

4.0 Signage

4.1 General

The preferred lettering style is 'Helvetica Medium' upper and lower case generally. Upper case only is recommended for the building Main Entry Sign. This is not mandatory.

Internationally recognised symbols (pictograms) in lieu of room titles are acceptable.

Sizes of letters in relation to reading distances, mounting heights etc. shall comply with the relevant standards.

Braille and Tactile signage are recommended for all signs within reach range. There should be a luminance contrast of 30% minimum between the lettering and the background of all signs.

4.2 Bed Numbers

Bed numbers shall be shown outside the patient bedroom. These shall be one number per bed. This is to assist in finding patients, and licensed beds, when appropriate.

In bedrooms with more than one bed, all bed numbers or the range of numbers should be shown on the sign outside the room for example:

- Beds 78 & 79 or
- Beds 78 to 81

In bedrooms with more than one bed, each bed number shall be displayed at the bed head also.

Bed numbers outside the room must be clearly visible from the corridor and not be obscured by other objects or wall returns.

The provision of a room number is optional. When provided, it should not visually compete with the bed numbers.

Each bed bay in groups of two or more shall have a number that is clearly visible, even with privacy bed screens closed.

4.3 Patient Information

It is no longer recommended to display signs containing information about a patient, such as patient details, doctor identification and special instruction at the patient bed head or in a visible place within the patient bedroom.

This is considered inappropriate due to the requirement for the privacy and confidentiality of patient records. Designers and managers wishing to install patient information holders in the rooms are advised to fully consider the impact on patient privacy.

4.4 Room Signs

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

- The format used should allow easy replacement of the sign or sign inset when the room function changes.
- It may be appropriate to deliberately omit signs on certain doors used only by staff.

Special notes may be installed to identify restricted access to certain rooms or departments.



Note 1: Vinyl-cut signs have proved to be a practical and economical option and capable of easy changing over time. However removing them can damage some surfaces.

Note 2: Some signs using removable slats can be easily stolen unless a locking cap is used.

Note 3: Door signs in general are not mandatory.

4.5 Egress Signs

Egress signs shall be installed in accordance with relevant statutory codes.

4.6 External Directional Signs

External directional signs shall have white reflective letters on a blue background. The signs shall preferably be of steel or aluminium construction.

4.7 External Illuminated Signs

External illuminated signs for an Emergency Unit shall have white letters on a red background. External illuminated signs for the Main Entry and Night Entry shall have white letters on a blue background.

Note: Emergency department is referred to as Emergency unit in these Guidelines. The sign however should refer to "Emergency".

4.8 Fire Services Signs

Fire services signs shall be installed in accordance with the fire services codes and standards

4.9 Internal Signs

4.9.1 Directional Signage

Non illuminated directional and area identification signs should be as follows:

- Ceiling or wall mounted
- Text on contrasting background - dark lettering on light background preferred
- A guide for the patient or visitor until they reach a room or door sign for the intended destination
- Not obscure other critical ceiling fixtures such as emergency lighting or fire exit signs.

Serious consideration should be given to the provision of alternate low level signs in Braille (as well as plain text) in Hospital Entrance Foyers leading to major departments, lifts and public amenities. It is recommended that such signs be installed immediately above the hand rail.

4.10 Door Numbers

Door/Frame Numbering or tags may be required by the management for easy maintenance. This is a separate concept to room signage showing the function or the room. Door numbering is not mandatory. Unlike room signs, door numbering may be small and unobtrusive.



4.11 Miscellaneous Signs

Miscellaneous signs, illuminated and non-illuminated are to be provided as required. These could include illuminated 'X-ray Room in Use' signs. The colours used should meet the requirements of the relevant code or regulating authority.

4.12 Road Markings

Road markings such as parking bays, arrows, symbols and instructions should be white generally, blue for disabled and yellow for restricted zones.

4.13 Street Signs

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

Accreditation Standards usually require that the facility have street directional signs sufficient to enable it to be easily located from the major access road in the area.

The Emergency Unit, if provided, will require an illuminated sign that is clearly visible from the entrance to the Hospital site.



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