

Facility Planning Output Specifications for Doors

The following information specifies door width, swing direction and automatic/manual operation. It does not include door hardware or materials.

Area	Type of door	Rationale
Building main entrance	<ul style="list-style-type: none"> no circular/rotating doors slide to the side automatic double 4' doors preferred 	<ul style="list-style-type: none"> not elder or disability friendly most elder and disability friendly as these individuals do not have to worry about door swing
	<ul style="list-style-type: none"> vestibule required with a minimal distance of 10' between door sets (*need to check with David re: RIH on this) 	<ul style="list-style-type: none"> allows one set of doors to close prior to the other set opening which will keep draft to a minimum during the winter months
Department entrances	<ul style="list-style-type: none"> double 3' doors minimum; 4' doors optimal automatic doors required for all department that frequently have patients enter on a stretcher or wheelchair (e.g. D.I.); if entrance off a busy corridor, optimal for doors to open via a push button; if entrance in a less busy area, then optimal to have motion censored doors 	<ul style="list-style-type: none"> enables staff or family members to easily push patient on a stretcher or wheelchair without holding the doors open;
Patient washrooms	<ul style="list-style-type: none"> 4' door with dual swing 	<ul style="list-style-type: none"> allows easier access for wheelchair users and access for bariatric wheelchairs
Treatment rooms (non psychiatric)	<ul style="list-style-type: none"> 4' door swing in door 	<ul style="list-style-type: none"> allows easier access for bariatric wheelchairs and stretchers
Interview rooms	<ul style="list-style-type: none"> 4' dual swing or swing out door with viewing window 	<ul style="list-style-type: none"> prevents staff or patient entrapment
Seclusion and semi-seclusion room	<ul style="list-style-type: none"> 4' swing out door; if room position allows, optimal to have door swing 180 degrees: viewing window required 	<ul style="list-style-type: none"> prevents staff entrapment; 180 degree swing allows door to be completely out of the way when 2 or more staff members are escorting a distressed patient into the room

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Trauma room	<ul style="list-style-type: none"> slide to the side automatic double 4' doors preferred 	<ul style="list-style-type: none"> allows numerous staff to provide support on either side of the stretcher when pushing a trauma patient into the room into area when needed
Patient room	<ul style="list-style-type: none"> 4' swing in door or 3'1' split 	<ul style="list-style-type: none"> easier access for beds and stretchers
OR's - patient entrance	<ul style="list-style-type: none"> optimal to have double 3' automatic push button doors with ability to manually open one of the doors; glide to the side or swing in doors both acceptable 	<ul style="list-style-type: none"> push button preferred as motion censored doors may be inadvertently opened during surgery which may contaminate the room
OR's - material circulation entrance	<ul style="list-style-type: none"> door width must be determined on equipment that may be brought into room via the back storage area; if no large equipment needed to go through 4' door optimal for cart and supply traffic 	