

Confined Space Procedure

Section 1 - Purpose

(1) The purpose of this procedure is to outline the requirements for managing confined spaces across the Diocese to eliminate or minimise risks to health and safety, in accordance with the [Work Health and Safety \(WHS\) Act 2011](#), [Work Health Safety Regulation 2025](#) and the [Code of Practice - Confined spaces](#).

Section 2 - Scope

(2) This procedure applies to all workers of the Diocese including its agencies. This procedure also applies to parishes if decreed by the Bishop.

Section 3 - Procedure/Guideline

(3) Confined Space entry is to be avoided whenever reasonably practicable. In most cases, work involving confined spaces is to be managed by competent external contractors. The primary responsibility at site level is identification, securing and preventing unauthorised access.

(4) Note: No person is to enter a confined space without appropriate training, competence and an approved Confined Space Entry Permit.

(5) Identifying Confined Spaces

- a. Confined spaces are to be identified using appropriate assessment criteria in accordance with current Code of Practice - Confined Space Criteria (Appendix B).
- b. All identified confined spaces are to be recorded in a Confined Space Register [Confined Space Register](#)
- c. The register is to be developed in consultation with Diocese Property Team and Safety and Risk Partners and reviewed periodically and when changes occur.

(6) Identifying Hazards associated with confined spaces must and may include:

- a. oxygen deficiency or enrichment
- b. airborne contaminants (toxic or flammable)
- c. fire or explosion
- d. engulfment
- e. restricted entry or exit
- f. biological or environmental hazards

(7) Risk controls are to be implemented using the hierarchy of controls:

- a. Elimination – avoid entry into the confined space where reasonably practicable
- b. Substitution – use alternative equipment or processes

- c. Engineering – ventilation or mechanical controls
- d. Administrative – permits, procedures, supervision
- e. PPE – where required as a last line of defence

(8) Securing and erecting signage should include:

- a. Confined spaces must be secured to prevent unauthorised access(e.g. locks, barriers)
- b. Warning signage must be installed at all entry points
- c. Signage alone must not be relied upon to control access

(9) Confined Space Entry should only be permitted where all the following are in place:

- a. a valid Confined Space Entry Permit (maximum 24 hours)
- b. competent and trained personnel
- c. a designated standby person located outside the space
- d. continuous communication between persons inside and outside the space
- e. atmospheric testing conducted prior to and during entry
- f. adequate ventilation established and maintained
- g. an emergency and rescue procedure established and capable of being initiated from outside the space

(10) Confined space work is to be undertaken by approved and competent contractors unless otherwise authorised.

(11) Contractors must provide:

- a. Safe Work Method Statements (SWMS) or equivalent
- b. evidence of training and competency
- c. confined space entry permits
- d. emergency and rescue procedures
- e. documentation must be reviewed prior to commencement of work

(12) All hazards, incidents and near misses relating to confined spaces must be reported in accordance with Diocese Work Health Safety requirements using incident reporting system mnResponse.

(13) No person is to enter a confined space without appropriate training, a valid permit, and all required controls in place.

- a. Training is required for any person involved in confined space work
- b. The level of training is to be appropriate to the role
- c. Refresher training is to be provided as required

(14) The following records must be maintained:

- a. Confined Space Register
- b. Confined Space Entry Permits
- c. Risk Assessments and Safe Work Method Statement
- d. Records are to be retained in accordance with Work Health Safety requirements.

Section 4 - Consequences of Breaching this Procedure

(15) Any worker found to be in breach of this procedure may be subject to disciplinary action, including where a serious breach occurs, dismissal.

Section 5 - Notations

(16) If there are any inconsistency between a policy document in existence before the commencement of this procedure, and a policy document developed after the commencement of this procedure, the later applies to the extent of the inconsistency.

Section 6 - Document Review

(17) This procedure will be reviewed when there is a legislative change, organisational change, delegations change or at least every 3 years to ensure it continues to be current and effective.

Status and Details

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Effective Date	20th October 2026
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Approval Authority	Chief Governance Officer
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Unit Head	Megan Grainger Chief Governance Officer
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