


2275 PPD TESTING FOR RESIDENTS	
Chapter: Sununu Youth Services Center	Section: Healthcare
	New Hampshire Division for Children, Youth and Families Policy Manual Policy Directive: _____ Approved: _____ Effective Date: 01-01-09 Scheduled Review Date: 01-01-11
	William W. Fenniman, DJJS Director
Related Statute(s): Related Admin Rule(s): Related Federal Regulation(s):	Related Form(s): Bridges' Screen(s) and Attachment(s):

PPD testing is the most commonly used diagnostic tool for detecting exposure to the contagious bacterial disease Tuberculosis. PPD testing of all SYSC residents will provide a safer environment in which to live and work. As noted, testing will provide detection of tuberculosis exposure, which can then be treated as deemed necessary by the resident's attending physician.

Purpose

The purpose of this policy is to establish the SYSC Tuberculin Purified Protein Derivative (PPD) testing.

Procedure

I. Prior to PPD Administration

- A. Prior to the administration of PPD testing the following procedure shall be followed:
- B. Medical consent authorization is to be signed or telephoned by the resident's parent/legal guardian. Exceptions to this must go through the physician and the Manger of Health Services.
- C. Health Assessment must be completed.
- D. Any resident tested within the last year will not be retested (provided that the Medical Department has a copy of the results). More frequent testing shall require a specific physician order.
- E. The standing order by SYSC physician is signed off and noted by the nurse, and then flagged for signature by physician.
- F. Basic Guidelines
 - 1. No history of positive PPD.
 - 2. No history of allergic reactions to PPD.
 - 3. Not currently experiencing any disease process that might adversely affect the resident. Note: The physician will clear the resident for testing, if ill.
 - 4. Do not administer to female residents until there is a negative pregnancy test.

5. Do not repeat on previous positive tester and refer to physician for further direction.
- G. Review PPD teaching form with the resident and have him/her sign.
- H. Charting:
 1. Chart injection of PPD on PRN Medication Sheet and Kardex.
 2. Chart results on PRN Sheet. Chart if positive; record in Nursing Progress Note as well.

II. **Administer Mantoux Test, with Tuberculin PPD, Diluted**

- A. The procedure for administering the Mantoux Test with Tuberculin PPD Diluted is as follows:
 1. Do not administer to anyone with a history of a positive PPD test. Obtain further information from parent/legal guardian and then consult with the physician.
 2. The Mantoux test is performed by intradermally injecting with a syringe and needle exactly 0.1 ml of tuberculin PPD, diluted. The result is read 48 to 72 hours later and induration only is considered in interpreting the test. The standard test is performed as follows:
 - (a) The site of the test is usually the flexor or dorsal surface of the forearm about 4 inches below the elbow. Other skin sites may be used, but the flexor surface of the forearm is preferred.
 - (b) The skin at the injection site is cleansed with 70% alcohol and allowed to dry.
 - (c) The test material is administered with a tuberculin syringe (0.5 or 1.0 ml) fitted with a short (0.5 inch) 26 or 27 gauge needle.
 - (d) The syringe and needle shall be of a sterile, disposable, single use type or shall have been sterilized by autoclaving, boiling, or by the use of dry heat. A separate sterile unit shall be used for each person tested.
 - (e) The diaphragm of the vial-stopper should be wiped with 70% alcohol.
 - (f) The needle is inserted through the stopper diaphragm of the inverted vial. Exactly 0.1 ml is filled into the syringe with care being taken to exclude air bubbles and to maintain the lumen of the needle filled.
 - (g) The point of the needle is inserted into the most superficial layers of the skin with the needle bevel pointed upward. As the tuberculin solution is injected, a pale bleb 6–10 mm in size (0.33 inch) will rise over the point of the needle. This is quickly absorbed and no dressing is required.
 - (h) In the event the injection is delivered subcutaneously (i.e., no bleb is formed), or if a significant part of the dose leaks from the injection site, the test should be repeated at another site at least 5 cm (2 inches) removed.

III. **Interpretation of Tuberculin Reactions**

- A. The procedure for interpreting Tuberculin reactions is as follows:
 - 1. Readings of Mantoux test reactions shall be made during the period from 48 to 72 hours after the injections. Induration only should be considered in interpreting the test. The diameter of induration should be measured transversely to the long axis of the forearm and recorded in millimeters.
 - 2. Induration of 0-5 mm: record results in progress notes.
 - 3. Induration of 5-9 mm: record results in progress notes and refer to physician for further assessment.
- B. Induration of 10 mm or greater: record results in progress notes and refer to physician for further assessment.
- C. Notify parents of results considered positive by the physician and discuss recommendations/orders for treatment as indicated by the physician.
- D. If the resident is positive for active TB following chest x-ray, refer to MD for follow up care.
- E. Notify Public Health Nurse of all positive results.

Health Authority Signature

Date