


<b>WORK STANDARD</b>	 <b>Saskatchewan Health Authority</b>		<b>Title: ECT – Inpatients Protocol – PANDEMIC PLAN ONLY</b>
	<b>Role performing Activity:</b> Anesthesia, Psychiatry and Nursing Role in ECT Suite		
	<b>Location:</b> Saskatchewan Health Authority	<b>Department/Unit:</b> Mental Health & Addiction Services	
	<b>Document Owner:</b> Provincial Head, Anesthesiology	<b>Date Prepared:</b> April, 2020	
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<b>Related Policies/Documentation</b>			

**Work Standard Summary:** The purpose of this WS is to identify the care delivery process for ECT in the ECT Suite within the Saskatchewan Health Authority (SHA). It is explicitly recognized this Work Standard may need to be adapted to specific local practice and resources.

<b>Essential Tasks: All psychiatrists will identify patient for whom ECT is the therapy of choice after considering alternatives including IV Ketamine infusion. Psychiatry will then consult Anesthesiology.</b>	
1.	Psychiatrists to obtain consent for treatment specific to ECT Therapy – education, risks and benefits are to be explained as a part of this consent process.
2.	Perform hand hygiene as per the 4 moments of hand hygiene. Refer to <a href="#">SHA-02-005 Hand Hygiene</a> for more information.
3.	<p>All patients being considered for ECT Therapy will undergo <a href="#">COVID-19 Screening/Testing</a> per current SHA protocol.</p> <ul style="list-style-type: none"> <li>• Refer to <a href="#">CV-19 A0015 Management of ECT Patients during COVID-19</a> for actions/precautions to take based on COVID-19 screening/testing.</li> <li>• If patient screens negative, Routine Precautions are to be followed.</li> <li>• If the patient screens positive or is known COVID-19 positive:               <ul style="list-style-type: none"> <li>○ The ECT will be carried out in a negative pressure room, if available, or in a separate private room.</li> <li>○ All Healthcare Workers (HCW) in the room are to take full <a href="#">Droplet/Contact Plus (fitted N95 masks) Precautions</a>.</li> </ul> </li> </ul> <p><b>NOTE:</b> One N95 mask can be worn for all ECTs unless the PPE is visibly soiled in-between cases. Refer to <a href="#">CV-19 G0006 Continuous and Extended PPE Use Guidelines - Acute Care</a> for more information.</p>
4.	<a href="#">Settle times</a> for any <a href="#">AGMP</a> will need to be observed prior to the subsequent case.
5.	Pre-oxygenation should be adequate and patients can hyperventilate, if needed, while awake and breathing spontaneously.
6.	It is suggested to avoid aggressive bag mask ventilation as far as possible in order to reduce AGMP, utilize apneic oxygenation and use barrier precautions such as plastic drapes etc. post general anesthesia induction.
7.	Please ensure an advanced stage of patient recovery with no airway obstruction prior to starting the next case.
8.	Patients should have an oxygen mask placed when appropriately in the recovery phase, with a surgical mask placed on top of the oxygen mask to minimize droplet exposure for staff.
9.	Fresh gas flow should be less than 15 liters per minute for pre and post ECT oxygenation.
10.	Recovery takes place in the Recovery Room with patients separated by at least 2 meters.
11.	Continue to monitor vital signs and scoring as per day surgery record sheet until standard PACU discharge criteria are met.
12.	Once step 11 is achieved, call the unit to arrange for patient to be transferred back to appropriate unit.
13.	Report off to the accepting care nurse.
14.	Primary nurse to follow post ECT standards re: continued monitoring.