

Appendix G: Safer Sharps Devices Annual Review Form

This form must be completed by any UTIA entity that performs sharps-related procedures on living humans similar in nature to those procedures performed in a healthcare setting (i.e., phlebotomy, injections, etc.). Likewise, this form must be completed by any UTIA/UTK/GSM research entity that collects blood or OPIM from a living human source as part of a research protocol/process. Please contact the Biological Safety Office at (865) 974-1938 if you have questions or need further information.

Reviewer's Name:

Job Title:

Department/Clinic:

Date:

Supervisor/PI Name:

Telephone #:

In accordance with OSHA's application of the "Needlestick Safety & Prevention Act", all sharps that are being used where there is exposure to blood or OPIM from human patients must be reviewed on an annual basis. This includes all needles, syringes with needles, IV's with needles attached, scalpels, capillary tubes, and lancets. During your annual review of devices, you must inquire about new or prospective safer options.

The purpose of this form is to document:

- ◆ sharps devices currently in use;
- ◆ the criteria used in the selection of the safer sharps devices in use, and;
- ◆ annual consideration of new safer sharps devices.

Please complete the table on the reverse side of this page as completely as possible to document the sharps devices that are being used. Use multiple pages if necessary.

This review form must be maintained with your safety records. A copy of this review form must be remitted to the UTK/UTIA/GSM Biological Safety Office by fax at (865) 946-2574 or by mail to:

**2431 Joe Johnson Drive
336 Ellington Plant Sciences Bldg.
Knoxville, TN 37996-4564**

	<i>Device #1</i>	<i>Device #2</i>	<i>Device #3</i>
Name of Sharps Device			
Manufacturer			
Model/Size in Use			
Procedure(s) Performed			
*Safer Sharps Device? (Y/N)			
Description of Safety Feature			
Initial Form on File? (Y/N)			
Justification for Selection <i>(must consider newly marketed safer sharps devices)</i>			

*A justification must be documented for any device that does **not** meet the criteria of a safer sharps device (see *Sharps with engineered sharps injury protection* in the “Definitions” section). Acceptable justifications include, but are not limited to:

- ◆ Use of a safer sharps device will jeopardize patient or employee safety.
- ◆ Use of a safer sharps device is medically inadvisable.
- ◆ Market unavailability of an appropriate safer sharps device.

Please note that cost is not typically an acceptable justification.

Description of procedure and justification for not using safer sharps device:
