



June 11, 2009

Mr. Chairman,

My name is Keith Van Kerckhove, Vice President, Post Glover LifeLink, Inc.

I am speaking in opposition to Certified Amending Motion 99-2.

The new language adopted overwhelmingly by the Technical Committee represents a compromise from both sides of the issue and it does two important things: First, it requires healthcare facilities to formally review the intended use of newly built or renovated operating rooms to determine the likelihood that a procedure could result in a substantial amount of fluid being released around patients or staff causing an elevated risk of electric shock. Secondly, it suggests, in the form of an annex note that other stakeholders including clinicians, biomedical engineers and facility safety staff be consulted as part of this risk assessment.

Individual facilities are still free to determine that a particular operating room is not a wet location, just as they can under the current edition of 99. The only difference is that this determination must now come about through a thoughtful and structured analysis. This is entirely consistent with the overall risk-based approach of the 99 (NFPA 99) rewrite. There is no undue burden placed on the facility by this requirement. It does not mean that every operating room will require special protection in the form of GFCI or isolated power.

The current language has been a constant source of confusion since 1984, due to its lack of clear guidance on the issue. Under the current version of 99, facilities may establish a blanket policy that none of their operating rooms are wet locations without ever performing an official analysis or seeking input from those individuals that are most familiar with the intimacies of operating room procedures. Recognizing this fact, the Technical Committee has rightly chosen to err on the side of safety and establish a default designation as the basis for new designs.

This was not an arbitrary change by the Committee, or one driven by the isolated power industry. It originated through a proposal submitted by an MD representing a national organization of physicians and, supported by other groups of medical professionals. It was heavily supported through public comment, by a wide array of groups including design engineers, biomedical engineers, and maintenance professionals.

On a commercial note, many of the arguments put forth against requiring the use of isolated power to protect operating rooms are related to the perceived cost of installing and maintaining these systems. Past studies have supposed the risk of hazard is insufficient to justify the added expense. This is not to say that there is no risk, just that the perceived cost of mitigation was not proportional.

As a manufacturer of these systems, I can assure you that the industry has worked very hard to reduce the overall cost of ownership through design innovations and training. In fact, the incremental cost of isolated power over grounded power actually represents a small fraction of the total cost to build and outfit a modern operating room. Maintenance and testing on modern systems should average 15-20 minutes per panel per year. Published studies quoting 30-year amortized maintenance costs of more than \$150,000 per panel are far removed from the realities of the current market.

In conclusion, I believe the Technical Committee struck the proper balance on this matter and urge this motion be rejected.

Sincerely,

Keith Van Kerckhove,
Vice President, PG LifeLink

FROM THE DESK OF . . . **KEITH VAN KERCKHOVE**, VICE PRESIDENT - ENGINEERING

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