



RESOURCE GUIDE

**For Healthcare Professionals on How to Talk About
Firearm Access and Safety**

ABOUT BRADY

Brady: United Against Gun Violence ([Bradyunited.org](https://bradyunited.org)) is the leading gun violence prevention group in America, proudly responsible for passing the bipartisan Brady Bill. But we know that changing laws alone won't end gun violence; we must also change hearts and minds. We follow a unique three-point strategy to change the laws, change the gun industry, and change the culture to free America from gun violence.

BRADY HAS SEVERAL INITIATIVES IN PLACE THAT ARE DEDICATED TO CHANGING HEARTS AND MINDS, INCLUDING:

END FAMILY FIRE

End Family Fire is a public education program of Brady, in partnership with the Ad Council, to encourage responsible gun ownership and safe firearm storage. The program works to reduce shooting deaths and injuries caused by family fire, or a shooting that results from someone misusing an unsecured firearm from the home. Learn more at EndFamilyFire.org.

THIS IS OUR LANE

Led by Dr. Joseph V. Sakran, Brady's This Is Our Lane campaign mobilizes healthcare professionals to use their voices and expertise to reduce firearm injuries and deaths. Learn more at [Bradyunited.org/thisisourlane](https://bradyunited.org/thisisourlane).

Visit bradyunited.org/our-approach to learn more about Brady's approach to free America from gun violence.

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ABOUT THIS IS OUR LANE

Following a [2018 comment](#) by the NRA that doctors should “stay in their lane” and had no business addressing firearm violence, Brady Chief Medical Officer, trauma surgeon, and gun violence [survivor Dr. Joseph V. Sakran](#) launched [@ThisIsOurLane](#), a community of healthcare professionals dedicated to reducing firearm injuries and deaths.

@ThisIsOur Lane sparked a grassroots movement, amplifying the voices of those who are on the frontlines of this preventable epidemic and inspiring a sea change in viewing gun violence as a public health issue.

Led by Dr. Sakran, Brady’s This Is Our Lane has **five key objectives**:

1. Amplify the expertise of healthcare professionals and those affected by firearm violence in the press and media, including through Brady’s Show Gun Safety effort in TV/film;
2. Substantially increase firearm violence prevention funding over the next five years;
3. Encourage the Office of the Surgeon General to write a report on firearm violence prevention, and the U.S. Department of Health and Human Services to declare firearm violence as a public health crisis;
4. Develop a strategic plan to commission a consensus study through the National Academy of Medicine on firearm violence prevention;
5. Establish an advocacy training program for healthcare professionals.

The [This Is Our Lane Advisory Council](#) includes:

CHAIR

JOSEPH SAKRAN, MD, MPH, MPA

As a survivor of firearm-related violence, Dr. Sakran was motivated to become a surgeon, researcher, and advocate in firearm injury prevention. At every turn of his career, he has used his personal experience and substantial skills to push a new frontier primarily in service of marginalized communities in the United States.

MEMBERS

HALLEH AKBARNIA, MD, MPH, FACEP

Dr. Halleh Akbarnia is an emergency medicine physician who has worked at Level I Trauma Centers for over 20 years treating gun violence victims, and is a survivor herself. She has become a strong advocate for gun violence prevention at both national and local levels.

ROBIN COGAN, MED, RN, NCSN, FNASN, FAAN

Robin Cogan is a New Jersey school nurse and faculty at Rutgers University - Camden School of Nursing. As a family member of victims and survivors of two mass shootings, Robin's advocacy in gun violence prevention is both personal and professional. Robin is the NJ Director to the National Association of School Nurses. Her extensive work in school nursing was included as a case study in the National Academies of Medicine Future of Nursing 2030 report.

ROCHELLE A. DICKER, MD

Dr. Dicker, MD, is a professor in Residence of Surgery and Anesthesia at the University of California San Francisco (UCSF). She is the division chief for Acute Care Surgery and co-director of Surgical Critical Care. In 2003, she founded the Wraparound Project at San Francisco General Hospital, one of the first hospital-based violence intervention programs.

CORNELIA GRIGGS, MD

Dr. Griggs is a pediatric surgeon, critical care specialist, and assistant professor in Surgery at the Massachusetts General Hospital (MGH), Harvard Medical School. Her published work covers urgent public health crises, including gun violence prevention. She is the education lead for the MGH Gun Violence Prevention Center and serves on the national board of advisors for Scrubs Addressing the Firearm Epidemic (SAFE

EMILY LIEBERMAN, MD, FAAP

Dr. Lieberman is a survivor of the Highland Park parade mass shooting in 2022. In the aftermath of that trauma, she created an advocacy organization with a singular mission to federally ban assault weapons. She also founded OnCall4Kids, a nonpartisan coalition of physicians and healthcare workers dedicated to creating a safer America for children.

LJ PUNCH, MD

Dr. LJ Punch is a trauma surgeon, aspiring healer, and founder of Power4STL. This includes the work of The Bullet Related Injury Clinic (BRIC) and The T, a holistic harm reduction program with a focus on overdose risk. Both center the experiences of Black masculine-bodied people because #BlackPainMatters.

MEGAN L. RANNEY, MD, MPH, FACEP

As the dean of the Yale School of Public Health, Dr. Ranney, MD, MPH, FACEP, serves as an emergency physician, researcher, and national advocate for innovative approaches to public health. She has held multiple national leadership roles, including senior strategic advisor to the American Foundation for Firearm Injury Reduction in Medicine (AFFIRM) at the Aspen Institute, focused on ending gun violence through a nonpartisan public health approach.

BABAK SARANI, MD, MPH, MPA

Dr. Babak Sarani is a professor of Surgery and Emergency Medicine and the chief of Trauma Surgery at the George Washington University School of Medicine. He is a member of the Board of Directors of the American Trauma Society and the Surgical Critical Care Program Director's Society. He is an established researcher on processes to mitigate the risk of death following mass shootings.

CHETHAN SATHYA, MD, MSC

Dr. Chethan Sathya, MD, MSc, is a pediatric surgeon and National Institutes of Health (NIH)-funded firearm injury prevention researcher. He serves as vice president of Strategic Initiatives at Northwell Health, trauma director at Cohen Children's Medical Center, and director of Northwell Health's Center for Gun Violence Prevention.

LAYLA SOLIMAN, MD

Dr. Layla Soliman is board-certified in general and forensic psychiatry. Her professional focus is on utilizing the principles of suicide and violence risk assessment in the clinical setting. She advocates a nuanced, culturally competent approach to firearm injury prevention with a focus on emphasizing common ground to move forward.

RANDI SMITH, MD, MPH

Dr. Smith received her MD degree from the University of California, San Francisco, and her MPH from Johns Hopkins Bloomberg School of Public Health. She now serves as a trauma surgeon and surgical ICU doctor at Grady Memorial Hospital. Her special interests include violence prevention, global surgery, and clinical outcomes.

FABIOLA PLAZA, MD

Dr. Fabiola Plaza is currently a resident physician in Child Neurology at NewYork-Presbyterian Hospital/Columbia University. Her interests lie in gun violence prevention advocacy, health equity research, and working with underserved populations. She graduated from the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell with a degree conferred with distinction in community engagement.

LETTER FROM JOE & KRIS

Brady's This is Our Lane campaign, which mobilizes healthcare professionals in the movement to prevent gun violence, is grateful that you have taken the time to seek out and engage with our resources on talking to patients and the public about firearm violence as a public health and safety issue.

As the President and the Chief Medical Officer and Board Chair of Brady, we both know all too well, professionally and personally, how gun violence has impacted our communities. We also know the power of healthcare professionals in addressing public safety issues and have seen how many of you have dedicated time and professional expertise to addressing this public health crisis.

Healthcare professionals have a unique opportunity to protect the health and safety of our communities. However, clinicians too often shy away from discussing firearm safety because they are worried about alienating their patients. But research suggests that most patients find it appropriate for healthcare providers to initiate conversations about firearms. This is especially true if someone in the home is at increased risk of death or injury, including if a patient is having thoughts of suicide; if a patient experiences periods of impaired judgment because of severe mental illness, substance misuse, or dementia; or if children or teens live in the home.

Firearm violence is now the number one cause of death for children in America, and more than 300 people are shot every single day. We cannot wait until tragedy strikes to bring up the topic of firearm safety. As healthcare professionals know, prevention is the best medicine. Just as you talk about the negative health effects of smoking and ask about safety practices like wearing seat belts or helmets, your voice and expertise can play a life-saving role in discussions around firearm access.

We hope that this resource guide will aid you in these discussions by providing research-based best practices, examples of scenarios you may encounter, and educational resources to share with your patients. By sharing information about firearm violence and evidence-based solutions to prevent it, healthcare professionals can build trust with patients and further cement this issue as a public health epidemic rather than a heated political debate.

Gun violence is a uniquely American crisis, and it is essential that we mobilize our healthcare professionals, who are uniquely qualified and well-positioned, to mitigate its devastating impacts. Through collaborative efforts, strategic advocacy, and public education, we can make significant strides in reducing firearm injuries and deaths.

Thank you for your commitment to the wellbeing and safety of your patients. Together, we can create a safer and healthier future for all.

Sincerely,



KRIS BROWN
President, Brady



JOSEPH SAKRAN, MD, MPH, MPA
Board Chair and Chief Medical Officer, Brady Chair, This is Our Lane

THE STATE OF GUN VIOLENCE IN AMERICA

EVERY YEAR, 121,066 PEOPLE ARE SHOT.

Among those:

- **44,341** people die from gun violence¹
- **76,725** people survive gunshot injuries²
- **17,673** are murdered
- **34,566** are intentionally shot by someone else and survive
- **25,205** die from gun suicide
- **3,554** survive an attempted gun suicide
- **498** killed unintentionally
- **570** are killed by legal intervention
- **1,376** are shot by legal intervention and survive
- **394** die but the intent was unknown
- **4,471** are shot and survive but the intent is unknown

THE FACTS THAT MAKE US ACT

- Gun violence is the leading cause of death among children and teens (aged 1-19) in the U.S.³
- Between 2012 and 2021, the youth (aged 0-17) firearm suicide rate rose by 57% – disproportionately impacting children of color. Meanwhile, the overall firearm suicide rate increased by 14%.⁴
- Studies suggest that storing firearms locked and unloaded can be an effective measure to reduce suicidal acts.⁵ In fact, safe storage can reduce the risk of unintentional shootings and suicide among children by up to 32%.⁶

MEDICAL SPENDING DUE TO GUN VIOLENCE

- Each year, \$2.8 billion goes towards immediate and long-term medical care, mental health care, and ambulance and patient transport costs.⁷
- A 2022 study found that patients with firearm injuries saw a 402% increase in medical spending per month.⁸
- Studies estimating first-year admittance costs have concluded that 16% of firearm injury patients initially admitted to the hospital were readmitted at least once, which cost them between \$8,000 and \$11,000 per patient.⁹

¹ Web-based Injury Statistics Query and Reporting System (WISQARS). Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2024). www.wisqars.cdc.gov.

² HCUP Nationwide Readmissions Database (NRD). Healthcare Cost and Utilization Project (HCUP). 2014, 2016, and 2017. Agency for Healthcare Research and Quality, Rockville, MD. www.hcup-us.ahrq.gov/nrdoverview.jsp.

³ Goldstick, J. E., Cunningham, R. M., & Carter, P. M. (2022). Current Causes of Death in Children and Adolescents in the United States. *New England Journal of Medicine*, 386(20), 1955-1956. <https://doi.org/10.1056/NEJMc2201761>.

⁴ Firearm Suicide Rates are on the Rise. Brady. (2023). <https://www.bradyunited.org/resources/research/firearm-suicide-rates-rise>.

⁵ Shenassa, E., Rogers, M., Spalding, K., et al. (2004). Safer storage of firearms at home and risk of suicide: a study of protective factors in a nationally representative sample. *Journal of Epidemiol Community Health*, 58(10), 841-848. <https://doi.org/10.1136/jech.2003.017343>.

⁶ Monuteaux, M. C., Azrael, D., & Miller, M. (2019). Association of Increased Safe Household Firearm Storage With Firearm Suicide and Unintentional Death Among 6 US Youths. *JAMA Pediatrics*, 173(7), 657-662. <https://doi.org/10.1001/jamapediatrics.2019.1078>.

⁷ Gani, F., Sakran, J. V., & Canner, J. K. (2017). Emergency Department Visits For Firearm-Related Injuries In The United States, 2006-14. *Health Aff (Millwood)*, 36(10), 1729-1738. <https://doi.org/10.1377/hlthaff.2017.0625>.

⁸ Song, Z., Zubizarreta, J. R., Giuriato, M., et al. (2022). Changes in Health Care Spending, Use, and Clinical Outcomes After Nonfatal Firearm Injuries Among

⁹ Survivors and Family Members. *Annals of Internal Medicine*, 175(6). <https://doi.org/10.7326/M21-2812>.

Firearm Injuries: Health Care Service Needs and Costs. Government Accountability Office. (2021). <https://www.gao.gov/assets/gao-21-515.pdf>.

THE ROLE OF HEALTHCARE PROFESSIONALS IN THE MOVEMENT TO PREVENT GUN VIOLENCE



This Is Our Lane members join other healthcare professionals and first responders at a White House event.

Navigating challenging conversations is an inherent aspect of our roles as healthcare professionals. One particularly sensitive topic often avoided is firearm safety, driven by concerns of alienating patients. However, research underscores that most patients welcome discussions initiated by healthcare providers about firearms, especially in contexts of heightened risk such as presence of serious mental health concerns, substance misuse, dementia, or when children or teens live in the household.

Addressing firearm-related risks is imperative given the pervasive impact on American society. As healthcare professionals, we must ask ourselves, “What am I doing to curb the number one cause of death for children in the United States? How am I helping mitigate a public health epidemic that puts my patients at risk in their daily lives?” Engaging patients in conversations about firearm access and safety is not merely a responsibility but a proactive measure to mitigate safety risks.

Despite the importance of such discussions, healthcare workers face challenges that hinder effective counseling on preventive strategies. Many providers do not have personal firearm ownership experience and receive insufficient training for nuanced conversations on gun safety. This education gap contributes to discomfort among medical providers, perpetuating the avoidance of crucial discussions. Furthermore, limited data on effective communication

strategies exacerbates these challenges. Providers want to talk about firearms in a respectful way that acknowledges the rights of their patients while still allowing for discussion about safety, but we need support.

Acknowledging these hurdles is crucial, but it is equally essential to take proactive steps towards overcoming them. As physicians who have worked on the front lines of America's gun violence epidemic, including treating victims and offering guidance around preventing firearm injuries, we believe that the best starting point is beginning a dialogue with our patients. The burgeoning support for a public health approach to gun violence prevention offers an opportune moment to depolarize conversations and effect meaningful change. This requires educating the healthcare force on the principles of firearm safety and providing resources on how to engage with patients on this topic using the same public health strategies that were successfully employed for education on the dangers of drinking and driving, safer sex, and smoking.

This resource is designed to aid you in discussing gun violence and safe firearm storage with your patients. Whether you are just beginning to explore this critical issue or looking to enhance your existing knowledge and training, we hope you find these materials valuable.

As healthcare professionals, we wield significant influence in the movement to prevent firearm violence. By initiating discussions, educating patients respectfully, and advocating for sensible solutions, we can tangibly reduce firearm-related injuries and deaths. Let us steadfastly pursue a safer, healthier society through informed, compassionate care and unwavering advocacy.

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LEARNING ABOUT SAFE GUN STORAGE

It is important to stress to your patients who own or use firearms that proper gun storage is crucial for ensuring safety and preventing unintentional shootings, unauthorized access, and theft. To best achieve this, the ideal way to store firearms is locked using one or more of the following storage options, unloaded, and separate from ammunition.

Remind patients that they should regularly check and maintain storage devices to ensure they function correctly.

TYPES OF SAFE GUN STORAGE



Cable & Trigger Locks

Cable locks run a cable through the chamber of the gun and out the magwell to prevent the gun from being fired. A trigger lock is a small two-piece lock that fits over or through the trigger guard to prevent the trigger from being pulled. These locks can be used on both handguns and long guns and typically range in price from \$10 - \$30.



Lock Boxes & Carrying Cases

Lock boxes and carrying cases are small, lightweight storage options for handguns and small firearms, commonly used for transporting guns. Lock boxes and carrying cases range in price from \$25 - \$200.



Gun Safes & Cabinets

Gun safes and cabinets are available in a variety of sizes, can often secure multiple firearms, and require a key, combination, or biometric data to unlock. Some gun safes can also be secured to a vehicle for those who transport their firearms frequently. Gun safes and cabinets can range from \$100 - \$2,000 depending on size and features.



Off-Site Storage

Firearm retailers, shooting ranges, and/or law enforcement facilities in your area may offer off-site gun storage.

WHY SAFE STORAGE MATTERS

- 65% of gun owners have at least one unlocked firearm.
- Unlocked firearms are far more likely to be used in a suicide attempt than firearms that are safely stored.
- In 75% of youth firearm suicides in which the gun storage method was identified, the gun was stored loaded and unlocked.
- Because suicide attempts with a firearm result in death 90% of the time, the safe storage of firearms is a crucial suicide prevention method.
- Storing firearms separately from ammunition has been shown to reduce the risk of firearm suicide, with some studies indicating a 61% decrease in the risk of family fire.
- A 2021 study of childhood suicide data between 2013-2017 found that guns were the second most prevalent suicide method used by kids aged 5 to 11, and in nearly every case, they got the gun from their home.
- About 4.6 million children live in homes with access to an unlocked or unsupervised gun.
- Recent studies have noted that even a 20% increase in the number of American households practicing safe storage could prevent almost one-third of all annual gun deaths from suicide and unintentional shootings.

TYPES OF STATE AND LOCAL LAWS

Safe firearm storage and child access prevention laws are intended to increase safe storage behavior, prevent gun deaths and injuries among our nation's youth, and prevent firearm thefts. Safe storage laws create clear mandates for how firearms must be stored. These laws vary by state so be sure to learn about laws in your area to ensure you are in compliance with firearm storage requirements.

Extreme Risk Laws provide family, intimate partners, household members, and law enforcement officials, and in some states, healthcare professionals, with a safe and effective way of temporarily removing access to firearms from individuals at risk of harming themselves or others. Extreme risk laws provide a tool to hit pause and buy time when it matters most. Through a civil court order, extreme risk laws empower law enforcement and families to prevent firearm violence, including suicide.



**65% OF GUN OWNERS
HAVE AT LEAST ONE
UNLOCKED FIREARM.**

HOW TO TALK WITH PATIENTS ABOUT FIREARM SAFETY

Discussing firearm safety with patients is an essential aspect of preventive healthcare. By addressing this topic with respect and a focus on safety, healthcare providers can foster a constructive dialogue that significantly enhances the safety of home environments.

DO

APPROACH THE TOPIC WITH SENSITIVITY AND RESPECT

Remember, for many gun owners, having a gun in the home is their way of protecting their loved ones. It can also be part of a cultural upbringing, means of providing, or even sport. Approaching a firearm as an object of risk, while true, may alienate a patient. As such, it is best to:

- Begin the conversation in a non-judgmental and open-ended manner.
- Use empathetic language to show that your primary concern is the patient's safety and well-being.
- Remember to frame the conversation as a standard one, done with every patient, as opposed to a targeted conversation.
- For example, "As part of our routine safety checks, we talk to all of our patients about home safety, including the safe storage of medications and firearms. Are your medications safely stored? Do you have any firearms at home?"
- Ask open-ended questions to understand their specific situation and practices.
- For example, "How do you store your firearms?"; "What steps do you take to ensure that your firearms are kept out of reach of children and unauthorized users?"

ASSESS, THEN EDUCATE ON THE RISKS AND BENEFITS

Many gun owners are not moved solely by statistics related to firearm death or injury. While those should be provided, or given via take-away literature, one of the best ways to educate your patient is by relating firearm safety information to their specific situation. Do they have children or elderly loved ones in the home? Have they or a household member expressed suicidal thoughts before? Make sure the information provided is tailored to their experience. While doing that, be sure to:

- Provide information on the risks associated with having firearms in the home, such as unintentional shootings and suicides.
- Discuss the benefits of safe storage practices to prevent unauthorized access.

FOCUS ON SAFE STORAGE

By focusing on storage solutions, you're letting the firearm owner know that you trust them and respect their decision to own a firearm — but that you also want to make sure they're aware of the options available to further protect themselves and their family. Many gun owners safely store all their firearms except for one, which they have easily accessible in case needed for home defense. As such:

- Emphasize the importance of safe storage practices for all guns in the home, including using gun safes, lock boxes, and trigger locks.
- Keep in mind there is no one-size-fits-all solution, and finding a storage method that is the correct fit for the patient should be collaborative.
- If the patient says they securely store their firearms, ask what methods they use and if all firearms are securely stored.
- Recommend storing firearms unloaded and keeping ammunition stored separately.
- Take a harm-reduction approach; while it is ideal that all firearms be stored unloaded and separate from ammunition, you may not get to that point within an initial visit. What can be done today to improve the safety of your patient?
- Keep in mind alternative methods of storage — for example, storing firearms outside the home.



BE PREPARED WITH RESOURCES

Many patients may be uncomfortable with having this conversation with you face-to-face or in the moment. Having take-home resources for them is therefore essential as well as sharing that they can reach out to you or your practice for more information. It is vital to:

- Have brochures or resources on firearm safety to give to patients. (See our printable resources.)
- Know local resources/what your medical system can provide.
- Familiarize yourself with state and local gun laws. Some areas have specific safe storage requirements for gun owners.

RESPECT PRIVACY AND CONFIDENTIALITY

Because of the often politicized nature of firearms in the U.S., patients may worry that talking to you about their status as a firearm owner and their storage behaviors may lead to legal or social problems. Stress to them that you are speaking to them as a medical provider, worried only for their health and safety.

- Assure patients that the conversation is confidential.
 - Avoid documenting unnecessary details in the patient's medical record unless it is directly relevant to their health and safety; if possible, make sure the patient knows that.
-

DON'T

BE CONFRONTATIONAL OR JUDGMENTAL

- Avoid language that could make the patient feel defensive or judged.
- Do not lecture or impose personal beliefs about gun ownership.
- Do not position yourself as a firearms expert (unless you are).

ASSUME OR NEGLECT CULTURAL SENSITIVITIES

- Do not assume that patients do or do not own firearms, or that those who do are not practicing safe storage.
- Be aware of cultural, regional, and individual differences in attitudes toward firearms.
- Approach the topic with cultural competence and respect.

IGNORE SIGNS OF IMMEDIATE RISK:

If there are signs of immediate risk, such as suicidal ideation, address them promptly and involve necessary mental health resources or emergency services.

Learn if your state has extreme risk protective orders (ERPOs), which in some areas permit healthcare professionals to file for a civil court order to remove firearms from an individual who is at risk of harming themselves or others. (Visit erpo.org for more information, including to learn whether your state has an ERPO law.)

COMMON CHALLENGES FOR PROVIDERS

Discussing gun ownership, gun storage, and gun violence with patients can be a complex and sensitive issue for medical providers. Concerns ranging from the risk of offending patients to a lack of training and resources can all pose challenges. However, by preparing in advance and approaching these conversations with a focus on patient safety and privacy, medical providers can navigate these conversations more effectively.

This guide outlines common challenges faced when discussing firearm safety and provides practical solutions to overcome them. By incorporating these strategies into routine practice, providers can enhance patient safety and promote responsible gun ownership while maintaining a supportive and respectful healthcare environment.

1. FEAR OF OFFENDING PATIENTS

Challenge: Medical providers often worry that discussing gun ownership or storage might offend patients or be perceived as overstepping boundaries.

Situation: The patient seems offended or uncomfortable by the discussion.

Action: Acknowledge the patient's feelings and reassure them that the goal is their safety and well-being, not a judgment on their decision to own a firearm. If needed, redirect the conversation back to the context of overall health and safety. Reframe the discussion as part of standard care practices, similar to advice on smoking, alcohol consumption, or seatbelt use.

2. INSUFFICIENT TRAINING OR KNOWLEDGE

Challenge: Many providers feel they lack the necessary training to discuss firearm safety effectively.

Situation: You feel unprepared or lack sufficient knowledge to address specific concerns.

Action: If you encounter a question or issue outside your expertise, acknowledge it honestly and offer to find more information. Follow up with additional resources or refer the patient to a knowledgeable colleague. Use available resources like the "This Is Our Lane" playbook for guidance. You can also use a variety of online resources to educate yourself on biometric safes, trigger locks, gun locks, and overall firearm safety. Many are sponsored by law enforcement agencies.

3. PATIENT PRIVACY CONCERNS OR RESISTANCE

Challenge: Patients may be hesitant to disclose information about gun ownership due to privacy concerns, may resist discussing gun safety, or deny the need for safe storage practices.

Situation: The patient is hesitant to share information or resists the discussion.

Action: Reiterate the confidentiality of the conversation and explain the purpose of the discussion is to enhance safety, not to question their rights or place judgment on their decisions. Offer evidence-based information, including take-away materials like a pamphlet, to address concerns and highlight the importance of safe gun storage. Provide reassurance and let the patient know that their safety is your primary concern. If appropriate, you can also offer to not document the conversation in their medical record.

4. CULTURAL SENSITIVITY

Challenge: Patients from diverse cultural backgrounds may have varying attitudes towards guns and gun ownership.

Situation: Cultural differences affect the patient's response or engagement in the conversation.

Action: Show respect for the patient's cultural background and adapt your approach as needed. Seek to understand their perspective and tailor your advice to be culturally relevant and sensitive. Engage in active listening and be open to learning about different attitudes toward gun ownership.

5. LACK OF TIME

Challenge: Time constraints during medical visits make it difficult to add another topic to discuss.

Situation: The conversation is cut short due to time limitations.

Action: Prioritize key points and use a structured approach, such as a checklist, to ensure essential information is conveyed efficiently. If necessary, offer to continue the discussion at a follow-up appointment or provide written materials for the patient to review later.

6. LACK OF RESOURCES FOR PATIENTS

Challenge: Even when patients are open to the discussion, they may lack access to resources for safe gun storage.

Situation: The patient lacks access to resources for safe gun storage.

Action: Provide information about local and national resources that offer free or discounted gun locks and safes. When possible, share printed materials or online links for easy access; many have been provided within this guide. If immediate resources are unavailable, make a note to follow up with the patient and connect them with appropriate community organizations.

7. PATIENT SHUTS DOWN THE CONVERSATION

Challenge: Some patients may completely shut down the conversation when the topic of gun ownership or gun safety is introduced.

Situation: The patient refuses to engage in the discussion, becomes defensive, or abruptly changes the subject.

Action: Respect the patient's boundaries and acknowledge their right to disengage. If the patient appears uncomfortable or unwilling to continue, gently explain that the discussion is intended to ensure their safety and the safety of those around them, and that you are available to revisit the topic at a later time if they wish. Consider providing them with written materials or resources they can review privately, and reassure them that their concerns and preferences are respected. If appropriate, follow up at a future visit to see if they're open to discussing the issue when they feel more comfortable.

ON DISCUSSING GUN VIOLENCE WITH PATIENTS FROM DIVERSE COMMUNITIES

Understanding your patient populations' unique cultural and social dynamics is crucial when addressing gun violence and firearm safety, helping establish patient trust and open communication and increase the effectiveness of your message. By respecting and integrating your patients' cultural and social contexts into your service, you can facilitate more impactful and meaningful conversations about gun violence and firearm safety. This approach leads to better patient outcomes and fosters a more inclusive and supportive healthcare environment.

Here's some basic points on how to tailor your approach based on a community's specific needs:

1. COMMUNITY-SPECIFIC KNOWLEDGE:

- **Consider Demographic Diversity:** No group is monolithic. Acknowledge the varied characteristics within communities and avoid making assumptions based on broad categories.
- **Understand Historical and Social Context:** Recognize the unique historical and social factors influencing each community, including systemic racism, economic disparities, and experiences with law enforcement.
- **Understand Reasons for Firearm Ownership:** Explore the motivations behind firearm ownership in different contexts. Some neighborhoods and communities may see firearms as essential for personal safety while other neighborhoods and communities may value firearms for self-reliance, hunting, and treasured family traditions.
- **Communication Style:** Use empathetic, non-judgmental language tailored to the community's experiences. Employ a respectful and conversational tone that emphasizes mutual understanding and respect.
- **Know Community Resources:** Identify and utilize local resources to support effective engagement and outreach.

2. DOING YOUR HOMEWORK:

- **Research and Engagement:** Prior to discussions, research local demographic data, common reasons for firearm ownership, and local challenges related to gun violence.
- **Community Resources:** Engage with local community leaders, organizations, and stakeholders to gain deeper insights and build trust.
- **Cultural Sensitivity Training:** Participate in cultural sensitivity training programs to enhance your understanding of diverse perspectives and communication strategies. Participate in formal programs and, when time permits, continue your education through informal engagement with diverse authors, speakers, etc.

3. DELIVERING THE MESSAGE:

- **Culturally Appropriate Messengers:** Identify and collaborate with individuals who have local knowledge, cultural

competence, and the ability to speak the preferred language of the patient. This can include community health workers, local advocates, and other trusted figures.

- **Tailored Messaging:** Adapt your message to resonate with the patient's cultural background and personal experiences. Use relatable examples and emphasize shared values.
- **Empathy and Respect:** Approach the conversation with empathy, respect, and an open mind. Avoid assumptions and listen actively to the patient's concerns and viewpoints.

4. AT THE BEDSIDE:

- **Enhance Clinical Services:** Implement cultural competency training for all healthcare staff to better understand and meet the needs of diverse patient populations.
- **Build Trust and Demonstrate Respect:** Meet patients where they are. Be aware of the role of perceived power dynamics between patient and provider.
- **Don't Fall Victim to the Savior Complex:** Listen carefully and ask questions. Recognize your patient's autonomy. Frame the conversation as a collaborative effort between patient and provider.
- **Connect Patients to Resources:** Ensure resources are tailored for the specific communities you are serving. Provide translation services and educational materials in multiple languages.

PATIENT SAFETY DISCUSSION SCRIPTS

INTRODUCTION

These scripts depict healthcare professionals engaging in firearm safety conversations with patients across various ages and situations. Each scenario exemplifies the physician's role in respectfully and informatively addressing safety concerns, customized to each patient's unique circumstances and stage of life.

These interactions highlight the physician's pivotal role beyond clinical care, tackling broader safety issues impacting patients and their families. By fostering open dialogue and offering practical guidance, healthcare professionals strive to boost safety awareness and mitigate potential risks associated with firearms and other safety hazards. Each conversation underscores the significance of tailored communication strategies to effectively address safety concerns across diverse patient demographics and developmental stages.

Here is a brief overview of some of the discussions below:

SCRIPT 1: ADULT PATIENTS

This dialogue showcases a doctor discussing firearm safety with a patient who has children at home. The conversation navigates the balance between personal protection and child safety, highlighting the importance of secure firearm storage to prevent access by children and unintentional shootings.

SCRIPT 2: OLDER ADULT PATIENTS

In this script, the health care provider addresses firearm safety with a patient living with an elderly parent. The discussion acknowledges the patient's rights while emphasizing the increased risks associated with unsecured firearms in a household with cognitive decline.

SCRIPT 3: TEEN PATIENT

In this script, the doctor talks to a teen about the risks associated with firearms, focusing on peer influences and potential access to guns among friends. The conversation underscores the provider's role in providing information and support while respecting the patient's right to confidentiality.

SCRIPT 4: PEDIATRICIAN AND PARENT

This interaction involves a pediatrician discussing household safety with a parent, covering topics from car seats to firearms. It emphasizes the importance of asking about unsecured firearms in homes where their children visit, such as the home of a relative.

SCRIPT 5: SCHOOL NURSE AND STUDENT ON SAFE STORAGE

The school nurse speaks with a student about general safety topics, such as smoking, biking, and feeling safe at home and school. The conversation transitions to the importance of safe gun storage, where the nurse emphasizes the risks of having a gun at home and encourages safe storage practices to protect everyone, especially younger siblings.

SCRIPT 6: DOCTOR AND CAREGIVER OF PATIENT WITH DEMENTIA ON SAFE STORAGE

The doctor discusses home safety with a caregiver of a dementia patient, covering general precautions like stove use and car keys. The conversation then focuses on firearm safety, with the doctor advising on proper storage practices to minimize risks, especially with a vulnerable person in the home.

SCRIPT 7: PROVIDER AND PATIENT EXPERIENCING DOMESTIC VIOLENCE

The provider checks in on a patient who has previously mentioned issues at home. The discussion reveals the patient's fear due to her partner's anger and the presence of a gun, leading the provider to offer support and resources for dealing with domestic violence while emphasizing the patient's safety.

SCRIPT 8: TRAUMA FOLLOW-UP

In this follow-up after a traumatic event involving firearms, the provider discusses safety concerns with a patient, highlighting the potential impacts of having access to unsecured firearms, especially in the wake of a traumatic event, on family members. The conversation offers resources and strategies for maintaining safety within the home.

SCRIPT 1: ADULT PATIENTS

Doctor: Hi Courtney

Patient: Hey, how are you?

Doctor: I am good. Long time no see. How have you been?

Patient: I'm pretty good. No complaints. The children are still keeping me busy!

Doctor: You can count on them for that. Last time we talked, you were working on increasing your physical activity. How's that going?

Patient: I joined a pickleball team, so that's fun and I've been riding my bike more, plus I'm still riding horses.

Doctor: Sounds great! Do you wear a helmet on the bike and on the horse?

Patient: Yes, always wear a helmet.

Doctor: Ah, love it. And that's a good reminder to talk about other safety checks, especially with kids in the house. How are we doing in terms of smoke detectors and carbon monoxide detectors?

Patient: Oh yeah, we've got them. If I don't change the batteries in the smoke detectors which are attached to the carbon monoxide detectors, then they chirp. It's obnoxious.

Doctor: What about guns? Any guns in the house?

Patient: Yeah. Yeah, I have one gun, I keep it in my bedside table.

Doctor: Okay, do you keep it loaded?

Patient: Yep, I have it ready.

Doctor: I understand, especially because you live in the middle of nowhere, that you want to be prepared. You know, the concern I have is the kids, and we know that if you have a loaded gun by your bedside, there is a much higher chance of kids getting to that weapon, and there will be some sort of family fire event. This means an instance where kids shoot themselves or shoot someone else, usually unintentionally, so that is what I am worried about. The best way to prevent that is to keep the firearm stored locked and unloaded and keep the ammunition separately locked elsewhere. That gives you the greatest degree of safety from family fire.

Patient: *I do talk to my kids about gun safety, and I could even put the gun on the kitchen counter, and they would not touch it. They're good kids; they know it is a weapon and not to use it, and it is for adults only.*

Doctor: *Has your child ever done something you told them not to? (Patient nods). Then as parents, we've got to make sure we both teach them and take steps to help keep them safe. Just like how we teach them how to swim but we still keep the pool gate locked when adults aren't around. So I would strongly encourage you to think about how you can make sure your guns are secure.*

Patient: *I think my concern about that would be if somebody breaks into my house, then how do I quickly get my gun put together with ammunition?*

Doctor: *If getting to a firearm quickly is your main concern, then maybe start with just keeping the firearm locked up. That's a great first step. If you are looking for options that are quick to access, there are some like biometric lockboxes that can be opened in seconds. And though I would love it if the gun were stored locked and unloaded and ammunition separate, if you can securely store that loaded gun in a locked safe, I think that would be a great step in the right direction.*

Patient: *That's fair.*

Doctor: *I have some resources I can share if you'd like.*

Patient: *Yeah, that would be great.*

Doctor: *We can talk next time you are here, let's get back to you.*

SCRIPT 2: OLDER ADULT PATIENT

Doctor: Hey Mr. Cook, how are you?

Patient: Good, how are you doing?

Doctor: Pretty good myself... Anything new?

Patient: Nope, still got the old asthma going on but other than that I am doing good I think.

Doctor: No major changes in your overall health?

Patient: Nope

Doctor: No concerns about your medications?

Patient: Nope

Doctor: At our last visit, you mentioned your dad might move back in with you. How's that going?

Patient: Yeah, Pop's getting up there and his mind isn't all that it once was. It just felt safer to have him at home. It's been an adjustment though.

Doctor: I can imagine. But with someone new in the home, now's a great time to talk safety. Is he still driving?

Patient: No, we took away Pop's keys. That was a fight!

Doctor: Oh man, don't envy you on that one. How about any guns in the house?

Patient: I mean, yeah, I have a firearm but what if I do? It's my right as an American to be able to protect myself.

Doctor: It's 100 percent your right. I have no problem with that whatsoever. How are you storing it, though?

Patient: I've had guns since Moby Dick was a minnow, and I know how to take care of them in my own home.

Doctor: No debate. I was just asking because storing a gun that's loaded and not locked increases the chance of family fire. Family fire is when someone other than you perhaps can get to the gun and shoots themselves or, heck, maybe even shoots you. It can even be unintentional. My worry isn't you; it's your dad. You just told me you aren't letting him drive. Would you want him to get to your gun? (Patient appears to consider but still appears unsettled.) To avoid that,

the safest thing would be to keep it unloaded and locked and the ammunition located elsewhere. What do you think of that?

Patient: *Look, I have been doing the same thing for a long time, and ain't nobody been shot yet. Alright, and I really don't appreciate you bringing political stuff into my visit.*

Doctor: *Hey, I'm not making this political. As I said, I think of guns the same way that I think about smoking, drinking alcohol, seatbelts. My job is to give you the best information about safety that I have and let you make your own decisions.*

So how about I do this? How about after we're done, on your way out I give you some literature, just do me a favor and look at it about how to safely store your guns — it talks about trigger locks, biometric safes — all sorts of stuff. Just look at it and if you are interested in talking more, let me know.

Patient: *Alright.*

SCRIPT 3: TEEN PATIENT

Doctor: Hey Sam, how are you?

Teen Patient: Good

Doctor: Good to see you. I asked your mom to step out so we can have a little bit of time together. I know there are certain things we can talk about that you don't want her to necessarily hear. Everything we say to each other from this point forward will be just between you and me and will be private. The only exception is that if you say something that makes me think you are going to harm yourself or harm somebody else, then the law says, I have to tell someone. So with that, how is everything? How's school?

Teen Patient: School is alright.

Doctor: Alright. Listen, before I start asking you questions, do you have any questions for me?

Patient: I was told that vaping is safer than smoking, is that true?

Doctor: Not really, so the problem with vaping is we don't exactly know what chemicals are going into your lungs. Those chemicals could damage your lungs. We also know that kids who start vaping often go on to smoke cigarettes, which we know is bad for your lungs. I would encourage you to stay away from vaping.

Patients: Thanks.

Doctor: Any other questions?

Patient: No, I don't think so.

Doctor: Well, along the same lines, have you or any of your friends tried smoking weed?

Patient: I've tried it once but I didn't think it was for me.

Doctor: Okay, good. What about alcohol, ever tried that?

Patient: Nah, no one I know drinks.

Doctor: Ok, we'll keep moving. Do you or any of your friends have access to a gun?

Patient: One of my friends has a gun. His friend got shot so he is worried he is going to be shot, too.

Doctor: *Wow. I am really sorry to hear that. I guess the concern there is we know that people who own guns are more likely to be hurt by a gun than use the gun to defend themselves. I know I'd have the same concern if you wanted to get a gun. Have you thought about trying to get one?*

Patient: *No, I don't think I need one.*

Doctor: *Okay, that's good to hear. My one ask for you then, if the day ever comes that you are thinking about getting a gun, let's talk about that, and we will keep it private, just as I said. With that then, will you hop on this table, I will give you a quick exam, and then we can get you out of here?*

SCRIPT 4: PEDIATRICIAN AND PARENT

Doctor: It's good to see Allie is doing great — and right on track for his height and weight! How is he eating these days, plenty of fruits and vegetables?

Parent: Allie loves all kinds of fruit! We're working on the vegetables. He does like sweet potatoes.

Doctor: Sweet potatoes are great; try to include some leafy greens if you can, and with fruit, try to cover a range. Does he get plenty of play time outdoors? What does he like to do?

Parent: He loves playing at the playground with his friends. He's been taking a soccer class these days. All his friends are in it too.

Doctor: How about his car seat? What kind is he in now?

Parent: We were going to move him up to a booster, but he's still in his forward-facing seat.

Doctor: No rush; he can stay in her forward-facing seat for a while longer - it's really the safest way to protect his head and neck in case of a crash. What about inside the home? Are medications and toxic cleaning products put away?

Patient: Oh yes, everything is stored up and away, so he can't get to it.

Doctor: Great. And any guns in the home?

Parent: No, we don't have any guns at home.

Doctor: Are there any people or places Allie visits that may have guns, such as babysitters, relatives, or family members?

Parent: My dad has some rifles at his house for hunting. He keeps them in the garage. We spend lots of time with them over the holidays, and Allie stays there overnight sometimes. Is that a problem?

Doctor: Not necessarily. But children are curious and they might handle a gun, even if told not to. I know both you and your dad want to keep Allie safe. Practicing safe firearm storage can help avoid family fire. I'd recommend talking with your dad about how his firearms are stored, and even if they are kept in the garage, making sure they are stored locked — preferably unloaded with the ammunition in a separate place.

Safe storage is an important way to prevent injuries and deaths from family fire incidents, which can happen from unsecured guns in the home.

Before you visit your dad, do you think you could talk with him about that? I can provide you with some materials.

Patient: *Hmm, those are big concerns. Not sure what Dad will say to that...but it is a safety issue, I get that. Thanks, I'll take a look at the materials.*

SCRIPT 5: SCHOOL NURSE AND STUDENT

Nurse: Hi Jason, how are you doing today?

Student: I'm alright, just trying to get through the week.

Nurse: I hear you. School keeping you busy?

Student: Yeah, lots of homework and stuff.

Nurse: I'm sure. Well, it's good to see you. I asked your mom to step out so we can have some time to talk. Everything we discuss will be confidential, unless I'm worried you might harm yourself or someone else. Is that okay with you?

Student: Yeah, that's fine.

Nurse: Great. So, how's everything going for you? Any stress or worries you want to talk about?

Student: Not really. Just the usual school stuff.

Nurse: Got it. Let me ask you a few questions. Now that you are a teenager, we want to start talking about how you can keep yourself safe. Do you ever feel uncomfortable or worried about your safety?

Student: Sometimes, but I think everyone does, right?

Nurse: That's true, everyone has moments like that. It's important to talk about safety in different areas. For example, do you know anyone your age who smokes or vapes?

Student: Yeah, a few kids at school do.

Nurse: Smoking and vaping can be really harmful, especially when you're young. Have you ever tried it?

Student: No, I haven't.

Nurse: That's good to hear. Staying away from smoking and vaping is really important for your health. Another thing I want to check in about is bike safety. I've seen you riding your bike to school, do you wear a helmet?

Student: Sometimes, but not always.

Nurse: It's great that you wear one sometimes, but it's really important to wear it every time. Helmets can protect your

head from serious injuries if you fall or have an accident.

Nurse: Now, I want to ask you something a bit more serious. Have you ever felt unsafe at home or school, maybe because of someone else's behavior?

Student: Not really, but sometimes kids can be mean, that's all.

Nurse: I'm sorry to hear that. If anyone ever makes you feel unsafe, whether at school or home, it's important to tell someone you trust. You don't have to deal with it alone.

Student: Yeah, I'll keep that in mind.

Nurse: I'm glad. Now, I want to talk a bit about something else that's important for safety — do you have any friends or know anyone who carries a weapon or a gun?

Student: Um, I don't really want to talk about that.

Nurse: I understand it can be a tough subject. The reason I ask is because I care about your safety. Carrying a weapon, especially a gun, comes with risks even for those around you. So if you or someone you know has one, I want to make sure you're aware of the safety concerns and ways to minimize risks.

Student: Yeah, I get that.

Nurse: It's important to know that carrying a gun, especially without proper training or keeping one in your home that's not stored securely, can be very risky. I'm here to help, not to judge or get you in trouble. If you ever need to talk about it, I want you to feel safe doing so.

Student: I get it, but I'm not sure what to say.

Nurse: That's okay. Let's talk generally. Do you think having a gun makes someone safer?

Student: I guess it depends. It can make you feel safer, but I know it can be dangerous too.

Nurse: That's a good point. Guns can provide a sense of security, but they also come with significant risks, especially if they're not stored properly. Do you know about safe storage practices?

Student: A little bit.

Nurse: Safe storage means keeping a gun locked up like in a lockbox, and the safest option is also keeping it unloaded with the ammunition stored separately. This is especially important if there are children, like your little brother and even you, or if there are other people in the house who might not know how to handle a gun safely.

Student: Yeah, that makes sense.

Nurse: If you ever find yourself in a situation where you have access to a gun, I want you to think about those safety practices.

Student: Okay, I'll keep that in mind.

Nurse: I know it's a tough topic, but I'm glad we talked about it. Remember, I'm always here if you need to discuss anything further or if you have questions.

Student: Thanks.

Nurse: You're welcome, Jason. Take care of yourself, and don't hesitate to reach out if you ever need to talk.

Student: I will. Thanks.

SCRIPT 6: DOCTOR AND CAREGIVER OF PATIENT WITH DEMENTIA

Doctor: Hi Mary, how are you doing today?

Caregiver: Hi Dr. Smith, we're doing alright. Dad's been having some good days and some challenging ones.

Doctor: I'm glad to hear there have been some good days. Hi Mr. Cook, how are you feeling today?

Patient: I'm fine, thank you.

Doctor: Great to hear. Mary, I wanted to talk to you about safety at home, especially with your dad living with you now. How are things going with making your home safe for him?

Caregiver: We've made some adjustments, like adding grab bars in the bathroom and making sure there's good lighting. It's been a process, but we're getting there.

Doctor: That's great, Mary. I'm really glad you've made some adjustments for your dad. How's he doing with day-to-day stuff like using the stove? Any issues there?

Caregiver: We've been keeping an eye on that. He doesn't really use it much anymore, but we've added some safety things just in case.

Doctor: That's a smart move. It's good to be cautious. And how about the car? Is he still driving, or have you had to step in?

Caregiver: Oh, we took the car keys a while ago. He hasn't been driving, and we make sure the car's locked up.

Doctor: That's a relief. It's tough, but it's the right call. I wanted to touch on another safety thing — do you have any firearms at home?

Caregiver: Yeah, we do. They're my husband's, and he keeps them in our bedroom.

Doctor: Got it. With your dad living with you, it's really important to think about how those are stored. Have you and your husband talked about that at all?

Caregiver: Not really. They're in a drawer, and we keep it locked.

Doctor: That's a good start. But to be extra safe, it's a good idea to keep them unloaded, locked up in a container, and with the ammo stored separately. That way, it's a lot harder for anyone else to get to them.

Caregiver: *I get that. We'll definitely keep them locked, but I worry about needing to get to them quickly, you know?*

Doctor: *I hear you. There are lockboxes now that open with just a fingerprint, so you can get to them fast if you need to but still keep them secure the rest of the time.*

Caregiver: *Yeah, I've heard of those. They sound good, but honestly, we've never had any problems before.*

Doctor: *I get it — it's like any other safety step, like locking up the car keys. We hope you never need it, but it really reduces the risk of anything going wrong, especially with your dad around.*

Caregiver: *Yeah, that makes sense. It's just a lot to think about.*

Doctor: *I know it's a lot, but you're doing a great job. Maybe have a chat with your husband and see what he thinks about getting a lockbox. If you need any help with that, I'm here for you.*

Caregiver: *Thanks, Dr. Smith. I'll talk to him about it.*

Doctor: *Sounds good. Take care, and we'll see you both at your next appointment.*

Patient: *Thanks, Doctor.*

SCRIPT 7: PROVIDER AND PATIENT EXPERIENCING DOMESTIC VIOLENCE

Provider: Hi Emily, how are you feeling today?

Patient: I'm okay, I guess. Just tired.

Provider: I'm sorry to hear that. What's been going on?

Patient: Just a lot of stress lately. Work and home stuff.

Provider: That sounds tough. I wanted to check in with you about something important. During our last visit, you mentioned some issues at home. How are things with your partner?

Patient: It's been... alright. We have our good and bad days.

Provider: I understand. It's not always easy to talk about these things, but I want you to know this is a safe space. Is there anything specific that's been troubling you?

Patient: Well, sometimes he gets really angry.

Provider: I'm really sorry to hear that, Emily. That sounds really difficult. Have there been any times when you've felt unsafe or threatened?

Patient: There are times when I feel really scared, especially when he's drinking. And he has a gun at home.

Provider: I'm so sorry you're going through this. That's really scary, especially with a gun involved. Has he ever threatened you with it, or do you feel like having a gun in the house makes you less safe?

Patient: He's never physically threatened me with it, but I worry about what might happen if he gets really mad.

Provider: It sounds like you're in a situation where you're feeling scared, and that's not something anyone should have to live with. It's understandable to feel confused about what's happening, especially when things are up and down. But feeling scared, especially when there's anger and a weapon involved, is a sign that something isn't right. It's important to recognize that what you're experiencing is serious, even if it feels complicated.

Patient: I guess so. I just don't want to cause more problems.

Provider: I completely get that. You're in a tough spot, and it makes sense that you'd worry about making things worse. But I want you to know that your safety comes first. There are people who can help you figure this out, without your

partner ever finding out. Have you thought about talking to someone, like a counselor or support service, just to explore your options?

Patient: *I've thought about it, but I'm scared he'd find out.*

Provider: *That's a very real concern, and you're right to be cautious. There are confidential resources available that can help you develop a safety plan and give you support without him knowing. They can help you see the situation more clearly and guide you on what steps to take if things escalate.*

Patient: *I don't know. I'm just really scared.*

Provider: *It's completely okay to feel scared. This isn't an easy situation, and it's okay to take your time figuring out what to do. I just want to make sure you know that you don't deserve to feel this way, and there are people who can help you feel safer. One option is contacting a local domestic violence hotline — they can give you advice and help you come up with a plan to protect yourself if you ever feel like you're in danger.*

Patient: *I might do that. I just don't want to make things worse.*

Provider: *It's a big step, and you don't have to do it alone. I can connect you with someone here who specializes in domestic violence support. They can talk with you about your situation, help you understand what's happening, and guide you on how to stay safe without escalating things at home.*

Patient: *Okay, maybe that would help.*

Provider: *You're not alone in this, Emily. We'll take it one step at a time. I'll give you some information about local resources, and we can talk more about this whenever you're ready. Remember, your safety is the most important thing, and we're here to support you in any way we can.*

Patient: *Thank you. I really appreciate that.*

Provider: *You're welcome, Emily. Please take care of yourself, and don't hesitate to reach out if you need anything.*

Patient: *I will. Thank you.*

SCRIPT 8: TRAUMA FOLLOW-UP

Doctor: Hi Tim, how are you?

Patient: Good

Doctor: That's great. I know that what you've experienced has been a lot. Are you okay to talk about how you've been feeling since the shooting?

Patient: Yea, I guess.

Doctor: It is a traumatic experience for anyone to go through. Can you describe any emotions or thoughts you've had?

Patient: To be honest, I'm still kind of in shock and on edge. I worry most about my family. My girl won't leave my side and I constantly worry about my daughter.

Doctor: I am sorry to hear that, those feelings are totally normal. If you would like some additional support and resources while you recover, I can connect you to our Hospital Violence Intervention program (HVIP).

Patient: Nah, I don't need any resources.

Doctor: I respect that. Our team works closely with survivors of violence to navigate the health system, cope with the effects of what you experienced, connect you to community-based support systems, and develop safety plans. I can share their information in case you change your mind later down the line.

Patient: That's cool.

Doctor: Do you worry about safety when it comes to your family?

Patient: It definitely crosses my mind, but I'll do what I have to do to protect mine.

Doctor: I totally understand. You mentioned your daughter, what's her name? How old is she?

Patient: Ashley, she is 4.

Doctor: I remember that age, into everything and very curious. I bet she had questions about the shooting.

Patient: Yea, definitely.

Doctor: You know, there are a lot of safety risks even within the home and there's a lot you can do on your own to keep her safe.

Patient: What are you getting at doc?

Doctor: Everything we talk about is confidential. I'm curious, is one means of protection for your family for you to have a gun?

Patient: I am not really comfortable saying.

Doctor: I understand, but if you did have one, one way to protect your family is to make sure it's securely stored. You and I both know how children find and get into everything.

Patient: Yea, I do.

Doctor: How about I give you some literature on safe gun storage, no questions asked? And during our next visit if you're still having some of those safety concerns, I can request a HVIP team member to come and talk to you more.

Patient: OK.

DOWNLOADABLE RESOURCES

Below are links to access resources from Brady’s award-winning and evidence-based End Family Fire public education program. End Family Fire (endfamilyfire.org) brings gun owners into the conversation to reduce firearm deaths through targeted Public Service Announcements (PSAs) promoting safe storage. The effort is fueled by robust research, including message testing and focus group studies. Data shows that gun owners and people in gun-owning households who see End Family Fire are significantly more likely to make changes to store their guns more safely. Brady’s Asking Saves Kids (ASK; askingsaveskids.org) campaign, a part of the End Family Fire program, was named “the only national safe storage program that has been independently evaluated and found to be effective” by the Government Accountability Office (GAO)

END FAMILY FIRE — SAFE STORAGE SAVES LIVES

This document serves as an educational resource on ways to prevent family fire — tragic incidents involving unsecured firearms at home. It aims to raise awareness about the dangers associated with unsecured guns and offers practical steps for safe firearm storage as well as advice on how to talk to others about safe firearm storage.

[DOWNLOAD](#)

LAB COAT CARD

This lab coat card is a handy reference tool designed for healthcare providers to seamlessly integrate firearm safety discussions into routine patient care and ensure you have the facts needed to facilitate conversations on safe firearm storage.

[DOWNLOAD](#)

BROCHURE

This printable brochure educates the public about the risks of unsecured firearms and promotes safe storage practices. It aims to raise awareness, equip readers with actionable steps, and encourage proactive conversations about firearm safety.

[DOWNLOAD](#)

POSTER

This printable poster is designed to educate and raise awareness about the critical importance of safe firearm storage to prevent family fire incidents. It outlines essential “Do’s” and “Don’ts,” such as keeping guns unloaded, storing ammunition separately, and using secure locking mechanisms like cable locks, trigger locks, lock boxes, carrying cases, gun safes, or biometric safes.

[DOWNLOAD](#)

ASKING SAVES KIDS (ASK) FLIER AND POSTCARD

These printable resources are designed to educate parents, guardians, and caretakers about the importance of asking about unsecured guns in homes where their children play. They share useful tips on how to start the conversation, spread awareness, and encourage parents to include questions about firearms storage as part of everyday child safety discussions.

[DOWNLOAD FLYER](#)
[DOWNLOAD POSTCARD](#)

ADDITIONAL RESOURCES

These resources provide an array of courses, toolkits, and educational opportunities aimed at improving healthcare providers' knowledge and skills in discussing firearm safety, injury prevention, and risk reduction with patients and communities.

This list is not exhaustive, and while not all resources are open-source, they provide a robust look at potential interventions.

AD COUNCIL: END FAMILY FIRE

[Safe Gun Storage](#)

ANNALS OF INTERNAL MEDICINE

[ACP: Firearm Injury Is Very Much in Our Lane](#)

AMERICAN ACADEMY OF PEDIATRICS (AAP):

[Safer: Storing Firearms Prevents Harm Video Series](#)

[Safer: Storing Firearms Prevents Harm Course](#)

[CALM for Pediatric Providers: Counseling on Access to Lethal Means to Prevent Youth Suicide Course](#)

[Promoting Firearm Injury Prevention & Patient Safety in the Emergency Department](#)

[AAP Gun Safety Campaign & Toolkit](#)

AMERICAN COLLEGE OF EMERGENCY PHYSICIANS:

[Firearm Injury Prevention](#)

AMERICAN COLLEGE OF PHYSICIANS:

[Physician to Physician Conversations: Talking to Patients About Firearms Safety](#)

AMERICAN MEDICAL ASSOCIATION (AMA):

[Health Care Strategies for Firearm Injury Prevention](#)

[Prioritizing Equity: Embracing Public Safety and Health for Improved Firearm Violence Prevention](#)

[The Physician's Role in Promoting Firearm Safety](#)

[Firearm Safety, Injury Treatment and Risk Factors](#)

THE BULLET POINTS PROJECT:

[Preventing Firearm Injury: What Clinicians Can Do](#)

[The 3A's Framework for Firearm Injury Prevention Counseling](#)

DOCTORS FOR AMERICA:

[Treating Gun Violence as a Public Health Crisis](#)

ECHO INSTITUTE: US NATIONAL HUB:

[Violence Prevention](#)

EMORY DEPARTMENT OF MEDICINE:

[Medicine Grand Rounds: “Things I Didn’t Learn in Training about Firearms”](#)

FOREFRONT SUICIDE PREVENTION:

[Pharmacy Role Play](#)

THE JOHNS HOPKINS CENTER FOR GUN VIOLENCE SOLUTIONS:

[The National ERPO Resource Center \(ERC\)](#)

MASSACHUSETTS MEDICAL SOCIETY:

[Initiating a Conversation with Patients on Gun Safety](#)

NEW ENGLAND JOURNAL OF MEDICINE:

[Reducing Harm – Having Conversations about Firearm Storage](#)

[Improving Trauma-Informed Care in the Face of Firearm Violence](#)

NORTHWELL HEALTH:

[The Gun Violence Prevention Learning Collaborative for Health Systems and Hospitals](#)

[Integrating Firearm Injury Prevention into Health Care](#)

SAFER HOMES, SUICIDE AWARE:

[Pharmacy Professionals](#)

[Health Care & Behavioral Health Providers](#)

SAFE: SCRUBS ADDRESSING THE FIREARMS EPIDEMIC:

[Clinicians and Firearms](#)

SUICIDE PREVENTION RESOURCE CENTER:

[Training in Counseling Patients on Access to Lethal Means \(CALM\)](#)

UNIVERSITY OF MICHIGAN INSTITUTE FOR FIREARM INJURY PREVENTION AND THE FIREARM SAFETY AMONG CHILDREN AND TEENS (FACTS) CONSORTIUM:

[Science of Firearm Safety Among Children & Teens Massive Open Online Course \(MOOC\)](#)

[Preventing Gun Violence in America Teach-Out](#)

[Approach to Firearm Safety Counseling for Pediatric Clinicians](#)

[What Clinicians Should Know about Safe Storage](#)

[MichiganX: Injury Prevention for Children & Teens](#)

GOING FURTHER

THIS IS OUR LANE

Join like-minded healthcare professionals in the movement to free America from gun violence. Learn more about Brady's This Is Our Lane and get involved by visiting bradyunited.org/thisisourlane.



[Sign Up to Receive Emails from Brady and This Is Our Lane!](https://bradyunited.org/thisisourlane)

END FAMILY FIRE

Help End Family Fire in your community. By safely storing firearms locked, unloaded, and separate from ammunition, we can keep kids safe, prevent suicide, and stop unwanted access to guns. Whether or not you own a firearm, we can all be part of the solution. Learn more at bradyunited.org/endfamilyfire-resources



Learn how to get End Family Fire [PSAs](#) placed with local media



Access End Family Fire [PSAs](#) to share with media



Get an End Family Fire [billboard](#) placed in your community



Access End Family Fire Spanish-language resources: [website](#), [PSAs](#)

QUESTIONS OR LOOKING TO PARTNER FURTHER?

Email partnerships@bradyunited.org to connect with a member of our team.

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