

Appendix 5 RU Bloodborne Pathogens Exposure Control Plan (ECP) Form B: Staff Device Evaluation HuberLok (or similar device)

Use **Form B**, 'Staff Device Evaluation' to document clinician satisfaction/non-satisfaction of a specific make/model safety device that has either not been made available at the site in the past or to document satisfaction of a *current* device being made available at the site. All completed forms must be sent to the site's Clinical Representative no later than 6 weeks from the start of the trial period. Completed Form Bs will be reviewed by the Safety Needle Evaluation Committee, as applicable and maintained in the Appendix A-1 of respective clinic's ECP.

	Date of Evaluation: Evaluation Site:							
	Department/Division: Evaluator Title:							
	Make/model of Device Being Evaluated:							
	Number of times used: 0 1-5 6-10	11-	-25		26-50)	;	> 50
Check the best answer:			е			D	isagree	
1.	Hands stay behind needle tip at all times.	1	2	3	4	5	N/A	
2.	Needle point is held securely after removal.	1	2	3	4	5	N/A	
3.	Product does not require more time to use than removing by hand.	1	2	3	4	5	N/A	
4.	I can easily position device over needle.	1	2	3	4	5	N/A	
5.	Device is easy to handle while wearing gloves.	1	2	3	4	5	N/A	
6.	The device can be used with one-handed technique.	1	2	3	4	5	N/A	
7.	Device is compatible with other products.	1	2	3	4	5	N/A	
8.	Device will work with different sizes/types of Huber needles.	1	2	3	4	5	N/A	
9.	Safety feature operates reliably.	1	2	3	4	5	N/A	
10.	Exposed sharp is permanently blunted or covered after use.	1	2	3	4	5	N/A	
11.	Device can be disposed of in standard sharps containers.	1	2	3	4	5	N/A	
Would you recommend utilizing this device?		ΈS		1	OV			
Is there a device you would rather use?		YES		1	OV			
Did you receive instruction on the use of this device?		YES		1	OV			

Comments: