

ANCHORAGE FIRE DEPARTMENT
STANDARD OPERATING GUIDELINES

C-5

Concealed and Unsecured Weapons

SIZE-UP/ASSESSMENT OF CONDITIONS

A. Definitions

1. Weapon – A firearm, knife, or any other instrument or thing which, because of the manner in which it is concealed or unsecured and the accompanying circumstances, could reasonably be construed as being kept as a weapon or in order to achieve some violent purpose, and by which injury could be inflicted upon the person of another.

B. Scene Size-Up and Assessment

1. It is not intended for this SOG to address and provide guidance for every possible situation in which a concealed or unsecured weapon may be encountered during the course of all emergent and non-emergent responses by AFD personnel.
2. AFD personnel must utilize situational awareness from the time of initial Dispatch through the end of the response. Request the appropriate law enforcement agency to respond if necessary.

SAFETY CONSIDERATIONS AND CHECKLIST

1. If ever in doubt about scene safety, leave the location and have law enforcement secure the scene before returning.
2. Remember to use sound judgment, common sense and caution when dealing with weapons of any kind.
3. Weapons are not allowed in AFD apparatus and hospital facilities with the general exception of law enforcement personnel who are not being medically treated.
4. AFD personnel are not to unload firearms.

OPERATIONAL GUIDELINES

A. General Guidelines

1. If a concealed or unsecured weapon is encountered at the scene of any response by AFD and law enforcement personnel are not on location:
 - a. Immediately request through Dispatch the appropriate law enforcement agency for the handling and proper disposition of any weapon if a known or perceived threat exists to any person on location.

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- b. Weapons not classified as firearms, explosives, other hazardous materials, or instruments suspected of being a weapon of unknown design or mechanism may be mitigated in a proper and safe manner by responding AFD personnel using common sense and sound judgment.
 - c. Any weapon found in possession of a minor should involve notification of the appropriate law enforcement agency.
2. Firearms
- a. The conscious, sober, uninjured and/or not sick, mentally competent adult owner of the firearm may be tasked by personnel to properly secure the weapon if it can be accomplished safely and no threat exists.
 - b. Confirmed adult family members or friends of the firearm's owner who are conscious, sober, uninjured and/or not sick and mentally competent, at the approval of the officer in charge and/or lead medical provider, may take responsibility for the proper and safe securing of the weapon.
3. Unsecured weapons discovered during the course of fire suppression or other major operations should be immediately reported to the Incident Commander.
- a. The Incident Commander will determine the proper and safe method by which the weapon will be mitigated.
4. If personnel suspect a concealed or unsecured weapon of being involved in the course of a criminal act, care should be taken to preserve and prevent destruction of evidence as much as possible considering safety issues first.
- a. If not already on location, immediately request through Dispatch the appropriate law enforcement agency.

B. EMS Responses

1. During the initial stages of assessment, personnel may discreetly ask patients if they are carrying a concealed weapon on their person prior to initiating transport if patient disposition allows for this.
- a. Should a conscious, sober, uninjured and/or not sick, mentally competent adult patient refuse to surrender his or her weapon, advise the patient that weapons are not permitted in AFD apparatus or in hospitals.
 - b. If the weapon cannot be mitigated as outlined in the proceeding General Guidelines, immediately request through Dispatch the appropriate law enforcement agency to respond to location.

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2. A properly performed detailed physical examination on any patient with an altered mental status or who is unconscious should lead to the discovery of a concealed weapon on their person.
 - a. If scene safety and patient condition warrant, the detailed physical examination is to be conducted before transporting the patient.
3. Should a concealed weapon be discovered during the course of MICU transport:
 - a. The attending paramedic or EMT will instruct the driver to bring the MICU to a complete stop in a safe location.
 - b. If the patient is conscious, explain the need for securing the weapon and assure him or her the weapon will be further secured by law enforcement or hospital security upon arrival at the receiving hospital.
 - c. The weapon is to be carefully removed from the patient and placed within the Trilogy controlled substances lock box.
 - i. If a firearm is removed from a patient, do not attempt to unload the weapon and keep fingers away from the trigger and any external firing mechanisms (hammer).
 - ii. Do not point any weapon towards another person or yourself during this process.
 - d. Resume transport.
 - e. As soon as possible, contact the receiving hospital and request to have hospital security meet the MICU in the ambulance bay upon arrival.
 - f. After patient care has been transferred to hospital staff, and in the presence of hospital security (or law enforcement), the weapon may be removed from the Trilogy lock box and possession transferred for safe keeping.
 - g. A detailed description of the weapon, and the name and agency of the person securing the weapon from AFD personnel is to be documented in the narrative of the Patient Care Report.