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# Tobacco-Free Healthcare Policy Assessment Tool and Scoring Guide

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# Tobacco-Free Healthcare Policy Assessment Tool and Scoring Guide

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South Dakota State University



South Dakota Department of Health

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**Citation:**

Center for Tobacco Policy Research. (2005). *School Tobacco Policy Index Rating Form and Manual*. St. Louis, MO: Washington University. Available at: [http://cphss.wustl.edu/Products/ProductsDocuments/CPW\\_SchoolTobaccoPolicyIndex.pdf%23SchoolTobaccoPolicyIndex](http://cphss.wustl.edu/Products/ProductsDocuments/CPW_SchoolTobaccoPolicyIndex.pdf%23SchoolTobaccoPolicyIndex), 2005.

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For permission to use the tool and/or scoring guide, please contact Dr. Heidi Mennenga at South Dakota State University, [heidi.mennenga@sdstate.edu](mailto:heidi.mennenga@sdstate.edu).

## Tobacco-free Healthcare Policy Assessment Tool

Organization Name/Code: \_\_\_\_\_ Date: \_\_\_\_\_ Rater ID: \_\_\_\_\_ **OVERALL SCORE** \_\_\_\_\_/31

| <b>Section A. Policy Communication</b> |     |    |  |     |         |
|--|-----|----|--|-----|---------|
| A1. General communication of policy    | Yes | No | A3. Applicable adoption or revision date within the last 5 years         | Yes | No      |
| A2. Signage about policy               | Yes | No | A4. Rationale given for policy implementation                            | Yes | No      |
|  |     |    | A5. Designates individual or role for questions or concerns about policy | Yes | No      |
|  |     |    | A6. Designates individual or office responsible for maintaining policy   | Yes | No      |
| <b>Section A TOTAL SCORE</b>           |     |    |  |     | _____/6 |

| <b>Section B. Environment</b>                          |     |    |  |     |          |
|--|-----|----|--|-----|----------|
| B1. Facility-owned or leased buildings (indoors)       | Yes | No | B5. 24 hours a day, 365 days a year and/or at all times  | Yes | No       |
| B2. Facility-owned or leased campus/grounds (outdoors) | Yes | No | B6. Does not designate areas for smoking/tobacco use   | Yes | No       |
| B3. Facility-owned or leased vehicles                  | Yes | No | B7. Employees or volunteers should not be identifiable by uniforms or nametags if smoking off-site | Yes | No       |
| B4. Personal vehicles located on facility grounds      | Yes | No |  |     |          |
| <b>Section B TOTAL SCORE</b>                           |     |    |  |     | _____/10 |

| <b>Section C. Enforcement</b>                                 |     |                         |   |                                     |         |
|---|-----|-------------------------|---|-------------------------------------|---------|
| <i>Employees/Volunteers</i>                                   |     | <i>Patients/Clients</i> |   | <i>Visitors/Contractors/Vendors</i> |         |
| C1. General enforcement                                       | Yes | No                      | C4. General enforcement                                   | Yes                                 | No      |
| C2. Disciplinary action or consequences for violation         | Yes | No                      | C5. Consequences for violation                            | Yes                                 | No      |
| C3. Designates specific individual(s) or role for enforcement | Yes | No                      | C6. Designates individual(s) or all staff for enforcement | Yes                                 | No      |
|   |     |                         | C7. General enforcement                                   | Yes                                 | No      |
|   |     |                         | C8. Consequences for violation                            | Yes                                 | No      |
|   |     |                         | C9. Designates individual(s) or all staff for enforcement | Yes                                 | No      |
| <b>Section C TOTAL SCORE</b>                                  |     |                         |   |                                     | _____/9 |

| <b>Section D. Cessation Services</b> |     |                         |                                      |                                     |         |
|--------------------------------------|-----|-------------------------|--------------------------------------|-------------------------------------|---------|
| <i>Employees/Volunteers</i>          |     | <i>Patients/Clients</i> |                                      | <i>Visitors/Contractors/Vendors</i> |         |
| D1. Mentions general cessation       | Yes | No                      | D3. Mentions general cessation       | Yes                                 | No      |
| D2. Includes cessation interventions | Yes | No                      | D4. Includes cessation interventions | Yes                                 | No      |
|                                      |     |                         | D5. Mentions general cessation       | Yes                                 | No      |
|                                      |     |                         | D6. Includes cessation interventions | Yes                                 | No      |
| <b>Section D TOTAL SCORE</b>         |     |                         |                                      |                                     | _____/6 |

| <b>Section E. Additional Items – No Points Assigned</b>               |     |    |   |     |    |
|---|-----|----|---|-----|----|
| E1. Prohibits electronic nicotine delivery systems (ex. E-cigarettes) | Yes | No | E2. Indicates no evidence of “third-hand” smoke | Yes | No |

**Strengths:**

**Weaknesses:**

**Other comments:**

## **Tobacco- Free Healthcare Policy Assessment Tool**

The Tobacco-Free Healthcare Assessment Tool is a standardized method to assess the comprehensiveness of tobacco-free or smoke-free policies in healthcare settings. Each policy is scored in the following four areas: Policy Communication, Environment, Enforcement, and Cessation Services. A fifth non-rated section includes two additional items.

### **SCORING INSTRUCTIONS:**

- 1) Begin by recording the name (or code, if blinded review) of the healthcare organizations being rated, the date, and rater name or ID.
- 2) For each item on the rating form circle “yes” if the policy contains that requirement or “no” if the policy does not contain the requirement. One response must be circled for each item.
- 3) For each of the four rated sections, record the total number of “yes” responses circled at the bottom of each section. Each item will receive 1 point for a “yes” response, 0 points for a “no” response.
- 4) Sum the four section scores to provide a total score for the policy and record it on the top of the rating form. The maximum score is 31.
- 5) Healthcare organizations without a tobacco or smoke-free policy will receive a score of 0.
- 6) Detailed scoring instructions for each of the four sections are provided below.
- 7) A section to record strengths, weaknesses, and other comments is provided on the back of the rating form to facilitate development of feedback reports.

### **IDENTIFIED POPULATIONS:**

*Employees/volunteers* are defined as any person who is an associate or representative of the healthcare organization.

*Patients/clients* are defined as any person receiving treatment or care from employees of the healthcare organization.

*Visitors/Contractors/Vendors* are defined as any person other than employees/volunteers or patients/clients.

### **GENERAL RULES:**

- 1) Populations:
  - a. If one or more of the identified populations are explicitly recognized in the policy, then code according to the populations specified.
  - b. If none of the three defined populations are identified but general identifiers (e.g., everyone, anyone, all, nonsmokers/non-tobacco users and smokers/tobacco users, no person, citizens) are included in the policy, then the policy items coded apply to all three identified populations.
  - c. If neither a or b are met (no general or specific populations are identified), code items *only* to employees/volunteers.
- 2) Rate only the formal policy (should contain a reference identifier such as the policy number, file number). This tool is designed to assess formal policies, not content contained within handbook materials.
- 3) Rate policy as it is written. Do not infer meaning.
- 4) The term “tobacco” refers to commercially produced tobacco products only and never the traditional tobacco of our Northern Plains American Indians. *Policy exceptions allowing the use of traditional tobacco for ceremonial use is permitted for all assessment items.*

## **Section A. POLICY COMMUNICATION**

This section measures the strategies for communicating the policy, the rationale for instituting the policy, and the maintenance of the policy.

| <b>Section A. Policy Communication</b> |     |    |  |     |  |      |    |
|--|-----|----|--|-----|--|------|----|
| A1. General communication of policy    | Yes | No | A3. Applicable adoption or revision date within the last 5 years | Yes | No   |      |    |
| A2. Signage about policy               | Yes | No | A4. Rationale given for policy implementation                    | Yes | No   |      |    |
|  |     |    |  |     | A5. Designates individual or role for questions or concerns about policy | Yes  | No |
|  |     |    |  |     | A6. Designates individual or office responsible for maintaining policy   | Yes  | No |
| <b>Section A TOTAL SCORE</b>           |     |    |  |     |  | ____ | /6 |

### Item Instructions:

- A1. *General communication* includes any statements about policy communication, such as education or verbal instruction upon employment or admission. A “yes” response for A1 would be appropriate if at least one method of communication is mentioned.
- A2. *Signage* includes “no smoking” or “no tobacco use” signs placed at entrances to buildings and/or at various locations throughout the building and across the campus/grounds. If A2 is “yes”, then A1 is also “yes”.
- A3. For *applicable adoption or revision date*, the policy must include a date with wording such as “revised”, “adopted”, “issued” or “enforced”. The adoption or revision date must be from within the last 5 years, without regard to month; for example, if review occurs in August 2015 and policy was reviewed in 01/10, then, A3 is “yes”.
- A4. A *rationale* addressing health or environmental consequences of tobacco must be included in the policy. A “yes” response for A4 would be appropriate if the policy mentions at least one of the following: health promotion, safety promotion, legal compliance, or environmental concerns.
- A5. The policy must designate an *individual or role for questions or concerns* about the policy to receive a “yes” response. Signatures of administrator, president, CEO, director of nursing, without a statement of responsibility, would result in a “no” answer. A designated individual for enforcement of the policy (C3, C6, and C9) is not sufficient for a “yes” to A5, unless the policy specifically states this person can address questions or concerns.
- A6. The policy must designate an *individual or office responsible for maintaining the policy* to receive a “yes” response. Appropriate options might include a specific individual, office (e.g. Human Resources), or committee (e.g. Policy Committee) responsible for policy maintenance. Signatures of administrator, president, CEO, director of nursing, without a statement of responsibility, would result in a “no” answer. A designated individual for enforcement of the policy (C3, C6, and C9) is not sufficient for a “yes” to A6, unless the policy specifically states this individual/office also maintains or manages the policy. Referring to who developed the policy is not sufficient and would result in a “no” answer.

## **Section B. ENVIRONMENT**

This section measures the extent to which the healthcare organization’s campus, property, and grounds are tobacco-free or smoke-free.

| <b>Section B. Environment</b>                          |               |  |               |
|--|---------------|--|---------------|
| B1. Facility-owned or leased buildings (indoors)       | <b>Yes No</b> | B5. 24 hours a day, 365 days a year and/or at all times  | <b>Yes No</b> |
| B2. Facility-owned or leased campus/grounds (outdoors) | <b>Yes No</b> | B6. Does not designate areas for smoking/tobacco use   | <b>Yes No</b> |
| B3. Facility-owned or leased vehicles                  | <b>Yes No</b> | B7. Employees or volunteers should not be identifiable by uniforms or nametags if smoking off-site | <b>Yes No</b> |
| B4. Personal vehicles located on facility grounds      | <b>Yes No</b> |  |               |
| <b>Section B TOTAL SCORE</b>                           |               |  | <b> /10</b>   |

### Item Instructions:

- B1. *Facility-owned or leased buildings* include all indoor areas, such as facilities or buildings.
- B2. *Facility-owned or leased campus/grounds* includes any outdoor property of the healthcare organizations, such as grounds, parking lots, or green spaces.
- B3. *Facility-owned or leased vehicles* include any type of transportation owned or used by the healthcare organization, such as cars, trucks, or buses. “Parking lot” without reference to owned or leased vehicles is not sufficient and would result in a “no” response for B3. Any reference to “all vehicles” would result in a “yes” response for B3.
- B4. *Personal vehicles located on facility grounds* include any vehicle owned by employee/volunteers, patients/clients, or visitors/contractors/vendors, such as personal vehicles, or “all vehicles”. If only one or two populations of the three are referenced, B4 would result in a “no” response. “Parking lot” is not sufficient and would result in a “no” response for B4. Any reference to “all vehicles” would result in a “yes” response for B4.
- B5. The policy must state that it is in effect *24 hours a day, 365 days a year and/or at all times*. The following phrases would result in a “yes” response for B5: “24 hours a day/365 days a year”, “at all times”, or “at any time”.
- B6. The policy must not *designate areas* where smoking and/or tobacco use is acceptable. A “yes” response for B6 would be appropriate if smoking and/or tobacco use is banned everywhere. Policy statements such as “designated smoking area” or “smoking allowed XX feet from the door/property” would result in a “no” response for B6. A “designated smoking area” must be clearly owned or leased by the facility to be considered when scoring the policy.



- B7. The policy must state that employees/volunteers are not identifiable as representatives of the healthcare organization when smoking or using tobacco off-site, such as by *wearing uniforms or nametags*.
- B8. This item would result in a “yes” response if the policy states that *smoking is prohibited for all persons*. Allowing a specific population to smoke would result in a “no” answer with the exception of traditional tobacco for ceremonial use.
- B9. This item would result in a “yes” response if the policy states that *tobacco use*, not just smoking, is prohibited. If B9 is “yes”, then B8 is also “yes”. Allowing a specific population to use tobacco would result in a “no” answer with the exception of traditional tobacco for ceremonial use.
- B10. The policy must *identify products prohibited* such as cigarettes, cigars, or chewing tobacco. A “yes” response would be appropriate if examples of tobacco or smoking products are listed, or if the policy states “all/any types” or “all/any forms” of tobacco.

## **Section C. ENFORCEMENT**

This section is measured by the policy addressing issues related to enforcement. The scale applies to three separate groups: 1) employees/volunteers, 2) patients/clients, and 3) visitors/contractors/vendors.

| <b>Section C. Enforcement</b>                                 |            |           |   |            |           |   |            |                 |
|---|------------|-----------|---|------------|-----------|---|------------|-----------------|
| <i>Employees/Volunteers</i>                                   |            |           | <i>Patients/Clients</i>                                   |            |           | <i>Visitors/Contractors/Vendors</i>                       |            |                 |
| C1. General enforcement                                       | <b>Yes</b> | <b>No</b> | C4. General enforcement                                   | <b>Yes</b> | <b>No</b> | C7. General enforcement                                   | <b>Yes</b> | <b>No</b>       |
| C2. Disciplinary action or consequences for violation         | <b>Yes</b> | <b>No</b> | C5. Consequences for violation                            | <b>Yes</b> | <b>No</b> | C8. Consequences for violation                            | <b>Yes</b> | <b>No</b>       |
| C3. Designates specific individual(s) or role for enforcement | <b>Yes</b> | <b>No</b> | C6. Designates individual(s) or all staff for enforcement | <b>Yes</b> | <b>No</b> | C9. Designates individual(s) or all staff for enforcement | <b>Yes</b> | <b>No</b>       |
| <b>Section C TOTAL SCORE</b>                                  |            |           |   |            |           |   |            | <b>_____ /9</b> |

### Item Instructions:

- C1. *General enforcement* includes any statements about policy enforcement for employees/volunteers without specific consequences for violations.
- C2. *Disciplinary action or consequences for employee/volunteer violation* include specific actions or refer to a disciplinary policy. If C2 is “yes”, then C1 will also be “yes”.
- C3. The policy must designate a *specific individual or role for employee/visitor enforcement* such as administrator, supervisor, or management. “All staff” would not be sufficient for employees and volunteers, and would result in a “no” response. If C3 is “yes”, then C1 is “yes”.
- C4. *General enforcement* includes any statements about policy enforcement for patients/clients without specific consequences for violations.
- C5. *Consequences for patient/client violation* include specific actions such as requesting the person does not use the tobacco products, asking the person to leave the grounds, or fines. If a policy notes “refer to X person”, for example: security or treatment team, without a specific consequence, a “no” response would be appropriate. If C5 is “yes”, then C4 will also be “yes”.
- C6. The policy must *designate an individual*, such as administrator, nurse, or doctor, for patient/client enforcement. “All staff” would be acceptable for patients/clients, and would result in a “yes” response. If C6 is “yes”, then C4 is “yes”.
- C7. *General enforcement* includes any statements about policy enforcement for visitors/contractors/vendors without specific consequences for violations.
- C8. *Consequences for visitors/contractors/vendors violation* include specific actions such as requesting the person does not use the tobacco products, asking the person to leave the grounds or fines. If a policy notes “refer to X person”, for example: security, without a specific consequence, a “no” response would be appropriate. If C8 is “yes”, then C7 will also be “yes”.
- C9. The policy must *designate an individual*, such as administrator or management, for

visitors/contractors/vendors enforcement. "All staff" would be acceptable for visitors/contractors/vendors, and would result in a "yes" response. If C9 is "yes", then C7 is "yes".

**Section D. CESSATION SERVICES**

This section is measured by the policy addressing cessation and cessation referrals and/or resources. The scale applies to three separate groups: 1) employees/volunteers, 2) patients/clients, and 3) visitors/contractors/vendors.

| Section D. Cessation Services        |        |                                      |        |                                      |           |
|--------------------------------------|--------|--------------------------------------|--------|--------------------------------------|-----------|
| Employees/Volunteers                 |        | Patients/Clients                     |        | Visitors/Contractors/Vendors         |           |
| D1. Mentions general cessation       | Yes No | D3. Mentions general cessation       | Yes No | D5. Mentions general cessation       | Yes No    |
| D2. Includes cessation interventions | Yes No | D4. Includes cessation interventions | Yes No | D6. Includes cessation interventions | Yes No    |
| <b>Section D TOTAL SCORE</b>         |        |                                      |        |                                      | <b>/6</b> |

Item Instructions:

- D1. *General cessation* for employees/volunteers includes resources for cessation, such as a pamphlet or encouragement to quit, with no specific interventions identified.
- D2. *Includes cessation interventions* for employees/volunteers includes at least one intervention (either passive or active) such as referral to program, cessation website, chemical dependency counselor, quitline, or a prescription. Reference to an employer-sponsored program would result in a “yes” answer. If D2 is “yes”, then D1 is “yes”.
- D3. *General cessation* for patients/clients includes resources for cessation, such as a pamphlet, general cessation website, or encouragement to quit, with no specific interventions identified.
- D4. *Includes cessation interventions* for patients/clients includes at least one intervention (either passive or active), such as referral to program, chemical dependency counselor, quitline, or a prescription. If D4 is “yes”, then D3 is “yes”.
- D5. *General cessation* for visitors/contractors/vendors includes resources for cessation, such as a pamphlet or encouragement to quit, with no specific interventions identified.
- D6. *Includes cessation interventions* for visitors/contractors/vendors includes at least one intervention (either passive or active), such as referral to program, cessation website, chemical dependency counselor, quitline, or a prescription. If D6 is “yes”, then D5 is “yes”.

**Section E. ADDITIONAL ITEMS**

This section includes two additional items related to current emerging smoking and/or tobacco-related issues. Policies are evaluated on these two items, however, NO POINTS will be assigned.

| Section E. Additional Items – No Points Assigned                      |     |    |   |     |    |
|---|-----|----|---|-----|----|
| E1. Prohibits electronic nicotine delivery systems (ex. E-cigarettes) | Yes | No | E2. Indicates no evidence of “third-hand” smoke | Yes | No |

**Item Instructions:**

- E1. The policy must prohibit *electronic nicotine delivery systems* to receive a “yes” response. *Electronic nicotine delivery systems* are battery-powered, usually contain liquid nicotine, and produce an aerosol instead of smoke, and would include electronic cigarettes (e-cigarettes) and other electronic “vaping” products, such as vape-pens, hookah pens, e-hookahs, e-cigars, or e-vaporizers.
  
- E2. The policy must state that the employee/volunteer should have *no evidence of “third-hand” smoke*, such as no residual odor on clothing or person resulting from smoking or using tobacco products.