ESPCN Policy and Procedure: Speculum Exam for Cervical Cancer Screening and Vaginal Swab Collection
Approved by: Program Lead, Nursing and Clinical Director
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The nurse is responsible and accountable for the restricted activities they perform within their nursing practice. In addition to the procedure outlined below, the nurse must also review and practice according to the ESPCN Policy: Restricted Activities.

Required Steps to Achieve Competency	It is the professional responsibility of the nurse to assess and ensure competency to perform this restricted activity. The following steps outline the minimum requirements for nurses at ESPCN to achieve this competency. 1. The implementing nurse must complete the required readings and associated learning activities listed below: Registered Nurse Performing Cervical Cancer Screenings Resources: • ACCSP Cervical Cancer Screening Provided by Registered Nurses Guideline • CRNA Practice Advice: Registered Nurse role in cervical cancer screening • ACCSP Cervical Cancer Screening Learning Module for Registered Nurses (2022) Cervical Screening Information - Screening For Life | HPV Testing TOP Cervical Cancer Screening Guideline Summary AHS Guide for STI Treatment in Adolescents and Adults Resource-STI Testing Tool-January 2025.docx Resource-STI Screening Tool-January 2025.docx 2. Once the required reading has been completed and the policy and procedure has been reviewed, the nurse will complete the following activity: Learning Activity-Speculum Exam for Cervical Cancer Screening and Vaginal Swab Collection-Final-December 2025.pdf. 3. The nurse will review the procedure with a Clinical Educator, Nursing, prior to application in practice. 4. The nurse must complete a minimum of 5 required observations and 10 successful supervised cervical cancer screening procedures (including review of satisfactory rates). 5. The nurse must then ensure all steps for achieving competence as outlined in the ACCSP Cervical Cancer Screening Learning

	Module for Registered Nurses (2022) are complete and upload their pap module learning completion form to ADP. 6. Once the nurse determines they are competent to perform this restricted activity, they will complete the following form: Competency Pathway Form: Speculum Exam with Cervical Cancer Screening and Vaginal Swab Collection 7. The nurse must meet ongoing competency requirements. This includes but is not limited to: o Track, and submit annually, to the Clinical Educator, Nursing, the number of cervical cancer screens completed, including the number of unsatisfactory samples using this form: Annual Nursing Pap Rates. If the unsatisfactory rate exceeds what is acceptable as specified by the lab, the nurse will take necessary steps as outlined in Screening for Life: Unsatisfactory Resources. o Perform a minimum of 12 satisfactory cervical cancer screens annually. o Regularly review Alberta cervical cancer screening guidelines and other relevant sources. **Supplementary Readings:** Abnormal Uterine Bleeding-Alberta Primary Care Pathway Gynecology Referral-Alberta Primary Care Pathway Polycystic Ovary Syndrome-Alberta Primary Care Pathway Post Menopausal Bleeding-Alberta Primary Care Pathway
Clinic Requirements	**Clinic Supplies:** • Single use speculums (S, M and L) or various sizes of reuseable speculums with appropriate sterilization process 1 • Integrated light source • Lubricant specified for internal use (carbomer free) • Cytopathology containers • Specimen collection brooms • Appropriate multi-test swabs per APL specifications • Patient drapes, exam table with stirrups and adequate space for provider at foot of bed with adjustable stool **Clinic Process** • The nurse has a provider ID provided by Alberta Precision Laboratories and will submit all cervical cancer screens under this provider ID, with results to be copied to the primary care provider.

	• The clinic has a tracking process set up within the EMR to enable timely review of results by the nurse and ensure annual monitoring of satisfactory rates is complete. Guide-ESPCN RN Cervical Cancer Screening Tracking and Registering as Provider-November 2025.docx • The patient must be a panelled patient at the clinic. If not a panelled patient, a referral to the nurse for cervical cancer screening is required to ensure the Most Responsible Provider required involvement in follow-up is provided. • The clinic has a process in place if a chaperone is requested. • The clinic has appropriate specimen storage and transport processes in place. **Cleaning/Disinfection Process:** Routine • If reusable speculums are being used, they are disinfected or sterilized according to manufacturer recommendations and stored according to CPSA guidance.[1]
Most Responsible Provider (Physician/Nurse Practitioner) Involvement:	**ESPCN Registered Nurse**: • Develop a collaborative relationship with Most Responsible Provider (MRP) and discuss roles and responsibilities related to review and management of cervical cancer screening results, and any required follow-up. • The nurse will consult with the MRP if a patient is outside the guidelines for nurse screening. • Recourse for clinician communication of unexpected findings and subsequent care coordination has been established between the nurse and the MRP. **ESPCN Nurse Practitioner***:* Is the MRP.
Assessment and Treatment Plan	**Assessment:** The nurse obtains relevant patient history to determine eligibility and need for the nurse to perform cervical cancer screening as indicted in RN pap module (p. 64-65) and/or STI screening as per Alberta Treatment Guidelines (Appendix A). [2] **Determine Appropriate Treatment Plan:** 1. If no exclusion criteria for nurse screening is identified in assessment and screening for cervical cancer is indicated, proceed to step 4 to review need for vaginitis/STI screening.[2]

	2. If exclusion criteria for nurse screening is identified, facilitate care coordination to ensure appropriate transfer of patient care to MRP. 3. If the nurse determines that patient need for cervical cancer screening is unable to be met by another provider, or patient declines screening by other provider, the nurse working within a collaborative team-based environment may proceed with performing the procedure if the following criteria are all met: • Patient is aware that it is recommended they be referred to a Physician/NP and explicit informed consent from patient for the nurse to proceed with cervical cancer screening. • Collaboration with MRP regarding symptoms/history to ensure other aspects of care planning is completed by MRP. • The nurse documents clinical reason for proceeding with cervical cancer screening and collaboration with MRP for additional care planning. 4. If symptoms or sexual activity indicate need for vaginitis/STI screening; [3] The nurse provides teaching regarding specimen collection and screening for: Vaginitis, Trichomonas and/or Gonorrhea and Chlamydia and addresses any client questions or concerns. The nurse discusses risk of STBBI and comprehensive lab screening, including serology as appropriate.
Procedure	Following assessment, the nurse completes the following: 1. Address client questions or concerns and describe the purpose and process of examination and specimen collection to the patient. 2. Obtain informed consent for pelvic examination, speculum and/or vaginal swab specimen collection and document accordingly. 3. Offer chaperone presence for the exam and facilitate same. Document if patient declines. [2] 4. Perform hand hygiene and don appropriate PPE. 5. Perform pelvic exam, including external assessment and speculum exam as indicated based on the RN Pap Test Learning Module guidelines for examination.[2] 6. Collect appropriate specimens which may include: cervical sample for cancer screening, specimens and/or vaginal swabs for which the patient has provided consent.

	Ensure specimen (s) are correctly labelled, accompanied by the appropriate requisition(s) and placed in the designated specimen collection location . [2,3,5,7,8] 7. Consult with the MRP regarding abnormal findings observed during the pelvic exam as outlined in the RN Pap Test Learning Module [2] 8. Discuss with the patient when and how results for cervical cancer screening and other screenings will be received. 9. Provide teaching and discuss, as relevant, HPV vaccination and STI prevention and treatment. 10. Complete documentation in the patient's medical record according to CRNA Documentation Standards (2022c) and ESPCN Clinical Documentation Policy. The documentation should include a reference to the ESPCN Policy and Procedure: Speculum Exam with Cervical Cancer Screening and Vaginal Swab Collection.
References	1. CPSA. (2022). Medical-Device-Requirements-for-Medical-Clinics.pdf 2. Alberta Health Services. (2020). ACCSP Cervical Cancer Screening Learning Module for Registered Nurses (2022) 3. Alberta Health Services. (2024). AHS STI Treatment Guidelines for Adolescents and Adults updated 2024 4. Public Health Agency of Canada. (2025). Sexually transmitted and blood-borne infections: Guides for health professionals 5. Alberta Precision Labs. wf-lab-acceptance-of-laboratory-samples-and-test-requests-policy.pdf 6. NACI. (2024). Updated recommendations on human papillomavirus vaccines - Canada.ca 7. Alberta Precision Labs. Multitest Swab Specimen Collection. Multitest Swab Specimen 8. Alberta Precision Labs. Vaginitis screen. APL Vaginitis Screen

Appendix A

TOP Guidelines for Screening:

SCREEN

- ✓ Asymptomatic average risk women who are or have ever been sexually active* (see Table 1)
- ✓ Start after three years from onset of sexual activity* or age 25, whichever is later.

**Sexual activity includes intercourse as well as digital or oral sexual activity involving the genital area with a partner of any gender.*

Age Range	21-24	25-29	30-69	≥70
Screen	? Optional screening	✓ Initiate routine screening	✓ Routine screening	✓ Screen If unscreened/under-screened (i.e., not screened regularly at three year intervals)
Interval	Every three years	Every three years	Every three years	Until three consecutive negative Pap tests (collected at least one year apart) within 10 years
Evidence	Harm is likely greater than benefit (moderate evidence)	Benefit is likely greater than harm (moderate evidence)	Benefit is likely greater than harm (strong evidence)	Less evidence, but biologically plausible that the risk of disease is high/continues. Screening may reduce morbidity and mortality.

Table 1: Cervical Cancer Screening Algorithm

PRACTICE POINT

Regular screening should be emphasized for women 25-69 and older (if under/unscreened), but all women 21 and older should be given a choice.

The decision to start or stop screening should be an individual one. Women who place a higher value on the potential benefit than the potential harms may choose to begin screening between the ages of 21-24 and some women may choose to continue with screening beyond the age of 69.

To assist with the discussion and patient decision-making see the FAQ resource.

These recommendations are systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances. They should be used as an adjunct to sound clinical decision making.

Pap Module RN Exclusion Criteria:

DO NOT SCREEN:
Clients with any of the following should be referred to a Primary Care Provider and the RN should NOT proceed with the Pap test:

- Pregnancy, only if client is due for screening
- Previous diagnosis of cervical cancer
- Symptomatic clients:
  - Unusual bleeding or discharge
- Visual abnormality
- Clients under the age of 21
- Clients under the age of 25 should not be screened unless they are at high risk (e.g. early sexual debut, multiple partners, immunosuppressed, etc.)
- Biopsy confirmed high-grade squamous intraepithelial lesions (HSIL), adenocarcinoma in situ (AIS), or invasive cervical cancer.
- Immunocompromised (e.g. HIV/AIDS) and/or those taking long term oral immunosuppressant medications.
- Total or subtotal hysterectomy due to biopsy confirmed high grade lesions or cervical cancer.

Alberta Treatment Guidelines for STI: