

Best Practice Guideline	Signage and Posted Materials
Date	September 2017
Reviewed Date	
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A printed version of this guideline may not be the most recent version. The OFFICIAL version is located at www.ipac.vch.ca.

Site Applicability

All healthcare settings.

Purpose

To provide a decision making framework for hospital signage materials based on Infection Prevention and Control principles, location, and use in hospital settings.

Background

- Most signage presents low risk for transmission of organisms.
- Paper and cardboard signage may deteriorate and become soiled over time through handling, cleaning and disinfection of surfaces, and/or placement within a splash zone.

Procedure

Determine whether the signage will be:

1. posted \geq 30 days
2. temporary or long term/permanent
3. removed and reposted
4. posted in a “risk zone”: patient care area (e.g., patient room/cubicle, treatment room, procedure room), clean or soiled utility room, equipment reprocessing area, splash zone, or medication room.

Posting considerations:

- Avoid visual clutter by limiting posted signage to current, relevant information items.
- If signage is repeatedly reposted in the same location, provide a permanent cleanable mounting device (metal clip or plastic holder) at the location.



- If signage will be posted for greater than 30 days or in a risk zone, either:
 - laminate sign,
 - ensure the sign is fully contained within a plastic cover, or
 - print on rigid plastic substrate which may be cleaned and disinfected
- If signage becomes soiled, unreadable, or torn, remove and replace the signage.
- Avoid using tape as leaves behind a sticky residue that impedes cleaning and disinfection. In the absence of permanent mounting device use Command® Strip tape on the back of signage to post.
- Date temporary signage, remove within 30 days or laminate and repost.

