

Interior Health, Vernon Jubilee Hospital Inpatient Beds Expansion Project- Room Data Matrix	Patient Elevator Lobby	Service Elevator Lobby	Patient/Public Lounge	Quiet Room	Feature Wall & Art Alcove	Public Washroom	Hygiene Sink/Health Information	Private Patient Room	Private Patient Room Shower-Washroom	Semi-Private Patient Room	Semi Private Patient Room Shower-Washroom	Private Patient Room (Isolation-Negative Pressure Patient Room)	Private Patient Room(Isolation-Negative Pressure Patient Room) Shower-Washroom	Private Bariatric Patient Room (Isolation-Negative Pressure Patient Room)	Private Bariatric Patient Room(Isolation-Negative Pressure Patient Room) Shower-Washroom	
Room Data Matrix Count	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Space Program Room Code No.	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	
ARCHITECTURAL																
Ceiling Conditions																
Material:	Match Polson Tower	Acoustical Ceiling Tile & Grid	Acoustical Ceiling Tile & Grid	Acoustical Ceiling Tile & Grid	Acoustical Ceiling Tile & Grid	Water Resistant Gypsum Board	Gypsum Board/ Acoustical Ceiling Tile & Grid	Acoustical Ceiling Tile & Grid	Water Resistant Gypsum Board	Acoustical Ceiling Tile & Grid	Water Resistant Gypsum Board	Gypsum Board	Water Resistant Gypsum Board	Gypsum Board	Water Resistant Gypsum Board	
Finish:						Paint	Paint		Paint		Paint	Paint		Paint	Paint	
Ceiling Remarks:	Match Polson Tower		Match the rest of Polson Tower department lounges		Match the rest of Polson Tower department lounges											
Wall Conditions																
Material:	Match Polson Tower	Gypsum Board	Gypsum Board : glazed wall towards corridor/decorative paneling	Gypsum Board/ Glazed wall towards corridor	decoive paneling	Water Resistant Gypsum Board	Gypsum Board	Gypsum Board	Water Resistant Gypsum Board	Gypsum Board	Water Resistant Gypsum Board	Gypsum Board	Water Resistant Gypsum Board	Gypsum Board	Water Resistant Gypsum Board	
Finish:	Match Polson Tower	Paint	Decorative Healthcare grade features	Paint	Decorative Healthcare grade features	Ceramic Tile (1500 min height), Paint	Paint	Paint	Water Resistant Sheet Vinyl	Paint	Water Resistant Sheet Vinyl	Paint	Water Resistant Sheet Vinyl	Paint	Water Resistant Sheet Vinyl	
Wall Remarks:	Provide backing for wall protection	Provide backing for wall protection							contrasting colour to floor		contrasting colour to floor		contrasting colour to floor		contrasting colour to floor	
Floor Conditions																
Finish:	Match Polson Tower	Sheet Vinyl	Sheet Vinyl/ Resilient Sheet Vinyl	Sheet Vinyl/ Resilient Sheet Vinyl	Sheet Vinyl/ Resilient Sheet Vinyl	Sheet Vinyl/ Slip Resistant and water resistant	Sheet Vinyl/ Resilient Sheet Vinyl	Sheet Vinyl/ Resilient Sheet Vinyl	Sheet Vinyl/ Slip Resistant and water resistant	Sheet Vinyl/ Resilient Sheet Vinyl	Sheet Vinyl/ Slip Resistant and water resistant	Sheet Vinyl/ Resilient Sheet Vinyl	Sheet Vinyl/ Slip Resistant and water resistant	Sheet Vinyl/ Resilient Sheet Vinyl	Sheet Vinyl/ Slip Resistant and water resistant	
Floor Remarks:	Match Polson Tower	Resilient Sheet Vinyl	match Polson Tower interior design features such as wood grain vinyl	match Polson Tower interior design features such as wood grain vinyl												
Floor Base:																
Type:	Match Polson Tower	Integral cove base	Cove Base	Cove Base	Integral cove base	Integral cove base	Integral cove base	Integral cove base	Integral cove base	Integral cove base	Integral cove base	Integral cove base	Integral cove base	Integral cove base	Integral cove base	
Material:	Match Polson Tower	Sheet Vinyl	Rubber	Rubber	Sheet Vinyl	Sheet Vinyl	Sheet Vinyl	Sheet Vinyl	Sheet Vinyl	Sheet Vinyl	Sheet Vinyl	Sheet Vinyl	Sheet Vinyl	Sheet Vinyl	Sheet Vinyl	
Base Remarks:																
Wall Protection:																
Corner Guards:	Match Polson Tower	All corners	All corners	All corners	All corners			All corners		All corners		All corners		All corners		
Crash Rails:	Match Polson Tower	Yes														
Bumper rails:		Yes														
Handrail/ Bumper Rail:	Match Polson Tower	Yes	Yes	Yes			Yes (see remarks)	Yes (see remarks)		Yes (see remarks)		Yes (see remarks)		Yes (see remarks)		
Sheet Protection:	Match Polson Tower	Yes	Yes	Yes			Yes	Yes		Yes		Yes		Yes		
Chair Rail:			Yes	Yes												
Wall Protection Remarks:	Match Polson Tower	Provide sheet protection throughout room. Sheet protection height: 1400 mm from finished floor.	Provide Bumper rail at 25mm from finished floor to centreline of bumper rail.			Provide sheet protection throughout room. Sheet protection height: 1600 mm from finished floor.	Provide sheet protection throughout room. Sheet protection height: 1400 mm from finished floor.	Provide sheet protection throughout room. Sheet protection height: 1400 mm from finished floor.	Where possible provide continuous handrail from headwall to bathroom entry.	Where possible provide continuous handrail from headwall to bathroom entry.	Where possible provide continuous handrail from headwall to bathroom entry.	Where possible provide continuous handrail from headwall to bathroom entry.	Where possible provide continuous handrail from headwall to bathroom entry.	Where possible provide continuous handrail from headwall to bathroom entry.	Where possible provide continuous handrail from headwall to bathroom entry.	
Door(s)																
Finish:			Glass in aluminum frame	Glass in aluminum frame		Wood	Wood	Wood	Wood	Wood	Wood	Wood	Wood	Wood	Wood	
Frame:			Aluminum frame	Aluminum frame		Hollow metal, painted	Hollow metal, painted	Hollow metal, painted	Hollow metal, painted	Hollow metal, painted	Hollow metal, painted	Hollow metal, painted	Hollow metal, painted	Hollow metal, painted	Hollow metal, painted	
Door/Frame Protection:			Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Automatic Opener:			Yes													
Card Reader:		Yes														
Key pad:																
Lockset:			Yes	Yes												
Privacy Lock w/Occupancy Indicator:						Yes		Yes		Yes		Yes		Yes	Yes	
Door Closer:							Requires Dual-Swing, and needs to be unlockable from exterior.	See Schedule 1	See Schedule 1	See Schedule 1	See Schedule 1	See Schedule 1	See Schedule 1	See Schedule 1	See Schedule 1	Double uneven floor overall width 1525mm
Door Remarks:																
Window(s)																
Treatment:	Roller Shade	Roller Shade	Roller Shade	Privacy Film				Roller Shade		Roller Shade		Roller Shade		Roller Shade		
Window Remarks:								Provide glazing from decentralized care team station into patient room with integral blinds controllable from both sides	Provide glazing from decentralized care team station into patient room with integral blinds controllable from both sides	Provide 0-2% opening for roller shades at exterior windows	Provide glazing from decentralized care team station into patient room with integral blinds controllable from both sides	Provide glazing from decentralized care team station into patient room with integral blinds controllable from both sides	Provide 0-2% opening for roller shades at exterior windows for patient comfort	Provide glazing from decentralized care team station into patient room with integral blinds controllable from both sides	Provide 0-2% opening for roller shades at exterior windows for patient comfort	
Casework / Millwork																
Casework / Millwork:	See Schedule 1 & Appendix 1A	See Schedule 1 & Appendix 1A	See Schedule 1 & Appendix 1A	See Schedule 1 & Appendix 1A	See Schedule 1 & Appendix 1A	See Schedule 1 & Appendix 1A	See Schedule 1 & Appendix 1A	See Schedule 1 & Appendix 1A	See Schedule 1 & Appendix 1A	See Schedule 1 & Appendix 1A	See Schedule 1 & Appendix 1A	See Schedule 1 & Appendix 1A	See Schedule 1 & Appendix 1A	See Schedule 1 & Appendix 1A	See Schedule 1 & Appendix 1A	
Casework / Millwork Remarks:								Provide full height patient wardrobe with attached shelf on exterior of wardrobe.	Provide stainless steel shelf for patient personal effects.	Provide 2 full height patient wardrobes with attached shelf on exterior of wardrobe.	Provide 2 stainless steel shelves for patients personal effects.	Provide full height patient wardrobe with attached shelf on exterior of wardrobe, bariatric size	Provide stainless steel shelf for patient personal effects.	Provide full height patient wardrobe with attached shelf on exterior of wardrobe, bariatric size	Provide stainless steel shelf for patient personal effects.	
Headwall:								Yes		Yes		Yes		Yes		
Headwall Remarks:								Standard		Standard		Bariatric		Bariatric		
Equipment Remarks:																
Equipment Remarks:	Reference Medical Equipment list or Specifications for all required equipment and/or accessories.	Reference Medical Equipment list or Specifications for all required equipment and/or accessories.	Reference Medical Equipment list or Specifications for all required equipment and/or accessories.	Reference Medical Equipment list or Specifications for all required equipment and/or accessories.	Reference Medical Equipment list or Specifications for all required equipment and/or accessories.	Reference Medical Equipment list or Specifications for all required equipment and/or accessories.	Reference Medical Equipment list or Specifications for all required equipment and/or accessories.	Reference Medical Equipment list or Specifications for all required equipment and/or accessories.	Reference Medical Equipment list or Specifications for all required equipment and/or accessories.	Reference Medical Equipment list or Specifications for all required equipment and/or accessories.	Reference Medical Equipment list or Specifications for all required equipment and/or accessories.	Reference Medical Equipment list or Specifications for all required equipment and/or accessories.	Reference Medical Equipment list or Specifications for all required equipment and/or accessories.	Reference Medical Equipment list or Specifications for all required equipment and/or accessories.	Reference Medical Equipment list or Specifications for all required equipment and/or accessories.	
Backing:	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Accessories:																
Coat Hooks:			0	2	0	0	0	2	0	4	2	2	0	2	2	
Privacy Curtains:			0	0	0	0	0	1	0	2	1	1	0	1	1	
Mirrors:			0	0	0	0	0	1	0	1	1	1	0	1	1	
Grab Bars:							Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes - Bariatric Rated	
Ceiling Lifts:								Yes		Yes		Yes		Yes		

Interior Health, Vernon Jubilee Hospital Inpatient Beds Expansion Project- Room Data Matrix	Ante Room	Private Bariatric Patient Room	Private Bariatric Patient Room Shower-Washroom	Supply Alcove	Decentralized Care Team Stations	Corridor Handwash Sink Alcove	Soiled Utility Room	Equipment Room	Cart Alcove	Stretcher Alcove	Crash Cart Alcove	Linen Alcove	Shower/Tub Room	Nourishment Alcove (within Patient/Public Lounge)	Activity Room
Room Data Matrix Count	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
Space Program Room Code No.	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129
ARCHITECTURAL															
Ceiling Conditions															
Material:	Gypsum Board	Acoustical Ceiling Tile & Grid	Water Resistant Gypsum Board	Acoustical Ceiling Tile & Grid	Acoustical Ceiling Tile & Grid	Acoustical Ceiling Tile & Grid	Gypsum Board	Acoustical Ceiling Tile & Grid	Acoustical Ceiling Tile & Grid	Acoustical Ceiling Tile & Grid	Acoustical Ceiling Tile & Grid	Acoustical Ceiling Tile & Grid	Water Resistant Gypsum Board	Acoustical Ceiling Tile & Grid	Acoustical Ceiling Tile & Grid
Finish:	Paint		Paint				Paint						Paint		
Ceiling Remarks:													Provide support above ceiling for transfer pole infrastructure		Provide support above ceiling for transfer pole infrastructure. Minimum ceiling height of 3000mm to accommodate equipment.
Wall Conditions															
Material:	Gypsum Board	Gypsum Board	Water Resistant Gypsum Board	Gypsum Board	Gypsum Board	Gypsum Board	Water Resistant Gypsum Board	Gypsum Board	Gypsum Board	Gypsum Board	Gypsum Board	Gypsum Board	Water Resistant Gypsum Board	See Patient/Public Lounge	Gypsum Board
Finish:	Paint	Paint	Water Resistant Sheet Vinyl	Paint	Paint	Paint	Paint	Paint	Paint	Paint	Paint	Paint	Water Resistant Sheet Vinyl	Paint	Paint
Wall Remarks:			contrasting colour to floor					Provide backing in wall throughout room to maximize future flexibility of walls to add more wall bin storage.							Provide backing in wall throughout room for equipment.
Floor Conditions															
Finish:	Sheet Vinyl	Sheet Vinyl	Sheet Vinyl	Sheet Vinyl	Sheet Vinyl	Sheet Vinyl	Sheet Vinyl	Sheet Vinyl	Sheet Vinyl	Sheet Vinyl	Sheet Vinyl	Sheet Vinyl	Sheet Vinyl	Sheet Vinyl	Sheet Vinyl
Floor Remarks:	Resilient Sheet Vinyl	Resilient Sheet Vinyl	Slip Resistant and water resistant	Resilient Sheet Vinyl	Resilient Sheet Vinyl	Resilient Sheet Vinyl	Slip Resistant	Resilient Sheet Vinyl	Resilient Sheet Vinyl	Resilient Sheet Vinyl	Resilient Sheet Vinyl	Resilient Sheet Vinyl	Slip Resistant and water resistant	Resilient Sheet Vinyl	Resilient Sheet Vinyl
Floor Base:															
Type:	Integral cove base	Integral cove base	Integral cove base	Integral cove base	Integral cove base	Integral cove base	Integral cove base	Cove Base	Integral cove base	Integral cove base	Integral cove base	Integral cove base	Integral cove base	See Patient/Public Lounge	Integral cove base
Material:	Sheet Vinyl	Sheet Vinyl	Sheet Vinyl	Sheet Vinyl	Sheet Vinyl	Sheet Vinyl	Sheet Vinyl	Rubber	Sheet Vinyl	Sheet Vinyl	Sheet Vinyl	Sheet Vinyl	Sheet Vinyl	Sheet Vinyl	Sheet Vinyl
Base Remarks:															
Wall Protection:															
Corner Guards:	All corners	All corners		All corners	All corners	All corners	All corners	All corners	All corners	All corners	All corners	All corners	All corners	All corners	All corners
Crash Rails:	Yes			Yes			Yes	Yes	Yes	Yes	Yes	Yes	Yes		
Bumper rails:				Yes			Yes	Yes	Yes	Yes	Yes	Yes	Yes		
Handrail/Bumper Rail:		Yes (see remarks)						Yes	Yes	Yes	Yes	Yes	Yes		
Sheet Protection:	Yes	Yes		Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes
Chair Rail:															
Wall Protection Remarks:	Provide sheet protection throughout room. Sheet protection height: 1400 mm from finished floor.	Provide sheet protection throughout room. Sheet protection height: 1400 mm from finished floor. Where possible provide continuous handrail from headwall to bathroom entry.		Provide sheet protection throughout room. Sheet protection height: 1600 mm from finished floor.		Provide sheet protection throughout room. Sheet protection height: 1600 mm from finished floor. Provide wall back splash protection around sink area.	Provide sheet protection throughout room. Sheet protection height: 1600 mm from finished floor.	Provide sheet protection throughout room. Sheet protection height: 1600 mm from finished floor.	Provide sheet protection throughout room. Sheet protection height: 1600 mm from finished floor.	Provide sheet protection throughout room. Sheet protection height: 1600 mm from finished floor.	Provide sheet protection throughout room. Sheet protection height: 1600 mm from finished floor.	Provide sheet protection throughout room. Sheet protection height: 1600 mm from finished floor.	Provide sheet protection throughout room. Sheet protection height: 1600 mm from finished floor.	Provide sheet protection throughout room. Sheet protection height: 1600 mm from finished floor.	Provide sheet protection throughout room. Sheet protection height: 1600 mm from finished floor. Provide wall back splash protection around sink area.
Door(s)															
Finish:	Wood	Wood	Wood				Wood	Wood					Wood		Wood
Frame:	Hollow metal, painted	Hollow metal, painted	Hollow metal, painted				Hollow metal, painted	Hollow metal, painted					Hollow metal, painted		Hollow metal, painted
Door/Frame Protection:	Yes	Yes	Yes				Yes	Yes					Yes		Yes
Automatic Opener:															
Card Reader:					No										
Key pad:								Yes							Yes
Lockset:								Yes							Yes
Privacy Lock w/Occupancy Indicator:			Yes					Yes							Yes
Door Closer:	Yes						Yes	Yes					Yes		Yes
Door Remarks:		See Schedule 1	Double uneven door overall width 1525mm				Minimum door width 1220mm Provide Window in Door	Double door overall width 1800mm Provide Window in Door					Double uneven door overall width 1800mm Active Leaf min 1220mm wide Requires Dual-Swing, and needs to be unlockable from exterior.		Double uneven door overall width 1800mm Active Leaf min 1220mm wide Provide Sidelight
Window(s)															
Treatments:	Provide Integral blinds in doors.	Roller Shade				Integral Blinds									
Window Remarks:	Glazing required from Ante room into patient room and from corridor into Ante room.	Provide glazing from decentralized care team station into patient room with integral blinds controllable from both sides. Provide 0-2% opening for roller shades at exterior windows for patient comfort				operable from corridor and patient room sides									High windows to let in ambient light from corridor on corridor side
Casework / Millwork															
Casework / Millwork:	See Schedule 1 & Appendix 1A	See Schedule 1 & Appendix 1A	See Schedule 1 & Appendix 1A	See Schedule 1 & Appendix 1A	See Schedule 1 & Appendix 1A	See Schedule 1 & Appendix 1A	See Schedule 1 & Appendix 1A	See Schedule 1 & Appendix 1A	See Schedule 1 & Appendix 1A	See Schedule 1 & Appendix 1A	See Schedule 1 & Appendix 1A	See Schedule 1 & Appendix 1A	See Schedule 1 & Appendix 1A	See Schedule 1 & Appendix 1A	See Schedule 1 & Appendix 1A
Casework / Millwork Remarks:	Provide standing height countertop with upper (lockable) and lower cabinets with drawers.	Provide full height patient wardrobe with attached shelf on exterior of wardrobe, bariatric size	Provide stainless steel shelf for patient personal effects.			Provide standing height workstation with lockable drawer.		Countertops to be stainless steel with integral backsplash and sink with marine edge. Provide upper and lower cabinets with doors.	Upper cabinets 3000mm in length, with open and adjustable shelving.				Provide stainless steel shelf for patient personal effects.	Provide work counter at 3000mm minimum. Provide upper cabinet and lower cabinet. Do not provide upper cabinet or storage above sinks.	
Headwall:	All upper and lower cabinets to have doors unless noted otherwise.													Provide standing height countertop with upper and lower cabinets (lockable with adjustable shelves). All upper and lower cabinets to have doors unless noted otherwise.	
Headwall Remarks:		Bariatric													
Equipment Remarks:															
Equipment Remarks:	Reference Medical Equipment list or Specifications for all required equipment and/or accessories.	Reference Medical Equipment list or Specifications for all required equipment and/or accessories.	Reference Medical Equipment list or Specifications for all required equipment and/or accessories.	Reference Medical Equipment list or Specifications for all required equipment and/or accessories.	Reference Medical Equipment list or Specifications for all required equipment and/or accessories.	Reference Medical Equipment list or Specifications for all required equipment and/or accessories.	Reference Medical Equipment list or Specifications for all required equipment and/or accessories.	Reference Medical Equipment list or Specifications for all required equipment and/or accessories.	Reference Medical Equipment list or Specifications for all required equipment and/or accessories.	Reference Medical Equipment list or Specifications for all required equipment and/or accessories.	Reference Medical Equipment list or Specifications for all required equipment and/or accessories.	Reference Medical Equipment list or Specifications for all required equipment and/or accessories.	Reference Medical Equipment list or Specifications for all required equipment and/or accessories.	Reference Medical Equipment list or Specifications for all required equipment and/or accessories.	Reference Medical Equipment list or Specifications for all required equipment and/or accessories.
Backlog:	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Accessories:															
Coat Hooks:	2	2	2	0	0	0	0	0	0	0	0	0	2	0	4
Privacy Curtains:		1	1												
Mirrors:															1 therapeutic
Grab Bars:			Yes - Bariatric Raised											Yes - Bariatric Raised	
Ceiling Lifts:		Yes												Yes	Yes
											Hooks to hang Bristow				

Interior Health, Vernon Jubilee Hospital Inpatient Beds Expansion Project- Room Data Matrix	Ante Room	Private Bariatric Patient Room	Private Bariatric Patient Room Shower-Washroom	Supply Alcove	Decentralized Care Team Stations	Corridor Handwash Sink Alcove	Solled Utility Room	Equipment Room	Cart Alcove	Stretcher Alcove	Crash Cart Alcove	Linen Alcove	Shower/Tub Room	Nourishment Alcove (within Patient/Public Lounge)	Activity Room
ENGINEERING															
HVAC															
Indoor Temperature:	22-24	22-24	22-24	22-24	22-24	22-24	18-20	20-24	20-24			20-24	22-24	20-24	20-24
Relative Humidity:	30-60	30-60		30-60	30-60	30-60	30-60	30-60	30-60			30-60	30-60	30-60	30-60
Relative Pressure:	Negative to corridor but positive to isolation room	pos	neg	pos	equal	neg	neg	pos	pos			pos	neg	neg	EQ
Total Air Exchange:	9	6	6	9	6	6	6	10	4	6		4		9 See Patient/Public Lounge	6
Outdoor Air Exchange:	3	2			2	2	2			2		1		See Patient/Public Lounge	2
Pre-Filtration:															
Final Filtration:															
# of Occupants:															
Activity Level:															
Noise Level:															
Equip. Heat Dispenser:															
Room Air Recirculation:			Required				Required						Required		
Exhaust:															
Supply Air Diffusion:															
Low Air Return:															
HVAC Remarks:															
TYPE:	i	ii	ii	iii	ii	iii	ii	ii	ii			ii	ii	iii	ii
HVAC Remarks:															
Chilled Water															
Steam															
PLUMBING															
Fixture Type	Staff handwash sink,	Staff handwash sink,	Patient washroom sink, patient toilet, patient shower			Staff handwash sink,	Utility sink, Staff handwash sink						Public washroom lavatory fixtures, patient shower, patient tub (refer to Equipment List for tub)	Double utility sink	Staff handwash sink, Utility sink
Access door type															
Fixture Remarks:			Bariatric rated fixture installations										Bariatric rated fixture installations (excluding tub)	Plumbing required for ice Machine, and coffee machine.	Filtered Water in Utility Sink, and Ice Machine
Water Type															
Potable Cold:															
Potable Hot:															
Drain:															
Fuel:															
Compressed Air:															
Compressed Gas:															
Wet vacuum system															
Medical Gas															
Oxygen:		typical 1" (see Medical Gas Remarks)													
Vacuum:			2												
Medical Air:			1												
Nitrous Oxide:															
Nitrogen:															
CO2															
Scavenging:															
Medical Gas Remarks:		See Bariatric Headwall Configuration detail On the 6th floor, eight patient bedroom headwalls (out of the total 6th floor bed count) shall have an additional Oxygen outlet to create step-down beds. Actual room types/beds are to be determined.													
Equipment requirements															
MIT SYSTEMS															
Equipment Data Remarks:		Standardize all patient rooms.	Standardize all patient washrooms.												
Data/Voice including Analogue drops, Patient Monitoring, PADS, RLS	2	6	2	2	2 data above millwork and 2 below		2	2	2			2		1	6
Intercom Station															
Patient Monitoring & Telemetry		Yes	Yes - Telemetry on Level 6										Yes - Telemetry on Level 6		Yes - Telemetry on Level 6
Overhead Paging (Pub. Address)		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes				Yes	See Patient/Public Lounge	Yes
Patient Entertainment		Yes											Yes		Yes
Patient/Staff Education		Yes											Yes		Yes
Code Blue/White		Yes: Code Blue		Yes									Yes		Yes: Locate away from Nurse Terminal Station
FACS															
CCTV (security)															
Teleconferencing															
Distastion															Yes
Durress - Wired															Yes
Nurse Call	Yes: Nurse Call Terminal Station	Yes: Enhanced Patient Station at Headwall with Pillow Speaker Call Cord. Emergency Pull Station with audio in visitor zone if Pillow Speaker call cord cannot reach.	Yes: Emergency pull station at both Toilet and Shower locations, or one that is accessible from both locations	Yes: 2button station code blue/white			Yes: Duty Station	Yes: Duty Station	Yes: Nurse Terminal Station				Yes: Emergency pull station with audio at Toilet, Shower and Tub. Number of devices dependent on layout of room.		Yes: Nurse Terminal Station
Room Status															
MIT Remarks		Any Nurse Call shall have a Dome Light associated with it.											Any Nurse Call shall have a Dome Light associated with it.		
Power															
Types of Power	Conditional power.	Conditional, Vital power and UPS.	Conditional power.	Conditional power.	Conditional and Vital power.	Vital power.	Conditional and Vital power.	Conditional and Vital power.	Vital power.			Conditional and Vital power.	Conditional power.	Conditional and Vital power.	Conditional and Vital power.
Additional Remarks						Provide a Vital connection for the electronic, hands-free sink.								Provide a Vital branch connection for the Refrigerators.	
Receptacle Count	Provide three (3) duplex receptacles. Receptacle locations and heights to be confirmed by BHA during User Group Meetings.	Minimum nine (9) receptacles (two quad receptacles and one duplex receptacle) for Patient Care. Connect the two quad receptacles to the Vital branch, and the duplex receptacle to the UPS branch. Provide one (1) duplex receptacle for the bed connected to the Vital branch. Provide one (1) duplex receptacle for the patient ceiling lift connected to the Vital branch. Provide two (2) duplex receptacles at the ceiling for the TV/Integrated Bedside Terminal. Provide two (2) duplex receptacles in other locations within the room. Receptacle locations and heights to be confirmed by BHA during User Group Meetings.	Provide one (1) GFCI duplex receptacle located above the sink.	Provide one (1) duplex receptacle.	Provide two (2) duplex receptacles at each workstation. Connect one (1) duplex receptacle to the Conditional branch, and one (1) duplex receptacle to the Vital branch.		Provide four (4) duplex receptacles. Connect 50% of the receptacles to the Conditional branch and 50% to the Vital branch.	Provide twelve (12) duplex receptacles. Connect 50% of the receptacles to the Conditional branch and 50% to the Vital branch.	Provide two (2) duplex receptacles.			Provide one (1) duplex receptacle.	Provide one (1) GFCI duplex receptacle located above the sink.	Provide receptacles for equipment connected to the Conditional or Vital branch as required by the equipment list and requested by BHA during User Group Meetings.	Provide two (2) duplex receptacles at each workstation and connect to the Vital branch. Provide receptacles for equipment connected to the Conditional or Vital branch as required by the equipment list and requested by BHA during User Group Meetings.
Patient Care Area Designation		Intermediate Care Area												See Patient/Public Lounge	
Clocks		Provide a synchronized clock.													Provide a synchronized clock.
Lighting															
Task Lighting	Provide undercabinet lighting	Refer to Schedule 1			Refer to Schedule 1		Provide undercabinet lighting							Provide undercabinet lighting.	Provide undercabinet lighting.
Dimmable Lighting		Refer to Schedule 1			Refer to Schedule 1										
Switch and Light Controls	Refer to Schedule 1	Refer to Schedule 1	Refer to Schedule 1		Refer to Schedule 1		Occupancy Sensor	Occupancy Sensor					MultiLevel Control; Vacancy Sensor		Manual Controls; Vacancy Sensor
Lighting Remarks:															
Room Data Sheet Comment:															
In the event information on this Room Data Sheet This Room Data Matrix is to be used in conjunction The Health Authority has final interpretation rights A blank or empty cell does not mean "No" or "Yes" For all rooms, comply with AIA Healthcare Guide The Room Data Matrix provides minimums. Provide															

Interior Health, Vernon Jubilee Hospital Inpatient Beds Expansion Project- Room Data Matrix	Medication room	Clean Utility Room	Staff Washroom	Verna Care Closet	Collaboration Centre/ Unit Clerk	Teaming Room/Dictation	Wheelchair Storage Room/Staxi	Corridor seating	Housekeeping Closet	Multidisciplinary Room	Manager Office	PCC Office	Staff Lounge	Corridors
Room Data Matrix Count	29	30	31	34	32	33	35	36	37	38	39	40	41	42
Space Program Room Code No.	130	131	132	133	134	135	136	137	138	139	140	141	142	N/A
ARCHITECTURAL														
Ceiling Conditions														
Material:	Acoustical Ceiling Tile & Grid	Gypsum Board	Water Resistant Gypsum Board	Gypsum Board	Acoustical Ceiling Tile & Grid	Acoustical Ceiling Tile & Grid	Acoustical Ceiling Tile & Grid	Acoustical Ceiling Tile & Grid	Gypsum Board	Acoustical Ceiling Tile & Grid	Acoustical Ceiling Tile & Grid	Acoustical Ceiling Tile & Grid	Acoustical Ceiling Tile & Grid	Acoustical Ceiling Tile & Grid
Finish:			Paint	Paint					Paint					
Ceiling Remarks:					match the rest of Poison Tower department nursing/collaboration centre's.									
Wall Conditions														
Material:	Gypsum Board	Gypsum Board	Water Resistant Gypsum Board	Gypsum Board	Gypsum Board	Gypsum Board	Gypsum Board	Gypsum Board	Gypsum Board	Gypsum Board	Gypsum Board	Gypsum Board	Gypsum Board	Gypsum Board
Finish:	Paint	Paint	Ceramic Tile (1500 min height)	Paint	Paint	Paint	Paint	Paint	Ceramic Tile (1200 min height), Paint	Paint	Paint	Paint	Paint	Paint
Wall Remarks:	Provide backing in wall throughout room to maximize future flexibility of walls to add more wall bin storage.	Provide backing in wall throughout room to maximize future flexibility of walls to add more wall bin storage.		Provide backing in wall throughout room to maximize future flexibility of walls to add more wall bin storage.		Provide glazing towards Collaboration centre and corridor if overviews are possible			1200mm High ceramic tile around mop sink					Provide backing for wall protection
Floor Conditions														
Finish:	Sheet Vinyl	Sheet Vinyl	Sheet Vinyl	Sheet Vinyl	Sheet Vinyl	Sheet Vinyl	Sheet Vinyl	Sheet Vinyl	Sheet Vinyl	Sheet Vinyl	Sheet Vinyl	Sheet Vinyl	Sheet Vinyl	Sheet Vinyl
Floor Remarks:	Resilient Sheet Vinyl	Resilient Sheet Vinyl	Slip Resistant and water resistant	Slip Resistant	Resilient Sheet Vinyl	Resilient Sheet Vinyl	Resilient Sheet Vinyl	Resilient Sheet Vinyl	Slip Resistant	Resilient Sheet Vinyl	Resilient Sheet Vinyl	Resilient Sheet Vinyl	Resilient Sheet Vinyl	Resilient Sheet Vinyl
									Designated mop sink area with curbs, sloped to drain.					
Floor Base:														
Type:	Integral cove base	Integral cove base	Integral cove base	Integral cove base	Integral cove base	Cove Base	Cove Base	Integral cove base	Integral cove base	Cove Base	Cove Base	Cove Base	Cove Base	Integral cove base
Material:	Sheet Vinyl	Sheet Vinyl	Sheet Vinyl	Sheet Vinyl	Sheet Vinyl	Rubber	Rubber	Sheet Vinyl	Sheet Vinyl	Rubber	Rubber	Rubber	Rubber	Sheet Vinyl
Base Remarks:														
Wall Protection:														
Corner Guards:	All corners	All corners		All corners	All corners	All corners	All corners	All corners	All corners	All corners			All corners	All corners
Crash Rails:				Yes	Yes				Yes					Yes
Bumper rails								Yes						
Handrail Bumper Rail														Yes
Sheet Protection:		Yes		Yes	Yes		Yes		Yes				Yes	Yes
Chair Rail:										Yes			Yes	
Wall Protection Remarks:	Provide wall back splash protection at medication counter	Provide sheet protection throughout room. Sheet protection height: 1600 mm from finished floor. Not required where PAR wall system is mounted.		Provide sheet protection throughout room. Sheet protection height: 1600 mm from finished floor.	Provide sheet protection throughout room. Sheet protection height: 1400 mm from finished floor.		Provide sheet protection throughout room. Sheet protection height: 1600 mm from finished floor.		Provide sheet protection throughout room. Sheet protection height: 1600 mm from finished floor.				Provide sheet protection at utility sink location	Provide sheet protection throughout room. Sheet protection height: 1400 mm from finished floor.
Door(s)														
Finish:	Wood	Wood	Wood	Wood		Aluminum	Wood	Wood	Wood	Wood	Wood	Wood	Wood	Wood
Frame:	Hollow metal, painted	Hollow metal, painted	Hollow metal, painted	Hollow metal, painted		Aluminum	Hollow metal, painted	Hollow metal, painted	Hollow metal, painted	Hollow metal, painted	Hollow metal, painted	Hollow metal, painted	Hollow metal, painted	Hollow metal, painted
Door/Frame Protection:	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Automatic Opener:														
Card Reader	Yes			Yes - Keypad with Occupancy Indicator Both Sides		Yes	Yes						No	Yes - Main Department Doors
Key pad													Yes	
Lockset		Yes		Yes					Yes		Yes		Yes	
Privacy Lock w/Occupancy Indicator														
Door Class:	Yes	Yes		Yes					Yes		Yes		Yes	Provide Door Closer w/Hold Open device
Door Remarks:	Minimum door width 1220mm Provide Window in Door	Minimum door width 1220mm Provide Window in Door		Minimum door width 1220mm Provide Window in Door			Provide Sidelight		Minimum door width 1220mm		Provide Sidelight	Provide Sidelight	Provide Sidelight	Provide Sidelight
Window(s)														
Treatment:										Roller Shade/black out	privacy film	privacy film	Roller Shade/black out	Roller Shade
Window Remarks:														
Casework / Millwork														
Casework / Millwork:	See Schedule 1 & Appendix 1A	See Schedule 1 & Appendix 1A	See Schedule 1 & Appendix 1A	See Schedule 1 & Appendix 1A	See Schedule 1 & Appendix 1A	See Schedule 1 & Appendix 1A	See Schedule 1 & Appendix 1A	See Schedule 1 & Appendix 1A	See Schedule 1 & Appendix 1A	See Schedule 1 & Appendix 1A	See Schedule 1 & Appendix 1A	See Schedule 1 & Appendix 1A	See Schedule 1 & Appendix 1A	See Schedule 1 & Appendix 1A
Casework / Millwork Remarks:	Provide work counter with open storage below. Provide uppers with lockable doors.	no cabinetry required		Countertops to be stainless steel with integral backsplash and sink with marine edge. Provide upper and lower cabinets with doors.	Provide standup transaction countertop, integrated into PC workstation countertop. Ensure work counter is directly adjacent to pneumatic tube station	Each PC workstation countertop is to have 1500mm of work surface minimum.								
Headwall														
Headwall Remarks:														
Equipment Remarks:														
Equipment Remarks:	Reference Medical Equipment list or Specifications for all required equipment and/or accessories.	Reference Medical Equipment list or Specifications for all required equipment and/or accessories.	Reference Medical Equipment list or Specifications for all required equipment and/or accessories.	Reference Medical Equipment list or Specifications for all required equipment and/or accessories.	Reference Medical Equipment list or Specifications for all required equipment and/or accessories.	Reference Medical Equipment list or Specifications for all required equipment and/or accessories.	Reference Medical Equipment list or Specifications for all required equipment and/or accessories.	Reference Medical Equipment list or Specifications for all required equipment and/or accessories.	Reference Medical Equipment list or Specifications for all required equipment and/or accessories.	Reference Medical Equipment list or Specifications for all required equipment and/or accessories.	Reference Medical Equipment list or Specifications for all required equipment and/or accessories.	Reference Medical Equipment list or Specifications for all required equipment and/or accessories.	Reference Medical Equipment list or Specifications for all required equipment and/or accessories.	Reference Medical Equipment list or Specifications for all required equipment and/or accessories.
Backing:	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Accessories:														
Coat Hooks	0	0	2	0	4	4	0	0	0	4	2	2	4	0
Privacy Curtains														
Mirrors			1											
Grab Bars														
Ceiling Lits														

Interior Health, Vernon Jubilee Hospital Inpatient Beds Expansion Project - Room Data Matrix	Medication room	Clean Utility Room	Staff Washroom	Verna Care Closet	Collaboration Centre/ Unit Clerk	Teaming Room/Dictation	Wheelchair Storage Room/Staxi	Corridor seating	Housekeeping Closet	Multidisciplinary Room	Manager Office	PCC Office	Staff Lounge	Corridors
ENGINEERING														
HVAC														
Indoor Temperature:	22-24	22-24	22-24	18-20	22-24	20-24	20-24		20-24	20-24	20-24	20-24	22-24	20-24
Relative Humidity:	30-60	30-60		30-60	30-60	30-60	30-60		30-60	30-60	30-60	30-60	30-60	30-60
Relative Pressure:	pos	pos	neg	neg	eq	neg	eq		neg	neg	eq	eq	eq	eq
Total Air Exchange:		6	6	9	10	6	10	2	3	10	10	6	6	10
Outdoor Air Exchange:		2	2				20cfm per person		1	20 cfm/person		2	2	20 cfm outside air per person
Pre-filtration:														
Final Filtration:														
# of Occupants:														
Activity Level:														
Noise Level:														
Equip. Heat Dissipat:														
Room Air Recirculation:				Required	Required				Required					
Exhaust:														
Supply Air Diffusion:														
Low Air Return:														
HVAC Remarks:														
TYPE:	ii	iii	iii	iii	iii	iii	iii		ii	iii	ii	ii	ii	ii
HVAC Remarks:	Allow capacity to remove heat generated by medication refrigerators.				Provide exhaust for printing station.									Provide higher level of room air changes
Chilled Water														
Steam														
PLUMBING														
Fixture Type	Staff handwash sink, Utility sink		Public washroom lavatory fixtures	Staff Handwash Sink, Utility Sink, Macerator	Staff Handwash Sink				Housekeeping Sink, Staff Handwash Sink				Utility Sink (Double)	
Access door type													Dishwasher, boiling water dispenser, coffee machine	
Fixture Remarks:									Include plumbed eyewash on sink. Align mop sink and entrance door.				Filtered Water in Utility Sink	
Water Type														
Potable Cold:														
Potable Hot:														
Drain:														
Fuel:														
Compressed Air:														
Compressed Gas:														
Wet vacuum system														
Medical Gas														
Oxygen:														
Vacuum:														
Medical Air:														
Nitrous Oxide:														
Nitrogen:														
CO2:														
Scavenging:														
Medical Gas Remarks:														
Equipment requirements														
MIT SYSTEMS														
Equipment Data Remarks:					Provide ceiling mounted receptacles for electronic patient tracking with 2' conduit from ceiling mount to collaboration station.					Medium-Sized Meeting Room				Telemetry Slave monitors X & E will be mounted near ceiling throughout the corridors on level 6
Data/Voice including Analogue drops, Patient Monitoring, PACS, RTLS	6	2		2	22	18	0 none required			10	4	4	4 data and 1 Coax (for TV)	Provide data as required for Patient Monitoring and Telemetry.
Intercom Station			No		Provide Intercom Station as required for communication and door release of secured doors.	Yes: Master Patient Monitoring Station	Yes: Master Patient Monitoring and Telemetry Station							
Patient Monitoring & Telemetry						Yes	Yes							
Overhead Paging (Pub. Address)	Yes	Yes	Yes	Yes		Yes	Yes			Yes	Yes	Yes	Yes	Yes
Patient Entertainment										Yes				
Patient/Staff Education										Yes				
Code Blue/White	Yes				Yes									
PACS					Yes	Yes								
CCTV (security)					Yes	Yes								
Teleconferencing							Yes			Yes				
Distress														
Distress - Wired	Yes				Yes									
Nurse Call	Yes: Duty Station	Yes: Duty Station		Duty Station	Yes: Master Nurse Station	Yes: Nurse Terminal Station				Yes: Duty Station			Yes: Nurse Terminal Station	Zone lights for way finding: locations to be similar to Poison Tower and determined with code team members
Room Status														
MIT Remarks:														
Power														
Types of Power	Conditional and Vital power.	Conditional and Vital power.	Conditional power.	Conditional and Vital power.	Conditional, Vital and UPS power.	Conditional and Vital power.	Conditional power.		Conditional power.	Conditional and Vital power.	Conditional and Vital power.	Conditional and Vital power.	Conditional and Vital power.	Conditional power.
Additional Remarks	Provide a Vital branch connection for the Medication Dispensing Equipment and Refrigerators.			Provide a Vital connection for the electronic, hands-free sink.								Provide a minimum of one 15 amp circuit per two enclosed offices for workstations.	Provide a minimum of one 15 amp circuit per two enclosed offices for workstations.	Provide a Vital branch connection for the Refrigerators.
Receptacle Count	Provide a minimum of four (4) duplex receptacles. Provide one (1) duplex receptacle above counter at 1 meter centres connected to the Conditional or Vital branch as determined by IHA during User Group Meetings.	Provide four (4) duplex receptacles.	Provide one (1) GFCI duplex receptacle located above the sink.	Provide a minimum of one (1) duplex receptacle on the wall at 1.5 meter centres. Provide receptacles for equipment connected to the Conditional or Vital branch as required by the equipment list and requested by IHA during User Group Meetings.	Provide two (2) duplex receptacles at each workstation and an additional one (1) duplex receptacle along the desk at 1 meter centres. Connect 50% of these receptacles to the Conditional branch and 50% to Vital. Provide one (1) duplex receptacle on the wall at 2 meter centres. Provide two (2) duplex receptacles connected to the UPS branch.	Provide two (2) duplex receptacles at each workstation and connect to the Vital branch. Provide receptacles for equipment connected to the Conditional or Vital branch as required by the equipment list and requested by IHA during User Group Meetings.	Provide one (1) duplex receptacle.		Provide a minimum of one (1) GFCI duplex receptacle on each wall.	Refer to Medium Sized Meeting Room requirements as per Appendix 1L.	Provide a minimum of four (4) duplex receptacles, two at the desk and two on other walls. Connect the receptacles at the desk to the Vital branch and the other receptacles to the Conditional branch.	Provide a minimum of four (4) duplex receptacles, two at the desk and two on other walls. Connect the receptacles at the desk to the Vital branch and the other receptacles to the Conditional branch.	Provide two (2) duplex receptacles at each workstation. Provide one (1) duplex receptacle on the wall at 3 meter centres. Provide receptacles for equipment connected to the Conditional or Vital branch as required by the equipment list and requested by IHA during User Group Meetings.	Provide one (1) duplex receptacle on alternate sides of the hallways spaced at 10 meter centres for housekeeping purposes.
Patient Care Area Designation														
Clocks	Provide a synchronized clock.				Provide a synchronized clock.	Provide a synchronized clock.				Provide a synchronized clock.	Provide a synchronized clock.	Provide a synchronized clock.	Provide a synchronized clock.	Provide a synchronized clock.
Lighting														
Task Lighting	Provide undercabinet lighting.				Refer to Schedule 1	Provide undercabinet lighting.				Provide undercabinet lighting.	Provide undercabinet lighting.	Provide undercabinet lighting.	Provide undercabinet lighting.	
Dimmable Lighting					Refer to Schedule 1					Yes				
Switch and Light Controls	Occupancy Sensor	Occupancy Sensor	Occupancy Sensor	Occupancy Sensor	Refer to Schedule 1	Manual Controls; Vacancy Sensor	Occupancy Sensor		Occupancy Sensor	Dimming; Multilevel Control; Vacancy Sensor	Vacancy Sensor	Vacancy Sensor	Multilevel Control; Vacancy Sensor	Manual Controls; Multilevel Control Provide switches at the nearest Care Team Station or Reception Desk to control the lighting in the corridor.
Lighting Remarks:														
Room Data Sheet Comment:														
In the event information on this Room Data Matrix is to be used in conjunction with the Health Authority has final interpretation regards. A blank or empty cell does not mean "No" or "Yes". For all rooms, comply with AIA Healthcare Guide. The Room Data Matrix provides minimums. Proj														