Door Security + Safety

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Balancing Protection and Using Delayed Egress Locks in Healthcare Facilities

In healthcare, doors are not just architectural elements — they are part of patient care and risk management. Delayed egress locking systems play a key role.

BY KERBY LECKA

Healthcare facilities face a uniquely complex security challenge: Doors must protect vulnerable occupants without ever compromising life safety. Unlike most commercial environments, hospitals, behavioral health units, and long-term care communities serve people who may be disoriented, cognitively impaired, emotionally distressed, or physically unable to self-protect. In these settings, a door is more than an opening — it's a clinical safeguard, a life-safety component, and often a behavioral management tool.

Delayed egress locking systems have become an important part of this balance. When properly designed, installed, and maintained, they help prevent elopement and unauthorized exits while still meeting strict fire and life safety codes. For door security professionals, understanding how these systems function within healthcare occupancies is essential.

Why Healthcare Doors Are Different

In most buildings, free egress is the default expectation. In healthcare, however, unrestricted exit can sometimes create danger rather than reduce it.

Freedom:

▲ A delayed egress locking system allows a door to remain locked against immediate exit but releases after a short, code-permitted delay when someone attempts to leave.

Common risks include:

- Patient elopement from memory care or behavioral health areas.
- Infant or pediatric abduction concerns in maternity and pediatric units.
- Wandering residents in long-term care settings.
- Patients under the influence of medication leaving unsafely.
- Individuals in crisis attempting self-harm by exiting into unsafe areas.

At the same time, healthcare occupancies must comply with stringent life safety requirements under codes such as NFPA 101® Life Safety Code®, the International Building Code (IBC), and regulations enforced by Authorities Having Jurisdiction (AHJs), accreditation bodies, and the Centers for Medicare & Medicaid Services (CMS).

Delayed egress systems sit right at the intersection of these needs.

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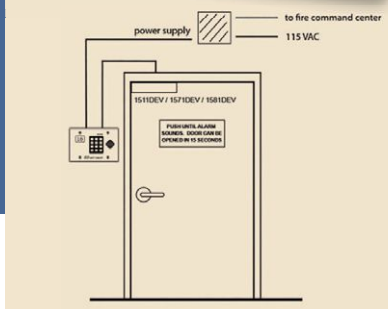


Door With Latch Assembly
Activation By Door Movement

▲ After a preset period — usually 15 seconds, or up to 30 seconds where permitted by the AHJ — the door unlocks and allows egress.

What Is Delayed Egress?

A delayed egress locking system allows a door to remain locked against immediate exit but releases after a short, code-permitted delay when someone attempts to leave.

Here's how it typically works:

1. A person pushes on the door's exit hardware.
2. An audible alarm sounds and visible signage indicates that the door will open after a delay.
3. After a preset period — usually 15 seconds, or up to 30 seconds where permitted by the AHJ — the door unlocks and allows egress.

Critically, these systems are life-safety devices, not just security tools. Codes require them to unlock immediately under specific emergency conditions.

Since its acceptance by the door hardware and security industry in 1981, delayed egress has become a recognized code compliant exit door solution for a variety of non-emergency security applications, while still providing immediate release with smoke or fire detection or other required conditions.

Types of Systems

Over time, manufacturers have developed a variety of flexible solutions designed to address virtually any door opening or budget.

INTEGRATED DELAYED EGRESS MAGNETIC LOCKS

Designed for single- or double-door applications, these delayed egress integrated locks consist of an electromagnetic lock with built-in delayed egress logic. They delay egress through exit doors for 15 or 30 seconds, alert security and personnel, and are compatible with access control systems.

They may include a verbal message, countdown, and alarm tone to provide a clear warning for the safety of persons without prior knowledge of door operation, including those who are blind and hearing-impaired.

TWO-PIECE DELAYED EGRESS SYSTEMS

A typical two-piece delayed egress system consists of a slave magnetic lock or exit device controlled by a separate wall-mounted box installed adjacent to the door. The controller includes integrated delayed egress logic, alerts, and countdown functionality.

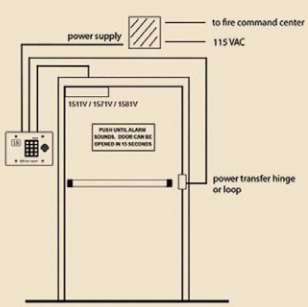
The wall-mounted controller sends power to the slave operating hardware to secure the door. A digital keypad provides reset capabilities and timed or sustained bypass options.

Delayed egress magnetic slave locks operate with door movement sensors in the lock that activate the delayed egress controller. They are typically available for indoor or outdoor applications.

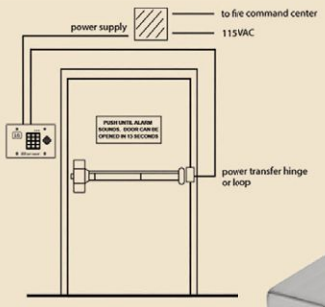
Delayed egress slave exit devices operate by depressing the push pad, which activates the delayed egress controller. They are typically available for both panic and fire-rated applications.

A wall-mounted box installed adjacent to the door contains a controller with integrated delayed egress logic, alerts, and countdown functionality. It sends power to the slave operating hardware to secure the door. A digital keypad provides reset capabilities and timed or sustained bypass options.

Doors must have signage adjacent to the release hardware stating that pushing on the door will sound an alarm and that the door will unlock after a short delay.



Door Without Latch Assembly
Activation By Egress Bar



Door With Latch Assembly
Activation By Exit Device

When unauthorized egress is started by depressing the push pad in this all-in-one exit device, the integrated delayed egress electronics begins the delay period, alerts, and countdown. After the delay period, the device unlocks.

INTEGRATED DELAYED EGRESS EXIT DEVICES

These are all-in-one exit devices that house delayed egress logic within a rim, vertical rod, or mortise exit device.

When unauthorized egress is started by depressing the push pad, the integrated delayed egress electronics begins the delay period, alerts, and countdown. After the delay period, the device unlocks.

In a life-safety emergency, the device will immediately unlock upon loss of power or when powered by a fire control-supervised power supply.

Code Foundations

Door and hardware professionals working in healthcare must be fluent in the code provisions governing delayed egress. While details vary by edition and jurisdiction, key requirements typically include:

- **Fire alarm and sprinkler integration:** The lock must automatically release upon activation of the building fire alarm system and/or loss of power to the locking system. In many cases, the building must also be protected by an approved automatic sprinkler or smoke detection system to use delayed egress.
- **Manual release:** A clearly identified manual release device, often at a nurses' station or security desk, must be able to immediately unlock the door.
- **Signage:** Doors must have signage adjacent to the release hardware stating that pushing on the door will sound an alarm and that the door will unlock after a short delay.
- **Time limits:** The delay is limited, most commonly to 15 seconds, extendable to 30 seconds only with AHJ approval.
- **Unrestricted egress after delay:** Once the delay expires, the door must allow free egress without additional effort.

Because healthcare facilities are often surveyed by multiple authorities, including fire marshals and accreditation inspectors, proper documentation, testing, and staff training are just as important as the hardware itself.

Delayed Egress Applications

Delayed egress is not a one-size-fits-all solution. Its use varies by clinical function and patient population.

BEHAVIORAL HEALTH UNITS

In psychiatric and behavioral health settings, doors must prevent unsupervised exit while still allowing emergency evacuation. Delayed egress can:

- Deter impulsive elopement.
- Alert staff when a patient attempts to leave.
- Provide time for intervention without physically restraining the individual.

These systems are often paired with ligature-resistant hardware and anti-barricade door designs, requiring

PHOTOS AND ILLUSTRATIONS COURTESY OF SDC

Common Misconceptions About Delayed Egress Locks

"Delayed egress is just for security."

NOT TRUE

These systems are permitted in codes specifically because they balance security with life safety under defined conditions.

careful coordination between security, life safety, and behavioral health design standards.

MEMORY CARE AND DEMENTIA UNITS

Residents with Alzheimer's disease or other dementias may wander without awareness of risk. Delayed egress doors can:

- Reduce unsupervised wandering into unsafe areas.
- Provide audible alerts so staff can redirect residents.
- Support a more home-like environment by reducing constant physical supervision.

Here, the goal is not confinement but supervised freedom — a key philosophy in modern memory care.

MATERNITY AND PEDIATRIC AREAS

Infant and child protection programs often combine electronic monitoring with door security. Delayed egress doors can:

- Deter unauthorized removal of infants or children.
- Alert staff to unusual exit attempts.
- Add a layer of protection at unit perimeters.

In these applications, delayed egress works alongside infant protection systems, access control, and video surveillance.

LONG-TERM CARE FACILITIES

In skilled nursing and assisted living environments, residents may have mobility or cognitive limitations. Delayed egress doors can:

- Prevent residents from entering hazardous areas such as parking lots and service corridors.
- Support regulatory requirements for resident supervision.
- Reduce reliance on physical barriers that feel institutional.

Again, the emphasis is on risk reduction without sacrificing dignity.

Integrating With Access Control

Modern healthcare security rarely relies on a single technology. Delayed egress systems are most effective when integrated into broader electronic safety strategies.

Common integrations include:

- Access control systems that log events and allow remote release.
- Nurse call systems to notify staff of door activity.
- Video surveillance for real-time assessment of alarms.
- Infant protection or wander management systems that trigger alerts or door lockdowns.

The door becomes a data point, not just a barrier. Security teams gain situational awareness, and clinical staff can respond quickly and appropriately.

Human Behavior Factors

One of the most overlooked aspects of delayed egress is how people actually behave under stress or confusion.

PATIENTS AND RESIDENTS

Clear signage, audible cues, and predictable door behavior help reduce panic. When someone pushes a door and hears an alarm with a visible message explaining the delay, the experience is more understandable and less frightening than encountering a door that simply will not open.

STAFF

Staff must understand:

- How delayed egress works.
- When doors release automatically.
- How to manually override locks.
- What alarms mean and how to respond.

"They trap people during a fire."

NOT TRUE

Properly installed systems must release immediately upon fire alarm activation or power loss. If they don't, the system is not code-compliant.

"They replace supervision."

NOT TRUE

They are a supplement, not a substitute, for trained staff. The delay provides time for intervention. It does not eliminate the need for observation and care.

Without training, alarms can become background noise or be misunderstood during emergencies.

Inspection, Testing, and Maintenance

Because delayed egress devices are tied directly to life safety, maintenance is essential.

Best practices include:

- Regular functional testing to confirm delay timing, alarm operation, and proper release.
- Verification of fire alarm interface to ensure immediate unlocking during system activation.
- Inspection of signage for visibility and code compliance.
- Battery and power supply checks for system reliability.

Documentation is critical. Surveyors and inspectors often request proof that systems are tested and maintained according to policy and code.

Ethical and Dignity Considerations

Healthcare design increasingly emphasizes dignity, autonomy, and the least restrictive environments. Delayed egress supports this philosophy better than many alternatives.

Instead of locked, institutional-feeling barriers, facilities can:

- Create open, therapeutic environments.
- Allow supervised mobility.
- Reduce visible restraint while still managing risk.

The door becomes part of a humane safety strategy rather than a symbol of confinement.

Best Practices

For those specifying, supplying, or servicing doors in healthcare environments:

- **Engage early with stakeholders:** Security, facilities, life safety officers, and clinicians all have different priorities.
- **Confirm code adoption and AHJ interpretations:** Delayed egress allowances vary by edition and enforcement.
- **Design the entire opening:** Hardware, power supplies, fire alarm interface, signage, and monitoring must function as one system.
- **Plan for training:** Even the best system fails if staff don't understand it.
- **Support ongoing compliance:** Provide documentation, testing guidance, and service support.

The Door as a Clinical Safety Tool

In healthcare, doors are not just architectural elements — they are part of patient care and risk management. Delayed egress locking systems exemplify this reality. They buy precious time for staff to intervene, protect vulnerable individuals from harm, and still honor the fundamental principle of safe egress in emergencies.

When thoughtfully applied, code-compliant, and well-maintained, delayed egress doors help healthcare facilities achieve what can feel impossible: stronger security, safer buildings, and more compassionate environments at the same time. +

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