



Introduction to the Function of an Endoscopy Theatre Assistant / Technician

Endoscopy assistants or technicians are healthcare support personnel who assist physicians and nurses in gastrointestinal diagnostic procedures and ensuring a high standard of care to patients attending the Endoscopy Unit while working within company policies and procedures.

Providing technical assistance during diagnostic and therapeutic Endoscopic procedures while ensuring safe working practice.

Endoscopy Theatre Technicians are responsible for, patient transport, patient handling and positioning, Theatre equipment set-up and maintenance, consumables restocking, theatre cleaning between procedures.

Ensuring maintenance of the working environment and associated equipment and ensuring standard precautions are followed whilst practicing within OH&S and Infection Control guidelines and standards.

Theatre Technicians will practice within the core values of GCUH and maintain personal contact with patients and relatives, being sensitive to their needs for courtesy, dignity and privacy and always ensuring a friendly environment.

Overall the technician will form an integral part of a multi-disciplinary team and will be required to provide a highly responsive and flexible service to medical staff, nursing staff, patients and their carer's, while upholding a high level of professionalism

Basic Job Functions

1. Set up and maintenance of the operating room prior to cases

- Setup theatre equipment as required for the procedure) and check functionality. (see: [Room Setup guide](#)) Ensuring that all equipment functions correctly prior to and during procedures.
- Replenishing consumables such as, gloves, masks, aprons, eye protection, traps

2. Preparations and actions prior to transporting of patients to the operating suite

- Effectively communicating with the patient in and professional manor to ensure the patient is both comfortable and informed. Tell them your name, your job function and communicate through every process
- Make sure the patient is on the correct trolley relative to the procedure. Note: Where X-ray is required, the patient must be on an X-ray compatible trolley with the patient's head positioned at the correct end of the trolley to ensure the C-Arm of the X-ray machine has access as required
- Ensure the patient trolleys has attached both an oxygen bottle with adequate contents as well as a drip pole securely attached
- Ensure patient trolleys have procedure specific bedding accessories i.e.: Extra pillow for a gastroscopy, Slide sheets under the patient for a colonoscopy, ERCP, EUS.... ECT.
- Communicate with all relative theatre staff to ensure readiness for the patient to be brought into the theatre.
- Once ready; make sure the patients head is close to the end of the bed for rapid emergency access
- Position the patient using all specific accessories as required for the specific procedure (see: [Patient positioning Guide](#)). I.e. pillow behind the patients back for a gastroscopy, a safety belt around patient's waist for a Colonoscopy, Gels, Roll and small square head rest for an ERCP etc.
- Cover patients with blankets or other heating equipment to maintain patient's temperature.

- Enter the theatre either Headfirst or Feet first relative to the procedure and the specific Theatre.
- Position the patient trolley in the correct position within the room. Note: If the patient is having a general anaesthetic, the patient and trolley must be positioned close to the anaesthetic machine (follow the instructions of the anaesthetist)

3. In Theatre pre-procedure preparations and functions

- Anaesthetic staff will connect patient monitoring
- Move all equipment into position in readiness.
- Raise or lower the patient trolley to the appropriate height for the proceduralist
- Lower the pendant monitor to the correct height.
- Once Time Out has been completed and all theatre staff are ready, set the appropriate room lighting conditions – dim the lights.
- Lower side rails and stay beside patient for patient safety
- Place an absorbent pad (Bluey or Pinki) under the patient's head or buttocks relative to the procedure

4. Assisting within the operating rooms as required including

- On the camera stack, turn the CO2 and water on and when the proceduralist is ready, turn the light on for the scope.
- If required, apply procedure specific pressure to patients as instructed by the proceduralist
- If required, attach Specimen Traps, retrieve specimens and decant trap contents appropriately.
- If required, re-position patients during procedures as instructed (see: [Patient positioning Guide](#)). Patient lifting and positioning within the operating suite is done in conjunction with anaesthetic, surgical and nursing teams. Use only techniques approved by GCUH and observe safety precautions
- At the end of the procedure, turn the light off for the scope and push the camera stack back
- Put the side rails for the bed up and locked
- Turn on all theatre lights
- If required, re-position patients as directed by the Anaesthetist. Patient lifting and positioning within the operating suite is done in conjunction with anaesthetic, surgical and nursing teams. Use only techniques approved by GCUH and observe safety precautions

5. Transporting patients from the operating suite to recovery

- Connect oxygen tubing to the oxygen cylinder as directed and turn oxygen on to the level instructed by the anaesthetist.
- Erect the drip pole for the anaesthetist to hang any fluids or drivers attached to the patient
- Bed rails must be raised and locked into position to ensure patient safety
- Raise the trolley to a safe height reduce the risk of back injury to yourself
- Place the patient trolley on steer prior to transport.
- Do not take the patient from the theatre without the anaesthetist

- With the anaesthetist, push the patient trolley into the appropriate recovery bay, leaving enough room behind the head of the bed to allow airway access if required.
- Remove the oxygen tubing from the oxygen bottle at the end of the bed and re-connect it to the oxygen source on the recovery bay wall. Turn the oxygen level on the wall to the same level as instructed by the anaesthetist.
- Take the replacement monitoring module out of the monitoring equipment on the recovery bays wall and plug in the patients monitoring module (attached to the patient).
- Return the replacement monitoring module to the anaesthetic machine in the theatre the procedure was performed
- Perform cleaning functions of general equipment and the theatre environment after each procedure

6. Meal / Tea Breaks

- Lunch break (30 minutes) is to be taken somewhere between 12pm – 1pm dependant on operational needs i.e.: time List finishes, pack up, cleaning etc. If Lists finish early, liaise with other colleagues and prioritise lunch breaks so everyone can get a meal break. If Lists run over time and you are unable to relieve for lunch breaks, liaise with endoscopy management.
- Morning and Afternoon Tea breaks are taken during their respective Lists (10-15 minutes on each occasion). It is unlikely you will be relieved for these breaks. As such tea breaks should be taken in consultation with the procedure room team and taken accordingly to facilitate the Procedure Lists.
- Note – Take Morning Tee and Afternoon Tea when starting long procedures (No a Gas or Flexi)