

**Senior Enriched Living
Mantoux Tuberculin Skin Test (TST) Administrative Guideline**

Purpose

Tuberculin Skin Test (TST) is mandatory for all New Haven employees working in the facility. Individuals with a provided copy of a TST or Chest X-ray will only be required to complete the questionnaire portion unless you have been exposed to Tuberculosis or answer Yes to any of the signs or symptoms on the questionnaire.

Procedural Guideline

1. All employees are required to have a TST within 10 days of employment unless the employee has provided a record of their TST to include either a negative skin test, blood assay or Chest X-ray. Individuals with a history of a positive TST result, will be referred to the individual's private health care provider at their cost.
2. The TST will be placed after the individual has read and understood the Tuberculosis (TB) fact sheet and signed the TST consent.
3. TST will not be placed on individuals who have had a previous positive skin test. These individuals will be referred for a chest x-ray.
4. TST will not be placed on an individual who is pregnant or thinks she might be pregnant.
5. TST will not be placed if the individual had an administration of a live vaccine within 3 months or have been on antibiotics or steroids in the last four weeks.
6. The nurse placing the TST will complete and sign the "For Wellness Director/LVN Administrator Use Only" portion of the consent form.
7. The individual will come back to have the TST read in 48-72 hrs.
8. If the individual does not have the TST read within the 48-72 hrs. The test must be repeated at another site at least two inches from the first.
9. If the first TST reading is negative, a second TST will be administered 14 days later and read within 48-72 hrs.
10. The nurse will refer individuals with a positive TST in accordance with "CDC Classification of the Tuberculin Skin Test Reaction" to their private healthcare professional. For employees who are otherwise at low risk for TB and who are tested as part of an infection control screening program, a reaction of induration of equal or greater than 15 mm is considered positive.

ADMINISTRATION AND DOSAGE:

Inject 0.1 ml of purified protein derivative (PPD) intra-dermally to the volar surface of the forearm.

ADVERSE REACTIONS:

Mild

Erythema around application site and pruritus. Apply a cold washcloth on the site and then dry it.

Severe

Fever, swelling in the affected arm, and swollen lymph nodes in that axilla. Contact private health care provider.

Nurse Signature _____

Date _____

Employee Signature _____

Date _____