

2021 Council Resolution 32: Firearm Ban in EDs Excluding Active Duty Law Enforcement

Council Action: AMENDED AND ADOPTED

Board Action: ADOPTED

Status: Completed

SUBMITTED BY: Vermont Chapter ACEP
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Purpose:

- 1) Directs ACEP to promote and endorse that EDs become “Firearm Free” Zones, with the exception of active-duty law enforcement officers, hospital security, military policy and federal agents; and
- 2) endorse and promote screening for firearms in the emergency department as well as promote public education and academic research to decrease workplace violence by decreasing firearm morbidity and mortality.

Fiscal Impact:

Budgeted staff resources to promote and endorse the concept of EDs becoming firearm-free zones. Promoting public education to decrease workplace violence could involve an unbudgeted and undetermined cost, depending on the scope of the promotion/public relations activity involved.

~~WHEREAS~~ Workplace violence against healthcare providers occurs every day and is underreported¹; and

WHEREAS, The healthcare sector violence is statistically most subject to workplace violence, behind law enforcement; and

WHEREAS, There are no statistically proven methods to reduce workplace violence in the healthcare setting²; and

WHEREAS, There are currently no specific OSHA standards for workplace violence³; and

WHEREAS, OSHA recommends mitigating workplace violence prevention by taking “appropriate precautions,” and establishing a “zero-tolerance towards workplace violence”⁴; and

WHEREAS, ACEP has supported United States House Resolution, 1309 (H.R. 1309): The Workplace Violence Prevention for Health Care and Social Service Workers Act , a bipartisan bill which was passed by the United States House of Representatives; and

WHEREAS, H.R. 1309 was referred by the United States Senate to the Committee on Health, Education, Labor, and Pensions, and did not come up for a vote in the Senate⁵; and

WHEREAS, H.R. 1309 was re-introduced as H.R. 1195 Workplace Violence Prevention for Health Care and Social Service Workers Act⁶ and has not come up for a vote in the Senate; and

WHEREAS, ACEP submitted its information paper on workplace violence, “Emergency Department Violence: An Overview and Compilation of Resources”; and

WHEREAS, ACEP and the Emergency Nurses Association (ENA) have launched “No Silence on ED Violence,” a new campaign to stop these attacks and protect emergency department professionals and patients; therefore be it

RESOLVED, That ACEP promote and endorse that Emergency Departments become “Firearm Free” Zones, with the exception of active duty law enforcement officers, hospital security, military police and federal agents; and be it further

RESOLVED, That ACEP endorse and promote screening for firearms in the emergency department; and be it further

RESOLVED, That ACEP promote public education and academic research to decrease workplace violence by decreasing firearm morbidity and mortality.

This resolution directs the College to promote and endorse that emergency departments become “Firearm Free” Zones, with the exception of active-duty law enforcement officers, hospital security, military police and federal agents, and that ACEP endorse and promote screening for firearms in the emergency department as well as promote public education and academic research to decrease workplace violence by decreasing firearm morbidity and mortality.

The federal government and numerous states have enacted laws creating gun-free zones that prohibit the possession of firearms at specific locations. The federal Gun-Free School Zone Act places prohibitions on possessing a firearm within 1,000 feet of a school, and many states have passed laws to further strengthen gun possession restrictions near schools. According to a [2020 report](#) by the RAND Corporation’s “Gun Policy in America” project, 39 states have also banned firearms in state court buildings, while a few states also banned guns, under certain circumstances, in bars and restaurants. A few states have banned firearms in hospitals. Mandated gun-free zones are often accompanied by implementation of screening measures such as metal detectors and bag checks.

Proponents of gun-free zones argue that the prohibition reduces accidental and intentional gun violence in these areas by reducing the number of firearms present, while opponents contend that the zones could result in making those areas more vulnerable targets for violent criminals.

Research on the effectiveness of gun-free zones in reducing gun violence is mixed. The Crime Prevention Research Center, an organization that says it is “a research and education organization dedicated to conducting academic quality research on the relationship between laws regulating the ownership or use of guns, crime, and public safety” claims that 94% of mass public shootings from 1950 to June 2019 occurred in gun-free zones. But other research has reached a very different conclusion, including an [analysis](#) by the organization called “Everytown for Gun Safety” which claims that only 14 percent of mass shootings took place in gun-free zones. The RAND Gun Policy in America research indicates it has “found no qualifying studies that gun-free zones” increased or decreased “any of the eight outcomes we investigated.” The eight outcomes included mass shootings, violent crime, and unintentional injuries and death.

ACEP has taken an active role in trying to address the problem of violence in the emergency department. A 2018 ACEP survey of more than 3,500 emergency physicians showed that nearly half had been physically assaulted at work, with the majority of those assaults occurring within the previous year. 49% of respondents also said that hospitals can do more by adding security guards, cameras, metal detectors and increasing visitor screening.

That year also saw the introduction of federal legislation, the Workplace Violence Prevention for Health Care and Social Service Workers. ACEP worked with lawmakers to ensure the legislation gives appropriate consideration to emergency department needs. The legislation, which would require OSHA to require health care employers to implement violence prevention programs, was passed in the House in 2019, but failed to come up for a vote in the Senate. It was reintroduced in February of this year. ACEP joined with the Emergency Nurses Association (ENA) to issue a [joint press release](#) in support of the reintroduced legislation.

This year, ACEP provided input on The Joint Commission’s “Workplace Violence Prevention” project and, as a result of that work, TJC announced in June new requirements for accredited hospitals to ensure safer work environments. The [new and revised requirements](#) that are scheduled to go into effect January 1, 2022 include directives for hospitals to have a workplace violence prevention program; conduct annual worksite analysis related to its workplace violence prevention program; establish a process to continually monitor, report, and investigate safety incidents including those related to workplace violence; and to provide training, education and resources to leadership, staff, and licensed practitioners to address prevention, recognition, response and reporting of workplace violence.

In 2019, ACEP partnered with ENA to launch the “No Silence on ED Violence” campaign to draw more public attention to the problem of violence in the emergency department, to drive policymaker action to address the issue, and to provide resources and support to emergency physicians and emergency nurses. The campaign website, www.stopEDviolence.org, includes fact sheets and advocacy materials highlighting the severity of the issue, as well as resources for members seeking ways to reduce the incidence of violence in the ED.

ACEP has additional resources and policies specifically addressing violence in the emergency department. The policy statement “[Protection from Violence in the Emergency Department](#)” calls workplace violence “a preventable and significant public health problem” and calls for increased safety measures in all emergency departments. It outlines nine measure hospitals should take to ensure the safety and security of the ED environment. Violence in the ED is one of the 13 topic areas that link from the ACEP website, and the link leads to a page with a wealth of resources entitled “[Violence in the Emergency Department: Resources for a Safer Workplace](#).” The site includes links to information papers on the “[Risk Assessment and Tools for Identifying Patients at High Risk for Violence and Self-Harm in the ED](#)” and “[Emergency Department Violence: An Overview and Compilation of Resources](#).”

ACEP policy also addresses the issue of gun violence. The policy statement “[Firearm Safety and Injury Prevention](#)” calls for “funding, research, and protocols” to address the public health issue of injury and death from firearms. The policy lists six legislative and regulatory actions that ACEP supports, including funding for firearm injury prevention research, protecting physicians’ ability to discuss firearm safety with patients, universal background checks, prohibiting high-risk and prohibited individuals from obtaining firearms, restricting the sale and ownership of weapons and munitions designed for military or law enforcement use, and prohibiting 3-D printing of firearms and their components. The policy statement “[Violence-Free Society](#)” also notes that “ACEP believes emergency physicians have a public health responsibility to reduce the prevalence and impact of violence through advocacy, education, legislation, and research initiatives.”

In 2018, the Public Health and Injury Prevention Committee developed the information paper “[Resources for Emergency Physicians: Reducing Firearm Violence and Improving Firearm Injury Prevention](#)” that provides information on prevention of firearm injuries, including relevant emergency medicine firearm violence and injury prevention programs, prevention practice recommendations, firearm suicide prevention programs, and listings of community-based firearm violence prevention programs by state.

In March 2018, ACEP provided a letter of support for the mission and vision of the American Foundation for Firearm Injury Reduction in Medicine (AFFIRM.) The letter outlined ACEPs support of AFFIRM’s efforts to fund medical and public health research of firearm-related violence, injury, and death and development of evidence-based, best practice recommendations for health care providers to prevent and reduce the incidence and health consequences of firearm-related violence. In January 2019, the Board of Directors approved a \$20,000 donation to AFFIRM.

ACEP’s legislative and regulatory priorities include working with members of Congress to promote efforts that may prevent firearm-related injuries/deaths and to support public/private initiatives to fund firearm research. The Emergency Medicine Foundation (EMF) has partnered with AFFIRM on several research grants. ACEP members are represented as leaders in AFFRIM, have attended strategic planning meetings, and an ACEP staff member is also a member of their Research Council.

Strategic Plan Reference:

Goal 1 – Improve the Delivery System for Acute Care

- Objective A – Promote/advocate for efficient, sustainable, and fulfilling clinical practice environments.
- Objective D – Promote quality and patient safety, including continued development and refinement of quality measures and resources.

- Objective F – Develop and implement solutions for workforce issues that promote and sustain quality and patient safety.

Goal 2 – Enhance Membership Value and Member Engagement

- Objective A – Improve the practice environment and member well-being.

Prior Council Action:

The Council has adopted numerous resolutions related to firearms and firearm safety, but none that are specific to EDs becoming “firearm-free zones.”

Resolution 19(19) Support of the American Foundation for Firearm Injury Reduction in Medicine (AFFIRM) adopted. Directed ACEP to support a public health approach to firearms-related violence and the prevention of firearm injuries and deaths and to support the mission and vision of AFFIRM to advocate for the allocation of federal and private research dollars to further this agenda.

Resolution 55(17) Workplace Violence adopted. Directed ACEP to develop actionable guidelines and measures to ensure safety in the emergency department, work with local, state and federal bodies to provide appropriate protections and enforcement to address workplace violence and create model state legislation/regulation.

Resolution 37(13) Establishing Hospital-Based Violence Intervention Program adopted. Directed ACEP to promote awareness of hospital-based violence intervention programs and coordinate with relevant shareholders to provide resources to those wishing to establish such programs.

Prior Board Action:

Resolution 19(19) Support of the American Foundation for Firearm Injury Reduction in Medicine (AFFIRM) adopted.

October 2019, approved the revised policy statement “[Firearm Safety and Injury Prevention](#),” approved April 2013 with current title, replacing rescinded policy statement titled “Firearm Injury Prevention,” revised and approved October 2012, January 2011; reaffirmed October 2007; originally approved February 2001 replacing 10 separate policy statements on firearms.

April 2019, approved the revised policy statement “[Violence-Free Society](#),” reaffirmed June 2013; revised and approved January 2007; reaffirmed October 2000; originally approved January 1996.

January 2019, approved \$20,000 contribution to the American Federation for Firearm Injury Reduction in Medicine (AFFIRM).

June 2018, reviewed the information paper “[Resources for Emergency Physicians: Reducing Firearm Violence and Improving Firearm Injury Prevention](#).”

October 2017, Resolution 55(17) Workplace Violence adopted.

May 2016, reviewed the information paper “[Emergency Department Violence: An Overview and Compilation of Resources](#).”

April 2016, approved the revised policy statement “[Protection from Violence in the Emergency Department](#),” revised and approved June 2011; revised and approved with the title “Protection from Physical Violence in the Emergency Department Environment” April 2008; reaffirmed October 2001 and October 1997; originally approved October 1997.

November 2015, reviewed the information paper “[Risk Assessment and Tools for Identifying Patients at High Risk for Violence and Self-Harm in the ED](#).”

August 2014, reviewed the information paper “[Hospital-Based Violence Intervention Programs](#).”

Resolution 37(13) Establishing Hospital-Based Violence Intervention Program adopted.

Council Action:

Reference Committee B recommended that Amended Resolution 32(21) be adopted.

RESOLVED, That ACEP promote and endorse that Emergency Departments become “Firearm Free” Zones, with the exception of active duty law enforcement officers, hospital security, military police, and federal agents; and be it further

RESOLVED, That ACEP endorse and promote screening for firearms weapons in the emergency department; and be it further

RESOLVED, That ACEP promote public education and academic research to decrease workplace violence by decreasing firearm morbidity and mortality.

The Council adopted Amended Resolution 32(21) on October 24, 2021.

RESOLVED, That ACEP promote and endorse that Emergency Departments become “Firearm Free” Zones, with the exception of active duty law enforcement officers, hospital security, military police, and federal agents; and be it further

RESOLVED, That ACEP endorse and promote screening for firearms weapons in the emergency department; and be it further

RESOLVED, That ACEP promote public education and academic research to decrease workplace violence by decreasing firearm morbidity and mortality.

Testimony:

Testimony was mixed. While most asynchronous testimony was strongly in favor of the resolution, live testimony was split. One member’s testimony recognized the author’s good intentions but had concerns about making the connection between emergency department violence and firearm-free zones and questioning if such a policy is supported by data. Another questioned whether this policy would ultimately be effective and have the appropriate impact. During live testimony, most debate revolved around whether to strike the first resolved. Those in favor of keeping the resolved suggested this clause as the primary motive behind the resolution and there are inconsistent state policies regarding whether or not firearms are banned in emergency departments. Other testimony noted that their chapter was split on the resolution, as some physicians may have their own conceal carry permits and that the resolution could alienate some members. Another comment noted that the term “active duty” in the first resolved is ambiguous and would need additional clarification, since some law enforcement officers may still carry firearms while off duty. Testimony also suggested amending the word “firearms” in the second resolved to say “weapons” in order to cover a broader array of items that could harm emergency physicians and others in the workplace, especially given the growing incidence of violence against health care workers in recent years.

Board Action:

The Board deferred action on Amended Resolution 32(21) to the January 27-28, 2022, Board meeting. The Board adopted Amended Resolution 32(21) on January 27, 2022.

RESOLVED, That ACEP promote and endorse that Emergency Departments become “Firearm Free” Zones, with the exception of active duty law enforcement officers, hospital security, military police, and federal agents; and be it further

RESOLVED, That ACEP endorse and promote screening for weapons in the emergency department; and be it further

RESOLVED, That ACEP promote public education and academic research to decrease workplace violence.

References:

1 Phillips, J. P. (2016). Workplace Violence against Health Care Workers in the United States. *New England Journal of Medicine*, 374(17), 1661–1669. <https://doi.org/10.1056/nejmra1501998>

2 Phillips, J. P. (2016). Workplace Violence against Health Care Workers in the United States. *New England Journal of Medicine*, 374(17), 1661–1669. <https://doi.org/10.1056/nejmra1501998>

3 Department of Labor logo UNITED STATES DEPARTMENT OF LABOR. Workplace Violence - Enforcement | Occupational Safety and Health Administration. (n.d.). <https://www.osha.gov/workplace-violence/enforcement>.

4 Department of Labor logo UNITED STATES DEPARTMENT OF LABOR. Workplace Violence - Enforcement | Occupational Safety and Health Administration. (n.d.). <https://www.osha.gov/workplace-violence/enforcement>.

5 Courtney, J. (2019, November 21). Actions - H.R.1309 - 116th Congress (2019-2020): Workplace Violence Prevention for Health Care and Social Service Workers Act. Congress.gov. <https://www.congress.gov/bill/116th-congress/house-bill/1309/all-actions?overview=closed#tabs>.

6 Courtney, J. (2021, April 19). Actions - H.R.1195 - 117th Congress (2021-2022): Workplace Violence Prevention for Health Care and Social Service Workers Act. Congress.gov. <https://www.congress.gov/bill/117th-congress/house-bill/1195/all-actions?overview=closed#tabs>.

Implementation Action:

Assigned to the Public Health & Injury Prevention Committee to consider all types of security arrangements for emergency departments and develop a policy statement. The committee updated ACEP's policy statement "Protection from Violence in the Emergency Department" and the Board of Directors approved the revised policy statement "[Protection from Violence and the Threat of Violence in the Emergency Department](#)" in June 2022.

The third resolved is addressed by current ACEP policy statements and other initiatives. ACEP's policy statement "[Firearm Safety and Injury Prevention](#)" calls for "funding, research, and protocols" to address the public health issue of injury and death from firearms. The policy lists six legislative and regulatory actions that ACEP supports, including funding for firearm injury prevention research, protecting physicians' ability to discuss firearm safety with patients, universal background checks, prohibiting high-risk and prohibited individuals from obtaining firearms, restricting the sale and ownership of weapons and munitions designed for military or law enforcement use, and prohibiting 3-D printing of firearms and their components. The policy statement "[Violence-Free Society](#)" also notes that "ACEP believes emergency physicians have a public health responsibility to reduce the prevalence and impact of violence through advocacy, education, legislation, and research initiatives." ACEP also supports the efforts of the American Foundation for Firearm Injury Reduction in medicine (AFFIRM) to fund medical and public health research of firearm-related violence, injury, and death and development of evidence-based, best practice recommendations for health care providers to prevent and reduce the incidence and health consequences of firearm-related violence. The Emergency Medicine Foundation (EMF) has partnered with AFFIRM on several research grants. ACEP members are represented as leaders in AFFIRM, have attended strategic planning meetings, and an ACEP staff member is also a member of their Research Council. ACEP's legislative and regulatory priorities include working with members of Congress to promote efforts that may prevent firearm-related injuries/deaths and to support public/private initiatives to fund firearm research.

In early 2022, The Joint Commission established and started enforcing [new workplace violence prevention requirements](#) to guide hospitals in developing strong workplace violence prevention programs. ACEP contributed to the development of these new requirements by participating in an expert workgroup and supplying comments.

Advocacy and Practice Affairs staff are monitoring legislative initiatives to address workplace violence and the work of a congressional committee that has been appointed. One of the main focuses of the 2022 Leadership & Advocacy Conference was protecting emergency physicians from ED violence. Emergency physicians at all career levels met with legislators about ED violence and asked legislators to establish important, common sense procedures to protect emergency physicians, health care workers, and patients from violence in the health care workplace. ACEP helped inform and supports the "Workplace Violence Prevention for Health Care and Social Service Workers," (H.R. 1195/S. 4182) ensuring that the legislation gives appropriate consideration to emergency department needs, and has advocated for this legislation for several years. The legislation, which would require OSHA to require health care employers to implement violence prevention programs, was passed in the House of Representatives in April 2021 and awaits further action in the Senate. ACEP's support for the legislation was also specifically noted during committee consideration of the bill and on the House floor during

debate and final passage.

ACEP has partnered with ENA on the “No Silence on ED Violence” campaign to draw more public attention to the problem of violence in the emergency department, to drive policymaker action to address the issue, and to provide resources and support to emergency physicians and emergency nurses. The campaign website, www.stopEDviolence.org, includes fact sheets and advocacy materials highlighting the severity of the issue, as well as resources for members seeking ways to reduce the incidence of violence in the ED. ACEP continues working closely with ENA on this issue. Additionally, ACEP has communicated with the American Nurses Association (ANA) and the National District Attorneys Association (NDAA) to gain a better understanding of the various issues that contribute to the current workplace violence landscape where violence against emergency physicians and other health care workers is either not reported or not prosecuted, and the College continues working to develop a better understanding of the patchwork of state laws related to health care workplace violence. In May 2022, No Silence on ED Violence Press Conference leaders and members of ENA and ACEP, together with Senator Tammy Baldwin (D-WI), held a press conference on Capitol Hill calling on Congress to pass legislation aimed at reducing violence against health care workers.”

ACEP also helped inform and supports the “Safety from Violence for Healthcare Employees (SAVE) Act,” (H.R. 7961), recently introduced bipartisan legislation that would establish federal criminal penalties for violence against health care workers (as this resolution seeks to do), based on federal penalties that already exist for violence against airline and airport employees. This legislation is also supported by the American Hospital Association. ACEP president Gillian Schmitz, MD, FACEP, was quoted in the [press release](#) issued by the sponsors of the legislation on June 7, 2022.

The ACEP website includes many resources: [“Violence in the Emergency Department: Resources for a Safer Workplace.”](#) [“Risk Assessment and Tools for Identifying Patients at High Risk for Violence and Self-Harm in the ED.”](#) and [“Emergency Department Violence: An Overview and Compilation of Resources.”](#)

CMS released a on November 28, 2022, on Workplace Violence in Hospitals. The memo reminds hospital leaders of their responsibility to “provide adequate training, sufficient staffing levels, and ongoing assessment of patients and residents for aggressive behavior and indicators to adapt their care interventions and environment appropriately.” The CMS memo also references an April 2020 Bureau of Labor Statistics Fact Sheet that healthcare workers accounted for 73% of all nonfatal workplace injuries and illnesses due to violence in 2018, and states that “with appropriate controls in place,” workplace violence can be addressed. CMS reiterates that they “will continue to enforce the regulatory expectations that patient and staff have an environment that prioritizes their safety to ensure effective delivery of healthcare.”

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