



Carroll County Department of Fire & EMS

Standard Operating Procedure

DOCUMENT DETAILS

Standard Operating Procedure: 3.09	Effective Date: November 19, 2025
Subject: Patient Concealed Carry Firearm Policy	Section: Emergency Medical Services
Authorized: Eric Zaney, Assistant Chief	Revision Date: N/A

Applicability: ☒ Volunteer ☒ Career

I. PURPOSE

The purpose of this policy is to provide the necessary guidelines and common procedures for EMS management of patients who are permitted under State / Federal law to possess / carry a concealed firearm. This policy is intended to reduce the potential of injury to EMS clinicians, healthcare personnel, and the public when encountering a concealed firearm. The policy assures mutual respect for a patients' rights related to the lawful carry of concealed firearms. These guidelines help ensure the safety of the public as well as those caring for ill or injured patients and are based upon industry best practices.

II. DEFINITIONS

Firearm: weapons that expel, is designated to expel, or may readily be converted to expel a projectile by the action of an explosive, the frame or receiver of such a weapon, or an unfinished frame or receiver."

III. PROCEDURES

A. Definition of Firearm

Firearm shall have the same definition as provided in § 5-101 of the Maryland Public Safety Article to mean "weapons that expel, is designated to expel, or may readily be converted to expel a projectile by the action of an explosive, the frame or receiver of such a weapon, or an unfinished frame or receiver."

B. Patient Scenarios

This policy will address the following scenarios:

1. The Conscious patient consenting to voluntarily relinquish a firearm.
2. The Conscious patient unwilling or refusing to relinquish a firearm.
3. Patients with altered levels of consciousness or who have received altering medications.
4. Relatives / Friends possessing lawful concealed firearms who wish to accompany a patient onboard an EMS unit during transport.

C. General Guidelines

1. The safety of our EMS clinicians is paramount. In accordance with the Maryland Medical Protocol, EMS clinicians upon arrival at an emergency incident should evaluate the scene for safety. EMS clinicians should never approach a patient who appears threatening with a firearm, regardless of the presenting medical / traumatic condition. EMS clinicians should contact law enforcement whenever there is a concern regarding a patient's possession of a firearm or questions about the firearm itself.
2. EMS clinicians should remain alert to the possibility that any patient may have a concealed firearm on their person lawfully or unlawfully.
3. If the patient is at home, every effort should be made to accommodate the patient in safely secure the firearm within their residence.
4. Whenever law enforcement is present on scene, they shall be the primary handler of all firearms.
5. EMS personnel should always ask about firearms and assume all firearms are loaded, even if the patient doesn't initially disclose them.
6. It is not the responsibility of EMS to determine the legality of a firearm or a patient's authority to carry/wear a concealed firearm.
7. The EMS clinicians handling of a firearm involved incident will depend upon the circumstances of the patient's illness, injury, and the safety of the EMS clinicians. EMS clinicians should use the following steps when a firearm is discovered.

D. Conscious Patient consenting to voluntarily relinquish firearm

1. Patients who are conscious, alert and oriented with the emergency response occurring at their own residence should be requested to leave their firearm in a safe and secure location within their residence prior to transport.
2. If an emergency response is occurring away from the patient's residence, law enforcement shall be requested to the scene and take possession of the firearm whenever possible.
3. If a patient is not at their residence, if law enforcement is not on scene or is unavailable to respond to the emergency, and the patient requires immediate transportation to the hospital, EMS clinicians shall do the following:
 - a. Have the patient secure their firearm in the Ambulance lock box. If the patient is unable to do so, the EMS clinician may assist them by taking possession of the firearm and placing it into the lock box. Only EMS providers who have received proper training in the safe handling of firearms shall handle firearms.
 - b. The EMS clinician shall then complete a Chain of Custody Form. (See Attachment A).

- c. Once the firearm has been safely secured, transport the patient to the appropriate medical facility.
 - d. While in route to the receiving facility, EMS clinicians will notify the receiving hospital that a firearm is being transported with the patient. The receiving hospital's security personnel shall be instructed to meet the transporting EMS unit and take possession of the lock box containing the firearm. If hospital security personnel refuse to take possession of the firearm it is to remain secured onboard the EMS unit and law enforcement shall be requested to respond to the facility.
 - e. EMS clinicians will document the transfer of all firearms to security / law enforcement personnel via the approved Chain of Custody Form. This includes having the receiving hospital's security personnel / law enforcement personnel sign the form. EMS clinicians shall provide the signing party with a copy of the form.
- E. Conscious Patient unwilling or refusing to Relinquish a Firearm
- 1. If a conscious patient is unwilling to voluntarily relinquish a firearm, the EMS responders should communicate with the patient in a calm and professional manner explaining the need to safely secure the firearm during transport.
 - 2. If the patient continues to refuse to relinquish the firearm, EMS clinicians should stop the assessment, request law enforcement assistance and delay transportation to a medical facility pending the securing of the firearm.
 - 3. If the patient becomes uncooperative or threatening towards EMS, or any time EMS responders believe the situation has become unstable or unsafe, they should immediately evacuate the scene and retreat to a secure location to await law enforcement to arrival.
 - 4. Once the scene has been secured by law enforcement the EMS clinicians will resume assessing the patient, providing medical care, and/or transporting the patient to the appropriate receiving hospital.
- F. Patient with altered Levels of Consciousness or who have received altering medications
- 1. An altered level of consciousness refers to a change in a patient's state of awareness (ability to relate to self and the environment) and arousal (alertness) ranging from a state of unconsciousness to a state of hyperarousal.
 - 2. Patients who receive EMS medications which have the potential to alter their level of consciousness shall not be permitted to maintain possession of a firearm. Examples of altering medications are Midazolam, Fentanyl and Ketamine.
 - 3. When a patient presents with an altered level of consciousness or has received altering medications the EMS clinician should remain cautious and vigilant for abrupt changes in their behavior.
 - 4. If a firearm is discovered on a conscious patient presenting with an altered level of consciousness, emergency responders should not request the patient to hand over or handle the weapon on their own. Law enforcement should be immediately requested to respond to the scene. An armed patient with an altered level of consciousness poses a significant danger to the EMS clinician, allied healthcare staff, the public, and themselves.

5. If the patient becomes uncooperative or threatening towards EMS, or any time EMS responders believe the situation has become unstable or unsafe, they should immediately evacuate the scene and retreat to a secure location to await law enforcement to arrival.
6. If the patient is unconscious and a firearm is discovered, EMS clinicians who have received proper training in the safe handling of firearms may carefully separate the firearm from the patient prior to transport. If the firearm is in a holster, and the holster can be removed from the patient, then the firearm should remain contained within the holster.
7. EMS clinicians must use extreme caution when handling firearms and once the firearm has been removed, EMS personnel shall:
 - a. Place the firearm into the lock box
 - b. Once the firearm has been properly secured, transport of the patient to the appropriate medical facility may begin.
 - c. While in route to the receiving facility, EMS clinicians will notify the receiving hospital that a firearm is being transported with the patient. The receiving hospital's security personnel shall be instructed to meet the transporting EMS unit and take possession of the lock box containing the firearm. If hospital security personnel refuse to take possession of the firearm it is to remain secured onboard the EMS unit and law enforcement shall be requested to respond to the facility.
 - d. EMS clinicians will document the transfer of all firearms to security / law enforcement personnel via the approved Chain of Custody Form. This includes having the receiving hospital's security personnel / law enforcement personnel sign the form. EMS clinicians shall provide the signing party with a copy of the form.

G. Patient Relatives / Friends in possession of a concealed firearm

1. If a patient relative or friend is in possession of a firearm and requests to accompany the patient to the receiving facility. The EMS clinician shall notify the relative/friend that the firearm is not permitted onboard the EMS unit.
2. If the relative/friend is unable to safely and securely store the firearm they shall NOT be permitted to accompany the patient.

IV. RECISION

This Standard Operating Procedure rescinds all directives regarding Patient Concealed Carry Firearm Policy or similar content previously issued for personnel of the Carroll County Department of Fire & EMS.

V. RELATED STANDARD OPERATING PROCEDURES / DOCUMENTS

VI. ATTACHMENTS