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Bloodborne Pathogens in Emergency Medicine

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Human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV), and other bloodborne pathogens present emergency department (ED) health care workers with the two-fold challenge of 1) ensuring that all ED patients have adequate access to care irrespective of their infectious disease status, and 2) preventing transmission of bloodborne pathogens to health care workers and other ED patients.

The American College of Emergency Physicians (ACEP) endorses the following recommendations relating to the care of ED patients and health care workers who provide this care:

Patients

- All ED patients should receive appropriate emergency care regardless of risk factors for acquiring or having a bloodborne infection (eg, HIV, HBV, HCV).
- Mandatory HIV, HBV, or HCV testing should not be a condition for receiving emergency care, although testing for HIV, HBV, or HCV should be considered when clinically indicated.
- EDs should provide appropriate linkage to follow-up care for patients who test positive for bloodborne infections.
- Universal, opt-out HIV screening of adolescents (ages 13 and up) and adults, including pregnant patients, is encouraged; patients should be made aware of existing opt-out screening policies.
 - EDs should provide rapid start antiretroviral treatment (ART) for patients who test positive for HIV when feasible.
 - ED physicians should consider discussing and providing HIV pre-exposure prophylaxis (PrEP) to patients at risk for HIV when clinically indicated.
 - Regulations requiring separate consent for HIV testing, which contribute to stigma around HIV, should be reevaluated.
- Routine HCV screening of high-risk patient populations (eg, patients with a history of injection drug use or HIV) and one-time HCV screening for all adults is encouraged when feasible.

- Patients with a bloodborne infection have the right to confidentiality and privacy. However, ED health care workers should be allowed, without risk of liability, to exercise their professional discretion to confidentially inform an identified and unsuspecting third party at risk for infection from the index patient in accordance with established protocols from local health departments.
- All victims of sexual assault should be offered rapid HIV, HBV, and HCV testing; post-exposure prophylaxis (PEP) when clinically indicated; and appropriate follow-up.

ED Health Care Workers

- ED health care workers should adhere to standard precautions and other established infection prevention practices when providing patient care to prevent the transmission of bloodborne pathogens.
- As an effective vaccine exists to protect against HBV, all unvaccinated ED health care workers and those who cannot provide documentation of previous HBV vaccination should receive the complete HBV vaccine series unless medically contraindicated, and should subsequently be tested for immunity (ie, anti-HBs ≥ 10 mIU/mL).
- ED health care workers with documentation of previous HBV vaccination but no documentation of immunity might undergo testing for immunity upon hire.
- ED health care workers who have been exposed to potentially infectious patient blood or body fluids should have access to immediate medical care, including counseling, PEP (when clinically indicated), and follow-up care. Rapid testing of the source patient for HIV, HBV, and HCV infection with or without their consent is encouraged to guide timely decision making.
- ED physicians infected with a bloodborne pathogen as a result of an occupational exposure are encouraged to seek expert ongoing care and advice regarding their disease and its relation to their practice of emergency medicine. Those who are unable to perform their professional duties as a consequence of their disease are considered disabled under the Americans with Disabilities Act (ADA).

ED Health Care Workers with a Pre-Existing History of a Chronic Bloodborne Infection

- Mandatory HIV, HBV, and HCV testing should not be a condition of employment for ED health care workers.
- ED health care workers have an ethical obligation to know their status with respect to HIV, HBV, and HCV, particularly if their scope of practice includes exposure-prone procedures (eg, emergency thoracotomy).
- ED health care workers should not be required to disclose their HIV, HBV, or HCV status to employers unless their job performance is impacted.
- ED health care workers with a chronic bloodborne infection should not be:
 - Precluded from performing services based on their positive status alone
 - Required to inform patients of their positive status unless a patient is at risk because of exposure to the health care worker's blood or body fluids
 - Required to obtain informed consent before the delivery of services
- ED health care workers with a chronic bloodborne infection are encouraged to seek ongoing expert care regarding their disease. Those with high HIV, HBV, or HCV viral burden should review established recommendations on caring for patients from the Centers for Disease Control and Prevention (CDC), Society for Healthcare Epidemiology of America (SHEA), and other professional organizations.
- Decisions to restrict the practice of ED health care workers with a chronic bloodborne infection should be individualized and based on consistent, objective performance standards for competence, ability to perform routine duties, and compliance with established recommendations from the CDC, SHEA, and other professional organizations.