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State Board of Emergency Medical, Fire,  
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The Ohio Board of Emergency Medical, Fire, and Transportation Services (“EMFTS Board”) issues the following statement:

Regarding EMS Response to Patients  
Carrying a Handgun or Other Concealed Weapon  
October 2013

**Introduction:**

Since the passage of House Bill (H.B.) 12 (125th General Assembly), the EMFTS Board and the Ohio Department of Public Safety, Division of Emergency Medical Services (EMS) have received several questions regarding the handling of patients carrying concealed weapons. Although the issue of armed patients is not new to the field of EMS, there may be an increase in the number of incidents based upon the passage of H.B.12 (which permits a person, in specified circumstances, to obtain a license to carry a concealed handgun for a limited period of time). In response to these inquiries, the EMFTS Board has created this position paper in an attempt to provide general information about the above issue facing EMS providers. It should not be treated as legal advice or direction. For direct advice on how your organization should handle this issue, or a particular scenario, please consult with your legal counsel. You should also work with your local law enforcement and other local entities in creating a plan to deal with this type of situation.

Because the issue of concealed handguns may become more prevalent, it would be prudent for EMS providers to receive training on this issue, both for their own safety as well as that of the patient. The EMFTS Board will accept continuing education in the area of firearm safety and education provided the continuing education course meets the requirements set forth in Rule 4765-19-01 of the Administrative Code. Although the EMFTS Board has not adopted a rule specifying course content and credit hours for this topic, it feels that such training could be accomplished in approximately 2-3 hours and cover the basic elements of handgun safety, demonstration of safe handling of various types of revolvers and semi-automatic pistols, and safe storage of handguns.

**Discussion:**

First and foremost, the job of EMS is the rapid extrication, assessment, treatment, and transportation of patients to definitive care. Scene safety and size-up have been stressed continually in initial training and continuing education endeavors. Part of EMS safety and patient safety includes safe storage of handguns (regardless of whether the patient is a permit-holder). Since the enactment of HB 12, EMS providers in Ohio may be more likely to encounter a third category of persons carrying concealed weapons other than law enforcement officers or criminal offenders – the law-abiding citizen permit- holder. All three categories of patients deserve the highest quality of EMS care.

Usually with law enforcement officers injured on the job, or who present with a medical emergency, fellow law enforcement officers are present to secure weapons and return them to the officer involved after rendering emergency care. Also, with discovered contraband weapons from those not permitted to possess or carry concealed weapons, law enforcement is routinely involved by EMS as part of scene safety and crew safety endeavors. Weapons are turned over to

law enforcement, and police are responsible for chain of evidence and record-keeping as well as any subsequent criminal charges against such patients.

With the advent of the concealed carry law in Ohio, EMS units have had to rethink their approach to the patient who is a permit- holder and either unwittingly or inadvertently still has his/her weapon on their person during the EMS encounter. The following is a list of areas that should be considered by each local EMS agency in deciding how to handle the issue of EMS patients carrying concealed handguns. As stated earlier, these issues should be discussed with your local law enforcement and other local entities (e.g., hospitals), in order to develop a plan that will work best for your organization and community.

- **Determination of whether the EMS patient is carrying a concealed weapon**  
A safety screen may be routinely asked of all alert and oriented EMS patients (e.g., “Are you carrying any weapons on you?”) Simple questioning may avoid stressful surprises later in the encounter.
- **Initial safe storage of concealed handguns**  
Some EMS units may routinely involve law enforcement with such EMS runs where the patient possesses a concealed handgun. Local law enforcement may have developed policies for safe storage of weapons (regardless of whether the patient is a permit-holder) from EMS where they are already on-scene. If law enforcement is not on-scene; however, EMS units must have a plan for handling a patient carrying a concealed handgun. EMS organizations should determine whether they will disarm the patient and, if so, what they will do with the handgun after removing it from the patient (e.g., safely store the handgun in a lined metal gun storage box, call for law enforcement back-up, etc.).
- **Transportation and destination concerns**  
EMS entities need to interface with their receiving/destination hospitals to determine what response each hospital entity has made in regards to H.B. 12, whether they have posted a “no-weapon zone” for the hospital, and how each hospital’s security department plans to handle permit- holders who inadvertently carry concealed handguns into the hospital’s emergency department (whether ambulatory or via EMS). Such prior planning should include specific plans on whether the hospital will accept permit-holders weapons tendered by EMS for safe-keeping and storage, and how receipts for such weapons will be handled. If hospitals refuse to accept any weapons (regardless of whether the patient is a permit-holder), EMS organizations must make alternate plans for removal and storage of the weapon. Organizations should also work with their local law enforcement in regards to dealing with this issue.

### **Conclusion:**

In conclusion, EMS organizations have several issues to contend with in regards to patients carrying concealed handguns. Most of these issues must be coordinated at the local level. EMS organizations should work with their local law enforcement, hospitals, etc. in determining how they are going to react to a patient carrying a concealed handgun (especially if that patient is a permit- holder). Organizations should also work closely with their legal counsel before taking any action on this matter. The EMFTS Board understands and appreciates that this is an important safety issue affecting a number of individuals and entities. By developing a response

plan in cooperation with other local entities, EMS organizations can hopefully respond to the issue of concealed handguns as safely and efficiently as possible.

**Approved by the Board October 2004**  
**Approved by the Board February 2014**