### ECRI’s Needlestick-Prevention Device Evaluation Form

**Supplies/Trade Name**

**Applications:**

**Reviewer:** ___________________________  **Date:** ___________________________

*For each question circle the appropriate response for the needlestick-prevention (NPD) device being evaluated.*

### Healthcare Worker Safety

1. **A.** Does the NPD prevent needlesticks during use (i.e., before disposal)? ........................................... **Yes** **No**

2. **B.** Does it do so after use (i.e., does the safety mechanism remain activated through disposal of the NPD)? .......................................................... **Yes** **No**

3. **A.** Does NPD provide protection one of the following ways: Either intrinsically or automatically? (Answer “No” if a specific action by the user is required to activate the safety mechanism.) ........................................... **Yes** **No**

4. **B.** If “No,” is the mechanism activated in one of the following ways: either by one-handed technique or by a two-handed technique accomplished as part of the usual procedure? ........................................... **Yes** **No**

5. **A.** During the use of NPD do user’s hands remain behind the needle until activation of the safety mechanism is complete? .......................................................... **Yes** **No**

6. **B.** Is the safety mechanism reliable when activated properly? ........................................... **Yes** **No**

7. **A.** Does the NPD minimize the risk of user exposure to the patient’s blood? ........................................... **Yes** **No**

### Patient Safety and Comfort

6. **A.** Does the NPD minimize the risk of infection to the patient (e.g., through cross-contamination)? .... **Yes** **No**

7. **B.** Can the NPD be used without causing more patient discomfort than a conventional device? .... **Yes** **No**

8. **A.** For IV NPDs: Does the NPD attach comfortably (i.e., without causing patient discomfort at the catheter port or IV tubing)? ........................................... **Yes** **No**

### Ease of use and Training

9. **A.** Is NPD Operation obvious? That is can the device be used properly without extensive training? .... **Yes** **No**

10. **B.** Can the NPD be used by a left-handed person as easily as by a right handed person? ........ **Yes** **No**

11. **C.** Is the technique required for using the NPD the same as that for using a conventional device? .... **Yes** **No**

12. **D.** Is it easy to identify the type and size of the product from the packaging? ........................................... **Yes** **No**

13. **A.** For intravenous (IV) catheters and blood collection needle sets: Does the NPD provide a visible blood flashback during initial insertion? ........................................... **Yes** **No**

14. **B.** Please rate the ease of using this NPD ........................................... **Exc.** **Good** **Fair** **Poor**

15. **C.** Please rate the quality of the in-service training ........................................... **Exc.** **Good** **Fair** **Poor**

### Compatibility

16. **A.** Is the NPD compatible with devices (e.g., blood collection tubes) from a variety of suppliers? .... **Yes** **No**

17. **B.** For IV NPDs:

   **A.** Is the NPD compatible with intralipid solutions? ........................................... **Yes** **No**

   **B.** Does the NPD attach securely at the catheter port? ........................................... **Yes** **No**

   **C.** Does the NPD attach securely or lock at a Y-site (e.g., for piggybacking)? ........ **Yes** **No**

18. **A.** Is the NPD easy to dispose of in sharps containers of all sizes (if required)? ....................... **Yes** **No**

19. **B.** Does using the NPD instead of a conventional device result in only a modest (if any) increase in sharps container waste volume? (Answer “No” if the NPD will increase waste volume significantly.) .... **Yes** **No**

### Overall

20. **A.** Would you recommend using this device? ........................................... **Yes** **No**

### Comments

(e.g., describe problems, list incompatibilities)

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