Policy Group: Corporate
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Approved by: Health and Safety Steering Group, Quality and Safety Group

Smoke Free Policy

Contents

TARGET AUDIENCE (including temporary staff)	
People who need to know this document in detail	Head of Pharmacy, Senior Pharmacists, Pharmacy Operations Manager, Pharmacists and Pharmacy staff with responsibility for medicines procurement All clinical/non-clinical ward MDT staff whose duties and responsibilities include caring for inpatients.
People who need to have a broad understanding of this document	Executive Medical Directors, QSG members, Other Pharmacy staff.
People who need to know that this document exists	All staff, temporary staff, volunteers, workers, contactors, need to be aware of this policy. Sub-contractors, carers and visitors to St Andrew's Premises.

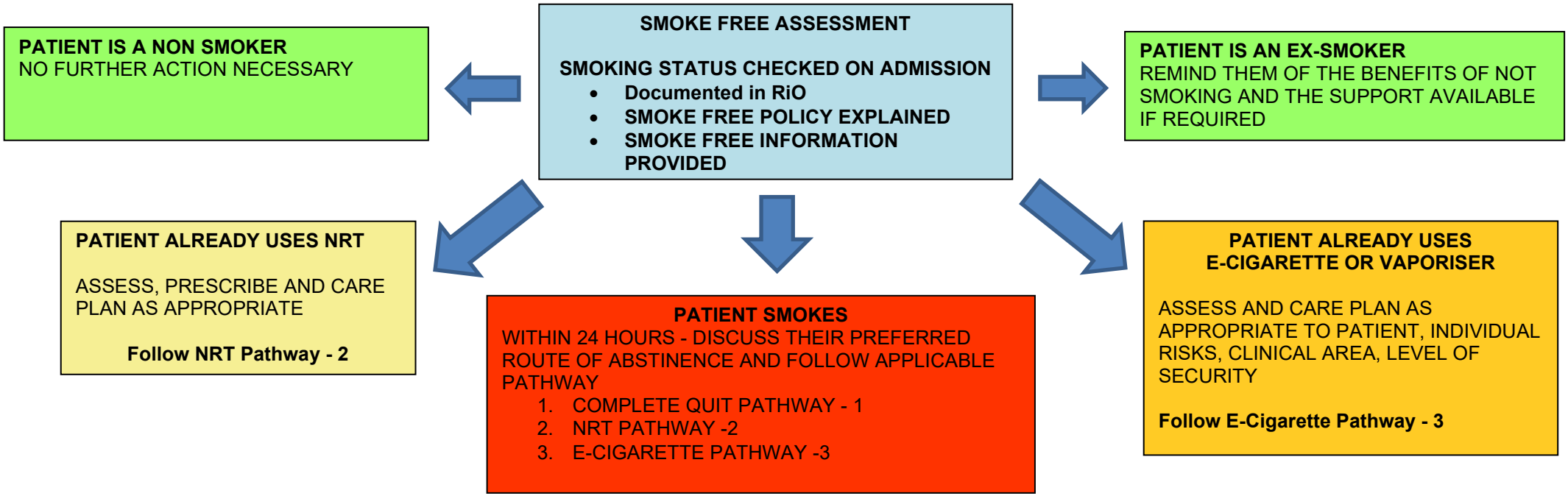
1. Preface

This section provides a reference to the process flows and guidance for staff and patients to support the Charity in being smoke free. The following documents are at the beginning of this policy to provide the user access to key information that is referenced throughout.

Preface Reference		Summary
1	Smoke Free Care Pathway Pathway 1 Complete Quit Pathway 2 Use of Nicotine Replacement Therapy Pathway 3 Use of e-cigarette/vaporiser	Overarching smoke free care pathway and individual pathways to support patients in minimising nicotine withdrawal effects.
2	Supporting Clinical Information a. Nicotine Withdrawal Symptoms b. Fagerstrom Test for Nicotine Dependence c. Interactions between Tobacco smoke and medication d. Optimising Safety, Adherence and Effectiveness of NRT	Supporting clinical information to support staff in ensuring nicotine withdrawal symptoms are identified and managed safely and appropriately. Also to support awareness of potential interactions between tobacco smoke and medication.
3	**a.** Patient Communication – Protocol for Authorised Vapes **b.** Patient contract for Authorised Vapes	Information for patients on the safe use of authorised vapes and patient contract to confirm patient awareness of correct use.
4	Fire Risk Warning – Batteries and Charging	
5	Authorised Vapes	

Preface Reference 1 - The St Andrew's Smoke Free Care Pathway

The' Smoke Free Care Pathway' and Supporting Clinical Information (Preface 2) should be used as guidance on the processes to follow for all patients at admission and on the options available to support patients in becoming and remaining 'smoke free'.



- ***Healthcare professionals should take every opportunity to promote quitting including opportunistically to patients through the delivery of 'Very Brief Advice on Smoking' as recommended by Nice*** *Very Brief Advice training module (ncsct.co.uk)*
- ***Ensure that patients have access to appropriate levels of support and are regularly reviewed as stopping smoking completely or using a less harmful option is one of the most significant interventions that can be made to improve the short and long term physical health of our patients and ensure parity of esteem***
- ***Ensure that the patient is aware that some medicines are affected by smoking and that when stopping smoking the levels of these medicines in the blood may increase to potentially harmful or toxic levels – refer to supporting information***

PATHWAY 1 - COMPLETE QUIT

- **Support for Patients who wish to temporarily abstain from smoking within buildings and grounds without pharmacological support**

Provide education & raise awareness of tobacco dependence and treatment

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Regular (initially daily) assessment of nicotine withdrawal symptoms and the impact these may have on mental symptoms and wellbeing

Monitoring of medication affected by smoking cessation. Refer to Preface 2 supporting information c 'interactions between tobacco smoke and medication, provide 'choice and medication' leaflets

Daily assessment of any cigarette use (off the premises and grounds). Consider how this may impact on therapeutic care

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Regularly repeat education and raising awareness of tobacco dependence and treatment

Switch to NRT (2) or e-cigarette (3) pathway if patient agrees to change

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Record in RiO and review regularly. Care plan as appropriate.

PATHWAY 2. USE OF NICOTINE REPLACEMENT THERAPY (NRT)

For patients who wish to make a sustained quit attempt or to temporarily abstain from smoking with the use of NRT

CARRY OUT ASSESSMENT

Assess level of nicotine dependence
- How many cigarettes/day smoked?
- How soon on waking is first cigarette smoked?
- NRT/e-cigarettes used in the past?

Consider Patient choice of NRT product, known allergies to NRT products, current medical conditions and prescribed psychotropic medication

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PROVIDE PATIENT WITH INFORMATION

How to use NRT correctly, side effects and their management, withdrawal symptoms and management, maximum dose to use, how long to use the product for and the importance of using regularly and following directions

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CHOOSE PRODUCT

One product for light smokers or a combination of two products for moderate to heavy smokers based on outcome of assessment.
Refer to BNF/ward Pharmacist

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DOES THE PATIENT HAVE LEAVE OUTSIDE ST ANDREW'S PREMISES?

↓ YES

YES

Daily assessment of any cigarette use. Consider impact on any medication affected by smoking cessation. Refer to Preface 2 Supporting information c – Interactions between tobacco smoke and medication

↓ NO

NO

Initial monitoring of medication affected by smoking cessation. Refer to Preface 2 Supporting information c – Interactions between tobacco smoke and medication

↓

FOR BOTH

Continue to review NRT and reduce dosage as clinically appropriate – refer to BNF/Ward Pharmacist. Assess severity and frequency of withdrawal symptoms, response to treatment and adherence to NRT

PATHWAY 3 Use of E–CIGARETTE/VAPORISER

For patients who wish to make a sustained quit attempt or to temporarily abstain from smoking with the use of an authorised e-cigarettes/vape device

Carry out assessment

- Assess level of nicotine dependence
  - How many cigarettes do you normally smoke a day?
  - Do you normally smoke soon after waking?
- Patient choice and preferences and what has been tried previously?
- Potential risks associated with access to e-cigarette/vaporiser
- Patient understands this is not a licensed medication and what this means
- Known allergies, medical conditions, other medication
- Are the authorised vapes appropriate for the patient's needs? refer to Appendix 5 Authorised Vapes
- Is NRT also required?

Provide information including Patient Communication Protocol and Contract Preface 3a & 3b

- Authorised devise product leaflet and supporting information on how to use safely
- Complete protocol and patient contract with the patient for the use of authorised vape (Preface 3 a & b)
- **Scan Patient contracts 3b into RiO**

Supply Appropriate Device

The choice will be dependent on:

- The results of the individual patient risk assessment
- Daily assessment of any cigarette use – will determine most appropriate strength of pods
- Consider impact of any smoking on prescribed medicines
- Record in RiO and review regularly
- Care plan by exception according to the needs/risks of the patient

Is the patient taking a medication which is affected by smoking?

- Consider referral to a Pharmacist
- Ensure monitoring is care planned
- Provide choice and medication leaflets / Preface 2 c supporting information interactions between tobacco smoke and medication

Preface Reference 2 - Supporting Clinical Information

a. NICOTINE WITHDRAWAL SYMPTOMS

The main reason people smoke is because they are addicted to nicotine.
Symptoms of nicotine withdrawal may begin as soon as the last cigarette has been finished and peak after around two hours. Symptoms of nicotine withdrawal are easily confused with those of an underlying mental disorder refer to table below.
Nicotine withdrawal should be treated with NRT or another cessation therapy - licensed medication or e-cigarette

Nicotine Withdrawal Symptoms	Typical Duration
Light-headedness	< 2 days
Sleep disturbance	< 2 weeks
Irritability, restlessness	< 4 weeks
Difficulty in concentrating	< 4 weeks
Depressed mood	< 4 weeks
Constipation	< 4 weeks
Mouth ulcers	< 4 weeks
Urge to smoke	> 10 weeks
Increased appetite / weight gain	> 10 weeks

The Maudsley – Practice Guidelines for Physical Health Conditions in Psychiatry DM Taylor et al Wiley Blackwell 2021

b. FAGERSTROM TEST FOR NICOTINE DEPENDENCE:

Fagerstrom test for nicotine dependence:	
How soon after waking do you smoke your first cigarette?	Points
Within 5 minutes	3
5-30 minutes	2
31-60 minutes	1
>60 minutes	0
How many cigarettes do you smoke in a day?	
>31	3
21-30	2
11-20	1
<10	0
Results	
High dependence	≥5
Moderate dependence	4
Low – moderate dependence	3
Low dependence	1-2

The Maudsley – Practice Guidelines for Physical Health Conditions in Psychiatry DM Taylor et al Wiley Blackwell 2021

The choice of the most appropriate NRT preparation and dose will depend on the level of dependence as identified by the Fagerstrom score. Contact Pharmacy for advice on available preparations and suitability for individual patients.

c. INTERACTIONS BETWEEN TOBACCO SMOKE AND MEDICATION

Tobacco smoke interacts with medicines commonly prescribed for people with mental health problems. These interactions are caused by the components in the smoke (polycyclic aromatic hydrocarbons within tar) and not the nicotine. The majority of interactions are as a result of the tobacco smoke inducing cytochrome P450 enzymes in the liver (primarily CYP1A2). This process speeds up the metabolism and clearance of some medicines. In order to have the desired therapeutic effect, one needs to prescribe higher doses of some psychotropic medicines for smokers compared to non-smokers. An additional benefit of stopping smoking is the dose of some medicines can possibly be reduced.
The levels of medication in the blood can vary if a person starts, stops or changes the way they smoke (such as being temporarily restricted from smoking). Some patients may need the dose of their medicine altered when reducing or stopping smoking or when resuming smoking following a period of temporary abstinence in a smoke free environment. As a general approach, for a person who stops smoking, either planned or due to enforced abstinence, prescribers should consider a dosage reduction of drugs that are metabolised by CYP1A2. Conversely, if a person begins or resumes smoking following discharge, or even after a period of leave, the dosage may need to be increased. This is not an exhaustive list and new interactions are continually being discovered. It is important to liaise closely with the patient's prescriber in hospital and when in the community, when changes to psychotropic medication are made and also when their smoking status changes.

Please note only cigarette smoking induces hepatic enzymes in this way. NRT, e-cigarettes and vaping devices (which do not contain polycyclic aromatic compounds) have no effect on enzyme activity.

Please see details in table below:

Antidepressants			
Drug	**Effect of Smoking**	**Action to be taken on stopping smoking**	**Action to be taken on (re)starting smoking**
Agomelatine	Plasma levels reduced	Monitor closely. Dose may need to be reduced	Dose may need to be increased to previous smoking dose
Duloxetine	Plasma levels may be reduced by up to 50%	Monitor closely. Dose may need to be reduced.	Dose may need to be increased to previous smoking dose
Fluvoxamine	Plasma levels may be reduced by a third	Monitor closely. Dose may need to be reduced.	Dose may need to be increased to previous smoking dose
Mirtazapine	Unclear but effect probably minimal	Monitor	Monitor
Trazodone	Around 25% reduction	Monitor for increased sedation. Consider dose reduction	Monitor closely. Consider increasing dose
Tricyclic antidepressants	Plasma levels reduced by 20-50%	Monitor closely. Consider reducing dose by 10-25% over one week. Consider further dose reductions	Monitor closely. Dose may need to be increased to previous smoking dose
Antipsychotics			
Chlorpromazine	Plasma levels reduced. Varied estimates of exact effect	Monitor closely, consider dose reduction	Monitor closely, consider restarting previous smoking dose

Clozapine	Reduces plasma levels by up to 50%. Reduction may be greater in people taking Valproate	Take plasma level before stopping. On stopping, reduce dose gradually (over a week) by 25%. Repeat plasma level, one week after stopping. Continue to review dose and anticipate further reductions	Take plasma level before resuming smoking. Increase dose to previous smoking dose over a week. Repeat plasma level
Fluphenazine	Reduces plasma levels by up to 50%	On stopping, reduce dose by 25%. Monitor carefully over following 4 - 8 weeks. Consider further dose reductions.	On restarting, increase dose to a previous smoking level.
Haloperidol	Reduces plasma levels by around 25-50%	Reduce dose by around 25%. Monitor carefully. Consider further dose reductions	On restarting, increase dose to previous smoking dose
Olanzapine	Reduces plasma levels by up to 50%	Take plasma level before stopping. On stopping reduce dose by 25%. After 1 week repeat plasma level. Consider further dose reductions	Take plasma level before restarting. Increase dose to previous smoking dose over 1 week. Repeat plasma level.
Zuclopentixol	Unclear , but effect probably minimal	Monitor	Monitor
Other Psychotropic Medication			
Benzodiazepines	Plasma levels reduced by 0-50% (depends on drug and smoking status)	Monitor closely. Consider reducing dose by up to 25% over one week	Monitor closely. Consider re-starting 'normal' smoking dose
Carbamazepine	Unclear but smoking may reduce carbamazepine plasma levels to a small extent	Monitor for changes in severity of adverse effects	Monitor plasma levels

Adapted from The Maudsley – Practice Guidelines for Physical Health Conditions in Psychiatry DM Taylor et al Wiley Blackwell 2021

d. OPTIMISING SAFETY, ADHERENCE & EFFECTIVENESS OF NRT

Better adherence to oral and transdermal NRT is associated with better quit rates. However, adherence with NRT is undermined by misguided concerns of prescribers, clinicians, and smokers, particularly around safety, efficacy and addictiveness. Underuse of NRT, incorrect use and stopping treatment early, also undermine effectiveness.

SAFETY:
It is safer to use licensed nicotine-containing products than to smoke. Any risks associated with NRT are substantially outweighed by the well-established dangers of continued smoking. NICE (2023) recommend the use of NRT during periods of temporary abstinence and when attempting to cut down cigarette intake without any intention to quit. The effects of cigarette smoking in conjunction with NRT are similar to those of cigarette smoking alone. Excessive use of NRT by those who have not been in the habit of inhaling tobacco smoke could possibly lead to nausea, faintness or headaches.

NRT can be prescribed for up to 9 months if patients show evidence of a continued need for NRT beyond the initial 8 - 12 week treatment phase. NRT was found to be safe to use for at least 5 years. There is reason to believe that lifetime use of NRT will be considerably less harmful than tobacco.
All forms of NRT can be used by smokers aged 12 and over. Those prescribing or supplying NRT should check that the young person is dependent enough to warrant use of NRT.

Pregnancy: NRT can be used by pregnant smokers. Ideally, smoking cessation in pregnancy should be achieved without NRT. However, if the mother cannot (or is unlikely to quit without NRT support), NRT is recommended as the risk to the unborn baby is far lower compared to continuing to smoke. Those prescribing or supplying NRT should ensure that the potential risks and benefits are understood by the mother. The 24-hour patch should be taken off at night.

Cardiovascular disease: NRT is safe in patients with stable cardiovascular disease. Smokers currently hospitalised for a myocardial infarction, severe dysrhythmia (irregular heartbeat) or stroke *and* who are haemodynamically unstable (e.g. have a very low blood pressure), should initially be encouraged to quit without NRT. They should then be offered NRT under medical supervision. There is moderate evidence that NRT is safe in patients with unstable cardiovascular disease.

Diabetes: Smoking increases the risk for developing type 2 diabetes and is associated with complications of type 1 and type 2. Nicotine increases the release of catecholamines (e.g. adrenaline and noradrenaline), which can affect carbohydrate metabolism. Glucose levels should be monitored more closely in smokers and people using NRT.

Gastrointestinal disease: Swallowed nicotine (e.g. from gum or lozenges) may exacerbate oesophagitis, gastritis or peptic ulcers, therefore oral NRT preparations should be used with caution in these conditions.
Renal or hepatic impairment: NRT should be used with caution in patients with moderate to severe hepatic impairment and/or severe renal impairment as the clearance of nicotine and its metabolites may be decreased with the potential for increased adverse effects.

Phaeochromocytoma (tumour of the adrenal glands) and uncontrolled hyperthyroidism: NRT should be used with caution in patients with these conditions (due to the nicotine causing the release of catecholamines).

Lung Disease: Patients with obstructive lung disease may find use of the inhalator (non-formulary) difficult. Nicotine patch or sublingual tablet may be preferable. Nicorette inhalator should be used with caution in patients with chronic throat disease and bronchospastic disease.

Interactions between psychotropic medication, smoking and stopping smoking: Tobacco smoke interacts with medicines commonly prescribed for people with mental health problems. These interactions are caused by the components in the smoke (polycyclic aromatic hydrocarbons) and not the nicotine. Detailed guidance on prescribing can be found in the current edition of the BNF or from your ward Pharmacist.

EFFECTIVENESS AND ADHERENCE
All NRT products are equally effective if used correctly, double the chance of successfully quitting compared to placebo. Combination NRT (i.e. a patch and an oral product) is more effective compared to using a single product. The effectiveness of NRT can be improved by repeatedly providing assessment and advice on:

- How to use the NRT product correctly
- What side effects to expect and how to manage them
- Use the maximum dose
- How long to use product for
- Importance of adherence

Preface Reference 3a - Patient Communication - Protocol for Authorised Vapes

The following information should be discussed with patients before the use of one of the authorised vape products

Patient Record:
Use of vapes must be authorised by the RC and MDT. Appropriate risk assessment and care planning must be in place. A record should also be made on RiO including that the vape is not a licensed medical device or medicine and that the implications of this have been explained to the patient.
Patients should be provided with information leaflets and a copy of the patient protocol which they should sign to confirm they understand the details and expectations of the supply and use of the product. The form should be scanned onto RiO.

Use of Authorised Vapes:
- They may be used at designated breaks in ward outside areas and other outside areas
- They should not be used by patients within communal areas where the vapour may be a nuisance to other patients/staff

Supply:
Patient wishing to use an authorised vape as part of a quit attempt or alternative to smoking / NRT / will need to purchase the devices and refills.

Ordering:
Authorised devices and refills should be ordered by wards on SAP and recharged to patients in the usual way for the ward.

Charging of Batteries:

Rechargeable Authorised Vapes; The ward staff are responsible for ensuring that devices are charged in an appropriate designated non patient area – usually the Nursing Office protected by fire doors. -
- Rechargeable devices must only be charged with the USB cables supplied with the devices
- The authorised USB charging station and timer plugs (both available from stores) must be used for charging of the devices. Charging must be supervised, and the timer plug set to an appropriate period e.g. 2 ½ hours to avoid the risk of overcharging
- The devices should always be charged on a hard surface away from flammable materials and battery/charger connections must be kept clean
- Devices/batteries must not be allowed to come into contact with metal items
- If a device/battery is damaged in any way (including torn insulation), leaking or ceases to function normally it must not be used
- The devices and batteries must not be exposed to extreme heat, cold, or direct sunlight and not allowed in contact with water

Storage:
- To mitigate fire risk, when not on charge and not in use each device and associated pods must be stored in plastic wallets labelled for individual patients which are stored in a plastic box in a non-patient area such as the nursing office protected by fire doors.

- Storage during the day may be either on the patient's person (if risk assessed) or in the plastic wallets and storage box in the nursing office between supervised 'vape times'. This will be dependent on the ward risk assessments and local procedures.
- Overnight storage must be in a non-patient area such as the nursing offices which are protected by fire doors

Disposal:
Waste vapes and pods should be recycled by disposing of them in the allocated labelled recycling/waste bins supplied by Stores.

Preface Reference 3b - Patient Contract – Authorised Vapes

The following information must be provided to patients before a supply of vapes can be made. Patients should sign to confirm that use and supply has been explained to them and that they understand how they are to be used.

<table>
<tr><td colspan="4">I wish to use …….. to support me in abstaining from or quitting smoking.

The use of the vapes has been explained to me and I have been given details on how to use it
I understand I will be charged for the Vapes and where applicable refill pods and USB cable by Finance debiting my account</td></tr>
<tr><td colspan="2">Vapes may be used in outside areas only including ward outside areas.</td><td>Vapes must not be used inside any buildings.</td><td>Vapes may be used during breaks or during escorted/ unescorted community leave.</td></tr>
<tr><td colspan="4">• Vapes must only be used by the patient they have been issued to - they must not be shared with others
• Vapes and refill pods must be disposed of when empty in the designated, labelled recycling bins and must not be refilled</td></tr>
<tr><td colspan="2">Charging:

…… is a rechargeable vape and will be charged by staff in the designated charging areas.
They must not be charged in patient bedrooms or other patient areas.</td><td colspan="2">Storage:
Vapes and pods are stored in plastic wallets labelled for individual patients within a larger plastic box in non-patient areas – usually the nursing office behind fire doors.
They must not be stored in patient bedrooms or other patient areas.</td></tr>
<tr><td>Staff Role</td><td>Staff Name (Print)</td><td>Staff Signature</td><td>Date:</td></tr>
<tr><td colspan="2">Patient name (Print)</td><td>Patient signature</td><td>Date:</td></tr>
</table>

Preface Reference 4 - Fire Risk Warning – Batteries and Charging

E- cigarette related fires are very rare compared to fires caused by smokers' materials. The root cause of e-cigarette related fires is likely to be through a malfunctioning lithium-ion battery.
This can be triggered by:

- Mechanical damage
- Exposure to extreme heat
- Unsafe charging
- Short circuiting

Design and manufacturing faults within the battery.
If the pressure and/or temperature of the battery increases as a result of any of the above it can cause the device in which it is stored (whether it's an e-cigarette or mobile phone) to be propelled at high velocity.
The immediate and dramatic nature of such events means that they are often given a high media profile, whilst the larger number of tobacco smoking related fires, injuries and deaths receive little media attention.
With safe battery care, the potential for such events can be minimised. The risks associated with charging e-cigarettes should be considered alongside the charging of any other battery-operated device such as a mobile phone.

KEY MESSAGES FOR SAFE USE OF RECHARGEABLE ELECTRONIC CIGARETTES

- Within St Andrew's Healthcare only rechargeable e-cigarettes which have been approved and authorised for use on site can be used – these are available from stores Refer to Appendix 5 Authorised Vapes
- All charging of devices must be supervised by staff in designated non-patient areas protected by fire doors such as the nursing offices.
- Staff and patients must be aware of and follow the agreed protocols
- Any incidents related to recharging e-cigarettes (should they occur) must be reported on Datix and reviewed to promote learning.
- Only use the authorised USB Charging Stations and timer plugs available from stores for charging. Some chargers may overcharge the product, leading to an increased risk of fire.
- Never leave an electronic cigarette charging unattended and never leave them charging overnight. The timer plug should be used to minimise charging time for less than 2 ½ hours.
- Store batteries and chargers in a cool dry place at normal room temperature. Do not leave them in hot places such as direct sunlight.
- Do not immerse batteries or chargers in water or otherwise get them wet.
- Never use damaged equipment or batteries.
- Never carry batteries, keys or coins in the same pocket or bag.
- Never use a vaping device close to medical oxygen, flammable emollient creams or airflow mattresses due to the risk of fire.
- Do not use counterfeit goods - batteries and/or chargers which are unlikely to have overcurrent protection and could lead to batteries exploding. • Never modify or adapt e-cigarettes and their associated kit.

VAPING IN INTERNAL AREAS or EXTERNAL AREAS CLOSE TO SMOKE DETECTORS

Exhaled vapour may trigger some types of smoke detectors – particularly if blown directly into the detector head in large quantities.
Vaping must not take place in internal areas or in external areas close to smoke detectors where vapour may trigger the fire alarm

For further details refer to: National Fire Chiefs Council - Guidance Note - E-cigarette use in smokefree NHS settings 2018 Guidance_note_-_E-cigarettes_use_in_smokefree_NHS_settings.pdf

Preface Reference 5 – Authorised Vapes

Product	Strength/s	Image	Comments
Vuse Go - Reload 1000 - Closed Pod System Kit - 5 Various Flavours	20mg	 Reusable Vape | VUSE GO Reload 1000 | Vuse UK	Range of strengths and flavours. Rechargeable and non-refillable. Mainly plastic.
Vuse Go - Reload 1000 Pods, 16 Various flavours and strengths	0mg, 6mg, 10mg and 20mg	 Extra Intense Disposable Vape Pods | Vape Refills | Vuse UK	
Totally Wicked Byte 16mg and Byte refills 1 x 4 various flavours	16mg	  byte Vape Pod Complete with 4 Pods | Totally Wicked (totallywicked-eliquid.co.uk)	Range of strengths and 4 flavours. Rechargeable and non-refillable. Mainly plastic. Shape may present a higher risk in some areas of the charity.

2. Policy Summary / Statement

The Health Bill 2006 introduced the legal requirement for smoke free healthcare premises across England. Other government, NHS and public health strategy, legislation and guidance, also requires Healthcare organisations to be smoke free:

- Smoke free regulations and legislation under the Health Act 2006
- The governments 'smoke free 2030 ambition for England'
- Health and Safety at Work Legislation and Employment Law
- NICE Guideline (NG209) Tobacco: preventing uptake, promoting quitting and treating updated: 16 January 2023

St Andrew's has a duty of care to protect the health of, and promote healthy behaviour among, people who use, or work in, our services. It is important that a smoke free culture is encouraged to protect the current and future health of our patients and to promote parity of esteem. This includes providing effective support to stop smoking or to temporarily abstain from smoking whilst using or working in the Charity.

The purpose of the Smoke Free Policy is to provide a framework and guidance for staff and patients to support the charity in providing smoke free services and workplaces. Also to comply with relevant legislation, guidance and contractual requirements.

It is the Policy of St Andrew's Healthcare that:

- All of our workplaces and services are smoke free and that tobacco use is not permitted in any internal or outside areas of our sites.
  The only exception is for specific patients including those with a diagnosis of Huntington's Disease and those receiving palliative care where a care plan is in place permitting smoking of tobacco products in designated areas – internal and/or external.
- Health benefits of being smoke free are promoted and that healthcare professionals take every opportunity to encourage and support quitting attempts. This includes opportunistically through the delivery of 'Very Brief Advice on Smoking' to patients, as recommended by VBA Plus.
- Advice and support for patients who smoke to stop or temporarily abstain from smoking is provided with the assistance of a range of stop smoking medicines and/or authorised e-cigarettes and behavioural support.
- Nicotine replacement therapy (NRT) and other pharmacological approaches to smoking cessation are available on the St Andrew's Medicines Formulary with supply and advice from the St Andrew's Pharmacy.
- Only approved and authorised vapes – refer to Appendix 5 - may be used within the Charity's sites and use is restricted to outside spaces only. This includes ward courtyards and St Andrew's grounds.
- Only approved and authorised re-chargeable and non-refillable electronic (e) cigarettes/vapes are available for patients to purchase via stores. Use is subject to appropriate risk assessment; patient communication and completion of Patient Contract having been completed.
- Information on the Smoke Free Policy is made available to patients prior to and on admission and to staff.
- Advice and signposting to smoking cessation services are available to patients and staff.
- Tobacco products and e-cigarettes are not sold from any St Andrew's Healthcare shops to patients, staff or visitors.
- Staff must not under any circumstances procure tobacco, tobacco related products or unauthorised e-cigarettes for, or supply them to patients.

This policy applies to all patients, staff, temporary staff, volunteers, workers, contactors, sub-contractors, carers and visitors to St Andrew's Premises.

3. Links to Policies and Procedures

Fire Safety Policy
Procedure for the Clinical Management of Referrals and Admissions to Inpatient Services
Clinical Risk Management Policy
Search Policy
Least Restrictive Practices Policy
End of Life Policy

Policies and Procedures available via Policy A-Z:
Policies - Policies - A-Z (sharepoint.com)

4. Scope

The 'Smoke Free' Policy applies **to all:**

- Divisions / Wards /Services
- Patients
- Staff - clinical and non-clinical, locum and agency staff and staff employed on our premises by external contractors
- Volunteers working on our premises
- Visitors to St Andrew's Healthcare sites - including carers, families and other visitors

Doctors, Nurses, Pharmacists and Non-Medical Prescribers, need to have a good working knowledge of this policy.

All clinical/non-clinical ward MDT staff whose duties and responsibilities include caring for inpatients need to have a good working knowledge of this policy and how it applies to their role.

All staff need to be aware of this policy and adhere to smoke free requirements whilst on St Andrew's Healthcare Premises.

5. Background

Smoking tobacco remains the largest single cause of preventable death in England, and this is also the case Worldwide. The Department of Health and Social Care (DHSC) and other organisations have demonstrated that whilst smoking prevalence in the general population is at a historic low of around 13% smoking rates in people with serious mental illness (SMI) has remained unchanged over the past two decades at two or three times that of the general population. The highest rates of smoking prevalence, 61%, being recorded in psychiatric inpatient units and in those with three or more mental health diagnoses. Patterns of heavy smoking and severe nicotine dependence are also more common in those with more severe mental health illness who are also less likely to succeed at cessation attempts. As a result, smoking disproportionally reduces life

expectancy and quality of life in those with one or more SMIs. Premature mortality rates are more than three times higher among people with mental health conditions compared to the general population, with recent analyses suggesting that the gap is widening. Smoking also influences the efficacy of multiple medications including drugs used in the treatment of SMI. This is through an effect on the metabolism of certain dugs leading to lower levels available in the body requiring the use of higher doses to treat the conditions.

Stopping smoking brings about one of the single most important benefits to improve health. It is proven to significantly improve physical health and also to boost mental health and wellbeing. It can improve mood and help relieve stress anxiety and depression. However although smoking has reduced across society generally over recent years, this is not the case for people with a mental health diagnosis. The level of smoking is highest in those with more severe mental health conditions and in those with more than one mental health diagnosis.

6. Definitions

These are included within the body of the policy.

7. Key Requirements

7.1 Part 1 – Patients / Service Users

7.1.1. The Use of Cigarettes/Tobacco Products

Cigarettes/tobacco products are not allowed in any St Andrew's inside or outside premises and must be treated as contraband. They must be handed to staff for safe keeping/ disposal when entering these areas.
Patients who have **unescorted leave** may smoke whilst on leave but only outside of the Charity's grounds and away from entrances to the sites to ensure that other people entering the sites do not have to pass through exhaled smoke.
Cigarettes/tobacco products must not be kept on the wards/services in patient areas or by patients in their rooms because of the various risks associated with their use both to individuals themselves and to other patients and staff.

*The only exceptions to this are the use of tobacco products for specific patients - those with **Huntington's Disease and patients receiving palliative care** – where a care plan is in place permitting them to smoke tobacco products in designated areas only – wards and/or external areas – in accordance with a specific protocol covering the ward and patients involved.*

7.1.2. Stop Smoking Support

7.1.2.1. Providing 'very brief advice' (VBA)

The Department of Health, and NICE recommends that Healthcare professionals take every opportunity to promote quitting including opportunistically through the delivery of **VBA** Very Brief Advice training module (ncsct.co.uk)

- ASK—establishing and recording smoking status (on RiO)
- ADVISE—advising on the best ways of stopping (advice available from Pharmacy/Physical Health)

- ACT—offering help

Clinicians should regularly and opportunistically check the smoking status of patients, including both inpatients and service users in our community services, using this method. They should advise that the best way to stop is with a combination of support, medication and/or e-cigarettes.

- Evidence shows that quitting smoking unaided using willpower alone is the least effective method of stopping smoking.
- Using nicotine replacement therapies (NRT) or e-cigarettes can double a person's chances of success.
- Combining stop smoking aids with expert support makes someone three times as likely to stop smoking successfully.

For service users in community services information should be made available on the 'Smoke Free Policy' and service users should be signposted to their local Stop Smoking service.

For patients within inpatient services the Smoke Free Care Pathway should be followed with VBA provided at regular periods.

7.1.2.2. Inpatients - Management prior to, on admission and at discharge

An important part of the admission process for all inpatients is identifying those who smoke and recognising and responding to nicotine withdrawal.

Management Prior To Admission

- Patients should be informed of the 'St Andrew's Smoke Free Policy' and what this means for them.
- Smoke free information should be provided and patients informed that if tobacco products, lighters, matches, non-authorised e-cigarettes including devices/ vape liquids / chargers are brought with them they will be managed as contraband, confiscated and disposed of by staff.

Management On Admission

- All patients must be assessed for smoking/vaping and informed urgently, of the 'St Andrew's Smoke Free Policy' and 'Smoke Free' Information provided.
- Any tobacco products, lighters, matches, non-authorised e-cigarettes including devices/vape liquids/chargers brought with patients on admission must be handed to ward/service staff and managed as contraband and confiscated. This is to minimise the risk of illicit substances and other contraband entering the premises, minimise risks of harm to individuals themselves and to other patients, and is also essential to **reduce the risk of fire and false fire alarm activation.** A clear explanation must be provided to the patient.
- Confiscated items must be disposed of correctly in appropriate/designated labelled waste containers.
- The Smoke Free Care Pathway Preface 1 must be followed to ensure that:
    - The smoking status of all patients is identified, assessed and recorded in RiO as part of the admission process.
    - Appropriate and immediate action is taken to minimise nicotine withdrawal effects and support patients in becoming smoke free.

Management at Discharge

- Information on smoking status must be provided to the new provider when a patient, who is a smoker, e-cigarette user or is using Nicotine Replacement Therapy (NRT) or other medication, is discharged.

- Where appropriate patients should be referred to smoking cessation clinics in the local NHS community to ensure support is ongoing and to minimise relapse back to smoking.

7.1.2.3. **Inpatients - St Andrew's Smoke Free Care Pathway**

Tobacco dependence is a treatable, chronic and relapsing condition.
The main reason people smoke is because they are addicted to nicotine. Symptoms of nicotine withdrawal may begin as soon as the last cigarette has been finished and peak after around two hours. Nicotine withdrawal symptoms are easily confused with those of an underlying mental disorder and include light headedness, sleep disturbance, irritability, restlessness, difficult in concentrating, depressed mood, constipation, mouth ulcers, urge to smoke, increased appetite.
Treatment needs of smokers will differ according to their smoking history, age, gender, socioeconomic status, mental health needs, use of other substances and personal choice about receiving support.
Refer to The' Smoke Free Care Pathway' Preface 1 and Supporting Clinical Information Preface 2 which should be used as guidance on the processes to follow at admission and on the options available to support patients in becoming and remaining 'smoke free'.

The aim of the 'Smoke Free Care Pathway' is to:

- Ensure the smoking status of every patient currently in our care is identified and recorded in RiO.
- Ensure that nicotine withdrawal symptoms are recognised and minimised by offering appropriate harm reduction as soon as possible after admission - refer to Preface 2a Nicotine Withdrawal Symptoms.
- Ensure early diagnosis of severity of any tobacco dependence refer to Preface 2b Fagerstrom Test for Nicotine Dependence.
- Ensure that the effect of stopping smoking on plasma levels of certain medicines including Clozapine and Olanzapine is planned for refer to Preface 2c Interactions Between Tobacco Smoke and Medication.
- Offer evidence-based pharmacological, treatment to smokers in our care including:
    - Prescribed Nicotine Replacement Therapy (NRT) refer to Preface 2d Optimising Safety, Adherence and Effectiveness of NRT.
    - Access to appropriate and approved Vapes
- Ensure that smokers who are interested in making a quit attempt and stopping smoking are offered access to medication and behavioural support to increase the chances of successfully stopping.
- Ensure smokers receive continuous, efficient care and treatment at transition points across the pathway.
- Ensure the Charity meets the recommendations of the NICE guidelines for smoking cessation.
  Support and advice is available from: Pharmacy, Physical Healthcare Team, GPs
  The NHS Smoke Free Website - https://www.nhs.uk/smokefree

The Smoke Free Care Pathway
Refer to Preface 2 for full details.

7.1.2.4. **'Smoke free assessment'**

Taking the opportunity to ask 'Do you smoke?' or 'Have you recently stopped smoking?' must be carried out at the earliest opportunity so that nicotine replacement therapy (NRT) can be urgently prescribed and/or one of the authorised e-cigarettes made available to manage nicotine withdrawal symptoms
'Very Brief Advice on Smoking' should be provided on admission and at regular periods to promote quitting as recommended by Nice Very Brief Advice training module (ncsct.co.uk)
The smoke free assessment must be undertaken as soon as possible after admission to determine smoking status and ensure patients receive the most appropriate support via one of the three pathways:

- **Pathway 1 Complete Quit**
  For patients who wish to temporarily abstain from smoking within buildings and grounds without pharmacological support.
- **Pathway 2 Use of NRT**
  Follow Pathway 2 for patients who wish to make a sustained quit attempt or to temporarily abstain from smoking with the use of NRT.
- **Pathway 3 Use of e-cigarettes**
  Follow Pathway 3 for patients who wish to make a sustained quit attempt or to temporarily abstain from smoking with the use of e-cigarettes.

A 'smoke free care plan' appropriate to the risks and needs of the individual patient must be put in place. This should be regularly reviewed and amended as necessary.

7.1.2.5. **Pathway 2 - Use of Nicotine Replacement Therapy (NRT)**

Follow Pathway 2 for patients who wish to either make a sustained quit attempt or to temporarily abstain from smoking with the support of NRT.
NRT:

- Are medicines that provide a low level of nicotine, without the tar, carbon monoxide and other poisonous chemicals present in tobacco smoke. This helps to reduce the unpleasant withdrawal effects of stopping smoking.
- Are licensed medicines and so have been extensively and robustly tested and the risks are known.
- Must be prescribed on the medicines chart on ePMA before administration and supply from the Pharmacy.
- Products include skin patches, tablets, lozenges, inhalators, chewing gum, oral strips, nasal and mouth spray. Not all types are included in the St Andrew's Medicines Formulary.
- Regimens depend on the degree and level of smoking dependence. It is usually best to use a combination of products e.g. patch to provide a continuous effect and a faster acting form such as lozenge for increases in cravings and other withdrawal symptoms throughout the day.

'The Fagerstrom test for nicotine dependence' refer to Preface 2b - can be used to support decision making on appropriate NRT products and doses

Other Licensed Medicines used in smoking cessation
Bupropion, Varenicline and Cytisine are nicotine free medicines licensed in the UK to help people quit smoking which may be an option for some patients.

Further information is available from Pharmacy, Preface 2d - Optimising Safety, Adherence and Effectiveness of NRT, **the current edition of the BNF and at** **nhs.uk stop-smoking-treatments**

7.1.2.6. **Pathway 3 – Use of E-Cigarette/Vapes**
Follow Pathway 3 for patients who wish to make a sustained quit attempt or to temporarily abstain from smoking with the use of e-cigarettes

7.1.2.7. **St Andrew's Approved e-cigarettes**

a. The **rechargeable** vape device/s authorised for use have been approved for use within St Andrew's based on clinical and fire safety.

- An appropriate risk assessment and care plan must be in place for all patients who wish to vape.
- **Please note that** these devices are rechargeable and non-refillable however they are not tamper evident.

NRT remains available for patients where the risk of using vapes is not acceptable/manageable. NRT must be prescribed on ePMA and is supplied by Pharmacy.

Refer to Appendix 5 – Authorised Vapes
No other products are approved for use.
Any non-approved e-cigarette, vape, vape liquids etc. purchased by patients independently whilst on community leave must be managed as contraband, confiscated and disposed of on return from leave as part of the Search Procedure.

NB in exceptional circumstances only it may be appropriate for an alternative e-cigarette/vape (rechargeable and non-refillable types only) to be used because of an individual patient's specific circumstances.

- ***Such requests to use a non-approved device including a risk / benefit analysis – must be taken to the 'Clinical Effectiveness Group', for approval.***
- ***The Clinical Director of the division must also be in agreement.***

b. What are E-cigarettes?
E- Cigarettes are also commonly referred to as vapes:

- Are battery powered devices that deliver nicotine via inhaled vapour without the toxins found in tobacco smoke including tar and carbon monoxide.
- May be supplemented with an NRT patch if withdrawal symptoms persist.
- Come in many shapes and forms but commonly comprise:
    - A battery powered heating element
    - A cartridge containing a solution principally of nicotine in propylene glycol or glycerine and water (frequently flavoured)
    - An atomiser that when heated vaporises the solution in the cartridge enabling the nicotine to be inhaled.
- Are refillable using e liquid or prefilled capsules/pods.
- E liquids are available in different volumes, concentrations and flavourings.
- Heavily dependent smokers are recommended to start off using 20mg strength
- Research has found they can help support people to give up smoking and recent reports from public Health England and the Royal College of Physicians have

concluded that e-cigarettes appear to be effective when used by smokers as an aid to stop smoking

- To date no e-cigarettes are licensed as a medicine or medicinal device and they therefore cannot be prescribed by clinicians. However, they are increasingly being recommended as a 'safer' option than tobacco for dependent smokers. In the UK, sale of e-cigarettes is prohibited in children under 18 years of age
  People who wish to use e-cigarettes should be advised that although these products are not licensed drugs, they are regulated by the Tobacco and Related Products Regulations 2016. The MHRA operates a Yellow Card reporting system for reporting suspected adverse effects of e-cigarettes devices and liquids. Adverse events should be reported online at Yellow Card | Making medicines and medical devices safer (mhra.gov.uk)
- From 1st June 2025 disposable e-cigarettes are no longer legal to sell or supply in the UK

c. Risks Associated with e-cigarettes

E- cigarettes offer a much less harmful alternative to tobacco for dependent smokers but they are not completely risk free.

A wide range of different devices are sold via 'vape shops', online sites etc. Many of these devices have features that make them unsuitable and unsafe for use within healthcare settings.

There is limited evidence available regarding the safety of long-term use of e-cigarettes and there is some evidence that certain ingredients may be more harmful and damaging than others.

Potential risks include:

- **Refilling with and using for inhalation of illicit substances**
- Self-harm
- Harm to others e.g. adaption for use as a weapon
- Physical health risks - certain flavours and other additives used as ingredients within some commercially available vape fluids are known to be or are potentially harmful
- Activation of fire detectors by exhaled vapour
- Fire risk - *With safe battery care, the potential for such events can be minimised*. Non rechargeable devices such as E Burn are safer choices within inpatient mental health settings.

d. Minimising and managing risks associated with e-cigarettes

Where a patient wishes to use an e-cigarette as an aid to reduce nicotine withdrawal effects whilst not smoking - Pathway 3 Use of E cigarette/Vapes should be followed. Divisions and wards must ensure there are suitable and appropriate arrangements in place for risk assessment and care planning. The MDT should follow and comply with the relevant protocol for the use of an authorised device. Use must also be authorised by the RC.

The MDT must ensure that patient use of e-cigarettes is regularly reviewed and care plans updated as appropriate. In particular that the relevant protocol is being followed correctly and that any excessive or unsafe use is addressed.

- **Patient Record**
  The Patient Communication – Protocol for authorised vapes and the Patient Contract – authorised vapes (Preface 3a and b) must be fully completed with the patient and scanned to RiO.
  Refer to Preface 4 for advice on minimising fire related risks
- **Use of Authorised E-Cigarettes**

  - at breaks in ward outside areas and other outside areas
  - Not to be used in communal areas where the vapour may cause a nuisance to others
- **Ordering and Supply**
  - Ordered by wards on SAP using the normal patient ordering process
  - Recharged to patients in the usual way for the ward.
- **Charging of Batteries**
  - Ward staff are responsible for charging as per protocol - in an appropriate designated non patient area – usually the Nursing Office – using the approved USB Charging Station and Timer Plugs
  - Charging of devices must not be unattended and the timer plug should be set to a maximum of 2 ½ hours to minimise the risk of overcharging.
  - Charging must be on a hard surface away from flammable materials and battery/charger connections must be kept clean
  - Devices/batteries must not be allowed to come into contact with metal items
  - If devices/batteries are damaged in any way they must not be used
  - Batteries must not be exposed to extreme heat, cold, or direct sunlight and not allowed in contact with water
- **Storage**
  - When not on charge and not in use each device must be stored in a plastic wallet labelled for the individual patient. Wallets should be kept together in a large plastic box.
  - Devices must not be stored in patient bedrooms
  - Storage during the day may be either on the patient's person (if risk assessed) or in the plastic wallets in the nursing office between 'vape times'. This will be dependent on the ward risk assessments and local procedures
  - Overnight storage must be in a non-patient area this is usually the nursing office protected by fire doors
  - E-cigarettes and Pods for individual patients must be kept separate and plastic wallets should be cleaned regularly.
- **Disposal**
  - E- Cigarettes must be disposed of safely and correctly
  - Devices must be disposed of in designated labelled recycling bins
  - Any non-authorised devices should be managed as contraband and placed in a labelled waste container
  - Devices/Batteries should be recycled or disposed of appropriately and not put in normal waste containers

7.2. **Part 2 - Smoke Free Procedure for Staff**

The smoke free policy provides guidance and a framework to ensure that staff are protected from the damaging effects of tobacco and tobacco related products. This includes protection from passive smoke whilst on duty within the premises and when escorting patients in the community.

7.2.1. **Use of Tobacco**

- Staff must not smoke tobacco or tobacco related products on any St Andrew's Healthcare premises, or charity owned vehicles, or whilst on duty.
- Staff are strongly discouraged from smelling of tobacco smoke during working hours.

7.2.2. Use of e-cigarettes/vapes

- Staff may use their own e-cigarettes in St Andrew's grounds during official breaks, but not when on duty, escorting patients in the grounds or in the community.
- Staff must not take their e-cigarettes/vaporises into clinical/ ward areas – they must be stored safely and securely in lockers when staff are on duty to minimise potential risks.
- Staff may not recharge their e-cigarettes/vaporisers on St Andrew's premises.

7.2.3. Use of tobacco and e-cigarettes/vaporisers outside of site exits/entrances and around patient/staff thoroughfares

- Staff must not congregate close to such communal areas to use e-cigarettes or smoke. This is to ensure others including patients, staff, visitors and the public are not exposed to cigarette/tobacco smoke and e-cigarette/vape fumes when passing through such areas.
- Staff must be aware of the potential risk of activating smoke detectors through the use of e-cigarettes/vapes close to entrances of buildings where smoke detectors may be sited in the vicinity.

7.2.4. Support for smoking cessation.

St Andrew's encourages any member of staff who wants to stop smoking to contact one of the smoking cessation teams in their local NHS area for advice and support on quitting.

- The local NHS stop smoking service and other useful information can be found on the NHS Smoke free website
- Support and advice is also available onsite from the Occupational Health Team.

8. Roles and Responsibilities

Board of Directors
The Board, through the Executive, are ultimately accountable for the design and delivery of all policies and procedures.

Chief Executive Officer
The Chief Executive maintains overall responsibility for ensuring safe practices for patients and staff, which are delivered in part by the development and implementation of, and maintenance and monitoring of compliance to, related policies of the Charity.

Executive Medical Director
Responsible for ensuring operational compliance with this policy, along with monitoring and reviewing of safe practice.

Chief Pharmacist (Registered Medicines Safety Officer for St Andrew's)
Responsible for ensuring that appropriate medicines policy and procedures are in place across the Charity including for the safe management and treatment of nicotine withdrawal following cessation of smoking.

Group Owner - Medicines Management Operational Group (MMOG)
Responsible for the implementation, monitoring and reviewing the effectiveness of this policy.

Managers
All managers should be aware of this policy and bring it to the attention of all staff in their area.

All St. Andrew's Healthcare Staff
Follow procedures and best practice in all relevant behaviours. Report any issues of concern or non-compliance relevant to this policy.

9. Monitoring and Oversight

Key standards
- The use of tobacco is not allowed on St Andrew's premises.
- Only authorised e-cigarettes are to be used on St Andrew's premises by patients and only in ward external areas not in any internal areas.
- Use including storage and charging of e-cigarettes must be in accordance with the protocols for the use of the authorised e-cigarettes.

Method of monitoring
Compliance with the policy will be monitored through clinical reviews, spot checks, direct observation.

Team/s responsible for monitoring
- All staff are responsible for complying with this policy at all times and for reporting any breaches to appropriate senior managers.
- The clinical MDT are responsible for monitoring patient compliance with the policy as part of the regular clinical reviews and care planning processes.

Process for reviewing and making improvements
Any concerns regarding the policy or requests for amendments or improvements must be taken through the relevant governance processes e.g. Clinical Effectiveness Meeting - Medication related concerns to Medicines Management Operational Group, Physical Health concerns to Physical Healthcare Operational Group, Health and Safety Concerns to Safety and Emergency Planning Steering Group.

10. Diversity and Inclusion

St Andrew's Healthcare is committed to *Inclusive Healthcare*. This means providing patient outcomes and employment opportunities that embrace diversity and promote equality of opportunity, and not tolerating discrimination for any reason

Our goal is to ensure that *Inclusive Healthcare* is reinforced by our values, and is embedded in our day-to-day working practices. All of our policies and procedures are analysed in line with these principles to ensure fairness and consistency for all those who use them. If you have any questions on inclusion and diversity please email the inclusion team at DiversityAndInclusion@stah.org.

11. Training

No Specific training required all staff must be made aware of St Andrew's Smoke Free Policy during induction processes.

12. References to Legislation and Best Practice

GOV.UK. "Health and Safety at Work Etc. Act 1974." *Legislation.gov.uk*, 1974, www.legislation.gov.uk/ukpga/1974/37/contents. Accessed 20 Sept. 2023.

NICE (2023). *Overview | Tobacco: Preventing Uptake, Promoting Quitting and Treating Dependence | Guidance | NICE*. [online] www.nice.org.uk. Available at: https://www.nice.org.uk/guidance/ng209.
GOV.UK. "Health Act 2006 - Chapter 1 - Smoke Free Premises, Places and Vehicles in England." *Legislation.gov.uk*, 2006, www.legislation.gov.uk/ukpga/2006/28/part/1/chapter/1. Accessed 20 Sept. 2023.
Others included at the relevant points in the policy and procedure(s)
Department of Health, Smoke-free generation: tobacco control plan for England - GOV.UK (www.gov.uk) July 2017
The Maudsley – Practice Guidelines for Physical Health Conditions in Psychiatry DM Taylor et al Wiley Blackwell 2021
Single-use vapes ban - GOV.UK

13. Exception Process

Please refer to the exception process Policy and Procedure Exception Application Link

14. Key changes

Version Number	Date	Revisions from previous issue
1.0	January 2019	Replaced COR 31 Smoke Free Policy version 1.1. Change format into new policy and procedure templates. Includes the use of e-cigarettes as an alternative to tobacco or Nicotine Replacement Therapy (NRT) for patients. Includes the use of e-cigarettes by staff in grounds during breaks.
2.0	April 2020	Amended to provide greater clarity and a more consistent approach in relation to the use of e-cigarettes/vapes
3.0	October 2023	Moved onto new template. Combined previous Smoke Free Policy and Procedure into one Policy. Addition of Byte device alongside E-Burn as one of the two charity authorised e-cigarettes. Clarification regarding: The use of authorised e-cigarettes – not in internal areas – only to be used in ward external areas and grounds. Safe charging and storage process to minimise risks including fire risk and false activation of fire alarms. Updated NICE guidance from PH48 to NG209
3.1	March 2024	Clarification added regarding: Storage – in labelled, plastic wallets for individual patients placed in a plastic box. Storage in a non-patient area usually the nursing office protected by fire doors Charging of totally wicked – using authorised USB Charging Station and Timer Plug Recycling and Disposal – in labelled separate plastic bins for E Burn, Totally Wicked Byte, Non Authorised/Contraband Devices
3.2	Oct 2024	Following potential risks and issues being raised (potential for Totally Wicked Byte device to be used as a weapon, requests for a range of nicotine strengths to be available including 0mg, lower cost products to be available) additional vape products were reviewed with staff and patient involvement, and V'useGo added to the authorised list. Patient communication and contract forms updated to reflect the changes, authorised list added as preface 5.
3.3	July 2025	Removal of single use vapes following UK Ban on such products from 1st June - Single-use vapes ban - GOV.UK Addition of a process for the authorisation of alternative vapes in exceptional circumstances only (via Clinical Effectiveness Meeting)

Appendices/ Prefaces	
Preface 1	Smoke Free Care Pathways
Preface 2	Supporting Clinical Information
Preface 3a	Patient Communication Protocol for the use of Authorised Vapes
Preface 3b	Patient Contract Authorised Vapes
Preface 4	E-cigarette/ vape fire risk, battery care & charging
Preface 5	Authorised Vapes