# 5 Signage

Signage and wayfinding are important in a health facility precinct to direct patients staff and visitors to areas and to prevent access to restricted areas. Signage and wayfinding systems should comply with local authority Guidelines where they are provided and applicable.

The following guidelines are provided to cover common elements within the healthcare setting.

## 5.1 General

The font style chosen for signs should be a simple open style and easy to read. The preferred lettering style is 'Helvetica Medium' or Arial as an alternative, upper and lower case generally. Upper case only is recommended for the building Main Entry Sign. This is not mandatory.




Figure 4.1: Example of Helvetica medium font style

The size of lettering is related to the height of the sign and the reading distances and should comply with relevant local standards.

There should be a luminance contrast of 30% minimum between the lettering and the background of all signs.

Internationally recognised symbols (pictograms) in lieu of room titles are recommended as these are universally understood.




Figure 4.2: Internationally recognised pictograms used in Signage

Braille and Tactile signage are recommended for all signs within reach range.




Figure 4.3: Room Sign with braille

It is recommended that the facility have an exterior or interior sign indicating the type and level of care and the hours of operations, particularly if the facility is not open 24 hours per day, seven days per week. For example, Day Surgery Centre, Opening Hours 8am - 6pm, Sunday- Thursday.

If Emergency care is not provided, it is recommended to have an external sign indicating the address of the nearest 24 hours Emergency facility for redirection of urgent cases arriving after hours at the wrong facility.

## 5.2 External Signs

### *External Directional Signs*

Entry points to the facility should be clearly identified from all major transport/ circulation modes (e.g., roadways, bus stops, vehicular parking). The exterior signage should be clearly visible from a distance and understandable with icons, universal symbols and/or cues for orientation.

Boundaries between public and private areas should be well marked or implied and clearly distinguished. Signage should be flexible, expandable, adaptable and easy to maintain. Signage should be consistent with other patient communications and supporting print, web, and electronic media.

It is recommended that external directional signs have large letters on a contrasting background colour. External signs should be constructed of steel or aluminium if possible and be weatherproof.

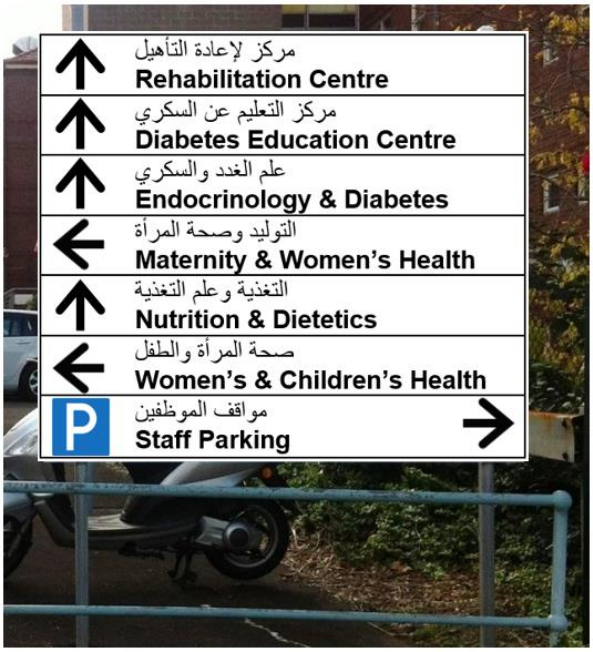



Figure 4.4: Example of external building signs

### *External Illuminated Signs*

It is recommended that external illuminated signs such as those used for the Building, Main Entry, Night Entry or an Emergency Unit should have white letters on a contrasting background. Signs for Emergency are commonly white lettering on a red background.

The Emergency Unit (as referred to in part B of these Guidelines) should have only “Emergency” and “وحدة الطوارئ” on the external sign for simplicity. The sign may include a symbol as required and should be clearly visible from the entry to the site.

### *Road Markings*

Road markings such as parking bays, arrows, symbols and instructions should be white generally, blue for dedicated accessible zones and yellow for restricted zones, unless otherwise directed by local authority, guidelines or standards.

### *Street Signs*

Street signs shall be in accordance with the requirements of the local Municipality and/or the appropriate section of the regional roads and traffic authority.

It is recommended and usually required by accreditation standards, that the facility has adequate street directional signs that allow the site to be easily located from the major approaches in the area, including by road, rail or by foot.

## 5.3 Internal Signs

### *Directional Signage*

Directional signs are normally ceiling or wall mounted and not illuminated. It is recommended that directional signs apply the following principles:

- Directional signs be provided to direct patients, staff and visitors from the entry to all major destinations, including the room required
- Exit directions be included where necessary
- Text be dark lettering on a light background for clarity and ease of reading
- Directional signs on ceilings should not obscure any other ceiling services, light fittings, emergency lighting or fire exit signs.

Directional signs in the Main Entry area, Foyers, Lift Lobbies and public amenities areas may include braille lettering for the visually impaired. If provided, it is recommended that signs with braille should be located immediately above the hand rail.




Figure 4.5: Corridor directional sign, ceiling mounted entry




Figure 4.6: Directory sign beside lift

Signage is recommended for destinations for patients and visitors. Signage for staff-only rooms are optional.

### *Room/ Door Signs*

Non-illuminated, internal and external room function identification signs that are located on doors require the following considerations:

- If the room function is likely to change, the sign system used should allow easy replacement for removable signs and consideration needs to be given to the following:
  - Vinyl-cut lettering is a practical and inexpensive option, capable of easy changing, however removal may cause damage to some surfaces
  - Some signs using removable slats can be easily stolen unless a locking cap is used
- Not all rooms will require a sign, signage may not be provided to staff only rooms
- Signs may be provided to indicate rooms with restricted access, e.g. Staff Only
- Room signage should comply with the facility standards
- Room/ Door signs in general are not mandatory




Figure 4.7: Viny-cut lettering sign locking cap




Figure 4.8: Removable slat type signs, with a

## *Bed Numbers*

Bed numbers assist staff and visitors to find patients or bed locations as necessary. Each bed should be provided with a separate number. Bed numbers should be located outside the patient bed room, clearly visible in the corridor and not obscured by equipment parked beside rooms.

For multi-bed rooms, a range of numbers may be shown outside the bedroom.

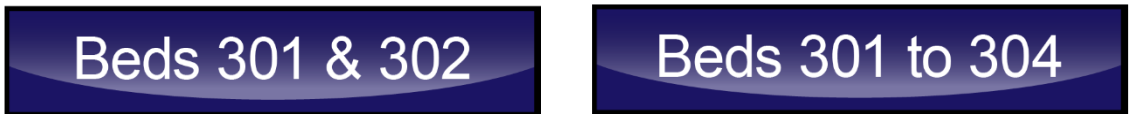



Figure 4.9: Room signs for bed numbers

Multi-bed rooms and open bed bays should also display the bed number in each bed space, which is visible with the privacy screen curtains closed.




Figure 4.10: Room/ Door Signs and bed number signs outside the entry to the bed space

## *Patient Information*

Signage requirements in patient areas and Bed rooms need to carefully consider patient confidentiality issued.

For patient privacy and confidentiality of patient records it is not recommended to display patient information on signs within the patient bed rooms such as patient details, doctor or special instructions.

### *Door Number Signs*

In some facilities a room/ door number sign will be required on the door frame for maintenance purposes. Where provided these signs should be unobtrusive. If room/ door numbering is required to a whole facility it is recommended that numbering is consistent throughout and sequential. Door numbering is not mandatory.

## 5.4 Miscellaneous Signs

The healthcare precinct will include various other signs that may be illuminated or non-illuminated such as:

- Illuminated 'X-ray Room in Use' or ‘Laser in Use’ signs
- Radiation warning signs and symbols
- Security surveillance warnings
- Safety warning signs

The colours and wording used should meet the requirements of the relevant code or regulating authority.

### *Fire Services & Egress Signs*

Fire services and egress/ exit signs will be installed in accordance with the local fire services codes and standards. As fire service equipment signs are required to be identified from any direction, consideration should be given to use of cantilevered wall signs in these locations.