

ASPN Institutional Query for Firearm Injury Reduction

Completion of this survey should provide you with a better understanding of existing infrastructure and partners for injury prevention and advocacy efforts to reduce firearm injuries. It may provide insight into how new efforts might be pursued

Trauma Program

- 1) Does your program have a trauma program? Yes
 No
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- 2) Medical Director (name, contact information) _____
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- 3) Registrar (name, contact information) _____
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- 4) How is neurosurgery currently engaged with the trauma program? _____
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- 5) What is the current volume of firearm injuries treated by your trauma program annually (available through TQIP) _____
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- 6) Please rank in frequency and if available quantify firearm injuries in the following categories:
 --Assault/attempted homicide
 --Attempted suicide
 --Accidental injury

Injury Prevention Program

- 7) Does your hospital have an injury prevention program (IPP)? Yes
 No
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- 8) Key personnel (names, contact information) _____
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- 9) How is your IPP engaged in the following areas?
 --Patient/family education
 --Primary care education
 --Community engagement
 --Patient screening/risk assessment and mitigation
 --State-based advocacy

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- 10) Has your IPP engaged in efforts to reduce firearm injuries? Yes
 No
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- 11) Provide topics and brief description (dates, personnel involved, actions taken) of prior firearm-related IPP efforts

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- 12) Is your IPP engaged with community partners regarding efforts to reduce firearm injuries? Yes
 No

13) Key personnel (names, organizations, contact information) for community partnerships

Hospital-based office for advocacy in government/policy

14) Does your hospital have an advocacy office? Yes No

15) Key personnel (names, contact information)

16) Has your hospital previously engaged in State advocacy efforts related to firearm injuries? Yes No

17) Key partners (names, organizations, contact information) in current or prior advocacy efforts

18) Provide topics and brief description (dates, personnel involved, actions taken) of prior advocacy involvement

State-specific organization and legislation related to permitting and safe storage

19) Does your State have an Office for Firearm Injury Prevention? Yes No

20) Key personnel (names, titles, contact information)

21) Provide topics and brief description (dates, personnel involved, actions taken) of prior direct involvement with the State Office for Firearm Injury Prevention

22) Characterize your State's existing law related to firearm permitting

- No permit required for purchase of firearms or ammunition
- Permit required for the purchase of some firearms (example, handguns)
- Permit required for the purchase of ammunition
- Safety education required for permitting and/or firearm purchase

23) Characterize your State's existing law related to child access prevention (CAP)

- Our state has no law related to safe storage
- Safe storage law assigns misdemeanor charge to injuries/crimes resulting from improper storage
- Safe storage law assigns felony charge to injuries/crimes resulting from improper storage

Local and/or State-based entities and organizations related to firearms and firearm industry capable of partnership on secure storage initiatives

24) Firearm retailers (location and contact information)

25) Firearm ranges (location and contact information)

26) Local/State advocacy groups supporting safe and responsible firearm ownership (location and contact information)
