



Prevention of Firearm-Related Injury and Death

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In 2017, firearms became the leading cause of death in children 0-24 years of age.¹ In part, this is due to increasing rates of homicide and suicide by firearms in teenagers and young adults. There are significant age, gender, race, ethnic and geographic disparities for those affected by firearm violence.¹ Among all youth firearm deaths, 58% are caused by homicides, 37% by suicides, 2% by unintentional shooting, and 1% by legal interventions such as those by law enforcement.² School shootings have become a common occurrence, gaining the most media attention, but are responsible for less than 1% of firearm deaths in youths.²

(continues on page 2)

A study conducted in 2002, showed that in Iowa, about 44% of households had a firearm; about 2.1% of children (an estimated 16,100 children) were living in a household with a loaded firearm, and about 1.4% of children (an estimated 10,080 children) were living in a household with a loaded AND unlocked firearm.³ About 85% of deaths from firearms in children 0-12 years old occur in the home from children playing with firearms.¹ Therefore, having access to loaded, unlocked firearms creates serious risks of unintentional injuries and deaths in youth.⁴

Sadly, many firearm-related injuries and deaths are preventable. Healthcare professionals have an important role to play in preventing firearm-related injuries and deaths. What can be done to prevent harm from firearms?

Ask!

The first and most important thing we can do is ask. We should ask our patients and families about access to firearms. In our General Pediatrics clinic, we use the American Academy of Pediatrics Bright Futures Questionnaires for well-child checks; these include questions about access to guns as follows:⁵

Does anyone in your home or the homes where your child spends time have a gun?

If yes, is the gun unloaded and locked up?

If yes, is the ammunition stored and locked up separately from the gun?

It is also important to ask if children have access to firearms at other homes they may visit (friends/relatives). Families should also consider asking family and friends if they have a gun in their home before letting their children play in those homes. In some clinic settings, it may not be feasible to screen every patient for access to guns. Some families may also not answer these questions truthfully. An alternative would be to provide counseling to every family on secure storage and safe behaviors regarding firearms.⁶

Another important aspect to consider is if the child is at risk for suicide. Depression, anxiety, and other mental health disorders continue to rise rapidly in the pediatric population. Firearms have the highest rate of fatality (>90%) compared to other methods of suicide, so it is very important to find out if there are guns in the home.^{2,4}

If you know that a child is suicidal or at risk for suicide, it is imperative to find out if the child has access to firearms and provide appropriate recommendations.

Provide anticipatory guidance

Most parents underestimate how their child will respond or behave when they encounter a firearm. Many kids will be curious about guns and pick them up, even if they have been told not to touch them. Children as young as 3 years old are strong enough to pull the trigger. If there are firearms in the child's home or another home the child spends time in, it is important to have a conversation with the family about how to prevent injury from firearms. This conversation should be nonjudgmental, nonconfrontational, and culturally sensitive, as some parents may be defensive or aggressive about their gun ownership. Counseling and guidance should align with the parent's motivations for owning firearms.⁶ Sometimes, for families more resistant to making these changes, these discussions need to happen over multiple clinic visits.

Ideally, the best way to prevent injury from a firearm is to remove it completely from the home. If parents are amenable to removing firearms, there may be other places that the parent can store their firearm, such as at a family member's or friend's house, the police station, gun clubs, or shooting ranges. If the family is unwilling to remove the firearm from their home, it is important to talk about safe storage of firearms, which includes ALL of the following:^{1,2}

- Ensuring the firearm is stored unloaded and locked.
- Ensuring the ammunition is stored separately from the firearm and locked.

Families should also consider installing a trigger lock on their gun as this can prevent young children from being able to pull the trigger. If a child is at risk for suicide, removal of the firearm from the home, a concept called lethal means restriction, should be strongly recommended due to the high rate of successful suicides from firearms.

In conclusion, firearms are the leading cause of death in children and young adults and many of these deaths are preventable. Healthcare professionals are in a prime position to contribute to reducing firearm injury and death by counseling families on safe gun storage in all clinical settings.



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Navigating Behavioral Challenges in School-Aged Children

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School-aged children, just like children in other age ranges, generally respond to being provided choices and warnings about transitions or to modify undesired behavior.

Choices

Being given a choice can still be a powerful tool for school-aged children. No one really likes being told what to do, offering choices continues to be helpful. Offer two choices to the child and do not increase the number of options. Make sure both options are acceptable as following through is important. Do not get drawn in to discussing or debating options. The parent provides the options, and the child gets to choose. If there is argument, calmly repeat the choice and then make the choice if the child doesn't. They will learn that if they want a choice in the matter, they should choose. The book "Setting Limits with Your Strong-Willed Child," by Robert J. Mackenzie, includes a good explanation of using choices.

Natural consequences

Natural consequences join the options for modifying behavior. Children learn through natural consequences.

If there is a way to tie a consequence to the behavior, it is better for teaching and learning. Parents can let the consequence teach. For example, "you didn't choose to wear a coat and now you're cold." No further lecture. "You spilled the milk, you need to clean it up." If laundry isn't put into the hamper, it doesn't get washed. Not having a desired shirt available because it is dirty is a better motivator for putting clothes in the hamper than nagging. The program "Parenting with Love and Logic: Teaching Children Responsibility," by Foster Cline and Jim Fay, explains how to use natural consequences and allow a child to learn through a consequence.

Improving compliance

Parents can tip the scale of compliance in their direction. Start by getting on the child's level. Yelling across the room is a lot less likely to get a desired response. They honestly might be so engrossed in their activity that they don't hear the request. Obtain eye contact to be sure you have their full attention. Make your request plain and simple. You can have the child repeat the request to make sure they remember the request. Use "please" and "thank

(continues on page 7)



GUN STORAGE FOR YOUR LIFESTYLE

As a gun owner, you can choose from multiple options for safely storing and protecting your firearms when they're not in use.

Use this guide to determine which mechanism best suits your lifestyle, priorities and environment.

A RANGE OF OPTIONS



CABLE LOCK

Price Range: \$10–\$50

A cable lock can be used on most firearms, allows for quick access in an emergency and offers security from theft. The cable runs through the barrel or action of a firearm to prevent it from being accidentally fired, requiring either a key or combination to unlock it.

- AFFORDABLE
- ACCESSIBLE
- THEFT DETERRENT



GUN CASE

Price Range: \$10–\$150

For those looking to conceal, protect or legally transport a registered firearm, a gun case is an affordable solution available in a variety of materials including plastic, fabric or metal. Be sure to lock it with an external device for added security.

- AFFORDABLE
- PORTABLE
- PROTECTS FROM DAMAGE



LOCK BOX

Price Range: \$25–\$350

With integrated locks, storage boxes provide reliable protection for firearms, and allow gun owners to legally transport them outside of their home.

- PORTABLE
- ACCESSIBLE
- PROTECTS FROM DAMAGE



ELECTRONIC LOCK BOX

Price Range: \$50–\$350

Electronic lock boxes are an effective way to store or legally transport firearms, and they also prevent theft since only the person with the code can access the contents. Some electronic lock boxes are specially designed for quick access to stored firearms.

- PORTABLE
- THEFT DETERRENT
- PROTECTS FROM DAMAGE



FULL SIZE AND BIOMETRIC GUN SAFES

Price Range: \$200–\$2,500

A gun safe protects its contents from the elements and allows owners to safely store multiple firearms in one place. Gun safes of all sizes are now available with biometric options to ensure only certain people have access.

- THEFT DETERRENT
- PROTECTS FROM DAMAGE

VEHICLE STORAGE



CONSOLE STORAGE

Price Range: \$250 - \$300

A solution for those who need a truly secure place to store their firearm in a vehicle. These custom-fitted devices provide concealment to deter prying eyes and would-be thieves. Various access options are available, including biometric.

- THEFT DETERRENT
- ACCESSIBLE
- PROTECTS FROM DAMAGE



CARGO AREA STORAGE

Price Range: \$500 - \$1,500

Effective for transporting firearms to the range or field, cargo area storage models are available for sedans, SUVs and trucks. These devices allow for locked storage, concealment and protection from bumps and jostling.

- THEFT DETERRENT
- ACCESSIBLE
- PROTECTS FROM DAMAGE

SECURE STORAGE ACCESSORIES



WIRELESS GUN SAFE MONITOR

Price Range: \$150 - \$200

An electronic monitor can provide awareness and alert you if anyone is accessing your storage device or handling your firearm without your authorization. Some sound an audible alarm, others can be connected to your smartphone.

- THEFT DETERRENT
- REMOTE MONITORING



ELECTRONIC HOLSTERS

Price Range: \$200 - \$300

Electronic holsters are a new type of secure storage device that enable fast access along with security to prevent unauthorized access. Holsters can be mounted or used independent of a mounting system and feature a programmable finger or thumbprint scan.

- PORTABLE
- ACCESSIBLE
- THEFT DETERRENT

**PLEASE
HELP
PREVENT
ACCIDENTS.
STORE
FIREARMS
RESPONSIBLY.**

These are just a few of the storage options available to firearms owners. For the greatest level of security, consider using a combination of safety mechanisms and educate family members about handling firearms properly.

To learn more about firearms safety, visit ProjectChildSafe.org



Project ChildSafe is a program of the National Shooting Sports Foundation®

NSSF
The Firearm Industry
Trade Association



What's New in the 2025 Childhood and Adolescent Immunization Schedule

By Temitope Awelewa, MBCHB, MPH, FAAP, Clinical Associate Professor,
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Childhood and adolescent immunization schedules are reviewed and revised annually to reflect current evidence-based recommendations for appropriate protection of children and adolescents. The immunization schedule serves as guidance for providers to assure individuals receive all needed vaccines at the right time. Below is a snapshot of updated changes to the 2024 schedule:

- **Respiratory syncytial virus monoclonal antibody:** Administration is recommended during the birth hospitalization or within one week of birth for infants born in October through March, including infants born to persons who received RSV vaccine in previous pregnancies. A clinical trial showed 60% efficacy in preventing RSV infection requiring clinical evaluation and 91% efficacy at reducing RSV infection requiring hospitalization.
- **Haemophilus influenzae type b vaccine: Vaxelis® and PedvaxHIB®:** Preferentially recommended for primary doses in Native American and Alaska Native infants who have a 31-fold higher rate of invasive Hib disease than non-native children per a CDC report.
- **Influenza vaccine:** All quadrivalent influenza vaccines were replaced with trivalent vaccines with an option to use high-dose inactivated and adjuvanted inactivated influenza vaccines for 18-year-old solid organ transplant recipients on immunosuppression.
- **Measles, mumps, rubella:** Vaccinated children 12 months or older should get a second dose at least four weeks after the first dose before international travel.
- **Measles, mumps, rubella, and varicella vaccine:** Contraindicated in HIV-infected persons.
- **COVID-19:** All doses should be from the same manufacturer for healthy children ages 6 months through 4 years and immunocompromised persons receiving their initial vaccine series. New recommendation for additional doses after six months (at least two months) of the initial multidose series in moderately or severely immunocompromised persons.
- **Diphtheria and tetanus toxoids and acellular pertussis vaccine:** Td, tetanus toxoid, reduced diphtheria toxoid may be administered in children younger than 7 years.
- **Meningococcal serogroup B vaccine:** Healthy persons ages 16-23 years recommended to receive Bexsero as a two-dose series at 0 and 6 months based on shared decision-making. Individuals ages 10 years or older at increased risk for serogroup B meningococcal disease and individuals desiring more rapid protection can choose to use a three-dose series of Bexsero or Trumenba® (interval of zero, one to two months, and six months).¹⁻³

Clinicians as vaccination advocates: Declining vaccination rates puts children at risk of preventable infectious outbreaks. Increasing rates of preventable illnesses have been recently observed among unvaccinated children. About nine of 10 measles cases (280) reported in 2024 occurred in children who were either unvaccinated or had no vaccination status. Similarly, pertussis rates increased more than fourfold from 2023 to 23,544 cases in 2024 (week ending Nov. 9, 2024). Providers, school nurses, and public health departments have a crucial role to play in improving vaccination rates by serving as strong advocates of vaccination in multiple settings at every opportunity.^{4,5}

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you.” No lecturing, discussions, sarcasm, etc. Give one task or one group of tasks, if related. Do not give a long list. Be specific. “Make your bed,” instead of “clean your room.” “Please remember your inside voice,” instead of “be good.”

Before a new situation is encountered, parents can review the expectations. Yes, the kids likely know the rules, but reminding them of expectations is always a good idea. “We are going into the library. Remember we need to walk and use our inside voices. If you cannot follow the rules, then we will leave without getting any books.”

Counting 1, 2, 3

Counting is a popular method of providing warnings about undesired behavior and allowing a child to make corrections before consequences are put in place. The book “1-2-3 Magic: Effective Discipline for Children 2-12,” by Thomas W. Phelan, outlines how to use this method. The biggest downfall is when a parent recounts during the same incident, giving chance upon chance. The consequence must follow the initial 1, 2, 3, or the child quickly learns that they’ll get multiple chances to stop the same poor behaviors. Obstinate or defiant children will do better without any second chances. Either give one warning or none, based on the offense.

Reward systems

Rewarding good behavior can lead to more good behavior. Sticker charts, or similar, can provide good visual reinforcement. Rewards need to be given often and immediately to be most effective. Be specific about the targeted behavior. Providing rewards for good behavior works better than removing rewards for bad behaviors. There are many good examples of behavior charts that can be viewed on the internet.

Spend quality time together

Negative behaviors can be a sign that a child wants more attention. Put the screens away — parents too. It doesn’t have to be a big outing. Play a game, read a book. Some kids like it to be more deliberate. Set a timer and call it their time. Let them help direct the activity. “This is YOUR TIME. What would you like to do?” Emphasize that you are spending time with them. Of course, when there is more than one child, each child fully believes that the parents spend NO time with them and ALL the time with their sibling. Just labeling and highlighting the time the parent does spend with the child can help. “Hey, look, we’re spending time together.” “I am enjoying spending time with you.”

Be positive

Kids hear a lot of NO and DON’T. Can you put a positive spin on an issue? “You cannot throw the ball in the house, but we can go outside and throw the ball.” “You cannot throw the ball in the house, but you can throw these puff balls.” Instead of “no running,” say, “please walk.”

If, then

If, then can be used in a few ways. If a child does the unwanted behavior; then state the consequence. For example, “if you do not hand me your iPad now; then, you will not get it later today.” It specifically states the issue and the consequence. This will only work if the parent follows through. Threats of consequences will be easily ignored if they don’t usually happen. Looking at it another way, if a child does the desired behavior, then a desired consequence can occur. For example, “when you finish your chore, we can go to the park.” No discussion, no emotion. Just make the statement.

Trying these parenting methods can lead to increased positive behavior, teach children to accept responsibility, and give them a choice.

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1. www.kidshealth.org — Explore discipline basics or specific issues such as biting.
2. www.healthychildren.org — Parenting information from the American Academy of Pediatrics.
3. www.psychologytoday.org — The most up-to-date listing of therapists, which can be filtered for location, age, etc.

Helpful books

1. Parenting with Love and Logic: Teaching Children Responsibility, Foster Cline and Jim Fay (www.loveandlogic.com).
2. Setting Limits with Your Strong-Willed Child, Robert J. Mackenzie.
3. The Kazdin Method for Parenting the Defiant Child, Alan E. Kazdin, PhD (www.alankazdin.com).
4. The Explosive Child: A New Approach for Understanding and Parenting Easily Frustrated, Chronically Inflexible Children, Ross W. Greene, PhD.
5. 1-2-3 Magic: Effective Discipline for Children 2-12, Thomas W. Phelan (www.123magic.com).

The author does not have any connection to the listed websites or books, but found them helpful as a parent and referenced by child health professionals.



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What's in this issue

Prevention of Firearm-Related Injury and Death 1-3

Navigating Behavioral Challenges in School-Aged Children ...4, 7

Insert:

Safe Gun Storage 5

What's New in the 2025 Childhood and
Adolescent Immunization Schedule 6

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