



NO SMOKING POLICY

1.0 Introduction:

Although smoking is injurious to health, staff, patients and visitors always find places to smoke and this poses serious fire hazards to the facility. Expecting terminally ill patients not to smoke may not be appropriate. Hence, a "No Smoking" policy may be more appropriate and enforceable.

2.0 Purpose:

To set forth the policy mandating Sri Ramachandra Medical Centre a "No Smoking" facility applicable to : Patients, Visitors & Staff.

3.0 Policy:

Sri Ramachandra Medical Centre shall prohibit the sale and use of smoking materials throughout the facility.


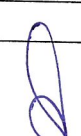
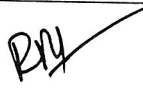


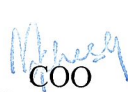
4.0 Procedures

Strict compliance to the "No Smoking" Policy shall be expected of all staff and this information shall be included in the induction program of all employees. Information regarding this policy shall also be included in the Patient information Book and shall also be verbally conveyed to patients during the MDT Rounds.

5.0 DISTRIBUTION AND DOCUMENTATION CONTROL

5.1 Distribution List

Chief Operating Officer, Medical Director, Assistant Medical Director,
Chairman-QIPST, Chief Hospital Administrator, Senior Hospital Administrator

Prepared by	Reviewed by		Approved by
 SO	 RLHSC	 QIPST	 MSEC
			 Med.D
			 COO



NO SMOKING POLICY

-Quality, Nursing Superintendent, All Nursing Leaders & Concerned HOD's.
All Medical Staff. Emergency Room. Diagnostic Areas.

5.2 Mode of Distribution

Sri Ramachandra Medical Centre Intranet & Emails.

5.3 Mode of Training

Through SREE & In-service education trainings.

5.4 Number of Copies

Nil

5.5 Documentation Control







Quality Office

5.6 Amendments

TRACK CHANGES					
If any changes made	Yes / No	Date	Reason	Section	Remarks
	No	10/10/18	Standard Updating	-	Nil

1. REFERENCE

Joint Commission International. Joint Commission International Accreditation Standards for Hospitals. 6th Edition. USA: Joint Commission Resources; Jul' 2017.

Prepared by	Reviewed by		Approved by		
 SQ	 RLHSC	 QIPST	 MSEC	 Med.D	 COO



NO SMOKING POLICY







National Accreditation Board for Hospitals and Healthcare Providers
(NABH), 4th Edition, Dec'2015

2. SPECIAL INSTRUCTIONS

Nil

3. APPENDIX

Nil

Prepared by	Reviewed by	Approved by			
 SQ	 RLHSC	 QIPST	 MSEC	 Med.D	 COO



NO SMOKING POLICY

1.0 Introduction:

Although smoking is injurious to health, staff, patients and visitors always find places to smoke and this poses serious fire hazards to the facility. Expecting terminally ill patients not to smoke may not be appropriate. Hence, a "No Smoking" policy may be more appropriate and enforceable.

2.0 Purpose:

To set forth the policy mandating Sri Ramachandra Medical Centre a "No Smoking" facility applicable to : Patients, Visitors & Staff.

3.0 Policy:

Sri Ramachandra Medical Centre shall prohibit the sale and use of smoking materials throughout the facility.





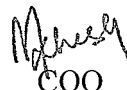
4.0 Procedures

Strict compliance to the "No Smoking" Policy shall be expected of all staff and this information shall be included in the induction program of all employees. Information regarding this policy shall also be included in the Patient information Book and shall also be verbally conveyed to patients during the MDT Rounds.

5.0 DISTRIBUTION AND DOCUMENTATION CONTROL

5.1 Distribution List

Chief Operating Officer, Medical Director, Assistant Medical Director, Chairman-QIPST, General Manager-HR, Chief Hospital Administrator, Chief

Prepared by	Reviewed by	Approved by
 CQO	 RLHSC  QIPST  MSEC	 COO



NO SMOKING POLICY

Quality Officer, Nursing Superintendent, All Nursing Leaders & Concerned
HOD's.

All Medical Staff. Emergency Room. Diagnostic Areas.

5.2 Mode of Distribution

Sri Ramachandra Medical Centre Intranet & Emails.

5.3 Mode of Training

Through SREE & In-service education trainings.

5.4 Number of Copies





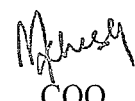
Nil

5.5 Documentation Control

Quality Office

5.6 Amendments

TRACK CHANGES					
If any changes made	Yes / No	Date	Reason	Section	Remarks
	No	10/10/18	Standard Updating	-	Nil
	No	11/01/21		-	Nil

Prepared by	Reviewed by			Approved by
 EQO	 RLHSC	 QIPST	 MSEC	 COO



NO SMOKING POLICY

1. REFERENCE

Joint Commission International Accreditation Standards for Hospitals
7th Edition. USA: Joint Commission Resources; Published on Apr'2020;
Effective on Oct'2020.






National Accreditation Board for Hospitals and Healthcare Providers
(NABH), 5th Edition, Apr'2020.

2. SPECIAL INSTRUCTIONS

Nil

3. APPENDIX

Nil

Prepared by	Reviewed by	Approved by
 CCO	 RLHSC	 MSEC
	 QIPST	 COO