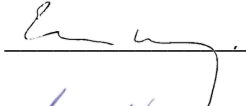





## Medical Directive

<b>Title:</b>	<b>Tuberculosis (TB) Skin Testing</b>	<b>Assigned Number:</b>	<b>017</b>
<b>Activation Date:</b>	<b>July 1, 2011</b>	<b>Review due by:</b>	<b>December 2025</b>
<b>Approval Signature &amp; Date</b>			
Medical Director: 		Date Reviewed: <u>January 12, 2023</u>	
Clinical Services Director: 		Date Reviewed: <u>January 12, 2023</u>	
<b>Order and/or Delegated Procedure:</b>	<b>Appendix Attached:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Title:</b>		
Intradermal administration of purified tuberculin protein derivative to the ventral portion of the forearm by Registered Nurses/ Registered Practical Nurses, to assess for tuberculosis infection.			
<b>Recipient Patients:</b>	<b>Appendix Attached:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Title:</b>		
All active patients of the Thames Valley FHT physicians, identified on the Authorizer Approval Form, who require administration of purified tuberculin protein derivative by Registered Nurses/ Registered Practical Nurses.			
<b>Authorized Implementers:</b>	<b>Appendix Attached:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Title:</b>		
Thames Valley Family Health Team Registered Nurses/ Registered Practical Nurses (RN/RPN) * * The implementing RN/RPN must receive orientation with regards to the task by completing the Implementer Performance Readiness Form(s), (+- quiz). The RN/RPN must sign the Implementer Performance Readiness form electronically, via HR Downloads (Appendix 8) after successful completion of the orientation (and quiz, if applicable). Following review of this directive and successful educational orientation, the Implementer Approval form must be signed electronically via HR Downloads by the RN/RPN indicating acceptance of this medical directive.			

<b>Indications:</b>	<b>Appendix Attached:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Title:</b>
1. Verbal consent received from the patient/substitute decision maker for the implementing RN/RPN to perform the procedure described by this directive. 2. TB skin testing is used to aid in the diagnosis of TB infections and as a surveillance and screening tool in those at high risk of exposure or for 3 <sup>rd</sup> party requirements (e.g., school and employers). 3. Criteria and indications for TB skin testing should align with current local Public Health guidelines.	
<b>Contraindications:</b>	
1. No Verbal consent from patient or substitute decision maker for RN/RPN to implement this medical directive. 2. TB skin testing is contraindicated in people with known positive reaction to prior TB testing, active TB, prior treatment of TB, or those with extensive burns or eczema on the testing area. 3. TB skin testing should be deferred to those who have a major viral or bacterial infection, those who are immunocompromised, those with malignancy, and persons who have received a live-virus vaccination within the last 4 weeks (i.e., MMR, varicella).	
<b>Consent:</b>	<b>Appendix Attached:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Title:</b>
1. Patients of Thames Valley Family Health Team family physicians. 2. RN/RPN obtains verbal patient consent prior to the implementation of care.	
<b>Guidelines for Implementing the Order/ Procedure:</b>	<b>Appendix Attached:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Title:</b> Chapter 4: Canadian Tuberculosis Standards 7th Edition: 2014 – Diagnosis of latent Tuberculosis infection. Section 5. <a href="#">Tuberculin Skin Testing</a>

1. For assessment and treatment of patients who meet the **Indications** described above:
    - a) The patient's health history is reviewed. It is established that the patient has not had a reaction to TB skin testing in the past and the patient does not have a contraindication.
    - b) 5 Tuberculin units per test dose of 0.1cc is the standard dose for TB skin testing. This 0.1cc is injected intradermally to the ventral portion of the forearm, creating a bleb. If a bleb fails to form, the test should be repeated in the opposite arm.
    - c) If the injection site bleeds, the blood should be removed with a gentle dab, not by pressing on the injection site.
    - d) Patients should wait 15 minutes after injection to monitor for signs of anaphylaxis.
    - e) The patient will return to the clinic to have TB skin test read in 48-72 hours. The area of induration, not redness, will be measured transversely across the long axis of the arm in millimeters. Interpretation of TB Skin Test (Chapter 4: Canadian Tuberculosis Standards 7th Edition: 2014 – Diagnosis of latent Tuberculosis infection. Section 5. [Tuberculin Skin Testing](#))
    - f) If a two-step TB skin test is required as a baseline, the TB skin testing procedure (administration and interpretation) is repeated 1 to 4 weeks following the reading of Step 1.
    - g) If the first step skin test is positive, there is no need to repeat. In most cases, a positive TB skin test is evidenced by an area of indurations extending 10 millimeters or more (Chapter 4: Canadian Tuberculosis Standards 7th Edition: 2014 – Diagnosis of latent Tuberculosis infection. Section 5. [Tuberculin Skin Testing](#)).
    - h) Findings will be documented in EMR by the RN/RPN according to standard documentation practices.\* Skin test results should be recorded in mm of induration, not simply as "positive" or "negative".
    - i) Findings will also be documented on the patient's permanent immunization record (if they have one) and given to the patient.
    - j) The physician or a nurse practitioner will be notified of any positive results. In case of positive results, the person should be evaluated further to rule out active TB disease. All persons with a **positive** skin test must be reported to **Public Health**.
- \* Potter, P.A. & Perry, A.G. (2006). Fundamentals of Nursing. St. Louis: Mosby.  
College of Nurses of Ontario (2008). CNO Practice Standard: Documentation

**Documentation and Communication:**

**Appendix Attached:** ☐ Yes ☒ No  
**Title:**

1. Documentation in the patient's medical record needs to include name and number of the directive, name of the implementer (including credential), and name of the physician/authorizer responsible for the directive and patient. Specific site of immunization must also be noted along with the **Lot Number and Expiration Date**.
2. Information regarding implementation of the procedure and the patient's response should be documented in accordance with standard documentation practice.\*
 

\* Potter, P.A. & Perry, A.G. (2006). Fundamentals of Nursing. St. Louis: Mosby.  
College of Nurses of Ontario (2008). CNO Practice Standard: Documentation

<b>Review and Quality Monitoring Guidelines:</b>	<b>Appendix Attached:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Title:</b>
<ol style="list-style-type: none"> <li>1. The Directive remains in force until and unless amendment occurs. Review will occur biennially or if the following situations occur. In the case the Medical Director identifies the need to change the Medical Directive, at least one TVFHT member of the implementing discipline will be consulted.</li> <li>2. At any such time that issues related to the use of this directive are identified, the team must act upon the concerns immediately by identifying these concerns to the Medical Director. The Medical Director will review these concerns and consult with at least one TVFHT member of the implementing discipline, before necessary changes are made.</li> <li>3. If new information becomes available between routine renewals, and particularly if this new information has implications for unexpected outcomes, the directive will be reviewed by the Medical Director and a minimum of one implementing RN/RPN.</li> </ol>	
<b>Approving Physician(s)/Authorizer(s):</b>	<b>Appendix Attached:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Title:</b>
Thames Valley Family Health Team Authorizer Approval Form signed in HR Downloads.	