

SECTION 21: WAYFINDING AND SIGNAGE

21.1 General. Wayfinding and signage includes all visual messages extending from the site boundary of a Medical Treatment Facility (MTF) to an individual room designation. Wayfinding systems used within the site of a medical facility should provide a clear and concise means for patients, staff, and visitors to move about the site and facility as efficiently as possible. Wayfinding systems should be user-friendly to the first time user; those who are reading-disabled, non-English speaking or with English as a second language; those who are color blind, or visually impaired; and those who might be distressed, disoriented, or with poor direction sense. Wayfinding systems serve three functions: direction, identification, and information.

21.1.1 Sign Colors, Finish, Contrast and Typeface. Exterior sign colors shall be coordinated with military installation guidelines. The internally illuminated EMERGENCY sign shall have a red background with white lettering. Interior sign colors may be coordinated with the interior design palette if desired; a more neutral, long-term color choice may be preferred. Signs are more legible to persons with low vision when characters contrast with their background by at least 70 percent. Light-colored characters or symbols on a dark background are required. Characters and their background shall be non-glare with a recommended 11 to 19 degree gloss on 60 degree glossmeter. Helvetica Medium typeface is preferred; however, Helvetica Regular is acceptable. Only san serif fonts are allowed if other than Helvetica Medium or Regular is proposed. Upper and lower case characters are preferred to all upper case characters, except for the message "EMERGENCY" sign.

21.1.2 Americans with Disabilities Act Accessibility Guidelines (ADAAG) and Uniform Federal Accessibility Standards (UFAS) Compliance. Signs used throughout a medical facility shall conform to the requirements of the Americans with Disabilities Act Accessibility Guidelines (ADAAG) (reference 21a) or the Uniform Federal Accessibility Standards (UFAS) (reference 21b), whichever is more restrictive. Permanent information on room identification signs shall include characters raised 0.8mm minimum above the background with accompanying Grade II Braille. Braille dots shall have a domed or rounded shape. Permanent information includes the room designation on all room identification signs, symbol and message on all toilet rooms, message on janitor closets, mechanical, electrical and communications rooms, messages at stairways and rooms whose functions are unlikely to change in the foreseeable future due to the nature of the function.

21.2 Exterior Signs. Signs providing direction from around the military installation to the MTF site and back to major roads are part of the overall installation sign plan and generally not included within the Military Construction (MILCON) project. All signs located on the Medical Treatment Facility (MTF) site shall be included in the Military Construction (MILCON) project.

21.2.1 Placement of highway standards must be in accordance with Federal Highway Administration standards. Other signs must be placed far enough away from these to avoid visual clutter, which creates confusion. Directional signs must be placed far enough ahead of intersections to allow motorists to decide which way to go in time to make a safe turn.

21.2.2 Keep the number of directional signs and the information presented on each sign to a minimum, to prevent confusion. Begin directional signs for commonly used major services at campus boundaries

and guide a person through decision points to the parking area nearest to the entrance needed. Building entrance signs must be visible from that point. Group the information with left-pointing arrows at the top, up-pointing arrows next, and right-pointing arrows at bottom. Always place the EMERGENCY sign at the top of a directional signage group. Provide EMERGENCY directional signage at each entry drive to the medical facility campus. All EMERGENCY signage shall be on emergency power.

21.2.3 Provide building entrance identification signs for each major entrance to a facility. The sign shall describe the purpose of the entrance, that is, Main Entrance, Clinic Entrance, Dental Clinic, or other specific activity intended to be reached by the public primarily through that entrance. See Section 10 for lighted exterior signs. The EMERGENCY entrance must be marked by an internally illuminated sign in accordance with local area requirements and Department of Transportation Signage Standards (reference 21c). Building entrance signs must be visible to traffic approaching the building, in a contrasting color to the building and made of non-corrosive materials. If the design of the building lends itself to a building mounted sign, such a sign may be used; however, consideration must be given to the possibility of future functional changes which could render the sign obsolete. If this type is used, it must be easily removed and/or accommodate changes to the message. Include hours of operation for appropriate facilities, e.g. smaller clinics. Coordinate building entrance signs with landscape materials so that the landscaping, at maturity, will not obstruct the sign.

21.2.4 In large parking lots, include pole mounted signs which identify the row and lot designation, mounted at a minimum of 2500mm above grade, with a minimum letter height of 400mm. Color may also be used to identify lot designations in addition to the lot and row markings. Where exterior signs are located along walkways to the MTF from the parking areas, coordinate signs with landscape materials so that the landscaping, at maturity, will not obstruct the signs.

21.2.5 Coordinate sign lettering height with the anticipated traffic speed in the area, so that the sign message is legible to oncoming traffic, well in advance of the entry point to a parking area or turn. Recommended minimum letter height on directional signs is 150mm.

21.2.6 Parking designation signs shall also be provided. The most common types include Visitor Parking, Staff Parking and Outpatient Parking. Other types may be considered as local conditions dictate. Where multiple bay loading docks are provided, each bay shall be numbered.

21.2.7 "No Smoking" signs, with pictogram, shall be provided within 15 meters from all main entrances of a medical facility.

21.3 Interior Signage.

21.3.1 General.

21.3.1.1 The design of a wayfinding system in a medical facility presents many challenges to the designer. The following elements must be carefully considered by the designer:

- a. Knowing where you are
- b. Knowing what your destination is
- c. Knowing and following the best route to your destination
- d. Recognizing your destination upon arrival
- e. Finding your way back

21.3.1.2 Wayfinding systems and interior signage should be designed to help patients and visitors find their way from their entry point in the building to the services and departments they need, directly and without confusion. A sign hierarchy consisting of the following types, shall be considered, depending on the facility size:

- a. Main directory
- b. Orientation maps
- c. Secondary directories
- d. Directional signs
- e. Department identification signs
- f. Room identification signs
- g. Maintenance identification tags
- h. Information, regulatory and code signs, to include fire evacuation signs
- i. Elevators and stairs
- j. Distribution Zone Identification

21.3.2 Flexibility. The signage system must be flexible and adaptable as room functions change, to preclude the user from being required to purchase new signs every time a room or department changes or relocates within the facility. Changeable inserts may not always be the most user-friendly means to accommodate functional flexibility for signage. Signage systems that provide another means of accommodating changes (flip-up sections, entire cover removable, etc) should be investigated.

21.3.3 Installation and Maintainability. Signage must be able to withstand some degree of abuse from the users of the facility. Minimize systems which use components that can be removed without special tools. Signs must be installed in such a way that they are permanently attached to the substrate, yet capable of being removed without requiring significant wall repair after removal of the sign. Limit the use of double-sided adhesive mounting directly to walls/substrates. A Plexiglas wall mounting plate may be provided in lieu of double-sided adhesive.

21.3.4 Signage Types.

21.3.4.1 Main Directory. Once inside a building, the first requirement for directional signs is to orient a person to the building in general. A directory located just inside the lobby usually serves this purpose. Building directories and, if required, accompanying orientation maps for the medical facility, shall be developed jointly by the design team and the Using Agency. An overall building directory should be placed at each major patient and visitor lobby area. All major departments and services shall be indicated. Directories may be free-standing kiosks if they become more visible to people who might be entering from various directions within a lobby area. Lettering on directories should be secure and easy to change, yet present a professional appearance.

21.3.4.2 Orientation Maps. If orientation maps are required, they shall be part of the interior signage package and provided by the same manufacturer. Orientation maps shall be positioned so that building left is viewer left. Include a "You Are Here" reference to assist the viewer with orientation. Identify locations of the emergency department, public toilets, public telephones, information, and parking areas on the orientation map. Use international symbols where appropriate. North arrows shall be provided on all orientation maps.

21.3.4.3 Secondary Directory. Smaller, less comprehensive directories shall be used in less important areas, such as at elevator lobbies, on upper floors or at secondary entrances.

21.3.4.4 Directional Signs. Once a person has used the directory and decided the general direction to go, directional signs must guide individuals through decision points and to their final destination. Directional signs must also guide a person from their destination back to their starting point. As with exterior signs, left-pointing arrows shall be placed at the top, up-pointing arrows next, and right-pointing arrows at the bottom. All characters and directional arrows should be easily changeable to provide for future department relocations. When pictographs are used, the pictograph shall be shown to the left of the message. Where a floor level designation is used, it shall be at the top of the sign panel. Include "Staff Only" and "No Entry" signs at appropriate entrances where only medical staff is authorized.

21.3.4.5 Department Identification Signs. Design signs to identify activities for individual departments and rooms. Provide large, easy to read signs over reception counters, check-in counters, information desks, and departments. Signs shall be either ceiling mounted or affixed to a soffit directly above the counter. Locate department identification signs along main corridor paths, rather than within waiting areas, so they are visible to persons prior to arrival at the department. Lettering on overhead suspended or projected department identification signs shall be minimum 75mm. Department identification signs must be sized such that all lettering is clearly visible to users from the intended viewing distance. If signs are mounted perpendicular to corridor walls, assure that emergency exit signs are not obstructed. Identification signs may also include a pictograph and room designation on a header panel, to provide added emphasis to the message. To be effective, the pictograph must be an easily recognizable graphic. The message would then be placed on the insert panel.

21.3.4.6 Room Identification. All rooms shall be identified with a permanent message that includes the user room designation in raised letters and Braille. Use of personal names on interior signs is discouraged; however, if names are required, they must be provided using a changeable message strip. Design patient room identification signs to include the room designation on the header panel, with insert panels for information signage such as "Oxygen In Use", "Isolation", and "No Visitors". Consider including designating patient vs. staff toilet room messages. Include additional blank inserts for staff-defined messages as may be required due to the unique conditions of a patient. User room designations and messages are to be left justified on signs, i.e. flush left.

21.3.4.7 Maintenance Room Numbers. Room number tags shall be included for every room, space, alcove, closet, toilet, patient room, etc to assist maintenance staff. These tags shall be approximately 25mm high with the room number used on the architectural floor plans. Raised characters are preferred to inscribed characters to prevent obstruction following door frame painting. The tags shall be installed on the outside of the room, on the top center of the door frame, or on the strike side of the door, if neither side is clearly outside. These tags are not required to be in Braille. Recommend including in the signage specification.

21.3.4.8 Information, Regulatory and Code Signage. These signs provide messages that aid in the daily transaction of business and provide regulations for health and safety. Use these signs to fulfill

requirements of OSHA, accessibility and Military Department safety standards. Keep the messages on information signs simple. Use of pictographs to aid in understanding messages, is encouraged where feasible. Interior stairway signage shall comply with National Fire Protection Agency 101, Life Safety Code. Clearly define all doors within a stairway that do not lead to an exit with signage that states, "Not an Exit". Exit doors shall be identified with tactile signs. The design and location of emergency egress route/fire evacuation signs shall be coordinated with the local fire marshall. Criteria for emergency exit signs is found in Section 10.

21.3.4.9 Distribution Zone Signs. Facilities which utilize the Integrated Building System (IBS) distribution zone concept (see IBS section) shall include column markings within these areas to assist maintenance staff. IBS signs shall be clear aluminum, approximately 300mm by 400mm in size. The signs shall be printed with the column designations that appear on the structural drawings, the level designation, building wing or block designation and compass direction as it appears on the drawings. Lettering shall be approximately 40mm in height, and in a contrasting color from the background. Reflective lettering may also be considered. In addition to column signs, clearly identify the exit routes within these utility areas. These signs are not required to include Braille.

21.4 Room Designation Systems. Room designation for spaces within a medical facility shall be developed jointly by the Using Service and the design team. Provide a simple, clear and comprehensive scheme of user room designations. User room designations shall be different from the architectural room numbers, which are used for the maintenance room number tags defined above. For medical facilities, rooms with audio-visual nurse call systems using a digital paging system, are required to have a unique user designation, so staff can easily know exactly to which specific room they are to respond.

21.5 Sign Making Equipment. Requirements for sign making equipment or software shall be determined jointly by the Using Agency and the design team. If sign making equipment is to be provided, the equipment shall be included in the construction contract.

21.6 Signage User's Manual. A signage user's manual shall be developed. Signage provisions shall be presented in booklet form, categorized by sign types. Each signage category shall include drawings, details and technical specifications. This manual will be the guide for alteration, expansion, and purchase of additional signage, without reissue of the entire package during operation of the medical facility. Upon completion of the project, signage materials and the user manual will become the property of the medical facility, for maintenance of the system.

21.7 Existing Construction. Where projects involve the addition, alteration or upgrade of an existing medical facility, an analysis shall be made of existing site and building traffic patterns to determine whether the existing signage system requires modification. Existing signage systems shall be extended to building additions, where feasible.

21.8 Design Submittals. Signage schedule (exterior, directional, and room signs) shall be provided in electronic spreadsheet format. Schedule shall include the architectural room number, user room designation, type of sign, message, symbol (if needed), color, and mounting location.

REFERENCES

- 21a. Americans with Disabilities Act Accessibility Guidelines (ADAAG), January 24, 1992
- 21b. Fed Std 795, Uniform Federal Accessibility Standards (UFAS), April 1, 1988.
- 21c. Department of Transportation Signage Standards