

Moving Toward a Tobacco-Free Future



THE TOBACCO-FREE HOSPITAL CAMPUS

A Resource Guide for Nebraska Hospitals and Health Systems



for a great state of health



August 2007

Dear Colleague:

Smoking is a health and safety hazard, both to the tobacco user and nonsmokers who are exposed to secondhand smoke, carrying very serious health risks. It is the leading cause of preventable death in the United States. Hospitals and health systems across the country are working to encourage patients to adopt healthier tobacco-free lifestyles in order to decrease such statistics. Consequently, an increasing number of hospitals have begun to explore adopting tobacco-free campus policies to protect their patients, employees and visitors. Such policies prohibit the use of cigarettes and tobacco products both within the hospital's buildings and anywhere on the hospital campus.

Implementing a tobacco-free campus policy is a very ambitious goal requiring comprehensive implementation and communication strategies. However, as health care leaders, improving the health of patients, employees, and the community is central to the mission of every hospital and health care system, and well worth undertaking.

To that end, the Nebraska Hospital Association has partnered with Tobacco Free Nebraska and Nebraska Cancer Awareness, Research, Education and Service (CARES) to provide hospitals across the state a resource guide to assist in creating tobacco-free hospital campuses. Data from this report comes from reviews of the literature, relevant laws, hospital-specific smoking policies, tobacco treatment programs, and other related guides and publications. Individual Nebraska administrators from hospitals and health systems that have adopted tobacco-free campus policies were interviewed to identify the best practices and issues to consider during tobacco-free policy development and implementation. A number of these hospitals are also available to serve as mentors to other health care organizations who would like to become tobacco-free. For more information on mentor service contact the Nebraska Hospital Association at 402-742-8140.

I hope that you will use this guide as a blueprint for action in promoting health and safety. Good luck in your efforts to direct this important initiative.



Laura J. Redoutey, FACHE
President
Nebraska Hospital Association

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A sample policy template and other helpful tools are included on the CD-rom that accompanies this resource guide. See back cover.



Note: *This resource guide should not be a substitute for working with your own organization's internal policy and legal staff to develop appropriate guidelines and procedures for implementing your tobacco-free workplace policy.*

Overview

Workplaces nationwide are going tobacco-free to provide clean indoor air and protect employees from the harmful effects of secondhand smoke. According to the American Cancer Society, lung cancer is the leading cause of cancer death for both men and women, with more than 87 percent of these deaths being smoking-related. Consequently, removing smoking entirely from hospital campuses is becoming a fast-growing trend nationally, and hospital leaders are now emphasizing that tobacco use does not fit into their mission of promoting good health.

WORKSITE GOALS

- Provide a 100 percent tobacco-free hospital campus environment.

- Protect all employees from exposure to environmental tobacco smoke.

- Provide cessation support to tobacco users who want to quit.

TOBACCO - FREE CAMPUS

For this Guide, the “tobacco-free campus” (TFC), policy is defined as one that prohibits the use of cigarettes and other tobacco products both within the hospital’s buildings and anywhere on the hospital’s campus.

Why Implement a Tobacco-Free Campus Initiative?

Health systems are in the business of providing health care, and as such, have a special responsibility to set an example for other organizations and the communities served. The movement toward more progressive policies is beginning to gain momentum as a result of heightened awareness surrounding tobacco issues. This effort communicates a consistent pro-health message and more importantly can improve community health and reduce tobacco-related health care costs. Evidence has shown that tobacco-free policies in enclosed workplace settings are associated with reduced daily cigarette consumption and increased cessation among employees.¹

Research also has shown that the implementation of a tobacco-free campus policy in an office workplace that already had a tobacco-free policy for indoor settings was associated with an increase in quit rates and a reduction in daily cigarette consumption among continuing smokers.² Additionally, providing tobacco cessation benefits in conjunction with the policy supports the quitting process.

Evidence has shown that tobacco-free policies in enclosed workplace settings are associated with reduced daily cigarette consumption and increased cessation among employees.

DID YOU KNOW?

Health insurance coverage for comprehensive tobacco cessation benefits costs between \$1.20 and \$4.80 per member annually.

In comparison, the annual cost (in lost productivity and increased medical costs) of tobacco use for employers is \$3,400 per tobacco user.³

Tobacco Effects on Health

Tobacco-related diseases account for the deaths of more than 400,000 adults in the United States each year. Cigarette smoking has been identified as the most important source of preventable morbidity and mortality. According to the American Cancer Society, cigarette smoking accounts for at least 30 percent of all cancer deaths. Secondhand smoke is responsible for 3,000 lung cancer deaths each year in non-smoking adults and is the third leading cause of preventable deaths after smoking and alcohol use. Smoking costs the United States more than \$167 billion each year in health care costs including \$92 billion in mortality-related productivity losses and \$75.5 billion in excess medical expenditures.⁴

As you are making the case to implement a tobacco-free campus policy, you may want to consider incorporating data on tobacco effects on health and costs of workplace smoking into your implementation strategies and communication materials.

■ TOBACCO FACTS

The toxins in tobacco smoke kill more than 438,000 people per year in the United States. Secondhand smoke causes approximately 3,000 lung cancer deaths annually, as well as exacerbation of lung disease in nonsmoking adults and respiratory problems in children.

For every person who dies of a smoking-related illness there are 20 more who suffer from a serious illness caused by smoking.

Neonatal health care costs attributed to maternal smoking are estimated in excess of \$366 million per year.

Tobacco smoke is a major source of pollution in most indoor air environments, particularly office worksites, and has been classified as a Group A carcinogen by the U.S. EPA. Tobacco smoke contains more than 4,000 chemicals, both gas and particulate matter.

Since 1999, nearly 70 percent of the U.S. workforce was covered by a smoke-free policy. Workplace productivity was increased and absenteeism was decreased among former smokers compared with current smokers.

Prohibiting smoking in the workplace can have an immediate and dramatic impact on the health of workers and patrons. A study conducted in Helena, MT, found that the number of heart attacks fell by 40 percent during a six-month period in 2002 when a comprehensive smoke-free air law was in effect in the city.

Secondhand smoke is responsible for 150,000 to 300,000 lower respiratory tract infections in infants and children younger than 18 months of age.

Each year there are an estimated 37,000 heart disease deaths in nonsmokers as a result of secondhand smoke.

Secondhand smoke contributes to 7,500 to 15,000 hospital stays each year.

Source: American Lung Association, September 2000, www.lungusa.org

■ EFFECTS ON INPATIENTS WHO SMOKE

Patients who smoked regularly before surgery had twice the rate of wound infections as nonsmokers.⁵

Smoking retards wound healing, whether the wound is surgical or the result of trauma or burns.⁶

The charges for a longer stay in the recovery room are at least 20 percent higher for smokers than for nonsmokers.⁷

Smoking is the most common cause of pulmonary morbidity during surgery and anesthesia.⁸

■ SMOKELESS TOBACCO FACTS

Smokeless tobacco includes chew tobacco and snuff. These products contain tobacco leaf and a variety of additives.

Chew tobacco is not a safe alternative to smoking. One can of snuff delivers as much nicotine as 60 cigarettes.

Chewing tobacco discolors teeth and promotes tooth decay that leads to tooth loss.

Studies show that 60 percent to 78 percent of spit tobacco users have oral lesions.

Double dippers, who mix snuff and chewing tobacco, are more likely to develop precancerous lesions than those who use only one type of spit tobacco. Long-term snuff users have a 50 percent greater risk of developing oral cancer than non-users and spit tobacco users are more likely to become cigarette smokers.

About 8,000 people die each year as a result of chewing tobacco use.

Source: Academy of General Dentistry, April 2007

■ COST OF WORKPLACE SMOKING

Smokers have higher medical and dental care costs.

Smokers have 29 percent greater risk for industrial accidents and 55 percent greater risk for occupational injuries.

Approximately 35 minutes per workday (18.2 days per year) is lost to smoking rituals.

Workers who smoke have 50 percent greater chance of hospitalization than nonsmokers.

Source: Centers for Disease Control, Making Your Workplace Smokefree

■ NEBRASKA TOBACCO FACTS

Nebraska annually spends \$605 for every person in the state on smoking-attributable medical expenditures and lost productivity.

In 2006, 18.7 percent of Nebraska adults smoked.

Each year, more than 2,350 Nebraskans die from smoking.

The annual smoking attributable medical costs in Nebraska are \$537 million.

Tobacco use results in \$499 million annually of lost productivity.

Medicaid annually spends \$134 million on smoking-related illnesses and diseases.

If current trends continue, 36,000 Nebraska kids younger than 18 will ultimately die prematurely from smoking.

Sources: 2006 Nebraska Behavioral Risk Factor Surveillance System (BRFSS), Nebraska Youth Risk Behavior Survey (YRBS), Nebraska Youth Tobacco Survey (YTS), Nebraska Vital Statistics, Nebraska Adult Tobacco/Social Climate Survey, Nebraska Pregnancy Risk Assessment Monitoring System (PRAMS), U.S. Centers for Disease Control and Prevention, Campaign for Tobacco-Free Kids

Benefits of a Tobacco-Free Workplace

BENEFITS FOR EMPLOYEES

- A tobacco-free campus aids in the creation of a safe and healthy environment.
- A carefully planned and implemented effort by administrators to address the effects of tobacco use on employee health demonstrates that the hospital cares.
- Employees who are bothered by smoke will not be exposed to it anywhere on the hospital campus.
- Employees who use tobacco appreciate a clear company policy about tobacco use at work.

BENEFITS FOR ADMINISTRATORS

- A tobacco-free environment helps to create a safe, healthy workplace.
- Direct maintenance costs are reduced when smoke, matches, and cigarette butts are eliminated from facilities.
- It may be possible to negotiate lower health, life and disability insurance coverage for hospital employees as employee tobacco use is reduced.
- The risk of fires across the campus is reduced.
- Administrators are relieved that a process for handling tobacco use on campus is clearly defined.
- The hospital fulfills its mission of improving the health of the community.

Adapted from: "Why Go Smokefree?" www.workingsmokefree.com

Getting Started

A tobacco-free campus policy inevitably affects hospital employees, patients, medical staff, volunteers and visitors. Even the neighboring households and businesses may be affected. Hospitals that have successfully adopted policies demonstrate similar attributes, beginning with a solid implementation plan. The greater the care and preparation prior to the adoption of the policy, the smoother the transition for everyone involved.

Consider developing a strategy based on an understanding of tobacco use as an addiction. Avoid an approach that stigmatizes tobacco users. Many tobacco users make seven to eight attempts to quit the habit before they are successful in overcoming their addiction. The workplace should be a place that supports this challenging process.

Planning should consider:

- Advance notification of staff;
- Policy development and enforcement;
- Communication strategies; and
- Ongoing cessation counseling and provision of pharmacotherapy.

Studies show that an implementation plan should be in place six to twelve months prior to the start of a tobacco-free campus policy.

Among adult smokers, 70 percent report that they want to quit completely,⁹ and more than 40 percent try to quit for at least 24 hours each year.¹⁰

Tobacco-Free Campus Initiative Implementation Checklist

This checklist is intended to highlight the key tactics and steps to ensure successful planning, implementation and monitoring of the tobacco-free campus initiative.

- Announce senior management's commitment to create a tobacco-free campus.
- Assign responsibility and authority for coordinating the implementation to an appropriate member of senior management.
- Create a task force to draft a clearly defined mission and a plan for implementation.
 - The task force should have diverse representation including:
 - Nursing and medical staff
 - Department staff of all levels
 - Human resources
 - Employee health
 - Labor unions (if applicable)
 - Communications
 - Facilities and operations management
 - Security
 - Legal
 - Smokers and nonsmokers
 - Volunteers
- Develop a timeline.
- Set a specific date to be tobacco-free.
- Gather information to assist in planning including:
 - The medical, economic, and social effects of smoking
 - Tobacco-free campus policies implemented by other health systems
 - Facility assessment (i.e., physical constraints or leases with other organizations that may influence policy decisions)
 - Employee demographics (percentage of nonsmokers and smokers)
 - Existing smoking policy
 - Legal issues (legislation, regulation, union contracts and other contracts)
 - Budget estimates (cost of implementation and maintenance)
- Draft the implementation plan; have it reviewed and refined by key employee groups.
- Announce the policy and implementation plan to all employees through a letter from the CEO.
- Conduct training sessions for managers. Provide opportunity for feedback, questions and role-playing.

- Design a communication plan that contains strategies that are targeted to each specific audience, (i.e., employees, patients, volunteers, physicians and visitors). Efforts designed to raise awareness are vital during the pre-initiation period.**

Ways to increase awareness include:

- A survey regarding smoking
- Employee newsletters
- Health screenings
- Wellness activities
- Smoking cessation opportunities
- Tobacco-free campus policy announcements

The communication plan should include:

- Signs, displays, and informational brochures
- Letters to families of employees
- News releases to local media
- Flyers in patient admission packets
- Physician communication pieces
- Neighborhood communication methods

- Offer smoking cessation program to employees and their families at least six months prior to implementation day.**

- Highlight the availability of the Nebraska Tobacco Quitline.
- Provide group, individual and telephone programs for employees and patients.
- Determine inpatient strategy; clinical patient standing orders for pharmacotherapy, bedside cessation training, etc.

- Obtain health insurance coverage for at least one tobacco cessation medication.**

- Modify the physical environment to support a tobacco-free campus.**

- Install “tobacco-free/no smoking” signs.
- Remove ash receptacles.

- Enforce the policy from day one.**

- Monitor, evaluate and refine the policy.**

- Continue to promote tobacco cessation resources.

OTHER WAYS TO PROMOTE A TOBACCO-FREE ENVIRONMENT

- Support vendors that are smoke-free or tobacco-free.
- Purchase employee gifts, such as restaurant gift certificates from smoke-free establishments.
- When you have catered events or parties, select a smoke-free facility.

Comprehensive Policy and Enforcement

Although various types of workplace smoking restrictions are possible, a tobacco-free campus (TFC) policy is the most comprehensive option and provides the best health and safety benefits for employees. Before drafting the TFC policy components, clearly spell out the desired policy objectives and then determine the policy provisions that are required to achieve them. The policy will be clearer and more consistent if it is applied in a comprehensive manner, with no or minimal exceptions. It will also be easier to enforce.

IMPLEMENTING TOBACCO-FREE POLICIES

- Focus on tobacco use, not the tobacco user.
- Focus on health and safety.
- Offer tobacco treatment programs (medications and counseling) before and after the policy change.

A TOBACCO-FREE CAMPUS WORKPLACE POLICY SHOULD INCLUDE:

- The purpose of the policy (harmful effects of secondhand smoke on health)
- A link between the tobacco use policy and the organization's overall workforce and human resource management values and strategy
- Clear statements of:
 - Where tobacco use is prohibited
 - To whom the policy applies
 - Enforcement methods and consequences of noncompliance
 - Available support for tobacco users wishing to quit (e.g., counseling, pharmacotherapy and health plan coverage)
 - Date of implementation
- A focus on protecting people from harm rather than restricting behavior
- A contact person who can answer questions

100 PERCENT TOBACCO-FREE CAMPUS POLICY

Smoking and tobacco products are not allowed on any hospital property, grounds or in vehicles on campus. This policy applies to employees, visitors, patients, vendors and volunteers. People who smoke will need to refrain from smoking throughout the workday or leave company grounds to smoke or use other tobacco products.

PROS

Complies with all laws and ordinances
Greatly reduces environmental tobacco smoke (ETS) exposure for all employees
Puts patients and families first by providing a healthy, tobacco-free environment
Provides best health and safety benefits for employees
May reduce the number of cigarettes smoked by employees
May encourage employees to quit smoking
Decreases maintenance costs
Sends a clear message to employees
Easier to administer and enforce
Low cost to implement
Sets example for community
Sets new standards of care for hospitals in treatment of tobacco disease
Lower long-term health care costs for employees

CONS

Requires smokers to modify their behavior
No place for stressed, addicted smoker to go
Inconvenient for employees who smoke
If not properly managed, employees who smoke may have increased absences from their work stations

Source: CDC, Making Your Workplace Smokefree

ENFORCEMENT

The tobacco-free campus transition should be cast in a positive light based upon its health promoting merits. Enforcement should be supportive rather than punitive and conveyed as such. TFC policies are most effective when they are accompanied by carefully planned education. Research demonstrates that the majority of staff accepts these policies both before and after implementation, if they are well-informed and supported.

PRIOR TO IMPLEMENTATION

In the weeks before the policy takes effect, management should clearly communicate to supervisors, employees and security officials their roles in enforcing the policy. In order for employees to comply with policies, guidelines pertaining to disciplinary measures must be clearly understood and strictly enforced.

DISCIPLINARY PROCEDURES

Consider drawing on disciplinary procedures that are already in place for other behavioral infractions. For example, the procedures could apply a series of progressively more severe sanctions for repeated violations, beginning with a simple verbal warning. Consistency in the use of documentation of progressive discipline of employees can avoid legal pitfalls. Enforcement procedures should make it clear that supervisors are responsible for ensuring that employees under their charge are aware of the policy and are in compliance. Supervisors should also be responsible for taking appropriate action to correct noncompliance.

HOSPITAL VISITORS

Policies pertaining to hospital visitors may differ from policies pertaining to employees. For example, one particular hospital delegates the responsibility of informing visitors about the nonsmoking policy to its employees and hospital volunteers. First, visitors are politely informed. Then, security personnel are notified regarding non-compliant visitors.

EVALUATION

Monitoring and evaluation is an essential part of the implementation plan and policy enforcement, as policies are not magic solutions. Monitor enforcement personnel to make sure that the policy is being applied in an equitable manner that does not single out or exempt any particular groups of employees. Monitoring also assists in identifying any areas of confusion with the policy. Acceptance occurs slowly and often incrementally. The best way to help in the transition is to assess the current environment to understand how the policy is being perceived and its effectiveness. One way to assess the situation is to closely monitor employee comments. This can help identify broad issues that need attention in your communication pieces.

Keep the policy as strong and simple as possible.

TFC policies are effective only when they are accompanied by carefully planned education.

Policy Considerations

LEGAL ISSUES

A number of legal issues are involved in the creation, implementation, and enforcement of tobacco-free policies. Hospitals have a duty to comply with federal, state and municipal law. Each must be taken into consideration as the policy is developed.

Current accreditation guidelines provide for policy exceptions; however, accreditation guidelines are not law. Therefore, if hospital leadership does not support the exceptions, the hospital can eliminate the exceptions under the guidelines, thereby establishing a “tobacco-free campus” policy. Taking only the Joint Commission standards into consideration, an institution that disallowed exception criteria would be going “above and beyond” the minimum accreditation requirements. State law can add additional requirements and city ordinances may present another layer for consideration.

When developing a policy that meets legal requirements, it is important to note that in special cases, smokers have limited legal rights. For example, courts have recognized that smokers have some contractual grounds to object to a nonsmoking policy, but only if they are members of a labor organization recognized under the National Labor Relations Act. Negotiations may be necessary prior to the implementation of a nonsmoking policy in order to avoid an unfair labor practice charge.

AGAINST MEDICAL ADVICE (AMA)

In the event a patient threatens to leave the hospital to smoke, this should be considered an Against Medical Advice (AMA) event and your policy should be followed. Taking steps at admission with standing nicotine replacement orders can help to ensure that the patient does not have problems with nicotine withdrawals. Being proactive is the best way to prevent an AMA event.

PSYCHIATRIC UNITS

Research suggests that a higher rate of nicotine dependency exists among individuals with mental illnesses. Consequently, these patients are at a higher risk for smoking-related mortality and co-morbid diseases than the adult population as a whole. Because of this increased risk, hospitals providing psychiatric services including substance abuse and chemical dependency programs are encouraged to strongly consider uniform adoption of the policy among all services. Experience with existing tobacco-free facilities have shown that the fear of psychiatric patients “acting up” because of tobacco-free policies are unfounded or are not substantive. Psychiatric units can and should implement tobacco-free policies along with the rest of the facility. Staff on these units need intensive training and education in tobacco-free environments, as they are sometimes on “locked units” and need to know how to address the patient.

The American Psychiatric Association’s guidelines on tobacco addiction recommend all psychiatric treatment units be smoke-free. “Giving special off-ward privileges to allow patients to smoke implicitly condones smoking. Furthermore, it is very difficult to motivate inpatients to stop smoking unless the unit is smoke-free.”

Source: Practice Guidelines for the Treatment of Patients with Nicotine Dependence: American Psychiatric Association, Am. J. Psychiatry 153:10, October 1996 Supplement.

FAMILY MEMBER STRESS

There are several things your facility can do to mitigate family stress. This can range from supplying pharmacotherapy products to visitors, to issuing pagers for them to have when leaving the facility to smoke. The majority of smokers, no matter their level of dependence, recognize that smoking at a hospital is counterintuitive and will comply with your policy.

NEIGHBORHOODS/PRIVATE PROPERTY

Several hospitals are on city-owned land or abut private property. In either situation, planning ahead will minimize challenges. Invite a representative from the city to participate in your planning. Including your neighbors in your communications will also help to eliminate concerns surrounding the change.

PERSONAL VEHICLES

A tobacco-free campus policy should include personal vehicles of employees and visitors. While it is not recommended to police the parking lot, if an employee is found smoking in their vehicle the disciplinary procedure outlined in the policy should be followed. If visitors are found smoking in their vehicles, they should be given brochures or cards explaining the hospital policy.

PHYSICIANS

Identify a physician “champion” to support your initiative. Seek input on pharmacotherapy standing orders and continually communicate the options. The more convenient the process for the physicians, the more successful the clinical program will be.

LONG-TERM CARE

Several hospitals with long-term care units have implemented a tobacco-free campus policy. Planning is necessary to assist the long-term care population when the policy is initially implemented. Some hospitals have a transition policy that “grandfathers” current residents while initiating the policy on all new residents.

EMPLOYEES LEAVING CAMPUS ON WORK BREAK

Review human resource policies that address break time away from designated work areas and time clock procedures if staff travel off-campus during breaks.

LOSS OF QUALIFIED EMPLOYEES

In a time of workforce shortages, many hospitals worry that a tobacco-free campus policy will result in a loss of qualified employees. In most hospitals this did not occur after the policy was introduced. In communities with more than one hospital it is suggested to partner with all hospitals in the community to implement a tobacco-free campus policy at the same time.

Once the policy provisions have been finalized, present the proposed policy to top management, labor unions, and other employee management groups to obtain approval and buy-in. Reach a final agreement on all policy components and set a date for implementation (allow for sufficient lead time to carry out the communication plan).

Tobacco-Free Policies - A Local Perspective

The following are actual tobacco-free campus policies from across Nebraska. These policies are for illustrative purposes only and should not be a substitute for working with your own legal staff.

Tobacco-Free Policy #1 - Alegent Health, Omaha, NE

ALEGENT Health			700.083
Alegent Health	1000	Version	3
		Page	1 of 3
		Effective Date	4/07
Supersedes	v2 11/06	Reviewed	
Subject: Tobacco-Free Environment			

I. PURPOSE

To provide a tobacco-free environment throughout Alegent Health in accordance with federal, state, local, and regulatory agency requirements.

II. DEFINITIONS

A. Tobacco Products

1. All tobacco products used in the form of cigarettes, pipes, cigars and/or in any smokeless form.
2. Also included are other substitute items, such as clove cigarettes, etc.

B. Employee - A person on any Alegent Health campus/site (whether on or off duty) working either with or without compensation which includes:

1. Regular staff
2. Physicians
3. Volunteers
4. Agency and temporary help
5. Contractors
6. Associated personnel

III. POLICY

- A. Alegent Health is dedicated to treatment and prevention of disease.
- B. Alegent Health recognizes that:
 1. Smoking is a health and fire hazard.
 2. Inhalation of second-hand smoke by others is a health hazard.
 3. Smoking may result in adverse effects on medical treatment.
 4. Hospitals should serve as role models in the community for the appropriate handling of tobacco-related issues.
- C. Alegent Health's concern for the health and safety of its patients, residents, clients, medical staff, employees, guests, and visitors provides the stimulus for establishment of specific tobacco-free guidelines.
- D. There will be no smoking of tobacco products or use of smokeless tobacco products on the property of Alegent Health at any time; this includes all Alegent Health property including parking lots and other grounds.
- E. There will be no smoking of tobacco products or use of smokeless tobacco products by an Alegent Health employee on any property in which Alegent Health leases space.
 1. This includes all property including parking lots and other grounds.
 2. There will be no tobacco use in any Alegent Health vehicle at any time.
- F. There will be no tobacco use in personal vehicles when transporting persons on authorized business.

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Tobacco-Free Policy #1 - Alegent Health, Omaha, NE

ALEGENT Health			700.083
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Supersedes	v2 11/06	Reviewed	
Subject: Tobacco-Free Environment			

IV. PATIENTS USE OF TOBACCO PRODUCTS

Patients or residents will not be permitted to use tobacco products under any circumstances.

V. COMPLIANCE AND ENFORCEMENT

- A. It is the responsibility of every Alegent Health employee to encourage compliance with this policy and to do so in a way that is positive and responsive to Alegent Health's expressed desire to be a role model in the community.
- B. It is also the responsibility of each member of the Management Team to enthusiastically ensure that there is consistent adherence to the provisions of this document.
- C. Employee Compliance
 1. Personal compliance is the obligation of each Alegent Health employee, and as such, becomes an "employment standard".
 2. Violation of the contents of this document may result in corrective action up to and including termination.
 3. Employees may not leave the campus or grounds of the facility/location in which they work during break times to smoke or use smokeless tobacco products.
- D. Patient/Resident Compliance
 1. Employees observing patients/residents using tobacco products will remind patients/residents of the policy.
 - a. If the use of tobacco products persists subsequent to the first verbal reminder, then Security may be contacted to reinforce the policy with the patient/resident.
 - b. If the use of tobacco products continues or the patient/resident repeats the activity, the tobacco materials may be removed from the room to be stored in a safe place.
 - c. Individual professional judgment will have to be exercised on how best to obtain the desired degree of cooperation from the patient/resident.
 2. If the use of tobacco continues to be an issue, staff will enlist the assistance of the patient's physician and/or family members.
 3. Additional remedies are the responsibility of the Management Team member responsible for the safety and well-being of the patient/resident.
 4. If a patient chooses to leave the property against medical advice (AMA) to use tobacco products, please refer to Alegent Health Administrative policy "Patient Dismissal Against Medical Advice."
- E. Visitor/Guest Compliance
 1. Employees observing visitors/guests using tobacco products will remind visitors/guests of the policy.
 2. If the use of tobacco products continues, Security may be contacted to reinforce the policy.
 - a. The visitor will again be informed that the use of tobacco products is prohibited on Alegent Health property.
 - b. The nature of any additional steps will be left to the professional judgment of the Management Team member in whose area the use of tobacco products is occurring.

Tobacco-Free Policy #1 - Alegent Health, Omaha, NE

ALEGENT Health **700.083**
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- F. Physician Compliance - Enforcement of this policy and procedure with non-complying physician is the responsibility of the Executive Committee of the Medical Staff. Contractors will be informed of the tobacco-free policy and their required compliance of said policy, through a clause in their contracts.
- G. Alegent Health tenants are informed of the tobacco-free policy through a clause in the lease agreements stating that they will adhere to Alegent Health policies.
- H. Refer any questions regarding the interpretation of this policy to the Operations Director, Security.

Date	Originated by	Title	Date	Revised by	Title
11/06	Alan Higley	OD-Security	4/07	Alan Higley	OD - Security
Date	Approved by	Title	Date	Reviewed by	Title

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Tobacco-Free Policy #2 - Brodstone Memorial Hospital, Superior, NE

BRODSTONE MEMORIAL HOSPITAL

PERSONNEL POLICY

SUBJECT: Tobacco Use

PURPOSE: The hospital wishes to promote healthy lifestyles for employees and patients and recognizes that tobacco use is a health hazard to both smokers and nonsmokers.

POLICY/PROCEDURE: Tobacco use is banned from within the confines of the hospital and entire campus.

1. Confines are defined as hospital border to hospital border, and any property owned by Brodstone Memorial Hospital.
2. The policy applies to patients, visitors, employees, volunteers, and medical staff members.
3. Violations of the tobacco use policy will be considered grounds for disciplinary action as outlined in the disciplinary guidelines.
4. A special exception - To smoke outside the building, for patients may be exercised by the patient's physician, based on medical criteria as defined by the medical staff. The physician must document on the patient record the specific instructions and limitations of the exception. Nursing staff will be responsible for enforcement of this policy as it pertains to patients.
5. All employees are expected to assist with the enforcement of this procedure by politely confronting anyone who is smoking or using tobacco products on hospital premises and asking them to refrain from use on premises. If the person persists in smoking or using tobacco products maintenance staff should be notified.
6. Brodstone Memorial Hospital recognizes that smoking and the use of tobacco products is an addiction and will offer to its patients, employees and other guests smoking cessation programs.

Written:

Revised by: S. Borden

Approved by: Governing Board

Reviewed by: S. Borden

Reviewed by: Sandy Borden

Reviewed by: Sandy Borden

Reviewed by: Medical Staff

Reviewed by: Sandy Borden, CFO

Revised by: Sandy Borden, CFO

Approved by: John Keelan, CEO

Revised by: Sandy Borden, CFO

Approved by: John Keelan, CEO

Date: 1980

Date: 4/14/94

Date: 4/25/94 Effective: 6/1/94

Date: 4/95

Date: 4/96

Date: 4/97, 4/98, 1/99, 1/00, 1/01, 1/02

Date: 4/17/02

Date: 10/02, 10/03

Date: 8/04

Date: 8/04

Date: 10/05

Date: 10/05

Tobacco-Free Policy #3 - Fremont Area Medical Center, Fremont, NE

Fremont Area Medical Center, Fremont, NE

APPROVED BY:

HR-6023

CEO/President

Chairman of the Board of Trustees

Tobacco-Free Policy

SCOPE: All Departments

ORIGINATED BY: Human Resources Department Tobacco-Free Task Force

REVIEWED BY: Human Resources Director Tobacco-Free Task Force

PURPOSE:

Effective July 1, 2007, FAMC will be a tobacco-free campus. As a health care provider, FAMC is committed to promoting a safe and healthy environment for its employees, patients, residents, volunteers, contract employees, students and visitors.

FAMC's purpose for this policy is to provide a healthier environment for everyone who visits the campus. We believe this collective effort will:

- Create a healthier environment for everyone who visits our campuses by eliminating second hand smoke
- Demonstrate our commitment to improve the health of the community and employees
- Increase hospital involvement in treating nicotine addiction
- Set an example we hope other organizations and businesses follow

The tobacco-free initiative is driven by the strategic goal to improve the level of safety and quality within the hospital and ambulatory areas. The Employer of Choice strategy also drives the tobacco-free initiative by providing a clean and safe environment for staff to continuously provide quality care.

POLICY:

It is the policy of FAMC to maintain a 100% tobacco-free environment for the preservation and protection of the health of our patients, residents, visitors, and employees. This policy applies to anyone who enters FAMC owned property or off campus employee worksites.

PROCEDURE

1. Geographic Areas Covered by Policy

The use of tobacco products is prohibited inside and outside of the buildings at FAMC. This includes FAMC owned or off campus employee worksites. Please refer to attached map for reference of FAMC campus. This policy shall apply to:

- All facilities, buildings, and grounds, which are owned or leased by FAMC
- Adjoining sidewalks to FAMC owned or leased property
- Parking lots and driveways that are used by FAMC
- FAMC vehicles
- Vehicles on owned, leased or property used by FAMC

Tobacco-Free Policy #3 - Fremont Area Medical Center, Fremont, NE

2. Tobacco Products

Tobacco Products includes, but is not limited to:

Cigarettes

Cigars

Chewing tobacco

Pipe smoking

3. Employee Responsibilities- All employees

For purposes of this policy only the term "employee" is defined as employees, contract employees and students. Volunteers are held at the same standards as the employees and are to comply with the tobacco free policy.

All FAMC employees are required to observe and promote compliance with the tobacco-free policy. FAMC employees are encouraged and expected to be good neighbors and refrain from using tobacco products on the property of nearby businesses and residences.

Employees who are "on the clock" are not allowed to leave the workplace. Staff who leave the campus during work time to use tobacco will be considered "not to be engaged in the course of employment (not working)" and will be subject to disciplinary action.

Hourly employees, who leave FAMC property for non-work related matters, must clock out upon leaving and clock in upon returning. Unauthorized breaks may be subject to corrective action.

Employees who are car-pooling to attend training classes or work related functions that are paid for by FAMC may not smoke unless all parties agree that smoking is acceptable. This applies for which traveling mileage is paid for by FAMC.

Employees are encouraged to make a confidential, "good faith" report to their supervisor, manager, or Human Resources Department when they observe another employee violating this policy.

All employees are responsible for ensuring compliance by fellow employees. Employees observing a co-worker violating the policy are requested to courteously remind the employee of the policy and ask the tobacco product be disposed of or extinguished.

In the event the tobacco violation involves a potential threat to health or safety, such as smoking near combustible supplies, flammable liquids, gases or oxygen are used or stored; management and Security Staff must be contacted. If the tobacco materials are not extinguished or dispensed of or if the patient/resident repeats the activity, Security will remove the tobacco materials from the room until dismissal. You may dial "0" to request security for assistance.

As outlined in the Dress Code Policy, employees are asked to pay special attention to their personal hygiene. This includes not having a strong odor of smoke when working.

Employees who violate this policy will be subject to disciplinary action, up to and including termination. The following is based on a 12-month rolling calendar.

Tobacco-Free Policy #3 - Fremont Area Medical Center, Fremont, NE

- 1st Violation Verbal Coaching
- 2nd Violation Written Warning
- 3rd Violation Suspension
- 4th Violation Termination

4. Visitors

Informational cards will be available for all staff to give visitors who are observed smoking on FAMC property. Providing informational cards creates an opportunity to educate and intervene. Staff can use the card as a cue to format discussion with the visitor by explaining FAMC's policy and Tobaccos Cessation Classes.

Visitors who refuse to comply with the policy should be reported to Security for immediate follow up.

5. Patients and Residents

At the time of admission or registration, patients and residents will be given information regarding the tobacco-free policy. Patients will be informed that leaving the campus while admitted, will not be allowed. Patients leaving campus while admitted is classified as "against medical authorization".

Patients and residents will not be permitted to use tobacco or smoke under any circumstances. If an employee observes a patient/resident using tobacco products they need to remind them of the policy and can give them an informational card. Patients and residents tobacco items will be placed in a secure location until dismissal.

Additional remedies are the responsibility of the management team that is responsible for the safety and well-being of the patient/resident. Tobacco cessation materials will be given to the patient/resident and their physician may be contacted to request smoking cessation products.

If the use of tobacco products continues after the first verbal reminder, management and Security may be contacted for additional assistance and to reinforce the policy. Security may be contacted to assist with the situation by dialing "0".

6. Security

Security is available at any time to assist with a patient or resident who is not compliant with FAMC's tobacco-free policy. If tobacco materials are not extinguished or if the patient/resident repeats the activity, Security will remove the materials from the room to be stored in a safe place until dismissal. You may dial "0" to request security.

7. Contractors and Vendors

All contractors and vendors will be informed of FAMC's tobacco free policy at the time a contract is agreed upon. Vendors, who sign in at shipping and receiving to deliver items, will be reminded of the policy. If you observe a contractor or vendor violating this policy you may inform them of FAMC's policy, contact facilities or security.

Tobacco-Free Policy #4 - Phelps Memorial Health Center, Holdrege, NE

Phelps Memorial Health Center, Holdrege, NE

Phelps Memorial Health Center
Safety - Tobacco-Free

Effective 1/90, Reviewed 3/02, 9/2006
Revised 6/5/97, 9/23/02, 11/17/05

PURPOSE

Phelps Memorial Health Center has a strong commitment in the support of good health. Our goal is to provide a tobacco-free environment for the patients, employees, volunteers, medical staff, students, contractors and visitors of our facilities.

POLICY

1. Smoking and the use of tobacco products shall not be permitted by any employee, volunteer, medical staff member, student, contractor, visitor, or patient in our facility, on the grounds, in company owned vehicles, and parking areas. This includes all facility owned/rented/leased buildings. This shall apply to programs/services provided on and off-campus of the hospital, including North Park Therapy Center, and Phelps Memorial Cardiac Rehabilitation.
2. Signs shall be posted at all entrances of the grounds and buildings advising that the facility and grounds are tobacco-free.
3. Tobacco use is prohibited during all work shifts.
4. Application forms include a statement that PMHC is a tobacco-free facility. New employees are given this policy at hire to understand the expectations.
5. All PMHC employees are required to observe and promote compliance with the tobacco-free policy.

Staff shall courteously inform any person(s) violating the Tobacco-Free policy of the policy.

A sample policy template and other helpful tools is included on the CD-rom that accompanies this resource guide. See back cover.

Communication Plan

The goal of a tobacco-free workplace policy is to provide a safe and healthful workplace for all employees. Unfortunately, the simple message of “tobacco-free” or “smoke-free” can sometimes be misinterpreted to mean “smoker-free” or “anti-smoker.” Communication is important to alleviate any misconceptions. Thoughtful planning and a sequenced introduction of a new policy can help ensure the success of the policy.

Hospitals are encouraged to develop internal and external communication materials and signage to communicate the tobacco-free campus initiative and new policy. Developing a communication plan and timeline will assist in a smooth implementation. Consider developing separate communication plans for the policy initiation and cessation services components of the initiative.

Communications and publicity should clearly explain the rationale and provisions. Specifically spell out where and when the policy does and does not apply. Reiterate the organization’s commitment to helping tobacco users who want to quit and refer employees to additional sources of information on cessation services.

Communication strategies will be influenced by the size of the organization, the number of campuses, and the amount of education needed. Consider distributing promotional materials and information through various channels. Develop strategies that are specific to and appropriate for each component of the initiative, but look for opportunities to promote the initiative as a whole and its pro-health message.

- Start promoting the new policy at least six months before it takes effect
- Hold a series of countdown events
- Send out periodic reminders in email and newsletters
- Continuously offer cessation resources
- Send out final announcement from management immediately before the policy takes effect
- Hold a news conference to announce the policy to the public
- Create a positive spin by emphasizing the policy’s benefits to employees’ health
- Publicize the expanded cessation services that are being made available
- Assure all signage is in place by the start date

A new tobacco-free hospital campus policy should be announced at least six months in advance of the actual implementation date.

Health systems that experienced the greatest success with the implementation of a tobacco-free campus policy suggested a “supportive environment” as the primary success factor. Some examples include:

- Signs
- Staff briefings
- Email to all employees
- Hospital web site
- Hospital newsletters
- Media releases
- Bulletin boards
- Flyers/brochures
- Posters
- Resource tables
- New employee orientation
- Payroll stuffers
- Displays
- Resource line for cessation services
- Lunch-and-learn sessions
- Policy reference cards
- Scripts for approaching smokers
- “Frequently Asked Questions” guide
- Tobacco treatment services
- “Care-Kits” for smokers
- Wellness activities
- Pharmacotherapy products
- Maps outlining tobacco-free areas
- Special kick-off events

A COMPREHENSIVE COMMUNICATION PLAN SHOULD INCLUDE:

- Advance notice (at least six months) of the actual implementation date
- Mandatory tobacco-free policy education sessions
- Brochures and posters announcing the countdown to implementation
- Cards and table tents for visitors and patients following the implementation with information on the tobacco-free policy
- Cessation resources to assist tobacco users who want to quit
- Media strategy including news releases, a news conference and human interest stories
- Permanent signage on grounds, entrances and inside all facilities

On the effective date of the policy, you should have signs in place, facility changes completed and smoking cessation support already ongoing.

KEYS TO A SUCCESSFUL TRANSITION

- Top leadership commitment is essential
- Tell employees why you are doing this
- Offer employees a chance to respond, vent and question
- Make sure everyone who uses tobacco products knows what cessation assistance will be available
- Reassure tobacco users that this change does not mean that they have to quit smoking or using other tobacco products
- Educate managers and supervisors so they can effectively communicate a consistent message
- Assign a dedicated staff person(s) to this priority for a period of time

Key Talking Points

Develop a list of talking points that can be incorporated into communication pieces. Talking points are intended to provide a context for discussion with constituents and stakeholders to provide a consistent message. These are typically for internal use.

Some examples:

Our mission calls us to improve the health of the individuals and communities we serve. Because of our mission, we believe that we have a responsibility to take a leadership role on this major health issue and promote a healthier environment by becoming tobacco-free.

As a health care organization, we are committed to the health and safety of our employees, patients, physicians, volunteers and visitors.

The issue is not about whether an employee or visitor chooses to smoke; it is about WHERE the employee or visitor smokes. This policy does not mandate individuals quit smoking or using tobacco products; such use just needs to be off-property.

We are not taking away your choice to use tobacco products. We are asking you not to use them on the hospital campus.

This is a health issue, not a personal rights issue.

Our hospital will use coaching and support rather than strict discipline to address staff and visitors using tobacco on hospital grounds.

Tobacco-free initiatives have the potential to improve the health of thousands, reduce health care costs, and generally contribute to community health improvement.

In addition to improved health for everyone, other advantages of a tobacco-free environment include a cleaner workplace, decreased fire risk, decreased maintenance costs, lower medical costs and improved productivity.

*“There is **no safe level** of exposure to secondhand smoke. Tobacco smoke is deadly.”*

Dr. Richard H. Carmona,
U.S. Surgeon General Report, July 2006

Frequently Asked Questions

It is advisable to compile an information sheet of frequently asked questions to assist in providing consistent communication to all employees. Though this should be tailored to your organization and tobacco-free campus policy, an example compiled from a few Nebraska hospitals is included below.

Q: What does tobacco-free campus mean?

A: Effective (date), smoking and the use of tobacco products (includes but is not limited to cigarettes, cigars, chewing tobacco, snuff and pipe smoking) are not permitted by anyone on the campus of ABC Hospital, any ABC Hospital owned/leased properties, or in hospital owned/leased vehicles.

Q: Why is ABC Hospital tobacco-free?

A: As a major provider of health care in the community, we are committed to leading by example and creating a healthy environment for our patients, visitors, employees and volunteers who are on our campus. This initiative sets a positive example in the community.

Q: Are other hospitals becoming tobacco-free?

A: Yes. This is a growing trend among hospitals nationwide to become completely tobacco-free and eliminate designated smoking areas. In Nebraska alone, approximately 30 percent of hospitals have already adopted smoke-free or tobacco-free campus policies. Additional hospitals across the state are also planning to adopt tobacco-free policies.

Q: To whom does the policy apply?

A: All persons, including employees, volunteers, students, patients, visitors, vendors, contractors and others who work in or visit hospital buildings, parking lots and grounds.

Q: Where on the campus does the tobacco-free policy apply? Is smoking allowed inside cars?

A: Tobacco use is prohibited on all areas of the campus, inside and outside, including inside cars that are parked on hospital property.

Q: Isn't smoking a personal legal right?

A: We are not asking employees, visitors and patients to quit using tobacco products but to refrain from using tobacco products while visiting or working at ABC Hospital.

Q: How will visitors and patients be notified?

A: Extensive signage will be in place by (date), and various other methods of communication will be in place to ensure that visitors and patients are aware of the policy.

Q: Why can't we have smoking huts that are designated outdoor locations?

A: Smoking and secondhand smoke are known health hazards. As a health care institution, we are committed not just to healing illness, but also to promoting wellness. Allowing smoking on our campus, even in designated areas, is not consistent with this commitment. We do not want our patients, visitors and employees to be exposed to secondhand smoke while on our campus.

Q: What kind of support is being offered to employees?

A: Nicotine Replacement Therapy (NRT) and other pharmacological quit aids are being made available to employees and may be obtained at no charge from the Employee Health Department. To assist employees who may elect to stop smoking, free smoking cessation classes are available. To register, call xxx-xxxx. For employees enrolled in ABC Hospital's health plan, smoking cessation counseling is available as well. Information on all resources for employees is contained in "Care Kits" available in the Employee Health Department.

Q: What kind of support is being offered to visitors while on the hospital campus?

A: Visitors who wish to use tobacco must leave the hospital grounds in order to do so. "Care Kits" are available for those who are experiencing stressful situations, such as a family member undergoing surgery. Nicotine Replacement Therapy (NRT) in the form of gum will be available to visitors and may be obtained for no charge at the Main Information Desk. (Note: "Care Kits" can have hard candy, gum, a card for a free soda, etc., and a card explaining the policy and available resources).

Q: What kind of support is provided to inpatients who smoke?

A: The attending physician should assess and discuss the need for NRT or pharmacological quit aids with the patient, and if indicated, write an order for such an aid using the Physician Order Form.

Q: What if the doctor writes an order for a "smoke break" for an inpatient?

A: A physician's order to allow a patient to smoke ("a smoke break") will not be honored. The Nursing staff will follow ABC Hospital's Administrative Policy # xxx.

Q: How will the tobacco-free policy be enforced?

A: All employees are accountable and responsible for using appropriate protocol for occasions when any person uses tobacco products on the hospital campus. (See script examples)

Q: What do I do if a visitor or patient becomes angry or disruptive because of the policy or being asked to stop using tobacco on the campus?

A: Be polite and calm. Avoid confrontation. If talking to a visitor, calmly say, "I understand that you are upset. I am very sorry this is difficult. Please know that other staff members will likely ask you to stop using tobacco on our campus."

Q: What is my responsibility as a manager related to the tobacco-free policy?

A: Management responsibilities include:

- Understand and follow the policy yourself.
- Discuss the policy with your employees and encourage their questions.
- Enforce the policy uniformly and fairly with all employees as well as medical staff, visitors, and patients.
- Support your employees' efforts to inform patients, visitors, and other employees about the policy, resources and options.
- Review suggested scripts with employees.
- Be respectful of the employees who use tobacco, letting them know about the available resources the hospital is providing ("*Care Kits*", *tobacco cessation programs*, *nicotine replacement therapy*).

Q: As a manager, what should I do if an employee leaves his or her work area for an extended period of time to smoke?

A: Employees who exceed the allocated time for breaks and lunch for any reason must be addressed by the manager or supervisor of that area. Managers are expected to enforce break- and lunch-time limits, as well as the off-unit and time clock policies. Excessive absence from the workstation should result in the usual corrective action for the employee.

Q: What do I do if I see an employee who is violating the policy?

A: Politely say, “This campus is now tobacco-free.” Be supportive and respectful. Let them know that you must report the violation to their manager. Any employee who refuses to comply with the policy will face corrective action.

Q: Will our smoking policy be explained to job applicants?

A: Recruiters will inform job applicants and new hires of the hospital tobacco-free campus policy. The policy and scripting will also be reviewed at New Employee Orientation.

Scripting/Role-Playing Exercises

These scripts are intended to help staff become more comfortable discussing the tobacco-free environment policy with other staff, visitors, and patients in a respectful and supportive manner. You should take time during a staff meeting to share this information with your employees and conduct actual role-playing exercises.

Encourage employees to:

- Be empathetic. The three to five minutes you spend with a person struggling with their need for tobacco could help their craving dissipate.
- Use common sense in every situation.
- Remember that the encounter should be supportive, not punitive.
- Share information about the hospital policy in a non-judgmental way.

“Care Kits” that provide support materials like gum, mints, a stress stick, rubber band, and a coupon for a small beverage could be available when the policy goes into effect and can be offered to those visitors having a difficult time or undergoing a stressful situation.

OUTDOOR ENCOUNTERS

If you see a person using tobacco products on hospital property, introduce yourself and say, “Excuse me Sir/Ma’am, I just wanted to let you know that for the health and safety of our patients, visitors, and employees, all of our grounds and parking areas are tobacco-free. If you wish to continue your tobacco use, you will have to leave the hospital grounds. Thank you.”

Why are you making me leave hospital property?

“For your health and the health of others, we are a tobacco-free campus. Many of our patients who come to this hospital have cancer or respiratory problems, and their health is affected by secondhand smoke. We feel we should be providing them an environment free from the impact of secondhand smoke.”

Can I (staff) use tobacco in my vehicle?

“The policy states no staff member is to use tobacco products in their vehicle on hospital property or on company time.”

Can I (visitor) use tobacco in my vehicle?

“We ask that you would respect our policy and not use tobacco products while on our property.”

What are you going to do if I continue to smoke here?

“Tobacco use is not permitted on the hospital property. Please extinguish your cigarette.” (Then walk away). If this behavior continues, notify Security.

I have to have a cigarette! My loved one is very ill or just passed away.

“I am sorry about your loved one. Is there something I can do to help? I can offer you a “Care Kit” to help you through this stressful time. Can I find someone who can assist you?”

If you are a smoker, you may choose to show more empathy because you truly understand the impact of not being able to smoke.

“I understand your frustration. Our tobacco-free policy has required me to make some changes too. I’m sorry this is causing you additional stress. Although I must still ask you to extinguish and discard your cigarette, if you are interested I’d be happy to tell you about an option that is available to support you while you are on our campus.”

SCHEDULERS AND REGISTRATION

These scripts can be used when patients call to schedule an appointment or when they arrive at Patient Registration.

“I’d like to let you know that as of (date), ABC Hospital is now a tobacco-free campus. Tobacco products are not allowed on any property, grounds or parking areas. If during your hospital stay you need support, a “Care Kit” and Nicotine Replacement Therapy and other quit aids are available to all patients with physician approval.”

UNIT SITUATIONS

Where am I (patient) allowed to smoke (use tobacco)?

“Nowhere on our hospital grounds. We have implemented a tobacco-free campus policy as of (date). If you feel that following this policy will be too difficult, we can discuss this with your doctor who can order a Nicotine Replacement Therapy or other quit aid to help you during your hospital stay. This may help the cravings.”

If appropriate, you can also add, “We also have information about smoking cessation classes available for you if you are interested.”

Someone from the hospital took me out to use tobacco when I was here last time, why can't I go outside now?

“Since your last visit, we have become a tobacco-free environment. In an effort to promote the health and safety of our patients, visitors and employees, we no longer permit the use of tobacco products on our property.”

Staff believes that patient is using tobacco in the bathroom.

“For the health and safety of our patients and visitors, we are a tobacco-free environment inside and outside. I can place your cigarettes in safe keeping until you are discharged. I can also contact your physician for nicotine replacement therapy or other quit aids that may help with cravings.”

The patient insists on using tobacco and wants to leave.

“The use of tobacco is prohibited throughout our campus, and you will likely be approached while using tobacco outside and asked to stop. Also, I will need to notify your physician that you left the unit to use tobacco against policy and medical advice.”

I have heard that you can get really sick after quitting tobacco.

“It sounds like you have heard different things about quitting tobacco. This is what I know about nicotine withdrawal: you can become irritable, become tired, begin to cough, have an increase in your appetite, and crave tobacco. We have nicotine replacement products or other quit aids to help you control nicotine cravings.”

HOSPITAL STAFF/CO - WORKER

A co-worker tells you he or she cannot refrain from using tobacco products during the work day and is going to leave the campus to smoke.

“When you choose to leave for an extended period of time to smoke, it impacts all of us, and has a negative effect on patient care. Why don't you try getting one of those “Care Kits” that are available for employees through Employee Health. Nicotine Replacement Therapy or other pharmacological aids may also work to control your cravings.”

SURGERY WAITING ROOM

Family member or visitor wants to go outside to use tobacco products while waiting for a person in surgery.

“I am sorry but our property, grounds, and parking areas are tobacco-free. If you choose to leave the campus, you may miss the opportunity to speak to the physician regarding your loved one's condition. We can provide you with a “Care Kit” to make your visit more comfortable. If you decide to leave the campus to smoke, we will notify you on your cell phone or pager when he/she is out of surgery.”

PHYSICIAN OFFICE

“I'd like to let you know that as of (date), ABC Hospital and Physician Clinics does not allow use of tobacco products on any properties, including buildings, grounds, or parking areas. We can provide you with a “Care Kit” to make you more comfortable while you are here.”

Tobacco Cessation Best Practices

According to the U.S. Surgeon General, comprehensive tobacco prevention programs are most effective in addressing tobacco use. Comprehensive programs are those that combine coverage for medication and counseling, as well as inclusion of workplace smoke-free air policies. This does not need to be costly.

EMPLOYEE ASSISTANCE

Combine smoking cessation initiatives with other on-site or off-site employee health programs. Explore other programs that will support a nonsmoking lifestyle (e.g., stress management, weight management and exercise activities). Involve and educate on-site nursing staff and/or employee health in assessing and referring smokers. Take advantage of Employee Assistance Programs (EAP), health programs offered by health plans or community-based organizations such as local health departments.

TAILOR YOUR STRATEGIES

Develop a strategy based on an understanding of smoking as an addiction. Avoid an approach that stigmatizes smokers. Many smokers require multiple quit attempts before they are successful in overcoming their addiction. The workplace should be a place that supports this challenging process. Balance any restrictions (e.g., higher benefit contributions, restrictions where employees can smoke) with cessation incentives and support (e.g., opportunities for counseling, reimbursement for counseling and drug therapies).

OFFER COMPREHENSIVE CESSATION ASSISTANCE

Use your company's health plan to help employees and their families quit using tobacco. Research shows that the most effective tobacco dependence treatment includes medications, coaching and counseling. This combination has been shown to double or triple the employee's chances of quitting successfully. Businesses that have included a tobacco cessation benefit in their health plan report that this coverage has reduced total tobacco consumption, increased the number of tobacco-users willing to undergo treatment, increased productivity and increased the percentage of those who successfully quit.

Determine the level of health plan benefit to provide. Smoking cessation support ranges from comprehensive (e.g., fully-funded benefits) to facilitative (e.g., health plans provide counseling and some medication, the employer provides self-help materials) to referral-based programs (e.g., referrals to community providers, self-help materials, and quitlines).

ASSEMBLE A TASK FORCE

Use a systematic approach. Since tobacco use is a complex human resource issue, consider assembling a task force that will design the organization's specific smoking cessation activities by:

- Assessing the cost impact of smoking/tobacco use on your organization
- Surveying employee groups
- Holding focus groups for feedback
- Researching available resources and costs
- Determining general philosophy and approach

Assess the cessation strategy success. Over time, employers should evaluate both short-term impact (policy awareness, morale, conflict resolution, quality of work and job satisfaction) and long-term outcomes:

- Reduced number of employees who use tobacco
- Reduced absenteeism
- Reduced health care costs
- Reduced maintenance costs
- At a minimum, employers can survey employees to determine the perception and impact of the smoking cessation strategy

TOBACCO CESSATION SUPPORT SERVICES

Tobacco cessation support services are an important complement to the tobacco-free campus policy and a key component of the overall initiative. The workplace is an ideal environment in which to encourage tobacco-users to quit. Employees spend so much time at work that tobacco-free policies can provide the incentive they need to succeed. However, quitting is not easy for most tobacco-users. In fact, many tobacco-users try to quit repeatedly before they succeed; others may go through longer term “cycles” of not using tobacco and then use tobacco again. Although more than 90 percent of tobacco-users who quit “for good” do so without a structured tobacco cessation program, they may have gained valuable practice in how to quit through previous experience with more formal methods.

Tobacco cessation support at worksites ideally includes a variety of methods and materials to meet the diverse needs of employees who use tobacco. Although 70 percent of smokers indicate that they would like to quit smoking¹¹, not all smokers will make a serious attempt to quit at the same time, and not all smokers will respond to the same program or “prescription” for quitting. Tobacco-users vary in their readiness to quit. It is important to consider providing different types of support and ongoing support (not just when a new policy is announced).

When promoting cessation services, take an empathetic approach that recognizes the power of nicotine addiction and focuses on offering support. Reaffirm the company’s commitment to help employees that want to quit using tobacco products.

Worksite tobacco use cessation support should ideally encompass a variety of types of assistance in order to meet the diverse needs of employees who use tobacco products and not all assistance has to be offered at the worksite.

Promote the Nebraska Tobacco Quitline as a resource.

The Nebraska Tobacco Quitline (1-800-QUIT-NOW) can assist:

- Tobacco users in any stage of readiness to quit
- Pregnant smokers
- Smokeless tobacco users
- Former smokers seeking relapse prevention support
- Spanish-speaking smokers wanting counseling (in addition, third party counseling available in 140 other languages)

HEALTH BENEFIT DESIGN

Tobacco dependence treatment benefits that have been found most effective:

- Promote and cover the cost of FDA-approved medications, including both prescription and over the counter.
- Promote and cover the cost of counseling services, including EAP, and the Nebraska Tobacco Quitline.

Design a benefit plan that shows employees you want to help them quit tobacco.

- Tobacco users rarely use cessation services inappropriately so consider eliminating the co-payments or have it be the lowest cost level. Tobacco users are much more likely to quit when no co-payment is required.
- Design your plan to cover at least two courses of treatment - both medication and counseling - per year. Tobacco dependence is a chronic disease. Relapse is part of the process.

CESSATION MEDICATIONS

The University of Wisconsin Center for Tobacco Research and Intervention has compiled the following information on current medications in use today.

The United States Public Health Service guidelines for quitting smoking recommend a combination of counseling and medication. The following seven medications are approved by the FDA for that purpose. There's no magic medication to cure addiction to nicotine. These medications however can increase chances of quitting two- or three-fold. It is important to see a doctor to be sure the right dosage is being used for the appropriate duration.

Bupropion (Zyban)

Bupropion SR is a prescription pill marketed under the brand name Zyban. It is also available generically. It is designed to help reduce cravings for nicotine. It also can relieve symptoms of depression for some patients. Treatment is recommended for 7 to 12 weeks. It is recommended to begin this drug 7 to 14 days prior to quit date.

Varenicline (Chantix)

Varenicline, a pill, is a new quit-smoking medication approved for use by the Food and Drug Administration in May 2006. It is available by prescription only. Varenicline acts differently than other cessation medications. It is intended to block some of the rewarding effects of nicotine (the addictive drug in tobacco products) and at the same time take away the withdrawal most people feel after they quit. Varenicline is begun 7 days prior to quit date. Recommended treatment is 12 weeks.

Nicotine Replacement Therapy (NRT)

Patch

Patches are designed to provide a steady stream of nicotine through your skin over a designated time (16-24 hours, depending on the product). The patch is available via prescription or over the counter (OTC). It is designed to give enough nicotine to ease cravings. Treatment is typically recommended for 6 to 8 weeks.

Gum

This OTC product is recommended for smokers who want something to use when experiencing urges to use tobacco.

Inhaler

Patients “puff” small doses of nicotine through this prescription product that looks similar to a cigarette. Unlike a cigarette, there is no harmful carbon monoxide. Treatment usually lasts 8 to 12 weeks, depending on the patient.

Nasal Spray

This prescription product sprays nicotine into the nose. Recommended use is up to two sprays an hour for as many as 3 months.

Lozenge

This OTC medication is usually used 8 to 12 weeks.

DEVELOPING A SUCCESSFUL CESSATION PROGRAM

- Provide free smoking cessation brochures in public areas and waiting rooms.
- Use employee and hospital newsletters and web site to communicate importance of quitting smoking and cessation resources.
- Offer community education classes.
- Check into existing services such as your Employee Assistance Program (EAP) to see if they provide counseling.
- Train existing on-site medical personnel in cessation counseling (e.g., occupational health nurses, respiratory therapists and physician assistants).
- Provide self-help guides, audiotapes, videotapes available for checkout from your medical library.
- Offer subsidized cessation counseling and develop a policy that allows employees to participate during breaks or possibly during work hours.
- Develop an incentive program that refunds a portion of the cessation class fee for successful completion, after 6 months of abstinence and after 12 months of abstinence.
- Sponsor an on-site support group.
- Offer free “lunch-and-learn” sessions to explain and promote cessation classes.

CLINICAL INPATIENT CESSATION

When patients are registered or admitted to the hospital, the tobacco-free campus policy should be explained. If the patient uses nicotine, clinical staff should document that the tobacco-free policy was explained and understood by the patient. Every patient who uses tobacco should be offered at least brief treatment and/or pharmacotherapy if medically appropriate. It is essential that clinicians and health care delivery systems institutionalize the consistent identification, documentation, and treatment of every tobacco user seen in the health care setting.

PHYSICIAN EXPECTATIONS

When patients are admitted for elective surgery, the attending physician or designee should discuss the tobacco-free campus policy before hospitalization. The attending physician or designee should discuss the use of pharmacotherapy during the hospitalization and order pharmacotherapy if medically necessary. It is also recommended to revise Physician Order Sets to include tobacco cessation and pharmacotherapy orders.

Resources



Tobacco Free Nebraska (TFN) is the state's comprehensive tobacco prevention program. The program has four primary goals: to help people quit, to eliminate exposure to secondhand smoke, to keep youth from starting, and to reach underserved populations. In order to meet these goals, there are several components of TFN including: school, community, and outreach programs; sponsoring the Nebraska Tobacco Quitline; youth empowerment; and media efforts to keep youth from starting to use tobacco and raise awareness about the health effects of secondhand smoke. Tobacco Free Nebraska is funded through the Centers for Disease Control and Prevention and the Tobacco Master Settlement Agreement.



Nebraska C.A.R.E.S. is the statewide comprehensive cancer control program. It is comprised of 175 groups and organizations represented by more than 300 individuals across Nebraska. The CARES mission is to reduce the burden from cancer in our state. CARES partners work together toward accomplishing six broad goals related to eliminating cancer disparities, reducing cancer risks, promoting screening and early detection, facilitating access to quality care and treatment, increasing understanding of cancer survivorship and improving cancer knowledge through education and training. Collaboration is key to any progress made by CARES partners. Nebraska C.A.R.E.S. is funded through a grant from the National Centers for Disease Control and Prevention: 55/CCU721962 and support from its partner organizations.

The following tobacco resources may assist in tobacco-free campus implementation.

For Tobacco Cessation Programs in Nebraska, visit the Tobacco Free Nebraska web site: www.dhhs.ne.gov/tfn/ces/tfnquit.htm

Tobacco Quitlines:

The Nebraska Tobacco Quitline 1-800-QUIT-NOW or 1-800-784-8669 can assist:

- Tobacco users in any stage of readiness to quit
- Pregnant smokers
- Smokeless tobacco users
- Former smokers seeking relapse prevention support
- Spanish-speaking smokers wanting counseling (in addition, third party counseling available in 140 other languages)

American Lung Association Quitline
1-800-Lung-USA or 1-800-586-4872

National Cancer Institute (NCI) Smoking Quitline
1-877-44U-QUIT or 1-877-448-7848
www.cancer.gov to access LiveHelp

For Tobacco-Free Campus mentor services contact:

Nebraska Hospital Association
3255 Salt Creek Circle, Suite 100
Lincoln, NE 68504-4761
Phone: 402-742-8140
www.nhanet.org

FOR ADDITIONAL INFORMATION:

Nebraska Department of Health
and Human Services
Tobacco Free Nebraska
301 Centennial Mall South
P.O. Box 95026
Lincoln, NE 68509-5026
Phone: 402-471-2101
www.dhhs.ne.gov/tfn

American Cancer Society High Plains Division
9850 Nicholas St., Suite 200
Omaha, NE 68114
Phone: 1-800-642-8116, or
402-393-5800
www.cancer.org

American Heart Association
10100 “J” St., Suite A
Omaha, NE 68127
Phone: 1-800-642-8400
www.americanheart.org

American Lung Association
7101 Newport Ave., South 303
Omaha, NE 68152
Phone: 1-800-548-8252
www.lungusa.org

American Medical Association
www.ama-assn.org

National Cancer Institute
Bethesda, MD 20892
1-800-4-CANCER
1-800-422-6237
www.cancer.gov

National Center for Tobacco-Free Kids
www.tobaccofreekids.org

Centers for Disease Control & Prevention
www.cdc.gov/tobacco

National Women's Health
Information Center
www.4woman.gov

American Psychological Association
www.apa.org

Addressing Tobacco in Managed Care
www.ahip.org

Agency for Healthcare Research
and Quality
www.ahrq.gov

American Academy of Family Physicians
www.aafp.org

Society for Research on Nicotine
and Tobacco
www.srnt.org

Tobacco Dependence Treatment
Research and Information
www.ctri.wisc.edu

For pregnant women:

American College of Obstetricians and
Gynecologists
www.acog.org

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