

Door Locking Arrangements for Nursing Homes

The 2012 edition of the *Life Safety Code*[®] (NFPA 101 or LSC) outlines two (2) permissible door locking arrangements specific to healthcare occupancies and applicable to most nursing homes:

1. The first provision permits the locking of doors when it is necessary for the clinical needs of the residents. The intent is to address the growing elopement and injury concerns related to industry's Alzheimer's / dementia population.

Section 19.2.2.2.5.1 states *“Door-locking arrangements shall be permitted where the clinical needs of patients require specialized security measures or where patients pose a security threat, provided that staff can readily unlock doors at all times...”*

Locking arrangements permitted by this provision often include magnetic locks that are released when a code is inserted into a nearby keypad. All staff should know the code and maintain the ability to open a secured door at any time.

This locking provision is intended to be applicable to specialized resident areas that are specifically designed to support residents with wandering, elopement, or psychiatric concerns. It is not applicable to other doors in the building that may be locked for security reasons. An organization may need to provide justification that the residents housed in the area/unit being secured truly require “specialized security measures”.

2. The second provision permits delayed egress locks. Delayed egress locking arrangements are permitted in buildings protected throughout with a fire detection system or automatic sprinkler system. Section 7.2.1.6.1 permits delayed egress locking arrangements with the following criteria:

- The doors unlock upon actuation of the fire alarm system; and
- The doors unlock upon loss of power controlling the lock or locking mechanism; and
- The doors are arranged so that an irreversible process releases the lock within 15 seconds (or 30 seconds with AHJ approval) upon application of force to the door opening hardware. A local alarm will sound when force is initially applied.

This type of arrangement is often used in both public and resident areas to secure stairwell and/or egress doors throughout a building.

The 2012 edition of the *Life Safety Code*[®] provides a third door locking arrangement that is generally applied to hospital locations such as pediatric units, maternity units, and emergency rooms. This provision permits the locking of doors where patient special needs require specialized protective measures for their safety, provided the following items are met:

- Staff can readily unlock doors at all times.
- A total (complete) smoke detection system is provided throughout the locked space or locked doors can be remotely unlocked at an approved, constantly attended location within the locked space
- The building is protected throughout by an approved, automatic sprinkler system
- The locks are electric locks that release upon loss of power
- The locks release upon activation of smoke detection
- The locks release upon activation of a waterflow device

While generally applicable to hospital settings, the provision could be applied to a long-term care setting if an organization can justify the need for protective measures for resident safety. However, the “clinical needs” door locking provision is generally easier to justify and implement.

When considering a door locking arrangement, remember that multiple codes and standards may come into play. State building codes and other location specific regulations may apply and could conflict with *Life Safety Code*[®] provisions.