Firearm Injury Prevention for Health Care Workers

Health care workers have a unique opportunity to address firearm safety in scenarios where there is a high risk for firearm injury, including situations involving individuals with thoughts of harming themselves or those in an altered mental state (including substance use, psychosis, dementia), violent situations, or situations that involve children.

Ask these five questions after establishing the presence of a firearm in the home: Is it loaded? Is it locked? Are little children present? Is the operator feeling low? Has the operator learned about firearm safety?

1. First, focus entirely on the health and safety of patients. While firearm owners may know the mechanics of firearm safety, first responders advise on reducing firearm injury and maintaining safety.

2. Avoid questions that could be perceived as accusations and frame the question around the situation. For example: “Sometimes, patients will take extra caution with safely storing firearms when they have thoughts of harming themselves. Do you want to explore options like that?”

3. Avoid being overly prescriptive. This may be a tense topic in a sensitive situation. Instead, offer solutions and discuss with the patient the best option for them.

Between 2019 and 2020, firearm deaths by suicide increased by 22%. Between 2019 and 2020, firearm deaths by homicide increased by 136%.

Remember: Determine if there is a high risk for firearm injury for patients, by observing the patient’s appearance or through suicide/homicide screening. Ask the patient or others in the situation if they would be willing to explore options of preventing firearm injury. Brainstorm options with the patient and help them with follow-through.

Ways to Help and Resources

FIRST, DETERMINE IF THE PATIENT IS THE HIGH RISK.

OPTION #1
Ensure safe storage devices for the firearm(s). Examples of safe storage include cable locks, trigger locks, gun safes, and lockboxes.

OPTION #2
Make sure firearm(s) are temporarily stored at another location during the coping process after a stressful event.

REFER PATIENT TO RESOURCES

SPRINGFIELD CRISIS RESOURCES
- Burrell Center Crisis Line: 1-800-494-7355
- Text Crisis Line: 741-741
- NAMI SW Missouri Warm Line: 1-877-535-4357

AFFIRM at the Aspen Institute
(413) 212-8654
info@affirmresearch.org
www.affirmresearch.org

Sources: Massachusetts Medical Society