

Juan de Fuca LBC
 Guidelines for Phase 2
 Intra Club Play.
 Date Approved by executive : March 18-2021

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1. GENERAL REQUIREMENTS

- 1.1 If bowlers are feeling unwell, regardless of the symptoms, they are to stay home.
- 1.2 Phase 2 bowling will be restricted to Intra Club Games and Competition. Games may include Singles, Pairs, Triples, Cutthroat, Crown and the keeping of scores.
All Club games requests will be sent to paughq@shaw.ca
All organized Club Games will be drawn 2 days prior to play and e mailed out to the Members with assigned green and rink number.
- 1.3 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 to all facilities and outside on the Greens. Guidelines will be posted in main traffic areas on Club grounds.
- 1.4 All Club members attending the Club grounds and/or Clubhouse must read, understand and agree to comply with the posted Guidelines and sign the Liability Waivers before permitted into Club grounds.
- 1.5 All Club members attending the Club grounds must sanitize their hands before (or immediately upon) entering the property, Members can bring their own hand sanitizer and face mask and any other PPE as required for their own personal safety.
- 1.6 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.
For whatever reason you are at the Club you must have your name added to the Daily Schedule.
- 1.7 All members will remove their bowls and other personal items from the Clubhouse and bring them to the Club whenever they have booked a practice or game time.
- 1.8 Only members who have a confirmed booking time will be allowed on the property.
- 1.9 Physical distancing by staying a minimum of three metres/ 10 feet away from other members/lawn bowlers 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 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 Soap and water, hand sanitizer and/or disinfectant wipes will be provided in common places.
- 2.5 The Clubhouse will be closed except for Draw board, Office, and washroom access only. Masks are mandatory in the Clubhouse and **no more than six people** allowed entry at one time. 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.
- 2.8 It is the occupants of the washrooms responsibility to sanitize the used and touched washroom equipment before and after use.
- 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.
- 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 three-meter markings for line-ups to enable physical distancing.

3. LOCKER ROOMS AND BOWLS ROOMS

- 3.1 All personal items (bowls, shoes, etc.) will be removed from the locker rooms. The locker rooms will not be used and a restricted area in Phase 2 of bowling.
- 3.2 A maximum of one person will be allowed in the Bowls shed at any one time. All others will line up outside, maintaining proper physical distancing.
- 3.3 Persons using Club bowls will sign them out and take the bowls home and will use the same set for the entire duration of Phase 2. The bowls will be brought to the Club for each session. The bowls will be sanitized by the user before being returned to the Club.
- 3.4 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.
- 3.5 The automatic Bowls Polisher shall be disconnected at source.
- 3.6 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 Bowling day, one person will be designated to put out the jacks 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 Rakes, delivery mats, can be used but must be sanitized.
- 4.4 Only Club Jacks will be used during practice/training and will be sanitized before and after each end.
- 4.5 Post signage outlining the Protocol for Club Bowls Storage and Use.
- 4.6 Bowls and jacks are to be used only for one game or practice session before being sanitized by the appointed safety monitor/volunteer.
- 4.7 Monitors will wear appropriate PPE when sanitizing equip.

5. ON THE GREENS

- 5.1 Designated time slots will be set up for all games, practice/training by e mailing Gary Paugh at paughg@shaw.ca There will be an appointment system for Games, Practice/Training. Games Practice/Training times must be booked, prior approved and NO bowlers are to be at the facility unless they have an appointment to play. Bowlers are to arrive for Games, training no more than 15/30 minutes before start time. Bowlers must vacate the premises immediately after Games, Practice/Training. No more than 14 end games. There will be no overlap of bowlers on any rink.
- 5.2 Booking times will allow thirty (30) minutes between appointments which will provide time for sanitizing and the bowlers exiting the grounds.
- 5.3 A copy of the appointment schedule will be maintained by the Club in case of a suspected outbreak at the Club.
- 5.4 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 3.3, 4.5, 4.6 and 4.7.
- 5.5 Bring your own towel if you wish rather than use a Club Mat. The towel or Mat will be placed at the 3-meter mark to provide physical spacing behind the towel.
- 5.6 One person can be designated to set the jack.
- 5.7 Equipment on the greens will not be shared.
- 5.8 Bowlers are not to visit with other people. Bowlers are to stay on their assigned rink and maintain physical distancing.
- 5.9 Bowlers will not bring visitors with them to the Club during scheduled playing times.
- 5.10 Bowlers may not access closed spaces or equipment. This includes benches.
- 5.11 Bowlers will bring their own water and will place their name on the water bottle.
- 5.12 Bowlers will take home their own waste material.
- 5.13 Monday, Wednesday, Friday and Saturday Bowling sessions 10.00 am 1.00 pm.
Tuesday Thursday 10.00 am 6.30 pm.
Sunday 10.00 am.

6. BOWLS ACTIVITIES:

- 6.1 No handshakes, fist bumps, high fives or any other forms of direct physical touching allowed. Three meter physical distancing to be maintained at all times.
- 6.2 Each rink used should have ready access to hand cleaning and/or sanitizer products.
- 6.3 All benches will be off limits during Phase 2 bowling. It is recommended that bowlers put on their bowling shoes before entering the property.
- 6.4 All bowlers must maintain 10 feet/ 3-meter physical distancing at all times.
- 6.5 One person can be designated to handle the Jack or it can be delivered after being sanitized by the winning lead.
- 6.6 Rakes can be used by designating one person only to rake. Bowls can be picked up or kicked into position after each end by the owner of the bowls.
- 6.7 Measuring of shots will be conducted by a designated person.
- 6.8 Only every alternate rink or rinks set on the 18 foot marks will be used for Social Distancing.
- 6.9 There will be a maximum of 10 bowlers allowed on each rink with 6 for Triples, four for Pairs and 3 for Cutthroat.
When playing Triples the Skips will be at the Head end maintaining 3 Meter distance. With the Mat being set at 3 meters, the Leads will be on the green at the Mat 3 meters apart either side of the center line. After delivering their bowls they will walk to the head 3 meters apart and stand on the grass 3 meters apart.
The Vices will deliver their bowls in the same manner, then move to the Head moving up the left-hand side of the green at 3 meters apart, passing the Skips at 3 meters apart who will be walking up the mat on the left side of the center line.

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 you leave the greens and at any time after you have been at the Club you feel unwell, you are to contact your Health Officer immediately and also inform the Club President, Coach or other 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 your 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 and always 2 Coaches practising 3 meter physical distancing.
- 8.2 The Coach will ensure that all coaching aids are sanitized before and after each use.

9. GREENS MAINTENANCE:

- 9.1 Mowing will be done on non-bowling days with a maximum of 2 persons working on each green.
- 9.3 Mowers, rollers and other used equipment (i.e. hand carts) will be wiped down prior and after use.
- 9.4 Personnel will be responsible for providing their own PPE.
- 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.

SYMPTOMS SCREENING QUESTIONNAIRE

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

Print Member Name:

SYMPTOMS SCREENING QUESTIONNAIRE

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.

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:

SYMPTOMS SCREENING QUESTIONNAIRE

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.

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
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• 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:

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

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