


Name of Policy: <u>DUTY TO WARN</u> Policy Number: 3364-120-39 Department: Nursing Service Approving Officer: Chief Nursing Officer (CNO) / Service Chief Responsible Agent: Chief Nursing Officer (CNO) / Service Chief Scope: The University of Toledo Medical Center	 Effective Date: 4/1/2023 Initial Effective Date: 6/1/14				
<table> <tr> <td><input type="checkbox"/> New policy proposal</td> <td><input checked="" type="checkbox"/> Minor/technical revision of existing policy</td> </tr> <tr> <td><input type="checkbox"/> Major revision of existing policy</td> <td><input type="checkbox"/> Reaffirmation of existing policy</td> </tr> </table>		<input type="checkbox"/> New policy proposal	<input checked="" type="checkbox"/> Minor/technical revision of existing policy	<input type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Reaffirmation of existing policy
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(A) Policy Statement

Any patient who clearly presents a foreseeable risk of harm to an identifiable potential victim will be placed on homicidal precautions and checked every fifteen minutes and/or additional observations level by staff. Implement the duty to protect requirements per Ohio Revised Code Section 5122.301 and 2305.51 to protect against existing threat to life or serious bodily injury to another person.

A. If the risk is imminent (specific plan and weapon identified), the psychiatrist will be contacted to discuss duty to warn requirements.

B. If AWOL:

1. The psychiatrist will be notified by the charge nurse of AWOL status.
2. The psychiatrist and/or designee will notify the potential victim and call the police.
3. In all cases, applicable requirements of Ohio Revised Code (5122.301) re: duty to warn shall be followed.

(B) Purpose of Policy

To address when a foreseeable risk of harm to a potential victim is identified

(C) Procedure

- A. Any threat made by a patient against a third party to any staff member will be entered into the medical record. Any mental health professional to whom an explicit threat of serious physical harm to another person or persons or identifiable structure is made, or who is made aware by a knowledgeable person of an explicit threat made by a patient, will complete the Duty to Protect Form and initiate the process.
- B. Any explicit threat by a patient shall be promptly communicated by the individual who heard the threat or was made aware of the threat, to the patient's treatment provider or designee. This provider shall determine, based on the patient's history and current condition, whether the threat represents a credible danger to others.
 - a. If the provider does not consider the threat to be a credible danger to others, this decision and the reason for this determination shall be documented in the clinical record.
- C. If the provider considers the threat to be a credible danger, provider will complete the Duty to Protect form, initiate the process, and document the actions taken in the progress notes of the medical record.

D.

E. All warnings to a potential victim will be documented in the medical record.

F. Disclosure of PHI will be documented in accordance with the University Medical Center Policy 3364-100-90-11(change to reflect new #), *Accounting and Documentation of Disclosures of Protected Health Information other than Treatment, Payment, or Healthcare Operations*

Approved by: /s/ _____ Kurt Kless, MSN, RN Chief Nursing Officer (CNO) Date _____ /s/ _____ Tanvir Singh, MD Service Chief Date _____ <i>Written by: Carol A. Schaaf, RN, MPA</i> <i>Review: Lindsay Watson LSW MSW</i> <i>Revision Completed By: Lindsay Watson</i>	Review/Revision Date: 6/2017 6/2020 4/2023 Next Review Date: 6/2026
Policies Superseded by This Policy: New	