



Central Ohio Trauma System

An affiliate of the Columbus Medical Association

REGIONAL CONCEALED CARRY GUIDELINES: FOR PATIENTS AND OFF-DUTY LAW ENFORCEMENT OFFICERS

PURPOSE

The purpose of these guidelines is to outline agreed upon best practices for the following situations:

- Intervening with off-duty law enforcement officers who may be carrying a concealed deadly weapon while visiting a hospital patient or being treated as a patient and
- Intervening with patients and/or their families who may be carrying a concealed deadly weapon.

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, law enforcement, healthcare providers, and the public.

Commissioned law enforcement officers who are responding to a prehospital scene or medical facility in the line of duty are exempt from these guidelines.

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. The term “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.

SCENARIOS

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

- Firearm carrying and relinquishment for off-duty law enforcement officers visiting hospital patients or being treated as a hospital patient
- 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

OFF-DUTY LAW ENFORCEMENT OFFICERS CARRYING A CONCEALED DEADLY WEAPON

ASSUMPTIONS

- The safety of patients, hospital personnel, and law enforcement officers is paramount.
- Ohio law exempts law enforcement officers from concealed-carry weapons laws [ORC §2923.12(C)(1)].
- Many law enforcement agencies mandate that their officers carry their concealed weapons even when off-duty.
- The definition of a patient in a hospital is *any recipient of healthcare services*. The person may be waiting for this care or may be receiving it or may have already received it.
- Unarmed law enforcement officers can become revenge targets by criminals. Hospitals have a duty to protect their patients. Hospitals shall make efforts to minimize the time that unarmed officers are seated in public hospital lobbies, especially if that officer is in uniform.
- These guidelines apply to active-duty law enforcement officers and not to retired law enforcement officers who elect to routinely carry firearms. Retired officers are bound by hospital policies that address weapons carried by members of the public.

SAFETY RECOMMENDATIONS

Safety procedures related to firearms carried by law enforcement officers in hospitals vary depending on whether the officer is a *patient*. (See definition of “patient” under *Assumptions* section.) Active-duty officers are permitted by Central Ohio hospitals to carry their secured firearms in hospitals when visiting family or friends. Non-uniformed law enforcement officers who are visitors in hospitals should be sure that their concealed-carry weapons are out of public view. Hospital employees should follow their own hospital’s policies if they see an unidentified person with a firearm. Armed officers presenting at hospitals with magnetometer screening shall identify themselves and that they have a weapon and show their credentials. Hospital staff will be as discreet as possible in screening law enforcement officers.

Law enforcement officers who are going to hospitals knowing that they are a patient should consider securing their firearm off their person prior to entering the hospital.

Officers who become patients in a hospital while on-duty shall immediately contact their supervisor if possible to meet them at the hospital and secure their firearm.

If the law enforcement supervisor or another officer is not able to secure the weapon, or if the officer-patient is off-duty, the following process should be utilized.

- When presenting **as a patient**, the law enforcement officer shall declare to the hospital professional that he/she has a firearm.
- When it’s impractical to keep the firearm (**due to illness, injury, testing and/or disrobing**), or when the officer is incapacitated (visually, cognitively, and/or in dexterity due to illness or injury), the law enforcement officer’s firearm shall be turned over to another officer, or in the absence of another officer, locked in a hospital gun box.
 - The hospital professional shall contact his/her hospital safety/security personnel to secure the firearm.

- The gun box shall be secured in the hospital safety/security office for the duration of the officer's time as a patient in the hospital until discharge or returned to the law enforcement officer's agency as soon as practical.

CONCEALED CARRY BY PATIENTS

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 always be used 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 emergency medical services (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 regarding 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 a gun lock box.
 - (2) Secure the lock box with a security seal(s) and place the lock box in the locked drug cabinet or locked exterior vehicle compartment for transport.
 - (3) Complete and have the patient sign an agency approved *Chain of Custody Form*.
 - (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 security seal 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. A security seal(s) 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 a defensive use of that weapon against EMS. 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, 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 a security seal(s) and place the box in the locked drug cabinet or locked exterior vehicle compartment for transport.
 - (4) Complete the agency approved *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 a security seal lock(s) 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.
 - (2) Secure the lock box with a security seal(s) 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 agency approved *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 the security seal (s) 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 the security seal(s) in place.
 - (3) Medical facility and emergency response personnel shall document the transaction on the agency approved *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 safety gun lock boxes to secure deadly weapons.

These Lock Boxes shall be secured with security seals to document a chain of evidence. Emergency response agencies and healthcare facilities shall procure their own security seal locks.

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 and/or family members/friends 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 security seal 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.

SYSTEM IMPROVEMENT PROCESS

All instances in which these recommendations are not followed should be reviewed on an individual case basis by the respective law enforcement agency, EMS, fire department, and hospital. Repeated instances should be reported to COTS so that the work group that established these guidelines can be re-convened to discuss the issues and seek resolution.

FOR MORE INFORMATION

For more information about these guidelines, contact COTS President at (614)240-7419.

DATE	WHAT HAS CHANGED?	STAFF Member
05282019	Combined and edits LEO and EMS separate documents into one	Kovach; Board approved
03262021	Replaced executive director title with President	Kovach