

I FOUND A GUN ON MY PATIENT. NOW WHAT?

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By Jeremy Jones

I get asked this very question often while travelling and teaching my two classes for the fire service, “**Assault**: A New Reality for First Responders” and “Prevailing the Violent Encounter.” The two-word answer to this question is, “It depends.” The action should you take if you discover your patient has a gun on their person truly depends on several factors leading up to that moment.

First and foremost, every department or private ambulance company should have a written **policy** prohibiting the possession of any type of weapon (gun, knife, box cutter, and screwdriver) inside the vehicle. Be sure to provide the “loophole” in the policy to exclude law enforcement and anyone else authorized (i.e., employees) to possess prohibited items.

Remember, policy writers: most of your personnel carry some type of knife while working, and your goal is to prohibit *everyone else* from bringing a weapon into your squad. And since I am addressing the bosses, this needs to be said as well.

Provide your personnel with a dedicated lock box inside the ambulance to store and lock prohibited weapons. Develop a policy of where and how weapons should be secured as well as a release procedure. Most departments’ policies that have lock boxes state the weapon(s) will only be released to police or hospital **security** personnel, and the owner can retrieve their items from them.

First, let’s discuss the **legal**, law-abiding conceal carry of a weapon (CCW) person. This could be your everyday patient, from a traffic crash, a possible cardiac event, or any other type of medical emergency. Like Ohio—where I live—most states had record number issuances of

CCW permits in the last two years. I have said this in previous articles, but it bears repeating, “You should assume everyone you transport has a weapon somewhere on their person and it is your job to find it BEFORE transport.”

You must routinely do a complete head-to-toe “**assessment**” to be sure you have done everything you can to protect yourself and crew. I call it an “assessment” because people are accustomed to medical personnel performing it, but you are actually patting them down or frisking them for weapons. If you are doing an assessment on your conscious and alert patient, and he tells you, “I have a handgun in a holster on my right side.” You should tactfully explain the policy prohibiting weapons in the ambulance and, to continue to help him, you will need to lock the weapon in the lock box. Ensure him he will get weapon back as soon as possible according to whatever procedure is in place.

Personally, I would never ask the person to hand me the weapon. If I do not know you really well, I don’t trust you to that degree. I advise medical personnel to remove the weapon from the holster, point it in a safe direction (trigger finger high on the slide or frame), and secure it in a lock box. Students have told me that they are very familiar with guns and shoot often; therefore, they feel comfortable unloading the gun and making it safe before placing it in the lock box. I do not doubt their competency in safe handling of a handgun, but the less the gun is manipulated, the less likely there is to be an accidental discharge. I know several cops who have shot holes in the walls of their **homes** with guns they were sure to be unloaded.

Be sure to first explain to the **patient** that you do not want him to handle the handgun, but you will be taking it from the holster and securing it. Never just grab at patient’s gun in an attempt to secure it. If the person is well-trained or possibly a police officer, instincts could kick in and turn that situation very bad. If the patient tells you he has a handgun in his briefcase or carry bag, one of the safest ways to handle that situation is to secure the briefcase or carry bag in a locked external compartment of the squad. I recommend always locking bags, briefcases, purses, and so on in an external compartment to cover those instances when you are not notified it contains a weapon. This solves the problem of a hidden weapon inside a “carry-on.”

The majorities of CCW permit holders are good, honest people and will not cause you any problems. I believe most will tell you, if not before, then during your assessment they have a gun on their person. But, your call to **transport** and treat them could be from a head injury, diabetic emergency, prescription medicine reaction, or anything else that could prevent them from thinking and acting rationally. Or—worst-case scenario—your patient is of the criminal element and he is not about to oblige your little policy of no weapons in the ambulance. He did not tell you he was carrying a gun and, now, during your “assessment,” you feel an ankle holster containing a handgun or the grip of a handgun sticking out from the front of his waistband. Now what?

Hopefully, this assessment is taking place BEFORE you have the patient in the rear of the ambulance, where you have many more **options**. This type of patient may turn combative, so you may be in a fight for your life. First, once your hands are on the gun, do everything in your power to not let go of it. He could be the legal CCW permit holder who is just having a medical issue, and you may be able to talk them through this while physically keeping the gun secure in its holster until you feel safe removing it. There may be no talking to a hardened criminal who knows that possessing a stolen gun as a convicted felon buys him many years behind bars. At all cost, forcibly keep that gun in its holster or his waistband until help arrives. That way, if there is a discharge, he is the likely one to be shot.

Once help arrives and they assist in controlling his hands, secure the gun in a lock box or turn over to the police, who hopefully should be there soon. You know what they say....us cops....we are only minutes away when seconds count! That is exactly why my company's motto is "Prepare to be Your Only Option." Perhaps the police are not on the scene and your partner left the building to grab another medic bag, and this is when you feel the butt of the pistol in his waistband and he is not willing to let you take it. The only person you have to count on to WIN that fight is YOU! That is another article and the type of topics I teach in my department's "Prevailing the **Violent** Encounter" class, which requires hands-on student participation.

A few more suggestions to make your job safer include how police may tell you that they frisked the patient and he does not have a weapon. Please, do your own "assessment" on the patient; cops can and do miss things. You can do it without being disrespectful; most cops will just assume you are doing your routine medical assessment, especially if they have seen you do that many times before. Second, if you find a weapon on a patient, keep searching (assessing) to be sure he isn't carrying more than one. I know throughout this article I used the male gender, but do not discount the possibility of a woman being armed. I teach civilian armed self-defense/CCW classes, and women outnumber the men in many of them. Last, never bypass a found weapon in the hopes of not bringing attention to it, and to keep the situation calm until help or the police arrives. Do that, and you have just given that person all control of the situation. I encourage you and your department to seek training on the topic of violence against the fire and emergency medical services. If I can be of any assistance to any of you for questions, comments, or training needs, feel free to contact me at the e-mail address below.

Photo found on [Wikimedia Commons](#) courtesy of para-ordnance.

Jeremy Jones is a 22-year veteran of **law** enforcement and a chief of police in Ohio. During his law enforcement career, he also served 12 years as a level II firefighter. He is the owner and lead **instructor** of his training company, Family Protection Group, LLC (www.familyprotectionllc.us), which specializes in first responder defense training and armed and unarmed self-defense tactics. Jones is a graduate of the Police Executive Leadership College and a Session 248 graduate of the FBI National Academy. He can be reached for questions or comments at familyprotection4@gmail.com.