

Purpose

This document provides Infection Prevention and Control (IPC) guidance for health care facility signage, notices and materials based on location and use in health care settings. The best practices outlined below will reduce the transmission of organisms throughout health care facilities.

Scope

The document applies to all Fraser Health facilities, including administrative settings, community clinics and physician offices, testing centres, acute care and outpatient clinics, shelters, and long-term care (owned and operated, and affiliated sites) and assisted living facilities.

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. The guidance below can be implemented using a phased approach or when facilities are undergoing extensive decluttering, capital upgrades or renovations (e.g. replacement of corkboards with dry-erase/magnetic boards during facility upgrades). Recognizing that each facility faces unique challenges in implementing the requirements outlined below, facilities are encouraged to contact their site IPC contact for assistance in developing facility-specific strategies and solutions.

Signage Best Practices

- Avoid visual clutter by limiting posted signage to current, relevant information items
- If signage will be posted for a **long-term period (> 30 days)**, reused or posted in a “risk zone” (e.g. patient care area including procedure and treatment rooms, clean or soiled utility room, equipment processing area, splash zone, or medication room), either:
 - Laminate the sign
 - Ensure the sign is fully contained within a wipe-able cover or holder, or
 - Print on rigid substrate which may be cleaned and disinfected
- If signage will be posted for a **short-term period (< 30 days)**, date signage with expiry date (e.g. 30 days from posting date) and remove within 30 days
 - Non-laminated additional precautions signage should be discarded once precautions are discontinued
- Remove and replace signage if it becomes soiled, unreadable, dog-eared, or torn
- Sheet protectors should not be used as an alternative to lamination, as they cannot be easily cleaned
- Minimize the amount of posted paper (e.g. notices, handouts and pamphlets)
 - Remove paper handouts and/or pamphlets from holders in patient care areas during outbreaks (e.g. Influenza, COVID-19)

Physical Controls

- If signage or paper is repeatedly reposted in the same location (e.g. patient or resident door), provide a permanent cleanable mounting device (e.g. plastic holder or mount that provides access to the bottom of the mount to be cleaned)
- Avoid the use of tape, as the adhesion harbours bacteria and leaves behind a sticky residue that impedes cleaning and disinfection
 - In the absence of a permanent mounting device, use double-sided adhesive dots, , a magnetic clip, magnetic tape or some other alternative on the back of the signage to post

- Have a plan to gradually replace corkboards and other hard-to-clean boards, as their porosity creates a receptive surface for harbouring bacteria and contamination
 - Install dry-erase whiteboards or magnetic boards for signage
 - Ensure magnets are cleaned whenever signage is changed
 - Ensure magnets are kept out of reach when there are safety concerns

Cleaning and Disinfection

- Clean signage based on the risk of contamination depending on where it will be posted:
 - Signs in high-touch areas require a wipe down of surfaces when the area is cleaned if the signs are frequently touched
 - Signs in low-touch areas require a wipe down monthly if they are laminated; discard if they are not laminated

References

- Faires, M. C., Pearl, D. L., Berke, O., Reid-Smith, R. J., & Weese, J. S. (2013). The identification and epidemiology of methicillin-resistant *Staphylococcus aureus* and *Clostridium difficile* in patient rooms and the ward environment. *BMC Infectious Diseases*, 13(1), 1-13.
- Hope, C. K., & Malton, L. V. (2009). Concerning the survival of saliva-borne oral bacteria on patient notes. *The Journal of Hospital Infection*, 73(3), 282–283. <https://doi.org/10.1016/j.jhin.2009.07.007>
- Hübner, N.-O., Hübner, C., Kramer, A., & Assadian, O. (2011). Survival of bacterial pathogens on paper and bacterial retrieval from paper to hands: preliminary results. *The American Journal of Nursing*, 111(12), 30–34. <https://doi.org/10.1097/01.NAJ.0000408181.37017.82>
- Schulz-Stübner, S., Zimmer, P., & Leonards, P. (2015). Paper Records of Patients in Isolation for Colonization or Infection With Special Organisms: A Potential Fomite? *Infection Control and Hospital Epidemiology*, 36(11), 1373–1375. <https://doi.org/10.1017/ice.2015.198>