

## Memorandum

**To:** Designated Inpatient Units, Designated Agency Crisis Bed Managers, and Designated Agency Emergency Services Directors

**From:** Sarah Squirrell, Commissioner, Department of Mental Health  
Mourning Fox, Deputy Commissioner, Department of Mental Health  
Dr. David Rettew, CAFU Medical Director, Department of Mental Health  
Dr. Thomas Weigel, Medical Director, Department of Mental Health

**Date:** March 24, 2020

**Subject:** Recommendations Regarding Changes in Medical Clearance Procedures for Individuals Seeking Psychiatric Hospitalization

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In light of the additional strains on emergency departments and heightened risk of exposure to the novel coronavirus, the Vermont Department of Mental Health (**DMH**) **recommends that psychiatric hospitals and other higher-level mental health facilities re-evaluate their medical clearance requirements for admission.** While there obviously remains a high need for variables such as vital signs and screening questions regarding risk of coronavirus infection, the risk/benefit ratio for obtaining other typically required laboratory studies such as electrolytes, complete blood counts, and other routine studies has shifted for many patients. Consequently, **it may be in the best interests of both patients and health care clinicians to temporarily eliminate some routine laboratory requirements unless there is a clinical indication.** Doing so may also allow some voluntary patients to be admitted to psychiatric facilities without the need of going to an emergency department as they instead receive this clearance through their primary care clinician or local urgent care center.

We acknowledge that the specific medical clearance procedures need to take account of many factors, including the medical capabilities of the receiving psychiatric facility. DMH also acknowledges that the ultimate decision regarding medical clearance procedures continues to rest with the mental health facility itself.

DMH appreciates consideration of these recommendations with the hopes that they may reduce exposure risk to patients in mental health crisis and lessen the burden to our emergency medical system. Should circumstances changes, further recommendations or adjustments may be made.

