

USE OF RELOCATABLE POWER TAPS (RPT's) IN AMBULATORY SURGERY CENTERS WHAT YOU NEED TO KNOW

Acknowledging an undue burden imposed on healthcare facilities and suppliers, the Centers for Medicare & Medicaid Services (CMS) has issued a memorandum that gives hospitals more leeway for using power strips, or relocatable power taps (RPTs) in patient care areas.

The agency disclosed the news in a Sept. 26, 2014 letter to state survey agency directors that grants a categorical waiver for power strips in patient care areas. 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 healthcare facilities that may result in unreasonable hardship for providers or suppliers, according to the memorandum. It added that an adequate level of protection may be achieved by meeting the power strip requirements in 2012 NFPA 99 and all other 1999 NFPA 99 and 2000 LSC electrical system and equipment provisions.

The CMS document defining the parameters of the Categorical Waiver is identified as their “Ref: S&C: 14-46-LSC.” That document begins with a “Memorandum Summary” that explains that the 2012 edition of NFPA 99 contains provisions that result in “an adequate level of protection” to allow “the use of power strips in patient care areas.” There is no discussion as to why properly used power strips under previous editions of NFPA 99 were inherently unsafe.

No individual applications are required, but healthcare facilities must have documentation on hand showing they have elected to use the waiver and present this documentation at the opening conference to accrediting surveyors.

The increased use of electrical equipment in facilities has made the issue more problematic. In light of such, the 1999 NFPA 99 requirements regarding the use of power strips in ‘patient care areas’ has become extinct and unduly burdensome to providers and suppliers, the memorandum states. The 2012 edition of NFPA 99 allows facilities more flexibility, allowing the use of power strips in patient care areas.

While the edition eliminated the verbiage regarding a sufficient number of receptacles to eliminate the need for power strips, it did increase the minimum number of receptacles that are required in patient care rooms and surgical areas.

The memorandum also includes requirements that facilities must meet under 2012 NFPA 99 standards as follows:

- Receptacles shall be attached permanently to the equipment assembly.
- The sum of the ampacity of all appliances connected to the receptacles shall not exceed 75% of the ampacity of the flexible cord supplying the receptacles.

- The ampacity of the flexible cord meets the requirements of the current edition of NFPA 70, National Electric Code.
- The electrical and mechanical integrity of the assembly is regularly **verified and documented** through an ongoing maintenance program.
- Facilities must ensure that additional devices and non-medical equipment may not be connected to multiple outlet extension cords after leakage currents have been verified as safe.
- Power strips may not be used in a patient care vicinity to power electrical equipment that is not directly related to patient care.
- Power strips maybe used outside the patient care vicinity
- Relocatable power strips used shall be Underwriter's Laboratory (UL) approved. Power strips used for patient-care and/or related equipment must be labeled as complying with UL 1363A or UL 6060-1. Power strips used for non-patient-care- related equipment must be labeled as complying with UL 1363. **DEFINITIONS** CMS lists four important definitions included in the 2012 NFPA 99. Of most importance is the “patient care vicinity.” This is typically an area of a facility where power strips are most commonly used, and are the most regulated. The definition is six feet from each side and end of a patient bed, OR table, Procedure Room table or Exam chair. In essence, this will occupy most all of the space used for pre-operative procedures, recovery and even examination areas. Moreover, in an ASC facility, it is safe to assume that all portions of every patient care room qualify as “patient care areas.”