

Region of Waterloo Public Health

Policy and Procedure Manual

Section #5

Policy/Proc. #25

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Approved by: *Anne Schlorff, Director, Central Resources*

Minimal Contact Intervention for Tobacco Cessation

POLICY STATEMENT:

All public health staff involved in client assessment, either in person or by telephone, from the designated teams listed below are required to query and document tobacco use using the minimal contact intervention (MCI) for tobacco cessation four “A”s: ASK, ADVISE, ASSIST, ARRANGE protocol. This policy sets out the parameters of the 4 “A”s protocol.

OPERATING PRINCIPLES:

Tobacco use is the number one cause of preventable disease and death in Ontario, killing more than 13,000 Ontarians every year. Tobacco-related diseases cost the Ontario economy \$1.6 billion for health care annually, resulting in \$4.4 billion in productivity losses and accounting for at least 500,000 hospital days each year (Ontario Ministry of Health Promotion, 2008).

In Waterloo Region, 22 per cent of people smoke. Cigarette smoking caused 15.9 per cent of all deaths in Waterloo Region between 2000 and 2004 and resulted in 31,193 years of potential life lost prematurely. Exposure to second-hand smoke resulted in an additional 64 deaths during the same time period. Tobacco products other than cigarettes, including smokeless tobacco, are also linked to serious health effects (Region of Waterloo Public Health, 2009). As public health care providers we can make a difference. More than half of smokers in Ontario want to quit smoking in the next six

months and one quarter indicated a serious intention to quit within 30 days (Ontario Tobacco Research Unit, 2006).

Evidence suggests the most important step in addressing tobacco use dependence is screening for tobacco use and offering minimal contact intervention messages at every opportunity to all people who use tobacco products. If substantial numbers of health care providers implement minimal contact interventions, there will be a significant reduction in the number of tobacco users, a decrease in related tobacco diseases, and a lowering of health care costs (Ontario Tobacco Research Unit, 2008).

OPERATING DETAILS:

The following public health teams are required to have the 4 “A”s on their documentation to ensure implementation of the MCI protocol with every client:

- Sexual Health and Harm Reduction
- Reproductive Health
- Dental Health
- Vaccine Preventable Disease - Travel Clinic only
- Infectious Disease and Tuberculosis Control
- Assessment
- Service Coordination (North and South)

Other relevant teams/divisions not currently involved in client assessment, either in person or by telephone, will be informed of this policy, but are not required to query and document tobacco use using the four “A”s protocol. These teams/divisions include:

- Child and Family Health Promotion team
- Consultation and Skill Development (CSD) team
- Healthy Living, Planning and Promotion Division
- Health Protection and Investigation Division

PROCEDURES:

Training

Champions from each team, trained by the Tobacco and Cancer Prevention lead public health nurse, will provide training to new staff and ongoing support to existing staff within their teams.

Advisory Committee

A Minimal Contact Intervention policy advisory committee consisting of one representative from the above listed teams as well as a representative from the Tobacco and Cancer Prevention team will meet on an annual basis to review the policy and to provide on-going support and training to the MCI team champions. **Refer to the MCI Policy Advisory Committee terms of reference** [DOCS ADMIN-#415489-TERMS OF REFERENCE MCI WORKING GROUP](#)

Protocol Evaluation

Protocol implementation compliance data has been collected for each program in collaboration with the Tobacco and Cancer Prevention planner and reported back to the MCI policy advisory committee to inform ongoing training needs and support.

Support resources – ARRANGE stage

Each program is required to stock the support resource required for MCI protocol implementation which is a business card produced by the Tobacco and Cancer Prevention team. This business card has the Smokers' Helpline contact information on one side and the Region of Waterloo Public Health's Tobacco Information Line on the other side. Each public health client who agrees to receive information in the ARRANGE stage of the protocol is to be given this business card.

- Region of Waterloo Public Health Tobacco Information Line – 519-883-2279
- Smokers Helpline – toll-free, one-to-one telephone support line and online program, 1-877-513-5333, www.smokershelpline.ca

The design, revisions and reprinting of this business card are the responsibility of the Tobacco and Cancer Prevention lead public health nurse. Each team will be provided with a supply of these cards. To restock the cards contact the Tobacco and Cancer Prevention lead public health nurse.

Smokers' Helpline Fax Referral Program - ARRANGE Stage

Region of Waterloo Public Health has partnered with the Canadian Cancer Society's Smokers' Helpline to offer the fax referral program. All teams will receive training on the fax referral program prior to commencing the fax referral program with clients. After initial training has been completed, Champions from each team, trained by the Tobacco and Cancer Prevention Programs lead public health nurse, will provide training to new staff and ongoing support to existing staff within their teams.

At the ARRANGE stage of the protocol, staff will continue to offer the Region of Waterloo Public Health Tobacco Information Line/Smokers' Helpline business card to interested clients.

In addition to offering the business card, staff will also ask clients if they would like to have Smokers' Helpline call them directly. If the client expresses interest in receiving a direct call from Smokers' Helpline, then the staff person is to initiate the fax referral program.

- The staff person will verbally complete the Smokers' Helpline Fax Referral form with the client (DOCS#931589). The staff person will add the client's information to the form based on the client's responses.
- The client has the right to refuse to answer any questions on the form. However, in order for Smokers' Helpline to contact the client they require the client's name and phone number and the referring staff person's name, designation and contact information.
- The staff person must obtain express verbal consent from the client by reading out the notice of purpose statement at the bottom of the fax form (written consent is not required) prior to faxing the form to Smokers' Helpline.

"I _____ (Health Care Providers name) _____ affirm that I have obtained consent from the client to fax this form to Smokers' Helpline (SHL) to facilitate direct contact on this referral so that SHL can contact the referred individual regarding his or her attempt to quit smoking. I have explained the purpose of the disclosure of the information to the client, and have advised the client that SHL may use the information to communicate directly with the referring health care provider. I informed the client that SHL will keep all information confidential and will only use it for the purpose of administering the fax referral program.

- A valid consent under the Personal Health Information Protection Act (PHIPA) stipulates that the consent must meet four conditions:
 1. The consent must be of the individual who relates to the personal health information

2. The consent must be knowledgeable
3. The consent must relate to the information; and
4. The consent must not be obtained through deception or coercion

For more information on consent requirements under PHIPA refer to policy #4/section#13 "Consent Requirements for Handling of Personal Health Information" DOCS#673987.

- If the staff person has obtained a valid verbal consent from the client, the staff person signs their name (health care provider's name), designation and dates the fax form in the space provided.
- When the staff person is face-to-face with the client, the staff person is to provide the client with the post card "Your healthcare provider has referred you to: Smokers' Helpline. We'll be giving you a call soon." If the staff person is not face-to-face with the client (e.g. on the phone), remind the client verbally that Smokers' Helpline will be calling them in the next couple of days to assist them with making a personalized quit plan, coping with cravings, withdrawal and stress; quit tips and aids, and community resources.
- The completed fax form is then faxed to Smokers' Helpline within 48 hours (2 business days) where possible. A copy of the fax form is kept with the client record.

The post card resource has been created by Smokers' Helpline and is a requirement of the fax referral program partnership. For a supply of the post card, contact the Tobacco and Cancer Prevention lead public health nurse.

GUIDELINES:

Registered Nurses Association of Ontario Best Practice Guideline Integrating Smoking Cessation into Daily Nursing Practice. March 2007. Retrieved April 16th, 2008 from http://www.rnao.org/Storage/29/2338_Final_-_revised_smoking.pdf

SEE ALSO:

Ontario Ministry of Health Promotion. Creating a Smoke-free Ontario. Retrieved April 16, 2008 from http://www.mhp.gov.on.ca/english/health/smoke_free/accomplishments.asp

Region of Waterloo Public Health. (2009, May). *Building Healthy and Supportive Communities: Tobacco use and its consequences in Waterloo Region*. Waterloo, ON: Author.

Ontario Tobacco Research Unit (2008). Update Health professionals' advice on smoking cessation in Ontario: 2002-2007. Retrieved April 16, 2008 from http://www.otru.org/pdf/updates/update_feb2008.pdf

