



Nanaimo Lawn Bowling Club (NLBC)

Guidelines for Phase 2 - Intraclub Play

Date Approved by NLBC Board: July 21st, 2020

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PHASE 2 RETURN TO PLAY (RTP) GUIDELINES

1. GENERAL REQUIREMENTS:

- 1.1 Phase 2 bowling will be restricted to intraclub practice, singles, pairs or cutthroat games. Sessions may include personal games and the keeping of the scores on paper. Members must supply their own score keeping materials. Sessions may be for up to two hours.
- 1.2 Club officials or session supervisors 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 green.
- 1.3 All members¹ attending the club grounds and/or clubhouse must read, understand, and agree to comply with the enclosed Guidelines.
- 1.4 All members attending the club grounds must sanitize their hands before (or immediately upon) entering the property.
- 1.5 Every day a member who attends 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 day 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/playing time.
- 1.7 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. Face masks are recommended and required if two metre distance cannot be maintained.
- 1.9 Maximum number of people on premises at any one time is 30 members. Spectating is restricted to members only who will also be required to have a signed waiver on file and complete the health screening document.
- 1.10 Spectators who wish to sit must bring their own seating and setup on the patio or in the grassed area perpendicular to play, as designated by the Session Supervisor.

2. CLUBHOUSE:

- 2.1 All surfaces and materials will be disinfected before and after use.
- 2.2 Water fountains will remain closed. Members 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.

¹ 'Members' refers to current NLBC Club members, affiliated Club members and non-solicited potential members.

- 2.4 Hand sanitizer and/or disinfectant wipes are provided in common places.
- 2.5 There will be no use of kitchen facilities for food or refreshment preparation or any other form of gatherings.
- 2.6 Signage is in place by all entrances and storage facilities outlining the physical distancing guidelines in place, as well as hand-washing recommendations/protocols.
- 2.7 Washrooms are equipped with sanitizing stations with limited access for one person at a time.
- 2.8 Signage is in place to instruct each member/occupant to sanitize the used touched washroom equipment before and after use. Supplies are provided by NLBC.
- 2.9 The washrooms (and all other used locations in the clubhouse) will be fully sanitized on a daily basis by a designated member of the club. A cleaning log records when and which items are cleaned/sanitized.
- 2.10 Signage is 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 has two metre markings for line-ups enabling 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 washrooms use will line up outside and maintain proper physical distancing.

3. LOCKERS AND BOWLS SHED:

- 3.1 All personal items (bowls, shoes, etc.) have been removed from the lockers. The lockers will not be used in Phase 2 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. All others lining up for the bowls shed will line up outside, maintaining proper physical distancing.
- 3.3 Members wishing to use club bowls must arrange with a member of the Club's Board to sign them out and take them home. The bowls will be brought to the club for each playing/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 each occupant's responsibility to sanitize any communal surfaces touched. Appropriate signage will be displayed in each locker and bowls room as required.
- 3.6 The automatic bowls polisher shall remain disconnected at source.
- 3.7 Bowls, lifters, beverage containers and personal equipment will be carried to and from the club. Beverage containers must be clearly marked with the owner's name.

4. EQUIPMENT ROOM/SHED:

- 4.1 Each training/playing day one person will be designated to put out the jacks, delivery mats and rakes and sanitizing supplies for use for the day. No other persons will be allowed in the equipment room.
- 4.2 The equipment room is equipped with its own sanitizing station.
- 4.3 Ground sheets will be set and pinned by the greenskeeper. Scoreboards are not to be used.
- 4.4 Jacks, delivery mats and rakes used during each session will be sanitized before and after use.
- 4.5 If a member must use club bowls, the person is assigned a specific set of bowls for their exclusive use during Phase 2 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 Signage has been posted outlining that members use their own bowls or book out a set of bowls for the season.
- 4.9 Bowls, delivery mats (1 or 2), jacks (1 or 2), and rakes (1 or 2) will be used only for one practice/playing session and sanitized before the next session or before being returned to the equipment shed by the session supervisor.
- 4.10 Safety personnel will wear appropriate PPE (gloves and masks) when sanitizing equipment.

5. ON THE GREENS:

- 5.1 If Bowlers are feeling unwell, regardless of the symptoms, they are to stay home. Bowlers who become ill while on the green must advise the session supervisor that they are unwell, leave the green and seek medical advice if warranted.
- 5.2 An online booking system has been implemented. In Phase 2 designated time slots will be held Tuesdays, Thursdays, and Saturdays, 9:00–11:00 am, 11:30 am–1:30 pm, and 2:00–4:00 pm (subject to change). Members wishing to play can go to www.nanaimolawnbowling.com, or if the internet is not available to the member, he or she may phone the club Secretary or Games Director to book a time and rink. Members must be booked ahead of time, so that no bowlers are to play unless they have a rink booked. Bowlers are to arrive for training/playing no more than fifteen (15) minutes before start time. Bowlers must vacate the green immediately after their game so that there is no overlap of sessions. A session supervisor will be on-site for each session. **Note:** if, after their session, members opt to become spectators they are now subject to spectator guidelines. (see Item 1.10)
- 5.3 Booking times will allow thirty (30) minutes between appointments. This will provide time for the required sanitizing as noted above, and for bowlers who are exiting the grounds or moving to the spectator area.

- 5.4 A copy of the appointment schedule will be maintained at the club by the club President and Games Chair in case of a suspected outbreak of COVID-19.
- 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 delivery mats will be placed accordingly.
- 5.7 One person will be designated to set the jack; one person will be designated to set the delivery mat; and one person will be designated to use the rake.
- 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, or wear a mask.
- 5.10 Bowlers will not bring visitors with them to the club unless they are members.
- 5.11 Bowlers may not access closed spaces or equipment.
- 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 easy and ready access to sanitizer products.
- 6.3 One bench at each end of the rink in play will be available for players to sit, and must conform with social distancing guidelines. At the end of each session, used benches will be sanitized by the session supervisor. It is recommended that bowlers put on their bowling shoes before entering the property.
- 6.4 All bowlers must maintain 6 feet/2 metre physical distancing at all times, or wear a mask.
- 6.5 When changing ends, bowlers will keep the 6 feet/2 metre physical distancing at all times.
- 6.6 One person will be designated to set the jack; one person will be designated to set the delivery mat; and one person will be designated to use the rake.
- 6.7 Measuring of shots by one person only who must use their personal tape measure/equipment.
- 6.8 Only alternate rinks will be used on the greens. This means a maximum of four rinks in use at any one time.
- 6.9 There will be a maximum of four bowlers allowed on each rink.

7. MEDICAL:

- 7.1 On the first visit to the Club, members must read, understand, sign and turn-in the Liability Waiver, which will be held on file.
- 7.2 Symptom Screening Questionnaires must be completed each day bowlers, volunteers and coaches attend the club. Note: If members have not completed both forms, they will NOT be allowed to enter the premises.
- 7.3 If after a member leaves the green, and at any time after the member has been at the Club they experiences any COVID-19 related symptoms, the member is to contact the Public Health Officer immediately (call 811) and also inform the Club President or an NLBC Board Member.
- 7.4 It is every member's responsibility to ensure the safety of all and to make a timely report to a member of the club's Executive Committee when necessary.
- 7.5 In the event of a suspected case or outbreak of influenza-like-illness, the club will discuss the outbreak with the Public 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, or wear a mask.
- 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. An approved solution as per Appendices C & D will be used, and session supervisors will wear appropriate PPE.
- 10.3 In Phase 2, chairs, and tables will be cordoned off and not used. At the end of each session, session supervisors will sanitize all high touch areas, including delivery mats, jacks, rakes, locks, benches 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 postnasal 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:

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 postnasal 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?

Yes No Yes No Yes No Yes No

3. Do you have a fever?

Yes No Yes No Yes No Yes No

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

Yes No Yes No Yes No 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.

Date:

Member's Signature:

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 postnasal 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, doorknobs, 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