



Royal College
of Physicians

JAG

Joint Advisory Group
on GI Endoscopy

JAG guidance

Achieving a JAG compliant endoscopy environment

United Kingdom

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Introduction

This guidance has been designed to assist endoscopy services in their preparation for a JAG accreditation assessment. It defines the essential components required to demonstrate a high quality, safe and patient-focused environment.

The guidance reflects best practice for all services, whether standalone facilities or within day case or theatre environments, purpose built or adapted, existing or proposed, or in the acute or non-acute sector. The guidance recognises and incorporates differences between acute and non-acute sector facilities, the NHS and the independent sector, and adult and paediatric services, as well as between different nations of the UK (JAG aligns its standards to national policies across each of the devolved nations where they exist). This guidance does not cover services in the Republic of Ireland. The guidance is applicable to children undergoing endoscopy and this is referred to throughout the guidance.

A high-performing service will comply with the standards or have achievable action plans to meet them. It will have all pathways reflected in local policies and evidence of an annual review of strategic objectives with clear business plans to support any environmental developments. There should be standard operating procedures (SOPs) for any part of the patient journey that has to be managed differently due to limitations imposed by the environment.

The core part of this guidance must be followed to achieve JAG accreditation. It has been noted where guidance is aspirational but which is not required for accreditation (described as ‘best practice’).

General principles

The following principles apply to all areas within endoscopy and at all stages of the patient pathway.

- Patients' privacy, dignity and respect should be maintained at all times.
- There should be clear signage and signposting leading to the endoscopy service from the main hospital entrance and within each area of the unit.
- Entry into all clinical areas should be through doors that are secured to prevent unauthorised access. Effective restrictions should also be in place to prevent the service being used as a general thoroughfare or shortcut to other areas such as wards or offices.
- The environment should be welcoming, clean, organised and uncluttered. The décor should be well maintained.
- The flow through the facility should progress the patient without unnecessary looping back. If this is not achievable, information should be provided to patients that defines the expected pathway.
- There should be suitable facilities to support patients with disabilities (defined as any physical or mental condition that limits a person's movements, senses or activities). All facilities should comply with the requirements of the Equality Act (2010).
- The environment should be calm with noise levels kept to a minimum.
- Views into clinical areas through glass-panelled doors or windows should be appropriately restricted within fire regulations.
- All notice boards within clinical and non-clinical areas should display up-to-date, relevant and appropriate information to the target audience.
- Floors should be hardwearing, in good repair and with no carpets in clinical areas.
- All areas where clinical activity is undertaken, such as enema administration or intravenous cannulation, should have hand washing facilities available.
- Ventilation and temperature should be appropriately regulated throughout the unit to provide a comfortable environment and safely eliminate any noxious chemicals or fumes.
- Equipment including consumables in clinical areas should be restricted to what is necessary to that area at that time, with additional storage facilities provided for unused, unnecessary or excess stock.
- Provision should be made for the safe storage of patients' belongings and valuables.
- **Endoscopy used as an escalation/inpatient area:** It is recognised that in extreme circumstances inpatients may occupy endoscopy recovery areas. All instances should be recorded and made available to JAG if requested, including any gender segregation breaches. Organisational leads should be made aware of the JAG position on this and the potential consequences (see *Further information* section).
- **Gender segregation requirements in England:** Gender segregation is required routinely from admission through to recovery wherever patients are required to undress and/or have received sedation or associated drugs. Where genders cannot be segregated single sex lists should be undertaken. Gender segregation applies to all GI and non-GI procedures undertaken within the facility and to procedures where the unit is within a shared day case facility. All gender segregation breaches should be recorded and made available to JAG if requested.
- **Gender segregation requirements in Wales, Scotland and Northern Ireland:** There should be routine separation of patients' pre-and post-procedure throughout the pathway.
- **Paediatrics:** As best practice children should not be admitted or treated alongside adult patients but on a separate and dedicated list. The pathway should be child-friendly and support family-centred care throughout.

Reception and waiting areas

Reception is the front face of a service and as such should provide a welcoming environment that exemplifies the service.

All reception and waiting areas (shared or dedicated)

- There should be adequate and appropriate seating that prioritises patients over relatives and carers.
- The reception desk should be accessible and staffed during operating hours.
- Privacy, confidentiality and security should be maintained at all times when storing or retrieving verbal or written patient-identifiable data.
- Booking functions should not be undertaken at the reception area unless there is a soundproofed screen or separate area/office.
- Toilet facilities should be available within or nearby the waiting areas, but outside the clinical area.

Dedicated reception/waiting areas

- Up-to-date, patient-friendly material that illustrates the service and the resources available should be displayed.
- As best practice there should be a secondary entrance for inpatients, linked to the hospital corridor.
- **Paediatrics:** Children should be cared for pre- and post-procedure in child-friendly areas that can be clearly segregated from adult patients. Best practice therefore would be for children to be pre-assessed and admitted directly from a paediatric facility.

Patient assessment and preparation areas

Where patients are allocated a private room, pod or cubicle that they will occupy throughout

- Curtains or doors should be used to restrict access when the area is occupied.
- Private rooms or pods (ie that have toilet facilities) can be used for pre-assessment and preparation including the delivery of enemas.
- Private rooms or cubicles (ie without toilet facilities) can be used for pre-assessment and preparation. Patients requiring enema preparation should be allocated an adjacent toilet dedicated solely for their use.

Where patients are not allocated a private room, pod or cubicle that they will occupy throughout

- There should be separate rooms to undertake patient pre-assessment that allow confidential discussion and preparation such as cannulation. One pre-assessment room per procedure room will reduce bottlenecks.
- There should be gender-segregated toilets within the immediate area. Patients' respect and dignity should be considered when these are accessed outside of a gender segregated area, eg across a corridor.
- **In England:** Where a patient is required to undress into a gown, there should be gender segregation from the pre-assessment stage onwards, ie changing areas onwards. Corridors are considered to be gender-neutral zones but patients' dignity should be maintained when accessing these areas when they are not wearing day clothes, ie after they have changed into gowns.
- **In Wales, Scotland and Northern Ireland:** It is best practice to separate patients waiting for the procedure from those who have undergone the procedure. Although gender segregation is not required, deference to respect and dignity should be demonstrated.
- **Paediatrics:** Best practice is for children to be pre-assessed in a paediatric facility. If children are pre-assessed within the endoscopy unit, there should be clear separation from adults, registered children's nurses and play specialists should be available, and the environment should be child-friendly and support the family.

Gender-segregated shared pre-assessment and recovery areas

- Where patients of the same gender are pre-assessed within the recovery area, attention must be given to ensuring that confidentiality, respect and dignity are maintained at all times and that there is appropriate separation of patients awaiting their procedure from those who have had their procedure (such as curtains or screens).
- The presence of relatives and carers should not compromise the respect and dignity of other patients, and so it is best practice that their presence in these areas is discouraged. Best practice in circumstances where the presence of relatives or carers is required would be for patients to occupy a single room or to be pre-assessed and admitted from a ward.
- **Paediatrics:** Children must not occupy a recovery area at the same time as adult patients.

The procedure room

The following points apply regardless of whether endoscopy is carried out in a dedicated procedure room, designated theatre or in the case of off unit endoscopy.

- Procedure rooms should have enough free space to allow people to get to and from workstations and to move within the room with ease. There should be enough room to accommodate an emergency team and resuscitation equipment if needed.
- Personnel in the procedure room should be limited to those staff necessary to undertake the procedure or support the patient. There should be effective means to prevent non-essential staff from entering during procedures.
- All work surfaces should be of a medical-grade material, wipeable and uncluttered.
- All consumables should be kept in clinical-grade storage and equipment on work surfaces should be limited to that required for the immediate procedure.
- Cables and leads should be suspended from the ceiling where possible. If this is not feasible they should be risk assessed as a trip hazard.
- All signage and notices should be kept to a minimum, be of relevance and be laminated or within a wipeable folder.
- There should be a complete range of modern endoscopic equipment available, appropriate to the procedures performed on the unit. Equipment should be stored securely when not in use.
- There should be an NED-compliant endoscopy reporting system with a secure printing facility.
- Best practice is to ensure that where there are multiple procedure rooms the equipment layout is the same in each to enable staff to familiarise themselves with the location of essential and, in particular, emergency equipment.
- Where x-ray-guided procedures are undertaken, staff exposure to radiation should be reduced to well within the regulated permitted exposure levels (see *Further resources* section). Rooms should be appropriately lead-lined and staff working within the room suitably protected (lead aprons, glasses, thyroid collars, film badges).

Recovery and discharge

Patient recovery usually comprises of a first and second stage. These areas may be separate or combined as first and second stage or male and female recovery. There should be a dedicated base for patient records and general communications, ensuring that patients can be safely monitored at all times.

First stage: this is required for patients who have been sedated or need to recover on a trolley post-procedure.

- Each recovery space should have an oxygen and suction supply and a clinical monitor providing pulse, blood pressure and oxygen saturation monitoring. ECG monitoring should be readily available if required. Where patients are allocated a private room, pod or cubicle there should be safe methods of monitoring individuals when occupying these rooms.
- There should be sufficient space between each trolley to allow access for resuscitation equipment and an emergency team if required.
- There should be gender-segregated toilets (one in each gender-segregated area and two in a shared area). If external to the recovery area, eg across a corridor, care must be taken to protect respect and dignity when accessing toilets.
- Where private rooms, pods or cubicles are allocated to patients during recovery, care should be taken to ensure that respect and dignity are maintained throughout their stay. Curtains or doors should be used to restrict access when the area is occupied.
- Where trans patients are cared for in an endoscopy setting, care should be taken to meet their needs for respect and dignity. Patient placement should be based on both asking the patient for their preference, and on gender presentation. The NHS, GMC and RCN have clear guidance on caring for trans patients. Local organisation policy should be followed.
- **In England:** there should be gender segregation within recovery. Optimally this will comprise of two distinct areas, each with their own toilet and washing facility. Where screens or room dividers are used to separate a single room into two areas, these should be fixed at wall and floor to the building structure and high enough to make the patients feel that they are in their own room. There should be a separate entrance/exit into each gender area and patients should not have to walk through an opposite gender area to reach facilities such as toilets or the second stage recovery area.
- **Non-acute sector in England:** Where endoscopic procedures are carried out in theatres, eg within the independent sector, theatre first stage recovery may be used but only until patients are medically fit to go back to their allocated rooms. First stage theatre recovery is not required to be gender segregated.
- **In Wales, Scotland and Northern Ireland:** Although gender segregation is not a requirement, steps should be taken to address any patient feedback around respect and dignity. There should be appropriate separation of patients awaiting their procedure from those who have had their procedure.
- **Paediatrics:** Children should be recovered and discharged on a paediatric facility or in a single room on the unit separated from the adult pathway. Children should not be recovered alongside adult patients.

Second stage: This is a communal seated area for patients to occupy prior to discharge, either as a step down from first stage or for patients immediately post-procedure that are not sedated.

- Patients in second stage are dressed and the genders do not need to be segregated as long as the facility is not within an otherwise gender-segregated area.
- Second stage recovery should be clearly separated from first stage. If room dividers are used these should be fixed to the building structure at the wall and floor and high enough to make the patients feel as though they are in a separate room.
- Toilet facilities should be available within or just outside the second stage recovery area. They should be gender-segregated where necessary and accessible without having to pass through an area of the opposite gender.
- Where refreshments are served, crockery should be disposable or washed in an organisation-approved dishwasher. Where food is offered, this should be distributed according to the organisation's food and hygiene policy.
- Once the patient is ready for discharge, there should be a separate room available for private discussion of their clinical care. An area that allows the presence of a relative or friend without compromising the privacy or dignity of other patients or breaching gender segregation requirements is best practice.

The decontamination environment

Reprocessing of endoscopic equipment may take place within the unit, elsewhere within the organisation or off-site. In all instances dedicated decontamination facilities are required.

- Whether the unit occupies a single room or two rooms, there should be a clear separation of dirty and clean equipment and processes.
- Where single rooms are in operation, care should be taken to avoid splash contamination between clean and dirty areas.
- All areas should securely restrict access to all but essential staff.
- All areas should be adequately equipped with medical-grade wipeable surfaces and storage areas should be uncluttered.
- All signage and notices should be kept to a minimum, be of relevance and laminated or within a wipeable folder.
- Ventilation and extraction to these areas should ensure that staff are protected from exposure to fumes from hazardous chemicals.
- Personal protective equipment, spillage kit and first aid kit (including eye wash) should be accessible at all times.
- Chemicals should be stored in accordance with their product sheets and the storage area clearly labelled to indicate the content.
- There should be a separate hand washing sink in addition to the endoscope cleaning sinks. Dedicated clean areas should also have accessible hand washing facilities, which may be in the clean room or just outside.
- The numbers of sinks needed for manual cleaning of equipment will depend on the size of the unit. However, there should be a minimum of one double sink with double drainer which should be of adequate height to prevent back-related injuries. Evidence should be demonstrated of appropriate risk assessment.
- Adequate and appropriate equipment to perform manual cleaning processes should be readily available and protected from splash contamination around sink areas.
- All endoscope reprocessing should be automated. All *endoscope washer disinfectors* (EWDs) must be in good working order and compliant with the relevant health building memorandum (HTM) as assessed by an authorising engineer (Decontamination) (AED).
- Following reprocessing, endoscopes that are not to be used within 3 hours should be stored in a medical grade storage unit to be reprocessed prior to next use or in an endoscope drying/storage cabinet according to manufacturer's instructions with maximum storage periods validated by the unit. Lockable endoscope storage must be in a dedicated clean area.
- Storage should be available for any dirty equipment awaiting transfer to sterile services.

Other areas

Resuscitation area

- A dedicated area within the unit should be identified to house the resuscitation trolley, oxygen, suction and emergency drug box. This should be accessible to all areas in endoscopy.

Stock room and disposal area

- When not in use, large pieces of endoscopic equipment should be stored appropriately. They should not block emergency access within corridors or to rooms.
- There should be readily accessible stock room(s) for the storage of major supplies such as endoscopic accessories, linen etc.
- There should be a dedicated area nearby for the safe disposal of general and hazardous waste.

Staff changing and staff room

- Staff should have access to a dedicated changing area with secure property storage and toilet facilities.
- Larger units may have access to dedicated staff room.

Additional facilities

- Larger units or those with a focus on providing high level or regional training should have access to a seminar room with a video link to the endoscopy unit.

Further resources

There are a number of resources that provide additional information and support when planning any changes within the environment. Some will be nation-specific and organisations should check the relevance to their service.

There are a number of health building notes (HBNs) and health technical memoranda (HTMs) that provide additional guidance on the core elements required within the endoscopy environment in England. These can be accessed from www.gov.uk/government/collections/health-building-notes-core-elements.

- HBN 00-10 – Part A. Design for flooring, walls, ceiling, sanitary ware and windows
- HBN 10 – 02 – Day surgery units
- HBN 23 – Hospital accommodation for children
- HBN 00-03 Clinical and clinical support services
- HTM 03 – 01 Heating and ventilation systems: Specialised ventilation for healthcare.

The following HBN provides additional guidance on the core elements required within the endoscopy environment in Wales and can be accessed from www.wales.nhs.uk.

- HBN 52 – Accommodation for day care, medical investigation and treatment unit.

Other useful guidance and resources include:

- Department of Health (2002). Enhancing privacy and Dignity: Achieving single sex accommodation. NHS Estates, HMSO.
www.gov.uk/government/publications/enhancing-privacy-and-dignity-achieving-single-sex-accomodation
- Royal College of Nursing (2016). Fair care for trans people. www.rcn.org.uk/professional-development/publications/pub-005575
- Health and Safety Executive (2018). Dose monitoring assessment and recording. www.hse.gov.uk/radiation/ionising/doses
- JAG (2018). JAG briefing: Endoscopy as an inpatient area. www.thejag.org.uk/CMS/Page.aspx?PagelId=82
- Chesterfield Royal Hospital. A guide to the endoscopy suite www.youtube.com/watch?v=HCy6MRfHJyY
- The Equality Act (2010). www.gov.uk/guidance/equality-act-2010-guidance

Further information

For further information, please see www.thejag.org.uk/support.

JAG accreditation

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