

## Where there is smoke, there is fire...of a different kind

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*Tackling the difficult issue of enforcing your hospital's smoke free policy, the author discusses the problems raised by smokers who just won't or can't comply. Strict enforcement, he says, is not always the best policy. The more a whole-hospital community approach is taken to truly create a "smoke free" environment, the more likely it will become uncomfortable for smokers to violate the facility's policy.*

Anyone who has worked in healthcare security for any significant length of time certainly has come to realize that many of the tasks the security department may be charged with are well outside the scope of the usual security functions. The common job description corollary of "additional duties as assigned" seems to apply to security officers more than any other position in the hospital. Now, another challenge has landed with security; helping to enforce a hospital's no smoking/tobacco free policy.

Every hospital has become a "no smoking" facility. Some have gone further and established tobacco free zones encompassing the entire campus. As of July of this year, approximately 3,777 hospitals nationwide have declared themselves to be 100% smoke free campuses (American Non-smokers' Rights Foundation report; July 8, 2013). This means there is no longer an employee

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smoking section, nor an area where patients and visitors can "legally" smoke. With the exception of community hospitals, most campuses are private property and can rather easily establish a smoke free environment. Community hospitals may have the added benefit of enacting local laws or ordinances that support their smoke free policy. The establishment of such policies has been a relatively painless process; however, the enforcement of these stipulations has turned out to be one of healthcare's modern challenges.

According to the Center for Disease Control, 19.0% of all adults (43.8 million people) are still smokers (Centers for Disease Control and Prevention, Current Cigarette Smoking Among Adults--United States, 2011.), translating to a reflective percentage of our patient and visitor populations. Regardless of the widely publicized health hazards, smokers will seek medical care in our facilities and will expect to be able to partake in their habit. Knowing the hospital simply does not allow smoking will likely not be enough to curb the urge of their addiction.

## A SYSTEM-WIDE CHALLENGE

Historically, most Americans are law abiding; therefore, most patients and visitors will follow a "no smoking" policy simply because it is clearly posted or openly explained to them. However, just like law breakers, there are those that are so addicted to their smoking habits, that they will do what they can to circumvent the enforcement of the policy. Most will likely turn to finding somewhere concealed on the property to smoke and once confronted by a staff member will extinguish the cigarette and go on their way. We do; however, have to assume that there will be those who will not back down to authority and defy the policy, as well as the warning, and continue their efforts to find a place to smoke. How far can this clash potentially escalate? We only have to read recent headlines to comprehend.

On April 11th, a patient in a Delray Beach, Florida hospital was arrested for aggravated battery against a nurse. He left his room and approached a nurse at the floor's station and asked if he could smoke a cigarette. When she informed him of the hospital's

smoke free policy, he pulled a pen from his shirt pocket and stabbed her in the cheek (Alexandra Seltzer, The Palm Beach Post-April 11, 2013). Although an extreme case, it outlines that security has a key role in the enforcement of a smoke free policy.

As no smoking policies expand across hospital campuses nationwide, many departments are essential to a successful rollout. It is hard to believe that at the onset anyone felt enforcement of such policies would escalate to the point where it would become a security issue. Risk Management in one hospital was charged with evaluating how to handle smokers who took to refuge at a popular spot across the street, off the hospital's property. Patients, some still attached to their IV poles, walked across a busy street to be free from the smoking restrictive policy. These patients were considered to have eloped, were discharged and later readmitted. Correct by policy and guidelines? Perhaps...practical and effective in the long term? Not likely. It is not hard to contemplate the negative outcomes of charging an eloped patient with theft of hospital property for the IV pole they

are connected to.

As ridiculous as the last process may seem, it highlights a problem with no simple solution and one that no particular hospital department is eager to own. It can affect hospital efficiency, calling upon nurses, security officers and other staff to enforce smoking regulations and corral patients instead of focusing on other, more important tasks. Clinical staff will be the likely first line of presenting the policy to smoking patients. Interfering with the patients need to smoke can be an effective step for nursing staff to take. Nicotine replacement therapy (NRT) ordered for a patient on the day of admission can be associated with less smoking. A visit from Wellness staff to provide smoke cessation counseling can prove to be a helpful first measure. In cases where the patient is simply not interested or willing to comply, the decision on the options and extent of escalation has to be made by a consensus of impacted departments. In all but very few cases, discharging the patient will not be a medically feasible option. Some hospitals, in similar fashion to prisons, restrict the patient if they do not comply with policy. Con-

sider the privileges that could be taken away. Television, phone, visitation, etc? Again, the reality of the negative impact this practice may have will likely manifest itself in the form of poor patient satisfaction scores.

### **SMOKING AS COPING**

As difficult as finding an amicable solution to patient smoking is, visitors who chose to not comply present an even further challenge. Beyond asking them to leave the property, there are few other effective options that present themselves. Security officers are well trained and seasoned in de-escalation techniques and gaining compliance from uncooperative individuals. Those same compliance skills and general compassion have to be implemented when approaching smokers defying hospital policy. A visitor who is dealing with a seriously ill family member is under significant stress. In most smokers, increased stress is almost always accompanied by increased use of cigarettes. The initial use of nicotine is known to release small doses of dopamine into the brain; fooling the smoker into thinking they are coping better than they

actually are (Cleveland Clinic Health Hub; Smoking and Stress; October, 2013). Because of their smoking addiction and the compounding stressors, counseling services and support from social work may be even more vital for the family member than the patient themselves.

Perhaps enforcement should be taken with a gentle hand. If you see someone smoking, try saying "You may not be aware but we are a non-smoking campus." If they are going through a very stressful situation, acknowledge that in your discussion and remind them of the hospital's policy. The question will certainly arise "how far do we want to take this since it is not illegal." Perhaps at this point, telling them once and letting it go becomes your best option. You can only ask for compliance and then hope the next time they come to the facility they are at least aware of the policy and are willing to abide by it. Future compliance is a better alternative to no compliance at all.

### **THE "GRAFFITI" SOLUTION**

Just as the immediate removal of graffiti is law enforcement's pri-

mary recommendation for the prevention of further incidents, some similar steps can be taken to lessen the appearance of "smoke free" being a rule that is not taken seriously. Recruiting the assistance of environmental services and groundskeepers may be essential to maintaining a smoke free property. Cigarette butts and accompanying liter may give the impression that smoking is allowed or at the very least a seldom enforced policy. Focusing on known trouble spots and keeping them clean will make it less attractive to smokers. Immediately removing any smoking related rubbish reduces the opportunity further. Targeting these same locations with the highly visible posting of smoking cessation marketing materials may aid in preventing further negative outcomes.

The more a whole-hospital community approach is taken to truly create a "smoke free" environment, the more likely it will become uncomfortable for smokers to violate the facility's policy. Enforcement is often directly associated with security because of the authority the uniform portrays; however, informing smokers of the hospital's policy should be the responsibility of any

staff member who witnesses a violation.

### **LEAD BY EXAMPLE**

Just as staff will be expected to be the ambassadors of the new policy, they must address their own smoking addictions. Staff, in particular security, knows every nook and cranny of our facilities. They know seldom visited areas and locations out of view of the public and beyond CCTV range. On several occasions hospitals have been "dinged" by the TJC for the discovery of cigarette butts in stairwells and other isolated areas.

Compounding the concern of smokers on hospital staff is the potential direct impact on patient care. Many seriously ill patients become hypersensitive to odors or residual smoke. A chemotherapy patient already suffering the drug's ill effects may find their symptoms inflamed from a caregiver who smells of smoke. The consequences of such a complaint are profound. With what credibility can a hospital expect to effectively enforce a smoke free policy if it becomes evident that the policy is not first enforced among its own employees?