

SAFETY FEATURE EVALUATION FORM

I.V. ACCESS DEVICES



Date: _____ Department: _____ Occupation: _____

Product: _____ Number of times used: _____

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 |
|---|------------|----------|
| 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 interfere with normal use of this product..... | 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 allows for rapid visualization of flashback in the catheter or chamber... | 1 2 3 4 5 | N/A |
| 7. Use of this product does not increase the number of sticks to the patient..... | 1 2 3 4 5 | N/A |
| 8. The product stops the flow of blood after the needle is removed from the catheter
(or after the butterfly is inserted) and just prior to line connections or hep-lock
capping..... | 1 2 3 4 5 | N/A |
| 9. A clear and unmistakable change (either audible or visible) occurs when the
safety feature is activated..... | 1 2 3 4 5 | N/A |
| 10. The safety feature operates reliably..... | 1 2 3 4 5 | N/A |
| 11. The exposed sharp is blunted or covered after use and prior to disposal..... | 1 2 3 4 5 | N/A |
| 12. The product does not need extensive training to be operated correctly..... | 1 2 3 4 5 | N/A |

Of the above questions, which three are the most important to **your** safety when using this product?

Are there other questions which you feel should be asked regarding the safety/ utility of this product?