

**Tile House Surgery**  
**33 Shenfield Rd, Brentwood**  
**CM158AQ**

<b>Policy:</b>	<b>Car Park Management Policy for staff and patients – TH updates throughout</b>
<b>Date &amp; Version</b>	14.2.23                      Version 1.1
<b>Reviewed date:</b>	16.1.2024                      Version 1.2 10.12.2024                      Version 1.3 7.10.2025                      Version 1.3 – Updated throughout 02/01/26                      Version 1.4
<b>Next Review Date</b>	7.10.27
<b>Person Responsible</b>	Linda Upson

## Table of contents

<b>1</b>	<b>Introduction</b>	<b>2</b>
1.1	Policy statement	2
1.2	Status	2
<b>2</b>	<b>Policy</b>	<b>2</b>
2.1	Facilities	2
2.2	Traffic routes	3
2.3	Risk assessment	3
2.4	Road markings	3
2.5	Staff Parking	3
	<b>Annex A – Car park risk assessment</b>	<b>5</b>

# 1 Introduction

---

## 1.1 Policy statement

Tile House Surgery has a legal responsibility to ensure all workplace traffic routes and car parks are safe for the people and vehicles using them. This policy sets out the requirements for car parking facilities at this organisation

The car park is owned by the Tile House Partnership and is a private car park.

### Status

The organisation will aim 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 regarding the individual protected characteristics of those to whom it applies.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of any contract of employment. Furthermore, this document applies to all employees of the organisation and other individuals performing functions in relation to the organisation such as agency workers, locums and contractors and patients and anyone else using the car park..

Anyone using the car park does at their own risk, the Partnership is not responsible for any damage occurred by staff or anyone else using the car park in parking their cars or responsible for any damage that occurs to staff or anyone else's car parked legally or illegally whilst in the car park. Should any damage occur staff and anyone else must look to their insurers for any recompense.

# 2 Policy

---

## 2.1 Facilities and Car Park Usage

This organisation has completed a risk assessment ([Annex A](#)) and a key control measure is that all staff and patients adhere to the sign posted speed limit for the car park/site. At this organisation, there are designated car parking spaces for patients, disabled patients and staff/doctors only.

The Car Park is a private car park owned by the Partnership and is not available for use by the general public whether the Surgery is open or closed. Cars which are parked within any area of the car park which are not staff cars or cars belonging to patients attending the surgery for an appointment that day will have a notification of illegal parking attached to their front windscreen and rear windscreen which ever is most appropriate or both. Cars that park frequently in the car park without the explicit permission of the Partners may be clamped and the police informed.

Designated disabled patient car parking spaces will be at least 5% of the total number of patient spaces available and 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, at least 1200mm wide, with dropped curbs where appropriate and be clearly signed.

## **2.2 Traffic routes**

The patient carpark is small with parking on one side for 8/9 cars. Parking areas at this organisation will be clearly signposted. The area will be well-lit, with designated walking areas and clearly marked parking areas. The staff carpark is situated behind that patient car park.

Pedestrians, cyclists and drivers should be able to see clearly in all directions.

All roads, manoeuvring areas, pedestrian areas and anywhere traffic movements take place on the premises will have suitable and sufficient lighting which will be regularly maintained. All signs will be kept clean, easy to understand and visible. They will be reflective and lit if necessary to ensure visibility in darkness.

The organisation will establish a system to ensure that routine checks of the car parking areas are regularly carried out, all defects will be recorded in the defect log and/or issue log and rectified promptly.

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 surgery does not have an EVCP (Electric Vehicle Charge Point.)

## **2.3 Risk assessment**

A car park risk assessment (see [Annex A](#)) has been undertaken and will be reviewed on an annual basis or sooner if required.

## **2.4 Road markings**

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

- No parking areas
- No-go areas for traffic

Where parking is prohibited, double yellow lines or hatchings 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.

## **2.5 Staff Parking**

All staff should park in order as they come in starting at the end near the garages or against the path on the other side and then as close as possible to each other whilst

obviously enabling doors to open. The top of the car park nearest the road should be reserved for the Doctors, who may have to go on visits. Even if employees are leaving early or going for lunch this should still be adhered to as it is random parking that means that not all cars can be parked in line and results in cars having to block others.

When all these spaces are used the grass verge can be used, but only if it is dry or in wet conditions park alongside it. if cars have to then park in front of others please ensure that you do not leave the premises without first checking that the person you are blocking is not about to leave and make sure your reg no is listed in reception should you need to move it.

Staff should not park in the Patient area of the car park unless there is absolutely no space left in the staff car park.

This applies to all staff, nurses and other clinicians.

All staff are reminded that it is a considerable benefit to have car parking provided so close to a place of work, in most other surgeries there is no parking on site and staff must find their own parking and very often they must pay for it. Failure to comply could lead to staff being asked to make their own arrangements for parking off site.

Parking spaces 1-18 are for all staff and other non specified clinicians (Nurses, Pharmacists, OT, Social Prescriber)												
5	6	7	8	9	10	Tues - Thurs <u>Paul</u> a	Mon - Thurs <u>Dexter</u> r	<u>DOCTORS PARKING ONLY</u>				
12		14		16		18					<u>DOCTORS PARKING ONLY</u>	
11		13		15		17						
GRASS PARKING FOR 3 CARS WHEN THE GROUND IS DRY AND FIRM						1	2	3	4			

The 3 Parking spaces at the other side of the building are to be used by admin staff members.  
If they have not been filled by 10am then they can be used by any staff.

## Annex A – Car park risk assessment (Copy)

<b>Risk assessment title</b>	<b>Car park</b>	<b>Date of assessment</b>	
<b>Assessment conducted by</b>		<b>Date of next review</b>	
<b>Contributors</b>		<b>Risk reference</b>	

What are the potential hazards?	Who is at risk of being harmed and how?	What are you already doing to control the risks?	Risk rating	Additional control measures required	To be implemented: by who, by when?	Residual risk
Uneven surface in the practice car park	Staff, patients, contractors, visitors could trip or fall on the uneven surface resulting in minor to moderate injuries.	Cones are placed over potholes.  Car park is well lit.	9	Signage to be displayed, warning all of the uneven surface.  Arrange for contractor to resurface car park.	Ops Mgr – 05/01/2024  PM – 31/03/2024	6
Adverse weather conditions such as snow and ice	Staff, patients and visitors could slip on snow and ice, resulting in minor to moderate injuries.	Car park is gritted during winter months.	9	Review adverse weather arrangements including routine for gritting.	Ops Mgr 30/11/2023	9
Carelessly parked cars obstructing pedestrian routes.	Staff, patients and visitors could be hit by a vehicle if they are forced to walk in a traffic route.	All spaces are clearly marked, signage is displayed advising users to only park in marked spaces.	9	Conduct regular spot checks/ audits of the car park to monitor usage, parking, defects and spillages.  Regularly review CCTV to monitor compliance.	Ops Mgr – ongoing  Ops Mgr - ongoing	6

		Likelihood				
		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
Consequence	5 Catastrophic	5 Moderate	10 High	15 Extreme	20 Extreme	25 Extreme
	4 Major	4 Moderate	8 High	12 High	16 Extreme	20 Extreme
	3 Moderate	3 Low	6 Moderate	9 High	12 High	15 Extreme
	2 Minor	2 Low	4 Moderate	6 Moderate	8 High	10 High
	1 Negligible	1 Low	2 Low	3 Low	4 Moderate	6 Moderate

