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Endoscopy Services Inspection Checklist- Random

Name of the Facility: _____

Date of Inspection: ____/____/____

Ref.	Description	Yes	No	N/A	Remarks
5	STANDARD ONE: REGISTRATION AND LICENSURE PROCEDURES				
5.6.	The health facility shall provide documented evidence of the following:				
5.6.1.	Transfer of critical/complicated cases when required				
5.6.2.	Patient discharge.				
5.6.3.	Clinical laboratory services.				
5.6.4.	Equipment maintenance services.				
5.6.5.	Laundry services.				
5.6.6.	Medical waste management as per Dubai Municipality (DM) requirements				
5.6.7.	Housekeeping services.				
5.7.	The health facility shall maintain charter of patients' rights and responsibilities posted at the entrance of the premise in two languages (Arabic and English).				
5.8.	The health facility shall have in place a written plan for monitoring equipment for electrical and mechanical safety, with monthly visual inspections for apparent defects.				
5.9.	The health facility shall ensure it has in place adequate lighting and utilities, including temperature controls, water taps, medical gases, sinks and drains, lighting, electrical outlets and communications.				
6	STANDARD TWO: HEALTH FACILITY REQUIREMENTS				
6.3.	The health facility should install and operate equipment required				

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	for provision of the proposed services in accordance to the manufacturer's specifications.				
6.5.	The health facility design shall provide assurance of patients and staff safety.				
7	STANDARD THREE: HEALTHCARE PROFESSIONALS REQUIREMENTS				
7.1.	To conduct endoscopic procedures the physician should be DHA licensed consultant/specialist.				
7.2.	Surgical Endoscopy procedures should be a Consultant led service in a Hospital setting.				
7.4.	All healthcare professionals in the health facility shall hold an active DHA professional license and work within their scope of practice.				
7.5.	All healthcare professionals who provide patient care shall maintain a valid Basic Life Support (BLS) certification.				
7.6.	At least one healthcare professionals working in Endoscopy procedure room should maintain a valid training/certification in Advanced Cardiac Life Support (ACLS).				
7.8.	Adequate Registered Nurses (RNs), Assistant Nurses (ANs) and/or Operation Theatre Technicians should be present to assist with the technical aspects of the endoscopic procedures. Complex interventional procedures, such as Endoscopic ultrasound (EUS) and ERCP may require additional staff for efficiency, safety and quality.				
7.9.	The health facility shall employ a biomedical engineer or maintain a contract with a certified maintenance company to ensure safety and efficiency of equipment.				
8	STANDARD FOUR: PATIENT CARE				
8.3.	The patient must sign the informed consent that elaborates risks, benefits and alternatives before the endoscopic procedure. The minimum criteria for informed consent is in the Appendix 3 .				

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8.4.	A comfortable treatment environment should be provided in the endoscopy facility and assure patient privacy.				
8.5.	Patient Assessment				
a.	The health facility shall have a written and signed transfer agreement with a hospital capable of managing endoscopy related complications. This transfer agreement shall detail the transfer plan of the patients.				
9	STANDARD FIVE: EQUIPMENT USE AND MAINTENANCE				
9.1.	Endoscopes should be stored safely, hanging vertically in cupboards through which air can be circulated and should be based on the manufacturer's recommended shelf life for storage and reprocessing.				
9.4.	All equipment shall be properly calibrated and adjusted.				
9.5.	All repairs and maintenance shall be accurately documented.				
10	STANDARD SIX: DISINFECTION OF ENDOSCOPES				
10.3.	All endoscopes shall be stored in a way that prevents re contamination and promotes drying (e.g., hung vertically) ^{1, 2}				
11	STANDARD SEVEN: ENDOSCOPIC SEDATION				
11.2.2.	The procedure room shall maintain electronic equipment to monitor and display pulse, blood pressure, oxygen saturation, electrocardiogram, source of oxygen and suction for the mouth.				
11.2.3.	A written policy for equipment checks and maintenance shall be in place and a log to monitor compliance should be maintained.				
12	STANDARD EIGHT: PATIENT MONITORING				
12.2.	The health facility shall have procedures in place to rescue patients who are sedated deeper than intended.				
12.4.1.	Capnography in EUS, ERCP and colonoscopy is used to assess adequacy of ventilation to reduce the incidence of hypoxemia and apnea. Capnography may be considered for the performance of endoscopy under deep sedation and use of CO2 insufflation.				

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12.5.	Documentation of the clinical assessments and monitoring data during sedation and recovery is required.				
13	STANDARD NINE: EMERGENCY MANAGEMENT				
13.1	Appropriate pharmaceutical agents, oxygen, oral suction, laryngoscope, ambu bag and defibrillator should be readily available in the health facility.				
13.2	The health facility should ensure periodic training and education for staff in the use of equipment for emergency management. Training and assessment of competency should be documented as per the requirements of the training provider.				
14	STANDARD TEN: INFECTION CONTROL				
14.5.1	Maintain material safety data sheets for all chemicals used for cleaning and disinfection. These sheets should detail the safe and proper use and emergency protocol for a chemical. Material safety data sheets should be used for training staff on each chemical's safe use.				
15	STANDARD ELEVEN: PERSONAL PROTECTIVE EQUIPMENT (PPE)				
15.4	Contaminated clothing should be placed in a bag and identified as potential biohazardous. The bag with the contaminated clothing should be sent to a laundry capable of cleaning and disinfecting them.				
17	STANDARD THIRTEEN: REUSABLE MEDICAL EQUIPMENT				
17.2.	Final rinse water of the endoscope washer disinfectant and rinse sample cultures for endoscopic channels and water bottle should be tested on a monthly basis.				

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