

# Homicide Assessment

OGC may be consulted for additional assistance at any point throughout this process.

Patient expresses homicidal thoughts. SW assesses for presence of plan, lethality of plan, history of homicidal attempts, etc.

SW determines HIGH RISK

SW encouraged to consult with Clinical Director and any other mental health providers involved in patient's care if needed.

CALL MGH POLICE and SECURITY  
Report situation & ask for escort to APS.  
Call APS to give brief summary of the situation.

Based on clinical judgment, SW decides (before/after MGH Police and Security arrives) when to share w/patient that further evaluation by APS is required, and that as part of SW protocol, all patients are walked over to APS.

Willing to go to APS

Wait for MGH Police and Security, and then walk to APS w/patient.  
SW carries blank Sec. 12

SW warns potential victim(s) of potential violence if identity and contact information is known.

Unwilling to go to APS and LEAVES the hospital

DO NOT attempt to restrain patient.

Call APS to let them know.

LICSW completes Section 12.

LICSW calls the police of the city where the patient lives or where SW thinks patient will be and fax Section 12.

SW warns potential victim(s) of potential violence if identity and contact information is known.

Complete an MGH Safety Report  
(found under Partners Applications)

Unwilling to go to APS

LICSW completes Section 12 ("pink paper" – available on SW website) required for MGH Police and Security to involuntarily escort patient to APS (LICSW consults with supervisor).

SW warns potential victim(s) of potential violence if identity and contact information is known.

DOCUMENT!  
(use homicide assessment note)

Notify referring MGH provider, PCP, & any mental health providers.

**Contact Information**  
MGH Police & Security: x62121  
MGH Office of General Counsel (OGC): x68625  
MGH Acute Psychiatric Services (APS): x62994