Von Duprin® Chexit offers delayed egress, patient/asset protection

If you design healthcare facilities, you know that sometimes an exit device is chosen as much for its ability to let people exit safely, as it is for protecting patients who need to remain within the facility.

Exit devices equipped with delayed egress are becoming increasingly commonplace in behavioral health, memory care, assisted living and maternity areas. In fact, exit devices like the Von Duprin® Chexit are often viewed as an important precaution in terms of patient safety.

**Chexit: Life safety codes + security needs**

Used on panic or fire exit hardware applications, the standard Chexit device sounds an alarm and keeps the door secured for 15 seconds following an exit attempt. There is also a strobe light option if the client wants a noiseless alarm.

It is tied into the fire alarm system, and releases immediately when an alarm condition exists. As a result, Chexit combines life safety with security to meet all requirements of NFPA 101 for “Special Locking Arrangements” and IBC “Special Egress-Control Devices.”

**New and improved Chexit**

The newest version of Chexit was just released, providing even more benefits:

- **Easier installation and maintenance:** With a removable keyswitch, a replaceable RX switch and the PCB mounted on the baseplate, Chexit is easier than ever to install and service. All control inputs, auxiliary locking, local alarm and remote signaling outputs are self-contained in the Chexit assembly.

- **Quieter and more energy-efficient:** Equipped with a new motor-driven blocking actuator (previously a solenoid), Chexit now has a quieter operation. Bonus: It requires a much lower amperage supply.

- **Flexible, field-configurable functions:** Nuisance delay, audio sound level and power up setting can now be configured in the field.

- **Expanded options:** Additional options include trim/actuator input and failure setting and secure status relay output.

**Delayed egress vs. controlled egress**

Allegion Codes Expert Lori Greene compares both delayed egress and controlled egress systems and the IBC codes associated with each in an [I Dig Hardware blogpost](https://www.idighardware.com).
Other applications
In addition to controlled healthcare spaces, the Chexit system is ideal for airports, government facilities, development labs, retail stores and security facilities. In many cases, it provides another layer of asset protection.

Learn more about Chexit

New IBC code on delayed egress
IBC amended its codes with regards to delayed egress. Section 1008.1.9.6—Special Locking Arrangements in Group I-2 recently added to the IBC, now permits these facilities to restrict free egress on exit doors.

The code now requires:
- Doors must unlock upon actuation of the sprinkler system / fire detection system.
- Doors must unlock upon loss of power controlling the lock.
- Locks must be capable of being unlocked by a signal from the fire command center, a nursing station or other approved location.
- Operational procedures for unlocking shall be described and approved as part of the emergency planning procedures.
- All clinical staff shall have keys, codes or other means to operate locking devices.
- Building must be equipped throughout with an automatic sprinkler system or an automatic smoke or heat detection system.
- Emergency lighting must be provided at the door.
- A building occupant must not be required to pass through more than one door equipped with this type of lock before entering an exit.
- The first three items listed above are not required where restraint or containment is required in a mental hospital.

About Allegion
Allegion (NYSE: ALLE) creates peace of mind by pioneering safety and security.
As a $2 billion provider of security solutions for homes and businesses, Allegion employs more than 8,000 people and sells products in more than 120 countries across the world. Allegion comprises more than 25 global brands, including strategic brands CISA®, Interflex®, LCN®, Schlage® and Von Duprin®. For more, visit www.allegion.com.