**Tuberculin Skin Test Competency Check List**

A tuberculin skin test (TST) is considered a medical act and should only be performed by an individual working under the order of a licensed healthcare provider. There is no requirement for the individual to be a licensed healthcare worker, however, DSHS recommends those who administer a TST meet knowledge and clinical skill requirements. This includes receiving training and demonstrating competency before administering a TST.

*Directions: Use this checklist to support the training of new staff and to document annual competency of staff responsible for placing and reading the TST. Evaluators should determine the number of TSTs staff need to successfully place and read to demonstrate competency. Complete Part A for initial training upon hire; complete Part B and Part C initially and annually. Complete Part D for all staff who successfully complete TST training.*

# Part A: Training Checklist

Upon hire, use the following checklist to document completion of didactic training for the TST. The evaluator must verify completion of training, date and check each training material reviewed.

**Employee Name:** ­­­­­­­­­­­­­­ Click or tap here to enter text. **Date:** \_\_\_\_\_\_\_\_\_\_

1. CDC Clinical Testing Guidance for Tuberculosis: TST - [cdc.gov/tb/hcp/testing-diagnosis/tuberculin-skin-test.html](https://www.cdc.gov/tb/hcp/testing-diagnosis/tuberculin-skin-test.html)
2. CDC Mantoux TST Toolkit -

[cdc.gov/tb/hcp/mantoux/](https://www.cdc.gov/tb/hcp/mantoux/index.html). This includes three resources:

* Mantoux TST Fact Sheet
* Mantoux TST Wall Chart
* Mantoux TST Video

1. Food and Drug Administration (FDA) Tubersol\* package insert: [fda.gov/media/74866/download](https://www.fda.gov/media/74866/download)

*\*DSHS uses tubersol for PPD; if alternate PPD is used, provide applicable FDA package insert*

# Part B: Tuberculin Skin Test Placement Skills-Check

Upon hire and annually thereafter, use the following codes to document evaluation of each TB skin testing skill. The evaluator must place the appropriate code, with date and initials for each observation.

**Employee Name:** ­­­­­­­­­­­­­­­­ Click or tap here to enter text. **Date:**

**C=Demonstrated Competence NI= Needs Improvement U= Unsatisfactory**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Patient #1** | **Patient #2** | **Patient #3** | **Patient #4** | **Patient #5** | **Patient #6** | **Patient #7** | **Patient #8** | **Patient #9** | **Patient #10** | **Comments** |
| Provides appropriate screening and education prior to TST placement |  |  |  |  |  |  |  |  |  |  |  |
| Labels and checks expiration date of purified protein derivative (PPD) vial |  |  |  |  |  |  |  |  |  |  |  |
| Verbalizes PPD vial storage temperature (35-46˚F) and expiration (30 days after opening vial) |  |  |  |  |  |  |  |  |  |  |  |
| Draws 0.1 ml of tuberculin in appropriate syringe |  |  |  |  |  |  |  |  |  |  |  |
| Identifies appropriate location on forearm and cleans with alcohol |  |  |  |  |  |  |  |  |  |  |  |
| Places intradermal skin wheel 6-10mm in diameter |  |  |  |  |  |  |  |  |  |  |  |
| Gives appropriate follow-up education |  |  |  |  |  |  |  |  |  |  |  |
| Documents results completely & accurately |  |  |  |  |  |  |  |  |  |  |  |

**Comments:** Demonstrated accurate placement of PPD skin test on \_\_\_\_\_ persons.

(Number)

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Evaluator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

# Part C: TB Skin Test Reading and Interpretation Skills-Check

Upon hire and annually thereafter, use the following codes to document evaluation of each TB skin testing skill. The evaluator must place the appropriate code, with date and initials for each observation.

**Employee Name:** Click or tap here to enter text. **Date:**

**C=Demonstrated Competence NI= Needs Improvement U= Unsatisfactory**

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| **Activity** | **Patient #1** | **Patient #2** | **Patient #3** | **Patient #4** | **Patient #5** | **Patient #6** | **Patient #7** | **Patient #8** | **Patient #9** | **Patient #10** | **Comments** |
| Performs reading using good light with arm on a firm surface |  |  |  |  |  |  |  |  |  |  |  |
| Reads the skin test 48-72 hours after placement |  |  |  |  |  |  |  |  |  |  |  |
| Uses only pads of fingers to feel for induration |  |  |  |  |  |  |  |  |  |  |  |
| Appropriately measures diameter of induration across forearm (erythema not included) |  |  |  |  |  |  |  |  |  |  |  |
| Accurately and completely documents reading (both as positive/negative and in mm) |  |  |  |  |  |  |  |  |  |  |  |
| Makes appropriate referral for positive readings |  |  |  |  |  |  |  |  |  |  |  |

**Comments:** Demonstrated accurate reading and interpretation of the PPD skin test on \_\_\_\_\_ persons.

(Number)

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Evaluator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

# Part D: Annual Tuberculin Skin Test Skills Check

# Overall Competency

Use this table to document each employee’s TB skin testing skills-check. The employee is approved to perform TSTs for one year after successful completion of competencies outlined on pages 2-3.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Employee Name** | **Evaluated By** | **Comments** |
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