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Their generous contributions directly empower us to deliver critical, high-impact educational programs like the WADEM Disaster Medicine Summer School that advance knowledge, strengthen operational readiness, and build resilience within our global community. By investing in these vital initiatives, they are actively helping shape the future of specialised education and capacity-building. We are deeply grateful for your continued partnership and shared commitment to this mission.

Commitment to inclusive language
The language used in this publication is benchmarked against internationally recognised publications in tactical medicine, emergency and disaster medicine, and other disciplines such as clinical psychology, epidemiology, and nuclear physics.

We recognise that counter-terrorism medicine is a rapidly evolving discipline, and some terms here may become outdated from one month to the next. We will strive to keep the research up to date as soon as practicable to reflect current best practice.

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TACTICAL MEDICINE AND SCENE SAFETY: MANAGEMENT OF FIREARMS FOUND ON PATIENTS

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Introduction

Modern tactical medicine is founded on the principle that no medical intervention can be effective unless it is preceded by establishing a safe operational environment. Current international guidelines in Tactical Emergency Casualty Care (TECC) and Tactical Combat Casualty Care (TCCC) emphasise that scene safety is essential to any medical activity. In numerous operational settings—including criminal incidents, armed assaults, accidents involving armed personnel, private security operators, law enforcement officers, or military personnel—responders may encounter casualties who are still carrying firearms. Under such circumstances, the presence of a firearm constitutes a potential hazard for healthcare providers and bystanders alike. Its management therefore requires specific knowledge, standardised procedures, and appropriate training.

The dilemma between safety and timely medical care

In most civilian environments, securing firearms falls within the responsibility of law enforcement agencies. However, situations may arise in which waiting for police intervention could result in delays incompatible with patient survival.

Examples include a casualty suffering from a gunshot wound to an extremity with uncontrolled massive haemorrhage, or a patient presenting with a penetrating chest wound and an open pneumothorax. In these conditions, time becomes a critical variable: haemorrhage control within minutes and early management of thoracic injuries are well-established life-saving interventions supported by international medical literature.

Numerous studies derived from military experience during the conflicts in Iraq and Afghanistan have demonstrated that rapid haemorrhage control and prompt treatment of thoracic injuries can significantly reduce preventable battlefield mortality. The leading causes of preventable death in tactical environments continue to be: massive extremity haemorrhage, junctional haemorrhage, airway compromise, and tension pneumothorax.

In such scenarios, the presence of a firearm on the casualty cannot be overlooked and must be addressed concurrently with medical care.

Discovery of firearms in healthcare settings

An often underestimated issue concerns the discovery of firearms within healthcare facilities. Physicians and nurses working in Emergency Departments frequently report finding pistols, revolvers, or other weapons while removing the clothing of unconscious patients, polytrauma victims, or individuals undergoing life-saving procedures.

International literature has highlighted that armed individuals entering hospitals represent a tangible threat to the safety of healthcare personnel and other patients. For this reason, many healthcare facilities have established protocols for temporarily storing dangerous items, including secure lockers or weapon safes designated for the custody of firearms, knives, and other potentially harmful objects until they can be transferred to the appropriate authorities. This raises an important question: do healthcare professionals possess adequate training to recognise and safely manage a firearm found on a patient? In most cases, the answer is no, as traditional healthcare education rarely addresses this issue.

The role of tactical medicine training

Tactical medicine differs from conventional emergency medicine precisely because it integrates clinical competencies with operational safety skills. Within this framework, the educational objective is not to transform healthcare personnel into armed operators, but rather to provide them with the tools necessary to identify hazards, prevent incidents, and maintain scene safety.

For this reason, advanced tactical medicine curricula should include dedicated modules covering the recognition of common handgun types, fundamental firearm safety principles, procedures for verifying the absence of immediate threats, and appropriate methods for temporary firearm custody until law enforcement personnel arrive.

Practical training conducted with inert training weapons or dedicated simulation systems enables students to become familiar with standardised procedures, thereby reducing the risk of errors and enhancing overall operational safety.

Ethical and professional considerations

The inclusion of these competencies in tactical medicine training programs should not be interpreted as an encroachment upon the responsibilities of law enforcement agencies. Rather, it represents an extension of the concepts of patient safety and provider safety.

The objective is not the use of the firearm, but its safe management as a potential hazard present within the operational environment. Just as healthcare professionals are expected to recognise and manage biological hazards, chemical agents, or improvised explosive devices, they should also be capable of identifying firearm-related risks and implementing appropriate measures to mitigate them.

Conclusions

The ability to recognise and safely manage a firearm found on a patient is fully consistent with the principles of contemporary tactical medicine. In scenarios characterised by residual threats, severe clinical urgency, and the need for immediate intervention, such knowledge contributes to protecting healthcare personnel, patients, and bystanders.

The evolution of civilian operational environments and the growing adoption of TECC principles make it increasingly important to incorporate scene safety, risk management, and threat recognition into healthcare training programs. From this perspective, education on the initial management of firearms found on patients should not be considered an ancillary topic, but rather an integral component of modern tactical medicine.


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