I. Purpose: To provide guidance to HHSC employees regarding the prohibition of Weapons on Hawaii Health Systems Corporation’s (HHSC) Premises in order to provide a safe and secure environment for HHSC patients, residents, staff, affiliated providers, visitors, employees, and guests. This procedure applies to all employees and facilities of HHSC.

II. Definitions:

“Premises” is defined as all property owned, leased, or rented by HHSC and its Regions, including, without limitation, hospitals, clinics, offices and storage facilities, any real property, including parking areas, sidewalks and common areas under the control of HHSC; and any vehicles of any kind owned, leased, or controlled by HHSC.

“Weapon” is defined as any device that is designed to or traditionally used to inflict harm including guns, pistols, firearms, rifles, explosives, bows and arrows, knives, brass knuckles and other items that could cause serious bodily harm or injury.

III. Procedure:

A. Weapons Prohibited

1. HHSC strictly prohibits anyone from bringing any type of Weapon, whether they are concealed or not, and whether they are permitted or not, onto HHSC Premises.
2. HHSC reserves the right to search and inspect property and/or persons while on HHSC premises and ask individuals if they are in possession of any Weapons.
3. Police and law enforcement may retain possession of their Weapons while on official business at any HHSC Premises. In instances where retention of weapons may create an unsafe condition, such as in behavioral health units, facility administration will work with police and law enforcement to maintain a safe environment.

B. Weapons Prohibited Signage

HHSC facilities should clearly and conspicuously post signs at all building entrances and parking area entrances indicating that Weapons are strictly prohibited on the Premises. The failure to post signs, however, does not negate the prohibition of Weapons on HHSC Premises.

C. HHSC Visitors

1. If a visitor is found to have a Weapon on their persons, HHSC staff should instruct them that Weapons are not allowed anywhere on HHSC Premises and request that they secure their weapon at a location off of HHSC Premises before they are allowed back onto HHSC Premises.
2. If the visitor refuses HHSC requests, HHSC staff shall immediately alert both local law enforcement and HHSC security personnel.
   a. No HHSC staff shall attempt to remove the Weapon(s) from the individual.

D. HHSC Patients
   1. Conscious Patients
      a. If a conscious patient arrives to an HHSC facility or other HHSC premises and is found to have a Weapon on their possession, and is willing to relinquish their Weapon, HHSC staff shall request patient to disarm the Weapon and have the Weapon sent off HHSC premises with a family member.
         i. Conscious emergency patients: For conscious emergency patients willing to relinquish their Weapon, but without a family member available, HHSC staff shall call for assistance from HHSC security personnel. HHSC security personnel shall disarm and place the Weapon into a certified Weapon “Lock Box” or have the patient do so.
            a. HHSC security personnel shall place a designated seal on the “Lock Box” and place the box in a locked cabinet.
            b. HHSC security personnel shall fill out the chain of custody form found in Exhibit A of this procedure and retain in their files.
            c. If HHSC security personnel feel that safety can be maintained while returning the Weapon to the patient upon discharge, HHSC security personnel shall return the weapon to the patient after discharge in a manner that ensures a safe environment, preferably outside of HHSC facilities. HHSC security personnel shall check patient’s ID against the information on the Chain of Custody Form associated with the Weapon(s) prior to return of the Weapon and have the patient sign Exhibit A, acknowledging return of Weapon.
            d. If HHSC security personnel feel that returning the Weapon to the patient upon discharge poses a safety risk, HHSC security personnel shall call local law enforcement officers and turn the Weapon over to local law enforcement.
            e. HHSC security personnel shall fill out the Chain of Custody Form in Exhibit A and have local law enforcement officers sign the Chain of Custody Form as well.
         ii. Conscious outpatient patients: For conscious outpatient patients that cannot safely store their Weapons off of HHSC premises, HHSC staff should ask them to reschedule their appointment.

b. If a conscious patient arrives to an HHSC facility or other HHSC premises and is not willing to relinquish their Weapon:
   i. Conscious emergency patients: For conscious emergency patients not willing to relinquish their Weapons, HHSC staff shall call for assistance from HHSC security personnel and local law enforcement.
   ii. For conscious outpatient patients, HHSC staff shall inform them that unwillingness to relinquish their Weapons is considered a refusal of treatment and ask them to reschedule their appointment. HHSC staff shall also call for assistance from HHSC security personnel or local law enforcement.
   iii. No HHSC staff shall attempt to remove the Weapon(s) from the individual.
2. **Patients with Altered Levels of Consciousness**  
   a. If a Weapon is found on a patient with altered levels of consciousness, extreme caution should be used when approaching these patients. HHSC staff, including HHSC security personnel, should not attempt to remove the Weapon. HHSC staff, including HHSC security personnel, should not have the patient hand over the Weapon on their own.  
   b. Law enforcement should be called immediately to assist in disarming these patients.

3. **Unconscious Patients**  
   a. If a patient is unconscious and requires emergency care and law enforcement is present at the HHSC facility, law enforcement should be asked to assist with disarming the patient.  
   b. If law enforcement is not present at the HHSC emergency facility, HHSC employees shall call HHSC security personnel for assistance.  
   c. Qualified and trained HHSC security personnel shall separate the Weapon from the patient in accordance with their training.  
      i. HHSC security personnel shall disarm and place the Weapon into a certified weapon “Lock Box”.  
      ii. HHSC security personnel shall place a designated seal on the “Lock Box” and place the box in a locked cabinet.  
      iii. HHSC security personnel shall fill out the Chain of Custody Form found in Exhibit A of this procedure and retain in their files.  
   d. If HHSC security personnel feel that safety can be maintained while returning the Weapon to the patient upon discharge, HHSC security personnel shall return the Weapon to the patient after discharge in a manner that ensures a safe environment, preferably off-Premises. HHSC security personnel shall check patient’s ID against the information on the Chain of Custody Form associated with the Weapon(s) prior to return of the Weapon and have the patient sign Exhibit A, acknowledging return of Weapon.  
   e. If HHSC security personnel feel that returning the Weapon to the patient upon discharge poses a safety risk, HHSC security personnel shall call local law enforcement officers and turn the Weapon over to local law enforcement. HHSC security personnel shall fill out the Chain of Custody Form in Exhibit A and have local law enforcement officers sign the Chain of Custody Form as well.

**E. General Applicability**  
1. If any HHSC staff or HHSC security personnel are uncomfortable complying with Section C and/or D of this procedure, or if in their opinion compliance with Section C and/or Section D of this procedure presents unacceptable risk given the specific situation at hand, they should call local law enforcement for assistance.

**IV. References:**  
- HRS Section 323F-7(c)(11);  
- PAT 0003A and PAT 0003B Emergency Medical Treatment and Labor Act (EMTALA)  
- HR 0004A and HR 0004B Workplace Violence/ Abuse Non-Tolerance

**V. Attachments:**  
Attachment A
# CONCEALED WEAPON(S) CHAIN OF CUSTODY FORM

## Documentation of Weapon(s)

- [ ] Firearm(s)
- [ ] Knife
- [ ] Electroshock Weapon
- [ ] Other __________

How many & type(s) of each indicated above: __________________________

______________________________

## CONFINEMENT OF WEAPON

Patient/Other (Circle One) Signature of Release to Secure Weapon ____________

Lock Box Number: __________________________

Placed by ________________  Signature ________________  Date _____________

Witness: ________________  Signature ________________  Date _____________

## DELIVERY OF WEAPONS FROM HOSPITAL TO LAW ENFORCEMENT

Lock Box Number: __________________________

Given by: ________________  Signature ________________  Date _____________

Received by Officer: ________________  Signature ________________  Date _____________

Officer Contact Information (Phone Number/Badge Number): __________________________

## RELEASE OF WEAPON(S) FROM HOSPITAL TO OWNER

Lock Box Number: __________________________

Given by: ________________  Signature ________________  Date _____________

Received by Patient: ________________  Signature ________________  Date _____________

### Patient Name: ________________________

### Proof of Identification: ______________________