Clinical Indications:

- When a PPD (Purified protein derivative) skin test is necessary to effectively identify early individually for prophylactic drug therapy (prevent active TB).
- EMS agencies typically require annual skin testing.

Procedure:

1. Perform according to protocol or receive and confirm medication order with Medical Control.
2. Wear appropriate universal BSI precautions, prepare equipment and medication (check for correct name of medication, dose, concentration, clarity, expiration date) expelling air from the tuberculin syringe (1 cc, 25 – to 27-gauge needle, 3/8 to one inch long). (If medication is in an ampule, use a filtered needle to draw out the medication, then switch to a regular needle for infection).
3. Explain the procedure to the patient and reconfirm patient allergies and ask whether a past positive skin testing history would nullify giving this patient a PPD test. The patient should be directed to contact the squad/agency’s Infection Control officer and follow their Standard Operating Procedures.
4. Prepare site (about 2 inches below elbow crease on inner aspect of arm) by cleansing with alcohol. Allow site to dry completely.
5. Pull the patient’s skin taunt with your non-dominant hand.
6. Insert needle, bevel up, just under the skin, at a 10 – 15° angle.
7. Slowly inject the medication (PPD, 0.10 ml); look for a small wheal/bump to form as medication is deposited and collects in the intradermal tissue.
8. Withdraw the needle and dispose in the sharps container without recapping.
9. Do not rub, scratch, or massage the injection site (remain patient) as it promotes systemic absorption and nullifies the advantage of localized effect.
10. Monitor the patient for any possible side effects.
11. Document the medication, dose, route, time, and patient response on a patient report. This report should note the due date for reading the testing results and then the testing results.
12. The injection site must be reassessed in 48-72 hours to note negative or positive results. Any 5 mm induration or greater is positive for routine and immunosuppressed patients. The patient would need to follow-up with the agency’s Infection Control Officer and their respective Standard Operating Procedures. The agency’s Infection Control Officer should contact the Medical Director and the Pitt County Health Department should the patient have a positive skin test.

Local Requirements:

- Optional procedure for those EMS agencies choosing to maintain an early identification of TB exposure and drug prophylaxis – key to preventing active TB in EMS professionals.
- Those EMS agencies choosing the PPD skin testing option must review the indications, contraindications, technique and possible complications of the procedure. Appropriate documentation records must be maintained for PPD skin testing.