



# *Safety and Security – Locking in Hospitals*

May 2, 2024



# *Discussion Topics*

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## Safety and Security – Locking in Hospitals

- Authorities Having Jurisdictions (AHJ's)
- Active and passive fire protection
- Defend-in-place strategy and Egress
- Available locking options
- Questions

# Discussion Topics

## CMS Directive on Hospital Violence

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop C2-21-16  
Baltimore, Maryland 21244-1850



### Center for Clinical Standards and Quality

Ref: QSO-23-04-Hospitals

**DATE:** November 28, 2022

**TO:** State Survey Agency Directors

**FROM:** Directors, Quality, Safety & Oversight Group (QSOG) and Survey & Operations Group (SOG)

**SUBJECT:** Workplace Violence-Hospitals

# *Applicable Codes and Standards*

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## Joint Commission Standards for Hospital Accreditation

- **EC.02.01.01:** The hospital manages safety and security risks.
- **EC.04.01.01:** The hospital collects information to monitor conditions in the environment.

# *Applicable Codes and Standards*

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## Joint Commission Standards for Hospital Accreditation

- **LS 02.01.20 & LS.03.01.20:** The hospital maintains the integrity of the means of egress.

# Applicable Codes and Standards

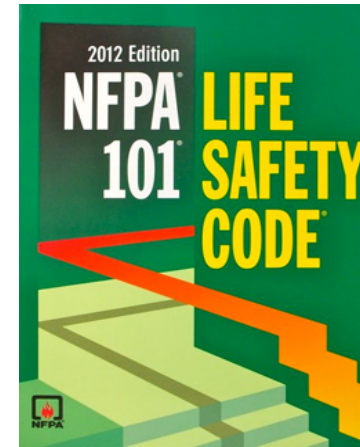
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NFPA 101 Life Safety Code adopted by:

- Federal Government (i.e. CMS)
- Accreditation organizations (i.e. TJC, DNV-GL, and ACHC – formally HFAP)
- State health departments (i.e. DHSS)

Current - 2012 edition

(Previous - 2000 edition)



# *Applicable Codes and Standards*

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COP – Conditions of Participation  
Medicare & Medicaid Reimbursement

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# Applicable Codes and Standards



## 4.6.1 Authority Having Jurisdiction.

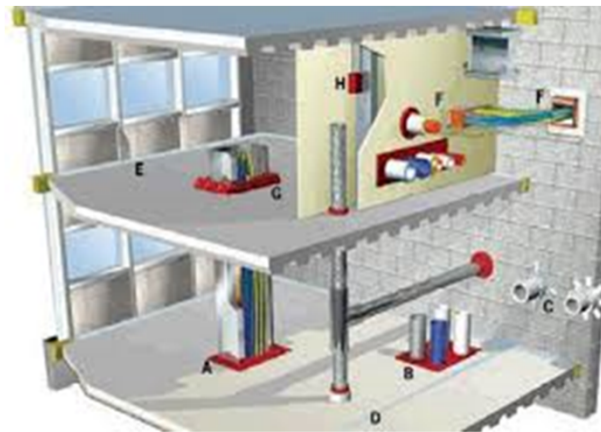
4.6.1.1 The authority having jurisdiction shall determine whether the provisions of this *Code* are met.

# Defend in Place

NFPA 101's intent: maintain *defend-in-place*



**Active System**



**Passive Protection**



**People /  
Procedures**

# Fire Protection

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## People and Procedures

- Staff response to emergency through, policy, procedure, and Fire Response Plan.



# Fire Protection

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## Active Systems

- Fire sprinklers must be installed throughout Health Care Occupancies.

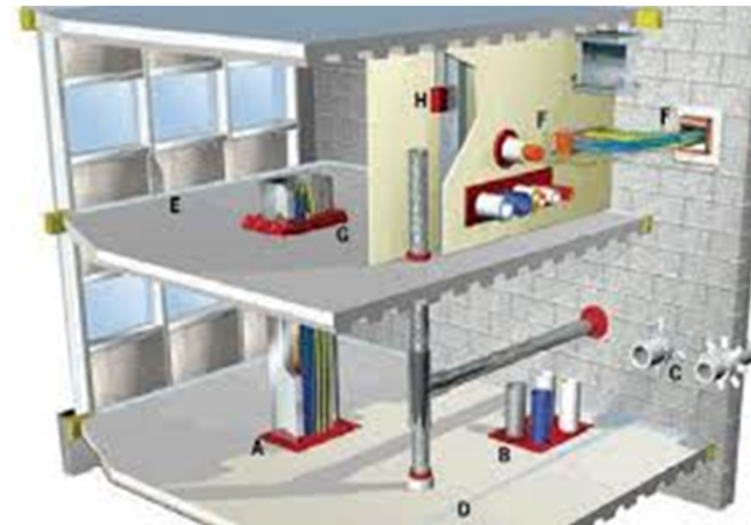


# Fire Protection

## Passive Fire Protection

Building compartmentation includes:

- Fire compartments
- Smoke compartments
- Corridor separations
- Suite Separations
- Hazardous areas



# *Defend in Place*

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Although some health patients are ambulatory in nature, many are incapable of self preservation or unable to exit to the public way in an emergency.



# *Defend in Place*

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When moving patients that are incapable of self-preservation could result in harm, there's a need to keep the occupants within the facility.



Clinical impact!

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# *Means of Egress*

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Subdivision of building spaces or Smoke Compartmentation



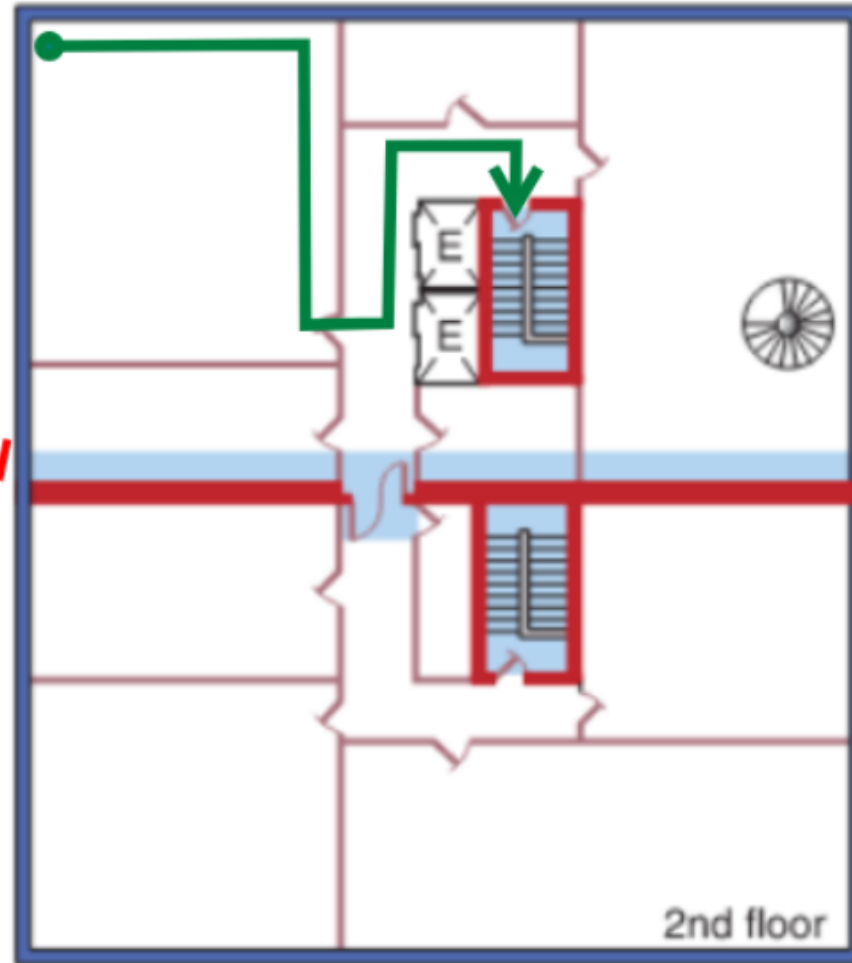
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# Means of Egress

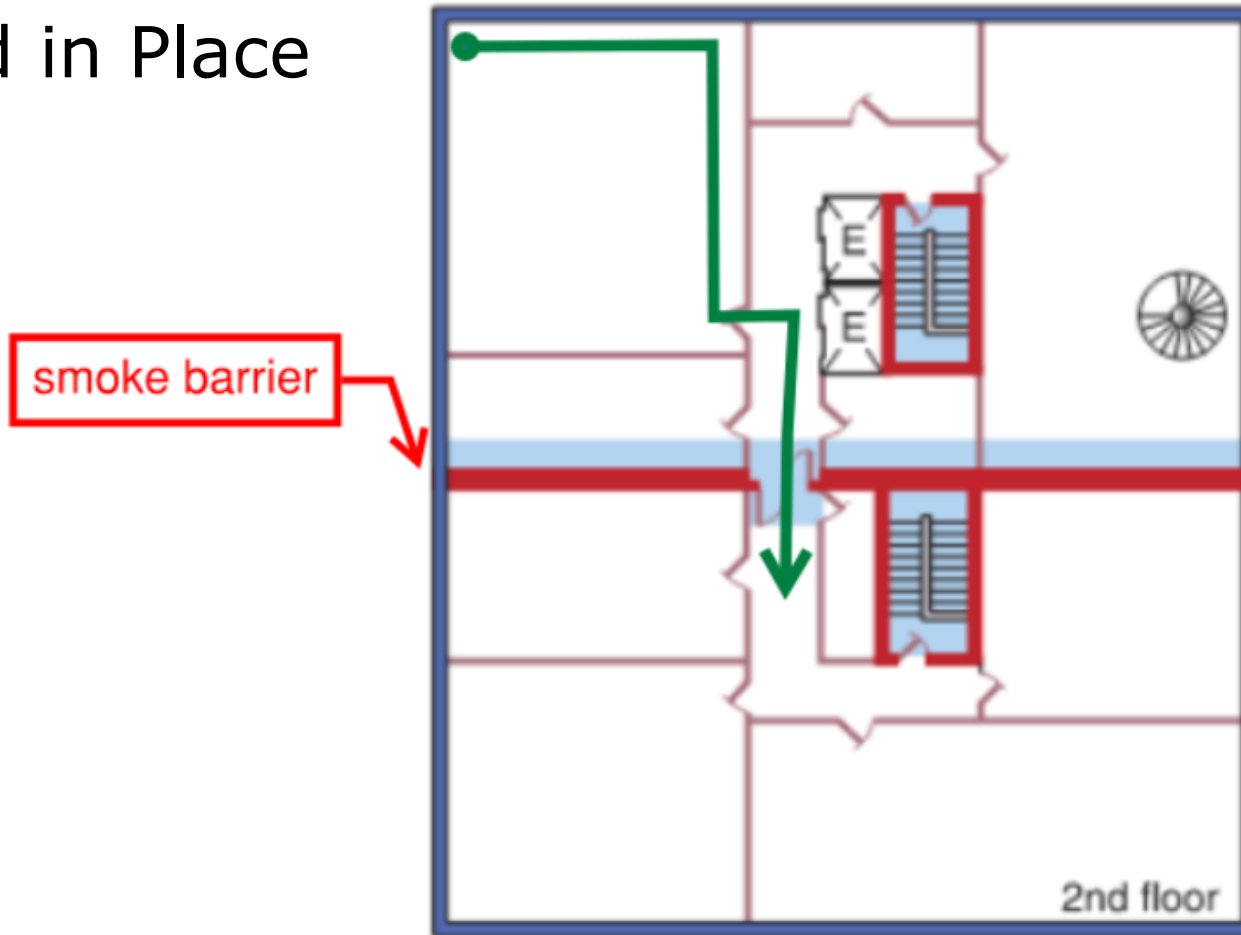
Direct Exit

smoke barrier



# Means of Egress

Defend in Place



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# *Means of Egress*

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A continuous and unobstructed path of travel from any portion of a building to a public way.

Major Components:

1. Exit access
2. Exit
3. Public way



# Means of Egress

A continuous and unobstructed path of travel from any portion of a building to a public way.

Weapons detection systems must be installed such that required clear width is maintained:

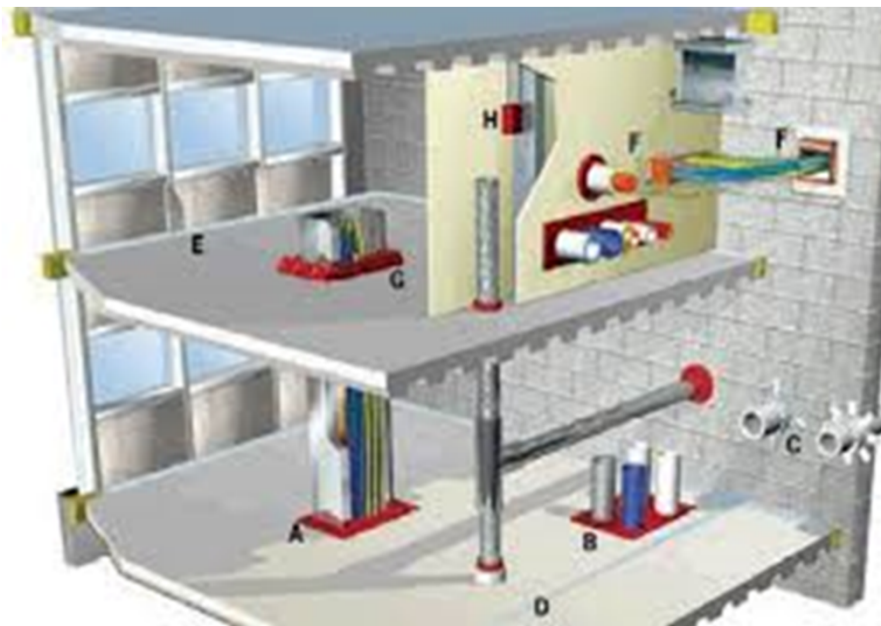
- Corridor
- Suite



[Evolv Express® - Security Screening to Detect Concealed Weapons \(evolvtechnology.com\)](http://evolvtechnology.com)

# Locks and Latches

## Passive Fire Protection – Opening Protectives



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# *Locking Options*

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Locking options:

1. Non-Egress Locks
2. Stairwell Locking
3. Electrically Controlled Egress Door Assemblies
4. Delayed Egress Locks
5. Access Controlled Egress
6. Elevator Lobby Locking
7. Clinical Based Locking
8. Security Based Locking

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# *Locking Options*

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Selecting a locking option:

- Who is being protected?
- What degree of security is desired?
- Is the control area a required means of egress?

# Locking Options

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## 7.2.1.5 Locks, Latches, and Alarm Devices.

7.2.1.5.1 Door leaves shall be arranged to be opened readily from the egress side whenever the building is occupied.

7.2.1.5.2\* The requirement of 7.2.1.5.1 shall not apply to door leaves of listed fire door assemblies after exposure to elevated temperature in accordance with the listing, based on laboratory fire test procedures.

7.2.1.5.3 Locks, if provided, shall not require the use of a key, a tool, or special knowledge or effort for operation from the egress side.

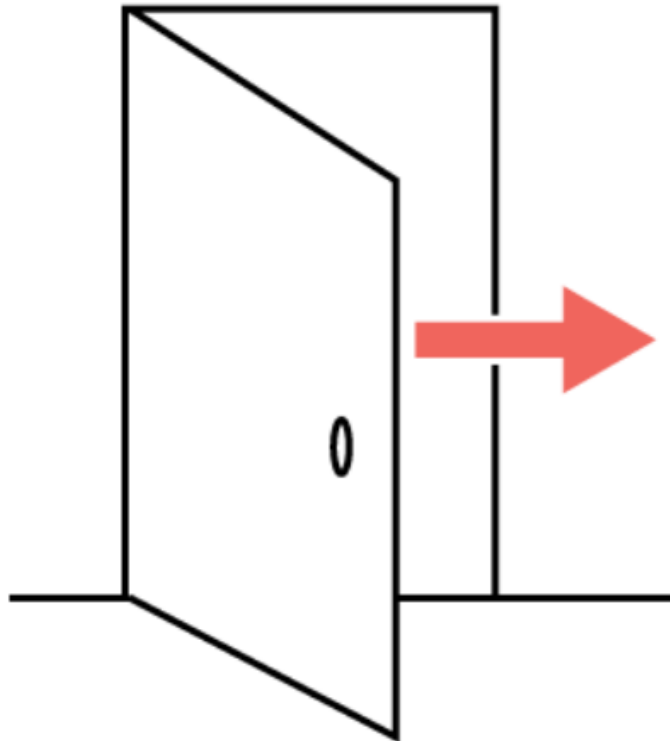
7.2.1.5.4 The requirements of 7.2.1.5.1 and 7.2.1.5.3 shall not apply where otherwise provided in Chapters 18 through 23.

# Locking Options

## 1. Non-Egress Locks

- Convenience openings

**NO  
CODE  
SECTION**



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# Locking Options

## 2. Stairwell Locking

- Re-entry into the building



**LSC**  
**7.2.1.5.8.1**

# Locking Options

3. Electrically Controlled Egress Door Assemblies
  - Operation of hardware releases locks



**LSC  
7.2.1.5.6**

# Locking Options

LSC  
7.2.1.6.1

## 4. Delayed Egress Locks

- Operation of hardware releases locks with timed delay



PUSH UNTIL ALARM SOUNDS  
DOOR CAN BE OPENED  
IN 15 SECONDS

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# Locking Options

## 5. Access Controlled Egress Locks

- Allows free egress on detection of occupants



LSC  
7.2.1.6.2

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# Locking Options

LSC  
7.2.1.6.3

## 6. Elevator Lobby Locking

- Lock a lobby with appropriate safeguards



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# Locking Options

## 7 & 8 Clinical Needs vs Security Needs...

18.2.2.2.5 Door-locking arrangements shall be permitted in accordance with either 18.2.2.2.5.1 or 18.2.2.2.5.2.

18.2.2.2.5.1\* 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 18.2.2.2.6.

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

# Locking Options

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**A.18.2.2.2.5.1** Psychiatric units, Alzheimer units, and dementia units are examples of areas with patients who might have clinical needs that justify door locking. Forensic units and detention units are examples of areas with patients who might pose a security threat. Where Alzheimer or dementia patients in nursing homes are not housed in specialized units, the provisions of 18.2.2.2.5.1 should not apply. (See 18.2.2.2.5.2.)

**A.18.2.2.2.5.2** Pediatric units, maternity units, and emergency departments are examples of areas where patients might have special needs that justify door locking.

# *Locking Options*

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- 7. Clinical Based Locking
  - Behavioral Health



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# *Locking Options*

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## 8. Security Based Locking

- Protection of the patient



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# *Locking Options*

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# Questions



# Contact us!

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