



Lactation Accommodation Program Room Usage and Program Participation Agreement

I _____, have received and reviewed the guidelines on the BNL Lactation Program and have had an opportunity to ask questions and have had all of them answered to my satisfaction.

I will begin using the Lactation Room for an approximate period of _____ months for the purpose of expressing my breast milk, beginning on or about the date of _____.

I understand that I am responsible:

- a. For bringing my own breast pump
- b. To sanitize the countertop, sink and other surface areas before and after expressing milk.
- c. To clean up any spills or other untidiness created during use of the room.
- d. For contacting **designated personnel** in the event of a spill.
- e. For securing the room after each use **when applicable**.
- f. To use the room for **lactation purposes only** and that I will respect the privacy of other lactation program participant.
- g. For returning the key **or access card after using the room when applicable**.

I also understand that I will have access to and use of:

- a. A refrigerator, which may be used for the storage of expressed breast milk. If I elect to use the refrigerator to store expressed breast milk, I:
 - will ensure it is labeled with my **name, department, telephone extension and the date the milk was expressed**
 - accept the responsibility to remove all of my stored breast milk **by end of the third business day**. Stored milk that has not been removed may be disposed of.
 - will be responsible for ensuring that the refrigerator is kept clean at all times
- b. A lock box to store expressed milk in the refrigerator. If I elect to use the lock box, I:
 - will provide my own lock to secure it and will ensure that it is kept clean at all times.

I am aware that the Lab will provide germicidal disposable wipes and disposable gloves.

I understand that:

- a. I should not leave any personal items or equipment in the lactation room.
- b. I should not store food or drink in the refrigerator.

The BNL Lactation Program does not include ice packs, containers or other accessories; therefore, it is my responsibility to furnish these items.

I understand that failure to comply with any of these provisions could be grounds for denying me further access to the lactation room.

Participant Name:

BNL Lactation Room Coordinator Name:

(Please print)

(Please print)

Signature:

Signature:

Date:

Date:

Dept./Ext: _____

Email: _____