



American Indian
Cancer Foundation.

[Organization Name] Cervical Cancer Screening Policy

SECTION 1. TITLE:

This policy shall be known as the [Organization Name] Preventative Cervical Cancer Screening Policy.

SECTION 2. FINDINGS AND PURPOSE:

[Organization Name] recognizes the value of effective preventative cancer screenings and prevention strategies to ensure patients maintain optimal health.

Native women are over 1.5 times as likely to develop cervical cancer compared to white women. Early detection through cervical screenings have been shown to improve treatment outcomes and survivorship dramatically.

This policy intends to cover cervical cancer screenings recommended by the United States Preventative Services Task Force or USPSTF.

[Organization Name] will update this policy to reflect current and up-to-date screening guidelines.

Cervical cancer screening has eligibility requirements (age, personal health history, and family health history). However, health care providers may recommend cervical cancer screening outside the established age or frequency guidelines.

SECTION 3. SCOPE:

This policy applies to all [Organization Name] patients eligible or deemed eligible for cervical cancer screening.

SECTION 4. DEFINITIONS:

Cytology- examination of a single type of cell

Cotesting- using both HPV and pap tests to screen for cervical cancer

Screening- testing of a person or group of people for the presence of a disease or other condition.

SECTION 5. POLICY/GUIDELINES:

[Organization Name] will provide employees paid leave for the following preventative cancer screenings

Cancer Type: Cervical (Source: [USPSTF 2018](#))

- Screening Tests: Pap test, HPV test (co-testing)
- Screening Age: 21-29 – Recommended screening every 3 years with cervical cytology alone



- Screening Age: 30-65 – Recommended screening every 3 years with cervical cytology alone, every 5 years with high-risk HPV alone, or every 5 years with co-testing (HPV and cytology)

SECTION 6. EDUCATION, AWARENESS AND ENFORCEMENT:

1. [Organization Name] Cervical Cancer Screening Policy is required to be reviewed by the [Departments] as deemed necessary to determine any updates or revisions to be made to the policy.
2. A summary of the Cervical Cancer Screening Policy will be included in [handbook, newsletter, binder, etc.].

SECTION 7. EFFECTIVE DATE:

This policy is effective on ____ __, 20__.