

Talking to your patients about gun safety

Gun Associated Mortality in Maryland.

The mortality rate in Maryland associated with guns falls just outside the top 10 causes of death with approximately 750 deaths per year. Though the data vary significantly by county, accidental shooting accounts for under 2% suicide accounts for 40% of gun related deaths. Health Care providers are uniquely positioned to play a role in attempting to reduce gun related death and injury.

Maryland Mortality Data	Deaths	Rate**	U.S. Deaths	U.S. Rate**
Firearm Deaths	742	12.3	39,773	12.0

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The polarizing political gun debate that has created barriers to discussing gun mortality prevention with patients. When we fail to have important preventative discussion with our patients we lose significant opportunity to impact the health of our communities. By shifting the focus from laws, rights, and ownership to Gun Safety and gun access, providers can have meaningful conversations that may expose safety risks. Promoting Gun Safety and using appropriate screening tools to identify patients in crisis or at risk for harm can reduce death and injury by Guns.

It starts with a conversation: **"I have a safety question. Do you have access to a gun?"**

Are there any laws that prevent me from talking about guns with my patients? NO. In the State of Maryland there are no restrictions on a provider's ability to speak to patients about gun safety and record that information in the chart.

Gun Safety Basics. Guns should be stored locked, unloaded, separate from ammunition, and out of sight. These are critical steps to preventing accidental shooting by kids, unauthorized use, and theft.

Gun Safety: Beyond the Basics. As a clinician, this is where you have the most opportunity to keep your patients safe. There are situations where making a gun less accessible can save lives. Helping patients recognize the following high-risk situations in their home and help them develop an action plan to stay safe. 1. Children and teenagers 2. Patients who are depressed or experiencing suicidal thoughts. 3. Patients with cognitive impairment. 4. Patients who misuse drugs and alcohol. 5. People with untreated mental illness. 6. People with a history of violence. 7. People in an acute crisis.

Keeping Kids Safe It is estimated that up to 1/3 of accidental pediatric gun deaths could have been prevented if the gun had been stored safely. Kids will be naturally curious about guns. If there is a gun in the home most kids will know where it is and have questions. Encourage families to have conversations about guns and gun safety the same way they would about any potentially dangerous household item. Guns are estimated to be in 1/3 of American homes so all kids should be educated about what to do if they find a gun. **"Stop, don't touch, run away, tell an adult"** are simple directions kids can follow.

Suicide Prevention: Suicide by gun accounts for 51% of suicide deaths and is the most lethal means, with greater than 80% of attempts with a gun being fatal. Studies reveal that suicide is often an impulsive act. Studies of suicide survivors reveal that 50% of suicide attempts happen in less than 20 minutes from decision to action. Furthermore, 90% of suicide survivors do not die from suicide. Taking steps to remove guns or place access barriers to guns for depressed or suicidal patients can have a significant impact in harm reduction in this time of crisis.

Extreme Risk Protective Orders. A Maryland is one of several states that has an Extreme Risk Protective Orders Law. Maryland's Extreme Risk Protective Order (ERPO) took effect on October 1, 2018.

HB1302, Ch. 250 of the 2018 Legislative Session. Extreme Situations, this can be used to keep patients safe. For more info: <https://mdcourts.gov/district/ERPO>

What is an Extreme Risk Protective Order, and what CAN it do?

An Extreme Risk Protective Order (ERPO) is a court-issued civil order temporarily requiring a person to: surrender any firearms or ammunition to law enforcement; and not purchase or possess firearms or ammunition. With reasonable belief that a person meets the requirements, an ERPO allows the court to refer someone for an emergency evaluation due to mental disorder.

Who can file an Extreme Risk Protective Order?

The person requesting an ERPO is the **petitioner**. A petition may be filed by a spouse; cohabitant; relative by blood, marriage, or adoption; person with child(ren) in common; current dating or intimate partner; current or former legal guardian; law enforcement officer; **medical professional** who has examined the respondent (this includes a physician, psychologist, clinical social worker, licensed clinical professional counselor, clinical nurse specialist in psychiatric and mental health nursing, psychiatric nurse practitioner, licensed clinical marriage or family therapist, or health officer or designee of a health officer who has examined the individual).

How to apply for an Extreme Risk Protective Order (links to forms included below)

Obtain a [Petition for Extreme Risk Protective Order \(DC-ERPO-001\)](#) and both addendum forms ([Description of Respondent DC-ERPO-001A](#) and [Summary of Respondent's Behavior & Mental Health History DC-ERPO-001B](#)) from a District Court [clerk](#) or [commissioner](#), or online at: mdcourts.gov/district/forms.

For more information please see AAMC's Gun Safety handouts:

- For Patients: Gun Safety and your Health
- For Providers: Talking to your Patients and their Families about Gun Safety