



## Waiver Regarding Use of Chlorine Bleach in a Residential Home

ResCare policy (Use of Non-Chlorine Bleach Disinfectants) is that chlorine bleach is not routinely used or stored in our residential or day training programs. This includes but is not limited to laundry bleach and cleaning or disinfecting bleach. This does *not* normally include wipes or commercial sprays that contain bleach as one of the ingredients.

There are two exceptions to this Policy:

1. Where the person being supported has a serious infection (e.g., Clostridium Difficile). In this instance, chlorine bleach is used for disinfecting and sanitizing the environment and personal items, such as clothing. The use and storage of chlorine bleach for this purpose should follow applicable precautions. Documented training is provided for all staff including the uses, safe storage and precautions associated with the use of bleach.
2. The second exception to this policy is when the person or people receiving supports are personally capable of understanding the seriousness and how dangerous chlorine bleach can be to them, others, and their environment. In such situations, where this is properly documented as part of their annual support plan or care plan and this statement is properly signed and recorded in their record, it may be utilized. Staff assisting this person with their living environment are to be fully aware of its use and assure it is always properly stored when not in immediate use.

The ED is responsible for managing the environment, the proper use and storage of chlorine bleach and or any products containing it, and to ensure staff are appropriately trained in the sue, storage and precautions.

I agree to release ResCare and its programs from responsibility and any liability associated with the use, storage or existence of chlorine bleach in my settings. I take full responsibility for the use of and proper storage of these products.

Name of person(s) supported in the home (Print): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Residence address:

\_\_\_\_\_  
\_\_\_\_\_

Reason for Use of Bleach: \_\_\_\_\_

Signature of person supported and/or guardian (as appropriate) and date:

\_\_\_\_\_

ResCare Executive Director Signature/Date:

\_\_\_\_\_