



National Health Service in Scotland
Management Executive

St. Andrew's House
Edinburgh EH1 3DG

Dear Colleague

Summary

1. I know from recent discussions with Health Boards that progress towards putting no smoking policies in place is accelerating and in some boards is complete. For those boards still at the development stage this letter confirms the target date for introducing and implementing written no smoking policies. The annex sets out the key terms of a policy.

Action

2. All Health Boards and NHS Trusts should have written no-smoking policies, which address the points in the Annex, in place and implemented by 31 May 1993. These policies should promote no smoking as the standard in all NHS premises. Designated smoking facilities for staff and patients will normally be a feature of these policies but Boards may wish to move beyond that stage to further restrictions in smoking.

3. This letter should be copied to Unit General Managers for information.

4. A fuller set of guidance on introducing, implementing and monitoring a no-smoking policy is available for those Boards or Trusts who might find it a helpful resource.

Yours sincerely

DON CRUICKSHANK

30 July 1992

NHS Circular 1984
(GEN)17 is cancelled.

Addressees

For action:

General Managers,
Health Boards

General Manager,
Common Services
Agency

General Manager,
State Hospital

Chief Executives and
Chief Executive
Designate, NHS Trusts

For Information:

General Manager,
Health Education Board
for Scotland

To be copied to:

Unit General Managers
for information

Enquiries to:

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Care
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COMMON SERVICES AGENCY	
RECEIVED: 31 JUL 1992	
FILE No.	
REFERRED TO	ACTION TAKEN

INTRODUCING AND IMPLEMENTING NO SMOKING POLICIES

1. Scope of a policy on smoking

A written policy on smoking would usually cover

- a statement of the intention to go smoke free, and the reasons for it ie effects on health of passive smoking;
- clear statements on any permitted exceptions, and clear explanations of any rules attached to the policy;
- notification of the key people responsible for implementation and monitoring;
- guidelines on procedures for consultation, implementation and monitoring;
- a timescale.

2. Issues for consideration are:

For the Board and Trust

- consultation with staff before implementation
- designation of smoking rooms/areas for staff and patients
- setting up a monitoring system at all levels - Board, Unit, hospital etc
- inclusion of no smoking policy in contracts
- setting up support system for staff eg smoking cessation groups, counselling etc.

Staff issues

- recruitment procedures
- training and education
- time off for smoking cessation groups, counselling
- smoking in administrative offices
- disciplinary procedures

Patient issues

- smoking areas for patients
- special consideration of how to implement the policy in longstay and psychiatric wards/institutions
- patients consigned to bed

Visitors/relatives

- discretion/facilities for distressed relatives and friends
- smoking in public areas eg waiting areas