



Approved October 2019

Firearm Safety and Injury Prevention

Revised October 2019

Approved April 2013 with current title, replacing rescinded policy statement titled “Firearm Injury Prevention”

Revised October 2012, January 2011

Reaffirmed October 2007

Originally approved February 2001 replacing: “Firearm Dealers” (CR 1994), “Firearm Legislation” (CR 1989), “Firearm Possession” (CR 1994), “Firearms-Consumer Product Safety” (CR 1994), “Handgun Ownership” (CR 1993), “Handgun Purchase” (CR 1994), “Handguns” (CR 1985), “Handguns and Handgun Ammunition-Federal Taxes” (CR 1994), “Handguns-Size and Safe Design Requirements” (CR 1995), and Semiautomatic Weapons” (CR 1989)

The American College of Emergency Physicians condemns the current rates of injury and death from firearms in the United States. Firearm injury is a leading cause of death among young Americans, is the most common means of suicide death among all Americans, and has psychological and financial ramifications for victims, their families, and the healthcare system. As emergency physicians, we witness the toll firearm injuries take on our patients each day across the United States. We support the need for funding, research, and protocols to help address this public health issue.

ACEP supports legislative and regulatory efforts that:

- Actively support both private and public funding into firearm safety and injury prevention research;¹⁻³
- Protect the duty of physicians to discuss firearm safety with patients;
- Support universal background checks for all firearm transactions, including private sales and transfers;
- Support adequate enforcement of existing laws and support new legislation that prevents high-risk and prohibited individuals from obtaining firearms;
- Restrict the sale and ownership of weapons, munitions, and large-capacity magazines that are designed for military or law enforcement use, and prohibit the sale of after-market modifications that increase the lethality of otherwise legal firearms;
- Support prohibitions on 3-D printing of firearms and their components (so-called “ghost guns” or other technologies that seek to bypass regulations);

ACEP supports public health and health care efforts that:

- Investigate the effect of social determinants of health and other cultural risk factors on patterns of firearm injury (eg, poverty, intimate partner violence, prior exposure to violence, the relationship between communities and law enforcement);
- Support a confidential national firearm injury research registry while encouraging states to establish a uniform approach to tracking and recording firearm-related injuries (eg, homicide, suicide, unintentional, self-defense, intimate partner violence, officer-involved, line-of-duty, etc.);

- Promote access to effective, affordable, and sustainable mental health services for emergency department patients with acute mental illness for whom access to a firearm poses a real risk to life for themselves or others;
- Provide health care providers with information on the most effective ways to counsel patients and families on proper firearm safety, emphasizing evidence-based methods that are shown to reduce intentional and unintentional injuries;^{4,6}
- Support research into public policies that may reduce the risk of all types of firearm-related injuries, including risk characteristics that might make a person more likely to engage in violent and/or suicidal behavior;^{2,5,6}
- Support community-based and hospital-based programs that would allow early intervention to prevent firearm-related injuries and their long-term consequences.^{4,7}

References

1. Kuhls DA, Campbell BT, Burke PA, et al. Survey of American College of Surgeons Committee on trauma members on firearm injury: Consensus and opportunities 2017. *J Trauma Acute Care Surg*. 2017;82(5):877-86. Available at: https://cdn.journals.lww.com/jtrauma/FullText/2017/05000/Survey_of_American_College_of_Surgeons_Committee.7.aspx.
2. Ranney ML, Fletcher J, Alter H, et al. A consensus-driven agenda for emergency medicine firearm injury prevention research. *Ann Emerg Med*. 2017;69(2):227-40. Available at: <https://doi.org/10.1016/j.annemergmed.2016.08.454>.
3. Stark DE, Shah NH. Funding and publication of research on gun violence and other leading causes of death. *JAMA*. 2017;317(1):84-5. doi:10.1001/jama.2016.16215 Available at: <https://jamanetwork.com/journals/jama/fullarticle/2595514>.
4. National Academies of Sciences, Engineering, and Medicine. 2019. Health systems interventions to prevent firearm injuries and death: Proceedings of a workshop. Washington, DC: The National Academies Press. doi: <https://doi.org/10.17226/25354>. Available at <http://www.nationalacademies.org/hmd/Reports/2019/health-systems-interventions-prevent-firearm-injuries-death.aspx>.
5. Rowhani-Rahbar A, Zatzick D, Wang J, et al. Firearm-related hospitalization and risk for subsequent violent injury, death, or crime perpetration: a cohort study. *Ann Intern Med*. 2015;162(7):492-500. Available at: <https://annals.org/aim/fullarticle/2151827/firearm-related-hospitalization-risk-subsequent-violent-injury-death-crime-perpetration>.
6. Simonetti JA, Rowhani-Rahbar A. Limiting access to firearms as a suicide prevention strategy among adults: what should clinicians recommend? *JAMA Netw Open*. 2019;2(6):e195400. doi:10.1001/jamanetworkopen.2019.5400. Available at <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2735457>.
7. Bulger EM, Kuhls DA, Campbell BT, et al. Proceedings from the Medical Summit on Firearm Injury Prevention: A Public Health Approach to Reduce Death and Disability in the US. 2019. *J Am Coll Surg*. 2019 Oct;229(4):415-30. doi: 10.1016/j.jamcollsurg.2019.05.018.