

Employee Name: _____

Position/Title: _____ Date of Hire: _____

Evaluation Date: _____ ☐ Orientation ☐ Annual ☐ Other _____

Tuberculosis (TB) Skin Test, 2-Step

STEPS OF PROCEDURE

Competent Needs Training

1. Perform hand hygiene.		
2. Gather supplies. Check the expiration date on the vial of PPD solution. Date the vial of solution when opened. Wipe the rubber diaphragm of the vial with the alcohol swab. Withdraw 0.1ml (5 TU) of tuberculin solution. Recap syringe and take to resident room.		
3. Provide privacy. Position resident comfortably. Explain procedure to resident. Don gloves.		
4. Place the forearm palm side up. Choose a location that is 2" to 4" below the elbow (antecubital fossa). Check the desired location to ensure skin is intact, free of tattoos or scars.		
5. Clean the injection site with an alcohol swab. Allow to dry.		
6. Insert the needle, with the bevel up, just below the skin surface at a 5° to 15° angle. Inject the solution. A 5mm wheal should form.		
7. Discard the tuberculin syringe in the appropriate sharps container. Remove gloves. Perform hand hygiene.		
8. Document: location (left or right forearm), tuberculin solution lot number and expiration date, date and time test administered, clinician signature and title.		
9. Read skin test 48 to 72 hours after administration.		
10. Inspect the test area using adequate lighting, noting induration. Use fingertips to find the edges of the induration. Mark the edges of induration with a pen.		
11. Using a ruler, place the "0" line on one marked edge. Measure the diameter of the induration across the forearm. Measure induration not redness/erythema.		
12. Record induration in mm. If there is no induration, record 0mm.		
13. Report results of this 1 st test step to the physician.		
14. If the resident has a positive reaction, do not repeat or do a 2 nd test.		
15. If the first test is negative, repeat the test – steps 1 through 13 in 1 to 3 weeks.		
16. Record the results of this 2 nd test and notify physician.		

Tuberculosis (TB) Skin Test, 2-Step

COMMENTS: _____

THIS SKILL HAS BEEN DEMONSTRATED TO SHOW COMPETENCY.

Employee Signature/Title

Date

Evaluator Signature/Title

Date

IF ADDITIONAL TRAINING NEEDED, RECORD PLAN: _____

COMPETENCY DEMONSTRATED ON RE-EVALUATION:

☐ Yes ☐ No

IF NO, RECORD PLAN: _____

Upon completion, place in personnel file or per facility policy.