RÉSEAU DE SANTÉ Horizon HEALTH NETWORK

Infection Prevention & Control Guideline: For Delivery of Electroconvulsive Therapy During COVID-19 Pandemic – All Phases

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Version 3

Preamble:

Electroconvulsive therapy (ECT) is a non-pharmacologic treatment option for a subgroup of patients with severe mood disorder. It is essential that this therapy continue to be provided for patients under the direction of their treating psychiatrists during the COVID-19 pandemic. This treatment requires general anesthesia and airway management (bag mask ventilation) which is an Aerosol Generating Medical Procedure (AGMP). ECT should be provided in a manner which mitigates the risk of COVID-19 transmission to healthcare workers (HCWs) while maintaining access for patients requiring this therapy in all pandemic phases.

Selection Criteria:

1. Patients must meet recognized selection criteria for ECT as per their treating psychiatrist.
2. Baseline psychiatric/cognitive status must be documented as a reference point for evaluating clinical response over time.
3. General medical conditions that may be associated with an increased risk of adverse events from ECT must be identified and treated.
4. Psychiatrists proposing induction/maintenance ECT should consider the following:
    - Has a trial of appropriate alternative therapy been thoroughly pursued where possible?
    - Should concurrent pharmacologic therapy be provided to optimize ECT response?

Active Screening for COVID-19 Symptoms and Risk Factors:

1. Patients are screened for COVID-19 symptoms and risk factors at the time of booking (no more than 72 hours prior to ECT procedure) as per the COVID-19 Testing Algorithm (Admission/Emergency Department/Pre-Op).
2. Obtain COVID-19 swab for patients with **symptoms or exposure risk factors** no more than 72 hrs. prior to ECT procedure. Tested patients will be requested to limit social contacts between the COVID -19 test date and their procedure date. In situations where physical distancing is not possible, patients will be asked to wear a face mask. This testing is to determine if it is safe to undergo ECT. A PCR test will be performed by the provincial laboratory at the Dr. Georges-L.-Dumont University Hospital Centre. (Testing is unnecessary in a symptomatic patient who has had COVID-19 within the past 30 days, or an asymptomatic patient who has a history of COVID-19 in the past 90 days). If COVID-19 test is positive ECT will be cancelled until clinical recovery and isolation no longer required. Consult infection control/medical microbiology if uncertain if positive test represents previous infection.
3. Patients meet COVID-19 screening criteria upon entry into any Horizon facility, and upon arrival to the ECT treatment area on the day of the procedure.
4. Patients who fail symptom screening or where the screening questionnaire cannot be reliably performed on the day of their procedure will require:
    a. Isolation using Droplet/Contact Precautions.
    b. Clinical assessment.
    c. Rapid COVID-19 testing using the GeneXpert platform (+/- Influenza A/B and RSV).
    d. If COVID-19/Influenza/RSV testing is positive, ECT will be cancelled until patient clinically recovered and no longer requires isolation precautions.
    e. If COVID-19/Influenza/RSV testing is negative, ECT may proceed depending upon anesthesia risk assessment.

5. Asymptomatic outpatients who screen positive for exposure risk factors:
    a. Are eligible for ECT after 7 days from last risk exposure **or**
    b. Are eligible to undergo ECT under Full Precautions or
    Contact microbiology for rapid testing approval. If the COVID-19 rapid test is approved and negative on the day of procedure the ECT procedure can proceed following Droplet/Contact precautions.

Procedure:

1. ECT should be provided for inpatients and outpatients.
2. Patient should wear a medical grade face mask and practice hand hygiene when they enter the facility. This mask will be worn throughout their time in the facility when not actively receiving ECT.
3. A minimum number of HCWs should be present in the room during the procedure, ideally 3 HCWs should be present, with a maximum of 4.
4. ECT should be performed in compliance with the Standard Operating Procedure IPC Guidance Performing an AGMP During Patient Resuscitation and Other Scenarios Flow Diagram.
    a. Asymptomatic patients who screen positive for risk factors but have not had a rapid COVID-19 test performed will be managed under Full Precautions. ECT will be performed either in an airborne infection isolation room or a single room with the door closed. The patient/HCWs may exit the room prior to air clearance time. Full precautions must be followed by all HCWs who enter the room until air clearance time has elapsed. Refer to IPC Guidance Performing an AGMP During Patient Resuscitation and Other Scenarios Flow Diagram for direction on HCWs exiting the room after AGMP before air clearance time.
    b. All other patients will be managed under Droplet/Contact precautions during the procedure. Where possible, ECT will be performed in a single room with the door closed.
5. The patient will receive at least 3 minutes of pre-oxygenation by nasal cannula or face mask using low flow oxygen with goal of maintaining an oxygen saturation close to 100%.
6. General anesthesia should be administered with low flow oxygen and adequate positive pressure ventilation using bag valve mask with an attached HEPA filter. Two hand technique should be performed where possible.
7. A medical grade face mask will be placed back on the patient once safe to do so when spontaneous ventilation is achieved.

Post-Procedure:

1. Asymptomatic patients who screen negative for risk factors on the day of procedure can be managed with routine precautions post-procedure.
2. Asymptomatic patients who screen positive for exposure risk factors on day of procedure are managed on Droplet/Contact Precautions post-procedure. Patients will remain on Droplet/Contact Precautions for 7 days from time of last risk exposure unless COVID-19 is subsequently diagnosed.
3. Symptomatic patients with a negative COVID-19 test (+/- Influenza/RSV) with or without risk factors on day of procedure or when adequate history cannot be obtained, are managed on Droplet/Contact Precautions.
    - Symptomatic patients with exposure risk factors will remain on Droplet/Contact Precautions for 7 days from time of last risk exposure unless COVID-19 is subsequently diagnosed. COVID-

19 positive patients will remain on Droplet/Contact Precautions for 10 days IPC Guidance - Strategy for Discontinuing IPC Precautions (All Phases).

- Symptomatic patients without risk factors will remain on Droplet/Contact precautions until clinical improvement over 48hrs. Consultation with IPC recommended for situations of clinical uncertainty.

4. Routine cleaning is appropriate after suspect COVID-19 patients receive care.
5. Terminal cleaning is required after proven COVID-19 patients (or other indications such as MRSA) receive care.

Related Documents

COVID-19 Testing Algorithm (Admission/Emergency Department/Pre-Op)
IPC Guidance - Performing an AGMP During Patient Resuscitation and Other Scenarios Flow Diagram
IPC Guidance - Strategy for Discontinuing IPC Precautions (All Phases)