

The Right Flooring for Your Facility

a report by

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Choosing the right floor covering can be immensely satisfying – the facility is enhanced and residents, patients and staff all benefit. Choosing the wrong floor covering, on the other hand, can result in being left with something that becomes increasingly unattractive, is hazardous, difficult and expensive to maintain and an embarrassment throughout its lifetime. This task is easiest when a facility is perceived as a number of related ‘sterile’, ‘clinically clean’ or ‘other’ zones. Each will have its own flooring needs but, just as safety is always a first consideration, it will tend to underpin thinking here too. While safety in flooring can refer to its bacteriological safety, its fire safety, its degree of slipperiness, or the possible negation of all of these through its insufficient or inappropriate maintenance, one thing is certain: when the safety issues are right, the other factors tend to fall into place.

Sterile zones require smooth, seamless materials that are laid curved up the walls to form a flush skirting. Seams are ‘welded’ and the surface is rendered impervious. Sheet vinyl is generally used for such areas. Flooring for sterile zones tends to create the least number of problems as its performance, as far as bacteriological safety issues are concerned, has been established through infection control requirements and its maintenance through strict cleaning protocols.

Clinically clean zones also require smooth-surfaced flooring, but installation specifications and cleaning requirements are less critical. Problems associated with clinically clean flooring can often be attributed to an over-jealous specification of the flooring product, inappropriate cleaning or the use of incompatible cleaning products. Other zones, because they allow the greatest choice, also present the greatest margin for error.

Whether considering sterile, clinically clean or other areas it is always useful to identify the area’s activities and general conditions and how these might impact on the floor. This requires many questions to be posed and, by asking such questions, a profile of needs is thus built up. It is also helpful to speak with people working in the area as they know the environment and will have useful information to impart. The views of personnel from infection control and domestic services departments should also be sought. They can help with

such things as establishing whether an area should be sterile or clinically clean and whether particular flooring might be inappropriate through its risk of bacterial contamination or unrealistic maintenance demands.

Vinyl floor coverings are those most frequently found throughout the three zones. They perform well in places subject to spillage and soiling and, if correctly laid and properly maintained, create few problems. Foam-backed vinyl is suitable for those areas in which noise reduction is required but is inappropriate where heavy or wheeled equipment is used.

Some vinyls, marketed as safety flooring, feature small mineral particles or raised discs of aggregate, and are useful for areas subject to water spillage and for such areas as ramps. Care should nevertheless be taken to ensure that their cleaning is not compromised due to their rough surface.

At one time, vinyl was the only option for such zones as ward areas and patient bedrooms. While the respective merits of vinyl and carpet are still being debated it seems that where carpet has fallen into disrepute the reasons can often be attributed to inappropriate cleaning and maintenance back-up rather than the floor coverings themselves being inappropriate. There is a place for carpet in some areas, but only where correct maintenance procedures can be followed without too much trouble or delay.

Of the different carpet types commonly available those of loop-pile construction tend not to trap dirt particles and are less subject to flattening, unlike those of more open construction and longer pile. Loop-pile carpeting is therefore generally preferred for heavier traffic patient-occupied areas. Some new-generation carpet tiles, often with antibacterial features, are also appropriate, as is a somewhat limited range of short-pile flocked nylon carpeting.

Axminster, a cut-pile carpet, has proved popular in such lighter traffic areas as lounges because of its plush appearance, its wide range of colour combinations and patterning and, due to its comparatively open construction, the ease with which it can be vacuumed. Ceramic floor tiles, which are also suitable for other

areas, should always be commercial quality, non-slip and laid in accordance with the manufacturer's specifications. Ceramic flooring has long been used in such areas as bathrooms, kitchens, cold rooms and utility areas. Modern alternatives, such as rubber and compound rubber sheet, can nevertheless provide a practical and safe alternative in bathrooms, particularly where there is risk of injury through slipping.

All flooring materials, with the exception of ceramic tiling and terrazzo, must meet fire-safety requirements. These are quantifiable and should be available, in writing, from the distributor. It should be ensured that the results provided are those for the product under consideration. As fire test results are difficult to align with building code requirements, they should be referred to a fire authority, local government authority, building surveyor or fire-equipment company for interpretation and confirmation of the product's appropriateness for a healthcare building.

Smooth-surfaced materials, such as ceramic, terrazzo, sheet vinyl and compound and synthetic rubber, also require slip-test results, which the distributor can provide. While best seen as guidelines rather than definitives, it is worth remembering that some products that perform well in dry conditions are hazardous when

wet. If the areas under consideration are sometimes wet ones, such results will be particularly relevant.

Many mistakes are made in the area of pattern and colour, particularly with carpeting. Patterned carpets tend to disguise tracking and any small dropped objects while plain ones tend to show them up. Patterns are therefore best for other traffic areas and where spillage is likely. Plain flooring is best kept for vinyls in such sterile areas as operating rooms, where small objects (such as micro-needles) must be quickly identified and located if dropped. Pale carpeting is appealing and lightens an area but is also subject to soiling. Dark colours reduce the effect of soiling but a dark-floored area makes it appear smaller. They also show up threads and lint particles, which are generally light-coloured. Except for the few specialised sterile areas already mentioned, where plain-surface flooring is required, small-patterned and speckled flooring, in middling shades, is the most practical option and, in most cases, is the easiest to live with over time.

Flooring is certainly important, but it is only one of the finishes that needs to be considered when building or refurbishing hospitals or nursing homes. ■

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