**Dishwashing Machines and Manual Dishwashing and Sanitization**

**Date Implemented:**

**Review/Updated Date:**

**Policy**

To ensure proper sanitation practices are occurring, the nursing home must establish procedures with safe and sanitary use of the dishwashing machine, manual dishware washing, and sanitation.

Equipment can become contaminated in various ways, including improper sanitation.

**Procedures**

Dishwashing machines are obtained and serviced from a reputable dealer. Inspection and service reports related to the dishwashing machine will be maintained.

Dietary staff will appropriately monitor chemicals and water temperatures that are utilized to sanitize dishes washed in the dishwashing machine and in the three pot and pan sinks.

**High Temperature Dishwashers (heat sanitation):**

* Wash between 150-165⁰F.
* Final Rinse - 180⁰F.
* 160⁰F at the rack level/dish surface reflects 180⁰F at the manifold, which is the area just before the final rinse nozzle where the temperature of the dish machine is measured; or 165⁰F for a stationary rack, single temperature machine.

**Low Temperature Dishwashers (chemical sanitation):**

* Wash – 120⁰F
* Final Rinse – 50 ppm (parts per million) hypochlorite (chlorine) on dish surface in final rinse.

The chemical solution must be maintained at the correct concentration, based on periodic testing (at least once per shift), and for the effective contact time according to manufacturer’s guidelines.

**Manual Washing and Sanitizing:**

* A 3-step process is used to manually wash, rinse, and sanitize dishware correctly.
	+ The first step is through washing using hot water and detergent after food particles have been scraped off.
	+ The second is rinsing with hot water to remove all soap residues.
	+ The third step is sanitizing with either hot water or a chemical solution maintained at the correct concentration, based on period testing, at least when initially filled and as needed, such as with extended use, and for the effective contact time according to manufacturer’s guidelines.
	+ After washing and rinsing, dishes, and utensils are sanitized by immersion in either:
		- Hot water (at least 171⁰F for 30 seconds); or
		- A chemical sanitizing solution used according to manufacturer’s instructions. Chemical sanitization requires greater controls than hot water sanitization.
		- Manufacturer’s instructions must **always** be followed.
* Dietary departments must have appropriate and adequate testing equipment, such as test strips and thermometers, to ensure adequate washing and sufficient concentration of sanitizing solution is present to effectively clean and sanitize dishware and kitchen equipment.

A high concentration of sanitization solutions may be potentially hazardous (see manufacturer’s instructions) and may be a chemical contaminant of food. Improper test strips yield inaccurate results when testing for chemical sanitation.

Dishware must be air dried. Towel or cloth drying may increase risks for cross contamination.

When cleaning fixed equipment (such as mixers, slicers, and other equipment that cannot readily be immersed in water), the removable parts must be washed and sanitized and non-removable parts cleaned with detergent and hot water, rinsed, air-dried, and sprayed with a sanitizing solution (at the effective concentration). Finally, the equipment must be reassembled, and any food contact surfaces that may have been contaminated during the process are re-sanitized (according to the manufacturer’s instructions). Service area wiping cloths are cleaned and dried or placed in a chemical sanitizing solution of appropriate concentration.

Reusable equipment must be in good repair and cannot have gauges or dents that make the equipment not able to be sanitized effectively.

**Resources**

CMS. (2017, Nov. 2). *State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities, F812*. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf>