

TST/BCG Competency Assessment

Process for Authorised Nurse Immunisers

Aims

- To outline the process for Authorised Nurse Immunisers working in or with TB services to be deemed competent to order and administer tuberculin skin test (TST, or Mantoux test) and/or bacille Calmette-Guèrin (BCG) vaccination under the Authority to Supply Poisons and Restricted Substances for Registered Nurses and Registered Midwives and the Authorised Nurse Immunisers and Authorised Midwife Immunisers policy directive (PD2024_004).
- To outline recommendations for ongoing competency for nurse-initiated order and administration of TST and/or BCG in New South Wales (NSW).
- To identify approved assessors for TST and/or BCG competency.

Pre-requisite

Nurses need to have completed an accredited nurse immunisation course and have completed an accredited TST and/or BCG course in an accredited institution according to the Authority to Supply Poisons and Restricted Substances for Registered Nurses and Registered Midwives and the Authorised Nurse Immunisers and Authorised Midwife Immunisers policy directive (PD2024_004) before commencing the practical competency assessment outlined in this document.

Introduction

Supervised training and competency assessment is required for Authorised Nurse Immunisers to independently order and administer TST and BCG in NSW following the authorised course. From 2024 this will be undertaken within NSW Health. Prior to 2024 this was undertaken as part of the Australian College of Nursing accredited courses. This assessment is required for new TB nurses working in or with TB services across NSW. This document outlines the requirements and recommendations for both initial and ongoing competency.

Requirement for competency assessment

Nurses working in or with a NSW TB clinic (e.g. Staff Health, Public Health Unit, Sydney Children's Hospital Network Immunisation service) are required to undertake supervised training and competency assessment before independently ordering, administering, and interpreting (reading) TST and/or BCG. They must be assessed by an approved assessor.

TST: A minimum of five TST administrations and five TST interpretation/readings are required. A minimum of two readings greater than 5mm are required. If it is difficult for the nurse to encounter two readings >5mm, they can be provided with provisional competency with the undertaking that TST readings are double checked with an accredited TST nurse until such time as the two readings of >5mm have been achieved. Nurses are further required to reflect on their skill, ensure accurate documentation, as well as demonstrate management of patients that have a positive TST result.

BCG: A minimum of five BCG vaccinations from which a visible wheal is observed are required to be deemed competent. Nurses are required to provide pre and post BCG education to the carer and/or patient as part of their assessed competency. The nurse should ensure effective utilisation of protective eye wear for themselves, the carer and/or the patient. Timely and accurate documentation is also deemed part of the competency assessment.

Recommendation for ongoing competency

The Authorised Nurse Immunisers and Authorised Midwife Immunisers policy directive ([PD2024_004](#)) requires annual review of best practice policy for immunisation to maintain authority to immunise and an annual statement of proficiency in cardio-pulmonary resuscitation, including paediatric basic life support where relevant for practice.

It is recommended that nurses that have previously been assessed as competent undertake supervised training of a minimum of three TSTs (three administrations and readings) and/or three BCG vaccinations with an approved assessor if they have not administered a TST and/or BCG in a period of more than 12 months.

Approved assessors

Nurses who are TST and BCG accredited in the following roles and have actively undertaken TST (for TST assessment) and BCG (for BCG assessment) for more than 12 months, are able to assess competency for initial and ongoing accreditation:

- TB Clinical Nurse Consultants (LHD/Speciality Network or State-wide)
- TB Clinical Nurse Specialists
- TB Nurse Practitioners
- Nurse Managers with the designated position of NSW TB LHD or Speciality Network Coordinator

If the individuals in these roles need to become accredited, they should seek out an accredited person in their district that occupies one of these roles or contact the TB NSW Program for further assistance.

Record keeping

Nurses are required to practice in accordance with the [Authority to Supply Poisons and Restricted Substances for Registered Nurses and Registered Midwives](#) and the Authorised Nurse Immunisers and Authorised Midwife Immunisers policy directive ([PD2024_004](#)).

The completed competency assessment for TST and BCG should be kept by the relevant nurse and uploaded to the nurse's individual HETI record.

Competency assessment for TST

5 x TST administrations and readings / 2 positive TST readings of greater than 5mm are required.

Name:

Stafflink ID:

Clinic:

LHD/Speciality Network:

Pre-TST preparation	1	2	3	4	5
Obtains informed consent					
Obtains history (including TB relevant history)					
Explains procedure and to return 48–72 hrs later for test reading					
Prepares appropriate equipment					
Administration of TST	1	2	3	4	5
Checks condition of PPD and expiry date					
Draws up PPD using correct procedure					
Identifies and uses correct location for injection					
Uses correct intradermal technique					
Uses appropriate universal precautions and PPE					
Disposes of equipment correctly					
TST interpretation	1	2	3	4	5
Uses correct technique to measure TST response					
Interprets the reading correctly					
Informs the patient of the results and meaning of this					
Documentation administration	1	2	3	4	5
Documents consent, history, and TST administration in patient's medical record					
Documentation reading / interpretation	1	2	3	4	5
Documents TST reading / interpretation in patient's medical record					
Name and signature	Date	Assessor's name	Date		

Competency assessment for BCG:

5 x BCG administrations are required.

Name:

Stafflink ID:

Clinic:

LHD/Speciality Network:

Pre-BCG preparation	1	2	3	4	5
Obtains informed and signed consent					
Obtains history (including TB relevant history)					
Explains procedure and provides instruction for site care					
Prepares appropriate equipment					
Administration of BCG	1	2	3	4	5
Checks condition of BCG vaccination/vial and expiry date					
Draws up BCG using correct procedure and dosage					
Identifies and uses correct location for injection					
Explains safe seating arrangement for children					
Uses correct intradermal technique					
Uses appropriate universal precautions and eye protection for all					
Disposes of equipment correctly					
Post BCG	1	2	3	4	5
Answers questions and concerns					
Ensures patient waits for 15 minutes post vaccination					
Ensures carer has information in written format					
Documentation	1	2	3	4	5
Documents consent, history, and BCG administration in patient's medical record					
Name and signature	Date	Assessor's name	Date		