



Structured Administration and Supply Agreement Administration of Tuberculin Skin Test (TST)

SASA Details

Title:	<i>Tuberculin Skin Test (TST) administration for Registered Nurses working within the WACHS</i>
Identifying Number:	<i>2024-ED-CO-24-511387</i>

Issuing Authority

HSP Name:	<i>WACHS CEO under section 6 Medicine and Poisons Regulations 2016</i>
Address:	<i>189 Wellington Street, PERTH 6000</i>
Contact:	<i>9223 8525</i>

Authorised Persons

Practitioners:	<i>All Registered Nurses working within WACHS</i>
Location:	<i>When employed by, or contracted to provide services to WACHS</i>
Qualification:	<i>Registered Nurses who have</i> <ul style="list-style-type: none"><i>Registered with Australian Health Practitioner Regulation Agency</i><i>Completed the requirements to give vaccines under the CEO of Health SASA for RNs to give vaccinations</i><i>Completed the WA Tuberculosis Control Program's Tuberculin Skin Test (TST) training and have been deemed competent in administration and reading of TST by a CN or CNS at the WA Tuberculosis Control Program</i>

Authorised Medicine

Medicine Name:	<i>Tuberculin</i>	Brand:	<i>Tubersol or any stocked brand available</i>
Form:	<i>Intradermal injection</i>	Strength:	<i>5 Tuberculin Units per 0.1mls</i>
Dose:	<ul style="list-style-type: none"><i>0.1mls</i>	Quantity:	<i>Max dose 0.1mls</i>
Route:	<i>Intradermal Injection</i>		
Instructions:	<i>Administer as a single dose</i>		

Approved Circumstances

Authorised to:	<i>Administer Tuberculin as a Tuberculin Skin Test (TST) to detect whether someone has been infected with tuberculosis bacteria.</i>
Place:	<i>Registered Nurses working within the WACHS who have completed the training as outlined and deemed competent to deliver intradermal TST injections</i>
Patients:	<i>Patients who meet the inclusion criteria for requiring a TST as per the Guidelines for Tuberculosis Control in Western Australia .</i>
Medical Condition:	<i>N/A</i>

Clinical / Other Information	
Patient Inclusion:	<p><i>As indicated in the WATBCP WA Tuberculosis Guideline:</i></p> <ol style="list-style-type: none"> <i>1. Any identified contacts of individuals with active tuberculosis</i> <i>2. Patients who return following extensive travel to TB endemic countries</i> <i>3. Infants and children aged > 6 months prior to administration to BCG vaccine, when required because of pre-determined risk of latent TB infection</i> <i>4. Health Care workers for pre-employment screening</i> <i>5. Other patients that require screening for latent TB infection</i>
Patient Exclusion:	<p><i>Any individuals with</i></p> <ol style="list-style-type: none"> <i>1. Allergy to any component of Tubersol or other allergic reaction to a previous test of tuberculin.</i> <i>2. Documented active Tuberculosis disease or history of treatment for TB</i> <i>3. A previous positive tuberculin skin test</i> <i>4. Recent immunisation with MMR, varicella or yellow vaccines or any other live vaccine within the last month.</i> <i>5. Persons who are immunocompromised.</i> <i>6. Prior to administration of BCG vaccine except when required because of pre-determined risk of latent TB infection (see WA Tuberculosis Guidelines.)</i>
Special Instructions:	<i>Standard dosing 0.1mls to be administered intradermally on the ventral aspect of the right forearm</i>
Administration Notes:	<p><i>Ensure completion of the below TST checklist prior to administration to ensure no contraindications.</i></p> <ul style="list-style-type: none"> <i>○ Have you ever been treated for TB?</i> <i>○ Has any one close to you had TB?</i> <i>○ Have you had a previous TST or Interferon-gamma release assays (IGRA) such as a QFN blood test?</i> <i>○ Have you any allergies? If yes please provide details?</i> <i>○ Have you had a viral illness in the last month?</i> <i>○ Do you have an illness that affects your immune system?</i> <i>○ Do you take any medication, such as steroids, that affects their immune system?</i>

	○ <i>Have you received any vaccinations in the past month?</i>
Clinical Guidelines	See MNPH&DS WATBCP Intra-dermal Tuberculin Skin Test Also see WATBCP Guidelines for Tuberculosis Control in Western Australia .

Approval			
Date of Issue:	<i>09 December 2024</i>		
Date of Expiry:	<i>09 December 2026</i>		
Clinical Governance Committee			
Committee:	<i>WACHS Medicines and Therapeutics Executive Subcommittee</i>		
Name:	<i>Adam Hort</i>		
Date:	<i>18/12/2024</i>	Signature:	<i>Adam Hort</i>
Senior Medical Practitioner			
Name:	<i>Dr Helen Van Gessel</i>		
Position:	<i>Executive Director Clinical Excellence</i>		
Date:	<i>19/12/2024</i>	Signature:	<i>Helen Van Gessel</i>
A/Chief Executive			
Chairman Name:	<i>John Quinn</i>		
Date:	<i>16/01/2025</i>	Signature:	<i>John Quinn</i>