NEW YORK STATE OF OPPORTUNITY. Department of Health

KATHY HOCHUL
Governor

MARY T. BASSETT, M.D., M.P.H.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

December 22, 2022

Re: DHDTC DAL#: 22-13

Dear Chief Executive Officer :

This guidance seeks to delineate the Department's position on the use of batteries in Essential Electrical Systems (EES). DAL NH 19-10 /DAL DHDTC 19-11, issued January 10, 2020, specified expected battery durations. Upon further evaluation, the Department has the following revisions.

Article 28 facilities that use general anesthesia or electrical life-support equipment must have a Type 1 EES per the *National Fire Protection Association Life Safety Code* (NFPA 101), 2012 edition, which references the *National Fire Protection Association Health Care Facilities Code* (NFPA 99), 2012 edition. Due to practical constraints, including battery capacity limits, facility size, and operational demands, the Department finds that batteries are generally inappropriate sources of emergency power in hospitals and nursing homes. However, Ambulatory Surgery Centers (ASCs) may use battery powered EES under the following conditions:

- Facilities must meet the requirements of a Type 1 or Type 2 EES and comply with NFPA 70, *National Electrical Code* (NEC), 2011 edition, Article 700.
- Batteries must meet the requirements of NFPA 111, *Standard on Stored Electrical Energy Emergency and Standby Power Systems*, 2010 edition.
- Proposals for battery powered EES must include a risk assessment based on NFPA 99, 2012 edition, Building System Categories, to support the emergency power provided for the services rendered. Facilities may use the "NFPA 99-2012 Risk Assessment Tool" found on the American Society for Health Care Engineering (ASHE) website.
    - The risk assessment documentation shall include:
        1) A list of all medical procedures being performed and type of anesthesia to be used.
        2) The time needed to power systems and equipment to safely cease procedures in progress by specifying the facility's evacuation activities with required durations, including but not limited to, time required to cease activities, recovery from anesthesia, prepare patients for evacuation, and evacuation travel time for all occupants.
    - Failure of systems and equipment must be assessed for all facility areas for risk to patients, staff, and visitors.
    - Other NFPA emergency power requirements may be beyond the procedure-based duration and must be provided.
    - EES with less than 1.5 hours of emergency power will not be accepted.

- Annual review and approval of the risk assessment shall be completed by the ASC's governing body to ensure the assessment addresses all current procedures and services performed.
- The risk assessment is required for all new and existing systems. The Department will review the documentation during all future State and Federal surveillance activities to confirm the current risk assessment is compliant and applicable.

Should you have any questions regarding these requirements, please email the Division of Hospitals and Diagnostic & Treatment Centers at hospinfo@health.ny.gov or the Bureau of Architecture and Engineering Review at BAER@health.ny.gov.

Sincerely,

Stephanie Shulman, DrPH, MS
Director, Division of Hospitals and
Diagnostic & Treatment Centers
& Treatment Centers

Shannon Kuhn
Acting Director
Bureau of Architecture and
Engineering Review