Thames Valley
Family Health Team

Medical Directive

Tuberculosis (TB) Skin Testing	**Assigned Number: 017**
Activation Date: July 1, 2011	**Review due by: December 2026**

Approval Signature & Date

Medical Director: _____ Date Reviewed: April 15, 2025

Clinical Services Director: _____ Date Reviewed: April 15, 2025

Order and/or Delegated Procedure:	**Appendix Attached:** ☐ **Yes** ☒ **No**

Intradermal administration of purified tuberculin protein derivative to the ventral portion of the forearm, to assess for tuberculosis infection.

Recipient Patients:	**Appendix Attached:** ☐ **Yes** ☒ **No**

All active patients (attached or unattached) served by Thames Valley Family Health Team affiliated physicians and nurse practitioners, as identified on the Authorizer Approval Form.

Authorized Implementers:	**Appendix Attached:** ☐ **Yes** ☒ **No**

Thames Valley Family Health Team Registered Nurses/ Registered Practical Nurses (RN/RPN) *

The implementer must complete educational requirements for this medical directive, including review of the education package and medical directive and successful completion of any quizzes. If additional orientation or shadowing is needed, the implementer must make arrangements for this with their clinical supervisor. Once all of the above has been completed, they are required to sign the Implementer Performance Readiness Form electronically, via Citation Canada, indicating they have the knowledge, skill and judgment to safely enact the medical directive.

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

1. 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 3rd party requirements (e.g., school and employers).
2. Criteria and indications for TB skin testing should align with current local Public Health guidelines.

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

1. Known positive reaction to previous TB testing, active TB, prior treatment of TB, or those with extensive burns or eczema on the testing area.
2. TB skin testing should be deferred in individuals with a major viral or bacterial infection, those who are immunocompromised, individuals with malignancy, and those who have received a live-virus vaccine (e.g., MMR, varicella) within the past 4 weeks.

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

Implementer obtains informed verbal consent from patient/substitute decision maker, per TVFHT: Informed Consent of Patient Healthcare Procedure, consent prior to the implementation of care.

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

*5 Tuberculin units per test dose of 0.1ml is the standard dose for TB skin testing.

1. Inject 0.1ml of Tuberculin intradermally to the ventral portion of the forearm, creating a bleb.
    - If a bleb fails to form, repeat in opposite arm
    - If the injection site bleeds, remove blood with a gentle dab- do not press on site
2. Patients should wait 15 minutes after injection to monitor for signs of anaphylaxis.
3. The patient will return to the clinic to have TB skin test read in 48-72 hours.
4. The area of induration, not redness, will be measured transversely across the long axis of the arm in millimeters. In most cases, a positive TB skin test is evidenced by an area of induration extending 10 millimeters or more.
5. If a two-step TB skin test is required, the TB skin testing procedure (administration and interpretation) is repeated 1 to 4 weeks following the **reading** of Step 1.
6. If the first step skin test is positive, there is no need to repeat. Skin test results should be recorded in mm of induration, not simply as “positive” or “negative”.

7. Findings will also be documented on the patient's permanent immunization record (both in the electronic medical record and an immunization card if they have one) and given to the patient.

8. The physician or 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 by a physician or nurse practitioner—all persons with a **positive** skin test must be reported to **Public Health.**

Adapted from: *Canadian Tuberculosis Standards: Chapter 4: Diagnosis of tuberculosis infection- A.1. Tuberculin skin test (TST) administration and interpretation*

Documentation and Communication:	**Appendix Attached:** ☐ **Yes** ☒ **No**

- The implementer will follow the documentation standards set by their governing college.
- In the patient's medical record, documentation must be completed on the TVFHT documentation template provided for this directive.
- Information regarding implementation of the directive and the patient's response will be documented in the patient's medical record, in accordance with standard documentation practice.

Review and Quality Monitoring Guidelines:	**Appendix Attached:** ☐ **Yes** ☒ **No**

The directive remains in effect until amended. It will be reviewed biennially or under the following circumstances:

1. The Medical Director identifies a need for change
2. Issues arise related to the directive's use--the team must promptly communicate concerns to their clinical supervisor, Medical Directives Coordinator, or Clinical Director
3. New information becomes available between scheduled reviews, particularly if it affects outcomes

The Medical Directives Committee will then review the concerns in consultation with at least one implementer and the Medical Director, as needed, before making necessary changes.

Approving Authorizer(s):	**Appendix Attached:** ☐ **Yes** ☒ **No**

TVFHT Authorizer Approval Form signed in Citation Canada.