

Egg Harbor Fire Department and First Responders Standard Operating Guidelines

SUBJECT: CONCEALED CARRY WEAPONS

SOG 216

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 weapon or enter into a home where a weapon exists. 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: This policy shall apply to all members of the Egg Harbor Fire Department.

WEAPONS DEFINED:

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.

Handgun means any firearm that has a short stock and designed to be held and fired by the use of a single hand.

Firearm means any weapon capable of expelling or propelling one or more projectiles by the action of an explosive or combustible propellant. Firearm includes an unloaded firearm, and any firearm that is inoperable but can readily be rendered operable. 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:

- A. Conscious patients willing to relinquish a weapon
- B. Conscious patients unwilling to relinquish a weapon
- C. Patients with altered levels of consciousness

GENERAL GUIDELINES FOR ALL EMERGENCY RESPONDERS AND HEALTHCARE WORKERS:

- A. Emergency Responders should anticipate that any patient may have a concealed weapon. The safety of Emergency Responders is paramount.

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- B. Emergency Responders should never approach a patient who appears threatening with a weapon, no matter how ill the person seems.
- C. Law enforcement shall be called to secure the scene to disarm threatening individuals.
- D. 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.
- E. The following concepts pertain to the discovery of a weapon on a patient, and are to be considered throughout this document:
 - a. Emergency Responders should always assume that all firearms are loaded.
 - b. Preferably, weapons should be safely secured by the patient at their residence.
 - c. Patients with an altered level of consciousness, severe pain, or with difficulties in motor control should not be encouraged to disarm themselves. An Emergency Responder may need to obtain control of the weapon for the safety of responding personnel, the public and the patient.
 - d. Caution should be used at all times when handling a weapon.
 - e. Emergency Responders should not attempt to unload a firearm.
 - f. Emergency Responders will not retain possession or responsibility of any personal weapons.
 - g. Regardless of a person's familiarity with firearms, there is no way to know if the gun is in proper working order.
 - h. 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.
- F. Under no circumstances should an Emergency Responder compromise his/her safety in regards to these guidelines.
- G. When in doubt about a patient with a weapon or the weapon itself, emergency responders should contact local Law Enforcement.
- H. Law Enforcement Officers will make the decisions regarding disarming the patient and the weapon.

PREHOSPITAL ACTIONS OF EMERGENCY MEDICAL SERVICES:

Pre-hospital Emergency Responders may discover a weapon on a patient at the scene, or in some instances during a secondary survey. 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

- A. 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.

- B. 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.
- C. If a patient is not at their residence or if a Law Enforcement Officer is not available, emergency response personnel should do the following:
 - a. Take custody of the weapon.
 - b. Turn the weapon over to law enforcement as soon as possible.
 - c. Conduct a thorough secondary survey.
 - d. The patient will be told to retrieve his/her weapon from the Law Enforcement Agency.

Conscious Patient Unwilling to Relinquish a Weapon

- A. Emergency Responders should engage alert and oriented patients in calm discussion about the rationale to secure the weapon prior to treatment. Simple explanations can be given including that these guidelines are in place.
- B. If the patient continues to refuse to relinquish the weapon, Emergency Responders should refrain from continuing the assessment.
- C. EMR personnel should be suspicious of ill or injured patients unwilling to relinquish weapons.
- D. Law enforcement should be called to intervene in the situation.
- E. 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

- A. Emergency Responders must **use extreme caution** when approaching patients with altered levels of consciousness.
- B. 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. EMR 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.
- C. If the patient is unconscious and requires emergent care but Law Enforcement is not on the scene, Emergency Medical Responders (EMR) personnel will need to carefully separate the weapon from the patient prior to transport. Preferably 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.
- D. Once removed, Emergency Response Personnel shall:
 - a. Hand the weapon over to Law Enforcement as soon as possible.
 - b. The patient will be told to retrieve his/her weapon from the Law Enforcement Agency.