EMS Standard Operating Procedures

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Purpose:

The purpose of this policy is to provide guidance to Emergency Care Providers (ECP) who encounter a patient in possession of a weapon or weapons during the course of emergency medical response and care. “Possession” means that the weapon is on the patient’s person or within the patient’s immediate reach so as to constitute a potential hazard to anyone nearby.

Policy:

*Responder safety is the number one priority when responding to any emergency scene. If any subject in possession of a weapon acts in a threatening manner, or is reasonably suspected to be under the influence of mind altering substances or medical conditions, the scene is not safe for medical providers. In such instances, medical responders must retreat to a safe position and maintain that position until law enforcement officers secure the scene.

For the purpose of this policy, a weapon is defined as an instrument that may be used to inflict bodily harm or damage to property, including but not limited to firearms, knives, clubs, and tasers.

No patient, other than a conscious and alert law enforcement officer, should be transported in the ambulance while possessing a weapon.

1. Upon arrival at the scene, the ECP must determine whether the patient may possess a weapon. This may be accomplished by observing the visual presence of a weapon, signs of a weapon on the patient, observing signs of a hidden weapon on the patient, or noticing patient behaviors which may indicate the presence of a weapon. This task is most easily accomplished
by simply asking the patient if they are in possession of any weapons, without inquiring whether
the patient legally or illegally possesses any weapons.

If a weapon is discovered, the ECP may ask the patient to secure the weapon on scene prior to
transport. If the location of the scene disallows proper securing of weapons the ECP should
request a law enforcement officer to SAFEGUARD the weapon. This must NOT be confused
with “confiscate”, “take possession of”, “impound”, or “seize”. The ECP must understand that a
citizen in legal possession of a weapon is not necessarily obligated to relinquish possession of
that weapon, and this situation must be approached professionally with caution.

The ECP should not handle a weapon unless it presents a perceived threat to the safety of
responders, bystanders, or the general public. If the ECP chooses to handle a firearm, believing
at the time that this is the best course of action to take, they are not permitted to attempt to
unload or otherwise manipulate the fire controls (trigger, safety, hammer, slide, cylinder, de-
cocker, and magazine release).

2. Instances in which the ECP holds an articulable suspicion (based on specific and distinct facts)
that a patient possesses a weapon, and the patient denies the presence of a weapon, the patient
refuses to remove a discovered weapon, or the ECP is unable to sufficiently address the
perceived immediate threat to the safety of others for any reason, the ECP may retreat from the
scene and request a law enforcement officer “pat down” the patient before proceeding with
assessment and care. This request MUST be based on an articulable suspicion that the patient is
in possession of a weapon, not on a “hunch” or assumption. The facts which create the ECP’s
articulable suspicion must also be clearly documented in the patient care report.