



Government of Western Australia
Department of Health

Access and Parking Strategy for Health Campuses in the Perth Metropolitan Area



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Acknowledgement

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Appendix 1 – Sample Travel Plan Template and **Appendix 2** – Sample Guidance Notes are available in electronic format at www.health.wa.gov.au/parking

1. Introduction, Objectives and Principles

1.1 Introduction

This access and parking strategy has been developed by the Department of Health's Metropolitan Access and Parking Steering Committee following consultation with stakeholders. (This document incorporates the previous document developed by Sinclair Knight Merz (SKM) for the Health Reform Implementation Taskforce). It provides a framework under which each public health campus in the metropolitan area can deliver consistent policies and practices towards access management. The access and parking strategy is intended to be implemented at all sites within the metropolitan area, except at those granted exemption by the Director General of Health¹.

1.2 Policy Objectives

The policy underpinning the access and parking strategy aims to support a 'Whole of Health' transport system for accessing metropolitan health care campuses. More specifically it seeks to:

- Ensure that policies and strategies for access and parking support the purpose and vision outlined in the document *Strategic Intent 2005-2010* (**Figure 1**) together with the Department of Health's six strategic directions².
- Ensure that policies and strategies for access and parking meet the objectives of the State's sustainability strategy³ and other State government sustainable transport and environment strategies.
- Provide equitable, safe, transparent and sustainable accessibility to health campuses for all users including patients, visitors and staff.
- Keep impacts of vehicular traffic within acceptable limits for the whole community.
- Ensure economic responsibility towards the development of all forms of access and infrastructure including provision for public transport, walking, cycling and parking.
- Improve the air quality and the physical environment in and around health care campuses.

¹ Exemptions will be limited to exceptional circumstances, for example where services are planned to be relocated in the short term.

² Healthy workforce, healthy hospitals, healthy partnerships, healthy communities, healthy resources and healthy leadership.

³ *Hope for the future : the Western Australian state sustainability strategy*, 2003, Government of Western Australia

Figure 1 Excerpt from *Strategic Intent 2005-2010*:

our purpose

Our purpose is to ensure healthier, longer and better lives for all Western Australians.

our vision

Our vision is to improve and protect the health of Western Australians by providing a safe, high quality, accountable and sustainable health care system. We recognise that this care is achieved through an integrated approach to all the components of our health system. These components include **workforce, hospitals** and infrastructure, **partnerships, communities, resources** and **leadership**. We also recognise that WA Health must work with a vast number of groups if it is to achieve the vision of a world-class health system.

Source: *Strategic Intent 2005-2010*, Department of Health

1.3 Principles

In seeking to achieve the policy objectives, the access and parking strategy will apply the following principles which specifically recognise the nature of access demand to health care campuses.

- Health care campuses operate 24 hours per day, 7 days per week. Many health care workers are shift workers and are required to start work early in the morning (before 7.00 am) or leave work after 6.30 pm. For these employees, public transport may not provide an adequate level of accessibility, and provision would need to be made for these employees to arrive by private car. Access and parking provisions must give consideration to staff safety and travel time.
- Health care campuses can be categorised in accordance with their overall level of accessibility by different modes. Campuses with high levels of accessibility by public transport, walking and cycling would have different car parking needs compared with campuses with low levels of accessibility by public transport, walking and cycling.
- The parking needs of patients and visitors should normally be met on-site, unless suitable long-term agreements can be reached with surrounding local authorities (or other land owners) to meet the parking needs of patients and visitors in public on-street or off-street parking areas.

- Access and parking strategies for health care employees must be equitable and must be applied in a consistent manner across all sites. The available parking is to be assigned by need not perceived entitlement. In locations where the total number of parking bays is less than the total demand for parking, access to parking will be prioritised. There should be no financial disadvantage between employees with priority access to parking and those without priority access to parking.
- Parking will be administered on a user pays basis with pay as you go fees applying..
- The greatest focus for behaviour change will be on routine travel on Monday to Friday 7:00 am to 6:30 pm and addressing morning and afternoon peaks. The emphasis will be on choice and options rather than compelled solutions to positively encourage the use of alternative modes of transport.
- Each health campus will develop a Travel Plan⁴ to meet the access and parking needs of patients, visitors and employees at each health care campus.

⁴ A travel plan is a package of measures and initiatives that aim to reduce the number of car journeys made, by providing people with greater choice. This is done through: providing realistic alternatives to the car; making alternatives to driving alone more attractive; reducing the need to travel; and managing car parking provision (www.travelplans.org.uk)

2. Accessibility Categories

2.1 Principle

Health care campuses can be categorised in accordance with their overall level of accessibility by different modes. Campuses with high levels of accessibility by public transport, walking and cycling would have different car parking needs compared with campuses with low levels of accessibility by public transport, walking and cycling.

2.2 Public Transport Accessibility

Public transport accessibility is influenced by:

- The categorisation for public transport accessibility should be done on the basis of the combined effect of the variables listed not any one of them and should be established based upon:
 - The frequency of bus and train services close to and within the health care campus; and
 - Geographical areas serviced by public transport (a) without the need to interchange, and (b) with bus-bus or bus-rail interchange; and
 - Public transport travel times, including directness of route, reliability/ congestion delays and interchange delays (bus-bus or bus-train).
- The total comparative travel time – public over private transport differentiation considered normal day time trip – Monday to Friday 7:00 am to 6:30 pm using the Transperth Journey Planner, the Whereis.com website and the Google Earth website as a basis for comparison and allowing for time difference between scheduled arrival time and start time of the working day.
- The assessment of the level of public transport accessibility to all parts of the metropolitan area and applying the criteria as they stand. Adjustments to the ratings will be made over time to reflect the expected and required improvements in public transport availability...

Table 1 summarises the public transport accessibility categories.

Table 1 Categories for public transport accessibility:

Category	Criteria	Metric
A	Frequency	<p>Peak periods - bus every 5 minutes, within 5 minute walk; or train every 10 minutes within 10 minute walk.</p> <p>Inter-peak periods – bus every 10 minutes, within 5 minute walk; or train every 15 minutes within 10 minute walk.</p>
	Geographical area	<p>Most suburbs within 5 km of health campus can be accessed with direct bus or train services.</p> <p>Most suburbs within 5 km to 15 km can be accessed with one efficient modal interchange (bus-bus or bus-rail).</p> <p>Suburbs further than 15 km can mostly be accessed by rail with one or two efficient modal interchanges.</p>
	Travel time	<p>The primary public transport services, especially services connecting to major interchange points, are direct (not circuitous).</p> <p>Primary public transport services, especially services connecting to major interchange points, can by-pass major congestion delays. Travel times in peak periods should be no more than 50 per cent longer than travel times during non-peak periods.</p> <p>During peak periods, interchanging passengers should wait no longer than 10 minutes for connecting services. During inter-peak periods, passengers should wait no longer than 20 minutes for connecting services (see also “frequency”).</p>
B	Frequency	<p>Peak periods - bus every 15 minutes, within 5 minute walk; or train every 15 minutes within 10 minute walk.</p> <p>Inter-peak periods – bus every 30 minutes, within 5 minute walk; or train every 30 minutes within 10 minute walk.</p>
	Geographical area	<p>Over 50 per cent of suburbs within 5 km of health campus can be accessed with direct bus or train services.</p> <p>Over 50 per cent of suburbs within 5 km to 15 km can be accessed with one efficient modal interchange (bus-bus or bus-rail).</p> <p>Suburbs further than 15 km can generally be accessed by rail with one or two efficient modal interchanges.</p>
	Travel time	<p>The primary public transport services, especially services connecting to major interchange points, are generally direct.</p> <p>Primary public transport services, especially services connecting to major interchange points, can by-pass some</p>

Category	Criteria	Metric
		<p>major congestion delays. Travel times in peak periods are up to double travel times during non-peak periods.</p> <p>During peak periods, interchanging passengers would wait no longer than 20 minutes for connecting services. During inter-peak periods, passengers should wait no longer than 30 minutes for connecting services (see also “frequency”).</p>
C	Frequency	<p>Peak periods - bus every 30 minutes, within 5 minute walk; or train every 30 minutes within 10 minute walk.</p> <p>Inter-peak periods – bus every 60 minutes, within 5 minute walk; or train every 30 minutes within 10 minute walk.</p>
	Geographical area	<p>Suburbs within 5 km of health campus cannot generally be accessed with direct bus or train services.</p> <p>Suburbs within 5 km to 15 km cannot generally be accessed with one efficient modal interchange (bus-bus or bus-rail).</p> <p>Suburbs further than 15 km cannot generally be accessed by rail with one or two efficient modal interchanges.</p>
	Travel time	<p>The primary public transport services, especially services connecting to major interchange points, are not direct.</p> <p>Primary public transport services, especially services connecting to major interchange points, cannot by-pass major congestion delays. Travel times in peak periods are more than double travel times during non-peak periods.</p> <p>During peak periods, interchanging passengers would wait longer than 20 minutes for connecting services. During inter-peak periods, passengers should wait longer than 30 minutes for connecting services (see also “frequency”).</p>

2.3 Walking Accessibility

Walking accessibility is influenced by:

- The intensity of residential development within walking distance from the health care campus.
- The walking environment.
- The quality and location of showers, lockers and change facilities provided at the health campus.

Table 2 summarises the walking accessibility categories.

Table 2 Categories for walking accessibility:

Category	Criteria	Metric
A	Residential development	Health campus is surrounded by residential development.
	Walking environment	Walking environment is interesting, safe, well lit and direct.
	Facilities	Shower, locker and change facilities are of high quality and located in every major building with more than 100 employees.
B	Residential development	Health campus has up to 50 per cent of walking catchment as residential development.
	Walking environment	Walking environment is interesting, safe and well lit.
	Facilities	Shower, locker and change facilities are of an acceptable standard and generally centrally and conveniently located.
C	Residential development	Health campus has limited/ minimal residential development within walking catchment.
	Walking environment	Walking environment is poor, and not able to be upgraded.
	Facilities	Shower, locker and change facilities are of an acceptable standard (minimum requirement for health campus), but not conveniently located.

2.4 Cycling Accessibility

Cycling accessibility is influenced by:

- The intensity of residential development within cycling distance from the health care campus.
- The cycling environment.
- The quality and location of bicycle parking, showers, lockers and change facilities provided at the health campus.

Table 3 summarises the walking accessibility categories.

Table 3 Categories for cycling accessibility:

Category	Criteria	Metric
A	Residential development	Health campus has significant residential catchment within cycling distance of 6 to 8 km.
	Cycling environment	Cycling environment is direct, safe, well lit, well maintained and meets or exceeds Austroads standards for commuter cyclists ⁵ . Cycle access to health campus is integrated with the Perth bicycle network ⁶ .
	Facilities	Bicycle parking, shower, locker and change facilities are of high quality and located within or adjacent to each major building with more than 100 employees. Bicycle parking is secure and undercover, and directly accessible from surrounding cycle access routes.
B	Residential development	Health campus has a reasonable residential catchment within cycling distance of 6 to 8 km.
	Cycling environment	Cycling environment is safe, well lit, well maintained and generally meets Austroads standards for commuter cyclists. Cycle access to health campus is generally integrated with the Perth bicycle network.
	Facilities	Bicycle parking, shower, locker and change facilities are of acceptable quality and centrally located. Bicycle parking is secure, mostly undercover, and accessible from surrounding cycle access routes.
C	Residential development	Health campus has limited residential catchment within cycling distance of 6 to 8 km.
	Cycling environment	Cycling environment is indirect, does not meet Austroads standards for commuter cyclists, and cannot be upgraded. Cycle access is not integrated with the Perth bicycle network.
	Facilities	Bicycle parking, shower, locker and change facilities are of an acceptable standard (minimum required for health care campus). Some bicycle parking is sheltered; majority of bicycle parking is at open bicycle racks. Access from surrounding cycle access routes is circuitous.

⁵ *Guide to Traffic Engineering Practice, Part 14: Bicycles*, Austroads, Standards Australia.

⁶ Perth Bicycle Network (<http://www.dpi.wa.gov.au/cycling/1522.asp>)

2.5 Overall Accessibility

The overall accessibility of a health campus is a combination of accessibility by public transport, walking and cycling was agreed as shown below in **Table 4**:

Table 4 Overall accessibility by public transport, walking and cycling:

Public transport accessibility	Walking and cycling accessibility		
	A	B	C
A	A	A	B
B	B	B	C
C	C	C	C

A health campus will be assessed as having category A accessibility, if it meets category A criteria for public transport, and category A and B criteria for walking and cycling.

A health campus will be assessed as having category B accessibility, if it meets category B criteria for public transport, and category A and B criteria for walking and cycling; or meets category A criteria for public transport, and category C criteria for walking and cycling.

A health campus will be assessed as having category C accessibility, if it meets category C criteria for public transport, and category A, B or C criteria for walking and cycling; or meets category B criteria for public transport, and category C criteria for walking and cycling.

Access categories for existing health care campuses are included in **Attachment 1**.

3. Prioritisation of Access to Parking

3.1 Principles

The accessibility needs of patients and visitors will have priority. Parking requirements should preferably be met on-site, unless suitable long-term agreements can be reached with surrounding local authorities to meet the parking needs of patients and visitors in public on-street or off-street parking areas.

Access and parking strategies for health care employees must be equitable and must be applied in a fair and transparent manner. In locations where the total number of parking bays is less than the total demand for parking, access to parking will be restricted on the basis of priority of needs. Unsuccessful parking applications can be appealed.

3.2 Provision of Parking to Meet Prioritised Demand

Travel plans will set targets for the maximum number of cars parked on site per 100 employees (described further in **Section 5**). The number of parking bays that need to be provided at each category of health care campus is summarised in **Table 5**.

Table 5 **Parking requirements to meet prioritised demand:**

Access Category (section 2)	Minimum car parking bays	Maximum car parking bays
A	To meet priority categories 1 and 2 (Table 6) plus minimal provision (5% of available car parking) for shift change, temporary arrangements, construction impacts and special events.	In accordance with site travel plan.
B		In accordance with site travel plan.
C		In accordance with site travel plan.

The priority categories are summarised in **Table 6**.

Table 6 Priority categories:

Priority	Priority category	Parking Fees	Rationale
1	<ul style="list-style-type: none"> Patients and visitors. 	Fees apply as defined by the MAPD and some sites will be free.	<ul style="list-style-type: none"> Charges differentiated for length of stay. Charges differentiated for time of day. Private patient incentive scheme holders.
	<ul style="list-style-type: none"> All rotating shift workers (working outside Monday to Friday 7:00 am to 6:30 pm) get access to parking. 	Fees apply	<ul style="list-style-type: none"> Public transport, walking and cycling unsuitable early morning and late night. The ability to charge differentiated rates is dependent on the installation of smart card technology and discounts will not apply until this is in place. Anticipated time frame early 2012.
	<ul style="list-style-type: none"> Medical Consultants.** Any health care employees working between campuses on a routine basis of 3 times or more per week. Emergency call out staff while on call. 	Fees apply Fees apply Fees apply	<ul style="list-style-type: none"> Medical Consultants and other multi-centre health care employees have several locations they may need to visit in one day. Arrival and departure times change on a day-by-day basis.
	<ul style="list-style-type: none"> ACROD permit holders only. Medical certificate holders – permanent or temporary.** 	Fees apply Fees apply	<ul style="list-style-type: none"> Difficulties of travel by public transport may be a barrier to employment.
	<ul style="list-style-type: none"> Couriers/ laboratory vehicles/ maintenance vehicles/ contractor's vehicles. 	Fees apply (except short stay users)	<ul style="list-style-type: none"> Charges may apply under user pays basis for long term maintenance and other contractors. No charge for couriers and other short stay (10 minutes) users.
	<ul style="list-style-type: none"> Q plate vehicles. Government Vehicle Scheme (GVS) and Senior Officer Vehicle Scheme (SOVS) vehicles as part of a consolidated pool. 	No fees apply Fees apply	<ul style="list-style-type: none"> Vehicles in use throughout the day. It is expected all these vehicles (Q plated, GVS and SOVS) will be part of a consolidated 'pool' at each site.
	<ul style="list-style-type: none"> Voluntary transport drivers and volunteers. 	No fees apply	<ul style="list-style-type: none"> Flexible arrival and departure times; delivery activities.
2	<ul style="list-style-type: none"> Car poolers and 'green' permit holders relating to people employed at the site where the parking occurs with limited provision of access during leave.** Discretionary provision for across Metropolitan Health arrangements (temporary provision only). 	Fees apply Fees apply	<ul style="list-style-type: none"> Car-sharing is consistent with access policy objectives, notably reducing vehicular traffic, reducing adverse air quality impacts and the WA sustainability strategy.
	<ul style="list-style-type: none"> Demonstrated primary carer needs. ** 	Fees apply	<ul style="list-style-type: none"> Provided supporting evidence is furnished (as per the definition.)**
	<ul style="list-style-type: none"> Where comparative total travel time via public transport exceeds private travel time by more than 45 minutes per journey. Journeys where public transport is not available. 	Fees apply Fees apply	<ul style="list-style-type: none"> Employees may have a particular short term and temporary set of circumstances that warrant temporary priority for parking being approved (subject to availability) – example, family friendly initiatives. An employee may apply for parking priority for up to one year, and may re-apply on an annual basis.
3	<ul style="list-style-type: none"> Staff who only work inside of Monday to Friday 7:00 am to 6:30 pm. 		<ul style="list-style-type: none"> No dedicated parking will be provided at Group A hospitals however where no public transport solution is

			available parking for these staff will be considered.
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Please refer to **Attachment 2 for definitions.

With the implementation of the *'Access and parking Strategy for Health Campuses in the Perth Metropolitan Area April 2009'*, employees who would not normally qualify for priority parking, but who currently have a parking permit, may be permitted to retain their parking permit (a) until required by an employee in a higher priority category and (b) if parking is available. The Travel Plan for each site (refer to section 5) will provide parking provision details for each campus.

4. Equitable Access Payment Strategies

3.1 Principle

There should be no financial inequity between employees with priority access to parking and those without priority access to parking.

Parking will be administered on a user pays basis, charges should be payable on a 'pay-as-you-go' basis.⁷.

3.2 Travel pass payment for access

The Department of Health will develop a business plan for the introduction of a stored-value travel pass (integrated with the new Transperth SmartRider⁸) which can provide flexibility with payment for access by alternative modes. This would provide employees with real choices on a day-by-day basis.

The travel pass business plan would include the following elements and principles:

- Travel passes should be sufficiently flexible to pay for (a) bus/ train/ ferry fares; and/or (b) parking.
- Travel passes would be available to employees at a discount and, subject to tax implications of fringe benefits, would be able to be salary packaged
- The travel pass scheme would be administered by each hospital and included within the site travel plan.

Subject to the outcomes of the business plan (including FBT considerations), the travel pass scheme would be expected to operate as follows:

- Each employee may purchase a travel pass from the employer (through the payroll system or through hospital administration).
- The employee denotes how much stored value they would like each week on the travel pass to meet their travel needs (for example an employee may nominate \$25 per week).
- The employer sells the travel pass to the employee at a discount (for example a 20 per cent discount would mean that the employee would pay \$20 for a \$25 travel pass). The employer makes up the difference in cost between the full price (\$25) and the discount price (\$20).

⁷ Pay-as you-go systems are more compatible with other travel plan measures, compared with pay-up-front schemes which provide an incentive for continuing car use.

⁸ SmartRider is Transperth's electronic ticketing system that uses smartcard technology incorporating an embedded microchip and an aerial to enable the smartcard to communicate with processors located on board Transperth buses and ferries and at train stations. The embedded microchip enables value to be stored onto the SmartRider card, journey details to be recorded, and the fare value of each journey to be deducted from the stored value on the card.

- The employee can use the travel pass as a SmartRider ticket on the Transperth system. Regular users of Transperth can get a 25 per cent discount on single fares. Thus the employee in this example would receive a total discount of 45 per cent (25 per cent for regular usage of public transport + 20 per cent from the employer).
- An employee with access priority to car parking can also use the travel pass to pay for car parking. However, the employer discount would not apply.
- An employee with access priority to parking could therefore, if they wished, travel by public transport three days per week and private car two days per week. The employee would need to nominate sufficient stored value on their card to cover their expected travel patterns. With insufficient stored value, the employee could simply pay cash on the day (via an electronic pay-on-foot ticket machine, similar to most public multi-storey car parks).

Each employee would receive a financial benefit if they used public transport (equivalent to the level of discount provided). Employees with priority access to car parking would have the benefit of flexibility, in that they could decide not to use their cars on certain days of the week, or would not pay for parking when they were not working (for example, on holidays or sick leave).

4.3 Parking fees

Research has identified that travel plans which address parking by restricting the number of staff entitled to park and introducing charges, achieve significantly higher reductions in car usage⁹.

Variation on Parking fees will require the approval of the Director General for Health (on a site by site basis) and may include:

- Lower fees for employees with a non-standard working day (early or late shift, Saturday, Sunday, Public Holiday).
- Lower fees for employees in registered car share (car pool) schemes (as specified in the site Travel Plan).
- Specific job-related circumstances such as for hospital volunteers.

Parking fees for mopeds, scooters and motorcycles would be specified by the Travel Plan for each site. Under normal circumstances, parking fees would be reduced for these vehicles.

Parking fees for patients and visitors should be charged at escalating hourly rates which deter the use of patient/visitor bays by employees¹⁰. The Travel

⁹ *Making travel plans work: research report*, Department of Transport, UK, July 2002

¹⁰ As an example - \$2.50 per hour for first 2 hours, then escalating to \$5 per hour thereafter.

Plan prepared for each site will determine the administrative mechanism to provide patients and visitors who have long term parking requirements with exemption from escalating rates (for example, ability to pay a maximum fee).

5. Travel Plan

5.1 Principle

Each health campus will develop a travel plan to meet the access needs of patients, visitors and employees. Revenue raised from parking charges may be used to fund the identified travel plan initiatives.

5.2 Good practice travel plans

A sample template for each travel plan is included in **Appendix 1**¹¹; sample guidance notes are included as **Appendix 2**¹². Each site travel plan will consist of the following:

- BRIEF SUMMARY - stand-alone summary of the document.
- EXECUTIVE POLICY STATEMENT - A statement of commitment from senior management.
- INTRODUCTION - Why the campus is producing a plan.
- ROLES, RESPONSIBILITIES AND CONSULTATION – Who is going to do what.
- CURRENT TRAVEL PATTERNS AND ISSUES - The results and analysis of a staff travel survey; the results of a site survey.
- OBJECTIVES - What the plan sets out to achieve. This will be based on the content of the previous three sections.
- TARGETS - Set targets to enable progress towards the objectives to be measured.
- ACTIONS AND INITIATIVES - The initiatives that will be implemented to achieve the objectives; what will be completed and when (Action Plan).
- MONITORING AND EVALUATION - How the success of the travel plan will be assessed; what criteria will be used to judge success.
- FINANCIAL ISSUES - upfront and on-going financial implications.

Guidance on the process for the development of a Travel Plan is available from the TravelSmart Workplace Project Officer, Department for Planning and Infrastructure.

5.3 Administration of the travel plan

The Travel Plan will be administered by an Access and Parking Committee appointed at each campus. The role of the committee is to oversee the development and implementation of the Travel Plan, monitor progress, evaluate and report on effectiveness and update the Travel Plan on an annual basis (as required) to meet the targets. The Access and Parking Committee

¹¹ ¹³ Available in electronic format at www.health.wa.gov.au/parking

will be required to develop a budget for the development and implementation of the Travel Plan. Funding for the Travel Plan is to be provided by each campus. Larger campuses may require a full time TravelSmart coordination role and the smaller sites may wish to syndicate the role.

Attachment 1

Access Categories for Health Care Campuses

CATEGORY	CAMPUS
A	<ul style="list-style-type: none"> • Royal Perth Hospital Wellington Street Campus • Sir Charles Gairdner Hospital • Fiona Stanley Hospital (proposed new campus at Murdoch) • New Children's Hospital (proposed new campus at QEIIIMC) • Joondalup Hospital (privately contracted public hospital)*
B	<ul style="list-style-type: none"> • Princess Margaret Hospital • King Edward Memorial Hospital • Fremantle Hospital
C	<ul style="list-style-type: none"> • Kaleeya Hospital • Graylands Hospital • Armadale Hospital • Rockingham Hospital • Swan Districts Hospital (current location) • Kalamunda Hospital • Peel Health Campus (privately contracted public hospital)* • Bentley Hospital • Royal Perth Hospital – Shenton Park Campus • Osborne Park Hospital
To be excluded	<ul style="list-style-type: none"> • Murray Districts Hospital (Pinjarra)

* The implementation of the policy at these two sites would require discussion as part of the negotiation of the contracts.

Attachment 2 Definitions

TERM	DEFINITION
Medical Consultant	Encompasses any specialist/or consultant doctor.
Medical certificate holders – permanent or temporary	An employee who has a short-term or long-term medical condition and is seeking a car parking permit is required to firstly apply for a temporary or permanent ACROD sticker (through their general practitioner) or secondly, approach their hospital to be referred to the Occupational Safety and Health (OSH) area for assessment.
Limited provision of access during leave	If one partner is on consecutive leave for more than four weeks, the Metropolitan Access and Parking Department reserves the right to withdraw privileged parking to the other partner (being single occupancy driver) for the respective period. Individual Cases will be addressed.
Primary Carer/Giver	<p>The person who assumes the principal role for the care and attention of a:</p> <ul style="list-style-type: none">- Child/children and/or;- Member of the employee's family or household with a disability, illness, injury or is frail/in poor health.
Head of Department	A divisional Director or their authorised delegate.



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