THE NEW STpaul's

Appendix 3G Wayfinding Guidelines

Final Project Agreement Schedule 3 - Design and Construction Specifications (The New St Paul's Phase 1a)

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About this Document

PLANS AND IMAGES OF THE CAMPUS/FACILITY

This document uses plans and references to the New St. Paul's Hospital and Health Campus developed during the indicative design for the site used in permitting and approvals with the City of Vancouver. Any renderings are intended to illustrate the principle under consideration, rather than to depict the facility literally. The final design for of the campus and facility will be the result of a design development process undertaken by the successful Project Co.

SCALED DIMENSIONS ON ILLUSTRATIONS

Dimensions used on illustrations are to be used for the purposes of estimating and to set a baseline for minimum requirements. The successful proponent shall investigate all dimensions developed as part of their proposed designs, and should they be less than the minimum this non-conformance shall be reported to the Providence design team. Where dimensions are listed in requirements, they shall be used in final designs.

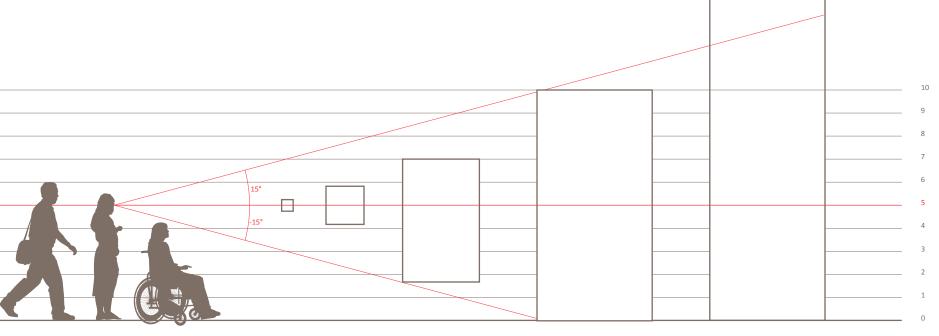
Elements of Style and General Principles

Use of Scale

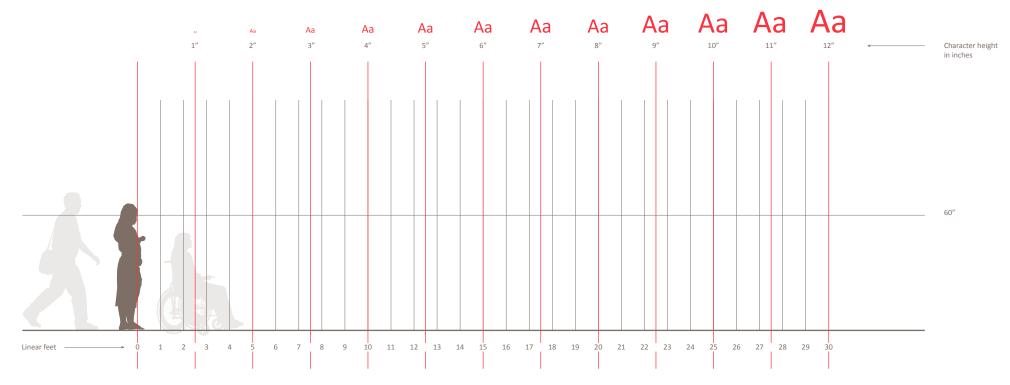
In visual cognition, one of the first things processed is the size of an object. As such, the scale must be considered to ensure signs and Wayfinding assets are conspicuous within their environments.

Additionally, the scale of an object informs where information can be positioned and viewed easily. People's sightlines extend approximately in a 30° arc, 15° up and 15° down from eye level. The geometry of required text heights and the positioning required to accommodate these sightlines will inform the size of the signs and assets.

- All signs must be appropriately sized for the amount of content to be communicated and the distance of the sign to the reader.
- Character cap height must be sized at minimum according to viewing distance as per graphic.



VIEWER SIGHTLINES



CHARACTER VISIBILITY REQUIREMENTS

Use of Form and Shape

Related to size, people immediately recognize shapes. Shapes can create a presence and capture attention. Consider how a circular form stands out against the rectilinear backdrop of the built environment, or how a rectangular shape stands out against the irregular backdrop of nature.

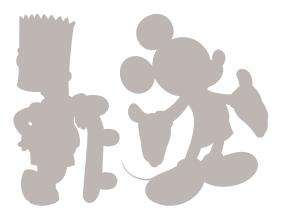
Creating strong associations between the form of an object and particular type of information of message allows the viewer to intuit information, even without being able to read type or view graphics.

As such, signs and objects conveying specific information should have visually similar geometries. Specifically, room signs are all the same shape, while accent pieces or obvious objects use extreme geometries.

Conventions where applicable should be adhered to; the octagon of a stop sign or the triangular forms of WHMIS symbols.

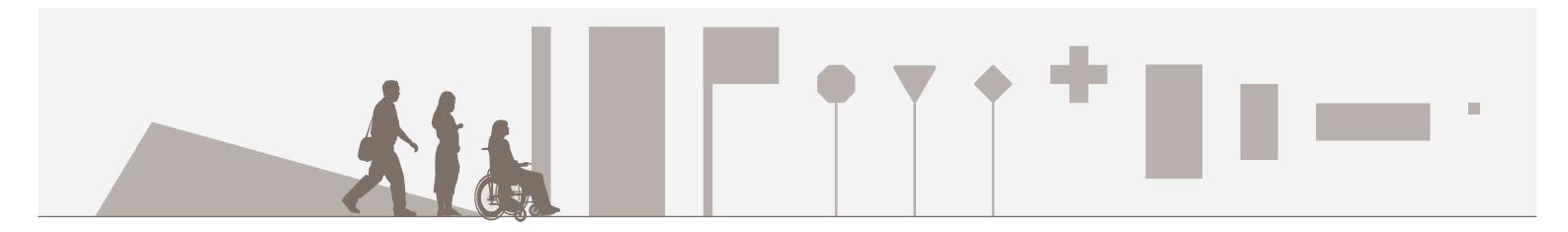
REQUIREMENTS:

- Signs will utilize similar forms when creating signs conveying similar types of information.
- Pictographs and graphics applied to signs must have a distinct shape and formalized and organized structure if multiple shapes are used.
- The forms and silhouettes of signs must not be obscured—visual
 quiet space around signage will be provided so that the sign shape
 can be easily resolved.



"The secret of designing cartoon characters — and I'm giving away this secret now to all of you out there — is you make a character that you can tell who it is in silhouette. I learned this from watching Mickey Mouse as a kid. You can tell Mickey Mouse from a mile away...those two big ears. Same thing with Popeye, same thing with Batman. And so, if you look at the Simpsons, they're all identifiable in silhouette. Bart with the picket fence hair, Marge with the beehive, and Homer with the two little hairs, and all the rest. So...I think about hair quite a lot."

~ Matt Groening



The Use of Colour

Colour is a powerful tool within the visual communicator's toolkit, as it evokes a response at distances and within poor viewing conditions. Colour evokes a quicker reaction time that is not possible with the written type or abstract symbols.

Colour can be blunt and ineffective to clarify messaging. For instance, red means "stop" at a stop light, but there is nothing intrinsic to the colour making this so. It is a learned convention applied consistently and to great effect.

Also, people do not inherently identify and remember fine colour distinctions, limiting options when trying to connect colours to specific ideas. For conveying information, colours should be distinct from one another—avoid multiple shades of yellow or greens that run into blue. This limits the available palette in colour coding to about 4-6 colours.

BRAND EXPERIENCE

Colour is closely associated with the brand experience, so the colours used in the Wayfinding program should reference Providence Brand Guidelines. Note that colour schemes should respond first to requirements of the environment, and consider the signage and environmental sign program's lifespan will likely outlast the brand.

EMOTIONAL RESPONSE

Research shows that certain colours can influence mood and behaviour. For instance, blue is relaxing and has one of the most powerful healing effects on children; Green increases compassion and has a calming effect, and red strengthens energy and will. This knowledge may guide colour choices throughout the facilities.

Incorporate colour contrast of at least 70% at locations where it is necessary to differentiate elements – reflective surfaces cannot provide effective colour contrast.

- The use of colour on all Wayfinding signage, maps and related graphics will be consistent in hue, tone and saturation, including consistency in the application.
- Use consistent colour schemes on signage throughout the Facility.
- Material and colour selection will match and compliment interior finishes.
- Use colour (and related finishes) throughout the building to help establish zones, define edges and signify points of transition.
- Do not allow the use of colour to visually compete with type or pictograms.
- Use contrasting colour combinations on signs—light-coloured letters on a dark, matte finish background.
- Red must be reserved signage indicating Emergency.
- Utilize colour conventions accordingly—green relating to parking, blue with accessibility, and amber with caution.



Contrast and Visibility

Signage needs to be of suitable contrast and scale for viewers with a compromised vision to read, and sign panels should be conspicuous within their environments. Also, consider the field colour (the background) of the sign relative to the foreground or overlayed information, as well as the impact of the graphics themselves.

Text and symbols on signs should have 70% contrast between letters and their background as determined by Light Reflectance Values (LRV)—a measure of usable light reflected from a surface when illuminated by an external light source. Paint manufacturers and most ink manufacturers provide LRV values for their finishes.

- Signage must be visible and legible in day and nighttime conditions.
- Signage must be conspicuous and visibly distinct from their backgrounds.
- All characters/symbols on signs must exhibit a minimum 70% contrast in Light Reflectance Value (LRV) between the character and the background.
- Signs will not be exposed to unwanted glare from external light sources on sign surfaces (i.e. windows or lighting).









Lighting and Illumination

All signs should be adequately and evenly lit with exterior signage being illuminated internally. Finishes need to be matte; free of glare and reflectivity for optimal visibility.

REQUIREMENTS

- Exterior signs must be illuminated whenever possible. Do not use indirect lighting or up-lighting.
- Signs must not be exposed to unwanted glare from external sources on sign surfaces (i.e. windows or lighting);
- Do not use red LEDs on a black background, as they are difficult for the visually impaired to read.
- Do not use dark blue LEDs for exterior illumination, as this is difficult to read at night—light blue or blue tinted whites may be used.
- Lighting on sign surfaces must not be noticeably lower than the ambient light level of their surroundings, and lighting must be consistent over the sign surface.
- The signage consultant must coordinate with other consultants to ensure adequate lighting of signage and provisions of power for internally illuminated signs as required by the project.

THINGS TO AVOID







Do not put signage in shadows

Avoid overt glare

Do not use transparency.

ILLUMINATION











Backlit lettering on white panels will undergo periods of limited visibility as text transitions from black to white.

USE OF LED'S



Where provided, light emitting diodes (LED) signs will be white, yellow, green, or light blue on a black background to achieve the best contrast. This is simply an example of light emitting diodes—avoid placing light blues and greens side-by-side, as older adults have difficulties distinguishing the colours.

Backlit lettering on white panels will undergo periods of limited visibility as text transitions from black to white.



Pattern

Beyond elements of colour, form, and type, the use of pattern can provide interest. Surface depth creates visual interest and drives viewer engagement.

A pattern creates visual differentiation—aiding those with limited sight and breaking up similar tones.

Patterns can be used to complement with thematics and zones without competing with other visual characteristics. However, with signage, patterns should be used judiciously; as a subtle cue, a supporting element, and never competing with information. Bold patterns may exacerbate confusion in elderly people with cognitive issues, such as dementia, and should be avoided in areas where a lot of elderly visitors will go.

Texture

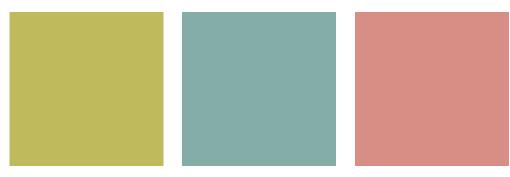
Although texture is a tactile cue, counter-intuitively, it is primarily experienced visually, as viewers intuit the surface quality of an object. Use tactility to generate visual interest and suggest quality.

Note the tactile experience is important for those who are visually impaired. For instance, transitions from carpeted floors to hard finishes provides an obvious point of transition.

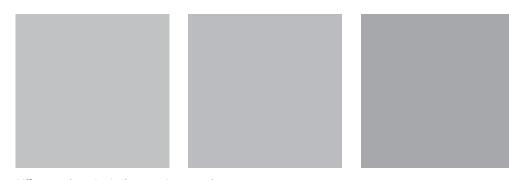
REQUIREMENTS

- The tactile qualities of an object must never compromise cleanability.
- For signs with braille, use smooth finishes so the raised type/dots are easily discerned.
- Patterns on sigange and environmental graphics will be used subtly to help provide visual distinction between different types of visual information. Do not use bold or aggressive patterns on signs.

FLAT COLOUR

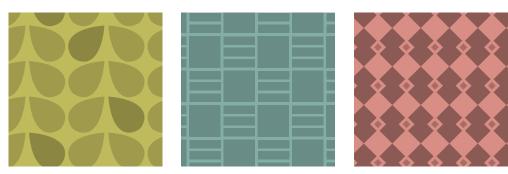


Different flat colours in similar tone.

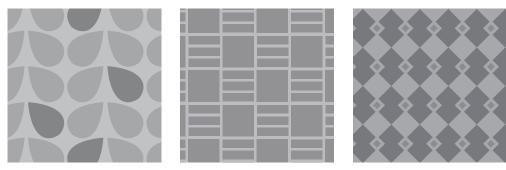


Different colours in similar tone, in greyscale.

COLOUR WITH PATTERN



Patterned colours in similar tone.



Patterned colours in similar tone, in greyscale

Materials

Materiality is key to the visual and tactile experience of an environment, and a key factor to consider when establishing the cost and durability of a given object. Material selection for Wayfinding assets should balance the requirements for environmental performance—including durability, ongoing maintenance and the visual character of both the environment and the message communicated.

CLEANABILITY

Signage materials will allow for cleaning and inhibit bacteria and infectious agents growth. Signs will be assembled such that they are smooth with minimal grooves, textures or channels that may promote grown of infectious diseases. All signage material must conform to the St. Paul's facility cleaning standards.

DURABILITY

Signage materials and finishes will be selected to be highly durable and suitable for their environments. Avoid porous materials such as wood and stone. All signage components will be vandal resistant and able to withstand the environmental elements such as regular cleaning. The system must address the potential for deliberate damage, primarily through material selection, construction techniques, and the avoidance of any 'tempting' items that appear fragile or removable.

- Materials must be resistant to graffiti and physical damage.
- Signage systems will minimize gaps, reveals, or elements that are hard to clean.
- Use new material only—do not repurpose existing material.
- Use materials that are inert—non-off gassing.
- Use materials that are UV-resistant and not prone to fading.
- Use materials that are neither porous nor absorbent.
- Use materials that exceed all industry standards for chemical and fire resistance.
- Use materials that are durable and long-lasting.
- Only use non-glare finishes.
- Ensure all visible surfaces are finished—do not use or allow raw materials to be exposed except natural stonework on foundations and in the hardscape in the exterior.
- Do not use any weaponizable or moveable items that appear fragile or removable through material selection and construction techniques. All signs must be vandal-resistant tamperproof, and ligature resistant.
- All materials must withstand repeated facility-grade cleaning and disinfection.
- Paper inserts, where used, must be covered with a lens. No gap will be permitted between the surface of the paper and the lens.





Richness and variety in materials is key to creating spaces that convey quality and instil confidence in the organizations. Signage, environmental graphics products and other Wayfinding-related assets

Aluminum

Sample Materials

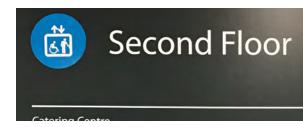


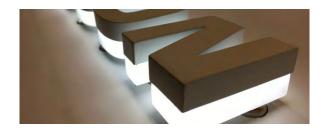
















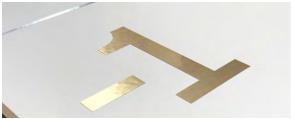


Anodized Aluminum

Photopolymer





























Photopolymer





Interior Modular Signage (Prefab System)

Direct to Substrate Printing

Paper Inserts

Reflective Vinyl

Dimensional Letters (Metal)

Exterior Modular Signage (Prefab System)

Dimensional Letters (Painted)

Symbols & Pictograms – Common Use

Where possible, pictograms should support department and public destination labels. Recognized pictograms support an idea and reduce the viewing time required to reach understanding. For the sake of clarity, text should be used in conjunction with the symbol.

COMMONLY USED PICTOGRAMS (I.S.O., D.O.T. AND SIMILAR)

Project Co. must use international symbols or explanatory graphics where applicable. In the instance of Wayfinding and signage, these are typically symbols set for travel developed by the American Institute of Graphic Arts (AIGA) on behalf of the US Department of Transportation – along with other ISO and legislated standards as they are required (eg. the AB Highway Act, the Alberta Smoking Cessation Act, and any relevant building codes). Consistency with other public organizations maximizes the clarity of the messaging conveyed.

DEPARTMENTAL PICTOGRAMS

Pictograms are helpful to identify facility departments and services. Although the understanding of the pictograms may not be immediately clear, supporting text and consistency in the application will enhance their effectiveness over time.

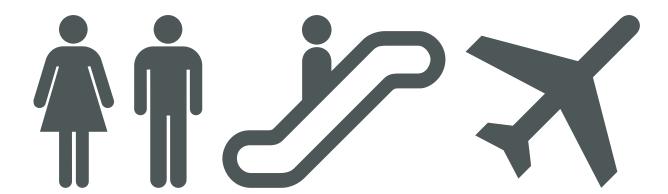
The use of the symbols serve as a mnemonic device supporting text and helps speak to a global audience.

Visitors may be unable to determine a symbol's representation alone, but the pictograms act as a visual "breadcrumb trail" for guidance. People can either follow a symbol or match it with corresponding documentation. Also, The pictogram can be viewed and understood at distances unpractical for written copy.

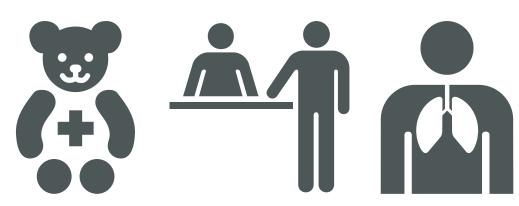
EVALUATION

When evaluating pictograms, consider:

- Pictograms are symbols, not illustrations;
- Pictograms are mnemonic devices rather than literal depictions of happenings in a given department—like icons for apps on your mobile phone;
- Pictograms are exclusive by nature—by illustrating one component you are not illustrating something else;
- Pictograms do not tell a complete story with a single image;
- Pictograms support written text—they don't replace it;
- Pictograms may not be helpful for services visited without staff assistance;
- A hard-to-interpret pictogram can provide more information than text alone. For example, it may be hard to differentiate an X-ray from an ultrasound, but you can tell it is not a surgery. In many instances, a pictogram is as useful for suggesting what something isn't rather than what it is; and
- Where possible, pictograms and symbols will conform to International Standard Symbols standards.







Samples of recommended pictograms for the new St. Paul's Hospital, most pictograms developed by Hablamos Juntos, Universal Symbols in Heathcare.

Wayfinding Pictogram Family

The Image to the right represents a Wayfinding pictogram family suitable to a Facility similar in scale to New St. Paul's.

Public, Facilities & Administrative Services























Regulatory





Automatic Door CAUTION























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X-RAY WARNING

EYE WASH STATION



























MATERNAL & CHILD SERVICES





Symbols & Pictograms – Universal Symbols

HABLAMOS JUNTOS

Hablamos Juntos—translating to "together we speak"—was a demonstrative design initiative funded by The Robert Wood Johnson Foundation to help health care organizations meet the challenge of providing language services and signage to Latinos.

The project demonstrated the development and effectiveness of pictographic imagery in health care, similar to those encountered in transport, such as subways and airports.

While more proof of concept than a set of standards, the Hablamos Juntos pictogram family is an excellent starting place for developing pictograms for departments and services in health care.

More information about the project is available at:

https://www.rwjf.org/en/library/research/2007/10/hablamos-juntos.html

Universal Symbols in Health Care

Clinical & Medical Services





















<u>*</u>

Facilities & Administrative Services







pioneer





















Clinical & Medical Services

- CM01 Health Services
 CM02 Care Staff Area
 CM03 Intensive Care
 CM04 Inpatient
 CM05 Outpatient
 CM06 Pharmacy
 CM07 Diabetes (Educatio
 CM08 Family Practice
 CM09 Immunizations
 CM10 Nutrition
 CM11 Alternative /
 Complementary
- CM11 Alternative /
 Complementary
 CM2 Laboratory
 CM3 Pathology
 CM14 Oncology
 CM15 Ophthalmology
 CM16 Mental Health
 CM17 Neurology
 CM18 Dermatology
 CM19 Ear, Nose & Throat
 CM20 Respiratory
 CM21 Internal Medicine
 CM22 Kidney
 CM23 Cardiology
 CM24 Women's Health
 CM25 Labor & Delivery
 CM26 Pediatrics
 CM27 Genetics
 CM28 Infectious Diseases
 CM29 Dental
 CM30 Anesthesia
 CM30 Anesthesia
 CM31 Surgery
 CM32 Physical Therapy

Facilities & Administrative Services

FA01 Emergency
FA02 Ambulance
FA03 Registration
FA04 Waiting Area
FA05 Administration
FA06 Medical Records
FA07 Billing
FA08 Medical Library
FA09 Health Education
FA10 Interpreter Services
FA11 Social Services
FA12 Chapel

Imaging



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SCHEDULE 3 - DESIGN AND CONSTRUCTION SPECIFICATIONS (THE NEW ST PAUL'S PHASE 1A)

Typography

Type is a key element in designing a Wayfinding system. When selecting fonts for Wayfinding signs, there are three major criteria outlined to ensure optimal visibility and clean layouts on signage.

1. CHARACTER WIDTH

The ratio of width to height for an upper case letter 'X' will be between 3:5 and 1:1. Fonts for an upper case X will not be wider than they are tall. It is preferable if the type is slightly condensed so that long lines of text fit onto sign panels.

2. LOWER VS. UPPER CASE LETTER HEIGHT

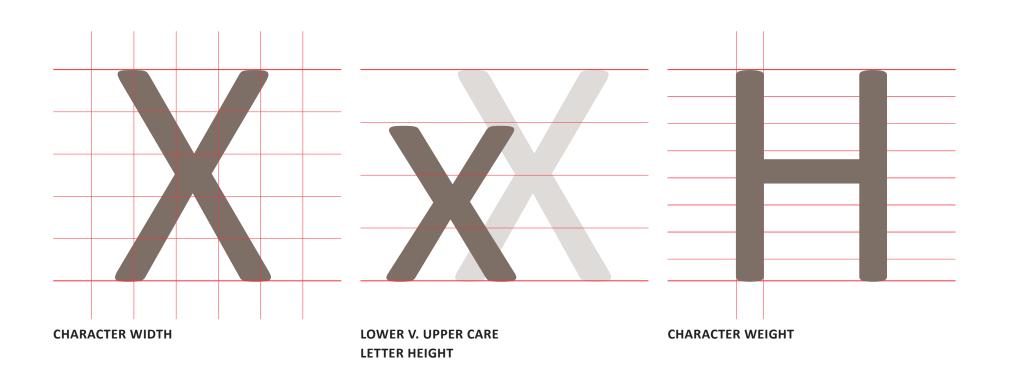
The design-builder will use both upper and lower case type throughout signage. The ratio for the height for a lower case letter 'x' to the height of an upper case letter 'X' will be about 3:4. (lower case letters will be about 75% the height of upper case letters).

3. CHARACTER WEIGHT

For signage read at a distance, the stroke width to height ratio should be between 1:5 and 1:10. Text will not be too thin, light or heavy. Fonts will have distinct weights. For instance, regular weight will be distinct from bold.

REQUIREMENTS

- Text must be horizontally aligned on Wayfinding signage.
- Vertical orientations must be minimized and only in isolated instances. Do not use diagonal orientations.
- Long lines of type must be avoided, as narrower lines of type are easier to read.
- All numerals must be Arabic numerals.
- Text will be set using mixed case, and minimize instances of all uppercase.
- Wayfinding signs will use only Sans Serif typefaces.
- Do not use decorative or complex typefaces on Wayfinding signage.
- Font will be at least 16 mm high on small signs and 40 mm high on larger signs. No not use ligatures or underlined text.



Emergency

Admitting **Attention**

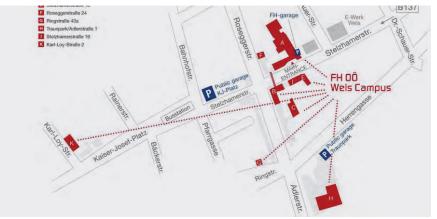
Static Maps

A map is a symbolic representation of a physical environment, either static (eg. print maps) or dynamic (Google maps). While solutions for Providence and New St. Paul's should use both, visitors will likely interact with a static product.

A maps success is dependent on the viewer's ability to reference the image to the physical space. With this in mind, different maps should be available—print maps, site maps, and maps in departments targeted to specific applications. The mapping system should 'scale', and while maps may vary, all maps should be unified in their use of visual language and symbols. If they are seen together, the relationship between the two maps should be clearly apparent.

- Maps must be both static (e.g. print) and dynamic.
- All maps must have a title that explains the maps' depiction.
- Maps must include a legend explaining the map's pictorial language.
- Maps must include a compass or other graphic indicating north.
- All interior maps must include a simplified site map.
- Maps with fixed positions (on a wall) will locate the viewer's location, and the map must be oriented to the viewer's position.













Language & Written Style

Wayfinding systems unfold in a linear way with messaging dependent on the previous and informing the latter. Information is strategic in both its placement and messaging, as well-written dialogue enhances the effectiveness of Wayfinding within complex environments.

Use plain language to help visitors navigate potentially stressful situations. Plain language encourages clear and concise writing appropriate for the intended audience. Avoid technical terms, unfamiliar abbreviations and jargon. Common words used in sentences of 25 words or less are easy to read. Since healthcare environments don't cater to a single user, write to an eighth-grade reading level, consider multilingual messaging, and research and test assumptions of your specified user groups.

Concise, plain language focuses on the user's knowledge and goals. Consider your audience's destination(s), what they need to know, what they may already know, and what information should be said to deliver the best outcome for them. Although thousands will read one sign or map, you are speaking directly to your reader, and appropriate pronouns help users relate themselves to the call to action. Specifically, address users as "you" and avoid "he" or "she."

Language should be clear and concise—write conversationally to avoid rigid words, commanding language, and wordy sentences. Avoid the passive voice and use a conversational style with contractions, common vocabulary, the active voice, present tense, and verbs to tell your audience what to do.

Write as you talk—people are accustomed to hearing contractions verbally, so use contractions naturally in your writing to come across conversational. This casual language remains direct if written in the present, as the strongest form of a verb is the present tense. Writing in the present tense or present continuous—as well as didactic versus imperative—presents an opportunity to test the effectiveness of dialogue systems within complex spaces. Although imperatively written commands don't inherently

have a word acting as the subject, the subject is still understood to be you.

See below.

"Turn right."

"Turn to the right."

"You're turning right."

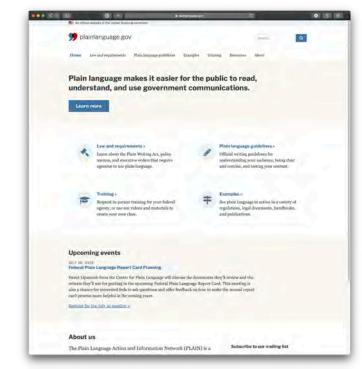
"Go right."

"Right."

Similarly, the active voice eliminates ambiguity and places the person or those acting as the subject of your sentence. For instance, "the third floor is where the intensive care unit can be found" uses the passive voice. By using the active voice and placing the subject at the beginning, the sentence reads more clearly. For example, "You can find the intensive care unit on the third floor."

REQUIREMENTS

- All copy—included in signage and print materials—must be written for an audience with a grade 6 education.
- Abbreviations must not be used on signage.
- Words that don't contribute to the meaning of a destination must be removed to create more memorable destination names.





For more information on writing for public audiences, visit www.plainenglish.gov for the US government, and the gov.uk website for the UK's guidelines.

Nomenclature – Language About the Site

Direction requires that language must be attached to the subject under discussion. This is true whether the direction is given via a website, person or sign. Since Wayfinding speaks to place, the language surrounding Wayfinding requires proper names for places.

Key locations, decision points and significant spaces to which people might be directed require proper names against which instruction can be given. While names exist, or will be provided for buildings and the site, this may also include:

- Entrances to the site
- Building entrances

Parking areas

- Major lobbies
- Courtyards, quads and green space
- Waiting and gathering areas

Prominent walkways

Relationships to larger naming systems should be maintained. For instance if site entrances are named, the street names should be referenced as well.

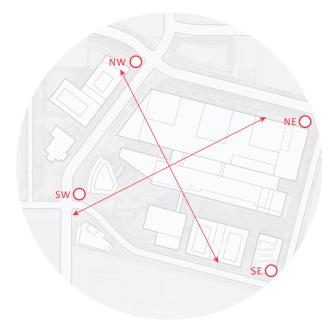
NAMING SYSTEMS

Differing naming systems express different types of information:

Туре	Example		
Alphanumerics	A, B, C 1, 2, 3	Suggests a sequence	
Aspirational	"Wellness Walk"	Elevates the experience of the subject	
Cardinal directions	North, northwest, west	Describes relationships; eg.west is left of north	
Descriptive	"Underground", "Main"	Speaks to qualities of the space itself	
Functional	"Emergency"	Speaks to the function of the space	
Historical/cultural	"St. Paul's Plaza"	Speaks to the history and culture of the place	
Named	"Donor Name"	Recognizes significant contributors	

REQUIREMENTS

- Provide names for key locations, decision points and significant spaces so Wayfinding instructions, including signs, can provide guidance to them.
- Provide a reference to street names and related naming systems impacting the site.



SITE ENTRANCES

Using cardinal directions



PARKING

Using alphanumeric labels and a descriptive name.



BUILDING ENTRANCES

Using cardinal directions, functional and descriptive names



BUILDING ENTRANCES

Using cultural and symbolic names

Nomenclature – Departments & Services

Consistency in naming departments, amentities and destinations ensures destinations and instruction correspond.

Consider being told to visit a hospital to get Radiation Therapy, and all the signs refer to Radiological Oncology. There is an immediate disconnect if you are trying to get yourself to the right destination unassisted. If names do not match, you may require someone to 'translate' your destination to the language of the Wayfinding system.

Simplifying nomenclature, where practical, aids in legibility by avoiding long lines of text, helps for visitors with limited English and generally makes the experience of being in a facility less foreign and intimidating.

When naming services consider:

- Be economical; shorter and fewer words are generally better.
- Acronyms can be easily confused, though full names may be more confusing. Use only commonly circulated acronyms such as CAT scan.
- Avoid the use of complex medical jargon.
- Limit the use of repetative terms that may be confused eg. 'Outpatient'.
- Limit the use of similar looking words; people with limited literacy can memorize letterforms, similar looking words will cause confusion.

REQUIREMENTS

 Project Co will coordinate with stakeholders to confirm single names for all clinical and public destinations. Each destination will be referred to by a singular name across all signs and media. CCU Critical » Care Unit
CCU » Cardiac Care Unit

EKG » Electro Cardio Gram ECG » Electro Cardio Gram

Diagnostic Imaging » Medical Imaging Respiratory Therapy » Lung Therapy

Rehabilitation Services » Rehabilitation Otolaryngology Clinic » Ears, Nose and Throat

The Use of Brand Assets

As part of any Wayfinding project, establishing clear guidelines with respect to an organizations brand and informational structure is paramount. Signs, media and the built environment are important ways an organization can communicate its values and culture. Consistency and appearance can affect how people perceive and ultimately trust an organization.

Signage provides a unique opportunity to extend the brands' presence spatially. Few other physical assets can extend from a sites' edge to every individual room. A unique brand asset – signage should navigate an obvious and continuous journey through all phases of the visitor's journey.

Note however that signage is not a direct extension of the brand, but requires a closely considered relationship to it. The lifespan of your Wayfinding system will likely be greater than the brand, and brand standards may not serve Wayfinding requirements. However signage and brand must form a visually pleasing, cohesive whole.

USE OF THE LOGO

The use of the logo on signs and graphics should always align with the colours, geometries, spacing and other graphic characteristic likely described in a new St. Paul's Brand Manual when it is developed.

Signage and graphics should refrain from overusing the logo to create a desirable St. Paul's brand. Reserve it for messaging of special significance – points of arrival and transition suggesting both welcoming and ownership or cases that desire a degree of formality. Overuse of the logo dilutes its overall impact and significance in each instance.

REQUIREMENTS

- Brand guidelines must be adhered to when using the logo or other brand assets.
- Do not overuse the logo; the logo must be treated as special, and used judiciously. Approrpiate locations for it include major points of transition or arrival.
- Branding for the core facility and Health Campus will both be considered approrpriately and in context when standards are developed. Do not let brands visually compete.



Primary Colours

Warm Gray

Pantone Warm Gray 10 CP
C24 M34 Y35 K60
R121 G110 B101
#796E65

ed

Pantone Red 032 CP
C0 M86 Y63 K0
R239 G51 B64
#EF3340

White

 White
 CO
 MO
 YO
 KO

 R255
 G255
 B255
 #FFFFFF

Secondary Colours

Teal

Pantone 3242 CP
C44 M0 Y20 K0
R113 G219 B212
#71DBD4

Purple

Pantone 5205 CP
C30 M59 Y13 K41
R134 G100 B122
#86647A



Brand Colour Emphasis Applications should have a very white and airy feeling. The main brand colours should be emphasized and the supporting colours used for callouts, side bars, highlight type, etc.

General Wayfinding Design Requirements

General Wayfinding Design Requirements

The following criteria provides guidance to inform design decisions for Wayfinding systems at the Facility and the Health Campus, and as general guidance for other Providence facilities. The goal is to create an integrated, effective Wayfinding solution for all patients, visitors, and staff.

THE PROVIDENCE WAYFINDING PRINCIPLES

Wayfinding design solutions for the New St. Paul's Hospital and Health Campus will represent the Seven Principles for Wayfinding established by Providence Health Care:

- 1. Ensure we see ourselves in our Wayfinding strategy—inclusive of all our people; Connecting with PHC culture, our environment, traditions, & history; Respecting the diversity of our peoples (i.e. language, ethnicity, ability, & gender).
- 2. Make things intuitive—do the hard work to make things easy.
- 3. Be multi-modal—people, environment, information & technology.
- 4. Value the human connection.
- 5. Be cost-effective and high-impact.
- 6. Care for the system—sustain the program; and
- 7. Learn always, especially upon opening the Facility.

GENERAL WAYFINDING DESIGN REQUIREMENTS

Extending the vision set out by the principles, Wayfinding design solutions for the Facility and Health Campus must:

Utilize multiple tools to provide for various sensory modes, addressing
varying levels of ability and differentiation in environmental conditions.
This will include the coordination of static signage, digital technology,
verbal instruction, printed materials, architectural features, landmarks and
environmental graphics.

- All Wayfinding systems, including signage, must provide sustainable solutions that respond and adapt to the facility's long-term needs.
- Communicate all information required by patients, visitors and staff to locate destinations within the facility and its various related facilities.
- All Wayfinding assets must be consistent in aesthetics and have a cohesive, unified approach to the design elements.
- The Wayfinding system's design must accommodate the wide needs of users. The following challenges must be addressed: First time users, visual impairment, cultural difference, hearing impairment, cognitive impairment, literacy/language impairment, mobility impairment, accessibility.

GENERAL SIGNAGE DESIGN REQUIREMENTS

An important component of the overall Wayfinding strategy, signage must:

- Include interior and exterior Wayfinding signs extending from the campus edge to arrival at an amenity, room, bed, or person within a department, service or component.
- Coordinate with all sign systems required by all Facility users throughout
 the Health Campus as required for effective operations including (but not
 be limited to) signs required for; regulatory policy; donor recognition, traffic
 control; health and safety; equipment usage; waste reduction/management;
 LEED education; retail and marketing and; as required by building, fire or
 other local codes.
- Adhere to or exceed the requirements described in the British Columbia Building Code (BCBC), the Canadian Standards Association (CSA), and the 2010 ADA Standards for Accessible Design (SAD).
- Provide tiered levels of information, building on demonstrable spatial and linear organizational principles.
- Compliment the environment and be coordinated with the site design (landscaping), building design (architecture), interior design (finishes) and other.

- Be planned, designed, fabricated and installated to comply with the highest industry standards and benchmarks.
- Demonstrate the long-term viability of materials and construction methods and incorporate the ability to accommodate change in messaging as the facilities evolve.
- Be visually appealing, considering graphic design principles regarding alignment, balance, consistency, contrast, proximity, and surrounding white space.
- Be designed considering site and operational conditions that may affect
 Wayfinding, e.g. seasonally varying light levels, and restricted sightlines
 resulting from crowds. Be aware of changing conditions wherever signs are
 to be placed: such as temporary obstructions (other people and medical
 transfers) or lighting conditions.

Exterior Navigation

General Requirements

- The right information must be provided at the right time, and that signage is positioned at key decision points around the Health Campus.
- Facility users must be able to choose their route with confidence by creating a userfriendly system that leverages exterior landmarks, landscaping, architecture, and signage.
- The Universal Design must be promoted to accommodate all user groups of varying abilities, and adheres to building and accessibility code requirements.
- Nomenclature and messaging must be concise, accurate, readable and highly legible.
- The Wayfinding system must be cost effective and easy to update and maintain.
- The system must be developed to incorporate the brand and establish a unique identity for the site and surrounding environment.
- An understandable system must be created for positive user experience.
- Over-signing of key decisions must be avoided.

Highway Signage

REQUIREMENTS

• Project Co must coordinate with local authorities and the PHC design team to provide updates to the civic and provincial highway and street signage as required to direct visitors successfully to the facility entrances.

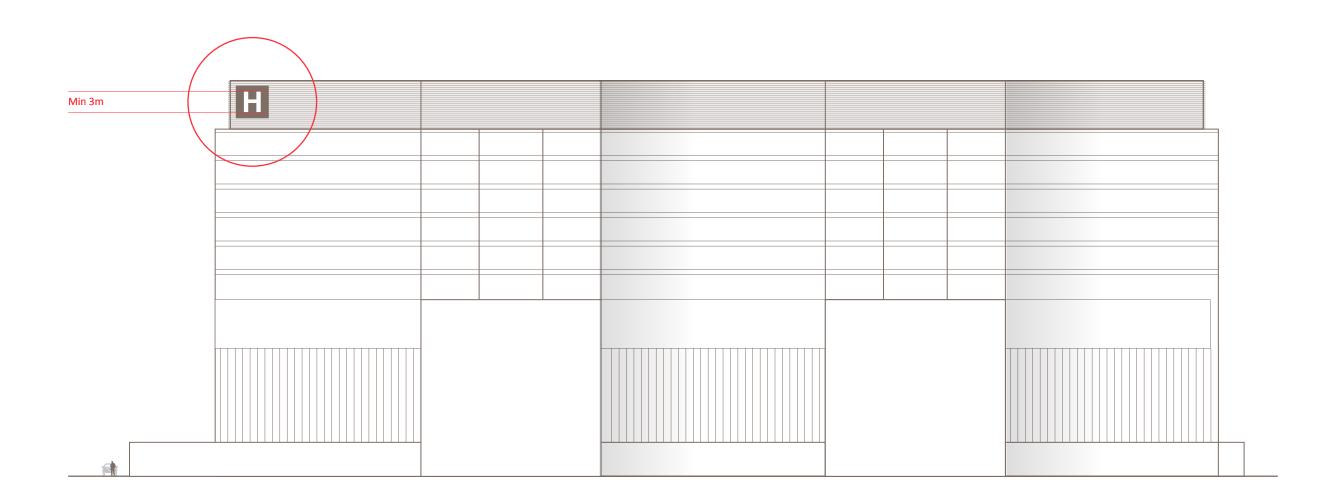






Hi-Level Hospital Identification

- A minimum of four large identification signs consisting of a large letter 'H' must be placed at the penthouse level or otherwise top of the core facility. One sign will be placed on each side of the building. Each sign will consist of a large 'H', shown in white with a blue background, and the letterform will be backlit internally.
- Facility 'H' signs must be appropriately scaled so the 'H' is discernible from several city blocks away, while not overwhelming the building however the 'H' will not be less than 3m in height.



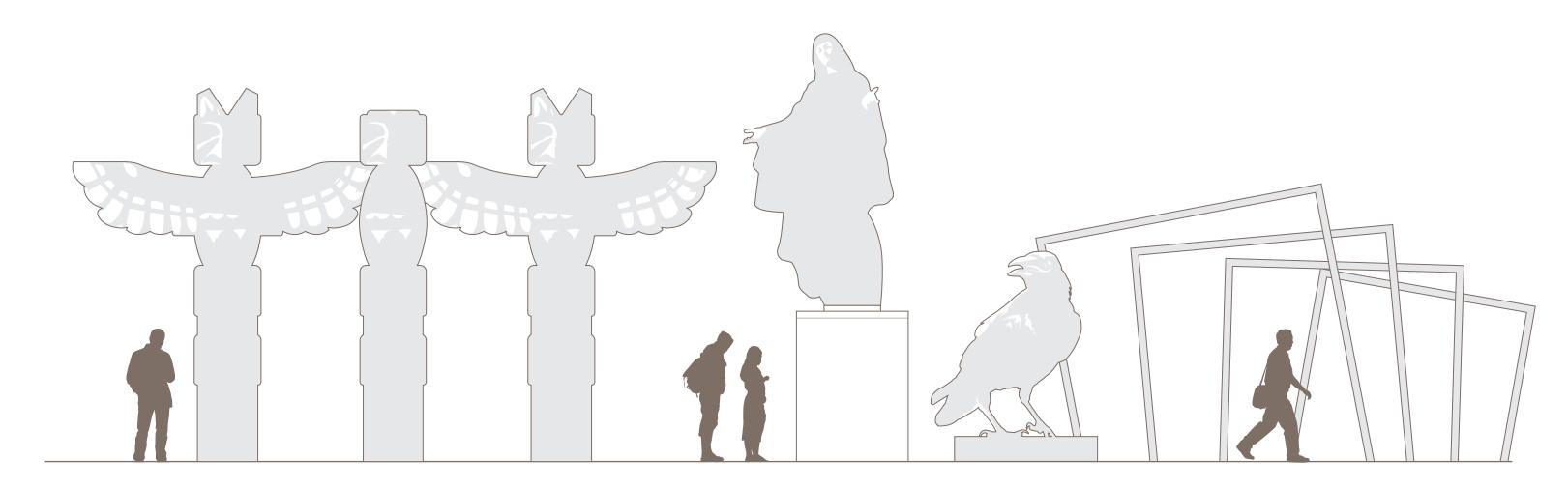
Site Edge Markers

- Entrances must be marked to the Health Campus with signs stating the facility identity; site entrance name; direction to Emergency and; the presence of parking. Facility entrances must be well-lit and labelled using illuminated signage.
- Gateway elements must be located strategically throughout the development to aid in Wayfinding and add to the urban fabric.
- The location of gateway elements at the site edge, such as artworks and markers, must be closely considered and will complement, not compete with each other.



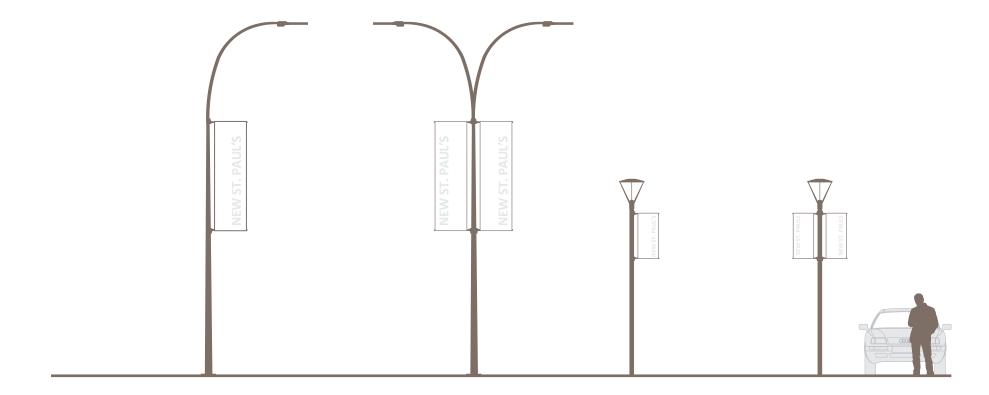
Landmarks: Public Art and Memorable Spaces

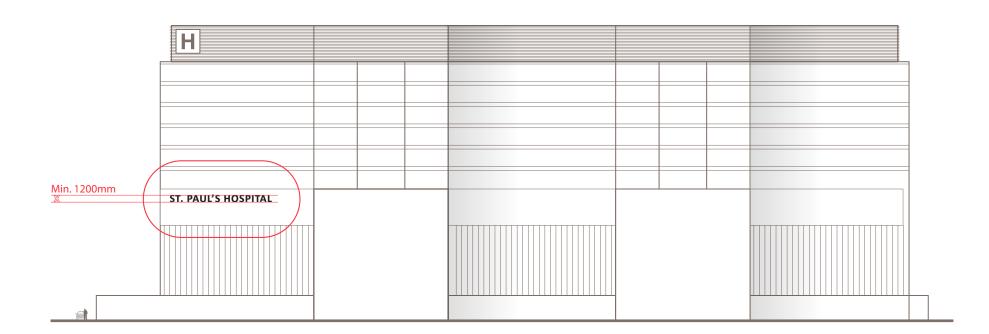
- Gateway elements must be located strategically throughout the development to aid in Wayfinding and add to the urban fabric of the neighbourhood.
- Gateway elements must be located at the edges of the Facility and the Health Campus. Site plans and landscape details will outline the design intent of these elements.
- The location of public artworks must be coordinated with other landscape elements, so as to reciprocally compliment other features, including plantings, structures and signage.



Building Identity

- Sets of dimensional lettering, visible from all roads and parking areas and approaches, must be applied to building facades communicating the name of the building.
- Dimensional lettering must be illuminated and of a minimum of 70% contrast with the substrate behind it at all hours.
- Do not let illumination of lettering or ambient light washes impact on patient or public rooms.
- Letters must be a minimum of 1200mm high.

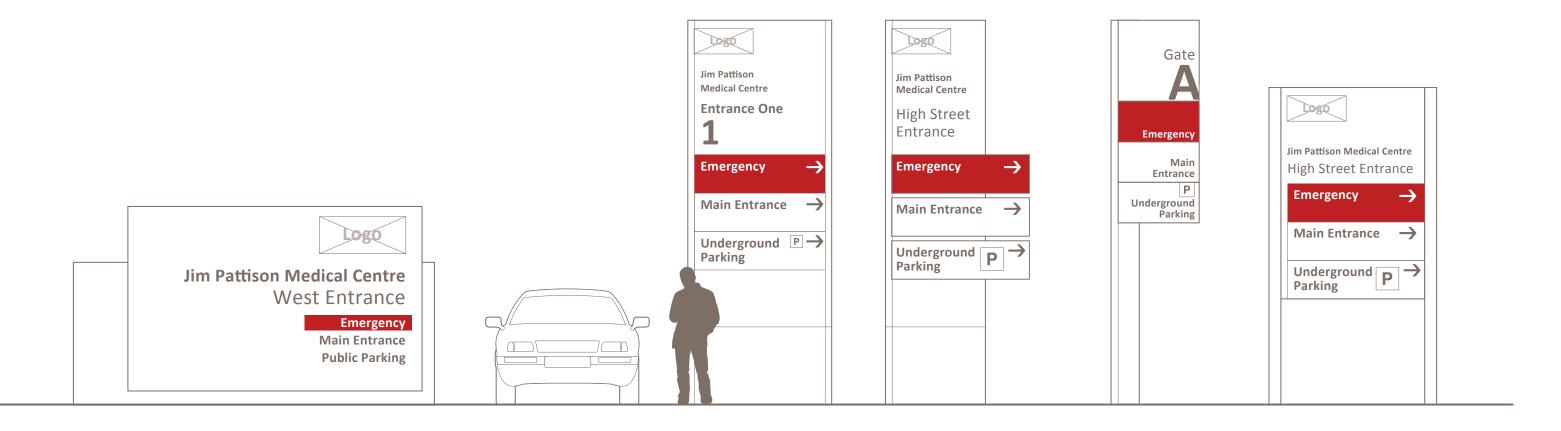




Entrance Identification

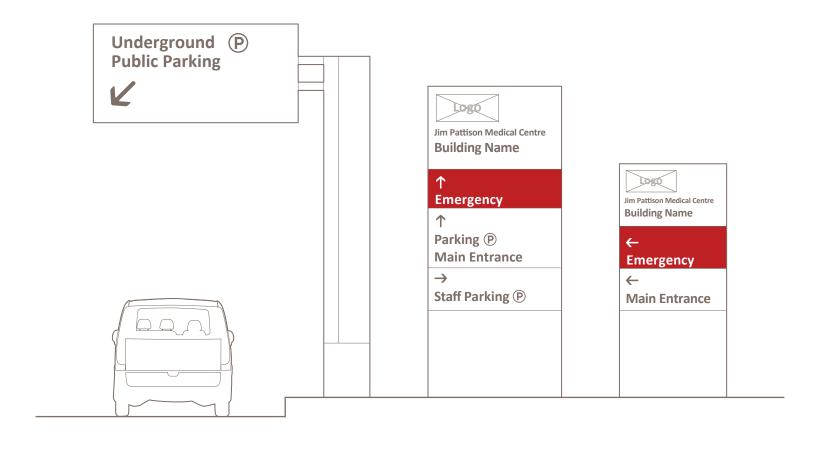
- Entrance marker signs must be placed at all entrances, visible as drivers turn-off public roadways onto the private facility property.
- Regularly placed directional signs must direct visitors to parking, drop-off points, loading areas and other destinations which will be clearly identified.
- Entrance markers must identify entrances onto the private grounds and the major destinations available.
- Signage and type must be scaled suitably for visibility relative to the sign location and the driver's viewing position.
- Signs located at entrances must be illuminated internally. Do not use sign cans—lettering must illuminate through the letterforms.

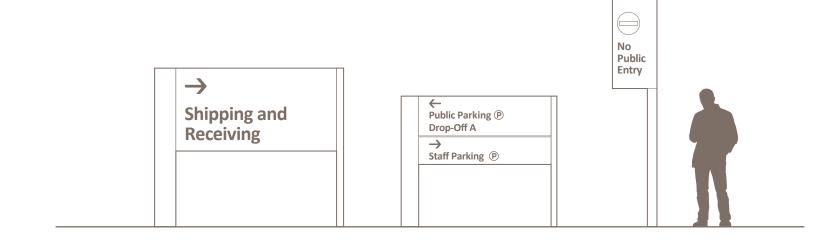
- Signs locations must be coordinated to avoid conflicts with landscape features and must be noted on all landscape plans.
- The emergency entrance must be visually distinct from other entrances and must use the colour red prominently in the signage.



On-Site Vehicular Wayfinding

- Signage and type must be scaled suitably for visibility relative to the sign location and the driver's viewing position.
- Signs located at entrances and major drive aisles must have type illuminated internally. Do not use sign cans, and lettering must illuminate through the letterforms.
- Signs located off major drive aisles, and signs directing drivers to back of house, staff or other internal destinations can be non-illuminated but must use reflective graphics.
- Sign locations must be coordinated to avoid conflicts with landscape features and will be noted on all landscape plans.
- The entrance to an emergency must be visually distinct from other entrances and must use the colour red prominently in the signage.

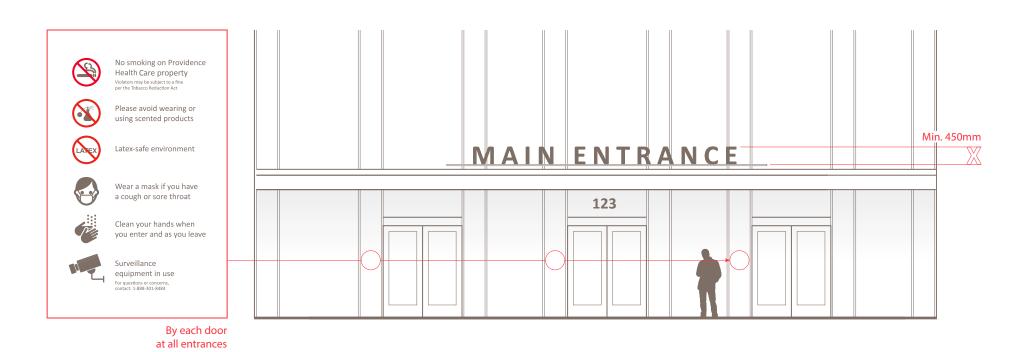




Navigation on Site Exterior

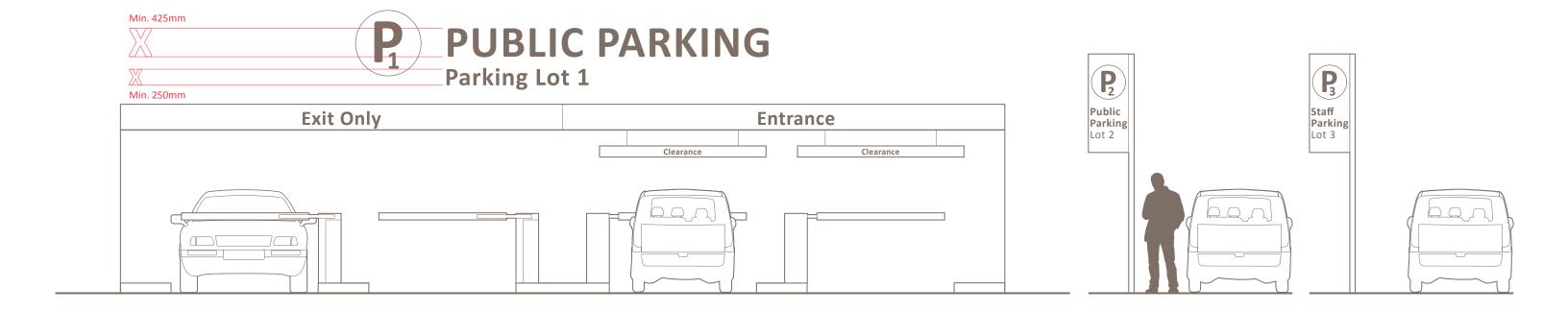
- Entrances must be marked to the site grounds with signs stating the facility identity; site entrance name; direction to Emergency and; the presence of parking. Facility entrances must be well-lit (minimum of 10lux) and labelled using illuminated signage.
- Signage and graphics at entrances must provide information as required including, but not limited to, smoking restrictions; policies such as video surveillance, scents or similar; and contact information for security. Any limitations on door hours of operation will be stated.
- Entrance identification signage must be illuminated
- Non-Public doors, one-way entrances and other limited access doors must be clearly identified.
- The street address must be provided at all entrances using nonilluminated, slim-profile dimensional lettering.





Parking Identification

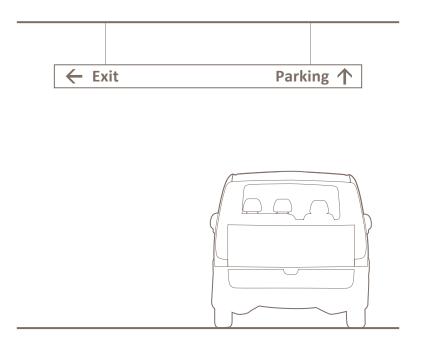
- All parking lots must be uniquely identified and must have unique numbers—they must have signage communicating this. It must be clear which parking lot, underground surface or otherwise, a visitor has arrived at.
- A graphic strategy, such as different colour accents, must be used to visually distinguish between public and non-public parking.
- Entrances to parking structures, underground and above-ground must be labelled with illuminated signage.

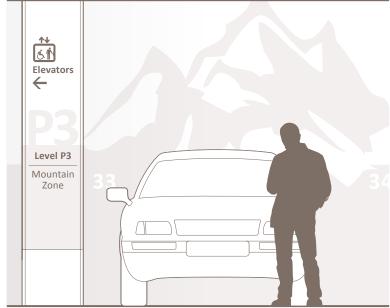


In-Parkade Wayfinding

- Direct routes must be provided from parking areas, underground, or otherwise to the nearest Facility point of entry.
- Signage must be provided and scaled for vehicles directing drivers up, down and across floors to additional parking, or the way out. Shipping and receiving, or other service areas, must be included on Wayfinding signage, and the distinction between public and private areas must be included.
- Signage must be provided for pedestrians guiding them to elevators, and elevators and stairwells will be clearly labelled.
- A colour strategy must be used to create a distinction between floors and areas. Graphic treatments with themes

- must be applied to walls, columns and other structures to create distinctive zones. Colour, graphics and lighting must be used to draw attention to elevator cores.
- Any restricted or limited-use parking will be identified with signage, including but not limited to wheelchair accessible parking, doctor-on-call parking, and expectant mother parking. Wheelchair accessible parking must be located close to Facility entrances.
- All traffic control signage as required by local regulations must be provided.







Connecting to Cars: Drop-Offs and Taxi Stands

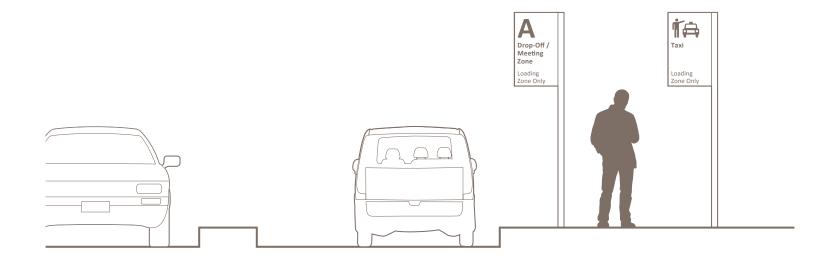
REQUIREMENTS

- Designated drop-off and pick-up zones must be provided complete with lay-bys. Drop-Off zones must be signed with unique identifiers (drop-off A, B or C) so direction can be given to specific zones.
- Taxi stands must be provided and identified by signage.

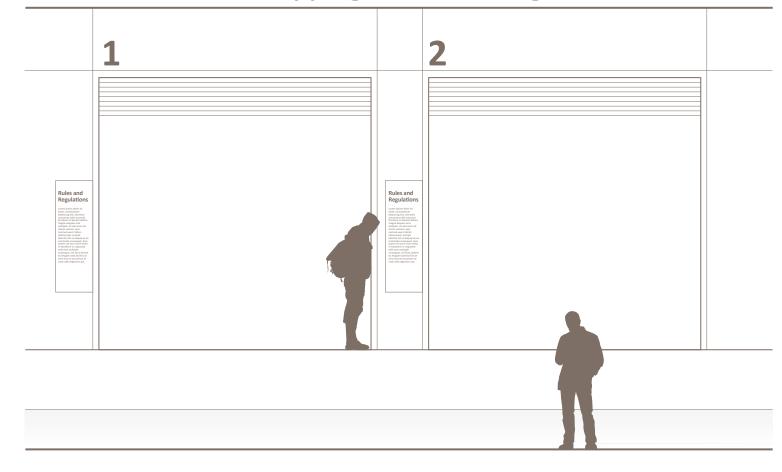
Shipping and Receiving

REQUIREMENTS

- Must include shipping and receiving on all exterior directional signage.
- Signage must be provided at the entrance to shipping and receiving areas.
- Where there are multiple loading doors, each door must have signage labelling it. Additional signage for rules, regulations and procedures must be provided.



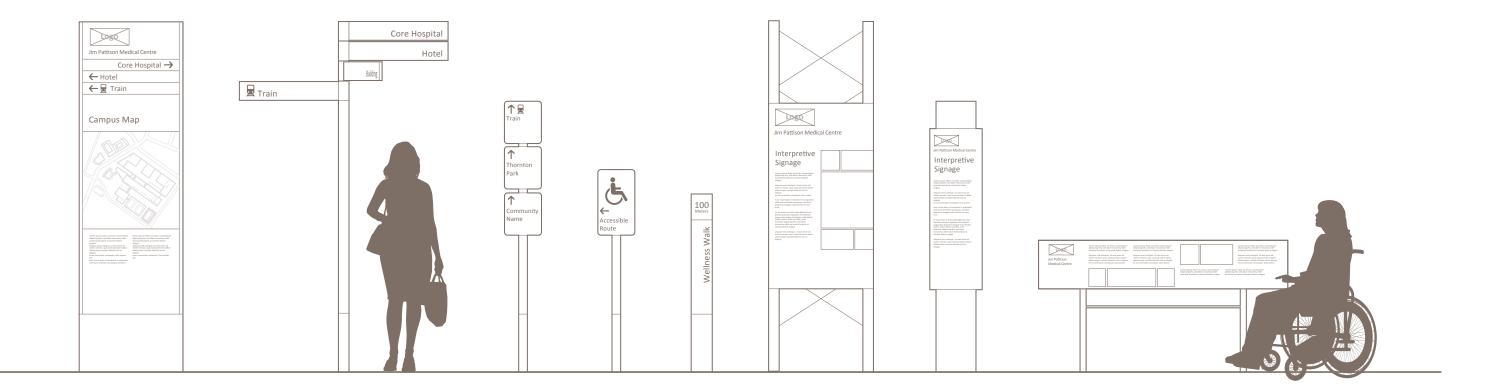
Shipping and Receiving



Pedestrian Wayfinding and Interpretive Signage

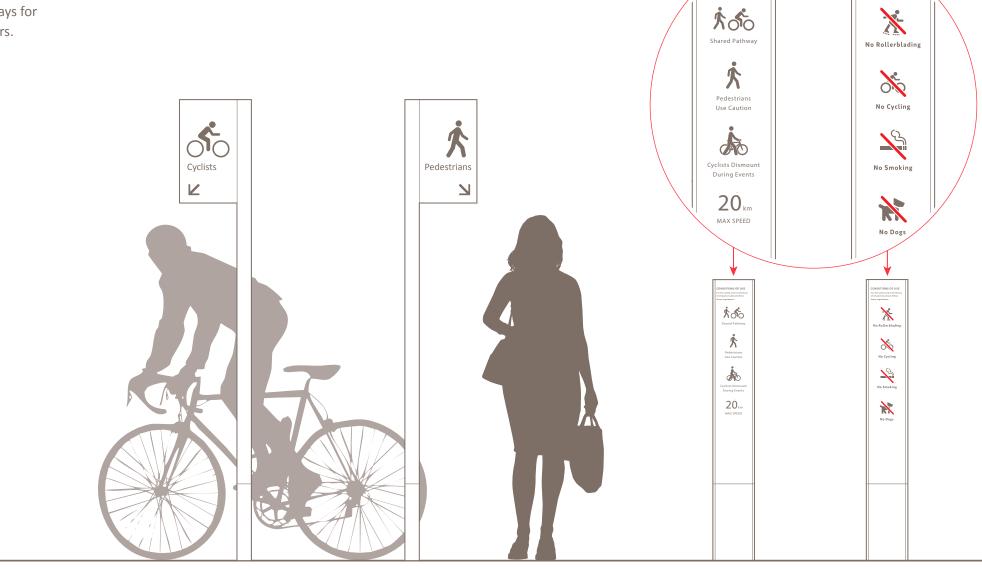
- Wayfinding signage must be provided for pedestrians along all walking routes. Directional signage must be located at the starting points of every public path and at key nodes.
 Orientation maps must be located in gathering places.
- Pedestrian Wayfinding signage must direct people.
- Signs must be placed at the terminating points of paths leaving the campus grounds, indicating destinations that lay beyond. Special attention must be paid to directing visitors in the direction of the Train Station.
- Signage must indicate to Persons with Disabilities the route terminus points or any required route changes to ensure universal access throughout the Site.

- Signage must indicate the Wellness Walk. Distance markers must be provided.
- Interpretive signage must visually relate to the Wayfinding signage. Interpretive signage must remain visually distinct, suggesting a different function so as to not confuse the messaging.
- Interpretive signage must be placed at regular intervals along a pathway and in gathering areas. Project Co will work in collaboration with the Owner's Team on content.



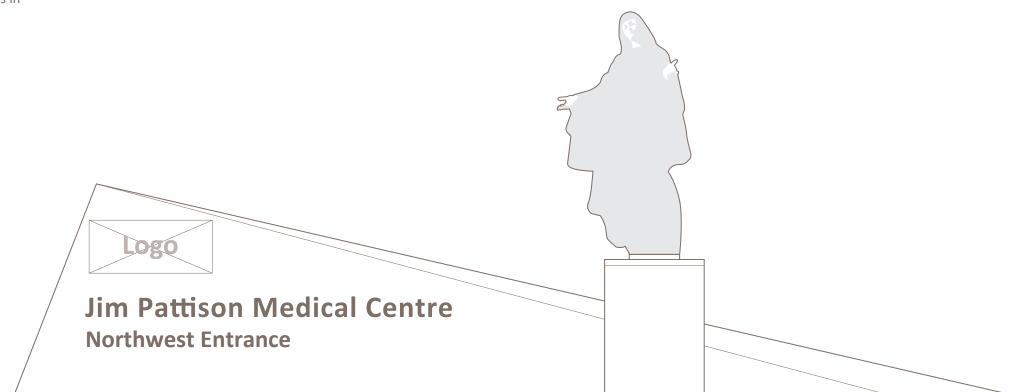
Shared Pathways, Cyclists and Pedestrians

- Signage must distinguish between cycle and pedestrian-specific pathways.
- All signage required for the safe and courteous shared use of the
 pathway system must be provided. This will include, but not be limited
 to; signage for speed limits; cautionary notices; notification of crossing
 areas; directions to dismount or slow down; use of pathways for
 skateboarding/rollerblading and; instruction for pet owners.



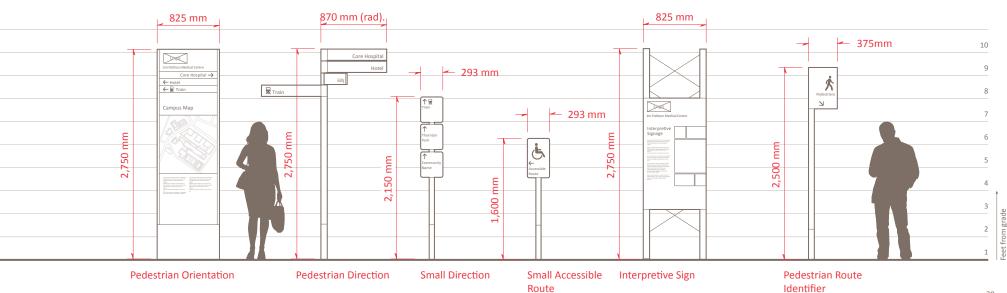
Donor Recognition Integration

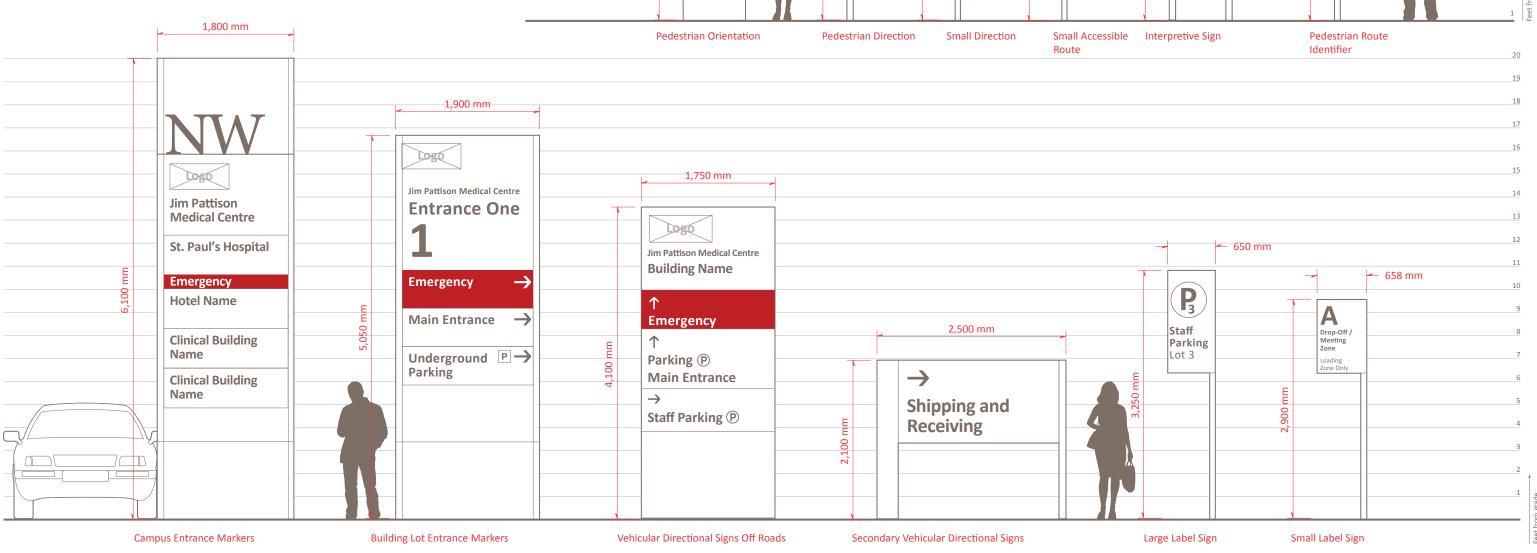
- Donor Recognition signs, plaques or other assets must be visually distinct from wayfinding signs and assets so the information presented is not confused. The visual language of the donor sign system will highlight the special nature of the donation, through use of material, colour or other visual characteristics.
- The Project Co. must coordinate with the St. Paul's Foundation in the design and placement of all Donor Recognition signage.
- As part of the design process and under the direction of the Owner's design team, the Project Co. must coordinate with the St. Paul's Foundation on elements of the Donor recognition signage must be either wall mounted or on a permanent structure located away from obstructions in visibly prominent locations.
- The Project Co. will work with the Owner and the St. Paul's
 Foundation to incorporate elements of The Lights of Hope
 – an annual fundraiser that recognizes donors through an
 exterior lighting display into the grounds of The Facility.
 This must include: Structural components incorporated
 into the landscaping so that the physical display may be
 assembled without impacting the environment; Exterior
 power outlets so that trees may be decorated with string
 lights; An identified space for the lighting ceremony and;
 A permanent installation in a public space recognizing the
 campaign.

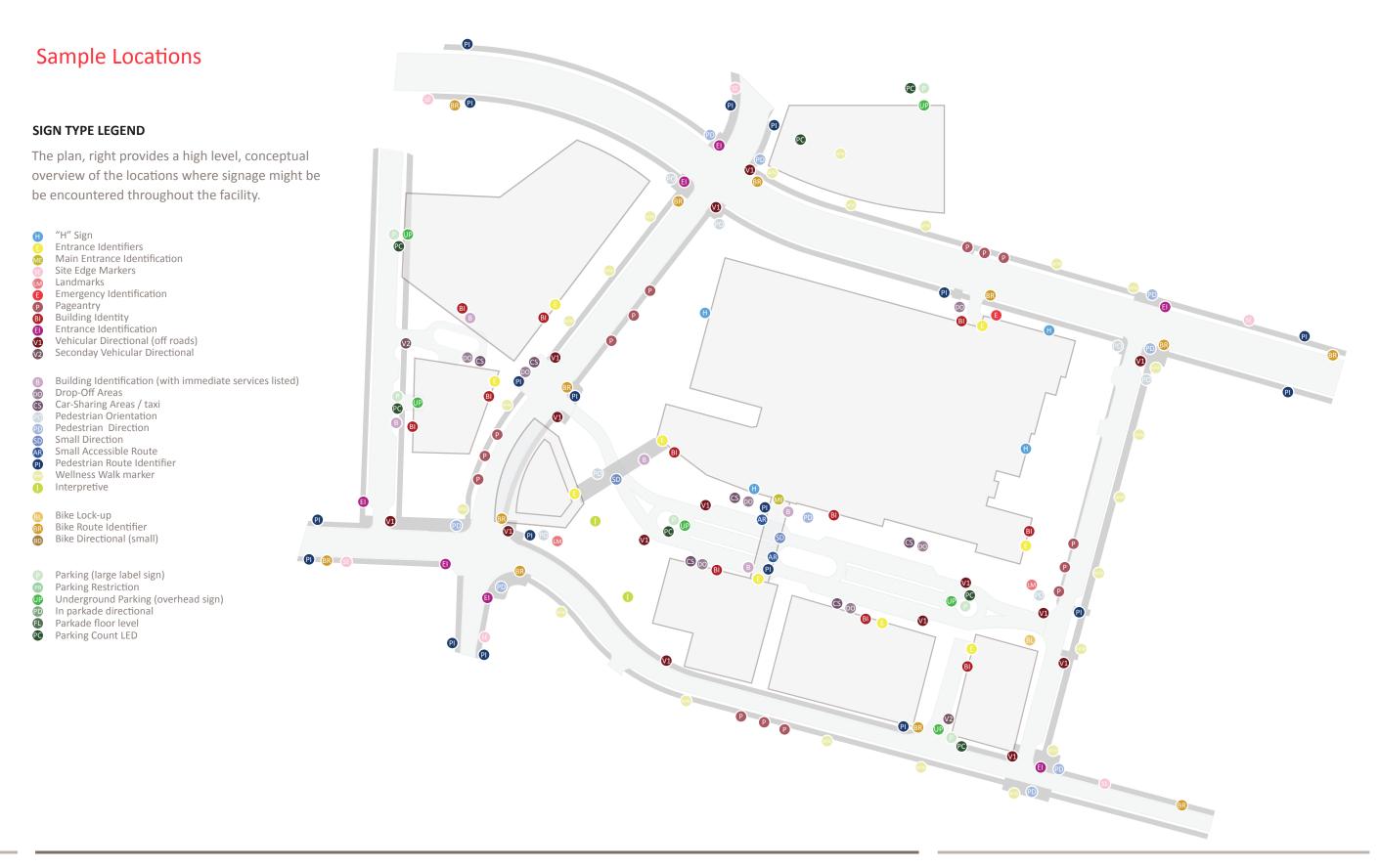


Indicative Sign Dimensions

Signs must be scaled according to the environment. Also, consider content lengths and viewer visibility requirements. For the purpose of estimating, the following dimensions must be used. In instances where dimensions are indicated elsewhere, use the dimensions on that drawing.





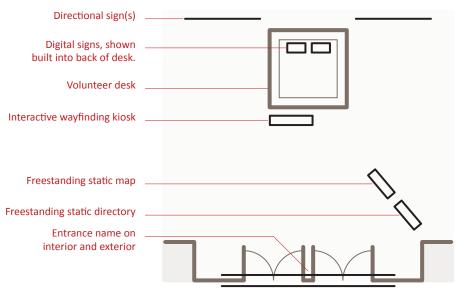


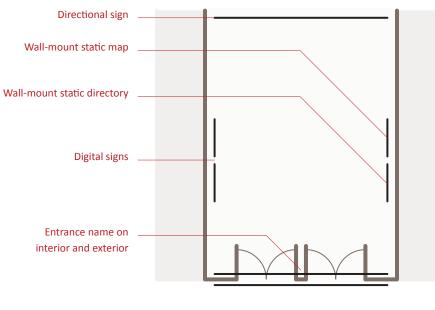
Interior Navigation

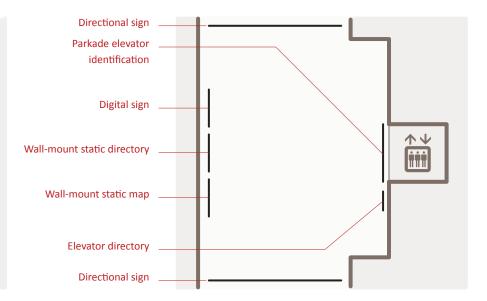
Experience at Entrances

REQUIREMENTS:

- Entrances must be named with signs labeling them from the interior and the exterior.
- Interior signs must disclose what the building exits to named pavilions, meeting places, bus stops, and transit connections.
- Volunteer stations will be provided at major entrances.
- Orientation pieces must be provided at entrances including static maps and directories, digital Wayfinding kiosks and digital signs.
- All Wayfinding assets must be visible upon entering the facility, and must not be obscured by structural elements or furniture.
- Signage on all public doors must include the following information: Facility name, hours of operation, alternate entry locations, smoke-free environment, and scent-free.







PRIMARY ENTRANCES

With volunteer desk and freestanding wayfinding assets.

SECONDARY ENTRANCES

With wall-mount wayfinding assets.

ENTRANCES FROM ELEVATORS (PARKADE)

With wall-mount wayfinding assets visible from accross elevator.

Building Orientation – Directories

REQUIREMENTS:

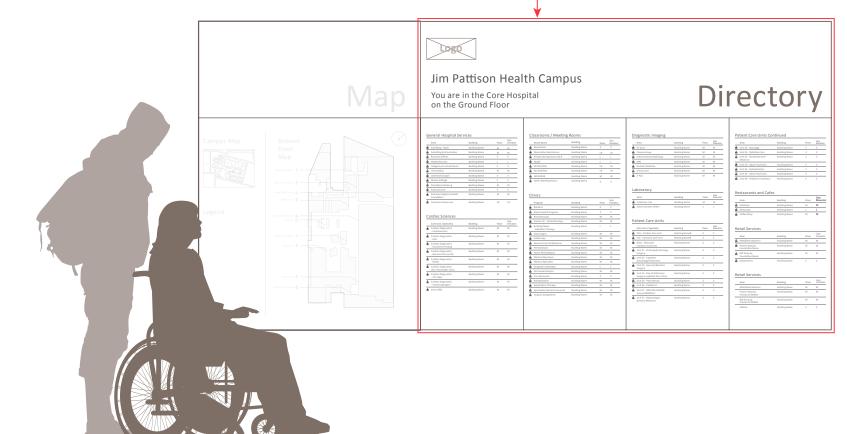
- Building directory content must be organized by departments and services (i.e. clinical destinations will be listed separately from food services), then alphabetically.
- Building directories will include a title (i.e. "Directory"), the name of the building and a logo.
- The type's x-height on directory listings must not be less than 5/16". Directories must be sized and configured accordingly to accommodate this.
- All directories must be updateable and able to change in copy without having to dispose of components. Project Co must demonstrate how copy is managed and updated. Do not use paper inserts.
- Directories will be unobstructed at minimum 10" from the front. Wall-mount directories will extend no more than 4" from the wall.
- Directories will be accompanied with a building map, either adjacently or built into a single structure.

	Program	Floor
•)	Breast Health Program	2
Å	Bronchoscopy	3
Å	Chemotherapy	M

Core hospital only

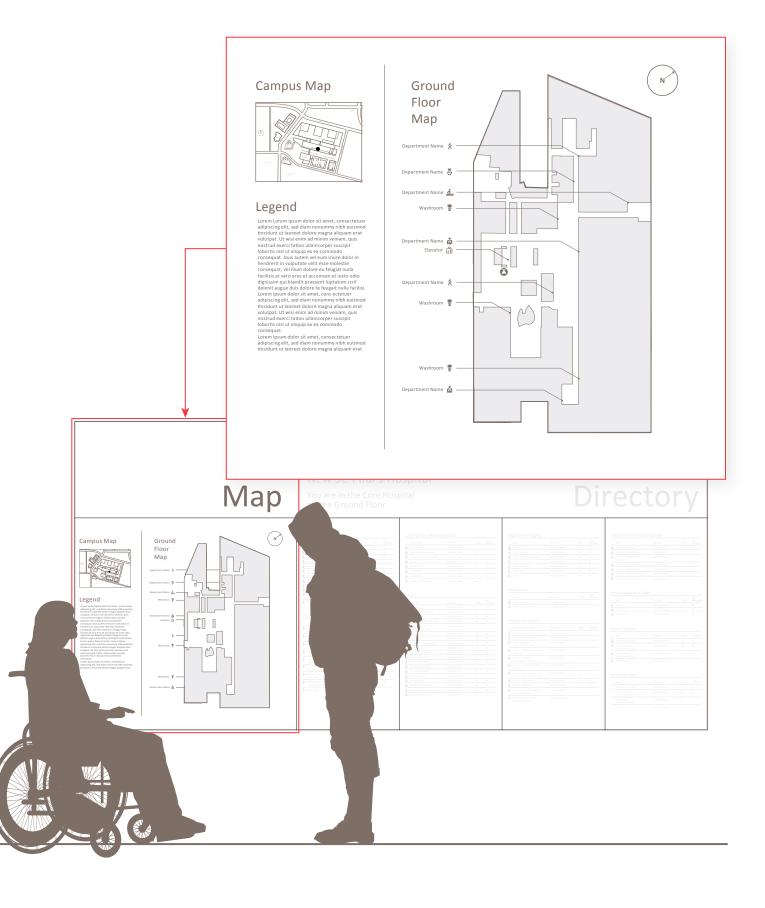
Program	Building	Floor
Breast Health Program	Core Hospital	2
Bronchoscopy	Core Hospital	3
Chemotherapy	Clinical Building	M

2. Campus-wide as buildings develop



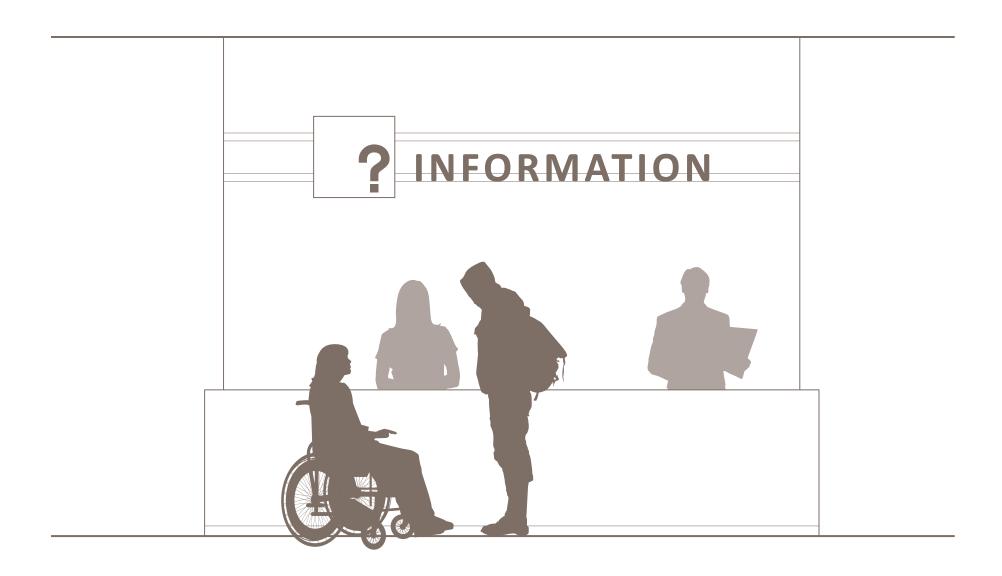
Building Orientation – Maps

- Building maps must include a title explaining what the map is depicting; a legend explaining the map's pictorial language and; a compass or other graphic indicating north.
- Building maps must include a top-down graphic of the floor level, referencing all public departments, services, amenities, entrances, elevators, stairs and named spaces. Public and non-public space will be clearly demarcated.
- Building maps will include a key-plan-style map, visualizing the footprint of the complete site; all buildings; all parking and transit stop and; the location of the emergency.
- All permanent maps must be oriented to reflect the direction from which they are viewed.
- Maps will be unobstructed at minimum 10" from the front. Maps will extend no more than 4" from the wall.
- The type's x-height on floor maps listings must not be less than 5/16". Directories must be sized and configured accordingly to accommodate this. The type on a campus key-plan must not be less than 3/16" x-height.
- All map graphics must be updateable; able to change in copy without having to dispose of components. Project Co must demonstrate how maps can be changed. Do not use paper inserts.



Volunteer Desks & Information Stations

- Information desks must be clearly marked with consideration to high traffic and front of house areas.
- Volunteers and staff must reside at information desks and other appropriate areas.



Elevators

- Elevator lobbies—for public and staff use at each floor—will include the following: directional signage clearly visible from the entrance; the floor number on the elevator door jambs; the floor number in a highly visible format on the wall across from (or otherwise perpendicular) to the elevator doors upon exit. Provide two such signs where the elevators open in different orientations.
- Provide a directory of departments and services the elevator must arrive to outside each elevator. Minimum type size must be 5/16" x-height. Destinations must be listed with accompanying floor levels.
- Each public elevator banks must be uniquely named (i.e. West Elevator or Elevator A).
- A small directory must be placed within each cab with x-height type not less than 3/16".
- Use signage to restrict service elevators from public use.
- Elevators must have accessible buttons and audible announcements within the cabs.



Stairwells

- All stairwells must be labeled with signage mounted to the wall identifying the stairwell number, a corresponding pictogram and indicating the floor number.
- All publicly accessible stairwells must have a projecting sign extending perpendicularly into the hallway marking the presence of a stairwell.
- On the stairwell sign, the pictogram and floor level must not be less than 115 mm in height, and other text on the sign must not be less than 25 mm in height. Type on stairwell qualifying signs must not be less than 15 mm.
- Stairwells with a restriction on access or egress will be signed with cautionary
 warnings or instructions as appropriate to the condition. Examples may include
 doors requiring key cards to access, doors that lock behind the user, stairwells that
 only exit to the exterior, and stairwells that only provide exits at certain floors.
- Wayfinding signage and point-of-decision prompts throughout the space must encourage stair use (at least one sign per elevator bank).

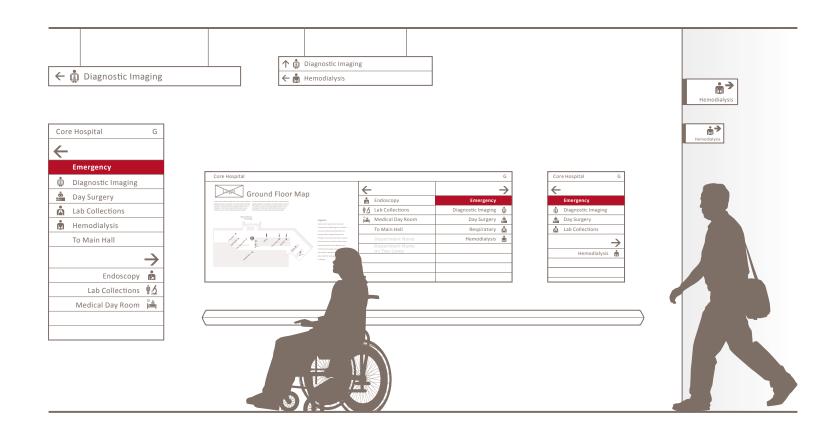


Direction Through Corridors

- Directional signs must be posted in consistent places at all major intersections throughout corridors.
- Directional signage must use consistent terminology throughout corridors.
- Staff-only pathways must be labeled accordingly.
- Orient all directional signage to reflect the direction from which they are viewed.
- Directional signs will be posted in consistent places at all major intersections throughout each area and unit.
- Font will be at least 16 mm high on small signs and 40 mm high on larger signs.
- Use international symbols or simple, explanatory graphics where applicable so that signs are understandable to Patients and families who do not or cannot read English.
- Provide signage that directs visitors to all Patient destinations and all other departments. Prioritize Patient destinations over non-Patient destinations.
- Use overhead directional signage, which must either be suspended from a ceiling or bulkhead or be mounted directly over doors. No directional signage will be incorporated into flooring.
- Orient all important signs, including all Patient destination signs, to be perpendicular to the line of Patient travel on approach.

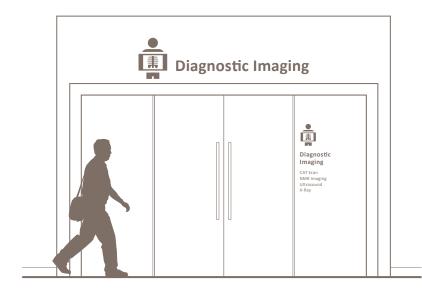






Goal Identification - Major Departments and Goals

- Major destinations such as Component or department entrances, must be located directly off of entry spaces and/or along primary General Circulation paths, and make waiting areas as open as possible to circulation routes without forming part of the circulation corridors.
- Directional signs must be posted in consistent places at all major intersections throughout each department.
- Progressively disclose information from the entrances to each of the Components
 or departments located in the Facility and listed on the directories which are visible
 from the corridor. Do not over-burden visitors with information along the way.
- Provide a graphic panel at each department entry. Coordinate the graphic panel with the departmental signage.
- Use consistent terminology and location of signage at each department.
- For effective Wayfinding, all department naming and pictogram use should be consistent with the maps, directories and directional signage.
- Staff-only or back of house areas must be labeled accordingly.

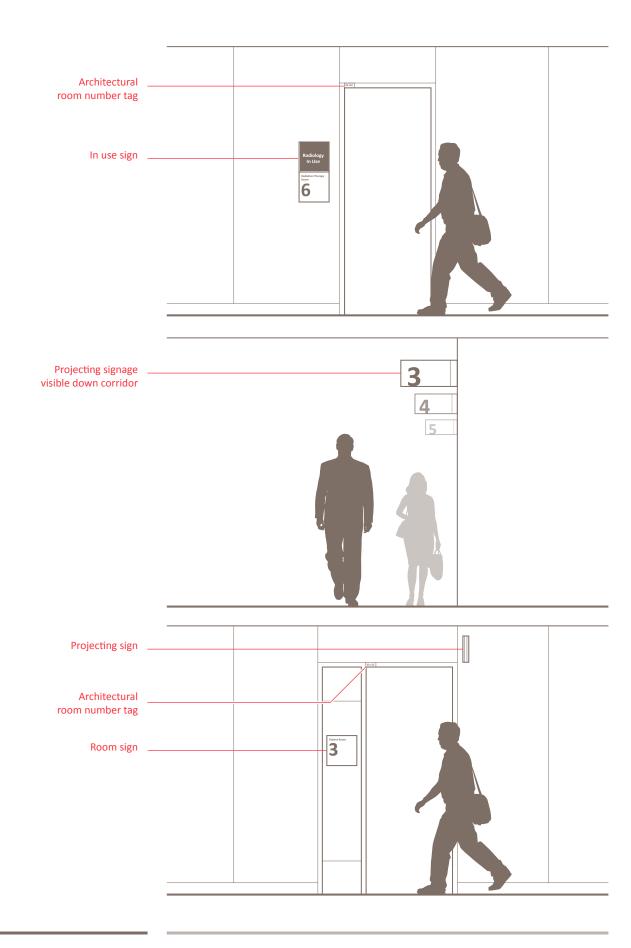






Goal Identification – Rooms and Offices

- Unobtrusive door tags with the room's architectural identification number must be provided for all door frames.
- Ensure administrative space signage uses a pocket to insert specific information.
- Staff-only areas must be labeled accordingly.
- Significant recognizable, easily named and identified elements must be provided in key locations that can become 'meeting points' for Patients and visitors.
- Provide a graphic panel at each reception area, waiting rooms, Staff lounge and within the department at Care Team Bases. Coordinate the graphic panel with the departmental signage.
- Use consistent terminology and location of signage.
- Door signage to identify every space (e.g. rooms, alcoves, corridors and stairwells) in the Facility.
- Door signage must be located in a consistent location for every space in the Facility.
- Door signage must indicate restrictions on entry and warn of hazards, including "Laser in use" and "Radiology in use" signage.
- Door signage must not be obscured by the emergency systems and Code Blue system call.
- Administrative space signage will be provided with a pocket to insert specific information such as name of occupant. Room signage for utility rooms will be designed to be less evident than general room signage. Blade signs may be used to identify vending areas and waiting areas.
- Room number signage for Patient rooms will be located above the room door. Signage will
 be clearly visible from both sides of the corridor approaching the room. In addition, provide
 a smaller sign located beside the door with both the room Wayfinding number and the BMS
 identification numbers.



Donor Recognition Integration

REQUIREMENTS:

- The use of donor names must be restricted on Wayfinding signs except at the space itself, or when referring to buildings, wings, public spaces, atrium's or other large, shared components where a donor's name is part of the proper name—when used as a proper noun.
- Donor names must be visibly different than the functional name identifying a space.
- Ensure donor recognition works cohesively across recognition opportunities and built with adaptability in mind.
- Donor recognition must be discrete and unique to Wayfinding signage. There must be no use of donor names within the interior Wayfinding nomenclature.

- All donor recognition components to the project must be coordinated with the Wayfinding program to ensure there is not an overlap between the two programs.
- Donor Recognition signs, plaques or other assets must be visually distinct from wayfinding signs and assets so the information presented is not confused. The visual language of the donor sign system will highlight the special nature of the donation, through use of material, colour or other visual characteristics.
- The Project Co. must coordinate with the St. Paul's Foundation in the design and placement of all Donor Recognition signage.

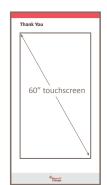
 As part of the design process and under the direction of the Owner's design team, the Project Co. must coordinate with the St. Paul's Foundation on elements of the Donor recognition signage must be either wall mounted or on a permanent structure located away from obstructions in visibly prominent locations.



Donor Recognition Integration – Donor Walls

REQUIREMENTS:

- The Project Co. must provide donor recognition walls and installations for a campaign Donor Wall to be provided in a prominent and highly visible public interior area. The donor wall will anticipate 500-600 names, recognizing donors who have contributed \$10,000+ at completion of campaign. Donor wall will incorporate at least one 60" interactive touchscreen with accompanying PC controller and content management software.
- The Project Co. must provide donor recognition walls and installations for a Foundation Donor Wall to be provided and will anticipate 1,200-1,300 names, recognizing donors who have contributed \$10,000+. The Foundation Donor Wall is to be updated annually. The donor wall will be located in a prominent and visible area with room for visitors to view up-close and potentially interact with. The donor wall will incorporate at least one 60" interactive touchscreen with an accompanying PC controller and content management software.
- The Project Co. must provide a Founding Donor Piece to incorporate 15-20 names in a permanent installation, recognizing donors who have contributed \$1 million+ to the campaign between April 1, 2017, and December 31, 2019. Founding Donor Piece must be a commissioned art piece coordinated with the art committee. The piece must be installed in perpetuity in a prominent and visible location.

















FOUNDATION DONOR WALL

Sample based on annual donor wall in St. Paul's Hospital on Burrard Stree. Final design is to be determined.

CAMPAIGN DONOR WALL

Sample based on current design of Campaign donor wall in St. Paul's Hospital on Burrard Stree. Final design is to be determined.

FOUNDING DONOR PIECE

Sample only included for scale/intent only

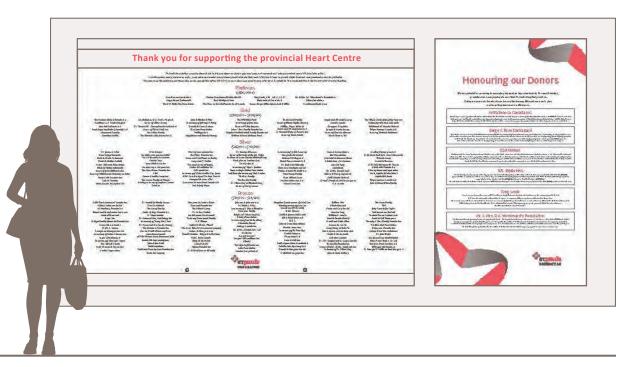
Donor Recognition Integration – Donor Walls

REQUIREMENTS:

- The Project Co. must provide donor recognition walls and installations for a Heart Donor Wall to be provided that anticipates 200-250 names, recognizing donors who have contributed \$10,000+ to the Heart department. It will be installed in a prominent location near the Cardiac Department.
- The Project Co. must provide donor recognition walls and installations for a Renal Donor Wall to be provided that anticipates 75 names, recognizing donors who have contributed \$10,000+ to the Renal department. It will be installed in a prominent location near the renal department.
- The Project Co. must provide donor recognition walls and installations for an 'It's Happening' Donor Wall to be provided to recognize Facility and Health Campus staff who give gifts of \$1,000+ between February 2019 and January 2020. The donor wall will be placed in a high-traffic staff area.







RENAL DONOR WALL

Final design is to be determined.

HEART DONOR WALL

Final design is to be determined.

Donor Recognition Integration – Indoor Named Spaces & Plaques

REQUIREMENTS:

- The Project Co. must coordinate with the foundation to provide dimensional lettering and a plaque placed in a prominent area will be provided for named spaces with gifts over \$1 million. Dimensional letters start at 3.5" height for \$1 million and 5.5" height for \$2 million.
- A historical recognition wall will be provided to acknowledge named spaces. This will be a large wall incorporating a minimum of 100 permanently installed names.
- Vinyl wrap covering elevator doors will be provided to acknowledge major donors or Foundation initiatives.

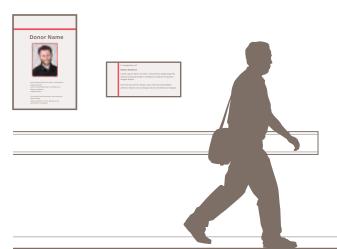
- Donor named departments, programs, rooms will be considered (e.g. The Teck Emergency versus Emergency).
- One Donor Recognition plaque at minimum of 30" x 16" to contain 150 words will be provided at each of the following; Tony Louie Cardiac Wing; The B.C. Rotary Hearing & Balance Centre; Research Institute Building, Entrance Atrium; Waiting Rooms; Operating Rooms, Conference Rooms & Learning Theatres; Clinics, Intervention (diagnostics); Lab Pathology; Maternity Centre; other Inpatient and; ICU.
- An Indoor Recognition plaque must be provided anticipating 300 names, recognizing those who have contributed \$25,000+. Exact sizing and design are yet to be determined.
- The Project Co. must work with the St. Paul's Foundation to provide solutions Spaces beside doors for patient rooms offices, conference rooms will be considered for recognition plaques.

DIMENSIONAL LETTERS

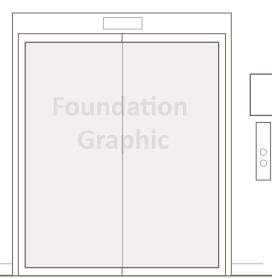
Named spaces for donors who have contributed \$1 million+ will include dimensional lettering and a plaque.

Donor Name Named Space





DONOR RECOGNITION PLAQUESFinal design is to be determined.

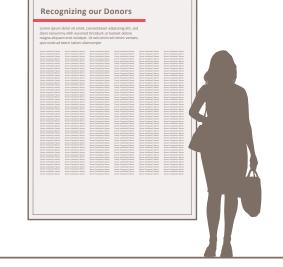


VINYL WRAP
Vinyl wrap on doors a

Vinyl wrap on doors and elevators to acknowledge major donors or Foundation initiatives

HISTORICAL RECOGNITION WALL

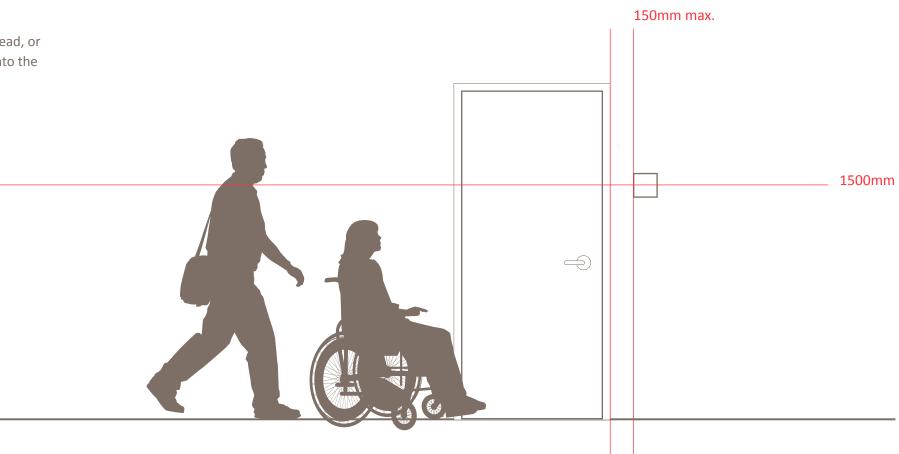
Final design is to be determined.



INDOOR REGOGNITION PLAQUE FOR DONORS OVER \$25,000 Final design is to be determined.

Sign Locations

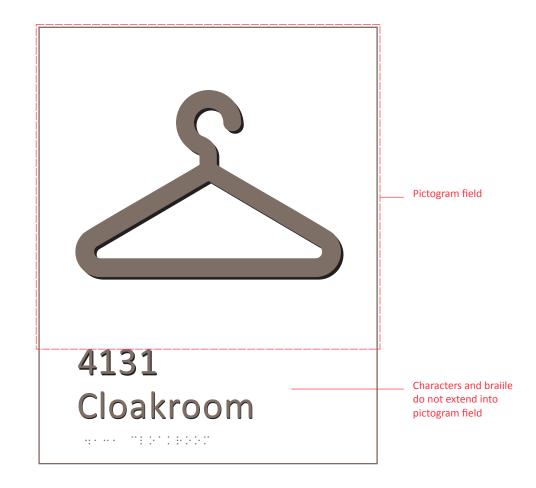
- Signs must be consistently located, positioned to avoid shadow areas and glare.
- Signs must be located at: changes in direction; decision making points; where the surface of the wall surrounding the sign provides sufficient contrast to the sign; and installed on the wall adjacent to the latch side of the door.
- Signs must be installed at an intermediate height suitable for both persons standing upright and those using mobility aids including wheelchairs, between 910 mm and 1.32 m AFF.
- Signage in Emergency services must be attached to walls with concealed tamper resistant fasteners and have beveled edges to prevent the signage from being removed and used as a weapon.
- Use overhead directional signage—suspended either from a ceiling, a bulkhead, or mounted directly above a door. No directional signage must be integrated into the flooring.



Tactile Text and Graphics

REQUIREMENTS:

- Ensure tactile signage is not less than 60 mm high, raised approximately 0.8 mm above the surface of the sign.
- Ensure tactile signage is located no more than 1200 mm above the finished floor.
- Ensure tactile signage is no more than 150 mm from the door or entrance.
- Ensure tactile signage uses contrasting colours with the surface it is applied to.
- Include braille identification by the use of braille dots no less than 1 mm in relief, located directly below the tactile signage.
- Use Grade 2 braille when numbering rooms. All room numbering will be tactile.
- Braille raised dots will only be round-topped. Do not use square returns to the sign face;
- Signs with braille elements should never have raised borders;
- Position braille consistently on all Facility signage;
- Braille must be placed at an accessible level for users;
- Position braille immediately below relevant text;
- All amenity and room labeling sign messages will conform to a thickness ranging from 0.8 to 1.5 mm;
- Cap height of tactile characters will be between 16 mm and 50 mm; and
- Changeable/temporary messages such as paper inserts do not need to be tactile.



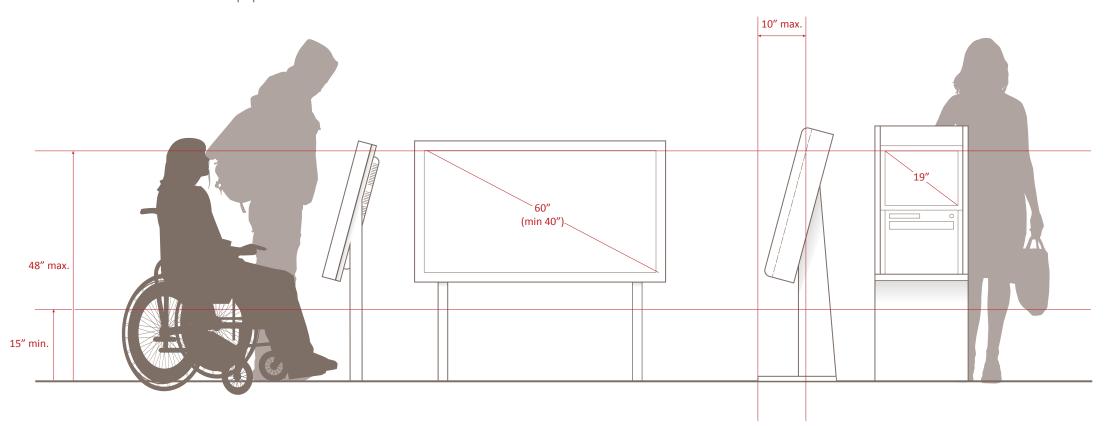
ROOM AND AMENITY SIGNS WITH PICTOGRAMS

Tactile pictograms must have a minimum field height and width of 150 mm. No text or other visual elements will intrude on this field.

Interactive Kiosks; Locations and Form Factor

REQUIREMENTS:

- Include Wayfinding kiosks at entry points into the facility, including entrances from the exterior and from any connected parkades or buildings.
- Wayfinding kiosks must be landscape in orientation with a minimum of a 40" diagonal screen with minimum 1080p resolution and a non-glare surface.
- Check-in kiosks must be landscape in orientation with a minimum 19" screen with privacy blinders on the left and right.
- Content driving controllers (PC's) must be incorporated into the design of all kiosks, and not external to them.
- All touchable interactive content must be accessible not lower than 15" and not higher than 48" from grade. There must be no obstructions within 10" of the furthest touchable part of the screen.
- All kiosks must be tamper-proof and all access panels must be keyed and secure. Build quality must be suitable for the population and location.



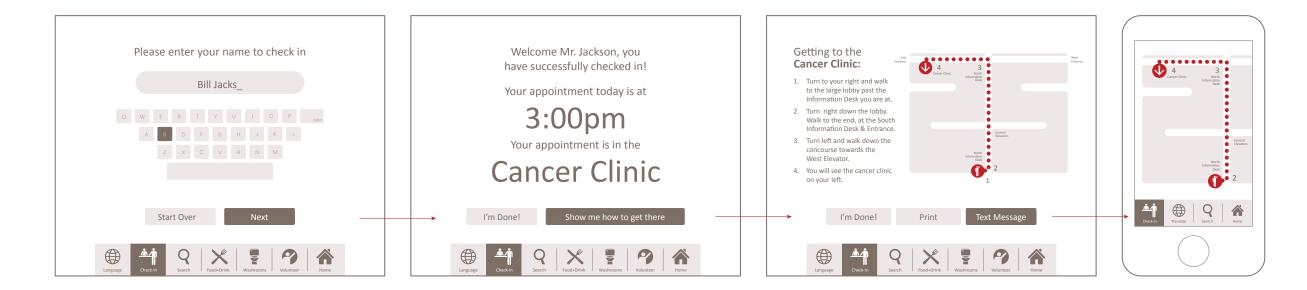
ACCESSIBILITY

How the screen is positioned dictates how it can be accessed, particularly by those in wheelchairs or other assistive mobility devices. All touch-controls must be situated within the footprints indicated right, taken from the Americans with Disabilities Act (ADA).

Interactive Kiosks – the Interface

- The interface for Wayfinding kiosks must include map graphics visualizing the patient journey in simple stages, with written provided that support those graphics (i.e. 'Step 1 – Go to Elevator A'; 'Step 2 – Take elevator to floor 3').
- All written content must be translated into different languages, which must be selectable by the user. Languages must include English, French, Punjabi, Cantonese, Mandarin and Tagalog. The administration interface must provide a method for adding other translated content along with required character sets as needed.
- Content for all kiosks must be managed through a single, centralized interface—kiosks must not be managed individually. All graphic assets and contents must be managed from a single location (i.e. web portal).
- The interface must make clear how to access food services, washrooms and security, and must provide information about volunteering and donating.

- Rotating type content must be displayed for a duration that
 is a function of the number of words needed to convey the
 information accurately, but must not be less than 10 seconds.
- All graphics and written language referring to departments, destinations, clinics, locations or other components must match the language used on signs and other Wayfinding assets throughout the site.
- The interface must provide the option for visitors to bring directions with them either via an integrated printer or have the map sent to a phone.
- The content management system generating content must be able to publish it's material to the web, and said content must be dynamic, formatting itself to varying screen geometries (i.e. desktop versus mobile).



Digital Signage

REQUIREMENTS:

- Include digital signage near all public facility entry points, including entrances from the exterior and from any connected parkades or buildings. Signs must be paired near entrances, with one sign serving as a directory, and the other with generic poster style information.
- Directory-style digital signage must be included at the entrances to all flexible clinical space.
- Digital signs must have a minimum of a 60" diagonal screen with minimum 1080p resolution, and a non-glare surface. Portrait formats must be used unless content dictates otherwise.
- Content driving controllers (PC's) must be recessed into walls or ceilings near screen.
- The screen enclosure must not be less than 27" or more than 84" from the floor. The profile of the screen, it's frame and mounting hardware must not exceed 4" from the wall.
- All screens and controllers will be secured, and serviceable via secure hinges, access panels or similar methods.
- All touchable interactive content must be accessible not lower than 15" and not higher than 48" from grade. There must be no obstructions within 10" of the furthest touchable part of the screen.
- All screens must be tamper-proof and all access panels must be keyed and secure. Build quality must be suitable for the population and location.



Tuesday January 30

Lung Clinic

Floor 3, Clinical Room A 1:00-2:00

Dr. Johnny Lunchpail

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Eye Clinic

Floor 4, Clinical Room B 2:00-3:00

Dr. Sally Jellybean

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Community Lecture

Floor 5, Auditorium

3:00-4:00

Dr. Jane Keyboard

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DIRECTORY-STYLE CONTENT

The directory style screen lists dynamically changing events with times and locations.

Logo

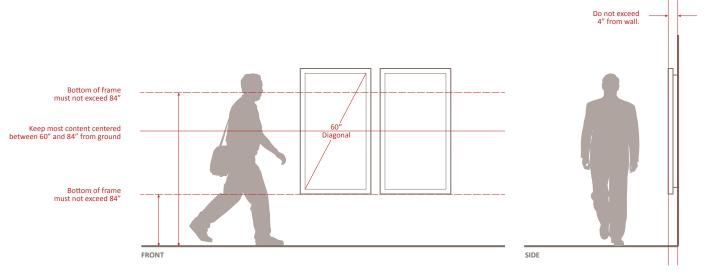
Did you know? Health Initiaves Impact Us All.

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For more information ask you doctor.

POSTER-STYLE CONTENT

Poster-type content rotates between single messages relating to news or inititiatives.



MOUNTING AND CONTENT HEIGHTS

Room Numbering – Coding Strategy

STANDARD ABBREVIATIONS

Floors are numbered or named following the FSS ARCHIBUS Standards for standard abbreviations. The ARCHIBUS database sets up a specific hierarchy, i.e. Site, Building, Floor Level, and Room Number.

The Room Number is the key identifier, unique to the floor level and able to accommodate nurse call systems. Moreover, the ARCHIBUS Database includes standard abbreviations for core room types, including stairwells, elevators, corridors, etc.

Parking levels below the building should use the prefix 'PK' along with the floor level. The first occupied parking level below the first occupied floor would be PK01, and descending levels within the parking structure would follow with PK02, PK03, etc.

Standard Room Abbreviations

Main – MN	Parking – PK
Tunnel – TN	Penthouse – PH
Basement – BT	Roof – RF
Sub-Basement – SB	Mechanical-ML
Ground – GR	Mezzanine – MZ
Lower Ground – GR	Lowe – LW
Sub-Ground – SG	Upper – UP
Attic – AT	Corridor – CORR
Crawl Space – CS	Stairwell – STR
Atrium – ATR	Shaft – SFT
Elevator – ELV	

FLOOR, UNIT & ROOM NUMBERING

To accommodate the sequential numbering of large floor plans, floors should be divided into zones or Functional Components. Unique room identifiers would wholly consist of the floor number, unit number, and individual room number. I.e. Wayfinding room number 2502 would consist of floor/level 2, unit 5 and room number 2.

All patient rooms should have a numeric identifier to accommodate a Nurse Call system.

Openwork areas in a closed room may be identified with the room number and an additional alpha suffix. For instance, if room 3135 has 3 open workstations, then they would be identified in clockwise order of 3135A, 3135B, and 3135C.

2 502	Level / Floor Indicates the floor that the room is on (for example: 0, 1, 2, 3, 4, etc.)
2502	Unit / Department / Functional Component Indicates the specified unit / department / functional component that the room is within
2502	Room Number Indicates the specified room number within that unit
2502 A	Sub-Room / Workstation Letter Where required for internal rooms or workstations within a room.

CORR-2502 Standard Room Abbreviation

Where required for standard rooms that are not required for the nurse call system.

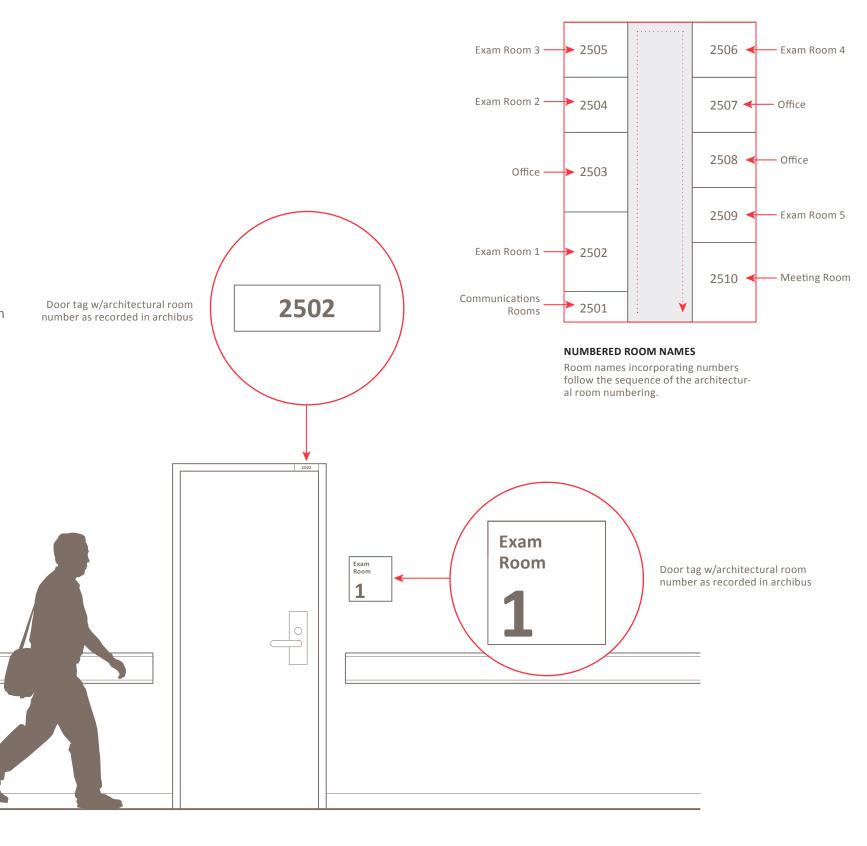
- Room numbering assignment begins at the Building Level and each Floor and Room must have a unique identifier.
- All rooms must have a unique numeric identifier consisting of a floor number, unit or area number, and individual room number. There cannot be duplication of unit numbers per floor.
- Core room types must include a standard room abbreviation used in the ARCHIBUS database. The abbreavitation must be listed first, followed by a hyphen and consistent numeric identifier. I.e. CORR-1234.
- Continuous open work areas in a closed room must be numbered clockwise from the room entry using the room number with an alpha suffix. The number must be an extension of the room number itself.
 Specifically, if the room number is 3135 (Level/Floor 3, Unit 1, Room 35) then the workstation inside would be identified as 3135A, 3135B, and 3135C.
- Room numbers must be periodically skipped to allow for future renovations and additional room changes. For example, in a sequence in which the last room number is more than 5 and less than 9, skip to the next number with a trailing 0 (I.e. Room 1216 start next number sequence at 1220).
- Room numbering must not use hyphens, commas, or spaces, and must not be '0' or a single alpha character.
- Inpatient room numbering must be numeric to accommodate a Nurse Call System.

Room Numbering – Coding Strategy

All patient rooms should have a numeric identifier to accommodate a Nurse Call system. Also, individual rooms with multiple doors must have the same number assigned so Facility Users can identify the room regardless of which door is accessed.

The room number should not use unnecessary hyphens, commas or spaces. Hyphens should only be used to include standard room abbreviations. Also, alpha characters such as 'O' and 'I' may be mistaken as a 'O' or '1' and should be used cautiously in the abbreviations.

- Room numbering assignment begins at the Building Level and each Floor and Room must have a unique identifier.
- All rooms must have a unique numeric identifier consisting of a floor number, unit or area number, and individual room number. There cannot be duplication of unit numbers per floor.
- Room numbering must not use uncessary hyphens, commas, or spaces, and must not be '0' or a single alpha character.
- Inpatient room numbering must be numeric to accommodate a Nurse Call System.
- Room names may incorporate numbers for clinical rooms where differentiation between rooms of similar function are required down corridors. Numbered room names must follow the same pattern down corridors as architectural room numbers.

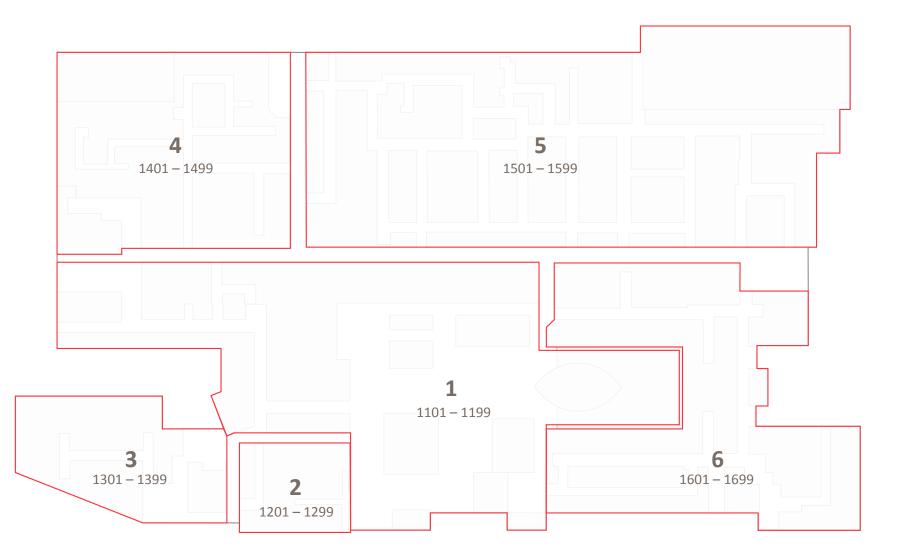


Room Numbering – Functional Components

For ease of navigation, floors can be broken down into zones/departments/ Functional Components. This allows each zone to be assigned a unique number set instead of numbering consecutively across the entire floor. This allows easier navigation, as facility users won't start at high numbered rooms at the beginning of a department, but instead can follow a logical progression within each department.

Also, breaking down the floor into identified zones will more easily accommodate additions or changes to room numbering in the future, providing more leeway in a single department than across an entire floor. Room numbers should be periodically skipped to allow for future changes. For instance, in a sequence in which the last number is more than 5 and less than 9, skip to the next number with a trailing 0.

- Unit numbers per floor must not be duplicated.
- Room numbers must be periodically skipped to allow for future renovations and additional room changes. For example, in a sequence in which the last room number is more than 5 and less than 9, skip to the next number with a trailing 0 (I.e. Room 1216 start next number sequence at 1220).



Room Numbering – Rooms & Sub-Rooms

Room numbers move along a path of travel sequentially on one side of the hall before continuing on the other—rather than a street style sequence. Doors along a corridor must always have room numbers move in sequential order, either up or down the path of travel.

Each room number should be unique consisting of the floor, unit or department identifier, and the individual room number. The room numbers should run in a clockwise direction through departments, and follow the intuitive path of travel through a space. Specifically, room numbering should start at major access points (elevators, lobbies, wing entrances, and main entrances). Rooms with multiple entries should have the same assigned identifier.

Sub-rooms or workstations within rooms should be numbered clockwise from the room entry point. They should be an extension of the initial room number and include an alpha suffix. Specifically, two sub-rooms in room 1412 would be labelled as 1412A and 1412B.

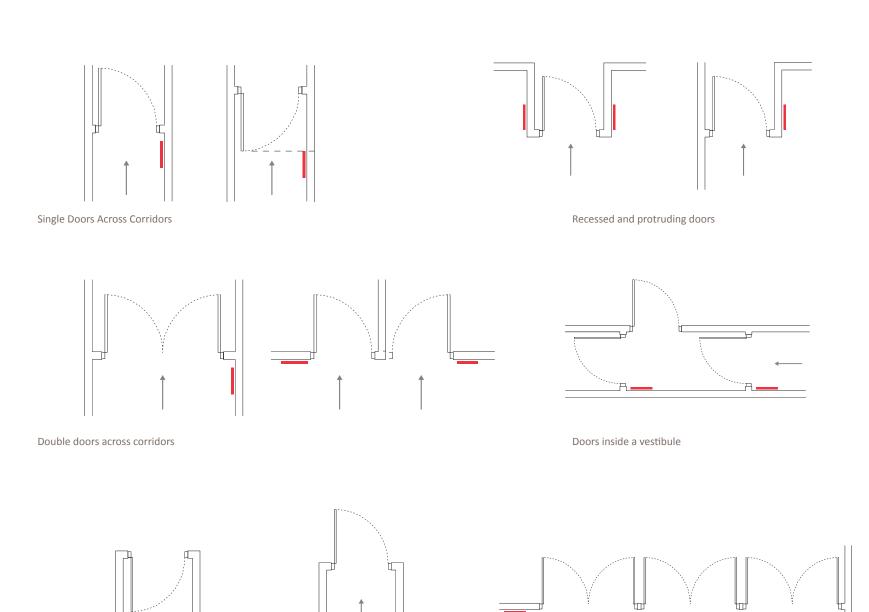
- Each room must have a unique identifier.
- All rooms must have a unique numeric identifier consisting of a floor number, unit or area number, and individual room number. There cannot be duplication of unit numbers per floor.
- Individual workstations in open areas must have a unique number in sequence to the previous room number.
- Continuous open work areas in a closed room must be numbered clockwise from
 the room entry using the room number with an alpha suffix. The number must be an
 extension of the room number itself. Specifically, if the room number is 3135 (Level/Floor
 3, Unit 1, Room 35) then the workstation inside would be identified as 3135A, 3135B, and
 3135C.
- Each department, unit or Functional Component must be numbered in a clockwise direction starting with the first room on the left upon entry.
- Individual rooms with multiple doors must have the same number assigned so Facility Users can identify the room regardless of which door is accessed.



Signage Placement Guidelines

REQUIREMENTS:

- Signs are located in clearly visible locations, away from physical obstructions that restrict viewing angles.
- Wayfinding signage can be easily distinguished from other environmental information, Wayfinding signage must be located away from areas of visual clutter.
- Signs are located no less than 3050 mm from other informational graphic elements (including, but not limited to, regulatory signage, donor information signage, health information posters, and staff notices).
- Directional Wayfinding signage is located primarily at key decision points. Directional messages are not to be repeated at non-decision points (e.g. for 'confirmation') unless architectural obstacles such as long corridors prevent clear sight-lines between key decision points.
- No sign must project more than 100 mm from the wall surface or 300 mm from posts or pylons in a horizontal zone between 685mm from the finish floor to 2300 mm from the floor.
- No sign must be mounted below 685 mm from the finish floor.
- Directories list primary destinations only.
- Directories permit access for message amendments and additions without the use of paper insert methods.
- Wayfinding information must accommodate multiple directions of travel.
- Signs must be installed in accordance to the standards outlined.

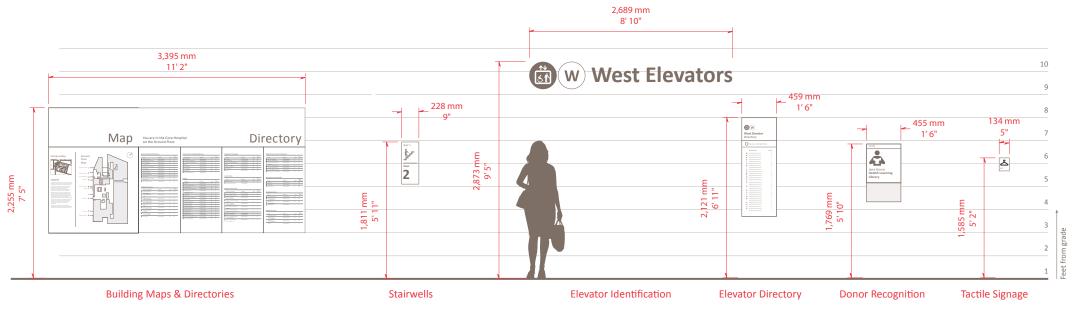


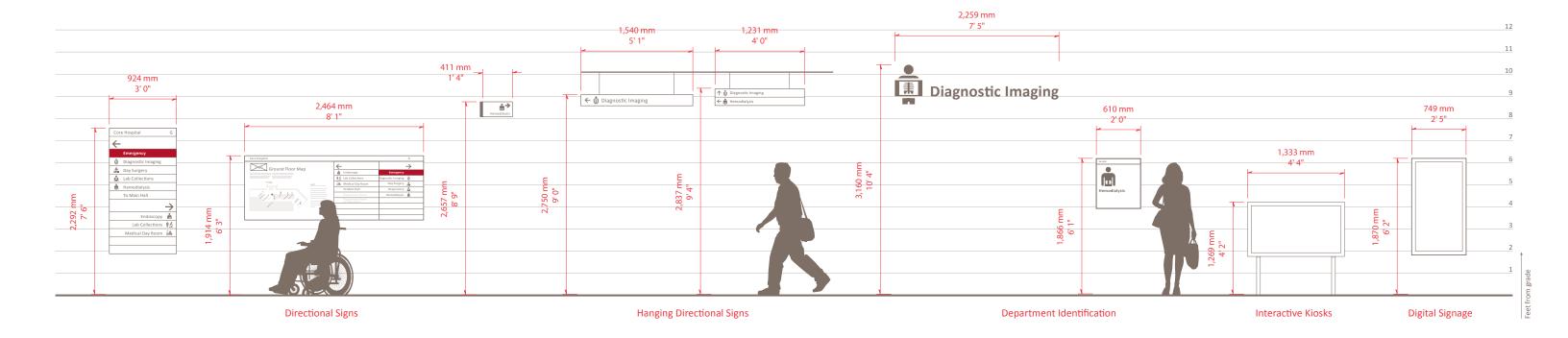
Multiple sets of doors

Recessed and protruding doors

Indicative Sign Dimensions

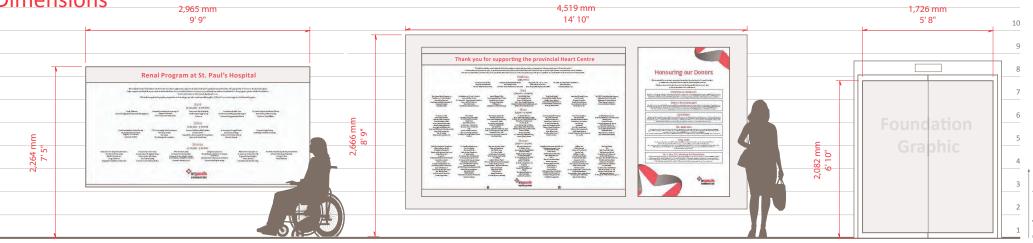
Signs must be scaled according to the environment. Also, consider content lengths and viewer visibility requirements. For the purpose of estimating, the following dimensions must be used. In instances where dimensions are indicated elsewhere, use the dimensions on that drawing.



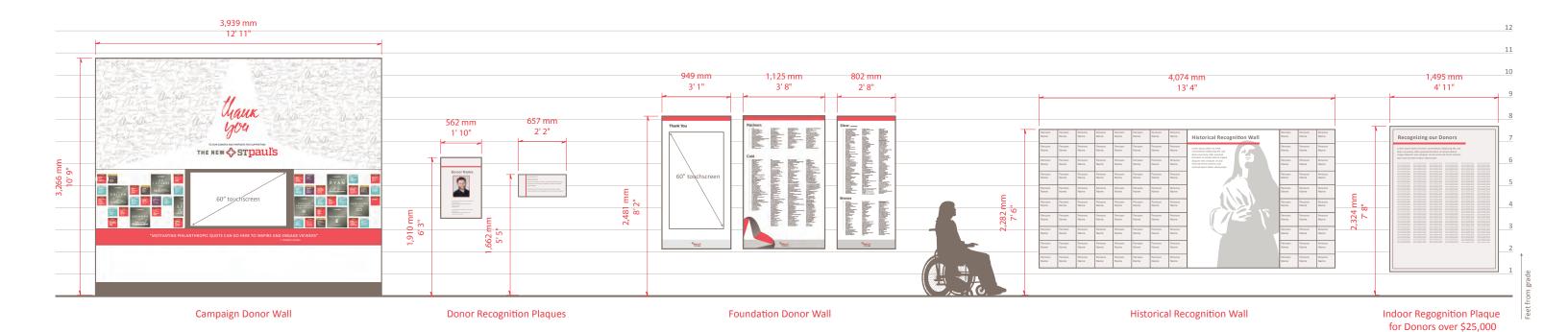


Indicative Donor Recognition Sign Dimensions

Signs must be scaled according to the environment. Also, consider content lengths and viewer visibility requirements. For the purpose of estimating, the following dimensions must be used. In instances where dimensions are indicated elsewhere, use the dimensions on that drawing.



Renal Donor Wall Heart Donor Wall Vinyl Wrap

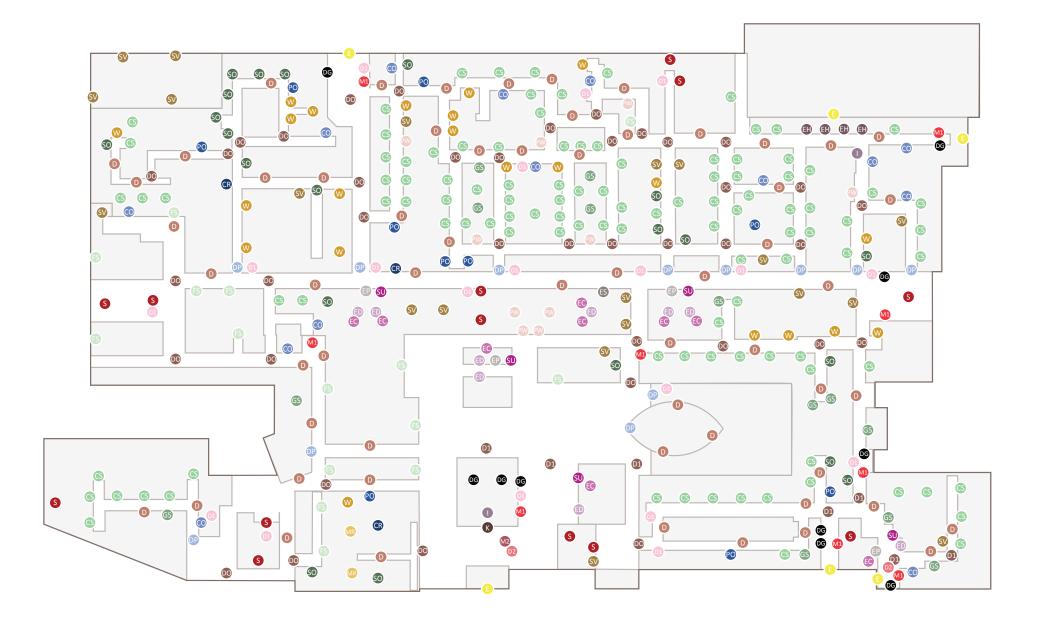


Sample Sign Locations

SIGN TYPE LEGEND

The plan, right provides a high level, conceptual overview of the locations where signage might be be encountered throughout the facility.

- Entrance Name
- Directories (wall mount)
- Directories (freestanding)
- Maps (wall mount) Maps (freestanding)
- Stairwell
- Stair-use sign at Elevator Banks
- Stairwell Restricted Access
- Emergency Holding
- Parkade Elevator
- Public Elevator
- Service Elevator **Elevator Directory**
- Elevator Cab (interior)
- Information Desk
- **Donor Recognition**
- Tactile Signage Department
- Common Services (admitting, security)
- Major Public Offices
- Conference Rooms/Theatres
- Route Terminus Points (Accessibility)
- Food Services & Retail
- Clinical Spaces
- Non-Clinical General Purpose Spaces
- Staff Offices
- Meeting Rooms Workstations
- Service Rooms
- Public Washrooms
- Staff Washrooms
- Directional
- Directional (overhead)
- Digital



Architectural and Environmental Affordances

Intuitive Environments

- The design of the Wayfinding system and signage must be fully integrated with the design of the Facility.
- Provide intuitive Wayfinding strategies that minimize the need for special assistance to patients, families, visitors and staff.
- Demonstrate how the overall Project integrates with and enhances the Campus and ultimately provides a complete, comprehensive strategy for General Circulation and Wayfinding.
- Providing a simple configuration of the Facility General Circulation systems and functions will ease Wayfinding by minimizing the navigational choices patients and families are confronted with.
 Signs and Wayfinding assets will then assist with Wayfinding decisions by progressively disclosing information and helping to create a welcoming tone.
- Use the orientation of the building and naming entrances and elevators to correspond with N, S, E, W. Also, the use of naming of main routes of travel helps to provide patients and visitors with naming conventions for main traffic routes to destinations.
- Coordination must be made with the Wayfinding consultant to create a holistic program of Wayfinding that includes architectural elements and graphics that become a seamless experience for users. Special attention is to be paid to lighting, power requirements, data feeds, blocking and structure, and overall integration of the signage within the architectural environment.



Identification of Landmarks

- Landmarks must be used in areas of visual distinctiveness and major areas (Site entrances and atrium's).
- Gateway elements will be located strategically throughout the development to aid in Wayfinding and add to the urban fabric of the neighborhood.
- Coordinate the gateway design features with the streetscape elements and integrate into the landscape design. Gateway element design to be symbolic and sympathetic to the St. Paul's Facility design objectives.
- Architectural glass, feature walls, elevators, and stairwells all act
 as landmarks to identify path of travel, contributing to a sense of
 welcome and inclusiveness. They will support cognitive memory
 cues along the users journey to and from destinations.













Engaging Environments

- The enclosed atrium (or other significant space) must facilitate Wayfinding as a key transitional point and be clearly marked with signage. The location will provide Wayfinding for Patients, visitors and Staff on multiple floors of the Facility through signage and interior glazing surrounding the Enclosed Atrium for orientation.
- The atrium must provide a calming environment, with areas to relax and act as a Wayfinding element enabling the users to orientate themselves.
- Interior design elements must coordinate with progressive disclosure Wayfinding concepts.
- Significant, recognizable, easily named and identified elements must be provided in key locations that can become 'meeting points' for Facility Users.







Light & Engaging Views

- The Facility will be designed and orientated to maximize daylighting and views. Daylighting and views will assist with Wayfinding and promote a therapeutic environment of well-being.
- Locations of Wayfinding elements will be coordinated on all landscape and Site plans.
- Ensure landscaping elements are coordinated with signage so there are clear sight lines.







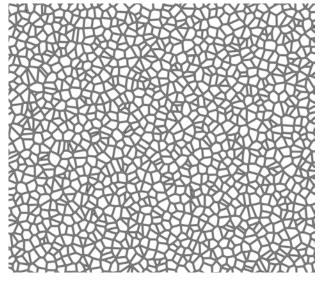
Art & Sensory Distractions

- A multi-scaled use of art, landscape and informational signage must be used to enhance Wayfinding.
- Art and sensory distractions must be designed and placed to minimize ambiguity, ensuring abstract art is not used.
- Exploring the use of modern contemporary stained glass features will be used to incorporate in Wayfinding.
- Consideration must be given to how signage and Wayfinding assets are located around artworks, and the two must not visually compete.











Spatial Organization – Pathways, Zones & Corridors

- For ease of General Circulation, the Main Lobby must be uncluttered, providing a clear and generous circulation path to enhance clarity of Wayfinding and orientation for all patients, visitors and staff.
- In order to achieve optimal flow and ease of Wayfinding, clearly organize General Circulation by creating a hierarchy of corridor systems – major public/front-of-house, back-of-house and internal Component corridors.
- Wayfinding systems must provide orientation and circulation cues sensitive to patients with sensory, perceptual, memory or cognitive disabilities. Architectural features will be incorporated into Wayfinding strategies in addition to signage, utilizing sight lines, landmarks, nodes and features to encourage movement within spaces.
- Make waiting areas as open as possible to routes without forming part of the General Circulation.
- Provide visually connected pathways to facilitate Wayfinding.
- Demonstrate how the overall Project integrates with and enhances the Campus and ultimately provides a complete, comprehensive strategy for General Circulation and Wayfinding.
- Arrange pedestrian pathways to ease Wayfinding and create
 an amenable environment for pedestrians through the use of
 coordinated methods of Wayfinding which inform people of routes
 through the Site to specific buildings and entries or to the major
 street and transit nodes. Encourage pedestrians to avoid unsafe
 vehicle roads by providing well-signed alternative pedestrian
 routes.





Sight Lines

- Wayfinding must use sight lines as intuitive Wayfinding.
- Distractions and competing elements must not interfere with sight lines.
- Sight lines through the Plaza to the main facility are important.
 Additional Wayfinding must compliment this area rather than interfere with it.
- Directional signs will be posted along long sight lines, such as in hallways.
- Location and design of interior walls and columns must minimize disruption of the line of sight.
- Landscaping elements must be coordinated with signage to ensure clear sight lines.
- Exterior spaces will be designed to eliminate hiding places or areas
 of obscured vision. Provide circulation and sight lines which are
 free of obstructions, clear and designed to limit confusion with
 direction and wayfinding.





Structural Elements

- Elements within the architectural interiors finishes plan have been designed to complement and encourage Intuitive Wayfinding.
 Intuitive Wayfinding relies on implicit and subtle cues rather than explicit signage.
- Use architectural elements such as columns and bulkheads to highlight architectural landmarks. Integrating suspended signs along main corridors and creating alcoves for kiosks are examples of how signage could be integrated with the interior architecture.





Layout

REQUIREMENTS:

- Consistent sign placement from level to level will help patients to navigate the space and find maps/directional information on all levels in the same location.
- Provide a Design which locates vertical General Circulation elements such as stairs and elevators to promote their usage through intuitive, visible and accessible placement.
- General Circulation routes must be free from clutter and interfering elements.
- Consider sight lines, landmarks, zones, corridors, repetitive elements, views and other elements for placing signage at predictable increments.
- Consistent sign placement from level to level will help patients to navigate the space and find maps/directional information on all levels in the same location.







SCHEDULE 3 – DESIGN AND CONSTRUCTION SPECIFICATIONS (THE NEW ST PAUL'S PHASE 1A)

Interconnection Density

- For ease of General Circulation, the Main Lobby must be uncluttered, providing a clear and generous circulation path to enhance clarity of Wayfinding and orientation for all patients, visitors and staff.
- In order to achieve optimal flow and ease of Wayfinding, clearly organized corridors will be provided by creating a hierarchy of corridor systems – major public/front-of-house, back-of-house, internal Component corridors.
- Make waiting areas as open as possible to General Circulation routes without forming part of the corridors.
- Provide visually connected pathways to facilitate Wayfinding.



Exterior versus Interior

REQUIREMENTS:

• The Facility will be integrated with the exterior environment to create cohesive indoor/outdoor connectivity at the public entrance areas.





Circulation & Traffic Flow

- Use Wayfinding strategies, including signage, to allow each
 underground parking level to be identifiable and distinct to assist
 in orientation and ease of finding/identifying parking stalls.
 Acceptable Wayfinding strategies include the use of symbols and
 a continuous horizontal band of colour painted on the walls of
 underground parking—making parking levels uniquely identifiable.
 Coordinate width, height and location of stall numbers with the
 horizontal banding.
- Locate wheelchair accessible parking stalls close to each entrance and within underground parking near elevator lobbies.
- Provide a direct route for pedestrians to navigate from each parking area or underground parking level to the nearest Facility point of entry.
- Provide a sheltered pedestrian walkway leading from parking areas to Facility points of entry.

