

Position statement:

The manipulation of endoscopes and accessories by the gastroenterology nurse during endoscopic procedures.

Purpose

This position statement is intended to outline safe practice for gastroenterology nurses who assist with the manipulation of endoscopes and accessories during endoscopic procedures.

Scope of Practice

Applies to all New Zealand gastroenterology nurses who assist in endoscopic procedures.

Preamble

The proceduralist often requires assistance during an endoscopic procedure by way of another person manipulating the endoscope and/or accessories. Gastroenterology nurses who are experienced and competent in the use of the equipment and are well versed in the occupational health and safety requirements related to the use of the electro-surgical equipment may assist in accordance with this position statement.

Definition

Manipulation of Endoscopes is defined by the following principles:

- Manipulation of an endoscope by a gastroenterology nurse means holding, withdrawing, rotating or applying rotational pressure to the insertion tube of the endoscope during an endoscopic procedure. **It does not include forward insertion of the endoscope.**
- Manipulation of accessory equipment by the gastroenterology nurse means operating the control handles of equipment used in carrying out diagnostic and therapeutic endoscopic procedures using both cold and electrosurgical methods.

Roles and responsibilities

The NZNO Gastroenterology Nurses Section supports the position that “the gastroenterology nurse may assist the proceduralist”, providing the following criteria are met:

1. Manipulation of the endoscope

- The proceduralist is responsible for providing clear instruction to the nurse manipulating the endoscope.
- The gastroenterology nurse, who has been instructed and provided with training and is deemed to be competent by the service nursing lead or clinical leader, may assist the proceduralist by holding/withdrawing a straight scope as determined by the proceduralist and/or twisting the endoscope when required to facilitate an endoscopic procedure. When the proceduralist has twisted/torqued the scope, the nurse may hold it in the torqued position without moving the scope forward or backward.
- When manipulating the endoscope, the nurse must have a clear view of the lumen at all times and force should never be used. It is not appropriate for the insertion (forward movement) of an endoscope to be performed by a nurse who has not had formal endoscopy training to the standards of the Conjoint Committee on Recognition of Endoscopy Training (this is a committee convened by the NZ Society of Gastroenterology and the Royal Australasian College of Surgeons). There is no provision for this training within New Zealand at this time.
- The instruction, training and competence assessment is undertaken within the unit. The nurse must be assessed as competent to perform manipulation and this competency is to be documented on the nurses' personal file.
- The nurse has a duty of care to the patient and should not carry out any instruction which they believe to be unsafe, or to perform a procedure in which they do not feel competent to perform.
- When the patient is sedated, a registered nurse, in addition to the nurse manipulating the endoscope, is responsible for managing the care of the patient.

2. Manipulation of Accessories (without electrosurgery)

- Manipulation of the handles of accessory equipment must be under the express and explicit direction of the proceduralist.
- The nurse must be trained and deemed competent by the nurse lead or clinical leader in that instrument before undertaking manipulation of that instrument.
- The instruction, training and competence assessment is undertaken within the unit. The nurse must be assessed as competent to perform manipulation and this competency is to be documented on the nurses' personal file.
- The nurse has a duty of care to the patient and should not carry out any instruction which they believe to be unsafe, or to perform a procedure in which they do not feel competent to perform.
- When the patient is sedated, a registered nurse, in addition to the nurse manipulating the endoscope, is responsible for managing the care of the patient.

3. Manipulation of Accessories (with electrosurgery)

- Manipulation of the handles of accessory equipment used in conjunction with an electrosurgical unit must be under the express and explicit direction of the proceduralist.
- The nurse must be trained and deemed competent in the safe operation of the electrosurgical unit and accessories.
- Diathermy settings should always be ordered by the proceduralist and the nurse should confirm the setting with the proceduralist prior to use of the diathermy. Any changes to these settings should be determined by the proceduralist and audibly repeated by the nurse and reaffirmed by the proceduralist.
- It is the responsibility of the proceduralist to operate the control pedal of the diathermy unit.

- The instruction, training and competence assessment is undertaken within the unit. The nurse must be assessed as competent to perform manipulation and this competency is to be documented on the nurses' personal file.
- The nurse has a duty of care to the patient and should not carry out any instruction which they believe to be unsafe, or to perform a procedure in which they do not feel competent to perform.
- When the patient is sedated, a registered nurse, in addition to the nurse manipulating the endoscope, is responsible for managing the care of the patient.

Consultation

This position statement has been developed following review of the international standards and consultation with the New Zealand Society of Gastroenterologists.

References

- GENCA (2011) The manipulation of endoscopes and accessories by the gastroenterology nurse during endoscopic procedures. Available online http://www.genca.org/public/5/files/PS_Manipulation.pdf
- SGNA (2012) Manipulation of endoscopes during endoscopic procedures. Available online <http://www.sgna.org/Education/PositionStatements.aspx>
- NZ Conjoint Committee for Recognition of Training in Endoscopy. Available online <http://www.nzsq.org.nz/uploads/Guidelines.0408.doc>

Date: February 2015

Review Date: February 2018.