

Policy/Procedure/Guideline**No Smoking Policy****Version no:** 1.0**Issue Status:** Approved**Date of Ratification:** April 2016**Ratified by:** Clinical Governance
& Risk Board**Policy Author:** Bradley Woods**Policy Owner:** CG&RB**Review Frequency:** 2 years**Identifiable Document Code:** PTUK029**Last Review:** April 2020**Next Review:** April 2022

POLICY AWARENESS	
People who need to know this policy in detail	All staff
People who need to have a broad understanding of this policy	All staff
People who need to know this policy exists	All staff

CHANGE CONTROL DETAILS			
Date DD/MM/YY	Version	Description	Reason for changes
11/04/2016	1	New policy	New policy

Policy location:Main Policy Folder in Control Room and Crew Room
On PTUK Server

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1.0 Introduction

This document outlines the No Smoking Policy and Procedure for the Patient Transport UK (PTUK). PTUK recognises that it has a duty to ensure, as far as is reasonably practical, that employees, agency workers, volunteers, contractors and visitors have a right to work in or visit PTUK premises without being exposed to tobacco smoke. These issues involve concern for the comfort, as well as the health and safety of all employees and visitors. This policy forms part of the PTUK's commitment to the health, safety and wellbeing of its staff.

1.2 PTUK is committed to ensuring that non-smoking is the expected standard for employees on PTUK premises. PTUK also wishes to reflect its approach to the known risks to peoples' health from smoking and develop and encourage a healthier lifestyle for all its employees. PTUK also aims to:

- Support employees to stop smoking;
- Encourage employees to get involved in health promotion initiatives;
- Set a good example to the public and enhance the image of PTUK through the positive actions of employees;
- Demonstrate adherence to the NHS-wide No Smoking principle;
- Adhere to National No Smoking in line with Health Act 2006.

1.3 This policy sets out how PTUK will maintain a completely smoke-free environment and will follow a no smoking policy throughout the organisation.

1.4 This policy meets the requirements of the Health and Safety at Work Act 1974, the Workplace (Health, Safety and Welfare) Regulations 1992 and the Health Act 2006 and has been written in partnership by management and staff side.

2.0 Purpose

2.1 To provide a smoke free environment in accordance with UK legislation and to promote and assist employees wishing to give up smoking. This policy applies to all staff employed by PTUK as well as, agency workers, volunteers, contractors, patients and visitors. The policy is applicable to all PTUK property and premises, including inside and outside of PTUK buildings or associated sites and vehicles.

3.0 Duties

3.1 The Human Resources Department is responsible for keeping the provisions within this policy in line with employment legislation and best practice people management principles.

3.2 Managers, HR staff and trade union representatives are responsible for providing advice and guidance to employees and visitors on awareness and compliance of this policy and procedure.

- 3.3 Management and trade union representatives are responsible for bringing any mutually beneficial improvements to this policy to the attention of PTUK.
- 3.4 Occupational Health are responsible for advising employees who wish to stop smoking.
- 3.5 Compliance with this policy is the responsibility of all PTUK employees, agency workers, contractors and visitors. All employees will, in addition to adherence to this policy, be expected to adhere to the no smoking policies of any premises at which they are working, based or visiting.

4.0 Standards

- 4.1 There will be:
- No smoking on any PTUK or any other NHS property;
 - No smoking within PTUK buildings leased or owned (including garages);
 - No smoking in PTUK vehicles, including lease cars;
 - No smoking in any vehicle used to convey patients, other PTUK employees or visitors;
 - No smoking in PTUK uniform, either whilst on duty or off duty;
 - No smoking on PTUK owned or leased land;
 - No smoking in line with section 3.5 above.
- 4.2 All employees are asked to assist with ensuring that visitors and contractors comply with the policy by explaining the principles in a polite and positive manner. Employees should seek assistance from a manager if a situation becomes challenging or confrontational.
- 4.3 All prospective and new employees will be advised of this policy through either the PTUK recruitment process, induction programme or directly by their manager.
- 4.4 An initial breach of the policy will be dealt with in an advisory way, accompanied by advice about what smoking cessation/support options exist.
- 4.5 Any subsequent breach of this policy may lead to further action, which for PTUK employees may include formal disciplinary action.

5.0 Smoking Cessation Support

PTUK acknowledges the anxieties associated with making lifestyle changes and recognises that employees who smoke may experience difficulty in adjusting to the smoking ban. Therefore line managers, the Human Resources Department and Occupational Health will be available to direct all employees towards practical help and continuing support on giving up smoking through:

- Cessation support groups run in partnership with the local Primary Care Trust;
- The NHS Smoke Free Helpline on 0800 022 4332 www.smokefree.nhs.uk;
- Local Stop Smoking Services;

For further information on these services please contact Occupational Health.

6.0 Monitoring Compliance

All local managers are to visually inspect their buildings and surrounding areas for evidence of smoking. All make ready teams are to inspect the interior of all vehicles for evidence of smoking. Any evidence should be witnessed, documented and the relevant line manager informed for further investigation.

7.0 References

Health and Safety at Work Act 1974
Workplace (Health, Safety and Welfare) Regulations 1992
Health Act 2006

8.0 Appendices

Appendix 1
Appendix 2

Appendix 1 - Equality Impact Assessment Tool

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2	Is there any evidence that some groups are affected differently?	No	
3	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	
4	Is the impact of the policy/guidance likely to be negative?	No	
5	If so can the impact be avoided?	N/A	
6	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
7	Can we reduce the impact by taking different action?	N/A	

If you have identified a potential discriminatory impact of this procedural document, please refer it to Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

Appendix 2 - Checklist for the Review and Approval of Procedural Document

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

	Title of document being reviewed:	Yes/No/Unsure	Comments
1.	Title		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	Rationale		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	Is the method described in brief?	Yes	
	Are people involved in the development identified?	No	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
4.	Content		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are the references cited in full?	Yes	
	Are supporting documents referenced?	Yes	
6.	Approval		

	Title of document being reviewed:	Yes/No/Unsure	Comments
	Does the document identify which committee/group will approve it?	Yes	
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	No	
7.	Dissemination and Implementation		
	Is there an outline/plan to identify how this will be done?	Yes	
	Does the plan include the necessary training/support to ensure compliance?	Yes	
8.	Document Control		
	Does the document identify where it will be held?	Yes	
	Have archiving arrangements for superseded documents been addressed?	Yes	
9.	Process to Monitor Compliance and Effectiveness		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes	
	Is there a plan to review or audit compliance with the document?	Yes	Upon reporting of incidents
10.	Review Date		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so is it acceptable?	Yes	
11.	Overall Responsibility for the Document		
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes	

Individual Approval			
If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval.			
Name		Date	11/04/2020
Signature			
Committee Approval			
If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents.			
Name		Date	11/04/2020
Signature			