

Washington Township Fire Department Standard Operating Procedure

Division 200: Emergency Operations
Section 202: Emergency Medical Services
Subject 202.08: Firearms Handling Guidelines During EMS Incidents



Supersedes: N/A
Approved By:

Date: May 15, 2004
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PURPOSE:

To establish procedures for handling firearms encountered during patient care at EMS incidents.

RESPONSIBILITY:

It is the responsibility of all personnel to know, understand and adhere to this policy.

Background Information:

On April 8, 2004, it became legal in Ohio for properly licensed individuals to carry a concealed firearm on their person in public. This law also provides that such licensed individuals may carry their firearm while driving or riding in a motor vehicle.

PROCEDURE:

Firearms encountered at the scene of an emergency should, to the extent possible, remain at that scene. Firearms must not be transported in township vehicles except as outlined in this policy.

If a firearm is encountered and law enforcement is not already on the scene, departmental personnel must immediately ensure notification of the appropriate law enforcement agency. Law enforcement personnel are responsible for the handling and proper disposition of firearms. Every effort should be taken to minimize the handling of firearms by fire department personnel. In those rare situations where it becomes necessary to handle a firearm only personnel specifically trained in firearms recognition should handle the weapon.

Personnel may discreetly ask any patient if they are carrying a firearm on their person. The patient should be informed that this is a standard practice for the department as policy dictates we do not transport any firearm in departmental vehicles. Assure the patient that a law enforcement officer will secure any surrendered firearm.

A properly performed secondary exam should find a firearm concealed on a patient's body. Therefore, whenever possible, when a secondary exam is to be performed it should be done before leaving the scene, as long as it does not compromise patient care. Again, if a firearm is encountered law enforcement should handle securing the weapon.

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In the event that a firearm is not discovered until transport is already in progress the following steps must be taken:

- The driver must be instructed to bring the Medic to a complete stop in a safe location.
- Personnel trained in the proper handling of firearms must take the firearm (in holster if possible) and place it between the folds of a towel or sheet and secure the firearm in the exterior compartment gun safe of the medic. The driver must maintain the key to the gun safe until such time the weapon is turned over to hospital security or law enforcement.
- Transport may then be resumed.
- Hospital should be contacted via radio and requested to have security meet the medic upon their arrival.
- Upon arrival at the hospital and in the presence of security or law enforcement personnel, the gun safe may be unlocked and possession of the firearm taken by security or law enforcement for safe keeping. The name and agency of the person the weapon was turned over to must be documented in the EMS report.

In those circumstances where a law enforcement officer must accompany a patient to the hospital, the officer's weapon must be secured in the medic's gun safe and the key maintained by the officer until transport is complete.

It is not intended that this policy address every possible situation where a firearm may be encountered in the process of patient care. The broad guidelines to remember are that only law enforcement personnel should handle firearms, if possible. If departmental personnel must handle a firearm, only those individuals specifically trained in firearms recognition should handle the weapon. Should a situation arise where a firearm must be transported in a medic, the firearm must be secured in the medic's gun safe.

A concealed weapons procedures flow chart is attached for quick reference.