
Coronavirus Guidance

The Department of Mental Health is providing this guidance for all providers of mental health services in light of the Coronavirus.

INPATIENT PSYCHIATRIC UNITS

Quarantine

Per Licensing & Protection: To quarantine a person on an inpatient unit, a direct consultation with the [state epidemiologist](#)¹ is necessary. The state epidemiologist must concur that the individual requires being quarantined. It is then the hospital's responsibility to try all other methods of preventing the spread of disease and to

- 1) clearly document those attempts, with detail of why they were inefficient or ineffective; and
- 2) clearly establish that seclusion/quarantine is the last resort.

Procedures for a symptomatic patient who refuses testing

Per Licensing & Protection: This may be a situation that requires an EIP, as having COVID 19 can be life threatening. As always, **you must clearly document the need for an EIP**. In this situation, consider the following steps.

1. Contact either the state epidemiologist or consult with your in-house infection control nurse to confirm medical necessity.
2. Documentation must include all other means that have been tried to gain compliance from the patient for the test, and why the test is a medically necessary procedure.
3. If no test is immediately available, consider treating the patient as positive for the virus, for purposes of precautions/quarantine etc.

¹ To report a suspected or confirmed case of disease, contact the Infectious Disease Epidemiology Program at 802-863-7240 or 800-640-4374 (within Vermont only) from 7:45 a.m. through 4:30 p.m. on business days. An epidemiologist is available 24/7 for diseases that require prompt public health follow-up.



RESIDENTIAL PROGRAMS

In addition to the risk of contracting the virus from staff, residents also go into the community, where they may encounter an individual who is carrying the Coronavirus. For these reasons, all residents should be closely monitored for new or changing symptoms. The Vermont Department of Health recommends

- 1) taking residents' temperatures 1-2 times per day to monitor for fever,
- 2) monitoring residents for newly developed cough or an increase in coughing for those who routinely cough, and
- 3) monitoring for shortness of breath where it did not exist before.

PSYCHIATRIC ADMISSION

Inpatient units have stated they want medical clearance for admissions; however, inpatient unit leadership has stated that clearance from a PCP, an FQHC or another medical provider is acceptable. In addition, inpatient unit leadership has stated they will require Coronavirus screening questions. This is to minimize the number of people going to Emergency Rooms and risking exposure to the Coronavirus or the disease (COVID 19).

If your local hospital agrees, DMH supports the use of telehealth to complete a crisis assessment for Emergency Department assessments. Please note, however that

- 1) the telehealth assessment cannot be the reason for any delay of the assessment or screening,
- 2) it must be completed by using as large a monitor as is possible (In order of preference: video monitor, laptop, iPad). **Cellphones are not acceptable.**
- 3) All assessments must be either face-to-face or via telehealth. **Telephone screening will not be permitted.**