Standard Operating Procedure (SOP) for the issue of vaping devices and e-liquids as part of NHS GM Smokefree Services

Document details SOP for treating tobacco dependency service treatments in different settings (Acute Inpatient services, Smokefree Pregnancy, Maternity and Health Visitor services, Inpatient Mental Health Services, Community Mental Health Services, Emergency Departments, NHS Outpatient Settings, and Prisons)

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| Classification: |  |
| Inhalator | Jane Coyne, Assistant Director, Population Health, Lead for Treating Tobacco Dependency Programme, NHS GM.  Matt Evison, GM Clinical Lead Make Smoking History.  Helen Huddart, Senior Treating Tobacco Dependency Specialist Nurse. Fran Frankland, Smokefree Pregnancy Specialist.  Andrea Metcalfe, Senior Midwife Treating Tobacco Dependency, NHS GM. Bincy Ajay, Specialist Nurse Treating Tobacco Dependency, NHS GM.  Mandy Hancock, Programme Manager Treating Tobacco Dependency, NHS GM. |
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# Introduction

This Standard Operating Procedure (SOP) aims to identify the process to be followed for the provision of vaping devices and e-liquids to people as part of a treatment plan for tobacco dependence. This SOP is in accordance with the Greater

Manchester Medicines Management Group (GMMMG) Clinical Protocol for the Medical Management of Tobacco Dependence as a guide to the clinical use of vaping in the disease of smoking.

The provision of vaping devices and e-liquids can be provided within a variety of settings including but not limited to:

* Emergency departments.
* People being supported by community mental health services.
* Inpatient mental health services.
* Acute inpatient services.
* Post-natal women and families.
* Pregnant smokers and families.
* Prisons.
* Outpatient settings.

# Principles

* To ensure the safe provision of vaping devices and e-liquids as part of a treatment plan for tobacco dependence.
* To ensure vaping devices and e-liquids are either provided directly to people or through voucher codes redeemable for specific vape devices.
* To ensure all service users receive a standardised package of care from the service.
* To ensure all service users are treated fairly and without prejudice.
* To provide all service users with equity of service regardless of which member of staff they are seen by.

# Objectives

The objectives of the SOP are to ensure that appropriately trained staff\*:

* Obtain an assessment into the service user’s previous history and the methods utilised in a previous treatment plan for tobacco dependence.
* Understand the best method of nicotine replacement/administration to support a treatment plan for tobacco dependence.
* Provide a vaping device and e-liquids to assist the service user in stopping smoking.
* Provide provision of e-liquids for pregnant people in the Smokefree Pregnancy Programme/maternity services from engagement to 3-months post birth.
* Provide onward provision of e-liquids for 12-weeks for Acute Inpatients remaining with hospital-based services.
* Provide onward provision of e-liquids for 26-weeks for Mental Health Inpatients remaining with hospital-based services.
* Identify any reasons why the service user may not be suitable to use vaping as a Nicotine dispensing device and provide the service user with their preferred alternative product(s).
* Provide behavioural support (Very Brief Advice Plus, or usual Treating Tobacco Dependency care via Smokefree Pregnancy and Acute/Mental health Inpatients) alongside the provision of vapes and e-liquids to enhance stop smoking success.
* It is recommended that follow up assessments 28-days post-vape and e-liquid distribution are conducted where there is no transfer of care. This will ensure evaluation of stop smoking progress and provide further support as needed/in line with locally agreed tobacco dependence treatment pathways.
* If a transfer of care has taken place, patients should be contacted 7-days post- discharge via telephone as per the NHS GM Smokefree service specification.
* Consider the role of combination treatments (NRT, cytisine, varenicline) with nicotine vapes to maximise effectiveness.
* Record data on stop smoking outcomes and where possible, track patients to ensure continuity of care.
* Signpost any service user that declines support to the **Make Smoking History**

website, should they decide to seek out support in the future.

\*Note: NCSCT training may highlight differences in delivery of a stop smoking intervention to what is agreed in GM i.e., Smoke free pregnancy care pathway or inpatient acute and mental health care pathway. Refer to local care pathway/guidelines/specifications as usual practice.

# Inclusion

Adults aged 18 and over who:

* Currently smoke tobacco.
* Are not currently using a UK regulated/licensed vape.
* Do not require/who do not use medical oxygen (see ‘Additional guidance’ section below for more information)

Refer to agreed tobacco dependence treatment pathways for more detailed eligibility criteria for service interventions.

# Process

All staff must:

* Undertake an assessment of the service user’s tobacco dependence.
* Offer specialist support alongside a vaping device. However, a person not accepting specialist support should not be deemed ineligible for a

vaping device.

* When supplying a nicotine vape, recommend to patients they switch entirely to vaping and other treatments to maximise the harm reduction.
* For those in the Smokefree Pregnancy Programme, pre-provision a Carbon Monoxide test should be undertaken and opt-out referral to bespoke pregnancy services and explain the results to the service user. (CO test is optional in other clinical settings).
* Explain the range of treatments available to the service user (if following a risk assessment, the service user is deemed as not appropriate to be supplied vaping device provided, explain, and document rationale and offer

alternative treatments.)

* Review the service user’s medical information to ensure that all potential medicines interactions are considered. The most clinically important drug interactions are listed below; however, this should not be considered a comprehensive list. Refer to the **NCSCT Standard Treatment Guide for Inpatient Tobacco Dependence** for further information.

## Some Antidepressants and Anxiolytics:

Amitriptyline Clomipramine Diazepam Duloxetine

Tricyclic antidepressants

## Some Antipsychotics:

Clozapine Olanzapine Chlorpromazine

**Physical Drugs:** Aminophylline Caffeine Erlotinib Flecainide Insulin Methadone Propranolol Riociguat Theophylline Verapamil Warfarin

* Ensure service users who are being given a vaping device/e-liquids or vouchers have signed and understood the GM Vaping Patient Waiver Form and have been given a copy of their signed Patient Waiver Form.
* Provide a demonstration of setting up the vaping device when providing a direct supply. This can include other trained staff and supporting communication materials. E.g., Provide patients with a vaping demonstration video link such as on a sticker with the vape provider contact details and add to discharge pack.

# Option 1 (Recommended for majority of patients)

## Directly Supply

Ensure that a full vaping kit is given to the service user, including:

1. Vape starter kit (includes device x 1, e-liquids, charging cable) for a 4-week supply as per NHS GM Smokefree Service Specification.
2. Atomiser heads x 2 in the box and provide 2 spares (4 total) & add USB C-cable plug.
3. Totally Wicked Skope S/Skope Air (as appropriate) user manual.

Where possible, ensure that patients have a demo of the vaping kit. Provide all patients with a vape demo leaflet.

Ensure that supporting information is provided including:

1. Battery safety card.
2. Totally Wicked ‘I want to be a Vaper, not a Smoker’ booklet.
3. ‘Recommendations for use’ leaflet.
   * Advise the service user that replacements for faulty or broken vapes will be considered on an individual basis.
   * Inform the service user that if they believe that they have a faulty kit, then they can call Totally Wicked Customer Services on 01254 692244. They will receive troubleshooting advice and if the kit is deemed faulty, a free replacement will be sent directly to the service user via Totally Wicked.
   * Establish which type of follow up the service user would prefer to collect further vaping products (required for Smokefree Pregnancy/ Maternity, Acute Inpatients and Mental Health Inpatients).
   * Confirm with each service user that they agree to information regarding their vape use as part of a treatment plan for tobacco dependence being shared with relevant medical staff including the Hospital Trust, Prison healthcare services, and their

GP as appropriate.

* + Document the provision of the vaping device and e-liquids in the service user’s medical record to ensure an accurate record and clinical safety.
  + Patients taking any drugs where there is a known interaction with smoking must be monitored as per NICE guidance, and local procedures must be followed in all cases where the metabolism of medication can be affected by reduction or cessation of smoking through the provision of vaping kits and e-liquids.

# Option 2 (For patients in extenuating circumstances i.e., if being discharged over a weekend,)

## If a voucher is being given

The voucher code for the 4-week quit comes in 2 parts.

* + - The first part is for the device + 2 weeks of e-liquid.
    - The second part is for the additional supply of e-liquid.
  + Service users can be given both voucher codes at the same time, but they cannot be used at the same time.
  + Vouchers must be redeemed on separate orders (orders must be at least 24-hrs apart). Alternatively, the service user could be emailed/text the second part of their code a week after they are given the first part by clinical teams.
  + The voucher codes will always be for a specific device (including flavour and strength of e-liquid).
  + The service user will need to go onto the website of the vape provider (or some can be redeemed over the phone depending on provider), select the product that their voucher is for and add to cart. At checkout they can input the voucher code and the balance of the cart (including postage) will be ‘zeroed out’ making the vape free. Postage takes 3-5 days, but most users will receive their order within 24-hrs.

# Storage

* + Vaping kits (which include the vaping devices) and e-liquids must be stored in line with local policies.
  + The vaping kits must be stored sealed and remain intact until supplied to the service user.
  + The vaping kits and e-liquids must be kept in lockable storage.
  + If being transported, the vaping kits and e-liquids must be carried in a lockable bag and any surplus returned to locked storage at the end of the day.
  + Fire-proof cabinets are not required for the vaping devices or e-liquids in the vaping kits, but local policies must be followed.

## Totally Wicked (who are one provider of vaping kits/devices and e-liquids) have advised the following:

* + Vaping devices should not be stored near readily flammable goods or potential accelerants.
  + Storing them close to sealed and unused medical oxygen cylinders would not be viewed as specifically hazardous but storage close to open and/or potentially leaking oxygen cylinders would not be recommended (as per the same recommendation

for any flammable material such as cardboard).

* + The storage recommendations for the vaping devices are that they are kept dry, out of direct sunlight and between temperatures of -10°C and +40°C.
  + The storage recommendations for the e-liquids are that they are kept dry, out of direct sunlight and between temperatures of +2 °C and +25°C. This temperate maximum relates to degradation of the quality of the vape and e-liquids not a fire risk.
  + If a few boxes of e-liquids are being stored, it is advisable to use plastic boxes with lids to store them in. This is just to reduce odour rather than there being any harm to health.

# Charging

## The recommendations from Totally Wicked for charging vaping devices are:

* + Always use the USB that is packaged with the vaping device.
  + Never leave a vaping device unattended while charging.
  + Disconnect the vaping device when showing as fully charged.
  + Charging of a vaping device should be conducted on a solid surface and away from any flammable materials.

# Additional Guidance

## Understanding the fire risk:

* + Totally Wicked states that it ensures that all batteries supplied in its products meet the standards IEC EN 62133-2:2017 and UN38.3 for lithium battery safety. The batteries supplied in the Skope S/Skope Air products have a 100% record for safety in storage and in use. No incidents have been reported with these products, either on charge or in storage.
  + In March 2016 it was reported that there were 113 fires caused by vaping devices in three years. IRS data shows that over 16,000 smoking related fires occurred over the same period. View the UK National Fire Chiefs Council position statement on smoking, vaping and tobacco [here](https://nfcc.org.uk/our-services/position-statements/smoking-vaping-tobacco-position-statement/).

## Patients using oxygen:

* + Follow local policy and local guidance for tobacco dependency treatment for people using oxygen or where oxygen canisters are present.
  + Totally Wicked, one of the providers of vaping kits/devices and e-liquids recommend that vaping devices must never be used at the same time as, or in close vicinity to, the administration of medical oxygen to patients.
  + It is advised that patients using oxygen should not be given a vaping device and alternative pharmacotherapy including Nicotine Replacement Therapy (NRT) is available for patients who smoke that require oxygen.

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