



# School Nurses Share Their Voices, Trauma, and Solutions by Sounding the Alarm on Gun Violence

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## Abstract

**Purpose of Review** The purpose of this review is to discuss the impact of gun violence within schools from the perspective of school nurses. School nurses are first responders whose skills are crucial to ensuring the health and safety of students, staff, and faculty within schools and the surrounding community.

**Recent Findings** In the USA, fear has long dictated how schools invest their resources in response to gun violence. In the wake of a series of school shootings that began in the 1990s, school safety is now a multi-billion-dollar industry. Although school shootings remain rare events, the response to potential gun violence has been an implementation of active shooter drills in 95% of US schools. School districts are faced with difficult choices that balance the safety concerns of school communities and the plethora of industry vendors who claim they have the most effective method to take action and keep their students safe.

**Summary** There is a critical need for research that guides the selection of evidence-based safety programs that consider the developmental and the mental health needs of school communities. School nurses are healthcare providers embedded in schools whose expertise and collaboration is critical to the design and implementation of these programs that keep students safe and ready to learn.

**Keywords** Gun violence · Children · Active shooter drills · School nurses · Community gun violence · School shootings

## Introduction

Every day, 95,000 school nurses enter our nation's schools prepared and ready to serve more than 55 million children [1]. For six and a half hours, each day, 180 days a year, families, school districts, and communities entrust their children to school environments with the expectation that they will be kept safe from harm. Between April 1999 and May 2019, 239 shootings have occurred in US schools thereby exposing over 200,000 students to gun violence in their schools (Table 1) [2]. School nurses are healthcare providers at the front lines of gun violence charged with the responsibility of

protecting students and faculty and fostering school environments as safe places to learn. Although gun violence in schools is relatively infrequent [3] and occurs more often beyond school walls in public places, churches, synagogues, and shopping centers, the repercussions of these violent events bleed into the homes and onto the streets of American cities. And each day, school communities wonder if their school will be the next in the line of gunfire. The facade of school safety fades with the realization that firearms are one of the leading causes of injury and death in children and adolescents [4]. The purpose of this review is to discuss the impact of gun violence within schools from the perspective of school nurses responsible for the health and safety of students and staff within the walls of their school buildings.

As many as 39,000 desks sit empty in schools across this country from deaths due to gun violence [5]. The new reality for many American schoolchildren has been driven by mass shootings that have occurred inside school buildings. Children account for 8% of overall firearm homicides, but account for 25% of mass shooting victims [6]. With each school-related gun violence event, the number of child fatalities rises as a serious public health crisis unfolds before our eyes [7]. Student survivors have been labeled “Parkland Kids,”

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**Table 1** National number of school shootings 1999–2019. (Source: Cox, J.W., Rich, S., Chiu, A., Muyskens, J, & Ulmanu, M. (2018). The Washington Post’s database of school shootings. Accessed 9/15/2019 from <http://www.washingtonpost.com/graphics/2018/local/school-shootings-database/>) (original table)

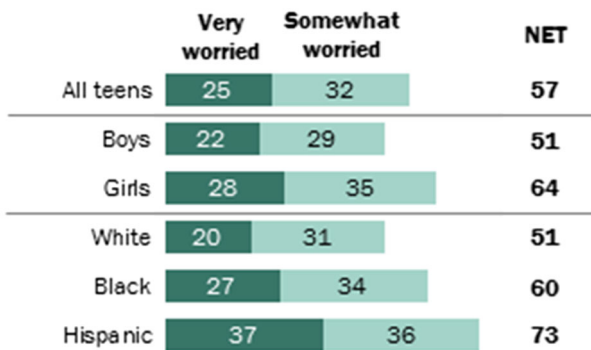
Year	Number of School Shootings	Year	Number of School Shootings
1999	7	2010	9
2000	12	2011	7
2001	13	2012	11
2002	5	2013	13
2003	12	2014	16
2004	9	2015	7
2005	13	2016	13
2006	15	2017	15
2007	10	2018	25
2008	9	2019	9
2009	9	Total	239

“Sandy Hook Students,” or “Columbine Survivors.” A national 2018 National Opinions Research Center (NORC) survey of 1058 parents and their 743 teens aged 13 to 17 found that the majority of teens surveyed (57%) fear that a school shooting could happen at their school (Fig. 1) [8•]. The concern was keenly expressed across racial groups where white (51%), nonwhite (64%), and Hispanic teens (73%) teens, all reporting higher levels of concern. A contributing factor to these

concerns is the higher exposure to violence that underlies the daily experiences of Black and Hispanic children compared to white children in large urban centers. In Chicago, African American (112%) and Hispanic children (74%) had greater odds of exposure to violence when compared with white children including witnessing violence, hearing gunshots, and knowing individuals who have been shot [9].

### Majority of U.S. teens worry a shooting could happen at their school

*% of teens saying they are \_\_\_ about the possibility of a shooting happening at their school*



Note: Whites and blacks include only single-race non-Hispanics. Hispanics are of any race. Figures may not add to net total due to rounding.  
Source: Survey of U.S. teens ages 13 to 17 conducted March 7–April 10, 2018.

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**Fig. 1** ©Majority of teens worry about school shootings, and so do most parents. Pew Research Center, Washington, D.C., (04/18/2018). <https://www.pewresearch.org/fact-tank/2018/04/18/a-majority-of-u-s-teens-fear-a-shooting-could-happen-at-their-school-and-most-parents-share-their-concern/>

### School Nurses at the Forefront of Gun Violence

#### Voices from the Field

While supporting your school and community, you lose yourself. The first year goes by only to realize you never processed your emotions, the relationship and trust the student showed for you is no longer present, they are no longer walking in the hall. No longer do you see the smile on their face as they climb out of the pool at the end of practice. Things have changed in our building, “the new normal” we are told, but there is nothing normal about gun violence taking the life of a student. A family, school, and community suffering the loss of a member. Their lives forever changed. People are left looking for answers that would never be found. This is a day in a School Nurse’s life that I wish no one else to endure.

Anonymous School Nurse, Reflections in the Aftermath of a School Shooting

Since 2018, school nurses have responded to 38 school shootings [10]. School nurses find themselves on the frontline of gun violence whether the act is perpetuated by an active shooter in a school, a mass shooting in the community or anywhere in the country. School nurses are well-positioned to buffer the emotional, mental, and psychological consequences of these events within their school communities. However, when violent event occurs within their own school, nurses are left to bear the short- and long-term consequences

of this adverse event resulting in unexpected levels of violence and trauma that can be overwhelming. School nurses are all too familiar with the evidence which identifies violence within a school community to be related to the effective assessment, identification, and regular treatment of the risks of mental health, bullying, and suicide among students. One in five children suffers from a mental health or learning disorder, and 80% of chronic mental disorders begin in childhood [11]. Within the school environment, this is compounded by the prevalence of bully behaviors which have been reported between 17.9 and 30.9% [12]. There is a clear link that the experience of bullying in childhood is strongly correlated with suicidal behavior in adolescence which remains the second leading cause of death among adolescents [13] [14]. School nurses spend approximately 32% of their time providing mental health services [15]. Ongoing mental health training is provided through collaboration between the American Psychiatric Nurses Association and the National Association of School Nurses through the Transitions in Practice Certificate Program [16]. Because school nurses are not involved with students' academic requirements, students are more likely to confide in the nurse who is often the first adult students will go to for help. School nurses are keenly aware of the urgent need for evidence-supported, school-based mental health and preventive services. In many ways, school nurses are ideally poised contribute expertise in creating a protective environment in schools by engaging in developing multi-strategy, multidisciplinary approach to violence prevention [17] [18] [19].

## Making the Case to do Better

### Voices from the Field

I was working in my health office when the loudspeaker came on, but this time, it was not the voice of the school principal, it was the sound of gunshots. I froze, my heart sunk. I had no students in my office, so I locked the door, covered the glass, closed the blinds, and hid in the corner. I had no idea if this was an unannounced lockdown drill or an active shooter in our building. Waiting alone and isolated, feeling completely helpless was traumatizing, but thinking of my students scared, vulnerable, and possibly injured was horrifying. In the end, it was a drill, an unannounced one. The person running the drill used an app on her phone that sounded like gunshots which she played over the loudspeaker. I still get angry when I think about that day and want to do everything in my power to stop hyper-realistic active shooter drills.

Anonymous School Nurse, Debrief After a Hyper-Realistic Active Shooter Drill

In the wake of a series of school shootings that began in the 1990s, school safety is now a multi-billion-dollar industry [20].

Although school shootings remain rare, active shooter drills happen in 95% of schools [21]. Fear has long dictated how schools invest their resources in response to gun violence. School districts are faced with difficult choices based on the multitude of programs offered by industry vendors who all claim they have the most effective method to take action and keep their students safe. Although every program claims to custom design their scenario to the setting and population of children and staff in schools, little to no actual outcomes, data exists to validate that these methods are effective means of protection from an active shooter. Table 2 provides a snapshot of Active Shooter Drill Programs that are among the most well-known.

Three of the most recognized programs (Safe and Sound, I Love You Guys and ALICE) were founded in response to gun violence tragedies. Each program has a practice component that employs drills to train school communities to respond to the threat of an active shooter on school property to varying degrees. Safe and Sound and I Love You Guys require less role-play and involve design and implementation of inter-collaborative plans focused on preparation, education, and advocacy. The basis of these programs is the lockdown technique (e.g., shelter in place) which is employed as a first line of defense. Unique to these programs is the emphasis on the importance of mental health, recovery, and continued support after a violent incident. Lockdown techniques have been suggested to be emergency response practices that emerged during a series of gun violence events from perpetrators performing a “drive by” shootings in the 1970s [22]. The lockdown technique is often used as the basis for a number of scenario-based programs including lockout, created to have individuals, schools, and communities practice nonviolent responses which use the physical structure of the school as the barrier between the students and gunfire [23–25]. Critics of the lockdown approach suggest that the technique may be inadequate especially when a perpetrator originates from within the building

In contrast, the most intensive participatory program ALICE uses a popular “Run, Hide, Fight” options-based framework. Program training uses an offensive response to deter an intruder. This option-based model focuses on degrees of self-defense as the primary option for safety. All participants, including children are trained to defend themselves. The ALICE program defines themselves as the National Standard in Active Shooter Response Training based on their adherence to the Advanced Law Enforcement Rapid Response Training (ALERRT) employed by professional, national defense organizations (e.g., US Armed Forces, FBI) [25]. Yet, there is little empirical evidence that demonstrates the effectiveness of this type of hyper-realistic scenario-based active shooter drills in preventing injury, especially when teachers and school children are exposed to regular, repeated bouts of training. A major criticism of these programs questions whether the hyper-realistic nature of the scenarios inflicts

**Table 2** Review of selected active shooter prevention and response programs (original table)

Key characteristics	Mission and learning framework	Special features
<p><b>ALICE</b>                      Founded by a law enforcement officer with over 30 years of training in response to violence. Developed after the tragic events of Columbine in 1999.                      ALICE was the first training program in the country that provided staff and students with an option-based response to an active shooter gaining entry into a school, a business or any organization                      Source: <a href="https://www.alicetraining.com/">https://www.alicetraining.com/</a>  <b>Safe &amp; Sound</b>                      Founded by Sandy Hook parents, educators, and community members inspired by their children and educators who perished on December 14, 2012. Sandy Hook, 2012 Source: <a href="https://www.safeandsoundschools.org/">https://www.safeandsoundschools.org/</a></p>	<p>To Improve Chances of Survival.  <b>Alert, Lockdown, Inform, Counter Evacuate</b>, built upon the framework developed by the FBI of Run, Hide, Fight</p>	<p>A blended learning model implements online e-Learning content and in-person skills sessions. ALICE Certified Instructors spend less time in the classroom and spend more time focusing on scenarios and drills. Learners come to the classroom already prepared with foundational knowledge from e-Learning training. Individuals, Instructors and Organizations may earn certification in ALICE techniques by the ALICE program</p>
<p><b>I Love you GUYS</b>                      Founded in 2006 by Ellen and John-Michael Keyes following a school shooting that took the life of their daughter; Emily                      Source: <a href="https://loveguys.org/srm_training.html">https://loveguys.org/srm_training.html</a></p>	<p>To support school <b>crisis prevention, response, and recovery</b>, and to protect every school and every student, every day.                      Straight A Safety Improvement Model: <b>Assess, Act and Audit</b></p>	<p>Post Crisis Support Network: Safe and Sound Schools offers a network of survivors and safety professionals to provide support communities during the recovery process. The road to recovery is long and unique to each individual affected. This is hard, emotional and often, overwhelming. And it takes time. Support ranges from on-site multi-dimensional reinforcement to remote phone or video-based guidance depending on available funding and resources. From a conversation to recovery planning, Safe and Sound Schools has the experience, expertise and resources to help schools through difficult times</p>
<p><b>PREPaRE</b> Training Curriculum                      A collaboration between National Association of School Psychologists leaders and experts                      Designed in 2007, the program is one of the first comprehensive nationally available training curriculums developed by school-based psychological professionals with firsthand experience and formal training on school safety and crisis teams                      Source: <a href="https://www.nasponline.org/professional-development/prepare-training-curriculum">https://www.nasponline.org/professional-development/prepare-training-curriculum</a></p>	<p>To restore and protect the joy of youth through educational programs and positive actions in collaboration with families, schools, communities, organizations and government entities                      Promotes the Standard Response Protocol (SRP) is based on four actions: <b>Lockout, Lockdown, Evacuate and Shelter</b>                      To provide school-based mental health professionals and other educational professionals training on how to best fill the roles and responsibilities generated by their participation on school safety and crisis teams                      School mental health professionals must be involved in the following specific hierarchical and sequential set of activities:  <b>P—Prevent and PREPaRE for psychological trauma</b>  <b>R—Reaffirm physical health and perceptions of security and safety</b>  <b>E—Evaluate psychological trauma risk</b>  <b>P—Provide interventions—and</b>  <b>R—Respond to psychological needs</b>  <b>E—Examine the effectiveness of crisis prevention and intervention</b></p>	<p>Promotes Standard Response Protocol (SRP) using common language. The SRP is based not on individual scenarios but on the response to any given situation. Like the Incident Command System (ICS), SRP demands a specific vocabulary but also allows for great flexibility                      The curriculum is grounded in psychological theory and research, integrates the US Department of Education’s (2007) phases of crisis management, and uses the National Incident Management System’s (U.S. Department of Homeland Security, 2008) Incident Command System. The curriculum offers multiter interventions for students based on their risk for psychological trauma. The curriculum is based on the assumptions that:                      • The skill sets of school-based professionals are best utilized when they are embedded within a multidisciplinary team that engages in crisis prevention, preparedness, response, and recovery                      • School crisis management is relatively unique and as such requires its own conceptual model                      • By virtue of their professional training and job functions, school-based mental health professionals are best prepared to address the psychological issues associated with school crises                      • Includes Psychological First Aid for post-vention planning</p>
<p><b>REMS – Readiness and Emergency Management for Schools</b>                      Integrating Drills and Exercises into Overall School Emergency Management Planning. Established in 2004 by the U.S.</p>	<p>To build the preparedness capacity (including prevention, protection, mitigation, response, and recovery efforts) of schools, school districts, and institutions of higher education</p>	<p>The REMS TA Center offers a variety of Trainings by Request (TBR) for delivery on-site at schools, school districts, and institutions of higher education (IHE). For each training, we will</p>

**Table 2** (continued)

Key characteristics	Mission and learning framework	Special features
<p>Department of Education's Office of Safe and Health Students (OSHS). It represents a model depicting what is needed when crisis ever school. The program provides the important resources when responding to crisis by disseminating information about emergency management, develop, implement and evaluate crisis plans  Source: <a href="https://rems.ed.gov/">https://rems.ed.gov/</a></p> <p>Homeland Security Gun Violence Prevention Guide  The book <i>K-12 School Security: A Guide for Preventing and Protecting against Gun Violence</i> (2nd ed., 2018) provides preventive and protective measures to address the threat of gun violence in schools  Source: <a href="https://www.dhs.gov/publication/k-12-school-security-guide">https://www.dhs.gov/publication/k-12-school-security-guide</a></p>	<p>(IHEs), and their community partners at the local, state, and Federal levels  Each person carries a threefold responsibility:  <b>First:</b> Learn the signs of a potentially volatile situation and ways to prevent an incident.<b>Second:</b> Learn the best steps for survival when faced with an active shooter situation.<b>Third:</b> Be prepared to work with law enforcement during the response  The threat of gun violence in schools necessitates attention across the spectrum of emergency management mission areas: <b>prevention, protection, mitigation, response, and recovery</b></p>	<p>provide—free of charge—training materials, as well as one or more expert trainers and TA Center staff support for the event hosted at your site. A Train the Trainer model is employed for some programs</p> <p>While mitigation, response, and recovery represent critical aspects of emergency management, this guide focuses on considerations for schools specifically in the areas of prevention and protection</p>

levels of stress and trauma rather than instill confidence, security, or safety as a response to gun violence [26]. There is an urgent need for evidence-based national guidelines that consider how to mitigate the observed acute and sustaining impacts of exposure active shooter response programs. Specifically, evidence that informs the intensity, frequency, and characteristics of active shooter response programs should be developed. Some evidence suggests that lockdown techniques are inadequate to maintain safety regardless of whether the perpetrator originates from within or outside of the school environment which suggests of a combination of a multi-option approaches may be more protective than a utilizing a lockdown approach alone [27, 28].

Standard response protocols (SRP) like school safety drills, fire drills, and tornado/hurricane/earthquake drills have been implemented as early as the First World War. The memory of air raid drills and the lingering effect of the experiences have been well documented [29]. The critical difference between the SRPs of the past is that technology now exists to implement today's active shooter drills with realism that has the potential to induce intense and repeated trauma to its participants. During fire drills, hallways are not filled with smoke and heat to simulate a fire in order to force a timed escape response from students and staff. Tornado drills do not simulate wind and flying objects pumped into a building as classrooms of children flee, yet these programs provide adequate preparation for students and staff during these emergencies. The evidence demonstrating improved response from the communities with the implementation of hyper-realistic active shooter drills has not been well established; however, it is evident that these programs remain a convincing mode preparation endorsed as a modality that satisfies the demand from school districts, parents, and communities for safety.

Of great concern are the lingering emotional and psychological effects of realism in active shooter drills on child participants. School safety expert David Perrodin, PhD, author of *School of Errors: Rethinking School Safety in America* describes the overarching issue of how to keep our students safe in an unregulated industry. The use of hyper-realistic safety drills includes methods of high-fidelity simulation. Some programs expose students and staff to announced active shooter intruder drills based on real-life scenarios that reenact violence with shocking realism using items such as rubber bullets, masked intruders, and loud noises. These techniques have been implemented as standard methods of training for active shooter responses employed by law enforcement agents not for school children. Of great concern are the short and long-term emotional and psychological consequences to the exposure, frequency, and intensity with which these programs are implemented.

A more practical strategy may be to provide emergency preparedness response training like Stop the Bleed to adult leaders within a school community. School nurses are key members of school safety teams and must be part of planning

and implementation of first-responder initiatives. There is a grassroots effort across the country through the leadership of the American College of Surgeons to pass legislation to make Stop the Bleed Kits available in all public buildings, including schools [30].

Clearly, there is a need for improvement with respect to selecting developmentally appropriate school-based active shooter training. Self-defense may not be the only option in an option-based model. A multi-strategy, multidisciplinary approach to violence prevention that considers student and faculty development and mental and emotional health may be a better way to prepare for a tragedy. One strategy may be to invest in an active and engaged school nurse workforce that is well-positioned within school environments to transform fear into courage and anticipation into action by implementing student-focused strategies rooted in prevention.

## Solutions Through a School Nursing Lens

### Voices from the Field

When the shooting happened in my community, I knew it was time for action. I knew my voice would be stronger this time because it was personal to the governor and the legislator. I called and shared my concerns. When a state bill emerged to curb gun access, I heard some of the words I had spoken. In this situation, I took the opportunity that was given to me and ran with an agenda to protect students and the community.

Anonymous School Nurse, A School Nurse's Response to Community Shooting

Mass school shootings are more frequently experienced in America and rapid dissemination of tragic events from a multitude of first-hand witnesses have created the perception that these events are normalized in modern culture. A burgeoning safety industry feeds off the fears of parents looking to school administrators to keep their children safe. It is clear that a strategy focused on preparation alone is inadequate to address the potential effects of school shootings. School cultures need to be developed that are inclusive, safe spaces for everyone. Research evidence is an essential ingredient necessary to guide the creation of evidence-based frameworks which address violence prevention and promotion of safe spaces for school communities. School nurses work at the intersection of health and education with a focus on fostering the health and safety of children in school to facilitate student learning and understand that to provide physically and emotionally safe school environments for students, they must advocate to drive systems change through policies and practices. [31,

32], The creation of healthy school environments that school nurses typically monitor through control of infectious diseases, disease surveillance and reporting, management of chronic illness (e.g. asthma, diabetes), health screening (e.g. vision, hearing, mental health), medication administration and promotion of vaccine compliance is now compounded by school safety concerns [33].

The cadre of safety issues are varied and school nurses advocate for and often involve implementation of standard response protocols designed to respond to unpredictable and often unpreventable events (e.g., hurricanes, tornadoes, earthquakes, and fires). Nurses achieve healthy schools by partnering with students, families, school staff, and communities [34]. Historically, school systems and school nurses have partnered to implement similar programs (e.g., air raid, nuclear war threats). Now is a watershed moment for school nurses to address gun violence and step into the lane with other prominent gun control advocates across American society to be part of the solution. The difference is that gun violence in schools is always intentional. Within that context, existing frameworks for responding to tragedy may not always work and/or be effective.

Schools are grappling with the need for system-wide strategies to best protect students and staff. There is an agenda to toughen up America's schools by arming teachers and adding additional resource officers in a knee-jerk effort to protect students. These proposed reactive strategies lack evidence. The epidemic of violence and access to unsecured weapons create the perfect storm of gun violence in our country. Exposing the root cause of the contagion of violence impacting our youth is key. Therefore, health professionals must bring the message that gun violence can be solved through the public health arena, much like seat belts and speed limits helped reduce deaths from auto accidents.

School nurses are in a unique time of transformation and need interdisciplinary collaboration to solve the twenty-first century's biggest public health challenge. School nurses play a critical role by providing a buffering effect for students exposed to gun violence. School nurses recognize the heightened level of anxiety and tension that impacts our nation's children. The only way to sound the alarm about the reality of gun violence and how it affects American schools is for school nurses to be informants, share experiences, and advocate for schools to remain a safe haven where children may feel safe and free from danger. Potential solutions to this public health crisis involve comprehensive and interdisciplinary approaches. Listing gun violence exposure as an adverse childhood experience could lead to policy changes that provide screening and effective interventions to decrease gun violence exposure in children and youth [35••].

There is little evidence about the long-term impact of exposure to gun violence. The number of events, weapons used, number killed, and injured, does not measure the outcomes of

**Table 3** 10 key findings of the safe school initiative (source: (original))

- Incidents of targeted violence at school rarely are sudden, impulsive acts.
- Prior to most incidents, other people knew about the attacker's idea and/or plan to attack.
- Most attackers did not threaten their targets directly prior to advancing the attack.
- There is no accurate or useful profile of students who engaged in targeted school violence.
- Most attackers engaged in some behavior prior to the incident that caused others concern or indicated a need for help.
- Most attackers had difficulty coping with significant losses or personal failures. Moreover, many had considered or attempted suicide.
- Many attackers felt bullied, persecuted, or injured by others prior to the attack.
- Most attackers had access to and had used weapons prior to the attack.
- In many cases, other students were involved in some capacity.
- Despite prompt law enforcement responses, most shooting incidents were stopped by means other than law enforcement intervention.

the collateral damage to the students, staff, parents, and society. However, there is a dearth of available research to move the solutions of gun safety forward. The repeal of the Dickey Amendment opens the opportunity for researchers to apply for federal funding to study outcomes related to gun violence and

prevention research that had been withheld for more than 20 years; however, the funds have still not been released [36]. Research, however, continues through public–private partnerships. For example, The Violence Prevention Research Program (VPRP) at UC Davis states: “Our goal is to provide the research evidence from which informed policy and practice decisions stabilize and enhance the infrastructure of our communities” [37].

Tragedy from three high-profile tragedies has resulted in collaborative efforts to shape gun policy in the USA. First, the Safe School Initiative is an example of collaboration through the Secret Service's National Threat Assessment Center and the Department of Education's Safe and Drug-Free Schools Program (Table 3). This report was initiated after the deadly attack at Columbine High School in April of 1999 to review case histories of the 37 incidents of targeted school violence. Ten key findings are delineated in the report in an effort to prevent future incidents [38]. The Final Report and Findings of the Safe School Initiative: Implications for the Prevention of School Attacks in the US (PDF) offers insights and greater understanding about school attacks as indicated in Table 3. Second, the Final Report of the Sandy Hook Advisory Commission (SHAC)

**Table 4** Source: original table adapted from: [https://everytownresearch.org/wp-content/uploads/2019/05/EFGV14\\_gun-violence-american-children-FACT-SHEET-062019A.pdf](https://everytownresearch.org/wp-content/uploads/2019/05/EFGV14_gun-violence-american-children-FACT-SHEET-062019A.pdf)

Proposed legislation	Intention of legislative implementation
Background checks on all gun sales	Current federal law does not require background checks for gun sales at gun shows, on the internet, or between private individuals. Background checks do not prevent legal gun purchases but they could prevent child and teen gun deaths. We must extend background check requirements to cover all gun sales
Extreme Risk laws	We must keep guns out of the hands of those who would use them to harm children, families, and communities. People convicted of domestic abuse or other violent crimes should have restricted gun access
Responsible gun storage and child access prevention laws	Child and teen gun deaths are preventable and child access prevention laws can reduce accidental shootings of children by as much as 23 percent. We must require that guns be stored safely so children and teens cannot access them unsupervised
Keeping guns out of the hands of domestic abusers	Children are frequent casualties of domestic violence homicides when a gun is involved. Research also shows that the presence of a gun in a domestic violence situation makes it five times more likely that a woman will be killed. It is imperative to keep guns out of the hands of domestic abusers to keep women, children, and their families safe. When abusers are convicted of domestic violence or subject to final restraining orders, they should be blocked from purchasing guns and required to turn in those they already own. We also need to close the “boyfriend loophole” by making sure those laws apply to abusers regardless of whether the violence is directed toward a spouse or dating partner
Ban Military-Style Weapons	Military-style weapons have no place in our communities. We must ban assault weapons, high-capacity ammunition magazines, bump stocks' and other devices which allow shooters to increase the rate of fire in semi-automatic weapons
Fund Gun Violence Prevention Research	To tackle the gun violence epidemic in America, we need evidence informed by science

provided guidance to schools based on the findings of an exhaustive review of the school shooting in Newtown, Connecticut, that killed twenty-six victims, including twenty children in kindergarten and first grade. The overarching goal of the report was to make recommendations intended to prevent another tragedy on the scale of what happened at Sandy Hook Elementary School [39]. Finally, Everytown for Gun Safety is the umbrella organization of Moms Demand Action, a grassroots movement in response to the gun violence epidemic. Everytown’s recommendations for comprehensive gun safety laws could directly impact school safety (Table 4) [40].

## Conclusion

The epidemic of gun violence is a public health crisis affecting our nation. School nurses are ideally positioned to work alongside with others who are committed to public health approaches to solve the issue of mass shootings, by both distinguishing the risk factors and then identifying actionable solutions. Actionable solutions may be achieved with the support of federal funding for research to examine the root causes of gun violence and mass shootings. School nurses strongly endorse the public health and medical strategies developed in the document a *Consensus-Driven Research Agenda from the Firearm Safety Among Children and Teens (FACTS) Consortium* [41••] that defines a comprehensive pediatric-specific firearm injury prevention agenda, an agenda that will guide research allocation toward supporting cross-cutting prevention factors, policy, and data.

Nurses are change agents who are trained both in the emergency trauma care and clinical responses necessary for addressing traumatic gun violence, as well as the mental health outcomes resulting from tragedy. School nurses are healthcare partners embedded in school communities whose work remains steadfast and focused on the prevention of injury and death from gun violence. The words of Eleanor Roosevelt “the future is literally in our hands to mold as we like” guide all efforts that champion the cause, sounding the alarm and creating evidence-based, multidisciplinary solutions to advance the safety and security of all our nation’s children.

## Compliance with Ethical Standards

**Conflict of Interest** Robin Cogan, Donna Nickitas, and Donna Mazzyck have nothing to disclose.

**Human and Animal Rights and Informed Consent** This article does not contain any studies with human or animal subjects performed by any of the authors.

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