

SESLHD GUIDELINE COVER SHEET

NAME OF DOCUMENT	Smoke-free Healthcare Program - Staff Nicotine Replacement Therapy (NRT) Guidelines
TYPE OF DOCUMENT	GUIDELINE
DOCUMENT NUMBER	SESLHDGL/032
DATE OF PUBLICATION	July 2020
RISK RATING	Low
LEVEL OF EVIDENCE	National Standard 1
REVIEW DATE	August 2023
FORMER REFERENCE(S)	N/A
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POSITION RESPONSIBLE FOR DOCUMENT	Executive Officer Planning and Population Health
KEY TERMS	Smoke-free, nicotine replacement therapy (NRT), tobacco cessation, staff
SUMMARY	SESLHD will provide staff a minimum of 4 free NRT (recommended best practice is eight weeks) through facility smoking cessation clinics by an assessor to assist staff who choose to quit smoking. The assessor will conduct a nicotine dependence assessment, provide combination NRT (as appropriate), monitor and follow up staff.

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Smoke-free Healthcare Program - Staff Nicotine Replacement Therapy Guidelines

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Section 1 - Background

According to [NSW Ministry of Health PD2015_003 NSW Health Smoke-free Health Care Policy](#)¹ is conditional on provision of free nicotine replacement therapy (NRT) for employees who smoke and want to quit.

NRT has been proven to be a safe and effective smoking cessation therapy in over 150 clinical trials and increases quit rates by 50 to 70% regardless of setting².

Recent evidence consistently shows that use of combination therapy (patches and gum or lozenge or inhaler) increases quit rates by 34-54% compared to using the patch alone³. The recommended minimum duration of treatment is four weeks however eight weeks treatment shows better outcomes and has been widely recommended by smoking cessation experts³⁻⁵.

Section 2 - Principles

The Executive of South Eastern Sydney Local Health District (SESLHD) recognises its responsibility to provide employees, patients/clients and visitors with a safe and healthy environment and is committed to the implementation of the [NSW Ministry of Health PD2015_003 NSW Health Smoke-free Health Care Policy](#)¹.

The purpose of this Guideline is to inform SESLHD managers and employees about the District Staff Nicotine Replacement Therapy program.

Section 3 – Definitions

Nicotine Replacement Therapy (NRT)

- A range of Therapeutic Goods Administration (TGA) approved medications designed to assist smoking cessation by relieving withdrawal symptoms and reducing craving for nicotine in the initial stages of smoking cessation. (Note: products not approved by TGA are excluded).

Combination therapy

- Combination of two forms of NRT, passive (patch) and the active form (gum, lozenge, inhalator, spray or strip) are more effective for people experiencing withdrawal symptoms or unable to remain abstinent.

NRT Assessor

- Staff member trained to assess nicotine dependence, advise NRT use and provide motivational counselling to smokers to make a quit attempt.

Carbon Monoxide (CO) Monitor

- A machine that detects levels of toxic carbon monoxide inhaled from tobacco smoke via a simple breath test. A useful tool to assess and encourage abstinence.

Section 4 - Responsibilities

Employees are responsible for:

- Being familiar with the procedure
- Considering NRT and Quitline referral to support their quit attempt, if previous quit attempts were unsuccessful
- Advising the NRT assessors of any chronic conditions such as medicated mental health conditions, diabetes, or cardiovascular disease that they have during the NRT consultation
- Advising their General Practitioner that they have commenced NRT

Line Managers are responsible for:

- Making all patients, staff and visitors aware of the requirements of the Smoke-free Health Service Procedure
- Providing a clear and consistent message to everyone about the harms of smoking and passive smoking
- Encouraging and directing staff to NRT assessor or Smoking Cessation Counsellor if available to initiate quit attempt
- Approving staff to receive Quitline support or time to attend smoking cessation counselling during work hours

District Managers/Service Managers are responsible for:

- Ensuring SESLHD meets its obligations under the NSW Work Health and Safety Act 2000, and the NSW Occupational Health and Safety Regulation 2001 to provide employees, patients/clients and visitors with a safe and healthy workplace/environment
- Providing leadership and effective communication to staff about tobacco cessation
- Allocating necessary resources to implement the procedure

Chief Executive and relevant Directors of SESLHD are responsible for:

- Effective implementation of the [NSW Ministry of Health PD2015_003 NSW Health Smoke-free Health Care Policy](#)¹ across all facilities and services of SESLHD to achieve a smoke-free health service
 - Support managers and staff to implement the policy, including following up on reported breaches
 - Ensure a system is in place to support staff to quit or manage their nicotine dependence including access to brief intervention, at least four weeks of free NRT per year, where clinically appropriate and referral to NSW Quitline 13 7848 and/or smoking cessation advisor

Section 5 - Guidelines

5.1 Employee Tobacco Cessation Support

An employee tobacco cessation program operates throughout SESLHD. Employees who smoke are to be encouraged to access the program through hospital smoking cessation clinics.

Employee support includes:

- a) Provision of minimum four weeks (up to a maximum of eight weeks) free NRT, including combination NRT support
- b) Assessment by a staff NRT assessor for nicotine dependence including:
 - Assistance with recommended combination of NRT and dose appropriate to level of dependence
 - Follow up smoking cessation support
- c) Quitline referral
- d) Communication strategies including widespread advertising of the staff NRT program:
 - Posters and flyers, newsletters & the intranet
 - Staff orientation and recruitment processes
 - Site specific advertising
- e) Allowing staff time to attend smoking cessation counselling if available

5.2 Nicotine Replacement Therapy

NRT is to be available to current employees of SESLHD through smoking cessation clinics:

- a) Minimum four weeks free combination NRT (up to a maximum of eight weeks), supplied once per annum
- b) Staff who do not wish to quit smoking are to be encouraged toward temporary abstinence during work shifts and to facilitate compliance with smoke-free policies e.g. it is a security risk for night staff leaving the premises to smoke.
- c) If the staff member requires a prescription medication (e.g. Champix) to reduce withdrawal symptoms, they should be referred to their GP.

Note: Electronic cigarettes are not permitted to be used by staff as a form of nicotine replacement therapy within SESLHD premises or grounds, as these products are not TGA approved.

5.3 NRT and Medical Conditions and Pregnancy

Employees wishing to engage in the use of NRT who have an existing medical condition e.g. medicated mental health condition (e.g. anxiety or depression), diabetes, cardiovascular disease or pregnancy, need to be provided with a letter from the staff NRT assessor to take to their GP to notify of their quit attempt (as medication dosages may need to be adjusted or health status monitored more closely etc).

5.4 Contraindications to use of NRT

- **NRT (general):** non-tobacco users, children <12 years of age
- **Lozenge:** those with phenylketonuria (as lozenges contain phenylalanine)
- **Patch:** those with severe skin conditions e.g. Psoriasis, eczema
- **Gum:** denture wearers

Section 6 – Documentation, References, Revisions and Approval History

6.1 Documentation

- SESLHD Smoke-free Health Service Procedure SESLHDPR/316

6.2 References

NSW Legislation

- Smoke Free Environment Act 2000
- Smoke-free Environment Regulation 2016
- Health Services Act 1997
- Occupational Health and Safety Act 2000
- Occupational Health and Safety Regulation 2001

External References

1. [NSW Ministry of Health PD2015_003 NSW Health Smoke-free Health Care Policy](#)
2. Stead LF, Perera R, Bullen C, et al. Nicotine replacement therapy for smoking cessation. Cochrane Database Systemic Review 2012, Issue 11. Art. No:CD000146. DOI:10.1002/14651858.CD000146.pub4.
3. Mendelsohn C. Optimising nicotine replacement therapy in clinical practice. Australian family physician 2013; 42(5): 305-309.
4. Zwar N, Richmond R, Borland R, et al, Supporting smoking cessation: a guide for health professionals. South Melbourne: The Royal Australian College of General Practitioners, 2011.
5. Rigotti NA Strategies to help a smoker who is struggling to quit. Journal American Medical Association 2012; 308(15):1573-1580.
6. [Australian Government - Department of Health - Therapeutic Goods Administration](#)

Internal references

- [SESLHD Smoke- free Health Service Procedure 2018 SESLHDPR/316](#)
- [SESLHDPR/494 Nicotine Replacement Therapy \(NRT\)](#)

6.3 Revision and Approval History

Date	Revision No.	Author and approval
Nov 2013	0	Developed by Kylie McNulty, Health Promotion Unit, Directorate of Planning and Population Health.
Dec 2013	1	Revised by Allison Humphries, Project Officer, Planning and Population Health. Hyperlinks updated and re-formatted District Policy Officer.
Jan 2014	2	DET approved Draft for wider consultation
Apr 2014	3	Allison Humphries, Project Officer, Planning and Population Health, submitted revised draft guideline be placed in 'Draft for comment' for wider consultation as approved by DET in January 2013.
Jun 2014	3.5	Final draft version submitted to District Policy Officer. District Policy Officer submitted final draft guideline to D & QUM Committee for endorsement as it involves the use of medication.
Jun 2014	3.5	D & QUM Committee endorsed draft guideline out-of-session. Final version submitted by District Policy Officer to District Executive Team (DET) for approval via Alyce Finch.
Jul 2014	3.6	References made on electronic cigarettes as discussed in DET. Changes approved by Director Planning and Population Health.
Jul 2014	3.6	Approved by DET and Director of Planning and Population Health.
Jul 2018	3.7	Minor review undertaken. SESLHD will be conducting an observation study of smoking on campus in the 4 th quarter of 2018 and will update this guideline accordingly. Endorsed by Julie Dixon, Director Planning, Population Health and Equity.
July 2020	3.8	Executive Sponsor updated from Director, Planning Population Health and Equity to Director, Population and Community Health. Approved by Executive Sponsor.