

ST. JOSEPH HEALTHCARE
BANGOR, MAINE 04401

HOSPITAL FOUNDATION STRAUSS ACI HOMEHEALTH

DEPARTMENT: Organization-wide	POLICY #: HR.002
POLICY: Tobacco Free Facility	EFFECTIVE: 09/01/94
DEVELOPED BY: <u>Vonda Haskin</u> Smoking Committee	REVISED: 01/15/2001 Reviewed: 12/14/2006
AUTHORIZATION: <u>Robert Cody</u> Robert Cody, MD, President, Medical Staff	
AUTHORIZATION: <u>Sr. Mary Norberta</u> Sr. Mary Norberta, C.S.S.F, FACHE, President/CEO	

I. POLICY:

The use of all tobacco products (cigarettes, cigars, pipes and smokeless tobacco) is prohibited within all St. Joseph Healthcare owned buildings and on all St. Joseph Healthcare owned property.

II. PURPOSE:

To promote wellness and provide holistic healing in accordance with St. Joseph Healthcare's mission, to reduce risks to patients and employees, to reduce the risk of fires and to be in compliance with Maine State Law and JCAHO standards.

III. PROCEDURE:

A. Employees

1. All employees will receive orientation regarding this policy.
2. Smoking/tobacco use by employee/tenants is strictly prohibited within all St. Joseph Healthcare facilities. During approved breaks from work, employees/tenants may smoke/use tobacco products within a motor vehicle .
3. Any employee wanting to stop the use of tobacco products will be offered one course of Smoking Cessation Classes and assistance such as nicotine replacement therapy available through Employee Health once written approval from their primary care physician has been obtained.

4. Any employee who has reason to believe that another employee is smoking/using tobacco products inside or outside of a St. Joseph facility shall remind the other employee of the tobacco free policy.
5. If the employee refuses to stop using tobacco inside or outside the facility, the employee's supervisor will be notified.
6. Non-compliance with this policy will be dealt with in the same manner as violations of any other organizational policy, including the possibility of suspension or termination.
7. If employees are seen littering the ground of St. Joseph Healthcare with cigarette butts or other tobacco products, appropriate disciplinary action will take place, which could include termination.

B. Visitors

1. Any employee who has reason to believe that a visitor is smoking/using tobacco products in a St. Joseph facility shall advise the visitor of the tobacco free policy and will ask them to stop smoking/using tobacco products or to use tobacco products only within their motor vehicle.
2. If the visitor refuses to abide by this policy, the employee will notify his/her director. If his/her director is not available, the employee will notify the nursing supervisor.
3. The supervisor will ask the visitor to stop smoking/using tobacco products except within their own motor vehicle.
4. If the visitor refuses to abide by this policy, security will be notified. If the visitor refuses to abide by this policy after being asked by security, the Administrator On Duty will be notified and if permission is obtained law enforcement authorities will be contacted to assist with removing the visitor from the facility.

C. Patients

1. Signs informing patients and visitors of the tobacco free policy will be posted at all entrances to St. Joseph buildings and in all registration areas.
2. Patients will receive notification of the organization's tobacco free policy by the PreAdmission Testing and Registration staff.
3. During the admission assessment nursing will identify patients who use tobacco products and patients at risk for nicotine withdrawal.

4. When a patient is determined to be at risk for nicotine withdrawal, a copy of the preprinted Nicotine Replacement Therapy Orders will be placed in the medical record.
5. An alternative to smoking/tobacco use, such as the nicotine patch and gum, will be offered to the patient, if appropriate, by the patient's attending or covering physician.
6. When Nicotine Replacement Orders are received and/or the patient refuses alternatives to smoking/tobacco use, the interventionist trained in the "Bedside Counseling of the Hospitalized Smoker" program will be contacted via the switchboard.
7. If the patient continues to refuse to stop smoking/using tobacco products, the nursing supervisor will contact the AOD and the physician to determine if discharge against medical advice or transfer to another facility is appropriate.

V. RESPONSIBILITIES:

- A. It is the responsibility of directors to educate their employees on this policy.
- B. All individuals associated with St. Joseph Healthcare have a responsibility to promote this policy and educate visitors, patients and fellow employees.

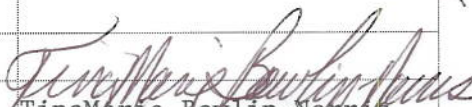
VI. REFERENCES:

- A. 22 M.R.S.A. § 1580-A&B
- B. JCAHO Environment of Care Standards

VII. ATTACHMENT(S):

- A. Attachment A: Nicotine Replacement Therapy Orders

VIII. RESCISSION:

DATE REVIEWED	DATE REVISED* rescinded policies are to be archived in the Human Resources Department	SIGNATURE AND TITLE
	09/01/1994	
	08/10/1998	
	09/28/1998	
	01/15/2001	
12/14/06		 TinaMarie Bowlin-Norris
		Assistant VP Human Resources

ST. JOSEPH HOSPITAL

360 BROADWAY
BANGOR, MAINE 04401

PREPRINTED ORDERS

Drug Allergies:

Patient Identification

Date & Time	NICOTINE REPLACEMENT THERAPY ORDERS Page 1 of 1	Nurse's Initial
*	<p>1. Activate the following selected orders:</p> <p><input type="checkbox"/> on admission. Note: recommend choosing this option if patient smokes 10 or more cigarettes per day or has his/her first cigarette within 30 minutes of awaking.</p> <p><input type="checkbox"/> only if patient shows signs of nicotine withdrawal. RN please note when orders are activated in Physician Progress Notes.</p> <p>Reminder: Ordering BOTH transdermal & gum therapies is recommended.</p>	
*	<p>2. Nicotine Transdermal System [Cost ~ \$2.00 per patch as of Jan 2001]</p> <p><input type="checkbox"/> 14 mg daily (suggested dose if patient smokes an average of less than 10 cigarettes per day)</p> <p><input type="checkbox"/> 21 mg daily (suggested dose if patient smokes an average of 10-20 cigarettes per day)</p> <p><input type="checkbox"/> 42 mg daily (suggested dose if patient smokes an average of 21-40 cigarettes per day)</p> <p>Instructions for use: Rotate patch application site daily.</p>	
*	<p>3. Nicotine Polacrilex Gum (Nicorette Gum) [Cost ~ \$0.50 per piece of gum as of Jan 2001]</p> <p><input type="checkbox"/> 2 mg PRN continued urge for nicotine (maximum of 24 pieces per day)</p> <p>Instructions for patient use:</p> <ul style="list-style-type: none"> • Chew each Nicorette piece very slowly several times. • Stop chewing when you notice a peppery taste, or a slight tingling in your mouth. (This usually happens after about 15 chews, but may vary from person to person) • "Park" the Nicorette piece between your cheek and gum and leave it there. • When the peppery taste or tingle is almost gone (in about a minute), start to chew slowly again a few more times. Stop when the taste or tingle returns. • Park the Nicorette piece again (in a different place in your mouth). • Repeat the above steps (chew, park, chew) until most of the nicotine is gone from the Nicorette piece (usually happens in about half an hour. the peppery taste or tingle won't return). • Throw away the Nicorette piece at that time. 	
	<p>Physician Signature</p>	
	<p>Physician Guide for Other Possible Medications to Help with Acute Nicotine Withdrawal</p> <p>1. Other First Line Pharmacotherapies (consider using if patch and gum are not effective).</p> <p>a. Nicotine Inhaler [Cost ~ \$33.00 per spray bottle as of Jan 2001] one puff q 20 min PRN continued craving for nicotine.</p> <p>b. Nicotine Nasal Spray [Cost ~ 33.00 per spray bottle as of Jan 2001] one spray each nostril q 30 min PRN craving for nicotine (maximum 40 doses, which is 80 sprays/day)</p> <p>c. Bupropion Hydrochloride SR (wellbutrin SR) [Cost ~ \$1.50 per tablet as of Jan 2001] 150 mg PO daily x 3 days, then BID Note: Relative contraindication is history of a seizure disorder. Wellbutrin SR and will be hospitalized for a prolonged time period or wants to use the hospitalization as the event to start a cessation program.</p> <p>2. Second Line Pharmacotherapies</p> <p>a. Clonidine (Catapres) [Cost ~ \$0.05 per tablet as of Jan 2001] 0.1 mg PO BID (NOTE: 1st dose should be given at bedtime.)</p> <p>3. Special Circumstance Pharmacotherapies</p> <p>a. Lorazepam (Ativan) [Cost ~ \$0.30 per 1 mg tablet as of Jan 2001] 1-2 mg PO q 8 hrs PRN anxiety NOTE: This is not a first or second line therapy. It should only be used if anxiety is noted as a major symptom/sign even with appropriate nicotine replacement therapy.</p>	

USE BALL POINT PEN ONLY

PREPRINTED ORDERS

*PHYSICIAN REQUIRED TO WRITE IN A CHOICE OR PREFERENCE

Orig. Date: 12/29/00

Print Shop Number: PPO25

Revised Date:

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