MEDICAL DIRECTIVE

Cervical Cancer Screening

Delegated Procedures

1. Pelvic examination with speculum.
2. Specimen collection for cervical cancer screening.
3. Clinical assessment and collection of specimens, if appropriate, for sexually transmitted infections.

Recipient Patients

Rostered to CFHT physicians who have signed the attached authorizer approval form (Appendix 1) and require cervical cancer screening.

Authorized Implementers

1. Registered Nurse (RN)
2. Registered Practical Nurse (RPN)

The implementing RN/RPN must:

- Maintain valid certification in CPR and First Aid (CPR/AED Level C)
- Receive orientation from the authorizing physician with regard to the procedures
- Demonstrate competency in pelvic examination and specimen collection
- Sign the implementer approval form (Appendix 2) indicating acceptance of the medical directive

The authorizing physician must sign the attached authorizer approval form (Appendix 1).

Indications

1. Patient or substitute decision maker, in accordance with the Health care Consent Act, consents to examination and specimen collection by the implementing RN/RPN.
2. Patient has consented to the exam and screening.
3. Patient is asymptomatic of any pelvic-related concerns.
4. Patient meets Ontario Cervical Screening Program (OCSP) Guidelines (see below).

Contraindications for Implementing the Directive

1. The patient or substitute decision maker has not provided verbal consent for the RN/RPN to implement this medical directive.
2. The patient has not met the criteria of the Ontario Cervical Screening Program.

Screening Initiation

People are eligible for cervical screening if they have a cervix, are age 25 and older, have ever been sexually active and are asymptomatic. Eligible people include women, Two-Spirit people, transmasculine people, nonbinary people, pregnant people, post-menopausal people, people who have undergone a subtotal hysterectomy and retained their cervix, and people who have had the human papillomavirus (HPV) vaccine.

Routine screening is not recommended for people who have had their cervix removed as a result of a hysterectomy.

Screening and follow-up should be implemented following the OCSP guidelines, which are summarized on the following websites:

https://www.cancercareontario.ca/en/guidelines-advice/cancer-continuum/screening/resources-healthcare-providers/cervical-screening-recommendations-summary

https://www.cancercareontario.ca/sites/ccocancercare/files/assets/OCSP-Guide-To-Cervical-Screening-EN.pdf

Screening Cessation

Screening may be discontinued in accordance with the OCSP guidelines, as applicable.

Consent

The RN/RPN must obtain verbal consent prior to the implementation of care.

Guidelines for Implementing the Directive

1. The RN/RNP will obtain the following history:

- Menstrual history
- Date of last menstrual period
- Cycle frequency
- Cycle regularity
- Change in cycles
- Abnormal vaginal bleeding
- Age at menopause

- Sexual health history, as applicable. May include some or all of the following:
  - Partners – number and gender of partners in the last 12 months
  - Practises – types of sexual practices (oral, vaginal, anal)
  - Protection from STIs (use of condoms)
  - Past history of STIs
  - Prevention of pregnancy – contraception and desire of pregnancy
- Gynecological history
  - Prior abnormal pap/HPV test or cervical cancer
- Reproductive history
  - Contraception use
  - HPV vaccination
  - Genitourinary pain/dyspareunia
- Allergies
- Risk of abuse (as per RNAO guidelines)

1. Prior to the examination, the RN/RPN will address any patient questions/concerns and explain the examination to the patient.
2. The RN/RPN will perform the speculum pelvic exam by assessing:
   - Vagina – appearance, discharge, vaginal tone, prolapse
   - Cervix – position, colour, shape, size, consistency, discharge, lesions, friability
3. The RN/RPN will collect appropriate specimens which may include: cervical swab for HPV, vaginal and cervical swabs for STI screening.
4. The RN/RPN will consult the physician with any abnormal findings, including suspicious lesions, abnormal vaginal bleeding, pelvic pain, inability to complete screening due to anatomy or patient discomfort, or any patient concerns.
5. The RN/RPN will ensure that results are directed to the correct physician.

Documentation and Communication

6. The RN/RPN will document assessment data, health teaching and follow up plan.
7. The documentation in the patient's medical record must include the name and number of the directive, the name of the implementer (including credentials) and the name of the physician/authorizer responsible for the directive and patient.

Review and Quality Monitoring Guidelines

8. Annual review and renewal will occur. This will involve a collaboration between the authorizing physician and a minimum of one implementing RN/RPN.
9. The renewal will be reviewed sooner if new information becomes available, such as publication of new cervical screening or STI screening guidelines.

Screening Cessation

AGE	TEST RESULT	CLINICAL NEXT STEP	CONSIDERATIONS AND EXCEPTIONS
65 to 69	Not screened	Continue screening	If someone did not have a cervical screening test from age 65 to 69, they should be screened until age 74.
65 to 69	H negative	Stop screening	Someone can stop cervical screening if they have had 1 negative HPV test results from age 65 to 69 with the following exceptions: if they are immunocompromised they should be screened until age 74. If they are age 65 to 69, have been discharged from colposcopy and have been advised to screen every 2 years because they have not yet met the criteria to return to routine cervical screening they should continue to screen until age 74.
65 to 69	HPWpositive	Continue to follow cervical screening pathway and refer to colposcopy if appropriate.	Follow the cervical screening pathway until someone has a negative HPR test or until they are age 74, whichever occurs first.
70 to 74	HPV-positive, regardless of HPV type or reflex cytology	Continue to follow cervical screening pathway and refer to colposcopy if appropriate.	People ages 70 to 74 who have an HPVpositive test result require colposcopy to exclude a high-grade lesion and can safely stop screening if colposcopy is negative.
75 and older	Not applicable	Not applicable	The OCSP does not recommend screening for people age 75 and older. People age 75 and older with any visible cervical abnormalities or abnormal symptoms must be investigated, regardless of age.

APPROVAL & SIGNATURE PAGE

Medical Directive: Cervical Cancer Screening

Appendix 1 - Authorizer Approval (Physicians)

By signing below, each physician confirms review and authorization of this medical directive for eligible rostered patients in accordance with the conditions outlined in the directive.

Physician Name (Print)	CPSO #	Signature	Date
1. Lori Chalklin	55848		28/9/26
2. Sandra Charman	89743		28/9/26
3. Curtis Kelly	132452		Oct 2/26
4. Chris Williams	73981		Oct 5/26
5. Kim Walsh	90905		Oct 5/26
6. Stephen Duncan	66390		6/10/26
7. Alina Gallaccio	82590		06/10/26
8. DAVID WALLIK	53982		10/10/26
9. Albert Cuggia	140685		

Appendix 2 - Implementer Approval (RN/RPN)

By signing below, each implementer confirms that they have reviewed the directive, received the required orientation, demonstrated competency, and agree to implement the directive within their professional scope.

Implementer Name (Print)	RN/RPN	Registration #	Signature	Date
1. Lindsay Beriault	RN		Lindsay Beriault	Oct 13, 2026
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Directive Review / Renewal

Effective Date	Review / Renewal Date	Next Review Due	Directive Number