

- Assess own knowledge, skill, and judgment to competently perform pelvic examinations (Note: this requires implementers to have the applicable added skills to perform the controlled act of placing an instrument, hand, or finger beyond the labia majora).

Practical requirements:

- Successfully complete the McMaster University's Clinical Skills in Gynecological Health Workshop.
- After completing the theoretical preparation below, implementer shall demonstrate ability to competently perform pelvic examination and HPV test under supervision of an authorizing primary care provider on 3 occasions.

Theoretical requirements:

- Review the most recent Ontario Cervical Screening Program Guidelines and become familiar with the Guide to Cervical Screening retrieved from: <https://www.cancercareontario.ca/en/guidelines-advice/cancer-continuum/screening/resources-healthcare-providers/cervical-screening-guidelines-summary>
- Review the CCO's Cervical Screening FAQs for Health Care Providers: <https://www.cancercareontario.ca/en/guidelines-advice/cancer-continuum/screening/resources-healthcare-providers/cervical-screening-faqs>
- Review the CCO's How to Collect a Cervical Sample and the How to Complete the HPV and Cytology Tests Requisition Form instructions retrieved from: <https://www.cancercareontario.ca/en/guidelines-advice/cancer-continuum/screening/resources-healthcare-providers>
- Review female pelvic anatomy and physiology and physical examination & health assessment in an advanced health assessment text (ex. Jarvis or equivalent reference).
- Review "The gynecologic history and pelvic examination" article (Carusi, 2025) retrieved from Uptodate: http://www.uptodate.com/contents/the-gynecologic-history-and-pelvic-examination?source=search_result&search=bimanual+exam&selectedTitle=1%7E150
- Review sections 4 to 8 of the Alberta Health Service's Cervical Cancer Screening Learning Module for RNs: https://screeningforlife.ca/for-health-providers/cervical-screening-information/?d=2#rn_pap_module_resources
- Review the Cancer Care Manitoba's Cervical Cancer Screening Module for Health Care Providers <https://www.cancercare.mb.ca/screening/hcp/education>
- View the "Pelvic examination" video at [Toronto Video Atlas of Surgery \(TVASurg\)](https://www.youtube.com/watch?v=COL76lmg-NM)
- View the video, "At your Cervix: What's normal anyway?" <https://youtu.be/COL76lmg-NM>
- Review the Labia Library for anatomical variations: <https://www.labialibrary.org.au/>
- Review the Roche Cobas endocervical specimen swab collection guide: https://assets.roche.com/f/173850/x/372aada8ee/collection_endocervical-sample-2021.pdf
- Review Public Health Ontario Specimen Collection instructions for collecting gonorrhoeae, chlamydia, trichomonas NAAT and vaginal culture specimens, accessible from: <https://www.publichealthontario.ca/en/Laboratory-Services/Test-Information-Index>
- Review Toronto Public Health Sexual Health Information for Health Professionals, including STI treatment guidelines, accessible from: <https://www.toronto.ca/community-people/health-wellness-care/information-for-healthcare-professionals/sexual-health-info-for-health-professionals/>
- Review the Canadian Guidelines on Sexually Transmitted Infections (PHAC, 2016), accessible from <http://www.phac-aspc.gc.ca/std-mts/sti-its/index-eng.php>

- Review the cervical cancer screening section and “Tips for providing paps to trans masculine patients” in the Rainbow Health Ontario’s Long-term Preventive Care recommendations for trans masculine patients: <https://www.rainbowhealthontario.ca/TransHealthGuide/gp-mascht.html#sec5>
- Review RNAO’s Woman Abuse: Screening, identification and initial response accessible from <https://rnao.ca/bpg/guidelines/woman-abuse-screening-identification-and-initial-response>
- Be familiar with your professional practice standards that protect patients from abuse by a health professional, including the College of Nurses of Ontario’s Code of Conduct and Therapeutic Nurse-Client Relationship
- Review CMPA’s guidance on maintaining professional boundaries during intimate procedures or exams: <https://www.cmpa-acpm.ca/en/education-events/good-practices/professionalism-ethics-and-wellness/boundaries>

Indications:Appendix Attached: No Yes

Title:

- Patients with a cervix who have been sexually active, requiring routine cervical cancer screening according to the most recent Ontario Cervical Screening Program guidelines.
- For patients age 70 and older who received a letter from the Ministry inviting them for a HPV test, RN/PA will discuss risks/benefits with the primary care provider prior to proceeding.

Contraindications:

- Paediatric, pregnant patients, or patients with personal history of complex medical issues should be seen by their PCP
- In 2016, the Canadian Taskforce on Preventive Health Care adopted the 2014 American College of Physicians’ recommendation **against** performing a pelvic examination to screen for non-cervical cancer, pelvic inflammatory disease, or other gynecological conditions in asymptomatic women.

Considerations

- Patient informed 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.
- Patient is informed of mandatory reporting to public health and the importance of contact notification in the event of positive STI results.
- Patient able to give informed consent and is cooperative and does not need restraint.
- Implementers understand the prevalence of trauma, abuse and the triggering nature of this exam. Implementers will accommodate patient requests, communicate and stop the exam if requested by the patient.

Consent:Appendix Attached: No Yes

Title:

- Patient’s consent is implied for implementer to perform examination, if patient has presented to clinic seeking testing, and is a Family Health Team patient, where inter-professional practice is expected. Further verbal consent will be obtained prior to pelvic exam.
- Providers discuss with the patient the option of having a chaperone during the exam, including bringing their own chaperone. This may contribute to both patient and provider comfort.

Guidelines for Implementing the Order/Procedure:Appendix Attached: No Yes

Title: Appendix C – Sample Lab Requisitions

Appendix D – Sample HPV Requisition

For eligible and appropriate patients, the implementer:

- Determines patient eligibility for cervical cancer screening according to the Ontario Cervical Screening Program guidelines and patient history.
- Obtains detailed history (date and results of last pap and/or HPV test, HPV vaccination, history of STIs or abnormal pap tests, sexual history, date of last menstrual period, contraception, vaginal symptoms, and routine screening for abuse)
- Provides patient education of what testing will be done, review equipment, what to expect, and allow time for questions.
- Informs 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. Patient is informed of mandatory reporting and the importance of contact notification in the event of positive STI results – implementer to update contact information in EMR if required.
- Advises patient to empty bladder prior to pelvic examination for their comfort.
- Allows patient to undress in private, providing clean clinical garment, allowing patient to wear their own clothes as much as possible for their comfort.
- Prepares lab requisition for HPV test (see Appendix D) using the supervising primary care provider initials in Practice Solutions. If patient reports vaginal symptoms of infection (e.g., atypical vaginal discharge, foul odour, itching), intermenstrual spotting, post-coital spotting, and/or the patient is, or has been, sexually active with risk factors for STIs, prepare Public Health and General requisitions for STI tests and/or vaginal C&S (see Appendix C).
- Lab Requisitions should be signed as below:
 - Signature of implementer
 - Print Implementer Name/Primary Care Provider Name (Medical Directive TCFHT-MD06)
- Gathers and labels equipment required (ex. gloves, speculum, lubricant, appropriate swabs, liquid based container and broom)
- According to clinical practice guidelines and maintaining infection control practices:
 - Assesses external genitalia
 - Assesses internal genitalia using speculum of appropriate size and shape
 - Performs specimen collection
- Informs patient of physical assessment findings, noting any abnormal findings, potential diagnoses, and follow up. If there are abnormal findings during exam, implementer will review with primary care provider and arrange for follow up with the PCP, as necessary.
- Patients with symptoms suggestive of cervical cancer must be assessed by their PCP
- Implementer to follow up with lab results promptly and review these findings with the patient's primary care provider in a timely manner so that appropriate treatment or follow-up care is implemented. Implementer will ensure that this is communicated to the patient.

Documentation and Communication:

Appendix Attached: No Yes
Title:

- Documentation in the patient's EMR needs to include: name and number of the directive, name of the implementer (including credential), and name of the physician/nurse practitioner authorizer responsible for the directive and patient.
- Information regarding implementation of the procedure and the patient's response should be documented in the patient's EMR, in accordance with standard documentation practice (College of Nurses of Ontario, 2008).

- Standard documentation is recommended for prescriptions, requisitions, and requests for consultation.
- Implementer will send a message in Practice Solutions to patient's primary care provider, notifying him/her that patient was seen, and to review note in EMR for details.

Review and Quality Monitoring Guidelines:

Appendix Attached: No Yes
Title:

- Routine review will occur annually on the anniversary of the activation date. Review will involve a collaboration between the authorizing primary care providers and the authorized implementers.
- If new information becomes available between routine reviews, such as the publishing of new clinical practice guidelines, and particularly if this new information has implications for unexpected outcomes, the directive will be reviewed by the authorizing physician/nurse practitioner and a minimum of one implementer. At any such time that issues related to the use of this directive are identified, TCFHT must act upon the concerns and immediately undertake a review of the directive by the authorizing primary care providers and the authorized implementers.
- This medical directive can be placed on hold if routine review processes are not completed, or if indicated for an ad hoc review. During the hold, implementers cannot perform the procedures under authority of the directive and must obtain direct, patient-specific orders for the procedure until it is renewed.

References:

Alberta Cervical Cancer Screening Program <https://screeningforlife.ca/wp-content/uploads/ACCSP-RN-Guideline.pdf>

Cancer Care Manitoba's Cervical Cancer Screening Module for Health Care Providers
<https://www.cancercare.mb.ca/screening/hcp/education>

Cancer Care Ontario's Cervical Screening Guidelines. Retrieved from:
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Joyce, C. & Piterman, L. (2011). The work of nurses in Australian general practice: A national survey. *International Journal of Nursing Studies*, 48, 70-70.

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Thistlethwaite, J. (2010). Pap tests: What do women expect? *Australian Family Physician*, 39(10), 775-778.

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White Hilton, L., Jennings-Dozier, K., Bradley, P., Lockwood-Rayermann, S., DeJesus, Y., Stephens, D. et al. (2003). The Role of Nursing in Cervical Cancer Prevention and Treatment. *Cancer*, 98(S9), 2070-2074.

NOTE:

This medical directive is based on TCFHT’s previous medical directive RN-2PELVIC entitled, “Pelvic Examination,” which required revision in formatting to reflect the growth of the TCFHT organization. The majority of the content of RN-2PELVIC has remained the same for the revised TCFHT-MD06 version. Therefore, all approved Implementers and Authorizers for medical directive RN-2PELVIC “Pelvic Examination,” have grandfathered approval for TCFHT-MD06 “Pelvic Examination.”

Appendix C

Sample Lab Requisition

Ontario Ministry of Health and Long-Term Care Laboratory Requisition Requisitioning Clinician / Practitioner		Laboratory Use Only	
Name Vivienne Lemos Address 790 Bay Street Suite 300 Toronto, ON M5G 1N8		Clinician/Practitioner's Contact Number for Urgent Results (416) 960-1366 Ext. _____ Service Date yyyy mm dd	
Clinician/Practitioner Number 029015	CPSO / Registration No. 93244	Health Number ON 8575 897 163	Version Sex _____ <input checked="" type="checkbox"/> M <input type="checkbox"/> F
Check (✓) one: <input checked="" type="checkbox"/> OHIP/Insured <input type="checkbox"/> Third Party / Uninsured <input type="checkbox"/> WSIB		Province Other Provincial Registration Number Patient's Telephone Contact Number _____ _____ () _____	
Additional Clinical Information (e.g. diagnosis)		Patient's Last Name (as per OHIP Card) Test Patient's First & Middle Names (as per OHIP Card) Patient Patient's Address (including Postal Code) 123 College st. ON	
<input checked="" type="checkbox"/> Copy to: Clinician/Practitioner Last Name: _____ First Name _____ DEPFax Test Address _____			
Note: Separate requisitions are required for cytology, histology / pathology and tests performed by Public Health Laboratory			
x	Biochemistry	x	Hematology
	Glucose <input type="checkbox"/> Random <input type="checkbox"/> Fasting HbA1C Creatinine (eGFR) Uric Acid Sodium Potassium ALT Alk. Phosphatase Bilirubin Albumin		CBC Prothrombin Time (INR) Immunology Pregnancy Test (Urine) Mononucleosis Screen Rubella Prenatal: ABO, RhD, Antibody Screen (titre and ident. if positive) Repeat Prenatal Antibodies
	Lipid Assessment (includes Cholesterol, HDL-C, Triglycerides, calculated LDL-C & Chol/HDL-C ratio; individual lipid tests may be ordered in the "Other Tests" section of this form) Albumin / Creatinine Ratio, Urine Urinalysis (Chemical) Neonatal Bilirubin: Child's Age: days hours Clinician/Practitioner's tel. no. _____ Patient's 24 hr telephone no. () _____ Therapeutic Drug Monitoring: Name of Drug #1 _____ Name of Drug #2 _____ Time Collected #1 hr. #2 hr. Time of Last Dose #1 hr. #2 hr. Time of Next Dose #1 hr. #2 hr.	x	Cervical Vaginal Vaginal / Rectal – Group B Strep Chlamydia (specify source): cervix GC (specify source): cervix Sputum Throat Wound (specify source): _____ Urine Stool Culture Stool Ova & Parasites Other Swabs / Pus (specify source): _____
		x	Viral Hepatitis (check one only) Acute Hepatitis Chronic Hepatitis Immune Status / Previous Exposure Specify: <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C or order individual hepatitis tests in the "Other Tests" section below Prostate Specific Antigen (PSA) <input type="checkbox"/> Total PSA <input type="checkbox"/> Free PSA Specify one below: <input type="checkbox"/> Insured – Meets OHIP eligibility criteria <input type="checkbox"/> Uninsured – Screening: Patient responsible for payment Vitamin D (25-Hydroxy) <input type="checkbox"/> Insured - Meets OHIP eligibility criteria: osteopenia; osteoporosis; rickets; renal disease; malabsorption syndromes; medications affecting vitamin D metabolism <input type="checkbox"/> Uninsured - Patient responsible for payment Other Tests - one test per line
I hereby certify the tests ordered are not for registered in or out patients of a hospital.		Specimen Collection Time 12:00pm ^{ck} Date 2024/04/24	
Vicki McGregor RN As per medical directive TCFHT-MD 06 _____ Clinician/Practitioner Signature Date 24/04/2024		Fecal Occult Blood Test (FOBT) (check one) <input type="checkbox"/> FOBT (non CCC) <input type="checkbox"/> ColonCancerCheck FOBT (CCC) no other test can be ordered on this form Laboratory Use Only	

General Test Requisition

ALL sections of the form must be completed by [authorized](#) health care providers for each specimen submitted, or testing may be delayed or cancelled. Verify that **all testing requirements** are met before collecting a specimen. For HIV, respiratory viruses, or culture isolate requests, use the dedicated requisitions available at: publichealthontario.ca/requisitions

For Public Health Ontario's laboratory use only:
 Date Received (yyyy-mm-dd): PHO Lab No.:

Ordering Healthcare Provider Information
 Licence No.: Healthcare Provider Full Name:
 022754 Shari Chung
 Org. Name: Taddle Creek FHT Address: ... Bay Street Suite 300
 City: Toronto Postal Code: M5G 1N8 Province: ON
 Tel: 416-960-1366 Fax: 416-960-1945

Patient Information

Health Card No.: ON 9999 999 999 AB
 Date of Birth (yyyy-mm-dd): Sex: Male Female
 Medical Record No.: 9194
 Last Name (per health card): TEST CHART
 First Name (per health card): Test
 Address: 790 Bay St. Suite 306 Postal Code: M6R 1B5
 City: Toronto Tel: 519-620-4906 (F)

Copy to Lab / Health Unit / Other Authorized Healthcare Provider
 Licence No.: Lab / Health Unit / Other Authorized Provider Name:
 Org. Name: Address:
 City: Postal Code: Province:
 Tel: Fax:

Investigation / Outbreak No. from PHO or Health Unit (if applicable):

Patient Setting
 Clinic / Community ER (Not Admitted / Not Yet Determined) ER (Admitted)
 Inpatient (Non-ICU) ICU / CCU Congregate Living Setting

Specimen Information

★ Date Collected (yyyy-mm-dd): 2025/12/23 Submitter Lab No.:
 Whole Blood Serum Plasma
 Bone Marrow Cerebrospinal Fluid (CSF) Nasopharyngeal Swab (NPS)
 Oropharyngeal / Throat Swab Sputum Bronchoalveolar Lavage (BAL)
 Endocervical Swab Vaginal Swab Urethral Swab
 Urine Rectal Swab Faeces
 Other (Specify type AND body location):

Testing Indication(s) / Criteria
 Diagnosis Screening Immune Status Follow-up / Convalescent
 Pregnancy / Perinatal Impaired Immunity Post-mortem
 Other (Specify):

Test(s) Requested

Enter each assay as per the publichealthontario.ca/testdirectory:
 1. Gonorrhea NAAT
 2. Chlamydia NAAT
 3.
 4.
 5.
 6.

Signs / Symptoms
 No Signs / Symptoms ★ Onset Date (yyyy-mm-dd): 2025/12/12
 Fever Rash STI
 Gastrointestinal Respiratory Hepatitis Meningitis / Encephalitis
 Other (Specify): vaginal discharge

For routine hepatitis A, B or C serology, complete this section instead:

Relevant Exposure(s)
 None / Not Applicable Most Recent Date (yyyy-mm-dd):
 Occupational Exposure / Needlestick Injury (Specify): Source Exposed
 Other (Specify): sexually active, male partners

Hepatitis A Immune Status (HAV IgG) Acute Infection (HAV IgM, signs/symptoms info)
Hepatitis B Immune Status (anti-HBs) Chronic Infection (HBsAg + total anti-HBc)
 Acute Infection (HBsAg + total anti-HBc + IgM if total is positive) Pre-Chemotherapy Screening (anti-HBs + HBsAg + total anti-HBc)
Hepatitis C Current / Past Infection (HCV total antibodies) No immune status test for HCV is currently available.

Relevant Travel(s)
 None / Not Applicable Most Recent Date (yyyy-mm-dd):
 Travel Details:

The personal health information is collected under the authority of the Personal Health Information Protection Act, s.36 (1)(c)(iii) for the purpose of clinical laboratory testing. If you have questions about the collection of this personal health information please contact the PHO's Laboratory Customer Service at 416-235-6556 or toll free 1-877-604-4567. F-SD-SCG-1000, version 004 (September 2023).



Appendix D Sample HPV Requisition



Human Papillomavirus (HPV) and Cytology Tests Requisition – For Cervical Screening

- **Eligibility Criteria:** People with a cervix age 25 and older who have ever been sexually active and have a valid OHIP number.
- Ontario Cervical Screening Program's cervical screening recommendations and cessation criteria can be found at ontariohealth.ca/OCSP-recommendations.
- **Immunocompromised populations include** people who are living with HIV/AIDS (regardless of CD4 cell count), congenital (primary) immunodeficiency, systemic lupus erythematosus (regardless of whether they are receiving immunosuppressant treatment), renal failure and require dialysis, transplant recipients (solid organ or allogeneic stem cell transplants) or people requiring treatment (either continuously or at frequent intervals) with medications that cause immune suppression for 3 years or more.
- Referral to a specialist is required for any visible cervical abnormalities.

Lab Use Only

<p>Requester Information Requester type (check ONE): <input checked="" type="checkbox"/> Physician <input type="checkbox"/> Midwife <input type="checkbox"/> Nurse practitioner</p> <p>CPSO or CNO number: 84616</p> <p>Practitioner billing number: 022754</p> <p>Last name: Chung</p> <p>Middle name: (optional)</p> <p>First name: Shari</p> <p>Address: 790 Bay Street</p> <p>Fax: 416-960-1945 Phone: 416-960-1366</p> <p>Copy to: Primary care provider</p> <p>Last name:</p> <p>First name:</p> <p>Address: (optional)</p> <p>Fax: Phone:</p>	<p>Patient Identification (Enter information as indicated on OHIP card. Can be replaced by a sticker.)</p> <p>Last name: TEST CHART</p> <p>Middle name: (optional)</p> <p>First name: Test</p> <p>Date of birth: Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female yyyy / mm / dd 2023/08/05</p> <p>OHIP number: ON 9999 999 999 OHIP version: AB</p>
<p>Testing Indication for Cervical Screening (check ONE):</p> <p>A. HPV test (includes reflex cytology if HPV-positive)</p> <p><input checked="" type="checkbox"/> Average risk screening: every 5 years</p> <p><input type="checkbox"/> Immunocompromised screening: every 3 years</p> <p><input type="checkbox"/> HPV-positive (other high-risk types) with normal or low-grade (NILM/ASCUS/LSIL) cytology: 2-year follow-up (moderate risk)</p> <p><input type="checkbox"/> More frequent screening post-colposcopy: 2-year follow-up (moderate risk)</p> <p><input type="checkbox"/> People with histologic evidence of dysplasia in the cervix at the time of hysterectomy and people with a history of early cervical cancer: 1-time post-hysterectomy vaginal vault testing</p> <p>B. Cytology test only</p> <p><input type="checkbox"/> Repeat after a previous HPV-positive (other high-risk types) with unsatisfactory cytology result</p>	<p>Patient Contact (Mailing address for result letters and other correspondence. Verify with patient.)</p> <p>Building / Street number: 790 Bay St. Suite 306 Toronto, ON M6R 1B5</p> <p>Apt./Unit number:</p> <p>Province: ON Postal Code: M6R 1B5</p> <p>Phone: 519-620-4906 Extension: (optional)</p> <p>Type: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell</p>
<p>Requester Verification</p> <p>Requester signature: </p>	<p>Specimen</p> <p>Site: <input checked="" type="checkbox"/> Cervical/endocervical <input type="checkbox"/> Vaginal <input type="checkbox"/> Double cervix</p> <p>Special considerations for cytology interpretation:</p> <p><input type="checkbox"/> Intrauterine device (IUD) <input type="checkbox"/> Postpartum</p> <p><input type="checkbox"/> Menopausal hormone therapy (MHT) <input type="checkbox"/> Pregnancy</p> <p><input type="checkbox"/> Post-menopausal <input type="checkbox"/> Subtotal hysterectomy</p> <p><input type="checkbox"/> Transition-related hormone therapy</p> <p>Specimen collection date: (yyyy/mm/dd) 2025/12/24</p> <p>Last menstrual period (first day): (yyyy/mm/dd) 2025/12/23</p> <p>Clinical information</p>
<p>Date: (yyyy/mm/dd) 24/12/2025</p>	

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, info@ontariohealth.ca.
 Document disponible en français en contactant info@ontariohealth.ca

Vicki McGregor RN TCFHT Medical Directive 06

2025/12/23