

COMPLIANCE READY



WHS Compliant

Hierarchy of Control
Verified

SAFE SYSTEM OF WORK (SSOW)

Floor Cleaning and Sanitisation

Early Childhood Education and Care Services

Document Details

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(WHS Officer / Compliance Manager)	(Nominated Supervisor)
Date of Approval	

Related Documents

NCCS Framework v2.1

Infection Control Module 3 — Cleaning and Biohazard Management

SSOW-IC-001 — Toilet and Children's Bathroom Cleaning and Disinfection

SSOW-IC-002 — High-Touch Surface Cleaning and Disinfection

SSOW-IC-003 — Toy Cleaning and Sanitisation

SSOW-IC-004 — Sleep Surface Sanitisation

SSOW-IC-005 — Kitchen and Food-Prep Surface Cleaning and Sanitisation

Licensed Service Details	
Service Name	
Service Approval Number	

Purpose and Scope

Floors within a childcare setting are the opposite to what they are in all other workplaces and must be treated as such. In general workplaces, floors are incidental surfaces. Workers wear shoes, do not touch floors with bare skin, and do not place food or their faces on them.

In early childhood education and care (ECEC), floors are **primary high-contact surfaces**. Children crawl on them, lie on them, sleep on them, eat on them, place their faces on them, and mouth toys and objects that have been in direct contact with them. Because children are at floor height, they breathe air at the floor level during and after cleaning.

This SSOW applies to all workers performing floor cleaning, sweeping, vacuuming, mopping, and sanitisation of hard floors in ECEC services. It covers all rooms and zones including bathrooms (red), play and sleep areas (blue), and kitchen and food-prep areas (green).

This SSOW is designed to be used alongside the NCCS Cleaning Management Workbook, Infection Control Module 3 training materials, and the relevant zone-specific SSOWs.

Applies To

- All workers performing floor cleaning, sweeping, vacuuming, mopping, and sanitisation
- All hard floor surfaces across all rooms and zones
- Bathrooms (red zone), play and sleep areas (blue zone), and kitchen and food-prep areas (green zone)

Why Floors Are Different in ECEC

- Children crawl, lie, sleep, and eat on floors
- Children place their faces on floors and mouth objects from floors
- Children breathe at floor level during and after cleaning

Used Alongside

- NCCS Cleaning Management Workbook
- Infection Control Module 3
- Relevant zone-specific SSOWs

Task Description

The task involves the cleaning, sanitisation, and management of floors in early childhood education and care services, processed after each use and following any biohazard event.

1

Debris & Soil Removal

Removal of loose debris, dust, food waste, and visible soil from floors by sweeping, HEPA vacuuming, or dust-mopping prior to wet cleaning.

2

Wet Cleaning & Sanitisation

Wet cleaning and sanitisation of floors using zone-matched, colour-coded equipment to remove soil and reduce pathogen risk.

3

Biohazard Spill Management

Management of biohazard spills on floors — including vomit, urine, faeces, and blood — in accordance with infection control procedures.

4

Inspection

Inspection of floor condition and equipment integrity to identify damage, deterioration, or defects that could harbour pathogens or present a safety risk.

5

Drying & Verification

Drying and verification of cleaned areas before children are permitted to return, ensuring surfaces are safe and fully dry.

6

Equipment Storage & Hygiene

Storage and hygiene of floor cleaning equipment after use, ensuring zone discipline is maintained and equipment is clean and ready for next use.

⚠ Key Principle. Floors are primary high-contact surfaces in ECEC — not incidental surfaces. Children crawl, lie, play, eat, and mouth objects on floors. Floor cleaning is a **high-priority infection control and child safety task**, not a maintenance or background activity.

Hazard Identification

The following nine hazards have been identified for this task across all zones and roles.



1. Pathogen Transfer from Floors to Children

Children crawl, lie, play, eat, and mouth objects on floors. Pathogenic organisms transfer directly to children's hands, mouths, faces, and food from inadequately cleaned floor surfaces.



2. Cross-Contamination Between Zones via Floor Equipment

Transfer of biological pathogens from bathroom (red zone) into play areas (blue zone) or kitchen (green zone) via contaminated mop heads, mop water, buckets, or cleaner footwear.



3. Chemical Residue and Inhalation at Floor Level

Children are at floor height. Crawlers and infants have faces and breathing zones within centimetres of the floor. Residual cleaning chemicals present dermal absorption, oral ingestion, and acute respiratory hazards.



4. Slips, Trips, and Falls

Wet floors, cleaning equipment left in walkways, electrical cords, and slippery residues create fall hazards for both children and staff.



5. Biohazard Exposure to Cleaner

Direct contact with bodily fluids (vomit, faeces, urine, blood) on floors during biohazard cleaning events. This includes sharps or broken objects hidden in debris.



6. Dust, Allergen, and Pathogen Aerosolisation During Sweeping and Vacuuming

Dry sweeping and non-HEPA vacuuming aerosolise dust, faecal particles, skin cells, and pathogens into the breathing zone of children at floor level.



7. Floor Damage and Trip Hazards from Equipment

Frayed mop heads, broken handles, damaged buckets, and electrical cords left in walkways create entanglement, trip, and laceration hazards.



8. Inadequate Drying Time and Recontamination

Children returning to damp or wet floors absorb chemicals through skin contact, slip on wet surfaces, and recontaminate the floor with bare feet and hands before it is dry.



9. Infection Pathway from Role Switching and Breach of Educator-to-Child Ratios

Removing an educator from supervision to clean floors drops the room below required ratios. Moving from contaminated floor cleaning into direct care creates a transmission pathway.

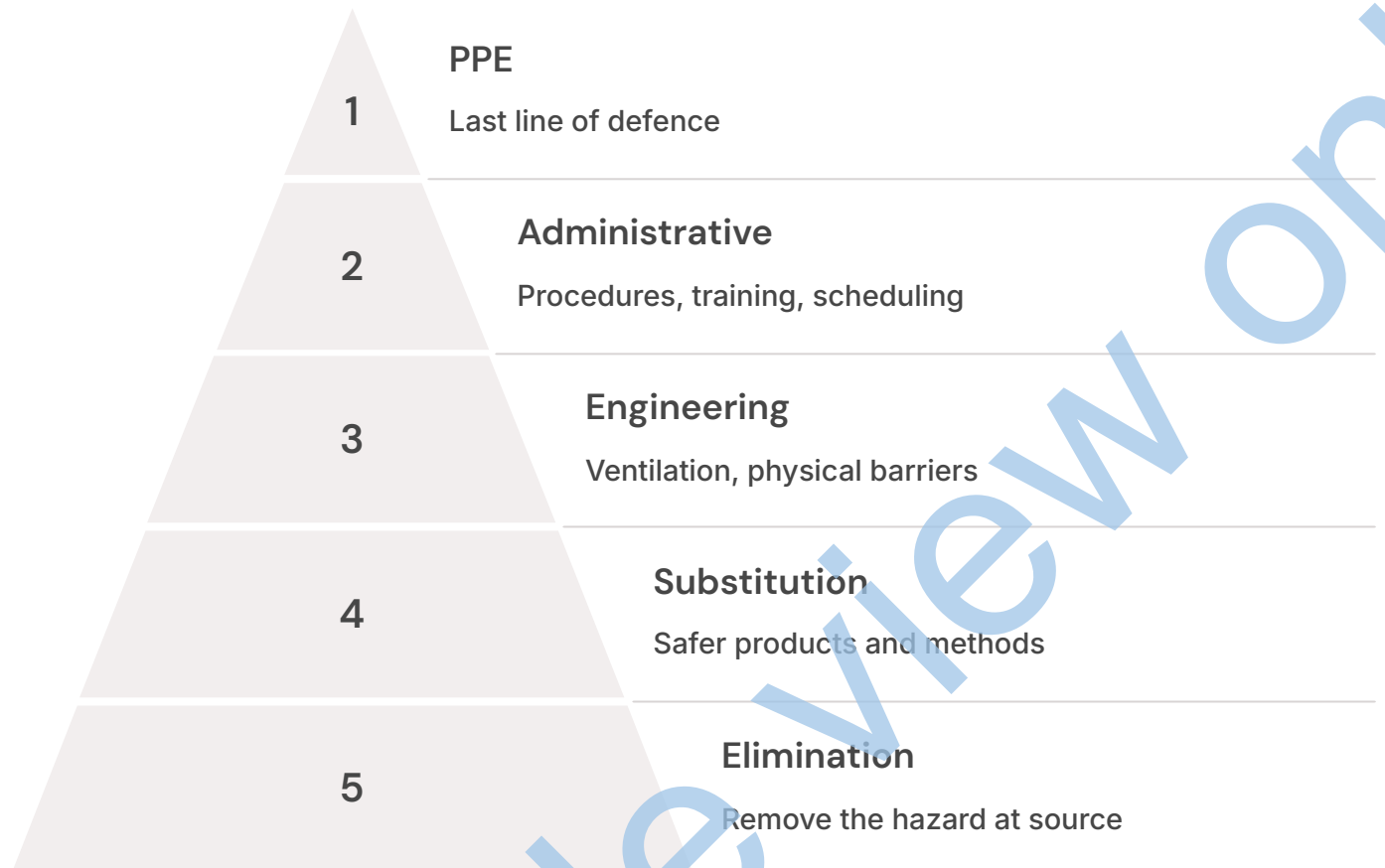
Risk Assessment Before Controls

The following table summarises the risk level for each identified hazard prior to the application of any controls. Risk ratings are used to prioritise control selection using the hierarchy of controls.

#	Hazard	Who is at Risk	Risk Before Controls
1	Pathogen transfer from floors to children	Children	High
2	Cross-contamination between zones via floor equipment	Children, staff	High
3	Chemical residue and inhalation at floor level	Children	High
4	Slips, trips, and falls	All persons	High
5	Biohazard exposure to cleaner	Cleaning staff	High
6	Dust, allergen, and pathogen aerosolisation	Children, staff	High
7	Floor damage and trip hazards from equipment	All persons	Medium
8	Inadequate drying time and recontamination	Children	Medium
9	Infection pathway from role switching and ratio breach	Children, staff	High

Control Selection. Hierarchy of Controls

For each identified hazard, controls are selected starting from the highest level of the hierarchy (Elimination) and working down to the lowest (PPE). PPE is never used as a substitute for higher-order controls. Each control level includes justification for why higher controls are or are not applied to floor cleaning and sanitisation in ECEC.



- Controls are applied from the top of the hierarchy downward. Higher-order controls are always preferred. PPE is never a substitute for elimination, substitution, or engineering controls.

5.1 Pathogen Transfer from Floors to Children

Elimination

Remove children from the room or section during wet floor cleaning and sanitisation. For biohazard events, remove all children from the immediate area and cordon off the zone until cleaning and drying are complete. Use disposable or single-room microfibre mop pads that are laundered or discarded after each room. Full building evacuation during routine floor cleaning is not practicable. Elimination is achieved through section-by-section removal and single-use pad systems.

Substitution

Substitute traditional string mops and shared water buckets with launderable microfibre flat mop systems. Each room or zone receives a clean pad, eliminating the dirty rinse bucket that harbours pathogens. Substitute chemical floor cleaning with steam cleaning (at or above 70°C) on compatible hard floors where practicable.

Engineering

HEPA-filtered vacuum cleaners with closed dust containment systems. Mechanical ventilation and exhaust fans during and after floor cleaning. Floor fans or air movers to accelerate drying. San Air airconditioner blocks installed in HVAC system. Weekly electrostatic fogging with TGA-registered disinfectant.

Administrative

Clean high-touch floor zones first (play areas, sleep areas), bathroom floors last. Colour-coded zone system for all floor equipment. Change mop pad between every room. Never use bathroom pad in play area. Visual inspection of floors for debris and soil before wet cleaning. Verification that floors are dry and children cleared before re-entry. Cleaning log signed for each room.

PPE. Last Line of Defence

Disposable gloves. Apron if splash risk exists. PPE protects the cleaner but does not remove pathogen from the floor surface.

5.2 Cross-Contamination Between Zones via Floor Equipment

Elimination

Dedicated mop heads, pads, handles, and buckets for each zone. Bathroom (red) equipment never enters kitchen (green) or play (blue) zones. Colour-coded equipment physically separated and stored in zone-specific locked cupboards or stations. Use disposable or single-room pads that are discarded or laundered after one room use.

Substitution

Substitute reusable string mops and shared buckets with single-use or single-room microfibre pads. Use disposable absorbent sheets for biohazard floor events instead of reusable mops.

Engineering

Separate, dedicated storage stations for each zone's floor equipment. Colour-coded wall brackets or cupboards (red, green, blue) to prevent equipment mixing. Physical barrier or separation between cleaning stations where practicable.

Administrative

Zone discipline training. Staff trained that red-zone equipment never crosses into blue or green zones. Daily supervisor check that zone equipment stored correctly. Signage at storage stations and room entries. Cleaning sequence: play areas and kitchens cleaned before bathrooms. Verification log for zone equipment audit.

PPE. Last Line of Defence

Disposable gloves. Gloves prevent hand-to-surface transfer but do not prevent cross-contamination via equipment, water, or footwear.

5.3 Chemical Residue and Inhalation at Floor Level

Elimination

Use only floor cleaning products approved as child-safe or food-safe for use in ECEC environments. Rinse floors with clean water after chemical application where required by product label. Ensure complete drying before children permitted to re-enter area. Elimination of all chemical agents not practicable for effective floor sanitisation. Residue eliminated through product selection, correct dilution, rinsing where required, and complete drying.

Substitution

Use lowest toxicity effective product registered for use in ECEC. Use pre-diluted, ready-to-use products to eliminate mixing concentration errors. Substitute chemical cleaning with steam cleaning on compatible floors where practicable.

Engineering

Mechanical ventilation and exhaust fans during and after floor cleaning to reduce chemical vapour concentration at floor level. Floor fans to accelerate drying and chemical dissipation. Open windows and doors where practicable.

Administrative

Correct dilution per product label. Never over-apply product. Never use industrial-strength or non-child-safe products on floors accessible to children. Schedule floor cleaning during periods when children outdoors, napping in another area, or otherwise not present. Supervisor verification that floors dry before children return.

PPE. Last Line of Defence

Not applicable for protecting children from chemical residue. PPE protects cleaner during application but does not prevent dermal absorption or inhalation by child.

5.4 Slips, Trips, and Falls

Elimination

Remove children from area being mopped. This eliminates child slip hazard. Remove electrical cords and equipment from walkways before cleaning begins. Eliminate wet floor hazard by ensuring complete drying before reopening area.

Substitution

Substitute wet mopping with dry or steam methods in high-traffic areas where practicable. Use less water-intensive microfibre systems to reduce wet floor time and volume.

Engineering

Wet-floor caution signage placed at all entry points to cleaning area. Non-slip flooring installed in wet areas. Floor fans or air movers to accelerate drying.

Administrative

Section-by-section cleaning. Never leave wet floor section unattended. Immediate mop-up of any splashes or spills outside cleaning zone. Equipment and cords never left in walkways. Never permit children to walk on wet floors. Signage remains in place until floor fully dry.

PPE. Last Line of Defence

Closed-toe, non-slip footwear.

5.5 Biohazard Exposure to Cleaner

- ⊗ Biohazard events on floors pose a direct contamination and infection risk to cleaning staff during removal and clean-up tasks.

Elimination

Remove all children from immediate biohazard area. Cordon off zone. Use disposable absorbent materials and disposable wipes for initial clean-up. Discard all materials immediately in sealed biohazard bag. Use dedicated biohazard kit. This eliminates need for reusable mops and cloths on contaminated floors.

Substitution

Substitute reusable mops and cloths with disposable absorbent sheets and disposable wipes for all biohazard floor events.

Engineering

Biohazard kit with sealed waste bags, disposable tools, and spill control materials. Dedicated floor squeegee or scraper for biohazard events only (red zone, labelled).

Administrative

Follow biohazard principles in SSOW-IC-001. Immediate double-bagging of all biohazard waste. Hand hygiene after doffing PPE. Incident recording in biohazard log and incident register. Check for sharps or broken objects in debris before mopping.

PPE. Last Line of Defence

Full PPE. Disposable gloves, impermeable apron, eye protection if splash risk exists, closed-toe footwear. PPE is mandatory but does not eliminate biohazard.

5.6 Dust, Allergen, and Pathogen Aerosolisation During Sweeping and Vacuuming

- ⊗ Dry sweeping and non-HEPA vacuuming raise dust, allergens, and pathogens into the breathing zone, posing a significant inhalation risk — particularly for young children in ECEC environments.

Elimination

Eliminate dry sweeping with brooms in rooms occupied by children. Brooms raise dust and pathogens into the breathing zone at floor level. Do not use non-HEPA vacuum cleaners in ECEC rooms. These exhaust unfiltered particles and pathogens back into the room.

Substitution

Substitute dry sweeping with HEPA-filtered vacuuming or wet microfibre dust-mopping pads that trap particles rather than aerosolising them. Substitute standard vacuums with HEPA-filtered, sealed-system vacuums only.

Engineering

HEPA-filtered vacuum cleaners with closed dust containment systems. Filters changed and maintained per manufacturer specifications. Mechanical ventilation during and after vacuuming. San Air airconditioner blocks to reduce airborne pathogen load.

Administrative

Vacuum and dust-mop when children are in another area, outdoors, or napping in a separate room where practicable. Open windows and operate exhaust fans during and after vacuuming. Vacuum and dust-mop high-touch play areas first, bathroom areas last. Maintenance log for vacuum filter changes and integrity checks.

PPE. Last Line of Defence

P2/N95 respiratory protection if dry sweeping or vacuuming in dusty or contaminated conditions. Not standard PPE for routine vacuuming but required if aerosol levels are elevated.

5.7 Floor Damage and Trip Hazards from Equipment

Elimination

Remove damaged, frayed, or broken equipment from service immediately. Never leave mop buckets, vacuums, cords, or cleaning equipment in walkways or doorways. Cordon off cleaning area so children cannot enter and trip over equipment.

Substitution

Substitute corded equipment with battery-operated or cordless equipment where practicable.

Engineering

Regular equipment inspection and maintenance schedule. Equipment stored in designated areas, never in walkways.

Administrative

Pre-use inspection of all handles, pads, cords, and wheels. Clear pathways between cleaning station and work area. Signage or barriers at cleaning zone boundaries.

PPE. Last Line of Defence

Closed-toe, non-slip footwear.

5.8–5.9 Inadequate Drying Time and Recontamination and Infection Pathway from Role Switching

HAZARD 8

Inadequate Drying Time and Recontamination

Elimination

Ensure floors are completely dry before children permitted to re-enter area. Use floor fans or air movers to eliminate drying time. Do not allow children onto damp floors.

Substitution

Substitute high-water mopping methods with low-moisture microfibre systems that leave floors drier and dry faster.

Engineering

Floor fans or air movers positioned at cleaning zone. Dehumidifiers in areas with poor natural drying. Mechanical ventilation to accelerate evaporation.

Administrative

Schedule floor cleaning to allow adequate drying time before children return. Visual and tactile check for dryness before removing signage and reopening area. Never rush drying phase. A damp floor is a chemical, slip, and biological hazard.

PPE. Last Line of Defence

N/A. PPE cannot prevent recontamination from damp floors.

HAZARD 9

Infection Pathway from Role Switching and Breach of Educator-to-Child Ratios

⚠ This hazard is entirely created by the decision to combine cleaning and care duties in one person. If roles are separated, this hazard does not exist.

Elimination

Assign dedicated cleaner for entire day or shift. Cleaner is **NEVER** counted in educator-to-child ratio at any point and does not perform any direct child care duties. This eliminates ratio breach and infection pathway hazard. Floor cleaning, especially after biohazard events, performed by dedicated cleaner while educators maintain supervision ratios.

Substitution

Substitute educator-cleaner model with dedicated, trained cleaning role for shift or day.

Engineering

Separate cleaning station and storage for floor cleaning equipment.

Administrative

Pre-approved scheduling protocol verifying ratio maintenance **BEFORE** cleaner begins shift. Supervisor sign-off that cleaner is not counted in ratios.

Emergency protocol: If dedicated cleaner not on-site, Nominated Supervisor must verify ratio coverage before any educator begins floor cleaning. If educator must return to direct care after floor cleaning, full uniform change required before re-entering care environment. Incident/cleaning log records who maintained supervision and confirms ratios were compliant.

PPE. Last Line of Defence

Full PPE during floor cleaning. PPE does **NOT** protect children from inadequate supervision or from educator transferring contamination from cleaning task into care.

6. RESIDUAL RISK ASSESSMENT (AFTER CONTROLS)

This section details the residual risk associated with each identified hazard after the implementation of the specified control measures. It also outlines the verification methods used to confirm the effectiveness of these controls.

Hazard	Residual Risk	Verification Method
1. Pathogen transfer from floors to children	Low	Children removed during cleaning verified. Single-room pad use confirmed. Cleaning log signed per room. Fogging log completed weekly.
2. Cross-contamination between zones via floor equipment	Low	Zone equipment audit passed. Colour-coding verified. No mixed-use items observed.
3. Chemical residue and inhalation at floor level	Low	Child-safe product label confirmed. Dryness verified before re-entry. Supervisor pre-opening check passed.
4. Slips, trips, and falls	Low	Signage in place until dry. No equipment in walkways. Floor dry before children return.
5. Biohazard exposure to cleaner	Low	Biohazard kit used. Disposable materials confirmed. PPE doffing and hand hygiene logged.
6. Dust, allergen, and pathogen aerosolisation	Low	HEPA vacuum filter verified. No dry sweeping in occupied rooms. Ventilation operational.
7. Floor damage and trip hazards from equipment	Low	Pre-use inspection passed. No damaged equipment in service. Walkways clear.
8. Inadequate drying time and recontamination	Low	Dryness check confirmed. Fans used where required. No damp floor re-entry observed.
9. Infection pathway from role switching and ratio breach	Low (if roles separated)	Ratio check completed and signed off by Nominated Supervisor before shift begins. Staff roster confirms cleaner not counted in ratios. If educator must return to care, uniform change confirmed.

7. BACKUP PROCEDURE AND EMERGENCY PROTOCOL

Biohazard Floor Event (Vomit, Faeces, Urine, Blood)

If floor is contaminated with body fluids, the following applies.

- All children removed from immediate area.
- Zone cordoned off.
- Dedicated cleaner uses biohazard kit and disposable materials.
- Floor cleaned using two-step method with appropriate TGA-registered disinfectant.
- All disposable materials double-bagged and sealed as biohazard waste.
- Floor dried completely before children return.
- Incident recorded in incident register and biohazard log.

No Dedicated Cleaner On-Site

If a dedicated cleaner is not on-site and floor cleaning is required (especially after a biohazard event), the following applies.

- Nominated Supervisor must verify ratio coverage before any educator begins the task.
- Educator wears full PPE and follows this SSOW.
- Educator does not return to direct care until the task is complete, PPE is doffed, hand hygiene is performed, and a full uniform change is completed.
- Incident recorded in the cleaning log.

Outbreak or Illness Event

During an outbreak of gastroenteritis or other communicable disease, the following applies.

- Frequency of floor cleaning and sanitisation increases as directed by the Nominated Supervisor or public health guidance.
- Dedicated cleaner assigned to enhanced floor cleaning.
- All floor cleaning performed with single-use or room-dedicated pads only.
- HEPA vacuuming frequency increases.
- Environmental fogging frequency may increase as directed by the Nominated Supervisor or public health guidance.
- All bathroom floors cleaned last in sequence.

8. TRAINING AND COMPETENCY

This SSOW must be read and understood before any worker performs this task unsupervised. All workers must complete the following items.

- Infection Control Module 3 (cleaning and biohazard management).
- Practical demonstration of the two-step method for floors.
- Practical demonstration of zone separation, colour-coding, and pad-changing protocol.
- HEPA vacuum operation and filter maintenance.
- PPE donning and doffing.
- Chemical handling and SDS familiarisation for floor products.
- Biohazard floor spill response.
- Manual handling and safe lifting of buckets and equipment.
- Supervisor sign-off on competency register.

Refresher training occurs every 12 months, or earlier if incident or audit indicates skill degradation.

9. APPROVED PRODUCTS

Use	Product	Contact Time / Temperature	Rinse Required	SDS Location
Floor detergent	[Insert]	n/a	[Insert per label]	[Insert]
Floor sanitiser (child-safe / food-safe)	[Insert]	[Insert]	[Insert per label]	[Insert]
Biohazard floor disinfectant	[Insert TGA-registered]	[Insert]	[Insert per label]	[Insert]
Steam cleaning method (compatible floors)	[Insert device]	70°C or above	No	[Insert]
Environmental continuous control	[Insert San Air block type / model]	Continuous operation	N/A	[Insert]
Environmental periodic fogging	[Insert TGA-registered fogging disinfectant]	[Insert per label]	N/A	[Insert]

Note. Microfibre flat mop systems with single-room or single-use launderable pads are the preferred substitution control over traditional string mops and shared buckets. Steam cleaning is the preferred substitution control over chemical sanitisation where floor compatibility permits. Fogging is performed only when rooms are fully vacated and dried before re-entry.

10. REFERENCES AND LEGISLATION

- Work Health and Safety Act 2011 (NSW) / WHS Regulations 2017
- WHS Regulation 36. Hierarchy of Control
- Education and Care Services National Law Act 2010 (National Law)
- Education and Care Services National Regulations 2011 (Regulation 113, 123, 168)
- National Quality Standard (NQS). Quality Area 2. Children's Health and Safety
- Staying Healthy in Child Care (National Health and Medical Research Council)
- AS/NZS 4187. Reprocessing of Reusable Health Care Products
- TGA-registered disinfectant product labels and SDS

example View Only

DOCUMENT CONTROL

Review Schedule. This SSOW must be reviewed under the following conditions.

- Every 12 months.
- After any incident, near-miss, or regulatory visit.
- When the cleaning product, equipment, or procedure changes.
- When legislation or guidance changes.

Distribution. All staff, cleaning contractors, and relief educators. Digital copy maintained in the service's WHS register.

Related Documents.

- SSOW-IC-001. Toilet and Children's Bathroom Cleaning and Disinfection.
- SSOW-IC-002. High-Touch Surface Cleaning and Disinfection.
- SSOW-IC-003. Toy Cleaning and Sanitisation.
- SSOW-IC-004. Sleep Surface Sanitisation.
- SSOW-IC-005. Kitchen and Food-Prep Surface Cleaning and Sanitisation.
- NCCS Framework v2.1. Infection Control Module 3. Cleaning and Biohazard Management.