

Categorical Waiver Available:

4. Doors

Section 18/19.2.2.2 through 18/19.2.2.5 of the 2000 LSC permits door locking arrangements where the clinical needs (e.g., psychiatric units, Alzheimer units, dementia units) of the patients require specialized security measures for their safety, provided adequate provisions are made for the rapid removal of occupants by means such as remote control locks or keys carried by staff at all times. The need for door locking arrangements may extend to other circumstances, such as instances when patients pose a security risk (e.g., some patients in emergency departments) or when a patient requires specialized protective measures for safety (e.g., pediatric units, newborn nurseries). In the 2009 LSC, the NFPA recognized this and began to allow for door locking arrangements when patients pose a security risk or when patients require specialized protective measures for safety, and continuation of this policy is reflected in the 2012 LSC, in sections 18/19.2.2.2 through 18/19.2.2.6. Accordingly, we are permitting a waiver to allow door locking arrangements where there are clinical needs justifying them, patients pose a security risk, or where patients require specialized protective measures for their safety, but only if the provider/supplier is in compliance with all other applicable 2000 LSC door provisions, as well as with sections 18/19.2.2.2 through 18/19.2.2.6 of the 2012 LSC.

Section 19.2.2.4 of the 2000 LSC permits delayed-egress locks in the means of egress, provided not more than one such device is located in an egress path. However, where the clinical needs (e.g., psychiatric units, Alzheimer units, dementia units) of the patients require specialized security measures for their safety, or where patients pose a security risk (e.g., some patients in emergency departments) or when a patient requires specialized protective measures for safety (e.g., pediatric units, newborn nurseries), more than one delayed egress lock may be required along the path of egress in order to accommodate the clinical, security, and other special needs of patients. In the 2009 LSC, NFPA began to allow for more than one delayed-egress lock in an egress path, and continuation of this policy is reflected in sections 18/19.2.2.4 of the 2012 LSC, provided that the facility also employs the compensating safety measures specified in those sections which facilitate rapid removal of occupants. Accordingly, we are permitting a waiver to allow more than one delayed-egress lock in the egress path, but only if the provider/supplier is in compliance with all other applicable 2000 LSC door provisions, as well as with sections 18/19.2.2.4 of the 2012 LSC.

2012 NFPA 101, Section 18/19.2.2.2 through 18/19.2.2.6 Doors.

19.2.2.2 Locks shall not be permitted on patient sleeping room doors, unless otherwise permitted by one of the following:

(1) Key-locking devices that restrict access to the room from the corridor and that are operable only by staff from the corridor side shall be permitted, provided that such devices do not restrict egress from the room.

(2) Locks complying with 19.2.2.2.5 shall be permitted.

19.2.2.2.3 Doors not located in a required means of egress shall be permitted to be subject to locking.

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, unless otherwise permitted by one of the following:

(1) Locks complying with 19.2.2.2.5 shall be permitted.

(2)* Delayed-egress locks complying with 7.2.1.6.1 shall be permitted.

(3)* Access-controlled egress doors complying with 7.2.1.6.2 shall be permitted.

(4) Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted.

(5) Approved existing door-locking installations shall be permitted.

19.2.2.2.5 Door-locking arrangements shall be permitted in accordance with either 19.2.2.2.5.1 or 19.2.2.2.5.2.

19.2.2.2.5.1* 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 in accordance with 19.2.2.2.6.

19.2.2.2.5.2* Door-locking arrangements shall be permitted where patient special needs require specialized protective measures for their safety, provided that all of the following are met:

(1) Staff can readily unlock doors at all times in accordance with 19.2.2.2.6.

(2) A total (complete) smoke detection system is provided throughout the locked space in accordance with 9.6.2.9, or locked doors can be remotely unlocked at an approved, constantly attended location within the locked space.

(3)*The building is protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.1.

(4) The locks are electrical locks that fail safely so as to release upon loss of power to the device.

(5) The locks release by independent activation of each of the following:

- (a) Activation of the smoke detection system required by 19.2.2.2.5.2(2)
- (b) Waterflow in the automatic sprinkler system required by 19.2.2.2.5.2(3)

19.2.2.2.6 Doors that are located in the means of egress and are permitted to be locked under other provisions of 19.2.2.2.5 shall comply with all of the following:

- (1)** Provisions shall be made for the rapid removal of occupants by means of one of the following:
 - (a) Remote control of locks
 - (b) Keying of all locks to keys carried by staff at all times
 - (c) Other such reliable means available to the staff at all times
- (2)** Only one locking device shall be permitted on each door.
- (3)** More than one lock shall be permitted on each door, subject to approval of the authority having jurisdiction.