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[<http://ipac.vch.ca/Documents/Acute%20Resource%20manual/Signage%20and%20Posted%20Materials.pdf>]

**IPAC BEST PRACTICES GUIDELINE**  
**Signage and Posted Materials**

**DATE:** June 22, 2016  
**REVISED DATE:** Sept 2017  
**REVIEWED DATE:**

**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 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 Velcro dots, posting putty or alternative on the back of signage to post.
- Date temporary signage, remove within 30 days or laminate and repost

