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

The American College of Emergency Physicians (ACEP) endorses the following principles and recommendations relating to the care of patients seeking emergency care and ED healthcare personnel who provide clinical care:

**Patients**

- All ED patients should receive appropriate emergency care regardless of risk factors for acquiring or known history of having a bloodborne infection (e.g., 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. Routine HIV screening of adults, including pregnant women, is encouraged and may be undertaken in the ED when feasible. Routine HCV screening of high-risk ED patient populations (e.g., injection drug use, HIV) and one-time HCV screening for adults born from 1945 through 1965 is likewise encouraged when feasible.

- Patients with a bloodborne infection have the right to confidentiality and privacy. However, ED healthcare personnel 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 with local health departments.
• In addition to testing based on clinical suspicion for infection, rapid HIV, HBV, and HCV testing, post-exposure prophylaxis (when indicated) and appropriate follow-up should be discussed with victims of sexual assault at such time as the treating physician believes that such a discussion would be clinically appropriate.

ED Healthcare Personnel

• ED healthcare personnel 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 healthcare personnel against HBV, all unvaccinated emergency healthcare personnel and/or those who cannot document previous HBV vaccination should receive a 3-dose series of HBV vaccine, unless medically contraindicated, and should be tested for immunity after vaccination to document immunity.

• ED healthcare personnel who have been exposed to potentially infectious patient blood or body fluid should receive access to immediate medical care, counseling, and post-exposure prophylaxis (when indicated), and follow-up. Rapid testing of the source patient with HIV, HBV, and HCV infection with or without consent is strongly supported to guide timely decision-making regarding healthcare personnel post-exposure prophylaxis.

• ED healthcare personnel 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 the duties of their specialty as a consequence should be considered disabled for the purposes of disability compensation/insurance in accordance with the American Disabilities Act (ADA).

ED Healthcare Personnel 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 healthcare personnel.

• ED healthcare personnel have an ethical obligation to know their status with respect to HIV, HBV, and HCV, particularly if their scope of their practice includes exposure-prone procedures such as emergency thoracotomy, internal cardiac massage, or deep suturing to arrest hemorrhage.

• ED healthcare personnel should not be required to disclose their HIV or HCV status to employers unless their job performance is impacted.

• ED healthcare personnel with a chronic bloodborne infection are strongly encouraged to seek expert ongoing care and advice regarding their disease.

• ED healthcare personnel with a chronic bloodborne infection should not be:
  o Precluded from performing any medical services based on their bloodborne disease status alone
  o Required to inform patients of their bloodborne disease status unless the patient is at risk by exposure to the healthcare personnel’s blood or body fluids
• Required to obtain informed consent before the delivery of emergency services

• ED healthcare personnel with significant circulating 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 healthcare personnel with a chronic bloodborne infection should be individualized and based on uniform and objective performance standards for competence, ability to perform routine duties, and compliance with established recommendations from the CDC, SHEA, and other professional organizations, not on the presence of a bloodborne infection alone.