INTERPRETIVE MEMORANDUM  2019 - 02

To: OSFM Industry Partners
   OSFM Staff

From: Joe Delaune, Chief Architect/Plan Review, OSFM

Approved by: Chief Butch Browning, State Fire Marshal

Date: March 30, 2019

RE: Specialized Care Locking Arrangements

This memorandum replaces IM 2009-05 dated October 1, 2009. It is intended to clarify the requirements for submittals to this office for proposed specialized locking installations in health care occupancies and in residential board and care occupancies. The specialized locking addressed in this memorandum applies only to these specifically referenced occupancy classifications where the clinical or special needs of the occupants require specialized security measures for their safety and/or for the safety of the public.

The NFPA 101 Life Safety Code recognizes that it might be necessary at times to lock the doors and windows in certain buildings in order to protect the building inhabitants. As such, it is necessary for this office to make appropriate modifications to the sections of the Code that would otherwise require means of egress to be remain unlocked.

The following information is required to be attached or otherwise documented with the on-line plan review application for specialized locking arrangements in health care occupancies or in residential board and care occupancies:

1. The BUILDING shall be protected throughout by an approved, supervised automatic sprinkler system.

2. MANUFACTURER’S SPECIFICATION SHEETS for the system, including all locking and emergency releasing devices. (PLEASE BE AWARE THAT ALL LOCKS AND RELEASING DEVICES SHALL BE LISTED FOR THE INTENDED PURPOSE). Copies of approved LABORATORY LISTINGS shall be provided/uploaded for every lock and every required releasing device (specific models must be identified). Please note that new specialized care locking system units shall be listed in accordance with UL 294.

3. SYSTEM DESCRIPTION, that specifically addresses EACH of the following conditions for emergency release shall be provided on the official stationary of the applicable facility, signed by the building OWNER or the ADMINISTRATOR of the facility:

   8181 Independence Blvd.  •  Baton Rouge, LA 70806  •  1.800.256.5452  •  225.925.4911  •  www.lasfm.org
A. **UNLOCKING (EMERGENCY RELEASE)** shall be accomplished by all of the following:

1. Loss of **power** to any part of the system that controls locks or the emergency releasing mechanisms; and
2. Activation of the fire **alarm** system; and
3. **Remote release** at approved, constantly attended location(s) within the smoke compartment containing specialized care locking arrangements. Furnish a floor plan showing the location of required exits, all locked doors (**existing and new**), nurses’ station(s), control station(s) and remote release location(s).
   - The remote control functions must be identified at the remote release location(s) with permanent legible signage and responsible staff must be trained on system control and emergency operations,
   - Total (complete) automatic smoke detection installed in accordance with NFPA 72 throughout all occupiable areas within the locked area is permitted to release the locks in lieu of remote release; and
4. A means of **manual mechanical unlocking** must be provided at each door that is not in direct view of the remote release location. Doors must be keyed alike and be provided in accordance with ONE of the following conditions;
   - The key must be carried by the staff responsible for patient evacuation whenever the locking system is operational and in use, or
   - The key must be firmly affixed at the locked door location, so that it cannot be readily removed AND visual inspection shall be performed and recorded by the responsible nursing staff at appropriate periodic time intervals to insure that the key is in place and has not been removed, or
   - The key must be placed in a container equipped such that an audible alarm is provided at the locked door location, that can be heard or otherwise indicated at the remote release location, when opened for key removal/use, or
   - The key must be placed in a glass container that must be broken for emergency access.

**NOTE:** Keypads, card readers, and other electrical devices are **not** acceptable as means of mechanically unlocking doors during emergency conditions.

B. **“AUTOMATIC” RE-LOCKING**, after remote release shall be **PROHIBITED**. A specific separate human action dedicated for re-locking doors is required and shall be permitted to occur at the remote control location or at each locked door location. Re-locking shall be a distinctly separate action/operation and shall NOT be part of, or associated with, the releasing operation.

C. Document the **“RESPONSIBLE STAFF RATIO”** for the occupants of the locked area. The ratio shall satisfy state and federal certification guidelines. Please note that ONLY staff personnel assigned to the locked area and responsible for evacuating occupants shall be considered acceptable in regard to this ratio documentation.

D. Provide the **REASON** for installing specialized security measures. Adequately describe the **clinical or special needs** of the patients requiring specialized security measures.

The locking system shall not be energized until a satisfactory inspection is performed. An inspection may be requested through our secure online system.