

Improving the patient experience program

Wayfinding and signage guidelines for emergency departments



Improving the patient experience program

Wayfinding and signage guidelines for emergency departments



Accessibility

If you would like to receive this publication in an accessible format, please phone Bernice Redley (9096 8064) using the National Relay Service 13 36 77 if required, or email: bernice.redley@dhs.vic.gov.au

This document is also available in PDF format on the internet at: www.health.vic.gov.au/emergency/edaudit

Acknowledgements

The Department of Human Services wishes to thank the following organisations and people for their contributions to the *Wayfinding and signage guidelines for emergency departments*:

- Reference hospitals and staff from Box Hill Hospital, Frankston Hospital and Dandenong Hospital
- Growth Solutions Group
- Diadem.

Victorian Government Department of Human Services, Melbourne Victoria. © Copyright State of Victoria, 2009

This publication is copyright. No part may be reproduced by any process except in accordance with the provisions of the *Copyright Act 1968*.

Authorised by the State Government of Victoria, 50 Lonsdale Street, Melbourne.

Also published at
www.health.vic.gov.au/emergency/edaudit

July 2009 (090401)

Contents

Introduction	1	1. Wayfinding design principles for EDs	2
Using these guidelines	1	1.1 Visual breadcrumbs strategy	3
Who should read these guidelines	1	1.2 Colour scheme	4
Rules and guidance notes	1	1.3 Reassurance and permission	4
What is hospital wayfinding?	1	1.4 Language and sign content	5
Wayfinding matters	1	1.5 De-cluttering	6
		1.6 Verbal directions	7
		1.7 Architectural features and landmarks	7
		1.8 Special needs	7
		2. How-to guide	8
		1. Regular review or issues flagged	9
		2. Emergency department walk-through	10
		3. Ideal solution	12
		4. Business case development	12
		5. Implement and manage	13
		6. Review and evaluate	13
		3. Design guidelines	14
		4. Sign catalogue	15
		Emergency signage legend	15
		Colours	16
		Arrows	17
		Arrow grid	17
		Typography	18
		Waiting room	21
		Cubicle	23
		Assistance signs	24
		Amenities	25
		Ambulance bay	30



Introduction

Using these guidelines

The *Wayfinding and signage guidelines for emergency departments* is intended to assist public hospitals in Victoria to improve the experience of patients visiting their emergency departments.

It builds on the Victorian Government's Improving the Patient Experience Program (commenced 2005) signage improvements across Victorian hospitals.

Who are these guidelines for?

These guidelines are relevant for staff who are responsible for managing emergency department patient experiences or outcomes, hospital capital works, or building management in Victoria's public hospitals.

Rules and guidance notes

This document is intended as a guide to assist hospitals to improve the experience of patients finding their way to and within a hospital emergency department. It is a set of principles to be adapted to each unique hospital.

What is hospital wayfinding?

Wayfinding is the system that assists patients to find their way from one place to another, often through a complex or new environment. A professional wayfinding system will identify the most effective way to direct people through a space, based on evidence collected from the particular space it relates to. The tools to assist people in wayfinding can include:

- printed information
- architectural features and design elements
- permanent signage
- digital devices
(for example, kiosks or information screens)
- existing landmarks (natural or man-made)
- human interactions
(for example, with information officers).

Wayfinding matters

Patient experience is emerging as an important factor in overall patient satisfaction and care outcomes. Poor wayfinding systems can increase anxiety, confusion and dissatisfaction with a person's hospital experience. They can also represent a significant hidden cost to a hospital, often in the form of lost time from staff members giving directions to visitors and appointment delays.

The complexity of many hospital sites, combined with the varied mobility and cognitive needs of many patients and the impact of stress on their normal visual coping strategies, creates a need for improving patient wayfinding in many of Victoria's public hospitals.





This guide recognises that those seeking emergency department care often experience additional stress and cognitive impairments compared to other hospital visitors.

1. Wayfinding design principles for emergency departments

A good wayfinding design solution meets the needs (and answers the questions) that patients and first-time visitors have when navigating their way to and through an emergency department.

The following table summarises the questions that the wayfinding system seeks to answer at the critical decision points along the patient journey.

Table 1: Patient journey and needs

1. Physical journey to emergency department	2. Presentation to emergency department, assessment and wait	3. Clinical treatment	4. Admitted or discharged
<p>Patient wayfinding needs</p> <ul style="list-style-type: none"> • Where is the closest hospital? • Where is the entrance and drop-off zone to the emergency department? • Which is the right entrance? • Where do I go? • Where is the closest car park? Cost? Parking restrictions? 	<ul style="list-style-type: none"> • Where do I go first? • Who do I see first? • What’s expected? • When will I be called? • How urgent is my case compared to everyone else? • What can I do whilst I wait? Can I go to the toilet, make a phone call, eat? • Where are the toilets? Where is the café? 	<ul style="list-style-type: none"> • Where is the internal emergency department reception, information desk? • Where is my cubicle? • Who will see me? • What procedure will I have? • What can I expect the next stage to be? • When can I go home? • Can I contact my family? How? • How much will it cost? Public hospital, it’s free. 	<ul style="list-style-type: none"> • What should I do next? • Where is the pharmacy? • Where is the exit? • How do I get to the car park? • Staff • Architectural design • Exit signs
<p>Signage system overview</p> <ul style="list-style-type: none"> • Emergency sign from side entrance • Emergency sign above main entrance • Directional signs exterior and interior 	<ul style="list-style-type: none"> • ‘Go here first’ sign • ‘What should I do?’ sign • ‘While you wait’ sign • Hospital printed information and DVD • Triage nurse further information • Clerical staff 	<ul style="list-style-type: none"> • Cubicle numbers • Staff – clerical, nursing, medical, other • Architectural design 	<ul style="list-style-type: none"> • Staff • Architectural design • Exit signs • Conditions specific information
			

The signage system (see the **Signage catalogue** at the end of this document for the complete list of available signs) has been designed with the following principles in mind.

1.1 Visual breadcrumbs strategy

The main purpose of the emergency department wayfinding system is to help people get from outside the emergency department to the triage desk - the first point of interaction for all patients.

A system of white text on a solid 'emergency' red background is used. Colour is more quickly received as a message to the brain than text, thus speeding up recognition. This colour strategy also reduces the need for multi-lingual signs.

High contrasting colours also assists people with decreased vision. The purpose of the white text on solid red system is to bring people to triage. At that point, detail and verbal directions can be given by a person.



Follow exterior red signs



Follow red colour inside hospital



Follow direct to the triage destination within the waiting room



Final destination.

Speak to a person who can help (Triage Nurse)

1.2 Colour scheme

There are four levels to the colour strategy:

1. Solid red (with white text)

Primary navigation to the emergency department and then to the triage desk.

2. White (with red text)

Key locations within the emergency department, including cubicle numbers.

3. Green (with grey text)

Non-clinical information signs for within the waiting room. These signs play a role of reassurance and they 'give permission' to patients and visitors to use the facilities and to ask questions, for example – non-clinical information; signs for within the ED.

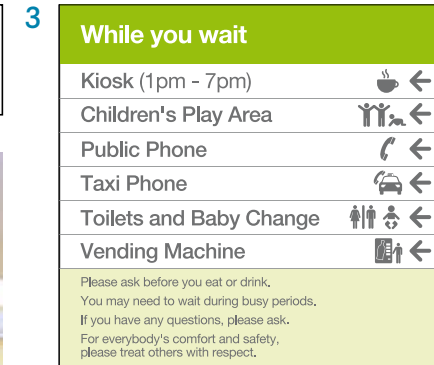
4. Standard universal signs (various colours)

Symbols for toilets, disabled access, fire exits and fire equipment are all universal symbols and colours, as required by legislation and common practice.

1.3 Reassurance and permission

Once inside the waiting room, the 'Go here first' sign draws patients to the triage desk. Beyond this point in the journey, red text on a white background indicates a service within the emergency department.

Simple messages on signage help reassure patients (for example, by giving patients permission to ask questions if they are unsure).



1.4 Language and sign content

English

Main emergency department signage should be in English only. Sign colour and the presence of staff in emergency departments remove the need for complicated multi-lingual signage.

De-jargon

The signs are designed to be understood by people who are first time visitors to a hospital (people who may not know any medical terminology). The simplest, most universally understood words should be used. An example is saying 'Go here first' instead of 'triage'. Avoid acronyms.

Information hierarchy

Information on signage needs to follow a logic: information presented either in order of importance or sequential order. For example, the cubicles or rooms should be numbered in a sequential order so that a visitor would arrive first at number 1 and next at number 2 as they move from the waiting room into and through the treatment areas.

Behaviour problems

Despite the potential for behavioural problems in emergency departments, signage that warns people not to be aggressive is generally to be avoided in emergency departments.

There is no reliable evidence to suggest such signage is effective in reducing aggression and it may, in some situations, actually increase the tendency to act aggressively.

Patient centered

All language should be positively framed to provide reassurance and reinforce desired behaviours. Empowering people to participate in their care can help reduce demands on staff. For example:

- Tell us if you are feeling worse.
- Please ask before you eat or drink.
- For everybody's comfort and safety please treat others with respect.
- If you have any questions, please ask.

1.5 De-cluttering

In the busy and stressful environment of an emergency department waiting room, it is important that every effort is made to minimise patient stress.

A physically or visually cluttered environment adds to stress, reduces cognition and confuses patient wayfinding.

All non-wayfinding communications to patients should be restricted to a patient information wall or patient bulletin board in one location in the waiting room.

All parties wishing to place posters in the waiting room should be required to place them in the designated space.

Emergency department staff can then manage the content and posters in the designated space according to local guidelines and their judgement.

Non-essential signage should be avoided in the waiting area. Emergency department staff and management will need a local policy to regulate and remove any material that is not relevant on a regular basis.

Examples of clutter in waiting rooms:
What not to do.



Example of a de-cluttered environment:
What to do.



1.6 Verbal directions

Staff should not underestimate the importance of giving verbal instructions to help people find their way to the emergency department from other parts of the hospital. Identify a simple set of verbal directions to assist. These may refer to adjacent landmarks (for example, 'just to the right of the main entrance' or 'next to the orange wall').

Visitors and patients will usually need standard verbal directions within an emergency department.

1.7 Architectural features and landmarks

One of the most useful methods of improving wayfinding is to create visually distinctive landmarks along a complicated journey. In an unfamiliar environment, the mind will recognise elements that are different from their surrounding environment. Examples might include:

- A piece of large art -
'Go past the large red guitar',
or 'Go to the big green beanstalk'
- A coloured feature -
'Turn left at the purple wall',
or 'Go through the red door'
- A built-in feature -
'Go through a big archway',
or 'Turn right at the stairs'
- Other examples include; landscaping, floor coverings, lighting, wall and window graphics.

1.8 Special needs

Wayfinding needs to be designed for everyone - and that includes the people who have the most difficulty in finding their way. These people include:

- first-time visitors
- the elderly
- people with limited English
- people with a vision impairment or mobility issues.

The visual breadcrumbs strategy (strong use of emergency red - see colour scheme section on page 16) is intended to help guide people who cannot read text. Their needs should be taken into account with sign size, height and material selection.

2. How-to guide

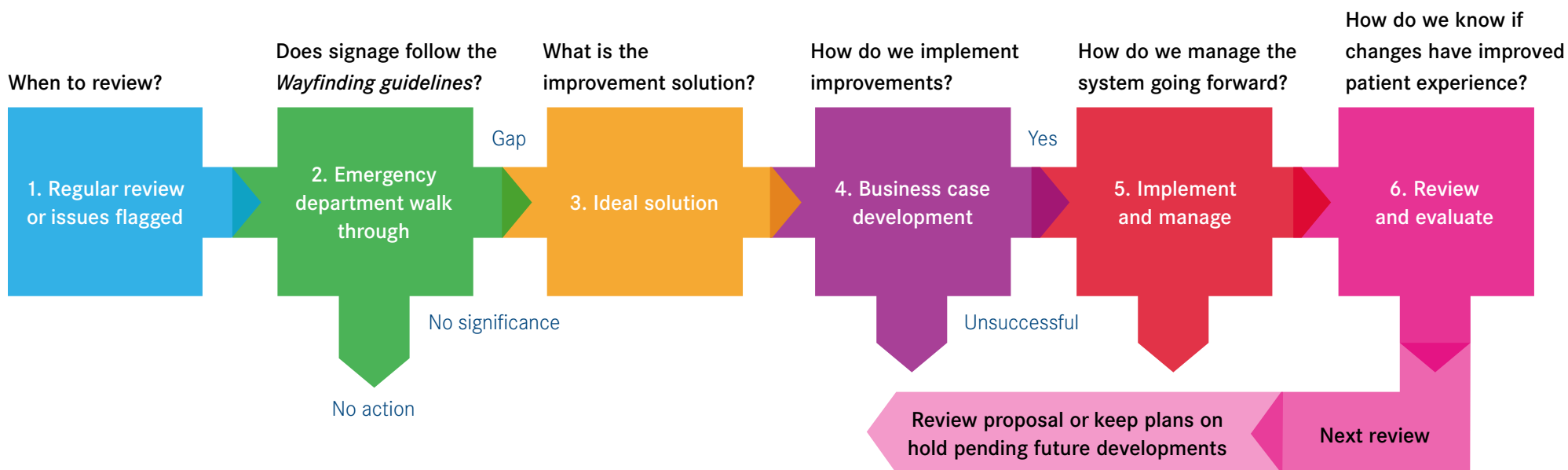
This chapter contains a practical guide for hospitals on how to conduct a complete review of an individual emergency department’s wayfinding and signage system.

This process can be assisted by an outsourced professional or completed by internal hospital staff. It is assumed that the principles of emergency department wayfinding outlined in Chapter 1 have been read.

If the wayfinding or signage problem is significant, the solution complex or the emergency department is new, hospitals may consider engaging a professional wayfinding consultant.

You can contact the Department of Human Services on (03) 9096 8064 or email: edsignage@dhs.vic.gov.au for assistance.

Table 2: Wayfinding review overview





1. Regular review or issues flagged

A wayfinding review should be conducted at least once every two years to ensure the system meets patient needs. The following events may also trigger the need for a review:

- A department redevelopment.
- Relocation of hospital units.
- Changes to hospital or signage guidelines.
- Increase in the number or seriousness of complaints.
- Feedback from visitors or staff that there is a problem.

The following sources of evidence can also help to identify a wayfinding issue:

Complaints and suggestions

Review complaints and suggestions from patients, staff and the general public and identify information that may relate back to wayfinding issues such as the physical layout of the emergency department and impact on patient flow, patient confusion about finding where they need to go, expectations around the waiting room and about what they can do whilst they wait.

Staff feedback and anecdotes

Talk to medical, clerical, nursing (including Triage) and security staff. Seek information on any directional questions often asked by patients, where visitors typically get lost, traffic flow issues and any particular trouble spots that may be caused by an inadequate wayfinding system.

Observation

Observe the way patients and visitors move through the emergency department. Analysis of human behaviour will identify natural choices of direction, the effectiveness of directional signage and reveal wayfinding trouble spots.

Patient numbers

Review overall growth or decline in the number of people seeking and receiving treatment at the emergency department.



2. Emergency department walk-through

The next review stage is to physically walk-through the emergency department following the typical patient journey (outlined in Table 1, page 2).

What you will need

- A **review team** who will conduct the assessment, ideally including at least one person who is unfamiliar with the hospital site. The walk-through can be conducted individually or as a team.
- A **hospital site map** and **emergency department floor plan** with the typical patient journey and key points of decision making clearly marked. Copy for each team member.
- Copies of the wayfinding and signage issues identification **worksheet** for each team member (included over page).
- Copies of this guide and **sign catalogue** (outlined in Chapter 3 of these guidelines).
- **Optional** – a **camera** to take photos during the walk-through.

What you need to do

Ask the team to:

1. Read Chapter 1 of these guidelines, *Principles of emergency department wayfinding*
2. Take the hospital maps, these guidelines and the wayfinding and signage issues identification worksheet and physically walk from each site entrance through to the department and cubicles.
3. Stop at each decision making point in the journey and consider whether the wayfinding system and signage answers key patient information needs (as outlined in Table 1), whether signage complies with the design standards outlined in this guide and any other issues that may impact negatively on patient experience.
4. Return their completed issues worksheet. Compare the team reviews with the recommendations outlined in these guidelines to identify gaps. This evidence will help establish a fact base from which a business case can be developed.

3. Ideal solution

The ideal solution is the best alignment that can be achieved between the existing or newly developed wayfinding system and design principles outlined in Chapter 1.

1. Firstly, identify what needs to change, for example:
 - What new information is required to meet patient wayfinding needs at each point of the journey.
 - Which sign type from the sign catalogue and specific content is required.
 - What location is best (placement options).
 - Materials, illumination, sign size.

2. Consider any potential architectural impact, along with any impact on patient flow, other staff and general operations. Identify how any negative impact will be mitigated.
3. Create the signage schedule (outlined in Chapter 3 of this document).
4. Cost the solution by gathering at least three competitive quotes.
5. Finally, test the solution with the team who completed the walk-through assessment. Review or refine the solution if required.



4. Business case development

A business case will help to justify the investment required to change the existing wayfinding system and may be required as part of hospital due diligence or simply to assist in the planning process. Outcomes from steps 1-3 will largely contribute to the business case content.

A typical business case may cover the following:

- Limitations of the current wayfinding system:
 - Limitations and costs (both real and hidden costs, for example, cost of direction giving incidents) associated with the current wayfinding system.
 - Gaps between the current system and best practice standards outlined in this document.
 - Evidence of negative impact on patient experience.
 - Best practice case studies.

- Expected benefits of proposed solution.
- Expected resources required to implement the solution.
- Plan for ongoing management and control, including responsibilities.

If the business case is unsuccessful, keep it on hand to use at a later date.

Keeping a standard business case on hand containing up to date evidence, information and case studies can be beneficial to quickly seize any new opportunities that may arise, such as announcements about new policy initiatives (both Government and internal hospital announcements) or additional funding support outside normal hospital budget processes.





5. Implement and manage

External signage professionals will likely need to be engaged during the implementation phase to install new signs and conduct any other works required.

The emergency department needs to provide the new signage schedule to the signage professionals.

To ensure the wayfinding system continues to deliver the optimal patient experience possible, devise a plan that assigns responsibility for its management and ongoing maintenance in the future. This plan will include:

- How the adequacy of the system will be monitored
- How potential triggers that would kick-start a wayfinding review will be monitored
- Ongoing management of de-cluttering policy
- Guidelines for appeal and request process for new signs
- Scheduling of future signage reviews.

6. Review and evaluate

Monitor and periodically measure the effectiveness of the wayfinding system in order to evaluate if changes have positively impacted the patient experience.



3. Design guidelines

1. Emergency department graphic identity

Emergency departments must follow the sign design standards outlined in the following pages.

Design elements

Arrows

Arrows are designed for clarity, with rounded edges adding an element of softness and reassurance.

Typography

Helvetica is used on the signage. Because of its readability, it is a widely used font in signage. All text must use both Upper and Lower case (except for the 'Emergency' directional sign which uses capitals to stand out in the busy exterior environment).

Symbols

A base set of symbols is included in the sign catalogue. If new symbols need to be developed, they must be tested with appropriate user groups.

Only use a symbol if people will already know its meaning when they enter, without anyone needing to explain it.

Incorporating hospital graphic identity

Given the universal nature of emergency departments, hospital graphic identities should not be placed on emergency signage.

Colour and contrast

See colour palette on page 16 – colours have been selected for appropriate contrast.

Placement and size

Signs must be visible and legible for all users.

Sign fixing heights play an important role in the legibility of information. Reference should be made to international standards.

Type size should be selected for maximum legibility at the relevant viewing distance. This will be a particular consideration for external signage.

External signs must be tamper proof and resistant to weather. Internal signage should be tamper proof and illuminated internal signs should only be used where the operation or process requires it.

Pedestrian and vehicle signs – vehicle signage must conform to local state and national standards for all approach roads and site circulation. Pedestrian site signage must be distinct from vehicle signage to avoid confusion.

Materials and finish

Tactile and special needs signage – the national standards for tactile and Braille signs should be applied consistently where appropriate. For assistance please go to <www.healthdesign.com.au/vic.dghdp>.

The finish of the sign face can have a significant impact on the legibility of information. The proximity of light sources to signs can also play an important role and gloss factors must be considered when specifying materials.

4. Sign catalogue



Emergency signage legend

Sign type codes

- 1A Major external illuminated sign
- 1B Minor entrance non-illuminated
- 2A Interior: Wall mounted panel - Major directional
- 3A Interior: Wall mounted panel - Information
- 4A Operational information or directional sign

Sign design codes

- E Emergency signs
- I Information signs

Arrow direction codes

- | | |
|----------------|----------------------|
| N North | NE North East |
| E North | NW North West |
| S North | SE South East |
| W North | SW South West |

Individual **emergency** wayfinding signs are specified by a system of coding (above). To the left is an example of how a particular sign would be specified.

Colours

Red

Primary colour to be used on all exterior Emergency wayfinding signage and on some internal signs designed to get the visitor to the Triage desk.



Red
PMS 1797 C
C0 M100 Y100 K5

Grey

Secondary colour used on most interior signage for text and icons. Grey is softer on the eye and more calming than black on white, which can be harsh to read. Grey is actually easier to read.



Grey
PMS Cool Grey 11 C
C0 M0 Y0 K70

Green

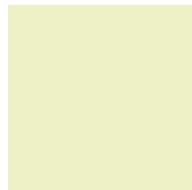
Secondary colour used on most interior wayfinding information and signage for heading blocks with the heading word reversed out white. Green has a calming effect.



Green
PMS 376 C
C50 M0 Y100 K0

Light green

This is used as a background on some signs to differentiate a section of grey text.



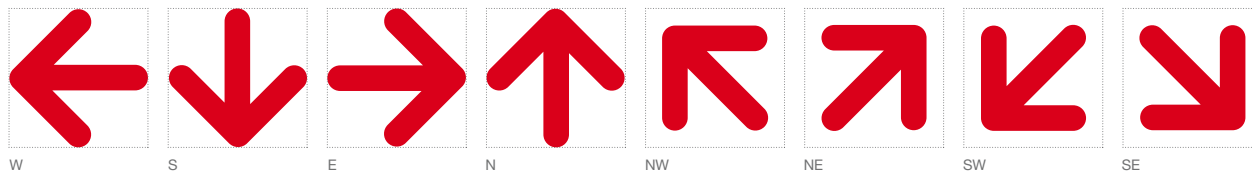
Light Green
PMS 372 C
C10 M0 Y30 K0

Blue

This is used in small amounts for reference to parking and general hospital communication (ie not Emergency).



Blue
PMS 2935 C
C100 M50 Y0 K0



Arrows

Arrows are the primary icon used for direction.

The Emergency arrows are rounded to appear less harsh than the sharp edged arrow.

Arrow direction codes

When specifying the arrows for signs, the arrow should be termed by compass direction:

- N for North
- E for East
- SW for South West.

(See the coding reference left)

Icons

The icons have been developed to have rounded features to reflect the arrow.

Arrow grid

The arrow icon is constructed on a 5 x 5 square grid in relation to the rectangular space it sits within on signage. This is to protect its clear space and its relationship with the text on signs. This grid also ensures it is used in a consistent size across all signs.



Typography

Helvetica Neue

A variety of weights are used depending on the importance of the communication.

The word **Emergency** is Helvetica Neue Bold. All headings on signage are set in bold too.

Helvetica Neue Medium can be used for sub headings for supporting information.

Helvetica Neue Roman is used for all body text.

ABCDEFGHIJKLMNOPQRSTUVWXYZ1234567890
abcdefghijklmnopqrstuvwxyz

Helvetica Neue Bold

ABCDEFGHIJKLMNOPQRSTUVWXYZ1234567890
abcdefghijklmnopqrstuvwxyz

Helvetica Neue Medium

ABCDEFGHIJKLMNOPQRSTUVWXYZ1234567890
abcdefghijklmnopqrstuvwxyz

Helvetica Neue Roman



E01(a)



E01(b)



E02(a)

For situations where space is limited



E02(b)



E03

Vertical format
To be read like a book spine

The Emergency wayfinding system is based on strong use of 'medical emergency' red (see page 3) with reversed white text for maximum visibility and recognition. The system is designed to become a visual 'breadcrumb' trail leading patients to the emergency department and triage desk through colour and over-sized white arrows.

These signs will appear at critical locations surrounding the emergency department in a range of sizes.



Note:

Emergency departments are not limited to the text illustrated on this page.

Area Outside ED

Location High on ED wall, above entrance door

Sign type E (emergency)

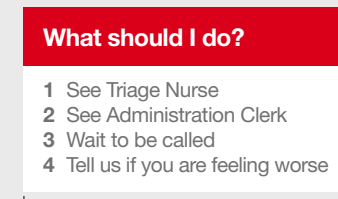
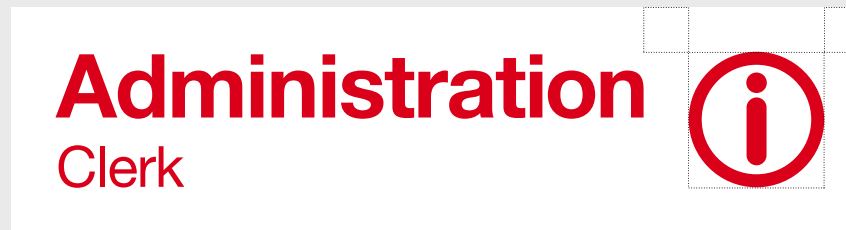
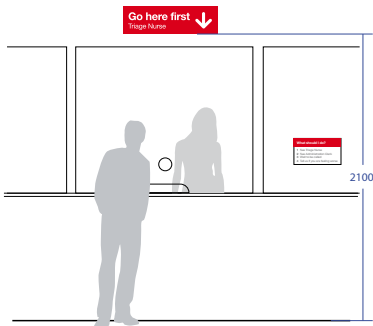
The main wayfinding message in the triage area is to get the patient first to the Triage desk and secondly to the Administration Clerk.

There are two versions of the 'Administration' sign available: with and without the information symbol.

The 'What should I do?' sign informs patients about the Emergency Department process. It is placed adjacent to the triage desk at eye-height.

It is intended to provide reassurance by outlining a working system and providing clear expectations.

The numbers are set in Helvetica Neue Bold and the instruction text is set in Helvetica Neue Roman.



Max 400mm



Waiting room

Internal entrance signs adopt the Green and Grey colour scheme. This type of sign becomes a tertiary wayfinding sign as it is not directly related to the clinical emergency experience. **Note:** the exact wording will depend on individual site requirements.

The 'While you wait' sign uses the tertiary colour scheme to create calmness while people have to wait. The text for each entry is set in Helvetica Neue Medium.

Beneath the main directional signs are three behavioural messages relevant to the waiting room. The text is smaller and in a box of the Light Green colour. The text for this type of information is set in Helvetica Neue Roman.

A health information area should be set aside in the waiting room at a reasonable distance from the Triage desk. This area will contain a bay of information brochures. The waiting room may also contain a community notice board but this should be placed discretely to avoid clutter.

No other brochures or temporary signs should appear around the Triage area, other than those specified in these guidelines. Clarity of signage information is important for the patient experience.



Some areas will need to be labeled for clarity.

Use red text on white background for clinical areas or areas of importance in the emergency department (e.g. Security). Use grey on white for non-clinical areas. Use standard blue for toilets. Use alternative colours for other hospital departments or areas.

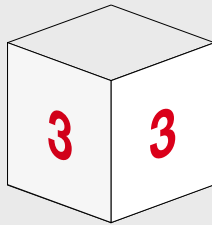
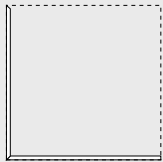


<div style="background-color: white; padding: 5px; margin-bottom: 5px;">Staff Base</div> <small>107</small>	<div style="background-color: white; padding: 5px; margin-bottom: 5px;">Staff Area</div> <small>107</small>
<div style="background-color: white; padding: 5px; margin-bottom: 5px;">Interview Room</div> <small>107</small>	<div style="background-color: white; padding: 5px; margin-bottom: 5px;">Suture Room</div> <small>107</small>
<div style="background-color: white; padding: 5px; margin-bottom: 5px;">Resuscitation</div> <small>107</small>	<div style="background-color: white; padding: 5px; margin-bottom: 5px;">X-Ray (Medical Imaging)</div> <small>107</small>
<div style="background-color: white; padding: 5px; margin-bottom: 5px;">Security</div> <small>107</small>	<div style="background-color: white; padding: 5px; margin-bottom: 5px;">Relatives Room</div> <small>107</small>
<div style="background-color: white; padding: 5px; margin-bottom: 5px;">Restricted Area</div> <small>107</small>	<div style="background-color: white; padding: 5px; margin-bottom: 5px;">Short Stay Unit</div> <small>107</small>
<div style="background-color: white; padding: 5px; margin-bottom: 5px;">Isolation room</div> <small>107</small>	<div style="background-color: white; padding: 5px; margin-bottom: 5px;">Isolation Room</div> <small>107</small>



108

Application Types - Ceiling Mounted

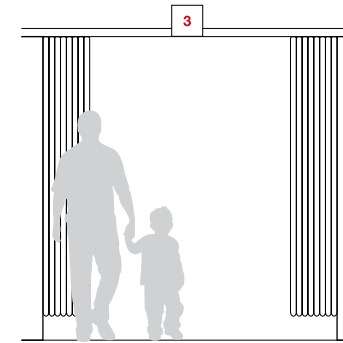


Application Types - Rail Mounted



Cubicle

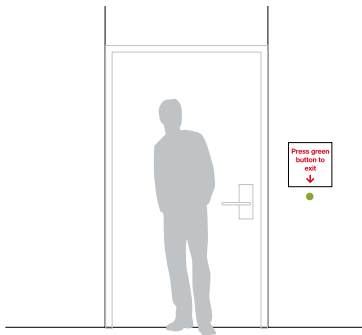
Some areas will need to be labeled for clarity. Use red text on white background for clinical areas or areas of importance (e.g. security). Use grey on white for non-clinical areas. Use standard blue for toilets.



Area Treatment Area
Location Cubicle Numbers
Sign type I (Information)

Assistance signs

Some areas will need to be labeled for clarity. Use red text on white background for clinical areas or areas of importance (e.g. Security). Use grey on white for non-clinical areas. Use standard blue for toilets. Keep language simple. Use universally understood words.



**Press green
button to
exit**
↓

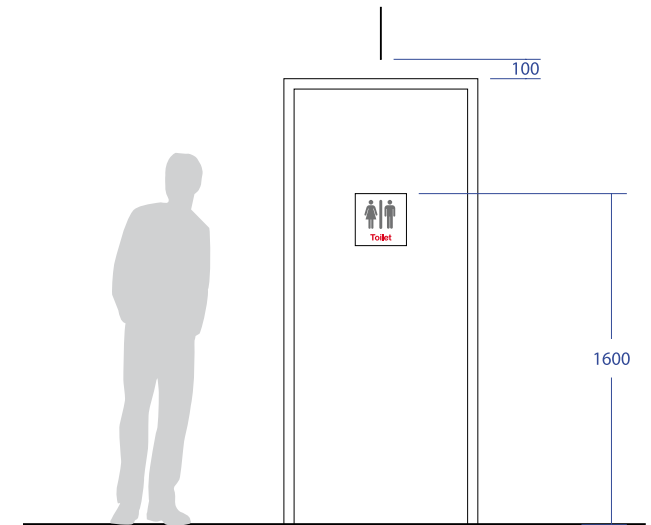
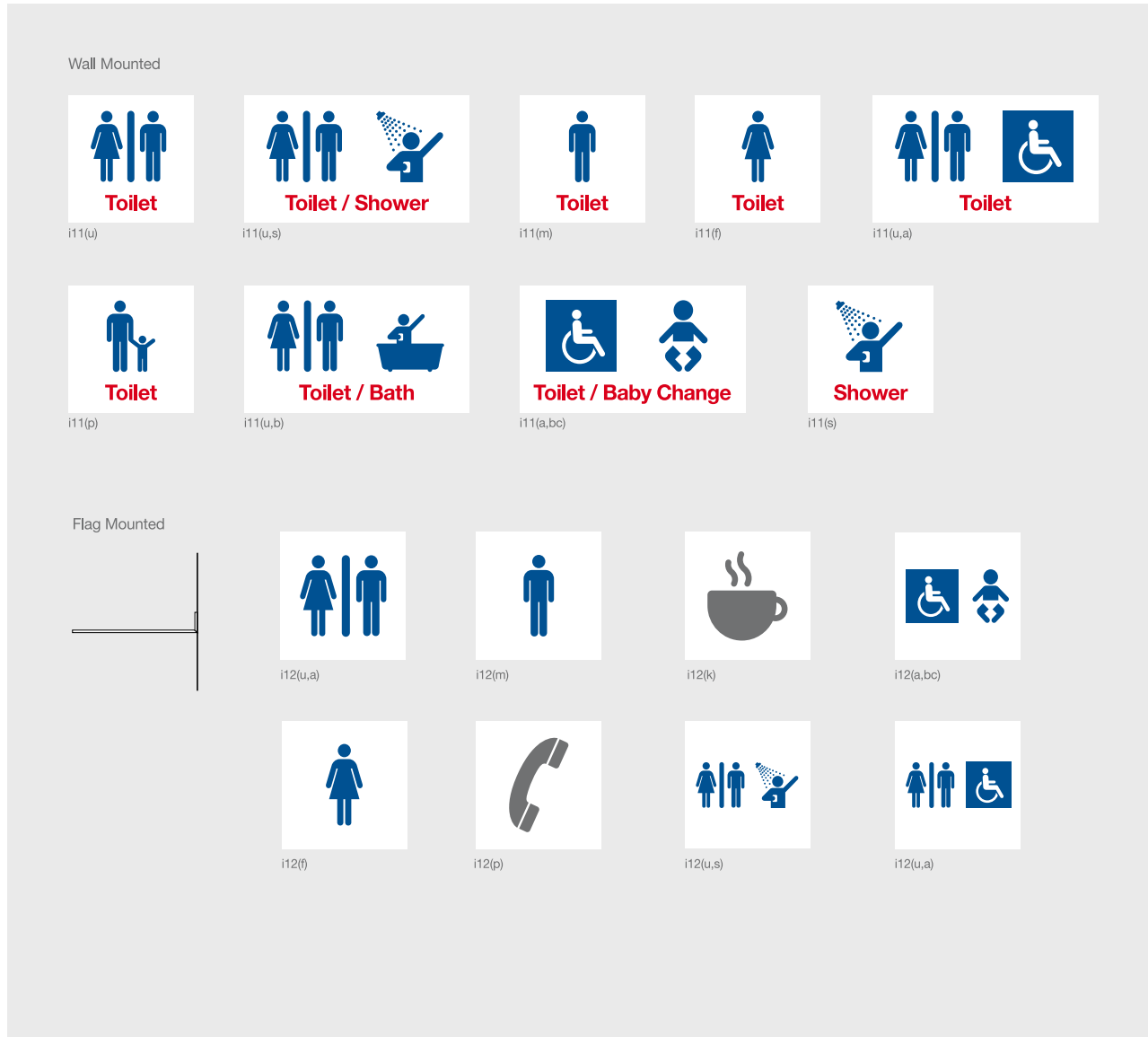
113

**For assistance
after hours
please press
buzzer** →

113

Amenities

Some areas will need to be labeled for clarity. Use red text on white background for clinical areas or areas of importance (e.g. Security). Use grey on white for non-clinical areas. Use standard blue for toilets. Use universally understood symbols.



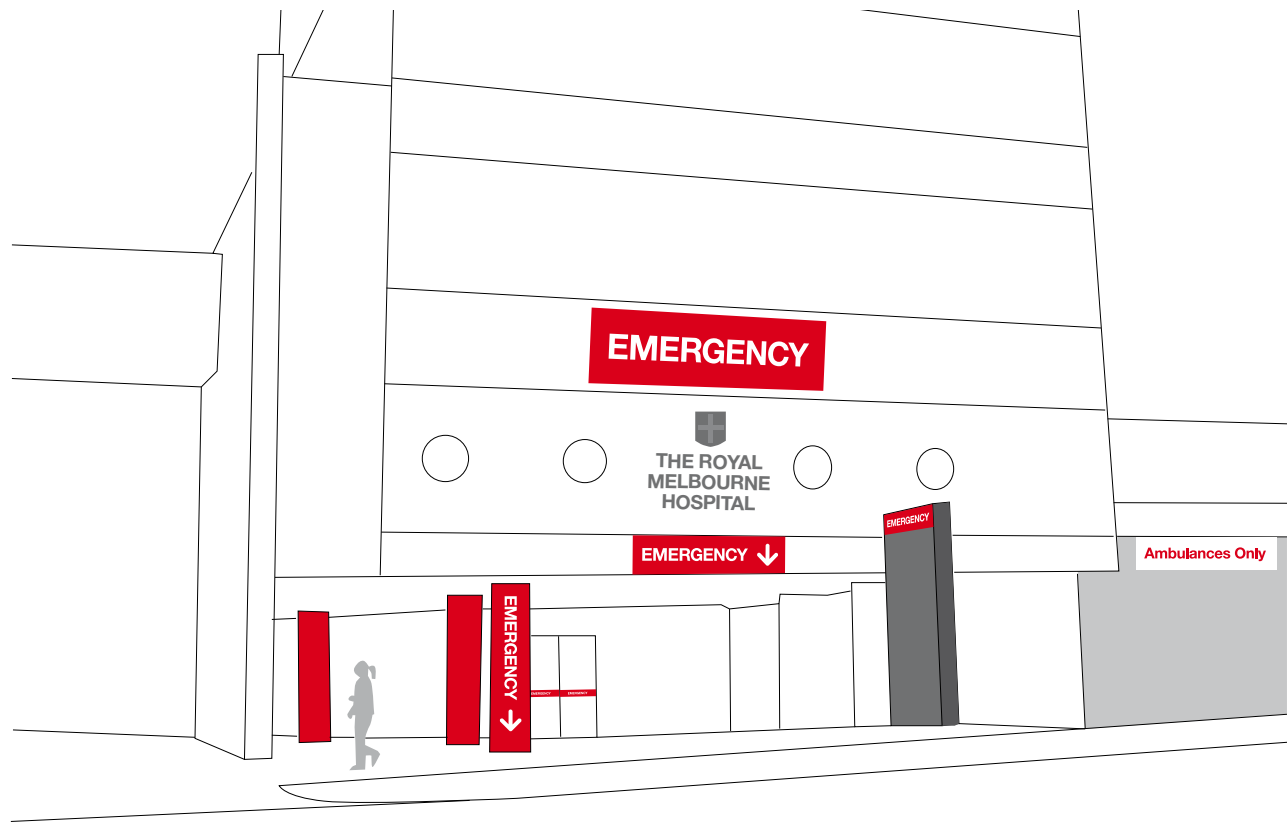


Illustration only



Illustration only

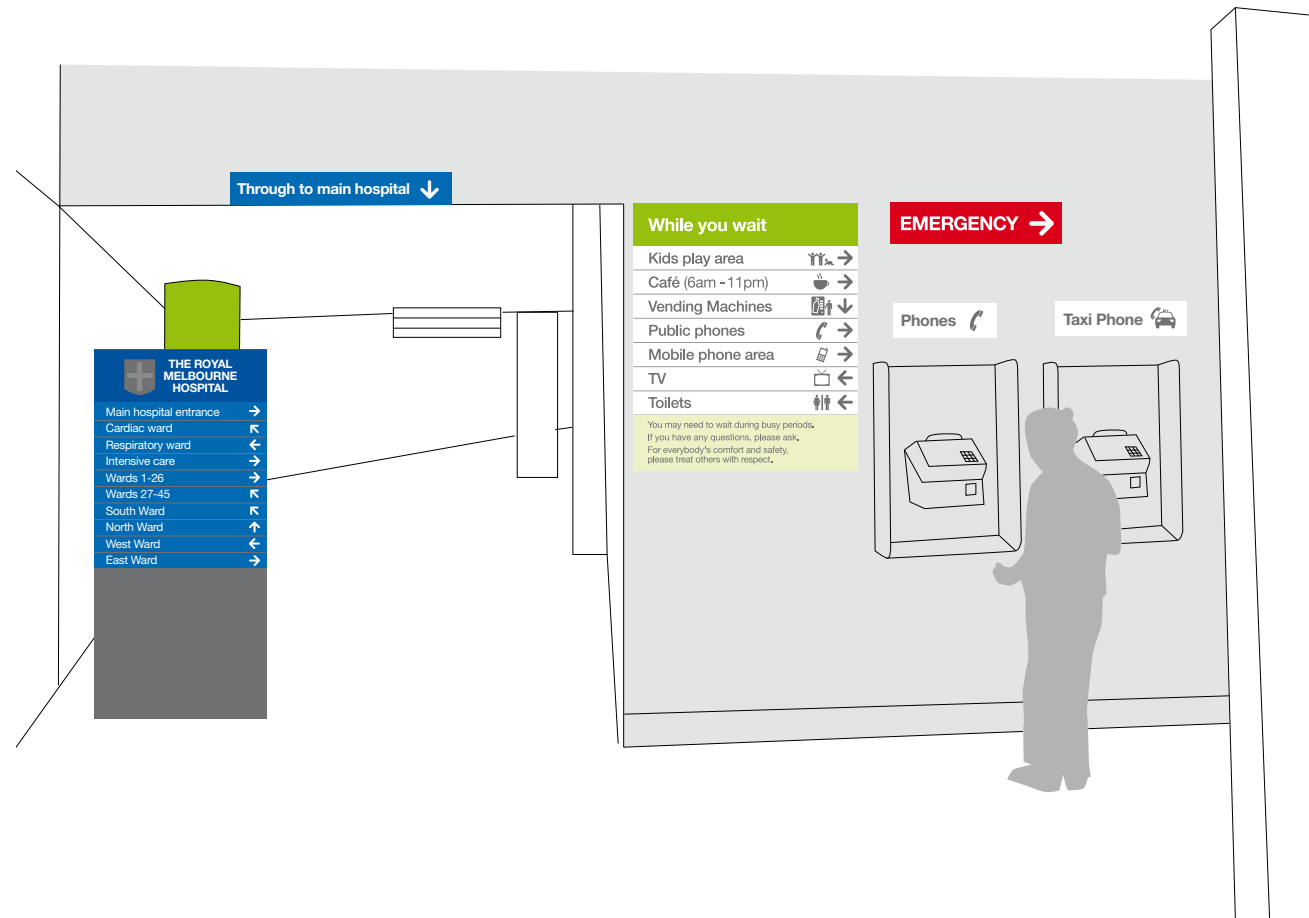


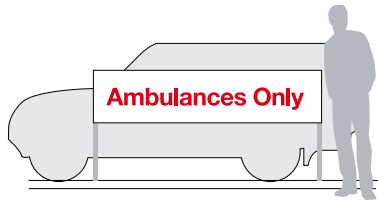
Illustration only



This rendering illustrates what the new signage might look like insitu.

Ambulance bay

The secondary colour communication is red text on a white background. As this 'Ambulances Only' sign is not directly part of the group of signs directing visitors to Triage, it should not use the white text on red background. Instead it uses red text on white background.



Ambulances Only

101

Ambulances Only

102

On parking bay floors, white text on the black bitumen should be used for maximum contrast.

Notes

