Locking Door Arrangements

Kenneth Daily, LNHA
kenn@lsguru.com

Clinical Needs (18/19.2.2.2.5.1)

- "Where the clinical needs of patients require specialized security measures or where patients pose a security threat"
  - Behavioral health
  - Geriatrics
  - Neuro Units
  - Lockups/prison wards

Locking Doors

- Door leaves shall be arranged to be opened readily from the egress side whenever the building is occupied.
- Locks shall not require the use of a key, a tool, or special knowledge or effort for operation from the egress side.

Clinical Needs (18/19.2.2.2.6)

- Rapid removal of occupants by ONE of:
  - Remote control of locks within the unit
  - Keying of locks to keys carried by staff at all times
  - Other such reliable means available to staff at all times
  - One lock permitted per door

Patient Security Needs (18/19.2.2.2.5.2)

- “Patient special needs require specialized protective measures for their safety”
- Complete smoke detection throughout the locked space OR remote unlock from a constantly attended location within the locked space
- Complete sprinkler protection in building
- Release by independent activation of
  - Smoke detection (if no remote release)
  - Waterflow of sprinkler system
  - Loss of power

Locking Door Audit

Doors with special locking arrangements are inspected monthly when the fire alarm is tested and functioning to ensure each door lock has released.

(Facility Name)
Exits with Locking System

Monthly Audit

Evaluate each delayed egress locking arrangement for compliance with the following requirements:

Audit Item	Pass	Fail	Comments
The locking hardware is approved and listed for the purpose			
Door locking system release with the initiation of the fire alarm			
All staff have key and or know the 'code' to enter and/ or exit			
Facility has appropriate zoning permits for locking door system?			

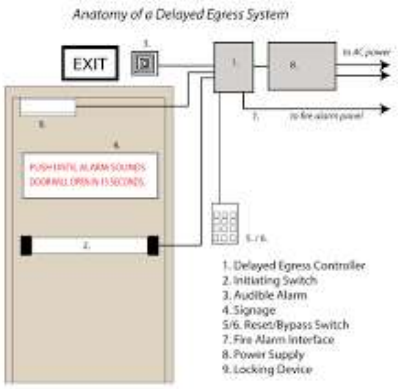
Competed by: _____

Date: _____

10. Delayed Egress Doors Testing

- Permitted provided:
  - Releases with/in 15 seconds or 30 seconds per AHJ
  - ≤15 lb. for ≤ 3 seconds to initiate
  - Process must be irreversible
  - Unlocks with the loss of power
  - Unlocks with the initiation of fire alarm and/or smoke detector
  - Emergency lighting at door
  - Instructional sign @ door

PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS



Permitted for Delayed Egress Doors

Secure Care System

There have been many citations K 222 for when a delay-egress door is initiated but then any button is pressed on the door releasing system which resets the door. This is not permitted. Once begun the door opening system must be irreversible.

New Secure Care Keypad

Delayed Egress Door Audit Form

(Facility)

Delayed Egress Locking System
Monthly Audit

Evaluate each delayed egress locking arrangement for compliance with the following requirements:

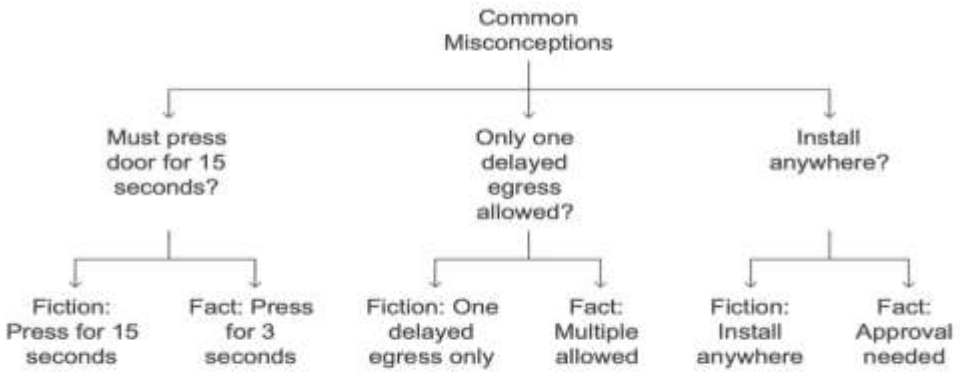
Audit Item	Pass	Fail	Comments
The locking hardware is approved and listed for the purpose of delayed egress.			
Door opens with no more than 15 lbs. of force			
When force is applied for not greater than 3 seconds the system is engaged and an alarm is activated			
The door locking system releases within a time of 15 seconds (or 30 as permitted)			
The delayed egress system is reached by manual means after door was released			
Each door that functions with a delayed egress locking system has visible contrasting sign stating: **PUSH UNTIL ALARM SOUNDS – DOOR CAN BE OPENED IN 15 SECONDS**			
Facility has letter from jurisdiction permitting delayed egress greater than 15 seconds			

Completed by: _____

Date: _____

Recommend that all delayed egress doors are tested not less than monthly to ensure proper function

Delayed Egress Misconceptions



None of These Locks are Ever Permitted

Gate Locks/ Delayed Egress K222

Resident Wandering Devices

The wander management solution allows facilities to monitor identified residents with proclivity to wandering, while maintaining their dignity to move freely about a facility. Secure or lock and alarm specific doors if a resident attempt to leave.

Wander Guard Auditing

Make sure you are scanning your resident anti-wandering devices regularly. Frequently this is done by nursing and is added to the MAD or TAR. It can be done with a wand that checks the bands to ensure the battery and system is working. Frequently a device is used at each door to ensure the doors function (lock) appropriatley