

GA17 Resolution

1 **TITLE: ENA’s Position on Firearm Safety and Legislation**

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3 Whereas, The Code of Ethics for Nurses calls on Nurses to act to change those aspects of social
4 structures that detract from health and well-being;²

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6 Whereas; Emergency Nurses witness firsthand the devastating consequences of firearms injuries for
7 victims and their families, and bear a responsibility to participate in efforts to mitigate these preventable
8 tragedies;

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10 Whereas, the mission of ENA includes prevention of injury and promotion of wellness and safety as
11 essential components of Emergency Nursing practice and emergency care;

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13 Whereas, Each day on average, 88 Americans are killed by firearms and 202 are injured in firearms-
14 related incidents;^{5, 8}

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16 Whereas, The U.S. firearm morbidity and mortality rate is 5 times higher than in 23 other high-income
17 countries analyzed collectively;²⁶

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19 Whereas, Firearm-related trauma is the third ranked cause of accidental death by traumatic injury in
20 the U.S., with traumatic injury as the fourth leading cause of death overall;²⁰

21
22 Whereas, Suicide attempts by firearm are up to 95% fatal and firearms are used in almost 50% of all
23 suicide attempts, resulting in more than 22,000 deaths annually;^{8, 20}

24
25 Whereas, the financial consequences of firearms-related death and injury have a disproportionate
26 financial burden on society, costing \$174 billion annually;²⁴

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28 Whereas, General Assembly Resolution 14-02 stated: “That ENA encourages further research relating
29 to educational interventions for firearm safety.”

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31 Whereas, due to the overwhelming risks and harm to the population associated with firearms, and the
32 regularity, complexity, and geographic variability of the problem, the issue has become a public health crisis
33 that requires a comprehensive, multifaceted approach;²⁵

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35 *Resolved*, That ENA encourages the identification, dissemination and development of educational
36 resources that promote the safe storage and use of firearms, and advocates for training in safe handling
37 practices for all firearm owners,

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39 *Resolved*, That ENA encourages the development of new screening tools for use in the Emergency
40 Department, and the dissemination and utilization of existing screening tools for use in Primary Care areas to
41 assist in the identification of individuals at high risk for death or injury from firearms,



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44 *Resolved*, That ENA urges the lifting of the restrictions and limitations on research into firearms
45 morbidity and mortality by the Centers for Diseases Control and Prevention and the Department of Health and
46 Human Services, and that adequate funding will be allocated for this research,
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48 *Resolved*, That ENA advocates for extension of the National Violent Death Reporting System, an
49 anonymous database maintained by the Centers for Disease Control and Prevention, to include all US states
50 and territories to ensure that data collection methodology regarding firearms-related death is robust and
51 complete,
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53 *Resolved*, That ENA encourages research and development into technology to make firearms safer and
54 to deter firearm theft, as well as the distribution of existing safety devices to firearm owners, and
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56 *Resolved*, That ENA supports the requirement of universal background checks on all firearm purchases,
57 including sales at gun shows and private sales between individuals.
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59 **ENA Board of Directors Comments:**

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61 **Resolutions Committee Comments:**

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63 **Resolution Background Information:**

64 As the premier international professional organization dedicated to emergency nursing, ENA advocates for
65 patient safety and helps guide emergency health care policy. Further, Emergency Nurses serve on the frontline
66 of our nation's health care system and, therefore, experience first-hand the impact of firearm injuries on
67 patients and healthcare providers. It is appropriate, therefore, that ENA members review, debate and vote on
68 the important public policy issue of firearm injury prevention.
69

70 In 2014, 33,599 people died and 81,043 were injured in the US by firearms.^{7,20} The U.S. firearm homicide rate is 20
71 times higher than the combined rates of other countries that are comparable to the U.S. in wealth and
72 population, and the firearm suicide rate is 5.8 times higher.^{8, 16, 26} The US currently experiences a lower life
73 expectancy than other comparable nations and death by firearm accounts for as much as 21% of that gap in life
74 expectancy.¹²
75

76 Firearm morbidity and mortality affects children disproportionately: more than 35,000 children under the age
77 of 19 have died as a result of a firearm injury since 1999.⁸ In 2014 alone, 13,576 children under the age of 18
78 were treated for a non-fatal firearm-related injury.⁷ With the current flaws in the National Violent Death
79 Reporting System, as many as 39% of unintentional firearm deaths may be misclassified, resulting in significant
80 underestimation of the firearm mortality rate in children.³ Suicide is the third leading cause of death in young
81 adults aged 10-24 and firearms are used in 95% of completed suicides in this age group.^{11,21} Seventy-five percent
82 of adolescents gain access to a firearm owned by a parent or friend to attempt or complete suicide.¹⁷
83

84 One study examined adult handgun purchasers, and found the primary cause of mortality in this group after
85 one year was suicide and the suicide rate among this group was 57 times higher within the first week of
86 handgun purchase than in the general population.²⁹ Higher levels of gun ownership have also been found to be
87 associated with higher rates of suicide overall in males.²⁸ Conversely, reduction in firearm ownership is
88 independently associated with a significant reduction in the overall suicide rate.^{10, 22} As mental health care



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89 disparities have been identified as a priority issue for ENA, we should take note that over 63% of firearm deaths
90 are suicides, accounting for 50% of all total completed suicides.²⁰ Also of note, 90% of people who
91 unsuccessfully attempt suicide by other non-lethal means do not go on to complete a successful attempt-
92 limiting access to lethal means can help ensure suicidal individuals can survive to be successfully treated for
93 their mental illness. ¹

94
95 Limiting access to handguns has been shown to significantly decrease accidental death, injury, or suicide by
96 firearm.^{15,23} A recent study found that in states where legislation requiring universal background checks and
97 identification requirements for all firearms and ammunition purchases were implemented, a subsequent
98 decrease in morbidity and mortality associated with firearms was found.¹⁸ Investigators calculated that these
99 measures could have the potential to reduce firearm morbidity and mortality by as much as 90% when
100 implemented at the Federal level; currently, as many as 40% of firearms are purchased through private sales
101 without background check.¹⁸ A Gallup poll from 2015 found that 86% of Americans favor measures which would
102 close the 'gun show loophole'.¹³ Programs that provide education regarding safe storage and also distribute
103 trigger locks to firearm owners have been found to significantly increase the incidence of safe storage practices,
104 which in turn decreases mortality.²⁷ Participation in these evidence-based interventions represents an area
105 where the ENA could make a significant impact in the incidence of firearm-related morbidity and mortality.

106
107 Having a firearm in the home is significantly and independently correlated with an increased risk of death by
108 homicide or suicide for all occupants, and one study found that for every 1 firearm death associated with self-
109 defense or protection, there were 1.3 accidental deaths, 4.5 criminal homicides, and 37 suicides. ^{10,19} A person is
110 more likely to be killed by an intimate partner or family member than a stranger, and the presence of a firearm
111 in a domestic violence situation significantly increases the risk of homicide, endangering victims, other family
112 members, bystanders and coworkers.^{4,9} This data shows that our current practices regarding firearms in the US
113 do not make us objectively safer.

114
115 Patient screening is an important health prevention and promotion activity that has been effective in reducing
116 morbidity and mortality for other public health issues (smoking, car seat use/seat belt use).⁵ Sixty-four percent
117 of individuals who received verbal firearm storage safety counseling from their health care providers improved
118 their gun safety practices; 12% of those individuals removed the firearm from their home completely.¹ This
119 counseling includes screening to determine if at-risk individuals reside in the home (children, elders with
120 dementia, alcohol or substance abusers, depressed or suicidal individuals, etc.) and provides information
121 regarding safe storage practices (installing trigger locking mechanisms, storing firearms in a locked case, storing
122 ammunition in a separate locked case, storing each in separate rooms). These measures are known to mitigate
123 death and disability by firearms and nurses are uniquely positioned to carry out these screening activities and
124 should do so without impediment.^{14,15,27}

125
126 Research into the epidemic of firearm-related morbidity and mortality is severely limited by an amendment
127 made to a CDC appropriations bill from 1996, which forbids the CDC to conduct any research directed 'to
128 advocate or promote gun control'. This restriction also applies to the National Institutes of Health and the
129 Department of Health and Human Services. The annual budget allocated for firearm injury research is \$2.6
130 million, which is completely inadequate when compared to other health issues.²⁴ Firearm-related injuries
131 account for almost 750,000 years of life lost annually; diabetes accounts for 218,000 years lost annually and
132 receives \$1.1 billion dollars in funding annually for comparison.²⁴ The cost of firearm morbidity and mortality is a
133 disproportionate burden on society, costing \$174 billion annually. These costs include lost work, medical and



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134 mental health care, emergency transport, criminal justice activities, insurance claims processing, employer
135 costs, and decreased quality of life; making firearm injuries one of the most costly and prolific public health
136 concerns of our time.²⁴The absence of solid and robust data into firearms injuries severely limits the ability to
137 mitigate death and disability.

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139 As a result of the epidemic of traumatic injury and death from firearms in the United States, numerous national
140 health care organizations have taken public positions on firearm injuries as a public health crisis. For example,
141 since the beginning of 2015, the American Nurses Association (ANA), American Medical Association (AMA),
142 American College of Emergency Physicians (ACEP) and the American Academy of Pediatrics (AAP) have issued
143 statements on firearms. Other public health concerns, such as tobacco use, motor vehicle accidents, and
144 unintentional poisonings have been addressed in a systematic manner that included public safety educational
145 campaigns, regulations and research into safety features and design, legislation to enforce safety regulations,
146 and federal regulation and enforcement of safety and design standards. Firearm morbidity and mortality can
147 and should be mitigated in the same scientific manner.

148 149 **Relationship to ENA Bylaws, Mission, Vision, and Strategic Initiatives:**

150 The mission of ENA is to “advocate for patient safety and excellence in emergency nursing practice.” This
151 Resolution serves ENA’s mission by calling for educational resources that promote the safe use and storage of
152 firearms, encouraging best practices to mitigate the impact of firearm-related injuries on the public at large,
153 and supporting legislation that aims to curtail firearm-related injuries and deaths. This resolution is also
154 concerned with evidence-based and common sense interventions that are proven to mitigate death and
155 disability from firearm-related injuries. ENA strongly values the inclusion and contributions of nursing in
156 collaboration with healthcare partners to explore solutions to the challenges of emergency care delivery. Our
157 colleagues in every sector of healthcare have taken decisive positions on this topic- it is time for Emergency
158 Nurses to help shoulder the responsibility of mitigating these preventable deaths.

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160 The Resolution is consistent ENA’s Five Year Strategic Plan 2015-2019 that calls on ENA to provide leadership to
161 “its members on all legislative issues impacting the emergency health care industry.” It also states that ENA
162 should “Increase visibility and participation in legislative and regulatory advocacy to promote patient and
163 community safety and excellence in emergency nursing practice.”

164 165 **Financial Considerations/Operational Impact:**

166 To manage the research and compilation of educational resources and to encourage the adoption of best
167 practices to mitigate the impact of firearm-related injuries in public health, multiple ENA departments will need
168 to be involved, equivalent to 1.0 FTE. Staff in the Institute of Quality, Safety, and Injury Prevention, the
169 Institute of Emergency Nursing Research and the Institute of Emergency Nursing Education could be assigned
170 to identify resources, disseminate best practices, and develop new educational resources, and facilitate
171 collaborations with professional and corporate partners. Significant ENA Government Relations time and
172 resources would be required to effectively advocate in favor of federal government research on firearm-related
173 injuries and expanded background checks on firearms purchases.

174 175 **Professional References:**

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177 family physicians. *Journal of the American Board of Family Medicine* (40), 40.



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