



# Prioritizing Patient Safety by Reducing Firearm Injury & Death: What Clinicians Can Do

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# Why Firearms Curriculums for Healthcare Providers?

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- Firearms injury and death are public health problems
- Physicians feel counseling is within clinical responsibilities
- Patients say generally appropriate
- Physicians often report needing more information
- Lethal means safety saves lives

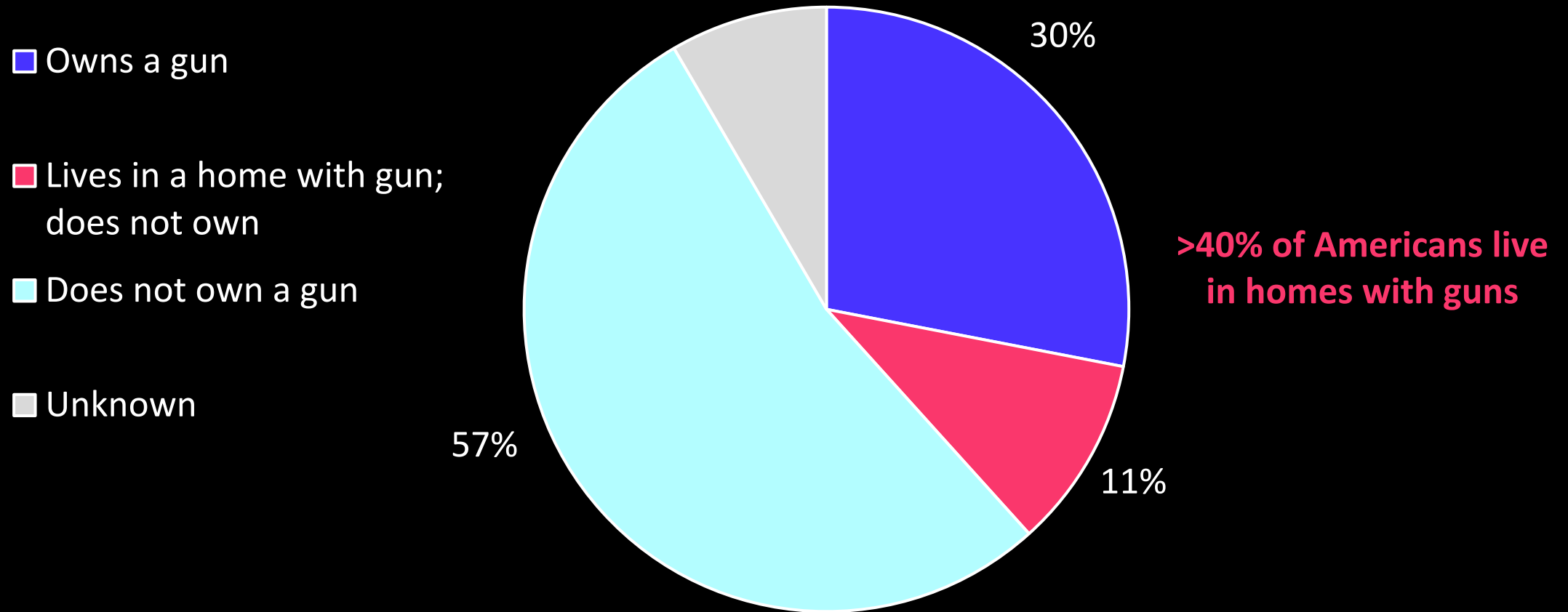
# BulletPoints Learning Objectives

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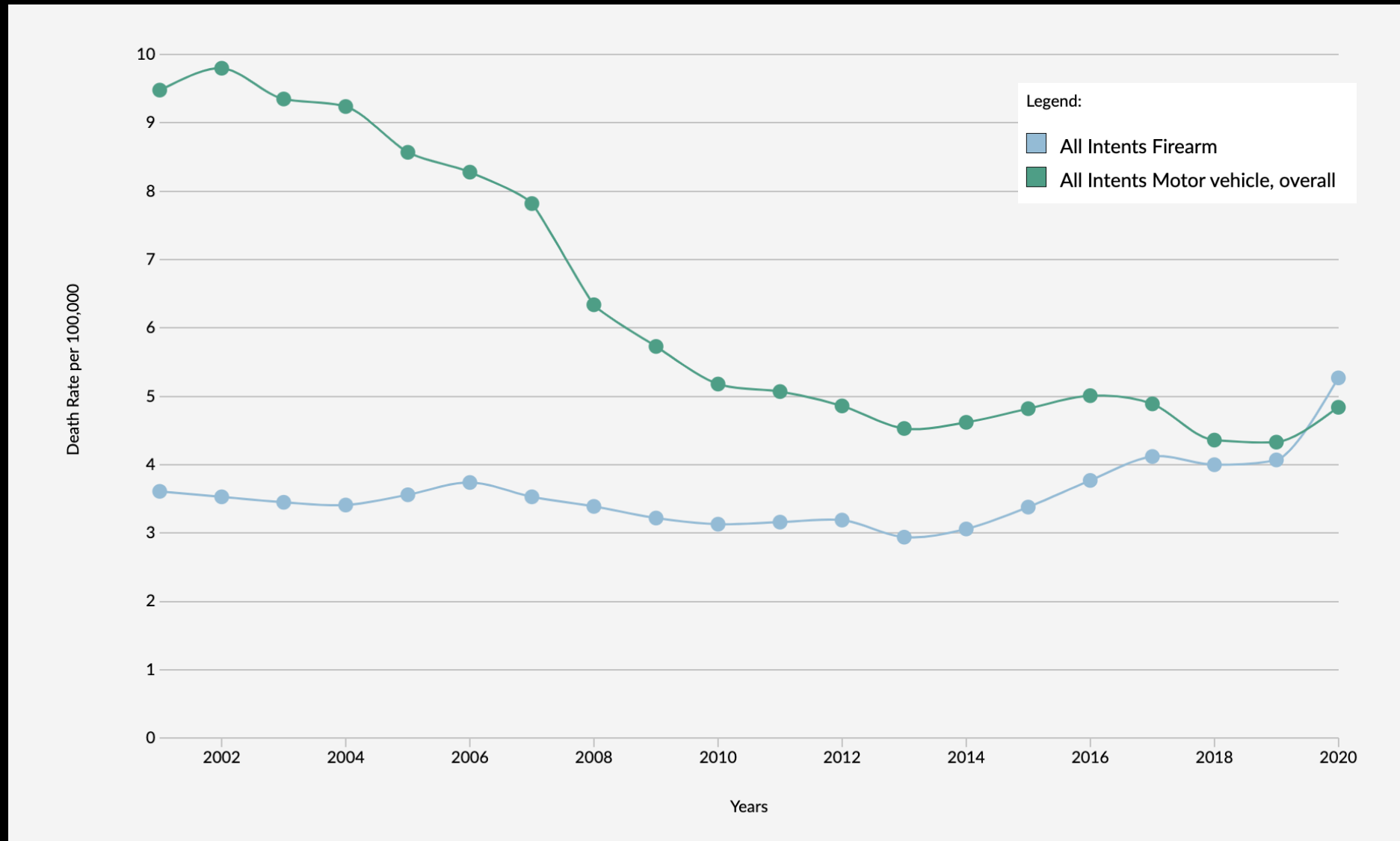
- ▮ Identify risk for firearm-related harm
- ▮ Identify ways to engage with patients to reduce that risk
- ▮ Interpret how to have culturally appropriate and respectful conversations with patients and their families to reduce risk
- ▮ Describe available interventions for patients at risk of firearm-related harm

Americans make up 4.25% of the world's population, but own 46% of privately owned firearms.

# Household Firearm Ownership in the United States, 2017



# MVCs versus Firearms Deaths in American Youths



# Epidemiology of Firearm Violence and Injury

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# Socioemotional consequences



*Image adapted from the Violence Policy Center*



## What You Can Do

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**Assess risk** and **talk with patients** about risk  
and access to firearms when it's **clinically**  
**relevant**

# Lethal Means Safety

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One of the most effective ways to reduce suicide risk is to put time and distance between the at-risk person and lethal means



There are no state or federal statutes that prohibit clinicians from talking with patients about access to firearms.

# What do patients think?

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A majority report  
conversations about firearm  
safety appropriate



66% of respondents



54% of gun owning respondents

and especially when someone  
in the home is at increased  
risk





90% for thoughts of suicide



84% when children or teens in home

# The 3A's

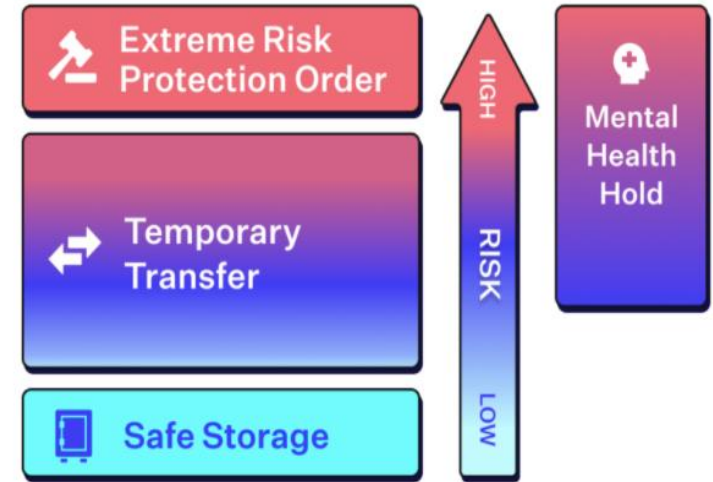
## Approach

-  Informed
-  Respectful
-  Harm Reduction Focused
-  Individualized

## Assess




-  Risk Factors
-  Ideation or Threats
-  Access to Guns
-  Willingness to Collaborate

## Act






# The 3A's

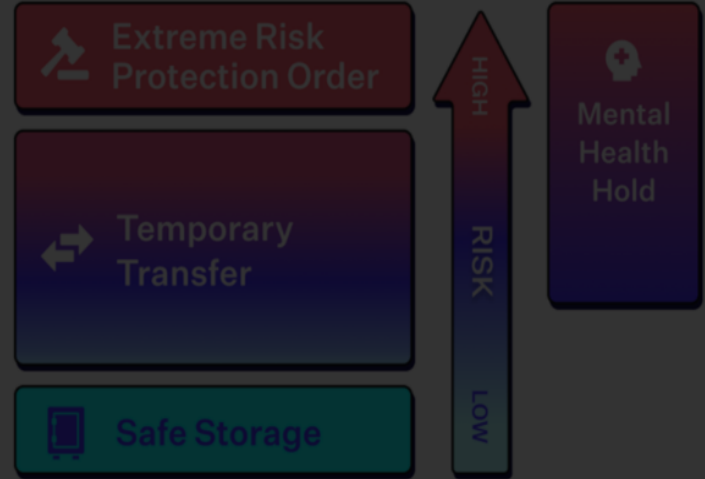
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# Be informed

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- ▢ Understand who owns guns and why, be aware of implicit biases
- ▢ Know the safest way to store guns and other appropriate recommendations
- ▢ Be aware of relevant policies in your area
- ▢ Use appropriate language

# Be informed: Language matters

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- ▢ "Reducing access"
- ▢ "Temporary"
- ▢ "During time of crises" or "risk"
- ▢ When possible, "voluntary and collaborative"



# Be respectful and take a harm reduction approach

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- ▮ Keep personal politics out of the conversation
- ▮ Put this in context of risk and safety, not right or wrong
- ▮ Remember that acceptable recommendations that reduce risk are more effective than unacceptable ones that eliminate risk




# Individualize your approach

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- ▢ Who's in the home
- ▢ Who's at risk
- ▢ What type of risk
- ▢ Reasons for ownership



A photograph of a male doctor with glasses and a stethoscope, wearing blue scrubs, smiling and talking to a woman and a young girl. The woman is on the left, and the girl is in the center. They are in a medical office setting. A speech bubble is overlaid on the image, containing text.

I ask all caregivers about things that pose a risk to their families: water heaters, pools, medications, firearms. What steps do you take to reduce access to firearms for those who shouldn't have it?


# The 3A's Framework

## Approach

 Informed


 Respectful

 Harm Reduction Focused

 Individualized

## Assess

 Risk Factors


 Ideation or Threats

 Access to Guns


 Willingness to Collaborate

## Act

 Extreme Risk Protection Order

 Temporary Transfer

 Safe Storage

 Mental Health Hold



# Youth and Firearms

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- ▮ Males ages 10-19 at highest risk of unintentional firearm injury and death
- ▮ Most firearm suicides and mass shootings by teens are w/ family member's gun
- ▮ Youths have access in the home more often than parents/caregivers think
- ▮ ~1/3 firearm owners living with youths store all firearms in the safest way



# Alcohol and Firearms

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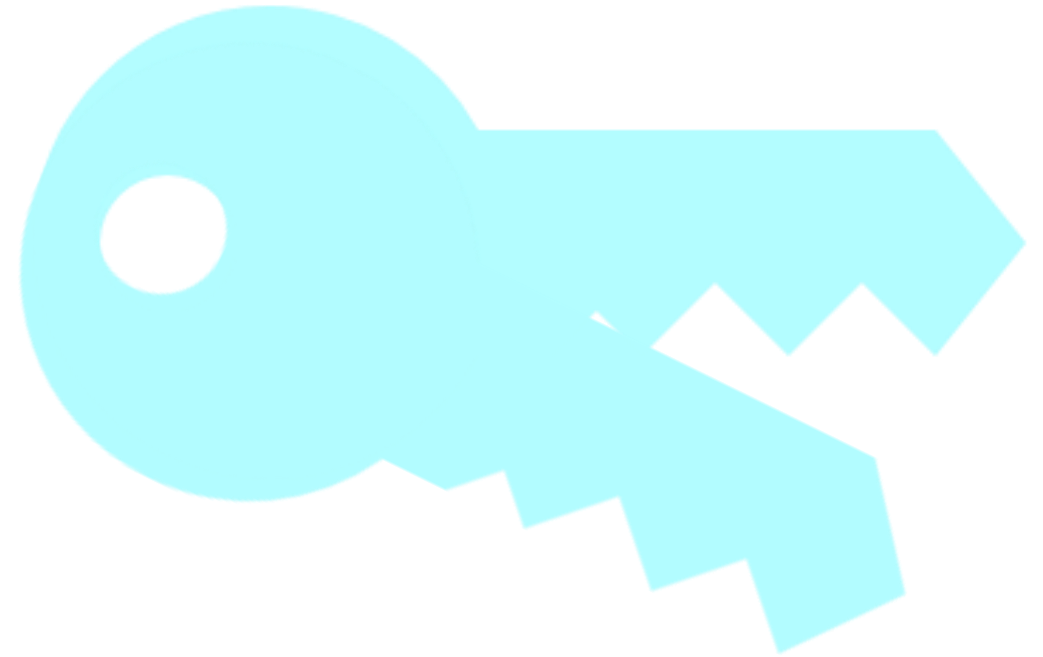
- ▮ 1/3 of people who died by suicide tested positive for the presence of alcohol
- ▮ Alcohol intoxication more strongly associated with firearm suicide than less lethal methods
- ▮ Alcohol-related conviction + handgun purchase > 2x the risk of suicide (90% by firearm)
- ▮ Alcohol-related conviction + handgun purchase > 3x the risk of arrest for violent crime including IPV



# Dementia and Firearms

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- ▢ 35-60% of people with dementia (PWD) live in homes with firearms
- ▢ Dementia can increase risk of suicide, homicide, and unintentional injury
- ▢ Conversations about gun access can mirror those about driving or cooking



# Intimate Partner Violence and Firearms

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- ▮ ~50% of female homicides are from intimate partner violence
- ▮ When an abusive partner has firearm access, victim's risk of death ↑5x
- ▮ Firearms also used to coerce, threaten, terrorize
- ▮ DV = precipitating factor for many mass shootings



# Mental Illness and Firearms

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- ▮ About 4% of mass shooters thought to have psychotic disorders (higher for women)
  - ▮ Others commonly have symptoms of:
    - ▮ Depression
    - ▮ Autism spectrum disorder
    - ▮ Personality disorders
- ▮ About 4% of community violence attributable to mental illness alone
- ▮ Mental illness stronger risk factor for suicide than violence

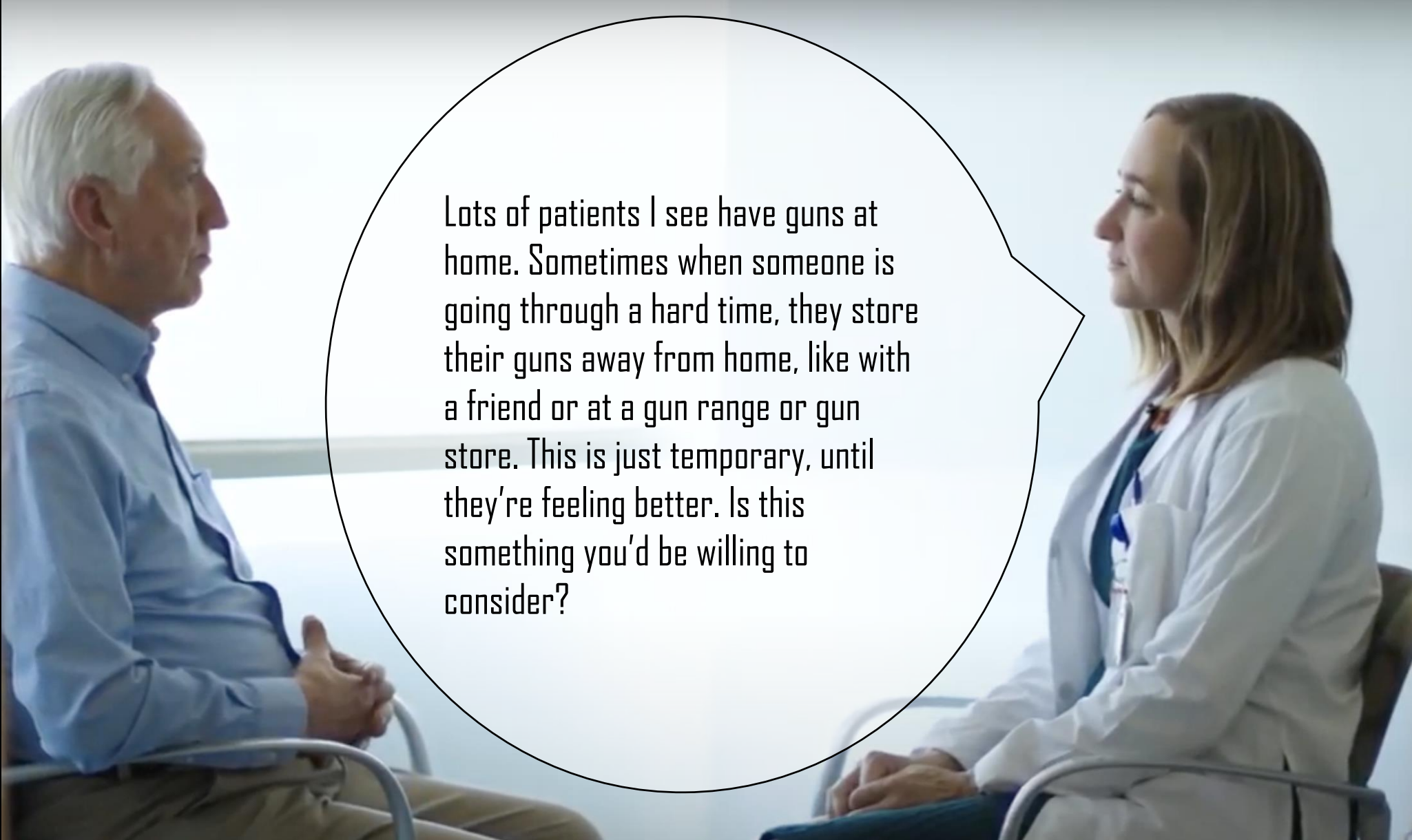
# Ideation or Threats

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# Access to Firearms and Willingness to Collaborate





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A photograph of a male doctor with white hair, wearing a light blue button-down shirt, sitting in a chair and facing a female patient. The patient has long brown hair and is wearing a white lab coat over a blue top. They are in a clinical setting with a large window in the background. A large, white, circular speech bubble is superimposed over the center of the image, containing text.





Lots of patients I see have guns at home. Sometimes when someone is going through a hard time, they store their guns away from home, like with a friend or at a gun range or gun store. This is just temporary, until they're feeling better. Is this something you'd be willing to consider?

# The 3A's Framework

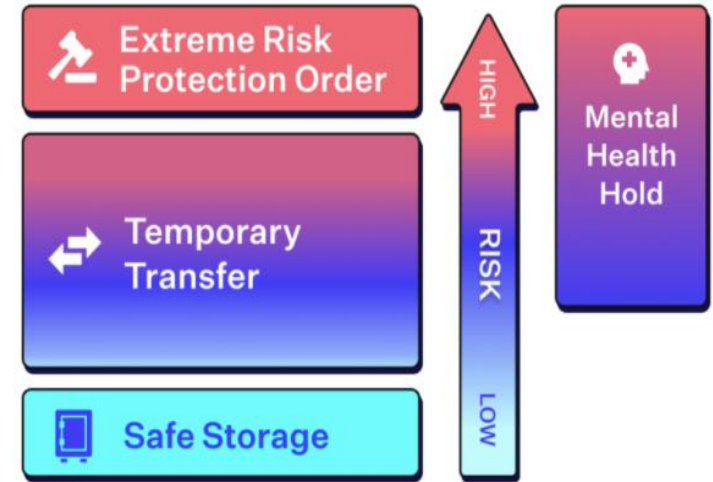
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## Act



When no one is at **imminent** risk, safe storage is the appropriate recommendation.



The safest  
way to store  
a firearm:



**Unloaded**



**Locked up** using a locking device

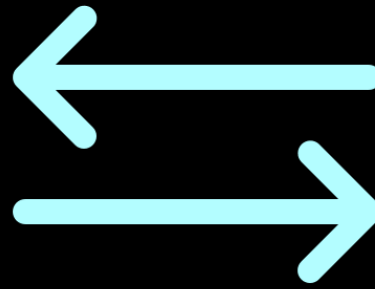


Separate from ammunition



With **keys and combinations inaccessible** to children  
and others at risk

# Temporary Transfers



Used when removing firearms from the home is the safest option, and the person is willing to collaborate.

- ▢ Temporary transfer to family or other trusted person
  - ▢ Background check requirements vary
  - ▢ In some places, these policies are in flux
- ▢ Temporary, voluntary storage at a gun range, store, or with a law enforcement agency\*



**If a patient at high risk is not willing to collaborate, emergency interventions may be necessary to prevent harm.**



# Emergency interventions

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- ▮ If the person needs mental health treatment, consider a mental health hold
- ▮ If the person is not willing to relinquish their firearms, consider an Extreme Risk Protection Order for temporary, involuntary removal of guns

These two are not mutually  
exclusive

# Mental Health Holds (5150)

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- ❑ In emergency situations, mental health holds can bring someone at risk of harming themselves or others into mental health treatment
- ❑ Federal firearm prohibitions do not occur until person committed in court

An emergency mental health hold or even a hospitalization does not guarantee the person won't have continued firearm access

# Extreme Risk Protection Orders

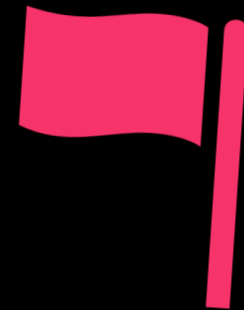
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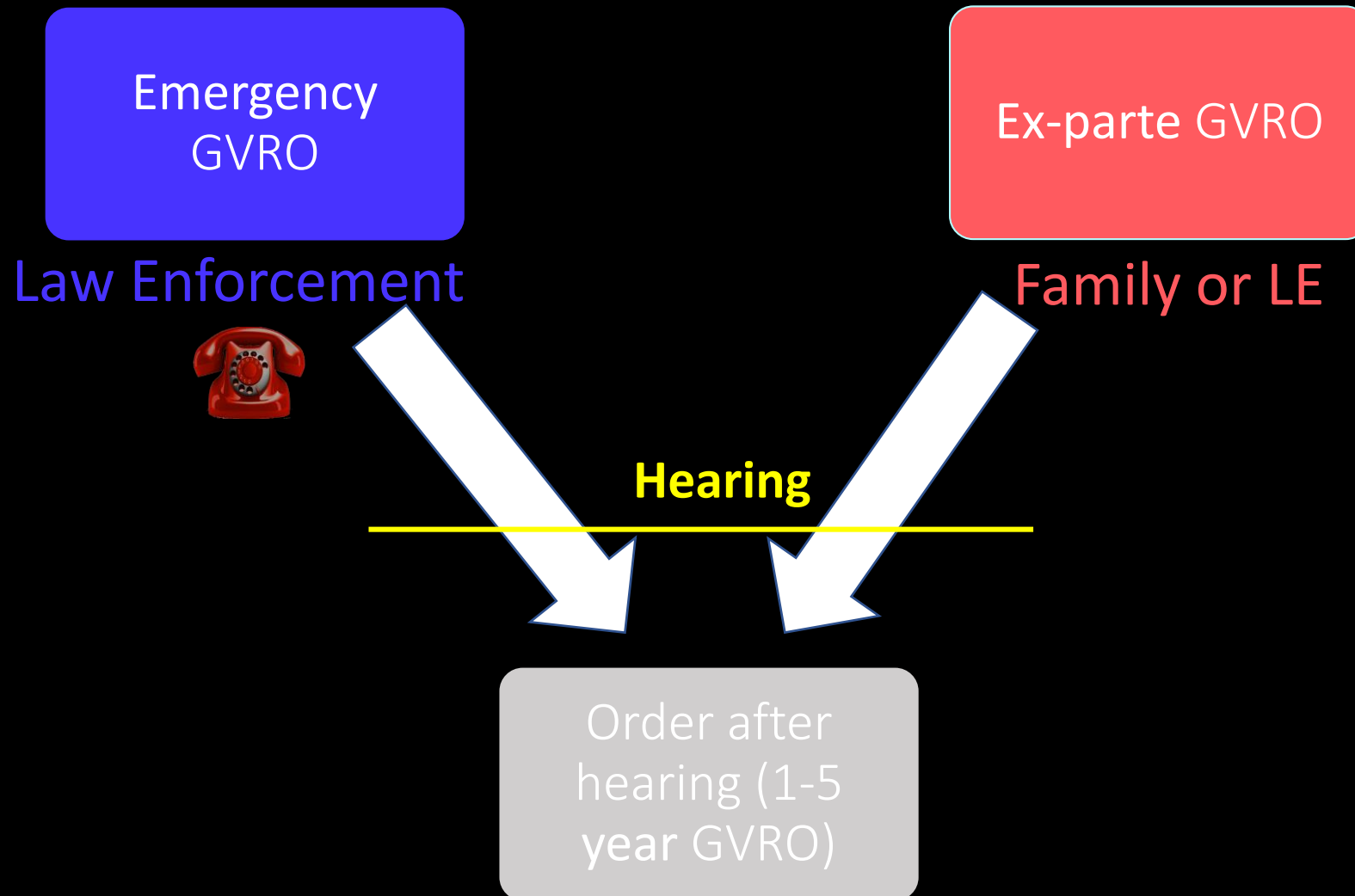
# Extreme Risk Protection Orders

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- ▮ Allows family members or police to petition to have a person's guns removed based on a concern for violence in the near future
- ▮ Modelled closely after DVRO
- ▮ No criminal activity required
- ▮ No mental health evaluation or history required



# Extreme Risk Protection Orders



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For every 10-20 risk warrants issued for  
suicidality, one life is saved

# HIPAA

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- If a patient makes a "serious and imminent threat" of violence, the clinician may disclose PHI that "(1) is necessary to prevent or lessen a serious and imminent threat to the health or safety of the patient or others and (2) is to a person(s) reasonably able to prevent or lessen the threat"
- "HIPAA expressly defers to the professional judgment of health professionals in making determinations about the nature and severity of the threat to health or safety posed by a patient."

# Hospital-based Intervention Programs

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- ❑ Connect injured individuals to violence intervention specialists, community resources, and natural supports
- ❑ Provide extended care, including mental health services, after hospital discharge to support holistic recovery
- ❑ Address the determinants associated with violence risk through relationship-based mentoring and culturally humble, individualized case management
- ❑ Promote safe reintegration into the community through a gradual transition of support and connection to resources

[The Health Alliance for Violence Intervention](#)



# For More Information

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[www.bulletpointsproject.org](http://www.bulletpointsproject.org)



[hs-bulletpoints@ucdavis.edu](mailto:hs-bulletpoints@ucdavis.edu)



[@BulletPtsProj](https://twitter.com/BulletPtsProj)



[The BulletPoints Project at UC Davis](#)



Register for our brand new, on-demand continuing education course, [Preventing Firearm Violence](#) with Robin Cogan and watch the 14th talk of our webinar series – “[The Impact of Firearm Violence on Mental Health](#).”

Read our [new blogpost](#) with school nurse [Robin Cogan](#) on [mental health](#).

Suicide

Veterans

Unintentional Injury

Intimate Partner Violence

Mass Shootings

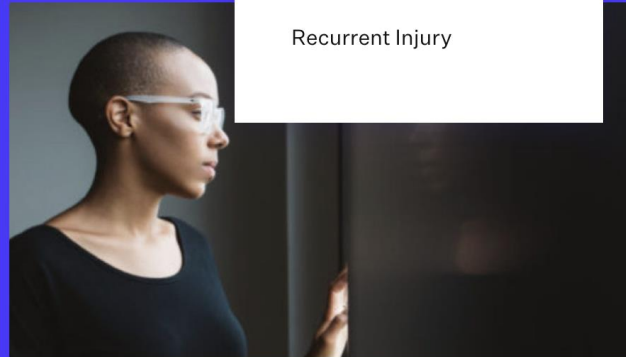
Dementia

Community Gun Violence

Recurrent Injury

# The BulletPoints Project

Clinical tools for preventing firearm injury



# Online Continuing Ed Course

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*Continuing Medical Education Course*

## Preventing Firearm Injury: What Clinicians Can Do

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Questions?

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