Dental Practice Scenarios	Surgical Mask	NIOSH certified respirator	Face Shield	Eye Protection & Side Shield	Gloves	Clinical Attire **	Gown
Administrative	‡	x	#	x	#	#	#
Lab/Instrument Processing +	√	#	√ Choose one		V	#	V
No Fluid	‡	‡	† Choose one		V	#	V
Low Fluid	√	#	√ Choose one		V	#	V
Moderate- Heavy Spray/ Aerosol Generating Procedures # &	×	√	√ Choose one		V	‡	√

[√] Required **‡** Optional

× Not Required