SAFETY DEVICE EVALUATION

OSHA's Bloodborne Pathogen Regulation requires a program to evaluate and select needleless systems and sharps devices with engineered sharps injury protection (e.s.i.p.) appropriate for procedures conducted, with the involvement of frontline healthcare providers. Each device must be considered on its own merit and utilized on its ability to reduce workplace injuries.

Facility/Location: _____ **Department:** _____
Job Classification: _____

Device/Type:	**Brand:** **Model:**
Does this device meet these criteria (e.s.i.p. or Needleless System)? 1. Allows/requires employees' hands to remain behind the exposed sharp? ( ) Yes ( ) No 2. Is the safety feature an integral part of the device, present before the device is contaminated? ( ) Yes ( ) No 3. Does the safety feature stay in place throughout the waste stream? ( ) Yes ( ) No 4. Is the device easy to use and practical with little instruction? ( ) Yes ( ) No 5. Has it been determined by a licensed healthcare professional that this device would compromise the patient's care or safety? ( ) Yes ( ) No 6. Is the safety feature activated with a single-handed technique? ( ) yes ( ) No 7. The user can easily tell whether the safety feature is activated? ( ) Yes ( ) No 8. The safety feature cannot be deactivated and remains protective through disposal?	**Description of safety feature** **Type of safety feature:** _____ _____ **Ease of use:** _____ _____ _____ _____ **This device can be used for the following procedures:** 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ **This device has been evaluated by the following employees:** Signature: Accept/ Reject Date 1. _____

( ) Yes ( ) No 9. Device is **not** more effective in preventing exposure to bloodborne pathogens than the alternative being used? ( ) Yes ( ) No Why?	2. _____ 3. _____ 4. _____

_____
Date