Tobacco-free Healthcare

A tobacco-free futures action guide

International Union Against Tuberculosis and Lung Disease
Promoting lung health in low- and middle-income countries

Tobacco Control *at The Union*
United for a tobacco-free future

Contents

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1. INTRODUCTION

The Guide has been developed as part of a toolkit to promote and support tobacco-free policies in all healthcare facilities with the aim of reducing tobacco-related morbidity and mortality among the staff, patients and broader communities and to specifically:

1. Reduce exposure to tobacco smoke among staff, patients, visitors and the broader community.

2. Increase awareness and knowledge of the harm caused by tobacco use and exposure to tobacco smoke among staff, patients and the broader community.

3. Increase the number of staff, patients/family members, and the broader community who successfully quit using tobacco.

The Guide provides guidance to healthcare facility boards, senior management teams, administrators, health professionals, communication experts and other key stakeholders in developing a tobacco-free healthcare facility policy. It is intended for use in low- and middle-income countries, or countries or localities in the developing stages of tobacco control efforts, where access to evidence-based medication for cessation is limited. However, it is based on international best practice and evidence (where it is available), and could be useful for healthcare administrators planning to make their facility tobacco-free in any country.

It is expected that the Guide will provide a generic template for translation/adaption in specific countries. It has been developed to be useful for all healthcare settings from very small primary healthcare clinics to large multi-campus hospitals, as well as specific healthcare settings such as TB, HIV AIDS, paediatric, maternal, and mental health. The toolkit is a flexible instrument that allows healthcare facilities to immediately implement a tobacco-free policy coupled with cessation services, or implement components in an incremental, phased-in approach.

The terminology ‘tobacco-free’ has been used throughout this Guide and toolkit, as it is considered more inclusive than smokefree, encompassing smokeless tobacco, tobacco advertising and sponsorship, and all tobacco products. It is also very appropriate for some countries, which have a large and varied tobacco use problem. However, it may be that in some countries the preferred terminology is ‘smokefree’, particularly if ‘smokeless’ tobacco is not commonly used.

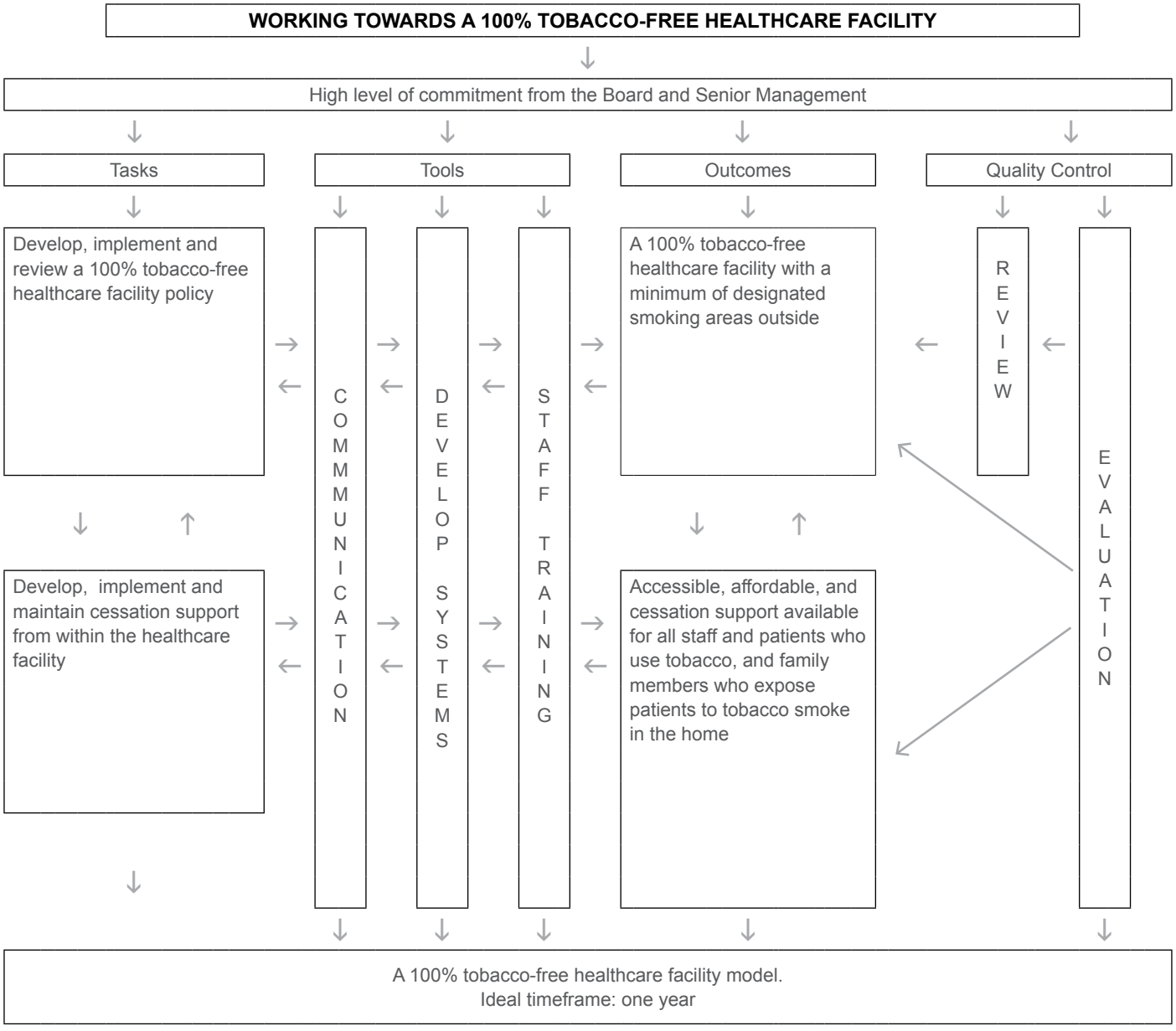
[a] A tobacco-free healthcare facility incorporates cessation support and services.

2. WORKING TOWARDS A 100% TOBACCO-FREE HEALTHCARE FACILITY

What is a 100% tobacco-free healthcare facility?

1. No smoking is allowed on the healthcare facility premises, with smoking banned in the grounds or designated smoking areas outside.
2. All staff and patients who use tobacco, and family members who expose patients to smoke in the home, are offered support to quit.
3. Tobacco-free incorporates all tobacco products, such as cigarettes and smokeless tobacco.
4. No tobacco products can be sold on the healthcare facility premises.
5. No tobacco advertising or sponsorship is allowed on the premises.

Figure 1: A model to work towards a best practice 100% tobacco-free healthcare facility



100% tobacco-free healthcare facility model

A best practice model (Figure 1) has been developed which is focused on two outcomes:

1. A 100% tobacco-free healthcare facility with a smoking banned in the grounds or designated smoking areas outside.

2. Accessible, affordable, and available tobacco cessation support for all staff, and patients who use tobacco, and/or family members who expose patients to tobacco smoke in the home.

The outcomes are supported by healthcare-wide systems, communication, and staff training, greatly increasing the likelihood that the 100% tobacco-free policy and cessation support will be sustainable.

2.1 Preparation

Priority: **Ensure a high level of support from the Board and/or the senior management.**
Consider also seeking endorsement from key medical groups, and liaising with lead government health agencies.

2.1.1 Appoint/recruit a tobacco-free co-ordinator

A specific person needs to manage the process to a tobacco-free healthcare facility. This person should not be a doctor, rather a person who can manage change and can be an effective leader. If it is not possible to appoint or recruit a person, dedicated responsibilities should be given to specific staff.

2.1.2 Establish a working team

A working team should be established with expertise and skills from a range of departments, such as, public health, clinical, administration, communication, training and health education, IT, logistics, facilities, security and registration.

2.1.3 Assess the tobacco-free status of the healthcare facility

Many healthcare facilities may already have some elements of a tobacco-free policy and/or cessation support. However, it may be necessary to review these elements and would be useful to also conduct a mapping exercise of the healthcare facility to:

(i) Assess the readiness of staff for the healthcare facility to go tobacco-free.

(ii) Identify the nature of health services provided, such as, outpatients, inpatients, long term patients; and the type of patients, such as, mental health, and alcohol and drug.

(iii) Map existing resources, such as smoke detectors, cameras, and security services.

This will help identify:

(i) Available resources that will be useful in developing a tobacco-free policy.

(ii) Specific issues that will need to be addressed.

2.1.4 Write a workplan

A detailed work plan should be written to guide the process of working towards a 100% tobacco-free healthcare facility. Key staff and stakeholders should be consulted at appropriate times during the planning stage. This will include:

(i) Developing the policy.

(ii) Policy launch event.

(iii) Implementing the policy, including enforcement.

(iv) Systems development.

(v) Communication strategies.

(vi) Development of a staff training program.

(vii) Cessation support for staff, patients, and family members who expose patients to tobacco smoke.

(viii) Cessation service (optional).

(ix) Review of the policy.

(x) Evaluation of the 100% tobacco-free healthcare facility.

Key tasks, due dates and assigned responsibilities should be identified.

2.1.5 Conduct a baseline survey

Develop questionnaires and conduct a baseline survey for evaluation purposes. Questions should be included on the following:

(i) Prevalence rates of using tobacco among staff.

(ii) Tobacco control knowledge, attitudes and practice of the management, board, and health staff.

(iii) Existing tobacco-free policies and strategies of the healthcare facility.

2.1.6 Staff support

Clearly communicate with staff that a policy for the healthcare facility on tobacco is to be developed and that they will be consulted throughout the process of development.

2.2 Phase 1: Develop, implement and review a 100% tobacco-free healthcare facility policy

2.2.1 Develop a 100% tobacco-free policy

(i) Educate the staff
In this early development phase, an education campaign will need to be developed for staff. This should focus on:

a. Increasing awareness and knowledge of staff about the harms caused by tobacco and exposure to tobacco smoke. Experts from different medical disciplines should be invited to develop/contribute to factsheets and/or bulletins, and to give presentations related to their area of speciality, such as oncology, respiratory and cardiovascular disease.

b. Encouraging quitting tobacco activity and accessing cessation support. Health professional staff, particularly doctors and nurses, are role models, and should be promoting the tobacco-free message through their behaviour.

c. Ensuring a high level of awareness and knowledge of the planned 100% tobacco-free policy.

Staff can be targeted through communication channels such as the intranet, mobile media (if available), e-newsletters, bulletin boards, and posters. Staff training sessions and workshops, such as orientation, can provide an opportunity to promote quitting tobacco.

(ii) Offer cessation support to staff
Cessation support, even if not currently provided in the healthcare facility, should be established for staff. Ideally it should be free-of-charge and very accessible, for example onsite at the end of work shifts, and available seven days a week.

(iii) Write the draft 100% tobacco-free policy
The policy should include:

a. A clear definition of 100% tobacco-free in the policy.

b. Rationale for the policy.

c. Information on who the policy is for.

d. Implementation and review dates.

e. A ban on the sale of tobacco products, advertising and sponsorship.

f. A ban on ashtrays must not be available in the buildings or anywhere on the campus.

g. A complaints procedure.

h. Enforcement details.

i. Details of cessation support.

j. Links to local/regional/national laws if they require 100% tobacco-free healthcare facilities.

A sample policy is provided in Annexe 1.

(iv) Consultation
Every effort should be made to consult with staff, such as:

a. A roadshow for staff
This can be a very good way of consulting with staff in different departments. A draft policy should be developed and the implications presented to staff with an opportunity for them to comment on every component.

b. Staff meetings
The policy can be an agenda item for regular meetings, or specific meetings could be held at convenient times for staff, such as, ward changeover time, morning/afternoon 'tea break' (perhaps with some snack food).

(v) Finalise the 100% tobacco-free policy
Following consultation with staff, the Board and other key stakeholders, such as, local health associations, trade unions (if appropriate), patient representatives, and professional associations, the policy should be finalised.

(vi) 100% tobacco-free policy training
Management and staff need to have the knowledge and skills to effectively implement and enforce the policy. Following the finalisation of the policy, management and staff will need to have training on policy content and requirements prior to launching the tobacco-free policy (see Figure 2).

(vii) Penalties for non compliance
Penalties for non compliance should be established. However, the more effective the communication strategies and staff training are, the more likely it is that there will be a high level of support from staff, patients and visitors, and compliance will not be a major issue.

Figure 2: Training requirements prior to the launch of the policy

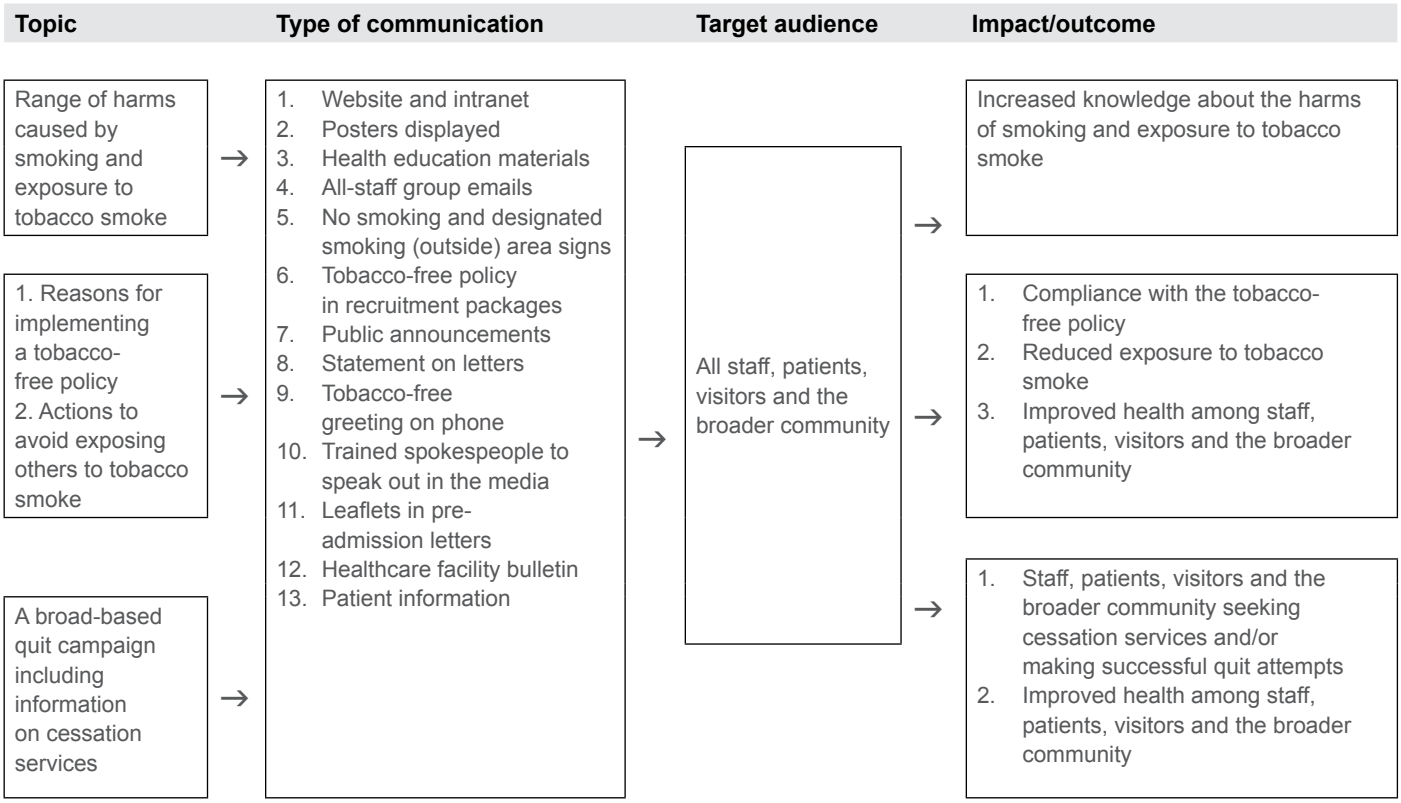
Trainees	Content	Competencies Knowledge-and skills-based
All staff	1. General tobacco control 2. Policy details 3. Implementation and enforcement - key messages 4. National tobacco-free legislation (if enacted)	1. Understand the rationale for a tobacco-free policy 2. Know about the harms caused by using tobacco, and exposure to tobacco smoke 3. Are familiar with the content of the policy 4. Can confidently assist in the enforcement of the policy
Management and human resource staff	1. Staff disciplinary process 2. Specific roles for management and human resource staff	Can confidently discipline staff
Enforcement and/or inspection staff	1. General nicotine addiction 2. Details of the enforcement component of the policy 3. Management of addicted staff, patients and visitors. 4. Management of smokers who refuse to smoke offsite 5. Key enforcement messages	1. Have some understanding of nicotine addiction 2. Are familiar with the enforcement process 3. Can confidently enforce the policy 4. Know where smokers can and cannot smoke 5. Can confidently use key messages to reduce the likelihood of confrontation
Medical and hospital leaders as key spokespeople on tobacco-free and tobacco control	1. Tobacco control 2. Tobacco-free hospitals 3. Interview preparation 4. Theory - working with the media 5. Practical - print, radio, and television interviews	1. Have an understanding of tobacco control. 2. Know why the hospital is tobacco-free and what the impact is likely to be 3. Can prepare for a range of interviews 4. Can confidently interview 5. Know how to seek opportunities to speak out in the media to promote tobacco-free messages

(viii) Launch the 100% tobacco-free policy

a. Pre-launch of the policy

- Select the date to launch the policy for *all* staff, patients, and visitors to stop smoking onsite (according to the policy).
- Focus the education campaign (key messages: harms of using tobacco and exposure to tobacco smoke, and quitting tobacco) initially on staff, extending to the broader community closer to the launch of the policy.
- Extend the staff education campaign to target patients, visitors and the broader community. As above, the focus should be on the harms of using tobacco and exposure to tobacco smoke, and encouraging quitting tobacco activity.
- Provide clear information on the details of the policy. Effective communication will ensure broad support for the policy, which will in turn ensure a high level of compliance with the policy.
- The local media should be well informed of the impending launch of the 100% tobacco-free policy. This can be achieved by running advertisements in local print media, and radio, sending a media release about the event to local media, and using existing media contacts.
- Types of communication should be chosen that are suitable for staff, patients, visitors and the broader community (see Figure 3).

Figure 3: Communication strategy to promote the 100% tobacco-free policy



b. The launch of the 100% tobacco-free policy

- When should the launch take place?
  The policy should be launched on the selected date for implementation for all staff, patients and visitors. The launch date for a tobacco-free healthcare facility policy often coincides with the World No Tobacco Day (31 May), World COPD (19 November), or another significant day within the local setting.
- Who should be invited?
  High level influential people should be invited to the launch, some to speak, such as, medical leaders (trained as spokespeople), Chairman of the Board, oncologists, respiratory physicians, cardiologists, local politicians, and celebrities. Invitations should also be given to the local media including reporters from print, television and radio; members of the Board, and senior management; staff particularly those who have successfully quit tobacco (awards could be given); and local health promoters who could set up promotion stands and provide advice and tobacco control/cessation resources.
- Signage
  Permanent signs should be posted to notify staff, patients and visitors that the healthcare facility is tobacco-free (or where any designated outside smoking areas are). The signs should be easy to read and in highly visible locations as well as likely places smokers might smoke surreptitiously, such as stairwells, carparks, and toilets. Display signs at all entrances (vehicle and pedestrian), building doors and elevators, and all community or public areas, such as meeting rooms, and restrooms.

If there are designated smoking areas in the grounds of the facility, directional signs should be clearly displayed.

- Install smoke alarms
  As with 'no smoking' signs, smoke alarms should be installed in the areas that smokers might surreptitiously smoke, such as stairwells, carparks, and toilets. These would also assist with enforcement of the policy.
- Display the 100% tobacco-free policy
  The policy should be clearly displayed in the entrances of each building.
- Tobacco-free promotion
  Ensure plenty of tobacco-free resources, particularly 'giveaways' are available for participants, and distributed throughout the facility. The launch should be a celebratory event with as much publicity as possible.
- Cessation support
  Information should be available at the launch of the policy on quitting tobacco, and cessation support available. Quitting tobacco should be actively encouraged and promoted.

2.2.2 Implement the 100% tobacco-free policy

The implementation of the policy should be relatively smooth if attention has been given to detail in the preparation and development of the policy phase. Communication and training are the key to successful implementation.

(i) Enforce the 100% tobacco-free policy
Enforcement of the policy must be consistent. Specific enforcement staff will need a high level of support from management. *All* staff should also assist them by simply asking smokers, to smoke in designated outside smoking areas or offsite.

a. Staff with an enforcement role
Specific enforcement staff should be appropriately trained, and given the appropriate responsibility to be able to effectively enforce the policy.

b. Staff compliance with the policy
It is very important that staff comply with the policy, as they are role models for the patients and visitors. All staff would need to *agree* to abide by the policy. In the initial stages of policy implementation staff who smoke, may smoke in stairwells, or places where they think they will not be seen. Management will need to take their role of disciplining staff who do not comply with the policy seriously.

c. Enforcement communication strategy
It is important that everyone knows that the policy will be enforced and that there are no exceptions to the policy. Communication should be through usual internal and external communication channels.

All staff should be given a map (electronic) showing property lines and exactly where smoking is and is not allowed. This is especially important if the policy does not apply to the entire property. A map should also be displayed on the website, so patients and visitors are aware of where they cannot smoke before they come to the healthcare facility.

(ii) Monitor the implementation of the 100% tobacco-free policy

a. Implementation of the policy will need to be monitored. A monitoring protocol should be developed to identify problems and suggest improvements. This would involve establishing:

- A monitoring schedule.
- Methods of reporting.
- Consequences of non compliance.

b. Monitoring should be assigned to key management staff, such as, ward managers and enforcement staff.

(iii) Train all newly recruited staff
All new staff should be given training on the tobacco-free policy soon after their start date at the healthcare facility. This would ideally be during orientation.

(iv) Ongoing education and communication
Extensive education and communication is needed to assist in the implementation of the policy.

a. Initial announcements
Depending on the size of the healthcare facility, announcements of the new tobacco-free policy can be made through:

- Staff meetings.
- Inter-office mail.
- All staff e-mails.
- Healthcare facility publications/newsletters.

b. Comments box
Staff, patients, and visitors could be provided with a comments box, such as an email box or mailbox, to ask questions, make comments and complaints, report violations, and request additional information. The comments could be monitored and responses developed to common issues. These could be relayed through usual internal communication channels.

c. Promote the 100% tobacco-free policy
Ensure staff, patients and visitors are familiar with the new policy:

- Display the policy on the healthcare intranet and website.

- Provide all existing staff with a copy of the policy and enforcement procedures.
- Send a copy of the policy to all potential staff in recruitment packages.
- Include a 'welcome to our tobacco-free hospital' message on the telephone and answer phone.
- Include a by-line on letters sent to patients about the healthcare facility being tobacco-free.
- Have occasional loudspeaker messages in foyers and waiting areas in healthcare facilities.
- Continue to promote quitting tobacco and cessation support/services if available.

2.2.3 Review of the 100% tobacco-free policy

(i) How often should the 100% tobacco-free policy be reviewed?
A decision needs to be made prior to the launch of the policy, how often it should be reviewed. Generally policies are reviewed annually. It is often possible to strengthen the policy after one year, for example. Initially it might not be possible to stop staff smoking in the designated smoking area outside in their uniforms, but by the time one year has passed (and support for the policy has grown) it could be very easy to include in the policy.

(ii) Consultation process
Staff should be consulted prior to the review. This does not need to be as in-depth as the consultation when the policy was first developed. The consultation process could include:

a. Reviewing the contents of the comments box.

b. Sending a questionnaire to staff via the usual internal communication channels.

c. Having a discussion group on the intranet.

d. Discussing the policy at regular staff meetings.

2.3 Phase 2: Develop, implement and maintain cessation support[a]

2.3.1 Design clear systems

Cessation support needs to be institutionalised and to do this clear systems need to be designed to ensure *every* patient who smokes and family member who exposes a patient to tobacco smoke is identified, given brief advice to quit and offered cessation support in a consistent, systemised manner. The systems should ideally be electronic as IT staff will be key to implementing them. However, if electronic systems are not possible, then paper-based systems should be introduced. The aim should be to incorporate tobacco-free systems into existing healthcare systems, not to create new ones.

(i) Identify ***all*** patients who smoke
Insert tobacco use/exposure to tobacco smoke questions in admission and other appropriate forms.
Suggested questions are:

a. Do you currently use tobacco?

b. Are you exposed to tobacco smoke in the home?

c. Do you want to quit using tobacco?

(ii) 'Brief advice' alert system
The alert system will act as a reminder to health staff.

(iii) Referral system
Develop referral systems for health staff to refer patients and/or family members who use tobacco to internal or external cessation services.

(iv) Systems training
As new paper-based and electronic forms are updated, and newly developed protocols and systems are developed, the staff tasked with using these systems should receive 'on the job' training.

(v) Systems communication
Staff will need to be made aware that systems are being developed, that training will be required, and who needs to be involved. This information can be transferred through the usual internal communication channels.

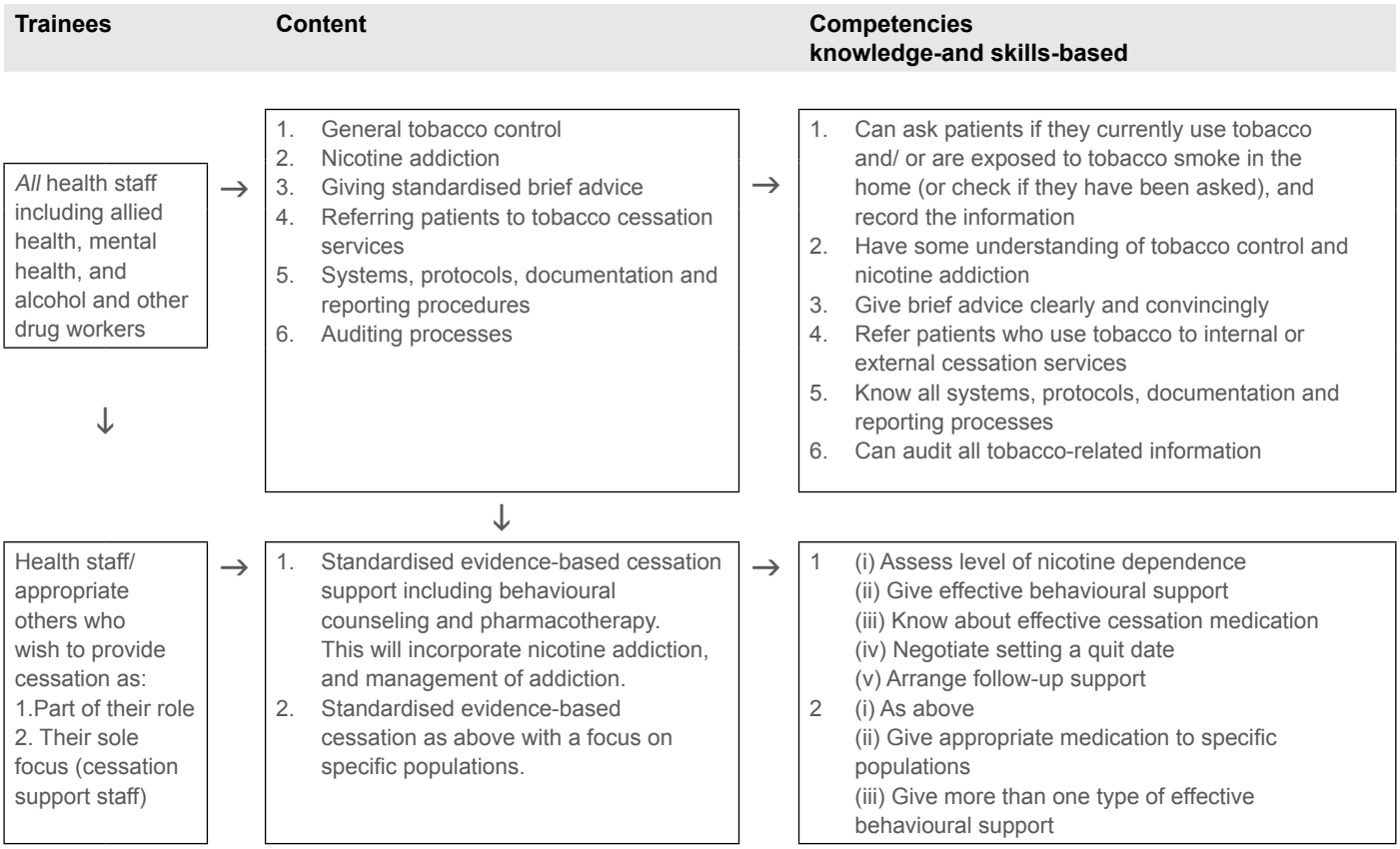
2.3.2 Train staff in the provision of cessation support

(i) Specific administration staff should be given 'on the job' training when forms have been updated with questions to identify patients who use tobacco, and/or are exposed to tobacco smoke in the home.

(ii) All health staff will need to be trained for their role in cessation support (Figure 4).

[a] Cessation support in a healthcare facility should incorporate identifying patients who use tobacco and family members who expose them to tobacco smoke, giving patients who use tobacco brief advice to quit, and offering cessation support to those who wish to quit. Cessation support may be given by health staff, who have time and have been trained, and/or referred to internal (optional) or external cessation services. It is expected that a healthcare facility would offer the full range of cessation support and ideally establish a cessation service for its patients and family members.

Figure 4: Cessation support training



2.3.3 Provision of cessation support

(i) For staff who use tobacco
Staff who use tobacco should be encouraged to quit and offered cessation support.

(ii) For patients who use tobacco and family members who smoke

a. All health staff should routinely check each patient's records for tobacco use and/or exposure to tobacco status. If a patient uses tobacco, brief advice to quit using tobacco should be given at every presentation to the healthcare facility, by every health worker.

b. If a patient is exposed to tobacco smoke in the home, family members who smoke should, if possible, be given brief advice to quit smoking. If they do not wish to quit smoking they should be encouraged to smoke outside the home.

(iii) Cessation services

a. Internal healthcare facility cessation service
An evidence-based cessation service should be established within a healthcare service if at all possible. The service should be offered at least eight hours a day, five days a week, 52 weeks a year. Evidence-based medication should be offered, if it is accessible and available, and free-of-charge to patients and family members. Health staff providing cessation support in a full time role will need to be fully trained, and able to work with complex cases.

On receipt of a referral, cessation staff should visit patients in their department/ward to discuss cessation support. Thereafter a patient should be provided with support either in the ward (if not mobile), or at the cessation support centre.

b. External cessation services
If there is no cessation service within the healthcare facility, patients who use tobacco and family members who expose patients to smoke, should be offered a referral to external evidence-based cessation services provided that they are accessible, affordable and available. Preferably the services should be free-of-charge to the patients.

c. Network of cessation services
If there are no external cessation services, a network of cessation services could perhaps be established within the district/ area.

(iv) Documentation
Every cessation intervention should be documented, from asking a patient if he/she uses tobacco to providing intensive cessation support from within a cessation service.

Wherever data is collected on tobacco use and subsequent interventions, then the data should be audited regularly (at least quarterly).

2.3.4 Promote quitting tobacco and cessation support

The aim of the communication strategy in this phase is to encourage quit attempts by staff and patients.
Some strategies that could achieve this aim:

(i) Health education printed materials
Develop health education materials specific to the employee population.

(ii) Information kits
Provide an initial package of materials to staff, patients and visitors upon request. This package should include a selection of health education materials, and cessation support offered at the healthcare facility.

(iii) Flyers
Develop flyers to inform staff, patients and visitors about cessation support available.

(iv) Posters
Obtain or develop posters that promote cessation.

(v) Resource Line
Set up a special phone number for cessation support featuring an automated message where staff, patients and visitors can obtain information on available cessation services. This number should be featured prominently in all tobacco-free communications.

(vi) Special Presentations
Host a seminar on the benefits of quitting tobacco, how staff can access assistance and resources to help them quit, and how to support friends and family members who are trying to quit.

(vii) Success story testimonials
Testimonials can provide inspiration and practical tips to staff, patients and visitors, who are struggling to break nicotine addiction. Ask staff, who have successfully quit, to share their stories in the healthcare facility's publications or on the intranet site.

2.4 Evaluation of the 100% tobacco-free facility

2.4.1 Key indicators

Appropriate process and outcome key indicators can be selected from the checklist (Figure 5).
Extra indicators could be included to conduct a more in depth evaluation such as:

(i) Policy

a. Process
- 90% compliance among staff.
- 80% compliance among patients.

b. Outcome
- An effective tobacco-free healthcare facility policy.
- High level of support for the policy among staff and patients.

(ii) Communication

a. Process
- Numbers of educational/promotional materials distributed.
- Number of people who have requested cessation materials.
- Number of information packets that have been mailed out.

b. Outcome
- Increased knowledge of the harm caused by using tobacco.
- High knowledge of the cessation service among staff and patients.

(iii) Training

a. Process
- Mandatory for staff to attend/undertake training.
- Number of staff attending/undertaking training.
- Positive feedback through evaluation questionnaires developed for each training component.

b. Outcome
- Staff able to effectively intervene with patients/family members who use tobacco by advising that they quit, and by providing support or referring patients to cessation services.
- Staff able to use the systems, protocols and procedures established by management, relevant to their specific role in the healthcare facility (through auditing processes).
- 90% of healthcare staff are trained following the first year of the implementation of the tobacco-free training program.

(iv) Systems

a. Process
   - Cessation support systems have been developed within existing healthcare facility system.
   - 90% patients have their tobacco status documented.

b. Outcome
   - High level of identification and recording of patients who use tobacco and patients who are exposed to tobacco smoke in the home.
   - Brief advice to quit using tobacco given frequently to patients and family members who expose patients to tobacco smoke in the home.

(v) Cessation support

a. Process
   - 40% of patients who smoke are referred to cessation services.
   - 50% of staff who smoke have sought cessation support.

b. Outcome
   - Increased number of patients referred to cessation services.
   - Increased number of quitting tobacco attempts among staff and patients.

2.4.2 Follow up survey

A follow up on the baseline survey will need to be conducted as part of the evaluation process.

Figure 5: Checklist for evaluating the effectiveness of a 100% tobacco-free healthcare facility

Objectives	Criteria	Yes	No	N/A
Objective 1: A reduction in exposure to tobacco smoke among staff, patients and visitors	Buildings are 100% free from tobacco smoke			
	Either smoking is banned in the grounds or there are designated smoking areas			
	No smoking is allowed in any healthcare vehicles			
	The policy is enforced			
	The policy includes a review date			
	The policy includes a complaints procedure			
	The tobacco-free policy is clearly displayed in the healthcare facility			
	'No smoking' signs are clearly displayed in the building and grounds			
	Clear signs direct smokers to any designated smoking areas in the grounds			
	All staff are educated on the content and implementation details of the policy			
	Specific staff are trained in enforcement of the policy			
	Staff and patients generally know about the hospital tobacco-free policy			
	Staff, patients and visitors are generally compliant with the policy			
Objective 2: An increase in awareness and knowledge of the harms caused by tobacco use and exposure to tobacco smoke among staff, patients and the broader community	All staff are educated on the harms caused by tobacco use and exposure to tobacco smoke			
	Staff and patients generally know that using tobacco and exposure to tobacco smoke is harmful			
	Materials such as posters and pamphlets are displayed and distributed throughout the healthcare facility			
	The healthcare intranet has information on it about tobacco use.			
	World No Tobacco Day is celebrated with tobacco-free promotion and/or events			
	Information kits are available for staff and patients on the policy and cessation services			
	Specific medical staff are trained to speak out in the media			
	The broader community is educated on the policy, cessation support and tobacco control			
Objective 3: An increased number of staff, patients and family members quit using tobacco	An ongoing quit campaign for staff, patients and visitors is being conducted			
	Staff and patients (and family members) know how to access cessation support			
	Specific staff are trained as systems are put in place			
	All health staff are trained to give brief advice to patients/family members who use tobacco to quit			
	Specific staff are trained in providing cessation support			
	Patients who use tobacco are identified			
	Patients who are exposed to tobacco smoke in the home are identified			
	Health staff give brief advice to quit using tobacco to all patients who use tobacco			
	Health staff give brief advice to family members who smoke to quit or at least smoke outside the home			
	Patients who use tobacco are referred to a cessation service or are provided with cessation support by health staff if they wish to quit			
	Family members who expose patients to tobacco smoke in the home are referred to cessation services or provided with cessation support by health staff if they wish to quit			
	All interventions with patients and/or family members are recorded			
	All admission forms and other appropriate forms are audited on a regular basis (at least quarterly)			
	Staff are offered/provided affordable, accessible, evidenced-based cessation support			
	Details of the healthcare cessation service are well advertised			
	Staff, patients and family members exposing patients to tobacco smoke are making quit attempts			

3. A 100% TOBACCO-FREE HEALTHCARE FACILITY TRAINING PROGRAMME

A training programme and education campaign are interwoven as part of a two-fold overarching goal to increase the knowledge and skills of staff, patients, visitors and the broader community to take action to reduce exposure to tobacco smoke and tobacco use. However, this section is only focuses on tobacco-free training, which is directed at staff to increase their knowledge and skills. The education campaign is aimed at the wider audience of staff, patients, visitors and the broader community, and has been incorporated in the section on developing a communication plan.

This section gives direction and guidance on the development of an effective training programme including:

1. Who should be trained by whom?
2. Where should the training take place?
3. When should the training take place?
4. What method of delivery should be used?
5. What the core content of the training should be?

3.1 Preparation

1. Establish a team of experts and/or key stakeholders to develop a training plan, and provide ongoing expert advice in the development and implementation of a training programme.
2. Work closely with the communication team to ensure the training programme and education campaign are synchronised, and promoting the same key messages.
3. Conduct a national/regional/local scan of existing training programmes and resources to establish that there are no existing training programmes that could be incorporated into the healthcare training schedule.
4. Identify who should conduct the tobacco-free and cessation training, such as the tobacco-free co-ordinator, health educators, occupational health and safety experts, communication advisers, inspection/enforcement personnel, facility personnel, IT experts, administrators and high level management personnel. Ideally the training team should be multi-disciplinary.
5. Identify delivery methods for training, for example, face-to-face (in an established venue, roadshow or lectures, workshops, seminars), intranet, DVDs, CD-ROMs, the internet (including podcasts, paper-based learning materials, and tele- and video-conferencing.

   Different approaches should be considered to meet different learning needs. For example knowledge-based learning could be effectively accessed without personal involvement, while skills-based learning could be more effectively accessed (and assessed) in a face-to-face situation or by video-conferencing. Different groups may be trained using different methodologies. For example, doctors may attain some of their knowledge via the intranet whereas nurses/allied health workers may need to attain the knowledge in a face-to-face situation. Caution should be taken when considering different options for specific groups, particularly in a country where there is a low level of tobacco control knowledge and a high prevalence of tobacco use among medical staff.
6. Identify when staff should be trained, for example, at orientation, annual update training, staff changeover time in wards, professional development sessions, when feedback from auditing identifies a need, and specific training sessions.
7. Identify the duration of the training for each component of the programme but also for the different audiences. For example, doctors may require less training than the nurses to gain the same knowledge and skills. As above, caution is advised when reducing the duration of a course for a specific group.

3.2 Develop the content of the training programme

1. Consult with key stakeholders in developing the training content.
2. Develop the key learning objectives of the training, such as, knowledge of content of the written policy, compliance with the policy and enforcement of the policy.
3. Some suggested training core content areas:

   (i) Tobacco-free healthcare facility policy for all staff – rationale for a 100% tobacco-free healthcare facility, general tobacco control (specifically the harms caused by using tobacco and exposure to tobacco smoke) and nicotine addiction, content of the policy, requirements of the policy, the complaints process, enforcement by all staff including key messages to support, consequences of non-compliance (disciplinary process), and cessation support for staff who use tobacco.

   (ii) Enforcement of the tobacco-free policy – for staff responsible for specific enforcement/monitoring/inspection of the policy – the process of carrying out enforcement, support provided by management, management of nicotine addicted smokers, and placement of any designated outside areas for smoking.

   (iii) Systems to support the tobacco-free policy – staff tasked with using new paper-based and/or electronic forms, protocols and systems should receive ‘on the job’ training. This would be provided following the establishment of:

a. Identification of patient tobacco use and exposure in the home questions in admission, vital data sheets, and other appropriate forms.

b. Brief advice to quit tobacco alert systems.

c. Referral systems.

d. Auditing processes.

(iv) Giving brief advice to patients – who use tobacco and/or family members who expose them to tobacco smoke in the home for all health staff – Tobacco control, nicotine addiction (chronic relapsing disease), the effectiveness/cost-effectiveness of giving brief advice whether the patient is ready to quit or not, length of brief advice and timing.

(v) Cessation support for health staff who want to gain a knowledge base in cessation and gain the practical skills to provide cessation support *as part of their role*[a] - tobacco control; nicotine addiction; cessation guidelines; assessing nicotine dependence; available, accessible, affordable, cost-effective cessation pharmacotherapy; setting a quit date; behavioural support; arranging follow-up support; identifying symptoms of nicotine withdrawal; cues that trigger urges to smoke; tobacco use compensation behaviour; basic relevant anatomy and physiology, particularly the areas of the brain involved in reward and dependence, the lungs, and the cardiovascular system; available methods of verifying self-reported abstinence; treatment endpoints, in particular seven-day point prevalence and continuous abstinence; maintaining abstinence, seeking advice on complex cases; and risk-benefit assessment of specific population groups.

(vi) Cessation support for health staff who want to gain a knowledge base in cessation and gain the practical skills to provide intensive cessation support to specific populations *as their sole focus*[a] – all of the content for health staff providing cessation support as part of their role, plus cessation medications in clients with cardiovascular disease and other co-existing medical conditions, pregnant women, and users of mental health and addiction treatment services (especially for those with complex psychological disorders) effects of smoking on the metabolism of various medications; allowing and documenting steps in dependence assessment and treatment planning and collecting and collating data on the cessation service provided to allow the standard monitoring of clients and service effectiveness; using more than one effective behavioural support method; ongoing support for clients; and treating nicotine dependence.

3.3 Pilot and implement the training programme

1. Pilot each component of the training program with the target audience. The piloting of the program is to assess the content, the method of delivery, access to the training, and appropriateness of the training for the audience (including tutor if face-to-face). Develop a pre and post training evaluation questionnaire for participants.

2. Review the training program, revise it and finalise the program.

3. Develop a training schedule.

4. Seek support from management for the training to be mandatory for the target audience. Ensure training is offered at times that staff can attend, or through medium the target audience can access.

5. Liaise with the communication team to promote the training and ensure the target audience is aware of the training. May have to consider offering training courses at several different times particularly if the target audience is shift workers.

6. Implement the 100% tobacco-free/cessation training program.

3.4 Evaluation of the 100% tobacco-free training programme

The effectiveness of the training should be evaluated during the training (reaction evaluation), at the end of the training (learning evaluation), three to six months after the training (performance evaluation), and one to two years after the training (impact evaluation). In addition, the training programme should be reviewed annually to ensure it is current and relevant to the staff. It should link into the evaluation of the healthcare facility's tobacco-free campaign.

[a] Source: Bullen C, Walker N, Whittaker R, McRobbie H, Glover M, Fraser T. Smoking cessation competencies for health workers in New Zealand. NZMJ 20 June 2008. Vol 121 No 1276

4. A TOBACCO-FREE HEALTHCARE FACILITY COMMUNICATION PLAN[a]

The following is a template for developing a communication plan as a component of the tobacco-free healthcare facility plan. An effective communication plan will ensure broad support and understanding for the rationale and need for a tobacco-free policy. There should be a high level of support for the policy, which will in turn ensure a high level of compliance with the policy and encourage more quit attempts by smokers.

Healthcare facility administrators may consider developing separate communication plans for the tobacco-free policy and cessation services components of the initiative in case the components are not implemented simultaneously.

4.1 Key issues

Administrators should address the following key issues when developing a communication plan for their tobacco-free healthcare facility initiative:

1. Intended target audiences and outcomes and/or behavioural impacts should be identified, such as:

   (i) Awareness raising or increasing the level of knowledge about harms of smoking and exposure to tobacco smoke among staff.

   (ii) Compliance with the tobacco-free policy among staff, patients and visitors.

   (iii) Successful quit attempts by staff and patients.

There can be a phased approach to intended behavioural impacts. For example, communication for the launch of the new policy could be focused on awareness raising and compliance. Later on, when cessation services are provided, the communication plan could be focused on quitting behaviors.

2. 'Tobacco-free leaders' should be identified and provided with training to act as spokespeople on tobacco control locally and/or regionally or nationally.

3. Channels or types of communication should be chosen that are most suitable for the staff, patient, and visitors.

4. Materials such as posters and pamphlets should be chosen based on their effectiveness in reaching the target audiences. Existing materials could be used or adapted, or new materials may need to be developed.

5. The communication plan should specify ongoing education and training for staff, patients and the broader community to ensure staff have the competence and skills to assist in the implementation and enforcement of the policy, and routinely intervene with brief advice and cessation to patients and/or family members with confidence. Moreover, an ongoing education and training plan will ensure the sustainability of a tobacco-free healthcare facility.

6. Key tasks, due dates and assigned responsibilities should be identified, such as:

   (i) Obtaining, developing and distributing materials.

   (ii) Tracking and responding to employee questions and comments.

   (iii) A mechanism to encourage employee feedback and questions.

   (iv) Evaluation of communication strategies.

4.2 Potential communication strategies

Potential communication strategies will be influenced by various factors, such as:

1. The size of the healthcare facility.

2. The number of healthcare facility buildings or campuses.

3. Amount of education needed (as determined by the employee survey) to promote or achieve behaviour change.

4. Level of education, social status and cultural background when addressing patients and visitors.

Various channels should be considered for distribution of promotional materials and information. Strategies that are specific and appropriate for each component of the initiative should be developed, but administrators should look for opportunities to promote the initiative as a whole. Therefore, thematic or branding strategies should be considered.

The communication plan should be specific for policy-specific strategies and, if applicable, for cessation support strategies. It is important for key communications to come from the senior officials to show that the initiative is a high priority.

[a] The template is based on the United States Centers for Disease Control and Prevention (CDC) Tobacco-free Campus model.

4.2.1 Strategic timing

Coordinate activities with other strategic opportunities, such as:

(i) World Health Organization's annual World No Tobacco Day on 31 May.

(ii) Before major holidays, New Year's Day or national days when staff, patients and visitors may likely consider behavior changes.

(iii) Visits from high-profile persons such as politicians, or celebrities.

(iv) National quit campaigns.

4.2.2 Potential communication channels/modes

(i) Initial announcements
Depending on the size of the healthcare facility, announcements of the new tobacco-free policy can be made through:

a. Staff meetings.

b. Inter-office mail.

c. Healthcare facility-wide e-mail announcements.

d. Healthcare facility publications.

e. Local government website/publications.

f. Press release to national and/or local media.

(ii) Comment box
Provide staff, patients, and visitors a way, such as, an email box or mailbox to ask questions, make comments and complaints, report violations, and request additional information. Designate a dedicated staff person to respond to these e-mails. A senior administrator should be designated to review these responses, at least initially, to make sure that the information provided is accurate and the tone is appropriate. Develop several standard responses that can be used for common concerns.

(iii) Frequently asked questions
Develop a one to two page document with anticipated frequently asked questions. Monitor the questions received through the tobacco-free e-mail box and modify the document as needed. Post the questions and answers in a public forum, such as an Intranet site.

(iv) Intranet website
A dedicated website can serve as a gateway to all initiative information. It should include links to the final text of the policy, information on cessation services and how to access them, and other materials and resources developed for the initiative. This site should be featured prominently in all the tobacco-free communications.

(v) New employee orientations and ongoing staff training and education
Incorporate a brief description of the policy and available cessation services into mandatory new employee orientations and ongoing education and training.

(vi) Table and bulletin board displays
Set up displays featuring information about the tobacco-free initiative and special promotional items (e.g. lanyards, buttons, stickers and balloons featuring an initiative logo or symbol, sugar-free mints, candy and gum) on the day of the launch.

4.2.3 Potential policy-specific strategies

(i) Healthcare facility signs
Once the policy goes into effect, permanent signs should be posted to notify staff, patients and visitors stating, for example, that the facility and the entire campus is tobacco-free and that the use of tobacco products on the grounds is prohibited. These signs should be easy to read and in highly visible locations. If signs cannot be installed by the time the policy takes effect, consider placing temporary banners at the facility entrances. Post signs at:

a. All entrances (vehicle and pedestrian).

b. Building doors, elevators, and stairwells.

c. All community or public areas, such as meeting rooms.

d. Restrooms.

Where there is a high level of illiteracy, signs should have a highly visible pictorial content.

(ii) Policy information
Provide all staff, patients with a copy of the policy. Place a form in each employee's file stating that the employee has received a copy of the policy and enforcement procedures and has agreed to abide by the policy.

(iii) Question and answer sessions
Provide a question and answer session for staff. This could be done initially and on a recurring basis.

(iv) Special event
Schedule one or more special events on or shortly before the date that the policy takes effect to celebrate its implementation.

(v) 'Health Ticket'
Develop a one-page 'health ticket' with information about the policy and cessation tips and resources. Have those responsible for enforcing the policy hand it out to staff, patients or visitors who are observed using tobacco in prohibited areas while at the facility and anywhere on campus.

(vi) Maps
Provide a map showing property lines and exactly where the smoking is and is not allowed. This is especially important if there are designated smoking areas in the grounds.

4.3 Cessation support strategies

Strategies have been identified in section 2.3.4

A sample plan is provided at Annexe 2

5. HEALTH PROFESSIONALS' CODE OF PRACTICE [a]

The role and image of healthcare workers is critical in promoting tobacco-free lifestyles and cultures. In 2005 the World Health Organization announced a new code of practice for health professional organisation's on tobacco control. It lists 14 action points that outline a potential role health professionals and their organisations can play regarding tobacco control and public health goals. Healthcare facilities can adopt the Healthcare Professionals, Code of Practice for all of its healthcare workers and other staff as part of their tobacco-free healthcare facility initiative. Action points of the Code are:

1. Encourage and support their members to be role models by not using tobacco and by promoting a tobacco-free culture.

2. Assess and address the tobacco consumption patterns and tobacco control attitudes of their members through surveys and the introduction of appropriate policies.

3. Make their own organisations' premises and events tobacco-free and encourage their members to do the same.

4. Include tobacco control in the agenda of all relevant health-related congresses and conferences.

5. Advise their members to routinely ask patients and clients about tobacco consumption and exposure to tobacco smoke using evidence-based approaches and best practices, give advice on how to quit tobacco and ensure appropriate follow up of their cessation goals.

6. Influence health institutions and educational centres to include tobacco control in their health professionals' curricula, through continued education and other training programmes.

7. Actively participate in World No Tobacco Day every 31 May.

8. Refrain from accepting any kind of tobacco industry support – financial or otherwise – and from investing in the tobacco industry, and encourage their members to do the same.

9. Ensure that their organization has a stated policy on any commercial or other kind of relationship with partners who interact with or have interests in the tobacco industry through a declaration of interest.

10. Prohibit the sale or promotion of tobacco products on their premises, and encourage their members to do the same.

11. Actively support governments in the process leading to ratification and implementation of the WHO Framework Convention on Tobacco Control.

12. Dedicate financial and/or other resources to tobacco control – including dedicating resources to the implementation of this code of practice.

13. Participate in the tobacco control activities of health professional networks.

14. Support campaigns for tobacco-free public places.

[a] Source: WHO, Tobacco Free Initiative. Code of practice on tobacco control for health professional organizations. www.who.int/tobacco/codeofpractice/en 13 January 2009 <http://www.who.int/tobacco/codeofpractice/en%2013%20January%202009>.

6. CASE STUDY: CHAO-YANG HOSPITAL, BEIJING, CHINA

6.1 Background

In 2005, the Chinese Ministry of Health selected Chao-Yang Hospital to pilot the development of a tobacco-free hospital.

Chao-Yang Hospital, Beijing, China © Dr Xiao Dan

6.2 Timeframe

April 2005 – January 2008.

6.3 Objectives

1. To develop and implement a 100% tobacco-free hospital by January 2008.
2. To reduce the prevalence rate of smoking among staff, patients and their families.
3. To improve the health of staff, patients and their families.

6.4 Preparation

6.4.1 Baseline survey

A baseline survey was conducted among employees on:

(i) Smoking status

(ii) Quitting smoking behaviour

(iii) Their beliefs on whether medical professionals should:

a. Quit smoking

b. Inform patients of smoking hazards

c. Be role models for patients

d. Discourage patients from smoking

e. Have a better understanding of tobacco control and smoking cessation

6.4.2 Steering group

A steering group was established and led by the Secretary of the Party Committee. Department principals were appointed to the steering group and were responsible for their own departments. Members of the steering group who smoked were determined to quit smoking.

6.5 Establishing the tobacco-free policy

The tobacco-free policy was phased in over a period of almost three years, from April 2005 – January 2008.

1. Smoking and non-smoking areas were established in the hospital.
2. Incentives and penalties for compliance and non-compliance were developed, including a tobacco-free environment as one of the standards for excellent performance. Each department is assessed monthly. Departments that reach the standard are awarded and those that do not are penalised.
3. Tobacco-free codes were developed.
4. A publicity and education campaign was conducted. This included:

   (i) Promoting the Quitline.

   (ii) Provision of information materials to patients.

5. Supervisors (security, hygiene staff, and nurses) and inspectors (members of steering group) were designated as responsible for the enforcement of the policy. Supervisors inform non-compliant smokers of the harmful effects of smoking and direct them to the smoking areas of the hospital. They ask smokers to leave the hospital if they refuse to stop smoking in a non-smoking area. The security and the logistic offices were made responsible for enforcement in the hospital corridors, stairs, and the dining, registration and medicine (including traditional Chinese medicine) halls.

   Prominent ‘No Smoking’ signs were displayed in every nursing station, clinic, emergency department, corridors and stairs.

6. Tobacco control committees were established and regular meetings are held.

7. The sale of cigarettes was banned in the hospital.

6.6 Staff training

6.6.1 Target audience

Medical workers, members of the steering group (particularly supervisors).

6.6.2 Contents of the training

The harmful effects of smoking, smoking cessation and policy management skills.

6.7 Education

1. Smoking cessation was included in the hospital health education programme.

2. A campaign was launched to promote a tobacco-free Chao-Yang Hospital.

3. Tobacco-free materials are given to the patients.

4. Tobacco-free billboards were erected within the hospital.

6.8 Monitoring the policy

Supervision teams from the steering group were established and two teams randomly inspect each department each week. The inspections are documented and those that do not meet the requirements are requested to make improvements.

The tobacco-free policy and cessation support are included in the protocol of quality management and sustainable improvement.

6.9 Development and implementation of cessation support and services

6.9.1 Cessation support

Doctors and nurses encourage patients to quit smoking during consultation and care.

6.9.2 Cessation services

1. A Quitline was established for patients on a part-time basis.

2. A cessation clinic was established, initially for one afternoon a week.

6.10 Results

1. The smoking rate among employees decreased from 11.5% in November 2005 to 4.9% in June 2007.

2. Chao-Yang Hospital is 100% tobacco-free in the buildings, with plans to ban smoking in the grounds.

3. There is a high level of support from the staff for the tobacco-free hospital. Tobacco control is considered part of the hospital culture.

4. The cessation clinic is now open five days a week, and the hours of the Quitline have been extended.

There are still a couple of problems:

1. A few people still smoke in the non-smoking areas.

2. Many employees would like to ask smokers to stop smoking in areas where smoking has been banned, but because smoking is such a strong part of the culture, it can be difficult for them.

EXAMPLES OF TOBACCO-FREE SIGNAGE

It is important to have clear, visible tobacco-free signage throughout the healthcare facility. No smoking signs should be displayed prominently outside the facility and in all buildings, particularly at main entrances. It is a good idea to use the international no smoking sign.

If smoking is allowed in the grounds, it should be in a specific area(s), and clear directional signs to the smoking area should be visible.

Some examples of 'no smoking' signs

No smoking signage in Wales
www.smokingbanwales.co.uk

No smoking signage in China

No smoking signage in China

No smoking signage Australia
www.tobaccocontrol.health.wa.gov.au

No smoking signage in India
www.secondhandsmokekills.gov.in

Tobacco signage in Ireland www.otc.ie

Annexe 1. A sample tobacco-free healthcare policy

A1.1 Purpose

To provide a healthy, tobacco-free environment for all staff, patients and visitors, and to reduce tobacco-related morbidity and mortality among staff, patients and the broader community.

A1.2 Scope

This policy applies to all (healthcare facility) staff, patients, visitors, volunteers, contractors and others accessing the facility. It applies to all buildings and grounds owned or occupied by (healthcare facility) including residential accommodation, and business and social events. It applies to all vehicles owned by the (healthcare facility).

A1.3 Tobacco-free policy

- All the (healthcare facility) buildings (including staff residences), grounds (*may include designated smoking areas*), offices and vehicles must be tobacco-free.
- Staff who wish to smoke off-site, should not be identifiable as the (healthcare facility) staff by their uniforms or name tags.
- All the (healthcare facility) policies, processes and systems will be amended to reflect the requirements of this policy.
- All the (healthcare facility) business and social functions will be non-smoking.

A1.4 Information and communication

- Patients will be informed of the tobacco-free policy at the time of admission or outpatient appointments.
- Elective service appointment letters will include reference to the tobacco-free policy.
- No smoking signs will be clearly visible at all entrances throughout the (healthcare facility).
- The tobacco-free policy will be displayed at the main entrance of every building.
- Staff will be informed of the tobacco-free policy at recruitment and orientation.
- Tobacco-free clauses will be incorporated into all new contracts.
- Staff who wish to leave the (healthcare facility) to smoke may only do so during designated meal/tea breaks.
- The tobacco-free policy will be reviewed annually in consultation with key stakeholders.

A1.5 Tobacco cessation support

- All patients who use tobacco or are exposed to tobacco smoke in the home are identified.
- All health staff are trained to give brief advice to quit using tobacco to patients who use tobacco and/or family members who expose them to tobacco smoke in the home.
- All patients who use tobacco, and/or family members who expose patients to smoke in the home are offered a referral to the (healthcare facility) cessation service.

A1.6 Cessation Service

The cessation service is offered to staff, patients and family members free-of-charge:

- Staff who use tobacco and wish to quit can self-refer to the (healthcare facility) cessation service.
- Patients who use tobacco, and/or family members who expose them to tobacco smoke in the home can be referred to the (healthcare facility) cessation service.

A1.7 Tobacco products

Tobacco products must not be sold or advertised on (healthcare facility) premises. The (healthcare facility) will not seek or accept sponsorship from any tobacco manufacturer or company.

A1.8 Complaints procedure

Complaints from staff, patients and/or visitors can be made to (name person/contact details) All complaints will be addressed within 24 hours.

Annexe 2. A sample communication plan [a]

A2.1 Name of project

(Healthcare facility): Cessation services

A2.2 Contact person

Provide name, e-mail address and telephone number.

A2.3 Issue or problem to be addressed

Summarise entire project in a sentence or two. For example: implement and promote healthcare facility-wide comprehensive tobacco cessation (cessation) services. This communication plan will be implemented in conjunction with the communication plan for the tobacco-free facility policy.

A2.4 Primary goal and objectives:

Goal: State the project's desired outcome. For example: to inform hospital staff [patients and visitors?] about cessation services available.

Objectives: State the specific measures that will be used to determine whether the project meets its goal.

(i) For example: launch a hospital-wide communication campaign to promote awareness of tobacco cessation services, using (a variety of electronic and print communication methods), on or before (date services are available).

(ii) For example: X% of hospital staff are informed about the cessation services available to them beginning on or before (date services are available).

(iii) For example: all hospital staff seeking clinic services to quit or reduce tobacco use will receive health promotion and cessation support materials.

A2.5 Intended audience

Identify everyone eligible for the cessation services. For example: All staff, patients, visitors, contractors, interns, students, and other staff at the hospital and their families.

A2.6 Communication strategies

Identify overall communication strategies, modes and channels. For example: hospital staff members will learn about the availability of cessation services through electronic documents, printed materials, websites, and other communication methods and through ongoing training and education.

A2.6.1 Electronic documents

(i) Frequently asked questions

(ii) Healthcare facility publications

(iii) Periodic e-mail announcement

A2.6.2 Printed materials

(i) Clinic protocol documents

(ii) Flyers

(iii) Health education brochures/booklets (including culturally sensitive versions)

(iv) Payroll stuffers

(v) Posters

(vi) Tear sheets

A2.6.3 Websites

Employee/clinic intranet site

[a] Issued by Tobacco-free Manager. Authorised by Chief Executive Office. Date issued 18 October 2008

A2.6.4 Other communication activities

(i) Employee questions e-mail box

(ii) Health fair

(iii) New employee orientation meetings and ongoing education and training

(iv) Resource line

(v) Special presentations

(vi) Staff meetings

(vii) Success story testimonials

(viii) Table and bulletin board displays

A2.7 Distribution plan and timeline

Identify a distribution plan and timeline for implementation of each selected strategy. A sample distribution plan is given for the posters strategy.

A2.7.1 Posters

(i) Identify posters available through outside sources that promote tobacco use cessation and are appropriate for your healthcare facility.

(ii) Determine whether more personalized posters are needed and, if so, develop the posters.

(iii) Obtain or print the posters.

(iv) Identify a contact person for each healthcare facility department.

(v) Provide sufficient posters directly to all hospital campuses via the campus contact people.

(vi) Post the posters as appropriate.

(vii) Facility contact people.

A2.8 Evaluation strategy

Evaluation should include the measurement of project objectives. For example, for the objectives provided in this sample plan at the top, collect process data on the variety of strategies used and the number of materials distributed to ensure adequate message dissemination. The plan could also use information obtained from the clinic, such as the number of people who have requested cessation materials and the number of information packets that have been mailed out. Qualitative evaluation should also be conducted, such as ‘was the information useful?

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