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SAMPLE STANDARD OPERATING PROCEDURES FOR CERVICAL CANCER SCREENING, DIAGNOSIS, TREATMENT, INFECTION PREVENTION, AND COUNSELING

The standard operating procedures (SOPs) included in this file were developed for use in the Indian context. They were developed in 2009.

Feel free to consult or adapt them for your program.

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STANDARD OPERATING PROCEDURES FOR

VIA (Visual Inspection with Acetic Acid) for Primary Screening and Treatment Selection

Getting Ready

VIA can be performed in any clinic that has the following items:

1. Examining table
2. Light source
3. Bivalve speculum (Cusco)
4. Instrument tray or container
5. Leak-proof container or plastic bag

Instrument & supplies should be available as follows:

- Kidney tray
- Bottles with normal saline
- 5% acetic acid
- Cotton-tipped fine swab
- Vaginal speculum
- Larger cotton-tipped -swab sticks
- Sponge-holding forceps
- Cotton swabs
- Disinfected surgical gloves
- 0.5% chlorine solution for decontaminating
- A record form for recording the findings (Client assessment form, screening card & screening register)

Examination gloves should be new. (If surgical gloves are being reused, they should be decontaminated, cleaned, and high-level disinfected after each use. With sterile gloves, this process is not necessary.) It's safe and advised to use a new pair of gloves for every woman.

Acetic acid is the main ingredient of vinegar. A dilute 5% solution is recommended. In some countries, vinegar is not available. Often what is sold in the market is a "vinegar-substitute" that, in fact is acetic acid. If neither vinegar nor an acetic acid substitute is available, a pharmacist/chemist or local chemical supplier can make the dilute acetic acid using the **following formula:**

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$$\text{Total Parts (TP) water} = \frac{\% \text{ Concentrate}}{\% \text{ Dilute}} - 1$$

For example, to prepare a dilute solution (5%) from a 20% concentrated acetic acid solution:

$$\text{TP water} = \frac{20\%}{5\%} - 1 = 4 - 1 = 3 \text{ parts water to 1 part concentrate}$$

Chlorine solution (0.5%) is used to decontaminate the speculum and surgical gloves after each use. After decontamination, the speculum, instrument tray/container, and surgical gloves should be washed with soap and water, thoroughly rinsed, and then high-level disinfected or sterilized.

Step-by-Step Instructions

Client Assessment and Getting Ready

1. Before performing the VIA test, discuss the procedure with the woman. Explain why the test is recommended and exactly what will take place during the examination. Also discuss with her the nature of the most likely findings and the follow-up or treatment that might be required.
2. Make sure that all necessary instruments and supplies are available, including a high-level disinfected or sterile speculum, cotton swabs in a clean container, a bottle of dilute acetic acid and adequate light source. Bring the woman into the examination area. Ask her to empty her bladder if she has not already done so. If her hygiene is poor, have the woman thoroughly wash and rinse her genital area. Ask her to remove only enough clothing (including undergarments) so that the pelvic examination and VIA test may be performed.
3. Assist the woman with positioning herself on the examining table and drape her for the pelvic examination.
4. Wash hands thoroughly with soap and water and dry with a clean, dry cloth or air dry. Palpate the abdomen.
5. Put a pair of new examination or high-level disinfected surgical gloves
6. Arrange the instruments and supplies on a high-level disinfected tray or container, if not already done.

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VIA Test

7. Inspect the external genitalia and check the urethral opening for discharge. Palpate the Skene's and Bartholin's glands. Tell the woman that the speculum is about to be inserted and that she may feel some pressure.
8. Gently insert the speculum fully or until resistance is felt and slowly open the blades to reveal the cervix. Adjust the speculum so that the entire cervix can be seen. This may be difficult in cases where the cervix is large or extremely anterior or posterior. It may be necessary to use a clean cotton swab, spatula or other instrument to gently push the cervix down or up into view.

Note: If the walls of the vagina are very lax, use a cotton swab to push away any tissue protruding between the blades of the speculum. Alternatively, prior to insertion of the speculum, a condom can be rolled over the blades and the tip of the condom cut off. When the speculum is inserted and the blades are opened, the condom will prevent the walls of the vagina from pushing into the space between the blades.

9. When the cervix can be seen in its entirety, fix the blades of the speculum in the open position so that it will remain in place with the cervix in view. Doing this enables the provider to have at least one hand free.

Note: Throughout the procedure, it may be necessary to repeatedly adjust either the angle from which the cervix is viewed or the light source in order to achieve the best view of the cervix.

10. Look at the cervix and check for evidence of infection (cervicitis) such as whitish purulent discharge (mucopus); ectopy (ectropion); grossly apparent tumors or Nabothian cysts, ulcers or "strawberry" lesions (Trichomonas infection).
11. Use a clean cotton swab to remove any discharge, blood or mucus from the cervix. Dispose of the swab by placing it in a leak-proof container or plastic bag.
12. Identify the cervical os and SCJ and the area around it.
13. Soak a clean swab in dilute acetic acid solution and apply it to the cervix. If necessary, use clean swabs to repeat applications of acetic acid until the cervix has been thoroughly washed with acid. Dispose off used swab(s).
14. Once the cervix has been washed with the acetic acid solution, wait for 2 minutes, and observe the cervix for acetowhite changes.
15. Inspect the SCJ carefully. Check to see if the cervix bleeds easily. Look for any raised and thickened white plaques or acetowhite epithelium.

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Note: The SCJ should be completely seen to determine if the cervix is normal or abnormal.

16. As needed, reapply acetic acid or swab the cervix with a clean swab to remove any mucus, blood or debris that develops during the inspection and that may obscure the view. Dispose off used swab(s).
17. When visual inspection of the cervix has been completed, use a fresh cotton swab to remove any remaining acetic acid from the cervix and vagina. Dispose off used swab(s).
18. Gently remove the speculum. If the VIA test is negative, place the speculum in 0.5% chlorine solution for 10 minutes for decontamination. If the VIA test is positive and, after counseling, the patient requests immediate treatment.

Post-VIA Tasks

19. Wipe the light source with 0.5% chlorine solution or alcohol to avoid cross-contamination between patients.
20. Immerse both gloved hands in 0.5% chlorine solution. Remove the gloves by turning them inside out. If disposing of the gloves, place them in a leak-proof container or plastic bag.
21. Wash hands thoroughly with soap and water and dry them with a clean, dry cloth or air dry.
22. Record the VIA test results and other findings such as evidence of infection (cervicitis); ectropion; grossly apparent tumors; or Nabothian cysts, ulcers or “strawberry cervix.” If acetowhite change that is characteristic of a diseased cervix is present, record the cervical examination as abnormal. Draw a “map” of the cervix and the diseased area on the record form
23. Discuss the results of the VIA test and pelvic examination with the woman. If the VIA test is negative, tell her when to return for repeat VIA testing after 5 years.
24. If the VIA test is positive or cancer is suspected, tell the woman what the recommended next steps are. If treatment is immediately available, discuss this possibility with her. If referral is required for further testing or treatment, make arrangements for the referral and provide the woman with the necessary forms and instructions before she leaves the clinic. If it is possible to make an appointment now, this is the best time.

STANDARD OPERATING PROCEDURES FOR

Cryotherapy for Treatment of Cervical Lesions

Cryotherapy is the freezing of the abnormal areas of the cervix by the application of a very cold disc to them. It takes only a few minutes and usually only causes some cramping.

Equipment and material required:

- Examination table
- Curtain stand
- Self retaining bi-valved vaginal speculum (high-level disinfected—it need not be sterile)
- Disposable or high-level disinfected examination gloves (need not be sterile)
- Cotton swabs for wiping the cervix
- Normal saline solution
- Colposcope (if used in the particular venue)
- Cryosurgery unit with adequate gas supply

Step-by-Step Instructions

Performing cryotherapy

Before the procedure

1. Explain the procedure, and why it is important to return for further management as requested. Ensure that the woman has understood and obtain informed consent.
2. Show her the cryotherapy equipment and explain how you will freeze the abnormal areas on the cervix.
3. Prepare the patient for a gynaecological examination, and perform a speculum examination.
4. If there is no evidence of infection, proceed with cryotherapy.
5. If there is a cervical infection, provide treatment as appropriate. You may proceed with the cryotherapy, or you may give the patient an appointment to return once the infection is cured.

Procedure

6. Wipe the cervix with a saline-soaked cotton swab and wait a few minutes.
7. Apply acetic acid to outline the abnormality and wait a few minutes.

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8. Tell the woman she might feel some discomfort or cramping while you are freezing the cervix.

<p>In some cases, the patient may have a vasovagal reaction, with fainting and plummeting blood pressure. If this happens, stop the treatment immediately and raise the patient's legs as much as possible.</p>

9. Wipe the cryoprobe surface with saline to ensure optimum effectiveness.
10. Apply the cryoprobe tip in the center of the abnormal area and make sure the probe adequately covers the lesion. If the lesion extends more than 2 mm beyond the probe, discontinue the procedure. Explain to the woman why you are doing this and what needs to be done for her as an alternative.
11. Ensure that the vaginal wall is not in contact with the cryoprobe or you may cause a freezing injury to the vagina.
12. Set the timer and release the gas trigger to cool the probe.
13. You will observe the ice forming on the tip of the cryoprobe and on the cervix .When the frozen area extends 4–5 mm beyond the edge of the cryoprobe, freezing is adequate.
14. Allow two cycles of freezing and thawing: 3 minutes freezing, followed by 5 minutes thawing, followed by a further 3 minutes freezing.
15. Once the second freezing is complete, allow time for thawing before attempting to remove the probe from the cervix. Removing it before it is fully thawed will pull tissue off the cervix.
16. Gently rotate the probe on the cervix to remove it. The area you have frozen will appear white.
17. Examine the cervix for bleeding. If bleeding is noted, apply Monsel's paste.
18. Do not pack the vagina.
19. Remove the speculum.

After the procedure

20. Provide a sanitary pad.
21. Instruct the woman to abstain from intercourse for 4 weeks, until the discharge stops completely. This to avoid infection.

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22. Invite her to return in 2–6 weeks to be checked for healing and again in 6 months for a repeat Pap smear and possible colposcopy.
23. Inform her of possible complications and ask her to return immediately if she notes:
 - a. Fever with temperature higher than 38 °C or shaking chills
 - b. Severe lower abdominal pain
 - c. Foul-smelling or pus-like discharge
 - d. Bleeding for more than two days or bleeding with clots
24. Clean and disinfect the cryoprobe and decontaminate the cryogun, tubing, pressure gauge, and gas tank.

Some cryoguns get blocked by ice. This can be avoided by pushing the defrost button every 20 seconds to clean the tube. Alternatively, use the cryotherapy gas conditioner developed by PATH.

Decontamination

25. Decontaminate the cryotherapy unit, hose and regulator by wiping them with alcohol.
26. Wash the cryotip and the plastic sleeve with soap and water until visibly clean.
27. Rinse the cryotip and plastic sleeve thoroughly with clean water
28. High-level disinfect (HLD) the cryotip and plastic sleeve by one of the following methods:
 - Boil in water for 20 minutes
 - Steam for 20 minutes
 - Soak in chemical disinfectant (0.1% chlorine solution or 2–4% glutaral) for 20 minutes and then rinse with boiled water
29. It is critical that the hollow part of the cryotip is completely dry when next used, otherwise the water will freeze and the probe could crack or the treatment not work.
30. Either use a rubber cap to seal off the hollow part of the cryoprobe during processing, or thoroughly dry the cryoprobe before it is reused.
31. If none of the high-level disinfection options are available, the cryotip and sleeve may be disinfected by soaking in 70–90% ethanol or isopropanol for 20 minutes. Allow to air-dry and then reassemble.

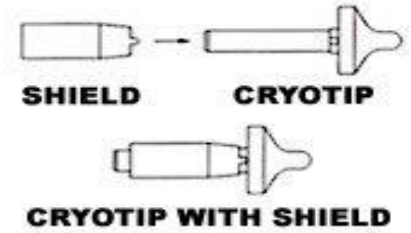
Follow-up

32. Perform a pelvic examination to check for healing at 1 month after the cryotherapy.
33. At 12 months, do a VIA and a colposcopy and take a biopsy if necessary.

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Maintenance of cryotherapy unit

34. Use utility gloves
35. Decontaminate the cryotherapy unit, hose and regulator with alcohol then air dry
36. Remove cryotip from probe
37. Remove plastic sleeve
38. Wash cryotip and plastic sleeve with soap and water
39. Air dry



STANDARD OPERATING PROCEDURES FOR

Loop Electrosurgical Excision Procedure (LEEP) for Treatment of Cervical Lesions

LEEP is the removal of abnormal areas from the cervix, using a thin wire heated with electricity. It is successful in curing precancer in nine out of ten women.

The following equipment and supplies are needed for LEEP:

- Reliable power supply
- Electrosurgical generator and electrode handle
- Colposcope
- Non-conducting speculum, preferably with side retractors
- Return electrode
- Wire electrodes of several sizes
- Coagulating/ball electrode
- Smoke evacuator
- Forceps
- Local anesthetic: 1–2% lidocaine, with or without 1:100,000 epinephrine
- 5-ml syringes with long 27-gauge needle
- Bottles with normal saline and with 5% acetic acid
- Monsel's paste
- Large swabs
- Needles and suture material
- Specimen containers with 10% formalin.

Step-by-Step Instructions

Performing LEEP

Before the procedure

1. Explain the procedure and why it is important to return for further management as requested. Ensure that the woman has understood and obtain informed consent.
2. Prepare the patient for a gynaecological examination.
3. Attach a return electrode to the inner thigh.
4. Insert a non-conducting speculum with an electrically insulating coating.
5. Look at the cervix, and note any abnormalities, such as discharge from the os, inflammation, bleeding or lesions. Record the findings.

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6. If there is no evidence of infection, proceed. If you note signs of infection, suspend the procedure and treat the patient and her partner completely before making a second attempt.

LEEP procedure

7. Before each step, tell the woman what you will do and what she may feel.
8. Wipe the cervix with a saline-soaked cotton swab.
9. Apply 5% acetic acid and examine with the colposcope to determine the location and extent of the lesion.
10. Inject 3–5 ml of local anesthetic (1–2% lidocaine with 1:100,000 epinephrine) to control bleeding, using a long 27-gauge needle, just beneath the cervical epithelium at the 12 o'clock, 3 o'clock, 6 o'clock and 9 o'clock positions (in patients with cardiac problems, use lidocaine without epinephrine).
11. Select the appropriate electrode to remove the entire abnormal area in a single pass: for small low-grade lesions in nulliparous women, use an electrode 1.5 cm wide by 0.5 cm deep; for larger lesions and multiparous women, use one 2.0 cm wide by 0.8 cm deep.
12. Turn the vacuum suction on and activate the generator.
13. Excise the lesion: push the electrode perpendicularly into the tissue to a depth of 4–5 mm and draw it laterally across the cervix to the other side, producing a dome-shaped circle of tissue with the canal in the centre. *Do not* insert the electrode deeper than 5 mm at the 3 o'clock and 9 o'clock positions, because this can damage the uterine arteries.

<p>In some cases, the patient may have a vasovagal reaction, with fainting and plummeting blood pressure. If this happens, stop the treatment immediately and raise the patient's legs as much as possible.</p>

14. Additional passes with the loop can be made to excise residual tissue.
15. Pick up all excised tissues with the forceps, and place in a labeled bottle with formalin to send to the histopathology laboratory.
16. Perform an endocervical curettage and place the tissue in a separate bottle with formalin.
17. Fulgurate any bleeding tissue in the crater base using a ball electrode and coagulation current.
18. Apply Monsel's paste to the crater base to prevent further bleeding and remove the speculum.

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After the procedure

19. Provide a sanitary pad.
20. Instruct the patient to abstain from sexual intercourse for a minimum of 4 weeks, and until the bleeding stops completely. This to avoid infection and heavy bleeding.
21. Tell her she may have some mild to moderate pain for a couple of days; she can take ibuprofen or paracetamol.
22. Explain that she may have very light bleeding and that she will notice blood-tinged discharge for one month or more. She can use sanitary pads but not tampons for this.
23. Advise her how to take care of herself when she goes home:
 - a. She should rest and avoid heavy work for several days.
 - b. She should not put anything in the vagina.
24. Inform her of possible complications and ask her to return immediately if she notes:
 - a. Fever with temperature higher than 38 °C or shaking chills
 - b. Severe lower abdominal pain
 - c. Foul-smelling or pus-like discharge
 - d. Heavy bleeding or bleeding with clots
25. Answer her questions.
26. Recommend that she should return to the health centre in 2–6 weeks to be checked for healing and to receive the laboratory report.
27. Agree a follow-up date with her.

At the first follow-up visit (2–6 weeks)

28. Ask how she is feeling and if she has had any unexpected problems since the LEEP.
29. Review the pathology report and advise next steps based on it.
30. Examine her to check healing.
31. Make an appointment for the next visit.

At six months and twelve months

32. Do a Pap test and a colposcopy, and take a biopsy if necessary.

STANDARD OPERATING PROCEDURES FOR

Colposcopy and Punch Biopsy for Diagnosis of Cervical Cancer and Precancer

What is colposcopy?

Colposcopy is the use of a colposcope (Figure A) to look at the cervix. Colposcope is an instrument that provides magnification and a strong light.



Figure A

What is punch biopsy?

Biopsy involves taking a small tissue sample from the abnormal areas of the cervix using a punch biopsy forceps (Figure B). Biopsy may cause mild discomfort or cramping.



Figure B

EQUIPMENTS AND MATERIAL REQUIRED

- Examination table
- Curtain stand
- Self retaining bi-valved vaginal speculum
- Normal saline solution
- 5% acetic acid
- Colposcope
- Monsel's paste (Operationally difficult to prepare – use alternatives)
- Punch biopsy forceps
- Cotton swabs
- Screw cap specimen bottles with 10% formalin
- Labels

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Step-by-Step Instructions

Performing colposcopy and biopsy

Preparation

Explain the procedure, what the tests may show, and why it is important to return for further management as requested. Ensure that the patient has understood and obtain informed consent.

1. Show the patient the colposcope and explain how you will use it to examine her.
2. Make the patient comfortable on examination table and ensure privacy using curtain stand or separate room for examination
3. Prepare the patient for a gynaecological examination, and do a speculum examination
4. Make sure the posterior fornix (vaginal space surrounding the ectocervix) is dry.

Procedure

5. Tell the patient what you will do at every step, and warn her before you do anything that might cause cramps or pain.
6. Inspect the cervix at low-power magnification (5x to 10x), looking for any obvious areas of abnormality (e.g. leukoplakia, condylomata). Identify the transformation zone and the original and new squamocolumnar junctions. If the entire SCJ is still not visible, the colposcopic procedure is termed inadequate or unsatisfactory.
7. Apply saline to the cervix. Inspect the cervix with a green filter and under 15x magnifications, noting any abnormal vascular patterns.
8. After telling the patient that she might feel a mild stinging sensation, apply acetic acid. Wait precisely for two minutes to allow colour changes to develop.
9. Observe any changes in the appearance of the cervix. Give special attention to abnormalities close to the SCJ.
10. Integrate the findings of the saline test and the acetic acid test to make a colposcopic assessment.
11. Tell the woman that you will take a biopsy of her cervix, which may cause some cramping.
12. Take cervical biopsies of the most abnormal areas, and place tissues in separate labeled screw cap bottles containing 10% formalin.
13. If active bleeding is noted, apply Monsel's paste to the bleeding areas.
14. Withdraw the colposcope and gently remove the speculum.

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After the procedure

15. Explain what you saw and, if you took biopsies and endocervical curettings, what these may reveal.
16. Advise the woman how to take care of herself when she goes home:
 - a. She should abstain from sexual intercourse until she has no more discharge or bleeding.
 - b. She should not insert anything in the vagina for 3 or 4 days.
 - c. Tell her the signs and symptoms of complications: active bleeding, serious cramping or lower abdominal pain, pus-like discharge, fever. If she experiences any of these, she needs to return to the centre or go to a hospital.
17. Give a specific day and date for the return visit. Laboratory reports should be available within 2–3 weeks, so a follow-up visit should be planned one month after the colposcopy.
18. Explain when the results will be available, and the importance of returning to the clinic for them.
19. Document the findings. Use appropriate forms to record the colposcopic assessment.
20. Send labeled biopsies to designated Pathology laboratories
21. If you noted something you cannot handle, refer the woman immediately to a higher level for further examinations or tests.

Follow-up one month after the colposcopy

22. Explain what is in the laboratory report.
23. Advise the patient what follow-up she needs, on the basis of the results. Use national guidelines to advise the woman of her diagnosis and recommended treatment plan.
24. Do a pelvic examination and check for healing.
25. Refer her for needed therapy or make an appointment for the next visit.

The job is not done until you have reviewed the histo-pathological report with the patient and have a treatment plan in place.

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STANDARD OPERATING PROCEDURES FOR

Infection Prevention During Screening, Diagnosis, and Treatment

How healthcare can be made safer

Most infectious agents are transmitted by contact with blood and body fluids and most infections can be spread before symptoms are present. Therefore, it is essential that healthcare workers treat **all** clients and patients as if they are infected. The following precautions should be used routinely by **all** healthcare workers:

- **Wash hands:** hand washing for 10 to 15 seconds before and after contact with each client or patient is the single most practical procedure for preventing the spread of infection.
- **Wear gloves** when touching anything wet—broken skin, mucous membranes, blood or other body fluids (secretions or excretions), soiled instruments, gloves and medical waste.
- **Use physical barriers** (protective goggles, face masks and plastic aprons) if splashes and spills of **any** body fluids (secretions or excretions) are anticipated, for example, during vaginal deliveries.
- **Use safe work practices** such as safely passing sharp instruments; properly disposing of medical waste; and not recapping, breaking, or bending needles or disassembling needles and syringes prior to disposal. Because of the importance of each of these precautions.
- **Wash Hands Routine** with family planning clients or patients may be the single more important procedure in preventing infections.

Infection prevention tips

Infection prevention (IP) precautions should be part of every procedure. In family planning and women's health clinics, for example, gynecologic procedures, even pelvic exams, can expose healthcare workers to body fluids. Listed below are the specific IP practices that should be followed when doing VIA testing or cryotherapy.

- Wash hands thoroughly with soap and water before each examination.
- When possible, have the client wash her genital area before the pelvic examination.
- Use high-level disinfected (or sterile) instruments and surgical gloves (both hands). Alternatively, new examination gloves can be used.
- Properly dispose of waste material (gauze, cotton and disposable gloves).

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- Decontaminate instruments and reusable items immediately after using them.
- Wash hands thoroughly with soap and water after removing gloves.

Finally, while not specifically a barrier precaution, when possible healthcare workers should take advantage of available immunizations, especially hepatitis B vaccine. Being vaccinated protects not only healthcare workers but also their fellow workers, clients and families.

Waste disposal and decontamination

1. After completing VIA or cryotherapy of the cervix, and while still wearing gloves, dispose of contaminated objects (swabs and other waste items) in a properly marked leak-proof container (with a tight-fitting lid) or plastic bag.
2. Fully submerge the speculum in a plastic container filled with a 0.5% chlorine solution for 10 minutes before allowing staff and cleaning personnel to handle or clean it. Before submerging assembled needles and syringes, fill with chlorine solution. (This step is necessary to help prevent transmission of HBV and HIV/AIDS to clinic staff.)
3. All surfaces (such as the procedure table or instrument stand) that could have been contaminated by blood or other body fluids also should be decontaminated by wiping down with chlorine solution.
4. Immerse both gloved hands in the bucket containing 0.5% chlorine solution and then carefully remove gloves by turning them inside out. If disposing of gloves, place them in the leak-proof container or plastic bag. If the gloves will be reused, submerge them in the chlorine solution for 10 minutes for decontamination.

Infection prevention processes

The three basic steps for processing instruments, surgical gloves and other reusable items are:

1. Decontamination
 - Decontamination makes objects safer to handle by staff before cleaning. It is the first step in handling soiled surgical instruments and other items. It is important to decontaminate instruments and items that may have been in contact with blood or body fluids. Immediately after use, place instruments and other items in a 0.5% chlorine solution for 10 minutes. This step rapidly inactivates HBV and HIV and makes items safer to handle.
2. Cleaning
3. Sterilization or high-level disinfection (HLD).
 - Steam sterilization: 121°C (250°F) for 20 minutes for unwrapped items; 30 minutes for wrapped items. Allow all items to dry thoroughly before removing.

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- High-level disinfection by boiling, steaming or using chemicals is acceptable for final processing of instruments and surgical gloves used for VIA or cryotherapy. Surgical (metal) instruments and surgical gloves should be steamed or boiled for 20 minutes and allowed to dry. Instruments can be soaked for 20 minutes in 0.1% chlorine solution prepared with boiled water and air dried. Use immediately or store for up to 1 week in a dry, high-level disinfected container with a tight-fitting lid or cover.

Storage

Unwrapped instruments must be used immediately or stored in dry sterile containers (1 week only). Wrapped instruments, such as surgical gloves, can be stored for up to 1 week if the package remains dry and intact and for up to 1 month if sealed in a plastic bag.

Making dilute chlorine solution

The World Health Organization (WHO) recommends **0.5% chlorine solution** for decontaminating instruments before cleaning.

$$\text{Total Parts (TP) water} = \frac{\% \text{ Concentrate}}{\% \text{ Dilute}} - 1$$

For example, to prepare a dilute solution (5%) from a 20% concentrated chlorine solution:

$$\text{TP water} = \frac{20\%}{5\%} - 1 = 4 - 1 = 3 \text{ parts water to 1 part concentrate}$$

What to do if exposure occurs

When any exposure to blood or other body fluids occurs, the following steps may reduce the risk of infection with HBV, HIV and other blood-borne pathogens.

- For exposure to skin or mucous membranes, wash the affected area immediately with soap and water, and rinse thoroughly to remove any potentially infectious particles.
- When a puncture wound or cut occurs, allow it to bleed. Cleanse and rinse the wound with soap and water. (Irrigating with saline, alcohol or iodine has not been shown to decrease risk of infection with HBV or HIV, and may even result in irritation and scarring.)
- For exposure to the eyes, flush the eye immediately with water, then irrigate for 30 minutes with normal saline.

Healthcare workers who are exposed to blood or body fluids should be given complete information about treatment options so that they can make an informed choice. If

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available, an antiretroviral agent, such as zidovudine (ZDV or AZT), should be offered within 1–2 hours after exposures with the highest risk of transmission. Healthcare workers should be aware of what antiretroviral agents are locally available and where to obtain them.

“DO NO HARM - CLIENT, SELF AND COMMUNITY”

STANDARD OPERATING PROCEDURES FOR

Counseling for Cervical Cancer Screening and Treatment

What is counseling?

Counseling is face-to-face, personal and confidential communication, aimed at helping a person (and her family) to make informed decisions and then to act on them. It is a two-way exchange of relevant and accurate information. To be an effective counselor, you should have the ability to listen, up-to-date knowledge, and conversational skills.

What background knowledge on cervical cancer does the patient need to have?

The counselor should ensure that all women, especially those targeted for cervical cancer control programs, have the following basic knowledge:

- The basic anatomy of the cervix, its location in the pelvis, the changes it undergoes at different ages, and how it can be examined.
- What cervical cancer is, what causes it, and the risk factors for developing it
- How to prevent cervical cancer, with emphasis on screening and treatment of precancerous lesions.
- What screening test and which treatments for abnormalities detected on screening are used locally.
- Options available for women who have invasive cancer detected by screening and diagnosis.

What must the counselor ensure?

- Privacy: no one, unless specifically permitted by the woman, should be able to see or hear anything that goes on between the woman and the counselor.
- Confidentiality: nothing seen, heard or done during counseling and examination should be known by anybody else, unless the woman specifically authorizes it.
- Mutual trust between provider and patient.
- Sensitivity in addressing and discussing private topics, particularly related to sexuality and behavior.
- Health education.

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Suggestions for counseling on cervical cancer

1. Welcome the woman warmly by name and introduce yourself.
2. Sit close enough that you can talk comfortably and privately.
3. Make eye contact; look at her as she speaks.
4. Assure her that nothing that is discussed will be repeated to anybody.
5. Use language that she can understand and provide relevant information.
6. Tailor the information you give and the discussion to the reason she is here today.
7. Listen attentively and take note of her body language (posture, facial expression, eye contact).
8. Try to understand her feelings and point of view.
9. Use open-ended questions to invite more than “yes” or “no” answers.
10. Be encouraging. Nod or say: “Tell me more about that.”
11. Try to identify her real concerns.
12. Explain all the options available and respect her choices.
13. Always verify that she has understood what was discussed by having her repeat the most important messages or instructions.
14. Invite her to return if and when she wishes.

Counseling “do’s”

- Ensure privacy.
- Greet the woman by name and introduce yourself.
- Look the woman in the face unless culturally not appropriate.
- Use a natural, understanding manner.
- Be empathetic: place yourself in the woman’s situation.
- Use approving body language (nod, smile, etc., as appropriate).
- Use simple language and terms the woman understands.
- Answer her questions truthfully.

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- Allow enough time for the session.
- If she has doubts, invite her to return later to inform you of what she (and possibly her family) has decided.

Counseling “don’ts”

- Appear to be distracted (looking at your watch, answering the phone).
- Use a harsh tone of voice, or act impatient.
- Allow interruptions during the visit.
- Interrupt the woman.
- Be critical, judgmental or rude.
- Overwhelm the woman with too much detail or irrelevant information.
- Use medical words the woman does not understand.
- Force a decision.

Standard counseling steps for any woman having a test, procedure, or treatment

- Explain again why it is important for her to be screened or to undergo the procedure or the treatment recommended.
- Explain what will be done: how it is done, what it can show possible need for future tests or treatments.
- Invite and respond to questions and obtain informed consent, including consent to be contacted at home or work if necessary.
- Tell the woman what you are doing at each step. If what you are about to do may cause pain, cramps or other discomfort, warn her in advance. This will help her feel comfortable.
- Describe any noted abnormalities or reassure the woman that you did not see anything unusual.
- Agree a date for the return visit.
- Explain the importance of her returning to the clinic as planned.

If you noted something for which you wish to refer her to a higher level for further examination or tests:

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- Explain why, where and when she must go, and whom to see.
- Stress the importance of keeping this appointment.
- Answer any questions she has or, if you do not know the answer, find someone who does.
- Invite her to return if she has any questions or concerns about this appointment, and respond or find answers from someone who knows.