PRACTICE CHECKLIST

Psychiatric practice emergency-protocol checklist

A checklist for building the emergency and safety procedures an outpatient psychiatric practice should have ready before a crisis, for both in-person and telehealth visits.

Current as of July 29, 2026. Laws, payer rules, and billing codes change. Confirm the current requirements for your jurisdiction and setting before you rely on anything here.

Who it's for

Solo and group outpatient psychiatric practices and their staff.

When to use it

When setting up a practice, onboarding staff, or reviewing safety procedures. It's a planning aid, not a clinical protocol for managing a specific patient.

Crisis numbers everyone can reach

- Post 988, the Suicide and Crisis Lifeline, and 911 for immediate danger, where staff and patients can see them.
- Keep a current list of local crisis lines, mobile crisis teams, and the nearest emergency departments and psychiatric facilities.
- Know your local involuntary-evaluation process and who can initiate it in your state.

In the office

- Agree on how staff signal for help and how you handle an agitated or threatening person.
- Keep exits accessible and decide when to call 911 or security.
- Know your basic medical-emergency steps and whether you keep any emergency supplies.

On telehealth

- Confirm the patient's physical location and a local emergency contact at the start of each visit.
- Keep a way to reach local emergency services for the patient's actual location, not just yours.
- Have a plan for a patient who disconnects during a safety concern.

Duty to warn or protect

- Know your state's rule, which may be a mandatory duty, a permissive option, or neither.
- Decide in advance how you document and act on a serious threat to an identifiable person.
- Keep counsel's number available for the gray areas.

After an event

- Document what happened, what you did, and the follow-up plan.
- Debrief with staff and update the protocol if something didn't work.
- Attend to the team's own wellbeing after a difficult event.

Important limitations

Safety planning and risk assessment are clinical work for trained clinicians, not something a checklist can replace. Duty-to-warn and duty-to-protect law varies widely by state, from mandatory to permissive to absent, so confirm your own state's rule. Involuntary-hold procedures are state-specific. This is a planning aid; build your actual protocol with local legal and clinical input.

Sources

988 Suicide and Crisis Lifeline (U.S. Substance Abuse and Mental Health Services Administration). https://988lifeline.org/

shrinkiatry is the profession layer of The Shrink Network. Reviewed by Shariq Refai, MD, MBA, FAPA, a board-certified psychiatrist. More educational resources at shrinkiatry.com/resources/.