# INJURY AND ILLNESS PREVENTION PROGRAM
# 2026-2027 School Year

West Covina Unified School District
www.wcusd.org

## Monte Vista Elementary

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Designated Site IIPP Implementation Official



# INJURY AND ILLNESS PREVENTION

# PROGRAM
## 2026-2027 School Year

## WEST COVINA UNIFIED SCHOOL DISTRICT

## Los Angeles County

*Damian Kessler*

Dr. Damian Kessler, Principal
Responsible for Implementation of IIPP
CAL/OSHA Title 8 CCR 3203

*Lissette Villanueva*

Lissette Villanueva, Office Manager
Responsible for Maintaining IIPP
CAL/OSHA Title 8 CCR 3203

09/02/2026
Date Executed

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## Policy

We have established this written Injury and Illness Prevention Program (IIPP) in accordance with Title 8, California Code of Regulations, Section 3203, of the General Industry Safety Orders. All employees are required to comply with our safety and health policies and practices. This includes employees at every level and in all positions.

This IIPP includes the following elements:

- Responsibility and Authority
- Compliance
- Communication
- Hazard Assessment
- Accident Investigation
- Hazard Correction
- Training and Instruction
- Record Keeping

## Responsibility and Authority

**Ray Wilds, Director of Business Services/Transportation** is the designated IIPP Administrator and has the authority and responsibility for implementing and maintaining this IIPP.

Managers and supervisors are responsible for implementing and maintaining the IIPP in their work areas and for answering employee questions about the IIPP. Employees are responsible for understanding and following the requirements of the IIPP and for asking questions when direction is unclear.

The department IIPP supplements provide department-specific information and additional direction. A copy of our IIPP is available from each manager and supervisor.

## Compliance

All employees, including managers and supervisors, are responsible for using safe work practices; following all directives, policies, and procedures; and assisting in maintaining a safe work environment.

The system to ensure all employees comply with these practices includes the following:

- Informing employees of the requirements within our IIPP in a readily understandable language
- Training all employees on general safety policies, rules, and work practices
- Recognizing employees who perform safe and healthful work practices
- Providing additional training to employees whose safety performance is deficient
- Disciplining employees for failure to comply with safe and healthful work practices

The department IIPP supplements outline department-specific compliance requirements.

## Communication

All managers and supervisors are responsible for communicating with all employees about occupational safety and health in a form readily understandable by all employees. Our

communication system encourages all employees to inform their managers and supervisors about workplace hazards without fear of reprisal. Employees can report workplace hazards anonymously by completing the “NOTICE OF HAZARD/SAFETY CONCERN” Form (Exhibit A).

Our communication system includes:

- New employee orientation including a discussion of safety and health policies and procedures
- Review of our IIPP
- Safety training programs
- Regularly scheduled safety meetings
- Posted or distributed safety information

Additional details are outlined in the department IIPP supplements.

## Hazard Assessment

Periodic inspections will be conducted to evaluate physical hazards, use of hazardous materials, and safe work practices. The periodic inspection schedule and the responsibility for conducting the inspections are included in the department IIPP supplements.

In addition to the department periodic inspection schedule, inspections will be conducted as required in the following situations:

- When we initially established our IIPP;
- When new substances, processes, procedures, or equipment that present potential new hazards are introduced into our workplace;
- When new, previously unidentified hazards are recognized;
- When occupational injuries and illnesses occur; and
- Whenever workplace conditions warrant an inspection

## Hazard Correction

When unsafe or unhealthy work conditions, practices, or procedures are observed or discovered, they will be corrected in a timely manner based on the severity of the hazards. When an imminent hazard exists that cannot be immediately corrected, the exposed employees will be removed from the immediate hazard except those needed to correct the condition and to address security issues. Employees who are required to correct the hazardous condition will be provided with the necessary protection.

## Accident/Incident Investigations

Procedures for investigating workplace accidents and hazardous substance exposures include:

- Interviewing injured employees and witnesses;
- Examining the workplace for factors associated with the accident/exposure;
- Determining the cause of the accident/exposure;
- Taking corrective action to prevent the accident/exposure from reoccurring; and
- Recording the findings and actions taken.

Department-specific investigation and reporting procedures are located in the department IIPP supplements.

## Training and Instruction

All employees will participate in safety training on general and job-specific hazards and safe work practices. Each supervisor and manager will be trained on all health and safety hazards to which employees under their immediate direction and control are exposed.

In addition to hazard-specific safety training, training will be provided when:

- The IIPP is first established
- New employees are hired
- Employees are reassigned to a new area or task with no prior training
- New substances, operations, or equipment are introduced

Department-specific training procedures are located in the department IIPP supplements.

## Record Keeping

All the following IIPP documentation is maintained for three years:

- Safety training for each employee, including the employee's name, training dates, type of training, and training providers
- Inspections, including the person(s) conducting the inspection; the unsafe conditions and work practices identified; corrective action, and follow up
- Accidents, illnesses, and near-miss inspections that identify the root cause and corrective action taken
- Annual program reviews

**Responsibilities**

The department manager has the overall authority and responsibility for ensuring the department IIPP supplement is effectively implemented throughout departmental operations. Supervisors have program oversight for operations under their direct supervision and control.

**Compliance**

The following department methods are used to reinforce employee compliance with safety work practices and procedures:

- Distribution of School Safety Plan in Office/Department
    - Devon Rose, Ed.D., Student Services
- Communicating IIPP responsibilities with all employees
- Employee training programs
- Recognizing employees who perform safe work practices
- Disciplinary process outlined in applicable bargaining unit agreement.

**Communication**

Effective communications with employees have been established using the following methods:

☐ Site/Department safety committee
☐ Specific policies/procedures
☐ Department hazard assessment
☐ Employee safety training
☐ Safety newsletter, handouts
☐ Material safety data sheets
☐ Posters and warning labels

Employees are encouraged to report any potential health and safety hazard that may exist in the workplace to their Supervisor. The Hazardous/Unsafe Condition Report form (see Attachment A) is located at each school site/department office. Forms should be submitted to immediate Supervisor or I.I.P.P. Official.

**Hazard Assessment and Correction**

Periodic Workplace Inspections

Inspections are conducted at each department facilities or workplace:

Department inspection forms are located at school site/department office (Exhibit B)**.**

Corrective Action

Supervisors will document corrective actions, including projected and actual completion dates. If an imminent hazard exists, work in the area must cease, and the manager must be contacted immediately. If the hazard cannot be immediately corrected without endangering employees or property, all personnel need to leave the area except those qualified and necessary to correct the condition. Contact Jeff Peiten or Ray Wilds when this occurs.

**Accident Investigation**

Employees will immediately notify their supervisor when an injury or illness occurs on the job. Supervisors will promptly investigate all accidents, injuries, occupational illnesses, and near-miss incidents to determine the cause of the incident. Appropriate corrective actions will be implemented promptly to mitigate the hazards identified during the investigation.

The Accident Report for Workers' Compensation and the Supervisor's Report of Injury form will be completed and a copy retained. The forms are located at each school site/department office and retained in the Business Services Division.

**Note:** Serious occupational injuries and illnesses must be reported to Cal/OSHA within eight hours after they have become known to the supervisor. This includes, but is not limited to, permanent disfigurement or hospitalization. Cal/OSHA notification will be the responsibility of Jeff Peiten.

**Training and Instruction**

Health and safety training, covering both general work practices online and job-specific hazard training, is the responsibility of the supervisor.

General and department specific safety training requirements are located at each school site/department. (Exhibit C).

**Record Keeping and Documentation**

The following documents are located at the district office in the Maintenance Department and will be maintained within the **Department IIPP Records** for at least the three years.

- Department Hazard Assessment
- Employee Hazard Report Forms
- Inspection Reports
- Accident Investigation Forms
- Hazard Correction Reports
- Employee Safety Training Requirements and Attendance Records

Exhibit A

# NOTICE OF HAZARD/SAFETY CONCERN

**STOP!** Do not use this form to report an emergency.
You may remain anonymous if you wish.

Name of reporter (not required): _____

Date of report: _____ Time of report: _____

Site: _____

Contact information (phone, e-mail – optional):_____

_____

## TYPE OF HAZARD/SAFETY CONCERN

Check only one.

☐ GENERAL HEALTH & SAFETY
☐ SECURITY
☐ FIRE CODE
☐ ENVIRONMENTAL
☐ OTHER

## DESCRIPTION OF HAZARD/SAFETY CONCERN

**Location/Building_____ Floor_____ Room#_____**

**(1)** Please describe the unsafe condition or unsafe action you observed, the date and time you observed it, and any action(s) you have taken to address it:

_____
_____
_____
_____
_____
_____
_____

**(2)** Please ***describe any suggestions*** regarding how a process or duty you perform in your work environment can be performed more safely.

_____
_____
_____
_____
_____
_____
_____

**(back of form)**

**Send completed form to IIPP Implementation Official or Site Safety Official**

**If this is an anonymous report place in the "Safety" box located adjacent to the employee bulletin board or send to District Office Attn: Ray Wilds.**

---

**IIPP Implementation Official Action**

**Reviewed on: _____(date) Assigned to: _____(name)**

_____

_____

_____

_____

_____

**RESOLUTION COMPLETE** _____ _____

Signature Date

**Reporter advised of resolution**

_____ _____

Signature Date

# Exhibit B

## MONTHLY PRIMARY SITE INSPECTION CHECKLIST COVER

| **SITE:** | | **DATE OF INSPECTION :** / / 201__ | | |
|---|---|---|---|---|
| **ITEM** | **INSPECTION ITEM** | **YES*** | **NO** | **COMMENTS / DATE CORRECTED** |
| **1** | Fences, Gates good repair. Secured | | | |
| **2** | Pavements & Walks: Clean, free of trip hazards, cracks and holes | | | |
| 3 | Grounds: playgrounds, fields and lawns free of holes, pooled water, other hazards. | | | |
| 4 | Trash barrels well distributed, not over half full | | | |
| 5 | Trash / Recycle Dumpster Area clean, lids closed, and free of standing liquid. | | | |
| **6** | Play/Field Equipment Checked: Ground surface and mechanical condition good. | | | |
| 7 | Flammable liquids labeled, properly stored, away from heat or source of ignition, and 10 gallons or less. | | | |
| **8** | Chairlift checked and log signed | | | |
| **9** | Custodial/Utility Rooms secured. | | | |
| **10** | Walk-off mats clean, available for rain day. | | | |
| **11** | Classroom doors unblocked, functional. | | | |
| **12** | Fire sprinkler system (if applicable) unblocked. | | | |
| **13** | Fire extinguishers must be mounted and charged. Inspector must **initial back of Fire Extinguisher service tag monthly** | | | |
| **14** | Exit signs, parking lot lighting, outside area lighting | | | |
| **15** | Utility Rooms and Electrical Panels accessible. | | | |
| **16** | Restroom OK, supplied, lighted, free of graffiti. | | | |
| **17** | Stairwells, corridors clean, lighted, no storage | | | |
| **18** | Extension Cords: good condition and ground prong in place, not permanent | | | |
| 19 | Electrical: covers, switch plates in place, intact. No exposed conductors, | | | |
| **20** | Personal Safety | | | |
| **21** | Chemicals: Approved cleaning products only | | | |
| **22** | Flooring | | | |
| **23** | Sanitation | | | |
| **24** | Electric Cart Safety | | | |
| YES is the desired response. NO shows a deficiency and should be cleared immediately by yourself, or a work order | | | | |

| generated (enter date and WO #). Standards on p.2 for **Bold** numbers. |
|---|

Signature, Inspector _____ Signature, Reviewer _____

Exhibit C

# NEW EMPLOYEE SAFETY ORIENTATION CHECKLIST

| Employee's Name: | Dept.: |
|---|---|
| | |

| TOPIC COVERED | DATE | SUPV. INT. |
|---|---|---|
| 1. Site IIPP | | |
| 2. General Safety Rules | | |
| 3. Housekeeping & Clean-up | | |
| 4. Personal Protective Equipment/Clothing Requirements | | |
| 5. First-Aid & Injury Reporting | | |
| 6. Reporting of Safety Hazards | | |
| 7. Job Specific General Hazard Awareness | | |
| 8. Fire Hazards & Controls | | |
| 9. Hazard Communication Program | | |
| 10. Emergency Procedures | | |
| 11. Bloodborne Pathogens | | |

| _____ Employee's Signature & Date | _____ Supervisor's Signature & Date |
|---|---|

**JOB INSTRUCTION TRAINING**

| JOB/TASK/OPERATION | DATE COMP. | SUPV. INT. |
|---|---|---|
| 1. | | |
| 2. | | |

| | | |
|---|---|---|
| 3. | | |
| 4. | | |
| Employee’s Signature & Date | Supervisor's Signature & Date | |