Medical Directive: Cervical Cancer Screening and STI Screening in Asymptomatic Patients			
		Date Approved	
Prepared by		Date Implemented	
Approved by (name, position, contact particulars)		Date Reviewed	
		Scheduled Review Date	

Medical Directive: Cervical Cancer Screening and STI Screening in Asymptomatic Patients

Order and/or Delegated Procedure:	**Appendix Attached: Yes No Title:**

Assessment of the **Pelvic Exam with Specimen Collection**, including:

1. Pelvic examination, including speculum and the collection of specimens for cervical cancer screening.
2. Clinical assessment and collection of specimens for infections including sexually transmitted infections (STI's).

Recipient Patients:	**Appendix Attached: Yes No Title:**

1. Patients identified on the attached Authorizer Approval Form (Appendix 2), who require the completion of a pelvic exam consistent with the Ontario Cervical Screening Program (OCSP) Guidelines.

Authorized Implementers:	**Appendix Attached: Yes No** **Appendix 1 Implementer Approval Form** **Title:**

Registered Midwives (RM), Registered Nurse (RN), Registered Practical Nurse (RPN)

The implementing Registered Midwives (RM) and/or Registered Nurse (RN) and/or Registered Practical Nurse (RPN) must receive orientation from the authorizing physician or nurse practitioner, with regards to the task. The RM/RN/RPN and authorizing physician or nurse practitioner must sign the attached 'Authorizer Approval Form' after successful completion of the orientation. Following review of this directive, the attached 'Implementer Approval Form' must be signed by the RM/RN/RPN indicating acceptance of this medical directive.

Indications:	**Appendix Attached: Yes No Title:**

1. Patient or substitute decision maker in accordance with the Health Care Consent Act consents to examination and specimen collection by the implementing RM/RN/RPN.
2. Patient has been referred by authorizing physician and/or nurse practitioner for assessment and exam.
3. Patient is asymptomatic of pelvic related conditions
4. Patient meets Ontario Cervical Screening Program (OCSP) Guidelines as follows:
5. Ontario Cervical Screening Program (OCSP) Screening Recommendations Summary: *https://www.cancercareontario.ca/sites/ccocancercare/files/assets/OCSPScreeningGuidelines.pdf?redirect=true*

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Screening Initiation

- Cervical cytology screening should be initiated at ≥ **25 years** of age for women who are or have ever been sexually active. This includes intercourse, as well as digital or oral sexual activity involving the genital area with a partner of either gender
- Women who are not sexually active by age 25 should delay cervical cancer screening until sexually active.

Screening Interval *

- If cytology is normal, screening should be done **every 3 years**. **The absence of T zone is not a reason to repeat a Pap test earlier than the recommended interval.**
- Women with abnormal cytology should receive repeat screening as per Ontario Cervical Screening Program guidelines listed below.

- Women who have received the HPV vaccine should continue with screening. Guidelines for HPV vaccination can be found:
  http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/12vol38/acs-dcc-1/index-eng.php

Screening Cessation

- Screening may be discontinued after the age of 70 if there is an adequate negative screening history in the previous 10 years (≥3 negative tests) (B-II).

Screening Women with Special Circumstances

- Immunocompromised or HIV-positive women should receive annual screening (C-III).
- Screening can be discontinued in women who have undergone total hysterectomy for benign causes with no history of cervical dysplasia or human papillomavirus (C-III). Women who have undergone subtotal hysterectomy (with an intact cervix) should continue screening according to the guidelines.
- Indications for screening frequency for pregnant women should be the same as women who are not pregnant (B-III). Manufacturer's recommendations for the use of individual screening tools in pregnancy should be taken into consideration. Only conduct Pap tests during pre-natal and postnatal visits if the woman is otherwise due for screen.
- Women who have sex with women should follow the same cervical screening regimen as women who have sex with men (B-II)
- Transmasculine and nonbinary people with a cervix should be screened according to the current OCSP guidelines. Average risk transmasculine and nonbinary people who meet OCSP eligibility criteria and are due or overdue for screening should be offered cervical screening unless there has been surgical removal of the cervix.

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Contraindications for Implementing Directive:

1. No verbal consent from patient or substitute decision maker for the RM, RN, RPN to implement this medical directive.
2. Patients that have not met criteria of the Ontario Cervical Screening Program Guidelines and/or without the referral/recommendation by the responsible physician (for those that do not meet the criteria of the Ontario Cervical Screening Program Guidelines).
3. Patient reports signs and symptoms suggestive of infection (abdominal pain, fever abnormal vaginal discharge, post-menopausal bleeding etc.)
4. Pregnancy
5. Abnormal pap in the last 3 years

Risks:

1. Specimen samples taken from the patent may be left unlabeled or mislabeled resulting in the laboratory not completing the test results and the patient having to be called back to the clinic for repeat testing.
2. Risk is no greater than if performed by a physician or nurse practitioner, or pursuant to a direct order.
3. Implementers understand the prevalence of abuse and the triggering nature of this exam. Implementers will accommodate patient requests, communicate and stop exam if requested.

Consent:

Appendix Attached: Yes No Title:

1. RM/RN/RPN obtains verbal patient consent prior to the implementation of care

Guidelines for Implementing the Order / Procedure:

Appendix Attached: Yes No Title:

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For Patients who meet the above **Indications:**

1. The RM/RN/RPN should confirm that the patient would like to be screened for cervical cancer and precancerous conditions and sexually transmitted infections

2. The RM/RN/RPN will inform the patient of purposes, risks, harms, and benefits of testing, including when results will be available, and potential follow up required if test is positive or negative.

3. The RM/RN/RPN obtains a focused history, including:
   - Menstrual history: regularity, date of last menstrual period, post-coital bleeding, bleeding between periods
   - Possibility of pregnancy or need for emergency contraception.
   - Abnormal vaginal discharge: onset, colour, consistency, quantity.
   - Contraception: method of birth control
   - Focused sexual history, if clinically indicated. Focused sexual history may include: date of last sexual contact, sex of contacts (male/female/both), number of partners in the past 2 months (specific to infections with a 60 day reportable requirement) number of partners in the past 6 months (specific to infections with a 180 day reportable requirement) types of sexual contact (oral, vaginal, anal intercourse) percentage of time for condom use and for which types of sexual contact (anal, vaginal, oral) feasibility of contacting sexual partners should they require notification, testing and treatment locations (e.g., internet, commercial sex establishments, other) where sexual contacts are met sexual and drug use practices of sexual contacts (if known) STI and HIV status of sexual contacts (if known) possible occupational exposure to blood borne pathogens (e.g., needle stick) or accidental exposures (i.e., exposure to blood during a fight)
   - History of STI's
   - Dyspareunia
   - Gynecological history: surgeries, recent procedures post-coital bleeding, bleeding between periods, previous cervical screening for cytology and results.
   - Screening for woman abuse
4. Prior to examination, the RM/RN/RPN addresses client questions or concerns and describes the process of examination to the patient.
5. The RM/RN/RPN performs the pelvic exam, including speculum as indicated above:
   - External genitalia: distribution of hair, lesions, masses, induration, areas of different colour
   - Vagina: appearance, discharge, vaginal tone, rectocele, cystocele
   - Cervix: position, colour, shape, size, consistency, discharge, lesions, motion tenderness, friability
   - Uterus: position, size, contour, mobility, tenderness and/or pain on movement, descent
6. The RM/RN/RPN will collect appropriate specimens, which may include: specimen for cervical screening for cancer, specimens for STI screening.
7. The RM/RN/RPN will discuss HPV vaccination with women as recommended by the *Canadian Communicable Disease Report*.

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8. The RM/RN/RPN will consult the physician or nurse practitioner with any abnormal findings as advised by the Ontario Cervical Screening Program; including but not limited to: suspicious moles/lesions on the perineum, genitourinary pain (e.g., PID, suspected ectopic pregnancy, presence of an abscess), systemic symptoms, inability to complete required screening d/t anatomy or woman's comfort level, and special circumstances (e.g., sexual assault).

9. The RM/RN/RPN will provide cervical screening follow up for women with abnormal cytology as outlined by the Ontario Cervical Screening Program available online at : https://www.cancercareontario.ca/en/guidelines-advice/cancer-continuum/screening/resources-healthcare-providers/cervical-screening-guidelines-summary/abnormal-cytology-recommendations

10. The RM/RN/RPN will provide follow-up and health teaching surrounding STIs as per Public Health Agency of Canada guidelines: http://www.phac-aspc.gc.ca/std-mts/sti-its/guide-lignesdir-eng.php

11. The RM/RN/RPN will discuss with the patient that positive neisseria gonorrhea and chlamydia trachomatis results are reportable to public health.

12. Patient is informed of the importance of contact notification in the event of positive results.

13. The RM/RN/RPN should counsel patients about transmission and prevention of sexually transmitted infections, including HIV and syphilis, as appropriate, and provide information about how to obtain testing

14. The RM/RN/RPN will discuss Gardasil vaccine with all non-vaccinated patients

15. The RM/RN/RPN should implement the directive in the absence of concerns or contraindications

16. The RM/RN/RPN should consult with a nurse practitioner or physician in any case where the patient is symptomatic or where they are uncertain or have a question

Documentation and Communication:	**Appendix Attached: Yes No Title:**

1. Documentation should be in accordance with the appropriate College standards (ie., College of Nurses of Ontario).

2. The RM/RN/RPN will document initial and ongoing assessment data, reason for exam, interventions, health teaching, patient's response to exam, referral/consultation and follow up.

3. Documentation in the patient's medical record needs to include: name and number of the directive, name of the implementer (including credential), and name of the physician/authorizer responsible for the directive and patient.

4. Information regarding implementation of the procedure and the patient's response should be documented, in the patient's medical record, in accordance with standard documentation practice.

5. Standard documentation is recommended for prescriptions, requisitions, and requests for consultation.

6. The RM/RN/RPN that performs the testing will ensure the test(s) are tracked.

Review and Quality Monitoring Guidelines:	**Appendix Attached: Yes No Title:**

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1. Annual routine renewal will occur on the anniversary of the activation date. Renewal will involve a collaboration between the authorizing physician and a minimum of one implementing RM/RN/RPN.
2. At any such time that issues related to the use of this directive are identified, the team must act upon the concerns and immediately undertake a review of the directive by the authorizing physician and a minimum of one implementing RM/RN/RPN.
3. If new information becomes available between routine renewals, such as the publishing of new cervical screening or STI screening guidelines, and particularly if this new information has implications for unexpected outcomes, the directive will be reviewed by the authorizing physician and a minimum of one implementing RM/RN/RPN.

Competency/Educational Requirements:

The RM/RN/RPN will have adequate training prior to becoming an implementer of this directive. This will include reviewing basic pelvic examination components, observing pap smears performed by an experienced health care professional/mentor, and demonstrating competency by performing a pelvic examination with an experienced health care professional/mentor present. Once the RM/RN/RPN has demonstrated efficiency and competency performing a pelvic examination, they may become an implementer of this medical directive.

Administrative Approvals (as applicable):	**Appendix Attached: Yes No Title:**
Not Applicable	
Approving Physician(s)/Authorizer(s):	**Appendix Attached: Yes No** **Title: Appendix 2 Authorizer Approval Form**

1. ‘Authorizer Approval Form’/ Signatures attached.

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Appendix 1: Implementer Approval Form

Pelvic Exam with Specimen Collection

Medical Directive # 004

Name of Implementer	Signature	Date

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Appendix 2: Authorizer Approval Form

Pelvic Exam with Specimen Collection

Medical Directive # 004

Name of Authorizing Physician	Signature	Date

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