Tackling Tobacco Organisational Audit

About this form

The following questions explore how your service currently addresses smoking. Your organisation may not be in a position to address all these issues at once, but it will give you some ideas about how to support clients and staff to quit, and how to create a smoke-free environment.

Complete this form prior to implementing the Tackling Tobacco project. It will help you to identify areas for change and improvement, and will form the basis of your Tackling Tobacco project plan.

About your organisation

Name of organisation:

Name of service/site:

Address:

Suburb/Town: Postcode:

Staff member completing this audit

Name:

Position:

Office phone: Mobile:

Email:

1 ▶ **Which of the following best describes the culture of your service in relation to smoking?**

- ☐ A place where clients and/or staff smoke when they gather around
- ☐ The organisation is neutral towards smoking and merely facilitates peoples' usual routine
- ☐ A place where people tend to avoid smoking, or leave the premises to smoke
- ☐ The organisation actively discourages smoking on the premises and supports clients and staff to quit

Comments

2 ▶ **Does your organisation have a written policy about smoking?**

- ☐ No ▶ **Go to Question 19**
- ☐ Yes, in draft form
- ☐ Yes, an approved policy
- ☐ Don't know ▶ **Go to Question 19**

3 ▶ **Does the policy explain the organisations reasons for addressing smoking?**

- ☐ No
- ☐ Yes
- ☐ Don't know

4 ▶ **Does the policy say that your service will provide clients and/or staff with support to quit smoking?**

- ☐ No
- ☐ Yes, support for clients
- ☐ Yes, support for staff
- ☐ Don't know

Comments

5 ▶ **Is there a usual process for informing clients and staff (including new clients and staff) about your smoking policies?**

- ☐ No usual process
- ☐ We have a process to inform clients but not staff
- ☐ We have a process to inform staff but not clients
- ☐ Yes, there is a process for informing both clients and staff
- ☐ Don't know

If you have a process, please describe it

Smoking at your organisation

6 Where is smoking allowed on your premises? (tick all that apply)

	Allowed	Not allowed	Not sure
Inside (in certain areas)	☐	☐	☐
Outside (all areas)	☐	☐	☐
Outside (designated smoking areas only)	☐	☐	☐

Other (please specify) _____

7 Is smoking allowed in work vehicles?

☐ No
☐ Yes
☐ Don't know
☐ We don't have any work vehicles

Comments

8 Are staff members allowed to smoke with clients? (tick one)

☐ No
☐ Yes
☐ Don't know
☐ Only under certain circumstances (please describe below)

Under what circumstances are staff allowed to smoke with clients?

_____

9 Are staff allowed to smoke while on home visits to clients?

☐ No
☐ Yes
☐ Don't know
☐ We don't do home visits

Comments

10 Is staff smoking restricted to designated break times?

☐ No, staff can take a smoking break at any time

☐ Yes, staff smoking is restricted to break times only

☐ Don't know

Comments

11 Do you have signs on the premises showing where smoking is not allowed?

☐ No signs because we don't have any smoking restrictions

☐ No signs, though we do have some smoking restrictions

☐ At least 1 sign, but not in all areas where smoking is allowed

☐ Clearly displayed signs in all areas where smoking is not allowed

Comments

12 How often do staff comply with your service's smoking policies?

☐ Rarely/never

☐ Sometimes

☐ Most of the time

☐ Always

Comments

13 How often do <u>clients</u> comply with your service's smoking policies?

☐ Rarely/never

☐ Sometimes

☐ Most of the time

☐ Always

Comments

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14 Is there a usual process for what happens when staff or clients do not comply?

☐ No

☐ Yes

☐ Don't know

Comments

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Staff training and follow-up

15 Does your service offer any smoking cessation training for staff? (tick one)

☐ No ▶ **Go to Question 30**

☐ One-off smoking cessation training has been offered every now and then

☐ Smoking cessation training is part of our usual training and professional development

☐ Smoking cessation training is part of our usual training schedule *and* so is regular refresher training

16 About what percentage of your staff have attended any kind of smoking cessation training during the past 2 years?

☐ 20% or less

☐ 21%-50%

☐ 51%-80%

☐ 81% or more

☐ Don't Know

17 Do you have at least one staff member whose role includes providing smoking cessation advice and/or refresher training to other staff?

☐ No

☐ Yes (please give job title below)

☐ Don't know

Job title of staff member

_____

18 Does the staff performance management process in your service include any smoking-related objectives or rewards?

- [ ] No
- [ ] Yes
- [ ] Don't know

Comments

[   ]

18 Does your organisation ask new clients whether or not they smoke?

- [ ] No
- [ ] Sometime
- [ ] Yes, always

Comments

[   ]

Support for clients to quit smoking

19 If clients are smokers, does your service offer support to quit smoking or cut down?

- [ ] No ▶ **Go to Question 36**
- [ ] Only if the client asks for it
- [ ] Sometimes, if the support worker thinks the client would be interested
- [ ] Yes, we routinely ask all clients who smoke if they are interested in support to quit or cut down

20 What kinds of quit supports does your organisation provide to clients? (tick all that apply)

- [ ] Verbal support / encouragement to quit smoking (e.g. help to set a quit date)
- [ ] Information or advice about nicotine replacement therapy (e.g. patches)
- [ ] Free or subsidised nicotine replacement therapy (e.g. patches) available at the service
- [ ] Group program for smokers
- [ ] Referral to a GP or health service
- [ ] Referral to telephone Quitline
- [ ] Referral to website (e.g. iCanQuit) or smartphone app (e.g. My QuitBuddy)
- [ ] Financial counselling or referral to a financial counsellor
- [ ] Pamphlets, DVDs or other information about quitting
- [ ] Follow-up to check on quit smoking progress
- [ ] Other, please specify

21 Is up-to-date quit-smoking information on display (e.g. pamphlets, posters) in the areas of your service that clients visit?

☐ No

☐ Yes

☐ Don't know

Comments

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22 Does your service provide any of the following information to clients about the harms of second hand smoke?

☐ Verbal advice or encouragement to make their home smoke free

☐ Advice to clients with children that smoking in cars is banned when children under 16 are present

☐ Pamphlets, DVDs or other information about the harms of second-hand smoke

☐ No, we do not provide any information about the harms of second hand smoke

☐ Other, please specify

Support for <u>staff</u> to quit smoking

23 Does your service offer staff support to quit smoking or cut down?

☐ No ▶ **Go to Question 38**

☐ Only if the staff member asks for it

☐ Sometimes, if the manager thinks the staff member would be interested

☐ Yes, we routinely ask all staff who smoke if they are interested in support to quit or cut down

☐ We don't have any staff that smoke

24 What kinds of quit supports does your organisation provide to staff? (tick all that apply)

☐ Verbal support / encouragement to quit smoking (e.g. help to set a quit date)

☐ Information or advice about nicotine replacement therapy (e.g. patches)

☐ Free or subsidised nicotine replacement therapy (e.g. patches) available at the service

☐ Group program for smokers

☐ Referral to a GP or health service

☐ Referral to telephone Quitline

☐ Referral to website (e.g. iCanQuit) or smartphone app (e.g. My QuitBuddy)

☐ Financial counselling or referral to a financial counsellor

☐ Pamphlets, DVDs or other information about quitting

☐ Follow-up to check on quit smoking progress

☐ Other, please specify

Leadership for organisational change

25 Which of the following best describes the role of senior managers in planning organisational changes to address smoking in your service?

☐ Senior manager/s are aware of what's happening, but not involved

☐ At least one senior manager is actively involved

☐ At least one senior manager has responsibility to address smoking in their job description

☐ Don't know

Comments

26 Does your service have an internal steering group (or other leadership group/committee) for addressing smoking?

☐ No

☐ We don't have a steering group at the moment, but we have had one in the past

☐ Yes, we have started a steering group during the last year

☐ Yes, we have a steering group that has been active for more than a year

Comments

Monitoring and data collection

27 What smoking information does your service include in client records? (Note: 'smoking status' means whether the client is a smoker or not)

- ☐ Smoking status on intake to our service
- ☐ Smoking status at regular intervals
- ☐ Smoking status on exit from our service
- ☐ Quit support provided (e.g. verbal advice/encouragement, nicotin replacement therapy)
- ☐ Referral external support services (e.g. Quitline, GP, financial counsellor)
- ☐ Date of any quit attempts made by the client
- ☐ Duration of any quit attempts made by the client (i.e. how long they went without smoking)
- ☐ We do not record smoking information in client records
- ☐ Other, please specify

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28 Using your client records, could your service provide data on the percentage of your clients that are smokers?

- ☐ No
- ☐ Yes (please specify below)
- ☐ Don't know

What percentage of your clients are smokers?

[   ] %

29 What information does your service record about quit support for staff?
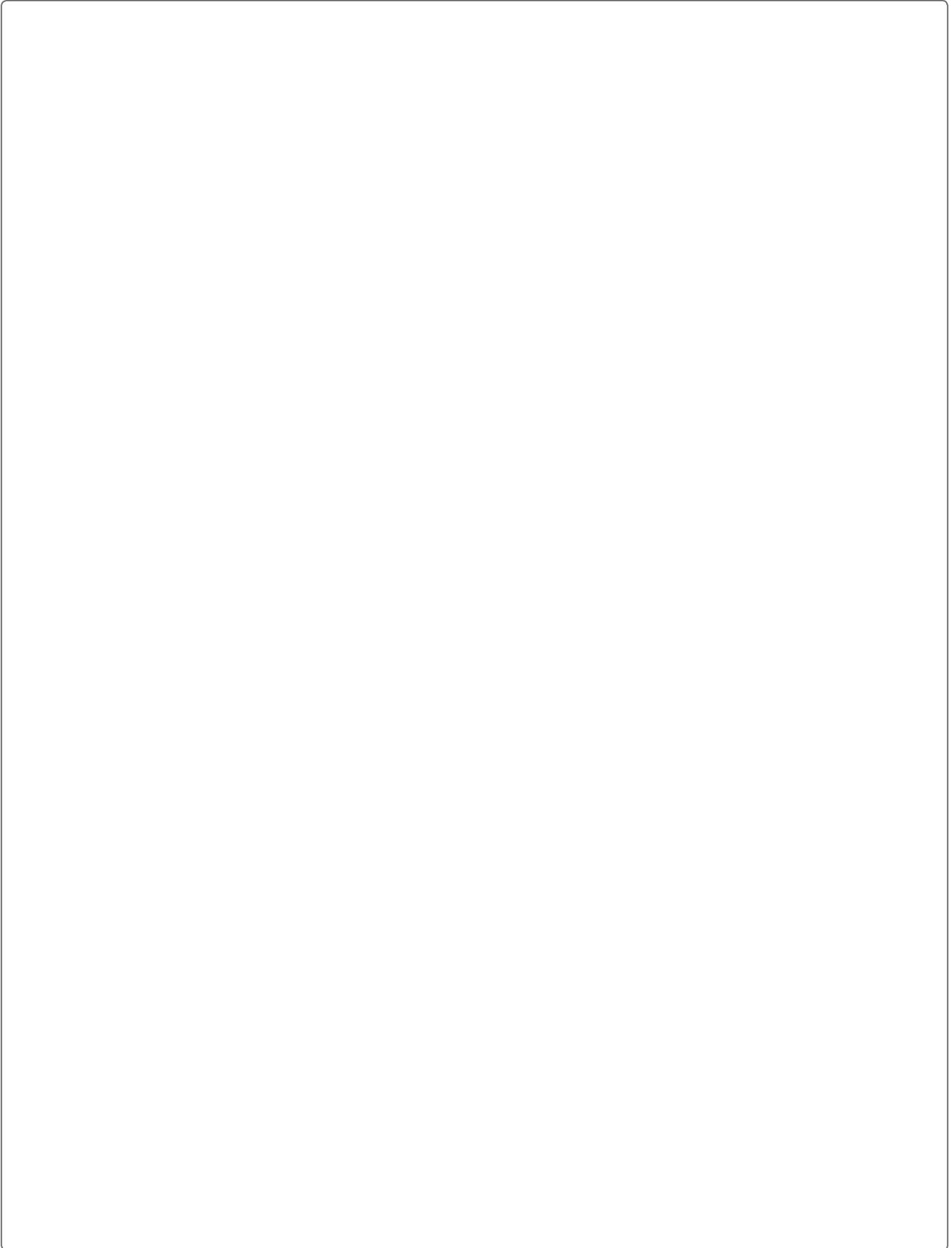
- ☐ Number of staff using any quit support provided by your service
- ☐ Number of staff referred to external support services (e.g. Quitline, iCanQuit, GP)
- ☐ Other, please specify

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43 Does your service include smoking-related data in any of your reporting or quality assurance processes? (e.g. Annual reports, program reports, performance indicators?)

- ☐ No
- ☐ Yes (please describe below)
- ☐ Don't know

If yes, provide brief information here

[   ]

If you have any more comments or information at add, please do so here

End