



American College of  
Emergency Physicians®

ADVANCING EMERGENCY CARE 

# POLICY STATEMENT

Approved April 2021

## *Screening for Disease and Risk Factors in the Emergency Department*

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The emergency department (ED) is a common, and often essential, access point to the health care system. In some cases, particularly among underserved communities with limited access to routine outpatient services, ED visits represent a potential opportunity to perform disease and risk factor screening.

Disease screening leads to early diagnosis, management, and treatment of disease, reducing morbidity and mortality. Further, screening can limit transmission of infectious diseases, reduce overall healthcare costs, and improve population health. Similarly, screening for disease and social risk factors recognizes that a significant portion of individual and community health is influenced by these underlying conditions. Modifying risk factors may ultimately reduce unnecessary ED utilization and lead to improved health outcomes.

At the same time, disease and risk factor screening is not the primary function of the ED. Choosing what to screen for, and under what condition screening can and should occur, entails thoughtful consideration of ED capacity and community needs. The American College of Emergency Physicians (ACEP) recommends that EDs strongly consider screening for disease and risk factors based on the following criteria:

1. Screening should rely on evidence-based strategies drawn from the United States Preventive Services Task Force (USPSTF), the Centers for Disease Control and Prevention, peer-reviewed emergency medicine literature, and other trusted sources.
2. Screening should consider local disease and risk factor epidemiology.
3. Screening should only occur if there is sufficient capacity, such that primary ED functions (treating emergency conditions) are not delayed, and key quality metrics are largely unaffected.

4. Screening processes should be developed to work within ED workflow and minimize impact on patients and ED staff.
5. Screening initiatives should strive for transparency and communication with patients and community stakeholders.
6. Screening with inadequate or inappropriate follow-up systems available for the targeted disease or risk factor may lead to unintentional harm.
7. Screening should be performed in a manner that is financially sustainable to patients and the health system.