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K000 - Statement of Election to Use the LIVENGOOD PACE under the CMS Categorical Waiver for Power Strips Use in Patient Care Areas

CMS released a Categorical Waiver for Power Strips Use in Patient Care Areas, Memo #14-46-LSC on September 26, 2014. Power strips used in the patient vicinity and tested to the UL60601-1 standard are also referred to as Special Purpose Relocatable Power Taps (SPRPT). To take advantage of this waiver, your facility ***MUST*** formally draft a statement of election to use the waiver and document this election decision. No documents need be submitted to CMS but the election documentation ***MUST*** be presented during the entrance conference for any survey assessing LSC compliance. It is ***NOT*** acceptable to notify the surveyors of the election after a LSC citation has been issued.

You may use this document as your Statement of Election

The SPRTP(outlets) on the PACE are specifically designed to exceed the requirements of UL60601-1, CMS and NFPA. Specifically, the SPRTP on the PACE is integrated into the design and the ***entire*** PACE is tested to the standards for stability, strength and electrical safety by Underwriter's Laboratories. All other products add a plug strip to their device without any 3rd party scrutiny of the entire product that will be interfacing with the patient.

_____ elects to use the LIVENGOOD PACE
facility

under the CMS Categorical Waiver for Power Strips Use in Patient Care Areas under Tag K000. It is our belief that the broad clinical benefits of increased patient mobility, safety in mobility for both the patient and staff and improved work efficiency warrant the use of the PACE under this waiver.

The requirements of NFPA 101 LSC Section 10.2.3.6 are met as follows.

1) The receptacles are permanently attached to the equipment assembly.
Completed by the manufacturer under the quality control requirements of Underwriters Laboratories with the entire assembly tested to meet the UL-60601-1 3rd Edition standard. UL Certification #s: MDAF2.E360370 & MDAF8.E360370

2) The sum of the ampacity of all appliances connected to the receptacles shall not exceed 75 percent of the ampacity of the flexible cord supplying the receptacles.
The maximum amperage that may be pulled through the PACE is 10A. This is labeled on the PACE directly as required by UL and the flexible cord provided is rated to 15A. Additionally, two separate safety devices are built into the PACE for additional protection. A 10A manually resettable, lighted circuit breaker is incorporated to prevent overdraw. Secondly, a thermal automatic resettable fuse is incorporated into the isolation transformer if the temperature due to over-draw of electrical current occurs. No other product provides this level of safety in redundancy!

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3) The ampacity of the flexible cord is suitable in accordance with the current edition of NFPA 70, National Electric Code.

The flexible cord is tested to the UL 817 standard for power cords, required for classification as hospital-grade, and incorporates the ANSI/NFPA 70, NEC Standard.

4) The electrical and mechanical integrity of the assembly is regularly verified and documented through an ongoing maintenance program.

The _____ department(s) regularly inspect and service the PACE per the User Manual which is regularly reviewed and approved by Underwriter's Laboratories.

5) Means are employed to ensure that additional devices or nonmedical equipment cannot be connected to the multiple outlet extension cord after leakage currents have been verified as safe.

a) Patient care staff are educated at regular intervals on the use of the PACE which includes a review of the appropriate items that may be plugged into and attached to the PACE. The prohibited use of the PACE to charge personal electronic devices is emphasized.

b) The PACE is labeled to indicate that only approved devices may be plugged into the outlets.

c) The response to Requirement #2 is again used as a safety redundancy to prevent harm if any event occurs that results in an over-draw of current on the PACE.

This Waiver was discussed and approved on _____ by:
date

Attachment – CMS Memo #14-46-LSC

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

Center for Clinical Standards and Quality /Survey & Certification Group

Ref: S&C: 14-46-LSC

DATE: **September 26, 2014**

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Categorical Waiver for Power Strips Use in Patient Care Areas

Memorandum Summary

- ***Categorical Waiver:*** CMS has determined that the 2000 edition of the National Fire Protection Association (NFPA) 101® Life Safety Code (LSC) contains provisions on the use of power strips in health care facilities that may result in unreasonable hardship for providers or suppliers. Further, an adequate alternative level of protection may be achieved by compliance with the 2012 edition of the LSC, which has extended allowances on the use of power strips in patient care areas.
  - CMS is permitting a categorical waiver to allow for the use of power strips in existing and new health care facility patient care areas, if the provider/supplier is in compliance with all applicable 2012 LSC power strip requirements and with all other 2000 LSC electrical system and equipment provisions.
  - Resident rooms in long-term care or other residential care facilities that do not use line-operated electrical appliances for diagnostic, therapeutic, or monitoring purposes are not subject to the more restrictive NFPA 99 requirements regarding the use of power strips in patient care areas/rooms. Resident rooms using line-operated patient-care-related electrical equipment in the patient care vicinity must comply with the NFPA 99 power strip requirement and may elect to utilize this categorical waiver.
- ***Individual waiver applications are not required:*** Providers and suppliers are expected to have written documentation that they have elected to use the waiver. A provider or supplier must notify the LSC survey team at the entrance conference that it has elected the use the waiver permitted under this guidance and that it meets the applicable waiver requirements. The survey team will review the information and confirm the facility meets the conditions for the waiver.

Various regulations governing certain certified providers and suppliers require compliance with the 2000 edition of the NFPA LSC. The LSC establishes minimum requirements for the design, operation, and maintenance of buildings and structures to protect individuals from fire and related hazards. The 1999 edition NFPA 99, *Health Care Facilities Code* is cross-referenced in

the 2000 LSC and, as a result, it contains requirements applicable to providers and suppliers who must meet the 2000 edition of the LSC under our regulations.

As allowed by the various regulations referencing the LSC, CMS may waive specific provisions of the 2000 edition of the LSC which, if rigidly applied, would result in unreasonable hardship upon a provider or supplier, but only if the waiver does not adversely affect the health and safety of patients. CMS has determined that the 1999 edition of the NFPA 99 contains provisions on the use of power strips in health care facilities that may result in unreasonable hardship for providers or suppliers, and for which an adequate alternative level of protection may be achieved by compliance with the 2012 edition of the LSC. Accordingly, CMS is making available a categorical waiver for providers and suppliers subject to the LSC requirements regarding the use of power strips in patient care areas.

Categorical Waiver

The increasing need for electrical equipment in health care facilities has resulted in a need for more electrical receptacles in areas where patients receive examination and treatment. As a result, the 1999 NFPA 99 requirements regarding the use of power strips in "patient care areas" has become outmoded and unduly burdensome to providers and suppliers.

The 1999 edition of NFPA 99 requires that there be sufficient receptacles located in all "patient care areas" in order to avoid the need for power strips. An exception is provided, but only in anesthetizing locations where power strips can be used if they are an integral component of portable patient-care-related equipment assemblies that are tested by the manufacturer, and if the integrity of the assembly is regularly verified and documented through an ongoing maintenance program.

By contrast, the 2012 edition of NFPA 99 has extended allowances for use of power strips in "patient care rooms," which replaces the term "patient care area". The requirement for there to be sufficient receptacles located in all patient care areas as to avoid the need for power strips has been removed, but the minimum number of receptacles in patient care rooms has been increased. The exception provided for power strips used an integral component of portable patient-care-related equipment assemblies that are tested by the manufacturer has been expanded beyond anesthetizing locations to all patient care rooms. In addition, the exception no longer requires a power strip to be an integral component of a manufacturer tested equipment assembly.

Accordingly, we are permitting a categorical waiver to allow for the use of power strips in existing and new health care facility patient care areas/rooms, if the provider/supplier complies with all applicable ***2012*** NFPA 99 power strip requirements and with all other 1999 NFPA 99 and 2000 LSC electrical system and equipment provisions.

Waiver Not Required for Certain Resident Rooms

Resident rooms in long-term care or other residential care facilities that do not use line-operated electrical appliances for diagnostic, therapeutic, or monitoring purposes are not subject to the more restrictive NFPA 99 requirements regarding the use of power strips in patient care

areas/rooms. In this setting, power strips may be used in the resident rooms in accordance with the standard precautions and Underwriter Laboratory (UL) listings as discussed below.

Resident rooms using line-operated patient-care-related electrical equipment in the patient care vicinity must comply with the NFPA 99 power strip requirement and may elect to utilize this categorical waiver.

Pertinent 2012 NFPA 99 Definitions:

- "Patient bed location" is defined in section 3.3.136 as the location of a patient sleeping bed, or the bed or procedure table of a critical care area.

- "Patient-care-related electrical equipment" is defined in section 3.3.137 as electrical equipment that is intended to be used for diagnostic, therapeutic, or monitoring purposes in the patient care vicinity;

- "Patient care room" is defined in section 3.3.138 as any room of a health care facility wherein patients are intended to be examined or treated. Note that this term replaces the term "patient care area" used in the 1999 NFPA 99, but the definition has not changed.

- "Patient care vicinity" is defined in section 3.3.139 as a space, within a location intended for the examination and treatment of patients (i.e., patient care room) extending 6 ft. beyond the normal location of the bed, chair, table, treadmill, or other device that supports the patient during examination and treatment and extends vertically 7 ft. 6 in. above the floor.

Requirements:

- Patient bed locations in new health care facilities, or in existing facilities that undergo renovation or a change in occupancy, shall be provided with the minimum number of receptacles as required by section 6.3.2.2.6.2.

- Power strips may be used in a patient care vicinity to power rack-, table-, pedestal-, or cart-mounted patient care-related electrical equipment assemblies, provided ***all*** of the following conditions are met, as required by section 10.2.3.6:

    1) The receptacles are permanently attached to the equipment assembly.

    2) The sum of the ampacity of all appliances connected to the receptacles shall not exceed 75 percent of the ampacity of the flexible cord supplying the receptacles.

    3) The ampacity of the flexible cord is suitable in accordance with the current edition of NFPA 70, National Electric Code.

    4) The electrical and mechanical integrity of the assembly is regularly verified and documented through an ongoing maintenance program.

5) Means are employed to ensure that additional devices or nonmedical equipment cannot be connected to the multiple outlet extension cord after leakage currents have been verified as safe.

- Power strips may ***not*** be used in a patient care vicinity to power non-patient care-related electrical equipment (e.g., personal electronics).

- Power strips ***may*** be used outside of the patient care vicinity for both patient care-related electrical equipment & non-patient-care-related electrical equipment.

- Power strips providing power to rack-, table-, pedestal-, or cart-mounted patient care-related electrical equipment assemblies are not required to be an integral component of manufacturer tested equipment. Power strips may be permanently attached to mounted equipment assemblies by personnel who are qualified to ensure compliance with section 10.2.3.6.

- Resident rooms in long-term care or other residential care facilities that **do not** use line-operated patient-care-related electrical equipment are not subject to the more restrictive NFPA 99 requirements regarding the use of power strips in patient care areas/rooms.

- Resident rooms using line-operated patient-care-related electrical equipment in the patient care vicinity must comply with the NFPA 99 power strip requirement and may elect to utilize this categorical waiver.

- If power strips are used in any manner, precautions as required by the LSC and reference documents are required, including but not limited to: installing internal ground fault and over-current protection devices; preventing cords from becoming tripping hazards; connecting devices so that tension is not transmitted to joints or terminals; no "daisy chaining" power strips; using power strips that are adequate for the number and types of devices, and no overloading power strips with high load devices. In addition, the use of ground fault circuit interruption (GFCIs) may be required in locations near water sources to prevent electrocution.

- Power strips providing power to patient care-related electrical equipment must be Special-purpose Relocatable Power Taps (SPRPT) listed as UL 1363A or UL 60601-1.

- Power strips providing power to non- patient-care-related electrical equipment must be Relocatable Power Taps (RPT) listed as UL 1363.

Waiver Process

Providers and suppliers that want to take advantage of the categorical waiver identified above must formally elect to use the waiver and must document their election decision. If a provider/supplier conforms to the requirements identified for the categorical waiver elected, it will not need to apply specifically to CMS for the waiver, nor will it need to wait until being

cited for a deficiency in order to use this waiver. At the entrance conference for any survey assessing LSC compliance, a provider/supplier that has elected to use a categorical waiver must notify the survey team of this fact, and that it meets the applicable waiver provisions. It is not acceptable for a healthcare facility to first notify surveyors of waiver election after a LSC citation has been issued.

The survey team will review the provider's/supplier's documentation electing to use the categorical waiver and confirm it is meeting all applicable categorical waiver provisions. This will ensure an adequate level of protection is afforded. The waiver elected by the provider/supplier must be described under Tag K000. Categorical waivers do not need to be cited as deficiencies nor do they require Regional Office approval. Therefore the applicable field on the Form CMS-2786 should be marked as "Facility Meets, Based Upon, 3. Waivers." If the survey team determines that the waiver provisions are not being met, the provider/supplier will be cited as a deficiency under §482.41(b)(2), §485.623(d)(3), §483.70(a)(2), §416.44(b)(2), or §418.110(d)(2), as appropriate.

Questions: If you have questions regarding this memorandum please contact hospitalscg@cms.hhs.gov**.**

Effective Date: Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators within 30 days of this memorandum.

/s/
Thomas E. Hamilton

cc: Survey and Certification Regional Office Management