHB community. To support this the HBDHB will resource dedicated roles to support the DHB Smokefree / Tobacco Free Strategy through ensuring evidenced based best practice is available to support community Stop Smoking Services, Primary Health Organisation, workplaces and other non-government organisations with the overall aim to achieve Smokefree Aotearoa 2025.
- HBDHB will assist in the co-ordination and support of local and national Stop Smoking Services
- HBDHB will support Smokefree health promotion and tobacco free initiatives across the district.

Smokefree Communications

- HBDHB will ensure that smokefree strategies are supported with communication, which will include (but not limited to) the following activities:
 - adequate smokefree and tobacco free signage
 - smoking cessation support resources
 - media releases

- smokefree messages are integrated into other health messages, media releases and high level communications
- The week leading up to World Smoke free day, May 31st each year the HBDHB will further promote the smokefree message by promoting smoking cessation and outlining support available
- The HBDHB Staff Newsletter will regularly promote smokefree lifestyle messaging and where to access support to become smokefree, i.e. through Occupational Health
- All staff are responsible for informing patients/clients and visitors of the HBDHB Smokefree/Auahi Kore Policy, including encouraging people not to bring tobacco products or electronic cigarettes onto the hospital grounds

Smokefree HBDHB Contracts and Employment Agreements

All HBDHB Clinical Contracts, Recruitment Policies and Employment Agreements shall include smokefree clauses which include statements relating to:

- This Smokefree Policy
- 100% smokefree environments
- ABC smokefree clinical practice of all service users
- Smokefree role modelling of staff
- Smokefree education

With the associated indicators applying:

- Smokefree policy
- ABC smokefree tobacco screening and intervention of all service users

Smokefree Monitoring and Reporting

- HBDHB will ensure that smokefree initiatives be monitored and reported (ensuring an ethnicity analysis is incorporated). These include (but are not limited to) the following indicators:
 - ABC clinical practice
 - HBDHB tobacco prevalence
 - DHB Smokefree contract clause
 - DHB Smokefree education
 - Community Stop Smoking Services
 - Health Promotion activities

MEASUREMENT CRITERIA

1. Smokefree clinical practice – 100% of clients / patients will be screened for tobacco use and those that are not smokefree will receive the appropriate intervention.
2. HBDHB Clinical contracts have described clauses and associated indicators in place.
3. Increase in HBDHB staff being smokefree.

RELATED POLICIES

HBDHB/CPG/096: Nicotine Replacement Therapy (NRT) for Parents and Caregivers of Babies or Children in Hospital

HBDHB/IVTG/036: Nicotine Replacement Therapy (NRT) for Acute Withdrawal

HBDHB/IVTG/045: Standing Order – Nicotine Replacement Therapy (NRT)

HBDHB/OPM/019: Health and Safety Policy

HBDHB/OPM/050: Hazard Management Policy

HBDHB/OPM/034: Motor Vehicles – use of

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HBDHB/PPM/012: Disciplinary Policy
HBDHB/PPM/057: Dress Code Policy
HBDHB/PPM/081: Code of Conduct
WCYS/MATUPPM/8000 Maternity Services Smokefree Policy

FURTHER INFORMATION AND REFERENCES

Government Response to the; Report of the Māori Affairs Committee on its *Inquiry into the Tobacco Industry in Aotearoa and the Consequences of Tobacco Use for Māori* (Final Response) Presented to the House of Representatives in accordance with Standing Order 248, 2011

New Zealand, Ministry of Health: Maori Smoking and Tobacco Use, 2011

New Zealand, Ministry of Health: Health Targets: Better Help for Smokers to Quit 2015

New Zealand, Ministry of Health: New Zealand Guidelines for Helping People to Stop Smoking, 2014

New Zealand, Ministry of Health: Smoking Cessation Competencies for New Zealand, 2007

New Zealand, Ministry of Health: Implementing the ABC Approach for Smoking Cessation: Framework and Work Programme, 2009

New Zealand, Ministry of Health: 2012/13: New Zealand Health Survey – Tobacco use in New Zealand, 2014

New Zealand, Ministry of Health: New Zealand Health Strategy Future Direction 2016

New Zealand, Prepared by the Ministry of Health: Inquiry into the Tobacco Industry in Aotearoa and the Consequences of Tobacco Use for Maori. Presented to the House of Representatives, Maori Affairs Committee, 2010

Smoke-free Environments Amendment Act 2003. Retrieved from http://www.legislation.govt.nz/act/public/2003/0127/latest/DLM234940.html?search=qs_act_Smoke-free%20Environments%20Amendment%20Act%202003_resele_25_h&p=1

U.S. Department of Health and Human Services. How Tobacco Smoke Causes Disease: The Biology and Behavioural Basis for Smoking-Attributable Disease: A report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012.

U.S. Department of Health and Human Services. Clinical Practice Guideline: Treating Tobacco Use and Dependence: Public Health Service, 2008.

KEY WORDS

Auahi Kore
Nicotine
Smokefree
Smoking
Tobacco
Tupeka Kore

For further information please contact HBDHB Smokefree Team Manager

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