



Off Campus Liability Issues

A Toolkit for West Virginia Hospitals

West Virginia Hospital Association

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Introduction

Many hospitals in West Virginia have made the important decision to adopt specific policies and procedures to guard against liability in the event that a patient is injured while outside the boundaries of the hospital campus. Legal issues arise when patients and staff leave the boundaries of the hospital campus and hospitals should closely examine existing policies and procedures that either specifically prohibit or allow patients and staff to leave the hospital campus. The interplay of these types of policies raises the possibility of off-campus liability issues.

Most hospitals should already have developed policies and procedures that operate generally to prohibit patients from leaving the hospital campus while under the hospital's care. These policies and procedures may be set forth in a specific off-campus policy or included in other types of hospital policies. Hospitals also often have to deal with issues related to patient wandering which can ultimately result in injury to the patient and potential liability for the hospital. Hospitals may also have developed and included in the hospital admission process a procedure for patients to agree not to leave the hospital campus premises and to waive any rights or claims against the hospital for injuries occurring off the hospital campus.

More recently, many hospitals have adopted smoke free campus policies that prohibit the use of tobacco products on the hospital campus. As a result, patients, employees, and staff who smoke are more likely to want to leave the hospital campus. The implementation of smoke free campus policies has therefore heightened the importance of closely reviewing and understanding how the hospital addresses off campus liability issues and making sure that it has implemented to the extent possible policies and procedures to limit exposure to liability for patients, employees, and staff who choose to leave the hospital campus.

This toolkit was designed to help educate and offer practical advice about the legal issues surrounding off campus liability issues. This toolkit can be used by hospitals for education of employees and staff and used by the risk management department and staff to assess the current state of existing policies and procedures.

Why Prohibit Leaving Campus?

- Most West Virginia's hospitals are located in high-traffic areas or areas that may be near busy or dangerous intersections and roadways.
- Patients might feel compelled to leave campus for a variety of reasons over which the hospital has little or no control or influence. Hospitals are also faced with the difficult task of monitoring patients' whereabouts on the hospital campus.
- The hospital might not be able to anticipate all potential sources of liability, but it can take proactive measures to protect against such liability. These steps include making sure the hospital has developed clear and practical policies addressing the risks and liability associated with patients, employees, and staff leaving the hospital campus, developing procedures that inform patients about the risks associated with leaving the hospital campus, assessing the enforcement of hospital policies and procedures, and developing best practices.

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Table of Contents

Introduction	2
Table of Contents	3
Goal of this Toolkit	4
Who Should Read this Toolkit	4
Why Adopt a Closed Campus Policy	4
Legal Background	6
Who Can Sign a Liability Waiver?	7
How to Develop and Adopt an Off-Campus Policy	8
Working with Patients	8
Enforcing the Policy	9
Best Practices	10
Sample Policy Language	10
Suggested Policy Language	11
Patients Who Chose to Leave Campus	12
How Often will Patients Leave Against Medical Advice	12
Will a Closed Campus Policy or Liability Waiver Actually Work?	12
Frequently Asked Questions	13
Appendix A	15
Appendix B	16

Goals of this Toolkit

This toolkit was developed to guide and assist interested hospitals in the development of written policies and procedures that prohibit patients from leaving the hospital campus, whether to use tobacco or otherwise. The key benefit to hospitals as a result of assessing current policies and developing new policies is the reduced risk of litigation or, at the very least, an available defense to litigation resulting from claims or injuries received by patients, employees, and staff received off campus. As a result of assessing current policies and procedures and implementing new or modified policies addressing these issues, the hospital should be able to achieve some cost savings in the form of reduced and/or less expensive litigation. Furthermore, the development of clear and practical policies that address questions surrounding the responsibility of patients when they are on or off campus is in the best interest of the patients, employees, and staff of the hospital.

The materials included in the following pages provide a backdrop against which closed campus policies should be evaluated. Further, the practical guidance in this toolkit appears in the section titled “How to Develop and Adopt an Off-Campus Policy.” That section contains specific suggestions on how to develop a policy prohibiting patients from leaving the hospital campus during their stay. Other included resources include Frequently Asked Questions and reproductions of actual forms in use at other hospital facilities nationwide.

Who Should Read this Toolkit?

This toolkit is meant for hospital administrators, risk managers, and other related hospital staff and personnel, and is drafted with those professionals in mind. However, it can also be provided to physicians, nurses, educators, pharmacists, technicians, and/or other hospital personnel.

Why Adopt a Closed Campus Policy?

Liability could be lurking just outside the boundaries of your hospital's campus. Imagine a patient in your hospital is unwilling to abide by the tobacco-free policy and desires to leave the hospital campus to smoke or use tobacco products. Now suppose that, in leaving the hospital, the patient is struck by a car while crossing a busy intersection. Is your hospital liable? Maybe. The hospital undeniably has a duty to ensure the safety of its patients, and if not for the hospital's tobacco policy, the patient would not have been struck. Of course, the case against your hospital might be a difficult one, but lawsuits have succeeded on far less.

Now imagine that your hospital has adopted a policy that prohibits patients from leaving campus for any reason, tobacco-related or otherwise. Further, the policy treats patient who leave campus as having left against medical advice, and has them sign a liability waiver upon admission. The same patient desires to smoke off-campus and is struck while crossing the intersection. Is your hospital liable? Maybe, but that result is a lot less likely in light of your hospital's closed campus policy and the potential exposure is reduced as a result of the hospital taking affirmative steps to defend against such claims.

Notably, other smoking-specific toolkits make similar recommendations. For example, Nebraska Hospitals and Health Systems provide the following advice in their guide, "The Tobacco Free Hospital Campus":

AGAINST MEDICAL ADVICE (AMA)
In the event a patient threatens to leave the hospital to smoke, this should be considered an Against Medical Advice (AMA) event and your policy should be followed. Taking steps at admission with standing nicotine replacement orders can help to ensure that the patient does not have problems with nicotine withdrawals. Being proactive is the best way to prevent an AMA event.

1

The Washington Health Foundation provides similar advice:

PATIENTS
Tobacco-use by patients is generally viewed within the context of care. If your hospital does not permit tobacco-use, you must enforce the ban. Nicotine-replacement therapy can relieve withdrawal symptoms while you are treating a patient in the hospital. Some hospitals stipulate that patients who leave the facility to smoke are discharged for leaving "against medical authorization." This can relieve the hospital of liability for any adverse event that may occur while the patient is off-campus using tobacco. Whatever your policy, inform all patients at intake or earlier if possible.

2

¹ Available at: http://www.nhanet.org/publications/tobacco_free.pdf.

² Available at: <http://www.whf.org/documents/destination-tobacco-free/DestinationTobaccoFree.pdf>.

Legal Background

The following two sections, titled “premises liability” and “liability waivers,” are particularly relevant in the context of off-campus liability. Of course, premises liability refers to the duty that patients are owed while *on* the hospital campus. This provides an important context when considering what liabilities your hospital might be subjected to *off* campus. The section on liability waivers contains some of the important considerations to think through and include when developing a liability waiver for use at your hospital in conjunction with your closed campus policy.

1. Premises Liability

West Virginia has abolished the distinction that used to exist between licensees, invitees and trespassers. Instead, hospitals (and other landowners) owe non-trespassing individuals a duty of reasonable care under the circumstances. Mallet v. Pickens, 206 W. Va. 145, 155, 522 S.E.2d 436, 446 (1999). As for trespassers, the hospital need only refrain from willful or wanton infliction of injury. Mallet. In other words, hospitals owe patients (and other non-trespassers) on their campus a duty to exercise reasonable care.

While the existence of a legal duty is defined in terms of foreseeability, it also involves policy considerations including “the likelihood of injury, the magnitude of the burden of guarding against it, and the consequences of placing that burden on the defendant.” See, e.g. Harris v. R.A. Martin, Inc., 204 W. Va. 397, 513 S.E.2d 170, 174 (1998) (per curiam) (quoting Robertson v. LeMaster, 171 W. Va. at 611, 301 S.E.2d at 567).

In a premises liability case, the jury will consider: (1) the foreseeability that an injury might occur; (2) the severity of injury; (3) the time, manner and circumstances under which the injured party entered the premises; (4) the normal or expected use made of the premises; and (5) the magnitude of the burden placed upon the defendant to guard against injury. Mallet v. Pickens, 206 W. Va. 145, 155-156 (W. Va. 1999).

2. Liability Waivers

In order for a liability waiver to be effective, it must appear that the patient has given his or her assent to the terms of the agreement. Notably, where the agreement is prepared by the hospital, it must appear that the terms were in fact brought home to, and understood by, the patient, before it may be found that the patient has agreed to them. Restatement (Second) of Torts § 496B. Stated another way, to relieve a hospital from liability by waiver, the waiver’s language to that effect must be clear and definite. See e.g. Bowlby-Harman Lumber Co. v. Commodore Services, Inc., 144 W. Va. 239, 248, 107 S.E.2d 602, 607 (1959).

In order for the liability waiver to be effective, it must also appear that its terms were intended by both parties to apply to the particular conduct of the hospital which has caused the harm. The general rule is that a release ordinarily covers only such matters as may fairly be said to have been within the contemplation of the parties at the time of its signing. See e.g. Syl. Pt. 2, Conley v. Hill, 115 W. Va. 175, 174 S.E. 883 (1934), overruled on another point in Syl. Pt. 4, Thornton v. Charleston Area Medical Center, 158 W. Va. 504, 213 S.E.2d 102 (1975).

Who Can Sign a Liability Waiver?

Your hospital should already be well aware of the legal background and requirements pertaining to informed consent. That knowledge is also relevant in this context, insofar as patients should have adequate decision-making capacity when signing the appropriate forms or waivers. Importantly, if a patient lacks the ability to understand what he or she is signing, a court will be very unlikely to enforce any type of liability waiver. The hospital must be very careful, then, to ensure that anyone signing a liability waiver has the ability to understand and comprehend the hospital's closed campus policy and the effect of the waiver.

How to Develop and Adopt an Off-Campus Policy

First, examine all existing hospital policies, procedures, and forms that may include or address on or off campus issues. These include policies and procedures applicable to patients and also those that address employees and staff. Language related to the responsibilities of patients who choose to leave the campus may already be included in the hospital's medical advice policy or the hospital's tobacco free campus policy. You should also closely examine the admission forms used and given to patients by the hospital. These forms may include relevant language addressing or conflicting with the proposed off campus policy.

If your hospital has not already done so, consider crafting clear policies and procedures regarding a closed hospital campus. An effective policy should probably include:

- Purpose of policy;
- Whether the policy incorporates, or is separate from, the hospital's tobacco policy and/or against medical advice policy;
- Explanation of how the policy applies to patients;
- Physical boundaries of policy;
- Available support;
- Clear enforcement rules and consequences; and
- Hospital contact who can answer questions and address concerns.

Several examples of policies and liability waivers are attached as **Appendix A**. Importantly, these are only examples and should not be considered recommendations to be followed by your hospital. Any policy developed by the hospital should be closely reviewed and considered in light of existing policy and procedure. Depending upon the complexity of the policy, the policy should be reviewed by administration, risk management, in-house legal counsel and other relevant administrative staff and professionals.

Assess Status

Your hospital should begin with an assessment of potential liabilities. For example, what areas outside the campus create a zone of foreseeable risk? Is your hospital in a high traffic area? Is your hospital in a high crime area? What are current patients, employees, and staff doing off campus? Where are they leaving from or congregating? Assess and analyze the potential risks involved with the various locations and trends that you find. All of this preliminary information and assessment will help the hospital build a more practical policy and procedure that will address the liability concerns. Of course, some liabilities remain unforeseeable because they depend on patient characteristics and other intangibles. The best that your

hospital can do is to anticipate those liabilities that a reasonable hospital would anticipate. For example, a hospital in a high traffic area should reasonably foresee that a patient might be struck by a car.

Next, your hospital should assess what policies that it has in place. Do you have an existing tobacco policy that prevents patients from leaving the campus? Do you have a tobacco policy that allows patients, employees, and staff to smoke in certain designated areas? Has the implementation of the tobacco policy or smoke free campus caused patients, employees and staff to modify their habits by congregating in areas off the campus? Do you have other liability waivers in use for patients that seek to leave the hospital campus? It will be difficult to formulate a plan for your hospital going forward unless you have an idea of where you currently stand.

Improve Existing Policies and Procedures

If your hospital already has a closed campus policy in effect, consider whether it should (or could) be improved. For example, are there ways that you could implement the policy that have not yet been considered? Is your current policy working from a practical standpoint or is it currently being regularly violated by patients, employees, and staff? Does your current policy consider patients to have left against medical advice? Are there ways that you can improve the procedure used to advise patients that their leaving the premises is against medical advice? What procedures are in effect for staff training or enforcement?

Implement New Policies and Procedures

If your hospital is like most and does not have a closed campus policy in effect, now is the time to consider the pros/cons of implementing such a policy. This toolkit should help lay the necessary foundation for such a policy, and also provides several examples of closed campus policies at other hospitals. Note that many of these are not stand alone policies. Rather, many hospitals have improved their smoking and/or tobacco policies to prohibit patients leaving campus. In other words, many hospitals have both closed their campuses to smoking and have requested that patients remain on campus. This creates an incentive for some patients to violate the policy, but can be addressed through effective patient communication and enforcement.

Working with Patients

The most important thing that that your hospital can do is to work with each patient as he or she is admitted to the hospital. Every interaction with the patient is another “teachable moment” during which the closed campus policy can be communicated. It is important that the hospital convey the message to every patient as early as possible. Explain the policy and what it prohibits, and then use a liability waiver to signify the patient’s acknowledgement of the policy.

In addition, your hospital’s patient treatment team should ask “How can I address the closed campus policy?” in each of the following situations:

1. Before a patient is admitted to the hospital

Your hospital should incorporate information about your closed campus policy and the dangers of leaving campus upon admission. Any pre-registration, intake, or pre-surgical forms utilized by your hospital are also effective mediums to incorporate closed campus information, including information about the hospital's against medical advice policy. The patient should also be asked to sign a liability waiver acknowledging that he or she understands the policy.

2. At inpatient and emergency department admissions

The admission process presents an opportunity unlike any other to instruct patients about the closed campus policy and to document the education process and waiver of liability. Allow patient responses to trigger appropriate conversations about your hospital's policies. Consider whether the patient appears likely to violate the policy and document the medical record accordingly.

3. Upon transfer to other floors and departments

Your hospital's commitment to a closed campus should be reaffirmed whenever a patient is moved within the hospital. A patient's motivation to leave the campus may change throughout his or her stay at your hospital, and it is important that your patient care team reassess the patient's motivation through regular conversation and follow-up.

4. Through medical records

Whether your hospital relies on electronic or paper medical records, be sure to include the patient's response and reaction to the closed campus policy. The patient's record could go a long way in proving or disproving whether the hospital should have been able to foresee that a patient would leave campus in violation of the policy. Further, the patient's record is a place where the staff can accurately document the discussion had and education provided to patients about the importance of the closed campus concept and the risks associated with leaving the campus against medical advice.

5. While a patient is in the hospital

Your hospital should ensure that every patient receives clear and respectful messages about the dangers associated with leaving campus against medical advice. If a patient seeks to leave the campus and use tobacco, this might involve, at a minimum, referring the patient to www.smokefree.gov or the national telephone quit line, 1-800-QUIT NOW.

Enforcing the Policy

Enforcement of the closed campus policy should involve the following critical steps:

1. Train your staff

Your hospital should take adequate steps to ensure that all employees, from intake to discharge, understand their responsibilities and have the tools and training to understand and enforce the closed campus policy. In addition to formal trainings, your hospital should consider ways to share information as part of regular meetings and in-service trainings.

2. Post effective signage

The most important way to publicize your closed campus policy is by posting visible signs with clear and unambiguous messages. These should be placed in convenient and well-traveled locations throughout the hospital and should include instructions, warnings, and other important information about your hospital's policy.

3. Enforce your hospital's policy

Your hospital's procedures for enforcement need to be clearly delineated in your closed campus policy. Potential problems can be avoided by clearly explaining the policy to patients. Your hospital should stipulate that patients who leave the facility or campus are discharged for leaving against medical advice. This important step could relieve the hospital of liability for any adverse events that may occur while the patient is off-campus and is recommended as a best practice. Whatever your hospital's policy, inform all patients at intake or earlier if possible.

Best Practices

The absolute best case scenario for the hospital should go something like this: A new patient is informed of the closed campus policy upon admission to the hospital and is asked to sign a form acknowledging that he or she has read and understands the policy. The policy should also be included on any written materials provided to the patient upon admission, and could also be conveyed by appropriate signage throughout the hospital. If the patient desires to leave the hospital, he or she should be reminded of the policy and should be consulted by the nursing staff and attending physicians. If the patient is adamant about leaving, the hospital should rely on its against medical advice policy and procedure and inform the patient that, upon returning to the hospital, he or she will have to seek readmission.

Sample Policy Language

The following are some excerpts from tobacco policies which contain the important language regarding discharges against medical advice. The full policies are attached in **Appendix A**:

- and not leaving AMA.
- e. If the patient insists on smoking, despite all the education and explanation of risks of leaving AMA, the patient may elect to sign out of the hospital Against Medical Advice (AMA). Staff should consider consulting their Department Director, Social Worker or the Risk Manager for assistance in working with the patient.

f. The nurse will document all events and conversations in the patient chart.

3

PROCEDURE:

1. Every effort should be made to encourage the patient to remain under the care of the physician.
2. The patient should be asked to sign the Against Medical Advice form.
3. The physician should document in the chart that the patient has left against medical advice, noting the date and time, the patient's competence to make such a decision, disclosure as to the risks of leaving, and documentation concerning the recommended treatment to which the patient refuses to consent.

The chart should also reflect documentation of any medical instructions given to the patient who insists on leaving against medical advice.

4. If the patient is deemed to be a menace to public health, the campus police and state health department should be notified.
5. If the patient is considered to be a danger to himself or others, the patient should be placed on emergency hold, and a psychiatric consult should be obtained to determine the disposition of the patient.

4

- 6.10 Nursing staff will inform patients that it is against medical advice to leave the campus to smoke, if they choose to leave, they do so at their own risk, and it will be documented in the patients' health records that they have been informed.

5

Suggested Language

See the sample template attached as **Appendix B** for suggested release language.

³ Available at: <http://domainsrv.mckenziehospital.org/policies/Admin/A-2.5.1%20Smoke%20Free%20Environment.pdf>.

⁴ Available at: http://nursing.uchc.edu/hosp_admin_manual/docs/07-006.pdf

⁵ Available at: <http://www.mater.ie/about-us/smoke-free/WHP015%20-%20Smoke%20Free%20Campus%20Policy.pdf>

Patients Who Chose to Leave Campus

The hospital must make clear that all patients are prohibited from leaving campus while admitted to the hospital. To that end, patients who insist on leaving the campus to use tobacco or otherwise must check out of the hospital against medical advice and can only be readmitted through the hospital's standard admissions process.

While this might seem like a drastic measure, it is actually an important step to help guard your hospital against potential liability claims. Once a patient is admitted to your hospital, you become responsible for achieving a certain standard of care. That standard of care could be compromised if a patient were allowed to enter and exit the hospital campus at will. For example, a patient could be struck by a car and seriously injured while crossing the street to smoke on an adjoining property. Such an adverse event would likely raise questions as to the hospital's liability for the injury.

On the other hand, if the same patient is required to sign and acknowledge a liability waiver and/or against medical advice" form, he or she might be (1) less likely to leave campus; and (2) unable to assign liability to the hospital for an adverse event. Importantly, the issue of hospital liability for an injury or adverse event occurring while a patient is off campus has not been settled in West Virginia (or other states). In other words, the best practice available is to counsel patients about your hospital's policy and make sure that each and every patient is aware of the consequences of leaving campus.

How often will Patients Leave Against Medical Advice?

The number of patients who leave the hospital against medical advice will vary widely, as will their reasons for doing so. Smoking is likely to be a driving force behind many patients leaving campus, but other examples are also likely. For example, a patient could leave the hospital campus to use drugs or illegal substances, to consume alcohol, or to engage in other activities. It's entirely possible that a recently ambulatory patient will leave to simply go for a walk. Regardless, the hospital should consistently rely on its closed campus policy.

Will a Closed Campus Policy or Liability Waiver Actually Work?

Of course, whether a closed campus policy or liability waiver will actually work is likely to be an important question. There are no guarantees, but as a general rule, courts have been very hesitant to assign liability to a hospital when a patient leaves against medical advice. For example, a court in Alabama noted that, "liability should not attach in cases like this one, where the patient leaves the hospital against medical advice and ignores the doctor's repeated pleas to return to the emergency room. See e.g. Bowden v. Wal-Mart Stores, Inc., 124 F. Supp. 2d 1228, 1240 (M.D. Ala. 2000).

Frequently Asked Questions

The following should answer common questions about closed campus policies:

1. Why should hospitals adopt closed campus policies?

Hospitals are recognized community leaders in health promotion and safety. As an institution dedicated to improving the health of patients and insuring their safety, hospitals should demonstrate their commitment to patients in a tangible way. Hospitals have a duty to maintain a safe environment for patients and a responsibility to oversee the care and treatment of patients while they are on the hospital campus. Specifically, tobacco-free campuses are becoming the standard for health care institutions and companies, and hospitals should be quick to promote patient safety both on and off the hospital campus. In addition, hospitals can better serve the community if they are not subject to the threat of litigation based on off-campus injuries.

2. How should a hospital promote the policy to patients and others?

Hospitals should post appropriate signage around campus and convey their tobacco-free policy and closed campus policy through advertising and other patient information. Hospitals should include a clear and concise summary of the policy and the reasons for the policy to patients upon admission. Further, hospitals should develop training sessions for employees and staff to become better communicators of the policy to patients. Hospitals should put into place a uniform process and procedure to be used by employees and staff when a patient indicates that they want to leave the hospital campus.

3. How should the policy be enforced?

The hospital should enforce its tobacco-free and/or closed campus policies through friendly and education based interactions with patients. Patients smoking or attempting to smoke while on hospital grounds should be politely reminded of the policy and asked to refrain from smoking, while also being reminded of the closed campus policy. If a patient refuses to comply with the closed campus policy, the patient's physician should become involved in the process. If the patient continues to disregard the recommendations of the hospital staff and physician the patient should be discharged "against medical advice."

4. What about patients who must stay at the hospital for lengthy periods of time?

Hospitals should convey a clear message to their patients that every patient is being treated equally and being held to the same policies. For that reason, the closed campus policy should be the same as to all patients, regardless of the length of their stay. If patients are concerned about the impact of not being able to use tobacco products during their inpatient stay the hospital should have in place procedures and provide assistance to patients who need help with tobacco or other substance abuse issues.

5. Should patients or others be able to leave campus to use tobacco on public or private property adjoining the hospital, such as public sidewalks?

Hospitals should caution patients that leaving the hospital for any reason may result in a discharge against medical advice. This warning is of significant importance as it serves to guard against liability claims made

by patients who suffer adverse events while off campus. Along with the warning, hospitals should provide education and assistance to the patient who may need substance abuse assistance. The hospital should advise the patient that if they need and want help with their addiction to tobacco that the hospital and its staff will work with them to overcome the addiction.

6. What about patients who sneak off campus despite the policy?

Patients should be cautioned against leaving campus, whether to use tobacco products or otherwise. However, it is important that those patients who choose to leave against medical advice be made aware of the consequences. Hospitals should make it clear that any patient who leaves the hospital campus will be considered to have left against medical advice. Importantly, that means that a patient who leaves and is caught attempting to return should be referred to the emergency department or required to go through the regular admission process in order to be readmitted.

7. Can hospitals still be held liable for an adverse event or injury that takes place off campus?

Perhaps, but the hospital's exposure to liability is significantly lessened if clear policies and protocols are in place and these policies and protocols are followed by the hospital employees and staff. Although the question of hospital liability for off-campus adverse events has not been determined by West Virginia's courts, there are cases nationally that have absolved hospitals from liability when patients have left against medical advice. The prevailing thought is that the hospital cannot be held liable if the patient chooses to leave against the medical advice of the hospital. Although these cases do not specifically deal with closed campus hospitals, the circumstances are similar enough that hospitals should incorporate an against medical advice clause in their closed campus policy and communicate it effectively through patient interactions.

Appendix A



Effective Date: 1st July 2010

Review Date: 1st July 2011

SMOKE-FREE CAMPUS POLICY

Policy Number: WHP015

Drafted By: Smoke-Free Committee

Authorised By: Mr Brian Conlan

Signature: 

Chief Executive Officer

Date: 29th June 2010



Smoke-free Campus Policy	Policy Number:	WHP015
	Effective Date:	29th June 2010
	Revision Number:	1
	Authorised by:	CEO

1.0 Purpose

This policy has been developed in our commitment as a healthcare organisation, to promoting the health of patients, staff and visitors. To protect all employees, service users, customers and visitors from exposure to second hand smoke and to assist compliance in accordance with section 47 of the Public Health (Tobacco) Acts, 2002-2004.

2.0 Revision History

Date	Revision No.	Change	Reference Section(s)
12-10-2007	1	Update policy	Total Document
		Supersedes No Smoking Policy (No 54)	

3.0 Persons Affected

- 3.1 Patients who are receiving treatment/care at the Mater Misericordiae University Hospital (MMUH).
- 3.2 Relatives/friends of patients.
- 3.3 Employees of the MMUH.
- 3.4 External contractors.
- 3.5 Students who undertake courses or work experience on the campus.
- 3.6 Volunteers.

4.0 Policy

The policy of the Mater Misericordiae University Hospital is to:

- 4.1 Provide a smoke-free environment for patients, staff and all other service users.
- 4.2 Promote strategies to improve the health outcomes for patients, visitors and staff who currently smoke.



Smoke-free Campus Policy	Policy Number:	WHP015
	Effective Date:	29th June 2010
	Revision Number:	1
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- 4.3 Ensure patients, staff and visitors are informed about the hospital's smoke-free campus policy.
- 4.4 Ensure organisational documents (general contracts, service plans, patient and staff information booklets) specify a commitment to a smoke-free environment.
- 4.5 Ensure there is clearly visible signage indicating the smoke-free status of the hospital.
- 4.6 Ensure the boundaries of the campus are clearly marked out for people accessing the campus.
- 4.7 Ensure that patient information leaflets regarding hospital smoke-free campus policy are available in all wards and admission areas for dissemination to patients by staff.
- 4.8 Ensure that nicotine replacement therapy for inpatients can be accessed via pharmacy and is free of charge during the period of stay.
- 4.9 Identify and document within the patients' health records that they are nicotine dependant, offer nicotine replacement therapy and/or smoking cessation support.
- 4.10 Provide inpatients who smoke access to nicotine replacement therapy and or smoking cessation support as an integral part of their patient care plan. This intervention shall be documented in their patient care plan.
- 4.11 Inform patients declining nicotine replacement therapy and or smoking cessation support that smoking is not permitted on campus.
- 4.12 Inform patients that it is against medical advice to leave the campus to smoke, if they choose to leave, they do so at their own risk.
- 4.13 Inform staff that all incidents of smoking on campus and in transport vehicles must be reported as a risk occurrence.
- 4.14 Adopt a common sense approach to supporting compliance. If a person refuses to comply with the policy, staff should not engage in an altercation with the person. Simply advise them of the breach. In most cases this will be sufficient, but if the patient/visitor/staff member continues to smoke, alert security.
- 4.15 Ensure repeated non-compliance among patients is discussed with medical practitioner, documented in patient healthcare records and reported as a risk occurrence.



Smoke-free Campus Policy	Policy Number:	WHP015
	Effective Date:	29th June 2010
	Revision Number:	1
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- 4.16 Ensure staff do not escort a patient off campus to smoke.
- 4.17 Provide staff that would like to use this opportunity to quit smoking, access to nicotine replacement therapy from the hospital pharmacy and access to the smoking cessation support service.
- 4.18 Comply with the current entitlements of staff to their designated breaks. Staff who choose to smoke, may continue do so only in their designated break- time and provided they go off-campus.
- 4.19 Inform staff who are finding it difficult to adjust to the policy they must meet with their line manager and can be offered support to manage their nicotine dependence through referral to the smoking cessation support service and/or attend their GP.
- 4.20 Inform staff who continue to infringe the smoke-free campus policy that they shall be subject to the hospital's disciplinary process.
- 4.21 Ensure that in support of the "good neighbour" philosophy with our surrounding community, those who smoke are asked not to smoke or to discard cigarette butts on neighbouring property.
- 4.22 Consider the acute mental health unit is designated an exempted area from this policy. In line with Public Health (Smoke) Acts, 2002-2004.
- 4.23 Inform visitors who refuse to comply with our smoke-free campus policy that they may be escorted off the premises by security staff.

5.0 Definitions

- 5.1 **Hospital Campus:** The hospital buildings, grounds, and its associated buildings and grounds

6.0 Responsibilities

- 6.1 Responsibility for implementing this policy rests with the Chief Executive Officer.
- 6.2 Day to day responsibility for implementation lies with all managers.
- 6.3 All staff will adhere to the policy.
- 6.4 Security Staff will ensure adherence to the policy in line with Section 47 of the Public Health (Tobacco) Acts, 2002-2004.



Smoke-free Campus Policy	Policy Number:	WHP015
	Effective Date:	29th June 2010
	Revision Number:	1
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- 6.5 Security staff will assist staff when requested in dealing with aggressive situations.
- 6.6 During the admission process, medical staff will identify and document within the patient's healthcare records that they are nicotine dependant, offer and prescribe nicotine replacement therapy and/or smoking cessation support.
- 6.7 Medical staff will inform patients that it is against medical advice to leave the campus to smoke, if they choose to leave, they do so at their own risk, and it must be documented in the patients' healthcare records.
- 6.8 The treating medical practitioner is responsible for the prescribing and management of nicotine replacement therapy for their patients.
- 6.9 During the admission process, nursing staff will identify and document within patients' healthcare records that they are nicotine dependant, offer nicotine replacement therapy and/or smoking cessation support.
- 6.10 Nursing staff will inform patients that it is against medical advice to leave the campus to smoke, if they choose to leave, they do so at their own risk, and it will be documented in the patients' health records that they have been informed.

7.0 Procedures

- 7.1 Not applicable

THE UNIVERSITY OF CONNECTICUT HEALTH CENTER
JOHN DEMPSEY HOSPITAL
ADMINISTRATIVE MANUAL

SECTION: MEDICAL LEGAL NUMBER: 07-006

SUBJECT: DISCHARGE AGAINST MEDICAL ADVICE PAGE: 1 of 1
(AMA)

PURPOSE: To establish guidelines for discharge of the competent patient who wishes to leave against medical advice, and to ensure proper documentation in the patient record.

POLICY: Competent patients who wish to leave the hospital against medical advice will be asked to sign an A.M.A. form. The competent patient who refuses to sign may leave without interference, provided that the patient is not considered to be a danger to himself or others.

PROCEDURE:

1. Every effort should be made to encourage the patient to remain under the care of the physician.
2. The patient should be asked to sign the Against Medical Advice form.
3. The physician should document in the chart that the patient has left against medical advice, noting the date and time, the patient's competence to make such a decision, disclosure as to the risks of leaving, and documentation concerning the recommended treatment to which the patient refuses to consent.

The chart should also reflect documentation of any medical instructions given to the patient who insists on leaving against medical advice.

4. If the patient is deemed to be a menace to public health, the campus police and state health department should be notified.
5. If the patient is considered to be a danger to himself or others, the patient should be placed on emergency hold, and a psychiatric consult should be obtained to determine the disposition of the patient.

Mike H. Summerer, MD
Hospital Director

Richard H. Simon, MD
Chief of Staff

Date Issued: 3/86
Date Revised: 1/87, 12/88, 12/91, 12/94, 1/03, 4/05, 8/09
Date Reviewed: 5/97, 2/00, 10/03

b: 07-006

--Attachment can be found in the Hospital Administrative Manual--

SMOKE-FREE ENVIRONMENT POLICY

MCKENZIE MEMORIAL HOSPITAL

SUBJECT: Smoke-Free Policy

EFFECTIVE DATE: 01/96

REVIEWED:

REVISED: 10/06, 10/08

DISTRIBUTION: Administrative Manual

PURPOSE / POLICY: It is the policy of McKenzie Memorial Hospital (MMH) to protect the health and safety of our staff, students, physicians, volunteers, visitors, patients, contractors, and other guests. In response to tobacco being the leading cause of preventable death in the nation, McKenzie Memorial Hospital is implementing a smoke-free environment, both indoors and outdoors. McKenzie Memorial Hospital is committed to offering helpful smoking cessation and treatment resources. McKenzie Memorial Hospital recognizes the health hazards of tobacco use, and as a leader in health care, strongly discourages the use of any and all tobacco products. The purpose of this policy is to establish the uniform prohibition of smoking while on MMH properties. There are no exceptions to the smoke free policy at all facilities owned or operated by MMH.

DEFINITIONS:

- A. The term "staff" encompasses all McKenzie Memorial Hospital employees and contracted service staff who work in any McKenzie Memorial Hospital owned or leased buildings.
- B. Leased Hospital Property Locations
This policy pertains to all owned and leased property locations. The definition of McKenzie Memorial Hospital leased properties include the space that is rented by the organization. An example of a leased space is an office. Due to the lease agreements at leased locations, McKenzie Memorial Hospital employees cannot ask other tenants and visitors of other businesses in the complex to stop smoking on the property.
- C. Legal Rights
Employers have a legal right to reduce or eliminate smoking on their property. People who smoke do not have the right to violate the employer's Smoke-Free Environment policy.

PROCEDURE:

- I. Background:
 - A. Eliminating tobacco use from hospital properties is a national trend that provides a healthier environment for everyone who visits hospital properties. This means all patients, visitors and staff members will not encounter second-hand smoke while visiting McKenzie Memorial Hospital property. McKenzie Memorial Hospital is joining hospitals across the state and country to implement a smoke-free environment policy. We believe this effort:
 - 1. Creates a healthier environment for everyone who visits our hospital by eliminating second-hand smoke.
 - 2. Demonstrates our commitment to improve the health of the community.
 - 3. Increases hospital involvement in treating nicotine addiction.
 - 4. Sets an example we hope other organizations and businesses will follow.
- II. Patient Education:
 - A. Pre-Admission Patients
 - 1. When patients are admitted for elective surgery, the attending physician and/or MMH Staff will discuss the Smoke-Free Environment policy before hospitalization.
 - 2. The attending physician should discuss the use of nicotine replacement therapy during hospitalization and other nicotine replacement therapy if medically necessary. A referral to the Cardiopulmonary Department for Smoking Cessation education is encouraged. Patients will not be permitted to leave the hospital property to smoke.
 - 3. Patients and visitors will also be informed that smoking is prohibited on McKenzie Memorial Hospital property during the pre-admission testing process for surgical patients.

B. Inpatients

1. Registration staff will verbally inform patients of the Smoke Free Environment policy during the registration process and will provide patients with the Smoke Free Environment literature that is contained in the patient admission packet.
2. Clinical staff will:
 - a. The RN or LPN will determine if the patient uses tobacco during the admission interview.
 - b. If the patient uses tobacco, the RN or LPN will assess the patient's awareness of the MMH Smoke-Free Environment policy.
 - c. The RN or LPN will provide education to the patient and family regarding the Smoke Free Environment policy, Nicotine Replacement Therapy options and Smoking Cessation Education that is available to the patient and the family (consider referral to the Smoke Free Environment literature contained in the patient admission packet).
 - d. Document all information and communication in the nursing notes and the RN will develop a Care Plan for patients who smoke.
 - e. The RN or LPN will determine if the Smoke free environment will be problematic for the patient or family during the inpatient stay. If this is a problem, the RN or LPN will review the options available to the patient and family while hospitalized.
 - i. Nicotine Replacement Therapy that can be ordered for the patient by the physician.
 - ii. Free Nicotine Gum for family members while visiting the patient.
 - iii. Free Smoking Cessation Education for the patient and family.
 - f. The RN or LPN will provide the following to patients who smoke:
 - i. Provide educational materials/information as listed above.
 - ii. If the patient would like to quit using tobacco, contact the Cardiopulmonary Department for a Smoking Cessation consultation.
 - iii. If the patient does not want to quit smoking, the RN or LPN should document the reasons the patient does not wish to quit and provide education. The RN or LPN should also inquire if the patient is interested in having the staff contact their physician regarding the need for Nicotine Replacement Therapy while they are in the hospital.
 - iv. If the patient is interested notify the patients physician of the patients interest in receiving NRT and record orders, if applicable.

III. Responsibility & Scope:

- A. Responsibility: This policy shall apply to all staff, students, physicians, volunteers, visitors, patients, contractors and other guests.
- B. Scope: Smoking in McKenzie Memorial Hospital owned and leased buildings and on the grounds of McKenzie Memorial Hospital and parking lots (including inside personal and McKenzie Memorial Hospital vehicles) is prohibited. No one will be permitted to smoke on hospital property.
- C. Signage to this effect shall be erected and maintained at all public entrances to all MMH owned facilities.
- D. The Department Director and/or Human Resource Department will inform potential employment candidates of the smoke-free campus policy during the hiring interview and will educate all employees during the new employee orientation processes.
- E. Assistance via smoking cessation programs will be provided to staff that wish to stop smoking.
- F. Tobacco products will not be sold or dispensed at any MMH facility.
- G. Staff is to courteously inform any person(s) violating the MMH Smoke-Free Campus policy of the policy. It is the responsibility of all staff to see that the policy is followed.
- H. Continued smoking violation by a person in disregard of staff communication, as per Standard, shall be reported by staff as follows:
 1. Employee violations
 - a. Employees observing a co-worker violating the no-smoking policy are requested to courteously remind the employee of the no-smoking policy and suggest smoking materials be extinguished.

- b. Employees are expected to inform any member of the MMH management team when they witness another employee violating this policy. The smoking violator's immediate Director will then be notified and will follow up as appropriate.
 - c. If a staff member does not comply with the hospital smoke-free policy the employee will be subject to disciplinary action up to and including discharge.
2. Outpatient or Visitor/Others violations –
- a. Employees observing an outpatient, visitor or other individual violating the smoke free environment policy are requested to courteously remind the individual of the hospitals no-smoking policy and suggest smoking materials be extinguished. Consider offering educational materials the hospital has made available to visitors/guests at the Front Lobby desk, Outpatient desk or the Emergency Department desk ("Smoke-Free Environment Brochure" and/or "Smoke Free Campus Information Sheet" (F-4967).
 - b. Report continued violation to any member of the MMH management team. The Management team member will then follow up with the individual to provide the individual with the hospitals patient/guest information brochure and/or information sheet and will re-educate on the hospitals smoke-free environment policy.
3. Inpatient violations - Inpatients who violate smoking policy within the hospital facility or on hospital property will be subject to the following:
- a. Nursing staff will re-educate the patient on the hospitals smoke-free campus policy.
 - b. Nursing staff will offer the patient Nicotine Replacement Therapy (NRT) per physician order. If there is no NRT ordered for the patient, the nurse will contact the physician for a NRT order.
 - c. Nursing staff may offer a consultation with the Cardiopulmonary Department for Smoking Cessation education.
 - d. If the patient insists on smoking the nurse will contact the patient's physician for assistance in helping the patient to understand their individual medical needs and the importance of not smoking and the importance of remaining in the hospital and not leaving AMA.
 - e. If the patient insists on smoking, despite all the education and explanation of risks of leaving AMA, the patient may elect to sign out of the hospital Against Medical Advice (AMA). Staff should consider consulting their Department Director, Social Worker or the Risk Manager for assistance in working with the patient.
 - f. The nurse will document all events and conversations in the patient chart, including patient comments.
 - g. If patient leaves AMA inform the patients physician and follow hospital policy (see policy A-7.4.1).

IV. Referenced Policies and Physician Order Set

- A. Administrative Policy: Smoke-Free Environment (A-2.5.1); Leaving Against Medical Advice (A-7.4.1); Nicotine Gum (A-2.5.2); Smoking Cessation Education (A-2.5.3).
- B. Human Resource Policies: Department Scheduling (A-3.6.8); Meal and Rest Periods (A-3.6.9); Time Keeping (A-3.7.0); and Progressive Discipline (A-3.10.1).
- C. Physician Standard Orders: F4969 Nicotine Addiction Medication & Replacement Therapy.

V. Nicotine Gum and Smoking Cessation Support

- A. Nicotine Gum (also see "Nicotine Gum" Policy and Procedure A-2.5.2)
 - 1. Nicotine gum will be available at no cost for staff members, patient families and visitors at the Main Lobby information desk, the Outpatient registration desk and the Emergency Department desk. This aid will allow family members to remain close to their loved one without leaving hospital property to smoke.
 - 2. Patients must have a physician order for nicotine gum or other nicotine replacement therapy (NRT) and must receive it through the usual medication delivery process.
 - 3. Staff members and visitors are encouraged to use the gum rather than leave hospital property to use tobacco products.
 - a. Nicotine gum can be obtained by approaching one of the desks where the nicotine gum is provided, asking for the nicotine gum, and signing the Nicotine

- Gum Instructions for Use / Release from Liability Form (F-4968). Office staff will mark the appropriate box on the form to indicate dosage dispensed. The original copy will be placed in the pharmacy department mailbox for filing.
- b. The form (F-4968) discloses nicotine gum warnings, clarifies the proof of age (person must be age 18 or older), and protects McKenzie Memorial Hospital from being liable for providing nicotine gum.
- c. The full size 4 page booklet which contains: a copy of the "Smoke Free Campus Information Sheet" (F-4967); a copy of the package insert from the Nicotine Gum package (so all manufacturer information is available to the user); and a copy of the Nicotine Gum Instructions for Use / Release from Liability Form (F-4968), will be provided to the individual who signed the form.
- d. Visitors must sign the Nicotine Gum Instructions for Use / Release from Liability Form (F-4968) every time they request a piece of nicotine gum.
- e. Employees are required to:
 - i. only sign the form (F-4968) one time daily.
 - ii. present the signed form to the reception desk/ED desk staff each time they request a piece of nicotine gum.
 - iii. office staff/ED staff will copy the signed employee consent form each time a piece of gum is dispensed, document time and dosage dispensed and place the copy in the pharmacy department mailbox.
- 4. Staff providing the nicotine gum must keep the gum in a secure location at all times. Nicotine gum must be placed in a locked location when staff is not in attendance.

VI. Smoking Cessation Support

- A. The full size 4 page MMH Smoke Free Campus Information Booklets (F-4967) are provided to guests upon request of nicotine gum and/or as a resource for staff to use when educating guest/visitors or outpatients.
 - 1. These information sheets explain the smoke-free campus policy, discuss how to use nicotine gum, contain Nicotine Gum package insert information and provide information related to smoking cessation support.
- B. Smoke Free Environment Brochures:
 - 1. Are distributed to patients in the patient admission packet, which are distributed by the front office at time of admission to inpatient or observation status.
 - 2. Are available for visitors and guests who are interested in learning more about the hospital smoke free environment and services/help aids available to guests.
 - 3. May be distributed by staff that is assisting visitors or guests to understand the hospitals smoke free environment policy.
- C. Smoking Cessation Education is free to all staff, guests and patients through the hospitals Cardiopulmonary Department Staff (See Smoking Cessation Policy and Procedure A-2.5.3).

Approved by: _____
 Department Director Date

Approved by: _____
 Applicable Committee Chairperson Date

Approved by: _____
 Applicable Administrative Representative Date

Approved by: _____
 Medical Staff Representative Date

Approved by: _____
 Board of Trustees Representative Date

ASHLEY REGIONAL MEDICAL CENTER

POLICY & PROCEDURES

Subject: Tobacco Free Campus

File: Hospital-Wide Policy

Date: March 2010

Approved by:

CEO

Chief of Staff

HR Director

Chief Clinical Officer

Date Reviewed: _____

Reviewed By: _____

Tobacco Free Campus

Purpose

Ashley Regional Medical Center is advocating for a healthy environment by creating a workplace free of tobacco use and supporting tobacco users who wish to quit by offering tobacco cessation assistance.

To conform to the requirements of the Joint Commission Standards.

To comply with Utah State Clean Air Act as follows: "The building owner, agent, or operator of a place may not designate an outdoor smoking-permitted area within 25 feet of any entranceway, exit, open window, or air intake of a building where smoking is prohibited."

To conform to the local fire regulations and standards for patient safety.

To maintain as clean and healthful an environment as possible for the recovery and care of the patient.

To reduce the discomfort to patients, visitors, and employees, whose tolerance for smoke is limited due to medical, personal or other reasons.

Policy

The tobacco free policy will apply to all buildings owned or leased by Ashley Regional Medical Center and all grounds and parking lots associated with those buildings.

Guidelines

1. Signage will be posted throughout Ashley Regional Medical Center's buildings and grounds; stating this facility has a policy of being a tobacco-free environment.
2. All Ashley Regional staff members and volunteers are encouraged to assist with the education of visitors regarding the policy and provide resources as to where visitors may obtain nicotine replacement therapy if necessary.
 - a. Nicotine gum is available for purchase at the Pink Ladies Gift Shop.
3. Staff members are also expected to help enforce the policy with visitors. If staff members observe visitors using tobacco products on campus, they will approach the person and courteously explain our policy or provide them with our "Support Our Tobacco Free Environment Card." If the person continues to smoke or use tobacco products, the staff member will notify their department head, engineering and/or administration and they will approach the violator and address the issue.

Procedures

1. Staff
 - a. Staff and students are expected to comply with entity policies and assist with the education of Ashley Regional's patients, visitors and staff.
 - b. New employees and students will be provided a copy of the tobacco-free environment policy during orientation.
 - c. Enforcement of the policy rests with the appropriate department heads.
 - d. Staff members are not allowed to use tobacco products during working hours. Violators of this acknowledgement are subject to progressive disciplinary action up to and including termination.
2. Patients
 - a. Clinical staff, nursing staff and others who have patient care responsibilities are responsible for helping to ensure compliance.
 - b. Upon admission/check-in, patients will be verbally informed of the facility's tobacco-free environment policy and provided a copy of the policy upon request.
 - c. Patients violating Ashley Regional's policy will be requested to dispose of tobacco materials.
 - d. If a patient does not comply with this policy, patient care staff will contact their Manager or Nursing Administration for assistance. Patients will be advised that failure to comply with this policy may be grounds for a discharge or transfer from the facility.

- e. Tobacco replacement therapies (i.e., nicotine patch, nicotine gum, etc.) may be ordered by the patient's physician.

3. Visitors

- a. Visitors will be informed of the policy and asked to comply while they are on campus.
- b. If a visitor is observed repeatedly violating the policy after a warning, staff can report the location and time of the violation by contacting their Department Head or Administration. After hours, staff may contact the night supervisor or call the Administrator on Call for assistance at 828-3999.

4. Volunteers/Students

- a. Volunteers/students will be informed of the tobacco-free environment policy upon applying for the volunteer position or a preceptorship at Ashley Regional Medical Center.
- b. All hospital staff members, students and volunteers are encouraged to assist with the education of patients and visitors regarding the policy and provide resources as to where visitors may obtain nicotine replacement therapy if necessary
- c. Volunteers/students are not allowed to use tobacco products while volunteering or precepting at Ashley Regional. Violators are subject to disciplinary action and/or termination by the Pink Ladies Auxiliary or dismissal from precepting at Ashley Regional Medical Center.

5. Contractors/Vendors

- a. All vendors/contractors will adhere to the tobacco free policy while on campus at Ashley Regional Medical Center.
- b. The department that contracts with the vendor/contractor is responsible for communicating the policy and gaining commitment from the vendor/contractor to follow the policy.

Tobacco Cessation Services

Ashley Regional Medical Center encourages staff, their spouse and students who use tobacco products to avail themselves to tobacco substitution and smoking cessation services. Please contact Human Resources for available resources.

Exceptions to the Tobacco-Free Policy

The organization's policy prohibits the use of tobacco throughout the entire campus under the organization's control at all times and **no medical exceptions are allowed.**

PITT COUNTY MEMORIAL HOSPITAL

POLICY/PROCEDURE

MANUAL: Administrative

SUBJECT: Tobacco Free Environment

NUMBER: 158 **PAGE** 1 OF 3

EFFECTIVE DATE: July 30, 1986

PREPARED BY: Tobacco Free Taskforce

REVISED: Jan. 1, 1990, Jan.1, 1992, Jan.1, 1994,
Jan. 1,1997, May, 31, 2006.

REVIEWED: May 1, 1987, Sept. 1, 1999

President (or designee)

APPROVED BY:

POLICY

The use of tobacco products is prohibited on the hospital campus to include its roadways and sidewalks and in all hospital owned or leased vehicles or aircraft as stated in the policy.

PURPOSE

PCMH is a vital and often central part of its community. As a health care institution it is important that we educate and model healthy behaviors for the community and surrounding region. With this in mind, implementation of a tobacco-free environment is evidence of our commitment to create and sustain healthy communities. This policy applies to all employees, medical staff members, volunteers, visitors, vendors and patients.

AREAS COVERED BY POLICY

The following areas are tobacco free:

1. All property leased or owned by PCMH (including Greenville campus of UHS entities).
2. All grounds leased or owned by PCMH (including Greenville campus of UHS entities).
3. Employees will follow the policy of other entities when visiting.
4. PCMH employees will follow PCMH policy when on East Carolina University Division of Health Sciences Campus (to include the Brody School of Medicine) conducting activities within the scope of their employment.
5. Smoking in vehicles is prohibited at the above-mentioned areas.

SPECIAL CIRCUMSTANCE FOR PATIENT TOBACCO USE

Tobacco use by a patient (18 years of age or older) may be authorized only in the case of a terminal illness where the patient may be made more comfortable by tobacco use. Tobacco use is prohibited (no medical exceptions allowed) for all hospital-based ambulatory care areas and for all child or adolescent patients. Tobacco use is authorized through a physician's written order in the progress notes of the patient's medical record. The patient must be informed of the potential health hazards of tobacco use and sign a release form. Hospital staff will assist physicians in providing patients with information on the hazards of tobacco use. The form will be a permanent part of the patient's medical record. When written authorization is given for patients to use tobacco, the nursing staff will provide an ongoing assessment and intervention as needed to prevent hazardous conditions. Tobacco use privileges must not interfere with all schedules for therapeutic or diagnostic activities.

PITT COUNTY MEMORIAL HOSPITAL

POLICY/PROCEDURE

MANUAL: Administrative

SUBJECT: Tobacco Free Environment

NUMBER: 158 **PAGE** 2 OF 3

EFFECTIVE DATE: July 30, 1986

PREPARED BY: Tobacco Free Taskforce

REVISED: Jan. 1, 1990, Jan.1, 1992, Jan.1, 1994,
Jan. 1,1997, May, 31, 2006.

REVIEWED: May 1, 1987, Sept. 1, 1999

President (or designee)

APPROVED BY:

Patients with authorization to smoke will be placed in an AFB isolation room with outside exhaust. If smoking has been permitted in the patient's room, the room must be thoroughly cleaned and curtains changed to remove tobacco residue when the patient is discharged. Under no circumstances will smoking be permitted in bed with the patient unattended, when oxygen is in use, or when a non-smoking roommate is present. The rights of staff requesting to not be subjected to the second hand smoke of a patient will be protected via the Staff Rights Policy.

TOBACCO AVOIDANCE PROGRAMS

PCMH will offer the following resources to support tobacco users in abstaining from tobacco use while on campus and support tobacco users who desire to quit tobacco use. Wellness education time will be allowed for employees to participate in the programs and counseling pursuant to the Wellness Education Hours Policy.

1. **Freedom From Smoking Tobacco Cessation Program** is available to employees, dependents and the general public through ViQuest.
2. **Counseling Services** to aid in tobacco cessation are available for employees and dependents through InSight employee assistance program, ViQuest Rewards and the ViQuest Clinic.
3. **Nicotine Replacement Therapy (NRT)** - Prescriptive aids and over-the-counter NRT medications are available for purchase by employees and dependents at the employee pharmacy.
4. **Education Materials:** Education materials on tobacco cessation are accessible at designated locations in the hospital.

ENFORCEMENT

All hospital staff are responsible for complying with and the enforcement of this policy. Staff will be educated as to the requirements of this policy and how to manage noncompliant individuals covered by this policy. When a staff member observes an incident of noncompliance, they will use the informational card as a means to document noncompliance and as a means to educate and prompt compliance with the policy. Staff record the required information on the top of card, tear off and place in intercampus mail. This data will be used to determine the effectiveness of the policy and opportunities for improvement. Staff should then provide the bottom copy of the card to the noncompliant individual and request, in a courteous manner that they refrain from using tobacco products on campus in accordance with our policy. Noncompliant hospital employees are subject to the disciplinary action policy.

PITT COUNTY MEMORIAL HOSPITAL

POLICY/PROCEDURE

MANUAL: Administrative

SUBJECT: Tobacco Free Environment

NUMBER: 158 PAGE 3 OF 3

EFFECTIVE DATE: July 30, 1986

PREPARED BY: Tobacco Free Taskforce

**REVISED: Jan. 1, 1990, Jan.1, 1992, Jan.1, 1994,
Jan. 1,1997, May, 31, 2006.**

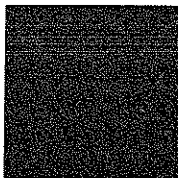
REVIEWED: May 1, 1987, Sept. 1, 1999

President (or designee)

APPROVED BY:

OVERSIGHT

The Tobacco Free Committee is charged with maintaining the tobacco free policy, monitoring compliance with the policy and developing procedures to increase compliance with the policy. The Committee will be chaired by senior leadership and will report to the President.



**MONTANA STATE HOSPITAL
POLICY AND PROCEDURE**

TOBACCO FREE

Effective Date: January 26, 2011

Policy #: ADM-07

Page 1 of 4

- I. PURPOSE:** To promote a safe and healthy treatment environment on the Montana State Hospital Campus by prohibiting the use of tobacco products by employees, persons receiving services (patients) and visitors.
- II. POLICY:**
- A. The use of tobacco on the Montana State Hospital campus by employees, persons receiving services and visitors is prohibited. This policy is based on health and safety hazards resulting from tobacco use.
 - B. Employees may not use tobacco during work hours, including time spent off campus during the workday. This policy is not applicable to on campus employee residences.
 - C. Montana State Hospital recognizes that tobacco may be used by some cultures for ceremonial and/or religious reasons. The Hospital Administrator may grant permission for tobacco to be used for this purpose at designated times and in designated places.
 - D. This policy and the Hospital's Guiding Principles are intended to provide a framework for employees to use when addressing situations involving tobacco products when a clear course of action may not be apparent. Not all situations that may arise can be contemplated and addressed in this document. Clarification should be sought from supervisory personnel when questions arise.
- III. DEFINITIONS:**
- A. Smoke or Smoking – The inhaling, exhaling, burning or carrying of any lighted cigarette, cigar, pipe or smoking paraphernalia used for consuming the smoke of tobacco or any other burning product.
 - B. Employees/Staff - Includes employees of the state of Montana and people under contract to provide services for the hospital.
 - C. Tobacco or Tobacco Products – Any product containing tobacco, including but not limited to cigarettes, cigars, loose-leaf tobacco and chewing tobacco.

Montana State Hospital Policy and Procedure

TOBACCO FREE

Page 2 of 4

- D. Smoking Paraphernalia – Items such as lighters, matches, altered batteries, cigarette papers, rolling machines and other items that would facilitate one in smoking.
 - E. Workday – The start of one’s shift until the end of that shift.
 - F. Campus - State owned grounds west of the frontage road used by Montana State Hospital.
- IV. **RESPONSIBILITIES:** Respectful enforcement and adherence of this policy is the responsibility of all Montana State Hospital employees. All employees are responsible for abiding by this policy. All supervisors are responsible for active enforcement of his policy.
- V. **PROCEDURE:**
- A. Communication and Signage
 1. Employees will be informed of this policy during the employee orientation process and through Hospital communication.
 2. Persons served will be informed of the Montana State Hospital Tobacco policy upon admission. Tobacco cessation will be considered an integral part of patient care and treatment with needs addressed on each individual’s treatment plan.
 3. Visitors will be informed of this policy through on campus signage, publications available at the front desk, and internet postings.
 - B. Employees
 1. Employees may not use or possess tobacco products during the workday or when on campus for other purposes. Tobacco may be secured in vehicles. However employees may not use tobacco products in vehicles while on the hospital campus.
 2. Employees may not use tobacco during their workday. This includes all off campus patient related activities. Employees may not leave the campus for the purpose of using tobacco during work breaks.
 3. Montana State Hospital will provide appropriate support for employees who wish to discontinue tobacco use. This may include prescriptions for medications, support groups or referrals to outside agencies or organizations.
 4. Employees who smell like they have used tobacco products after the start of a work shift shall be considered in violation of this policy and be subject to disciplinary counseling.
 5. Failure to adhere to this policy will be handled through the progressive disciplinary process.

Montana State Hospital Policy and Procedure

TOBACCO FREE

Page 3 of 4

C. Persons Served

1. Tobacco use on the Hospital campus or during supervised off-campus outings or appointments is not permitted.
2. The Hospital will not store tobacco products or smoking paraphernalia. Items in a person's possession at the time of admission will be disposed of or packaged and sent to a designated address at the person's expense. Tobacco products found in one's possession during the course of hospitalization will be removed and disposed of.
3. All people admitted to Montana State Hospital will be assessed regarding nicotine use/addiction and will be provided with information on tobacco cessation and the various treatment options available including pharmacotherapy. Treatments and support will be provided as requested by the person and/or prescribed as part of the person's treatment program.
4. Upon request or as needed, pharmacotherapy/nicotine replacement products may be prescribed by physicians or other licensed prescribers.
5. Treatment teams will develop individualized intervention strategies to use with people who do not adhere to this policy. Intervention strategies will focus on helping the person understand the importance of following rules and standard practices in public settings. People served will be offered education about the health and safety hazards of smoking. Appropriate measures for rule or policy violations will be commensurate with the nature of the violation.

D. Visitors

1. Visitors will be informed of the Hospital policy prohibiting use of tobacco through communications with employees, signage, publications, and information posted on the Hospital's website.
2. Visitors seen using tobacco or found to be providing tobacco or smoking paraphernalia to persons served will be informed of the policy by Montana State Hospital employees. People who disregard the policy or behave inappropriately may be prohibited from visiting or attending functions on the Montana State Hospital campus

VI. REFERENCES: None

VII. COLLABORATED WITH: Hospital Administrator, Medical Director, Medical Clinic Physician, Director of Nursing Services, Program Managers, Human Resources Director

Montana State Hospital Policy and Procedure

TOBACCO FREE

Page 4 of 4

- VIII. **RESCISSIONS:** ADM-07, *Tobacco Use* dated June 1, 2009; ADM-07, *Tobacco Use* dated February 8, 2008; ADM-07, *Tobacco Use* dated October 13, 2005; ADM-07, *Tobacco Use* dated November 17, 2004; ADM-07, *Tobacco Use* dated October 12, 2001; ADM 02-99-R dated 2/10/99; ADM-07, *Tobacco Use* dated May 3, 2000; #ADM-07, *Tobacco Use* dated November 16, 2000; and #ADM-07, *Tobacco Use* dated December 8, 2000.
- IX. **DISTRIBUTION:** All hospital policy manuals
- X. **REVIEW AND REISSUE DATE:** January 2014
- XI. **FOLLOW-UP RESPONSIBILITY:** Hospital Administrator
- XII. **ATTACHMENTS:** None

_____/ /
John W. Glueckert Date
Hospital Administrator

_____/ /
Thomas Gray, MD Date
Medical Director

Georgetown University Hospital Tobacco-free Policy

Tobacco use remains the most significant preventable cause of death and disability in the United States today. Georgetown University Hospital is committed to providing a completely tobacco free environment to promote a healing atmosphere for our patients and a healthy environment for our staff, volunteers, physicians, vendors, patient family members and visitors. No individual on hospital property may use tobacco anywhere on the grounds of the hospital.

PROCEDURE:

I. Patients

Patients receiving care may not use tobacco on Georgetown University Hospital premises. Upon admission, patients will be given admission packets containing information relating to this policy as well as available support services. The registered nurse admitting patients will ask each patient if they currently use tobacco and document the response. If yes, the nurse will notify the attending physician, who can assess the patient and discuss smoking cessation programs, including but not limited to Nicotine Replacement Therapy and/or other pharmacological options with the patient. Similarly, patients who visit outpatient sites, physician offices and/or other clinical sites will be notified of the provisions of this policy and can be counseled by physicians.

II. Family Members, Visitors and Vendors

Informational cards will be available at the information desks, registration areas, nursing units, doctor's offices and other outpatient departments for staff to give to family members and visitors at the hospital. Employees, physicians and other contract staff in clinical work settings are expected to explain the tobacco-free policy and offer information relating to smoking cessation counseling and/or nicotine replacement therapy. Employees and contract staff working outside of a clinical setting are expected to explain the tobacco-free policy with visitors.

III. Definitions

Tobacco Products: Tobacco products include, but are not limited to, cigarettes, cigars, chewing tobacco, and pipe tobacco.

Georgetown University Hospital Property: Any building, property, parking lot or site owned, leased or rented by Georgetown University Hospital and/or a MedStar Health entity, the Georgetown University campus, and the neighborhoods surrounding the Georgetown University Hospital and Georgetown University campus are included in the scope of this policy.



POLICY AND PROCEDURE MANUAL

SUBJECT: Smoke Free Environment	POLICY NUMBER: IV.20				
SOURCE (DEVELOPED BY): Environment of Care Subcommittee	ONLINE REFERENCE: http://policies.uihc.uiowa.edu				
DATE APPROVED BY UHAC: August 20, 2003; November 17, 2004; October 5, 2005; May 17, 2006	<table border="1" style="width: 100%;"> <tr> <td style="width: 80%; border: none;">_____</td> <td style="width: 20%; border: none;">_____</td> </tr> <tr> <td style="text-align: center; border: none;">SIGNATURE</td> <td style="text-align: center; border: none;">DATE</td> </tr> </table>	_____	_____	SIGNATURE	DATE
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SIGNATURE	DATE				
DATE(S) REVISED: November 3, 1999; July 18, 2001; July 14, 2003					

PURPOSE

University of Iowa Hospitals and Clinics is an advocate for a healthy environment by creating a workplace free of tobacco smoke and supporting smokers who wish to quit by offering smoking cessation assistance. Research shows that secondhand smoke is a significant source of disease even when the exposure occurs outdoors.

POLICY

The UIHC campus is 100% smoke-free. No smoking is allowed within UI Hospitals and Clinics buildings or on grounds, sidewalks, streets, parking ramps I, II, III & IV or other areas maintained by UIHC. This policy applies to all individuals working, visiting, or receiving medical care within the boundaries of UI Hospitals and Clinics property, including vendors and contractors

See Map Below

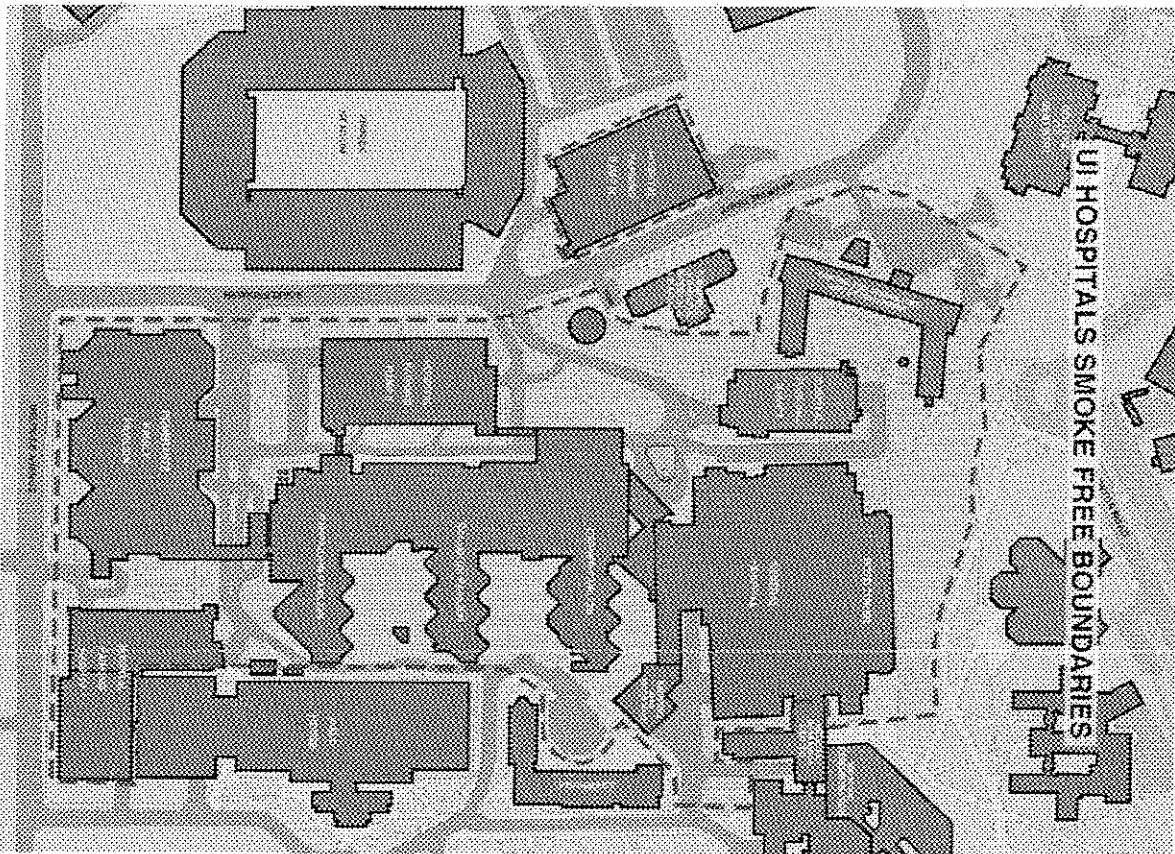
PROCEDURES

1. **Staff:** Faculty and staff are expected to comply with hospital policies and assist with the education of UIHC patients, visitors and staff. Enforcement of the policy rests with the appropriate supervisory staff, department heads, general administrative staff, and clinical department heads. When faculty or staff members observe violations of the policy, they should remind the staff member of the policy and ask them to extinguish the cigarette/cigar material. If the staff member continues to violate the policy, the location and time of the violation can be reported by **contacting the appropriate Department Head or Safety & Security (6-2658)**. Violation patterns will be assessed and appropriate action initiated.
2. **Patients:** Clinical staff, nursing staff and others who have patient care responsibilities are responsible for ensuring compliance. Patients violating hospital policy will be requested to extinguish smoking materials. Patients wishing to register a complaint can be referred to the **Patient Representative Office (6-1802)** for resolution.
3. **Visitors:** Visitors will be informed of the policy and asked to comply while they are on campus. All hospital staff are encouraged to assist with the education of visitors regarding the policy and where visitors may obtain nicotine replacement therapy if necessary. Staff members are also expected to help

enforce the policy with visitors. If staff observe visitors smoking on campus, they should ask the visitor to extinguish their cigarette/cigar and respect our smoke-free environment. If a visitor is observed repeatedly violating the policy after a warning, staff can report the location and time of the violation by **contacting Safety & Security (6-2658)**. Violation patterns will be assessed and appropriate action initiated.

4. Smoking Cessation Services: UIHC encourages individuals who smoke to avail themselves of tobacco substitution and smoking cessation services.

- CHAMPS (individual) 356-4652
- Rehabilitation Therapies – Smoking Cessation Clinic (individual)..... 356-2663
- University Employee Health Clinic (individual – UI employees only) 356-3631
- Cancer Information Service – Information on smoking and quitting 1-800-237-1225
..... 356-3000
- American Lung Association 1-800-586-4872
- American Cancer Society 1-800-227-2345
- Quitline Iowa (English and Spanish) 1-866-822-6879
TDD-1-866-822-2857



Patients & Visitors

- » About Us
- » Quality
- » Hospital Information
- » Visiting Hours & Policies
- » Locations
- » Directions
- » Telephone Directory
- » Scheduling
- » Preregistration
- » Birthing Center Preadmission
- » Insurance Participation
- » Billing
- » Financial Assistance Programs
- » Medical Records
- » Medical Transportation
- » Patient Bill of Rights
- » Bioethics Committee
- » Special Needs
- » Patient Safety
- » Smoking Policy
- » Pain Management
- » Advance Directives

Smoking Policy

Veá esta página en **Español**

Prince William Health System is committed to providing a safe and healthy environment for its patients, visitors, employees, physicians, and volunteers. Disease prevention and the health and wellness of our community is our primary objective. Our tobacco-free policy is established in the interest of minimizing health hazards related to tobacco use while promoting good health in the community.

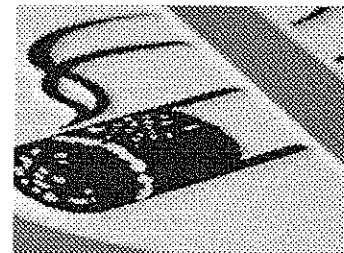
Because the use of tobacco products and exposure to secondhand smoke has been shown to increase the likelihood of life-threatening disease, Prince William Health System prohibits the use of tobacco products of any kind by anyone on its premises, as well as all other properties owned or leased by us. Prince William Health System joins more than 1,200 hospitals and health systems nationwide that have similar policies in place.

If you use tobacco while you are a patient in our hospital, we may notify your physician and discuss whether you should be discharged. Also, as a patient, you may not leave the unit to use tobacco products. This policy protects you and other patients in the hospital from the harmful effects of second-hand smoke.

Please tell your visitors about our policy so they understand they cannot use tobacco products in our facilities or anywhere on our grounds while visiting you.

We know the decision to use tobacco products is a personal one. We are not asking anyone to quit using tobacco, only not to use tobacco on our campuses. If you would like assistance with quitting, we offer smoking cessation classes.

Thank you for you for not using tobacco products on our campus.



Prince William is a not-for-profit hospital.

[Disclaimer](#) | [Privacy](#) | [For Physicians](#)

Prince William Hospital, 8700 Sudley Road, Manassas, VA 20110-4418

Novant Health does not discriminate against any person on the basis of race, color, national origin, religion, disability, sex, veteran's status, sexual orientation, gender identity or age with regard to admission, treatment or participation in its programs, services and activities, or in employment. Free foreign language interpreters are available for individuals who are limited English proficient. Free sign language and oral interpreters, TTY's and other services are available to deaf and hard-of-hearing persons. For further information about this policy, contact: Novant Health Director of Internal Audit & Compliance, 1-704-384-7638 or TDD 1-800-735-8262.

Appendix B

Sample Patient Agreement with Closed Campus Provision

Sample Liability and Release Form

Sample Additional Language for Existing Policies

Sample Closed Campus Policy

[Note: This sample patient agreement includes a closed campus policy provision. This patient agreement can be signed by the patient upon admission to the hospital.]

[HOSPITAL LOGO]

PATIENT AGREEMENT

1. CONSENT TO CARE AND TREATMENT

I am seeking admission, emergency department treatment or outpatient treatment at . . .

2. CONSENT TO USE/DISCLOSURE OF MY MEDICAL INFORMATION

I consent to the use or disclosure of my protected health information by . . .

3. I HAVE RECEIVED THE NOTICE OF PRIVACY PRACTICES

I have received the Hospital's Notice of Privacy Practices, which tells me how my health information may be used and shared . . .

8. I MAY NOT LEAVE THE HOSPITAL WITHOUT MY DOCTOR'S APPROVAL

The Hospital has a closed hospital campus policy. This means that I may not leave the hospital building or the surrounding grounds without first obtaining the approval from my doctor.

If I want to leave the hospital campus, I agree to inform the Hospital staff and my doctor and request approval before leaving the hospital building or the surrounding grounds. If I fail to get approval before leaving, I understand that I will be discharged against the medical advice of my physician. I also understand that, by leaving without permission, I assume all risk of injury and liability that may occur to me while when I am not in the hospital or on the hospital grounds.

I HAVE READ THIS FORM IN ITS ENTIRETY AND FULLY UNDERSTAND ITS CONTENTS AND WHAT I AM AGREEING TO. *(The patient or legal representative must sign this Agreement. Upon signing, the patient or legal representative assumes all liability for the consents, authorizations and financial responsibilities discussed above. If you have questions, please ask someone at the front desk for assistance.)*

Date

Patient's Signature

Date

Patient's Legal Representative Signature (*if other than patient*)

STATEMENT OF PATIENT'S LEGAL REPRESENTATIVE OR AGENT

By signing, I acknowledge my understanding of the consents and authorizations made above on behalf of the patient and further acknowledge that I have the authority to sign on his/her behalf. The patient did not sign because he/she is (check one):

- A minor (under 18 years of age);
- Mentally or physically unable to understand or sign; or
- Other (describe): _____

I am authorized to sign on behalf of the patient because: (*For example: I am his/her parent/legal guardian, or patient has signed a medical power of attorney*) _____

Note: This is an example of a liability waiver and release that the Hospital could use to document the request for patients who insist upon leaving the campus.

LIABILITY WAIVER AND RELEASE

I have been informed that [Hospital Name] has a closed hospital campus policy which means that I may not leave the hospital building or the surrounding grounds without first obtaining the approval of my treating physician.

It is my desire to leave the hospital campus.

I understand that my physician has been notified, and that certain medications and/or treatments will be discontinued upon my leaving the hospital. I further understand that leaving the hospital campus is against the medical advice of my physician.

I assume all risk of injury that may occur to me while outside the boundaries of the hospital campus. I further assume all risk of delayed treatments that may occur due to my absence.

I understand and accept the risks and/or complications that may arise as the result of leaving the hospital against medical advice.

I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE [Hospital Name] and/or its agents, employees, and physicians from any and all liability, claims, demands or injury, including permanent injury or death, that may be sustained by me as a result of or related to my leaving the hospital.

(Patient Name)

(Date and Time)

(MD/RN Signature)

(Date and Time)

€ Patient has been informed of hospital policy and refuses to sign form.

(Staff)

(Date and Time)

Note: This is an example of how language can be added to an existing policy regarding tobacco use on campus. Once revised, the following policy excerpt both prohibits smoking and provides a mechanism for protecting the hospital in the event of an adverse event.

Additional Language for Existing Policies

Inpatient violations – Patients who violate smoking policy within the hospital will be subject to the following:

1. Nursing staff will re-educate the patient on the hospital's policies;
2. Nursing staff will offer nicotine replacement therapies through physician orders, as applicable;
3. If the patient insists on smoking the nurse will contact the patient's physician for assistance in helping the patient to understand their individual medical needs and the importance of remaining in the hospital and not leaving against medical advice;
4. If the patient insists on smoking, despite education and explanation of the risks of leaving against medical advice, the patient may elect to sign out of the hospital using the hospital's procedure for against medical advice discharges;
5. The nurse will document all events and conversations in the patient chart, including patient comments; and
6. If the patient leaves against medical advice, the hospital administration and physician should be informed.

Note: This document shows how a stand-alone closed campus policy could be adopted by your Hospital going forward.

CLOSED CAMPUS POLICY

[Hospital Name]	Closed Campus Policy & Procedure
[Hospital Address]	Effective Date: [Insert Effective Date]
Approved by: _____	

Purpose: To provide a closed and safe hospital campus for patients.

Scope: This policy prohibits patients from leaving the boundaries of the hospital campus, including all hospital properties and structure, physician offices, and parking lots on campus. It applies to all patients while admitted to [Hospital Name].

Policy:

1. Due to the nature of the hospital environment, some patient may feel inclined to leave the hospital campus in order use tobacco products, use alcohol, or otherwise engage in potentially dangerous activities.
2. In an effort to combat these dangerous activities, [Hospital Name] has decided to close its hospital campus while patients are undergoing treatment and care.
3. As of the Effective Date of this Policy, patients are prohibited from leaving the boundaries of the Hospital's campus.
4. Patients will be advised of the closed campus policy upon admission and throughout their stay at the Hospital.
5. Any patient who leaves without first obtaining the approval from their attending physician despite the policy will be considered to have left the hospital against medical advice and the Hospital's policy for discharges against medical advice will be strictly adhered to.
6. There shall be no exceptions to this policy.

Procedure:

1. Patients are expected to follow this policy.
2. Patients will be informed of the closed campus policy upon pre-admission and during the admission process.
3. Nursing staff will remind patients of the policy as necessary.
4. If a patient desires to leave the hospital campus, the attending physician must be notified and the patient must be informed that leaving campus will be considered as against medical advice.
5. Patients should be warned that the hospital is not responsible for risks and/or complications that may arise as a result of leaving the hospital.
6. Patients should be asked to sign a Liability Waiver and Release.