Administering the Tuberculin Skin Test (TST)

1. Prepare the client
   • Obtain informed consent
   • Provide client specific education
   • **Observe x 15 mins post-injection**
   • **Return for TST reading x 48-72 hours**

2. Supplies
   • Tubersol®, 1 ml tuberculin syringe with a 26 or 27 gauge ¼ to ½ inch needle, alcohol swab, cotton ball, documentation record, and anaphylaxis kit and protocol
   • Vials must be used within 30 days
   • Discard open vial if there is no date noted

3. Locate the injection site
   • Use inner aspect of the left forearm, 2-4 inches below the elbow
   • Avoid areas with extensive lesions, burns, eczema, rashes, tattoos or visible veins. If tattoos are extensive, TST can still proceed.
   • Use alcohol swab to clean
   • Do not use local anesthetic cream

4. Prepare to administer the test
   • Withdraw 0.1mL (5TU) of testing solution
   • Do not preload syringes
   • Do not inject air into the vial

5. Inject the Tuberculin
   • Hold the skin test site taut
   • Position the needle, bevel up. Insert intradermally at a 5° to 15° angle to the skin. The needle tip should be visible just below the skin’s surface.
   • Slowly inject the tuberculin

6. Check the injection site
   • A 6-10mm diameter wheal should form
   • If wheal does not form, or if a lot of testing solution leaks out, repeat test using alternate site, or at least 2 to 4 inches below initial site
   • A cotton ball can be used to gently blot any blood.
   • Do not cover test site with band aid

7. Advise the client
   • Do not to press or scratch the injection site
   • Do not apply creams or lotions
   • Mild itching, swelling, irritation, or bruising may occur

8. Document
   • On the TB Screening form, or as per agency guidelines
   • Can include date, lot number, injection site, and your signature

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*Tuberculosis Skin Test (TST)*

*Quick Reference Guide for Health Care Providers*

*November 2016*
Reading the Tuberculin Skin Test (TST)

Must be read by a trained health care professional. Ensure the patient has returned within 48-72 hours of administration.

1. Gather supplies
   - Caliper or flexible ruler, pen and documentation record

2. Inspect TST site
   - Visually inspect under good lighting on a firm surface
   - Note induration (hard, dense, raised formation)

3. Palpate for induration
   - Use fingertips to lightly sweep over the surface of the forearm around the test site
   - Gently palpate for induration
   - Take note of the borders

4. Mark induration borders
   - Mark the widest lateral induration border with a pen
   - Read across, not up and down
   - Do not measure redness or soft swelling
   - **Pen method:** move the tip of a pen at a 45° angle laterally towards the test site. The tip will stop at the edge of the induration

5. Measure induration
   - Place the “0” on the ruler inside the left-sided pen marking, and read the measurement to the inside of the right-sided pen marking
   - If the dot is in between two demarcations on the ruler, use the lower millimeter (mm) value

6. Document
   - Record the date and measurement (in mm only)
   - Do not record as positive or negative.
   - If no induration is noted, record “0 mm”
   - Document any adverse reactions
   - Interpret the result as per the TST cut-off table in the BCCDC TB Manual

7. Advise the client
   - If TST positive or if there is an adverse reaction, advise the client that no further TST’s are required in the future for TB screening
   - Provide a copy of the results and educational resources
   - Send results to TB Services as per the TB Manual and TB Screening Decision Support Tool. Further recommendations will follow.

Notes

Reactivity may be suppressed by current or recent (within 4 weeks) major viral infection, or steroid dose equivalent to ≥ 15mg daily for 2-4 weeks.

It can take 2-8 weeks after infection to reliably respond to tuberculin. TST can be given on same day or 4 weeks after a live vaccine.

See the TB Manual for other causes of false-negative and false-positive TST’s.

TST’s are safe:
- pregnancy
- breastfeeding
- history of BCG
- unclear or undocumented history of previous TST positive
- prior window period prophylaxis

Contraindications:
- Prior allergic response to components of Tubersol® or severe reaction (e.g. blistering)
- Prior documented TST positive result
- Previous active TB disease or latent TB infection
- Previous IGRA reactive

Questions?
Call the TB Services Nurse Consultants: 604-707-5678

See the BCCDC website for multilingual educational materials: www.bccdc.ca