BLOODBORNE PATHOGEN OCCUPATIONAL EXPOSURE
SAFETY FEATURE ANNUAL EVALUATION

GUIDELINES FOR THE USE OF
SAFETY FEATURE EVALUATION SHEETS FOR ENGINEERINGING CONTROLS

Supervisors shall complete the appropriate forms annually to reflect new work practices and technology in medical devices that are commercially available and designed to eliminate or minimize occupational exposure. Non-managerial employees responsible for direct patient care shall be requested to supply input. Each employee who participates shall complete a copy of the safety feature evaluation forms. The originals shall be retained in the department with the 'Exposure Plan for Bloodborne Pathogens' or other bloodborne pathogen records. A copy of each form shall be sent to the Laboratory Safety Coordinator, Research Office. The following suggestions are provided:

Coordinators:

- Determine which products are to be evaluated and provide adequate test samples for each individual evaluating the product. (Each evaluator should have enough samples to disassemble and examine the design thoroughly, where possible.)

- Set up a testing station for each type of device which allows testers to evaluate products in a simulated client/work procedure. Provide training dummies (injection pads, oranges, etc.) as necessary.

- Provide visual instructions and demonstrate proper use of each device.

- Review the instructions and rating system with each evaluator.

- Encourage each evaluator to comment on the sheets. This will provide a useful decision making tool and will help alert you to specific areas of concern which may not have been covered.

Evaluators:

- Re-enact all steps of intended or possible procedures performed with the device being tested.

- Attempt to misuse the device and circumvent or disable the safety feature.

- Complete a 'Safety Feature Evaluation Form' for each device

SAFETY FEATURE EVALUATION FORM
SAFETY SYRINGES

Date:_____ Department:_____ Position Title:_____
Product: _____ Number of times used:_____
Signature of Evaluator: _____

Please circle the most appropriate answer for each question. Not applicable (N/A) may be used if the question does not apply to this particular product.

	agree . . disagree
DURING USE:	
1. The safety feature can be activated using a one-handed technique	1 2 3 4 5 N/A
2. The safety feature does not obstruct vision of the tip of the sharp	1 2 3 4 5 N/A
3. Use of this product requires you to use the safety feature	1 2 3 4 5 N/A
4. This product does not require more time to use than a non-safety device	1 2 3 4 5 N/A
5. The safety feature works well with a wide variety of hand sizes	1 2 3 4 5 N/A
6. The device is easy to handle while wearing gloves	1 2 3 4 5 N/A
7. This device does not interfere with uses that do not require a needle	1 2 3 4 5 N/A
8. This device offers a good view of any aspirated fluid	1 2 3 4 5 N/A
9. This device will work with all required syringe and needle sizes	1 2 3 4 5 N/A
10. This device provides a better alternative to traditional recapping	1 2 3 4 5 N/A
AFTER USE:	
11. There is a clear and unmistakable change (audible or visible) that occurs when the safety feature is activated	1 2 3 4 5 N/A
12. The safety feature operates reliably	1 2 3 4 5 N/A
13. The exposed sharp is permanently blunted or covered after use and prior to disposal	1 2 3 4 5 N/A
14. This device is no more difficult to process after use than non-safety devices	1 2 3 4 5 N/A
TRAINING:	
15. The user does not need extensive training for correct operation	1 2 3 4 5 N/A
16. The design of the device suggests proper use	1 2 3 4 5 N/A
17. It is not easy to skip a crucial step in proper use of the device	1 2 3 4 5 N/A

Of the above questions, which three are the most important to your safety when using this product and are there other questions which you feel should be asked regarding the safety/utility of this product?

What are your recommendations for implementing this product?

The original forms shall be retained in the department completing the forms with the 'Exposure Plan for Bloodborne Pathogens' or other bloodborne pathogen records. A copy of each form shall be sent to the Laboratory Safety Coordinator, Research Office.

SAFETY FEATURE EVALUATION FORM
GENERAL – MEDICAL DEVICE OR WORK PRACTICE

Date:_____ Department:_____ Position Title:_____
Type of medical device or work practice reviewed: _____
Signature of evaluator: _____

Supervisors should complete this form annually to reflect new work practices and technology in medical devices that are commercially available and designed to eliminate or minimize occupational exposure. Employee input shall be requested and a form completed by each.

Description of the safety features of the medical devices or work practices that are designed to eliminate or minimize occupational exposure:

Positive attributes of device or work practice:

Negative attributes of device or work practice:

Recommendations for implementing this device or work practice in work activities:

The original forms shall be retained in the department completing the forms with the 'Exposure Plan for Bloodborne Pathogens' or other bloodborne pathogen records. A copy of each form shall be sent to the Laboratory Safety Coordinator, Research Office