

**Administration**

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| **Section:** | Workplace Health and Safety |
| **Policy:** | **Implementing smoking cessation into daily practice: expectations for staff with direct client contact** |
| **Policy #:** | 5.3 |
| **Approved by:** | Executive Director, Directors, Health Promotion and Protection |
| **Effective:** | March 6, 2003 |
| **Revised:** | May 13, 2013 |

**PREAMBLE:**

The health effects of smoking, exposure to both second-hand and third-hand smoke are well documented and supported by scientific research.

The most important step in addressing tobacco use and dependence is screening for tobacco use, and offering minimal smoking cessation intervention messages to all persons who smoke at every opportunity. When surveyed, 56% of Ontarians who currently smoke expressed an intention to quit smoking within six months; while 25% indicated an intention to quit within 30 days (CAMH Monitor, 2011).

In 2012, the Ministry of Health and Long Term Care identified “achieving the lowest smoking rate in Canada” as one key priority for Ontario. The Ontario Tobacco Research Unit indicates that based on current quit rates, in order to achieve this goal, quit rates need to at least double.

Research shows that health professionals who receive training are much more likely to intervene with smokers than those who are not trained (University of Toronto, 2000). The Joint Position Statement on the Role of Health Professionals in Tobacco Cessation states that smoking cessation counselling is widely recognized as an effective clinical strategy and that there is a role for every health professional in tobacco use cessation. (CAOT, CCPA, CDHA, CMA, CNA, CPA, June 2011)

Furthermore, integrating services across teams to improve efficiency has been identified as one strategic objective at Elgin St. Thomas Public Health.

The Registered Nurses Association of Ontario has developed a Nursing Best Practice Guideline: *Integrating Smoking Cessation into Daily Nursing Practice (2007)* which includes the following recommendations for nurses that have direct clinical contact with clients. For the purpose of this policy, the guideline will be extended beyond the role of nurses to include other applicable staff

1. Nurses (staff) implement minimal tobacco use intervention using the “Ask, Advise, Assist, Arrange” protocol with all clients (lasting 1 – 3 minutes)
2. Nurses (staff) recognize that tobacco users may relapse several times before achieving abstinence and need to re-engage clients in the smoking cessation process.
3. Nurses (staff) should be knowledgeable about community smoking cessation resources, for referral and follow-up
4. Nurses (staff) implement, wherever possible, intensive intervention with women who are pregnant and postpartum
5. Nurses (staff) encourage persons who smoke, as well as those who do not, to make their homes (and cars) smoke-free, to protect children, families and themselves from exposure to second-hand (and third-hand) smoke
6. Organizations should consider smoking cessation as integral to nursing practice, and thereby integrate a variety of professional development opportunities to support nurses in effectively developing skills in smoking cessation intervention and counselling

The above recommendations can be implemented not only by Nurses, but by all healthcare providers in any clinical setting including Public Health Nurses, Public Health Inspectors, Dental Hygienists, Health Promoters, Public Health Dietitians and Parent Resource Workers at Elgin St. Thomas Public Health. These recommendations are meant to be integrated into daily practice whenever possible. It is recognized that there may be circumstances or interactions where it is inappropriate to ask about tobacco use; for example, during busy immunization clinics or immediately after providing a client with a positive sexual health diagnosis. However the expectation is that when feasible (for example, when there is adequate time to ask, when the client seems open to such a conversation and/or when there is concern about a child’s exposure to second hand smoke), recommendations #1-5 are implemented to the best of the staff member’s ability. Recommendation #6 will be addressed by the ESTPH professional practice committee as one opportunity for professional development.

Examples of times when it may be feasible to implement the recommendations include:

1. A Healthy Babies Healthy Children home visit by a PHN and/or PRW
2. A PHN screening at an immunization clinic if the client complains of symptoms related to tobacco use or exposure to tobacco smoke
3. A PHN responds to an intake visit or phone call, particularly if the client complains of symptoms related to tobacco use or exposure (e.g. child has ear infection) or discloses that they have COPD (chronic bronchitis or emphysema)
4. A positive test result for tuberculosis, and other respiratory infections that may be compounded by smoking,is shared with a client by a PHN
5. When evidence of tobacco use is seen in a teen’s mouth by a Dental Hygienist

**POLICY:**

Elgin St. Thomas Public Health management will ensure ESTPH meets the RNAO Best Practice Guidelines by:

1. Forming an internal committee composed of a smoking cessation champion from the following teams: chronic disease & injury prevention, early years, intake, sexual health, oral health, communicable disease/vaccine preventable diseases, and management. This internal committee will meet as needed to:
2. review progress made towards achieving the RNAO recommendations
3. identify success stories and challenges
4. seek input from other team members
5. ensure that resources are available
6. assist with evaluation (i.e. dissemination of surveys to staff)
7. Ensuring there is training for all applicable staff on these teams in effective smoking cessation counselling and support
8. Reviewing program policies and practices to align with these best practice guidelines if at all possible.

**PROCEDURE:**

**TRAINING:**

All Public Health Nurses, Dental Hygienists, Health Promoters, Public Health Dietitians, Public Health Inspectors, and Parent Resource Workers will complete the RNAO E-learning module “Nurses and Other Health Professionals Helping Clients Quit Smoking” once every two years. This module is accessible online at <http://elearning.rnao.ca/login/index.php> . Once the module is complete, the certificate is to be printed and submitted with a professional development activities form to the staff member’s supervisor for filing and input into HR Ware. The need for refresher training will be flagged and communicated to supervisors by the Administrative Assistant. Staff will also be encouraged to view the video on the Public Health Agency of Canada website on motivational interviewing <http://www.phac-aspc.gc.ca/cd-mc/videos/index-eng.php>.

Through a joint partnership between the Professional Practice Committee and the Wonder of Wellness committee, ESTPH will provide staff training on brief cessation counselling and motivational interviewing as it becomes available locally or at neighbouring health units. This training will assist staff in changing client health behaviours (this approach can be applied to many different health behaviours). Staff who have direct client contact have the option to attend this training in accordance with this policy.

**PRACTICE:**

1. Using professional discretion, staff will implement the 4A’s (Ask, Advise, Assist, Arrange) protocol and other recommendations noted on page #1 of this policy in accordance with the RNAO best practice guidelines with clients when feasible.
2. Staff will refer clients interested in seeking further support for smoking cessation counselling to either the a) staff member assigned to smoking cessation or b) *Smokers’ Helpline*. Staff will be provided with resource packages that may be distributed appropriately to clients.
3. In order to prevent relapse back to smoking following a quit attempt, or to assess a client’s current readiness to quit, staff will ask their clients about tobacco use during routine follow-up calls or visits (e.g. follow-up call by Early Years staff for HBHC program) as appropriate.
4. Staff will be asked to record the number of times they engage in the 4 A’s with clients. This will be tracked using electronic Data Tracking submission forms for evaluation purposes.