Infection Control Considerations for Dental Services in Sites Using Portable Equipment or Mobile Vans

Name and Type of Setting: Date of assessment:

Range of Proposed Services:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Considerations** | **Acceptable?** | | **Comments** | |
| **Yes** | **No** | **N/ A** |  |
| **PERSONNEL** |  |  |  |  |
| Site personnel available as point person for fielding questions and concerns |  |  |  |  |
| Site personnel available for facilitating follow-up of exposures to infectious agents |  |  |  |  |
| **PHYSICAL** |  |  |  |  |
| Reasonably accessible route into/within building to transport equipment and supplies |  |  |  |  |
| Adequate space for equipment (e.g., chairs, lights, sterilizers) |  |  |  |  |
| Adequate space for supplies |  |  |  |  |
| Adequate space for staff movement |  |  |  |  |

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| **Considerations** | **Acceptable?** | | **Comments** | |
| **Yes** | **No** | **N/A** |  |
| **PHYSICAL, continued** |  |  |  |  |
| Adequate space for Patient intake and staging |  |  |  |  |
| Adequate space for Radiographic equipment |  |  |  |  |
| Adequate space for Instrument cleaning and processing or secured holding area |  |  |  |  |
| Adequate space for safe handling of Medical waste (regulated and non-regulated) |  |  |  |  |
| Adequate space for Sharps Disposal |  |  |  |  |
| Adequate space for Long and short-term storage |  |  |  |  |
| Non-carpeted areas to provide services |  |  |  |  |
| Availability and close proximity of running water |  |  |  |  |
| Close proximity of electrical outlets that accommodate electrical  requirements of equipment |  |  |  |  |

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| **Considerations** | **Acceptable?** | | **Comments** | |
| **Yes** | **No** | **N/A** | **Yes** |
| **PHYSICAL, continued** |  |  |  |  |
| Adequate room lighting |  |  |  |  |
| Waste disposal requirements for regulated and non-regulated  waste known and acceptable |  |  |  |  |
| Ability to cover or clean and disinfect environmental surfaces in  service area |  |  |  |  |
| Adequate ventilation for disinfectants, etc. |  |  |  |  |
| Acceptable housekeeping practices for site and treatment area |  |  |  |  |
| Site restrictions on chemicals, sprays, etc. are known and can be  Accommodated |  |  |  |  |

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# General Assessment of Site:

**Adaptations Needed if Used:**