

STATEMENT OF WORK

657-351, Construct Clinical and Urgent Care Addition

The following narrative is intended to provide an overview of the scope of work of the Proposed Clinical and Urgent Care Addition at the John J. Pershing VA Medical Center in Poplar Bluff, Missouri.

The proposed addition (approximately 15,600 sf) will be constructed at the Southeast end of the existing Hospital, and will include interior renovations (approximately 700 sf) where the addition connects to the Hospital and site and parking improvements.

The Clinical Addition is designed as an Ambulatory Healthcare Occupancy per the 2012 NFPA and B Business Classification per the 2012 International Building Code (IBC). The Construction Classification is NFPA Type II (111) and IBC Type IIB. The addition will be fully sprinklered.

A landscaped plaza will be created at the new entrance to the Clinical Addition, and an ambulance entrance will be located at the South corner of the facility. Existing surface parking will be renovated to provide a more efficient parking layout integrated with the entrance to the new facility and the existing campus loop road.

The lowest level of the Clinical Addition is approximately five feet below the existing Hospital Basement Level, so that an accessible entrance from the East parking lot can be created. The new entrance lobby aligns with the existing Hospital's central corridor. A Police and Campus Security Office, Secured Holding Room and Electrical Room are located adjacent to the Lobby for easy access. The Urgent Care Clinic is located on the opposite side of the Lobby.

The Elevator Machine Room and Waiting Room for the Eye Clinic and Outpatient Pharmacy are located on the Ground Level of the Clinical Addition. This level aligns with the existing Hospital Basement Floor. Just inside the Hospital on this level, renovations are planned for the Eye Clinic Check-in/Reception and Dispensing and Viewing.

The Second Level of the Clinical Addition aligns with the First Floor of the Hospital for access into the existing Primary Care Clinic. On this level, the addition will house Dental Clinic.

The building envelope will be architectural precast concrete panels and brick veneer, punch window openings at clinical areas, a glazed curtainwall system at lobbies and entrances and canopies at the entrances. Exterior finish materials have been selected to complement the existing Hospital, and the composition of these materials will create a new identity for this outpatient facility.

Power for the Clinical Addition will be fed from Building 20 through the Hospital crawl space. Lighting within the new building will be provided by LED fixtures. The affected existing light poles in the surface parking lot will be removed and replaced by new fixtures. A mechanical penthouse located on the roof will house the air handling unit serving the addition.

One hydraulic elevator will be located inside the Clinical Addition and in line with the existing Hospital central corridor and the entrance to the new Clinics. Space for a future second elevator has been provided as well.

The physical security philosophy of the proposed design is based on the VA's Physical Security Design Manual for Mission Critical facilities. This criteria establishes successive lines of defense to protect the facility. The first line of defense exists at the building perimeter, where impact-rated systems at critical locations are coupled with non-rated deterrent systems to control vehicle movement. The next ring of security consists of the building envelope, which is designed to withstand prescribed blast loads and achieve a performance that limits debris and injury hazards. The design is coupled with structural solutions that provide a ductile and redundant structure able to resist progressive collapse through load redistribution should a critical load carrying element be compromised. The final line of defense exists at the building interior where spatial layout and operational security solutions are incorporated to mitigate threats at interior spaces, isolate critical spaces and limit the spread of structural system damage.