**Tuberculin Skin Test Competency Check List**

# Part A: Training Checklist

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

**Employee Name:** ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

CDC Fact Sheet “Tuberculin Skin Testing” <http://www.cdc.gov/tb/publications/factsheets/testing/skintesting.htm>

CDC fact sheet “Targeted Tuberculin Testing and Interpreting Tuberculin skin Test Results”  
<http://www.cdc.gov/tb/publications/factsheets/testing/skintestresults.htm>

CDC Mantoux Tuberculin Skin Testing Facilitator Guide: <http://www.cdc.gov/tb/education/Mantoux/default.htm>

Tubersol package insert:   
<http://www.fda.gov/downloads/biologicsbloodvaccines/vaccines/approvedproducts/ucm114924.pdf>

Aplisol package insert:   
<http://www.fda.gov/downloads/biologicsbloodvaccines/vaccines/approvedproducts/ucm114912.pdf>

# 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:** ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **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 |  |  |  |  |  |  |  |  |  |  |  |
| Checks expiration date on vial of purified protein derivative (PPD) solution |  |  |  |  |  |  |  |  |  |  |  |
| Draws correct amount of solution, using appropriate syringe |  |  |  |  |  |  |  |  |  |  |  |
| Injects PPD solution forming a 6–10 mm wheal |  |  |  |  |  |  |  |  |  |  |  |
| Maintains aseptic technique |  |  |  |  |  |  |  |  |  |  |  |
| 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:** ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **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 within 48-72 hours of 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 TB skin testing skills-check. The employee is approved to perform TSTs for one year after the evaluator completes this page, if employee meets the competencies on pages 2-3 .

**Employee Name:** ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_

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