



CENTRAL OHIO TRAUMA SYSTEM

REGIONAL GUIDELINES FOR PATIENTS WITH CONCEALED CARRY WEAPONS

PURPOSE

The purpose of these guidelines is to outline common expected procedures for intervening with patients and/or their families who under the law may be carrying a concealed deadly weapon. The intent is to reduce the potential risk of injury to emergency responders, healthcare personnel and the public. These guidelines aim to mutually respect the rights of citizens who lawfully carry a concealed weapon as well as to provide safety for emergency responders and healthcare providers.

SCOPE

These guidelines are for voluntary use by central Ohio law enforcement, fire departments, emergency medical services, and healthcare facilities when caring for individuals who require medical intervention. These guidelines describe mutually agreed-upon best practices for promoting the safety of the public and those caring for ill or injured patients. Commissioned law enforcement officers who are responding to a prehospital scene or medical facility in the line of duty are exempt from these guidelines.

BACKGROUND

Effective April 8, 2004, Ohio citizens can obtain a permit to legally carry a concealed weapon. Ohio emergency responders and healthcare personnel are likely to encounter an increasing number of patients with such weapons. Of concern is the potential for inadvertent harm to emergency responders and healthcare personnel as they care for these patients, most significantly the unintentional discharge of a firearm.

The Central Ohio Trauma System (COTS) is a regional consortium of emergency medical technicians, paramedics, physicians, nurses, data specialists, trauma researchers, acute care hospitals and trauma centers, and others working together to resolve issues related to trauma and emergency care in the central Ohio region. COTS maintains an Internal Revenue status of 501[c][3] and operates with charitable, educational, and scientific intent. COTS provided the forum for these guidelines to be written; the expertise contained herein comes from the dedicated emergency and healthcare responders who seek to provide the best care possible to the citizens of central Ohio.

DEADLY WEAPONS DEFINED

Deadly Weapon means any instrument, device, or thing capable of inflicting death, and designed or specially adapted for use as a weapon, or possessed, carried or used as a weapon (O.R.C. § 2923.11[A]). *Handgun* means any firearm that has a short stock and designed to be held and fired by the use of a single hand (O.R.C. § 2923.11 [C] [1]). *Firearm* means any deadly weapon capable of expelling or propelling one or more projectiles by the action of an explosive or combustible propellant. Firearms includes an unloaded firearm, and any firearm that is inoperable but can readily be rendered operable (O.R.C. § 2923.11 [B] [1]). In the case of explosives or a hazardous substance, the fire department/bomb squad/hazmat team may be called.

PATIENT SCENARIOS

These guidelines will address the following scenarios in the prehospital and hospital setting:

- Conscious patients willing to relinquish a weapon
- Conscious patients unwilling to relinquish a weapon
- Patients with altered levels of consciousness
- Family members and friends who have weapons and want to be with patients in emergency response vehicles
- Chain of custody transfer between emergency responders and medical facilities

GENERAL GUIDELINES FOR ALL EMERGENCY RESPONDERS AND HEALTHCARE WORKERS

Emergency responders and healthcare workers should anticipate that any patient may have a concealed weapon. The safety of emergency responders and healthcare personnel is paramount. Emergency responders and healthcare personnel should never approach a patient who appears threatening with a weapon, no matter how ill the person seems. Law enforcement shall be called to secure the scene to disarm threatening individuals.

Ideally patients will self-disclose that they have a weapon. However it is likely that at times patients may choose not to declare or may not be able to indicate that they have a weapon. The following concepts pertain to the discovery of a weapon on a patient, and are to be considered throughout this document.

- Emergency responders and healthcare personnel should always assume that all firearms are loaded.
- Optimally weapons should be safely secured by the patient at their residence and not be transported with the patient or family/friend in an emergency response vehicle or to a healthcare facility.
- Patients with an altered level of consciousness, severe pain, or with difficulties in motor control should not be encouraged to disarm themselves. An emergency response or healthcare worker may need to obtain control of the weapon for the safety of responding personnel, the public and the patient. Caution should be used at all times when handling a weapon. Emergency response and healthcare workers should not attempt to unload a firearm. Regardless of a person's familiarity with firearms, there is no way to know if the gun is in proper working order.

- Patients carrying a firearm while under the influence of alcohol or drugs are committing a criminal offense. Law enforcement should be notified of such instances (O.R.C. § 2923.15 [A] [B]; (O.R.C. § 2923.13 [A] [4]).
- Private EMS agencies and healthcare facilities have the option and are encouraged to designate themselves as a weapons-free facility or a “forbidden-carry zone.” No-carry signage should be clearly posted in emergency squads and medical facilities. Law enforcement shall be called if patients insist on carrying weapons in emergency vehicles or in hospitals that have declared themselves as no-carry zones.
- **Under no circumstances should an emergency responder or healthcare worker compromise his/her safety in regards to these guidelines. When in doubt about a patient with a weapon or the weapon itself, emergency responders and healthcare personnel should contact local law enforcement.** Law enforcement officers will make the decisions regarding disarming the patient and the weapon.
- It is recommended that emergency healthcare workers and facility safety/security personnel partner with their local law enforcement agencies in obtaining education regarding basic firearm safety.

PREHOSPITAL ACTIONS OF EMERGENCY MEDICAL SERVICES

Prehospital emergency responders may discover a weapon on a patient at the scene, or in some instances during a secondary survey while en route to a hospital. Based on the possible scenarios previously listed, an emergency responder shall adhere to the following steps when a weapon is discovered.

Conscious Patient Willing to Relinquish a Weapon.

- Patients who are alert and oriented and for whom the emergency response is occurring at their place of residence should be asked to leave their weapons in a secure location at home prior to transport. Patients can be told that EMS vehicles and central Ohio hospitals are no-carry zones.
- Patients for whom the emergency response is occurring away from their residence may relinquish their weapon to a law enforcement officer on scene if one is available.
- If a patient is not at their residence or if a law enforcement officer is not available, emergency response personnel should do the following:
 - (1) Place or have the patient place the deadly weapon into the “Lock Box.” The barrel of a firearm should be pointing in the direction that is indicated on the outside of the Lock Box.
 - (2) Secure the Lock Box with Security Seals[®] (*Health Care Logistics Corporation*) or similar numbered security seal and place the Box in the locked drug cabinet or locked exterior vehicle compartment for transport.
 - (3) Complete and have the patient sign the *Chain of Custody Form (Attachment A)*.
 - (4) Conduct a thorough secondary survey.
 - (5) If additional weapons are found, begin again at step (1). If no additional weapons are found, load the patient into the vehicle and transport to an appropriate medical facility.
 - (6) While en route, emergency response personnel shall notify the receiving facility that a Lock Box weapon is being transported with the patient.
 - (7) Facility security personnel shall meet the transport vehicle at the doors to take control of the weapon. Emergency response personnel shall hand over the Lock Box with coded snap locks in place.
 - (8) Medical facility and emergency response personnel shall document the transaction on the *Chain of Custody Form*.

- (9) Facility security personnel shall give an empty replacement box to the emergency responders.
- (10) Facility security may in conjunction with a law enforcement officer validate and unload a weapon in the Lock Box. Coded snap locks should be replaced and documented on the *Chain of Custody Form* if the Lock Box is opened.

Conscious Patient Unwilling to Relinquish a Weapon.

- Emergency responders should engage alert and oriented patients in calm discussion about the rationale to secure the weapon prior to transport. Simple explanations can be given including that these regional guidelines are in place.
- If the patient continues to refuse to relinquish the weapon, emergency responders should refrain from continuing the assessment and from transporting to a medical facility.
- EMS Providers should be suspicious of ill or injured patients unwilling to relinquish weapons. Law enforcement may be called to intervene in the situation.
- If the situation becomes threatening, emergency responders should evacuate the scene to a secure rendezvous point a safe distance away and notify law enforcement.

Patients with Altered Levels of Consciousness.

- Emergency responders must **use extreme caution** when approaching patients with altered levels of consciousness.
- If a weapon is found on an awake patient with an altered level of consciousness, emergency responders should not attempt to have the patient hand over the weapon. EMS personnel should not attempt to remove a weapon from a patient whose level of consciousness could precipitate use of that weapon against them. Law enforcement should be called to assist in disarming these patients. If a weapon is removed by a law enforcement officer, the officer will maintain possession of the weapon.
- If the patient is unconscious and requires emergent care but law enforcement is not on the scene, emergency medical services (EMS) personnel will need to carefully separate the weapon from the patient prior to transport. Optimally a firearm should be removed from the patient while still in the holster. If removing the holster and weapon together jeopardizes the safety of the patient or emergency response personnel, or it is physically impossible to remove the holster and firearm together, the weapon may be removed without the holster. Once removed, emergency response personnel shall:
 - (1) Handle all weapons carefully.
 - (2) Place the weapon or weapon-in-the-holster into the Lock Box.
 - (3) Secure the Lock Box with Security Seals[®] (*Health Care Logistics Corporation*) or similar numbered security seal and place the Box in the locked drug cabinet or locked exterior vehicle compartment for transport.
 - (4) Complete the *Chain of Custody Form*.
 - (5) Conduct a thorough secondary survey.
 - (6) If additional weapons are found and removed, begin again at step (1). If no additional weapons are found, load the patient into the vehicle and transport to an appropriate medical facility.
 - (7) While en route, emergency response personnel shall notify the receiving facility that a Lock Box weapon is being transported with the patient
 - (8) Facility security personnel shall meet the transport vehicle at the doors to take control of the weapon. Emergency response personnel shall hand over the Lock Box with coded snap locks in place.
 - (9) Medical facility and emergency response personnel shall document the transaction on the *Chain of Custody Form*.
 - (10) Facility security personnel shall give an empty replacement box to the emergency responders

Family members and friends who have weapons and want to be with patients in emergency response vehicles.

- The decision to transport family members and/or friends with the patient solely rests with existing policies of individual emergency response agencies.
- Agencies that permit transport of family/friends with the patient shall:
 - (1) Ask the family member/friend to declare if they have a concealed weapon.
 - (2) Explain that no unsecured weapons may be transported in the emergency vehicle.
- If a family member/friend discloses a concealed weapon AND the patient's condition is such that the emergency medical personnel deem it in the best interest of the patient to transport the family member/friend with them:
 - The family member/friend should be instructed to leave the weapon in a secure place at the home. If the family member/friend refuses, emergency response personnel have the prerogative to decline transport of the family member/friend with the patient. *No family member/friend should be transported with an unsecured weapon.*
 - If the scene is not at the family member's/friend's residence, or circumstances prevent the weapon from being secured in the home:
 - (1) Have the family member/friend place the weapon into the "Lock Box." The barrel of a firearm should be pointing in the direction that is indicated on the outside of the Lock Box.
 - (2) Secure the Lock Box with Security Seals[®] (*Health Care Logistics Corporation*) or similar numbered security seal and place the Box in the locked drug cabinet or locked exterior vehicle compartment for transport.
 - (3) Complete and have the family member/friend sign the *Chain of Custody Form*.
 - (4) While en route, emergency response personnel shall notify the receiving facility that a weapon is being transported in a Lock Box with the patient.
 - (5) Facility security personnel shall meet the transport vehicle at the doors to take control of the weapon. Emergency response personnel shall hand over the Lock Box with coded snap locks in place.
 - (6) Medical facility and emergency response personnel shall document the transaction on the *Chain of Custody Form*.
 - (7) Facility security personnel shall give an empty replacement box to the emergency responders

Patients Transported via Emergency Responders to a Medical Facility

- EMS should make every attempt to screen all patients for concealed weapons prior to transport to a medical facility.
- Patients with concealed weapons that could not be secured at their residence may have had them placed in a Lock Box by emergency personnel. In the absence of an established community protocol whereby the local law enforcement agency of the emergency responders meets the transport vehicle at the medical facility to assume control of the weapon, medical facilities may need to assume control when the patient is delivered.
 - (1) While en route, emergency response personnel shall notify the receiving facility that a weapon is being transported in a Lock Box with the patient.
 - (2) Facility security personnel shall meet the transport vehicle at the doors to take control of the weapon. Emergency response personnel shall hand over the Lock Box with coded snap locks in place.
 - (3) Medical facility and emergency response personnel shall document the transaction on the *Chain of Custody Form*.
 - (4) Facility security personnel shall give an empty replacement box to the emergency responders.

LOCK BOX

A regional exchange program is established under these guidelines such that all emergency response agencies and healthcare facilities participating shall purchase similar safety boxes to secure deadly weapons. The box chosen for the prototype is an “SE single-scoped pistol/accessory case” by *Deskosport*, model # 10137, dimensions 13x9.5x2.5 inches (*Attachment B*). The cost of these boxes ranges from approximately \$6-12 depending on the retailer. Each agency shall procure their own boxes. Each agency shall draw/paint a gun template with indelible medium on the outside of the boxes to indicate the direction of the barrel of a stored firearm. A gun template is attached with these guidelines (*Attachment C*).

These Lock Boxes shall be secured with Security Seals[®] locks (*Health Care Logistics Corporation*) or similar numbered security seal to document a chain of evidence. Emergency response agencies and healthcare facilities shall procure their own locks. Each Lock Box shall have an outside label indicating “CAUTION: DEADLY WEAPON (*Attachment D*).” Such labels are available through COTS.

Lock Boxes containing weapons must be stored in a secure, locked storage compartment or cabinet by emergency response agencies and healthcare facilities. The Lock Boxes will be exchanged at the interface of emergency responders and healthcare facilities when patients are delivered who had a weapon that could not be left at their residence. Emergency response personnel shall hand-over a Lock Box secured with coded snap locks to a healthcare facility security officer. In exchange the healthcare security officer will provide an empty box back to the emergency responder. The intent is to minimize the handling of potentially dangerous weapons by emergency response and healthcare facility staff. Additionally, at the discretion of the emergency response agency, a family member/friend may be transported with the patient. If the family member/friend has a weapon and is transferred, the family member's/friend's weapon must also be secured and given to a healthcare facility's security staff by emergency response personnel. As above, the healthcare facility security officer and emergency responder shall exchange the Lock Box with the weapon for an empty Lock Box.

FOR MORE INFORMATION

For more information about these guidelines or about the Central Ohio Trauma System, contact (614) 240-7419 or nbechtel@goodhealthcolumbus.org. In addition to the patient-specific guidelines described in this document, emergency response and medical facilities are encouraged to establish no-carry policies for staff.

CONTRIBUTING DOCUMENTS

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Licking Memorial Health System. *Handling Persons with Weapons (Draft)*: April 21, 2004; Newark, Ohio.
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Washington Township Fire Department. *Appendix Q, Concealed Weapons Procedures*: April 14, 2004, Dublin, Ohio.

TASK FORCE MEMBERS

The following individuals lent their expertise so that these regional guidelines could be developed.

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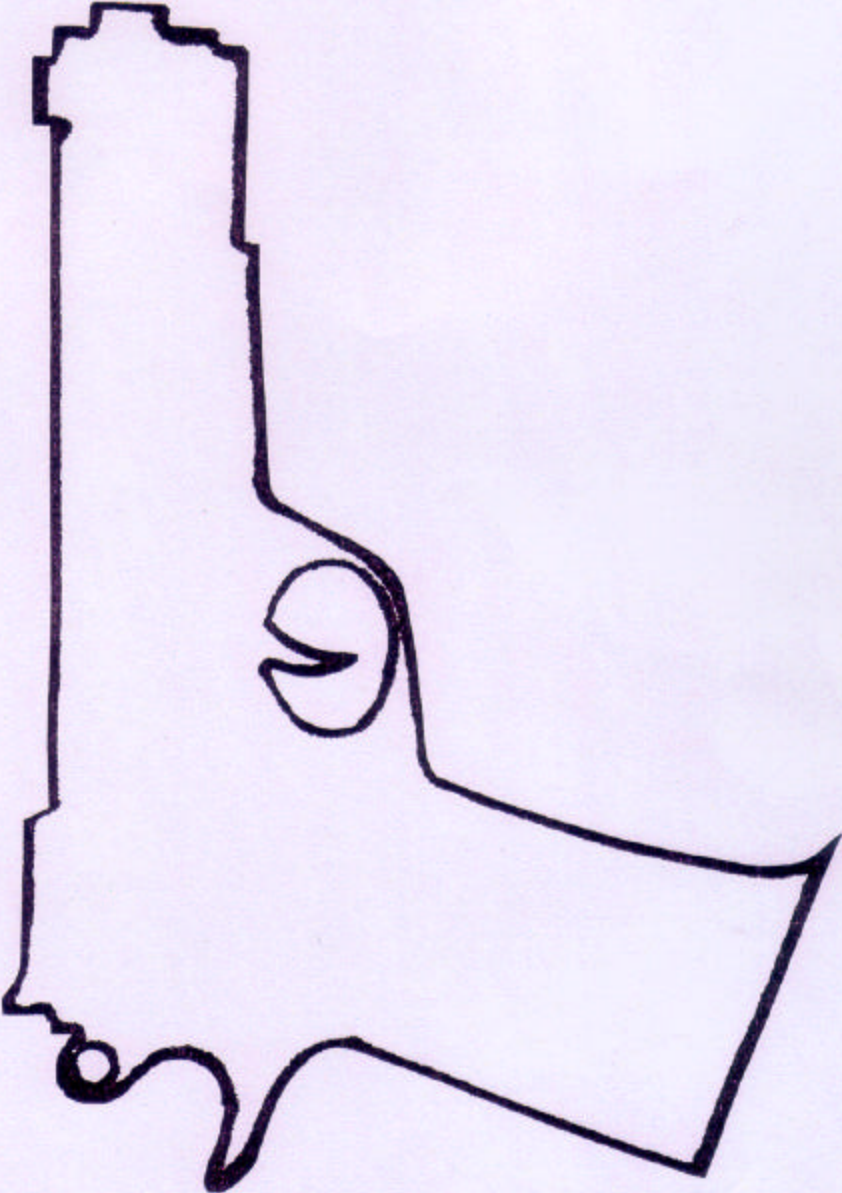


10137

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 **CAUTION: DEADLY WEAPON**