

<b>Colorado Department of Public Health and Environment Health Facilities and Emergency Medical Services Division Policy Manual</b>		Section: <b>LIFE SAFETY</b>
		Part:
Subject: <b>Door Locking in NFPA 101 Life Safety Code Defined “Health Care Occupancy” Facilities</b>		Page:
Date: June 2009	<input type="checkbox"/> Replacement page(s) of part ____ <input type="checkbox"/> Addition of page(s) to part ____ <input type="checkbox"/> New Section	

**SUMMARY**

This Policy and Procedure shall clarify the position of the HFEMSD in relation to locking of doors along the egress path of a HFEMSD regulated “Health Care Occupancy”. After adoption of the 2000 Life Safety Code, the Regional Information Letters were no longer in effect and to date, CMS has not issued any Interpretive Guidelines for the 2000 edition of the Life Safety Code. Facilities continue to lock many exit doors in the facility, outside of their Alzheimer’s special care units, where there is no proven clinical need of the residents occupying these wings.

**BACKGROUND**

Life Safety Code Section 18.2.2.2.4 and 19.2.2.2.4:

Doors within a required means of egress shall not be equipped with a latch or lock that requires the use of a tool or key from the egress side.

Exception No. 1: Door-locking arrangements without delayed egress shall be permitted in health care occupancies, or portions of health care occupancies, where the clinical needs of the patients require specialized security measures for their safety, provided that staff can readily unlock such doors at all times. (See 18.1.1.1.5 and 18.2.2.2.5.)

Exception No. 2\*: Delayed-egress locks complying with 7.2.1.6.1 shall be permitted, provided that not more than one such device is located in any egress path.

Exception No. 3: Access-controlled egress doors complying with 7.2.1.6.2 shall be permitted.

Former special door locking arrangements outlined in Regional Information Letter 97-19 with reference to Regional Information Letter 94-43, which includes Interpretive Guideline Page I-13-38.1:

The guidelines stated that doors in health care facility wings may be locked to accommodate persons with special needs such as Alzheimers’ Disease or persons in ICFs/MR facilities, provided that the following caveats are observed:

- 1) The lock must release upon loss of power or activation of the building fire alarm system.
- 2) Any required fire protection system (e.g. smoke detection system, sprinkler system) shall be tied into the fire alarm system.
- 3) There shall be an override system, such as a digital keypad, pushbutton release or key locks, depending on the nature of the individuals served in the wing. If key locks are used, all staff must carry keys on their person at all times. If digital keypads are used, all staff must know the code and the code must be posted.
- 4) Locked doors must not be used to replace staff or in violation of resident rights provisions of the federal regulations.

**POLICY GUIDANCE**

**A)** Health Care facility egress doors, outside of the specified Alzheimer/dementia special care units, may only be locked, as follows:

Delayed-egress locks complying with 7.2.1.6.1 shall be permitted, provided that not more than one such device is located in any egress path. The facility may request an extension from a 15 second delay to a 30 second delay based on an assessment of the patients/residents served in the specific wing. The delayed-

egress local alarm cannot be programmed to pre-alarm. The door locks may be equipped with keypad or key operated overrides for normal staff passage. The keypad code does not have to be posted. Access-controlled egress doors complying with 7.2.1.6.2 shall be permitted. Special attention must be paid to the installation of the required manual override button and the specific electrical circuit requirements. Mechanical latches that are arranged to prevent ingress, but do not restrict egress, remain an acceptable locking arrangement.

Local area proximity alarms (ie WanderGuard) that do not lock an exit door are acceptable, provided that the proximity alarm is not combined with a common alarm installed on the exit door as a part of a delayed-egress local alarm.

Doors in the means of egress that are programmed to lock upon approach of a WanderGuard bracelet must be arranged with a release mechanism in accordance with A1 above. Only one door within the egress path can be arranged in accordance with A1 above (delayed-egress).

**B) Health Care facility egress doors, within the specified Alzheimer/dementia special care units, may only be locked, as follows:**

Delayed-egress locks complying with 7.2.1.6.1 shall be permitted, provided that not more than one such device is located in any egress path. The facility may request an extension from a 15 second delay to a 30 second delay based on an assessment of the patients/residents served in the specific wing. The delayed-egress local alarm cannot be programmed to pre-alarm. The door locks may be equipped with keypad or key operated overrides for normal staff passage. The keypad code does not have to be posted.

Access-controlled egress doors complying with 7.2.1.6.2 shall be permitted. This type of locking arrangement would not be appropriate for egress from the special care unit, however, it may be used for internal corridor access to the special care unit.

Special door locking arranged as follows:

- 1) The lock must release upon loss of power or activation of the building fire alarm system.
- 2) Any required fire protection system (e.g. smoke detection system, sprinkler system) shall be tied into the fire alarm system.
- 3) There shall be an override system, such as a digital keypad, pushbutton release or key locks, depending on the nature of the individuals served in the wing. If key locks are used, all staff must carry keys on their person at all times. If digital keypads are used, all staff must know the code and the code must be posted.
- 4) Locked doors must not be used to replace staff or in violation of resident rights provisions of the federal regulations.

Internal corridor access doors providing access to the special care unit may be locked, without arranging the door release in accordance with B1, B2, or B3 above, under the following conditions.

The corridor accessing the special care unit is not a required means of egress from other areas of the building. This could occur, for example, where the special care unit corridor access doors are installed 30 feet, or less, from a corridor intersection where two other paths of egress are available. Travel distance to the nearest Life Safety Code compliant exit (from the corridor intersection) must be 150 feet or less (200 feet or less if the building is fully sprinklered). The Life Safety Code limits dead-end corridors to 30 feet. Exit signs shall only be installed above locked doors within the means of egress that are arranged in accordance with item B1, B2 or B3 above.

Note: corridor doors that provide a required second means of egress from within the special care unit can only be locked when arranged in accordance with item B1, B2 or B3 above

Approved by Signed By Rob Sontag Title Life Safety Code Mgr. Date 7/6/2009

Approved by Signed By Howard Roitman Title Division Director Date 7/6/2009