ENDOSCOPY UNIT OPERATIONAL POLICY

FAST FIND:
This operational policy works in conjunction with the following:
- Action card EOP1 – Consent
- Action card EOP2 – Withdrawal of consent
- Action card EOP3 – CGH – Informing patients of malignancy
- Action card EOP4 – GRH – Informing patients of malignancy
- Action card EOP5 – Endoscopy out of hours
- Action card EOP6 – Monitoring comfort during endoscopic procedures
- Endoscopy Local Decontamination and Working Instructions
- Endoscopy decontamination action cards – see main index page for CGH and main index page for GRH

1. FUNCTION OF UNIT

The Endoscopy Units are outpatient day units which provide a complete Endoscopy Service. This document sets out the Operational Policy of the Endoscopy Service offered at Gloucestershire Hospitals NHS Foundation Trust.

Gloucestershire Royal (GRH) endoscopy unit consists of 3 endoscopy theatres running a mixture of upper GI, colorectal and bronchoscopy lists. They also offer more specialised procedures such as Radio Frequency Ablation (RFA), Endoscopic Mucosal Resection (EMR) and Endoscopic Ultra Sound (EUS), Endoscopic Bronchial Ultra Sound (EBUS) and some bariatric procedures. The unit has 9 trolleys which includes a purpose built isolation room, and a single sex recovery area.

The Endoscopy Unit at Cheltenham General (CGH) is a newly designed unit above the Oncology Centre and is managed by the medical directorate. It consists of 3 endoscopy theatres running a mixture of upper GI, colorectal and bronchoscopy. The unit has 9 trolleys which includes a purpose built isolation room, a separate inpatient area with a built in overhead hoist for patients with mobility problems, and a single sex recovery area.

Both units also perform ERCP. GRH has x-ray facilities within the endoscopy unit; the endoscopy unit at Cheltenham carries out the procedure in the main X-Ray department within the hospital.

The objective of this policy is to enable efficient utilisation and provision of the endoscopy service and to deliver waiting list targets.
Its aim is to provide guidance for all users of the endoscopy service, clinicians, nursing staff, clerical staff and patients.
The policy sets out the start and finish times of each session, the procedures carried out on named endoscopist lists and the number of slots per list.

The unit provides a service for both patients in the community and in hospital. We cater for both planned and emergency patients. We receive referrals from local GP’s and those from further afield via choose and book. Referrals are also made for inpatients in the acute and community hospitals.

An Argon Plasma Coagulator is provided within both Endoscopy units.

The Endoscopy Units are Regional Training Centres for endoscopists (both medical and non-medical) and a Bowel Cancer Screening Centre.
The department is also responsible for the manual cleaning and automated decontamination of endoscopes used within the Endoscopy Unit, General Theatres, Anaesthetics, ITU, ENT, Urology and other outpatient departments.

Routine Opening times:
The opening times for both Endoscopy Units are currently from 0730hrs until 1830hrs Monday to Friday. There is a formal cross county on call arrangement over evenings and weekends for emergency out of hours upper GI bleeds; see action card EOP5.

2. PHILOSOPHY OF THE SERVICE

The aim of the unit is to provide effective, high quality, convenient care for those patients who are selected as suitable for day case treatment or who receive care as inpatients. The belief is in providing individualised, holistic care within a relaxed, friendly and professional environment. The unit aims to protect the privacy, dignity and confidentiality of our patients. Each patient should be able to expect respect for their religious, cultural and personal beliefs. The unit aims to provide health education to our patients and their relatives thus promoting a higher degree of understanding of their conditions and to give advice on preventative measures.

We believe that patients have the right to receive specialist nursing care that is research based and reflects the personal needs of the individual. Nurses should support and respect each other and their specialised knowledge and skills should be recognised and valued by all members of the healthcare team.

The objectives are:

- To provide a high profile for quality in the unit’s environment
- To provide staff with the necessary training to deliver quality care
- To provide staff with the necessary resources to deliver care
- To identify clinical audit at unit level
- To monitor and evaluate practice in order with link this with evidence based care

All staff have the right to work within a safe environment where appropriate training and safety equipment is provided. Nurses have a professional responsibility to maintain and update their own knowledge and clinical skills.

All staff in the Endoscopy unit will work as a team in providing high quality care to all patients using the unit.

3. LOCATION AND ACCOMODATION

The Endoscopy unit at GRH is located through the main entrance off Great Western Road, above the Outpatient Department. It is situated on the first floor and can be accessed by both a lift and stairs. The unit consists of 3 theatres and has 9 trolleys which includes a purpose built isolation room, and a single sex recovery area.

The Endoscopy Unit at CGH is located at the back of the hospital off Keynsham Road, above the Oncology Department. It is situated on the first floor and can be accessed by both a lift and stairs. The unit consists of 3 theatres has 9 trolleys which includes a purpose built isolation room, a separate inpatient area with a built in overhead hoist for patients with mobility problems, and a single sex recovery area.

In-patients will access both units through a separate entrance, and will be accompanied by a nurse and a member of the portering staff.
4. SCHEDULE OF ACCOMODATION

The unit at GRH comprises of three Endoscopy theatres one which is lead lined for ERCP (radiology guided procedures) one with a link to the seminar room for training purposes. The unit is temperature controlled.

- A recovery area with 8 trolley spaces (These are segregated into male and female bays with separate toilet facilities for each)
- Isolation room
- A central nurse’s station
- A separate pre and post procedure patient waiting areas
- Patient reception desk
- Booking/admin office
- Sluice
- Endoscope cleaning/decontamination room
- Endoscope storage cupboard
- Two patient lavage rooms
- Junior Sister’s office/staff room
- Senior Sister’s office
- Storage cupboard
- Disposal hold
- Seminar/Training room/staff room

The unit at CGH comprises of three Endoscopy theatres rooms, one which is lead lined for radiology guided procedures (this is not used for ERCP as the mobile C arm does not give adequate imaging for such detailed procedures), and all theatres have a link to the seminar room for training purposes. The unit is temperature controlled.

- The recovery area has 8 trolley spaces (These are segregated into male and female bays with separate toilet facilities for each)
- Three private interview rooms
- Reception desk for patients
- Booking/admin office
- Isolation room
- Sectioned off inpatient area with built in overhead hoist
- A central nurse’s station
- A pre and post procedure patient waiting area
- Sluice
- Endoscope cleaning/decontamination room (separated into clean and dirty)
- Endoscope storage cupboards
- One patient lavage room
- Staff room
- Sister’s office
- Storage cupboard
- Disposal hold
- Seminar/Training room

4.1 Patient Toilets

At GRH there is a toilet located in the waiting room. Each bay has an assisted toilet for single sex use, and two lavage rooms with toilet, bidet and wash facilities to use after bowel preparation. All toilets and bays have hand washing facilities.

At CGH there is a toilet located in the waiting room, and one just to the side of the stairs on the arrival into the unit. Each bay has a toilet for single sex use, and one lavage room with toilet and hand washing facilities. All toilets and bays have hand washing facilities.
4.2 Endoscopy Theatre Suites

At GRH there are three theatre suites. One of these is larger than the other two, is lead lined and has radiology protection equipment installed. One of the theatres is linked to the seminar room via a camera and sound system for training courses. All of the theatre suites have air conditioning.

At CGH there are three theatre suites. They are all large rooms, one is lead lined and has radiology protection equipment installed. All of the theatres are linked via a camera and sound system to the seminar room for training courses. All of the theatres have air conditioning.

4.3 Administration Offices

CGH - Reception

At CGH the front desk can accommodate one member of staff and has computer access, printer and fax facilities. The clerical office can accommodate four members of staff, two have computer access. At CGH there is storage space for patient health records in the cabinets/shelving in the clerical office.

GRH - Reception

At GRH the front desk can accommodate two members of staff and has computer access points. The clerical office has seating for one member of staff with access to a computer, printer, fax machine and photocopier. At GRH there is storage space for patient health records in the cabinets/shelving behind the front desk and in the clerical office.

GRH – Booking Office

The Booking Office is based in Beacon House and has seating and computer access for five staff.

4.4 Nurses Station

A staff base is provided with a view of recovery and waiting area. Due to the lay out of the units, the waiting areas are not visible from the nurse’s stations. All relevant paperwork and files are easily obtained within the nursing station area and the call bell system control box is located here so staff can easily see who where patients are calling from.

4.5 Storage

Endoscopes are stored in the decontamination area in purpose built drying cabinets. Storage trays are provided to store endoscopes until required, but the scopes must be reprocessed after it has been removed from the drying cabinet for more than 3 hrs. All of these storage cabinets/rooms are lockable and secure. For transportation to other areas of the hospital, when they are taken to other departments – all trays must have hard lids on and be transported in a hard sided endoscopy transportation trolley.

There are fixed cupboards in the theatre suites and in the Endoscopy cleaning/decontamination room for the storage of equipment. Pharmaceutical products are stored in lockable cupboards in the Endoscopy theatre rooms. Linen is stored on a linen trolley in the patient waiting area at GRH, and in CGH there is a linen trolley within the recovery area. Alcoholic hand gel is stored within closed dispensing units fixed to the wall for staff and public use. Large refuse bins are found in the disposal area.

4.6 Dirty Utility

Both units have a dirty utility area containing a bedpan macerator and clinical waste bins. A commode and bed pans are available here for immobile patients. There is also a supply of bed pan and commode liners, as well as urinals. Drip stands are also stored in this area.

4.7 Disposal Area

There is a secure disposal area for clinical waste/household waste in both units. These cupboards are kept locked at all times. At both GRH and CGH the doors are secured by a code lock. The waste disposal team empty this room at regular intervals throughout the day.
4.8 Staff Changing

An Endoscopy staff changing room, lockers, WC and hand washing basin is, located in the cardiology link corridor on the GRH site.

At CGH staff changing facilities are located by the staff entrance into the unit. Both of the units have a code lock that ensures the changing areas remain secure.

4.9 Kitchen/Pantry

The Endoscopy suite at GRH has no specific kitchen area. The seminar room is utilised as a break area for staff when the seminar room is not in use for training courses. This room contains:

- Kettle for all staff to use.
- Coffee percolator.
- Wash hand basin
- Staff fridge
- Microwave oven for staff lunches
- Crockery and cutlery

Bottled water is used as the sink in the Seminar room is a hand washing sink with a mixer tap.

CGH has a separate break area with kitchen facilities for staff. This room contains:

- A water boiler for hot drinks
- Water cooler
- Microwave
- Seating

5. OPERATIONAL: ENVIRONMENT

The units are divided into different areas for the movement and separation of patients throughout their visit. The areas are designed to accommodate the patients during the pre-procedure, peri-operative, recovery and discharge stages of their journey through endoscopy. There are also designated areas for decontamination and clerical support.

Each unit has a different footprint and layout meaning the patient journey on each site is slightly different to reflect this.

Both units provide rooms for patients undergoing lower GI procedures to change into gowns in preparation for their procedures. Clothes are stored in a patient’s own bag or a patient property bag and kept with the patient at all times. Patients are encouraged not to bring any valuables into hospital with them; other possessions remain with the patient or can be locked away for security purposes in the snatch box. Patient trolleys are located in the recovery area. The recovery area is divided into a male and female bay. Each bay has 4 trolley spaces with curtain facilities which can be drawn closed maintaining patient privacy and dignity as much as possible.

Patients either walk or are wheeled into the theatre room on a trolley depending on their mobility.

On completion of the procedure the patient will be returned to the recovery area. Many patients will be wheeled out on a trolley following their procedures as they will still be under the influence of sedative medications and need to recover fully in a supervised environment. Piped oxygen and medical suction are provided here as well as facilities for continuous monitoring when required. If the patient has not had a sedative; and if they feel well enough, they may walk from the theatre to either get changed into their clothes, or if they did not have to undress, walk to the designated discharge area.

All inpatients are monitored post procedure and when the patient is fit for transfer a ward nurse and porter will be contacted to take the patient back to the ward.
In the event of an outpatient being unfit for discharge arrangements will be made by the co-ordinator for the patient to be admitted to an inpatient bed, preferably of the speciality from which they were referred.

6. PATIENT JOURNEY

6.1 Patient Arrival

Outpatients will arrive on foot, in a wheelchair, or exceptionally on a trolley if they have come by ambulance/hospital transport. They will be received at the reception desk where personal details will be verified and the time of arrival recorded by the receptionist. In CGH only, patients will be asked to complete part of their care pathway prior to seeing the admission nurses. The patient will remain in the waiting area until called to a private admission room by a nurse in order to complete admission details on the care pathway and to prepare for the procedure. A friend or relative may accompany the patient while the admission process is being completed.

Friends and/or relatives will be given the opportunity to stay if the patient needs to change into a patient gown. After this time relatives will be politely asked to leave the admission room so the patient can be made ready or be moved to lavage room where bowel prep can be given.

Friends and relatives may wait in the waiting area until the patient is ready to leave. There is a restaurant/cafe downstairs on the GRH site, and just across the car park in CGH; relatives may use these facilities while waiting. An estimated ‘time of collection’ is given to the friends and/or relatives of the patient. Friends and/or relatives are occasionally encouraged to return home as lists times do not always run as planned due to emergencies and individual procedure times which can be unpredictable. Relatives are contacted following the procedure by phone and a time for collection of the patient given to them.

6.2 Patient Admission

Nursing staff trained and competent in the admission process will admit all outpatients/inpatients. In CGH (if able), patients complete part of the admission document themselves. The admission information provided by the patient will be discussed, medical notes and patient details checked and any questions the patient or their relatives may have answered, supervised healthcare assistants undertake this role. In GRH the registered nurses will complete all of the admission paperwork with the patient. The admission process will take place in the private rooms close to the waiting area.

6.3 Preparation for Treatment – Outpatients

Colonoscopy
Patients attending for Colonoscopy will be given a hospital gown to change into and either allowed to leave their pants on until entering the procedure rooms where they will then be asked to remove them or offered dignity shorts to wear during the procedure. A patient property bag will be available for their clothes to be placed in and valuables (if brought in) which will be taken into the Endoscopy theatre/procedure rooms with the patient for safety. The patient notes are placed on the trolley by the nurse’s station in list order for going into the theatre room.

Flexible Sigmoidoscopy
All patients for this procedure will be admitted as outlined above. In addition, patients undergoing Flexible Sigmoidoscopy will require a phosphate enema as bowel preparation prior to their procedure. These are routinely posted and if able, the patient should give this prior to leaving home for the journey to the hospital. If the patient is unable to do this the admitting nurse can administer the enema once the admission process and consent has been obtained. The procedure for administering an enema will be explained and verbal consent obtained from the patient prior to the enema being given. The enema will be given in line with the hospital policy and under the direction of a Patient Group Directive (PGD). In GRH there are two patient lavage rooms, and at CGH there is one room for the administration of the enemas with toilet facilities, bidets (in GRH) and hand washing facilities.
When the patient feels that bowel evacuation has been completed and they are ready to leave the
lavage room, they will be taken to the designated patient sub-waiting area (an area for pre-procedure
patients who are undressed and in hospital gowns only). These patients will walk into the theatre room.

**Gastroscopy**
Patients who are admitted for a gastroscopy will be asked to wait in the waiting room when the nurse
has completed the admission documentation with them. They will then be called through to the
procedure room by the endoscopist just before having their procedure done. They will walk from the
waiting area into the theatre. If patient mobility is poor they can be assisted or will have been placed on
a trolley in recovery prior to the procedure and wheeled into theatre.

### 6.4 Preparation for Treatment – Inpatients

All inpatients will be called for by the Endoscopy nurse co-ordinator. The Endoscopy unit porter or the
porter’s helpdesk and the ward will be informed that the patient is being sent for. The patient will travel
to the unit on a patient trolley, bed or a chair depending on clinical condition/mobility.

For all inpatients the following should have been completed prior to the patient arriving in the
Endoscopy unit:

- Inpatient referral form (to arrive before allocation onto a list)
- Preparation for procedure prescribed and given (Bowel prep)
- Endoscopy inpatient documentation (checklist)
- Cannula
- Consent
- Antibiotics prescribed and given as appropriate (ERCP Mr Goodman CGH patients and PEG only –
  unless otherwise stated by the doctor whose care they are under)

When the inpatient arrives on the Endoscopy unit a nurse handover will take place so that the patient
details can be checked and to ensure all the necessary paperwork is with the patient.

### 6.5 Consent – see action card EOP1

Written consent for all procedures will be obtained before the patient enters the procedure room.
In the endoscopy unit we practice nurse led consent for diagnostic procedures and a guideline has
been developed to support this. (Nurses will not consent for ERCP) if assessed as competent the
nurse may consent for all diagnostic procedures, biopsies and polypectomy, banding of varices and
haemorrhoids, dilatation, Argon, RFA, ER, diagnostic EUS or other specialist therapeutic procedures
(Bronchoscopy not EBUS). This is a delegated responsibility so if there are any concerns these are
voiced to the clinician carrying out the procedure who will then obtain the patient’s consent.

### 6.6 Withdrawal of Consent – see action card EOP2

The purpose of this guideline is to assist clinicians and endoscopy staff when confronted with a
situation where the patient wishes to withdraw consent whilst undergoing an endoscopic procedure. It
also offers some practical guidance to be used within the clinical setting.

The process of consent starts when options for treatment are first discussed with a patient in the GP
surgery, outpatients department, or ward. It continues up to and during the procedure itself. If the
process is to be meaningful, refusal must be one of the options available to the patient. The patient is
entitled to change their mind at any time during the consent process. Where the patient has signed a
consent form and subsequently changes their mind, the person obtaining consent or, the endoscopist
performing the procedure, must take account of the patients’ wishes and record the withdrawal of
consent in the patient’s healthcare records. Before the start of the procedure, the patient should be
given the opportunity to discuss their consent or the withdrawal of consent in line and ask any questions
relating to their procedure with either the nurse looking after them or the endoscopist.
The patient should be informed that:

- The procedure will only be carried out with their consent
- They can withdraw consent at any time throughout the procedure

In the event of a life-threatening situation, the endoscopist will decide whether to continue the procedure based on the patient’s best interests.

6.7 Reporting and Monitoring

All reports generated regarding the patients procedure are done so on an endoscopy reporting system (ERS). The system used within GHT is called SQLScope; this is used in all acute and community hospitals so that all reports are available on the system. It can also aid clinical audit and reports can be generated for care and quality purposes and also part of our accreditation processes. Patients are given a copy of their procedure report at discharge, one is sent to the GP and filled in the patient’s notes, if histology is taken, a copy is sent with the specimens to the laboratory. For inpatients an endoscopy report is filed in the notes and a copy sent to the GP. Any photographic evidence taken is attached to the copy of the report in the notes and the validation slip for the scope is attached to the nursing care pathway.

6.8 Recovery and Discharge

The recovery area will accommodate patients returning from the theatres. Many patients will still be under the influence of sedative drugs and need to recover in a supervised environment. Piped oxygen and suction are provided here as well as facilities for visual privacy when appropriate.

Patients who have had sedation will be observed at ten minute intervals for the first thirty minutes; more frequently if clinically indicated, and if appropriate woken up approximately one hour after the start of their procedure. When the patient is fit they will be offered a drink. Once the patient is able to mobilise the patient’s cannula will be removed and if appropriate they will be asked to get dressed. Patients will be asked to sit in the discharge area where they can be observed until their relatives/lift home arrives, in this time they will be offered a hot/cold beverage and a biscuit. When relatives arrive the patient will be discharged by a registered nurse, the patient will have been asked on admission if they wish the relatives/friends be present for the discharge information and this will have been recorded on the care pathway. On checking the documentation for this, if relatives are to be present the nurse will escort the patient +/- relatives to a private room and inform them of the outcome of their investigation, they will be given a copy a patient endoscopy report (if appropriate) and given information/instruction sheets for home recovery. Discharge time is recorded on the admission paperwork and the SWIFTOP - computer data sheet by the nursing staff.

Patients who have not had sedation may leave the department when they have changed back into their own clothes (if necessary) and have been discharged by a trained nurse as described above.

All inpatients will be handed over to a trained nurse when they have recovered sufficiently (observations stable and rousable) after their endoscopic procedure. They will be transferred back to the ward on either a chair or a trolley with the trained nurse (if sedation was administered and a porter.

6.9 Process for Informing Patient of Malignancy – see action card EOP3 (CGH) and action card EOP4 (GRH)

There is a process for patients and staff in the event of the need to inform a patient of malignancy. Please read action cards EOP3 or EOP4 as appropriate, but please ensure that if it is considered inappropriate to tell the patient malignancy is suspected, a note must be made in the patients’ file by the clinician as to the reason why. It is also best practice to note this in the nursing pathway in the section for discharge.
7. OPERATIONAL: BUDGETS

Budget meetings take place on a monthly basis with the Lead Nurse (budget holder), the Senior Sister of the unit and the finance accountant for the unit. Budget statements are issued monthly by the unit accountant for the attention of the Senior Sister/unit manager.

8. OPERATIONAL: STAFF

8.1 Management structure

The clinical directorate manager – medical division and lead nurse are responsible for the management of the unit and professional accountability of the nursing staff. The day to day operational management of the endoscopy unit is the responsibility of the Band 7 Senior Sister. An office for the senior sister is located within each endoscopy unit (In CGH this is shared with the Band 6 sisters and nurse specialists). Consultants, one of which being the Clinical Lead; with the associate specialist, staff grades and doctors in training, will be responsible for the medical care of patients including clinical documentation and completion of requisitions for diagnostic and any further investigation procedures required.

8.2 Dealing with Patient Complaints

The complaints department will forward all formal complaints regarding the endoscopy services, to the General Manager for endoscopy or the specific clinician, alternatively the complaint may go directly to the Senior Sister.

All complaints will be answered according to the Trust’s Policy and within agreed timescales by the Senior Sister after gaining information from any staff that may have been involved. Any complaints will also be discussed at individual unit meetings User group meetings and at Clinical Governance.

8.3 Procedure for dealing with Individual Colonoscopists with poor comfort results

There is a guidance note to manage endoscopists who have poor comfort/performance levels. Action card EOP6 sets out information about the unit’s monitoring systems.

8.4 Adverse Incidents

The following documents set out the Trust’s standards for reporting adverse incidents:

- Managing, Reporting and Reviewing of Incidents/Accidents, including Serious Incidents
- Risk Management Framework

In addition to submitting incident reports via Datix Web, adverse events can also be highlighted using the endoscopy “Swifttop” system. Any data from this system will be transferred to PAS, and the information gathered is used for audits on patient comfort, safety, length of stay etc.

Equipment adverse events and faulty equipment are reported to the Medical Engineering helpdesk, who allocate incident numbers. All equipment-related incidents are recorded in the Medical Engineering log book.

In the case of a serious incident any lessons learned and, any changes in practice that occur as a result will be shared across the Trust by the relevant Directorate Manager. Adverse incidents will also be reviewed by the Endoscopy User Group and/or Endoscopy Clinical Governance Group.

8.5 Complaints

All complaints will be managed according to the Trust’s Complaints Policy. Complaints which are generated as a result of a clinical incident will be discussed at the Endoscopy Clinical Governance Group.
8.5 Training

All nursing staff are able to access training which is mandatory and e-learning. A Strategic Training Needs Analysis (STNA) is completed yearly in December by the Senior Sisters and this supports bids for funds from the Education Learning and Development Board (ELD). Staff can approach their line manager to access training that is not provided in house, but will be beneficial to their development.

Doctors and nurses training plans are available on the departmental Sharepoint site.

8.6 Unit Staffing

<table>
<thead>
<tr>
<th>GRH</th>
<th>Admin</th>
<th>Booking</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nursing</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Band 7 Senior Sister, 1.0 wte</td>
<td>Band 2 Reception/Admin Assistants, x 3, total of 2.26 wte</td>
<td>Band 4 Admin/Waiting List Manager, 1.0 wte</td>
</tr>
<tr>
<td>Band 6 Junior Sister, 3.0 wte</td>
<td></td>
<td>Band 3 Booking Administrator x 4, 3.16 wte</td>
</tr>
<tr>
<td>Band 5 Staff Nurse, 13.04 wte</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Band 3 Staff Nurse, 0.92 wte</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Band 2 Nursing Assistants, 4.02 wte</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CGH</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Nursing</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Band 7 Senior Sister 1.0 wte</td>
<td>Band 2, reception/admin assistants, x 3, total 2.26 wte</td>
<td>-</td>
</tr>
<tr>
<td>Band 6 Junior Sister 3.0 wte</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Band 5 Staff Nurse 13.0 wte</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Band 2 Nursing Assistants 4.0 wte</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GRS Co-ordinator Band 6, 0.8 wte</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8.7 Registration and Preparation

All qualified staff must be registered with the NMC with a current and up to date registration. A current updated register is kept by the unit manager and Human resources. Staff will also be registered on the GIN (Gastro Intestinal Nursing) website within their first weeks in Endoscopy. Registration for and the Trust equipment competencies is automatic after the first month of service – this allows evidence and completed competences to be added demonstrating ongoing training and development. All endoscopists and trainees must be registered with the GMC and nurse endoscopists must be registered with the NMC. Endoscopists will utilise the JETS website to log their procedures and evidence of training.

8.8 Staffing of Procedure Rooms

Two members of staff will be in attendance in each of the theatre rooms. The skill mix may consist of two qualified registered nurses (one managing the patient’s airway/one assisting for the doctor) or one qualified nurse and a nursing assistant. (The nursing assistant will always do the accessorising as recommended in BSG guidelines, but may do the head of the patient if the procedure is colonoscopy or flexible Sigmoidoscopy). The appointed ‘head’ nurse takes the responsibility for looking after the patient and acting as the patients advocate. The other member of staff will act in support.

8.9 Recovery and Discharge

At GRH the recovery bays are separated into male and female, the male bay is not always visible from the nurse’s station so a member of staff is readily available to observe the patients when in the bay. CGH has one open plan recovery area which is separated by a partition for single sex purposes. The recovery area will be staffed separately. When two lists are in progress there will be two recovery nurses. When one list is running there will be one recovery nurse. There will always be at least two qualified nurses in the recovery area when there are three lists running.
9. OPERATIONAL: ADMINISTRATIVE

The Endoscopy Administrative team is led by an Admin/Waiting List Manager, the team comprises of staff in three distinct areas, CGH Endoscopy Reception, GRH Endoscopy Reception and the Booking Office based in Beacon House, Gloucester.

In GRH the Administration and Clerical Team is made up of 3 Receptionist/Admin Assistants. At CGH the Administration and Clerical Team is made up of 3 Receptionist/Admin Assistants. The list manager is located at the centralised booking office at GRH; the remaining staff will be located in the admin office just off the Endoscopy Unit waiting room.

In GRH there is room for two work stations behind the reception desk, with two other desks in the clerical office directly behind the reception desk. The reception area is to the left of the waiting room. Preparation and storage of the patient notes takes place here.

At CGH there is a work station for a member of the clerical staff in the reception area which is located in the main waiting room of the unit. Off of the waiting room there is a Clerical office with work station space for three members of the clerical staff. Preparation and storage of the patient notes takes place here.

9.1 Reception

On both sites health records are requested and patients are admitted on the PAS system at the reception desk, to enable this both areas are equipped with PCs and printers.

Patients who require further appointments bring their referral forms to reception who then forwards these to the Booking Office.

9.2 Receptionist – Planned Sessions

The Waiting List Manager and Nurse Co-ordinators check the theatre lists daily to identify suitable slots for Inpatients.

SQLScope is updated with demographics and information relation to the procedure prior to the list going ahead.

Theatre lists are printed daily and distributed to the cleaning rooms, theatres and nursing stations.

At CGH a list of inpatients will be completed by the nursing staff so that the PAS system monitoring patient movement can be updated by the Admin Assistants.

At GRH inpatient reports are put onto a clip board and given to the Admin Assistants to ensure they are added and monitored on the PAS system.

9.3 Receptionist – Patient Health Records

The clerical staff will request patient hospital notes from the Health Records Department or other wards and departments within the counties hospitals at least one week in advance. When the hospital notes are received into the department, the clerical staff will be responsible for preparing the notes for each endoscopy session.

Preparing the notes consists of collating the following:

- The referral letter
- Outpatient endoscopy care pathway
- Swift op form
- Patient name band
- Patient PAS labels
- Consent form
• Observation form (NEWS)
• Endoscopy safety checklist

When the notes have been prepared they will be kept in list/session order, in the clerical office in endoscopy which will be secure, ensuring confidentiality.

9.4 Receptionist – Pre-Procedural Information

The appointment letter generated by the Booking Office will be sent out to the patient with an information leaflet about the planned procedure and a map of the hospital. If needed, bowel preparation together with instructions will be put in the envelope by qualified staff that have been passed as competent to administer bowel prep and sent by post to the patient. Some patients may collect the bowel preparation if they prefer or if they come up direct from clinic as directed by the consultant.

9.5 Receptionist – On Arrival of Patients

The receptionist/clerical staff member will greet patients on their arrival into the unit. Patients will be checked against the planned endoscopy print out for the morning/afternoon. In GRH, the patient will speak to the receptionist who will then ask the patient to take a seat in the waiting room. The admission form will be placed in a tray in reception for an admission nurse to start the admission process. In CGH, the patient will be asked to take a seat in the waiting room and to complete as much of the admission details on the care pathway as possible. Once this is done the form is placed in a tray in reception for an admission nurse to start the admission process. In both units, the patient will then wait in the reception area to be called by one of the admission nurses.

9.6 Receptionist – Discharge of Patients from Endoscopy

The receptionist/clerical staff member will discharge patients on the PAS system from the endoscopy suite at the end of the day.

10. OPERATIONAL: VISITORS

The majority of visitors to the department will be carers, friends and relatives accompanying patients, essentially for patients undergoing procedures under sedation. Visitors can leave or stay in the Endoscopy unit when patients are admitted for their procedure and return at the time specified for patient discharge. There will be refreshment facilities in the hospital where visitors can wait or they may leave the hospital and return at the appointed time or wait for a phone call from us to say the patient is ready to be picked up.

Carers of infirm patients or patients with special needs may remain with the patient at the discretion of the Senior sister or shift co-ordinator.

Nursing staff will not be responsible for the care of children during a patient’s visit to endoscopy.

As both endoscopy departments form the Gloucester Endoscopy regional Training Centre there will be visiting trainees both medical and nursing within the department.

11. ENVIRONMENTAL FACILITIES

11.1 Water

In Gloucester, all cold water is bottled due to a mains problem; hot water is available as normal through the taps.

In Cheltenham hot and cold water will be connected to all areas. Hot water at a maximum temperature of 43°C. There will be a hot water dispenser in the kitchen area. Cooled drinking water will be supplied via a water dispenser or plumbed mains.
Water supplies to the endoscopic washers will be plumbed and will have been filtered via the Reversed Osmosis (RO) process and softened water for scope decontamination.

11.2 Oxygen/Suction

In CGH all oxygen and suction supplies are integrated within the theatres and recovery, this also applies to x-ray where ERCPs are performed. There is also piped CO₂ to each theatre. In GRH the oxygen supply is integrated within the unit, but all suction is via separate portable suction units in each theatre. They also have portable CO₂ available in one of the theatres for use during flexible Sigmoidoscopy and Colonoscopy. Oxygen and suction is integrated within recovery and the isolation room. An oxygen cylinder is available in the admission area.

Portable oxygen and suction units (if required) will be provided for the transportation of patients to and from the Endoscopy Suite. Portable units will be kept within endoscopy. Portable oxygen cylinders are available within the unit or can be requested via the porters.

11.3 Communication

Telephones, fax machine and IT facilities are available within the endoscopy unit.

11.4 Alarms

A Nurse Call System is available throughout the Endoscopy Suite, at each patient bed, within each theatre, recovery area (GRH only), and lavage rooms and in all patient toilets. Any alarm activated is indicated on the wall panel at the nurse’s station.

The cardiac arrest ‘crash call’ system is operative within all patient areas of Endoscopy except recovery in CGH. Once the cardiac arrest alarm has been sounded a nominated member of staff will notify switchboard and the arrest team will be summoned automatically from that call.

11.5 Equipment

All equipment will be maintained according to local and Trust protocols. It will also be PAT tested annually via the estates department. No staff will use any of the endoscopy equipment unless passed as competent to do so.

12. SHARED ACCOMODATION

Staff refreshment and rest facilities are found in the main hospital canteen. Both units have a set area for staff breaks within the unit, however, GRH does have to share this as a seminar room during courses.

All patients are separated by sex during the pre-procedure (if in gowns), and post procedure. Once ready for discharge the patients may sit together.

13. SUPPORT SERVICES

13.1 Medical Records

Notes will be requested one week in advance for the patients attending the following week from case note library. They will be transferred to the hospital by various means.

The Endoscopy unit clerical staff will collect patient notes if they are needed urgently or if they are located within the hospital. Notes will be delivered on transport if coming from other hospitals.

The notes will be delivered to the main reception desk in the waiting area and the kept in filing cabinets/on shelves in the clerical offices to ensure security. All patient notes being brought to the unit or taken away must be traced in and out by the admin staff.
13.2 Pharmacy

In CGH outpatient prescription requests will be written by the Doctor in the Endoscopy unit and given to the patient to take to their local pharmacy. In GRH prescriptions written by doctors must be taken to the hospital pharmacy by nurses, porters or relatives. There is an air tube system for inpatient prescriptions that need to be sent to the hospital pharmacy. Both units have an air tube system drop off/loading point in the nurses’ station area.

Some pharmacy items are ordered as required. There is a pharmacy request book within the unit. This needs to be taken to pharmacy by 1200hrs on the day of the request. Controlled drugs also need to be requested prior to midday. Pharmacy items will be dispensed from the main pharmacy department and brought up to the unit by the porter.

There is a top up system for pharmacy items in each Endoscopy Unit via a pharmacist allocated to the area.

See POPAM for full details of ordering, prescribing and administration of medicines.

13.3 Pathology

- Specimens will be taken by the accessory nurse under the direction of the endoscopist, placed into a basket or cassette then potted and labelled. A copy of the patient report and a hand written histology form will be produced. The Doctor within the Endoscopy room will sign the pathology form. Specimens and forms are bagged and details recorded in the designated specimen book.
- All specimens and books/sheets of paper will be placed in the specimen bag, then into a box or tin within the Endoscopy Room. At the end of the session all specimens are be taken to the nurse’s station/main reception desk for collection by porters and taken to the histology department.
- The Histology department will supply the box/tin. The person receiving the specimens will sign for the specimens and the book will be returned to the Endoscopy Suite in the metal tin.
- There will be one designated book/sheet of paper per box/tin at a time.

13.4 Out of Hours Service – see also action card EOP5

An extensive range of investigations are available outside normal working hours covering chemical pathology, clinical haematology and microbiology. On-call staff may be contacted through the hospital switchboard. Requests should be restricted only where a rapid response is required for the immediate management of the patient. This must be requested by the endoscopist on call if necessary.

- Monday 18.30 to 07.30 Tuesday
- Tuesday 18.30 to 07.30 Wednesday
- Wednesday 18.30 to Thursday 07.30
- Thursday 18.30 to Friday 07.30
- Friday 18.30 to Saturday 08.00
- Saturday 08.00 to Sunday 08.00
- Sunday 08.00 to Monday 07.30

Each shift is covered by a Consultant Gastroenterologist and one endoscopy nurse from both CGH and GRH. This is carried out on a rotational basis with the consultants working out their rota and staff from each site working out the nurses rota’s independently. This will soon be generated by roster pro for the nurses.

There are very strict guidelines in place for what the nurses will be called in for, although usually the doctors within the hospital have contacted the on call gastroenterologist, the doctor on call then calls the nurse for the hospital the patient is in; that nurse in turn then contacts the nurse from the other hospital.

A time is decided with General Theatre to scope the patient; the on call group goes in, scopes the patient in General Theatre, the nurses clean the scope, decontaminate via the washer/disinfectors then go home.
A patient report is also generated by the Consultant Gastroenterologist via the computer within General Theatres.

A flat on call payment for the duration of the on call period is paid, but this increases when the nurses/gastroenterologist is called in. Time charged is from the time the call is received to the time they get home again.

13.5 Laboratory Request Forms

All request forms will be held within the Endoscopy Unit. When completed they will be sent via the pneumatic air tube system located at the staff base or via a porter.

13.6 Phlebotomy Service

This service is based in Pathology and is open from 08.30 – 16.30 (weekdays). Blood specimens taken in the Endoscopy Unit will be sent direct to the department through the air tube system. Ambulant/well patients will be directed to the department post procedure as necessary.

13.7 Portering

At GRH there is a dedicated porter specifically for the endoscopy unit. When he is away or after he has finished his hours, porters are contacted via the main pool by calling the porters helpdesk.

At CGH the Endoscopy unit has a dedicated porter who is shared with Prescott ward which is located nearby. Two porters are allocated to work in the Endoscopy unit the majority of the time due to workload. Out of hours portering assistance is provided by telephoning the porters lodge where they will aim to provide a porter within fifteen minutes of the request.

A clean/restocked linen trolley will be collected daily from the linen room by the portering staff.

Rubbish is removed from the bin store during the day as needed and at the end of the day.

13.8 Switchboard/Reception

Main hospital telephone number is 03004 222222
Endoscopy Unit direct line is 03004 228222 (GRH)
Endoscopy Unit direct line is 03004 223593 (CGH)
Switchboard holds the telephone numbers of endoscopy staff for the Endoscopy Unit on call rota; however this is not given out to anyone. Calls are put through to the nurses via switchboard.

13.9 Emergency Protocols

Clinical Emergencies – Cardiac arrest
In patient areas pull the red cardiac arrest alarm. This will activate the alarm in the unit. Switchboard should be contacted via the nearest telephone by calling 2222. This will activate the emergency line in switchboard. State clearly the clinical emergency and which team you require and location department and site (including whether GRH or CGH). The switchboard member of staff should repeat the details back.

The cardiac arrest alarm will be sent direct to switchboard and the arrest team will be summoned automatically from that alarm.

Non-clinical Emergencies
- Fire – when the fire alarm is activated, call switchboard on 2222, who will call the fire brigade
- Life – life voice calls will go direct to switchboard, who will contact the appropriate teams
13.10 Bleep Systems

Automated system
- Dial 80 and wait for connection
- When told to do so enter the 4 digit bleep number and then your extension number.
- When you are told to do so replace the receiver.

Reception
Main reception can be contacted via dialling 100
You will get the automated phone service – ask for reception or request the extension or person you wish to speak to.

Reception can help with calling numbers which are blocked from the Trust withheld number system, finding numbers for doctors and all general enquiries. The service is manned 24 hours a day.

13.11 CSSD

CSSD items are supplied on a top up system. Minimum stock levels are maintained. Any variation in levels will be agreed by the Senior Sister in consultation with the sterile services manager.

Staff are required to contact CSSD and complete a yellow (fast –track) decontamination form when reusable instruments are required again urgently – this will include the heater probe unit for the bleed trolley.

Instrument sets processed and returned will have a unique bar code attached. Staff must ensure that these codes are entered into the patient notes when used.

Contaminated reusable instruments and equipment being returned to CSSD will be placed in the appropriately marked clear plastic bags. Used instruments must be placed into ‘the outer wrapping’ and put into the transit outer paper bag, before placing in the clear plastic ‘Return to CSSD’ bag. The CSSD bags are collected twice throughout the day.

Once CSSD have processed instruments and equipment they will have it delivered to the unit once a day, after this it is up to the endoscopy staff to collect them.

13.12 Materials Management and Non-Stock Items

Each unit will have a designated member of nursing staff who will be responsible for determining stock levels. Any stock items will be obtained by contacting Stores via the department numbers. There will be a dedicated store contact for the Endoscopy unit. Any non-stock items will be obtained by ordering through the EROS system.

Stock and non-stock items will be stored in the store room with additional provisions in the theatres. Staff are expected to rotate the stock in the store room.

Stationery – levels are determined by the admin staff and maintained on a top up system. Ordering is done through Colour Connection.

13.13 Diagnostic Imaging

ERCP procedures will take place in the X-Ray department at CGH, but in GRH are carried out in the unit with the aid of a C-arm. The department will hold its own lead jackets and thyroid guards on a mobile stand housed within the endoscopy theatre or within the X-Ray department at CGH.

Scheduling ERCP procedures
- GRH – Tuesday mornings and Thursday afternoon
- CGH – Tuesday afternoons and Thursday mornings
- Emergency procedures may take place outside of these hours
The radiographers are available until 17.00hrs and then operate an emergency rota for evenings and weekends. Scheduling of these lists/emergencies should be co-ordinated with the endoscopist and nursing team.

13.14 Linen

Linen will be delivered and put away in the linen room by an external contractor. The supply of linen will be organised on the basis of using linen exchange trolleys. Two linen trolleys will be provided for the unit, one to remain in the unit and the other sited in the linen room for restocking. The flat linen requirements for the unit will be packed onto the linen trolleys and supplies of blankets placed on top ready for collection by the porters. In GRH theatre blues will be available to staff in all sizes supplied by the contractor.

Dirty linen will be bagged in a white plastic bag, secured and placed in the Endoscopy disposal hold. Dirty theatre blues will also be bagged in a white bag, secured and placed in the same areas. Infected/soiled linen should be placed in a red water soluble bag and then placed in a red plastic bag, secured and placed in the same areas.

Dirty linen is collected by the porters throughout the day and at the end of the day. It is taken to a holding area by the porters.

Damaged and stained linen should be placed in the bag provided on the linen trolley.

13.15 Catering

In CGH milk is delivered to the Endoscopy unit daily by the catering department. At GRH it is the porter or nurse who must go to the canteen and sign out milk for the department.

Meals are not usually provided for patients but beverage facilities are available. Hot and cold beverages are provided to the patients by the nursing staff following their procedure. Biscuits are also offered to the patients prior to discharge. If a patient will be with us for a while a packed lunch can be ordered from the kitchens by leaving a message on the answer phone.

13.16 Domestic Services

Domestic services will be provided by a contractor in accordance with the contract specification. A five day routine service will be provided. Domestic Services will provide a dedicated cleaner for the unit. They will be given a schedule of tasks and frequencies to ensure high standards of cleanliness.

If a theatre requires deep cleaning following a patient who has a known C-Diff or MRSA infection, the nurse coordinator must contact the domestic supervisor to arrange cleaning of the area. The area must not be used until this cleaning has been completed.

As Endoscopy is a theatre area regular cleanliness monitoring will take place.

13.17 Information Technology

Maintenance of Computer Equipment

Equipment purchased with the knowledge of the IT Services Department will be maintained by IT or a third party company as agreed at the time of purchase. Faults on computer equipment should be reported to the IT helpdesk on 2808 or via the intranet site. The Trust has policies concerning the use and provision of IT equipment which are available on the Trust intranet. The endoscopy reporting tools will have a specifically designated IT person to deal with any issues relating to the systems.

Core system (PAS)

Training is provided by the IT department. Difficulties with PAS are to be reported on extension 3543.

Security – see IT Policy for information on security management.
13.18 Infection Control

The unit will comply with the Trust wide standards described on the 'Infection Control' site which is on the Trust Intranet. An infection control link nurse will ensure that the infection control manual is kept updated regularly.

CGH has a negative pressure theatre suite and recovery room for the treatment of TB patients or those with other contagious infections.

Pest sightings should be reported promptly to the Infection Control office. The Infection Control Office is open Monday – Friday. Out of hours emergencies should be referred to the Consultant Microbiologist on call via the switchboard at CGH.

13.19 Estates Department

Contact the helpdesk on extension 6800. Each Endoscopy Unit has its own fault reporting folder kept by the nurse’s station in the main recovery area. Write details down of the fault being reported and document the job number that is allocated to the fault. When the fault has been rectified the date and time should be documented in the folder.

13.20 Medical Engineering

All general equipment faults must be reported to the helpdesk on extension 6800 and documented as with all other faults. Medical Engineering extension number is 4045. Problems/faults with scopes will have to go through the helpdesk and a job number generated.

13.21 Security

The Endoscopy units are locked at night and over the weekends. There is a fob entry system so that the nurses on call can access the unit as needed. All members of staff in the Endoscopy unit are trained in the correct way to lock the unit up at night. GRH has an alarm fitted within the unit, all staff are familiar with how this should be set and turned off.

CGH has code locks on staff changing areas and restroom, cleaning cupboard, clean side of the decontamination area and the bin hold. The porters and the endoscopy nursing staff have these lock numbers for access.

All endoscopes are kept in locked cupboards in the Endoscopy cleaning room.

All theatre endoscopes are kept in drying cabinets outside the general theatre recovery area.

At CGH, all ERCP equipment (except scopes) is kept in the Hartpury Suite by X-ray and this is locked securely at night.

13.22 Personal Security

Violence and abuse of staff are unacceptable. Racial violence and abuse are unacceptable. The Trust has a duty to protect staff, patients and visitors from these incidents. When incidents occur the following action will be taken: the police will be involved; the patient or visitor will be prosecuted; treatment of violent or abusive patients may be delayed or withheld.

This policy will be prominently displayed at the entrance to all Trust buildings, and/or inpatient waiting areas.

13.23 Possessions Security

All staff will have the provision for locking up their personal possessions, to protect them from theft, i.e. handbags, wallets, mobile phones.
Facilities for locking bicycles will be conveniently provided around the Hospital site. These facilities will enable the bicycle frame to be locked to an immovable steel construction.

13.24 Department

It is the responsibility of the head of department to ensure there is a procedure in place to lock up the department when all the staff have left.

The Endoscopy Unit keys will be stored overnight and at the weekends in a locked safe within the endoscopy unit.

13.25 Nutrition and Dietetics

Patients who have had a referral made for PEG (Percutaneous Endoscopic Gastrostomy) will be brought to the attention of the Nutrition and Dietetics department prior to their procedure. This is to be done by the referring medical/surgical team who have requested the procedure via the multi-disciplinary referral form. This is to ensure the patient and/or relatives receive and understand why the procedure is being performed and the length of time a PEG will be in-situ.

13.26 Chaplain

The Trust Chaplains operate an emergency 24 hour on-call system and a member of the team is always available for ministry, support or advice. To contact a Chaplain please contact switchboard on 100.

14. ENDOSCOPY UNIT TIMETABLES

These are available on the department Sharepoint site.

15. WAITING LISTS

The Endoscopy diary is managed by the waiting list manager. All bookings are made in according with the Patient Access Policy.

Two Week Rule, urgent and routine patients are allocated to the Endoscopy diary by the booking office staff.

A partial booking system is currently in operation (A definition of partial booking can be found in the Trustwide Patient Access Policy.)

Patients are contacted initially by telephone, if there is no response a letter will be sent asking patients to ring in to make an appointment. These appointments are fully negotiated with the patient and contribute to reducing levels of DNA’s and patient cancellations.

Pre assessment takes place and date and times can then be negotiated with the patient (this would lead to a reduction in DNA's and Cancellations).

All doctors are to give six weeks’ notice of annual leave, study leave, post take ward rounds and on call commitments to ensure that lists are cancelled in advance.

Where possible the waiting list manager/ will arrange for another doctor/consultant to backfill cancelled lists.

An ongoing process of validation of the waiting list is led by the Waiting List Manager.

The Waiting List Manager must ensure the following:

- That all referrals are entered on to the PAS system and the waiting list
- Monitor waiting times and escalate issues to the Management Team
• Data quality reports are monitored and actioned
• The Patient Access Policy is followed and particularly in respect to DNAs and Patient Cancellations
# Endoscopy Unit Operational Policy – Document Profile

<table>
<thead>
<tr>
<th><strong>Reference Number</strong></th>
<th>A2131</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Category</strong></td>
<td>Clinical</td>
</tr>
<tr>
<td><strong>Version</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Sponsor</strong></td>
<td>Dr Paul Dunckley / Dr Trevor Brooklyn</td>
</tr>
<tr>
<td><strong>Author</strong></td>
<td>Eve Jones-Morris</td>
</tr>
<tr>
<td><strong>Issue Date</strong></td>
<td>April 2014</td>
</tr>
<tr>
<td><strong>Review Details</strong></td>
<td>April 2017 – review by Endoscopy Clinical Leads</td>
</tr>
<tr>
<td><strong>Assuring Group</strong></td>
<td>Trust Policy Assurance Group</td>
</tr>
<tr>
<td><strong>Approving Group</strong></td>
<td>Endoscopy Clinical Governance Group</td>
</tr>
</tbody>
</table>
| **Approval Details** | Policy application: 14/02/2014  
TPAG approval: 04/04/2014 (E-approval) |
| **Consultees**       | Endoscopy Clinical Governance Group, Endoscopy User Group, BSG |
| **Dissemination Details** | Upload to Policy Site; cascaded via divisions |
| **Equality Impact Assessment** | 08/05/2014 |
| **Keywords**         | Endoscopy, decontamination, |
| **Related Trust Documents** | Action cards: |
|                      |  • Action card EOP1 – Consent |
|                      |  • Action card EOP2 – Withdrawal of consent |
|                      |  • Action card EOP3 – CGH – Informing patients of malignancy |
|                      |  • Action card EOP4 – GRH – Informing patients of malignancy |
|                      |  • Action card EOP5 – Endoscopy out of hours |
|                      |  • Action card EOP6 – Monitoring comfort during endoscopic procedures |
|                      | Supporting Colonoscopists Who Do Not Achieve National Standards |
|                      | Doctors Training Plan |
|                      | Endoscopy Local Decontamination and Working Instructions |
|                      | Endoscopy Decontamination action cards: see main index page for CGH and main index page for GRH |
| **Other Relevant Documents** | Complaints policy |
|                      | POPAM |
|                      | Patient Access Policy |
|                      | Managing, Reporting and Reviewing of Incidents/Accidents, including Serious Incidents |
|                      | Risk Management Framework |
| **External Compliance Standards and/or Legislation** | |

---

**NOTE:**

- All relevant action cards are referenced for specific guidance and standards. Please refer to the main index pages for CGH and GRH for full details.
- Endoscopy Decontamination guidelines are detailed under separate action cards, ensuring thorough and protocol-driven practices.

---

**ENDOSCOPY UNIT OPERATIONAL POLICY V1**
**Issue Date: April 2014**  
**Review Date: April 2017**