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## BACKGROUND

### Study Objective

To identify state policies that authorize or prohibit weapons access for law enforcement officials (LEOs) and hospital police/security in clinical contexts.

### Why Does This Matter?

- Emergency departments (EDs) are the most common site of hospital-based shootings (29%) (Kelen, 2012).
- Shootings often involve LEO/security personnel firearms (42%) or perpetrators taking the firearm from security (23%) (Kelen, 2012).
- In 2021, the American Association of Emergency Psychiatry released a statement on armed responses in the ED emphasizing preparation and training to prevent LEO-related violence (AAEP, 2021).

### What Do We Know?

Little is known about the policy landscape on this topic despite:

- Increased violence towards health care workers (Premier, 2023).
- Firearms are the most common cause of work-related homicides for health professionals (Goodman, 1994).

## METHODS

### Approach & Policy Inclusion Criteria

- Followed the PRISMA-Scoping Review checklist (Tricco, 2018).
- Included currently enacted policies with content related to LEO/security personnel's ability to possess weapons in clinical contexts.

### Search Strategy

- Searched 3 databases (Westlaw, UniNexus Legal and News) and hand-searched using an iterative approach.

### Analysis

- Policies were categorized by weapon possession authorization status, clinical facility type, weapon type, year enacted, policy target, and qualitatively summarized.
- Policies could have multiple elements counted in a single category.

## REFERENCES

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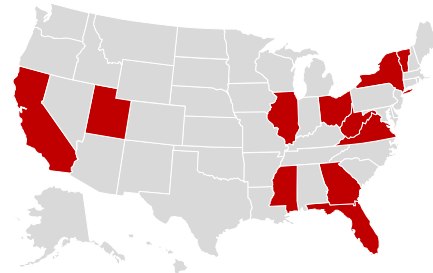
Premier Inc (2023). Premier Survey Reveals Key Insights on Workplace Violence Incidents in Healthcare\* Accessed 9/22/23 from: <https://premierinc.com/newsroom/blog/premier-survey-reveals-key-insights-on-workplace-violence-incidents-in-healthcare>

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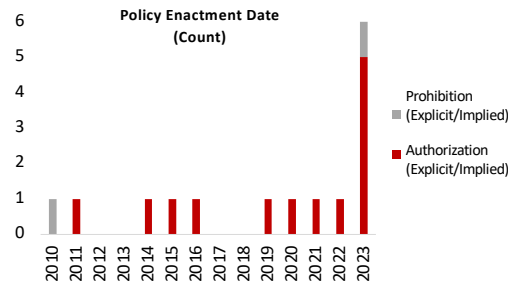
## RESULTS

### Identified Policies \*indicates 2 policies

- Reviewed 488 news articles and 1008 statutes/legislation/rules/regulations
- Identified 15 policies from 11 states (CA, FL\*, GA, IL, MS, NY, OH, UT\*, VA\*, VT, WV\*)



- Enacted between 2010 to 2023; 60% (n = 9) enacted between 2020 to 2023



### Analyzed Policies

Category	State	Count
<b>Policy Content: Weapons Access</b>		
Explicitly prohibited	OH	1
Explicitly authorized	CA, FL, GA, IL, MS, NY, UT, VA, WV*	10
Implied authorization	FL, VT	2
Implied prohibition	UT	1
<b>Policy Weapon Types</b>		
Firearms	CA, FL*, GA, MS, NY, OH, UT*, VT, WV*	12
Weapons	GA, IL, MS, UT, VA*, WV	7
Electronic immobilization device	FL, VT	2
Ammunition, explosives, pepper spray, mace, batons	UT	1
<b>Policy Targets</b>		
LEO/Off-duty LEO	FL, OH, UT, VA*, VT	5
Hospital police	IL, MS, WV	3
Tactical medical personnel	FL, WV	2
Peace/Special officer	CA, NY	2
Hospital security	GA, VA	2
Not described	UT	1
<b>Healthcare Facilities</b>		
EDs/hospitals	FL, GA, IL, MS, NY, VA, WV	7
Psychiatric facilities	CA, NY, OH, UT*, VT	6
University Medical Center	VA	1
Unclear; tactical medical teams	FL, WV	2

## DISCUSSION

### Findings Summarized

- Most policies authorized/implied access and were enacted during the COVID-19 pandemic.
- Firearms and weapons were the most common weapon type.
- Policy targets were heterogeneous.
- Healthcare contexts were most often EDs/hospitals and psychiatric facilities.

### Meaning

- A recent trend of weapons authorization in clinical environments may be a reaction to increased violence towards health care workers (Premier, 2023) and now, there are federal policy efforts to mitigate workplace violence against clinicians (Gamble, 2023).
- Prior to this search, there was a paucity of information on policies related to this topic.

### Future Research

- Consider how local hospital policies impact weapons access, and how state concealed carry laws impact the public's ability to bring weapons into healthcare settings.
- The true incidence rate of LEO/security personnel-related firearm/weapon incidents in clinical contexts are likely under-counted as a national database for these types of events does not exist.

### Policy Considerations

- Creation of a nationally centralized tracking of firearm safety events in healthcare settings.
- Development of multilevel firearm violence prevention strategies in healthcare settings in partnership with hospital leadership and professional associations.

### Limitations

- Specificity of the policy question; policy interpretation; search term constraints; and variability of content in the selected databases.

## CONCLUSIONS

- Prohibitive firearm/weapon policies in clinical environments for LEO/security personnel were rare. Most policies allowed firearm/weapon access.
- Most policies were implemented over the last three years, possibly indicating a response to healthcare worker safety concerns related to the COVID-19 pandemic.

## ACKNOWLEDGEMENTS

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