


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

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.

Essential Tasks: Outpatient ECT should be considered on a limited basis only, especially if a negative pressure room for doing ECT is not available. Psychiatry will identify patients for whom outpatient ECT is the therapy of choice, after considering alternatives including IV Ketamine infusion. Psychiatry will then consult Anesthesiology and a decision made jointly whether to proceed with an outpatient ECT therapy.	
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 SHA-02-005 Hand Hygiene for more information.
3.	<p>All patients being considered for ECT Therapy will undergo COVID-19 Screening/Testing per current SHA protocol.</p> <ul style="list-style-type: none"> • Refer to CV-19 A0015 Management of ECT Patients during COVID-19 for actions/precautions to take based on COVID-19 screening/testing. • If patient screens negative, Routine Precautions are to be followed. • If the patient screens positive or is known COVID-19 positive: <ul style="list-style-type: none"> ○ The ECT will be carried out in a negative pressure room, if available, or in a separate private room. ○ All Healthcare Workers (HCW) in the room are to take full Droplet/Contact Plus (fitted N95 masks) Precautions. <p>NOTE: One N95 mask can be worn for all ECTs unless the PPE is visibly soiled in-between cases. Refer to CV-19 G0010 Continuous and Extended PPE Use Guidelines - Primary Care for more information.</p>
4.	Settle times for any AGMP 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.	Drink/snack can be offered at this time – if appropriate.

12.	Continue to monitor vital signs and scoring as per Day Surgery record sheet until standard PACU discharge criteria are met.
13.	Make call to patient's contact for safe ride home – provide belongings back to patient to change.
14.	Review discharge information and confirm next appointment date. The discharge order may be signed either by Psychiatry or Anesthesiology.
15.	Environmental Services to clean and disinfect treatment space after patient discharge.