



Mantoux Testing Procedure

Procedure Number
WCDHB-PPHN-0009

Version Nos:
4

1. Purpose

This Procedure outlines the process for the Mantoux testing.

2. Application

This Procedure is to be followed by all Community Nursing Staff throughout West Coast District Health Board (WCDHB).

3. Definitions

There are no definitions associated with this Procedure:

4. Staff Authorised To Perform procedure

This Procedure shall be performed by a:

- i) *Community Nurse* who has been trained in the administration of Mantoux test and in the case of BCG's, the Community Nurse must be a Gazetted BCG Vaccinator.

5. Resources Required

This Procedure requires:

- i) Tuberculin Syringes with blunt fill filter needle
- ii) Alcohol Wipes
- iii) Mantoux Solution (Tuberculin PPD)
- iv) Sharps Box
- v) Rubbish Container
- vi) Emergency Equipment
- vii) Consent Form
- viii) Mantoux Solution Fact Sheet
- ix) Contact Investigation Flow Chart
- x) Transparent Ruler (in millimeters (mm))

6. Process

1.00 Mantoux Testing

- 1.01 Obtain informed consent from client
- 1.02 Explain procedure to the client.
- 1.03 Wash hands.
- 1.04 Wipe rubber stopper of vial with alcohol wipe. Allow to dry.
- 1.05 Using tuberculin syringe, draw up (using the blunt fill filter needle) more than 0.1 mls of Mantoux solutions (5 TU per test dose). Change needle.
- 1.06 Date Mantoux solution vial. Discard after 1 month.



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- 1.07 Select site for test (flexor surface of the mid forearm)
 - for the first test use the left forearm;
 - for the second test use right forearm.
- 1.08 Clean test site with alcohol wipe. Allow to dry.
- 1.09 Prime needle with solution until only 0.1 ml is in syringe
- 1.10 Insert the point of the needle into the most superficial layers of the skin with the bevel of the needle facing upwards until bevel is just covered by the skin.
- 1.11 Inject the solution slowly.
- 1.12 If the intradermal injection is performed correctly, a definite white weal will rise at the needle point. This will disappear within minutes. No dressing is required.
- 1.13 Dispose of used equipment appropriately.
- 1.14 Wash hands.
- 1.15 Make an appointment with the client for reading the test at 48 – 72 hours after administration of the test.

2.00 Interpretation of the Mantoux Test

- 2.01 The Mantoux reaction should be read at 48 – 72 hours with the forearm slightly flexed at the elbow. If possible, read at 72 hours as it may take some time for significant reactions to develop.
- 2.02 A positive reaction indicates that the client has been exposed to micro bacterium tuberculosis. The basis of reading is the presence or absence of induration determined by either inspection or palpation.
- 2.03 Measure diameter of palpable induration (not entire area of redness) transversely (elbow to wrist) using transparent ruler (in mm).
- 2.04 Record the presence or absence of blistering and ulceration. Interpret as per Contact Investigation Flow Chart.
- 2.05 Record results.
- 2.06 Follow up testing is to occur as per Contact Investigation Flow Chart and consultations with Medical officer of Health.

7. Precautions And Considerations

- ➔ Good communication is to be maintained between all parties
- ➔ Staff to be aware of their obligation to ensure their own safety in a potentially infectious environment



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8. References

Tuberculosis Act (1948)

Health Act (1956)

Ministry of Health Communicable Disease Control Manual

Ministry of Health Technical Guidelines For Tuberculin Testing and BCG Vaccination (1996)

9. Related Documents

WCDHB Community Nursing Manual

WCDHB Infection Control Manual

Revision History	Version:	4
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