



People You Know.
Extraordinary Care.

POLICY:	200.09 CONCEAL CARRY PATIENTS WITH WEAPONS		
APPROVAL:	VICE PRESIDENT OF PROFESSIONAL SERVICES; MANAGER OF EMS;		
EFFECTIVE DATE: 2/15/2024			ORIGINAL EFFECTIVE DATE: 9/2022
DEPARTMENT SPECIFIC		EMERGENCY MEDICAL SERVICES	

I. Purpose:

To give guidance to prehospital providers dealing with EMS calls where weapons are on the scene

II. Policy: Refer to Region 7 SMO “Concealed Carry/Firearm” in addition to this policy.

The purpose of these guidelines is to outline common procedures for intervening with patients and/or their families who under the law may be carrying a concealed weapon. The intent is to reduce the potential risk of injury to emergency responders, healthcare providers and the public. These guidelines are in place 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.

- A.** These guidelines are for use by MHEMSS fire departments and emergency medical services 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 and or injured patients.
- B.** Effective January 2014 Illinois citizens can obtain a permit to legally carry a concealed weapon. Illinois emergency responders and healthcare providers are likely to encounter an increasing number of patients with such weapons. The most concerning is the potential for unintentional or accidental harm to emergency responders and healthcare providers as they care for these patients, most significantly the unintentional discharge of a firearm around these healthcare providers.

DANGEROUS WEAPONS DEFINED

Dangerous 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. In Illinois, statute defines dangerous weapon,” Dangerous weapon” means any firearm, whether loaded or unloaded; any device designed as a weapon and capable of producing death or great bodily harm; any electric weapon.

- A. PATIENT SCENARIOS** These guidelines will address the following scenarios in the prehospital and hospital setting:
 1. Conscious patients willing to relinquish a weapon.
 2. Conscious patients unwilling to relinquish a weapon.
 3. Patients with altered levels of consciousness.
 4. Family members and friends who have weapons and want to be with patients in Emergency Response Vehicles.
 5. Chain of custody transfer between emergency responders and medical facilities

B. 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 providers is our most important priority. Emergency responders and healthcare providers should never approach an agitated, threatening, chemically impaired or disoriented patient who is or claims to be armed, no matter how ill the person seems. Law enforcement should be called to secure the scene and to disarm such individuals.

Ideally patients will inform any emergency responder or healthcare provider that they have a weapon. However it is likely that at times patients may choose not to declare or may not be able to inform you that they have a weapon. All emergency responders and healthcare providers should ask not only the patient, but any friends or family that would be transported with the patient. The following concepts apply to the discovery of a concealed weapon on a patient, and are to be considered throughout this document.

1. Always ask a patient if they have any weapons on their person.
2. Emergency responders and healthcare providers should always assume that all firearms are loaded.
3. It is not the job of EMS Personnel to determine if the patient is carrying the weapon legally.
4. Optimally weapons should be safely secured by the patient at their residence and not be transported with the patient in an emergency response vehicle.
5. Patients with an altered level of consciousness, severe pain, or with difficulties in motor functions should not be encouraged to disarm themselves. An emergency responder 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 responders 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.
6. Patients carrying a firearm while being intoxicated are committing a criminal offense. Law enforcement should be notified immediately.
7. 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 providers should contact local law enforcement for assistance. Law enforcement officers will make the final decisions regarding disarming the patient and the weapon.
8. It is recommended that emergency healthcare workers and facility safety/security personnel ask their local law enforcement agencies if they can receive education regarding basic firearm safety.
9. Any person under the age of 21 carrying a handgun is in violation of the law. Emergency responders and healthcare workers should contact law enforcement for assistance

C. Prehospital actions of emergency medical services

Prehospital emergency responders may discover a weapon on a patient at the scene while doing a hands-on assessment, or in some instances during a secondary assessment while en-route to a hospital. Based on the possible scenarios previously listed, an emergency responder shall follow these 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 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 most hospitals are “no-carry zones”.
- B.** When the emergency response is occurring away from their home, the patient may relinquish their weapon to a law enforcement officer on scene if one is available or to another responsible party at the scene.

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:

- 1.** Place or have the patient 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. Lock Box information located in Section VII and Attachments.
- 2.** Secure the Lock Box with designated Security Seals or similar numbered security seals and place the Box in a locked 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 of the patient for a secondary weapon.
- 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 hospital by stating “I have a firearm on board” which lets the receiving hospital know to alert security to a secured weapon being transported with the patient.
- 7.** Ideally, 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 tags 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.** At this point Hospital Security will follow their own respective in house policies and procedures Facility security may in conjunction with a law enforcement officer validate and unload a weapon in the Lock Box. Security tags should be replaced and documented on the Chain of Custody Form if the Lock Box is opened.

Conscious Patient Unwilling to Relinquish a Weapon.

- A.** Emergency responders should approach an alert and oriented patient in calm discussion about the need to secure the weapon prior to transport. Simple explanations can be given including that these regional guidelines are in place.

- B. Patients that are conscious but have an altered mental status are considered dangerous because they are unable to make sound decisions, therefore they should be disarmed as soon as possible.
- C. If the patient continues to refuse to relinquish the weapon, emergency responders may immediately stop the assessment and refuse transporting to a medical facility if their individual protocols and SMO's allow them to do so.
- D. Emergency responders should be suspicious of ill or injured patients unwilling to relinquish weapons. Law enforcement may be called to intervene in the situation.
- E. If the situation becomes threatening, emergency responders should evacuate the scene to a secure place a safe distance away and notify law enforcement immediately.
- F. If emergency responders deem a situation "unsafe" at any time throughout your contact with an individual, you may retreat to a safe place until law enforcement arrives.

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 a conscious patient with an altered level of consciousness, emergency responders should not attempt to have the patient hand over the weapon on their own. EMS personnel should not attempt to remove a weapon from a patient whose level of consciousness could make them assume that they would use 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 then make the weapon safe and place it in the lock box.
- C. 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. In a perfect situation 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 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 exam for a secondary weapon.
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 hospital by stating "I have a firearm on board" which lets the receiving hospital know to alert security to a secured weapon being transported with the patient.

8. Ideally, facility security personnel, or designated hospital staff 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 tags in place.
9. Medical facility and emergency response personnel shall document the transaction on the Chain of Custody Form.
10. Procedure for receiving facility with Lock Box exchange and without:
 - a) Facility security personnel may give an empty replacement box to the emergency responders if the medical facility is participating in the regional exchange program.
 - b) Facility security personnel shall take the weapon from the lock box and secure it per their facility's protocols. Once secured the security personnel shall return the lock box to the transporting agency.

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

- A. The decision to transport family members and/or friends with the patient solely rests with existing policies of individual emergency response agencies.
- B. Agencies that permit transport of family/friends with the patient shall:
 1. Ask the family member/friend to announce that they have a concealed weapon.
 2. Explain that no unsecured weapons may be transported in the emergency vehicle
- C. 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:
 1. The family member/friend should be instructed to leave the weapon in a secure place at home.
 2. If the family member/friend refuses, emergency response personnel have the ability to decline transport of the family member/friend with the patient. No family member/friend should be transported with an unsecured weapon.
- D. 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 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 hospital by stating "I have a firearm on board" which lets the receiving hospital know to alert security to a secured weapon being transported with the patient.
 5. Ideally, 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. Procedure for receiving facility with Lock Box exchange and without:

- a) Facility security personnel may give an empty replacement box to the emergency responders if the medical facility is participating in the regional exchange program.
- b) Facility security personnel shall take the weapon from the lock box and secure it per their facility's protocols. Once secured the security personnel shall return the lock box to the transporting agency

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- D. The family member/friend should be instructed to leave the weapon in a secure place at home.
- E. If the family member/friend refuses, emergency response personnel have the ability to decline transport of the family member/friend with the patient. No family member/friend should be transported with an unsecured weapon.
- F. 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 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 hospital by stating "I have a firearm on board" which lets the receiving hospital know to alert security to a secured weapon being transported with the patient.
 - 5. Ideally, 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. Procedure for receiving facility with Lock Box exchange and without:
 - a) Facility security personnel may give an empty replacement box to the emergency responders if the medical facility is participating in the regional exchange program.
 - b) Facility security personnel shall take the weapon from the lock box and secure it per their facility's protocols. Once secured the security personnel shall return the lock box to the transporting agency.

Patients Transported via Emergency Responders to a Medical Facility

- A.** EMS should make every attempt to screen all patients for concealed weapons prior to transport to a medical facility.
- B.** 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 where 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 hospital by stating “I have a firearm on board” which lets the receiving hospital know to alert security to a secured weapon being transported with the patient. Also advise the receiving facility if the patient is or was uncooperative regarding his/her weapon.
 - 2.** Ideally, 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 tags in place.
 - 3.** Medical facility and emergency response personnel shall document the transaction on the Chain of Custody Form.
 - 4.** Procedure for receiving facility with Lock Box exchange and without:
 - a)** Facility security personnel may give an empty replacement box to the emergency responders if the medical facility is participating in the regional exchange program.
 - b)** Facility security personnel shall take the weapon from the lock box and secure it per their facility’s protocols. Once secured the security personnel shall return the lock box to the transporting agency

VII. Lock box

- A.** A consistent program should be established under these guidelines such that all emergency response agencies and healthcare facilities participating shall utilize similar safety boxes to secure deadly weapons. The box the System offers is manufactured by Flambeau. The box name is the “Flambeau Safe Shot Pistol Gun Case, 14-inch Polymer Black,” (Attachment B). An agency may procure its own box as long as it meets/exceeds these guidelines. Each box shall have a gun template with indelible medium on the outside of the Lock 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 Sealslocks or similar numbered security seal to document a chain of custody. Emergency response agencies and healthcare facilities shall procure their own locks. Each Lock Box shall have an outside label indicating “CAUTION: LOADED FIREARM (Attachment D).”
- B.** 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 healthcare facilities when patients are delivered who had a weapon that could not be left at home. Emergency response personnel shall hand-over a Lock Box secured with security tags to a healthcare facility security officer. In exchange 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

Attachments:

Attachment A: Concealed Weapon Chain of Custody Form

Attachment B: Information on Flambeau Safe Shot Pistol Gun Case 14" Polymer Black

Attachment C: Gun Template Picture

Attachment D: "CAUTION: LOADED FIREARM" Labeling

Approval:

James Kirchner **Date**
Vice President of Professional Services

Kathleen Geiger, MSN, RN **Date**
Manager of EMS & Emergency Management

ATTACHMENT A

Patient Name: _____
DOB: _____
OR AFFIX STICKER

CONCEALED WEAPON CHAIN OF CUSTODY FORM

DOCUMENTATION OF WEAPON(S)

- Firearm(s) Cutting Blade(s) Electroshock Weapon Other

How Many & type(s) of each indicated above _____

CONFINEMENT OF WEAPON(S)

Patient/ Other (Circle one) Signature of Release to Secure Weapon _____

Lock Box Snap Lock Number(s)

Placed by _____ on ____ / ____ / ____ :

Agency/Facility

Signature

Date

Time

Witness _____ on ____ / ____ / ____ :

Agency/Facility

Signature

Date

Time

DELIVERY OF WEAPON(S) FROM EMS TO HOSPITAL

Patient/ Other (Circle one) Signature of Release to Secure Weapon _____

Lock Box Snap Lock Number(s)

Given by _____ on ____ / ____ / ____ :

Agency/Facility

Signature

Date

Time

Received by _____ on ____ / ____ / ____ :

Agency/Facility

Signature

Date

Time

DELIVERY OF WEAPON(S) FROM EMS/HOSPITAL TO LAW ENFORCEMENT

Patient/ Other (Circle one) Signature of Release to Secure Weapon _____

Lock Box Snap Lock Number(s)

Given by _____ on ____ / ____ / ____ :

Agency/Facility

Signature

Date

Time

Received by _____ on ____ / ____ / ____ :

Agency/Facility

Signature

Date

Time

ATTACHMENT B



ATTACHMENT C

Flambeau Safe Shot Pistol Gun Case 14"

Polymer Black Flambeau #: 6450SC

Technical Information

Material: Hard Plastic **External Dimensions:** 14" Long X 11" Wide X 3-1/4" High **Weight:** 1.45 Pounds

Number of Firearms: 1 Handgun **Type of Lock:** Sliding, Lockable Latches

Notes: Full Egg-Shell Foam Padding; Cases are stackable; Based on inside dimensions, this case will hold one handgun up to a 7" grip length and 12" overall length including barrel



Muzzle Direction



EXAMPLES

ATTACHMENT D

**CAUTION:
LOADED WEAPON**

