



**Brisbane Central Business District Bicycle User Group
CBD BUG**

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Ms Kate Copeland
Executive Director
Assets & Infrastructure
Metro North Hospital and Health Services

Via email MNHHSInfrastructure@health.qld.gov.au

Dear Ms Copeland

I refer to your letter dated 27 March 2019 in relation to our request for casual bicycle parking at the Royal Brisbane and Women's Hospital (RBWH) and The Prince Charles Hospital (TPCH).

The CBD BUG is disappointed at the response, regarding our request for casual all-hours accessible visitor bicycle parking at these two hospitals. As such, we feel we need to clarify certain aspects of our original letter and have questions.

RBWH

RBWH Cycle Centre -

Our letter acknowledged this excellent facility, - but that it does not provide all-hours access to the casual visitor (figure 1). Additionally, with the minimum fee for using these facilities being \$20.00 (rack only membership) this price is far greater than most people would be prepared to pay for short term car parking, let alone for one-off casual bicycle parking. We note your advice that the main front circular drive of the RBWH is to undergo major works during 2019 and request that provision for casual bike parking at this entrance is included as part for these works.

Block 7, Bicycle parking -

Our letter acknowledged the existence of this parking, but pointed out this location is notoriously known for the theft of bicycles – having even made the Brisbane evening television news on this basis. Our letter also pointed out this location is at the opposite end of the campus to the main entrance and has poor passive surveillance. Therefore, it is an unsuitable location for casual visitor bicycle parking (especially afterhours). This location is not listed on the Campus Map nor hospital website.

Parking – Herston Imaging Research Facility

This location is tucked away in the campus and quite distant from the main entrance and has poor after hours passive surveillance (figure 2). This location is not listed on the Campus Map nor hospital website.

Main Entrance – Fire Safety

It is the CBD BUG's understanding that under the NCC – "National Construction Code" (formally BCA – "Building Code of Australia") our suggested location (figure 3) would not impede fire egress as outlined in clauses D1.6, D1.6-A-(iii), D1.7. (figures 4,5,6 &7).

The CBD BUG would appreciate which clauses within the NCC would be breached by our proposal.

Main Entrance – Pedestrian entry

The observed pedestrian flow is between the columns. The CBD BUG would like to enquire how placing bicycle parking adjacent to the walls (outside of columns) would impede pedestrian flow.

Main Entrance – General safety

The CBD BUG would like to enquire why the hospital views people wishing to use a bicycle to travel to/from the hospital as a safety issue.

Between Main Entrance & Carpark against concrete wall

This suggested location, was not addressed in the reply letter.

Circular Drive – Major Works

The CBD BUG is more than willing to consult with the RBWH design team on how to incorporate bicycle parking into the works. Currently an enormous amount of space is dedicated here to the movement of private motor vehicles. This is space that has the potential to be more functional.

TPCH

Lock Up Cage

As outlined in our original letter, hospital security is not fully aware of this facility. As we understand security will provide access to this facility. This would require potentially any individual to leave their bicycle unattended and possibly unsecured to find personnel to provide access to the secured facility.

While this does provide access, many if not most people will not seek out such a facility due to the convoluted process of gaining access. The CBD BUG does not view this as an appropriate facility for the casual user who may be in attendance at a hospital for only a few hours. This facility is also not listed on the campus map or on the hospital website.

Suggested Location

This is not clearly addressed in the reply

The CBD BUG does not understand Metro North's lack of commitment to ensuring the people of Brisbane's North have a choice of transport options when accessing health services of facilities. Queensland is facing an obesity epidemic due to a sedentary lifestyle, which is costing the state billions (Reference 1). This sedentary lifestyle is also placing additional pressure on our hospitals (as has been seen in recent weeks) as people that are less healthy are more prone to illness.

The small cost of acquisition and installation of casual visitor bicycle parking in prominent locations near the RBWH and TPCH main entrances is minor to the current cost of Brisbane's sedentary lifestyle is causing. As stated in the previous letter

"Providing the required infrastructure (bike racks) in clear open positions close to the main entrances of medical facilities would send the message that people considering travel to these facilities via active transport are not only welcome but encouraged."

The CBD BUG asks Metro North Hospital and Health Service to review their decision and prioritise the installation of casual visitor all-hours bicycle parking as a health matter.

Prevention is better and cheaper than a cure. We note that to reduce service demand pressure on this State's finite public hospital resources Queensland Health is encouraging the community to be healthy and active. Therefore, it would seem only appropriate that public hospitals put some action behind these words by assisting people visiting these major hospitals to travel by bicycle instead of driving.

Yours sincerely



Donald Campbell
Co-convenor,
Brisbane CBD BUG
13 April 2019

CC

Hon. Dr Steven Miles	- Minister for health		
Hon. Grace Grace MP	- McConnel	Cr Vicki Howard	- Central Ward
Hon Dr Anthony Lynham	- Stafford	Cr Fiona Hammond	- Marchant Ward

¹ <https://www.diabetesqld.org.au/media-centre/2018/june/obesity-tops-list-of-queenslands-chronic-health-issues.aspx>



Figure 1 - Cycle Centre hours of access



Figure 2 - Bike parking but with poor passive surveillance



Figure 3 - Dead space beside main entrance doors. Space does not appear to impede fire egress under NCC

D1.6 Dimensions of exits and paths of travel to exits

In a *required exit* or path of travel to an *exit*—

- (a) the unobstructed height throughout must be not less than 2 m, except the unobstructed height of any doorway may be reduced to not less than 1980 mm; and
- (b) the unobstructed width of each *exit* or path of travel to an *exit*, except for doorways, must be not less than—
 - (i) 1 m; or
 - (ii) 1.8 m in a passageway, corridor or ramp normally used for the transportation of patients in beds within a *treatment area* or *ward area*; and
 - (iii) in a *public corridor* in a Class 9c building, notwithstanding (c) and (d)—
 - (A) 1.5 m; and
 - (B) 1.8 m for the full width of the doorway, providing access into a *sole-occupancy unit* or communal bathroom; and
- (c) if the *storey*, *mezzanine* or *open spectator stand* accommodates more than 100 persons but not more than 200 persons, the aggregate unobstructed width, except for doorways, must be not less than—
 - (i) 1 m plus 250 mm for each 25 persons (or part) in excess of 100; or
 - (ii) 1.8 m in a passageway, corridor or ramp normally used for the transportation of patients in beds within a *treatment area* or *ward area*; and

Figure 4 - NCC

D1.6

ACCESS AND EGRESS

Deemed-to-Satisfy Provisions

- (d) if the *storey*, *mezzanine* or *open spectator stand* accommodates more than 200 persons, the aggregate unobstructed width, except for doorways, must be increased to—
 - (i) 2 m plus 500 mm for every 60 persons (or part) in excess of 200 persons if egress involves a change in floor level by a stairway or ramp with a gradient steeper than 1 in 12; or
 - (ii) in any other case, 2 m plus 500 mm for every 75 persons (or part) in excess of 200; and
- (e) in an *open spectator stand* which accommodates more than 2000 persons, the aggregate unobstructed width, except for doorways, must be increased to 17 m plus a width (in metres) equal to the number in excess of 2000 divided by 600; and
- (f) the unobstructed width of a doorway must be not less than—
 - (i) in *patient care areas* through which patients would normally be transported in beds, if the doorway provides access to, or from, a corridor of width—
 - (A) less than 2.2 m — 1200 mm; or
 - (B) 2.2 m or greater — 1070 mm,and where the doorway is fitted with two leaves and one leaf is secured in the closed position in accordance with D2.21(b)(v), the other leaf must permit an unobstructed opening not less than 800 mm wide; or
 - (ii) in *patient care areas* in a *horizontal exit* — 1250 mm; or
 - (iii) the unobstructed width of each *exit* provided to comply with (b), (c), (d) or (e), minus 250 mm; or

Figure 5 - NCC

ACCESS AND EGRESS

Deemed-to-Satisfy Provisions

- (i) to determine the aggregate unobstructed width, the number of persons accommodated must be calculated according to D1.13.

NSW D1.6(j)

D1.7 Travel via fire-isolated exits

- (a) A doorway from a room must not open directly into a stairway, passageway or ramp that is *required* to be fire-isolated unless it is from—
- (i) a *public corridor*, public lobby or the like; or
 - (ii) a *sole-occupancy unit* occupying all of a *storey*; or
 - (iii) a *sanitary compartment*, airlock or the like.
- (b) Each *fire-isolated stairway* or *fire-isolated ramp* must provide independent egress from each *storey* served and discharge directly, or by way of its own *fire-isolated passageway*—
- (i) to a road or *open space*; or
 - (ii) to a point—
 - (A) in a *storey* or space, within the confines of the building, that is used only for pedestrian movement, car parking or the like and is open for at least $\frac{2}{3}$ of its perimeter; and
 - (B) from which an unimpeded path of travel, not further than 20 m, is available to a road or *open space*; or
 - (iii) into a covered area that—
 - (A) adjoins a road or *open space*; and
 - (B) is open for at least $\frac{1}{3}$ of its perimeter; and
 - (C) has an unobstructed clear height throughout, including the perimeter openings, of not less than 3 m; and
 - (D) provides an unimpeded path of travel from the point of discharge to the road or *open space* of not more than 6 m.
- (c) Where a path of travel from the point of discharge of a fire-isolated *exit* necessitates passing within 6 m of any part of an *external wall* of the same building, measured horizontally at right angles to the path of travel, that part of the wall must have—
- (i) an FRL of not less than 60/60/60; and
 - (ii) any openings protected internally in accordance with C3.4, for a distance of 3 m above or below, as appropriate, the level of the path of travel, or for the height of the wall, whichever is the lesser.
- (d) If more than 2 access doorways, not from a *sanitary compartment* or the like, open to a *required* fire-isolated *exit* in the same *storey*—
- (i) a smoke lobby in accordance with D2.6 must be provided; or
 - (ii) the *exit* must be pressurised in accordance with AS/NZS 1668.1.
- (e) A ramp must be provided at any change in level less than 600 mm in a *fire-isolated passageway* in a Class 9 building.

Open space means a space on the allotment, or a roof or similar part of a building adequately protected from fire, open to the sky and connected directly with a public road.

Open spectator stand means a tiered stand substantially open at the front.