

UCLA School of Dentistry WREB Exam Information for Candidates

Exam Date: March 24-27, 2010.

Location

The Dental School is located at the southeast corner of campus, 10833 Le Conte Avenue (Near Tiverton Street entrance – see F6 on map enclosed)

Hotels

Visit this website provided by University Housing:

<http://www.cho.ucla.edu/housing/hotels.htm>

Parking

Stop at the Parking & Information station on Westwood Plaza Drive, North of Charles E. Young Drive South, (see E5 on map). Tell them you are here for the WREB Dental Exam, pay the parking fee and park in the assigned parking area (usually lots 2, 8 or 9).

Student Store

The Health Sciences Student Store is located nearby (go west at the breezeway between the Dental School building and the Dental Clinic building through two sets of glass doors). As of the writing of this document the store hours are M-F, 8AM-6PM. They are closed on holidays. Note that March 26th is a University Holiday. The phone number is (310) 825-7721. The student store will not be open during the exam.

Cafeteria

The hospital cafeteria is located west of the school in Medical Center just past the Health Sciences Store.

Patients/Screening

Candidates must provide their own patients. The school does not assist candidates in obtaining or screening patients, nor does it provide patient screening areas for candidates.

No solicitation for patients is permitted in the school building, the immediate campus area, or amongst other candidate's patients.

Radiology

The Radiology Clinic is located on the first floor of the Clinic building lobby. Radiographs are conventional film images. For a fee, clinical candidates may have the department's staff perform procedures during the exam period. Procedures can also be scheduled prior to the examination by appointment, as available, by calling (310) 206-6573.

Identification

Only your candidate number issued by the WREB staff will be used to identify you during the exam. **Be sure your patients and assistant know your candidate number!**

Equipment, Instruments and Supplies

Candidates are required to furnish all dental equipment, instruments and some supplies necessary to complete the exam. The school does not rent equipment. Disposable items such as gauze, cotton rolls, gloves masks, etc will be provided.

Clinic Facilities

Equipment:

Each cube has an A-dec Chair, Unit, light and a single doctor stool.

A very limited amount of assistant chairs are available.

Unit configuration:

High speed handpiece uses 6-pin* (see figure 2)

Low speed uses a 4-pin connection (see figure 2)

Cavitron / Scaler connection receives a Male, non-recessed, ¼ inch OD connector (see figure 3)

Isolite tube with power source (see figure 1)

HVAC

LVAC

Air/water syringe (uses Sani-Tip - tips provided)

Water source:

Bottle system utilizing treated water provided (do not use tap water)

Power:

One duplex on the chair and one at the counter top

* if your handpiece does not have the 6-pin (6-hole) configuration found in figure 2 you may be able to purchase an adapter. Consult w/ your handpiece manufacture to determine if such an adapter is available. Note that if an adapter is used the light source on your handpiece is unlikely to work. The UCLA Health Sciences Store, (310) 825-7721, carries a very limited variety and volume of 6-pin adapters.

Endo Lab

The Endo lab utilizes Frasaco manikin heads and jaws. The WREB approved typodonts from Columbia and Acadental will fit on the Frasaco head. See figures 4, 5 & 6.

The UCLA Health Sciences Store may carry both models. Their number is (310) 825-7721.

The laboratory units are manufactured by ADEC. The units accommodate a 6 pin high speed handpiece and low speed as described above. Please note that these units are not equipped to provide water for the handpieces or air/water syringes.

There is a gas outlet for the heat source; candidates must provide their own Bunsen burners and tubing.

Endodontic Radiographs will be taken using a Faxitron unit. Two Faxitron units will be available for candidate usage.

Rapid access **manual** developing boxes will be available for radiograph development.

Radiograph clips will not be provided. View boxes will be provided in central locations to review x-rays.

Casting

Casting is done in 43-042 and is available on orientation day and the first two clinic days from 6:00PM to 10:00 PM. The lab is equipped with casting machines, dental lathes, furnaces, model trimmers, torches (gas/air) and Whip Mix mixing machines. Absolutely no persons other than candidates will be allowed in the lab. Access will be arranged on the orientation day by the WREB staff and the UCLA exam coordinator.

Professional Laboratories

Those candidates who engage the services of a private dental laboratory, should arrange for pick-up and delivery of cases directly with your laboratory. The location for pick-up and delivery will be the 1st floor Reception Desk located in the Main Patient Lobby. Candidates are responsible to personally deliver and receive their cases from the laboratory personnel. The UCLA School of Dentistry will not interact with laboratories on your behalf.

Sterilization

Sterilization will be done on the third floor clinic, room number 30-166B. Instruments and handpieces properly cleaned, dried, packaged and marked with appropriate candidate I.D. number will be accepted for sterilization. On Clinic-days 1 and 2 the sterilization services are available from 7:30 A.M. to 4:00 P.M. On Clinic-day 3 the hours are from 7:30 A.M.-12 noon. Instruments received after 3:00 P.M. on Clinic-days 1 and 2 and after 11:30 A.M. on Clinic-day 3 will not be ready until 7:30 A.M. the following day. The sterilization cycles will begin on the hour during operating hours above.

Infection Control Procedure:

All candidates are required to comply with the established Infection Control Policy. For detailed information on this subject see the UCLA infectious control measures below.

Supplies

The School is responsible for providing what we typically used for teaching. If candidates want something else, they are responsible to provide those materials. Items not listed are the responsibility of the candidate.

Items Supplied by Clinical Dispensary

Amalgam Capsules	Evacuator tips	Patient bibs
Articulating paper	Face masks	Prophy paste
Autoclave tape	Facial tissue	Rubber dam napkins
Cement	Floss	Rubber dams
Cotton rolls	Gloves	Saliva ejectors, standard
2x2 cotton squares	Headrest covers	Soap
Cotton swabs	Impression materials	Tray covers
Deck paper	Local anesthetic	X-ray developer and fixer
Disinfectant	Mouth wash	X-ray Film
Disposable gowns	Needles, short and long	
Drinking cups	Paper towels	

Items Supplied for Endodontic exam

2x2 Gauze	RC-Prep (EDTA or other material)
Disposable Gowns	Red rope wax
Face masks	Rubber Dams
Film mounts – 4 hole	Sodium hypochlorite
Gloves	Suction tips
Hypochlorite	Syringe for sodium
Isopropyl alcohol	X-ray developer and fixer
Paper for bench top	X-ray Film
Paper towels	

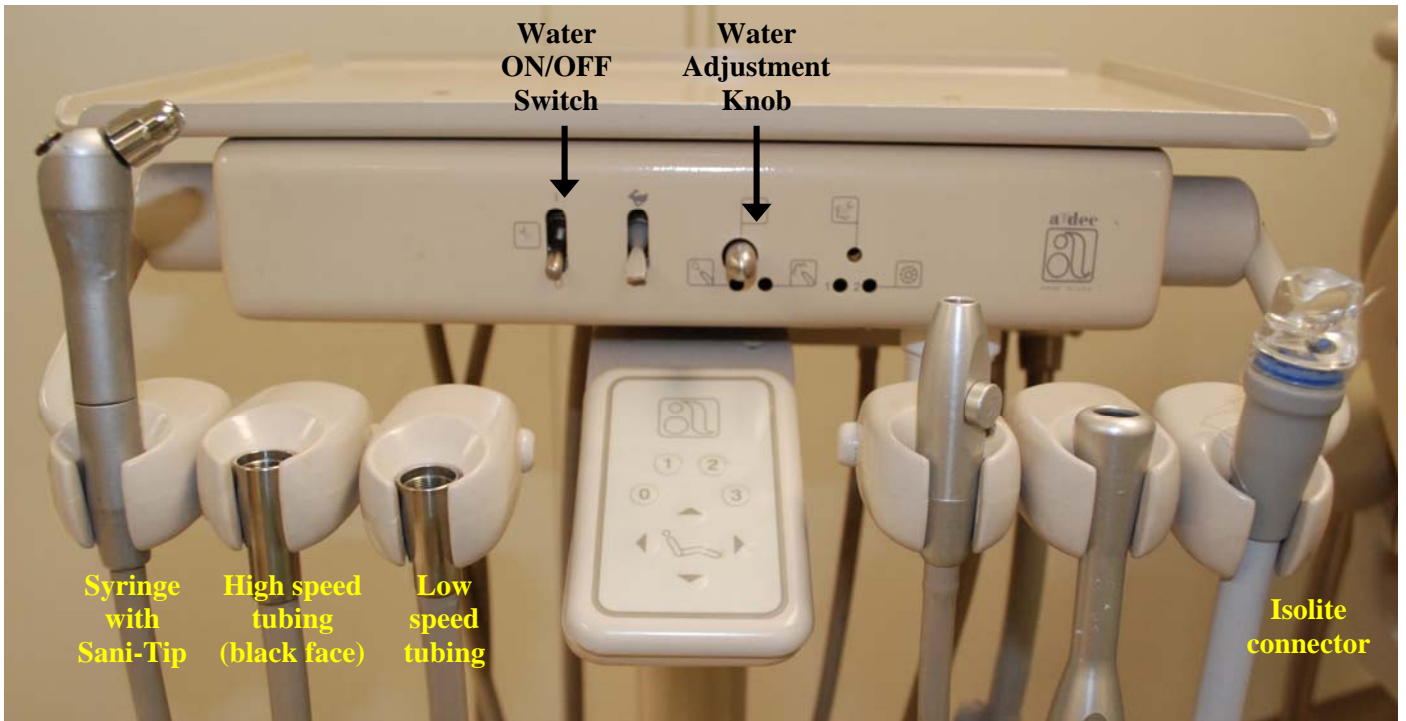


Figure 1

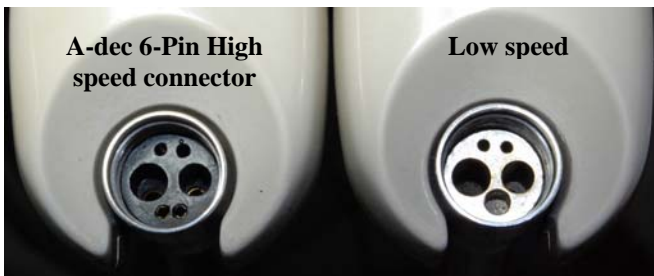


Figure 2

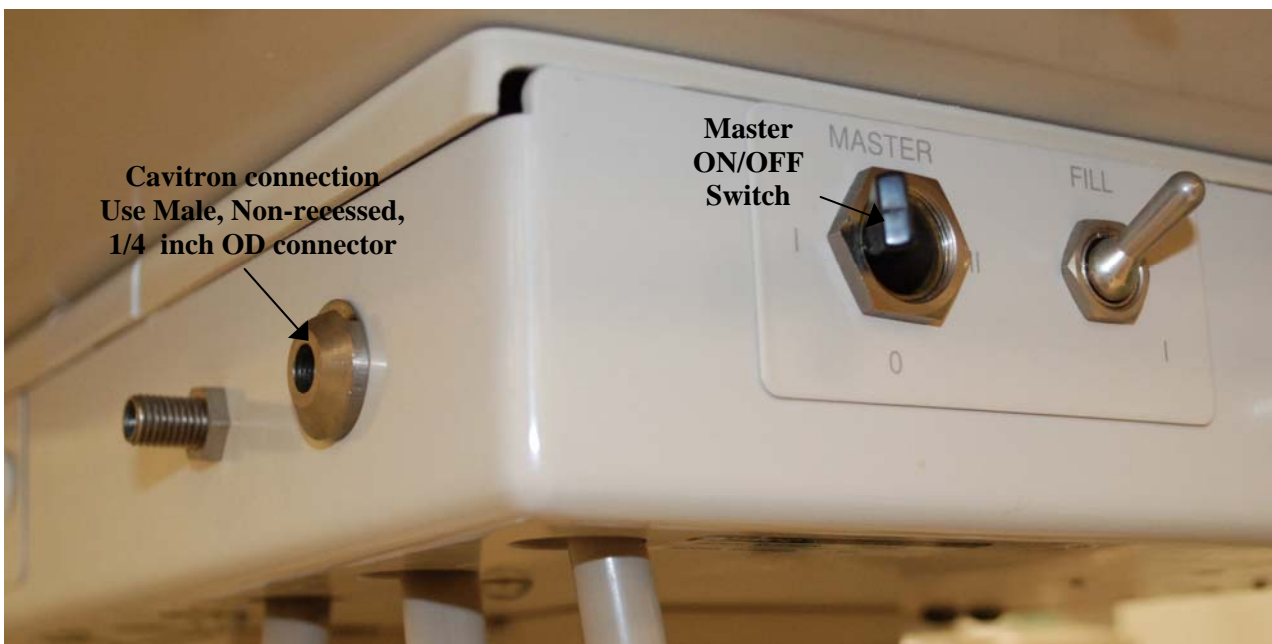


Figure 3



Figure 4 **Frasaco head with Acidental typodont**

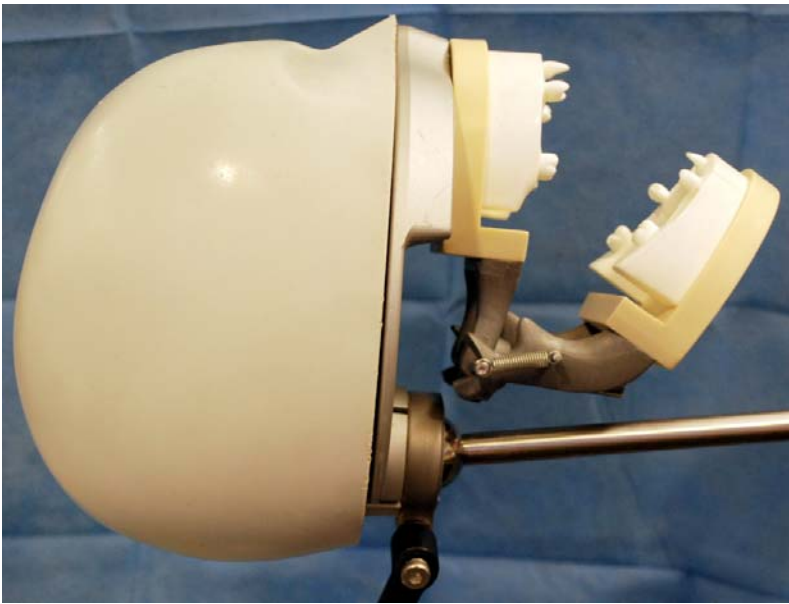


Figure 5 **Frasaco head with Columbia typodont**

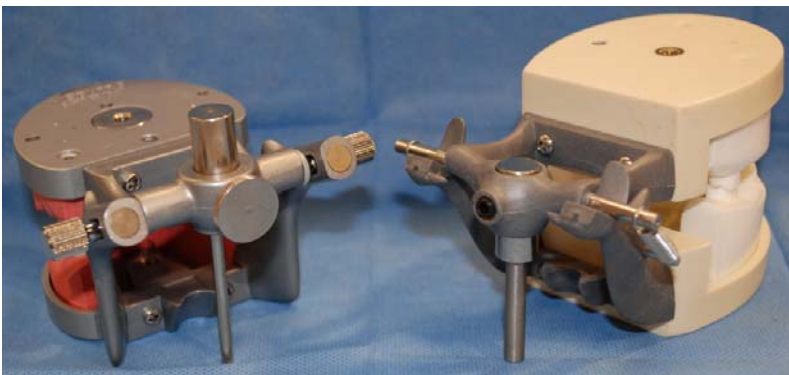


Figure 6 (L to R) **Acidental & Columbia typodonts**

UCLA Dental Center
INFECTION CONTROL MEASURES - 2009

GENERAL

The practice of “standard precautions” shall be observed to prevent contact with blood or other potentially infectious materials. Refer to specific terminology in Dental Board of California Infection Control Regulations. All individuals shall comply with the following minimum precautions to minimize the transmission of pathogens in health care settings.

ENGINEERING AND WORK PRACTICE CONTROLS

1. Hands must be washed with soap and water before and after wearing gloves, and after removing other personal protective equipment. Following contact with blood or other potentially infectious materials, hands and any other skin area must be washed immediately with soap and water; mucous membranes must be flushed immediately with water.
2. All treatment must be performed in such a manner as to minimize splashing, spraying, spattering, and generating droplets of blood or other potentially infectious materials. Rubber dam isolation and high speed evacuation shall be used in dental procedures whenever feasible.
3. When administering multiple injections of local anesthesia, recapping of needles must be done by using a one-handed scoop technique or by use of a mechanical device which eliminates the need for two handed capping. Contaminated needles and other disposable sharps must be discarded in approved “sharps” containers; no bending, shearing or breaking of needles is permitted.
4. Immediately or as soon as possible, contaminated reusable sharps shall be placed in a biohazard-labeled puncture-resistant leak proof sharps container.
5. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
6. Food and drink shall not be stored in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood or other potentially infectious materials are present.
7. Specimens of blood or other potentially infectious materials shall be placed in a biohazard-labeled container that prevents leakage during collection, handling, processing, storage, transport, or shipping.
8. Contaminated equipment shall be disinfected before servicing, storage, or transport. A readily observable label shall be attached to the equipment if portions remain contaminated.

PERSONAL PROTECTIVE EQUIPMENT AND PRACTICE

Gowns, gloves, protective eye wear, and masks or face shields shall be provided in all Clinics. Dental health care workers shall observe the following guidelines:

Before Each Patient Treatment

1. Health care workers shall wash hands and put on new gloves before treating each patient. Gloves shall not be washed before or after use. A clinical gown shall be worn.
2. The appropriate armamentaria for the anticipated dental procedure must be pre-planned and sterilized for use. Clinical mobile cabinets and tackle boxes are for the storage of sealed sterilized bags or cassettes of instruments, and clinical supplies. Once a bag or cassette is opened, all instruments within it must be re-sterilized.
3. The cubicle area must be prepared with appropriate barriers. All counter tops are to be covered with moisture-impervious disposable coverings. Light and air/water syringe handles are to be covered. Bracket table (s) are covered with plastic covers and the patient's chair is covered with a plastic cover or a headrest cover. Red biohazard waste bags are to be used to contain regulated medical waste. Between patients, the barriers must be removed, discarded and replaced with clean covering.
4. A barrier is used on laptop computers. Patient's record and radiographs must be on display. Sterilized bags of instruments and cassettes shall remain sealed until the patient is seated. Opening the bags in the patient's presence will promote his or her sense of security in proper infection control measures.
5. At beginning and end of day, and before attaching handpieces, air -water syringes, and ultrasonic units, waterlines shall be flushed for 2 minutes. Between patients flush waterlines for 20 seconds. In addition, at end of day, waterlines shall be purged with air for 2 minutes.
6. Obtain or update the medical-dental history. Consult with patient's physician as indicated.
7. Disinfect and rinse prostheses and appliances to be delivered to the patient.

During Patient Treatment

1. All patients must be treated as potentially infectious.
2. Whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated, mask and eye protection or mask and face shield must be worn. After each patient and during patient treatment if applicable, masks shall be changed if moist or contaminated. Whenever hand contact with blood, other potentially infectious materials, or mucous membranes is anticipated, providers must wear medical exam gloves. Sterile gloves shall be worn in connection with surgical procedures involving soft tissue or bone. Before donning gloves, hands must be washed with soap and water or if not visibly soiled, an alcohol handrub may be used. Gloves must be replaced when punctured, cut or torn. Over-gloves or ungloved hands should be used to perform procedures such as making chart entries or answering the telephone in the midst of patient treatment, or upon leaving the cubicle.
3. Sterile coolant/irrigants shall be used for surgical procedures involving soft tissue bone. Sterile coolant/irrigants are deemed to be sterile when delivered using a sterile delivery

system. Delivery of sterile/coolant irrigants shall be in accordance with the manufacturer's directions.

4. Single-use disposable instruments (e.g. prophylaxis angles, prophylaxis cups and brushes, tips for high-speed evacuators, saliva ejectors, disposable air-water syringe tips) shall be used for one patient only and discarded appropriately.

5. When developing radiographic film in a darkroom gloves are worn to open the exposed and contaminated film packet, being careful not to touch the film. Ungloved hands or overgloves may be used to develop and fix the film(s). When using a "portable darkroom," the following procedure is followed: Use film covered by plastic envelope (covering). Without removing the film from the plastic envelope, expose the film using standard technique. The plastic envelope (covering) is then opened with gloved hands and the film "dumped" out onto a clean surface being careful not to touch the film. Remove gloves, wash and dry hands, then proceed with processing the film using the portable darkroom. Put on new gloves upon resuming patient treatment. Contaminated gloves should never be placed in the sleeves of the portable darkroom.

6. Clinical gowns must be removed immediately or as soon as possible if penetrated by blood or other potentially infectious materials.

7. A mouthrinse to reduce the oral flora may be used. Use rubber dam isolation whenever possible during restorative procedures. All regulated medical waste must be collected in the red biohazard bag and disposed of properly.

8. Avoid personal injury with sharp instruments and needles by practicing carefully. When recapping needles, use a one-handed scoop technique, or use a mechanical device designed for holding the needle sheath, or a mechanical device which eliminates the need for two handed capping.

9. Minimize the formation and spread of aerosols, splatters, and droplets by using high-volume suction during treatment.

10. Impressions, bite registrations, mould and shade guides, and removable appliances are to be rinsed in running tap water, and then disinfected with intermediate-level disinfectant solution. In the instance when a case is to be delivered to the Professional Lab, the item is placed in a sealed plastic bag for transport.

11. The carrying device used in water baths should be lined with foil or paper towel that is discarded after each patient use. The water bath insert is washed and sterilized.

12. Pumice wheels must be rinsed (cleaned) and sterilized after each patient use. Laboratory pumice may be used with disinfectant but must be discarded after each patient use.

After Each Patient Treatment

1. Pre-rinse and place contaminated dental instruments in an enzymatic solution prior to scrubbing. An ultrasonic cleaner is ideal; the lid must be in place during operation to prevent aerosol spread.
2. All sharps waste is to be discarded in approved biohazard sharps containers marked for this purpose. Needles shall not be bent or broken prior to disposal. Disposable items to be discarded such as barriers, used sterilization bags, counter-top paper, etc. can be disposed of as general waste. Red biohazardous waste bags must be sealed and discarded in large red biohazard waste container.
3. If hand scrubbing is necessary, wear heavy-duty utility gloves and use a scrub brush with a long handle for scrubbing dental instruments. Minimize splatter and droplet formation.
4. After washing and drying, all instruments and handpieces are to be packaged for sterilization.
5. Barrier protection should be used on portable dental equipment such as electrosurgery units, ultrasonic scalers, and light-cure units.
6. All contaminated work surfaces must be disinfected with a EPA approved surface disinfectant. The contaminated surface is wiped down with moistened paper towels to remove debris, wiped again with a new clean moistened paper towels and surface stays moist until dried.
7. Flush high-evacuation system with tap water. Flush all water lines for 2 minutes; air purge for two minutes after flushing.
8. Clean sink; rinse and save screen.
9. After each patient, face shields and protective eyewear shall be cleaned and disinfected, if contaminated.
10. Inspect entire cubicle to insure a clean and disinfected work area before leaving. Wash & disinfect utility gloves before drying and removing. Wash hands with soap and water. Remove clinical gown. Return all re-useable items to Central Service. Avoid wearing disposable gowns outside of treatment areas and to the restroom.

ASEPTIC TECHNIQUES FOR THE DENTAL LABORATORY

1. All impressions should be handled as though they are potentially infectious, i.e. with gloves, masks, protective outer-wear and eye protection. After the impression is removed from the mouth, it should be rinsed thoroughly with tap water to remove particulate matter. Spray with disinfectant for the prescribed time and bag in zip-lock bag for transport. Rinse before pouring with dental stone.
2. All outgoing casts or finished prostheses should also receive the same treatment as above and placed within a plastic bag or sealed container.

3. Pumice containers can be lined with a plastic throw-away bag to prevent contaminated pumice from accumulating in corners. These can be removed after each case or whenever feasible and inverted to keep residual contaminated pumice inside the bag and discarded appropriately.
4. Fresh pumice should be used for each patient's item(s) using a disinfectant as its wetting agent.
5. All lathes using wheels for polishing should be appropriately shielded and these can be wiped with a disinfectant during the day or after each use.
6. Cloth wheels or polishing wheels should be only used on one case at a time, removed and rinsed in tap water then placed in a disinfectant solution for the prescribed time, or autoclaved.
7. Burs should be cleaned and packaged for sterilization.
8. Work-bench tops: If paper covers are used they can be discarded in appropriate containers. Whenever contamination occurs, counters should be cleaned and disinfected with a disinfectant.
9. Work-bench drawers should be orderly and void of any debris.

Revised 9/2009

