



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

TOBACCO AND NICOTINE POLICY

Effective Date: July 30, 2015

Policy #: ADM-07

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I. PURPOSE: To promote a safe and healthy treatment environment on the Montana State Hospital (MSH) Campus.

II. POLICY:

- A. The use of tobacco and any nicotine delivery product or electronic vaping device not approved as a tobacco cessation medication by the Federal Drug Administration is prohibited on the MSH campus by employees, persons receiving services and visitors. This policy is based on health and safety hazards associated with tobacco and nicotine use.
- B. Employees may not use tobacco or any nicotine delivery product or electronic vaping device not approved as a tobacco cessation medication by the Federal Drug Administration during work hours, including time spent off campus during the workday. This policy is not applicable to on campus employee residences.
- C. MSH 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, nicotine, and smoking paraphernalia 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.

D. Smoking Paraphernalia – Items such as nicotine delivery devices, lighters, matches, altered batteries, cigarette papers, rolling machines and other items that would facilitate one in smoking or using nicotine.

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 MSH.

IV. RESPONSIBILITIES: Respectful enforcement and adherence of this policy is the responsibility of all MSH 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 MSH policy #ADM-07, Tobacco and Nicotine upon admission. Tobacco cessation will be considered an integral part of patient care and treatment with needs addressed on each individual’s treatment plan as clinically indicated.
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 or any nicotine delivery product or electronic vaping device not approved as a tobacco cessation medication by the Federal Drug Administration during the workday or when on campus for other purposes. These products may be secured in vehicles; however, their use is prohibited while on the hospital campus. Employees may not leave the MSH campus during work breaks.
2. MSH 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.
3. 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.
4. Failure to adhere to this policy will be handled through the progressive disciplinary process.

C. Patients

1. Tobacco use on the Hospital campus or during supervised off-campus outings or appointments is not permitted.
2. The Hospital will not store opened tobacco products. Unopened tobacco products and electronic delivery devices will be stored and MSH will make every attempt to send these items to a designated person, per MSH policy #AD-03, Management of Patient's Effects. Tobacco products and smoking paraphernalia found in one's possession during the course of hospitalization will be removed and disposed of.
3. All people admitted to MSH 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 MSH employees. People who disregard the policy or do not honor the policy may be prohibited from visiting or attending functions on the MSH campus.

VI. REFERENCES: None

VII. COLLABORATED WITH: Hospital Administrator, Medical Director, Director of Nursing, Director of Human Resources, and Safety Officer/Security.

VIII. RESCISSIONS: #ADM-07, *Tobacco Use* dated April 4, 2014; #ADM-07, *Tobacco Use* dated January 26, 2011; #ADM-07, *Tobacco Use* dated June 1, 2009; #ADM-07,

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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. **ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.
- XI. **FOLLOW-UP RESPONSIBILITY:** Hospital Administrator
- XII. **ATTACHMENTS:** None

_____/____/____
John W. Glueckert Date
Hospital Administrator

_____/____/____
Thomas Gray, MD Date
Medical Director