Electroconvulsive therapy during COVID-19 pandemic

Electroconvulsive therapy (ECT) is deemed an essential service. Only those patients who are acutely psychotic or considered high risk for deteriorating if treatment was to be suspended, are selected to receive treatment during the pandemic.

All patients are screened using standard screening forms for symptoms and travel. Patients are screened twice –by phone call the day before they come to hospital and screened again face to face once they are in hospital. A no visitor policy should be in place during the pandemic.

For patients who screen negative and are symptom negative, the ECT treatment proceeds with anesthesia staff, assisted by an anesthesia assistant (AA), performing general anesthesia and airway management wearing the following PPE:

- Gloves, 2 pairs
- Level II Gown
- Face protection either a mask with visor attached, safety goggles or a full face visor
- N95 mask

This PPE is recommended given that patients are provided oxygen via an Ambu bag and because patients often cough after waking from the treatment. Both of these place the anesthesia team at possible risk of exposure from droplets or aerosol. The other team members wear full PPE with either a surgical facemask or an N95.

The outer gloves should be changed after each patient.

Gowns, mask, and face protection should be changed only if they become soiled or compromised in any way. Masks should also be changed if they become moist and therefore the integrity of their filter ability cannot be guaranteed.

4 patients are treated per hour (total 22-25 patients a day)

Both the ECT treatment room and post-anesthesia care unit (PACU) are converted to negative pressure rooms (where feasible) and the door between both should be kept closed as much as possible.

Each Ambu bag has an attached HEPA filter.

Good pre oxygenation for at least 3 minutes prior to ECT is recommended to reduce the chance of desaturation after treatment.

BMV is avoided to reduce aerosolization. Placing an oral airway (other than the bite block) is avoided unless necessary.

If BMV is required, there is to be a delay of 30 minutes before the next patient can enter the treatment room to allow potential aerosols to settle (as per infection prevention and control recommendations).

The bite block is single-use and discarded in a biohazard refuse bag.

Post treatment the ambu bag / mask is held on the patient with a tight seal and high flow O2, for longer than usual even when the patient regains full spontaneous ventilation to facilitate adequate oxygenation and avoid open coughing.

A surgical mask is placed on the patient's nose and mouth prior to transfer to the recovery room.

3 patients are managed in the PACU at any given time to allow for the 6ft distance to be maintained between patients. Recovering patients are placed at least 6 feet apart and only after their coughing post-procedure has ceased.

All equipment, facemasks and the O2 nozzle are cleaned and wiped with Caviwipes.

Provided by: Dr. Karen Foley (University Health Network – Toronto General Hospital)
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