Sharps with Injury Prevention (SIP) Evaluation Form for Safer Injections

Date: _____ Department: _____ Occupation: _____

Product: _____ Number of Times Used: _____

General Considerations for Evaluation of Devices with Sharps Injury Prevention (SIP) Features. The following considerations *must* be met.

- Gloves will be used during procedures, so it is important to include that the device is appropriately used with gloved hands.
- Used/contaminated SIP device should not be recapped. Injury prevention features should be activated then safely disposed into an appropriate sharps container. Each SIP must provide a better alternative than to recap.
- The device will work effectively with all relevant syringe and needle sizes.
- If hazardous drugs are being administered (i.e., chemotherapy, anti-neoplastics) controls for protecting users from bloodborne pathogens and chemical hazards must be addressed.
- If using a disposable syringe to draw blood, please refer to the Blood Collection Evaluation Form.

Once these conditions have been met, the following design criteria will serve as parameters to inform the decision to introduce a new SIP device into use.

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

Percutaneous/Skin Injection:

During Use:		Scale (1) Agree.....(5)Disagree					
1	The injury prevention feature/mechanism is integral to the needle.	1	2	3	4	5	N/A
2	The sharp with injury prevention (SIP) does not require more time to use than a device without an injury prevention feature/mechanism.	1	2	3	4	5	N/A
3	The SIP feature/mechanism does not interfere with the view of aspirated fluid in the syringe.	1	2	3	4	5	N/A
4	The SIP feature/mechanism does not obstruct vision of the tip of the sharp before use.	1	2	3	4	5	N/A
5	This device minimizes splashes and splatters.	1	2	3	4	5	N/A
6	This device can be used without causing more patient discomfort than the current device.	1	2	3	4	5	N/A
After Use/Prior to Disposal:							

7	The SIP can be activated using a one-handed technique	1	2	3	4	5	N/A
8	During use and activation, the SIP user's thumb or finger remains behind the needle tip until activation is complete.	1	2	3	4	5	N/A
9	The SIP does not require the use of a surface to activate.	1	2	3	4	5	N/A
10	Activation is easy and efficient decreasing the chance that the user will over-ride the device and not activate the SIP.	1	2	3	4	5	N/A
11	SIP can be consistently activated and remains in place after activation.	1	2	3	4	5	N/A
12	For passive devices, the SIP feature/mechanism is automatically activated without requiring user action upon completion of the injection.	1	2	3	4	5	N/A
Disposal & Post-Activation:							
13	The tip of the sharp is permanently covered after use and prior to disposal.	1	2	3	4	5	N/A
14	There is a clear and unmistakable change (audible, visible, or tactile) that occurs when the injury prevention feature/mechanism is activated.	1	2	3	4	5	N/A
15	The SIP feature/mechanism does not interfere with safe disposal into a sharps container.	1	2	3	4	5	N/A
Training & Education:							
16	The device design allows for proper use with minimal instruction.	1	2	3	4	5	N/A
17	The device manufacturer provides adequate training on use of the product.	1	2	3	4	5	N/A
18	The device manufacturer provides support and education on best practices for use, activation, and disposal.	1	2	3	4	5	N/A

Medication Preparation:

When preparing medications, vaccines, or other injectable fluids from vials or ampoules, it is important to incorporate blunt fill and/or blunt filter needles to minimize exposure to physical hazards and to ensure adherence to best infection prevention practices.

1	This SIP did not cause noticeable coring (e.g., small pieces of the vial septum breaking off, contains a 3-bevel blunt tip cannula).	1	2	3	4	5	N/A
2	The SIP features a filter (e.g., affixed 5 micron filter that reduces particulates when drawing up from glass ampoule).	1	2	3	4	5	N/A

Insulin Delivery (for either pen needles or syringes):

The most commonly injected medication is insulin, therefore there is a dedicated section for that practice. All the above evaluation questions apply to insulin injection too. As there are traditionally two ways to administer insulin (via skin injection) with a vial and syringe or with a pen, additional elements need to be considered. Pen needles should never be used on more than one patient. They present a unique risk with the back/non-patient end that can be exposed. Single ended and dual ended safety

options are available. Dual ended safety features provide the highest level of safety for maximum protection.

1	The insulin syringe offers a one-handed recapping option to transport clean needle to the bedside/patient.	1	2	3	4	5	N/A
2	The needle length enables the clinically preferred “no pinch-up” technique.	1	2	3	4	5	N/A
3	The pen needle is compatible with a wide variety of insulin injection pens.	1	2	3	4	5	N/A
4	The pen needle provides confirmation (audible, visible, tactile) when attaching to the injection pen.	1	2	3	4	5	N/A
5	The injury prevention feature is automatically activated without requiring user action upon completion of the injection. (*For syringes, this refers to the patient end. For injection pens, this refers to the front/patient end and back/non-patient end*.)	1	2	3	4	5	N/A
6	The exposed sharps are permanently covered after use and prior to disposal (front/patient end for syringes and for pen needles front/patient and back/non-patient ends)	1	2	3	4	5	N/A

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

1.

2.

3.

Are there **other** questions that you feel should be asked or addressed regarding the safety and utility of this product/device?