

MAKING AN IMPACT: INJURY PREVENTION IS A PRIORITY



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Injury prevention is an important aspect of emergency nursing practice and should be a care priority for our patients, families, and each other. It is the position of the Emergency Nurses Association (ENA) that “emergency nurses, as members of the frontline care team, are poised to lead in the prevention of injury through evidence-based education, public education, and healthcare advocacy.”¹ Ensuring that each emergency nurse has the knowledge and ability to proactively address injury prevention is essential.

Firearm injury prevention has long been my passion. Growing up in a family that hunted to provide food for our family meant an early exposure to long guns. My father practiced responsible gun ownership, storing his guns and ammunition separately and out of reach of children. As an emergency nurse, I have all too often seen the devastating impact of unsafe firearm storage. Children encountering unsupervised access to guns can lead to unintentional injuries, many of which are fatal, underscoring the need to advocate for safe storage and responsible gun ownership. In 2017, the overall unintentional, nonfatal firearm injury rate was 868 per 100,000 and the rate for children 0 to 14 years of age was 62 per 100,000 unintentional fatalities.² Teaching children how to be safe when they encounter unsafe access to firearms is important, but education of children is not enough. Helping parents and caregivers understand the

need for safe storage, injury prevention education, and responsible gun ownership are essential to reduce pediatric morbidity and mortality associated with firearms. Children are our future and we must help promote strategies that will keep them safe. Injury prevention can be accomplished during teachable moments, informal and formal programming for children, parents and caregivers, and the public.

According to the Centers for Disease Control and Prevention (CDC), there were 133,895 nonfatal firearm injuries in persons of all ages in 2017 in the United States.² In data published by the CDC in 2018, 38,658 persons died from firearm-related injuries in the United States, and the age-adjusted death rate for firearm-related injuries for the total population increased significantly, accounting for 16.7% of all injury deaths. The two major component causes of firearm injury deaths were suicide (59.3%) and homicide (37.3%).³ In 2017, suicide ranked second as a leading cause of death in all persons aged 10 to 34 years old. In the 10- to 14-year-old age group, firearms are the second leading cause of suicide, whereas firearms are the leading cause of suicide in the 15- to 34-year-old age group.

Promotion of safe storage and responsible gun ownership is especially important in homes with family members battling hopelessness and depression. It is very sad when persons who feel they have nowhere else to turn make a rash decision about ending their crisis with a firearm resulting in life altering or fatal injuries. The finality of suicide associated with unsafe access to firearms is devastating to those providing care or left behind. Emergency nurses are well positioned to ask the right questions about the safety of the living environment of the person being discharged after presenting for care with suicide ideation. We need to consider asking if there are firearms in the home. If they answer yes, then ask whether the firearms are stored separately from the ammunition and stored in a locked fashion. If these answers are not congruent with safe storage we should determine how to best intervene for the safest outcome for every patient every time.

Advocating for injury prevention related to firearm injury research is critical. It is difficult to know the magnitude of global incidence of firearm related injuries when there are regulatory limitations on firearm injury-related research. The ENA's 2018–2019 Public Policy Agenda supports lifting restrictions on firearms-related research at CDC and the US Department of Health and Human Services (HHS).⁴ Inclusion of all states and US territories in the

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National Violent Death Reporting System is an advocacy priority as well.⁴ Emergency nurses understand the polarizing messages around firearm safety. I am certainly not anti-gun but I am an advocate for safe storage, responsible gun ownership, and injury prevention.

REFERENCES

1. Emergency Nurses Association. The role of the emergency nurse in injury prevention. https://www.ena.org/docs/default-source/resource-library/practice-resources/position-statements/injuryprevention.pdf?sfvrsn=8242c4a2_12. Published 2018. Accessed March 10, 2019.
2. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS). www.cdc.gov/injury/wisqars. Published 2017. Accessed March 10, 2019.
3. Xu JQ, Murphy SL, Kochanek KD, Bastian BS, Arias E. Deaths: Final data for 2016. *Natl Vital Stat Rep*. 2018;67(5). Hyattsville, MD: National Center for Health Statistics https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_05.pdf. Accessed March 10, 2019.
4. Emergency Nurses Association. Emergency Nurses Association public policy agenda: 2018/2019. <https://www.ena.org/government-relations/public-policy-agenda>. Published 2019. Accessed March 10, 2019.