



Government of **Western Australia**
Department of **Health**

Guidelines for the implementation of the Smoke Free Policy

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1. Purpose

These guidelines support the implementation of [MP 0158/21 Smoke Free Policy](#) (policy).

Note: when used in this policy, the term 'smoke-free' means free from tobacco smoke and e-cigarette (vape) aerosol.

2. Support for management

WA health entities should fully support employees or groups tasked with implementing the policy and provide resources to ensure a high level of compliance.

WA health entities may consider convening working parties to assist with ongoing implementation and monitoring of the policy at individual sites.

Working parties could be involved in the following tasks:

- developing local procedures and guidelines
- coordination of staff training
- local promotion of the policy and resources available to support it
- monitoring policy implementation
- making recommendations to improve outcomes.

3. Staff working off site

WA health entities should ensure that procedures are in place to help prevent the exposure of staff to second-hand smoke or vape aerosol when working off site, such as when providing care to patients at home.

4. Policy compliance

WA health sites are entirely smoke-free to protect the health and safety of all consumers, employees, visitors, and contractors. This means no designated smoking areas are permitted.

WA health entities should provide training for staff and supervisors to ensure that the policy is applied in an appropriate and consistent manner.

4.1. Employees

Non-compliance by employees should be dealt with in a manner that is supportive and educative. They should be reminded that the site is smoke-free and informed of the available support. Repeated non-compliance should be dealt with in accordance with:

- [MP 0127/20 Discipline Policy](#) (for Health Service Providers)
- [Discipline Policy](#) (for Department of Health)

4.2. Patients and visitors

Non-compliance by patients and visitors should be handled in an educative and non-confrontational manner. Remind them of the policy and ask them to extinguish their cigarette or move off-site. Patients should be informed about the available support and encouraged to

discuss any difficulties with managing nicotine dependence with their treating team. Punitive or recriminative measures are not appropriate and should not be used.

Certain settings and circumstances, such as the emergency department, will need to meet the needs of patients and visitors who may be highly stressed, anxious, grieving, or aggravated. Health Service Providers should allow staff to exercise discretion on a case-by-case basis, with due regard to individual circumstances. These case-by-case decisions should not become standard procedure for a particular patient or service.

Risk should be considered when dealing with patient and visitor non-compliance. Immediate enforcement of the policy may not always be appropriate, as the safety of employees, patients, and visitors should be prioritised. For further guidance, refer to:

- [MP 0006/16 Risk Management Policy](#) (for Health Service Providers)
- [Risk Management Policy](#) (for Department of Health)

In assessing and managing risk, Health Service Providers should also consider their responsibility to ensure employees are not exposed to second-hand smoke under work health and safety legislation.

4.3. Incident reporting

WA health entities should ensure that reportable incidents related to the policy are recorded consistently and can be audited. Events that may constitute a reportable incident include:

- violence and aggression
- fire
- patient harm
- related near misses.

Smoking on WA health sites does not in itself constitute a reportable incident.

5. Communication

WA health entities should ensure that regular communication activities are undertaken to ensure all staff, patients, visitors, and contractors are aware of the policy.

5.1. Staff

Staff may be informed of the policy in the following ways:

- employment advertisements
- induction materials
- signage in staff areas
- internal staff communication (e.g., news articles, global emails)
- website content (e.g., intranet hubs).

5.2. Patients

Patients should be informed of the policy at the earliest appropriate opportunity. Procedures should be developed to support this during pre-admission planning, the admission process, and in the emergency department.

The following communication methods and resources may be used:

- signage
- brochures and patient information packs
- bedside material

- health service websites.

Refer to [MP 0051/17 Language Services Policy](#) for the minimum standards to enable effective communication with consumers and carers who have difficulty communicating in Standard English, or who are Deaf or hard of hearing.

5.3. Contractors

All contractors should be informed of the policy at site induction.

5.4. Signage

Smoke-free signage is an important means of communicating the policy and maintaining a consistent message across WA health sites. These signs should include vape-free messages and symbols, and should be strategically placed at:

- main entrances
- all building entrances and exits
- any previously designated smoking areas
- lifts and stairwells
- courtyards and places of congregation
- within all vehicles owned or leased by the health service.

Signage should always remain visible and be well-maintained. All graffiti should be attended to regularly and damaged or removed signage should be replaced immediately.

Resources

No smoking or vaping signage

- [WA Health logo – A3 landscape \(PDF 70KB\)](#)
- [WACHS logo – A3 landscape \(PDF 100KB\)](#)

No smoking or vaping anywhere on grounds signage

- [WA Health logo – A3 portrait \(PDF 70KB\)](#)
- [WA Health logo – A4 \(PDF 110KB\)](#)
- [WA Health logo – A5 \(PDF 80KB\)](#)
- [WACHS logo – A3 portrait \(PDF 80KB\)](#)
- [WACHS logo – A4 \(PDF 100KB\)](#)
- [WACHS logo – A5 \(PDF 100KB\)](#)

This artwork for signage has been prepared by the Department of Health. This material may be downloaded, printed, reproduced, and displayed in unaltered form for use at WA health sites. WA health entities may wish to adapt the signage to be site-specific.

For requests to adapt this material, please contact: Tobacco.Policy@health.wa.gov.au or see options available from Make Smoking History (below).

No smoking or vaping sticker



'No smoking or vaping' roundel stickers (82mm) are available to order [by email request](#).

Make Smoking History

- [Recommendations for creating effective smoke-free and vape-free signage](#)
- [Smoke and vape-free signs](#) (available for use with permission).

6. Supporting nicotine dependent employees

Health Service Providers that provide clinical services are required to provide access to nicotine replacement therapy (NRT) products for employees should they wish to access it. The NRT offered should be listed on the Australian Register of Therapeutic Goods (ARTG).

NRT should be dispensed by service pharmacies where possible. If required, limits may be placed on the quantity of NRT which is able to be accessed by staff within a set period.

Nicotine dependent employees should have access to behavioural supports such as [Quitline](#) (13 7848). If appropriate, they may also be directed to an employee assistance program. These supports may be promoted through induction materials, staff wellness initiatives, regular internal communications, and health service intranet sites. See additional resources in [8.3 Behavioural supports](#).

7. Assess and record patient smoking and vaping status

All inpatients aged 16 years and over should be asked if they smoke or vape at the earliest practicable opportunity. Health Service Providers should establish clear procedures for recording patient smoking and vaping status in a consistent location and manner that allows for data auditing. Information Technology solutions may be appropriate to prompt and support recording of this information.

The procedures should include clear categories, such as:

Have you used tobacco (e.g. cigarettes or cigars) in the last 30 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you used e-cigarettes/vapes in the last 30 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If it is established that a patient smokes or vapes, nicotine dependence may be assessed by using:

Heaviness of Smoking Index (HSI) ¹	Time to First Vape (TTFV) ²
<ul style="list-style-type: none">“How soon after waking do you have your first cigarette?”“How many cigarettes do you smoke per day?”	<ul style="list-style-type: none">“How soon after waking do you have your first vape?”

Health Service Providers should develop clinical guidelines and procedures to routinely assess patient smoking and vaping status and manage nicotine dependence.

All patients who smoke or vape should be advised they cannot smoke or vape on-site, offered pharmacotherapy (where possible), and referred to the Quitline for support to manage withdrawals or to quit smoking or vaping (see [8. Management of nicotine withdrawal](#).)

¹ Heatherton, F., Kozlowski, T., Frecker, C., (1989), Measuring the Heaviness of Smoking: using self-reported time to the first cigarette of the day and number of cigarettes smoked per day. *British Journal of Addiction*, 84: 791-800.

² Royal Australian College of General Practitioners. Supporting smoking & vaping cessation: A guide for health professionals. 2024.

8. Management of nicotine withdrawal

8.1. Brief advice (Ask, Advise, Help)

Brief advice is a way of having a short, opportunistic conversation with a patient about stopping smoking. Brief advice from a health professional can be highly effective in encouraging people who smoke to make a quit attempt.³

The [3-step 'Ask, Advise, Help' model](#) is an evidence-based and non-intrusive approach which can be used by health professionals during everyday interactions with patients.

Brief advice online training

[Brief advice online training](#) is available at no charge to staff of Health Service Providers that provide clinical services.

The training takes 30 minutes to complete. After completing the training, staff will:

- understand which population groups may have a higher prevalence of smoking
- understand the negative impact of smoking on medical outcomes
- know how to provide fast, simple and effective brief advice in a supportive, non-judgmental manner
- recognise the importance of managing nicotine withdrawal in the inpatient setting
- understand the important role of multi-session behavioural intervention (such as Quitline) and how to refer patients to this service
- know what additional resources and support are available to help patients and staff.

8.2. Provision of NRT to inpatients

Health Service Providers should develop guidelines for providing NRT to inpatients who are nicotine dependent in accordance with their clinical governance structures.

NRT is an effective means of reducing withdrawal symptoms when stopping smoking and is most effective when administered early. It is also likely to help reduce withdrawal symptoms in patients who use nicotine vaping products. Withdrawal symptoms can appear within two hours of ceasing nicotine use, and may include irritability, restlessness, frustration, anxiety, and difficulty concentrating.⁴

Evidence suggests that a combination of nicotine patches and a fast release form of NRT (e.g., mouth spray) is safe and more effective than a single form of NRT.⁵ Other stop smoking medications included on the [WA Health state-wide medicines formulary](#) may be appropriate for some patients. Nicotine withdrawal should be routinely monitored, and treatment modified accordingly.

Some medications may be affected if a patient stops smoking or vaping. Health Service Providers should make [information on drug interactions](#) available to clinical staff.

³ Stead LF, Buitrago D, Preciado N, Sanchez G, Hartmann-Boyce J, Lancaster T. Physician advice for smoking cessation. Cochrane Database Syst Rev. 2013;2013(5):CD000165

⁴ Christensen, D. 6.11 Tolerance, Dependence, and Withdrawal. In Scollo, MM and Winstanley, MH [editors]. Tobacco in Australia: Facts and issues. Melbourne: Cancer Council Victoria; 2018. Available from <http://www.tobaccoinaustralia.org.au/chapter-6-addiction/6-11-tolerance-dependence-and-withdrawal>

⁵ Shah SD, Wilken LA, Winkler SR, Lin SJ. Systematic review and meta-analysis of combination therapy for smoking cessation. J Am Pharm Assoc (2003). 2008;48(5):659-65.

Note: Some patients may be using other nicotine products like oral pouches. These products are not legal, have not been assessed by the Therapeutic Goods Administration for safety, quality and efficacy, and not recommended for NRT. Patients who use nicotine pouches should be medically reviewed and offered clinically appropriate alternative therapy.

See also [8.4 Prescription medicines that can be inhaled or vaporised](#).

8.3. Behavioural supports

Health Service Providers should ensure that patients who are nicotine dependent are offered access to behavioural supports such as [Quitline](#) (13 7848) to manage nicotine withdrawal symptoms.

Quitline is a confidential, evidence-based counselling and information service. Quitline also offers an online chat service through webchat, Facebook messenger, and WhatsApp. Quitline counsellors are highly skilled in delivering behavioural interventions to support people to stop smoking or vaping. This includes helping people to:

- identify and manage triggers
- manage nicotine withdrawal symptoms and cravings
- build motivation, skills and confidence to quit.⁶

Quitline is tailored to meet the needs of priority populations, including pregnant women, young people, and people living with mental illness. [Aboriginal Quitline counsellors](#) are available to provide non-judgemental, culturally safe support. Quitline also provides access to interpreters for people experiencing challenges communicating in English through the [Translation and Interpreter Service](#) and [National Relay Service](#).

Quitline can also provide advice and information on vaping and smoking to health professionals, family members, and other supporters of people who are trying to quit.

Quitline referral form

If a patient is receptive, the easiest way to make a referral to Quitline is by using the [online form](#). When referred:

- Quitline counsellors will call on the day of the referral if possible, and within a maximum of 2 business days, or a time nominated by the patient.
- The initial call takes around 10 to 20 minutes and often covers smoking and vaping history, motivation to quit, and support to make a quit plan.
- Quitline will offer follow up counselling calls or other self-help materials and tools to support people through the quitting process.

For additional information section [9. Resources for health professionals](#).

⁶ Quit. How can Quitline help? 2024. Available from: <https://www.quit.org.au/articles/how-can-quitline-help>

8.4. Prescription medicines that can be inhaled or vaporised

Nicotine Vaping Products

Vaping is not permitted under the policy and is not suitable for patient use in public health service facilities.⁷ Patients who wish to use vaping products, whether lawfully obtained or not, must be medically reviewed and offered clinically appropriate alternative therapy (such as NRT listed on the ARTG), in accordance with the policy.

Vaping products are unapproved therapeutic goods, meaning they have not been assessed for their quality, safety, or effectiveness like other quit smoking medications. There are no vaping products included on the ARTG or WA Health state-wide medicines formulary.

Other prescription medicines

For guidance around the management of other prescription medicines that may be inhaled or vaporised (e.g., medicinal cannabis, nebulisers), refer to [MP 0139/20 Medicines Handling Policy](#).

9. Resources for health professionals

For resources, training and tools for health professionals to support people to stop smoking or vaping visit: [Smoking and vaping cessation resources](#).

This webpage is regularly updated as new evidence and resources emerge on effective management of nicotine dependence.

Internal smoke-free hubs:

- [North Metropolitan Health Service Smoke Free Hub](#)
- [Smoke Free East Metropolitan Health Service](#)
- [Smoke Free South Metropolitan Health Service](#)
- [Department of Health](#)

Key resources for patients

- [Make Smoking History](#)
Evidence-based information on quit methods and quit support, including an interactive quit planner and other useful resources.
- [My QuitBuddy App](#)
My QuitBuddy is a free app that provides tips and distractions to help people stay smoke-free and vape-free, with customisable charts to track quitting progress, and other helpful tools, games and reminders.
- [National Digital Cessation Hub](#)
This hub aims to provide all Australians with equitable access to the latest evidence-based cessation information and support.
- [Australian Government](#)
Translated resources to support people to quit smoking and vaping.

⁷ As defined in Section 6 of the *Health Services Act 2016*. Such facilities include, but are not limited to, a hospital, nursing post, remote area clinic, community mental health clinic, health centre or similar facility operated by a Health Service Provider.

10. Supporting mental health inpatients

The prevalence of smoking among people with diagnosed mental health conditions is higher than the general population.⁸ People living with mental health conditions are also more likely to smoke more heavily and have higher levels of nicotine dependence.⁹

Those very dependent on nicotine will likely experience withdrawal symptoms when they are admitted to a mental health service and are unable to smoke and/or vape at all or as much as usual.

Pharmacotherapies (NRT and/or other stop smoking medications) should be combined with behavioural strategies to have the highest success in supporting patients to remain abstinent from smoking and/or vaping.¹⁰ Pharmacological and behavioural strategies should be integrated into routine care.

Health Service Providers should consider factors specific to mental health settings to support ongoing implementation of the policy.

Factors to consider	
Staff training and education	<ul style="list-style-type: none"> • availability and awareness of training for staff. • staff skills, knowledge and confidence in managing nicotine dependence and withdrawal, including psychological dependence. • regular education for non-clinical staff appropriate to their role. • staff recognising when aggression and distress is related to nicotine withdrawal and offering appropriate support.
Treatment for nicotine dependence	<ul style="list-style-type: none"> • address smoking and vaping in patient treatment, support and discharge plans. • ensuring regular patient access to: <ul style="list-style-type: none"> ○ a treatment team to manage nicotine dependence and withdrawal symptoms ○ distraction activities and behavioural supports. • establishing procedures to: <ul style="list-style-type: none"> ○ provide ongoing pharmacological and behavioural supports ○ document and review use of NRT ○ monitor medication side-effects for those taking medications that may be affected by stopping smoking or vaping.
Patient communication and support	<ul style="list-style-type: none"> • providing information and materials for: <ul style="list-style-type: none"> ○ patients about the policy and its purpose ○ family members/carers to help them support the patient's smoking abstinence. • referring and/or providing access to Quitline for confidential, evidence-based behavioural counselling, information and support. • collaborating with other community support services as relevant. • providing support during leave from a ward (for all patients regardless of whether they choose to smoke or not smoke during leave).

⁸ Greenhalgh, EM and Scollo, MM. 9A.3 People with substance use and mental disorders. In Greenhalgh, EM, Scollo, MM and Winstanley, MH [editors]. Tobacco in Australia: Facts and issues. Melbourne : Cancer Council Victoria; 2022. Available from www.tobaccoinaustralia.org.au/chapter-9-disadvantage/in-depth/9a-3-people-with-substance-use-and-mental-disorders

⁹ Bowden JA. ANZ J Psych 2011 2. Lasser K. JAMA 2000; Campion J. Adv Psychiatr Treat 2008

¹⁰ The Royal Australian New Zealand College of Psychiatrists. Mental Health Clinician Guidance for Managing People's Smoking Cessation; 2022

11. Frequently Asked Questions

Can I smoke or vape anywhere on health service grounds?

No, there aren't any designated smoking areas on health service grounds. Our WA health sites are entirely smoke-free and vape-free to protect the health and safety of all patients, visitors and staff. Health Service Provider employees and inpatients can access free NRT and behavioural supports.

For further information see section: [4. Compliance](#)

Where can I smoke then?

You cannot smoke anywhere on WA health sites. All patients should be supported and encouraged to abstain from smoking and vaping while under the care of the health service to improve their recovery and overall health. Health Service Provider employees are encouraged to take advantage of the free NRT programs and use NRT during work hours.

For further information see sections:

- [6. Supporting nicotine dependent employees](#)
- [8. Management of nicotine withdrawal.](#)

Can inpatients use vaping products if they have a medical prescription?

No, vaping is not allowed under [MP 0158/21 Smoke Free Policy](#) and is not suitable for patient use in public health service facilities.¹¹ Patients who wish to use vaping products, whether lawfully obtained or not, must be medically reviewed and offered clinically appropriate alternative therapy in accordance with the policy.

For further information see section: [8.4 Prescription medicines that can be inhaled or vaporised](#)

Does the Smoke Free Policy cover home or community visits?

The policy only applies to WA health sites, including buildings, outdoor areas, grounds, car parks, and vehicles. However, WA health entities have a duty to ensure that staff providing home and community-based services are not exposed to second-hand smoke, as required by work health and safety legislation.

For further information see section: [3. Staff working off site](#)

Does the Smoke Free Policy cover the use of inhaled medicinal cannabis products by inpatients?

No, the policy only applies to tobacco and vaping products (regardless of whether they contain nicotine or not).

For further information see section: [8.4 prescription medicines that can be inhaled or vapourised.](#)

¹¹ As defined in Section 6 of the *Health Services Act 2016*. Such facilities include, but are not limited to, a hospital, nursing post, remote area clinic, community mental health clinic, health centre or similar facility operated by a Health Service Provider.

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