Appendix O: Safety Feature Evaluation Form for Safety Syringes

Revised July 2013

UVM requests your feedback about the sharps safety devices in use at your workplace. With your assistance, we can minimize employees' risk of exposure to bloodborne pathogens. This is also required for compliance with OSHA (Occupational Safety and Health Administration) directives. Please follow the directions and respond to the questions below.

Date: ___________ Department: ________________ Occupation: ___________________

Device: __________________________________________

Number of times used: _________________

Circle the most appropriate answer for each question following a scale from 1 to 5 in which:

1 = Strongly disagree
2 = Disagree
3 = Neutral (neither agree nor disagree)
4 = Agree
5 = Strongly agree

Not applicable (N/A) may be used if the question does not apply to this particular device.

During Use:

1. The safety feature can be activated using one hand. 1 2 3 4 5 N/A

2. The safety feature offers a good view of the tip of the sharp. 1 2 3 4 5 N/A

3. This device offers a good view of any aspirated fluid. 1 2 3 4 5 N/A

4. Use of this device requires you to use the safety feature. 1 2 3 4 5 N/A

5. This device does not require more time to use than a non-safety device. 1 2 3 4 5 N/A

6. The safety feature works well with a wide variety of hand sizes. 1 2 3 4 5 N/A

7. The device is easy to handle while wearing gloves. 1 2 3 4 5 N/A
8. The device interferes with uses that require a needle.  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

**After Use:**

10. A clear and unmistakable change (visible or audible) occurs when the safety feature is activated.  1  2  3  4  5  N/A

11. The safety feature operates reliably.  1  2  3  4  5  N/A

12. The exposed sharp is permanently blunted or covered after use and prior to disposal.  1  2  3  4  5  N/A

13. This device is not more difficult to process after use than non-safety devices.  1  2  3  4  5  N/A

**Training:**

14. The user does not need extensive training for correct operation of this device.  1  2  3  4  5  N/A

15. The design of this device suggests proper use.  1  2  3  4  5  N/A

Which feature is the most important to your safety when using this product?

_______________________________

Are there other questions that you feel should be asked regarding the safety/utility of this device? ________________

Any other comments? ____________________

Are you satisfied with the choice of this safety device? __________

Please return this form to the Department of Risk Management & Safety at 284 East Avenue. For questions, please call RM&S at 802-656-5432.