



Nanaimo Lawn Bowling Club
 Guidelines for Phase 1 Bowling
 Training/Coaching and Player Development
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PHASE 1 RETURN TO PLAY (RTP) GUIDELINES

1. GENERAL REQUIREMENTS:

- 1.1 Phase 1 bowling will be restricted to Practice/Training and Player Development. Practices may include personal games and the keeping of the scores.
- 1.2 Club officials or appointed monitors will be responsible for the setting up of Sanitizing Stations (i.e. anti-bacterial sprays, hand soap, and hand wipes) at the entrance of all facilities and outside on the Greens.
- 1.3 All club members attending the club grounds and/or clubhouse must read, understand and agree to comply with the enclosed Guidelines.
- 1.4 All club members attending the club grounds must sanitize their hands before (or immediately upon) entering the property.
- 1.5 All club members attending the club grounds and/or clubhouse must complete, date and sign the COVID-19 Symptom Screening Questionnaire prior to entering the clubhouse or using any of the greens or facilities. The Symptom Screening Questionnaire must be completed every time a member enters the property.
- 1.6 All members will remove their bowls and other personal items from the clubhouse and/or bowls shed and bring them to the club whenever they have booked a practice time.
- 1.7 Only members who have a confirmed booking time for use of the greens will be allowed on the property. Bookings are to be made online at www.nanaimolawnbowling.com at least a day prior.
- 1.8 Physical distancing by staying a minimum of two metres away from each other at all times will be practiced.

2. CLUBHOUSE:

- 2.1 All surfaces and materials will be disinfected before and after use.
- 2.2 Water fountains will be closed. Bowlers should bring their own water in a container marked with their name.
- 2.3 The kitchen will be kept closed and there will be no food or beverages allowed in the clubhouse.
- 2.4 Hand sanitizer and/or disinfectant wipes will be provided in common places.
- 2.5 The clubhouse will be closed except for washroom access only. There will be no use of kitchen facilities for food or refreshment preparation or any other form of gatherings. There can be no exceptions.
- 2.6 Signage will be placed by all entrances and storage facilities outlining the physical distancing guidelines in place, as well as hand-washing recommendations/protocols.
- 2.7 Washrooms will be equipped with their own sanitizing stations with limited access for one person at a time.

- 2.8 It is the Occupants responsibility to sanitize the used touched washroom equipment before and after use. Supplies will be provided by NLBC.
- 2.9 The washrooms (and all other used locations in the clubhouse) will be fully sanitized on a daily basis. A cleaning log will be created to identify when items are cleaned/sanitized throughout the day, including the washrooms. Members using the washrooms will be required to sanitize after each use, and a full cleaning will be performed at the end of each day the clubhouse is opened for play by a designated member of the Club.
- 2.10 Signage will be placed outside the washrooms detailing the entry limitations and inside detailing the cleaning and sanitizing procedures to be used.
- 2.11 The floor or ground outside washrooms will have two-metre markings for line-ups to enable physical distancing.
- 2.12 Only one person will line up in the clubhouse for each washroom at the marked location. All others lining up for washroom use will line up outside, and maintain proper physical distancing.

3. LOCKERS AND BOWLS SHED:

- 3.1 All personal items (bowls, shoes, etc.) will be removed from the lockers. The lockers will not be used in Phase 1 of bowling.
- 3.2 Entrance to the bowls and equipment sheds is discouraged. However, if necessary, a maximum of one person will be allowed in the Bowls shed at any one time. Only one person will line up in the clubhouse for the Bowls room at the marked location. All others lining up for the Bowls shed will line up outside, maintaining proper physical distancing.
- 3.3 Persons using club bowls will sign them out and take the bowls home. The bowls will be brought to the club for each practice session. The bowls will be sanitized before being returned to the club.
- 3.4 There will be no gatherings inside the locker area or bowls shed.
- 3.5 It will be the present occupant's responsibility to sanitize any communal surfaces touched. Appropriate signage will be displayed in each locker and Bowls room.
- 3.6 The automatic Bowls Polisher shall be disconnected at source.
- 3.7 Where possible, bowls, lifters, beverage containers and personal equipment will be carried to and from the greens. Beverage containers must be clearly marked with the owner's name.

4. EQUIPMENT ROOM/SHED:

- 4.1 Each training day one person will be designated to put out the jacks, delivery mats and sanitizing supplies for use for the day. No other persons will be allowed in the equipment room.
- 4.2 The equipment room will be equipped with its own Sanitizing Station.

- 4.3 Ground sheets will be set and pinned by the greenskeeper. Rakes and scoreboards are not to be used.
- 4.4 Jacks and delivery mats used during practice/training will be sanitized before and after use.
- 4.5 If a member has to use club bowls, the person is assigned a specific set of bowls for their exclusive use during Phase 1 of RTP.
- 4.6 If club bowls are to be issued, only one person at a time may enter the bowls shed.
- 4.7 If necessary, a safety monitor/volunteer will be appointed who will ensure that used bowls are appropriately cleaned and ready for use.
- 4.8 Post signage outlining that members use their own bowls or book out a set of bowls for the season.
- 4.9 Bowls, delivery mats and jacks are to be used only for one practice session before being sanitized by the appointed safety monitor/volunteer.
- 4.10 Safety personnel will wear appropriate PPE when sanitizing equipment.

5. ON THE GREENS:

- 5.1 If bowlers are feeling unwell, regardless of the symptoms, they are to stay home or leave the premises and go home immediately.
- 5.2 An online booking system has been implemented where designated time slots [Tuesday, Thursdays and Saturdays 9:30 – 10:30 am, 11 am - 12 noon and 12:30 - 1:30 p.m. (subject to change)] set up for all practice/training sessions. Members wishing to practice can go to www.nanaimolawnbowling.com, or if the internet is not available to the member, they may phone the club Secretary or Games Director to book a time and rink. Practice/training times must be prior approved and NO bowlers are to be at the facility unless they have an appointment to train. Bowlers are to arrive for training no more than ten (10) minutes before start time. Bowlers must vacate the premises immediately after practice/training. There will be no overlap of bowlers on any rink. A Session Supervisor will be on-site for each session.
- 5.3 Booking times will allow thirty (30) minutes between appointments which will provide time for sanitizing and the bowlers exiting the grounds.
- 5.4 A copy of the appointment schedule will be maintained by the club in case of a suspected outbreak at the club.
- 5.5 Bowlers will use their own bowls. If club bowls are used, the posted safety protocols for using club bowls must be followed as outlined in sections 4.5, 4.6 and 4.7.
- 5.6 The greenskeeper will pin groundsheets in place and bowling mats will be placed accordingly.
- 5.7 One person will be designated to set the jack.
- 5.8 Equipment will not be shared.
- 5.9 Bowlers are not to visit with others. Bowlers are to stay on their assigned rink and maintain physical distancing.

- 5.10 Bowlers will not bring visitors with them to the club during scheduled practice times.
- 5.11 Bowlers may not access closed spaces or equipment. This includes benches.
- 5.12 Bowlers will bring their own water and will place their name on the water bottle.
- 5.13 Bowlers will take home their own waste material.

6. BOWLS ACTIVITIES:

- 6.1 No handshakes, fist bumps, high fives or any other forms of direct physical touching allowed. Two metre physical distancing to be maintained at all times.
- 6.2 Each rink used should have ready access to sanitizer products.
- 6.3 All Benches will be off limits during Phase 1 bowling. It is recommended that bowlers put on their bowling shoes before entering the property.
- 6.4 When changing ends, keep the 6 feet/2 metre physical distancing at all times,
- 6.5 All bowlers must maintain 6 feet/2 metre physical distancing at all times.
- 6.6 One person will be designated to handle the jack.
- 6.7 There will not be any rakes on the greens. Bowls are to be picked up or kicked into position after each end by the owner of the bowls.
- 6.8 Measuring of shots by eye only (no measures to be used); if a decision cannot be made, then no score.
- 6.9 Only every alternate rink will be used on the greens. This means a maximum of four rinks in use at any one time.
- 6.10 There will be a maximum of four bowlers allowed on each rink.

7. MEDICAL:

- 7.1 All bowlers attending their first practice session must read, understand, sign and turn-in the Liability Waiver and the daily Symptom Screening Questionnaire. If the bowlers have not completed both forms, they will NOT be allowed to enter the premises.
- 7.2 Symptom Screening Questionnaires must be completed each time bowlers, volunteers and coaches attend the club.
- 7.3 If after a member leave the greens and at any time after the member has been at the club feels unwell, the member is to contact the Health Officer immediately and also inform the Club President, Safety Monitor, Executive Member.
- 7.4 It is every bowler's responsibility to help and ensure the safety of all and to make a timely report to a member of the club's Executive Committee.

7.5 In the event of a suspected case or outbreak of influenza-like-illness, the club will discuss the outbreak with the Medical Health Office (or delegate) of the local health authority.

8. COACHING:

8.1 Coaching will take place with no more than two bowlers.

8.2 The coaches and bowlers will practice physical distancing of two meters.

8.3 The Coach will ensure that all coaching aids are sanitized before and after each use.

9. GREENS MAINTENANCE:

9.1 Mowing will be scheduled on non-bowling days.

9.2 A maximum of 2-person per task team will work on maintenance project.

9.3 Mowers, rollers and other used equipment (i.e. hand carts) will be wiped down with antivirus solution prior to being used.

9.4 Personnel will be responsible for providing their own PPE. Extra gloves will be available on-site, if required.

9.5 Personnel will be responsible for maintaining physical distancing at all times while on site.

9.6 Bacterial solution (minimum 70% alcohol) for wiping down hands will be available on site.

9.7 All adjustments to machines will be done by the Greenskeeper (or designate) as required.

9.8 Maintenance personnel will depart the club as soon as possible following completion of their tasks.

10. Sanitization:

10.1 Session Supervisors will ensure that all members sanitize their hands upon arrival and departure.

10.2 Session Supervisors will ensure that all club equipment is sanitized before each session, and before storage.

10.3 In Phase 1, benches, chairs and tables will be cordoned off and not used. Session Supervisors will ensure that players sanitize high touch areas once they are finished, including mats, jacks, locks and other equipment.

10. APPENDICES:

APPENDIX A: SINGLE-DAY SYMPTOM SCREENING QUESTIONNAIRE FORM

Symptom Screening

Every person entering the lawn bowling greens/grounds or facilities must complete and sign the below questionnaire EACH time they enter. No person will be allowed to stay at the club if they have not completed the below Questionnaire.

Symptom Screening Questionnaire

1. Do you have any of the following **new or worsening** symptoms or signs?

- | | | |
|--|------------------------------|-----------------------------|
| New or worsening cough | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Shortness of breath | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sore throat | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Runny nose, sneezing or nasal congestion | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (in absence of underlying reasons for symptoms such as seasonal allergies and post nasal drip) | | |
| Hoarse voice | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Difficulty swallowing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| New smell or taste disorder(s) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Nausea/vomiting, diarrhea, abdominal pain | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Unexplained fatigue/malaise | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Chills | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Headache | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. Have you travelled outside of Canada or had close contact with anyone that has travelled outside of Canada in the past 14 days?

- Yes No

3. Do you have a fever?

- Yes No

4. Have you had close contact with anyone with respiratory illness or a confirmed or probable case of COVID-19?

- Yes No

If you have answered **YES to any question** you have not passed and **cannot** enter the club grounds, greens or facilities. It is recommended that you contact your medical practitioner and discuss the results of this questionnaire.

Print Member Name

Date

Signature

**APPENDIX B: FOUR OR EIGHT-DAY SYMPTOM SCREENING QUESTIONNAIRE
FORM**

(for eight-day, print double sided)

Print Member Name:

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Symptom Screening

Every person entering the lawn bowling greens/grounds or facilities must complete and sign the below questionnaire EACH time they enter. No person will be allowed to stay at the club if they have not completed the below Questionnaire.

Symptom Screening Questionnaire

1. Do you have any of the following new or worsening symptoms or signs?

•New or worsening cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
•Shortness of breath	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
•Sore throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
•Runny nose, sneezing or nasal congestion (in absence of underlying reasons for symptoms such as seasonal allergies and post nasal drip)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
•Hoarse voice	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
•Difficulty swallowing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
•New smell or taste disorder(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
•Nausea/vomiting, diarrhea, abdominal pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
•Unexplained fatigue/malaise	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
•Chills	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
•Headache	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. Have you travelled outside of Canada or had close contact with anyone that has travelled outside of Canada in the past 14 days?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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3. Do you have a fever?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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4. Have you had close contact with anyone with respiratory illness or a confirmed or probable case of COVID-19?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If you have answered **YES to any question** you have not passed and **cannot** enter the club grounds, greens or facilities. It is recommended that you contact your medical practitioner and discuss the results of this questionnaire.

Date:

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Member's Signature:

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Print Member Name:

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Symptom Screening

Every person entering the lawn bowling greens/grounds or facilities must complete and sign the below questionnaire EACH time they enter. No person will be allowed to stay at the club if they have not completed the below Questionnaire.

Symptom Screening Questionnaire

1. Do you have any of the following new or worsening symptoms or signs?

•New or worsening cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
•Shortness of breath	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
•Sore throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
•Runny nose, sneezing or nasal congestion (in absence of underlying reasons for symptoms such as seasonal allergies and post nasal drip)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
•Hoarse voice	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
•Difficulty swallowing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
•New smell or taste disorder(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
•Nausea/vomiting, diarrhea, abdominal pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
•Unexplained fatigue/malaise	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
•Chills	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
•Headache	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. Have you travelled outside of Canada or had close contact with anyone that has travelled outside of Canada in the past 14 days?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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3. Do you have a fever?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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4. Have you had close contact with anyone with respiratory illness or a confirmed or probable case of COVID-19?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If you have answered **YES to any question** you have not passed and **cannot** enter the club grounds, greens or facilities. It is recommended that you contact your medical practitioner and discuss the results of this questionnaire.

Date:

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Member's Signature:

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APPENDIX C: CHART FOR DILUTING BLEACH

Diluting bleach

The directions below use bleach that is 5.25%. For other concentrations please use the [Foodsafe bleach calculator](#).

Bleach solutions may be used in spray bottles or wiped onto surfaces and other items. Bleach and water mixtures are effective for 24 hours so only make as much as you need daily.

BCCDC - Recommended bleach, water ratios and cleaning times needed for COVID-19 disinfecting.

Recommended bleach, water ratios, and cleaning times needed for COVID-19 disinfecting	High touch and heavily soiled areas (appropriate for households with illness)	All other surfaces	Food contact surfaces
Example areas and surfaces	Toilets, light switches, door knobs, cell phone, TV remotes, bathroom faucets	Tables, counters, floors, chairs, cribs	Any surface or equipment that contacts food
Bleach concentration in ppm (refers to the % ratio of bleach to water) OR 1 part bleach diluted in ## parts of water	1000 ppm 0.1% (1:49)	500 ppm 0.05% (1:99)	100 ppm 0.01% (1:499)
Time to leave wet, rinsing and drying	Allow 1 minute then rinse with clean water	Allow 5 minutes, no rinse required, let air dry	Allow to air dry, no rinse required

APPENDIX D: EXAMPLES OF DISINFECTANTS AND SANITIZERS

Product Guide Examples for Disinfectants and Sanitizers

PRODUCT	DEFINITION	APPLICATION	PROTECTION LEVEL
Lysol Multi-Surface Cleaner	Use full-strength or dilute 250 mL per 4L of warm water apply to surface until thoroughly wet. Wipe with a clean cloth, sponge, or mop. To Sanitize/Disinfect: Pre-clean surface Apply to surface until thoroughly wet. To Sanitize: Leave for 1 minute before wiping. To Disinfect: Leave for 10 minutes before wiping. Rinse all food contact surfaces with water after using the product	Disinfectant that meet Health Canada's, requirements for emerging viral pathogens. These authorized disinfectants may be used against SARS-CoV-2	Advanced disinfectant and sanitizer for Hard surfaces
Clorox Bleach (6%) solution	100/1 dilution of sodium hypochlorite solution with water used to disinfect surfaces, 10mL bleach to 1 Litre of water. Minimum contact time of 10 minutes in a single application. Air dry.	Recommended by the BCCDC for disinfecting non-pours surfaces	General use disinfectant and sanitizer for Hard surfaces
Ecolab Neutral Disinfectant cleaner	Use 3.9 mL per liter of water for a minimum contact time of 10 minutes in a single application. Can be applied with a mop, sponge, cloth, coarse spray or by soaking. The recommended use solution is prepared fresh for each use then discarded. Air Dry.	Approved for use against the coronavirus disinfecting non-pours surfaces	Advanced disinfectant and sanitizer for Hard surfaces, low acidity
Disinfecting Wet Wipes 70% Alcohol	To sanitize / disinfect: Pre-clean surface. Use 70% alcohol based fresh wipes to thoroughly wet surface. To sanitize: Allow surface to remain wet for 10 seconds. Air Dry.	Single use isopropyl alcohol wet wipes, disposable	Safe to use on electronics including Smartphones, Tablets and POS equipment
Touch Free Hand Sanitizer	Minimum 70% alcohol hand sanitizer solution, rub hands together until dry.	To clean hands if handwashing is not available	General use to kill bacteria and viruses