


Name of Policy: Duty to Warn/Duty to Protect Policy Number: 3364-120-39 Approving Officer: Chief Executive Officer Chief Nursing Officer Responsible Agent: Chief Nursing Officer Service Chief Scope: The University of Toledo Medical Center		 Effective date: 4/2026 Original effective date: June 1, 2014	
Key words: threat, risk, precautions, credible, danger			
	New policy proposal		Minor/technical revision of existing policy
X	Major revision of existing policy		Reaffirmation of existing policy

(A) Policy statement

Duty to Warn: 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 [section 2305.51](#) to protect against existing threat to life or serious bodily injury to another person.

- (1) If the risk is imminent (specific plan and weapon identified), the psychiatrist will be contacted to discuss duty to warn requirements.
- (2) If Absent Without Official Leave (AWOL):
 - (a) The psychiatrist will be notified by the nurse of AWOL status.
 - (b) The psychiatrist and/or designee will notify the potential victim and call the police.
 - (c) In all cases, applicable requirements of Ohio Revised Code [section 5122.301](#) regarding duty to warn shall be followed.

Duty to Warn/Duty to Protect

Duty to Protect: Implement the duty to protect requirements per Ohio Revised Code Section [5122.301](#) and [2305.51](#) in order to protect against existing threat to life or serious bodily injury to another person.

(B) Purpose of policy

To ensure the safety and protection from harm of any identifiable individuals or structures that a mental health professional believes to be at risk due to credible threat(s) of serious physical harm or death made by a patient.

(C) Procedure

Duty to Warn

(1) 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.

(2) 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.

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.

(3) 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.

(4) All warnings to a potential victim will be documented in the medical record.

(5) Disclosure of PHI will be documented in accordance with [policy 3364-100-90-11 Accounting and Documentation of Disclosures of Protected Health Information other than Treatment, Payment, or Healthcare Operations](#).

Duty to Protect

Duty to Warn/Duty to Protect

- (1) 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.
- (2) 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.
 - (b) 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.
- (3) The duty to protect form will be completed fully as prescribed on the form and follow-up actions will be taken as indicated.
- (4) The original duty to protect form will be kept in the patient's medical record and copies will be available to all appropriate parties, as necessary.
- (5) Disclosure of PHI will be documented in accordance with [policy 3364-90-11, Accounting and Documentation of Disclosures of Protected Health Information other than Treatment, Payment or Healthcare Operations](#).

<p>Approved by:</p> <p><u>/s/</u> Daniel Barbee, MBA, BSN, RN, FACHE Chief Executive Officer</p> <p><u>4/6/2026</u> Date</p> <p><u>/s/</u> Kurt Kless, MSN, MBA, RN, NE-BC Chief Nursing Officer</p> <p><u>4/2/2026</u> Date</p> <p><u>/s/</u> Tanvir Singh, MD Service Chief</p> <p><u>4/1/2026</u> Date</p> <p><i>Review/Revision Completed by: Office of Legal Affairs Psychiatry - Inpatient Admin</i></p>	<p>Policies superseded by this policy</p> <ul style="list-style-type: none">• 3364-122-42 <i>Duty to Protect</i> <p>Initial effective date: June 1, 2014</p> <p>Review/Revision Date: June 2017 June 2020 April 2023 April 2026</p> <p>Next review date: 4/2029</p>
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