



Smoke free policy annual reporting form

Health Service/Agency

1. Please select your agency:

If using this form to collate responses, enter health service site/region:
(please leave blank when submitting final consolidated response)

Smoke free policy annual reporting

2. Please select your reporting period:

Policy implementation

3. What strategies were used to implement the policy across your health service/agency site(s) during the reporting period? Please note that specific communication strategies for employees and patients (if applicable) will be asked separately.

Select all that apply:

- | | |
|--|--|
| signage | employee nicotine replacement therapy (NRT) program(s) |
| smoke-free working group(s) or committees | staff brief advice training |
| clinical guidelines | information provided at induction |
| policy document(s) | incident reporting procedure(s) |
| security staff awareness of policy (e.g. training) | |
| other (please specify) or additional comments: | |

Communication strategies

4. Please indicate any additional strategies used to communicate the policy to employees and contractors during the reporting period.

Select all that apply:

website content (e.g. intranet hub)

internal staff communication (e.g. news articles, global emails)

seminar(s)

event(s)

posters

brochures

other (please specify) or additional comments:

5. Please indicate any additional strategies used to communicate the policy to patients or consumers during the reporting period.

Select all that apply:

not applicable.

posters

brochures

information packs

website content

audio messaging

other (please specify) or additional comments:

Assess and record smoking and vaping status

- 6. Does your health service/agency have procedures in place to assess and record the smoking status of all inpatients aged 16 years and over?
(i.e., ask every inpatient over 16 years old if they smoke and record the answer)**

Select one that applies:

- not applicable.
- yes, all sites have procedures in place
- most sites have procedures in place
- some sites have procedures in place
- no sites have procedures in place

Briefly state the situation (if applicable) (e.g., list sites with/without procedures in place, noting if they are in the process of being established, reviewed, and/or updated)

- 7. Does your health service/agency have procedures in place to assess and record the vaping status of all inpatients aged 16 years and over?
(i.e., ask every inpatient over 16 years old if they vape and record their answer)**

Select one that applies:

- not applicable.
- yes, all sites have procedures in place
- most sites have procedures in place
- some sites have procedures in place
- no sites have procedures in place

Briefly state the situation (if applicable): (e.g., list sites with/without procedures in place, noting if they are in the process of being established, reviewed, and/or updated)

Provide treatment for nicotine dependent inpatients

8. Does your health service/agency have procedures in place to provide treatment to nicotine dependent inpatients? (e.g., clinical guidelines)

Select one that applies:

not applicable.

yes, all sites have procedures in place

most sites have procedures in place

some sites have procedures in place

no sites have procedures in place

Briefly describe the situation (if applicable):

Staff access to nicotine replacement therapy

9. Does your health service/agency have procedures in place for employees to access nicotine replacement therapy?

Select one that applies:

not applicable.

yes, all sites have procedures in place

most sites have procedures in place

some sites have procedures in place

no sites have procedures in place

Briefly describe the situation (if applicable):

**10. How many employees accessed nicotine replacement therapy during the reporting period?
(If an employee accessed it more than once in the reporting period, count them as one person)**

Please enter a number below:

not applicable.

Reported issues with local implementation and compliance

11. Briefly describe any issues with local implementation and compliance across your health service/agency site(s) and planned actions to address these issues.

no issues identified during the reporting period.

Identified issues	Planned action to address issues

Approvals

Click on the 'Send email' button once you have completed the form. This will create a new email with your form attached, ready for you to send to the next reviewer or approver.

Send email

Chief Executive/Authorised delegate approval

Approved by:

Date:

Once the form is approved, click on the 'Submit final form' button. This will create an email with the form attached to submit to Population and Preventive Health Directorate (TobaccoPolicy@health.wa.gov.au).

Submit final form

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in alternative formats.

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