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ASCs & the CMS CATEGORICAL WAIVER FOR POWER STRIPS

The Categorical Waiver announced by CMS September 26, 2014 for the “use of power strips in health care facilities” is far from good news for existing and/or new Medicare Certified Ambulatory Surgery Centers (ASCs). It in effect eliminates (forbids) the use of power strips for any equipment in patient care areas not always located on a given storage unit (“power rack, table, pedestal, or cart”) to which the power strip in use is permanently attached. CMS couches this change as something to eliminate the “unreasonable hardships” imposed by the currently referenced 1999 edition of NFPA 99, and therefore adopts a few very restrictive sections of the 2012 edition of NFPA 99 instead. The end result is a definitive end to many uses of power strips ASCs may have employed for decades.

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.

DEFINITIONS

CMS lists four important definitions included in the 2012 NFPA 99, but only one has anything to do with the power strip requirement, and that is “patient care vicinity” – important because that is the part of a facility where power strips are most used, and are as of now are the most regulated. That definition is so inclusive (six feet from each side and end of a gurney, O.R. table, recliner, etc.) that it essentially encompasses all of any room or space used for pre-op, procedures, O.R.s, recovery, or even examination. For instance, the “patient care vicinity” including clearances from an O.R. table or recovery gurney is about 15 FT X 19 FT, recliners take about 15FT X 17 FT, exam tables 14 FT X 17 FT, etc. As result it is appropriate, in an ASC setting, to assume that all portions of every patient care room qualify as “patient care areas,” and are subject to the special requirements.

CMS PRECONDITIONS

CMS requires that any organization that wishes to “take advantage of” the Categorical Waiver has formerly elected to use it (and document that) prior to the day of the survey. Further, the organization must verbally inform the survey team of the election during the “entrance conference,” before the survey begins.

2012 ed. of NFPA 99

The references to the 2012 NFPA 99 are to specific conditions under which power strips may be used in health care facilities, and to the minimum number of electrical receptacles required in a given patient care area. Those conditions, as interpreted by CMS to be necessary for use of the categorical waiver, include:

- Any power strip used must be UL-approved. Power strips used for patient-care-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.
- No power strip may be plugged in to another power strip.
- Any ASC applying for a new Medicare Agreement, or undergoing renovation, must provide at least 8 electrical receptacles (plug-in points) at every patient position, at least 14 receptacles at every recovery position, and 36 receptacles in every O.R..
- Power strips used in patient care areas must additionally:
 - ✓ Be permanently attached to the given mobile storage unit, and only serve the equipment normally present on it.
 - ✓ Any receptacles on a power strip that are not used for the normal equipment present, are blocked or made unusable for any other equipment or use.
 - ✓ The rating of the power strip (amperage of its electrical cord) must be at least 1.333 times the combined loads (amps) of all the equipment plugged in to it.
 - ✓ The “integrity” of the power strip/movable unit assembly is regularly verified, maintained, and documented.
 - ✓ Non-patient-care-related devices may not be plugged in to power strips.

It is interesting to note that the CMS memo concerning the Categorical Waiver does not restrict the use of properly listed power strips outside of patient care areas – meaning they may be used outside of patient care areas for patient or non-patient equipment, and without being attached to a mobile storage unit. It is also interesting to note they only aspect of the 1999 edition of NFPA 99 that was as restrictive or more than the 2012, was the requirement that power strips attached to movable storage units had to be part of the manufacture of that movable unit . . . under the 2012 edition any qualified individual may attach them.

The good news with CMS Categorical Waivers is they are not subject to variations in survey findings, or Regional Office interpretation. As long as an Organization adheres to the requirements associated with it, the Categorical Waiver should eliminate survey findings regarding power strip use. The down side is the extent to which adopting the waiver eliminates other options, and could subject otherwise fully compliant facilities to requirements never before applicable to them; in this case specific aspects of electrical systems from the newer and more restrictive edition of NFPA 99.

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