

**UCLA School of Dentistry WREB Exam Site Information for Candidates**  
**Exam Date: March 28 – March 31, 2019**

**Location**

The UCLA School of Dentistry is located at 714 Tiverton Street, Los Angeles CA, 90095.

**Directions and Parking Information**

- Please use the self-pay (aka Pay By Plate) parking in Structure 2 (see map below). Rates range from \$1.00 for 20 minutes to \$12.00 for the entire day. Cash, debit and credit cards are accepted.
- Parking Structure 2 can be accessed via Manning Avenue and Westholme Avenue, from Hilgard Avenue, or via Charles E. Young Drive South. Please use the self-park entrances to access the pay-by-space stalls.
- Once parked, go to the nearest pay station and follow the direction posted at that pay station.
- There is no free parking available at the School of Dentistry.

**Directions to Parking Structure 2 from the 405 North**

1. Take 405 (San Diego Freeway) to Wilshire Blvd. East
2. Travel east three blocks to Westwood Blvd.
3. Turn Left onto Westwood Blvd.
4. Travel five blocks to Charles E. Young Drive South.
5. Turn right onto Charles E. young Drive South.
6. Travel two blocks to Manning Avenue.
7. Turn right on Manning Avenue.
8. Turn left into pay-by-space entrance. (1<sup>st</sup> driveway)
9. Arrive at Parking Structure 2.

**Directions to Parking Structure 2 from the 405 South**

1. Take 405 (San Diego Freeway) and take the Sunset Blvd exit and keep left.
2. Turn left on Church Ln. and keep left.
3. Turn left onto Sunset Blvd
4. Travel 2 miles to Hilgard Avenue.
5. Turn right onto Hilgard Avenue
6. Travel 0.8 miles to Manning Avenue.
7. Turn right onto Manning Avenue.
8. Turn right into pay-by-space entrance (2<sup>nd</sup> driveway)
9. Arrive at Parking Structure 2

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### **Directions to Parking Structure 2 from the east via the 10 (Santa Monica Fwy)**

1. Take 10 (Santa Monica Freeway) to 405 (San Diego Freeway) North
2. Take 405 (San Diego Freeway) to Wilshire Blvd. East
3. Travel east three blocks to Westwood Blvd.
4. Turn left on Westwood Blvd.
5. Travel five blocks to Charles E. Young Drive South.
6. Turn right on to Charles E. young Drive South.
7. Travel two blocks to Manning Avenue.
8. Turn right on Manning Avenue.
9. Turn left into pay-by-space entrance.
10. Arrive at Parking Structure 2.

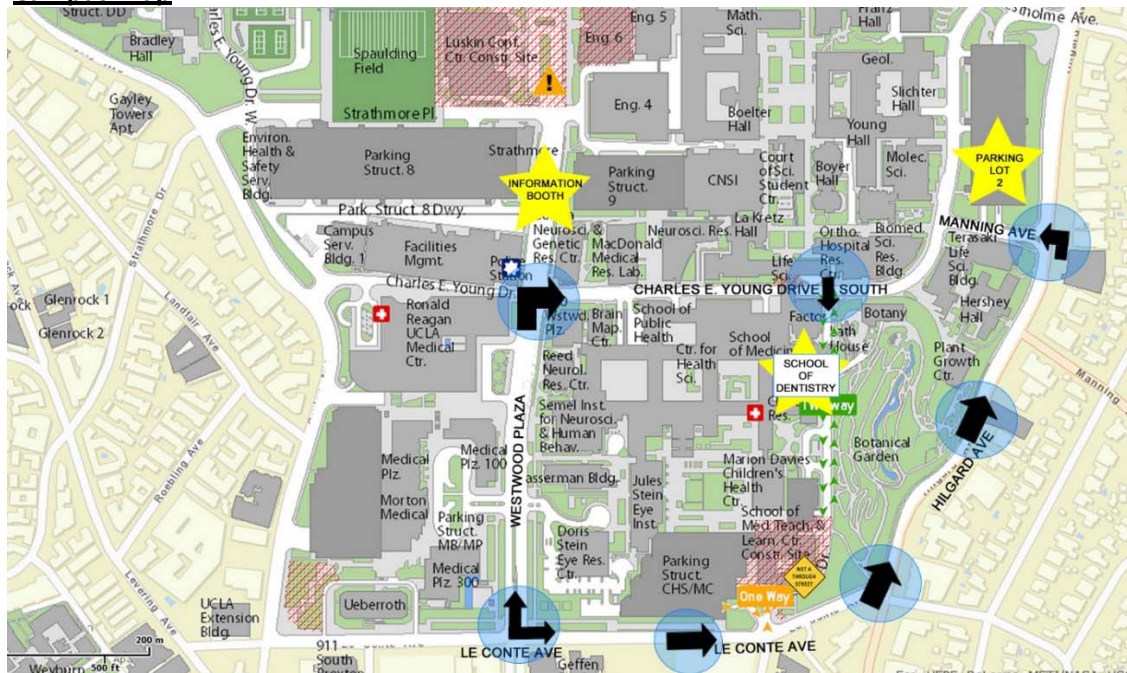
### **Information & Parking Booth**

The nearest parking booth can be found on 555 Westwood Plaza between Charles E. Young Drive South and Strathmore. This booth is open Monday - Sunday from 6:00 a.m. - 9:00 p.m. and is staffed by parking assistants who can help you with directions to on-campus and off-campus locations. For more information, please go to <https://transportation.ucla.edu/campus-parking/visitors>.



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## Campus Map



## Hotels

Visit our campus website to locate nearby accommodations at:  
<http://www.admissions.ucla.edu/Tours/Accommodations.htm>

## Student Store

The Health Sciences Student Store stocks a variety of items like dental supplies and snacks. Go west at the breezeway between the Dental School Academic building and the Dental Clinic building through the two sets of glass doors. Store hours are Monday - Friday, 7:45 a.m. to 6:00 p.m. and Saturday and Sunday from 11:00 a.m. to 3:00 p.m. They are closed on holidays. For more information, please call Doug at (310) 825-7721.

## Patients/Screening

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

Patient brokering; i.e., the selling of patients, will not be permitted under any circumstances within the School of Dentistry and/or the premises of UCLA.

## Clinic Radiograph Viewing

Our facility is a digital view-to-view only during the clinical portion of the exam. While it is not required that your radiographs be submitted digitally, you are highly encouraged to submit your radiographs digitally. **See radiograph submission procedures on page 9.**

**Conventional radiographs** will be used for the **Endodontic** portion of the examination.

## On Site Radiology Clinic

For a fee, candidates may have X-ray procedures performed by the exam site staff during the examination. **All radiographs taken by Oral Radiology during the exam will be produced in a digital printed format.** Procedures can be scheduled by appointment only prior to the examination. To make an appointment or for further information please call Rio Quintero-Martinez at (310) 825-5634.

## Identification

During the exam, you will be identified by your candidate number issued by the WREB. Please make certain that your patients and assistants know your candidate number.

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## Equipment and Instruments

The school does **not** rent or loan dental equipment or instruments.

## Dental Units

Each cubicle is equipped with an A-Dec chair unit, light, and a single doctor stool. A limited amount of assistant chairs are available.

## Power

There is one duplex on the chair and one at the countertop.

## Unit Configuration Details

Each unit is equipped with:

- A master on/off switch.
- An electric connector (Bien-Air) and interface control touchpad.
- A high-speed (6-pin) and low-speed (5-pin) conventional air-driven tubing. (see figures 1 & 2)
- A high-speed (Rabbit) and low-speed (Turtle) selective switch.
- A Cavitron or scaler connection receives a male, non-recessed, ¼ inch OD connector (see figure 3).
- An air/water syringe (Use only Sani-Tip brand tips provided).
- A water flow adjustment knob.
- A seat position adjustment key pad.
- A saliva vacuum.
- High suction vacuum line.
- Isolite Connector.

**Note:** If your handpiece does not have the configuration as shown in figure 2, consult with your handpiece manufacturer to determine if such an adapter is available. Some adapters may disable the light source on your handpiece if applicable. The UCLA Health Sciences Store carries a very limited number of 6-pin adapters. Call them for more information at (310) 825-7721.

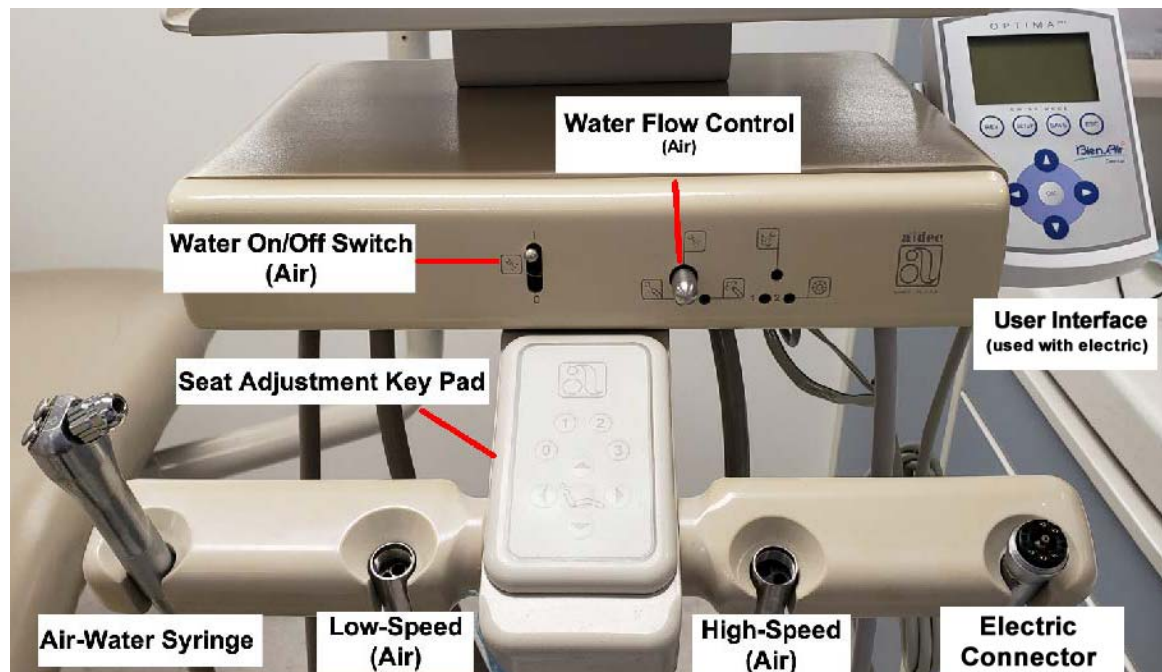


Figure 1

Continued

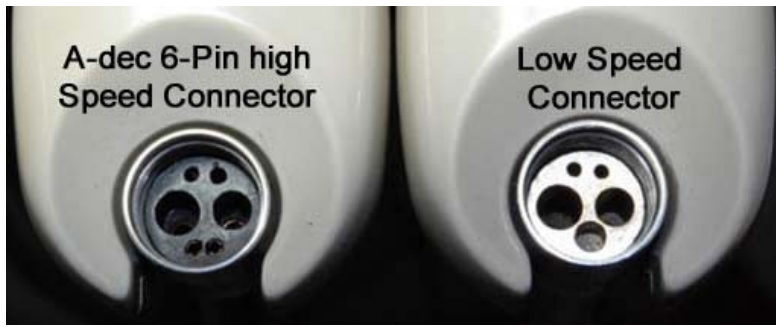


Figure 2



Figure 3

**Conventional Air-Driven System**

To use the air-driven system, the unit air switch must be in the “right” position as shown below.



Continued

**Electric-Powered System**

To use the electric system, the electric switch must be in the “left” position as shown below.



**Water source**

All dental units are equipped with a self-containing watering system. Please fill the bottle about 75% full. The water bottle screws on and off for easy removal and installation. **Please do not over tighten.**

To fill the dental unit water bottles, use only the water purification stations located within the 2nd and 3rd floor clinics. **Do not use tap water.** Check your water bottles before the exam to ensure it is filled and secured.



**Supplies**

The School will provide supplies that are typically used for teaching. Supplies will be available on the 2<sup>nd</sup> and 3<sup>rd</sup> floor Central Services window at room’s 20-166 and 30-166.

The school is **not** providing PVS putty for the Prosthodontic portion of the exam.

Chair set-up and other expendable supplies are available near the sterilization room 20-166D and 30-166D. Supplies not listed below or special (non-typical) supplies will not be available. Candidates are responsible for providing such materials.

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### Items Supplied for the Clinical Exam

Amalgam capsules	Facial tissue	Polishing materials for restoration
Articulating paper	Floss	Prophy paste
Autoclave tape	Gloves non latex (all sizes)	Biohazard bags
Cement (all bond)	Gowns	Rubber dams
Cotton rolls	Headrest covers	Rubber dam napkins
2x2 cotton gauze	Hemostatic agents	Saliva ejectors (standard)
Cotton swabs	Impression materials	Hand soap
Bench paper	Instrument trays (disposable)	Topical anesthetic
Disinfectant	Local anesthetic	Tray bags
Drinking cups	Mouth wash	Tray covers
Evacuator tips	Needles (short and long)	Air water syringe tips (disposable)
Face masks	Patient bibs	Air water syringe tip sleeves
Composite restorative materials	Paper towels	Barrier film

### Items Supplied for the Endodontic Exam

Sodium hypochlorite (bleach)	Face masks	Rubber dams (extra heavy)
Cotton rolls	Film (size #2)	Utility wax (white)
2x2 cotton squares	Gloves non latex (all sizes)	X-ray mounts
Developer and fixer	Gowns	
Endo syringes	Retraction cord (RC-Prep)	

### Sterilization

Sterilization will be done on the second and third floor clinics, room number 20-166D and 30-166D. Handpieces must be cleaned, dried, double bagged with peel pouches, and marked with appropriate candidate I.D. numbers in order to be submitted for sterilization. For instrument cassettes and burr blocks you will be provided white labels with your candidate number on them. Place white labels on your burr blocks and/or instrument cassettes. Burrs and instruments must be cleaned prior to bringing them to Central.

When submitting instruments for sterilization, **do not** include burr blocks or instrument cassettes. Instead, bring them to Central so they can run through the appropriate washers.

On clinic days 1 and 2, sterilization services are available from 7:30am to 4:00pm. On clinic day 3 from 7:30am to 12:00pm. Instruments received after 3:00pm on clinic days 1 and 2 and after 11:30am on clinic day 3 will not be ready until 7:30am on the following day. The sterilization cycles will begin at the top of the hour during the operating hours mentioned above.

### Endo Lab

- Each lab station is equipped with a dedicated Bien Air (MX2, E-type coupler) electric motor connector and interface, a 6-pin high speed (conventional air driven) connector, an air water syringe, and an Optima brand interface as shown in *Figure 4 & 5*.
- The Endo lab utilizes Frasco manikin heads and jaws which are compatible with the threaded or screw-on type Acidental MP E120 PC. See figures 6 and 8.
- Manikin skins/shrouds will **not** be used.

Continued

- **Conventional radiographs** will be used for the Endodontic portion of the examination.
- There is a gas outlet for the heat source; candidates must provide their own Bunsen burners and tubing.
- Endodontic Radiographs will be taken using the portable developing units. Administrators will be assigned to each developing station. Candidates should place their sextants into the X-ray developing box, step back and allow the administrators to administer the exposure.
- **Rapid access manual (hand) developing boxes** will be available for radiograph development. View boxes will be provided in central locations for radiograph review. Radiograph clips will **not** be provided.



Figure 4



Figure 5

Continued

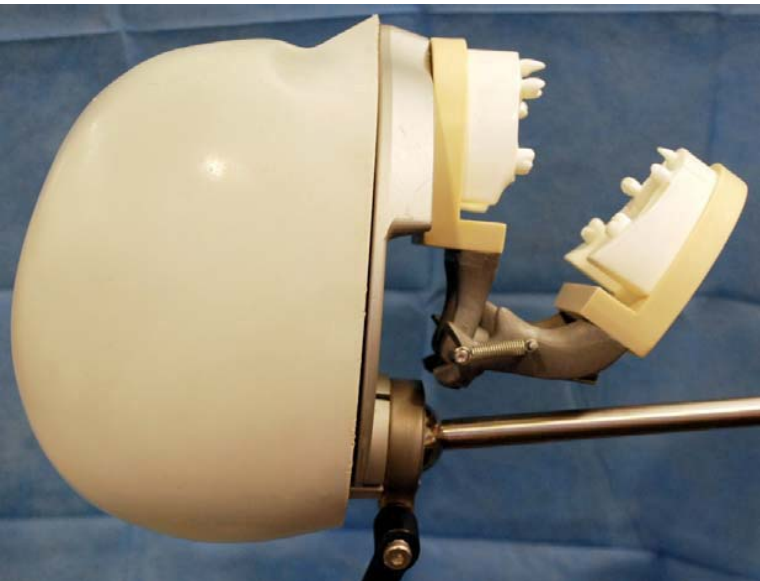


**Typodonts and Manikins**

To restrict the jaw movement of your typodont (as shown in figure 6), you may need a typodont rod kit (as shown in figure 10).



*Figure 6* **Frasaco head with Acidental typodont**



*Figure 7* **Frasaco head with Columbia typodont**

Continued

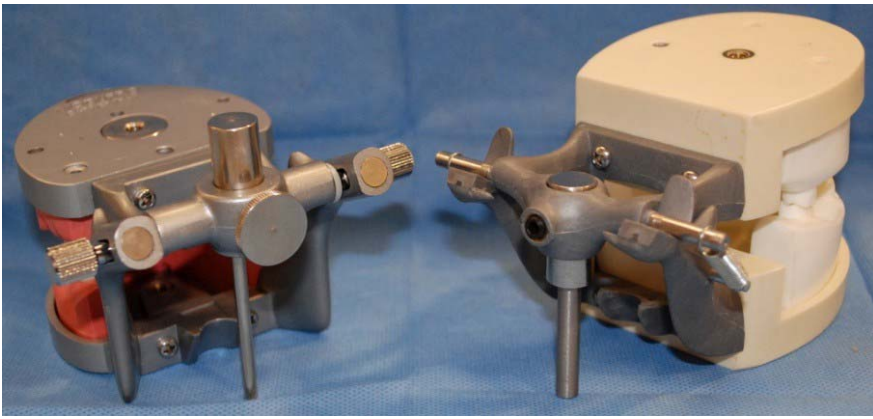


Figure 8 (L to R) Threaded or screw-on type Acidental & Columbia typodonts.



Figure 9. Top view of a threaded or screw-on type Columbia Typodont.



Figure 10. Typodont Rod Kit

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## Digital Radiograph Submission Provisional Acceptance

### Provisional Acceptance Procedure

WREB has created a process called **Provisional Acceptance** that has been implemented for the exam. Provisional Acceptance means your patient is radiographically accepted prior to the exam by WREB Grading Examiners. If provisionally accepted, all you will need is clinical confirmation by a Floor Examiner at the exam.

### **Submitting Radiographs for Provisional Acceptance**

Radiographs will be uploaded to the WREB's secure website by a designated staff member at the exam site. Uploads can only be done by the designated staff member during the assigned PA submission window. The window for submission is **8:00 am on February 20, 2019 to 12:01 am on March 5, 2019**. It is your responsibility to submit your radiographs within the date/time window, and to verify that the information submitted is correct. Once the window has closed, no additional radiographs will be accepted. If you do not submit during the window, you will submit your patient(s) in the traditional manner at the clinical exam. Similarly, if after provisional acceptance, any information is found to be incorrect or must be changed on a submission (i.e. tooth number, procedure type), the provisional acceptance is void and the patient must be submitted in the traditional manner at the exam.

You may submit **one submission per operative procedure for a total of two submissions**. No backup submissions are allowed and once a procedure is submitted, no changes will be allowed. Candidates are solely responsible for providing diagnostic quality radiographs, correct tooth numbers, and a diagnosis of the restorative procedures for all qualifying lesions on the teeth submitted for acceptance.

Requirements to submit:

- Your full name and the last four digits of the social security number used on your online application for the WREB exam.
- For each radiograph, you will need: patient name, procedure, tooth number, surfaces you plan to treat, and whether the patient is a patient of record at your school.
- Radiographs must be digital in jpg format. Scanned conventional radiographs will not be accepted.
- The radiographs must show the current condition of the tooth to be treated and must have been taken within the past six months.
- For each restorative procedure, except the Class III Composite, two preoperative radiographs of the tooth to be restored are required: one bitewing and one periapical. The Class III Composite procedure requires only a periapical radiograph for acceptance. Each radiograph must be uploaded as a separate jpg.
- Emails with more than two images will be rejected.

Email the radiograph(s) with the above required information to [xdrwreb2019@dentistry.ucla.edu](mailto:xdrwreb2019@dentistry.ucla.edu) and make sure the subject line displays "Provisional Acceptance". Make sure each email is for a **separate restorative procedure**, do not combine procedures into one email. Make sure all the required information is present in the mail before clicking send. **Emails that do not contain all of the required information will not be submitted.**

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## Standard Digital Radiograph Submission (Non-Provisional Acceptance)

### **Procedure for UCLA (Student) Candidates**

Open your patient in XDR. Launch XDR. Find the exam with the radiographs you want to use and open it. Select each image by single-clicking on the image (a blue outline will be shown). Click on the Export button and select "Single Image to File". A save as dialogue box will open, change the "save in" location to somewhere you can easily find like the desktop, change the file type to TIFF, name the file and click "save". Repeat the procedure until you have assembled all the files you need for your exam. Close XDR.

**Do not** create an exam in XDR for any "Provisionally Accepted" cases for which you have received an accepted email. These will be created for you from the radiographs that were submitted to the WREB.

Open your mannequin patient in XDR. Launch XDR. From the exam list start a new exam of the appropriate type. Click on the "Import Image" button and select "file". Browse to the location where you saved the previously exported images, single-click on the image you want to import and click "Open". Double click on the newly imported image to shrink it back to the template. Using the tools on the left hand side of the window, adjust the contrast and sharpness to your satisfaction. Click on the next open slot in the template and repeat the procedure for each image you wish to import into this exam. When you are done importing and adjusting the images, click on the "Write Notes" button and change the description to the following format and click the "Done" button: (separate each field with a comma and **no** spaces)

#### **Operative**

Candidate's number, patient's first name only, procedure, tooth number, and surface to treat. For example (A100, Steve, Amalgam, #13, D0).

#### **Perio**

Candidate's number, patient's first name only, "Perio".  
For example (A100, Steve, Perio).

Click on the Save Exam button. Repeat the above procedure for each Operative and/or Perio WREB procedure. Mannequin accounts will be locked on **03/25/2019 at 7:00 a.m.** At that date and time all exams will be migrated to the WREB server. Any radiographs that need be taken on or after that date must be acquired in radiology and printed for the WREB.

Continued

**Procedure for UCLA Residents, UCLA ACT's and Non UCLA Candidates**

While it is not required that your radiographs be submitted digitally, you are highly encouraged to submit your radiographs digitally. **All submissions must be received by 03/25/2019 at 12:01 a.m. PST.** Do not send any Operative radiographs for any “Provisionally Accepted” cases for which you have received an accepted email. These will be created for you from the radiographs that were submitted to the WREB by us.

### **Operative**

Export your bitewing and periapical (PA) radiographs from your current system in DICOM format and make sure the files have the .dcm extension. Add the extension to the file if it does not have it. Email the files to [xdrwreb2019@dentistry.ucla.edu](mailto:xdrwreb2019@dentistry.ucla.edu) and make sure to put in the subject line the following information in the following format:

- Candidate’s number, patient's first name only, procedure, tooth number, and surface to treat. For example (A101,Steve,Amalgam,#13,D0)

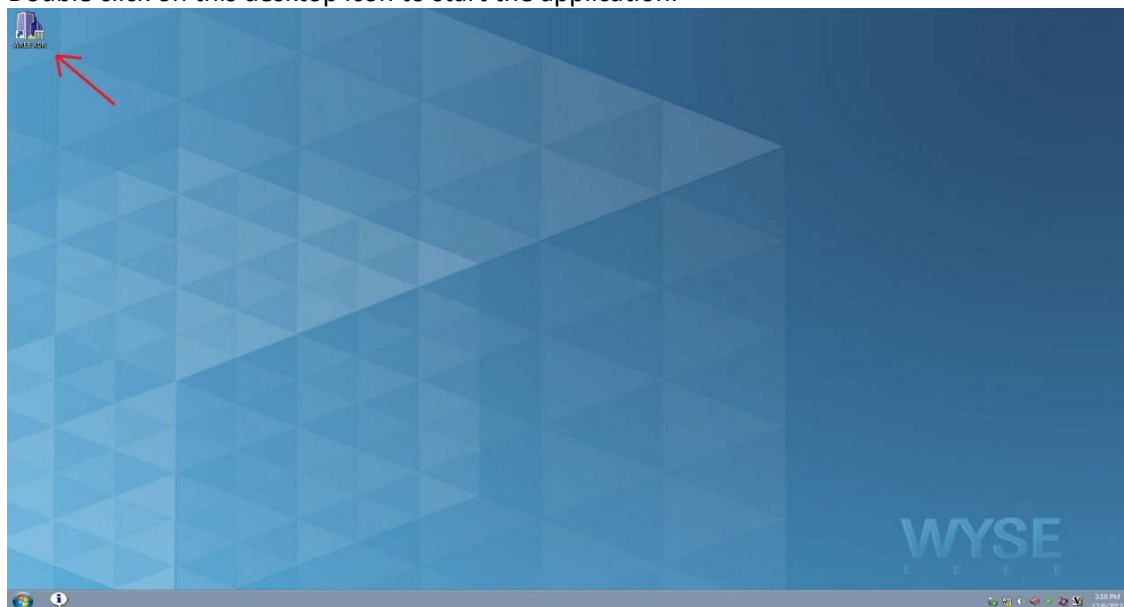
### **Perio**

Export your FMX to ONE file in DICOM format and make sure the files have the .dcm extension. Add the extension to the file if it does not have it. Email the files to [xdrwreb2019@dentistry.ucla.edu](mailto:xdrwreb2019@dentistry.ucla.edu) and make sure to put in the subject line the following information in the following format:

- Candidate’s number, patient's first name only, Perio. For example (A101,Steve,Perio)

### **Digital Radiograph Viewing Instructions**

The application that is used to store and retrieve the digital radiographs is named XDR. The individual radiographs are stored under exams. The exams are stored under the candidate number. So to retrieve a radiograph you must first find and open your candidate number, then find and open the relevant exam. Each computer in the cubicle will have an application icon named “WREB XDR”. Double click on this desktop icon to start the application.



You will be presented with a list of candidate numbers. Type your candidate number in the “Search by Last Name” box. The cursor will jump to and highlight your row. When your row is highlighted, click on the “Get Patient” button.

Continued

### PATIENTS

BACK TO MAIN MENU  
GET PATIENT

Search By Last Name	Search By First Name	Search By Patient ID
108		
101	Candidate	XDR00003
102	Candidate	XDR00004
103	Candidate	XDR00005
104	Candidate	XDR00006
105	Candidate	XDR00007
106	Candidate	XDR00008
107	Candidate	XDR00009
108	Candidate	XDR00010
109	Candidate	XDR00011
110	Candidate	XDR00012

You will then see a list of all your submitted exams. Click on the exam you wish to view then click on the "View Exam" button.

### PATIENT EXAMS

BACK TO PATIENT LIST

VIEW EXAM
FLOAT EXAM
FLOAT ALL
NEW EXAM

Date	Exam Type	Notes (shift left click to read all)
1/16/2014	FMX	100 Fred Perio
1/16/2014	PA BW	100 Fred Composite #8 DO
1/16/2014	FMX	100 Joe Perio
1/16/2014	PA BW	100 Joe Amalgam #5 DO

ARCHIVE SELECTED EXAM

You will be presented with a list of your submitted radiographs. Double click on an individual radiographs to enlarge it.

Continued



When you are done viewing the radiographs click on the “BACK TO PAT. INFO” button to return to the exam list. From there you can select a different exam to view or to exit the program click on the home icon in the upper left corner of the window and click on the “EXIT” button.



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### **Viewing Shared Digital Radiographs**

To view shared digital radiographs between candidates during the clinic portion of the exam, radiographs **must** be imported into each candidate's exams by the digital radiograph submission procedure deadline. If candidates are sharing digital radiographs during the exam and such images have not have been imported accordingly, the images will not be scanned into our computerized system and thus will **not** be available to view during the exam.

Our Oral Radiology Clinic will be available to print digital images from a candidate's exam(s), if necessary. However, an original **WREB Radiograph Sharing Consent Form** that has been completed and signed must be submitted to our Oral Radiology unit before the digital radiographs are printed. The WREB Radiograph Sharing Consent forms will be made available during the exam on the forms table in the general clinic exam area of the 2<sup>nd</sup> and 3<sup>rd</sup> floors. **Copies of this form will not be accepted.**

### **Infection Control**

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.

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**UCLA Dental Center**  
**INFECTION CONTROL MEASURES**

**GENERAL**

The practice of “standard precautions” shall be observed to prevent contact with blood or other potentially infectious materials. Refer to specific terminology in the 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 “pharmaceutical” 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 pharmaceutical 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 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 the beginning and end of each day, and before attaching handpieces, air-water syringes, ultrasonic units, and 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 hand-rub 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. 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.
3. Single-use disposable instruments (e.g.s, prophylaxis angles, prophylaxis cups and brushes, tips for high-speed evacuators, saliva ejectors, and disposable air-water syringe tips) shall be used for one patient only and discarded appropriately.

4. 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 and over-gloves 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.
5. Clinical gowns must be removed immediately or as soon as possible if penetrated by blood or other potentially infectious materials.
6. A mouth rinse to reduce the oral flora may be used. Use a rubber dam isolation whenever possible during restorative procedures. All regulated medical waste must be collected in the red biohazard bag and disposed of properly.
7. 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.
8. Minimize the formation and spread of aerosols, splatters, and droplets by using high-volume suction during treatment.
9. Impression, bite registrations, mould, shade guides, and removable appliances are to be rinsed in running tap water, and then disinfected with intermediate-level disinfectant solution.
10. 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.
11. 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 pharmaceutical 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
3. General waste. Red bio-hazardous waste bags must be sealed and discarded in large red bio-hazard waste container.
4. 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.
5. After washing and drying, all instruments and hand-pieces are to be packaged for sterilization.
6. Barrier protection should be used on portable dental equipment such as electro-surgery units,

ultrasonic scalers and light-cure units.

7. 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.
8. Flush high-evacuation system with tap water. Flush all water lines for 2 minutes; air purge for two minutes after flushing.
9. Clean sink; rinse and save screen.
10. After each patient, face shields and protective eyewear shall be cleaned and disinfected, if contaminated.
11. 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.

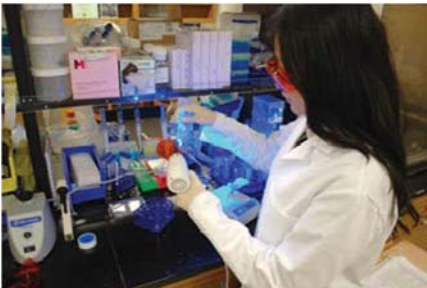


# School of Dentistry



## Licensing Exam Emergency Plan

School of Dentistry  
714 Tiverton Drive  
Los Angeles, CA 90095



## SECTION 1: INTRODUCTION

### 1.1 OVERVIEW

The School of Dentistry has in place a Floor Warden Program for the protection of its faculty, staff, students, and visitors in the event of an emergency. SOD recognizes the need to assign competent persons qualified to exercise leadership to coordinate and assist with evacuation drills and emergency response activities. For this reason, SOD developed this plan to communicate its policy in regards to the Floor Warden Program and the actions necessary to mitigate the effects of emergencies on licensing exam occupants.

### 1.2 STATEMENT OF POLICY

It is the Department's policy that the information contained within this plan is distributed to all personnel assigned roles outlined in this plan (i.e., personnel appointed as Floor or Area Wardens, or serving in a support role), for their use. It will be the responsibility of the exam day coordinator to assign individuals to fill the roles of the Floor Warden program. All personnel appointed as Floor or Area Wardens, or serving in a support role, are required to understand the contents of this document and to abide by the roles and responsibilities delegated herein.

### 1.3 ROLES AND RESPONSIBILITIES

This section outlines the various roles and responsibilities as part of the Floor Warden Program. Table 1.1 summarizes the key positions unique to the Floor Warden Program and a brief description of their responsibilities.

<b>Position</b>	<b>Responsibility</b>
Floor/Area Warden	Individual assigned to coordinate emergency evacuations of a specific floor or area and to ensure that all occupants have evacuated the building. The Floor/Area Warden is responsible for verifying the evacuation of all spaces, including rest rooms. Floor/Area warden must report to the facility warden (aka school coordinator) to confirm floor evacuation.
Stairway/Elevator Monitor	Individual assigned to monitor the use of the stairway on a specific floor during an emergency evacuation. This individual also monitors the elevator lobby during an evacuation to prevent the elevator from being used and to direct occupants in elevators to emergency stairways.

## SECTION 2: SOD EMERGENCY ASSEMBLY AREA

Everyone must leave the building immediately if the fire alarm is activated or if directed to do so. Proceed to the SOD emergency assembly area on the east sidewalk of Tiverton Ave., across the street from the School of Dentistry Clinic. Do not go into the Botanical Gardens.



When evacuating through the breezeway, proceed to the east sidewalk of Tiverton Ave.

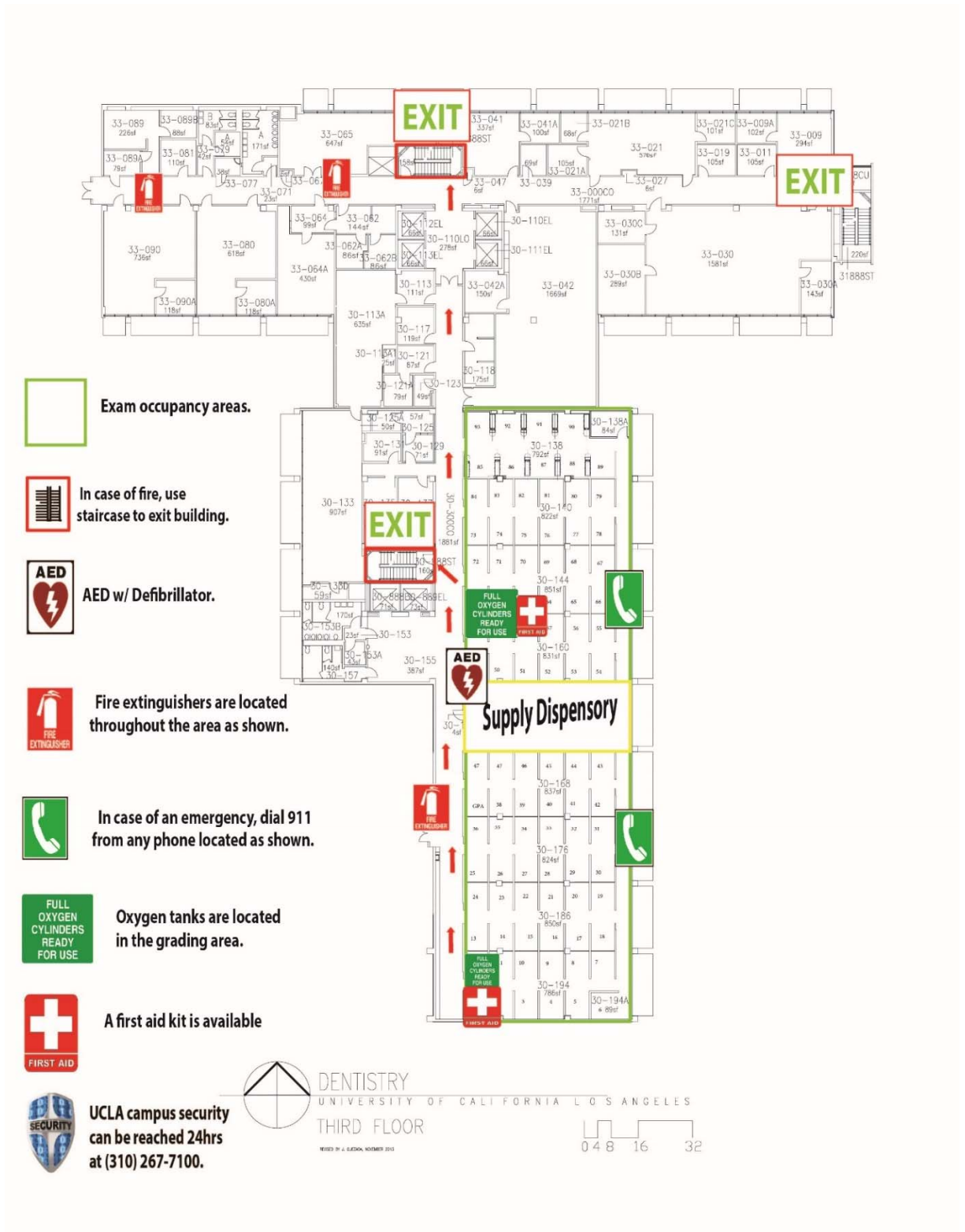


When evacuating through the clinic lobby, stay on the sidewalk and proceed to the east sidewalk of Tiverton Ave.

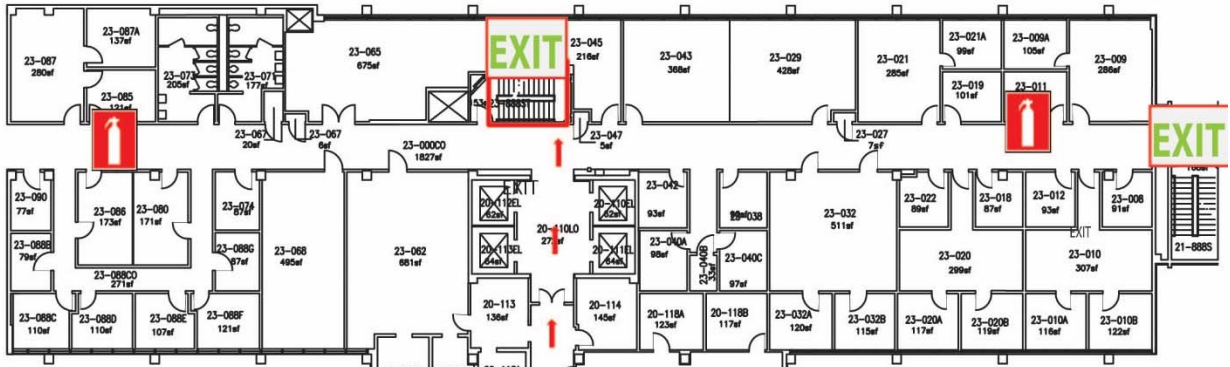



SOD Emergency Assembly Area. Do not go into the Botanical Gardens. Do not re-enter the building until given the “all clear” by emergency personnel.


## SECTION 3: SOD FLOOR PLANS










 Exam occupancy areas.

 In case of fire, use staircase to exit building.


 AED w/ Defibrillator.

 Fire extinguishers are located throughout the area as shown.

 In case of an emergency, dial 911 from any phone located as shown.

 Oxygen tanks are located in the grading area.

 A first aid kit is available

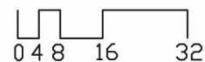
 UCLA campus security can be reached 24hrs at (310) 267-7100.

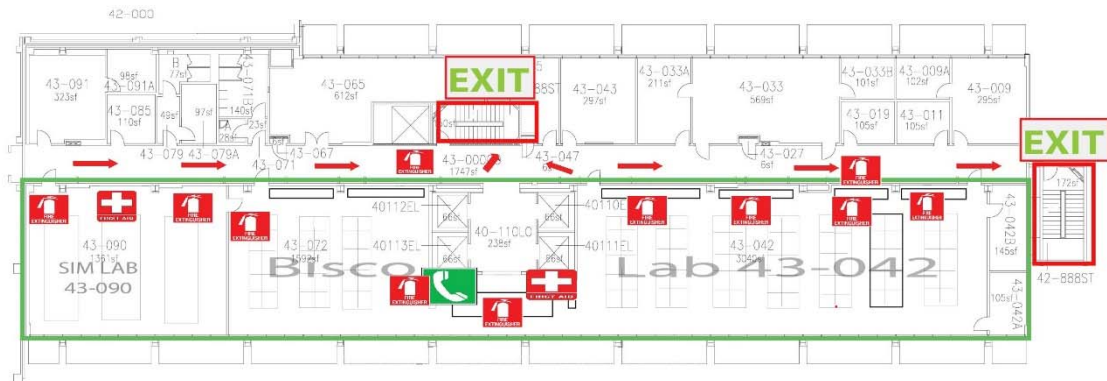


DENTISTRY  
UNIVERSITY OF CALIFORNIA LOS ANGELES

SECOND FLOOR

REVISED BY J. QUEZADA, APRIL 2013





Exam occupancy area.



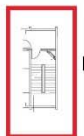
First aid kit located behind teaching desk within the SIM Lab 43-090



Campus Phone Located in adjacent Bisco lab area.  
Emergency Dial 911.



Fire extinguishers are located  
throughout the 4th floor area as shown.



In case of fire, use stairwells to exit building.



UCLA campus security can be reached 24hrs at (310) 267-7100.



Questions regarding this handout?  
Please call the UCLA School of Dentistry at (310) 825-5035.

Rev. 10.2018