

Appendix 5
RU Bloodborne Pathogens Exposure Control Plan (ECP)
Form B: Staff Device Evaluation
Safety Syringe/Needle

Use this form 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:

Agree - - - - - Disagree

Please forward completed Form B by email or fax to the Nurse Manager or Clinical Representative for your site

1.	Hands stay behind needle tip at all times.	1	2	3	4	5	NA
2.	Safety feature does not obstruct vision of the tip of the sharp	1	2	3	4	5	NA
3.	Safety feature works well with my hand size	1	2	3	4	5	NA
4.	Device is easy to handle while wearing gloves	1	2	3	4	5	NA
5.	Safety feature can be activated using a one-handed technique	1	2	3	4	5	NA
6.	Device offers good view of aspirated fluid	1	2	3	4	5	NA
7.	Device is compatible with other products.	1	2	3	4	5	NA
8.	Device will work with different size/age patients	1	2	3	4	5	NA
9.	It is easy to tell when the device is activated	1	2	3	4	5	NA
10.	Safety feature operates reliably.	1	2	3	4	5	NA
11.	Exposed sharp is permanently blunted or covered after use.	1	2	3	4	5	NA
12.	Device is no more difficult to dispose of than non-safety device	1	2	3	4	5	NA
13.	Device is easy to operate	1	2	3	4	5	NA
14.	Does not increase patient discomfort	1	2	3	4	5	NA
15.	It is not easy to skip a crucial step in proper use of the device	1	2	3	4	5	NA
16.	Device is available in the sizes I need	1	2	3	4	5	NA

Would you recommend utilizing this device? YES NO

Is there a device you would rather use YES NO

Did you receive instruction on the use of this device? YES NO

Comments: