

# AUDIT OF GALWAY UNIVERSITY HOSPITALS TOBACCO FREE CAMPUS POLICY



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# **AUDIT OF GALWAY UNIVERSITY HOSPITALS TOBACCO FREE CAMPUS POLICY**

Final Report prepared on behalf of the Tobacco Free Campus  
Audit Group, Health Service Executive

By

Department of Public Health  
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## EXECUTIVE SUMMARY

The National Tobacco Free Campus Policy (Health Service Executive Tobacco Control Framework Implementation Group 2012) was developed in recognition of the fundamental role health services and health professionals can have in reducing the impact of smoking both at an individual and community level. This was utilised to develop a policy for Galway University Hospitals (GUH) which was introduced in February 2012 (Galway University Hospitals Tobacco Free Campus Working Group 2012). The policy prohibits smoking anywhere within the hospital campus including the hospital grounds. The study aimed to assess the level of compliance with the 2012 GUH Tobacco Free Campus Policy at UHG and Merlin Park Hospital. The study methodology incorporated an observation audit of compliance and a count of cigarette butts at GRH. Data was collected in July 2013.

The key findings are summarised as follows:

- 11% of people observed within the hospital grounds were smoking.
- 35 cigarette butts on average were collected within the hospital grounds during each observation period (approximately one hour and 30 minutes).
- 55% of those observed outside the hospital perimeter were smoking.
- An average of 28 butts were collected outside the hospital perimeter during each observation period.
- 52% of all smokers were observed outside the perimeter entrance with 48% within the hospital grounds.
- 57% of those observed smoking within the hospital grounds were visitors, 33% were patients, and 10% were staff.

- 68% of those observed smoking outside the hospital perimeter were staff, 31% visitors and 1% were patients.
- Main entrances and secondary entrances were the main areas within the perimeter of GRH hospitals where outside smoking was observed and where cigarette butts were collected.
- In terms of smoking outside the perimeter of hospitals, significantly more people were observed and cigarette butts collected at UHG.
- The overall proportion of smokers observed on hospital grounds did not significantly differ between UHG (11%) and Merlin Park (10%) hospitals.
- The average number of smokers observed outside the main entrance and at the perimeter entrance was significantly greater at UHG.
- The issue of discarded cigarette butts outside hospital entrances and the main perimeter entrance is significantly greater at UHG.

The study has demonstrated that over half of those observed smoking are compliant with the GRH Tobacco Free Campus Policy. This is positive yet also demonstrates scope for improvement. The following recommendations are made:

1. Compliance level targets should be set to facilitate the achievement of 100% compliance. Observation audits should be undertaken on an annual basis to assess the degree to which compliance level targets have been met.
2. The current systems for enforcing the Tobacco Free Campus policy should be reviewed to identify if new enforcement mechanisms are required.

3. A specific system of proactive enforcement by key members of staff at main and secondary entrances should be considered.
4. The specific duties of security staff in relation to the policy needs to be made explicit. This should be based on agreement with security management and the relevant unions.
5. The feasibility of modifying existing and new employee contracts to not allow staff to smoke during working hours or when recognisable as an employee should be explored.
6. Consideration should be given to updating the GRH uniform policy with a directive that does not permit smoking whilst wearing a staff uniform or badge.
7. Current initiatives to raise awareness of the policy should also be examined to determine the need for additional initiatives to help maintain awareness.
8. A system to provide safe access to hospital perimeter entrances that addresses liability issues needs to be established for patients that choose to continue to smoke.
9. Due to the larger volume of smokers, specific initiatives for UHG need to be developed. In particular these should aim to address the large number of observed smokers and cigarette butts outside main, secondary, and perimeter entrances.
10. All signage referring to the outdoor smoking ban at GRH should be reviewed to determine if the information on signs and the citing of signs could be improved.
11. Consideration should be given to providing additional smoking areas along the perimeter of hospitals.

# CONTENTS

	Page
<b>ACKNOWLEDGEMENTS.....</b>	<b>1</b>
<b>EXECUTIVE SUMMARY.....</b>	<b>2</b>
<b>1. INTRODUCTION.....</b>	<b>6</b>
1.1 BACKGROUND .....	6
1.2. AIMS AND OBJECTIVES .....	7
<b>2. METHODOLOGY.....</b>	<b>8</b>
2.1 INTRODUCTION .....	8
2.2 OBSERVATION AUDIT OF COMPLIANCE .....	8
2.3 COUNT OF CIGARETTE BUTTS .....	9
2.3 ADMINISTRATION .....	10
<b>3. RESULTS .....</b>	<b>11</b>
3.1 INTRODUCTION .....	11
3.2 OBSERVATION OF SMOKERS AND NON-SMOKERS.....	11
3.3 COUNT OF CIGARETTE BUTTS .....	14
<b>4. DISCUSSION .....</b>	<b>15</b>
4.1 INTRODUCTION .....	15
4.2 OVERALL COMPLIANCE LEVELS .....	15
4.3 COMPLIANCE AMONG STAFF, PATIENTS, AND VISITORS .....	17
4.4 MAIN LOCATIONS OF OUTSIDE SMOKING.....	19
4.5 COMPARING UHG AND MERLIN PARK HOSPITAL .....	20
<b>10. CONCLUSIONS AND RECOMMENDATIONS.....</b>	<b>21</b>
<b>6. REFERENCES.....</b>	<b>23</b>
<b>APPENDIX 1 .....</b>	<b>25</b>

# 1. INTRODUCTION

## ***1.1 Background***

Smoking is the leading cause of preventable death worldwide, killing over five million people annually (World Health Organisation 2008). In Ireland, it is estimated that 5200 people die annually from smoking related diseases (Department of Health 2013). In the last decade, significant advances have been made in terms of reducing the impact of smoking on health. In 2004, Ireland became the first country to introduce an indoor workplace smoking ban. Studies have shown that this has had a significant impact on reducing exposure to the harmful effects of secondhand smoke (Allwright et al. 2005, Mulcahy et al. 2005) and in reducing the number of smoking related deaths (Stallings-Smith et al. 2013). Smoking prevalence has also reduced from 28% in 2003 to 22% in 2011 (Office of Tobacco Control 2013).

Although Ireland has made significant advances in reducing the impact of smoking on health, death rates from smoking related diseases remain 9% higher than the European average (Department of Health 2013). To tackle the issue of tobacco use in Ireland the HSE have developed a Tobacco Control Framework (Health Service Executive Tobacco Control Framework Project Group 2010). This recognises that health services and health professionals can have a fundamental role in reducing the impact of smoking both at an individual and community level (WHO Tobacco Free Initiative 2005). The Framework acknowledged the need to develop a HSE tobacco free policy to help ensure a healthy environment for all that use its facilities. Whilst Ireland's indoor smoking ban has been a success, there is concern that smoke pollution can migrate into buildings from groups of smokers immediately outside buildings (Parry et al. 2000, Mulcahy et al. 2005, Harris et al. 2009). As such, a National Tobacco Free Campus Policy was subsequently developed (Health Service Executive Tobacco Control Framework Implementation



Group 2012). This policy was utilised to develop a policy Galway University Hospitals (Galway University Hospitals Tobacco Free Campus Working Group 2012) which was introduced in February 2012. The policy:

*“...prohibits smoking anywhere on the campus including doorways, entrances, walkways, roads, car parks, cars parked on GUH grounds, bicycle sheds and bus shelters on GUH grounds.*

The policy states that all staff have a role in implementing the policy. This involves informing those who breach the policy that they are not allowed to smoke, and offering information on support services. Security staff also have a specific role in terms of ensuring compliance. The policy also states that a review will be undertaken in 2013. The Department of Public Health was subsequently asked to work with the Tobacco Free Campus Audit Group in reviewing the policy. It is within this context that the audit was undertaken.

### ***1.2. Aims and Objectives***

The study aimed to assess the level of compliance with the 2012 GUH Tobacco Free Campus Policy at UHG and Merlin Park Hospital. More specifically, the objectives of the study are to:

1. Undertake an observation audit of compliance by staff, patients, and visitors.
2. Undertaken a count of cigarette butts at key locations outside GRH.

## 2. METHODOLOGY

### ***2.1 Introduction***

The study methodology incorporated an observation audit of compliance and a count of cigarette butts at GUH. Ethical approval for the study was obtained from the GUH Hospital Ethics Committee.

### ***2.2 Observation Audit of Compliance***

As the emphasis of the GUH campus policy was an extension of the 2004 Irish workplace smoking ban (Galway University Hospitals Tobacco Free Campus Working Group 2012) to also cover outside areas, it was decided that an observation audit of compliance should focus on outside areas of the GUH campus. A number of locations were selected (including the areas specifically mentioned in the policy) for each hospital campus. A map of each hospital campus was utilised to identify these areas. The areas selected were classified as follows:

- Main entrance building (< 10 metres from main entrance)
- Secondary entrance (< 10 metres from secondary entrance)
- Walkways
- Fire stairs (internal)
- Pathways (>10m from entrances)
- Lawns (>10m from entrances)
- Cars (in car parks)
- Cars (other locations)
- Roads
- Bus shelter
- Bicycle shelter
- Outdoor seating area
- Outside hospital perimeter entrance (<10 metres)

For each hospital, observations at each locations were undertaken, adapting a methodology employed by Nagle et al (1996). The audit took place on seven days over a two week period at each hospital (9<sup>th</sup>-15<sup>th</sup> July Merlin Mark Hospital; 16<sup>th</sup>-22<sup>nd</sup> July University Hospital Galway). During the audit a member of the study team followed a predetermined route and visited each location and observed the number of smokers and non smokers classified by:

- Staff (wearing uniform, hospital identification badge, or stethoscope).
- Patient (wearing night wear, wrist band, hospital gown).
- Visitor those not classified as staff or patient).

Observations were undertaken at each location at four different time periods during the day. Times were chosen to cover hospital visiting times and key times of the day when a large proportion of staff may be having a mid morning or lunch break. The observation audit subsequently took place during the following four time periods at each location:

- 10.30- 11.30
- 13.30- 14.30
- 16.30- 17.30
- 19.30-20.30

### ***2.3 Count of Cigarette Butts***

Cigarette butts (any filter or butt of a smoked tobacco product) were collected and counted at each location, and relevant background information was also noted (e.g. fair or rainy weather, presence of no smoking signs in vicinity, presence or smell of cigarette smoke in vicinity, presence of ash trays and number of butts in ash trays). The methodology was similar to that utilised by Lee et al (2011).

### **2.3 Administration**

The observation audit and cigarette butt count was undertaken in an unobtrusive manner (to minimise any adverse impact on behaviour) with no prior information given that the audit was taking place to staff (except for the Director of Operations and the Tobacco Free Campus Audit Group), patients, or visitors. Members of the study team provided a letter of introduction to explain the study to HSE staff if approached while undertaking the audit. A copy of the letter and audit tool is given in appendix 1.

## 3. RESULTS

### ***3.1 Introduction***

A total of 58 observations were undertaken (29 in each hospital) during July 2013). The weather conditions for all observations were warm and dry. In addition, there was no wind for 98% of the observation periods.

### ***3.2 Observation of Smokers and Non-smokers***

Table 3.1 and 3.2 show that during the 58 observation periods, a total of 1146 people were observed either within the grounds (944) or at the perimeter entrance of the hospitals (202). Of those observed within the hospital grounds, 11% were smoking, while 55% of those observed at perimeter entrances were smoking. On average, during each observation period 1.78 smokers were observed within the hospital grounds with 1.91 smokers observed at perimeter entrances. A larger proportion of the patients observed within the hospital grounds (26%) were smoking compared to visitors (11%) or staff (3%). These differences are statistically significant ( $\chi^2 = 46.233$ ,  $df = 2$ ,  $p = 0.000$ ). A larger proportion of the staff observed at the perimeter entrances (73%) were smoking compared to visitors (37%) and patients (14%). These differences are also statistically significant ( $\chi^2 = 28.453$ ,  $df = 1$ ,  $p = 0.000$ ; when comparing staff with patients and visitors combined due to small numbers).

In comparing hospitals, it can be seen that a similar proportion of those observed within the grounds at UHG (11%) and Merlin Park (10%) were smoking. These differences were not statistically significant ( $\chi^2 = 0.222$ ,  $df = 1$ ,  $p = 0.638$ ). The average number of smokers was greater at UHG (2.38 compared to 1.17), but not statistically significant (Independent t test,  $F = .408$ ,  $df = 56$ ,  $p = 0.061$ ). At the perimeter entrances, 60% of those observed at

Merlin Park were smoking, compared to 54% at UHG. This was not statistically significant ( $\chi^2 = 1.295$ ,  $df = 1$ ,  $p = 0.255$ ). All staff at the perimeter entrance at Merlin Park were smoking compared to 70% at UHG. A larger proportion of visitors observed at UHG were smoking (40%) compared to Merlin Park (11%), but this was not statistically significant (Fishers exact test,  $p = 0.255$ ).

**Table 3.1: Observed Smokers and Non-smokers on Hospital Grounds**

	UHG			Merlin Park			Total		
	No.	%	Mean	No.	%	Mean	No.	%	Mean
<b>STAFF</b>									
Smokers	5	3.6	0.17	5	3.2	0.17	10	3.4	0.17
Non-smokers	135	96.4	4.66	152	96.8	5.24	287	96.6	4.95
<b>PATIENTS</b>									
Smokers	28	34.6	0.97	6	12.2	0.21	34	26.2	0.59
Non-smokers	53	65.4	1.83	43	87.8	1.48	96	73.8	1.66
<b>VISITORS</b>									
Smokers	36	9.3	1.24	23	17.7	0.79	59	11.4	1.02
Non-smokers	351	90.7	12.10	107	82.3	3.69	458	88.6	7.90
<b>TOTAL</b>									
Smokers	69	11.3	2.38	34	10.1	1.17	103	10.9	1.78
Non-smokers	539	88.7	18.59	302	89.9	10.41	841	89.1	14.50

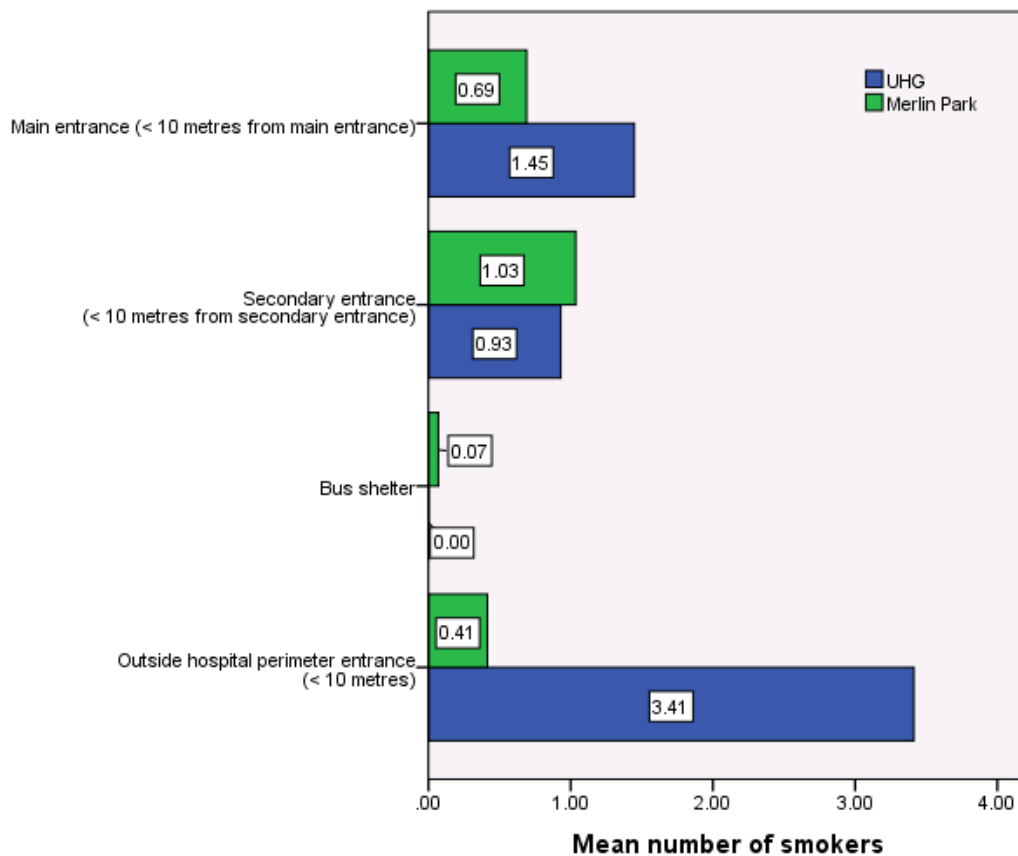
**Table 3.2: Observed Smokers and Non-smokers outside Hospital Perimeter**

	UHG			Merlin Park			Total		
	No.	%	Mean	No.	%	Mean	No.	%	Mean
<b>STAFF</b>									
Smokers	65	69.9	2.24	11	100	0.38	76	73.1	1.31
Non-smokers	28	30.1	0.97	0	0	0	28	26.9	0.48
<b>PATIENTS</b>									
Smokers	1	14.3	0.03	0	0	0	1	14.3	0.02
Non-smokers	6	85.7	0.21	0	0	0	6	85.7	0.10
<b>VISITORS</b>									
Smokers	33	40.2	1.14	1	11.1	0.03	34	37.4	0.59
Non-smokers	49	59.8	1.69	8	88.9	0.28	57	62.6	0.98
<b>TOTAL</b>									
Smokers	99	54.4	3.41	12	60.0	0.42	111	55.0	1.91
Non-smokers	33	45.6	2.86	8	40.0	0.28	91	45.0	1.57

Figure 3.1 shows the mean number of smokers observed by location for each hospital. For UHG, the mean number of smokers was greatest outside the hospital perimeter entrance (mean = 3.41) and the main entrance (mean = 1.45). For Merlin Park, the secondary entrance (1.03) and the main entrance (0.69) were the locations where the greatest mean number of smokers was observed. In

comparing hospitals, the mean number of people observed outside the hospital perimeter was greatest at UHG (3.41 compared to 1.04) and outside the main entrance (1.45 compared to 1.69). These differences are statistically significant (Independent t test,  $F = 19.946$ ,  $df = 31.907$ ,  $p = 0.000$  for the perimeter entrance, Independent t test,  $F = 62.599$ ,  $df = 29.464$ ,  $p = 0.000$  for the main entrance). At secondary entrances, the mean number of people observed smoking was greater at Merlin Park (mean = 1.03 compared to 0.93), although these differences were not statistically significant (Independent t test,  $F = 0.333$ ,  $df = 56$ ,  $p = 0.000$ ).

**Figure 3.1: Mean Number of Smokers by Location and Hospital**



### 3.3 Count of Cigarette Butts

A total of 3674 cigarette butts were collected during the 58 observations over the 14 day period of the study. On average 63 cigarette butts were collected at each visit over the two sites. Table 3.2 shows the number of cigarette butts collected by observation location for UHG and Merlin Park Hospital. Overall, a larger proportion of cigarette butts were collected at UHG (89% compared to 11%). This pattern is statistically significant with an average of 113 butts collected per observation at UHG, compared to 14 for Merlin Park Hospital (Independent T test,  $F = 23.73$ ,  $df = 31.59$ ,  $p = 0.000$ ).

For UHG, the locations where the largest proportion of cigarette butts was collected were outside the hospital perimeter entrance (50%), at secondary entrances (25%), and outside the main entrance (22%). For Merlin Park hospital, the main locations were outside secondary entrances (63%), lawns (11%), and outdoor seating areas (7%). On average, significantly more cigarette butts were collected at UHG at main entrances (Independent T test,  $F = 37.93$ ,  $df = 28.13$ ,  $p = 0.000$ ), secondary entrances (Independent T test,  $F = 13.33$ ,  $df = 38.4$ ,  $p = 0.000$ ), and outside the hospital perimeter (Independent T test,  $F = 58.96$ ,  $df = 28.25$ ,  $p = 0.000$ ).

**Table 3.2: Cigarette Butts by Hospital**

Type of location	UHG			Merlin Park		
	No.	%	Mean	No.	%	Mean
Main entrance building ( $< 10$ metres from main entrance)	720	22.0	24.83	24	6.0	0.83
Secondary entrance ( $< 10$ metres from secondary entrance)	828	25.3	28.55	253	63.4	8.72
Walkways						
Fire stairs (internal)						
Pathways ( $> 10$ m from entrances)						
Lawns ( $> 10$ m from entrances)				45	11.3	1.55
Roads				23	5.8	0.79
Bus shelter				28	7.0	0.97
Bicycle shelter						
Outdoor seating area	106	3.2	3.66	29	7.3	0.34
Outside hospital perimeter entrance ( $< 10$ metres)	1621	49.5	55.90	16	4.0	0.55
Total	3275	100	112.93	399	100	13.76



## **4. DISCUSSION**

### ***4.1 Introduction***

The introduction of a 100% ban on smoking in outside areas of GRH is an ambitious step in the prevention of smoking related diseases. The observation audit provides a meaningful insight into levels of compliance overall, compliance by hospital, and also in terms of compliance levels among staff, patients, and visitors.

### ***4.2 Overall Compliance Levels***

Overall, 11% of people observed outside the hospital (within the hospital perimeter) were smoking, with an average of 35 cigarette butts collected during each observation period (approximately one hour and 30 minutes). By comparison, there was a significantly larger proportion of those observed outside the hospital perimeter (where smoking is allowed) that were smoking (55%, with 28 butts collected on average). Indeed over half (52%) of all smokers were observed outside the perimeter entrance. These results are promising, as the majority of smokers are complying with the policy. Nevertheless, there remains considerable scope for improvement as 48% of smokers were within the hospital perimeter. In an Australian study of two hospitals that had smoking and non smoking outside areas, Nagle et al (1996) found that 66% of those observed smoking outside the hospital grounds were in smoking designated areas, with 34% smoking in non smoking areas. In a US study of community colleges in North Carolina, Lee et al (2011) collected an average of 20 butts per site visit at colleges with 100% outdoor smoking bans. These findings demonstrate the need to improve compliance levels at GRH. GRH should strive to achieve 100% compliance and targets should be set to facilitate the achievement of total compliance. The need to improve compliance levels was also identified in a study of English Hospital Trusts (Ratschen et al. 2008). This found widespread policy

infringements on hospital grounds and identified enforcement as the main challenge to the policy. In two thirds of the Trusts, enforcement by all staff was central to the policy. However staff were reluctant to enforce the policy due to the threat of abuse. Shipley and Allcock (2008), in a survey of NHS trust staff reported that most would not challenge staff (68%), patients (53%), or visitors (59%) to stop smoking. Fear of aggression and enforcement not being their job were the main reasons given why staff would not challenge smokers. As GRH employs a similar enforcement policy, it would be important for this to be reviewed to identify if new enforcement mechanisms are required. In addition, current initiatives to raise awareness of the policy should also be examined. Nagle et al (1996) for example highlighted the need for "maintenance strategies" after the initial impact of such policies.

Figures 4.1-4.2 give examples of areas that help to demonstrate the need to improve compliance at GRH. The figures depict items that have been used as ash trays outside buildings where no smoking was allowed. Such items may promote smoking, as it may suggest to a smoker that smoking is permitted in these locations. This point has also been made by Lee et al (2011).

**Figure 4.1: Jars left Outside Building at Merlin Park Hospital**



**Figure 4.2: Bucket Located at rear of Merlin Park Hospital**



#### ***4.3 Compliance among Staff, Patients, and Visitors***

In assessing compliance levels among staff, patients, and visitors, it is promising that only 10% of smokers were staff, which represented 3% of all staff observed on the hospital grounds. This is in contrast to Nagle et al (1996) who found that 39% of outdoor smokers at hospitals were staff. This indicates that the initiatives undertaken at GRH to inform staff of the policy have been successful. Indeed, the fact that 68% of those observed outside the hospital perimeter (where smoking is allowed) were staff also suggests that staff overall are complying with the policy. However, the visibility of hospital staff smoking at perimeter entrances does present a dilemma in terms of the image it portrays. This issue has been acknowledged in the UK by the National Institute for Health and Care excellence (NICE) who recommend that staff contracts should not allow them to smoke during working hours or when recognisable as an employee (NICE 2013). The feasibility of modifying employee contracts in this way should be explored. Another option would be for the uniform policy to specify that smoking is not permitted whilst wearing a staff uniform or badge.

The current uniform policy (Galway University Hospitals 2011) does not include a directive about smoking whilst in uniform. Consideration should be given to updating the policy with a directive specifically referring to smoking whilst in uniform.

Unlike staff, levels of compliance among patients and visitors demonstrate scope for improvement. A third of all smokers were patients, which represented over a quarter of all patients observed on the hospital grounds. In the study by Nagle et al (1996), 12% of outdoor smokers were patients. Although a number of initiatives have been introduced to increase awareness among patients and provide support, the results suggest the need to develop further initiatives. Only one patient was observed smoking at the hospital perimeter (UHG) after 58 observation periods. The hospital perimeter is a considerable distance from the hospital entrances, particularly in Merlin Park Hospital. There may be a need to consider improving access for patients to the perimeter. In a qualitative study of two Canadian hospitals that prohibit smoking in outside areas, Schultz et al (2011) and Shopic et al (2012) found that patients felt unsafe going alone outside hospital property to smoke. The authors suggest that this coupled with mobility difficulties, lengthy walking distances, weather conditions, and the fear of getting sick may explain why patients choose to smoke near building entrances. They also note that there may be liability issues while patients are off hospital property that warrants consideration. If patients are expected to smoke at the hospital perimeter, then a system to provide safe access to the perimeter that addresses liability issues needs to be established for patients that choose to continue smoking while attending hospital. Not all patients are psychologically ready to give up smoking, receive counselling or nicotine replacement therapy. As such access to the perimeter should be improved for these patients.

Visitors represented the majority of smokers at 57%, which represented 37% of all visitors in the hospital grounds. Although both UHG and Merlin Park hospital do have signs which state they are smoke free campuses, the results indicate that visitors may be misinterpreting the signs. Figure 4.3 gives an example of signs that could have been misinterpreted. The larger sign refers to an outdated policy. This could confuse smokers in terms of where it is

permitted to smoke. The current signage should be reviewed to determine if the information on signs and the citing of signs could be improved.

**Figure 4.3: Signage at Unit 1, Merlin Park Hospital**



#### ***4.4 Main Locations of Outside Smoking***

Main entrances and secondary entrances were the main areas within the perimeter of GRH hospitals where outside smoking was observed and where cigarette butts were collected. As these are highly accessed areas of both hospitals, this concentration of smokers and cigarette butts could have a negative impact on the image of GRH as a smoke free hospital. It may also lead to environmental tobacco smoke (ETS) entering hospital buildings. These issues were also raised by Nagle et al (1996). A specific system of proactive enforcement by key members of staff at main and secondary entrances should be considered. Whilst the policy states that security staff have a key role in ensuring compliance (p6), their specific duties in relation to the policy need to be made explicit. This should be based on agreement with security



management and the relevant unions. In addition, the current system of also giving responsibility to all members of staff should also be reviewed.

In terms of smoking outside the perimeter of hospitals, significantly more people were observed and cigarette butts collected at UHG. UHG has four perimeter entrances compared to two at Merlin Park. This may make the perimeter entrances more accessible to smokers at UHG. In addition, the perimeter entrances are a significant distance from the main hospital entrance at Merlin Park. Merlin Park Hospital is also located beside woods. Anecdotal evidence suggests that the woods are being used by smokers. Although the fact that a large proportion of smokers are choosing to smoke outside the hospital grounds is promising, the concentration of smokers outside the main perimeter entrance at UHG presents a dilemma. With ETS concentrated in such areas, the chances of exposure may be greater. This may also have a negative impact on the image of the hospital; particularly as a large proportion of hospital staff were observed smoking at these locations (see section 4.3). Providing additional smoking areas along the hospital perimeter may help resolve this issue and warrants consideration.

#### ***4.5 Comparing UHG and Merlin Park Hospital***

In comparing outside smoking by hospital, whilst larger numbers of smokers were observed on the hospital grounds and perimeter of UHG, the overall proportion of smokers observed did not significantly differ between hospitals. However the average number of smokers observed outside the main entrance and at the perimeter entrance was significantly greater at UHG. In addition, the issue of discarded cigarette butts outside hospital entrances and the main perimeter entrance is also significantly greater at UHG. This may be explained by differences in the site characteristics and the volume of people at each hospital. There may be a need to develop specific initiatives at UHG to address these issues.

## 10. CONCLUSIONS AND RECOMMENDATIONS

The study has demonstrated that 52% of those smoking whilst visiting GRH are compliant with the Tobacco Free Campus Policy. This is positive yet also demonstrates scope for improvement in terms of making the GRH campuses completely smoke free. The following recommendations are made:

1. Compliance level targets should be set to facilitate the achievement of 100% compliance. Observation audits should be undertaken on an annual basis to assess the degree to which compliance level targets have been met.
2. The current systems for enforcing the Tobacco Free Campus policy should be reviewed to identify if new enforcement mechanisms are required.
3. A specific system of proactive enforcement by key members of staff at main and secondary entrances should be considered.
4. The specific duties of security staff in relation to the policy needs to be made explicit. This should be based on agreement with security management and the relevant unions.
5. The feasibility of modifying existing and new employee contracts to not allow staff to smoke during working hours or when recognisable as an employee should be explored.
6. Consideration should be given to updating the GRH uniform policy with a directive that does not permit smoking whilst wearing a staff uniform or badge.

7. Current initiatives to raise awareness of the policy should also be examined to determine the need for additional initiatives to help maintain awareness.
8. A system to provide safe access to hospital perimeter entrances that addresses liability issues needs to be established for patients that choose to continue to smoke.
9. Due to the larger volume of smokers, specific initiatives for UHG need to be developed. In particular these should aim to address the large number of observed smokers and cigarette butts outside main, secondary, and perimeter entrances.
10. All signage referring to the outdoor smoking ban at GRH should be reviewed to determine if the information on signs and the citing of signs could be improved.
11. Consideration should be given to providing additional smoking areas along the perimeter of hospitals.



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## **APPENDIX 1**

Date		Smokers			Non-Smokers			Cigarette butt count
Time	Location Merlin Park	Staff	Patient	Visitor	Staff	Patient	Visitor	
	Front of HR Building & Finance 1 & 2 Rear of HR Building & Finance 2 Canteen Side entrance to Canteen Chapel & Bus Stop Old Mortuary Building Technical Services Outside Main Entrance Unit 7 Shop Unit 3 Unit 4 Unit 5 Unit 6 Unit 8 Unit 2 Unit 1 Hospital MRI Centre Boiler Building Rear of Hospital Dental Hospital Horticultural Centre CAHMS Car Parks Grounds of Merlin Park In Car in Merlin Park Unit 9 & 10 Outside Back Gate Inside Back Gate							

Date Time	Location GUH	Smokers			Non-Smokers			Cigarette butt count
		Staff	Patient	Visitor	Staff	Patient	Visitor	
	Main hospital entrance gates Corner of Nurses Home Building pedestrian entrance opposite Ulster bank Outside Pedestrian entrance near hepatology unit Inside pedestrian entrance near hepatology unit Maternity entrance long corridor Main hospital entrance Emergency Department newcastle park side entrance Outside OPD Back door of hospital near Psych unit Outside Psychiatry Department Costello road entrance back gate of hospital entrance Outside paediatric unit							