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Signage and Posted Materials

Purpose

To provide a decision-making framework for signage and other posted materials based on Infection Prevention and Control principles, location, and use in healthcare 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 disinfecting of surfaces, and/or placement within a splash zone; an area at risk of being splashed

Posting Considerations

Determine whether signage will be:

- Posted for greater than 30 days
- Temporary or long term/permanent
- Removed or reposted
- Posted in a *risk zone* including all patient care areas (e.g., patient room/cubicle, treatment room, procedure room), clean or soiled utility room, equipment reprocessing area, splash zone, and medication room

Additional 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 disinfecting. In the absence of permanent mounting device use Command™ Strip tape on the back of the signage to post
- Date temporary signage, remove within 30 days or laminate and repost

Adapted from Vancouver Coastal Health.

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