Wayfinding design principles

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Wayfinding design and signage principles for infrastructure projects delivered by Queensland Health.

DELIVERING FOR QUEENSLAND

Queensland Government

Wayfinding design principles
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Recognition statement

Queensland Health respectfully acknowledges peoples as the Traditional and Cultural Custodians of the lands on which we live and work to deliver healthcare to all Queenslanders. We recognise the continuation of Aboriginal and Torres Strait Islander peoples' cultures and connection to the lands, waters, and skies across Queensland. Queensland Health recognises that the rights of Aboriginal and Torres Strait Islander peoples are central to health and wellbeing. Consistent with the United Nations Declaration on the Rights of Indigenous Peoples (2007), these include:

- the right to practice culture
- the right to self-determination
- the right to make decisions on matters that affect lives and communities.

Aboriginal and Torres Strait Islander people also have the right to culturally safe and responsive healthcare, free of racism and inequity. We recognise it is our collective efforts and responsibility as individuals, communities, and governments to ensure the foundations laid by the ancestors give strength, inspiration, and courage to current and future generations towards creating a better Queensland.

Contents

1

Principles overview

1.1 Introduction

Queensland Health comprises Queensland Ambulance Service, 16 statutory Hospital and Health Services (HHS) and departmental divisions.

Each HHS provides public hospital and health services to its local area, except Children's Health Queensland, which operates statewide.

HHS operate in metropolitan, rural and remote areas, serving diverse communities. They may provide primary, secondary, and tertiary healthcare services, depending on local needs.

Primary healthcare focuses on health promotion, prevention, early intervention, and management, including community health centres, multipurpose health services, and primary health clinics.

Secondary healthcare provides specialised medical services beyond primary care, including clinics and hospitals with emergency departments.

Tertiary healthcare provides specialised expertise, equipment, technology, and resources. These hospitals may include research and teaching facilities and offer various co-located services, forming campuses or precincts.

Queensland Health prioritises patient satisfaction and care outcomes, particularly in understanding and navigating healthcare facilities.

Navigating complex and unfamiliar healthcare sites can be challenging for patients and visitors, leading to anxiety, confusion, dissatisfaction, and increased staff resource demands.

Queensland Health recognises the importance of effective wayfinding design that meets the needs of all users in various facilities.

This document outlines key principles and processes for wayfinding design in Queensland Health healthcare facilities.

Queensland Health recognises the importance of effective wayfinding design that meets the needs of all users in various facilities.

About this document

Queensland Health's previous *Wayfinding design guideline* was completed in December 2010. Since then, healthcare facility wayfinding design has evolved. This document provides a contemporary approach that is responsive to facility design and the needs of facility managements and the communities they serve.

Health Infrastructure Queensland has managed the document's development, including consultations with internal teams in digital health, arts in health, Aboriginal and Torres Strait Islander and accessibility consultants. Draft reviews and feedback have been sought from a number of hospital and health services across Queensland. Wayfinding design consultants, Dotdash, prepared research, writing, and publication of the document.

Caboolture Hospital

1.2 The purpose of this document

The Wayfinding design principles is a tool to assist in developing a design outcome that enhances patient and visitor experiences while supporting staff in delivering health services.

This document emphasises signage design as a core element of wayfinding and highlights the importance of intuitive navigation, complemented by digital wayfinding and supporting services.

It establishes a minimum standard for design while allowing creative thinking. It is to be read with other guides or technical notes referenced in the document.

Where to use the document

This document can be used across all project value tiers for healthcare facility projects, including:

- a new healthcare facility capital works project
- new facility on an existing healthcare campus
- redevelopment or refurbishment of an existing facility
- wayfinding signage upgrades of existing facilities to meet current legislation or visitor needs.

Queensland Health infrastructure projects are categorised based on complexity and scale, from Level 1 (low complexity ambulatory care) to Level 6 (high complexity in-patient care). These tiers determine planning, resourcing, and investment requirements.

Who is to use the document

It is intended that all participants in the design and delivery of a healthcare facility will have an awareness and understanding of this document. This includes the Queensland Health healthcare facility management team as well as the project design and delivery team.

This document enables all parties to have a common understanding and expectation of the scope of work and role and responsibilities of the wayfinding design consultant as a member of the project delivery team.

The early sections of this document introduce wayfinding, design principles, Universal design and relationship with Queensland Health's design principles.

Section 4 Roles and responsibilities outlines the role of the wayfinding consultant in context of project requirements.

Section 5 Wayfinding strategy and design focuses on wayfinding design services including site assessment, wayfinding overlays, user group journeys, visual communication and signage design.

Section 6 Design process outlines the design phases and inputs including Building Information Modelling (BIM) requirements.

The appendices list relevant guidelines, standards and codes, provide preferred language and terminology and signage requirements for each area of the facility.

This document aims to establish a minimum standard that must be achieved while providing scope for creative design thinking in its application.

Camooweal Primary Health Care Centre

2

About wayfinding

2.1 What is wayfinding?

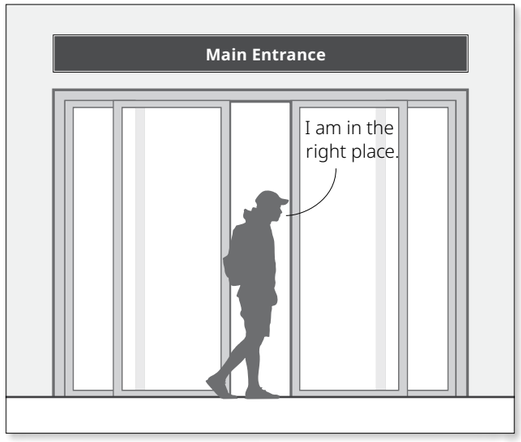
Wayfinding is the mental process that people use to travel through an environment to a desired destination. It requires the multi-sensory reading of an environment to inform navigational decision making.

The wayfinding process is fundamental to our sense of personal security and wellbeing. As we navigate within both natural and built environments, we constantly assess our surroundings and our progress within it.

Repeated use and familiarity with traditional urban, landscape and architectural environments help us establish an intuitive skill to navigate different places. In familiar settings, wayfinding becomes a subliminal mental process.

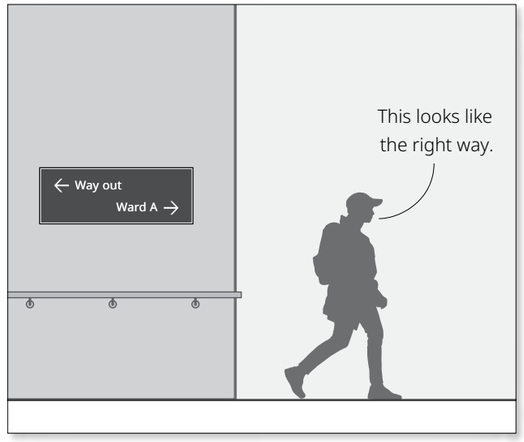
Journeys in complex environments will involve repeating the three steps shown multiple times and regularly assessing your progress in your journey to make informed decisions.

The three key components of wayfinding



1

Knowing your point of origin
relative to a known destination.



2

Understanding your progress
through the environment to that destination.

3

Knowing when you have arrived
at the destination.

The wayfinding process is fundamental to our sense of personal security and well-being.

2.2 Intuitive wayfinding

Wayfinding design is intended to respond specifically to the needs of all users to effectively navigate an environment. In simple terms there are two parts to wayfinding design—intuitive wayfinding and informative wayfinding.

Intuitive wayfinding is one's reading of an environment based on accumulated experiences over one's lifetime. Intuitive wayfinding relies primarily on sight to recognise familiar elements such as pathways, doorways, stairs, entrances, awnings, lighting etc. that will attract people to travel into spaces. It also uses hearing and smell to help assess and read the activities in the environment.

Intuitive wayfinding can be further enhanced in healthcare facility design by focusing on key elements used in intuitive wayfinding. Architects, interior designers, landscape architects, lighting designers, artists, arts in health specialists and wayfinding designers can all contribute to these outcomes.

Key considerations for enhancing intuitive wayfinding include:

- assessing lines of sight in spatial arrangements to ensure clear visibility
- aligning desire lines with travel paths wherever possible
- emphasising primary building entry points
- highlighting threshold areas and transition spaces within buildings
- accentuating major travel routes
- incorporating natural lighting to enhance key arrival and circulation spaces
- using interior finishes, colour, and lighting to define arrival zones, receptions, lift lobbies, and public pathway
- providing views to outdoor environments along corridors and travel paths to support orientation
- integrating built-in, freestanding, or suspended artworks that attract attention and serve as memorable landmarks, strengthening visitors' mental map of the area.

Intuitive wayfinding is one's reading of an environment based on accumulated experiences over one's lifetime.

Gold Coast University Hospital

2.3 Informative wayfinding

Design that supports intuitive wayfinding should encourage visitors into spaces and help them understand how spaces are connected. Informative wayfinding signage will support visitors to confidently navigate to specific destinations within a facility.

Strategically planned wayfinding information helps the user to make effective navigation decisions throughout their journey.
An information-based wayfinding system will include a range of information types including:

- identification of buildings, spaces, receptions and rooms
- orientation through mapping and directories
- directions at decision points
- advice that affects their journey and experience.

Methods of communicating wayfinding information will extend beyond signage to include all relevant media and user touch points including, web sites, correspondence, face-to-face interactions and digital technologies.

Ideally, both parts of wayfinding design work together with intuitive wayfinding features providing subliminal and explicit cues to attract the visitor and information-based wayfinding providing detailed information that responds to the specific needs of the visitor.

Strategically planned wayfinding information helps the user to make effective navigation decisions throughout their journey.

Caboolture Hospital

2.4 Wayfinding at Queensland Health facilities

Effective wayfinding design at healthcare facilities is a key part of Queensland Health's service delivery. This should provide:

- a welcoming environment for all users into facilities
- support for all users regardless of age, ability and culture
- all users' confidence and certainty as they navigate and interact within facilities.

Royal Brisbane and Women's Hospital

Queensland Health is committed to partnering across the health system to deliver accessible, equitable and sustainable healthcare for everyone.

2.5 User groups

There are two primary user groups to consider in the development of the wayfinding design.

Group 1. Healthcare facility management—Queensland Health representatives that manage and maintain the healthcare facility and the departments, wards, clinics and other services within it.

Group 2. Healthcare facility visitors—those that will visit and navigate the facility for a multitude of reasons as patients, visitors, staff, and other service providers.

Group 1. Healthcare facility management

Different representatives of the healthcare facility management will need to have input into the wayfinding design through consultation and design feedback. They will be responsible for the effective operations and management of the facility as well as all patient and community communications and interactions.

This group will represent different services within the healthcare facility including administration, quality and risk management, asset management, various clinical departments, information technology, space planning, and internal and external communications.

These representatives will have firsthand knowledge of specific patient requirements and other user needs as well as their specific processes or systems used within the facility. Their input is vital in the early phases of the project to understand their specific requirements that need to be expressed in the wayfinding system.

The wayfinding designer will engage with this group from project inception and throughout the design process to be briefed on specific requirements, present design strategies and receive feedback.

Different representatives of the healthcare facility management will need to have input into the wayfinding design through consultation and design feedback.

Royal Brisbane and Women's Hospital

2.5 User groups

Group 2. Healthcare facility visitors

This user group can be defined in different ways. For example:

- familiarity—first-time visitor, infrequent visitor or regular visitor
- reason for visit—patients, staff, ambulance service
- community diversity—age, culture, language, literacy, physical ability.

Familiarity

These user groups include regular visitors who may be familiar with part or all of the facility as well as first-time visitors who have no prior knowledge. To have maximum benefit to all, the wayfinding system needs to be designed for the first-time user.

Reason for visit

People visit healthcare facilities for different purposes. These include:

- patients (attending clinical, emergency and allied health services)
- patients' visitors
- staff
- ambulance
- delivery services
- other service providers and contractors
- visiting professionals, guests (attending meetings, seminars).

Community diversity

It is critical to understand the diverse needs of the people and communities who will access the healthcare facility. This range of user groups may include:

- local community of Aboriginal and Torres Strait Islander people
- people with low levels of literacy
- people from other cultures who use languages other than English
- an ageing population
- people who have temporary or permanent disabilities that may include reduced capacities in vision, hearing, cognitive processing, mobility and communication
- people with varying skills in using digital technology.

The wayfinding designer will engage with appropriate representatives of this group in the early design phase to understand their specific needs and how they can be addressed in the wayfinding system.

It is critical to understand the diverse needs of the people and communities who will access the healthcare facility.

Sunshine Coast University Hospital

2.6 Wayfinding communication

Wayfinding communication includes elements such as words, terms, language, images, pictograms and colours that are used to establish an ongoing dialogue with the user as they prepare for their visit and then navigate through the healthcare facility.

There are two key requirements for effective wayfinding communication:

1. Language and terms that are easily understood by all visitors.
2. Clear expression of the wayfinding strategy overlay that may include other elements such as colour and alpha and numeric sequences.

Language and terminology

Plain language is to be used in wayfinding messages to ensure that users including those of cultural and linguistic diversity and differing abilities will be able to read and understand the content. This is outlined in 5.5.1 Names, language and terminology.

Determining how services and spaces are named such as departments, clinics and wards requires close consultation with the healthcare facility user groups and specific patient and community user groups.

In particular, the use of medical terms may not be meaningful to many visitors. The list of names and terms to be used in wayfinding should be established and agreed early in the design process and introduced into the design documents prepared by all consultants so that they will become embedded into the project.

A proposed list of names and terms is found in Appendix 2. Terms used in a wayfinding system.

Wayfinding overlay

Wayfinding communication will reflect the wayfinding overlay that has been developed to aid visitor understanding of the facility. This may include strategies such as the use of colour, visual themes or alpha and numeric sequences to assist in differentiation of spaces or services. This strategy contributes to creating an address for each space and may include the key paths or services to access these spaces.

An outline of strategic wayfinding overlays is described in 5.2 Wayfinding overlay.

The list of names and terms to be used in wayfinding should be established and agreed early in the design process.

Caboolture Hospital

2.7 Wayfinding communication across all media

Language and terms used to describe addresses, departments, wards, services, and other destinations shown in the physical wayfinding system should be consistent across all forms of communication including pre-visit information. These may include appointment letters, electronic and verbal advice, website content, signage and on-site digital information or other digital services intended to support wayfinding. This will require coordination with the project's digital consultants.

Also, as some digital solutions are used across a health care campus and in some instances across an entire hospital and health service, the language and terms may need to be consistent with and extend an existing naming convention.

For clinical staff, it is important that the same language and terms are used in nurse call and security systems so that they can follow physical signage to an emergency or security incident.

Also, key frontline staff such as receptionists, concierges, and volunteers should all have up-to-date knowledge of the locations of all key services at the healthcare facility and be able to communicate this information using the same wayfinding signage language.

Language and terms used to describe departments, wards, services, and other destinations shown in the physical wayfinding system should be consistent across all forms of communication and pre-visit information.

2.8 Collaborative design approach

Wayfinding design touches many aspects of the built facility and needs to be developed collaboratively including regular engagement with other project consultants.

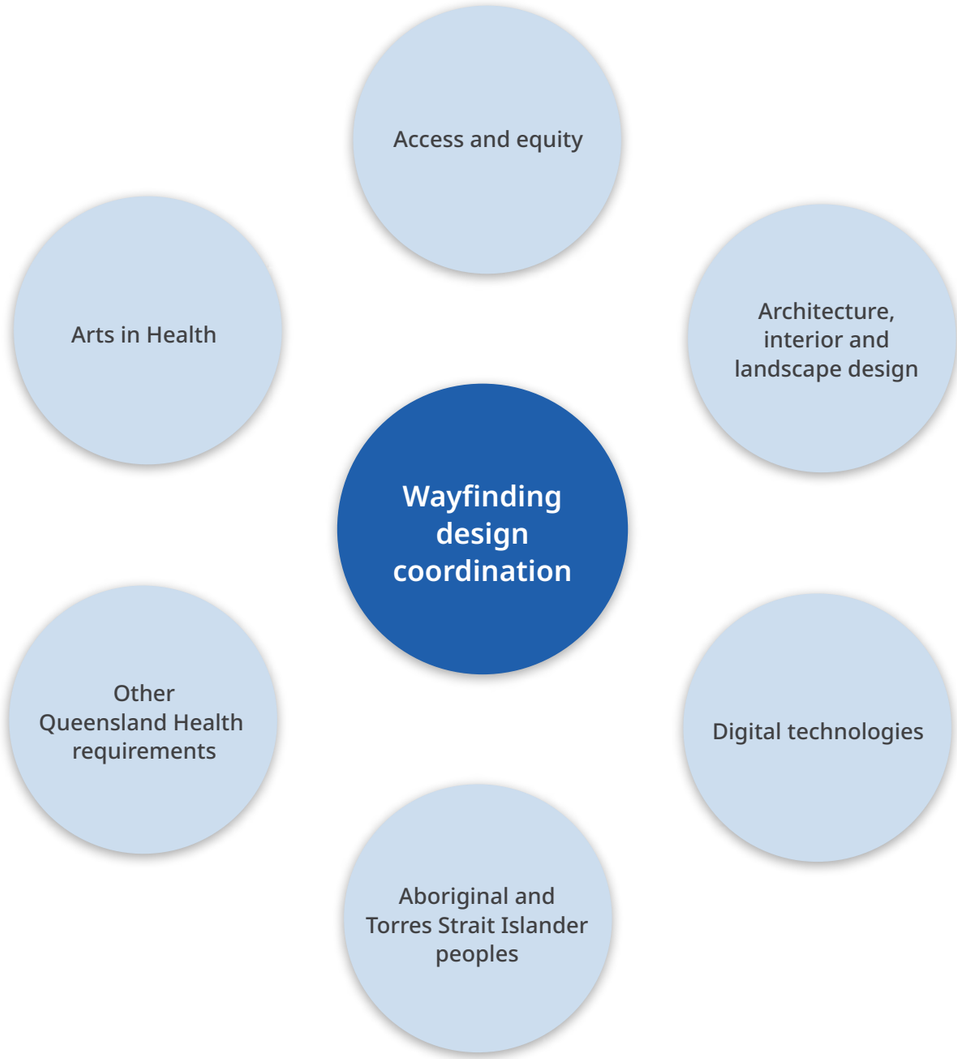
In addition to interacting with user groups, the designer will need to coordinate with other project design consultants including:

- architects
- interior designers
- landscape architects
- lighting designers
- Aboriginal and Torres Strait Islander engagement consultants
- arts in health consultants
- access consultants
- digital consultants.

Early involvement with the other project designers and consultants is critical to develop an understanding of the project needs and opportunities as well as investigate how wayfinding design fits contextually within the project.

For instance, accessibility compliance is a significant requirement that permeates wayfinding design outcomes and needs input by the commissioning HHS with the project access consultant or building certifier and wayfinding consultant early in the design process.

This approach can also help minimise spatial conflicts that may occur such as landscape planting obscuring signage. In particular, wayfinding design should be coordinated closely with the curation and planning of artworks within and around the healthcare facility to achieve a balanced outcome where both signage and artworks are easily distinguished.



Early involvement in the project is critical to develop an understanding of the project needs as well as to identify how wayfinding will coordinate with the other disciplines.

2.9 Country-centred design

Country-centred design embodies Aboriginal and Torres Strait Islander peoples' knowledge, values, and traditions of Country into Queensland Health infrastructure projects. By first being informed by Aboriginal and Torres Strait Islander culture and then through engagement and collaboration, architects and designers can develop design outcomes that provide recognition and support the needs of Aboriginal and Torres Strait Islander communities.

Queensland Health have developed key documents that provide further detail about this process. Refer to *Queensland Health First Nations design framework* and design guidance notes within the *Queensland Health design principles.*

In wayfinding design, these opportunities can include:

- the use of local Aboriginal and Torres Strait Islander languages in place names or dual naming of facilities and places requiring traditional owner approvals
- an acknowledgment of Country statement at major arrival points
- wayfinding communication that is simple, clear and legible including the use of pictograms for key services
- the appropriate use of materials, finishes and colours that have reference to Country
- artworks commissioned from local Aboriginal and Torres Strait Islander artists that can contribute to placemaking, cultural safety and wayfinding processes.

Also note there may be specific requirements for Country-centred design by the HHS responsible for the project.

Country-centred design embodies Aboriginal and Torres Strait Islander peoples' knowledge, values, and traditions of Country into Queensland Health infrastructure projects.

Caboolture Hospital

3

Wayfinding design principles

3.0 Overview

The wayfinding design principles are the key considerations when designing a wayfinding system for Queensland Health healthcare facilities.

The key principles are:

- adopt universal design principles
- align with the Queensland Health design principles
- create a wayfinding system that meets or exceeds accessibility compliance requirements.

There are common themes within these principles that focus on supporting the needs of the end user in wayfinding design.

Roma Hospital

There are common themes within these principles that focus on supporting the needs of the end user in wayfinding design.

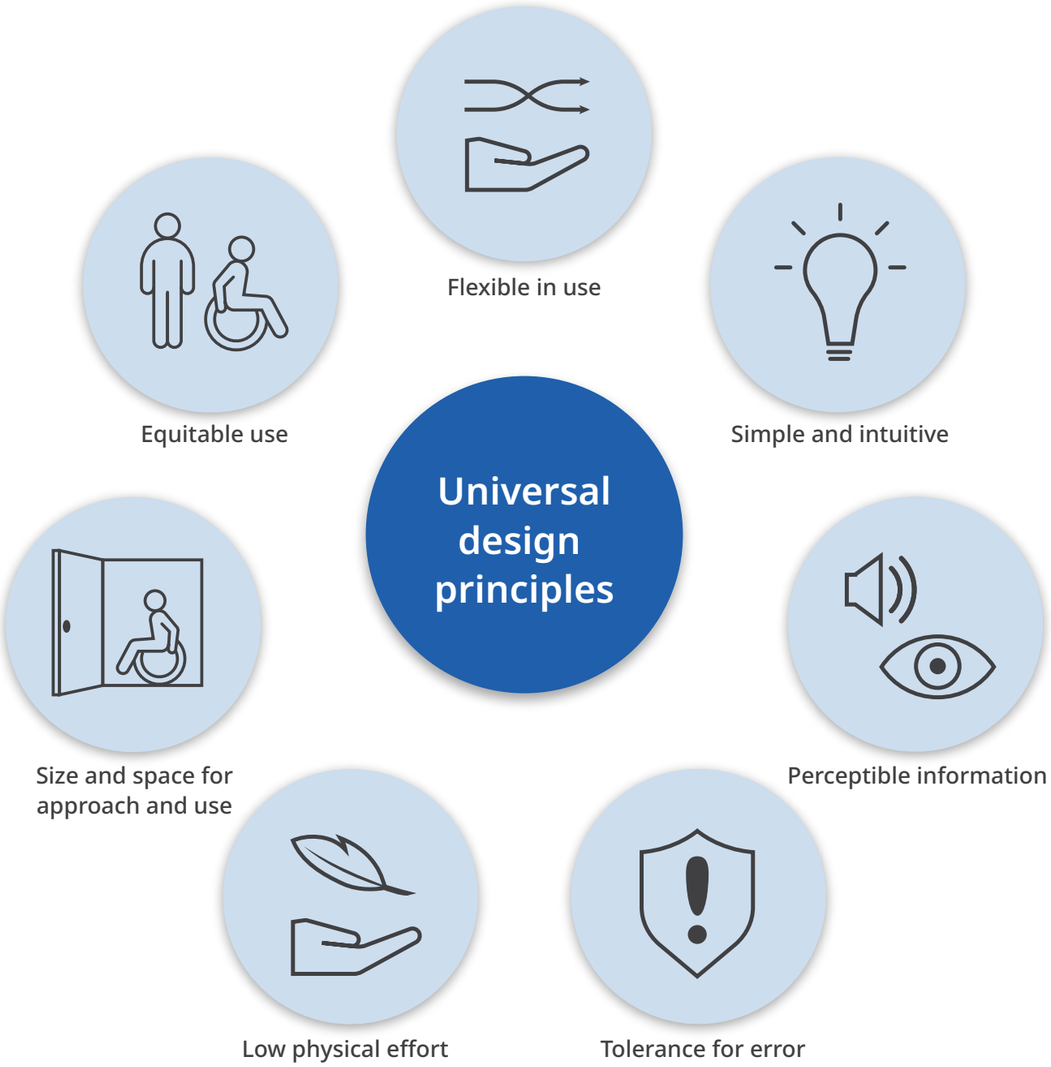
3.1 Universal wayfinding design principles

The design of the wayfinding system is to be underpinned by universal design principles.

Universal design principles are user focused principles that promote ease of use for all users in the design of objects, equipment, or environments.

The principles of universal design in application to the wayfinding system are:

- **Equitable use**
  All wayfinding elements in the wayfinding system are designed to be accessible to people with diverse abilities.
- **Flexible in use**
  The wayfinding system accommodates a wide range of individual preferences and abilities.
- **Simple and intuitive**
  The wayfinding system is easy to understand, regardless of the user's experience, knowledge, language skills, or cognitive capacity.
- **Perceptible information**
  The wayfinding system communicates necessary information effectively to the user, regardless of ambient conditions or the user's sensory abilities.
- **Tolerance for error**
  The wayfinding system minimises hazards and the adverse consequences of accidental or unintended actions.
- **Low physical effort**
  The wayfinding system can be used efficiently and comfortably and with a minimum of fatigue.
- **Size and space for approach and use**
  The wayfinding system allows for appropriate size and space for approach, reach, manipulation, and use regardless of user's body size, posture, or mobility.

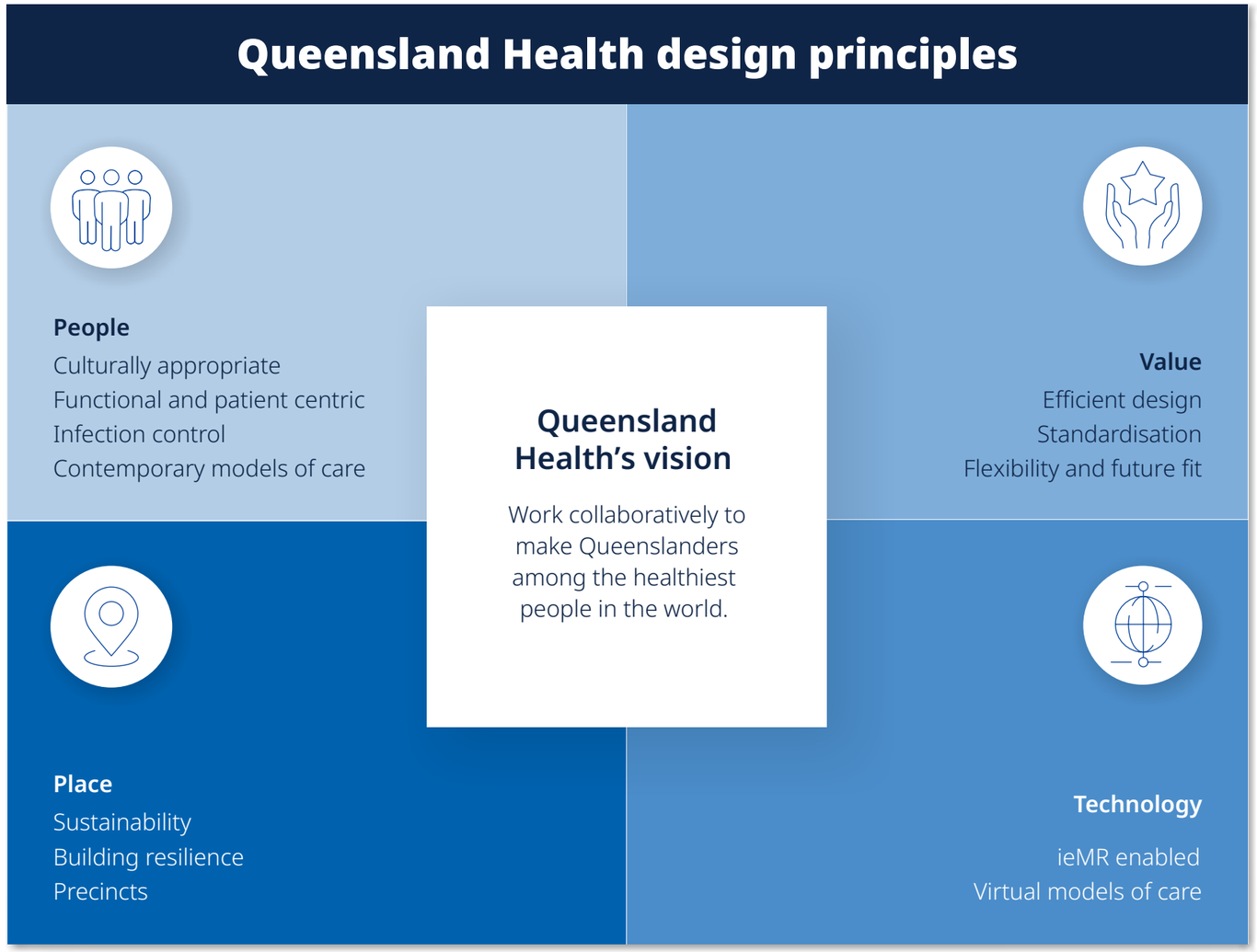


Universal design principles are user focused principles that promote ease of use for all users in the design of objects, equipment, or environments.

3.2 Alignment with Queensland Health design principles

Health Infrastructure Queensland have developed design principles around the four key themes of People, Place, Value and Technology. These principles form an overarching framework for all design disciplines.

Wayfinding design should respond directly to these themes and the principles within these themes.



Wayfinding design should respond directly to these themes and the principles within these themes.

3.2.1 People

Culturally appropriate

It is critical to understand the different cultures that will visit the healthcare facility and their specific needs in relation to wayfinding language and communication.

The designer should have a specific understanding of the Aboriginal and Torres Strait Islander community that will visit the facility and investigate opportunities for recognising and supporting Aboriginal and Torres Strait Islander visitors through designing with Country. Refer to 2.8 Country-centred design.

Functional and patient-centric

Wayfinding design focuses on first-time patients and visitors and considers their physical and emotional needs by:

- considering the range of different journeys in the facility including preparation, arriving, circulating and departing
- accounting for diverse wayfinding interactions and experiences, such as staff contact and waiting areas
- keeping patients informed about processes that affect their experience, such as wait times
- designing for a broad range of abilities, ages and cultures
- providing a seamless, welcoming and easeful experience
- communicating in a simple and clear way
- encouraging active circulation within the facility (such as use of stairs)
- contributing to a safe and secure environment by using *Crime Prevention through Environmental Design* (CPTED) principles.

Infection control

Wayfinding design should consider infection prevention and control procedures to provide a safe healthcare environment by:

- using signage that minimises dust collection and is effectively cleaned by clinical cleaning processes
- clearly identifying isolated patient spaces
- providing adaptable signage in key locations to communicate temporary measures such as social distancing or face mask requirements.

Contemporary models of care

Contemporary models of care include measures such as co-location of complimentary services, flexible and adaptable spaces, community access (such as parking, transport and accommodation) and equity of access.

Wayfinding design should adopt contemporary models of care including:

- the use of universal design principles.
- ensuring the wayfinding system links with surrounding public transport services, parking, end-of-trip facilities and other public wayfinding systems.

Wayfinding design focuses on first-time patients and visitors and considers their physical and emotional needs.

Royal Brisbane Women's Hospital

3.2.2 Place

Sustainability

Wayfinding design should support physical and financially sustainable outcomes such as:

- ensuring the design is fully informed by user needs, meets all accessibility and cultural requirements, and avoids the need for post-completion adaptations
- selecting signage materials with a long life-cycle including durability for outdoor exposure
- using recyclable materials in structures, panels and faces
- considering emerging technologies
- incorporating energy efficient lighting
- procuring from local suppliers and manufacturers
- minimising waste and emissions in design and production
- using non-toxic materials and processes
- adopting a 'kit of parts' approach that provides economy in manufacture and replacement
- designing signage for easy access and maintenance, allowing repairs without full replacement
- introducing user-focused, cost-effective digital technology solutions.

The ongoing management of wayfinding signage and communication is required as facilities change and grow. Consider the role of a wayfinding manager who is responsible for the ongoing review, maintenance and updates to wayfinding signage to be up to date with current needs.

Building resilience

Wayfinding design can contribute to building resilience through the following outcomes:

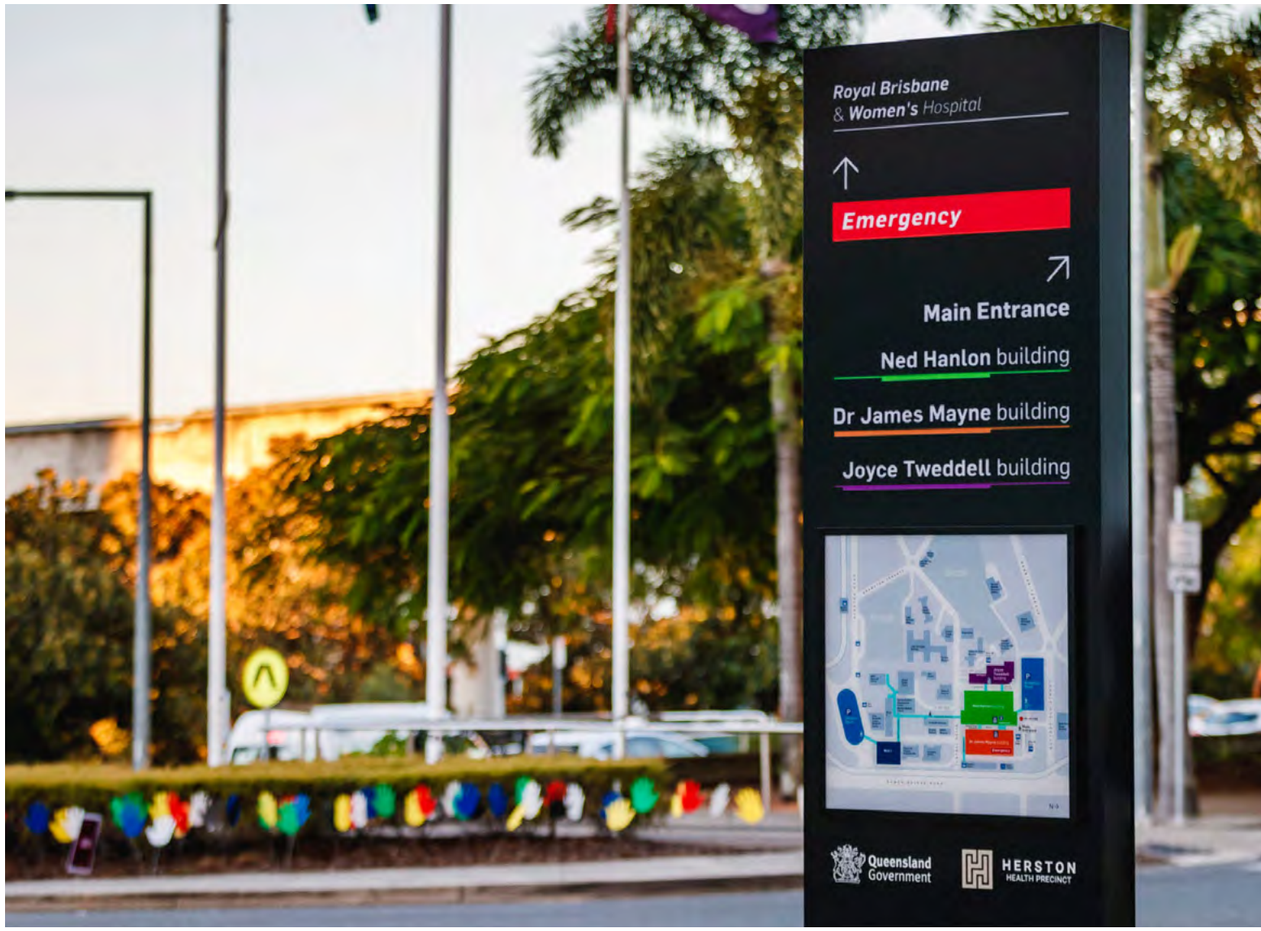
- exterior wayfinding signage is designed for elemental exposure specific to its location which may include cyclonic conditions, high UV light levels, salt corrosion, rain and moisture ingress
- backup power sources for critical illuminated signage such as Emergency Department
- ease of repair and replacement of sign faces and panels.

Creating precincts

Wayfinding design can contribute to creating precincts through the following outcomes:

- design solutions that respond to place, character, form and culture
- clear identification of the whole precinct and entry points
- ease of access and connectivity within the precinct through appropriate mapping, directions for pedestrians, cyclists and vehicles
- informing the surrounding neighbourhood including directions for vehicles, active transport, public transport, parks and commercial and retail areas.

Wayfinding design can contribute to creating precincts through design solutions that respond to place, character, form and culture.



Royal Brisbane and Women's Hospital

3.2.3 Value

Efficient design

Wayfinding design can contribute to efficient design outcomes by:

- incorporating cost considerations from the outset and throughout the design process
- conducting ongoing research to balance functional performance with cost and determine value
- using simple, standardised design solutions that are easy to manufacture
- considering whole-of-life and maintenance costs
- ensuring ease of updating messages
- evaluating investment in digital technologies for long-term savings (e.g. digital notice boards replacing printed posters).

Standardisation

Wayfinding design can contribute to standardisation in built outcomes such as:

- a consistent naming and terminology across a healthcare facility or campus
- a consistent family of sign types, components and graphic elements that are easily procured and reproduced
- a range of sign type variants that can be applied to different types of healthcare environments
- learning from previous Queensland Health and other health wayfinding project
- following standardised design methodologies and delivery.

Flexibility and future fit

Wayfinding design can contribute to flexibility and future fit in built outcomes such as:

- the ability to cost effectively make changes to the wayfinding system due to reconfigured or additional services.
- anticipating the future application of new technologies to improve and enhance wayfinding and the visitor experience.

Wayfinding design can contribute to standardisation in built outcomes such as a consistent family of sign types, components and graphic elements that are easily procured and reproduced.

Building, Engineering and Maintenance Services (BEMS)

3.2.4 Technology

The technology theme in the Queensland Health design principles outlines two key principles:

- **integrated electronic Medical Record (ieMR).** An integrated suite of modules that provide efficiencies and ease of access to and management of patient information.
- **Virtual care.** This focuses on enhancing telehealth and associated infrastructure as a permanent service for patient engagement.

Wayfinding design will need to be consistent with ieMR regarding language and terms used for specific patient locations and services as well as other platforms such as nurse call, medical emergency teams, security and appointment notices.

Queensland Health System Guides Digital Wayfinding System provides an overview and design criteria for digital wayfinding in healthcare facilities.

Digital wayfinding systems are intended to support the physical wayfinding signage systems and may include options such as pre-visit communications, interactive wayfinding kiosks, smart phone applications and virtual tours.

There are other opportunities for inclusion of digital technologies such as the use of digital screens in facilities where information may change or be updated on a regular basis, for example, digital noticeboards and building directories. Refer to *Queensland Health AV system—Digital component guideline* in Appendix 1.

Opportunities for applying Artificial Intelligence (AI) options may be developed that further assist wayfinding such as personal navigation systems or virtual assistants.

Developing digital wayfinding solutions should be based on a clear understanding of user needs and capabilities and healthcare facility requirements and be developed by a digital consultant in close collaboration with the wayfinding consultant.

Developing digital wayfinding solutions should be based on a clear understanding of user needs and capabilities and healthcare facility requirements.

Surgical Treatment and Rehabilitation Service (STARS)

3.3 Accessibility compliance requirements

Wayfinding design is to meet or exceed accessibility needs by responding directly to the current requirements in legislation and related construction codes, Australian standards and Queensland Health advisory notes.

The Commonwealth Disability Discrimination Act 1992 (DDA) states that it is unlawful to discriminate on the grounds of disability including providing access to premises.

Specific design requirements are stipulated in:

- *Disability (Access to Premises - Buildings) Standards 2010* (DAPS)
- *Australian standards AS1428 suite (AS1428)*
- *National Construction Code* (NCC).

Designers are to ensure they are referencing the current editions of these documents.

In addition, *Queensland Health Technical Assurance Advisory Note Number: TA-AN022 Title: Design Interface with Disability Discrimination Act D3.4 Exemptions* outlines how specific rooms and spaces may be exempt from the requirements of the DAPS and the NCC on the grounds that providing access for people with disabilities would be inappropriate due to the specific purpose of the area or its safety and health risks.

Some requirements in this document are not the direct responsibility of the wayfinding designer as they refer to architectural and interior design elements.

Accessibility compliance is a significant requirement that permeates wayfinding design outcomes and requires participation by the commissioning HHS with the project access consultant, building certifier and wayfinding consultant early in the design process.

Wayfinding design is to meet or exceed accessibility requirements.

Caboolture Hospital

4

Roles and responsibilities

4.0 Roles and responsibilities

The wayfinding designer should fully understand their role and scope of responsibilities when reviewing the project brief. Their proposed scope of services should clearly articulate their understanding of the scope of work, role and responsibilities as well as their assumptions and exclusions.

Primary role

The primary role of the wayfinding designer is the strategic design, development and documentation of wayfinding signage derived from evidence-based project research and consultation.

The wayfinding designer's focus is on developing a comprehensive wayfinding signage system that is applied throughout the facility meeting the specific requirements of the different user groups, including people with disabilities and complying with relevant building codes and Australian standards.

The design deliverables are coordinated with the project design team and project program.

Typically, these phases include masterplan and concept design, schematic design, Developed design, Contract documentation, Services during construction. Refer to section 6 Design process for additional information.

There may also be digital wayfinding systems to support the signage system including directories or apps for handheld devices developed by other digital design consultants requiring coordination in the design process.

Wayfinding signage typically includes a family of sign types across the whole project for all users in all modes of travel. These primarily include:

- identification of buildings, spaces, wards, rooms, receptions and other services
- directions to all key destinations
- external and internal maps to aid visitor orientation
- level directories that list key destinations.

The wayfinding designer will also have input into other signage including:

- building statutory signage
- behavioural and regulatory advice
- hazard and warning signage
- temporary signage
- interpretation signage.

The primary role of the wayfinding designer is the strategic design, development and documentation of wayfinding signage derived from evidence-based project research and consultation.

Queensland Children's Hospital

4.0 Roles and responsibilities

Table 4.1 Statutory, behavioural, hazard and temporary signage

Sign types	Wayfinding designer deliverables
Building statutory signage	Building statutory signs are mandated by building codes or laws to ensure safety and accessibility in a building regardless of the specific services and activities that may be housed within the building. These signs include those specified in the NCC, which also provide reference the relevant Australian standards. Typically, these will include, but are not limited to the following: **Section D - Access and Egress** D2.23 Signs on doors: • identification of fire safety doors Specification D3.6 Braille and tactile signs as required by D2.21, D3.6 and Specification F2.9: • directions to accessible building entries • fire exit level door identification • hearing augmentation identification • sanitary facilities identification • directions and identification of accessible adult change facilities. **Section E - Services and equipment** Part E1 Fire fighting equipment - door signs for: • fire hose reels • fire extinguishers • fire hydrants and boosters • fire control rooms. The requirement and locations of these statutory signs will be the responsibility of the project architect. The design of the signage should be the responsibility of the wayfinding designer to ensure that there is a consistent design language throughout wayfinding and statutory signage, particularly in front of house and public facing areas. After the signage scope and locations have been determined by the architect the wayfinding designer will include this information into the wayfinding signage package so that the complete signage package can be fabricated and installed by the sign manufacturer.

4.0 Roles and responsibilities

Table 4.1 Statutory, behavioural, hazard and temporary signage

Sign types	Wayfinding designer deliverables
Behavioural and regulatory advice	Behavioural advice may include legislated or site-specific requirements within the healthcare facility. These can include: • conditions of entry • interactions with staff members • no smoking • no mobile phones • no food or beverages • quiet zone • restricted access • parking advice and regulations. Advice can also include encouragement of positive behaviours such as hand washing. The requirements for this advice should be provided by healthcare facility representatives as well as the wayfinding designer reviewing relevant current state and federal laws and acts. It is intended that this signage be provided only where necessary. It uses standard pictograms and messages but may include bespoke pictograms. Where possible use an empathetic tone to communicate. The design of these messages and signs should be part of the wayfinding signage family.
Hazard and warning signage	Hazard and warning signage in specific areas such as radiation or chemical hazards should be integrated with the wayfinding signage to meet Australian standards requirement *AS1319 - 1994 Safety signs for occupational environments.* This is applicable to doors and entries into spaces where this information is required. Advice on the requirement for this signage will be provided by others.
Interpretation signage	This type of signage may be used in environments to provide visitors with cultural, historical or ecological information. This may be used in gardens where they describe plant species and uses or other public areas. The wayfinding designer should make allowance to design interpretation signage. The research, curation and writing will be prepared by others.

4.0 Roles and responsibilities

Table 4.1 Statutory, behavioural, hazard and temporary signage

Sign types	Wayfinding designer deliverables
Temporary signage	Temporary signage may be required for 2 purposes: • for project construction phases that incur changes to regular movement around a site or facility • for change of use of rooms after occupation requiring temporary signage. **Temporary signage for circulation during construction phases** This may include external and internal applications for pedestrians and vehicles and may include multiple configurations over the construction period including decanting of existing services to temporary locations. Temporary wayfinding signage may include directions and simple maps to show relocates services and pathways. In external areas signage may use construction hoardings that may coordinate with other branding and statements about the project. External signs may also be required to redirect vehicular traffic requiring freestanding structures with above-ground footings. Temporary signage should be immediately visible in the environment. **Minimum services for the wayfinding designer** • Develop design standards and templates as a kit of parts for sign types that will be required. • Based on specific briefing and consultation, prepare concept design for review then final design suitable for manufacture. • Provide digital templates for updating messages. • If there are specific signage configurations that are required to be prepared by the designer, this should be clearly specified by the designer. **Temporary signage for change of use of rooms after occupation** Some rooms and spaces may not be occupied as originally intended and will require temporary updates to existing signage while permanent signage is being prepared. This signage should be considered as a temporary version of the new permanent signage using digitally printed lightweight panels to provide updated information. Assume these are provided as digital templates and files of typical signs for ease of updating by the healthcare facility.

4.0 Roles and responsibilities

There may be signage that is outside of the scope of the building project that requires input including:

- updating other signs on the site that will be affected by this project
- nearby public signage including road guide signs and public pedestrian wayfinding signs.

These requirements may not be applicable to all projects but should be confirmed at project commencement.

Table 4.2 Signage external to the project site

Additional Scope	Wayfinding designer responsibility
Updates to existing signage as a consequence of the new building project	Due to the impact of the new project, additional or updated signage for pedestrians and vehicles may be required in various public areas around the site and within other buildings that connect to the new project. This signage may need to be completed using the design standards of the existing signage or it may be appropriate to introduce the new design into these environments. However, all new signage should be compliant with current building codes and standards. **Minimum requirement** The wayfinding designer should make allowance to inspect the existing environments and signage with facility representatives and determine the scope of work required. Agree scope of work, design services and design standards with facility representatives. If BIM is not used for the existing facility there will not be a requirement to complete this work utilising BIM. The final deliverables will include a complete signage package including design drawings and specifications, sign location plans and message schedules.
Updates to signs external to the whole site or campus	It is critical that signage external to the site can direct visitors to the correct entrances, car parks and emergency department. Signage around the project site may need to be reviewed and updated due to reconfigured pathways, roads and site entrances. This may include guide signs from the *Manual of Uniform Traffic Devices* (MUTCD) on roads or other public pedestrian signage at transport nodes or on public pathways. The wayfinding designer should allow to assess the existing signage and propose any modifications and updates required to meet the needs of the new project. This may include circulation plans for all users, in principle sign locations, and initial concepts for updated and new signage, this concept report should demonstrate how this signage is critical to achieve effective wayfinding into the site. This concept report will be reviewed and updated where required. The report will be used by the healthcare facility and other consultants, such as traffic engineers to negotiate with the various authorities to arrange the detailed design and implementation of this signage by others.

4.0 Roles and responsibilities

Excluded services

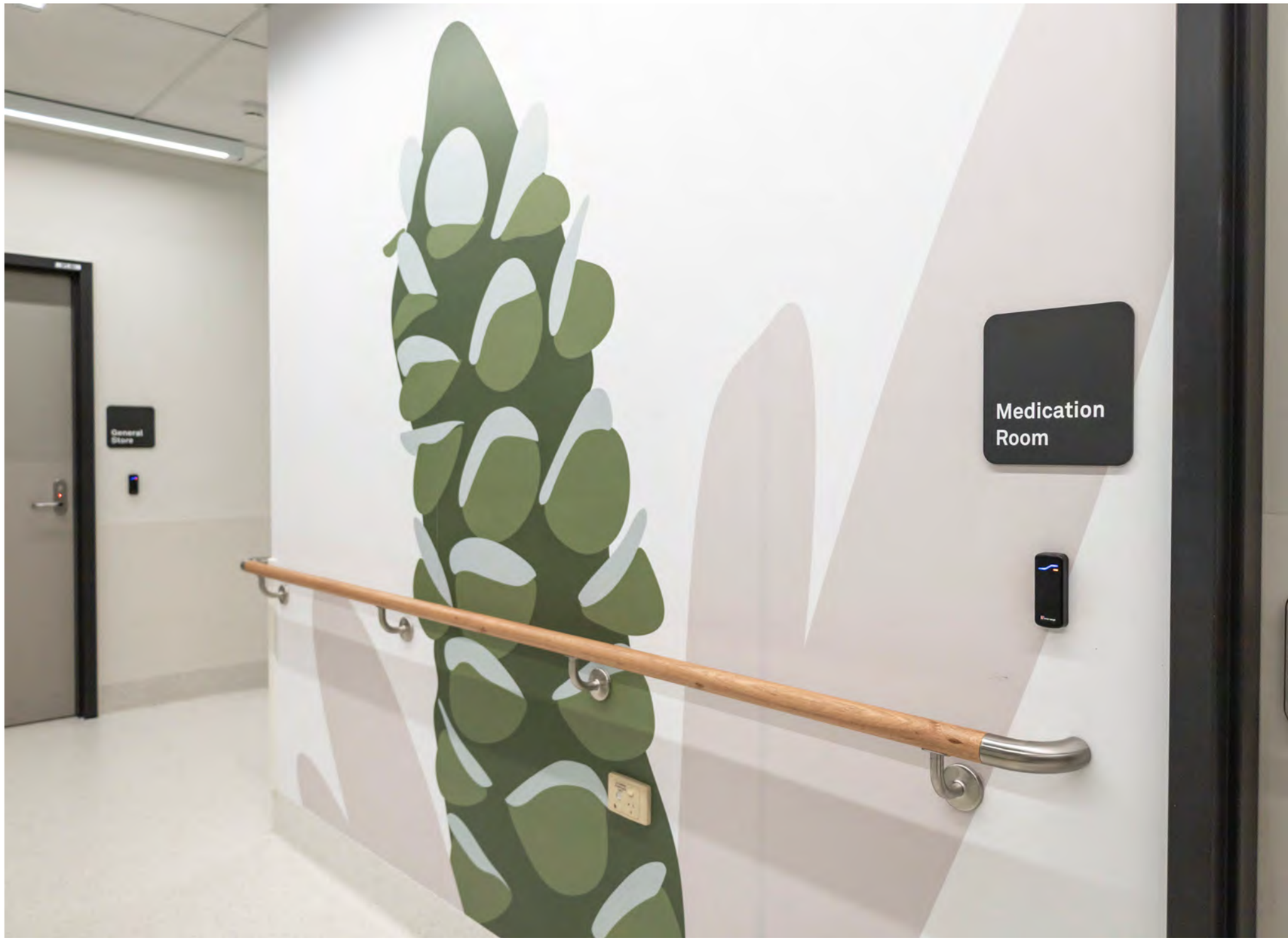
Generally, the following services are not included within the services provide by the wayfinding designer:

- structural engineering (for signage)
- electrical and lighting services
- digital design services
- interpretation research.

Excluded signage

Generally, the following types of signage are not included in the wayfinding designer's scope of responsibility:

- illuminated fire exit signage
- fire-related instructions, such as the use of fire blankets or storage zones that may impact on required clearances for sprinklers or fire egress paths
- fire evacuation plan diagrams
- emergency assembly points
- signage that relates to specific operational requirements, such as Illuminated '**X-Ray in use**' warning signs
- waste stream identification and disposal instructions
- occupational health and safety signs required within each specific area
- standard *Manual of Uniform Traffic Devices* (MUTCD) road signs and line marking.



Logan Hospital

5

Wayfinding strategy and design

5.0 Overview

Wayfinding design outcomes will be guided by a comprehensive wayfinding strategy that considers a broad range of factors, including the facility's functions, its sense of place, diverse user groups and their needs, as well as Queensland Health's requirements.

The wayfinding strategy aims to:

- establish a clear goal and vision for wayfinding design at the facility
- define broad wayfinding objectives in alignment with Queensland Health design principles
- investigate and analyse different attributes of the project
- propose wayfinding overlays where appropriate
- develop an address strategy for all rooms and spaces
- analyse user journeys and their needs
- develop a visual communication strategy
- outline signage design principles
- consider signage impacts beyond the immediate project scope.

The wayfinding strategy aims to establish a clear goal and vision for wayfinding design at the facility.

Queensland Children's Hospital

5.1 Investigation and analysis

The wayfinding strategy is based on a comprehensive investigation of many differing aspects based on consultation with the other project design team members, facility and community representatives.

This process is an opportunity to investigate all factors that will influence wayfinding design and to analyse and present this information for review by all key project participants.

Key areas for investigation involve understanding the:

- built environment and place qualities
- range of user groups and their needs
- requirements of Queensland Health and any other organisations that will be established at the healthcare facility.

All of the findings from section **5.1 Investigation and analysis** should be prepared in a visual report that can be reviewed by all relevant parties. This may be a standalone report or form part of the larger wayfinding strategy report.

Royal Brisbane and Women's Hospital

The wayfinding strategy is based on a comprehensive investigation of many differing aspects based on consultation with the other project design team members, facility managers and user group representatives.

5.1.1 Built environment and place qualities

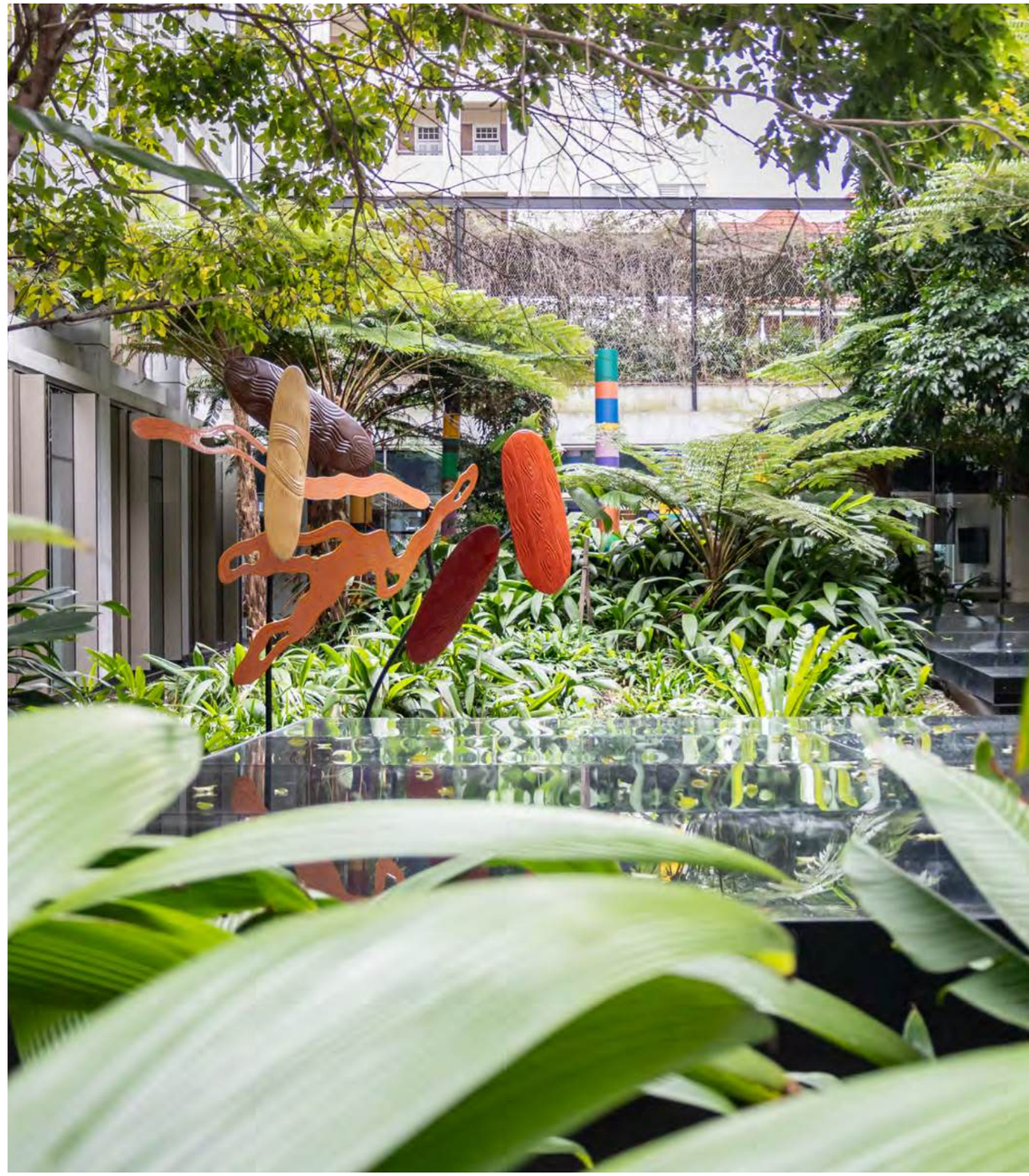
The wayfinding strategy should respond to existing site conditions and complement the environments created by other design disciplines.

It is important to gain a full understanding of the built nature of the facility whether it is an existing building, or it is being designed. In broad terms this includes the functions of circulating through the spaces as well as the physical attributes of the spaces and influences on wayfinding design.

Investigation and consultation can include:

- reviewing all related context documents that may influence wayfinding design such as site masterplans, traffic studies and future growth strategies
- assessing current design drawings and models by other consultants including architecture, interior design and landscape design to fully understand the project
- visiting the site to understand existing conditions and the current wayfinding system (when applicable) as well as day and night conditions
- auditing the existing wayfinding system for effectiveness and compliance including message accuracy, legibility, consistency and wear and tear
- assessing environmental factors that impact intuitive wayfinding, such as obscured sight lines caused by landscaping
- understanding the different healthcare facility functions and their interrelationships
- examining how specific units (e.g., wards, clinics, emergency) interface with patients and visitors
- considering the character, heritage, and cultural significance of the site
- understanding the design values of the other design disciplines that may influence wayfinding design
- being aware of the architectural, interior, landscape design materials and finishes
- establishing a destination hierarchy, that is, the key destinations and services that will need to be visited by any users at the facility and communicated in the wayfinding system.

It is important to gain a full understanding of the built nature of the facility whether it is an existing building, or it is being designed.



Surgical Treatment and Rehabilitation Service (STARS)

5.1.1 Built environment and place qualities

The information below should be prepared through appropriate research and consultation with others including the other project design disciplines, healthcare facility management and operations, and user groups.

- For a larger site with multiple buildings, establish clear connections among the buildings and other services such as existing buildings, site entry points and transport nodes.
- Identify paths of travel for all user groups from approaching the facility, external and internal circulation and departing the facility. Refer to **5.4 User group journeys and information needs**.
- Identify likely locations for wayfinding information including directional, mapping and identification.
  Refer to **5.4 User group journeys and information needs**.
- Identify environmental conditions that may affect signage design such as wind loading and corrosive coastal conditions in external environments.
- Consider and propose any opportunities for improved intuitive wayfinding design that may be part of another design discipline.
- Identify all specific building related legislations including Australian standards, *National Construction Code* and the *Disability Discrimination Act 1992* that will be complied with in wayfinding design including accessibility and safety and hazard information.

Consider and propose any opportunities for improved intuitive wayfinding design that may be part of another design discipline.

Sunshine Coast University Hospital

5.1.2 User group needs

It is critical that wayfinding design is understood by and accessible to all users of the healthcare facility. Identifying different users, their needs, unique attributes of their visits and emotional states can contribute directly to the design of the wayfinding system.

The engagement process is an opportunity to have open and inclusive discussions with user groups to understand their specific needs and concerns when visiting healthcare facilities.

Key research will include the following:

- Identify all types of users who will access the facility, refer to section 2.4 User groups.
- Determine the specific needs of each user group based on the reason for their visit and their abilities.
- Identify unique attributes of the visit. For example, a time-sensitive appointment may require pre-planning and an understanding of the time needed to arrive punctually.
- Consider impacts of emotional states where applicable, for instance some new patients may be anxious about their upcoming appointment or procedure.
- For an existing facility, investigate current wayfinding issues by consulting with frontline staff such as volunteers who will be knowledgeable of the needs that are not being met by the existing wayfinding system.

Information around user group needs should be gathered by appropriate research, consultation and direct engagement with a range of user groups including the other project design disciplines, healthcare facility management and operations, patient representatives (including local community Aboriginal and Torres Strait Islander and representatives from other cultures), access consultant and other disability representatives.

The engagement process is an opportunity to have open and inclusive discussions with user groups to understand their specific needs and concerns when visiting healthcare facilities.

Information desk at Cairns Hospital

5.1.3 Queensland Health requirements

Queensland Health facilities should be designed in alignment with Queensland Health design principles and other relevant guidelines and policies.

The *Queensland Government Brand Book* must also be applied where appropriate.

Specific information such as naming, site entry conditions, behaviour advice, hazards and safety warnings, may need to be developed in line with specific Queensland Health policies and requirements.

Key actions may include the following:

- Identify all specific Queensland Health documents and guidelines that must be referenced in this process.
- Identify where Queensland Government branding will be located to identify the site or facility including co-branding with other entities.
- Identify other Queensland Health messages that must be communicated in wayfinding design such as conditions of entry to the site and behaviour advice.

Other Queensland Health inputs should also be understood in context of wayfinding design. These may include:

- Understand how buildings, and different parts of the facility will be named in line with Queensland Health requirements.
- Understand how other Queensland Health messaging and promotions will be delivered within the facility and determine how this will be managed and maintained, for example, awareness programs such as Queensland Mental Health Week or flu season.

Specific information such as naming, site entry conditions, behaviour advice, hazards and safety warnings, may need to be developed in line with specific Queensland Health policies and requirements.

Queen Elizabeth II Jubilee Hospital (QEII)

5.1.3 Queensland Health requirements

Queensland Government corporate identity

The *Queensland Government Brand Book* states that the Coat of Arms must be used for signage that identifies the healthcare facility site with the name of the facility.

The healthcare facility should be clearly identified at:

- pedestrian and vehicular entry points into the site
- other highly visible locations that can identify the site to approaching traffic that assists wayfinding.

There is no requirement to include the Coat of Arms within buildings or to badge individual buildings within a site, however the facility name and Coat of Arms can be used on the base of external and building entry signage as a support element. There are no other requirements to include other graphic standards in wayfinding signage.

Queensland Hospital and Health Services

HHSs are regional and statewide bodies responsible for delivering public health services across Queensland. They oversee networks of hospitals, community health centres, mental health services, and other health facilities.

Most HHSs have established visual identity guidelines covering elements such as typography, colour, imagery, writing style, and applications across digital, print, and apparel. These style guides have been developed to communicate with the communities they support in an appropriate and consistent way. They also define how their brand aligns with the Queensland Government Coat of Arms.

These style guides usually do not adequately address wayfinding signage which must meet specific requirements to ensure clarity and legibility. Wayfinding signage is not required to conform to HHS style guides.

There are a broad range of health promotions and campaigns at facilities designed to promote public awareness and proactive responses to health management.

On-site health promotions and campaigns

There are a broad range of health promotions and campaigns at facilities designed to promote public awareness and proactive responses to health management as well as a range of other ephemeral notices about Queensland Health initiatives. While these promotions are not specifically wayfinding information, they can create visual distractions that affect wayfinding processes.

Queensland Health and HHS communications and promotions can be integrated within healthcare facilities but should be strategically placed to avoid conflict with wayfinding signage.

Recommended approaches include:

- displaying promotional material in dwell areas such as waiting rooms and lobbies
- using digital monitors for dynamic content
- allocating notice boards or designated zones for printed material (where digital is not feasible)
- managing promotional material to minimise visual clutter.

Other co-located organisations

In large hospitals there may be other organisations, such as universities, that will be housed within the healthcare facility that provide clinical training and research. The specific requirements of these organisations will also need to be understood including the use of their visual identity, names and terminology in incorporated into wayfinding design.

5.2 Wayfinding overlay

A wayfinding overlay is an organising structure used within wayfinding design so that the arrangement of spaces and services can be easily understood.

A wayfinding overlay can:

- simplify the appearance of complex environments
- create differentiation in spatially uniform environments
- break down a large site into understandable parts
- highlight key destinations or services that are critical to access
- create ‘addresses’ for destinations that can form part of other wayfinding communications.

The wayfinding overlay may reinforce or highlight existing organising systems such as building level numbers or street names as a way of making wayfinding more legible. It may also need to modify organising systems used in the facility design that are not easily understood by users.

Typical wayfinding overlays may include:

- numeric, alphabetic, or alphanumeric sequences
- colour differentiation or highlighting
- visual themes that reflect local culture and nature
- connector paths to link to destinations
- campus organisation by streets, precincts or grid system.

A wayfinding overlay is an organising structure used within wayfinding design so that the arrangement of spaces and services can be easily understood.

Logan Hospital

5.2.1 Numeric, alphabetic and alpha numeric sequences

Systems that use numbers or letters to codify building elements and spaces are generally easily understood by people in public environments.

In healthcare facilities, numbers and letters can be used throughout the facility to identify elements such as levels, departments, wards, rooms and beds. They may also be designated to identify individual buildings, site entry gates, building entries, car parks and their levels and lift banks. These systems may also integrate with colour coding particularly in level numbering.

Where multiple buildings are on a site, they may use building identification reduced to simple numbers or letters — **01, 02, 03** or **A, B, C**. This is a system which is independent of the functions within the building which can change over time.

The numbering system can be used to easily specify a location. A typical bed location could be **Level 4, Ward B, Bed 27** which can be reduced to **4B27** in spoken language.

Ideally alpha and numeric systems identify elements in a logical sequence that matches the users' paths of travel and are adaptable to any future plans that may impact that sequence.

Numbering of wards, rooms and beds may also be influenced by the configuration of the wards and the way they are managed and linked with nurse call systems. Wards that are configured independently to each other can have room numbers starting at **01**. However, where wards are linked there may be a continuous numbering system that runs through the wards. This allows each ward to 'surge' or expand and contract according to clinical needs while keeping the same room numbering system.

The principles of room and bed numbering should be established considering either room number then bed number or simply bed numbers. For rooms with multiple beds this results in multiple bed numbers shown at the entry to rooms. Generally, bed numbers within a room should read in a clockwise order starting from the viewers left depending on configuration.

Systems that use numbers or letters to codify building elements are generally easily understood by people in public environments.

Caboolture Hospital

5.2.2 Highlight or differentiation by colour

The use of colour to highlight or differentiate areas, or levels is a familiar strategy in public places. In healthcare facilities, colour may be used in different ways such as:

- highlighting a specific area or element such as an entrance threshold
- differentiating areas or services such as different levels in a building or car park structure or adjacent lift banks that service different levels.

As a highlight element, colour contributes to intuitive wayfinding by attracting the viewer's attention to a building element. This approach may be applied to entrance thresholds, pathways and arrival points in ways that supplement wayfinding processes.

Colour may be used to differentiate specific areas, elements or services within a healthcare facility. In critical wayfinding decisions, colour differentiation must still be named in wayfinding information.

For instance, if a visitor is directed to 'use the yellow lifts at the end of the corridor' then the lift bank is not only coloured yellow, but it is also signed as the Yellow lifts.

The selection of colours must be carefully considered. Colours should have a clear hue and be able to be verbally described as a known colour such as red, green, yellow, purple etc. The number of colours used should also be limited to avoid using colours that are similar or unable to be described.

Where colours are used for differentiation, they should be complementary or far apart in the colour spectrum. Colour selections should also be tested for effectiveness for users with different colour blindness conditions.

As a highlight element, colour contributes to intuitive wayfinding by attracting the viewer's attention to a building element.

Queensland Children's Hospital

5.2.3 Visual themes based on local culture and nature

Visual themes developed from the local culture and natural environment may be used to enrich the built spaces and enhance wayfinding. This can create an inviting and uplifting environment for users.

These themes may be applied in different ways through visual motifs, colours, patterns and figurative illustrations that depict scenes and stories that are meaningful to the user.

Visual themes may be applied to different walls and surfaces as well as take other forms. For example, a children's healthcare facility may use images and visual stories from the local environment to form large wall graphics that create a distracting immersive experience for children as they arrive and travel within the facility.

A visual theme may be used to differentiate areas or different levels within a facility using sub-themes such as the different ecosystems of a large landscape or the different layers of a forest.

These themes may also influence the naming system used in the facility to further reinforce them.

Deciding to introduce visual themes should be based on the benefits it would provide to key user groups such as children or Aboriginal and Torres Strait Islander communities in experiencing the healthcare facility. These visual elements should enhance wayfinding processes rather than distract from them.

Developing visual themes may require input from others including illustrators and artists. Aboriginal and Torres Strait Islander visual motifs and stories would be based on appropriate consultation and approvals in selecting the themes and stories to be explored as well as the artists to express them.

These themes may be applied in different ways through visual motifs, colours, patterns and figurative illustrations that depict scenes and stories that are meaningful to the user.

Caboolture Hospital

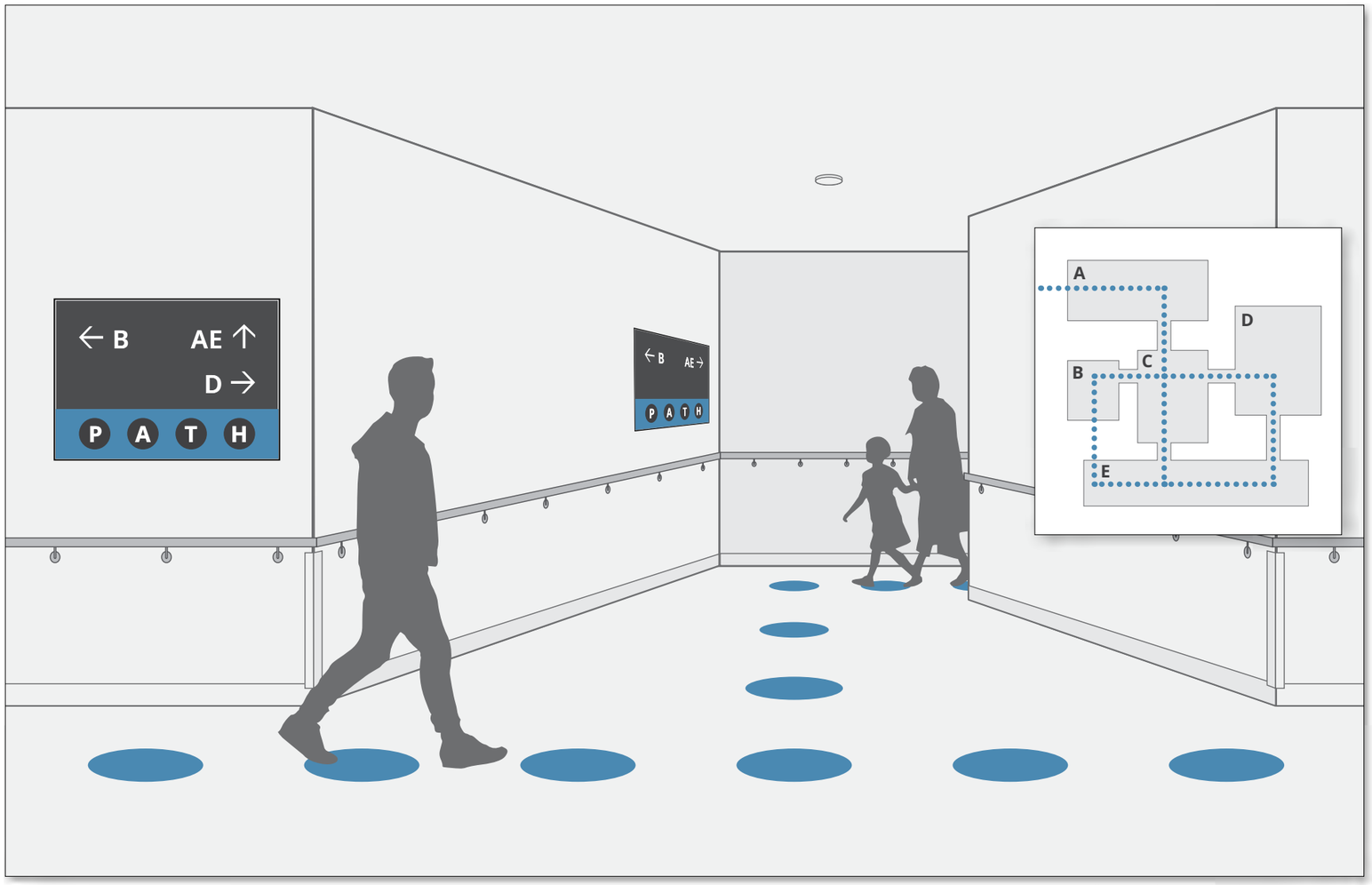
5.2.4 Connector path

When conditions on an established site are complex and challenging to navigate, a connector path may be identified to link important services and facilities. It may include a number of existing and new paths that can be visually connected through a wayfinding overlay.

The connector path may become a primary travel route through a healthcare campus and may link a number of buildings over different levels. It may be a short path through a complex space that is intended to assist a patient travel from a reception a clinic waiting room. It can help provide more streamlined navigation and equitable access to services.

It may need to be named and identified clearly and visually reinforced as the user travels along it. It can also be referred to in maps, signs and any communications about wayfinding.

The path may be a ground based graphic treatment (where practicable) or may use reinforcement wall signs or graphic elements.



Illustrated example of a connector path

It may need to be named and identified clearly and visually reinforced as the user travels along it.

5.2.5 Campus organisation by streets, precincts or grid system

On large campuses, consider how areas and buildings are identified based on the specific nature of the site. Consider the site masterplan and understand how the site will develop over time.

If the site includes a network of pedestrian paths and streets, implementing a street naming system for these routes can improve wayfinding and support address creation.

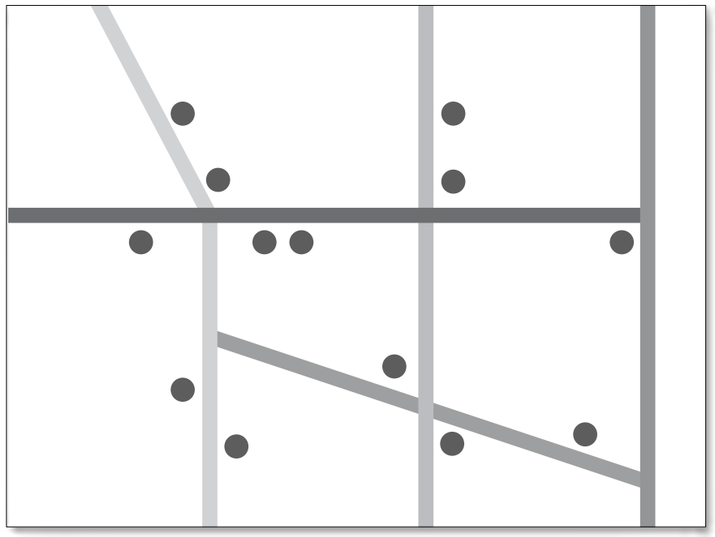
If there are historical references or natural diversity on site, using precincts that reference these qualities may assist in wayfinding.

A grid system is an alpha numeric overlay applied to a campus site map to locate buildings and other spaces in a campus environment. A building directory will cross reference the building name with the grid reference shown on the map to locate it.

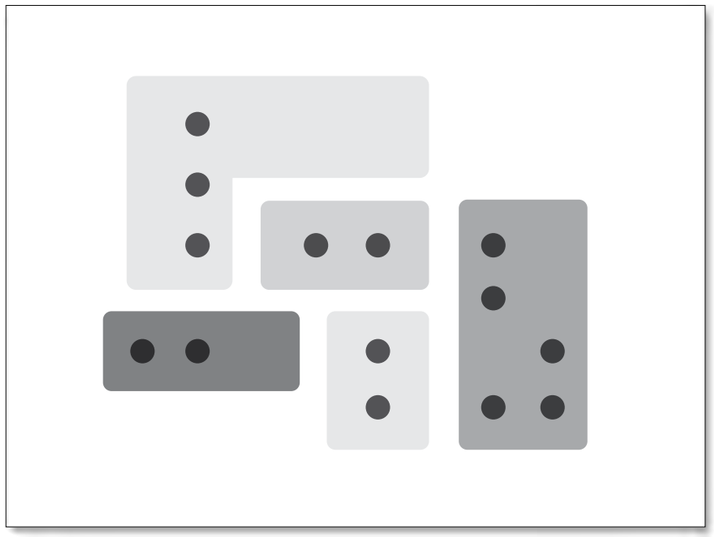
The grid reference may also be applied to the physical wayfinding system. For example, a building located on the map at grid reference **point C6** can also be known as **Block C6** in the wayfinding system and included in directional and identification signs.

This approach simplifies and future proofs the wayfinding information as new buildings will always have a predetermined grid reference number.

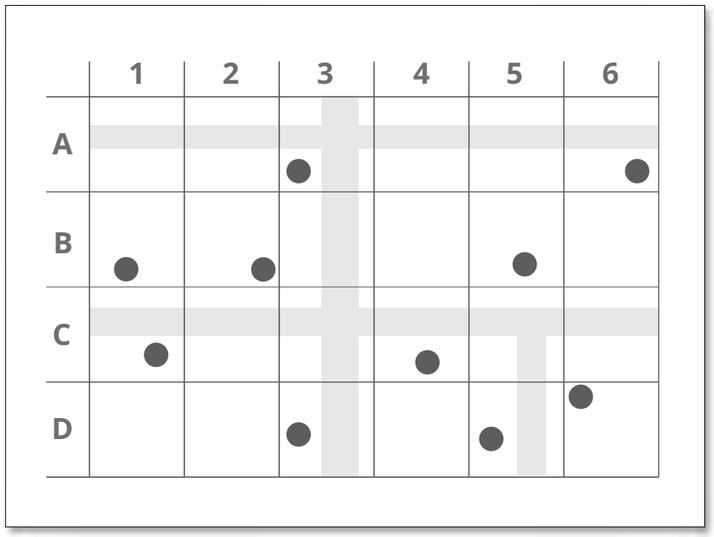
These systems should be tested and reviewed with other project designers, facility management representatives and user groups where applicable.



Street system



Precinct system



Grid system

These systems should be tested and reviewed with other project designers, facility management representatives and user groups where applicable.

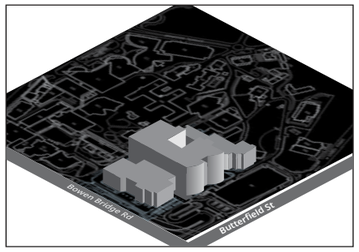
5.3 Address strategy

The location of all buildings, rooms, and spaces should be clearly defined and easily identifiable as an address within the site using the wayfinding system.

The address strategy will include the healthcare facility street address as well as addresses within the facility that may include street, building, level, ward or department, room and bed using the organising structure developed in the wayfinding overlay.

The HHS responsible for the project may have existing address systems that need to be applied.

When addresses are provided for journey preparation, such as websites or appointment letters, they can also have supporting information such as the nearest car park or public transport stops.



Site address

Royal Brisbane and Women's Hospital

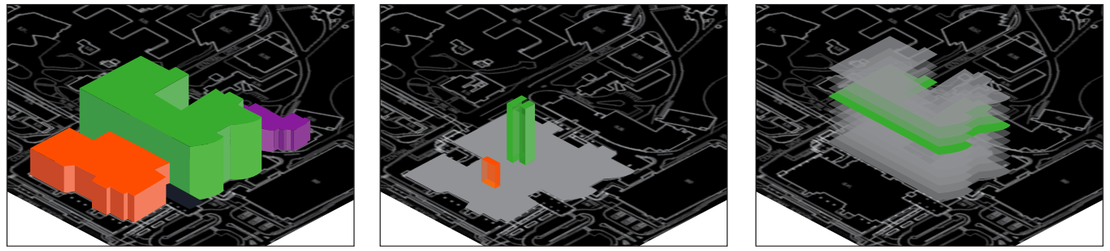
Cnr Butterfield St and Bowen Bridge Rd
Herston QLD 4029

Entry via Main Entrance.

Set down available.

Nearest carpark
P1 on Butterfield Street.

Nearest Bus Station
RBWH Station on Bowen Bridge Road.



Internal address

Ned Hanlon Building

Level 6 via Green lifts

6B Maternity
Room 1

The address strategy

The location of all buildings, rooms and spaces should be able to be clearly described and located as an address on the site using the wayfinding system.

5.4 User group journeys and information needs

Wayfinding design supports convenient and safe access and circulation for all users including patients, staff, visitors and service providers throughout the site.

The needs of different user groups according to different frames of reference are to be investigated including consultation with other project team members to fully understand how the facility will be used by these groups. These include:

- **External travel mode**
  pedestrian, cyclist, person with a disability, patient and visitor vehicles, staff vehicle, ambulance, delivery vehicle, fire services, other.
- **Purpose of visit**
  patient, visitor, staff, etc.
- **Community diversity**
  Aboriginal and Torres Strait Islander community, people with disabilities, low literacy levels and speakers of languages other than English.
- **Time of day**
  day and night visits and after-hours access.

Appropriate wayfinding information is to be provided at key locations throughout all users' journeys. This will include identification, orientation, direction and other advice. Separation of access for visitors, ambulance emergency, staff and service vehicles is required for safety and efficiency purposes and must also be addressed in wayfinding design.

The circulation paths and journeys for all users shall be investigated. These include:

- all approach paths to the site
- all site entry points for pedestrians, cyclists and all vehicles
- vehicular, bicycle and pedestrian paths around the site to building entries.
- highlighting ambulance entry and circulation
- circulation within buildings for different users
- departure journeys
- after-hours journeys.

This can be best demonstrated by showing the different circulation paths and preliminary information needs on site plans and building plans by:

- showing all entry points and circulation paths in external and internal spaces for different user groups
- identifying preliminary requirements for information on these journeys such as identification, orientation and direction
- integrating with existing site entries and pathways to demonstrate circulation paths, if the project is part of an existing site
- identify where specific healthcare facility procedures will need to be followed such as when entering the Emergency Department, waiting areas and restricted access areas.

Wayfinding design supports convenient and safe access and circulation for all users including patients, staff, visitors and service providers throughout the site.

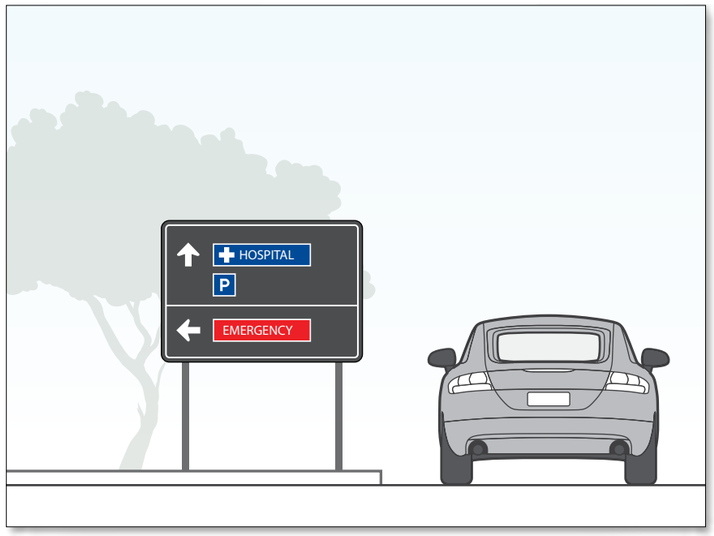
Surgical Treatment and Rehabilitation Service (STARS)

5.4.1 Approaching the site

All external approaches leading to the healthcare facility require wayfinding signage that directs all users to the site including the Emergency Department, main entrance and car parks. This may be by vehicle, public transport, bicycle and on foot.

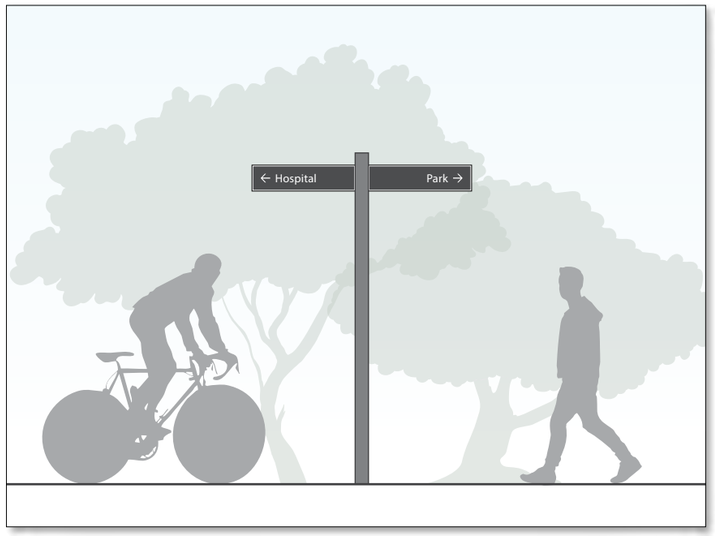
Vehicular directions to healthcare facilities on public roads are required to ensure a high level of public awareness and direct access to entries to the site. Road guidance signs will incorporate the appropriate messaging using the standard symbols and signs as specified in the *Department of Transport and Main Roads Manual of uniform traffic control devices*. Directions to the Emergency Department vehicle entry will be included when required in the approach journey. Approvals will be required from local councils and the Queensland Department of Transport and Main Roads for signage that is in public road reserves.

Surrounding public transport stops and stations and pedestrian and bicycle pathways should be reviewed to determine if there is clear directional signage or maps that assist visitors locating the healthcare facility main entry. As this signage is located on properties owned or managed by other public authorities it will require consultation and approvals by the appropriate authorities.



Vehicular approach

Public transport stops



Public pathways

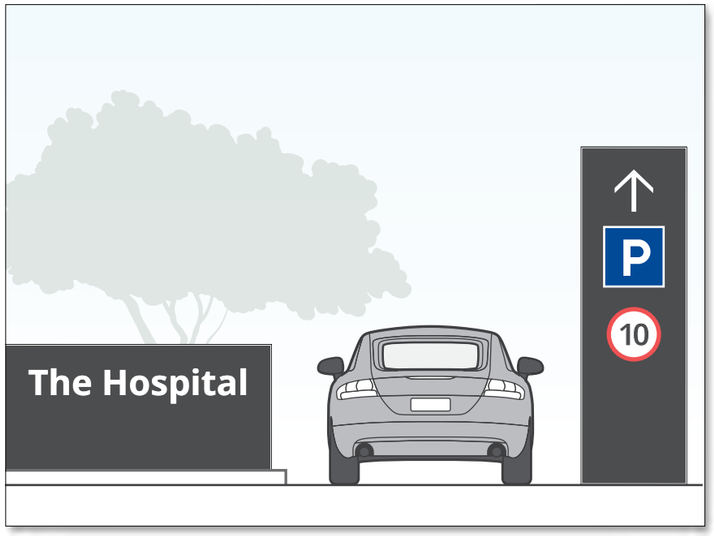
All external approaches leading to the healthcare facility require wayfinding signage that directs users to the site.

5.4.2 Entering the site

Each entry into the site must be clearly identified so that all users understand that they have arrived and are able to confidently make further decisions in their journey. This is achieved by naming the healthcare facility at each entry point as well as providing other information that will support an effective journey and positive experience.

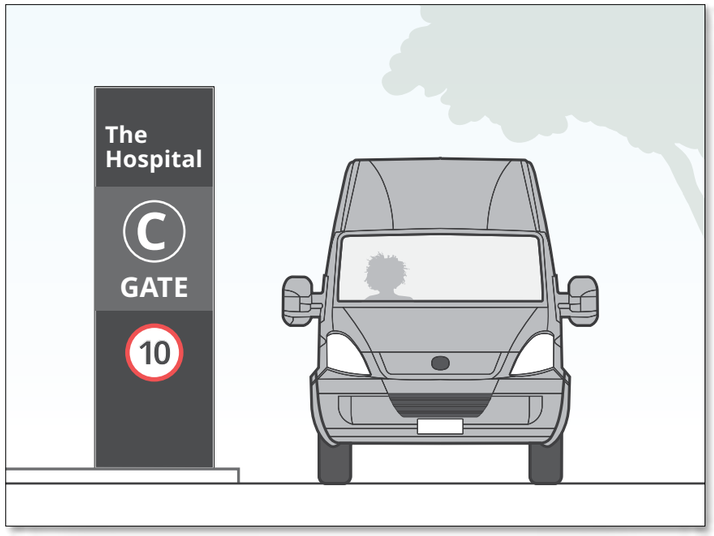
Information may include:

- name of healthcare facility including the HHS name
- entry identification such as gate numbers or names
- maps to provide context information and orientation
- directions to facilities accessed by this entry where needed including car parks
- directions to alternative entries for different services if there is a more effective route
- statutory advice such as access restrictions, conditions of entry and speed limit
- Queensland Government brand application to external site identification, refer to the *Queensland Government Brand Book*
- Aboriginal and Torres Strait Islander input at entry to express cultural safety.



Vehicular entry

Pedestrian entry



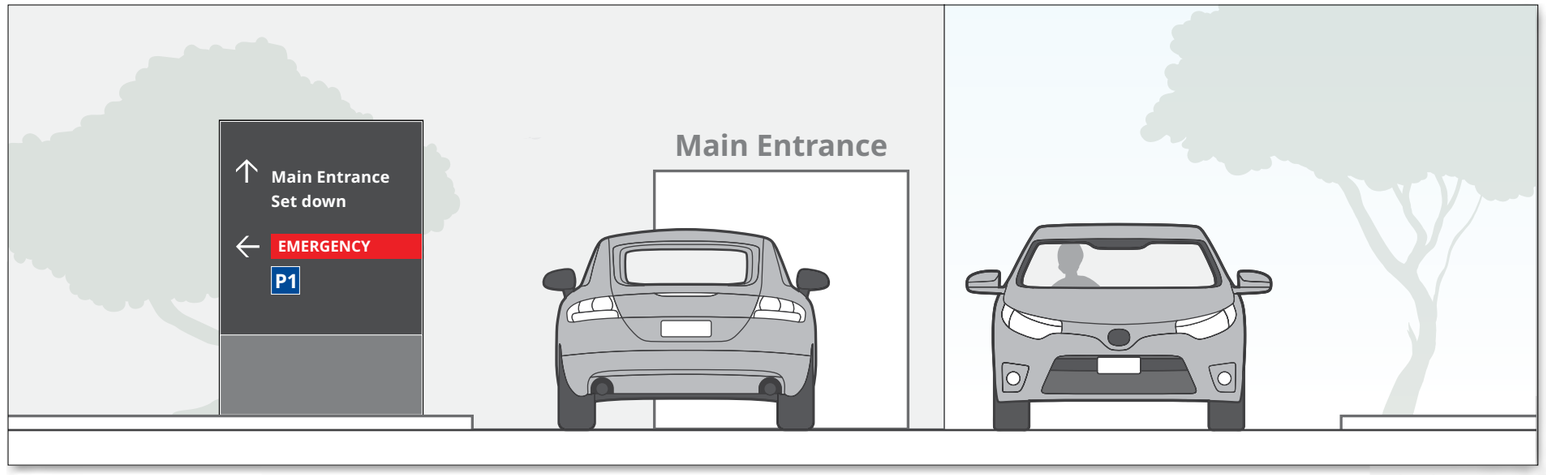
Service / delivery entry

Each entry into the site must be clearly identified so that all users understand that they have arrived and are able to confidently make further decisions in their journey.

5.4.3 Circulating throughout the site

It is critical that users are provided with appropriate information to understand their location on a healthcare site and can follow pathways to access buildings and other facilities easily. Wayfinding signage should be located at all key decision points in plain sight and include maps, directional signs, internal street names, accessible routes and other information or access to apps.

Elements that enhance intuitive wayfinding should be considered in this process also including clear views to buildings or entries, distinct building entries, lighting, landscape design and artworks.



Vehicular circulation

Pedestrian circulation

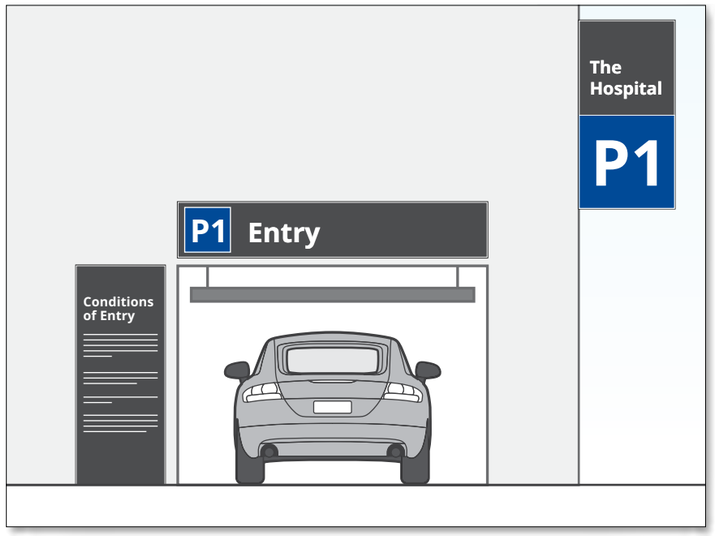
Elements that enhance intuitive wayfinding should be considered in this process also including clear views to buildings or entries, distinct building entries, lighting, landscape design and artworks.

5.4.4 Approaching and entering buildings

Buildings should be clearly identified at all entry doors seen at a close approach and provide adequate information for users to confidently enter the building.

This should be of an appropriate scale that can be seen from distant approaches on the site and may be applied to upper levels of the building, above entry doors or attached to an entry canopy.

Additional information at the entry points may assist users to understand any specific requirements such as key services or tenants in the building, conditions of entry and opening hours.



Vehicular entry

Pedestrian approach

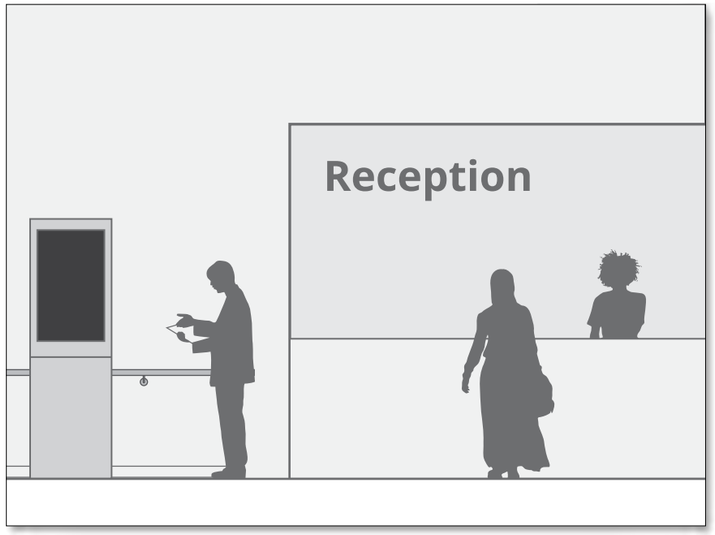
Pedestrian entry

Buildings and building entries should be identified from all major approaches.

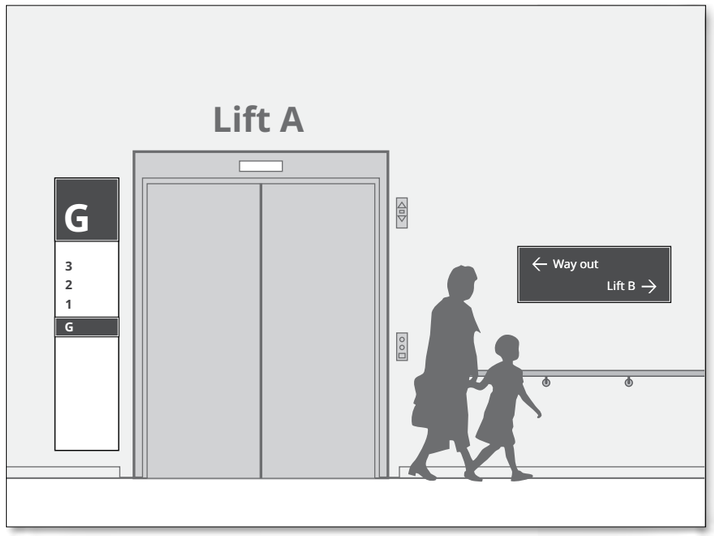
5.4.5 Circulation within buildings

The facility interior spaces should be easily understood and provide wayfinding information that allows all users to circulate on the arrival level and easily access lifts, stairs or escalators to move to other levels of the building to available destinations.

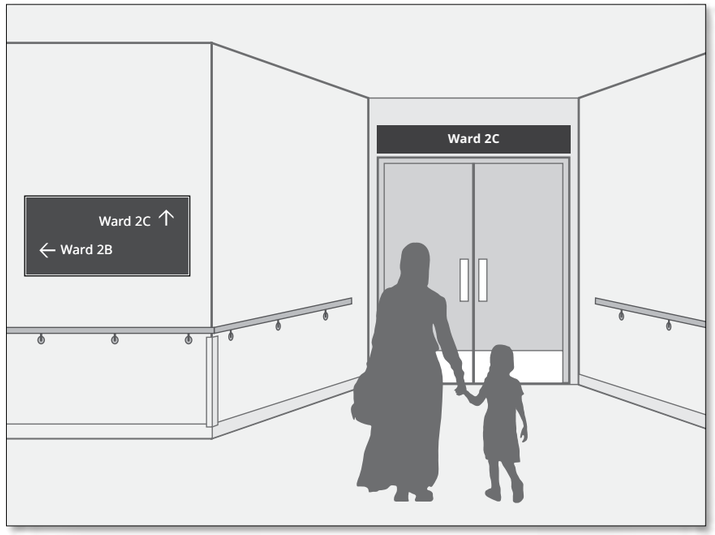
Information such as building and level directories, identification of key services and destinations, maps, directions and other user advise should be included on these journeys.



Vehicular entry



Pedestrian approach



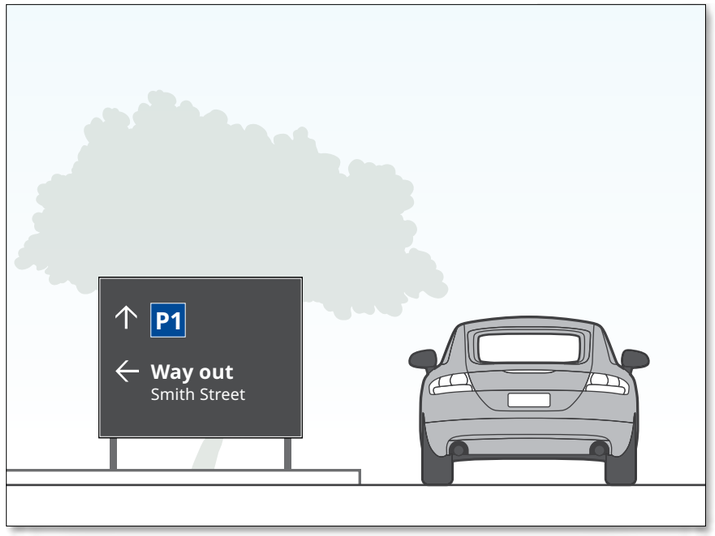
Pedestrian entry

Information such as building and level directories, identification of key services and destinations, maps, directions and other user advise should be included on these journeys.

5.4.6 Departing journeys

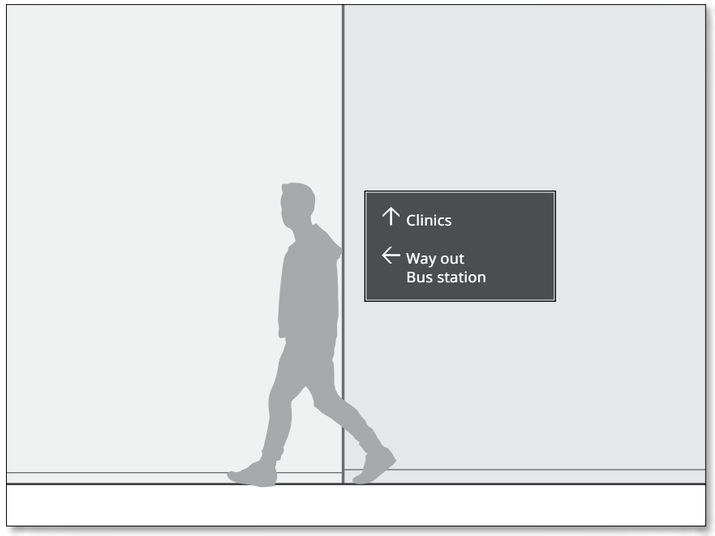
All users should be able to depart the facility and the whole site easily and confidently.

The departing journey should be clearly signed to enable all users to leave the facility and campus easily. This will require confirming directions back to lifts, stairs and exits as well as specific destinations such as carparks and nearby public transport stops.



Vehicular departure

Pedestrian departure



Pedestrian departure

All users should be able to depart the facility and the whole site easily and confidently.

5.5 Visual communication

Establishing clear visual communication design in wayfinding is critical in effectively conveying information to different user groups.

Effective visual communication in wayfinding establishes a consistent written and visual language throughout the facility that incorporates a range of graphic elements. These will include typefaces, pictograms, arrows, colour applications, visual compositions, maps and other graphic devices.

The information presented must be easily read and understood by users with diverse abilities, cultural backgrounds and literacy levels.

Visual communication will need to be designed to meet the needs of people with disabilities including those who have low vision or who are blind. The design will need to be compliant with *The Commonwealth Disability Discrimination Act 1992* (DDA), as well as codes and standards described in section **3.3 Accessibility compliance requirements** in this document.

Herston Health Precinct

Effective visual communication in wayfinding establishes a consistent written and visual language throughout the facility that incorporates a range of graphic elements.

5.5.1 Names, language and terminology

The names of the healthcare facility and associated buildings, spaces and departments as well as the language used in all wayfinding messages are to be easily understood by all user groups.

Naming should consider the following:

- simple names that are easily understood
- minimise the use of clinical terms in names
- review the effectiveness in wayfinding if the building is named after a prominent individual
- opportunities for Aboriginal and Torres Strait Islander names of buildings and spaces to build connection with communities.

Wayfinding text-based messages may be made up of common names, names of departments, clinical and allied health services and other different types of information, advice or instructions.

Plain language is to be used in wayfinding messages to ensure that users, including those of cultural and linguistic diversity and differing abilities, will be able to read and understand the content.

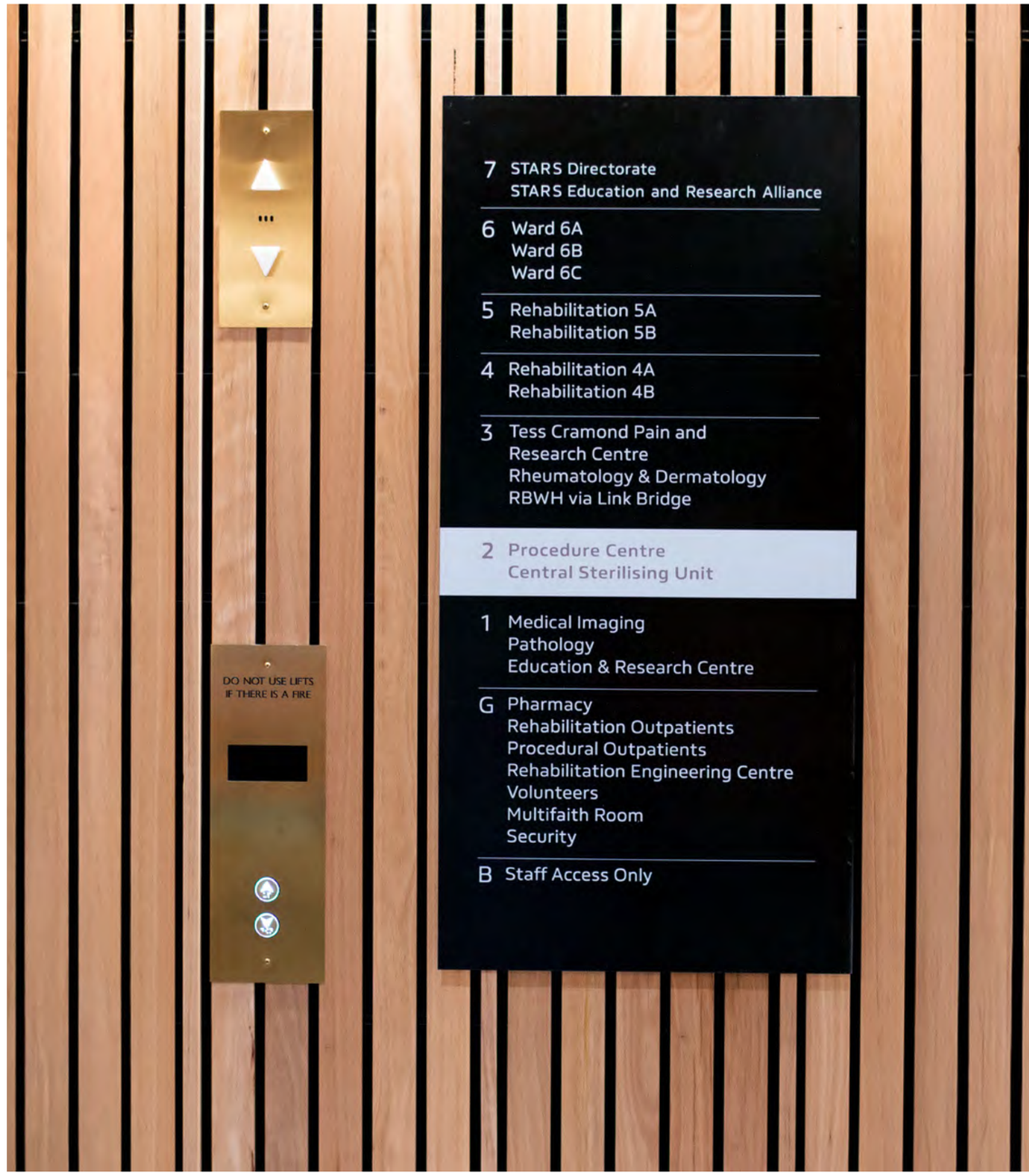
Key features of plain language include:

- using words that people are familiar with
- avoiding unusual words, jargon, idioms and acronyms
- employing simple sentence structures
- matching language to the reading level of a Year 7 student
- using inclusive language that respects all people.

A proposed list of common and clinical names and terms are included in Appendix 2 of this document. It is recommended that this list be the basis for all wayfinding terms and information and is developed, shared and finalised based on consultation with clinicians and other stakeholders.

It is recommended that these terms be discussed and agreed in the early design phase and also be incorporated into the project documentation.

Plain language is to be used in wayfinding messages to ensure that users, including those of cultural and linguistic diversity and differing abilities, will be able to read and understand the content.



Surgical Treatment and Rehabilitation Service (STARS)

5.5.2 Written style and grammar

Written style refers to the use of capital letters, punctuation, spelling and abbreviations. Grammar refers to the structure of texts and sentences in messages including syntax. Correct grammar and consistent style that is familiar to the user is important to minimise ambiguity and maintain clear communication in written wayfinding information.

Messages should maintain a consistent style that is familiar to all users including:

- consistent use of sentence case messages as a standard, such as **Access to car park**
- capitalisation of initial letters for names, such as Royal Brisbane and Women's Hospital
- all capitals may be used as a heading or for differentiation, such as **WAY OUT** providing it is compliant with accessibility code requirements
- minimise the use of punctuation except when required
- spelling to be based on the Macquarie Dictionary
- minimise the use of abbreviations and acronyms.

Messages should use simple grammar that is familiar to all users including:

- short sentences (where required)
- simple language minimising adjectives and adverbs in sentences
- use simple statements to identify actions and possible consequences, for example, **No parking—Penalties apply**.

Correct grammar and consistent style that is familiar to the user are important to minimise ambiguity and maintain clear communication in written wayfinding information.

Herston Health Precinct car park

5.5.3 Tone of voice

Tone of voice refers to how a message is communicated rather than the message content. When providing specific information, advice or instruction through the wayfinding system consider how tone of voice is used to engage with users.

Tone of voice may represent different personas. It may be institutional and authoritative or personal and friendly. A different tone of voice may apply to different areas in a healthcare facility. A loading dock message may use an authoritative tone for safety reasons but when arriving at a clinic waiting room the message may have a friendly tone of voice to welcome patients.

Generally, in the public areas of the facility, consider using:

- simple language
- inclusive and respectful language
- friendly, empathetic, encouraging and supporting language
- an active voice in sentences (where the subject is performing the action)
- authoritative language where specific advice must be followed, for example **RESTRICTED ACCESS.**

Caboolture Hospital

Tone of voice may represent different personas. It may be authoritative or personal and friendly.

5.5.4 Destination hierarchy

A comprehensive list of the destinations and services that need to be accessed by all users should be developed to ensure the wayfinding system is relevant to user needs.

The list of destinations will include the facility site and all buildings, levels, departments, clinical services, wards, rooms and other spaces that need to be identified. It should also include all services that support the wayfinding experience such as entry points, car parking, stairs, lifts, toilets, accessible services, exit paths, public transport stops and neighbouring services.

It is intended that these destinations and services will be included in the on-site wayfinding system in orientation maps, directional signs, identification signs and other supporting wayfinding communications as required.

The specific names and terms to be used should be confirmed by all user groups. Refer to Appendix 2.

Healthcare facility	The hospital.
All patient services	**Clinical units and departments** Such as Emergency, Intensive care unit, Surgery, Cancer care, Birth centre, Mental health, Women's health, Neonatal care, Clinics, Children's health, Neurology, Kidney care and Cardiology. Wards, rooms and beds.
	Diagnostic services Such as Medical imaging, Breast screening and Pathology.
	Administration and support Such as Admissions, Pharmacy, reception points, waiting areas, interpreter services, Aboriginal and Torres Strait Islander health, gym and multi-faith room.
Building services and areas	Building levels, lifts, wings, entrances and exits. Other functional spaces that need to be identified including loading docks, communications, plant rooms and other operational areas.
General services	Toilets, cafes, shops and visitor information points.
Related services / buildings	Car park spaces and structures. Other patient services not inside the facility that may need to be accessed.
External areas	Set down. Taxi rank. Garden. Duress points.
Beyond the site	Public transport services. Major roads.

The list of destinations will include the facility site and all buildings, levels, departments, clinical services, wards, rooms and other spaces that need to be identified.

5.5.5 Progressive disclosure of wayfinding information

Progressive disclosure of information is intended to lead the user through a wayfinding navigation process by providing only the information that is needed at a specific point in the journey. This minimises having excessive information that may pose challenges for users to discern the information that they require.

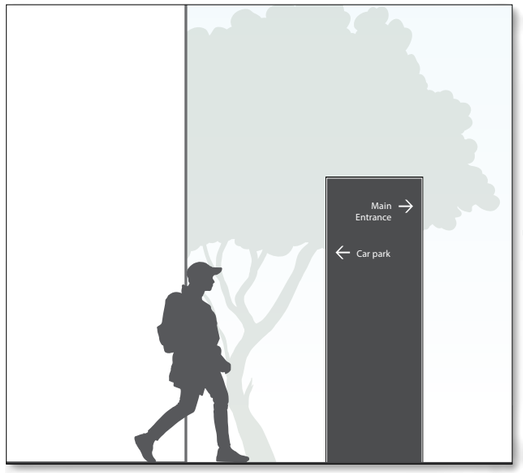
This approach is achieved by using the destination hierarchy as layers within the facility using the same address identifiers as developed in section **5.3 Address strategy**.

These layers may include:

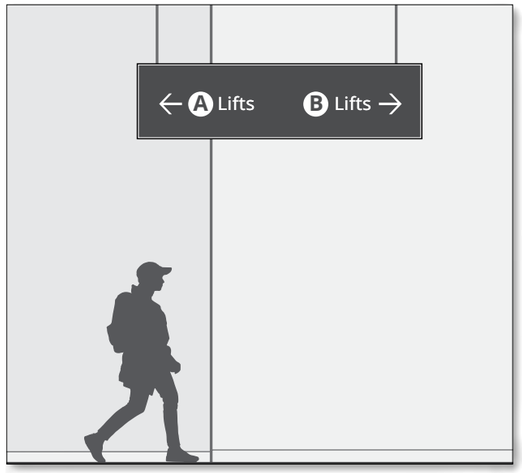
- the entire site or campus, including entrance points
- campus buildings
- services on the arrival floor of a building, including vertical travel access to other floors and services
- individual floors and the services within each floor.

Information on directional signs should be planned in reverse by starting from the end destination back through the pathway decision points until a major decision point is reached to include directions to the destination.

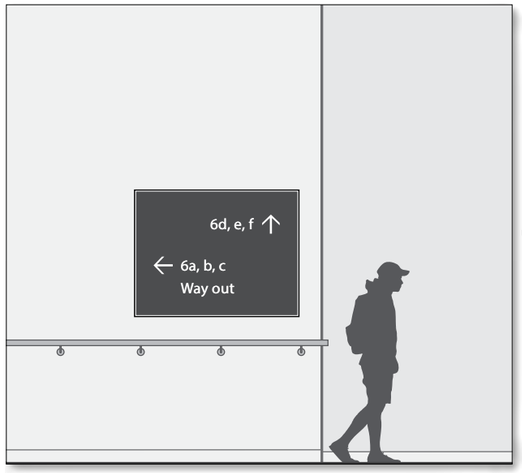
1. The address



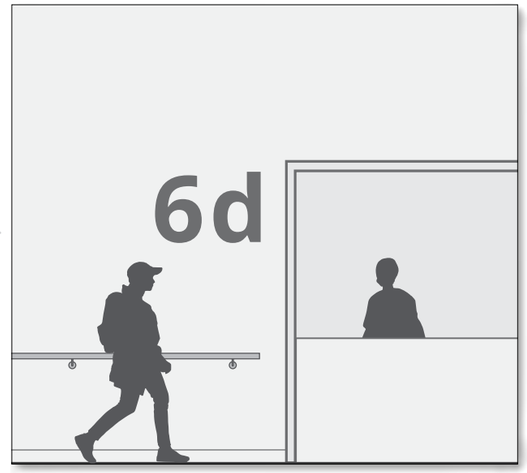
2. To the main entrance.



3. To B lifts to L3



4. To clinic 3B



5. Journey completed

Progressive disclosure of information is intended to lead the user through a wayfinding navigation process by providing only the information that is needed at a specific point in the journey.

5.5.6 Pictograms

The wayfinding system should include information in a form that can be easily understood by all users through recognisable pictograms and symbols.

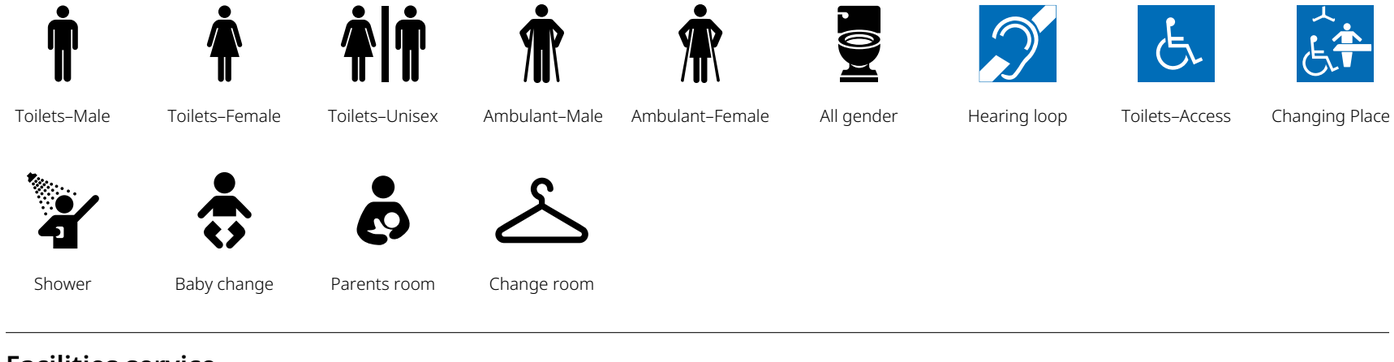
Recognisable pictograms and symbols can be used to aid understanding for a broad range of user groups without dependency on English language as well as meet specific requirements of Australian standards and specific healthcare operations.

Pictograms should be considered in the following applications:

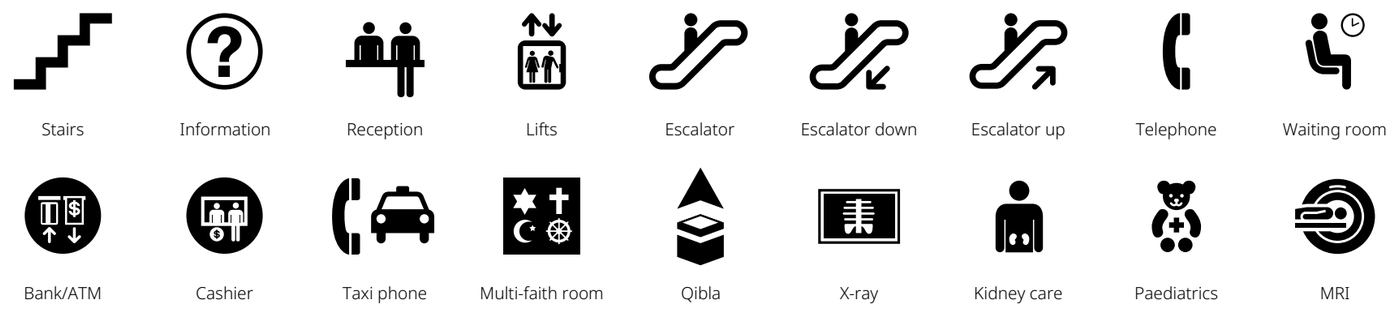
- **Toilet facilities**—identifying the different types of toilets—refer to *AS1428* and consider other non-gender specific options.
- **Accessible services including hearing assistance**—refer to *AS1428.*
- **General services within the facility**—stairs, lifts, information point, taxi phone, cafe, etc.
- **Transport services**—public transport, parking, ambulance, etc.
- **Regulatory advice**—such as video surveillance, switch off mobile phones, radiation warnings.
- **Healthcare facility advice**—this may be specific to certain areas such as hand sanitising.

Transport

Facilities standard



Facilities service



Recognisable pictograms and symbols can be used to aid understanding for a broad range of user groups without dependency on English language.

5.5.6 Pictograms

The pictograms and symbols may be used from existing recognised sources. These include *ISO 7001: Graphical symbols—Public information symbols* and other specialist publications.

Where possible the pictograms and symbols should appear to be a consistently designed family of elements. However, many are required to be reproduced exactly as specified in Australian standards to be compliant.

There may be a need for new bespoke pictograms to represent a specific requirement. These should be carefully considered and tested for understanding and effectiveness.

Also, it is not recommended to develop a family of bespoke pictograms for a specific facility unless it is seen as benefiting the users and wayfinding processes.

Facilities service continued

Lost and found | Shops | Drinking fountain | Vending machine | Wash hands

Regulatory

Wash hands | No smoking | No entry | No food or drink | No mobile phone use | No photography | Closed circuit television (CCTV)

Warning | Radiation warning | Cytotoxic warning | Liquid nitrogen | Pregnant warning | Laser warning

Bespoke

Smoking ceremony

Where possible the pictograms and symbols should appear to be a consistently designed family of elements.

5.5.7 Typography

Sign messages should use clear legible typefaces that are effective at their intended viewing distance for all users.

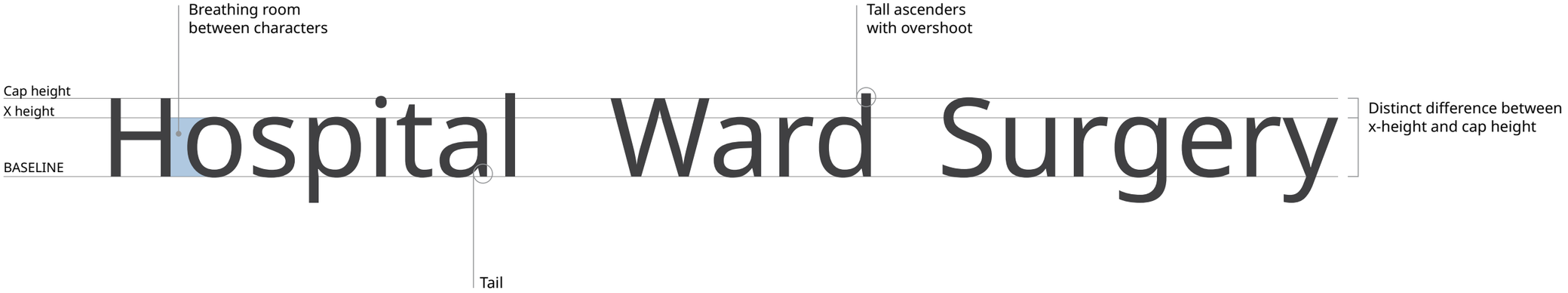
The selection of typefaces for sign messages should be based on achieving optimal ease of reading considering the visual acuity of visitors including people with vision impairments as well as environmental contexts such as variable internal and external lighting conditions in the facility.

Generally, sans serif typefaces are the most effective in reading short messages in signage. Serif fonts, scripts or other decorative typefaces are not considered appropriate.

To select a legible typeface, consider the following:

- individual letters that are easily distinguished
- letter stroke thickness that is consistent
- letterforms that are not overly condensed or expanded.
- high x-height / cap height ratio
- letter stroke thickness / x-height ratio
- the range of font weights within the typeface that are effective in visual and tactile reading
- the impact of letterform widths on word lengths and fit on signage panels.

Text based messages should incorporate effective and consistent letter spacing and tracking and word spacing to ensure legibility of all words.



Legibility indicators in a typeface.

Sign messages should use clear legible typefaces that are effective at their intended viewing distance for all users.

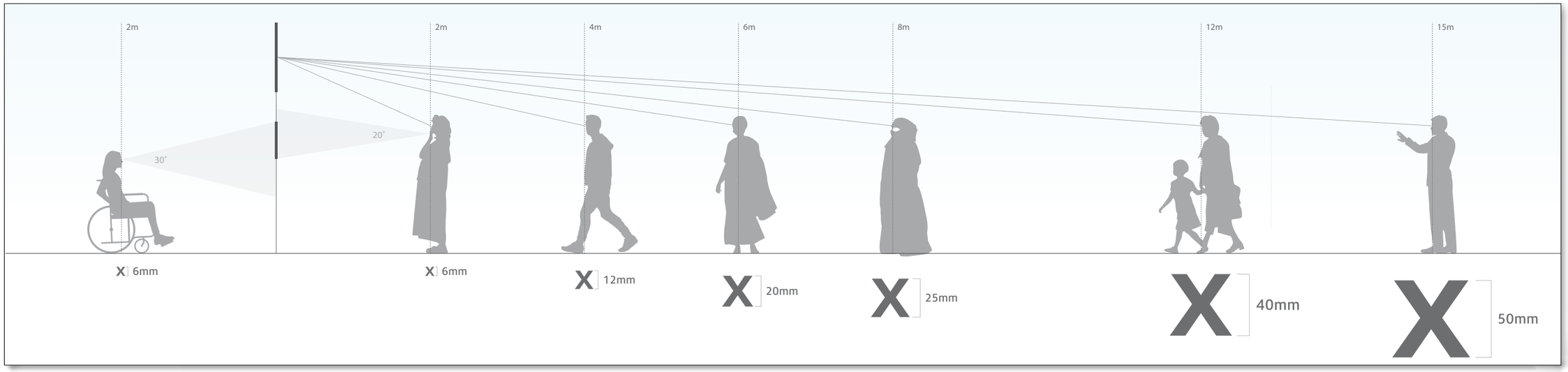
5.5.7 Typography

Type sizes should be a suitable size for their intended viewing distances. The Australian standard, *AS1428.2–1992 Design for access and mobility* demonstrates the recommendations for minimal heights of letters on signs and the distance from which they can be read by sight.

This is a guide only for minimum sizes. Selected typefaces should be tested at full size for legibility including use of colour and contrast in typefaces and backgrounds which will have an impact on legibility.

Viewing distance	Min. cap height
2m	6mm
4m	12mm
6m	20mm
8m	25mm
12m	40mm
15m	50mm
25m	80mm
35m	100mm
40m	130mm
50m	150mm

AS 1428.2, 1992, Table 3.
Height of letters for varying required viewing distances.



This is a guide only and selected typefaces should be tested at full size for legibility.

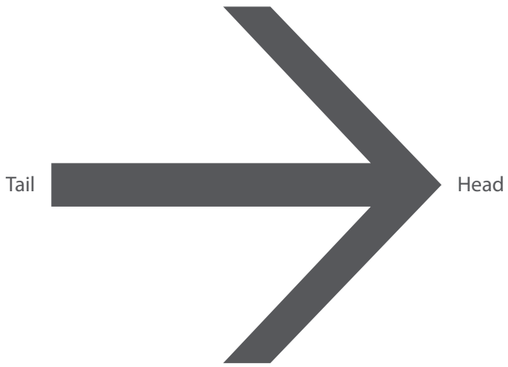
5.5.8 Arrows

Directional messages that guide the user to specific destinations should be unambiguous using clearly defined arrows.

Arrows are a graphic device consisting of a head and a tail used to direct the user to selected destinations.

Arrows should be selected or designed that are easily distinguished and can relate directly to messages they refer to which may include pictograms and text.

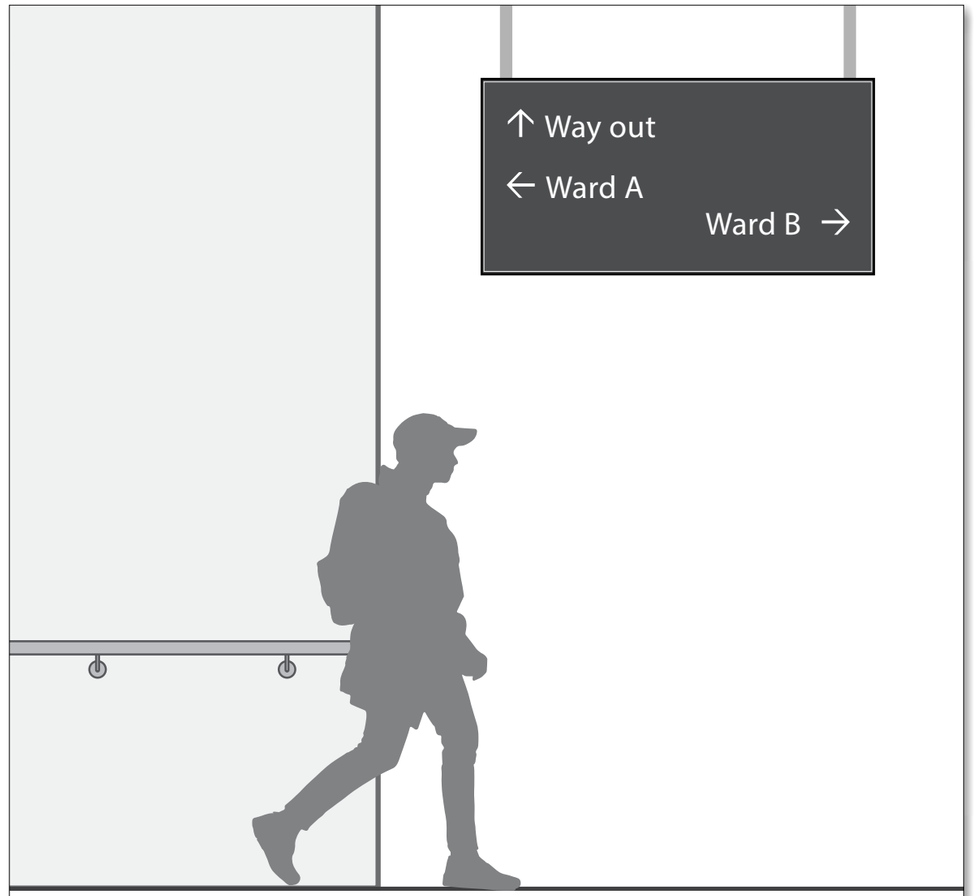
Arrow directions should be easily understood relative to the user's viewing position.



Arrow directions should match the pathways of travel and primarily direct straight ahead (up), to the viewer's left or the viewer's right. Arrows pointing up at 45˚ angles may be used to align with angled branching paths.

Downward pointing arrows imply travelling down to another building level on the same path of travel such as via stairs. These should be carefully considered and should relate to the vertical travel method shown on the sign as well as ensure the vertical travel method is easily visible.

Arrows cannot point to destinations that are behind the viewer. Arrows should not show directional changes to a destination by using bent arrow tails for pedestrian directions.



Arrows are placed next to their destinations to form whole messages and always point out of the sign panel. Forward, left and right directions are easily understood from the user's viewpoint.

Arrow directions should be easily understood relative to the user's viewing position.

5.5.9 Colour

Wayfinding design should incorporate the appropriate use of colour to clearly and effectively communicate to all users.

The use of colour within wayfinding communication is to be carefully considered to ensure clarity in messages or other applications for all users.

Consider the following factors when applying colour:

- Apply colour as specified in the wayfinding overlay (see 5.2.2), using it for emphasis or differentiation where appropriate.
- Select colours that are clearly visible within the surrounding environment.
- Use colour consistently to build familiarity and reinforce recognition of signage elements.
- Apply colour strategically to highlight important physical locations, such as department receptions.
- Use colour to distinguish specific sign messages, for example, external directions to Emergency.
- Ensure sufficient luminance contrast for readability (see 5.5.10).

Wayfinding design should incorporate the appropriate use of colour to clearly and effectively communicate to all users.

Queensland Children's Hospital

5.5.10 Luminance Contrast

Wayfinding design should incorporate the appropriate use of colour to clearly and effectively communicate to all users.

Signage should be easily seen in the environment and messages are easily read under varying lighting conditions.

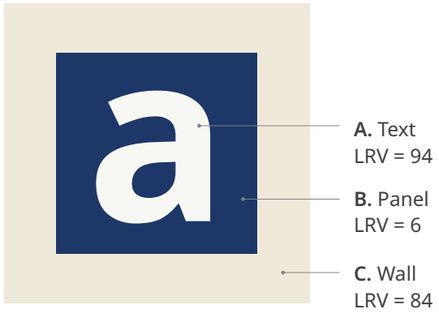
For signage design, there are two key factors to consider for achieving effective luminance contrast based on the light reflected:

- on the sign panel compared to the surrounding wall or background
- by the message compared to the light reflected by the sign face.

Australian standard AS1428 identifies a requirement of minimum 30% luminance contrast however it is recommended that this is increased to ensure that signs and messages are visible in a variety of lighting conditions that will not be known during the design phase.

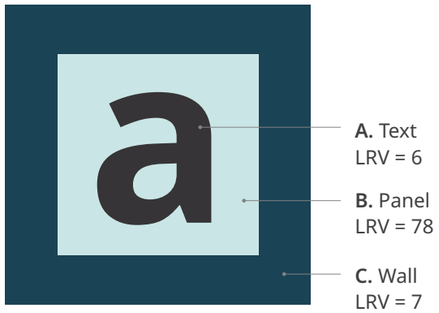
In particular, the sign message contrast compared to the sign face should be substantially increased and tested and assessed considering typeface size and weight, colour contrast, light reflection, sign life and colour fading over time.

In addition, ambient light reflection on the sign face should be minimised by using matte finish coatings on sign faces.
To measure luminance contrast, the designer must establish the Luminance Reflectance Value (LRV) of both elements using manufacturers' specifications or an approved light measurement tool. On a scale of 100, pure black is 0 and pure white is 100. The luminance contrast is calculated using the Bowman–Sapolinski Equation as stipulated in *AS1428.4.1:2009.*



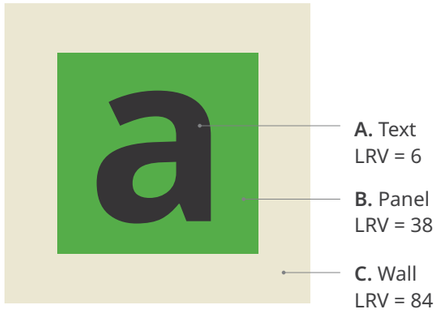
Luminance Contrast Calculation

A/B = 88%
B/C = 84%



Luminance Contrast Calculation

A/B = 83%
B/C = 81%



Luminance Contrast Calculation

A/B = 58%
B/C = 39%

Signage should be easily seen in the environment and messages are easily read under varying lighting conditions.

5.5.11 Information composition

The composition of visual information in signage messages within the wayfinding system should be cohesive, clear and unambiguous.

Signage messages may be composed of multiple parts including arrows, texts, pictograms and may be expressed in different ways. Visual diagrams such as maps may also be composed of different layers that need to be read as a whole and be easy to comprehend.

Consider how all the visual elements of messages and diagrams combine to create cohesion and ease of reading.

This may include:

- the use of layout grids to aid in visual order and alignment of visual elements
- organising information in ways that benefit the user, for example, grouping all destinations according to their direction on a directional sign in order of proximity with the nearest destination first
- closeness of visual elements that compose individual messages on signs, for example, left pointing arrows have left justified messages and right pointing arrows have right justified messages
- hierarchical sizing and positioning of information according to user needs
- avoiding any visual elements that are not providing clear communication.

Consider how all the visual elements of messages and diagrams combine to create cohesion and ease of reading.

Caboolture Hospital

5.5.12 Map design

A critical part of a user's wayfinding process is the need to be aware of their position in the immediate environment as well be able to plan a route to distant locations. This can be achieved through strategically placed maps and diagrams.

Maps are to be placed at key arrival or gathering points in a healthcare facility and should convey information that is essential to the wayfinding process only. Maps may be used for outdoor or indoor environments.

Maps should be considered as diagrams of spaces and pathways with overlaid information and can include a legend that explains map symbols and lists destinations. A cross reference grid system or coding system may be used to locate destinations listed on a legend for large complex sites.

Key physical features that aid wayfinding may be highlighted on maps such as building forms or landmark elements using simple imagery.

Key factors in map design include:

- matching the map's orientation to the viewer's orientation so that the location of information on maps is intuitively read by the viewer
- highlighting the viewer's position in the map with a highly visible you are here indicator
- minimising unnecessary detail to aid ease of reading
- including nearby services and connections such as streets and public transport stops or external spaces.

Depending on the nature of the site, different map types and styles should be considered such as plan views, 3D or axonometric views or hybrid maps where 3D images may be shown on plan views. Also note that the requirement for Braille and tactile maps should be determined as part of the overall consideration and use of Braille and tactile signage at the facility in consultation with the access consultants and Queensland Health representatives.

A critical part of a user's wayfinding process is the need to be aware of their position in the immediate environment as well to be able to plan a route to distant locations.

Queensland Children's Hospital

5.5.13 Ground marking

On rare occasions it may be necessary to introduce ground-based path marking for users using different line shapes and colours.

This is not intended to be a fundamental part of the wayfinding system but may be used in areas to benefit the user. For example, where different services are provided in one space and need to be visually separated or where related services are not in close proximity to each other and need to be clearly visually linked. High activity areas such as Emergency Departments may use ground marking to clearly differentiate pathways and bed numbers for ease of use.

In this situation, the path marking system needs to be clearly introduced and explained with all paths clearly differentiated. Ground marking will wear quickly due to pedestrian traffic, may be disruptive for people with low vision and may require a high level of maintenance.

Royal Brisbane and Women's Hospital

This is not intended to be a fundamental part of the wayfinding system but may be used in areas to benefit the user.

5.6 Signage design principles

Signage refers to the mediums that carry different types of messages. Signage may take many forms based on the type of information to be conveyed, the user's interaction with it and the physical parameters of the surrounding environment.

In physical terms, signage mediums may include messages that are:

- applied to fabricated panels and structures that are mounted from floors, walls or ceilings or other building elements
- applied directly to building and interior elements such as awnings, walls, doors and desks
- programmed information in digital systems such as kiosks or digital building directories.

Signage mediums will need to be designed to meet the needs of people with disabilities including those who have low vision or who are blind. The design will need to be compliant with *The Commonwealth Disability Discrimination Act 1992* (DDA), codes and standards described in section **3.3 Accessibility compliance requirements** in this document.

Signage may take many forms based on the type of information to be conveyed.

Logan Hospital

5.6.1 Design in context

The design of the signage system should consider its visual presence in context of the surrounding environment to be easily seen and perceived as wayfinding signage.

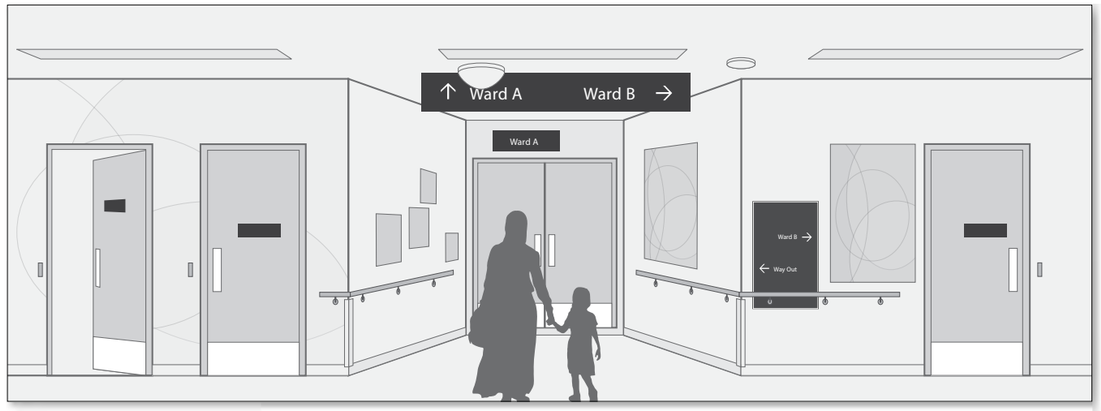
By understanding the physical context of interior, architectural or landscape environments, the wayfinding designer can develop design solutions that are highly visible for users and also responsive to the design of the surrounding environment. This is achieved by considering key design elements of signage mediums including placement, sizes, forms, colours and lighting.

Generally, signs are seen and then read. A sign may be visible but not able to be immediately read. Signage should be placed for optimal viewing and reading from primary approaches.

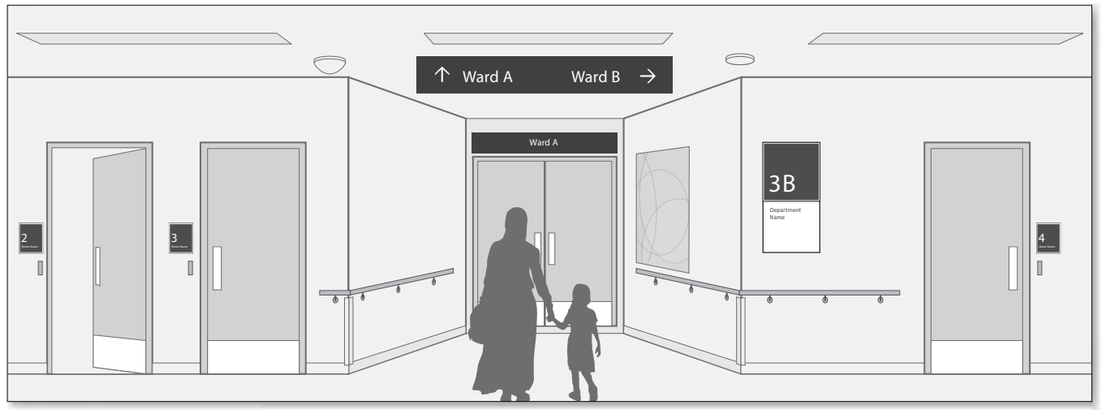
Consider the following:

- the primary views of the sign are not obscured by other elements
- the location is not competing with other visual elements such as artworks
- the sign orientation should align with dominant user sight lines
- use consistent datum levels of wall mounted, projecting and suspended signage where possible.

In addition to this, the wayfinding designer will need to understand the physical and spatial limitations in the environment that may influence signage design and planning including furniture, fixtures and fittings such as handrails, crash rails, hand washing facilities, light fittings as well as surveillance cameras and fire sprinklers.



Signage system not designed in context



Signage system designed in context

Signage should be placed for optimal viewing and reading from primary approaches.

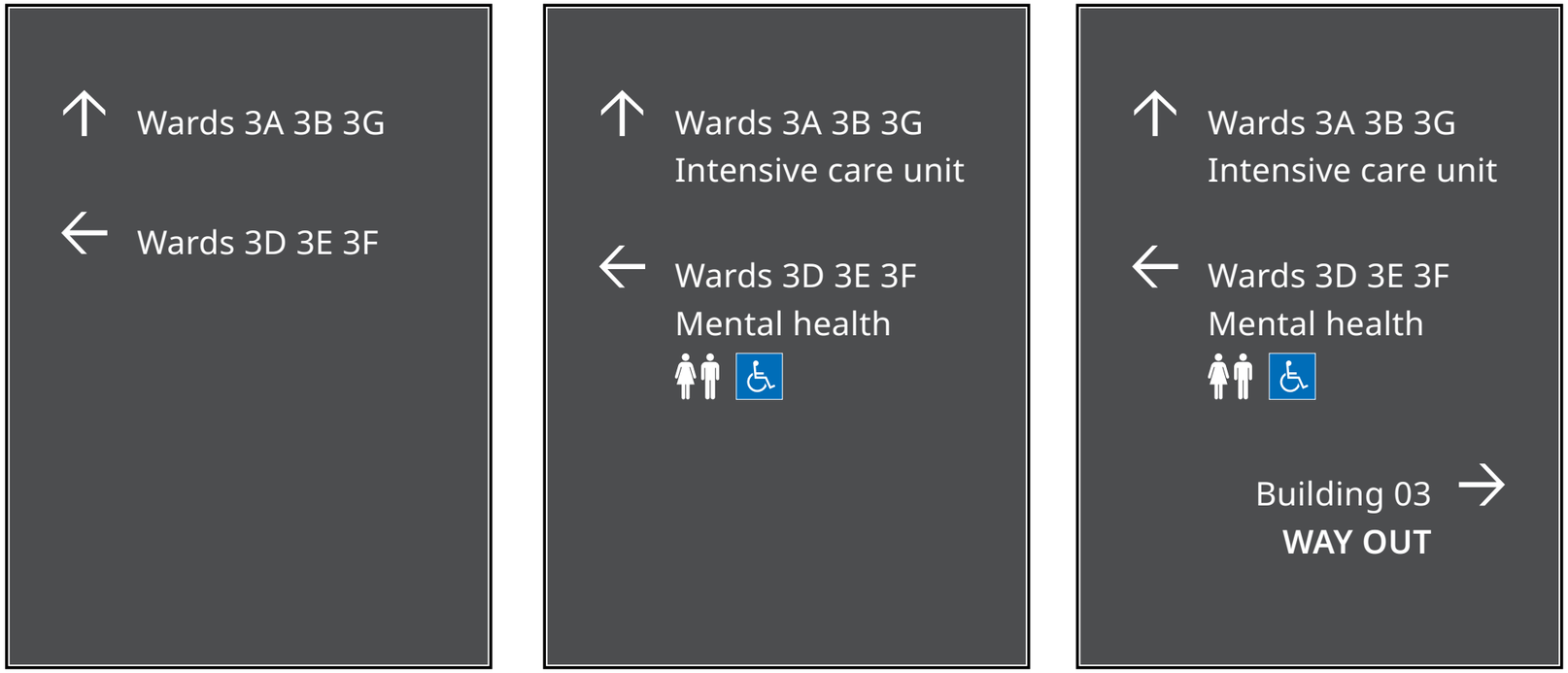
5.6.2 Design from the inside out

A critical design requirement for signage is the clear and effective communication of information.

Message sizes and layouts of multiple messages will be a significant influence in the design of the signage mediums and affect size and shape of signage.

Visual communication design should be developed in conjunction with signage medium design to ensure that visual communication is not compromised by predetermining sign sizes and shapes.

Sign sizes are based on an understanding of the maximum lengths of names as well as the maximum number of destinations listed in directions. Allow for potential future changes that may require additional messages. To ensure signs can be easily read, allow for appropriate space around the messaging.



The same size sign can be used for different numbers of messages and future additions

Message sizes and layouts of multiple messages will be a significant influence in the design of the signage mediums and affect size and shape of signage.

5.6.3 Sign family

Wayfinding signage elements should form a cohesive suite that promotes easy recognition and familiarity for users.

The wayfinding signage system should present as a unified family of sign types that is integrated throughout the healthcare facility. Each sign type varies as needed to fulfill its functional purpose and adapt to spatial and physical context requirements.

Generally, signs described by the type of information that they provide may include:

- **Orientation**—mapping and directory information to understand the whole site.
- **Direction**—showing pathways of travel to chosen destinations.
- **Identification**—naming buildings, floors, departments, spaces, rooms etc. to confirm arrival.
- **Other advice**—multiple types of information that instructs and advises the user within the facility.
- **Statutory signs**—that are a requirement of the National Construction Code to achieve building compliance.

Note that signs may amalgamate different types of information on one sign without compromising the legibility of the information.

The different forms of these sign types will be determined by the designer as a response to understanding spatial opportunities and limitations, user sight lines and integration with other building and interior elements.

There will be a number of variants of these sign types that need to adapt to their particular applications to be effective. Variants may include size and form differences, installation methods such as floor, wall or ceiling connections. Wall connections may be flush mounted or projecting.

While this approach encourages visual consistency to link the signage elements there is still opportunities for visual differentiation to draw attention to specific wayfinding elements.

Typical sign type family

The wayfinding signage system should present as a unified family of sign types that is integrated throughout the healthcare facility.

5.6.4 Crime Prevention Through Environmental Design requirements

The wayfinding design elements should contribute to *Crime Prevention Through Environmental Design* (CPTED) strategies to create a safe environment in and around the healthcare facility.

CPTED principles consider ways to minimise crime and make spaces safe for all users. This might include the use of lighting, natural surveillance, well maintained spaces and established pedestrian pathways.

While CPTED principles should apply throughout the facility they are particularly relevant to outdoor areas that may be between facilities or other areas such as car parks.

Wayfinding design can contribute to CPTED outcomes by providing the following:

- well planned and designed wayfinding information in pathways and transition spaces
- signage elements that do not create visual barriers or hiding spaces
- lighting that may enhance wayfinding such as regular path lighting
- emergency duress points are shown on site maps.

While CPTED principles should apply throughout the facility they are particularly relevant to outdoor areas that may be between facilities or other areas such as car parks.

Caboolture Hospital car park

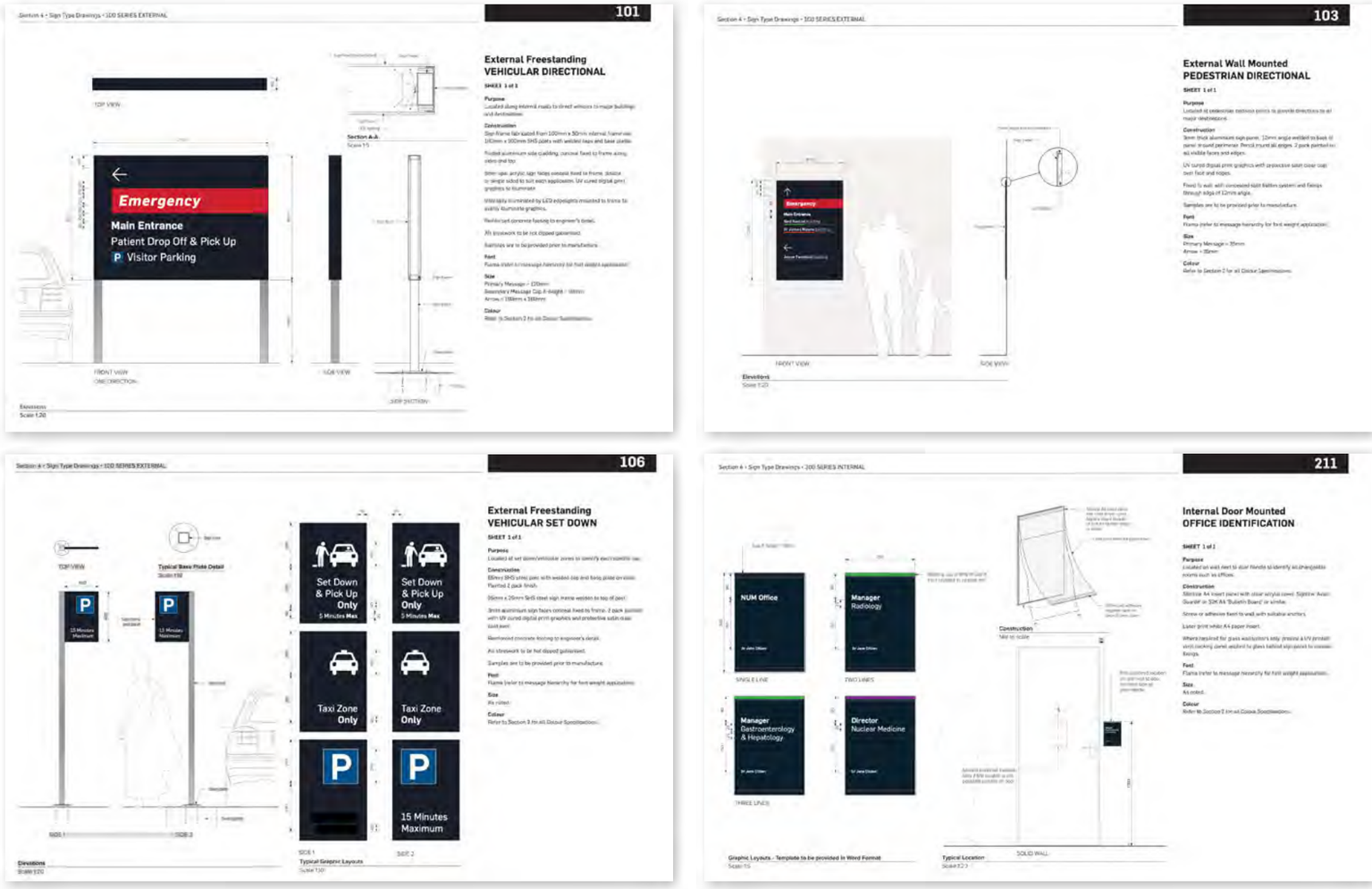
5.6.5 Kit of parts

The wayfinding design should support ease of manufacture and ongoing management and maintenance of the wayfinding signage system through a kit of parts design approach.

A modular kit of parts approach to wayfinding design will have standardised elements and components that are cost effective while still allowing for flexibility and bespoke design solutions.

A kit of parts approach may consider:

- sign panel sizes
- material selection
- local production processes
- signage hardware and fixing systems
- structural elements.



Royal Brisbane and Women's Hospital Signage Manual provides an example of documentation that supports a kit of parts approach

A modular kit of parts approach to wayfinding design will have standardised elements and components that are cost effective.

5.6.6 Signage manufacture

A healthcare facility is a highly active environment and includes the constant movement of people, beds and equipment. All signage materials, manufacturing processes, finishes and illumination need to be robust and suit their intended purpose in both interior and exterior applications.

In particular signage design should:

- be durable in outdoor environments including UV resistant finishes for sign graphics, moisture ingress prevention, salt-air corrosion protection in coatings on structural elements
- be durable in indoor environments where signs are regularly cleaned using hospital grade chemicals and disinfectants
- minimise vandalism by having hidden or tamper-proof fixings and minimise elements that may be easily accessed on signs
- include matte finishes on sign faces to minimise light reflection and glare
- support infection control inside the facility by using impervious surfaces and avoiding areas or shapes that collect dust
- ensure essential outdoor signage is illuminated
- use backup power sources for critical illuminated signage such as **Emergency Department**.

Royal Brisbane and Women's Hospital

All signage materials, manufacturing processes, finishes and illumination need to be robust and suit their intended purpose.

5.6.7 Temporary signage

Infrastructure improvements to existing facilities may result in changes in use of the facilities during the construction process. This may include rerouted pathways and changed entry points into facilities or rooms.

Temporary signage is to be introduced that clearly guides the user through the modified conditions.

These changes may apply to pedestrian and vehicular routes. This may include different types of information such as:

- announcement about the change including duration and benefits
- simple diagrammatic maps showing new pathways
- directional signs at all decision points on the changed pathways
- temporary ground markings to highlight new pathways
- Braille and tactile signage as required by the *National Construction Code (NCC)*.

The changes to pathways will disrupt the movement patterns of regular familiar users who no longer refer to wayfinding signage. Temporary signage may need to be more visually prominent to draw attention to these changes while still visually coordinating with existing signage. Consider the use of colour, panel size and text sizes to attract attention.

Signage production should be cost effective and use products that are suitable for their period of use and may include printed films, lightweight panels or printed fence fabrics. If freestanding sign structures are required in an outdoor environment, structural engineering services will be required.

A larger refurbishment project may include a scheduled program of works that includes change or expansion to a range of different facilities resulting in an ongoing decanting process. In this case, additional temporary signage and possible updates to existing permanent signage may be required to respond to every different configuration of the facility during the construction process.

Depending on the scale and nature of the project, the temporary signage may need to be coordinated with other capital works temporary elements such as hoarding and fencing. The *Queensland Government Brand Book* should be referred to as well as consulting with the Queensland Health project team.

Example of temporary signage

Temporary signage is to be introduced that clearly guides the user through the modified conditions.

5.6.8 Sign planning and scheduling

Sign planning is the process of determining locations and positions of all wayfinding signage elements that will be easily seen and read by all users.

The sign planning process will position specific sign types in specific locations and orientations based on using the established family of sign types.

This process will address any specific restrictions or obstructions that may occur and may require specific adaptations or coordination with other design disciplines. These include:

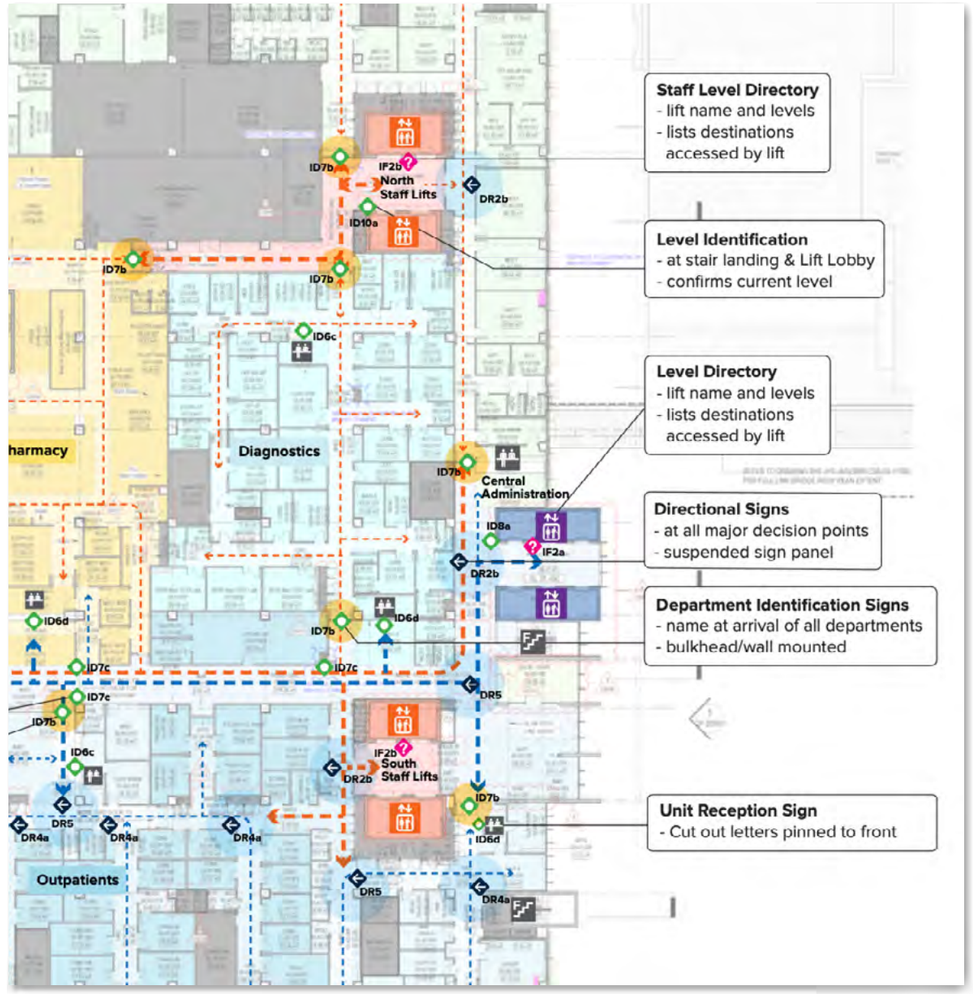
- signage impeding pedestrian or vehicular flows
- limited available space to include signage including conflicts with other building fittings or hardware such as emergency exit signs, CCTV, fire sprinklers and annunciator panels.

Elements such as furniture or landscape blocking views to signage. Also refer to 5.6.1 Design in context.

The sign planning process will also initiate a schedule that will list each sign which will have a unique number and a record of the sign message and a location reference on the sign location plan.

Sign planning is usually prepared by following the circulation pathways, reviewing the preliminary sign locations and determining the information required on these pathways required for all users to complete their journeys. Information on directional signs can also be planned in reverse by starting from the end destination back through the pathway decision points until a major decision point is reached to include directions to the destination.

Ideally, sign planning should aim to achieve maximum user benefit with the minimum number of signs. For instance, directional signs may not be required where a destination is clearly identified within the user's immediate viewing area.



Example of a sign planning document

The sign planning process will position specific sign types in specific locations and orientations.

5.6.9 Interpretation signs

There may be opportunities to incorporate interpretive elements into the project. This can include information about the cultural history or ecology of the site. Interpretive signs may be located in a variety of environments and should add to the user or patient experience. For instance, a healing garden space that is planted with a selection of native plant species can include names of plants as well as other information about their use in Aboriginal and Torres Strait Islander culture.

These signs should provide concise information and designed with the same standards as wayfinding signs and be accessible and legible for users.

This can include information regarding the cultural history or ecology of the site.

Herston Health Precinct – Herston Quarter

6

Design process

6.0 Overview

Wayfinding design process

The wayfinding design process should be aligned with the specific capital works project stages. The wayfinding designer may be part of a design team or provide standalone design services depending on the project requirements.

For projects employing design teams led by an architect or building contractor, early involvement is encouraged to ensure wayfinding principles, terminology and strategies are being introduced to the project team in the early design stages.

The wayfinding designer will work collaboratively in the project team and ensure the wayfinding design process is coordinated within the project program and milestones. The designer will also consult regularly with healthcare facility representatives and community representatives throughout the design process.

The wayfinding design process may include the following services:

- initial research and investigation
- wayfinding strategy and concepts
- detailed design including sign location plans and schedule
- detailed documentation for tender and construction
- evaluation of manufacturers' tender submissions
- checking samples and site inspections during construction
- final defects inspections of installed works
- as-built documentation including warranties and maintenance requirements
- development of a wayfinding signage manual
- post construction and defects liability period inspections.

The wayfinding designer's drawings and documents should clearly communicate the design intent through all design phases.

Refer to **Table 6.1 Wayfinding designer inputs and deliverables over project phases**.

The early design phases are an opportunity to fully understand the needs of the project and to appreciate the design values of other disciplines. The wayfinding designer can propose high-level design strategies that address project needs and align with the overall project context for feedback and endorsement.

As the design develops, a greater level of detail is prepared around wayfinding signage design such as proposed forms, sizes, materials, finishes, colours, graphic standards as well as sign locations in coordination with the overall project design.

Detailed documentation for tender and construction is completed in close coordination with the other design disciplines.

Each stage may require multiple iterations based on client and stakeholder reviews and coordination with other project consultants' outputs.

The wayfinding designer's drawings and documents should clearly communicate the design intent through all design phases. The completed sign package is a comprehensive set of documents suitable for tendering, manufacture and installation and includes detailed construction drawings, specifications, sign location plans and sign schedules.

After project completion there may be a requirement for a wayfinding signage manual that records all design details, specifications and guidance for use that is easily interpreted and used for ongoing updates and alterations to the wayfinding system.

A simplified version of this process will also be required when temporary signage is required.

6.1 Building Information Modelling

New projects may require Building Information Modelling (BIM) to be utilised in the design process for collaboration and improved design efficiencies.

BIM is a collaborative process that involves creating a comprehensive 3D virtual model of a building, integrating information from all disciplines and managing this information from planning and design to construction, operation and maintenance.

When BIM is utilised, wayfinding and signage documentation will need to be completed in 3D, coordinated with the model manager and all design disciplines including clash detection processes and resolution workshops using software such as AutoDesk Revit and Revizto.

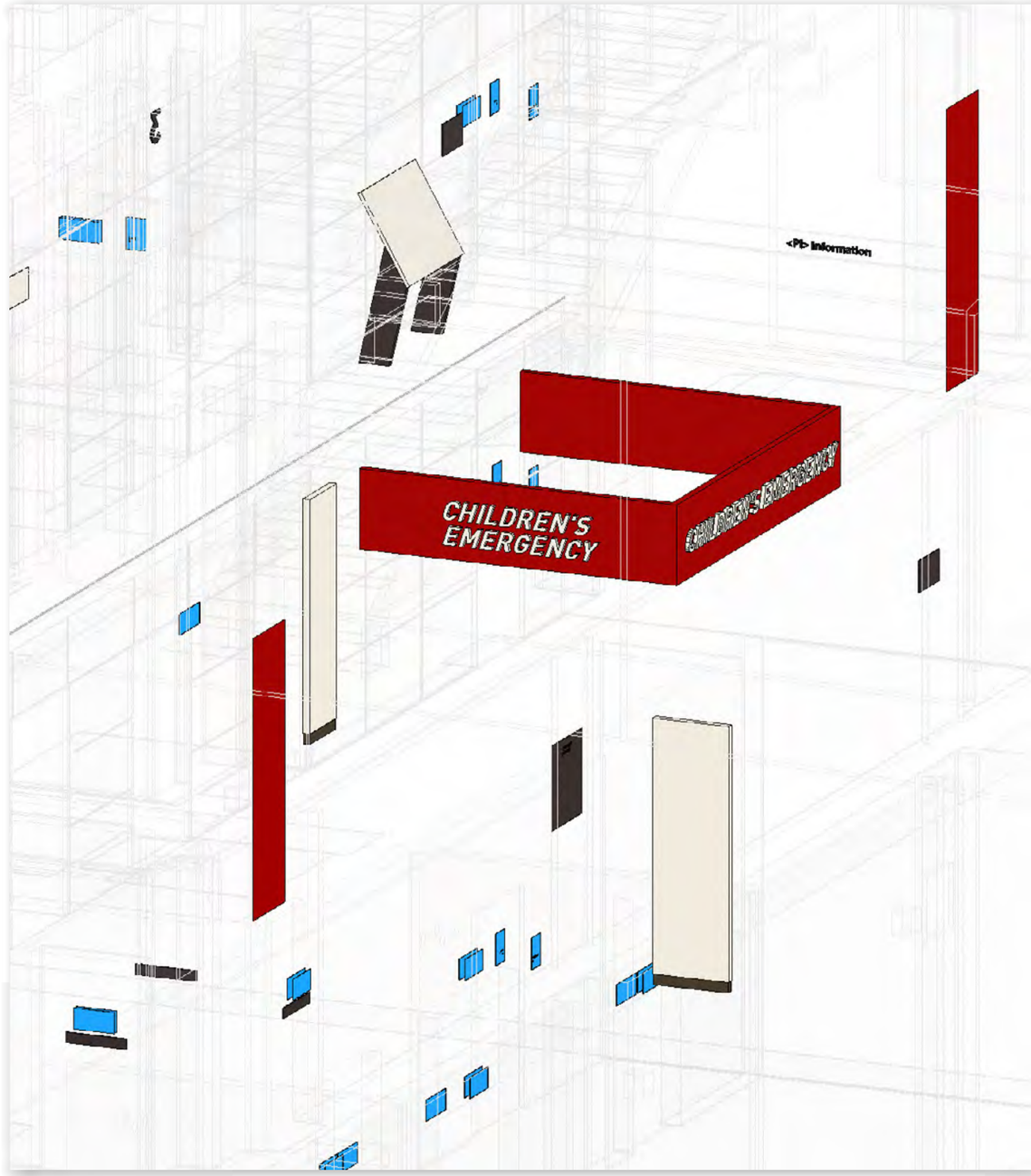
BIM execution will align with the project's BIM execution plan. Typical requirements are as follows:

- Wayfinding and signage BIM is documented using supplied architectural backgrounds and models.
- Wayfinding and signage BIM includes documentation of sign location plans, sign schedules and signage elements up to LOD 300.
- LOD 300 for signage includes sign models (families) that represent accurate scale, form and indicative materials aligned with sign type drawings.
- LOD 300 for sign models excludes detailed signage graphics (graphic layouts, typography, pictograms and messaging).

Detailed design and documentation of wayfinding signage using BIM includes the following:

- Signage is developed to a level of detail that articulates the design intent and accurately represents the design solution.
- Overall elevations, sight lines and 3D views of internal and external sign types are provided to demonstrate the overarching wayfinding and signage strategy within BIM.
- Sign type drawings are provided within BIM as linked PDF images. These show correct specification including dimensions, heights, sign type graphics (2D) and detailed construction notes documented externally, typically in Adobe Illustrator.
- Illuminated or digital signs requiring power and/or data will be placed and scheduled accurately within BIM for coordination as required.

New projects may require Building Information Modelling (BIM) to be utilised in the design process for collaboration.



Example of wayfinding documentation in BIM

6.2 Wayfinding designer inputs and deliverables

Outlined below are the typical inputs and deliverables required according to the typical project phases. These services should be adapted to suit the specific nature and requirements of the project.

Table 6.1 Wayfinding designer inputs and deliverables over project phases

Project phase	Wayfinding designer inputs and deliverables
All phases	The wayfinding designer is required to attend briefing meetings and ongoing meetings with the project design team, delivery team and healthcare facility management team throughout the project. Ongoing coordination and meetings will include presentations by the designer, project coordination, design updates, budget reviews, BIM modelling (where required), and safety-in-design workshops at a minimum.
Masterplan and concept	Input in this phase may be limited to a high-level assessment of wayfinding needs presented as a brief written report supported by diagrams. This report can also identify any upcoming wayfinding services and key dependencies, such as establishing agreed terms and names early in the project design phase, or coordination of signage with other elements. Likely inputs and deliverables in this phase include: • initial briefing with project delivery team to provide project overview • initial assessment of masterplan and/or concept documents as well as other supporting and reference material • prepare return brief to outline detailed scope and clarifications. Refer to section 4.0 Roles and responsibilities • identify key dependencies and opportunities for wayfinding design including signage outside the project scope, coordination with other consultants and other communication media • deliver written return brief report with supporting diagrams and other visual material.

These services should be adapted to suit the specific nature and requirements of the project.

6.2 Wayfinding designer inputs and deliverables over project phases

Table 6.1 Wayfinding designer inputs and deliverables over project phases

Project phase	Wayfinding designer inputs and deliverables
Schematic design	The designer should be familiar with the project brief and other relevant documents and drawings and seek clarification where required. Complete this process as described in section 5.0 Wayfinding strategy and design. To include: **Investigation and analysis** • Attend briefing meetings with project team and consult with community user groups and frontline staff such as volunteers and security (where appropriate). • When there is an existing facility, visit the site to identify existing signage that will require updated messaging due to the new project. • When required, audit existing signage to include message accuracy, accessibility compliance with *AS1428*, gap analysis and overall signage condition. • Identify and show all external and internal circulation paths for all users including all approaches to the site by different travel modes. • Identify initial requirements for temporary signage that may be required for modified circulation during the construction program. • Prepare a draft list of terms and names to be reviewed by healthcare facility management and community user groups. Refer to Appendix 2 and proposed names used in the project documents. • Prepare a destination hierarchy listing all internal and external spaces and services that need to be including in the wayfinding system. • Determine accessibility compliance requirements for agreement in consultation with access consultant and facility management. • Review any requirements for Queensland Health and the specific Hospital and Health Service including style guides. • Prepare a report that fully outlines the investigation and analysis findings and recommendations for review and feedback and update as required. **Wayfinding strategy** • Demonstrate applications of naming and alpha numeric coding of destinations and present other overlays that will assist in improved wayfinding. • Based on feedback in the investigation phase, prepare a final dictionary of terms and names to be used in wayfinding with approval by all user groups. • Prepare concepts for a family of sign types demonstrating accessibility compliance requirements for each sign type. • Based on approved circulation paths, prepare high level location plans for major sign types including those external to the project site, on public approach roads and paths and temporary signage where appropriate. • Present strategy and design concepts to all user groups for review and feedback. • Prepare an estimate of the range of sign types and quantities of each. • Prepare a budget allowance based on the sign type quantities and also identify other costs including temporary signage, signage outside of the project scope and signage updates due to changes after practical completion. • Prepare a wayfinding strategy report for review and feedback and update as required.

6.2 Wayfinding designer inputs and deliverables over project phases

Table 6.1 Wayfinding designer inputs and deliverables over project phases

Project phase	Wayfinding designer inputs and deliverables
Detailed design	• Commence BIM documentation using architectural supplied backgrounds and models to prepare sign schedule and sign location plans and sign elements for new work. • Identify any clashes with other building elements that may occur and provide alternative solutions when required. • Develop design details for sign forms, materials, graphic layouts and colours. • Develop design for temporary signs and existing signs requiring updating including sign schedules and sign location plans. • Prepare a detailed design report for review and feedback and update as required.
Documentation for tender and/or construction	• Complete BIM documentation using architectural supplied backgrounds and models. • Document all signage that is not within the project scope as separate to BIM package (location plans, schedule and design drawings). • Provide advice during tender process if required. • Prepare construction documentation package. • Supply manufacturer with digital files of drawings.
Services during construction	• Review samples, shop drawings and prototypes. • Respond to Request for information queries from the sign manufacturer as they arise. • Inspect signs after installation and prepare defects report. • Inspect any rectified defects and prepare final defects report and statement of conformance with design. • Prepare as-built drawings.
Defects liability period	• Inspection of signs prior to end of defects liability period. • Prepare defects report. • Address any defective signage issues that arise during this period. • Prepare signage manual if required.
Post occupancy evaluation	• When part of project requirements, review the wayfinding signage system once operational and provide advice on any wayfinding issues that may occur.

7

Glossary

7.0 Glossary

Intuitive wayfinding—is one's reading of an environment based on accumulated experiences over one's lifetime. Intuitive wayfinding relies primarily on sight to recognise familiar elements such as pathways, doorways, stairs, entrances, awnings, lighting etc. that will attract people to travel into spaces.

Luminance Contrast—the light reflected from one surface or component, compared to the light reflected from another surface or component.

Universal design—an approach to developing solutions that meet the needs of a wide spectrum of facility users through a non-discriminatory and inclusive approach to design. Referring to seven principles, universal design aims to develop broad spectrum design solutions for products and environments that will help everyone, to the greatest possible extent, without the need for adaptation or specialised design.

Visual communication—is the design of all information on wayfinding signage including braille and tactile information.

Wayfinding—is the mental process that people use to travel through an environment to a desired destination. It requires the multi-sensory reading of an environment to inform navigational decision making.

Wayfinding design—the coordinated design of all wayfinding communications that assist in the wayfinding process that may include journey preparation, signage design, elements and treatments in the built environment and new technologies.

Wayfinding manual—a document that identifies all wayfinding design principles, standards and specifications to facilitate ongoing implementation of a wayfinding system.

Wayfinding signage—the sign system used to deliver wayfinding information including orientation in the surrounding environment, directions to specific destinations and identification of destinations.

Wayfinding strategy—the holistic approach to develop effective wayfinding design that has considered all pertinent factors including the range of user groups, their wayfinding needs and the nature and complexity of the physical environment,

Wayfinding system—the coordination of specific elements that are used together to provide wayfinding support for users. This may be across different media including printed information, digital systems, physical signage and other built environment elements or treatments.

Royal Brisbane and Women's Hospital

Appendices

8.1 Appendix 1. Relevant guidelines, standards and codes

References are made to relevant guidelines, codes and standards throughout this document.

The below list includes the documents that will be relevant to Queensland Health healthcare facility wayfinding projects.

- *Department of Health disability service plan 2025–2028*
- *Arts in Health: Principles and practice*
- *Queensland Government Brand Book*
- *Queensland Health design guidance notes (Suite of documents)*
- *Queensland Health design principles*
- *Queensland Health digital wayfinding—digital component guideline*
- *Queensland Health First Nations design framework*
- *Queensland Health TA advisory note Number: TA-AN022 Title: Design Interface with Disability Discrimination Act 1992 D3.4 Exemptions*

Australian standard: Design for access and mobility. (AS 1428 series)
The relevant parts of the *AS1428* series are listed below.

- *AS 1428.1:2021. Part 1. General requirements for access - New building work*
- *AS 1428.2:1992. Part 2. Enhanced and additional requirements - Buildings and facilities*
- *AS 1428.4.2:2018. Part 4.2. Means to assist the orientation of people with a vision impairment – Wayfinding signs*
- *AS 1428.5:2021. Part 5. Communication for people who are deaf or hearing impaired.*

National Construction Code

Disability Discrimination Act 1992 (DDA)

Disability (Access to Premises – Buildings) Standards 2010

Australasian Health Facility Guidelines
Wayfinding design is outlined in *Part C: Access, Mobility, Occupational Health and Safety and Security.*

Designers are to ensure that they are referencing the current editions of these documents.

Caboolture Hospital

8.2 Appendix 2. Terms used in a wayfinding system

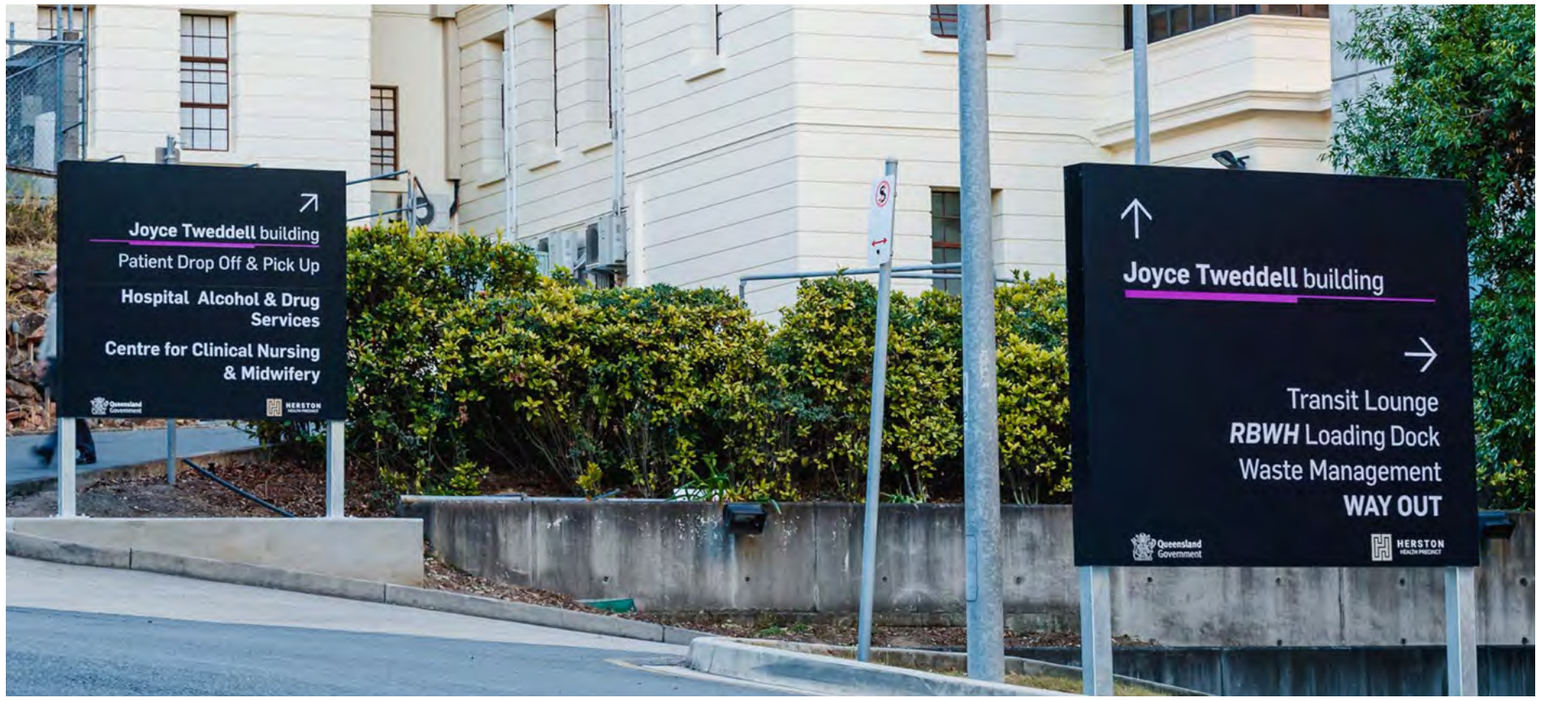
Wayfinding terms are intended to be used consistently in all public applications including wayfinding signage, printed material, web content and verbal communications.

Terminology in Queensland Health signage will reflect English as the primary language. In a wayfinding system, messages should be in plain language which is clear and concise and uses only words that are necessary.

In order to support health care facilities to use appropriate and consistent (where possible) terminology in signage and wayfinding, the following information is provided:

- a statewide proposed list of general terms for health facilities (Table 8.2.1)
- a statewide proposed list of terms for clinical services (Table 8.2.2).

It is recommended that there is early consultation with healthcare facility user groups and community user groups to determine effective naming and terminology for the project.



Herston Health Precinct – Royal Brisbane and Women's Hospital

In a wayfinding system, messages should be in plain language which is clear and concise and uses only words that are necessary.

8.2 Appendix 2. Terms used in a wayfinding system

Table 8.2.1 General terms recommended for use in all Queensland Health facilities

Recommended term	To replace	Pictogram
Administration	Executive Offices	
Ambulance		✓
ATM		✓
Baby change		✓
Bicycle parking		✓
Bus		✓
Cafe	Cafeteria, Dining Room, Coffee Shop	✓
Cashier		✓
Changing Places		✓
Change room		✓
Cytotoxic warning		✓
Drinking fountain		✓
Escalator		✓
Ferry		✓
Hearing assistance provided		✓
Information	Help, Enquiries	✓
Interpreter		✓
Interview room		✓
Kids play area		✓
Lifts		✓
Liquid Nitrogen		✓
Lost and found		✓
Main Entrance	Main Entry	
No entry		✓
No food or drink		✓

8.2 Appendix 2. Terms used in a wayfinding system

Table 8.2.1 General terms recommended for use in all Queensland Health facilities

Recommended term	To replace	Pictogram
No mobile phone use		✓
No Parking		✓
No Smoking		✓
Parents room		✓
Parking	Car parking, Car park	✓
Pregnant warning		✓
Radiation warning		✓
Reception		✓
Set down	Pick up/ Drop off	✓
Shops	Retail	✓
Shower		✓
Spiritual care	Chapel, multi-faith room	✓

Recommended term	To replace	Pictogram
Stairs		✓
Taxi		✓
Taxi phone		✓
Telephone		✓
Toilets		✓
Train		✓
Video surveillance		✓
Vending machines		✓
Waiting room		✓
Warning		✓
Wash hands		✓
Way Out	Exit, Main Exit	

8.2 Appendix 2. Terms used in a wayfinding system

Table 8.2.2 Clinical terms recommended for use in Queensland Health facilities

Preferred term	To replace
Birth centre	Maternity Unit, Obstetrics
Breast screening	Mammography
Cancer care	Oncology
Cardiology	
Cardiac catheter laboratory	Angiography
Children's health	Paediatrics
Clinics	Outpatients
Come here first	Go here first, Triage
Emergency	Accident and Emergency, A & E, ED, Casualty, DEM
Infection prevention and control unit	Infectious diseases
Intensive care unit	
Kidney care	
Medical imaging	MRI
Mental health	Psychiatry

Preferred term	To replace
Neonatal care unit	Neonatal Intensive Care Unit, NICU, SCN, SCBU
Neurology	
Neurosurgery	
Operating suites	Operating Theatres, Operating Suites, OT, OR, Operating Unit
Pharmacy	Chemist
Rehabilitation	Renal / dialysis
Research	Clinical research
Short stay surgery	Day Surgery
Short stay medical	
Sleep studies	
Stress testing	Electrocardiogram
Surgery	General Surgery
Women's health	Maternity Unit, Obstetrics, Gynaecology

8.3 Appendix 3. Signage requirements by area

Table 8.3 Signage requirements by area

Listed below are the proposed minimum requirements for wayfinding signage for different health care facility areas and spaces. This should be reviewed for relevance to the specific needs of the project. This list does not include specific signage compliance signage identified in the NCC and *AS1428*.

This list does not include public areas outside of the facility site such as public roads and transport stops.

Location	Wayfinding and signage requirement
Site arrival	• Facility identification visible from public roads. • Queensland Health conditions of entry.
External spaces	• Vehicular directions to car parks and emergency department. • Pedestrian map and directory of area or campus and surrounds. • Pedestrian directions to nearby buildings as well as nearby services e.g. transport. • Identify public areas such as healing gardens.
Building exterior	• High level identification at entry point visible from all primary approaches.
Building public entry points	• Identification at entry points. • Information regarding access to services and alternative entries where required. • After hours requirements. • Aboriginal and Torres Strait Islander acknowledgment.

8.3 Appendix 3. Signage requirements by area

Table 8.3 Signage requirements by area

Location	Wayfinding and signage requirement
Internal arrival spaces	• Identification of immediate services e.g. reception, departments. • Directory of services in facility and possible map. • Direct to nearby services, departments, amenities, cafes, food and beverage outlets, stairs and lifts.
Rooms	• All rooms are to be clearly identified throughout the facility.
Wards	
Entry	• Public entry to be clearly identified with ward name from all approaches. • Staff entry doors to include **STAFF ONLY** statement. • Where use of intercom is required for public entry, include appropriate signage for instruction. e.g. Please press call button for access to ward.
Rooms/beds	• Flag sign in corridor above bedroom doors showing bed numbers. Two sided. Not to be used in mental health facilities. • Bed numbers are shown beside door of bedroom. A separate sign is required for each bedroom door. • Where rooms house multiple beds, each bed should include a bed number sign on the wall behind and suspended from the ceiling in front of the curtain track. • Toilets or ensuites in rooms with multiple beds to be identified using pictograms. • Toilets or ensuites in rooms to be identified using pictograms.
Corridors	• Direct to rooms, services and other wards as required. • Reinforce current ward name where required.

8.3 Appendix 3. Signage requirements by area

Table 8.3 Signage requirements by area

Location	Wayfinding and signage requirement
Departments	
Approaches	• Clearly identify each department. To be visible from all approaches.
Waiting areas	• Identify department or function that the waiting area serves. • Direct to amenities, cafes, food and beverage outlets.
Emergency	
Approaches	• Vehicular directions to site entry to emergency in white text on red background from approaching public roads using retro-reflective MUTCD service guide signs. • Vehicular illuminated directions to emergency main entry in white text on red background from site entry on internal site roads. • External pedestrian directions to emergency main entry in white text on red background. • Building internal pedestrian directions to emergency entry in white text on red background. • Level directories to include emergency in white text on red background.
Entry	• Illuminated identification in white on red visible from all external approaches. • Identification in white on red visible from all internal approaches.
Arrival/waiting area	• Identify Triage (**Come here first**) as first point of contact. • Identify waiting area. • Describe code of behaviour. • Direct to amenities, cafes, food and beverage outlets.
Assessment and treatment areas	• Direct to support services e.g. **Medical imaging, Toilets, Way out.** • Patient and visitor advice including code of behaviour and mobile phone use.

8.3 Appendix 3. Signage requirements by area

Table 8.3 Signage requirements by area

Location	Wayfinding and signage requirement
Lifts	
Approaches	• Direct to lifts, including lift name where appropriate.
On each level	• Identify building level within lift lobby. • Identify lift (or lift bank) where required e.g. **Lift A, Lift B**. • Directory that shows all levels and services accessed by specific lifts. Levels are listed in descending order down the sign highlighting the level you are on. Destinations to be listed in alphabetical order on each level. • Identify levels or services not accessed from a specific lift and direct to alternative access. • Identify staff lifts. • Directions to destinations on each level as listed on directory.
In lift car	• Coordinate with lift car button numbering to match directory.
Stairs	
Approaches	• Direct to stairs and possible levels, destinations accessed by stairs.
On each level	• Encourage the use of stairs and benefits. • Directory that shows all levels and services accessed by stairs. Levels are listed in descending order down the sign highlighting the level you are on. Destinations to be listed in alphabetical order on each level. • Directions to destinations on each level as listed on directory.

8.3

8.3 Appendix 3. Signage requirements by area

Table 8.3 Signage requirements by area

Location	Wayfinding and signage requirement
Amenities	
Approaches	• Direct to all amenities from all approaches including accessible, all gender (where appropriate), baby change and changing places. • High level identification to be easily seen from approaches and corridors.
Entry	• Identification of all amenities according to *Australian Standards* and *National Construction Code* requirements.
Hand wash basins	• Identify hand wash basin and encourage all users to wash their hands when entering and exiting areas.
Secured external doors	• Signage on door to advise that door opening will sound alarm.
Car parks	
Approaches	• Direct vehicles to car park entries from public and internal roads. • Direct pedestrians to pedestrian entry points.
Entry	• Identification of vehicular and pedestrian entry points visible from approaches.
Within	• Direct vehicles to all levels and exits. • Direct pedestrians to lifts, payment machine and exits. • Identify all levels in lift lobbies. • Direct to external destinations from specific levels. • Identify locations of payment machines. • Advise CCTV in operation at payment machines.
CCTV areas	• Advise that CCTV is in operation in all applicable areas.