

Medical Directive

Authority to Administer Tuberculin Skin Tests by Nurses Working in First Nations Communities in FNIHB-Ontario Region

Medical Directive: CD-TST-001 C

Activation Date: March 1, 2018

Review Due by: January 31, 2020

Sponsoring Person(s): Jo Ann Majerovich, MSc MD CCFP MSc FCFP MPH, Regional Medical Officer, Shari Glenn, NP (PHC), Director of Nursing

Delegated Procedure/Order

The safe and effective intradermal administration of purified tuberculin protein derivative (PPD) by nurses working in First Nation communities in Ontario Region. Nurses will assess for tuberculosis infection in those designated as screening priority that live in First Nations communities in Ontario Region, in accordance with *FNIHB-Ontario Region Tuberculosis Prevention and Control Policies and Procedures* (2018) or current, as well the *Canadian Tuberculosis Standards*, 7th Edition or current.

Informed Consent

Registered Nurses and Registered Practical Nurses will obtain informed consent as per the *College of Nurses of Ontario: Practice Guidelines on Consent* with additional support from the *FNIHB-Ontario Region Tuberculosis Prevention and Control Policies and Procedures* (2018) or current, as well as the *Canadian Tuberculosis Standards*, 7th Edition or current.

Recipients Clients/ Patients

- In all zones, when required for contact tracing of a tuberculosis case.
- In all zones, when a client has a positive HIV test and no past history of tuberculosis disease, or a past history of a positive TST result.
- In all zones, when a high or moderate risk client has a positive tuberculosis symptom assessment and no past history of tuberculosis disease, or a past history of a positive TST result.
- Routine screening in Sioux Lookout Zone of four year olds that **do not** have a history of BCG vaccination in the following communities:
 - Lac Seul
 - Pikangikum
 - Poplar Hill
 - Sandy Lake
 - Mishkeegogamang

Dosage

- A single dose of 0.1mL PPD administered intradermally.

Authorized Implementers

The medical directive may be implemented by nurses who:

- Are Registered Nurses (RNs) or Registered Practical Nurses (RPNs) working in First Nations communities in Ontario, who are in good standing with the College of Nurses of Ontario, with no suspensions
- Are working in a Community Health Nursing role.
- Have successfully completed the FNIHB-Ontario Region Immunization Orientation and Competency Certification, and attended all mandatory immunization education sessions to maintain competency.

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All nurses using this directive must be:

- Knowledgeable of the *FNIHB-Ontario Region Tuberculosis Prevention and Control Policies and Procedures* (2018) or current, as well the *Canadian Tuberculosis Standards 7th Edition* or current.
- Able to apply their knowledge, judgment and skills in safely administering and accurately reading the TST
- Remain up-to-date on changes to the *FNIHB-Ontario Region Immunization Protocol* including the current *Canadian Immunization Guide* and approved regional policies.
- Knowledgeable and remain up-to-date on Early Vaccine Reactions Including Anaphylaxis found in the *Canadian Immunization Guide: Part 2 - Vaccine Safety* and the *FNIHB-Ontario Region Basic Management of Post-Immunization Anaphylaxis in Non-Hospital Setting*.
- Currently certified in CPR

Guidelines for Implementing the Procedure/Order

Implementation of this medical directive requires the nurse(s) to:

- Discuss with the recipient or parent/guardian, the benefits and risks of receiving or not receiving the TST and answer questions in order to obtain informed consent
- Ensure that the recipient or parent/guardian is able to return in 48-72 hours to have the TST read
- Assess and document allergies/contraindications related to TST
- Administer and read TSTs as per the *Canadian Tuberculosis Standards, 7th edition* Chapter 4 (p. 66-78) or current
- Document the intervention and treatment of any Adverse Event Following Immunization (AEFI) (according to the *FNIHB-Ontario Region Immunization Protocol*).

Contraindications to the Implementation of this Directive

- Allergy to any component of Tubersol or its container, or an anaphylactic or other allergic reaction to a previous test of tuberculin.
- Previous positive TST.
- Those with severe blistering TST reactions in the past or with extensive burns or eczema present over TST testing sites, because of the greater likelihood of adverse reactions or severe reactions.
- Those with documented active TB or a well-documented history of adequate treatment for TB infection or disease in the past. In such patients, the test is of no clinical utility.
- Those with major viral infections.
- Those who have received measles immunization within the past 4 weeks, as this has been shown to increase the likelihood of false negative TST results. No data are available regarding the effects on TST of other live virus immunizations - mumps, rubella, varicella, yellow fever, varicella zoster, rotavirus and live attenuated influenza vaccine (ie., FluMist) - but it is prudent to follow the same 4 week guideline. However, if the opportunity to perform the TST might be missed, the TST should not be delayed for live virus vaccines since these are theoretical considerations.

Documentation and Communication

Documentation and communication must be in compliance with the requirements defined by *College of Nurses of Ontario Practice Standard: Documentation, Revised 2008*.

Document in the client medical record using the FNIHB-Ontario Region TST Consent Form. For communities that use an electronic medical record, consent indicated within the EMR will be sufficient. .



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Quality Assurance and Review Process

- Ongoing nursing competency support is provided via ongoing education sessions and access to updated information at www.onehealth.ca
- Nurses will consult with the Communicable Disease Nurse and/or Practice Consultant as necessary for support, guidance and questions.
- This medical directive will be reviewed biannually or earlier if new information becomes available.

Approving Physician(s)/Authorizer(s)

Jo Ann Majerovich, MSc MD CCFP MSc FCFP, Regional Medical Officer

Signature: 

Date: 01.05.18

Administrative Approvals

Shari Glenn, NP (PHC), Director of Nursing

Signature: 

Date: March 1, 2018

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References

1. College of Nurses of Ontario. (2008). Practice Standards: Documentation, Revised 2008. Retrieved October 25, 2017, from College of Nurses of Ontario: www.cno.org
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3. Public Health Agency of Canada et al. (2014, February). *Canadian Tuberculosis Standards 7th Edition: Chapter 4, Diagnosis of Latent Tuberculosis Infection*. Retrieved October 25, 2017, from http://strauss.ca/OEMAC/wp-content/uploads/2013/11/Canadian_TB_Standards_7th-edition_English.pdf
4. Public Health Agency of Canada et al. (2014, February). *Canadian Tuberculosis Standards 7th Edition: Chapter 4, Treatment of Latent Tuberculosis Infection*. Retrieved February 19, 2018, from http://strauss.ca/OEMAC/wp-content/uploads/2013/11/Canadian_TB_Standards_7th-edition_English.pdf
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6. Public Health Ontario. (2008). *Tuberculosis Prevention and Control Protocol*, 2008. Retrieved October 25, 2017, from Public Health Ontario: www.publichealthontario.ca