

**The University of Texas School of
Dentistry at Houston**



Exam Site Information for Candidates
Western Regional Examining Board (WREB)
2020 WREB Hygiene Examination

7500 Cambridge St.
Houston, TX 77054
713-486-4354

Exam Site Information for Candidates
2020 WREB Dental Hygiene & Local Anesthesia Examination

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Welcome to the University of Texas Health Science Center at Houston – School of Dentistry

The School of Dentistry is located at 7500 Cambridge St. Houston, TX 77054 which is at the corner of Cambridge St. and East Rd. This handbook has been prepared to assist Dental Hygiene candidates for the Western Regional Examination Board Exam. If additional information is needed after reading this handbook, please e-mail your questions to Ruby.Gorham@uth.tmc.edu or contact the Office of the Associate Dean for Patient Care at (713) 486-4354.

School of Dentistry Facility and Services

1. Building and Bookstore Access Hours

The School of Dentistry building will be open from 6:00 a.m. to 6:00 p.m. during the Western Regional Board Examination, unless otherwise requested by the examiners. The school Bookstore (Room 2202 on the 2nd floor) will also be open from 7 am to 5 pm on Wednesday, Thursday, and Friday of the WREB. It will be closed on Saturday.

2. How to Access Security

A security desk is located in the main lobby on the 1st floor.

3. Parking

Parking is located directly across the street from the School of Dentistry. The rate as of 8/27/19 is hourly with a \$10.00 maximum daily fee. Parking can be paid at the kiosk located in the first floor main lobby before going to your car or by credit card at the exit.

4. Registration and Identification Badges

Numbered badges will be issued to candidates at orientation and will serve as an I.D. throughout the examination. The badge must be worn at all times while in the building. Badges must be turned in at the completion of the examination as part of the check-out procedure with the Western Regional Examining Board.

5. Food Service

The School of Dentistry has a “Grab and Go” located on the first floor room 1202. Food and beverage machines are located on the first floor as well.

Preparing for Clinical Phase of the Exam

1. Patient Screening

The School of Dentistry **cannot** provide patients for candidates. Candidates should not ask the school for patients or patient records. Candidates may use the School of Dentistry to screen patients on a limited basis. Screenings are to be performed in the school's Assessment Clinic, located on the first floor. Please note the available dates and times below.

Monday May 4th from 9:00 am until 11:00 am and from 1:00 pm – 3:00 pm on and Tuesday May 5th from 9:00 am until 11:00 am and 1:00 pm- 3:00pm.

There will be no screenings during the WREB exam.

2. School of Dentistry Imaging (Radiology) Policy

This site will be a digital facility only. Digital Support will be as follows:

Printed Digital Radiographs - Must be presented by all candidates

3. Imaging Clinic

The Imaging Department is located on the first floor adjacent to the patient waiting area. Since our facility's radiography is totally digital, all outside candidates will need to bring your enhanced digital radiographs in a printout form. All radiographs must be on high quality photographic paper.

It is strongly recommended that candidates have radiographs taken before arriving at the School of Dentistry. However screenings can be performed in the School of Dentistry Assessment Clinic on the first floor.

Any radiographs obtained on a potential patient require the written authorization of a School of Dentistry Faculty member(s) assigned to the area. The *Radiograph Authorization Assessment Form* is available in the Assessment clinic.

Candidates using the Imaging Clinic are required to follow School of Dentistry infection control policy and to wear proper clinic attire. Staff will not be available to take radiographs. Candidates should bring his/her own XCP and BW/XCP. Candidates will be responsible for exposing and scanning their patient's PSP (phosphor plate).

The clinic will be available on the following dates and times prior to the exam.

Monday May 4th from 9:00 am - 11:00 am and from 1:00 pm – 3:00 pm on and Tuesday May 5th from 9:00 am -11:00 am and 1:00 pm-3:00 pm.

The Imaging Clinic will be available to the candidates and their assistants during the exam on a limited basis (emergencies only) from 7:30 am – 5:00 pm. Again, please note that the school will accommodate digital radiography only.

Supplies available in Radiology Clinic:

Cotton rolls
Bitewing tabs
Disposable foam Stabe biteblocks
Gowns
Facemask
Sanitizing materials
Gloves

3. Local Anesthesia

The School of Dentistry will provide clinical dental faculty to administer anesthesia to patients who require anesthesia.

4. Cubicles (Operatories)

Each candidate will be assigned a numbered cubicle in the clinic which will correspond to the applicant's numbered I.D. badge issued at orientation. Each cubicle is equipped with one (1) dental chair (Adec), one (1) delivery unit equipped with an air/water syringe (Adec), and one (1) operator's stool. Any equipment malfunctions should be reported to The Office of Patient Care 713-486-4354 room 3510.

5. Equipment, Instruments and Materials

Items to be supplied by candidates and the School of Dentistry are included in the supplements at the end of this handbook (page 12). **Anything not listed the candidate must provide.** Any equipment or supplies on loan to candidates must be returned prior to check-out. Candidates may be required to submit a valid driver's license when equipment or supplies are borrowed. The license will be held until the borrowed items are returned.

a. Handpieces

Each 12 O'clock delivery unit is equipped with one 6-pin air tubing, one electric motor, and one Satelec Newtron Piezo handpiece tubing (no handpiece).



12 O'Clock Delivery Unit



6-Pin Tube with W&H RQ-24 (removable)



Acteon Newtron Piezo Handpiece Tube

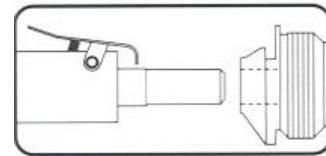


Electric Motor

b. Ultrasonic Scalers

All dental units have quick-connector water sources. The names of some scaler units adaptable to the school's quick connector with 1/4" fitting are:

- Cavitron (Dentsply)
- Densonic Scaler (Dentsply)
- Schein
- Titan – Star



6. Equipment Rental Agreement

The Equipment Rental Agreement begins on page 16. The completed form must be presented to the cashier station for payment to be made.

7. Sterilization

Instruments and handpieces properly cleaned, dried, wrapped and marked with appropriate candidate I.D. # will be accepted for steam sterilization at the first floor clinical dispensary, Room 1540. Sterilization services are available from 8:00 a.m. to 12:00 noon and from 1:00 p.m. to 4:00 p.m. starting on Monday, May 4th, through Friday, May 8th. Instruments received after 3:30 p.m. will not be ready until 7:30 a.m. the following day.

During the Board

1. Infection Control

a. Surface Asepsis

- Handles of the unit light, x-ray heads, and light cure units, and air-water syringes may be covered with either clear plastic wrap or blue adhesive backed plastic wrap.
- The patient chair, dental unit, and counter tops may be disinfected by using disinfecting wipes.
- Plastic head rest covers and plastic wrap are provided. Disinfecting wipes and barrier bags are available on each floor.
- Candidates must furnish their own utility gloves to be worn during scrub and handling of dirty instruments.

b. Personal Protective Equipment

- Appropriate protective clothing, including disposable gowns, are available and must be worn in occupational exposure situations.
- Disposable gloves, masks and gowns are located at each clinical dispensary.
- Candidates are to provide their own OSHA-acceptable protective glasses.
- Chlorhexidine antiseptic soap is available at sinks in all clinics.

c. Hazardous Waste

- Any blood/saliva-soaked waste is considered hazardous and must be disposed of in biohazard bags available at the clinical dispensary.
- Biohazard bags may be attached to the sides of the bracket tray. At the end of each session, bags should be sealed and placed in biohazard waste containers which are located at the dispensary.

d. Sharps Disposal

All needles, anesthetic cartridges, and any potential sharps are to be placed in the plastic sharps containers located in each cubicle.

2. Medical Emergencies (“Code Blue”)

In order to alert emergency personnel to a medical emergency and not unduly alarm the patient population, the following protocol must be followed upon discovering a serious medical emergency:

- a. The patient will remain in the care of the candidate or person discovering the problem. **The patient must not be left alone.** The assistant or responsible person will be sent to report the problem to the floor Examiner.

- b. The Chief Examiner will make a judgment as to whether a “coded” emergency exists.
- c. The assistant will be sent to the nearest dispensary to report the incident and request assistance. Dispensary personnel will be advised if (1) a “coded” emergency has been declared by the faculty, or (2) nursing assistance only is requested.
 1. If a “coded” emergency has been declared, dispensary personnel will provide the emergency cart for the messenger and immediately place calls to the following locations:
Office of Clinical Services (SOD 3210) ext. 486-8873
Office of Patient Care (SOD 3510) ext. 486-4354

The message should be stated clearly and briefly as follows:
“Code Blue in progress on _____ floor, _____ area.”
 2. If nursing assistance only is requested, dispensary personnel will immediately notify the Office of Clinical Services, ext. 486-8873.
- d. In all possible emergencies:
 - Place the patient in a supine position, if unconscious
 - Assess consciousness and responsiveness
 - Check airway, assist respiration if indicated
 - Check pulse, be prepared to perform CPR if indicated
- e. Emergency carts are located in all clinical dispensaries, and the Oral and Maxillofacial Surgery Clinic (Area D). A floor RN with emergency cart and emergency personnel will go to the area of the emergency on a “Code Blue”. Emergency manuals are located on the emergency carts.
- f. The Examiner assumes responsibility for resuscitative procedure and the administration of emergency drugs until relieved by other personnel. Emergency manuals are located on the emergency cart.

Travel and Housing Arrangements

1. Airline and Airport Information

Houston is served by two airports: Hobby Airport in Southeast Houston and George Bush Intercontinental Airport of Houston (IAH) in North Houston. Depending on origination, candidates may find flights into both airports and should inquire when booking reservations. Being the larger airport, Bush Intercontinental accommodates a larger number of airlines and flights.

2. Ground Transportation To/From Airports

In non-rush hour periods, expect a minimum drive time of approximately 35 minutes from Hobby and approximately 55 minutes from Bush Intercontinental. Candidates have three (3) primary choices for ground transportation from Houston's airports:

a. Shuttle bus

Texas Bus Lines (713-523-8888) operates the Airport Express Shuttle Service to/from both airports. Please call for fares.

b. Taxi cab

While several companies serve Houston, candidates may elect to use one of the following and should call for approximate fares:

Liberty Cab (713) 695-6700
United Cab (713) 699-0000
Yellow Cab (713) 236-1111

c. Rental car

Both Houston airports are served by all major car rental companies. Those listed below are just a few that are available:

Alamo Rent-A-Car (800) 327-9633
Avis Rent-A-Car (800) 331-1221
Hertz Rent-a-Car (800) 654-3131
National Car Rental (800) 227-7368
Thrifty Car Rental (800) 367-2277

d. Directions for Driving from Airports and Freeways

From Bush Intercontinental Airport - Depart Intercontinental Airport onto Will Clayton Boulevard. Take Will Clayton to Highway 59 South. Travel Highway 59 South to Highway 288 (19 miles). Exit Holcombe Blvd. Stay straight and take a right on Old Spanish Trail. Turn left onto Cambridge St. Take the first right onto East Rd. The School of Dentistry is located at the corner of Cambridge St. and East Rd.

From Hobby Airport - Depart Hobby Airport onto Broadway. Travel Broadway to I-45 North. Take I-45 North to 610 Loop West. Follow 610 Loop West towards 288 and exit Yellowstone Blvd. Stay straight and turn left on Old Spanish Trail. Turn left onto Cambridge St. Take the first right onto East Rd. The School of Dentistry is located at the corner of Cambridge St. and East Rd.

3. **Housing**

Reservations should be made directly with hotels/motels, and accommodations located within a few miles of the school are listed below. Candidates should call for rates.

Residence Inn Marriott
Medical Center
7807 Kirby Dr.
Houston, Texas 77030
(713) 660-7993

Hampton Inn & Suites
1715 Old Spanish Trail
Houston, Texas 77054
(713) 797-0040

Holiday Inn Hotel & Suites
Medical Center
8111 Kirby Dr.
Houston, Texas 77030
(713) 790-1900

NOTE: All hotels/motels listed above may provide courtesy transportation to the School of Dentistry and Texas Medical Center campus.

EXAM ROOM ASSIGNMENTS

Schedule* and Locations

	<u>Room #</u>
Wednesday, Thursday, and Friday May 6-8	
Candidate Orientation	4320
School Tour	4320
Thursday May 7- Saturday May 9	
Clinic Exam Area (1 st Floor)	Bays A and B
Grading Area:	Bay E
<u>Important Locations</u>	
Clinical Dispensary	1540
Central Sterilization Receiving	1540

* See official WREB documents for times

DENTAL INSTRUMENTS AND SUPPLIES

Items Supplied By Dental Hygiene Candidate:

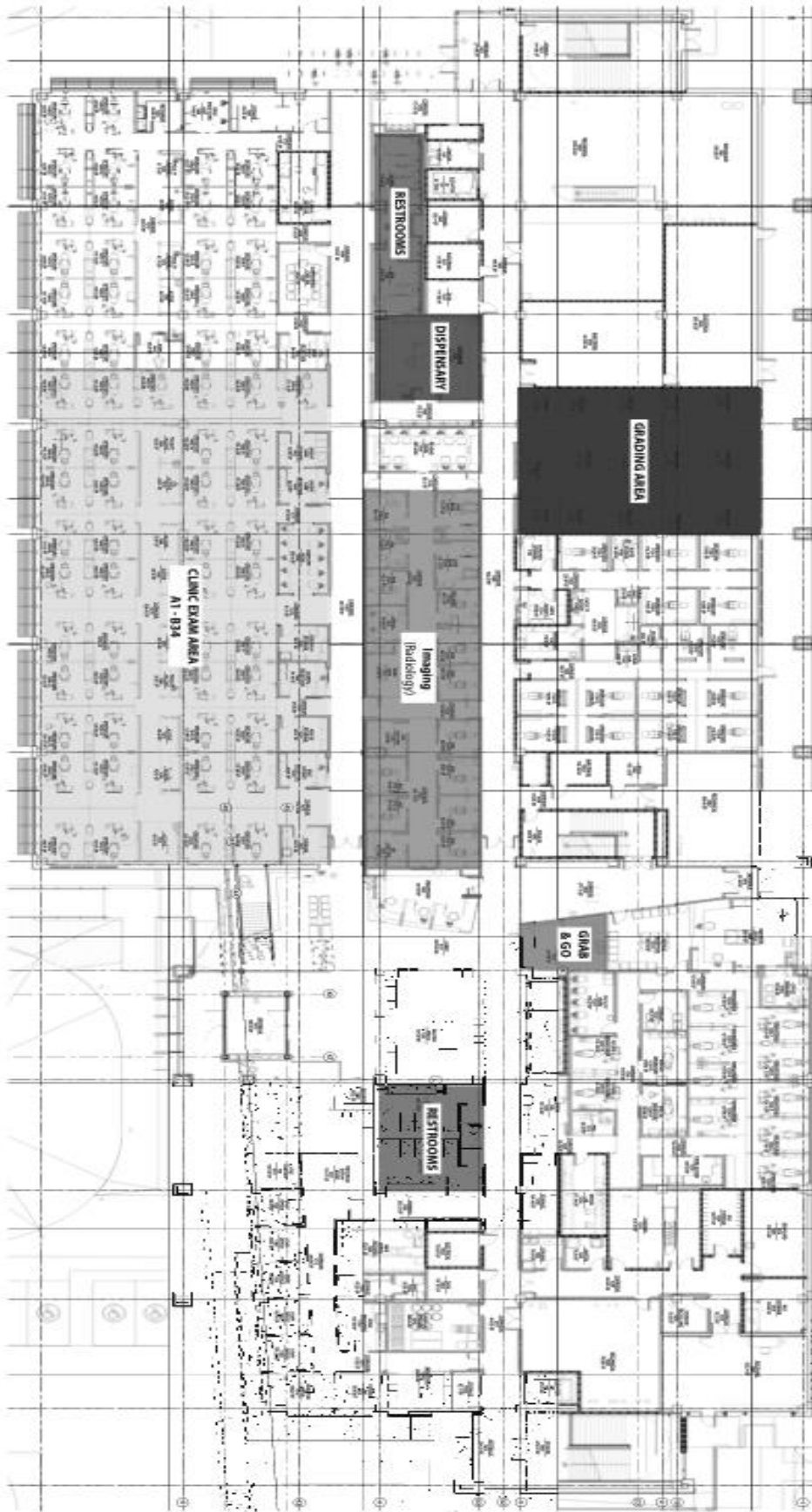
- Glasses, Protective
- Handpiece, Slow-Speed**
- Ultrasonic Scaler/Inserts (Piezo and Magnetostrictive)**
- Oral Hygiene devices for patient education (brushes, floss, etc.)
- Pencils, Charting (Red and Blue)
- Polishing Burs and Stones for Amalgam
- Polishing Equipment
- Prophylaxis angle, rubber cup, brushes, and finger cup/ring holder
- Stones, Sharpening
- Uniforms
- Blood Pressure Equipment

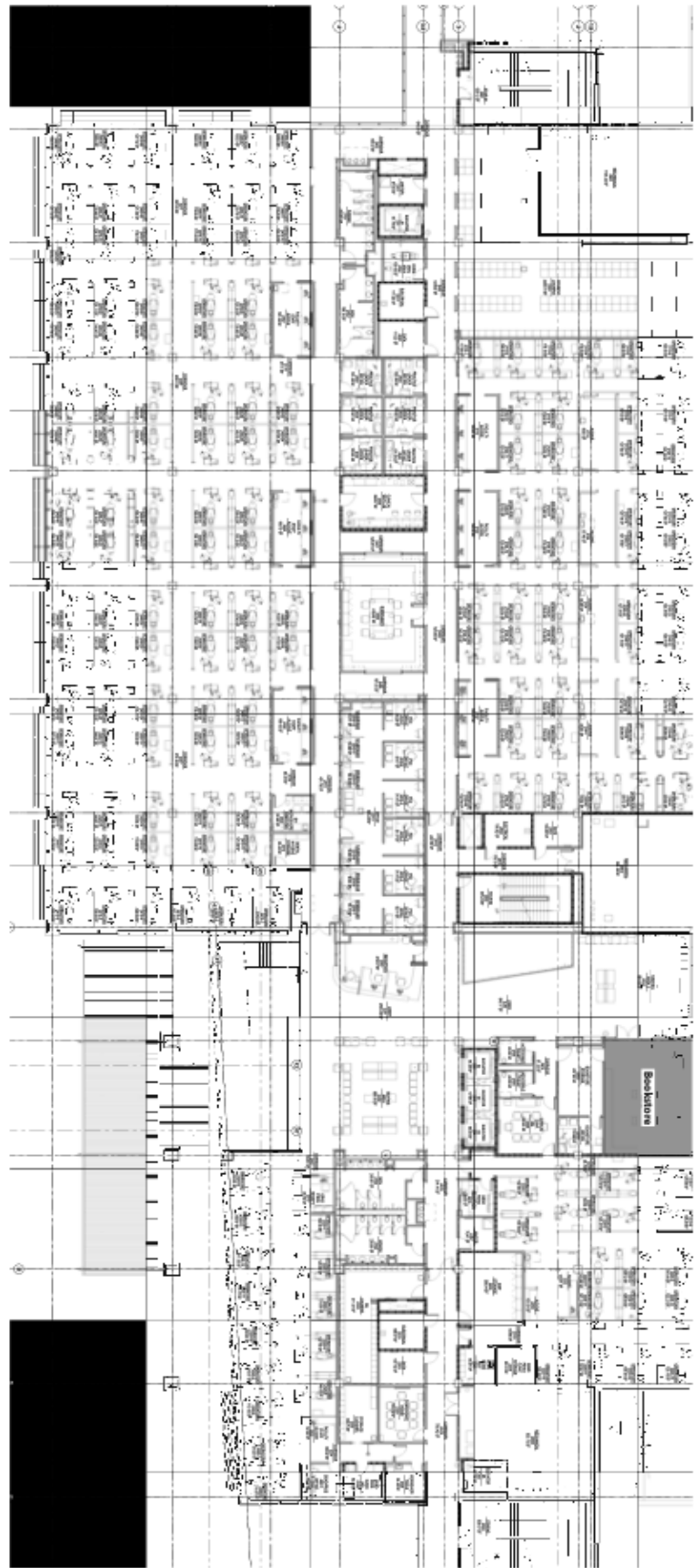
**** No Rentals available**

Items Supplied By the School of Dentistry:

- Air/Water Syringe Tips (Disposable)
- Anesthesia, Topical & Injectable
- Anesthetic Syringe***
- Bags, Biohazard
- Bags, Sterilization
- Bags, Trash
- Cotton Applicators and Rolls
- Disclosing Solution
- Disinfectant Wipes (Sani Cloth AF3)
- Drinking Cups
- Facial Tissue
- Floss
- Fluoride Gel
- Gauze Sponges (2 x 2)
- Gloves, Exam (Non-Sterile/latex free)
- Gowns, Isolation
- Hand soap
- Headrest Covers
- Masks
- Mouthwash (antimicrobial)
- Paper Towels
- Patient Napkins
- Plastic Barrier Wrap
- Prophylaxis Paste
- Vanish Varnish
- Saliva Ejectors
- Instrument Trays (disposable)
- Tape, Autoclave
- Tape, Masking
- Tray Covers

***Available for check out

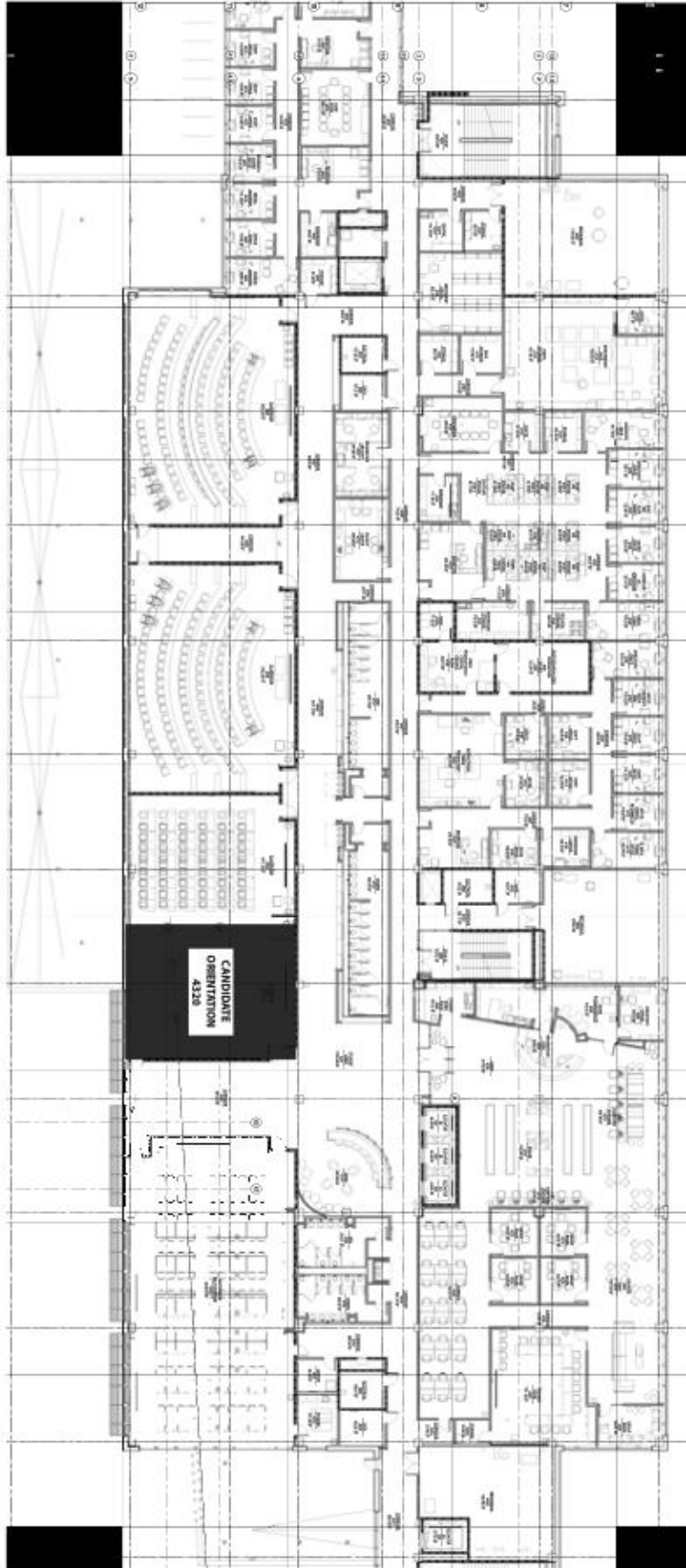




West

Second Floor

East



West

Fourth Floor

East



The University of Texas
Health Science Center at Houston

School of Dentistry
Division of Clinical & Educational Support Services

EQUIPMENT RENTAL AGREEMENT – WREB EXAM

OWNER:

The University of Texas Health Science Center at Houston (UTHealth)
School of Dentistry
7500 Cambridge Street, Suite 4400
Houston, TX 77054
Phone: 713-486-4093

USER:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

Organizational/School Affiliation: _____

WREB Exam ID Number: _____

EQUIPMENT RENTAL AGREEMENT

In consideration for The University of Texas Health Science Center at Houston (“UTHealth”) School of Dentistry allowing the above-named User to rent certain dental equipment and instruments (“Equipment”) for use in taking the WREB Dental Exam on the UTHealth campus, the User agrees as follows:

1. EQUIPMENT

The Equipment may only be used for the purpose of taking the WREB Dental Exam on the date(s) specified in Paragraph 2, and for no other purpose. The Equipment will be provided to the User by the clinical dispensaries at the UTHealth School of Dentistry. The dispensaries will maintain the records of the specific Equipment rented by the User.

2. DATES OF RENTAL

The User shall be permitted to rent the Equipment from _____ to _____.

3. RENTAL FEES

User shall pay UTHealth the following rates for rental of the Equipment.

- First day of WREB Exam: \$250.00 (all Equipment shall be returned at the end of the first day)
- Two or more days of WREB Exam: \$500.00

Payment is due in full at the time of initial rental. Payment must be made with a credit card. The credit card number will be kept on file by UTHealth until all Equipment is returned and all payments due under this Agreement are collected.

4. LOCATION

The Equipment shall be used only at the UTHealth School of Dentistry located at 7500 Cambridge Street, Houston, TX 77054 (“Premises”). User shall not remove, nor allow any other person to remove, the Equipment from the Premises. Removal of the Equipment from the Premises shall constitute a breach of this Agreement.

5. USE

User shall comply with all laws, regulations, and applicable safety instructions relating to the use, operation or maintenance of the Equipment. The Equipment is and shall remain the property of UTHealth and may bear inventory tags affixed to the Equipment to indicate such. The Equipment tags shall remain on the Equipment for the duration of this Agreement.

6. ALTERATIONS

User shall not make any alterations, additions or modifications to the Equipment.

7. LOSS AND DAMAGE

User hereby assumes and shall bear the entire risk of loss and damage to the Equipment from any and every cause whatsoever. No loss or damage to the Equipment or any part thereof shall impair any obligation of User under this Agreement, each of which shall continue in full force and effect. In the event that any of the Equipment is lost, stolen or damaged, User shall immediately notify UTHealth.

User shall be responsible for the cost of any replacement and/or repair of the Equipment. In the event of loss, damage or failure by the User to return any or all Equipment, UTHealth shall notify the User in writing of the cost of replacement and/or repair. User shall remit payment of such amount in full to UTHealth within 10 business days of notification. If the User fails to remit payment in full within 10 business days, any outstanding amount due will be charged to the User’s credit card on file.

8. SURRENDER

Upon the expiration or earlier termination of this Agreement, User shall return the Equipment to UTHealth in good repair, condition and working order, ordinary wear and tear excepted.

9. WARRANTIES AND LIMITATION OF LIABILITY

USER ACCEPTS THE EQUIPMENT “AS IS” AND UTHEALTH MAKES NO WARRANTIES, EITHER EXPRESSED OR IMPLIED, AS TO ANY MATTER WHATSOEVER, INCLUDING WITHOUT LIMITATION, THE CONDITION OF THE EQUIPMENT, ITS MERCHANTABILITY OR FITNESS FOR ANY PARTICULAR PURPOSE.

UTHEALTH SHALL NOT BE LIABLE TO USER FOR ANY INDIRECT, INCIDENTAL, SPECIAL OR CONSEQUENTIAL DAMAGES, HOWEVER CAUSED AND UNDER ANY THEORY OF LIABILITY, WHETHER BASED IN CONTRACT, TORT (INCLUDING NEGLIGENCE) OR OTHER THEORY OF LIABILITY, REGARDLESS OF WHETHER UTHEALTH WAS ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. UTHEALTH SHALL NOT BE LIABLE FOR AND USER WAIVES ALL CLAIMS FOR DAMAGE TO PERSON OR PROPERTY SUSTAINED BY USER OR ANY PERSON CLAIMING THROUGH USER RESULTING FROM ANY ACCIDENT OR OCCURRENCE INVOLVING THE EQUIPMENT

**NOTWITHSTANDING ANYTHING TO THE CONTRARY CONTAINED
HEREIN, UTHealth HAS NOT AND SHALL NOT BE DEEMED TO HAVE WAIVED
ITS SOVEREIGN IMMUNITY.**

10. INDEMNIFICATION

User shall indemnify and hold harmless UTHealth, The University of Texas System, their regents, officers, agents and employees, from any and all claims, actions, suits, proceedings, costs, expenses, damages and liabilities, including attorney's fees, arising out of or connected with, or resulting from the delivery, possession, use, operation or return of the Equipment.

11. UTHEALTH'S EXPENSES

User shall pay UTHealth all costs and expenses, including attorneys' fees, incurred by UTHealth in exercising any of its rights or remedies hereunder or enforcing any of the terms, conditions or provisions of this Agreement.

12. OWNERSHIP

The Equipment is, and shall at all times, the sole and exclusive property of UTHealth. User shall have no right, title or interest therein or thereto except as expressly set forth in this Agreement.

USER SIGNATURE: _____

Print Name: _____

Date: _____