

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
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Check the best answer:		Agree				Disagree	
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?	/ES		I	NO		
Is the	e a device you would rather use?	YES		I	NO		
Did yo	u receive instruction on the use of this device?	YES		I	NO		

Comments:

Please forward completed Form B by email or fax to designated Clinical Representative