

SSOW Centre Implementation Template

Safe Systems of Work — Centre Configuration Pack

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15	Supporting Records	Worker Competency Register (Template)

Centre-Specific Information

Field	Centre to Complete
Service name (legal)	[Insert service name]
Service address	[Insert address]
Service approval number	[Insert number]
Approved Provider (entity)	[Insert provider]
Nominated Supervisor / Director	[Insert name]
PCBU (if different)	[Insert PCBU]
Relevant WHS jurisdiction	[e.g. NSW]
After-hours access arrangements	[Insert details]
Designated waste holding point	[Insert location]
Emergency contacts	[Insert names + phone numbers]

Document Control (Centre SSOW Pack)

Field	Centre to Complete
SSOW pack ID	[Insert]
Version	[Insert]
Status	[Draft / Approved / Superseded]
Approved by (name + role)	[Insert]
Approval date	[DD MMM YYYY]
Next review date	[DD MMM YYYY]
Distribution / access location	[e.g. printed master folder + staff drive]

Change Log

Version	Date	Change Summary	Reason	Approved By
[Insert]	[Insert]	[Insert]	[Insert]	[Insert]

Site Access & Security

Field	Centre to Complete
Access method	[key / code / fob / sign-in process]
Key/code/fob storage + control	[Insert]
Alarm procedure reference	[Insert reference/location]
Restricted areas (do not access)	[Insert]

Facilities & Constraints

Field	Centre to Complete
Handwashing facilities near nappy stations	[Yes/No + location details]
Ventilation constraints	[Insert rooms/areas with poor ventilation + control method]
Surface/flooring constraints	[Insert any porous/damaged surfaces requiring escalation]

Waste Stream Configuration

Field	Centre to Complete
Waste streams used on site	[general / clinical/biohazard (if applicable)]
Biohazard bags/bins used (if applicable)	[Insert type/colour + location]
External waste provider / pickup method	[Insert]
Spill kit locations + restock owner	[Insert]

Task-Specific Variables

Field	Centre to Complete
Work area(s) covered by this SSOW	[e.g. Nursery nappy change station]
Routine frequency	[e.g. after each change; end-of-day clean]

Field	Centre to Complete
Outbreak / enhanced disinfection trigger	<i>[Insert service trigger wording]</i>

Risk Assessment — Hazard Identification & Control

Complete a risk assessment before finalising this SSOW. Use the hierarchy of controls: eliminate > substitute > isolate > engineering > administrative > PPE.

Risk Rating Guide

Likelihood / Consequence	Minor	Moderate	Major
Likely	Medium	High	Extreme
Possible	Low	Medium	High
Unlikely	Low	Low	Medium

Hazard & Control Register

Task / Activity	Hazard	Who Is at Risk	Risk Rating (Before)	Controls	Residual Risk (After)	Assessed By / Date
Nappy change / biohazard handling	Exposure to bodily fluids / infection	Educators, children	[Low/Med/High/Extreme]	[Insert controls]	[Low/Med/High/Extreme]	[Name + Date]
Chemical mixing / disinfection	Skin/eye irritation, inhalation	[Insert]	[Insert]	[Insert]	[Insert]	[Insert]
Spill / vomit response	Slips, infection	[Insert]	[Insert]	[Insert]	[Insert]	[Insert]
[Insert additional task]	[Insert]	[Insert]	[Insert]	[Insert]	[Insert]	[Insert]

Risk Assessment Sign-Off

Field	Centre to Complete
Risk assessment completed by (name + role)	[Insert]
Date completed	[DD MMM YYYY]
Workers consulted (names/roles)	[Insert]
Approved by (Nominated Supervisor / PCBU)	[Insert]
Next risk assessment review date	[DD MMM YYYY]

WARNING: Each Extreme or High residual risk must have an escalation/action recorded in the corrective actions log before the task proceeds.

Roles & Responsibilities (RACI)

R = Responsible | A = Accountable (one per row) | C = Consulted | I = Informed

Activity	Approved Provider / PCBU	Nominated Supervisor / Director	Educators / Room Staff	Cleaning Staff / Contractor	WHS / First Aid Officer
Risk assessment & review	A	R	C	C	C
SSOW approval & issue	A	R	I	I	C
Day-to-day SSOW execution	I	A	R	R	I
Chemical handling & storage	I	A	R	R	C
Biohazard / spill response	I	A	R	R	C
Stock & replenishment	I	A	C	R	I
Verification spot-checks	I	A/R	I	I	C
Incident reporting & escalation	A	R	R	R	C
Worker training & competency	A	R	I	I	C

Named Role Holders

Role	Name	Contact
Approved Provider / PCBU	[Insert]	[Insert]
Nominated Supervisor / Director	[Insert]	[Insert]
WHS / First Aid Officer	[Insert]	[Insert]
Cleaning lead / contractor	[Insert]	[Insert]

Service Profile (For Resourcing + Compliance)

Field	Centre to Complete
Centre size (approx. licensed places or enrolment band)	[Insert]
Total rooms in operation	[Insert]
Nursery rooms	[Insert]
Nappy change stations (total)	[Insert]
Approx. nappy changes per day	[Insert]
Operating hours	[Insert]
Cleaning access window(s)	[e.g. during operation / after close / both]
Staffing coverage for SSOW tasks	[e.g. in-house / contractor / hybrid]
Verification sampling approach	[e.g. X spot-checks per month per nappy station/room]

Approved Products Register

Use	Product Name	Dilution	Contact Time	SDS Location
Routine/day clean (detergent)	[Insert pH-neutral detergent]	[Insert]	n/a	[Insert]
Disinfection (routine)	[Insert disinfectant]	[Insert]	[Insert]	[Insert]
Enhanced disinfection (gastro/ outbreak)	[Insert gastro-suitable disinfectant]	[Insert]	[Insert]	[Insert]

Induction & Training Plan

Step	Content	Delivered By	When / Frequency	Evidence / Record Location
1. SSOW walkthrough	Review each relevant SSOW + risk assessment	[Insert]	On induction	[Insert link/location]
2. Chemical & SDS training	Products, dilution, contact time, SDS access	[Insert]	On induction + on product change	[Insert]
3. PPE use & disposal	Correct selection, donning/doffing, disposal	[Insert]	On induction	[Insert]
4. Biohazard / spill response drill	Practical run-through of response steps	[Insert]	On induction + refresher	[Insert]
5. Supervised practice	Observed task performance before solo work	[Insert]	Until competent	Competency register
6. Refresher training	Re-confirm SSOWs, changes, lessons from incidents	[Insert]	e.g. annually / after incident	[Insert]

Worker Acknowledgement & Sign-Off

Declaration: I confirm I have read and understood the SSOWs listed below, had the opportunity to ask questions, and agree to follow the controls, PPE and reporting requirements specified.

Worker Name	Role	SSOWs Covered	Signature	Date	Inducted/Verified By
[Insert]	[Insert]	[Insert]	[Insert]	[DD MMM YYYY]	[Insert]
[Insert]	[Insert]	[Insert]	[Insert]	[DD MMM YYYY]	[Insert]
[Insert]	[Insert]	[Insert]	[Insert]	[DD MMM YYYY]	[Insert]

Stock, Storage & Replenishment (Minimum Levels)

Item	Minimum Stock	Reorder Point	Stored Where	Responsible Person
Gloves	[Insert]	[Insert]	[Insert]	[Insert]
Aprons	[Insert]	[Insert]	[Insert]	[Insert]
Wipes/cloths	[Insert]	[Insert]	[Insert]	[Insert]
Bin liners/waste bags	[Insert]	[Insert]	[Insert]	[Insert]
Disinfectant (routine)	[Insert]	[Insert]	[Insert]	[Insert]
Disinfectant (outbreak)	[Insert]	[Insert]	[Insert]	[Insert]

Evidence System Links

Evidence / Tool	Centre to Insert Link/Location
Cleaning workbook (instructions/front matter)	[Insert link/location]
Daily/room cleaning log	[Insert link/location]
Biohazard incident report template / log	[Insert link/location]
Waste stream requirements (biohazard/clinical)	[Insert link/location]
Chemicals register + SDS master location	[Insert link/location]
Competency evidence storage	[Insert link/location]
Corrective actions / non-conformance log	[Insert link/location]

Emergency & Exposure Response

Confirm steps against the relevant SDS and your first aid arrangements. Call 000 for any serious injury, breathing difficulty or eye injury that does not settle.

Scenario	Immediate Action	First Aid	Notify	Record / Report
Chemical splash to skin	Remove contaminated PPE/clothing	Rinse with running water per SDS; seek advice if irritation persists	Supervisor	[Incident log link]
Chemical splash to eyes	Go to eyewash/tap immediately	Flush per SDS (see minutes); seek medical care	Supervisor	[Incident log link]
Inhalation of fumes	Move to fresh air; ventilate area	Monitor breathing; seek medical advice per SDS	Supervisor	[Incident log link]
Ingestion / swallowing	Do not induce vomiting unless SDS directs	Call Poisons Information 13 11 26; follow SDS	Supervisor + parent if child	[Incident log link]
Needlestick / sharps injury	Encourage bleeding; do not scrub	Wash with soap + water; seek medical assessment promptly	Supervisor + [Insert]	[Incident log link]
Exposure to bodily fluids	Stop task; remove PPE	Rinse area/flush eyes; seek medical advice	Supervisor + [Insert]	[Incident log link]

EMERGENCY 000 | Poisons Information 13 11 26 | First Aid Officer [Insert name + phone] | Nearest Medical Centre [Insert]

SSOW Pack — Full Document List

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1	SSOW — Worker Competency Register (Template)
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COMPLETION RULE: Replace every [Insert ...] placeholder before issuing this pack to a centre.