Smoke Free Policy

Policy information

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Approved by: Health and Safety Committee
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Change of classification to Clinical

Approval to extend existing policy whilst review finalised by Clinical Written Control Documentation Group on 16.3.2026 until 16.3.2026

Summary of document:
This policy describes how HDUHB will fulfil its obligations to provide, as far as possible, a smoke free environment to its employees, visitors, contractors and people in its care. It is also recognised that the HDUHB has a duty to demonstrate leadership in its community on the issue of reducing the level of smoking within the Hywel Dda area and beyond.

Scope:
All HDUHB sites and premises and grounds are designated as smoke free areas. This policy applies to all staff, volunteers, contractors/service providers, patients*, visitors and the public.

To be read in conjunction with:
201 - All Wales Disciplinary Policy – opens in a new tab

Patient information:

Owning group:
Smoke Free Task and Finish Group

Executive Director job title:
Director of Public Health

Reviews and updates:
1 – new policy 30.7.2013
2 – minor change 7.8.2013
3 – revised 7.2.2019
4 – full review 6.3.2023

Keywords
Smoke Free, Smoke Free Policy, Smoking, Tobacco, Passive

Glossary of terms
HDUHB – Hywel Dda University Health Board
NCSCT - National Centre for Smoking Cessation and Training
VBA - Very brief advice
NRT – Nicotine Replacement Therapy

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Introduction

Hywel Dda University Health Board's (HDUHB) Smoke Free Policy is designed to ensure a healthy and safe environment for all, as well as complying with the Smoke-free Premises and Vehicles (Wales) Regulations 2020[1]. This policy is also in line with the strategic aims contained within the Welsh Government "A Smoke-Free Wales Tobacco Control Strategy and Delivery Plan 2022-2024."[5] In addition, the policy is based on HDUHB's responsibility for improving health and maintaining satisfactory health and safety standards in the workplace.

This policy will set out how HDUHB will fulfil its obligation to provide, as far as possible, a Smoke Free working environment for its employees, contractors, visitors and people in its care. It also recognises that this policy may have a significant influence on the thinking and attitudes towards smoking in the wider community. As a result, HDUHB will work in partnership with and actively support other agencies and community groups who are promoting a non-smoking environment.

Background

HDUHB acknowledges that smoking is the greatest single preventable cause of disease and premature death in Wales. It also acknowledges the fact that exposure to second hand smoke increases the risk to non-smokers of diseases associated with smoking.

Reducing the visibility of smoking (e.g. de-normalising smoking) has been proven to help reduce the uptake of smoking (especially by children and young people) and to support former smokers to remain Smokefree. The HDUHB 's role in contribution to the overall sector ambition of having a Smokefree Wales by 2030 is to help de-normalise smoking and leverage its ability to engage and inform the public of Hywel Dda. As such, the HDUHB is fully committed to providing a healthy, smoke free working environment for its employees and visitors to its premises.

Purpose

This policy describes how HDUHB will fulfil its obligations to provide, as far as possible, a smoke free environment to its employees, visitors, contractors and people in its care. It is also recognised that the HDUHB has a duty to demonstrate leadership in its community on the issue of reducing the level of smoking within the Hywel Dda area and beyond.

The Smoke Free Policy requires that all Hywel Dda University Health Board sites are smoke free. This includes, but it is not limited to all owned or leased buildings, wards, residential units, structures, outdoor areas, grounds, car parks and vehicles.

Therefore, the purpose of the policy is to:

[1] Welsh Government (2020) Smoke Free Premises and Vehicles (Wales) Regulations 2020, The Smoke-free Premises and Vehicles (Wales) Regulations 2020 (legislation.gov.uk)

- Protect and prevent tobacco related health risks for all Hywel Dda employees, patients, contractors and visitors, by encouraging quit attempts and eliminating potential exposure to second hand smoke; and
- Lead by example and deliver a clear message to the community and other agencies that Hywel Dda University Health Board is dedicated to providing services that are on smoke free premises.

The policy is consistent with the following legislation:

- Health Act (2006) – Prohibition of Smoking[2]
- Health and Safety Act (1974)[3]
- The Smoke Free Premises and Vehicles (Wales) Regulations 2020.[4]

The policy is also consistent with the:

- Welsh Government Tobacco Control Strategy for Wales and Delivery Plan (2022-2024).[5]
- Welsh Government Corporate Health Standard[6]
- NICE Guidance 209 (NG209).[7]

General Principles

The HDUHB encourages and fully supports individuals who wish to quit smoking. All staff, patients and the community are able to access the HDUHB Smoking Cessation and Wellbeing Team for free, confidential behaviour change support and access to Nicotine Replacement Therapy **Smokers Clinic Referral Form**. opens in a new tab.

This policy will also seek to influence when and where employees smoke, thereby limiting the effects that smoking has on non-smoking colleagues and the public.

Aims and Objectives

The main aim of this policy is to ensure a smoke free workplace, thus minimising the effects of tobacco smoke within the HDUHB and wider community. The objectives of the policy are to:

- Protect the health of employees, service users, visitors and contractors when visiting HDUHB facilities.
- Provide a lead to other organisations in requiring similar arrangements in their own organisations.
- Provide information to employees and managers of their responsibilities in respect of the policy.
- Support individuals who smoke to help them comply with the policy, including supporting anyone who wishes to give up smoking by providing free and confidential smoking cessation support and access Nicotine Replacement Therapy. **Smokers Clinic Referral Form** - opens in a new tab.

[2] UK Government (2006) **Health Act 2006**, Health Act 2006 (legislation.gov.uk)

[3] UK Government (1974) **Health and Safety at Work Act**, Health Act 2006 (legislation.gov.uk)

[4] Welsh Government (2020) **Smoke Free Premises and Vehicles (Wales) Regulations 2020**, The Smoke-free Premises and Vehicles (Wales) Regulations 2020 (legislation.gov.uk)

[5] Welsh Government (2021) **Tobacco Control Strategy for Wales and Delivery Plan (2022-2024),** Tobacco control strategy for Wales and delivery plan [HTML] | GOV.WALES

[6] NHS Wales, Corporate Health Standard, Corporate Health Standards - NHS Wales Shared Services Partnership

[7] NICE (2021) **Tobacco: Preventing Uptake, promoting quitting and treating dependence,** Overview | Tobacco: preventing uptake, promoting quitting and treating dependence | Guidance | NICE

- Promote the smoke free culture in HDUHB.
- Identify the roles and responsibilities of all staff employed by HDUHB to support the routine provision of evidence based tobacco dependence treatment in order to reduce preventable ill health and early death.

What we want to achieve – policy outcomes

In addition to supporting the national goal of being Smokefree by 2030, the policy sets out to achieve the following outcomes:

1. Improved health and wellbeing – Exposure to second-hand smoke is eradicated within HDUHB premises/environment.
2. Reduction in smoking prevalence – Helping staff, patients and the community to quit smoking using the evidence based Hywel Dda Smoking & Wellbeing Service **Smokers Clinic Referral Form**. opens in a new tab.
3. Reduced smoking behaviour in public – the visibility of smoking behaviour, particularly in the presence of children, is reduced.
4. Increased public awareness – awareness of and public support for Smokefree across Hywel Dda.
5. Smoker management – Smokers (staff, patients and visitors) are clear that they are unable to smoke on HDUHB sites or in HDUHB owned vehicles.
6. Fresh and clean environment – HDUHB spaces are free from people smoking and are clean of cigarette litter.
7. Public empowerment / cultural shift – smokers feel supported by their community to stop smoking.

Roles and responsibilities

The Board will:

- Ensure that staff, patients, visitors and contractors are made aware of the Smoke Free policy.
- Ensure that all staff, patients and visitors are aware of the HDUHB Smoking and Wellbeing service provision which will provide behavioural change support and provide Nicotine Replacement Therapy as necessary. **Smokers Clinic Referral Form**. - opens in a new tab.
- Ensure that all correspondence sent to patients, visitors and staff includes information on the HDUHB Smokefree status and provides contact details for the HDUHB Smoking Cessation & Wellbeing Service Provision.
- Ensure that all clinical staff are checking patient smoking status as part of assessment for every patient and offering access to the Smoking Cessation & Wellbeing Service.
- Provide resources to ensure affective implementation
- Comply fully with the policy and provide suitable role models for staff and patients.
- Monitor compliance of the Smoke Free policy
- Ensure that all jobs advertised will state that Hywel Dda is a Smoke Free Health Board.
- Ensure that all Service Level Agreements with other organisations contain the following clause “HDUHB is Smoke Free. Smoking is prohibited in all buildings, grounds and vehicles.”

Occupational Health will:

- Screen all new recruits for smoking status
- Make employees aware of the smoking free support provided by the HDUHB. Providing direct referrals to the in-house service where appropriate. **Smokers Clinic Referral Form -** opens in a new tab.

Directorates will:

- Have a named individual responsible for providing the leadership required to oversee the implementation of the Smoke Free Policy.
- Have a documented action plan to support implementation of the HDUHB Smoke Free Policy.
- Support all clinical staff to complete smoking cessation training from the National Centre for Smoking Cessation and Training (NCSCT): Training for Health and Social Care Workers, Very Brief Advice Training, level 1 e-learning Very Brief Advice training module (ncsct.co.uk) opens in a new tab.
- Ensure all staff are aware of how to refer to the Hywel Dda smoking and wellbeing team **Smokers Clinic Referral Form** opens in a new tab.
- Have a minimum of two Tobacco Dependence Champions in each team.
- Services who care for patients with a high level of dependency e.g. Mental Health and alcohol, or where smoking routinely affects management of conditions e.g. respiratory, cardiology, cancer services, diabetes and maternity or treatment outcomes require a higher ratio of staff receiving level 2 training from the Smoking and Wellbeing team.
- Provide smoking cessation resources such as carbon monoxide monitoring devices.
- Ask and record smoking status electronically.
- Promote the choice of smoking cessation and temporary abstinence pathways for patients and staff.
- Record all assessments and interventions delivered to support temporary abstinence and smoking cessation activity, including referral, cigarette reduction and quit rates.
- Ensure the ability to record smoking information electronically is included in all future electronic system updates.
- Monitor the impact of the policy implementation, including measurement of clinical outcomes.

Line Managers will:

- Provide leadership and support for staff to ensure that everyone in the organisation contributes to maintaining a completely Smoke Free environment.
- Ensure staff do not take smoking breaks during working hours but refer staff to the HDUHB Smoking Cessation & Wellbeing service for support. **Smokers Clinic Referral Form** opens in a new tab.
- Support staff who smoke and who want to quit to reasonable time off during work time for support from Hywel Dda – Smoking and Wellbeing team.
- Ensure that no smoking signs are placed in the buildings and grounds where services are delivered.

Clinical Managers will:

- Ensure the team has sufficient Tobacco Dependency Champions.
- A minimum of two Tobacco Dependency Champions in each team.

- Services who care for patients with a high level of dependency e.g. Mental Health and alcohol, or where smoking routinely affects management of conditions e.g. respiratory, cardiology, cancer services, diabetes and maternity or treatment outcomes require a higher ratio of Tobacco Dependency Champions. These staff will receive level 2 training: Supporting Those With Nicotine Dependence, See Appendix 3 – opens in a new tab
- Ensure that staff do not facilitate patients smoking (i.e. store tobacco paraphernalia, escort patients off the ward, buy or offer tobacco products).
- Clinical managers will ensure that staff are competent at identifying and recording the smoking status of every patient and able to provide level 1 very brief advice (VBA) to all smokers. They will offer support to stop smoking or to temporarily abstain at initial contact and at regular intervals throughout their admission.
- In hospital settings managers are responsible for ensuring that Nicotine Replacement Therapy (NRT) is offered to all smokers **within four hours of admission** and for making sure NRT is stocked on the wards (see home remedies Appendix 1 – opens in a new tab)
- Ensure that all smokers who want support to stop smoking are referred to the smoking and wellbeing team.
- Ensure that all smokers who do not wish to permanently stop smoking are offered NRT to manage temporary abstinence from smoking and offered support from the team tobacco dependency champion or the smoking and wellbeing team if appropriate.
- Ensure that systems are in place so that 1) patients are supplied with an adequate amount of NRT during periods of leave and on discharge and 2) that follow up plans are in place if the patient wishes to maintain their abstinence after discharge.
- Ensure those using NRT products have them left with the patient and not locked away (see Hywel Dda University Health Board | 268 - Medicines Policy (wales.nhs.uk) for more information). This is to allow adequate therapeutic dose of the self-titrating products to be achieved. Mental inpatient wards will carry out a risk assessment in accordance with standard practice.
- Ensure that systems are in place to respond promptly and effectively if this Smoke Free policy is breached.
- Support teams in the maintenance of a Smoke Free environment by ensuring that there is no provision made for storing tobacco paraphernalia in the HDUHB and that systems are in place to respond promptly and effectively if the policy is breached.
- Ensure that patient information regarding the relationship between smoking and health problems (both physical and mental) and medication interactions is accessible in patient areas.
- Ensure that staff appraisals and personal development plans reflect an employee's training needs to deliver tobacco dependence treatment.
- Ensure that all clinical staff have completed basic knowledge training (Level 1 e-learning course) and complete the annual refresher competency test.
- Ensure there is sufficient staff trained as Tobacco Dependence Champions (Level 2) to meet the needs of smokers in each clinical area.
- Provide supervision and reflection on practice sessions to ensure translation of the policy into practice.
- Ensure that welcome packs and promotional materials provided about the service describe the smoke free status.
- Ensure that all appointment letters and communications from the service convey the smoke-free status in the service.

Clinical staff working in in-patient settings will:

- Ask and record every patient's smoking status on admission and provide very brief advice to all smokers.
- Ensure all smokers (regardless of long term quit intention) are offered access to NRT within one hour of admission in line with Smoking Cessation Local Protocol policy (Appendix 1 – opens in a new tab), promoting self-medication where possible.
- Ensure that all smokers who want support to stop smoking are referred to the smoking and wellbeing team **Smokers Clinic Referral Form**
- Ensure that all smokers who do not wish to permanently stop smoking are offered NRT to manage temporary abstinence from smoking and offered support from the team tobacco dependence champion or the smoking and wellbeing team if appropriate.
- Empower smokers through conversations about the benefits of quitting, motivate and encourage engagement in collaborative tobacco treatment plans.
- Ensure patients are supplied with an adequate amount of NRT on discharge.
- Advise patients and visitors that they should not bring tobacco, or smoking paraphernalia into the hospital.

Clinical staff working in in patient mental health and learning disability settings additionally will:

- Review care plans at each ward round or review meeting, taking the opportunity to recognise achievements and adjust medication if indicated.
- Monitor adherence with NRT daily.
- Encourage friends and family to provide e-cigarettes as an alternative to smoking for use on mental health wards.
- Ensure that patients have access to fresh air and a variety of activities during their admission in order to support their smoke free compliance.
- Ensure patients are supplied with adequate NRT during periods of leave.
- Ensure that all escorted leave plans are negotiated in advance of leaving the ward, with agreement reached about the therapeutic goal to be achieved. Ensure the patient is fully aware that he/she will not be permitted to smoke in the company of his/her escort prior to leaving. Agree with the patient how tobacco dependence needs will be managed whilst on leave -this is likely to include adequate NRT, e-cigarettes and behavioural support to manage cues to smoke and build on health gains already achieved.
- Any breaches to the leave plan will be reviewed by the care team.

Clinical staff working in community mental health and learning disability settings will:

- Ask and record each patient's smoking status at the first contact and provide very brief advice to all smokers.
- Review each patient's smoking status regularly and at least at each CPA meeting. Inform every smoker that all local hospitals (acute and mental health are completely smoke free).
- Ensure that smokers who have changed their smoking status during a recent hospital admission, (either cut down or quit) are supported to maintain and build on that progress.
- Refer all patients who wish to quit to the Smoking and Wellbeing Team **Smokers Clinic Referral Form**
- Ensure that plasma levels of relevant medications are monitored for those who are changing their smoking behaviour.

- Actively engage patients, their family and carers in conversations about the benefits of quitting and offer referrals to family and carers where appropriate.
- Never smoke whilst undertaking their professional duties.
- Ask all patients to refrain from smoking for at least one hour prior to their contact.

Smoking and Wellbeing practitioners will:

- Support smokers who wish to make a planned quit attempt.
- Support smokers who do not wish to quit during an inpatient stay, to manage temporary abstinence from tobacco if necessary.
- Support patients, staff and visitors to manage nicotine withdrawal or make a permanent quit.
- During initial assessment, carry out a comprehensive assessment of a smoker's needs, including the severity of tobacco dependency, patient preference for treatment, assessment and recommendation for the use of stop smoking pharmacotherapies.
- Liaise with the patients' medical prescriber (ward, community, primary care) regarding the potential implications of stopping (and restarting smoking) and psychotropic medication.
- Minimize withdrawal symptoms through optimising adherence to pharmacotherapy (e.g. correct technique, sufficient dose and length of treatment).
- Provide intensive psychological, behavioural and social support to assist the smoker.
- Record and update smoking treatment and status and manage relapse risk.
- For patients who have made a quit attempt whilst in hospital and who wish to maintain their abstinence, offer the option of ongoing support.
- Ensure continued professional development.

Staff who smoke:

- Must not smoke on hospital grounds, in HDUHB premises or HDUHB vehicles.
- Must not smoke in front of patients, their families or carers.
- Must not bring smoking related items such as cigarettes, lighters, tobacco etc on site.
- Must not smoke at the entrance to the HDUHB grounds whilst wearing uniform or identification badge, as this undermines HDUHB values and policy.
- Will not take "smoking breaks" during their contractual hours of employment.
- Are able to access support to quit smoking from one of the Smoking and Wellbeing team **Smokers Clinic Referral Form.**
- Staff who smoke and are dependent on tobacco should consider using NRT whilst at work.
- Understand that HDUHB disciplinary procedures for continued non-compliance with this policy will apply. Refer to 201 – All Wales Disciplinary Policy – opens in a new tab
- Staff who smoke are advised to refrain from smoking up to an hour before their shift.

E-cigarettes

The E-cigarettes policy is currently in development.

Signage

The HDUHB will display signs that make it clear that smoking is prohibited on its premises.

All HDUHB owned vehicles will also display no-smoking signs.

Application

This policy is applicable to all patients, carers, volunteers, employees at all levels in the HDUHB, as well as sub-contractors who undertake activities on behalf of the organisation and any visitors to the HDUHB ‘s premises. This policy and its mandatory application will be communicated to all employees, sub-contractors, visitors and interested parties. Smoking is therefore not permitted:

- Inside HDUHB owned premises and all other premises under the HDUHB ‘s control, including premises that are rented or hired.
- When driving or as a passenger in HDUHB vehicles, including hired vehicles.
- In vehicles owned privately by employees when carrying other employees and/or clients when on HDUHB business.
- In service users homes by employees, contractors or others working on behalf of the HDUHB.
- For employees when on duty and contractors when working on behalf of the HDUHB when visiting other business premises.

If at the time you are being paid by, on duty or representing the HDUHB, then you are not permitted to smoke – there are no exceptions.

As part of the HDUHB induction process, new starters will be made aware of this policy and where to locate it on the HDUHB intranet system. The Human Resources department is responsible for informing job applicants of this policy. All employees are responsible for informing sub-contractors and other visitors to their area of this policy.

Managing breaches of the smoke free policy

Authorised officers from the three LA serving HDUHB
Authorised officers from the three Local Authorities serving Hywel Dda have the power to enter HDUHB buildings and grounds in order to establish whether smoke-free legislation is being enacted in accordance with the law. They have the power to issue fixed penalty notices to those whom they believe are committing, have committed or allowed others to commit an offence under the legislation.

It should be noted that there are no exceptions to this policy in respect to patients -there are to be no designated areas where the use of cigarettes is allowed.

The HDUHB will support staff to promote smoking cessation in all forums wherever possible.

Staff Breaches
All HDUHB staff are expected and obliged to promote a smoke-free environment. Staff should avoid condoning or advocating tobacco smoking and must not undermine the policy implementation.

- All staff are prohibited from purchasing or providing tobacco products for patients. Staff must not use tobacco as a reward for patients.

- If any staff member breaches the policy then in the first instance line managers should discuss the issue with them and ensure they fully understand the smoke free policy. If staff continue to breach the policy, then action through the disciplinary process will be taken.

Visitors and contractors breaches
Visitors to the HDUHB will be made aware of the smoke free policy through signs, posters, leaflets as well as conversations with staff. Any visitor who is found to be supplying a patient in hospital with tobacco will be reminded about the policy and asked to support the patient's recovery plan. The rationale for the policy will be explained and carers will be offered support to learn more about the harmful effects of tobacco dependence and the evidence based treatments available. This can be done by any member of staff or Tobacco Dependence Champions.

If staff observe a contractor smoking on HDUHB premises, they should make the contractor aware of the HDUHB smoke free policy and ask them to stop smoking. If the contractor does not comply, then they should report the contractor via Datix.

Patient breaches

It is recommended that where staff choose to approach a patient or visitor to inform them of the HDUHB policy, this approach is made only once. The information provided should be limited and in line with the 4E model of along the lines of; 'Can I make you aware that these building and grounds are smoke free.' Breaches can be reported via Datix with a brief explanation of the circumstances and outcome.

Patients in Community Settings

Patients in community settings will be informed about the smoke free policy in the HDUHB. They will be offered referral to the Smoking and Wellbeing team **Smokers Clinic Referral Form** (opens in a new tab) Those who are receiving treatment in their own home will be asked to ensure that they do not smoke for one hour prior to or during their treatment session. If patients struggle to comply with this policy the staff will explore with the patient a variety of options such as using an NRT product during the treatment session or smoking in a different room than the one used for the treatment session or meeting in a smoke free environment such as the team base.

Patients in community settings that persistently fail to comply with the policy will be reviewed by their care team and appropriate action agreed considering their need for treatment and their risk assessment.

Culture
Our expectation is to promote and develop a culture across all our buildings and sites that smoking is not permitted and that everyone respects this. Shifts in culture and smoke free behaviours can take time and will not be achieved simply by releasing policies and guidance. The required culture change will be achieved if we stay committed to smoke free becoming a reality and respond to situations when this does not happen as a breach and an opportunity to learn rather than a failure of the policy.

The HDUHB do not want anyone to feel that they need to engage in difficult or overly challenging situations and should not approach individuals either staff or patients to ask them to stop smoking unless they are confident it is safe to do so. If staff are unsure of their responsibilities in any circumstances they should seek advice from their line managers.

Leaflets are available to support staff (see Appendix 2 (opens in a new tab) for a copy of the smoke free leaflet).

11.0 Reporting Smoking Related Incidents

All members of staff should use the Datix system to promptly share information about any difficulties with the implementation of the smoke free policy. Analysis of all recorded incidents enables the HDUHB to be both proactive and reactive to reduce the impact and likelihood of future reoccurrence.

- The HDUHB shall monitor incidents that are linked to the smoke free policy. The Datix system has been adapted to allow staff to specifically highlight a breach of the smoke free policy via the sub category list.
- Staff should also use Datix to record incidents when patients refuse admission or self-discharge against medical advice because of the Smoke Free Policy.
- Staff can email the Smoking and Wellbeing team to provide a quick report about a breach of the smoke free policy in the grounds. This would be relevant if staff or patients have observed smoking but did not feel confident to approach those concerned. The HDUHB will ensure that appropriate measures are taken to enhance the Smoke Free Policy at the location concerned.

Policy Monitoring

The policy will be monitored by a variety of different methods including via the Smokefree Implementation Group and Mental Health Smokefree Sub - Group. It is likely that the HDUHB will be subject to external audits of compliance with the Smokefree policy and legislation by bodies such as Health Inspectorate Wales and the HDUHB will also undertake internal audits of compliance against the policy.

Feedback

Feedback on progress and issues arising will be discussed in the Smokefree Implementation Group and Mental Health Smokefree Sub – Group. Staff are able to provide feedback at any time via the Smoking & Wellbeing Team smokers.clinic@wales.nhs.uk.

Smoking Cessation Staff Training

The implementation of the policy requires a competent workforce. The HDUHB will provide a training pathway to support provision of a safe and appropriate skill mix to meet the tobacco dependence needs of patients.

There are currently two levels of training:

Level 1 - Very Brief Advice training (level 1) should be completed by all staff and refreshed annually.

Level 2- Enhanced Training (level 2) builds and enables staff to provide a champion role and enhanced support to smokers.
See Appendix 3 – opens in a new tab - for more details.

Appendix 1 - Local Procedure for the supply of nicotine replacement.

Note that this procedure has only been approved for Mental Health Services.

Nicotine Replacement Therapy Supply Procedure

Procedure information

Procedure number: *1114*

Classification:
Clinical/corporate

Supersedes:

Version number:
1

Date of Equality Impact Assessment:
Linked to smoke free policy 293

Approval information

Approved by:
Medicines Management Operational Group
Date of approval:
27/09/2022
Date made active:
Enter date made active (completion by policy team)
Review date:
27/09/2026

Summary of document:
The aim of this his local protocol/procedure is to enable registered healthcare professionals to assess the need for and supply a limited range of Nicotine Replacement Therapy (NRT) products promptly to patients without the requirement for a prior written prescription to relieve nicotine withdrawal symptoms in a timely manner until the patient can be assessed by a clinician. This is particularly important when patients are admitted outside normal working hours

Scope:
The supply of a defined list of P and OTC NRT products licensed for the relief of nicotine withdrawal symptoms to:

- Inpatients (adults and children over the age of 16 years of age) by
- Registered healthcare professionals in Mental Health & Learning Disability units. This includes patients placed in APOS (A Place of Safety) or on a Section 136 in the Section 136 Suite

To be read in conjunction with:
263-HDUHB Medicines Policy
Summary of Product Characteristics for each medicine included in this procedure
AWMSG Initial Clinical Management of Adult smokers in secondary care

Patient information:
Approved ASH Wales Stop Smoking leaflet (available in English and Welsh)

Owning group:
HDUHB Smoking and Wellbeing Team and Smoking Cessation Service

Executive Director job title:
Director of Public Health

Reviews and updates:
1 – new document

Keywords
NRT nicotine smoking cessation

Glossary of terms
Nrt - Nicotine Replacement Therapy

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1. Introduction

Nicotine Replacement Therapy (NRT) is licensed for the relief and/or prevents craving and nicotine withdrawal symptoms associated with tobacco dependence. It is indicated to assist smokers who are unable to smoke, such as on hospital grounds where smoking is illegal.

Where a medicine indicated for the management of symptoms is not a prescription only medicine (POM) (i.e. it is a Pharmacy (P) only or Over The Counter (OTC) medicine), it's administration or supply in healthcare settings can be authorised by use of a local protocol or procedure – a written instruction drawn up and agreed with relevant qualified professionals and approved by the Medicines Management Operational Group.

This local protocol/procedure clarifies which medicine may be administered and for which indication. It states the dose, frequency and time limitations of such administration prior to any onward referral and/or signposting.

2. Scope

The scope of this local procedure is:

The supply of a defined list of P and OTC NRT products licensed for the relief of nicotine withdrawal symptoms to:

- Inpatients (adults and children over the age of 16 years of age) by
- Registered healthcare professionals in Mental Health & Learning Disability units. This includes patients placed in APOS (A Place of Safety) or on a Section 136 in the Section 136 Suite.

3. Aim

The aim of this his local protocol/procedure is to enable registered healthcare professionals to assess the need for and supply a limited range of NRT products promptly to patients without the requirement for a prior written prescription to relieve nicotine withdrawal symptoms in a timely manner until the patient can be assessed by a clinician. This is particularly important when patients are admitted outside normal working hours or placed in APOS.

4. Objectives

The aim will be achieved by providing:

- Relevant Professional Guidance
- Product Recommendations
- Storage
- Record keeping
- Adverse reactions
- Product selection
- Pregnancy/maternity services
- Product Specific Information

5. Initial assessment and supply of Nicotine Replacement Therapy local protocol/procedure

5.1 Relevant Professional Guidance

This local protocol/procedure is for use by registered healthcare professional (HCPs) including: nurses, pharmacists and pharmacy technicians and is underpinned by the Royal Pharmaceutical Society and Royal College of Nursing Professional Guidance on the administration of Medicines in Healthcare Settings. (opens in a new tab)

All staff must recognise and act within the parameters of safe practice. Accountability will lie with the registered healthcare professional supplying the medicine under this protocol.

5.2 Product Recommendations

The named products in this protocol are:

- **NiQuitin Clear Patch 14mg/24hours** (pregnant patients should remove the patch at night) (opens in a new tab)
- **NiQuitin Clear Patch 21mg/24hours** (pregnant patients should remove the patch at night) (opens in a new tab)
- **Nicorette 15mg Inhalator** (opens in a new tab)
- **NiQuitin Mini Lozenge 1.5mg** (opens in a new tab)
- **Nicorette Cools lozenge 4mg** (opens in a new tab)

Those who operate under this protocol should be familiar with Summary of Product Characteristics (SPC) (opens in a new tab)for the product(s) there are suppling/administering. Click on links above for each product.

Product selection is in line with the AWMSG guidance Initial Clinical Management of Adult smokers in secondary care. (opens in a new tab)

All doses supplied must be indicated and recorded (see record keeping).

All listed NRT products will be supplied by the local hospital pharmacy department and available as ward stock.

5.3 Storage

All NRT products should be stored safely and securely at room temperature in a designated area within the ward or department. The expiry date of the stock should be checked every six months, short dated stock clearly identified and expired stock should be disposed of by returning to the local hospital pharmacy department.

5.4 Record keeping

The registered healthcare professional shall record details of the patients request for NRT and the supply of NRT products, in the patient's care record.

A sticky label will be completed and placed in the 'STAT' doses section of the In-patient Medicines Administration Record Chart (MAR Chart).

Initial administration/supply of

Nicotine Replacement Therapy

Product supplied/administered:

……

By: ……Date & Time:……

The prescriber will be prompted that the patient has been supplied initially with NRT when they review or clerk the patient. After reviewing they will sign and date the label before prescribing the NRT on the main sections of the MAR chart.

5.5 Adverse reactions

In the rare event of an adverse reactions, the doctor responsible for the patient must be informed immediately.

5.6 Product selection

Should be as per the following HDUHD specific flow chart:

5.7 Pregnancy/maternity services

Pregnancy

Stopping completely is by far the best option but if not achievable, NRT may be used in pregnancy as a safer alternative to smoking. Because of the potential for nicotine-free periods, intermittent dose forms are preferable, but patches may be necessary if there is significant nausea and/or vomiting. If patches are used, they should, be removed after 16 hours or at night when the foetus would not normally be exposed to nicotine.

Breast-feeding

Should smoking withdrawal not be achieved, oral forms of nicotine replacement therapy should be preferred compared with nicotine patches as intermittent dose forms would minimise the amount of nicotine in breast milk and permit feeding when levels were at their lowest.

The relatively small amounts of nicotine found in breast milk during NRT use are less hazardous to the infant than second-hand smoke.

6. References

- AWMSG guidance Initial Clinical Management of Adult smokers in secondary care. (opens in a new tab)
- Royal Pharmaceutical Society and Royal College of Nursing Professional Guidance on the administration of Medicines in Healthcare Settings (opens in a new tab)
- NICE guidance NRT Guide - Action on Smoking and Health (ash.wales) (opens in a new tab)

Appendix 1: Product Specific Information

NiQuitin Clear Patch 21mg/24hours

Drug/medicine/strength/presentation	Niquitin Clear Patch 21mg/24hours	
Indication for use	For use in adults and children over the age of 12 years of age, to relieve and/or prevent craving and nicotine withdrawal symptoms associated with tobacco dependence for smokers who are unable to smoke.	
Strength	21mg/24hoursnicotine clear patch, as a pack of 7.	
Exclusions	Not to be given to any individual with known: hypersensitivity to the system, or any of the excipients. Children under the age of 12 years, occasional smokers and non-smokers. Intermittent therapy is the preferred route but if patches are required then patients should remove the patch following 16 hours of use / overnight	
Dose	Age	Dose
	Children ages 12-17 years and adults	For patients who smoke 10 or more cigarettes per day: One patch to be applied to a clean dry area daily. (Remove old patch before applying a new one) Maximum daily dose: 1 patch
Maximum dose of treatment as homely remedy	To be supplied in packs of 7, maximum one pack per week. Patient to be reviewed by a clinician at the next available opportunity.	
Cautions	The risks associated with the use of NRT are substantially outweighed in virtually all circumstances by the well-established dangers of continued smoking. Patches can be used in pregnancy, but patients should be to remove the patch overnight as per NICE guidance.	
Additional information	Provide patients with additional patient information on nicotine replacement therapy and stopping smoking, using the approved ASH Wales leaflet (available in English and Welsh)	
Additional resources	ASH Wales online interactive NRT Guide: NRT Guide - Action on Smoking and Health (ash.wales) (opens in a new tab)	

Nicorette 15mg Inhalator

Drug/medicine/strength/presentation	Nicorette 15mg Inhalator	
Indication for use	For use in adults and children over the age of 12 years of age, to relieve and/or prevent craving and nicotine withdrawal symptoms associated with tobacco dependence for smokers who are unable to smoke.	
Strength	15mg nicotine cartridge for inhalation, as a complete pack of 4 cartridges with an inhalator device.	
Exclusions	Not to be given to any individual with known: hypersensitivity to levomenthol or polyethylene Children under the age of 12 years and non-smokers.	
Dose	Age	Dose
	Children ages 12-17 years and adults	Whenever the urge to smoke is felt or to prevent cravings in situations where these are likely to occur. Maximum daily dose: 6 cartridges
Maximum dose of treatment as homely remedy	To be supplied in packs of 4, maximum one pack per 24 hour period. Patient to be reviewed by a clinician at the next available opportunity.	
Cautions	The risks associated with the use of NRT are substantially outweighed in virtually all circumstances by the well-established dangers of continued smoking.	
Additional information	Provide patients with additional patient information on nicotine replacement therapy and stopping smoking, using the approved ASH Wales leaflet (available in English and Welsh)	
Additional resources	ASH Wales online interactive NRT Guide: NRT Guide - Action on Smoking and Health (ash.wales)	

Nicorette Cools mint lozenge 4mg

Drug/medicine/strength/presentation	Nicorette Cools mint 4mg lozenge	
Indication for use	For use in adults and children over the age of 12 years of age, to relieve and/or prevent craving and nicotine withdrawal symptoms associated with tobacco dependence for smokers who are unable to smoke.	
Strength	4mg nicotine lozenge, as a complete pack of 20 lozenge.	
Exclusions	Not to be given to any individual with known: hypersensitivity to any of the components of the lozenge. Children under the age of 12 years and non-smokers.	
Dose	Age	Dose
	Children ages 12-17 years and adults	1 lozenge whenever the urge to smoke is felt or to prevent cravings in situations where these are likely to occur. Maximum daily dose: 15 lozenges
Maximum dose of treatment as homely remedy	To be supplied in packs of 20, maximum one pack per 24 hour period. Patient to be reviewed by a clinician at the next available opportunity.	
Cautions	The risks associated with the use of NRT are substantially outweighed in virtually all circumstances by the well-established dangers of continued smoking.	
Additional information	Provide patients with additional patient information on nicotine replacement therapy and stopping smoking, using the approved ASH Wales leaflet (available in English and Welsh)	
Additional resources	ASH Wales online interactive NRT Guide: NRT Guide - Action on Smoking and Health (ash.wales)	

Appendix 2 - Smoke Free Leaflet

Smoke Free Z-Fold Leaflet.pdf

Appendix 3 - Basic and Enhanced Training

See below for more information about both Basic and Enhanced Training.

Level 1 Basic training: Level 1 Smoke Free Training for Health and Social Care Workers Very Brief Advice NCSCT E learning Course Very Brief Advice training module (ncsct.co.uk). The NICE guidelines (NG209) for Smoking: recommend that basic training should be mandatory and refreshed annually.

Level 2 Enhanced Training: Hywel Dda Level 2 Supporting Those with Nicotine Dependence.

The content of the training covers; 1) Motivating patients to engage in smoking cessation treatment, 2) Assessing severity of tobacco dependence, 3) Using carbon monoxide (CO) monitoring as a motivational and monitoring tool, 4) Facilitating choice of medication to manage temporary abstinence, gradual cessation or planned abrupt cessation, 5) Safe and effective use of the Homely Remedy Policy 6) Adhering to NRT 7) Providing intensive behavioural support, 8) Staying smoke free.

This Level 2 training is 1 hour long. Level 2 training can be provided by contacting the Smoking and Wellbeing Team 0300 303 9652 and tailored to departmental needs.