

Appendix 5
RU Bloodborne Pathogens Exposure Control Plan (ECP)
Form B: Staff Device Evaluation
Winged I.V. 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 necessary, 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**

Select the best answer:

Agree ----- Disagree

1.	Safety feature can be activated using a one-handed technique	1	2	3	4	5	NA
2.	Safety feature does not interfere with ability to penetrate the skin	1	2	3	4	5	NA
3.	Device is no more difficult to use than a non-safety device	1	2	3	4	5	NA
4.	Device permits adequate visualization of flashback	1	2	3	4	5	NA
5.	The needle does not require additional sticks for the patient	1	2	3	4	5	NA
6.	The safety feature works well with a variety of hand sizes	1	2	3	4	5	NA
7.	I can tell when the safety feature is activated	1	2	3	4	5	NA
8.	The safety feature operates reliably	1	2	3	4	5	NA
9.	The tubing does drip blood while activating the safety feature	1	2	3	4	5	NA
10.	The tubing does not coil during disposal	1	2	3	4	5	NA
11.	Device is easy to operate	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: