

The Clinician's and Social Worker's Role in Firearm Injury Prevention at a Pediatric Trauma Center

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BACKGROUND

Firearm-related injuries remain the leading cause of death among the pediatric population in the U.S., surpassing all other threats (Centers for Disease Control and Prevention [CDC], 2024; Goldstick et al., 2022). While medical organizations advocate for firearm safety screening and counseling, studies show this occurs less than 1% of the time in the hospital setting (Kandepan et al., 2024; Oddo et al., 2023). It is inferred that rates at UMCSN followed a similarly low pattern, highlighting the need for engagement in firearm safety efforts, such as safe storage, which reduces the risk of pediatric firearm injuries across several mechanisms of intents, including intentional self-harm, accidents, and assaults (Lee et al., 2022).

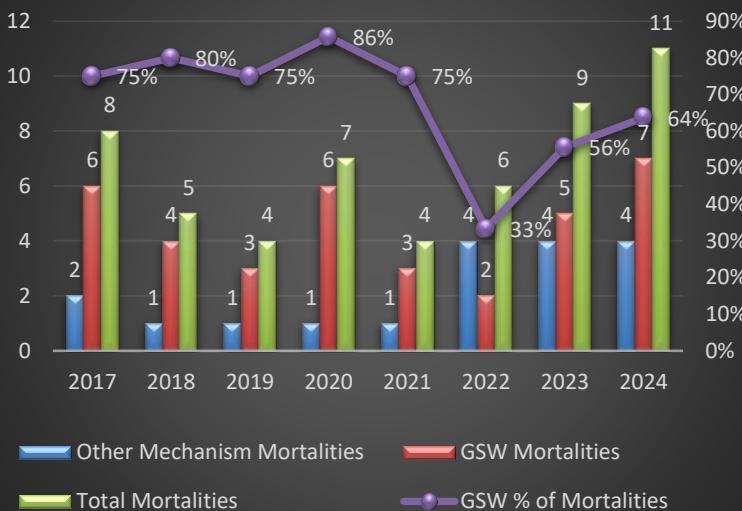
PURPOSE

Firearm injuries account for a significant cause of pediatric injury and mortality. This project aims to increase this institution's prevention efforts, including screening and intervention, to address this problem and adhere to trauma program standards.

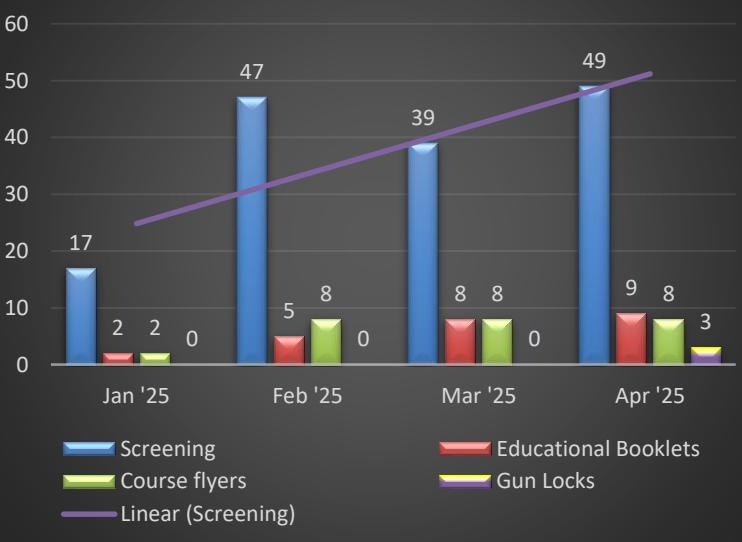
METHODS

We analyzed our institution's trauma registry data, collaborated with the interprofessional Firearm Safety Task Force, and examined barriers to engagement using the Ishikawa Diagram to enhance prevention efforts. This resulted in a social worker-led initiative integrating standardized firearm safe storage screening into routine pediatric psychosocial assessments in the inpatient setting, along with the provision of education and resources consisting of firearm locks, educational booklets, and firearm safety course flyers.

Pediatric GSW Mortalities



Screening and Interventions



RESULTS

Trauma registry trends over nearly the last decade revealed that MVCs, motorcycle crashes, scooters, mopeds and e-bike mechanisms were treated 4 times as often as GSWs at our institution, but GSW mortalities outnumbered the other mechanisms by a 2:1 ratio. From January to April 2025, 152 families were screened. Firearms were reported in 21.7% of homes. Only 1.3% reported firearms in the homes their children/adolescent visit, suggesting a lack of inquiry or discomfort asking others about firearms. Additionally, the pediatric social worker team provided educational materials and 3 securement devices to firearm-owning families. Notably, community events yielded greater distribution of firearm locks, over 210, highlighting a difference in uptake between settings.

CONCLUSIONS

Healthcare professionals have a critical role in addressing firearm safety – the greatest threat to children's lives – to improve health outcomes, much like car seats, drowning prevention, and other aspects of child safety. Efforts demonstrated family receptiveness to firearm safety discussions and an effective leverage of social workers' expertise. Future work should continue normalizing firearm safety conversations as a pediatric standard of care and exploring collaborative prevention strategies.

REFERENCES

See poster authors for reference list.

