



Government of **Western Australia**
Department of **Health**

Guidelines for the implementation of the Smoke Free Policy

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Support for management

WA health system entities should fully support employees or groups tasked with implementation of the Smoke Free Policy (MP 0158/21) (the Policy) and provide resources to ensure a high level of compliance.

WA Health Service entities or sites may consider convening working parties to assist with ongoing implementation and monitoring of the Policy.

Working parties could be involved in the following tasks:

- developing local procedures and guidelines;
- coordination of staff training;
- local promotion of the Policy and resources available to support it;
- monitoring policy implementation; and
- making recommendations to improve outcomes.

Staff working off site

WA Health Service entities should ensure that procedures are in place to prevent the exposure of staff to second-hand smoke when working off site, such as when providing care to patients at home.

Compliance

All WA health service entities should provide training for staff and supervisors to ensure that the Policy is applied in an appropriate and consistent manner.

Staff

Staff non-compliance should be dealt with in a manner that is supportive and educative. They should be reminded the site is smoke free and informed of the support that is available to them. Repeated non-compliance by a staff member should be dealt with in accordance with the [Discipline Policy \(MP 0127/20\)](#) and supporting documents.

Patients and visitors

Non-compliance by patients and visitors should be dealt with in a manner that is educative and non-confrontational. They should be reminded of the Policy and asked to extinguish their cigarette or move off site. Patients should be reminded of the supports available to them and encouraged to discuss any difficulties with managing nicotine dependence with their treating team. Punitive or recriminative measures are not appropriate and should not be used.

Certain settings and circumstances, such as the emergency department, will need to meet the needs of patients and visitors who may be highly stressed, anxious, grieving or aggravated. Health Service Providers should allow for the use of staff discretion in these circumstances. This discretion should be applied on a case-by-case basis and not become standard procedure for a particular patient or service.

Risk should be considered when dealing with patient and visitor non-compliance. Immediate enforcement of the Policy may not always be appropriate, and the safety of staff, patients, and visitors should be prioritised.

In the above circumstances Health Service Providers should also consider their responsibility to ensure staff are not exposed to second-hand smoke under occupational safety and health legislation.

Incident Reporting

WA health system entities should ensure that incidents related to the Smoke Free Policy are recorded in a consistent manner and are able to be audited. Procedures for incident recording should be developed and staff made aware of these. Events that may constitute an incident include:

- violence and aggression;
- fire;
- patient harm; and
- related near misses.

Smoking on WA health system entity grounds does not constitute an incident.

Communication

WA health system entities should ensure that regular communication activities are undertaken to ensure all staff, patients, visitors, and contractors are aware of the Policy.

Staff

Staff may be informed of the Policy in the following ways:

- signage in staff areas;
- information in staff emails;
- intranet news and hub pages; and
- induction materials.

The following statement should be included in all WA health system entity employment advertisements:

“[WA health system entity name] is an equal opportunity employer and is a smoke-free environment across all buildings, grounds and vehicles.”

Patients

Patients should be informed of the Policy at the earliest appropriate opportunity. Procedures should be developed to support this during pre-admission planning, the admission process, and in the emergency department.

The following communication methods and materials may be used:

- signage;
- brochures and other patient information packs;
- bedside material; and
- service websites.

Contractors

All contractors should be informed of the Policy at site induction.

Signage

Smoke-free signage is an important means of communicating the Policy. Proper signage maintains a consistent message across WA health system entities.

Signage should be placed strategically at:

- the main entrance to the site;
- every entrance and exit to the building;
- any previously-designated smoking areas;
- lifts and stairwells;
- all courtyards and places of congregation; and
- within all vehicles that are the property of the health service.

Signage should always remain visible and be well-maintained. All graffiti should be attended to regularly and damaged or removed signage should be replaced immediately.

Signs with two key messages were developed for both the WA Country Health Service (WACHS) and Metropolitan health services.

Signage featuring these messages will ensure consistency and credibility across WA health system entities.

Resources

Strictly no smoking past this point

[WA Health logo – A3 landscape \(PDF 70KB\)](#)

[WACHS logo – A3 landscape \(PDF 100KB\)](#)

No smoking anywhere on grounds

[WA Health logo – A3 portrait \(PDF 70KB\)](#)

[WA Health logo – A4 \(PDF 110KB\)](#)

[WA Health logo – A5 \(PDF 80KB\)](#)

[WACHS logo – A3 portrait \(PDF 80KB\)](#)

[WACHS logo – A4 \(PDF 100KB\)](#)

[WACHS logo – A5 \(PDF 100KB\)](#)

Supporting nicotine dependent staff

Health Service Providers that provide clinical services are required to provide access to nicotine replacement therapy (NRT) products including lozenges, gums, patches, inhalators or mouth sprays, for staff should they wish to access it.

NRT should be dispensed by service pharmacies where possible. If required, limits may be placed on the quantity of NRT which is able to be accessed by staff within a set period.

Nicotine dependent staff should have access to behavioural support for quitting. This may be promoted through staff wellness initiatives, regular staff communications, and service intranet sites. If appropriate, staff may also be directed to an employee assistance program.

Resources

[Make Smoking History](#)

[Quitline](#)

[Quitline Aboriginal Liaison Team \(QALT\)](#)

Assessment and recording of inpatient smoking status

All adult patients should be asked if they smoke at the earliest practicable opportunity. If it is established that a patient is a smoker, nicotine dependence may be assessed by asking the patient:

- how soon after waking they have their first cigarette;
- how many cigarettes do they smoke per day; and
- have they had nicotine withdrawal symptoms during previous quit attempts.

Smoking within 30 minutes of waking, smoking more than 10 cigarettes per day and experiencing withdrawal symptoms during previous quit attempts are indicators of nicotine dependence. Relevant guidelines and procedures should be developed for staff to assess nicotine dependence.

Patient smoking status should be recorded in a consistent location and manner which allows for auditing of data. Set parameters for smoking status categories, such as never smoker, smoker, and ex-smoker, should be established and clear procedures for recording smoking status available to all staff. IT solutions may be appropriate to prompt recording this information.

Management of nicotine withdrawal in nicotine dependent inpatients

Brief advice

Brief advice is a way of having a quick and effective conversation about stopping smoking. 1 in every 33 conversations in which a doctor advises a patient to quit smoking will result in the patient successfully quitting.¹

[Brief advice online training](#) is available at no charge to staff of Health Service Providers that provide clinical services.

The training takes 30 minutes to complete. After completing the training staff will:

- understand current rates of smoking and which populations have higher rates of smoking;
- understand the negative impact of smoking on medical outcomes;
- know how to provide fast, simple and effective brief advice in a supportive, non-judgmental manner;
- recognise the importance of managing nicotine withdrawal in the inpatient setting;
- understand the important role of multi-session behavioural intervention (such as Quitline) and how to refer; and
- know what additional resources and support are available to help patients who smoke.

¹ Stead LF, Bergson G, Lancaster T. Physician advice for smoking cessation. Cochrane Database Syst Rev. 2008 Apr 16;(2):CD000165.

Health Service Providers should regularly promote the training and encourage all relevant staff to complete it.

Provision of nicotine replacement therapy and stop smoking medications

NRT is an effective means of reducing nicotine withdrawal symptoms upon stopping smoking. Withdrawal symptoms can appear within two hours of ceasing smoking, and may include irritability, restlessness, frustration, anxiety, and difficulty concentrating.²

Health Service Providers should develop guidelines for the provision of TGA-approved NRT to nicotine dependent inpatients in accordance with their clinical governance structures. Evidence suggests that a combination of nicotine patches and a fast release form of NRT is safe and more effective than a single form of NRT.³

Other stop smoking medications may be appropriate for some patients. The Therapeutic Goods Administration has approved other products, in addition to NRT, to aid smoking cessation.

Behavioural supports

Behavioural supports are also able to assist in the management of nicotine dependency.

Health Service Providers should ensure that nicotine dependent inpatients are provided access to behavioural supports to manage nicotine withdrawal.

All nicotine dependent patients should be offered a referral to [Quitline](#). If a patient is receptive, the easiest way to make a referral is by using the [online form](#).

Drug interactions

Some medications may be affected if a patient stops smoking. Health Service Providers should make information on smoking and drug interactions available to clinical staff.

² Christensen, D. 6.11 Tolerance, Dependence, and Withdrawal. In Scollo, MM and Winstanley, MH [editors]. Tobacco in Australia: Facts and issues. Melbourne: Cancer Council Victoria; 2018. Available from <http://www.tobaccoinaustralia.org.au/chapter-6-addiction/6-11-tolerance-dependence-and-withdrawal>

³ Shah SD, Wilken LA, Winkler SR, Lin SJ. Systematic review and meta-analysis of combination therapy for smoking cessation. J Am Pharm Assoc (2003). 2008;48(5):659-65.

Resources

[Brief advice online training](#)

[North Metropolitan Health Service Mental Health, Public Health and Dental Services Smoke Free Hub](#)

[Royal Australian College of General Practitioners \(RACGP\) Supporting smoking cessation: A guide for health professionals](#)

[An Approach to supporting people who smoke: A guide for health services \(Alfred Health\)](#)

[Pharmacotherapy for smoking cessation \(Alfred Health\)](#)

[3-Step Brief Advice for Smoking Cessation \(Make Smoking History\)](#)

[Helping patients to stop smoking: a guide for general practitioners \(Make Smoking History\)](#)

[How to support patients who smoke to quit, including:](#)

- [Butt In Support for Patients Who Smoke – Emma Dean](#)
- [Butt In Support for Patients Who Smoke \(WACHS\)](#)
- [Butt In To Butt Out – Pharmacy's Role In Managing Nicotine Dependency](#)
- [Managing Smoking and Lung Cancer Treatment](#)
- [Smoke Free Mums and Bubs](#)
- [Tackling Tobacco in Mental Health Settings](#)

[Drug Interactions with Smoking \(Make Smoking History\)](#)

[Tobacco in Australia: Pharmacotherapies](#)

[Start the Conversation](#)

[Quitline- Health Professionals](#)

[Quitline Aboriginal Liaison Team \(QALT\)](#)

Supporting mental health inpatients

The prevalence of smoking among people with mental illness is higher than that of the general population.⁴ People with mental illness are also more likely to smoke more heavily and have higher levels of nicotine dependence.⁵

Those very dependent on nicotine will likely experience withdrawal symptoms when they are admitted to a mental health service and are unable to smoke at all or as much as usual. Pharmacological and behavioural strategies are successful in supporting smoking cessation in people with mental illness and should be a routine part of care.

Health Service Providers should consider factors specific to mental health settings to support inpatients who are nicotine dependent.

These may include:

- staff skills and knowledge to manage nicotine dependence;
- availability and awareness of training for staff;
- addressing smoking in patient treatment support and discharge plans;
- increased access to treatment team to address issues related to nicotine dependence;
- collaboration with support services;
- patient access to distraction activities and behavioural supports;
- support during leave from a ward (for patients who choose to smoke and patients who do not choose to smoke during leave);
- procedures for documenting usage of nicotine replacement therapy;
- provision of supports in a timely manner;
- medication interactions with smoking and impact of cessation; and
- management of patient aggression and distress.

⁴ Australian National Survey of Mental Health and Wellbeing. ABS 2008 2. Cooper J. Aust NZ J Psych 2012 3. AIHW. National Drug Strategy Household Surveys 3. Bowden J. ANZJ Psych 2011

⁵ Bowden JA. ANZ J Psych 2011 2. Lasser K. JAMA 2000; Campion J. Adv Psychiatr Treat 2008

This document can be made available in alternative formats on request for a person with disability.

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