



Smoke Free Hospital Toolkit

**A Guide for Imple-
menting
Smoke-Free
Policies**

GOALS

Hospitals play a myriad of roles in the lives of the people they touch. A smoke-free policy may have different goals for each of these various roles.

As an employer, a hospital's goal is to provide the safest, healthiest, most cost-effective working environment possible for employees. A hospital is also concerned that hospital employees have what they need to accomplish their jobs.

As a health care provider, a hospital's goal is to provide the most comprehensive, cost-effective quality health care possible. A hospital is also concerned about patients' and consumers' satisfaction with services.

As a community member, a hospital provides leadership in increasing the health and well-being of the community. As a community leader, a hospital is concerned with its influence in the community as well as maintaining expert status and legitimacy.

ATTACHED CD CONTENTS

- [OBJECTIVE 1: ESTABLISHING POLICY](#)
Sample Policies and Fact Sheets for Policy Makers
- [OBJECTIVE 2: ESTABLISHING A TIMELINE](#)
Examples
- [OBJECTIVE 3: PROVIDING TRAINING ON SYSTEMS, ROLES AND RESPONSIBILITIES](#)
PHS Guidelines, Surgeon General's Report, Reimbursement, Provider Training, Employee Training, Other Information
- [OBJECTIVE 4: COMMUNICATING THE SMOKE-FREE MESSAGE](#)
Bulletin, Brochure, Press Release, Q&A Sheets
- [OBJECTIVE 5: PROVIDING SYSTEMATIC ASSISTANCE WITH CESSATION](#)
Patient Education Materials, Clinician Tools, Clinician Training, Employee Cessation Programs and Health Plans
- [OBJECTIVE 6: SUPPORTING ONGOING IMPLEMENTATION](#)
Systems, Tobacco Use as a Chronic Issue
- [OTHER HELPFUL RESOURCES](#)
Toolkits, Making Your Workplace Smoke-Free, Articles, etc.

BACKGROUND

As an employer:

Environmental tobacco smoke (ETS) is classified as a known human carcinogen. Exposure to ETS places employees at risk for serious health consequences, including lung cancer, cardiovascular disease, and irritant effects in the eye, ear, nose and throat.¹

Employee smoking and ETS are costly and hazardous. Significant costs include increased illness and discomfort for all employees; employee absenteeism; decreased productivity; increased health and life insurance claims/costs; increased worker's compensation payments; increased accidents, fires and related insurance costs; property damage and related insurance costs; and increased costs associated with maintenance and cleaning. Employees who smoke have higher

outpatient health care costs, take longer to recover from illness, have more hospital admissions and impose costs on non-smoking employees.^{1,2,3}

A smoke-free workplace is safer and healthier with reduced hazards, risks and costs for all employees and encourages a reduction in employee smoking. Smoke-free policies reduce the number of employees who start smoking, reduce the number of cigarettes smoked by employees by an average of 3.1 per day and reduce the number of employees who smoke by 3.8 percent. Reduced employee smoking prevalence reduces absenteeism, increases productivity, reduces direct health care costs, and may make it possible to negotiate lower health, life and disability coverage.^{4,5}

As a health care provider:

Smoking is responsible for over 440,000 premature deaths and \$157 billion in health care and lost productivity costs annually. Smoking negatively affects bone and wound healing. Patients who smoke have twice the risk of postoperative infection. Smoking cessation is one of the best strategies available for improving health.^{1,6}

Evidence-based treatments for tobacco dependence are efficacious. Treatments initiated by health care providers greatly increase success rates. The health effects of cessation are immediate and far-reaching. Quitting reduces the risk of cardiovascular disease and cancer. In fact, the chance of a myocardial infarction decreases within 24 hours of quitting. The risk of dying from cardiovascular disease is reduced to



near that of a non-smoker just five years after cessation.^{7,8}

An admission to the hospital often provides an opportunity and incentive for smokers to quit. A hospital where smoking is prohibited will provide treatment and a supportive environment for making and sustaining attempts to quit.

As a health care institution, it is important to educate and model healthy behaviors. Implementation of a smoke-free campus sends a clear

message of the commitment to a healthy lifestyle.⁹

As a community member:

Providing an example of an environment committed to wellness and prevention sends a clear, powerful message that the hospital supports a healthy lifestyle. The societal costs and consequences of tobacco use are shocking. Half of all smokers will die prematurely from a tobacco-related disease. Lower socioeconomic groups are overrepresented among smokers

and suffer disproportionately from tobacco-related diseases. Providing leadership in this domain is likely to influence the community's attitude toward tobacco use and help create a community in which quitting is encouraged and facilitated. Smoke-free policies have been shown to encourage patrons, patients and employees to quit tobacco.¹⁰



The community may have numerous questions about the policy. The hospital may want to be prepared to manage these questions by developing a means for submitting and addressing questions and concerns.

DESIGNATED SMOKING AREAS ARE NOT ENOUGH

Simple separation of smokers within the same airspace does not eliminate exposure to ETS. The Environmental Protection Agency has determined that ETS cannot be reduced to safe levels by high rates of ventilation. Providing a space to smoke does not assist patients with quitting or provide a healthier environment. Building and maintaining smoking huts sends a message of approval for smoking.¹¹

OBTAIN CDC PROMOTIONAL MATERIALS

WWW.CDC.GOV/TOBACCO/PUBSL.HTM

OBJECTIVE I: ESTABLISHING POLICY

As an employer:

An effective smoke-free policy will be caring, concise and thorough. Providing treatment should be a priority. The policy should focus on protecting people from harm rather than restricting behavior. The executive team must be solidly behind the effort.

As a healthcare provider:

An effective smoke-free policy will include the hospital's goals to provide comprehensive, high-quality care to patients and a healthy environment for visitors.

As a community member:

The community may look to the hospital to provide a model for establishing smoke-free environments in other sectors of the community. Be prepared for questions.

Smoke-free policies often include the following major elements: Purpose, Definition, Facilities and Areas Affected, Use of Facilities by Outside Parties/Vendors, Patient and Visitor Smoking, Tobacco Sales on Campus, Progressive Counseling/Enforcement, Available Smoking Cessation Programs, Hospital-Wide and/or Management Commitment, Sign Requirements, Breaks, Procedures for Implementation, and Smokeless Tobacco Use.



“First, we thought about how we can make this a success...stating reasons why we were taking this stance... ‘for the health of our kids...’ and then decided to go at it in stages, addressing the staff first. The policy is set up to deal with smoking like any other disciplinary issue for staff and the rules have to be obeyed just like any other rule in the hospital. We wrote the policy, defined what it applied to, offered cessation resources and opportunities for employees, moved the smoking areas, and decided how to enforce it. We later announced that in April 2005 the whole hospital would be tobacco and smoke-free, and that it would apply to everyone. It was not a specific department’s job to make sure the policy was being followed, but one where everyone from the top down, starting with the CEO, was expected to help get this information out to all staff and later to the families. This was a culture shift and we went at this from a positive stance rather than a punitive one.”

**Laura Rule, RNC, Director, Operations Support,
Arkansas Children’s Hospital (ACH)**

“The policy has three tiers: campus, patient/visitor, and employees. The campus tier is more general. We established that we were doing it because we wanted people to be healthy, and that we wanted to help. Patients cannot smoke except by doctor’s orders, and the patient must be mobile. Visitors cannot smoke. The employee tier addressed what would happen if the employee did smoke, disciplinary actions and procedures. The chief of nursing, medical board, director of patient care, the COO of the hospital, the cabinet and the chancellor were involved with writing the policy.”

Kathleen McComber, Senior Director of Human Resources, University of Arkansas for Medical Sciences (UAMS)

OBJECTIVE 2: ESTABLISHING A TIMELINE

As an employer:

Enough time is needed for management and employees to prepare for the change. Options for cessation should be offered prior to implementation and enforcement of the policy. Training for all employees in how to handle violators should also be offered prior to implementation and enforcement.

As a health care provider:

The timeline should provide enough time for the hospital to train providers in referral and treatment options and to establish a system-wide process for identifying, treating, and/or referring smoking patients.

As a community member:

The community may look to the hospital to provide a model timeline for establishing smoke-free environments in other sectors of the community.

“We kind of worked through a few issues first, getting information from other hospitals in the nation who had gone smoke-free, input from staff and parents, held trainings, had weekly fun events to promote healthy lungs and air, and hired a full time tobacco interventionist. We set our date for staff to be tobacco and smoke free on our campus first. This was the Great American Smoke Out on November 18, 2004. After a time, we set the date for the parents and visitors, which was Earth Day on April 22, 2005. We knew we had to first get everyone on board to help the parents. We gave information to the department heads in monthly meetings, had information in our internal daily communications and really saturated all communication modes internally.”

Laura Rule, RNC

“We had three changes in the timeline. Started in July 2003 and were supposed to implement it in November 2003 for the Great Smoke Out, but it was pushed back to February 2004 and then again to July 2003. Everyone was fearful and didn't think they had been given enough time so they continued to push the deadline back. I think we had plenty of time to implement from July 2003-January 2004”

Kathleen McComber (UAMS)



OBJECTIVE 3: PROVIDING TRAINING ON SYSTEMS, ROLES AND RESPONSIBILITIES

As an employer:

Employee providers will require training in the delivery, expectations, timing and system supports for patient referrals and/or treatment. Management will require training in how to implement the policy in their daily activities, such as employee breaks and managing employee violators. All employees will require training in how to manage violators.

As a health care provider:

Hospital-wide training will be required in the hospital-wide commitment and process for identifying, referring and/or treating all tobacco users. This process will enhance the efforts of the providers and maintain initial provider efforts to engage in tobacco cessation interventions.

As a community member:

The community may look to the hospital to provide a model for training employees and providing tobacco cessation options. Some community members and professionals, in addition to employees, may desire to attend training.



“Everybody [is responsible for managing violators]. This policy is a rule like all the others. We don’t use the term violators. We are all doing this for the health and safety of the children, [patients] and employees. If you caught someone smoking in the hospital, it is a safety issue just like a spill on the floor. You manage it like any other issue. If you see someone smoking, approach them with assistance in mind: ‘Maybe you haven’t heard of our new policy...for the health of our patients....’ Make sure everyone is not afraid to inform others. Get everyone comfortable with the idea by role playing and develop a script to practice what should be said if you see someone smoking. Assume that the person doesn’t know and just inform them.”

Laura Rule, RNC (ACH)

"[Breaks] are handled by the departments. Some direct care areas can leave and some can't, some have to clock in and some don't. It is department-specific. HR's message is the same, "Smoking is not allowed on campus." Nicotine replacement is an option for those who can't leave campus for a break. This service is provided free to our employees who sign up with our interventionist. We repackage and sell nicotine gum in small quantities in the gift shop for our parents and visitors. All decisions should be done objectively and matter-of-factly without judgment. It is the behavior that we want to change, the person is not bad. They are still good at what they do or they wouldn't be working here. Be supportive and positive about it and offer alternatives."

Laura Rule, RNC (ACH)

[We train employees by] explaining that this policy is not just for the smokers, but for the children and families. We offered training to departments and individuals in how to approach our visitors. Ongoing meetings with departments are offered to help solve issues that come up. We also developed scripts and always use them. As mentioned before, just guide the smokers along. Practice what should be said. Always assume that they don't know. Always approach it as a health and safety issue. Always be courteous and offer assistance. If you notice that the person is crying or is upset, maybe something terrible has just happened. Then [that's not the time to] deal with the smoking issue. Always try to assist the person."

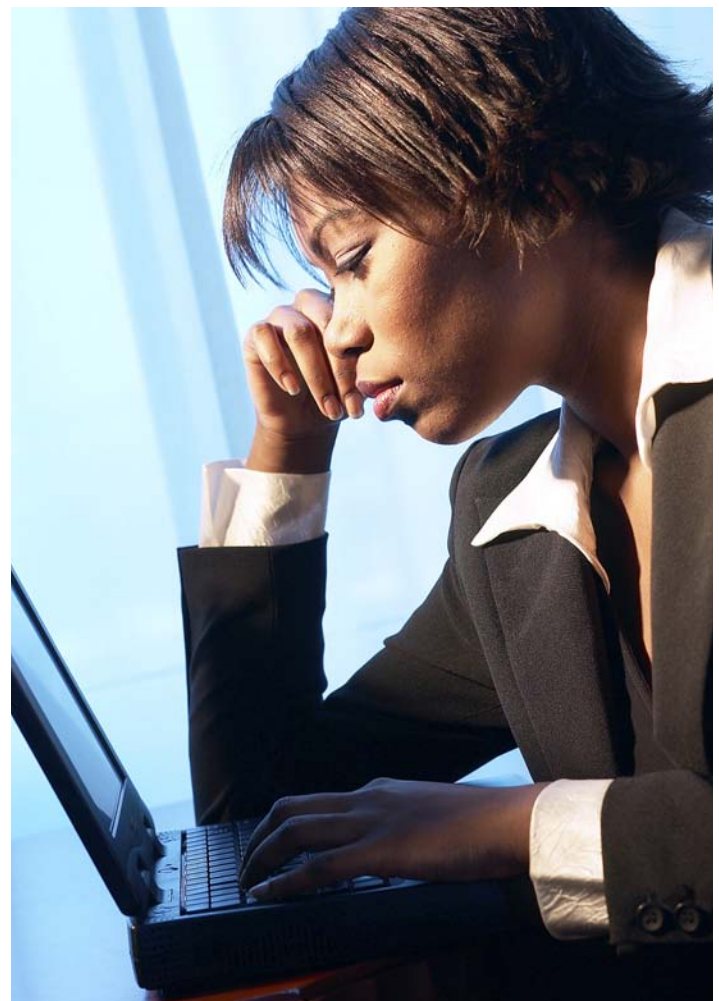
Laura Rule, RNC (ACH)

"There were three levels of training: management, employee, and police. Management reviewed the policy, their responsibility, the role of the campus police, how to deal with patient, and how to approach people (sensitivity training). Employee training included what happens if you get caught, who enforces the policy; and disciplinary action. Campus Police involved EAP, did role playing because everyone was concerned there would be altercations, and gave the police a script of what to say. We followed up with the police, and they have not had any events (physical or verbal). All responses have been good."

Kathleen McComber (UAMS)

"Nurses went through a staff education in cessation. UAMS has always offered cessation for patients, so they just did an in-service with the nurses, management, and employees. They can still receive support and classes."

Kathleen McComber (UAMS)



OBJECTIVE 4: COMMUNICATE THE SMOKE-FREE MESSAGE

As an employer:

Communicate a non-threatening, caring, but firm message that the hospital is committed to providing a healthy environment for employees and that the policy will be implemented, supported and enforced. Focus on the policy and not on employees who smoke. Include the cessation options that will be available. The employees who are also health care providers will need to know that their efforts at providing cessation will be supported.

As a health care provider:

Communicate a non-threatening, caring, but firm message that the hospital is committed to providing a healthy environment for patients and visitors and that the policy will be implemented, supported and enforced. Focus on the policy and not on smokers. Communicate that all the health care providers are able and willing to assist employees, patients and visitors with cessation treatments and/or referrals.

As a community member:

Communicate a non-threatening, caring, but firm message to the community that the hospital is committed to modeling a healthy environment and that the policy will be implemented, supported and enforced. Focus on the policy and not on smokers. Include mention that cessation options will be available. The community may inquire about the availability of cessation treatments.

How this message is communicated will affect how the message is received by the target audience. Successful messages are often up-beat and include positive events and or activities for employees, patients and the community.

“We needed to figure out how to [communicate the smoke-free message] without hammering it in. We used the carrot rather than the stick approach, so we came up with a logo [a cute owl] and an acronym, W.I.S.E: ‘Working in a Smoke-free Environment.’ We got welcome mats with the WISE owl and a no smoking sign on it. WISE Wednesday activities with themes that required lung capacity (e.g., tuba, bagpipe, flute and clarinets, bubbles, owls, beach ball blow-ups, bubble gum) educated staff on the policy, PR campaigns, TV, cinema ads, radio, newspaper, flyers, appointment letters, letterhead, bulletin boards, reminders on tables, and in admissions packets. We hired a cigarette butt remover that worked every day picking up cigarette butts, because if someone sees it on the ground then they assume it’s all right to smoke here. We had a Smoke-Free kick off in November where parents spoke. We received letters of support from congressmen, the mayor and the governor. We had coffee cups, cookies, ink pens, a slide show of activities and a jazz band. Bottled water, pins,

suckers, and banners were all made with the owl logo. We posted it on the intranet. We had coloring contests and door decorating contests and included doctors, staff, faculty and children and gave prizes. The zoo brought real owls, and Public Relations took pictures and put them on the intranet and in newsletters. We changed the handbook and included it in orientation.”

Laura Rule, RNC (ACH)

“We have a system we use for parents who leave the floor or room or clinic to smoke or do something else they need to do. We use pagers. It seems to work well.”

Laura Rule, RNC (ACH)

"We made one mistake when we approached people and we handed out green ribbons that said, "I Quit, So Can You." We decided to ask people as they walked in the front entrance if they smoked and if they wanted to wear a green ribbon. People that did not smoke were offended and did not want to wear one, and people that did smoke were embarrassed and did not want one. So we decided to back up and do it in a more positive way. Instead of asking people if they smoked or not, we just started saying, "Come and get a green ribbon." We let people come and ask what it was for, and that took the sting out. It is all in the approach.

Laura Rule, RNC (ACH)

"We looked at it as a marketing campaign in which UAMS is a leader for the community. The message was communicated through internal publications (update; bulletin board, email, and website). We communicated and announced it before there was a plan. We had a focus group for employees as well as management based focus groups. We went to forums at various colleges and recruited people from CON, COPH who design patient education. Dr. Wilson met with St. Vincent Infirmary, Baptist Medical Center and Arkansas Children's hospitals to see if they would announce along with them. We thought it was important to see others going along with us."

Kathleen McComber (UAMS)



OBJECTIVE 5: PROVIDE SYSTEMATIC ASSISTANCE WITH CESSATION

As an employer:

Provide as much assistance with cessation for employees as possible. Include insurance coverage for cessation medications and counseling, and make this information readily available to employees and their families. Provide materials to employees who do not smoke on how to best assist smoking co-workers with cessation.

Supporting systems changes that assist employee/providers in identifying, referring and treating patients is part of providing these employees with what they need to accomplish their jobs.

As a health care provider:

Ensure that the system supports the identification and treatment of tobacco users. As a matter of good practice and policy, all providers should offer and/or provide assistance to every patient who uses tobacco at every contact. Additionally, it is important to make information about cessation options readily available to patients and visitors, as well as information about how to best assist someone who is smoking. Ensure that all providers are knowledgeable about the range of insurance benefits available for cessation medications and counseling. Ensure that all providers are knowledgeable about the cessation programs available in the community.

As a community member:

Provide information to the community about the cessation options available to patients, employees and the community.

Obtain an Arkansas Provider Toolkit
<http://sosquitline.pnms.com/index.asp>

“For employees that wanted to quit smoking, ACH contracted with the Mayo clinic and employees were referred to them for treatment interventions free of charge. We then hired an interventionist and sent her to the Mayo clinic for training to teach her smoking cessation specific techniques on how to work with the employees and parents. She is great at not shaming smokers. We offered assistance and worked with the employee for nicotine replacement based on the Mayo Clinic assessment, then they can get medications at work.”

Laura Rule, RNC (ACH)

“Cessation for employees was free. The employees were able to make all of their own decisions. If they wanted to quit, they picked what levels they thought they needed with no strings attached. We didn’t question who got treatment, even if it was for a family member. We gave free nicotine replacement. We offered six weeks of counseling, as well.”

Kathleen McComber (UAMS)

OBJECTIVE 6: SUPPORT ONGOING IMPLEMENTATION

As an employer:

Tobacco use and dependence is a chronic issue and will need to be addressed on an ongoing basis. Employees who use tobacco and/or relapse will need ongoing assistance and support. Procedures for addressing the use of tobacco with new employees will be required. Training for new employees in managing violators will be required, as well as training for new provider/employees in the delivery of referral/treatment options. Objectives 3, 4, and 5 will need to be met on an ongoing basis.

As a health care provider:

Conceptualizing, discussing and addressing tobacco use as a chronic issue will provide the foundation for supporting implementation of the smoke-free policy on an ongoing basis. Objectives 3, 4, and 5 will need to be met on an ongoing basis. As new treatments and programs emerge, training will be required on how to utilize these options.

As a community member:

The community may look to the hospital to provide a model for how to maintain smoke-free policies. Conceptualizing, discussing and addressing tobacco use as a chronic issue will provide the foundation for supporting implementation of the smoke-free policy on an ongoing basis in the community.

We have two radio commercials that talk about this policy change for parents and visitors, which will air on April 22. They are called "Air Thee Well" and "Air to be Different." Our initial print ad was a baby with a scrunched up face captioned, "Smoking Stinks" and we have a little girl with pigtails and smelling flowers with the caption "Air Thee Well." We will continue to have education and cessation for our staff, families and patients. The interventionist provides treatment for the employees and coordinates all tobacco-related activities at the hospital. She figures out what is needed and does it. We have a can-do attitude. If people call and need information, we help them figure it out because we are committed. The employees, patients and families are important and worth it."

Laura Rule, RNC (ACH)



References

1. U.S. Department of Health and Human Services. The health consequences of smoking: a report of the Surgeon General. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. 2004.
2. U.S. Department of Health and Human Services. Making your workplace smoke-free: A decision maker's guide. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.
3. Halpern MT, Shikar Rentz AM, Khan ZM. Impact of smoking status on workplace absenteeism and productivity. *Tobacco Control*. 2001; 10:233-8.
4. Fichtenberg CM, Glantz SA. Effect of smoke-free workplaces on smoking behaviour: systematic review. *BMJ*. 2002;325(7357):188.
5. Max W. The financial impact of smoking on health-related costs: a review of the literature. *American Journal of Health Promotion* 2001;15:321-31.
6. Centers for Disease Control and Prevention (CDC). Annual smoking attributable mortality, years of potential life lost, and economic costs-United States. 1995-1999. *MMWR* 2002; 51: 300-303.
7. Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs. Atlanta GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. 1999.
8. Bolinder G, Alfredsson L, Englund A, de Faire U. Smokeless tobacco use and increased cardiovascular mortality among Swedish construction workers. *American Journal of Public Health* 84(3):399-404, 1994
9. Fiore MC, Bailey WC, Cohen SJ, Dorfman SF, Goldstein MG, Gritz ER, et al. Smoking cessation: Clinical practice guideline no. 18. Rockville, MD: U.S. Dept of Health and Human Services, Public Health Service 2000.
10. American Cancer Society. *Cancer Facts & Figures 2000*
11. Cains T, Cannata S, Poulos R, Ferson MJ Stewart BW. Designated "no smoking" areas provide partial to no protection from tobacco smoke. *Tobacco Control*. 2004; 13:17-22.

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