

Dental Safety Syringes and Needles

This form collects opinions and observations from dental health care personnel (DHCP) who have pilot tested a safer dental device. This form can be adapted for use with multiple types of safer devices. Do not use this form to collect injury data because it cannot ensure confidentiality.

Product: Name, brand, company:

Number of times used:

Your position or title:

Your occupation or specialty:

1. Did you receive training in how to use this product?

☐ Yes [Go to Question 2]

☐ No [Go to Question 4]

2. Who provided this instruction? (Check All that Apply.)

☐ Product representative

☐ Staff member

☐ Other, please specify: _____

3. Was the training you received adequate?

☐ Yes

☐ No

4. Compared to others of your gender, how would you describe your hand size?

☐ Small

☐ Medium

☐ Large

5. What is your gender?

☐ Female

During the Pilot Test of this Device	Strongly Disagree	Disagree	Neither Agree nor disagree	Agree	Agree Strongly
6. The weight of the device was similar to that of a conventional dental syringe.	1	2	3	4	5
7. The device felt stable during assembly, use and disassembly.	1	2	3	4	5
8. The device fit my hand comfortably.	1	2	3	4	5
9. The anesthetic cartridges were easy to change.	1	2	3	4	5
10. Aspiration of blood into the anesthetic cartridge was clearly visible.	1	2	3	4	5
11. I had a clear view of the injection site and needle tip.	1	2	3	4	5
12. The device did not appear to increase patient discomfort.	1	2	3	4	5
13. The device performed reliably.	1	2	3	4	5
14. I was able to give injections in all mouth sizes and all areas of the mouth.	1	2	3	4	5
15. I used the device for all of the same purposes for which I used the conventional device.	1	2	3	4	5
16. Activating the safety feature was easy.	1	2	3	4	5
17. The safety feature was easy to recognize and use.	1	2	3	4	5
18. The safety feature did not activate inadvertently, causing me to use additional syringes or needles.	1	2	3	4	5
19. The safety feature functioned as intended	1	2	3	4	5
20. The instructions were easy to follow and complete.	1	2	3	4	5
21. I could have used this product correctly without special training.	1	2	3	4	5
22. The “feel” of the device did not cause me to change my technique.	1	2	3	4	5
23. This device meets my clinical needs.	1	2	3	4	5
24. This device is sage for clinical use.	1	2	3	4	5

Dental Safety Syringes and Needles

*This form collects the opinions and observations of dental health care personnel (DHCP) who screen a safer dental device to determine its acceptability for use in: a clinical setting. This form can be adapted for use with multiple types of devices. **Do not the new device being tested on a patient during this initial screening phase.***

Date: _____

Product: Name, brand, company:

Your position or title:

Your occupation or specialty:

Clinical Considerations	Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
1. The device permits the exchange of cartridges during treatment on the same patient	1	2	3
2. The weight and size of the device is acceptable	1	2	3
3. I have a clear view of the cartridge contents when aspirating.	1	2	3
4. The size and configuration of the syringe or needle permits a clear view of the injection site and needle tip.	1	2	3
5. No excessive force is required to activate or control the plunger.	1	2	3
6. The size and configuration of the syringe or needle permits use in all mouth sizes and access to all areas of the mouth.	1	2	3
7. The device permits multiple injections on the same patient.	__ No	__ Yes	
8. The device is capable of aspiration before injection.	__ No	__ Yes	
9. The needle is compatible with a reusable syringe. [For safety needles without syringes only.]	__ No	__ Yes	
10. Does the product meet the needs of your clinical practice based on the above criteria?	__ No	__ Yes	
11. The worker's hands can remain behind the sharp during activation of the safety feature.	__ No	__ Yes	

Safety Feature Considerations

- | | | |
|--|-----------------------------|------------------------------|
| 12. The safety feature can be activated with one hand. | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 13. The safety feature is integrated into the syringe or needle. | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 14. The safety feature provides a temporary means of protecting the needle between injections. | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 15. A visible or audible cue provides evidence of safety feature activation. | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 16. The safety feature is easy to recognize and use. | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 17. Once activated, the safety feature permanently isolates the needle tip and cannot be purposefully or accidentally deactivated under normal use conditions. | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 18. The safety feature activates by itself. | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

General Product/Manufacture Considerations

- | | | |
|--|-----------------------------|------------------------------|
| 19. A full range of needle sizes and lengths is available. | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 20. The company provides free samples for in-use evaluation. | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 21. The company has a history of responsiveness to problems | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

Practical Considerations

- | | | | |
|---|-----------------------------|------------------------------|---|
| 22. The device is packaged conveniently. | 1 | 2 | 3 |
| 23. The device is easy to remove aseptically from the package. | 1 | 2 | 3 |
| 24. Instructions are included in the packaging. | 1 | 2 | 3 |
| 25. Instructions are easy to follow and complete. | 1 | 2 | 3 |
| 26. Instructions are provided in more than one form (paper, DVD, or online). | 1 | 2 | 3 |
| 27. Use of the safety device will not increase the volume of sharps waste. | 1 | 2 | 3 |
| 28. The shape and size of available sharps containers will accommodate disposal of this device. | 1 | 2 | 3 |
| 29. This is a single use, disposable device. | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| 30. The device should be considered for further clinical evaluation. | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |

