

**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	
<b>PERSONNEL</b>				
Site personnel available as point person for fielding questions and concerns				
Site personnel available for facilitating follow-up of exposures to infectious agents				
<b>PHYSICAL</b>				
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				

Site Assessment Worksheet from OSAP GUIDANCE 4/2010. [www.OSAP.org](http://www.OSAP.org)

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Considerations	Acceptable?		N A	Comments
	Yes	No		
<b>PHYSICAL, continued</b>				
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
<b>PHYSICAL, continued</b>				
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				

**General Assessment of Site:**

**Adaptations Needed if Used:**

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