| **STANDARD 1: Governance and commitment** The healthcare organisation has clear and strong leadership to systematically implement a tobacco-free policy | **PLANNING** |
| --- | --- |
| **IMPLEMENTATION CRITERIA** | **SELF AUDIT** | **ACTION/TASKS** | **TIMFRAME/RESPONSIBILITY** | **CURRENT STATUS** |
| * 1. The healthcare organisation has clear policy documents towards the implementation of the ENSH-Global Standards.
 | * + 1. Policy documents of the healthcare organisation show commitment to implement all ENSH-Global Standards.
 |  |  |  |
| * 1. The healthcare organisation prohibits the acceptance of any sponsorship or funding from the tobacco industry, as well as the sale of their products and associated devices/ e-cigarettes.
 | * + 1. The healthcare organisation prohibits the acceptance of tobacco industry sponsorship and funding.
 |  |  |  |
| * + 1. The healthcare organisation prohibits the sale of tobacco products and associated devices/e-cigarettes.
 |  |  |  |
| * 1. The healthcare organisation identifies clear accountability for all levels and aspects of policy implementation.
 | * + 1. A senior manager has responsibility for the implementation of the tobacco-free policy.
 |  |  |  |
| * + 1. Accountability is assigned at all levels and for all aspects of policy implementation.
 |  |  |  |
| * 1. The healthcare organisation’s staff employment documents (including subcontracts and documents with other agencies that work within the healthcare organisation) require commitment by all staff to the organisation’s tobacco-free policy.
 | * + 1. Staff employment documents require staff commitment to the healthcare organisation’s tobacco-free policy.
 |  |  |  |
| * + 1. Subcontractor documents require staff adherence to the healthcare organisation’s tobacco-free policy.
 |  |  |  |
| * 1. The healthcare organisation seeks relevant representation to develop and to implement a strategy and action plan based on the self-audit and policy monitoring and evaluation results.
 | * + 1. The strategy and action plan is developed and managed by an implementation team.
 |  |  |  |
| * + 1. The strategy and action plan is reviewed annually taking into account the results of the self-audit, monitoring and evaluation results.
 |  |  |  |
| * 1. The healthcare organisation allocates the human and financial resources necessary for all aspects of policy implementation.
 | * + 1. Financial and human resources are allocated according the strategy and action plan.
 |  |  |  |

| **STANDARD 2: Communication** The healthcare organisation has a comprehensive communication strategy to support awareness and implementation of the tobacco-free policy and tobacco cessation services. | **PLANNING** |
| --- | --- |
| **IMPLEMENTATION CRITERIA** | **SELF AUDIT** | **ACTION/TASKS** | **TIMFRAME/RESPONSIBILITY** | **CURRENT STATUS** |
| * 1. Interactive and targeted media is used to communicate the organisation’s tobacco-free policy and availability of tobacco cessation services to all staff and subcontractors before and during employment.
 | * + 1. All staff and subcontractors are informed about the healthcare organisation’s tobacco-free policy and tobacco cessation services.
 |  |  |  |
| * 1. Interactive and targeted media is used to communicate the organisation’s tobacco-free policy and availability of tobacco cessation services to all service users prior to and/or on admission.
 | * + 1. All service users are informed about the organisation’s tobacco free policy and tobacco cessation services.
 |  |  |  |
| * 1. Interactive and targeted media is used to communicate the organisation’s tobacco-free policy and availability of tobacco cessation services in the community including specific target groups.
 | * + 1. The community including specific target groups is informed about the healthcare organisation’s tobacco-free policy and tobacco cessation services.
 |  |  |  |

| **STANDARD 3: Education and training** The healthcare organisation ensures appropriate education and training for clinical and non-clinical staff. | **PLANNING** |
| --- | --- |
| **IMPLEMENTATION CRITERIA** | **SELF AUDIT** | **ACTION/TASKS** | **TIMFRAME/RESPONSIBILITY** | **CURRENT STATUS** |
| * 1. Policy briefings and instruction are mandatory for all staff, including managers.
 | * + 1. All staff including managers participate in policy briefings and instructions.
 |  |  |  |
| * 1. The healthcare organisation ensures that all staff know how to approach tobacco, associate devices/e-cigarette users, including visitors, to inform them of the tobacco-free policy and tobacco cessation services.
 | * + 1. All staff are instructed on how to approach tobacco and associate devices/e-cigarette users to inform them about the tobacco-policy and tobacco cessation services.
 |  |  |  |
| * 1. All clinical staff are trained in brief advice and best care measures for tobacco addiction /dependence in line with researched best practice.
 | * + 1. All clinical staff are trained in brief advice to motivate tobacco and associated devices/e-cigarette users to quit.
 |  |  |  |
| * 1. Key clinical staff are trained in motivational tobacco cessation techniquesin line with researched best practice.
 | * + 1. Key clinical staff are trained in motivational tobacco cessation techniques in line with researched best practice.
 |  |  |  |

| **STANDARD 4: Identification, diagnosis and tobacco cessation support** The healthcare organisation identifies all tobacco users and provides appropriate care in line with international best practice and national standards | **PLANNING**  |
| --- | --- |
| **IMPLEMENTATION CRITERIA** | **SELF AUDIT** | **ACTION/TASKS** | **TIMFRAME/RESPONSIBILITY** | **CURRENT STATUS** |
| * 1. The healthcare organisation has a systematic procedure in place to identify, diagnose and document the tobacco addiction/ dependence status of service users (including users of associated devices/e-cigarettes).
 | * + 1. All tobacco/associated devices/e-cigarette users are systematically identified and have their addiction/dependence status diagnosed and documented.
 |  |  |  |
| * 1. The healthcare organisation has a systematic procedure in place to identify and document all service users including babies, children and pregnant women who are exposed to secondhand smoke/e-cigarette vapour.
 | * + 1. All service users exposed to second-hand smoke/e-cigarette vapour are identified and document.
 |  |  |  |
| * 1. Information about the risk of tobacco consumption (including the use of associated devices/e-cigarettes) and tobacco cessation methods is widely available for all service users.
 | * + 1. Information about the risk of tobacco consumption (including the use of associated devices/e-cigarettes) and tobacco cessation methods is widely available.
 |  |  |  |
| * 1. All identified tobacco and associated devices/e-cigarette users receive brief advice in line with best researched practice.
 | * + 1. All tobacco and associated devices/e-cigarette users receive brief advice in line with best researched practice.
 |  |  |  |
| * + 1. All interventions to motivate tobacco users to quit are documented.
 |  |  |  |
| * 1. The service user’s care plan identifies and meets the needs of the tobacco and associated devices/e-cigarette user and those identified as exposed to secondhand smoke/e-cigarette vapour.
 | * + 1. Tobacco and associated devices/e-cigarette users and those exposed to secondhand smoke/e-cigarette vapour have their needs identified and documented in the care plan.
 |  |  |  |
| * 1. The healthcare organisation has a tobacco cessation service or a referral system to a service that provides treatment for tobacco addiction/dependence in line with researched best practice.
 | * + 1. All tobacco and associated devices/e-cigarette users have access to a tobacco cessation service that provides treatment in line with researched best practice.
 |  |  |  |
| * 1. The tobacco cessation service considers the therapeutic requirements of different service-user groups (i.e. pregnancy, pre-operative, mental illness, disability) in line with researched best practice.
 | * + 1. The tobacco cessation service addresses the needs of different service-user groups through specific treatment guidelines or protocols in line with researched best practice.
 |   |  |  |
| * 1. Pharmacological support is available for the treatment of tobacco addiction/dependence, in line with researched best practice.
 | * + 1. Pharmacological support is available to tobacco users in line with researched best practice.
 |  |  |  |
| * 1. The tobacco cessation service used by the organisation follows up cessation service users in line with researched best practice.
 | * + 1. The tobacco cessation service has a procedure to follow up cessation service users in line with researched best practice.
 |  |  |  |

| **STANDARD 5: Tobacco-free environment** The healthcare organisation has strategies in place to achieve a tobacco-free campus. | **PLANNING** |
| --- | --- |
| **IMPLEMENTATION CRITERIA** | **SELF AUDIT** | **ACTION/TASKS** | **TIMFRAME/RESPONSIBILITY** | **CURRENT STATUS** |
| * 1. The healthcare organisation has completely tobacco-free buildings (including associated devices/e-cigarettes).
 | * + 1. All buildings within the organisation are completely tobacco-free (including associated devices/e-cigarettes).
 |  |  |  |
| * 1. The healthcare organisation has completely tobacco-free grounds and transport systems (including associated devices/e-cigarettes).
 | * + 1. The grounds and transports systems of the organisation are completely tobacco-free (including associated devices/e-cigarettes).
 |  |  |  |
| * 1. The healthcare organisation has clear and unambiguous signage that defines the products prohibited and identifies boundaries for buildings and grounds of the tobacco-free campus.
 | * + 1. Signage identifies prohibited products and the tobacco-free campus boundaries for buildings and grounds.
 |  |  |  |
| * 1. The healthcare organisation prohibits the sale, distribution and advertisement of tobacco products and associated devices/ e–cigarettes, anywhere within the organisation.
 | * + 1. Tobacco and associated devices/e-cigarettes are not sold, distributed or advertised within the organisation.
 |  |  |  |
| * 1. The healthcare organisation has a procedure in place to ensure that all service users, staff and visitors are never exposed to secondhand smoke/e-cigarette vapour within the boundaries of the tobacco-free campus.
 | * + 1. There is a procedure to record and prevent secondhand smoke/e-cigarette vapour exposure.
 |  |  |  |
| * 1. Any exceptional circumstances of tobacco use by service users are managed by a procedure that is consistent with the denormalisation of tobacco.
 | * + 1. All exceptional circumstances are managed by a procedure that is consistent with the denormalisation of tobacco consumption.
 |  |  |  |
| * 1. The healthcare organisation has a procedure in place to document and manage any breaches of policy including incidents of exposure of staff, service users or public to secondhand smoke/e-cigarette vapour.
 | * + 1. A procedure is in place to register all incidents and to manage all policy breaches**.**
 |  |  |  |

| **STANDARD 6: Healthy workplace** The healthcare organisation has human resource management policies and support systems that protect and promote the health of all who work in the organisation**.** | **PLANNING** |
| --- | --- |
| **IMPLEMENTATION CRITERIA** | **SELF AUDIT** | **ACTION/TASKS** | **TIMFRAME/RESPONSIBILITY** | **CURRENT STATUS** |
| * 1. The healthcare organisation has a comprehensive workplace health promotion program.
 | * + 1. The healthcare organisation has a comprehensive workplace health promotion programme.
 |  |  |  |
| * 1. The healthcare organisation has policies that emphasise the pro-active and exemplary role of staff in the implementation and support of the workplace tobacco free policy.
 | * + 1. Organisational policies describe the pro-active and exemplary roles of staff in the implementation and support of the workplace tobacco free policy.
 |  |  |  |
| * 1. The healthcare organisation has a process in place to identify and record the health status of staff (including tobacco and associated devices/e-cigarette use); and offers appropriate help, support and treatment as necessary.
 | * + 1. There is a process in place to identify and motivate tobacco and associated devices/e-cigarette users to quit.
 |  |  |  |
| * 1. The healthcare organisation has a tobacco cessation service or direct access to a cessation service for the purpose of helping their staff tobacco users to quit.
 | * + 1. Staff have access to a tobacco cessation service.
 |  |  |  |
| * 1. The healthcare organisation has a clear procedure in place within existing local disciplinary measures to manage policy non-compliance by staff.
 | * + 1. Non-compliance by staff is managed within existing local disciplinary procedures.
 |  |  |  |

| **STANDARD 7: Community engagement** The healthcare organisation contributes to and promotes tobacco control/prevention in the local community according to the WHO FCTC and and/or national public health strategy. | **PLANNING** |
| --- | --- |
| **IMPLEMENTATION CRITERIA** | **SELF AUDIT** | **ACTION/TASKS** | **TIMFRAME/RESPONSIBILITY** | **CURRENT STATUS** |
| * 1. The healthcare organisation works with community partners and other organisations to promote and contribute to local, national and international tobacco-free activities.
 | * + 1. The healthcare organisation works with community partners and other organizations to promote and contribute to national and international tobacco-free activities.
 |  |  |  |
| * 1. The healthcare organisation works with community partners to encourage and support the users of tobacco and associated devices/e-cigarettes to quit; it takes into account the needs of specific target groups (women, adolescents, migrants, disadvantaged and other cultural groups).
 | * + 1. The organisation works with community partners to encourage and support tobacco and associated devices/e-cigarette users to quit.
 |  |  |  |
| * + 1. The organisation works with community partners to address the needs of specific target groups (women, adolescents, migrants, disadvantaged and other cultural groups).
 |  |  |  |
| * 1. The healthcare organisation shares best practice to support others in the development and implementation of tobacco-free policies.
 | * + 1. The healthcare organisation shares best practice in the development and implementation of tobacco-free policies.
 |  |  |  |

| **STANDARD 8: Monitoring and evaluation** The healthcare organisation monitors and evaluates the implementation of all the ENSH-Global standards at regular intervals. | **PLANNING** |
| --- | --- |
| **IMPLEMENTATION CRITERIA** | **SELF AUDIT** | **ACTION/TASKS** | **TIMFRAME/RESPONSIBILITY** | **CURRENT STATUS** |
| * 1. The healthcare organisation has internal and external review processes to monitor the implementation of all standards and takes into account feedback from staff and service users.
 | * + 1. An internal process is in place to review the implementation of the standards at least annually.
 |  |  |  |
| * + 1. The review process takes into account feedback from service users and staff.
 |  |  |  |
| * + 1. The healthcare organisation participates in external review activities.
 |  |  |  |
| * 1. The healthcare organisation has processes to collect key data, including the self-audit results, to inform the annual action plan and to ensure quality improvement.
 | * + 1. Data collection processes are in place, including the self-audit, to monitor implementation of the tobacco free policy.
 |  |  |  |
| * + 1. Data collected is used to improve implementation and the annual policy action plan.
 |  |  |  |