## COVID-19 ECT Workflow

### Screening
- An ECT clinic nurse will ask screening questions to patients before they enter the waiting room. Screening questions will be
  - Fever
  - Cough
  - Nasal congestion
  - Runny nose
  - Sore throat
  - Known exposure to other people who are COVID positive
- The anesthesiologist is empowered to cancel the patients if they have any of these symptoms. Screening can also be done over the phone by UCO.

### Room Setup & PPE
- There should be no more than **2 patients** in the ECT area (separated as far away as possible) at any time.
- Use disposable i-gels instead of bite blocks for the procedure.
- Use HEPA filters between i-gels and Ambu bag.
- Every bay will have a large plastic bag for disposing of contaminated items immediately after the procedure. All used airway equipment including i-gel, tongue depressor, suction tubing, suction tip, face mask and tubing will go to a separate trash bag immediately after use and will be disposed of.
- Restrict the number of personnel in the ECT area to the bare minimum.
- **All personnel treating patients will need Eye shields, N95 respirators, Gown and double gloves. N95 respirators can be reused if not misshapen or grossly contaminated.**

### Induction
- Use the usual induction plan, place i-gel once patient is apneic, start PPV through i-gel.
- Place bilateral bite blocks lateral to i-gel to reduce risk of dental injury during seizure.
- Remove i-gel once treatment is done and patient starts breathing spontaneously. Place face mask on the patient during recovery.
- Please remember to stick the suction tip into the paper bag it comes in immediately after each use until disposed of.
- In rare cases of difficult i-gel placement, suggest sticking with PPV with tight fitting face mask. If intubating, please use McGrath.
- Consider using Glycopyrrolate in patients known to develop excessive secretions with treatment.

### Recovery
- Only when the first patient has finished treatment and is stable should the next patient be walked into the clinic area. This would hopefully minimize aerosol risk to patients.
- Patients should stay on **O2 face mask** (not nasal cannula) till they are ready for discharge. Face masks afford better protection.

### Decontamination
- Electrode decontamination between patients will be done by the ECT nurse.