

BROOKHAVEN NATIONAL LABORATORY CLINICAL RESEARCH CENTER POLICY	NUMBER: IC-11	PAGE 1 OF 2
	PREPARED BY: B. Pyatt Infection Control	
SUBJECT: Custodial Services	REVIEWED BY: J. Rowan Manager	CRC
	APPROVED BY: H. Benveniste Chair	Medical Dept.
	EFFECTIVE DATE: 10/01/04	
	REVISION HISTORY: 3	

1.0 PURPOSE AND SCOPE

This document describes the procedures to be followed by custodial staff when cleaning within the CRC, satellite facilities and remainder of the building 490.

2.0 MATERIALS

Buckets, wringers, wet mops, disinfectants, treated dust mops, regular dust mops

3.0 PROCEDURE

3.1 Wet mopping:

Use single bucket. Separate or double buckets contain detergent solution and rinse water and are identified accordingly.

3.2 Cleaning Agents

- a) Use D.M.Q. Damp Mop Neutral Disinfectant cleaner and warm water for floors in subject areas and satellite facilities. (MSDS - Attach 4.6)
- b) Use BNL soap Spartan Damp Mop for regular bathrooms, halls, labs, offices, etc. (MSDS - Attach 4.8)
- c) Toilet agent Spartan NABC for toilet fixtures. (MSDS - Attach 4.7)
- d) Follow manufacturer's instructions for use.

3.3 Cleaning Patterns:

NOTE: Follow the floor cleaning pattern and schedule for rooms specified in Attachments 4.2 – 4.5.

- a) Clean from least-contaminated to most-contaminated areas.
- b) Remove loose dirt/debris with wet-mopping procedure, when using dust mop in patient areas - be sure it is treated.
- c) Change solutions as shown on individual floor plans (Attachments). Mop heads should be rinsed thoroughly. The amount of contamination shall determine the change of mop heads and solution.
- d) For floors, avoid situations which allow microorganisms to proliferate in cleaning equipment or supplies.
 - i) Wash and dry reusable mops, cloths, etc. after use
 - ii) Use double-buckets (alternate method—apply agent with sprayer or sprinkling can; use mop to clean and pick up solution).
 - iii) Store buckets dry when not in use.
- e) Avoid cleaning methods that generate dust.
 - i) Use wet-mopping procedures.
 - ii) Perform damp washing.
 - iii) Use treated dust mop
- f) Reduce potential contamination.
 - i) Have personnel wear gloves during procedure and safety glasses where splashes may occur.
 - ii) Wash hands after cleaning each area.
 - iii) Clean reusable mops frequently, store dry between uses.
 - iv) Dry sweeping shall not be used, except for remainder of building.
 - v) Use agent full-strength for interior of toilet fixtures (water in bowl will dilute agent)

3.4 Frequency of cleaning:

Follow Attachment 4.1

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4.0 ATTACHMENTS

- 4.1 Schedule for damp and wet mopping
- 4.2 PET Facility floor plan
- 4.3 CRC Lobby/Clinical Lab
- 4.4 Block 9
- 4.5 Pavilion 1
- 4.6 MSDS –D.M.Q. Damp Mop
- 4.7 MSDS - Spartan Bathroom Cleaner
- 4.8 MSDS - Spartan Soap

The only official copy of this file is the one online at the Medical Department website under “Clinical Research Center Policy Manual.” Before using a printed copy, verify that it is the most current version by checking the document effective date on the website.

WEEKLY SCHEDULE FOR DUST AND WET MOPPING

Location	Treated	Dust Mop	Wet Mop	Comments
BUILDING 490				
<u>Pharmacy</u> 5-4				
a. Other Areas	Weekly	Weekly		Can be wet mopped after Pharmacy <u>No solution change needed</u>
<u>CRC</u>	Daily	Daily		<u>One solution change</u> between reception area/waiting room (a&b) and all areas (c-f)
a. Reception 8-40				
other				
b. Waiting Room				
c. Doctor's Rooms 5,6,8-35,8-36				
d. Nurse's Room 8-32				
e. Medical Records/CRC Office 8-34				
f. Bathrooms				
<u>Clinic Laboratory</u>	Daily	Daily		<u>One solution change</u> between a-e and f-i
a. Hearing Room 7-16				
b. Eye Room 7-20C				
c. E.K.G. 7-20B				
d. Phlebotomy 7-20A				
e. Hematology 7-22				
f. Chemistry 7-17				
g. Urology 7-23				
h. Waiting Area				
i. Bathrooms				
j. Trtmt Room 704	3/week	3/week		
<u>Central Supply</u> 5-117		Weekly		No dust mop, Use CSR bucket
<u>Whole Body Counting Facilities</u>	2/Week	2/Week or on request		Includes Ladies/Mens dressing rms No solution change
Prompt Gamma 9-424A	Pre-Patient	Pre-Patient		
Neutron Activation 9-290	Weekly	Weekly		
5-305K	Pre-Patient	Pre-Patient		
<u>Pavilion 1</u>				
a. Rooms 1-5, 1-7	Pre-patient	Pre-patient		
b. BPA-F Room 1-103	Weekly	Weekly		
c. Bathrooms	Pre-patient	Pre-patient		As patient load increases this will change

WEEKLY SCHEDULE FOR DUST AND WET MOPPING

Location	Treated		Wet Mop	Comments
	Dust	Mop		
BMRR				
a. Treatment Room 2	Weekly except pre-patient	Weekly except pre-patient		
b. Bathroom & sinks	Weekly except pre-patient	Weekly except pre-patient		
BMRR Simulation Room Room 5-305	Pre-patient	Pre-patient		
Pavilion 4				
a. Pt. rooms 1,2,3	Daily	Daily		
b. Bathrooms	Daily	Daily		
c. Other areas	3/week	3/week		
X-Ray 5-6D	2/week	2/week		
Fluoroscopy	As needed	As needed		
Bacteriology 9-931	Weekly	Weekly		
Tissue Culture 9-436	Weekly	Weekly		All necessary equipment in room
BUILDING 906				
PETT VI	Daily	Daily		One bucket change between Rooms 1-3 and 4-6
a. Scanning				
b. Other Areas				
c. Bathroom				
BUILDING 725D				
Light Source SMERE		Pre-patient		One bucket change between areas a & b, c This area must be washed before and after each patient
a. Angiography, fluoroscopy				
b. Reception				
c. Bathrooms				
BUILDING 560 MRI				
Room 108		Pre-Patient		
Room 112		Pre-Patient		

WEEKLY SCHEDULE FOR DUST AND WET MOPPING

Location	Untreated	Dust Mop	Wet Mop	Comments
<u>Remainder of Bldg.</u>				
Halls	Daily	1/month		
Laboratories	4/year	4/year		
Offices	1/month	1/month		
Lab 9-907	2/month	2/month		
Bathrooms	Daily	Daily		
Garbage removal	Mon & Thurs			
Recycle	Tuesday			
Vents	<u>Vacuum</u>			
	1/year			