

FIREARM SAFETY AND INJURY PREVENTION

Description

Access to guns creates a risk for serious injury and death.¹ Analyzed data from an American mortality follow-back survey showed that regardless of storage practice, type of gun, or number of firearms, owning a gun was associated with an increased risk of firearm homicide and suicide in the home.² People who had guns in the home were at greater risk of dying from a homicide while at home and were also more likely to have died as a result of suicide committed with a firearm than from one committed by another method.² Rubak et al.³ found that “[c]urrent access to firearms at home significantly increased the odds of both violent offending and violent victimization, even after controlling for prior access, prior offending, and prior victimization.” The increased risk of “violent offending” and “violent victimization” continued into early adulthood.³

ENA Position

It is the position of the Emergency Nurses Association that:

1. Emergency nurses support and promote the ENA Mission Statement to advocate for patient safety and excellence in emergency nursing practice.⁴
2. Emergency nurses serve as health care consumer advocates, educating the public about the risks of improperly stored firearms and supporting the creation and evaluation of community and school-based programs targeting the prevention of firearm injuries.
3. Emergency nurses support the establishment of a national database of reportable firearm injuries in order to make evidence-based decisions regarding patient care, safety, and prevention.
4. Emergency nurses recognize the most effective way to keep children from unintentional firearm injury is to limit access.

Background

At least 14 clinically oriented large national medical societies have policies supporting gun injury prevention.⁵ They demonstrate consensus on the need for research, public education, clinical counseling, access prevention, and a national database to improve research on gun injury prevention. The American College of Emergency Physicians, the American College of Surgeons, and SafeKids USA (supported by the American Academy of Pediatrics) have developed position statements regarding firearm safety.^{1,6,7} With the exception of ENA, other nursing organizations have been less specific regarding firearm safety legislation, choosing to focus on aggressive and violent behavior prevention in general.^{8,9} ENA established the Institute for Quality, Safety and Injury Prevention as a functional area within the organization; prevention programs and activities are available on the ENA website.¹⁰ In 2011, the ENA general assembly approved the resolution,

“Firearm Safety for Children.” The recommendations submitted to the ENA board of directors included action to conduct a formal research review regarding firearm safety education for the school age pediatric population, development of a stand-alone tool kit for firearm safety education. and an evaluation of the need to include mandatory age-appropriate firearm safety training for school age children.

References

1. Safe Kids USA. (n.d.). *Children and firearms* [position statement]. Retrieved from <http://www.safekids.org/assets/docs/for-safety-professionals/children-and-firearms.pdf>
2. Dahlberg, L. L., Ikeda, R. M., & Kresnow, M. J. (2004). Guns in the home and risk of a violent death in the home: Findings from a national study. *American Journal of Epidemiology*, *160*(10), 929–936.
3. Ruback, R. B., Shaffer, J. N., & Clark, V. A. (2011). Easy access to firearms: Juveniles’ risks for violent offending and violent victimization. *Journal of Interpersonal Violence*, *26*(10), 2111–2138.
4. Emergency Nurses Association. (2011). Emergency Nurses Association’s mission and vision statement and code of ethics. In *Emergency nursing scope and standards of practice* (2011 ed., p. 50). Des Plaines, IL: Author.
5. Longjohn, M. M., & Christoffel, K. K. (2004). Are medical societies developing a standard for gun injury prevention? *Injury Prevention*, *10*, 169–173. doi: 10.1136/ip.2003.004531
6. American College of Emergency Physicians. (2007). *Firearm injury prevention* [policy statement]. Retrieved from <http://apps.acep.org/practres.aspx?id=29480>
7. American College of Surgeons. (2000). *[ST-12] Statement on firearm injuries*. Retrieved from http://www.facs.org/fellows_info/statements/st-12.html
8. American Psychiatric Nurses Association (2008). *Workplace violence* [position statement]. http://www.apna.org/files/public/APNA_Workplace_Violence_Position_Paper.pdf
9. American Nurses Association position statements. Retrieved from <http://nursingworld.org/position/social/women.aspx>.
10. Emergency Nurses Association. (n.d.). *About the institute: Institute for Quality, Safety and Injury Prevention*. Retrieved from <http://www.ena.org/IQSIP/Pages/about.aspx>

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