

# Anesthesia management of ECT during Pandemic- changes from usual process

04092020

- A. PPE for anesthesia staff:
  - 1. Double glove
  - 2. Disposable gown
  - 3. N95 or equivalent
  - 4. Face shield
  - 5. Consider goggles
  
- B. Additional equipment
  - 1. HEPA filter- one for each patient (write name on filter and save in labelled brown bag for each treatment). Attach between valve and mask of BVM.
  
- C. Preoperative
  - 1. The patient is called the day before ECT by nursing to ask if any symptoms concerning for covid-19, such as fever, cough, or dyspnea. If positive symptoms, they are directed to call their PCP and ECT is cancelled.
  - 2. On the day of procedure, the nursing team repeats question regarding symptoms of covid-19. If positive, the patient is given a mask to wear, ECT is cancelled and the patient is told to call their PCP.
  - 3. All patients are given a surgical mask prior to coming into procedure room.
  
- D. Procedure
  - 1. Use contact, droplet and airborne precautions (see PPE above). Use hand hygiene:
    - i. Before and after removing outside pair of gloves (sanitizer).
    - ii. After contact with soiled or contaminated areas, such as oral secretions (sanitizer, glove removal, sanitizer, new gloves).
    - iii. Before touching the pyxis or computer (sanitizer over gloves).
    - iv. After EVERY contact with the patient (sanitizer over gloves).
  - 2. Designate a “dirty” area where all items that have contacted the patient may be placed, such as airway equipment and syringes.
  - 3. When giving PPV, ensure an excellent mask seal during inspiration and expiration to avoid possible dispersion of covid-19.
  - 4. After seizure, when patient breathing spontaneously and ready for transfer to the recovery area, administer oxygen by nasal cannula and place a surgical mask on the patient.
  - 5. Wipe off high-touch surfaces of the patient bed before it leaves the procedure room.
  - 6. Wait at least 20 minutes from the last positive pressure breath or patient coughing until the next patient is brought into the procedure room. This should allow any aerosolized virus to clear through the room’s ventilation system. Infection Prevention recommends that the patient may be brought to the recovery area without need to wait as minimal risk of virus spreading to the recovery area.
  
- E. Post procedure
  - 1. BVM discarded.

2. ECT nurse cleans monitors and nursing area.
3. Anesthesia team cleans anesthesia area, including “dirty” area.
4. Ensure new gloves and cleaned face shield.