**Spring House Medical Centre - Car Park Management Policy**

## Policy statement

The practice has a legal responsibility to ensure that its car park is safe to use. This policy sets out the requirements for car parking facilities at the practice. Please see comments later over temporary parking facilities over at the New QE2 until all hot hubs have been removed in June 22 unless the pandemic worsens. The hot hubs were finally removed on 30th June 2022 which released the original spaces provided for staff.

**Status**

The practice aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the Equality Act 2010. Consideration has been given to the impact this policy might have in respect to the individual protected characteristics of those to whom it applies.

This policy and procedure is written in accordance with the Health and Safety at Work etc. Act 1974 and the Workplace (Health, Safety and Welfare) Regulations 1992.

## Training and support

The practice will provide guidance and support to help those to whom it applies understand their rights and responsibilities under this policy. Additional support will be provided to managers and supervisors to enable them to deal more effectively with matters arising from this policy.

# Procedure

## Facilities

The speed limit for the site is 5 miles per hour.

The practice provides 32 patient car parking spaces. We took delivery of 7 hot hubs pods on 2nd October 2020 so car park spaces were reduced by 10 but the car park is now restored to full capacity. Signs were installed to keep the parking of hot hub patients and normal SH patients separate but these have also been removed. All staff that had been given free access to the staff car park over at the QE2 have all now handed back their passes and have resumed parking at Spring House.

The practice provides all employees with spaces but these are not designated.

The practice provides 2 large, designated disabled patient car parking spaces at the front of the building and closest to the entrance and these have remained in place throughout the pandemic. In 2020 these were all repainted to ensure they are clearly visible to all visitors to the car-park. Safety audits are completed annually to ensure all the markings remain clearly visible.

Designated disabled patient car parking spaces will be at least 5% of the total number of patient spaces available.

Disabled spaces will be 2.5m wide with adjacent space of an additional 1.2m (which may be shared with the next parking bay)

Disabled spaces will be conveniently located close to the building or entry points.

The route to the building from disabled spaces will be wheelchair-accessible with dropped curbs where appropriate and be clearly signed. The route will be at least 1200mm wide.

## Traffic routes

Parking areas at the practice will be clearly sign-posted to tell both drivers and pedestrians about the routes they should use. The area will be well-lit and easy to find. There will be designated walking areas and clearly marked parking areas.

The roadways and footpaths will be separate whenever possible. To encourage pedestrians to remain on the footpath, these will be designed so that they represent the paths people would naturally follow (often known as ‘desire lines’).

Traffic routes on the premises will be suitably indicated where necessary including “way in” and “way out” as part of a one-way or traffic flow system to ensure vehicles flow in an expected direction. The layout, signs, road furniture and markings on site will be similar to those on public roads. Signs will be placed so people have time to see and understand them and take any action to reduce any risks before they reach the hazard.

Where pedestrian and traffic routes cross, appropriate crossing points will be provided to protect those on foot. Pedestrians, cyclists and drivers should be able to see clearly in all directions. Crossing points should be suitably marked and signposted and include dropped kerbs where the walkway is raised from the driving surface. Where necessary, barriers, rails or paving will be provided to prevent pedestrians from crossing at dangerous points and direct them to the crossing places.

## Equipment and maintenance

All roads, manoeuvring areas, pedestrian areas and anywhere traffic movements take place on the premises will have suitable and sufficient lighting for safety including seasonal needs for lighting in the darker months. Lighting will be maintained and fit for purpose.

Signposts will be constructed to Highway Code standards and be consistent with the design of signage on public roads. The signs will be kept clean, easy to understand and visible. They will be reflective and lit if necessary to ensure visibility in darkness.

The practice will establish a system to ensure that routine checks of the car parking areas are regularly carried out. Broken bulbs and other items will be replaced promptly. Additionally, the surfaces of lights, bulbs and visibility mirrors will be kept clean and clear of mud. Signs will be maintained so that they are fully visible, lit and have not been obscured by trees or foliage. Any potholes will be repaired promptly.

If there are height or width restrictions, the practice will ensure these are clearly signed both in advance and at the obstruction itself. Dangerous obstructions will be protected and where gates and barriers are used these will be secured and locked into position if they are to stay open.

To avoid slippery surfaces, the car parking area will have a suitable surface which will be gritted or sanded if slippery and kept free of oil, grease, rubbish and other debris. The car park design will have a surface gradient of about 1 in 40 which will help to provide drainage. Gullies and drainage channels will be used where possible to direct run-off water. The gullies will be properly maintained and were finally repaired by NHS property services in May 2021.

## Risk assessment

A car park risk assessment will be undertaken each year. In the event of a major change or incident occurring the risk assessment will be reviewed sooner. The findings (and any actions arising) will be shared with the practice partners.

One of the main hazards in car parks can be over-parking. In order to manage the specific parking requirements, each area will be clearly identified (e.g. employee parking, visitor parking, loading areas, etc). It may be necessary to control numbers by allocating parking spaces for specific people and highlighting where parking is prohibited.

## Road markings

The use of road markings in the car park will help to instruct drivers and will be used for:

* No-parking areas
* Pedestrian crossings
* Pedestrian walking routes
* No-go areas for traffic
* Disabled spaces

Yellow markings will be used to regulate parking areas and white road markings applied to regulate the traffic.

Where parking is prohibited, double yellow lines will be applied, preferably with a system of enforcement. Failure to implement an adequate system of enforcement may be seen as a contributory factor in the event of an accident.

Road markings will be maintained to ensure they remain visible and fit for purpose.

## Use of speed humps

Speed humps are designed to limit the speed that vehicles move around a traffic system normally to an average speed of around 15 miles per hour. Humps are only suitable for routes where vehicles can go over them safely. Warning signs will be clearly visible and far enough away to allow drivers to change speed safely. The humps themselves will be clearly marked.

Emergency vehicles (ambulances) attending the practice should not be required to negotiate speed bumps and therefore, no speed bumps are to be installed in the car park at Spring House at all.