

Burnaby North Lawn Bowling Club
Guidelines for Phase 1 Bowling
Training/Coaching & Player Development
Date Approved: _____

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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 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 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 and member volunteers assisting with monitoring and sanitizing will be allowed on the property.
- 1.8 Physical distancing by staying a minimum of 2(two) meters 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 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.
- 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 two-meter 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. 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 in Phase 1 of bowling.
- 3.2 A maximum of one person will be allowed in the Bowls room 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 room 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 at the end of the season.
- 3.4 There will be no gatherings inside the Locker or Bowls rooms.
- 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, large mats, pushers 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 Club pushers and large mats will be used during practice/training and will be sanitized before and after use. Large mats, once laid on the green will not be removed until the end of the practice/training session.
- 4.4 Only club Jacks be used during practice/training and will be sanitized before and after use.
- 4.5 If a member has to use club bowls, a set of club bowls will be assigned to a member for use during the entire Phase 1 of RTP. The bowler will take the bowls home after practice, follow sanitizing procedures, and bring the bowls for each practice. The set will be returned to the club at the end of the practice/training season.
- 4.6 If club bowls are to be assigned only one person at a time may enter the bowls storage area to remove a set of sanitized bowls.
- 4.7 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 the Protocol for Club Bowls Storage and Use.
- 4.9 Bowls 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 bowls.

5. ON THE GREENS:

- 5.1 If bowlers are feeling unwell, regardless of the symptoms, they are to stay home.
- 5.2 Designated times for all practice/training will be Tuesday at 10am, Wednesday at 7pm, and Saturday at 7pm. There will be an appointment system for practice/training. Members wishing to practice during any given week at one of the prescribed times can sign-up in advance of the scheduled playing time. Due to limited practice spots, members who have already participated in one or two practice sessions in a given week may be denied a second or third practice spot so another member can participate. Practice/training times must be prior approved and NO bowlers are to be at the facility unless they have an appointment to practice. Bowlers are to arrive for practice/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.
- 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 A chalk mark on the large mat will indicate the mat line for the delivery of the jack and bowl. The mat line will be placed at the 3-metre mark to provide physical spacing. Those members who wish may bring a towel to use in place of a delivery mat. The towel will be placed at the 3-meter mark to provide physical spacing behind the towel. Bowls must be raked to the 1-meter mark.

- 5.7 One person will be designated to set the jack, alternatively, two people will each carry a jack that only they will deliver and pick-up as required during the practice session.
- 5.8 Equipment on the greens will not be shared.
- 5.9 Bowlers are not to visit with other people. 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 inside and immediately outside the clubhouse.
- 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 or dispose of it responsibly in the public waste containers provided by Burnaby Parks.

6. BOWLS ACTIVITIES:

- 6.1 No handshakes, fist bumps, high fives or any other forms of direct physical touching allowed. Two meter physical distancing to be maintained at all times.
- 6.2 Each Rink used should have ready access to sanitizer products.
- 6.3 Each park bench around the green may only be used by one and the same member for the entire practice session. Plastic lawn chairs are available for use by other members. Members must disinfect the park bench rails and plastic lawn chairs before and after use. It is recommended that bowlers put on their bowling shoes before entering the property.
- 6.4 When changing ends, keep the 6 feet/2 meter physical distancing at all times,
- 6.5 All bowlers must maintain 6 feet/2 meter physical distancing at all times.
- 6.6 One person will be designated to handle a specific Jack
- 6.7 One person will be designated to use a specific pusher at each end of the green during the practice. The same person will always rake the bowls at one end of the green regardless of scoring results. At the end of the practice, the designated users will return the pushers to the equipment shed for sanitizing.
- 6.8 Measuring of shots by eye only (no measures to be used); if you can't agree, 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 at any one time. If playing triples, two of the four bowlers at one end of the rink must be off the green and must keep the 6 feet/2 meter physical distancing from each other and the two bowlers still on the green.

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.
- 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 teams will work on each green.
- 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. 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:

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?

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:

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?

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:

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