

STANDARD OPERATING PROCEDURE

[Firearms]



Department: Operations	SOP#107	Applicable to: All Staff
Effective Date: 1 March 2020	2 Pages	Authority: Chief Of Operations
Applicable CAAS Standard:		Revised Effective Date:

Purpose:

The purpose of this Standard Operating Guideline (SOG) is to outline the position of Brighton Volunteer Ambulance (BVA) regarding the handling of patient weapons as well as firearms on property.

Scope:

The scope of this document applies to all road personnel related to the handling of weapons in the event a patient is armed, and personnel having firearms on site.

Guideline:

1. Personally owned firearms.
 - 1.1. At no point will agency personnel have firearms on site.
2. Patients with firearms.
 - 2.1. In New York State, citizens may conceal carry firearms if properly credentialed.
 - 2.1.1. In the field:
 - 2.1.1.1. If the patient lacks the mental capacity to make rational decisions, contact law enforcement requesting an expedited response to secure the weapon.
 - 2.1.1.2. Ensure that the patient, family, hospital staff are aware that the weapon has been secured by a specific law enforcement agency.
 - 2.1.2. In the patients home:
 - 2.1.2.1. Request that the weapon be secured properly prior to transport.
 - 2.1.2.2. Contact law enforcement requesting an expedited response as needed.
 - 2.1.3. Finding firearms after transport has begun:
 - 2.1.3.1. Secure the weapon without manipulation
 - 2.1.3.2. Advise your teammates of the findings.
 - 2.1.3.3. Notify law enforcement requesting an expedited response as needed.
 - 2.1.3.4. Be aware that obtunded or impaired persons in possession of a weapon may have training in weapon-retention techniques. As a result, attempts to remove the weapon from the patient's possession may be met with resistance. Be calm, reassuring, and give notice to the patient that their weapon is being secured for patient and provider safety, and will be returned by hospital security upon release from the hospital.

This document supersedes any documents on the topic dated prior to the effective date noted above.

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- 2.1.3.5. If you are met with resistance, contact law enforcement and request that they meet you at the hospital, or immediately if the presence of the weapon makes it unsafe to continue transport. The use of force of any kind to remove a weapon is strictly prohibited. Providers should note that they attempted to remove the weapon, but were met with resistance when writing their PCR. Providers should refrain from the use of electrical energy in the treatment of the patient, and inform the patient in a professional manner that their care may be hindered by their refusal to surrender the weapon.
- 2.1.4. Actions upon arrival at the Receiving Facility
 - 2.1.4.1. Notify Hospital security prior to departing the vehicle.
 - 2.1.4.2. Have Hospital security take possession of the firearm.
- 2.2. Additionally, there is the possibility of caring for members of the Law Enforcement community.
 - 2.2.1. If the patient lacks the mental capacity to make rational decisions, contact law enforcement requesting an expedited response of their command staff to secure the weapon.
 - 2.2.2. If the patient has the mental capacity to make rational decisions, regardless of such, contact law enforcement requesting an expedited response from their command staff to secure the weapon to avoid any circumstance where the patient may lose their capacity and create a dangerous situation.
- 3. Mental Capacity to be determined in accordance with MLREMS regulations.
- 4. “BB guns”, Airsoft, Paintball, Archery Bows are all included in the considerations of what a firearm is.

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