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GUIDELINES FOR THE IMPLEMENTATION OF POLICY AND PROGRAM ON TUBERCULOSIS (TB) PREVENTION AND CONTROL IN THE WORKPLACE

DOLE DEPARTMENT ORDER NO. 73-05, March 30, 2005

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Pursuant to Executive Order No. 187, Instituting a Comprehensive and Unified Policy for Tuberculosis Control in the Philippines (CUP), the following guidelines for the implementation of the policy and program on the prevention and control of tuberculosis in the workplace are hereby adopted and promulgated:

A. COVERAGE

These guidelines shall apply to all establishments, workplaces and worksites in the private sector.

B. FORMULATION OF WORKPLACE POLICY AND PROGRAM ON TB PREVENTION AND CONTROL

1. It shall be mandatory for all private establishments, workplaces and worksites to formulate and implement a TB prevention and control policy and program.

2. The workplace policy and program shall be made an integral part of the enterprise's occupational safety and health and other related workplace programs. A workplace health and safety committee shall be responsible for overseeing the implementation of the workplace TB Policy and program

3. Management and labor representatives shall jointly develop the TB workplace policy and program aligned with EO 187 and the CUP.

4. In organized establishments, the workplace policy and program shall, as much as possible, be included as part of the Collective Bargaining Agreements (CBA).

C. Components of a TB Workplace Prevention and Control Policy and Program

The TB Workplace policy and program to be adopted by establishments shall include, among others, the following components: prevention, treatment, rehabilitation, compensation, restoration to work, and social policies.

1. PREVENTIVE STRATEGIES

Programs on TB Advocacy, Education and Training, and measures to improve workplaces shall be carried out in all workplaces.

1.1. TB awareness program shall be undertaken through information dissemination.

1.1.1 Such awareness programs shall deal with the nature, frequency and transmission, treatment with Directly Observed Treatment Short Course (DOTS), control and management of TB in the workplace.

1.1.2 DOTS is a comprehensive strategy to control TB, and is composed of five components. These are:

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- Political will or commitment to ensuring sustained and quality TB treatment and control activities.

- Case detection by sputum-smear microscopy among symptomatic patients.

- Standard short-course chemotherapy using regimens of 6 to 8 months for all confirmed active TB cases (i.e., smear positive or those validated by the TB Diagnostic Committee). Complete drug taking through direct observation by a designated treatment partner, during the whole course of the treatment regimen.

- A regular, uninterrupted supply of all essential anti-tuberculosis drugs and other materials.

- A standard recording and reporting system that allows assessment of case finding and treatment outcomes for each patient and of the tuberculosis control program's performance overall.

1.2 Workers must be given proper information on ways of strengthening their immune responses against TB infection, i.e. information on good nutrition, adequate rest, avoidance of tobacco and alcohol, and good personal hygiene practices. However, it should be underscored that intensive efforts in the prevention of the spread of the disease must be geared towards accurate information on its etiology and complete treatment of cases.

1.3 Improving workplace conditions:

1.3.1 To ensure that contamination from TB airborne particles is controlled, workplaces must provide adequate and appropriate ventilation (DOLE-Occupational Safety and Health Standards, OSHS, Rule 1076.01) and there shall be adequate sanitary facilities for workers.

1.3.2 The number of workers in a work area shall not exceed the required number of workers for a specified area and shall observe the standard for space requirement. (OSHS Rule 1062)

1.4 Capability building on TB awareness raising and training on TB Case Finding, Case Holding, Reporting and Recording of cases and the implementation of DOTS shall be given to company health personnel or the occupational safety and health committee.

2. MEDICAL MANAGEMENT

2.1 All establishments shall adopt the DOTS in the management of workers with tuberculosis and their dependents. TB Case Finding, Case Holding, and Reporting and Recording of cases shall be in accordance with the CUP and the National Tuberculosis Control Program (NTP). Annex 1. National Tuberculosis Control Program: Policies and Procedures[1])

2.2 All establishments shall, at the minimum, refer workers and family members with TB to private or public DOTS centers.

2.3 TB Benefits Policy of ECC, SSS and PhilHealth

The diagnostic and treatment criteria in the current NTP policy will be adopted as the basis for determining appropriate compensation for TB benefits from the ECC, SSS and PhilHealth. Kindly refer to the existing TB Comprehensive Unified Policy (Refer to CUP link in OSHC website: www.oshc.dole.gov.ph)

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3. RECORDING, REPORTING AND SETTING-UP A DATABASE

3.1 In compliance with DOLE requirements for reporting of illnesses and injuries in the workplace, companies shall report all diagnosed cases of TB to the Department of Labor and Employment using an appropriate form, i.e., the Annual Medical Report. [OSHS RULE 1965.01 (4) and Rule 1053.01 (1)]. This information shall be a part of the TB Registry of the DOH.

3.2 SSS shall report members who applied for Disability Benefit for TB to the Philippine Coalition Against Tuberculosis (PhilCAT) or other such body designated to manage the National TB Data Base. PhilCAT shall share the data on TB with the DOLE, specifically the OSHC.

4. SOCIAL POLICY

4.1 Non-discrimination

Workers who have or had TB shall not be discriminated against. Instead, he shall be supported with adequate diagnosis and treatment, and shall be entitled to work for as long as they are certified by the company's accredited health provider as medically fit and shall be restored to work as soon as their illness is controlled.

4.2 Work Accommodation

Through agreements made between the management and workers, work accommodation measures to accommodate and support workers with TB is encouraged through flexible leave arrangements, rescheduling of working times, and arrangements for return to work.

4.3 Restoration to Work

The worker may be allowed to return to work with reasonable working arrangements as determined by the company Health Care Provider and/or the DOTS provider.

5. ROLES AND RESPONSIBILITIES OF WORKERS WITH TB OR AT RISK FOR TB

5.1 Workers who have symptoms of TB shall seek immediate assistance from their health service provider. Similarly those at risk, i.e. those with family members with TB, shall do the same.

5.2 Once diagnosed, they shall avail of the DOTS and adhere to the prescribed course of treatment.

6. ROLES AND RESPONSIBILITIES OF EMPLOYERS

6.1 Any contact in the workplace shall be traced and the contacts shall be clinically assessed.

6.2 In the context of their Corporate Social Responsibility and OSH and related programs, employers are encouraged to extend the TB program to their worker's families and their respective communities.

7. IMPLEMENTATION AND MONITORING

7.1 The Occupational Safety and Health Center (OSHC) shall provide preventive and technical assistance in the implementation of the Workplace TB program at the enterprise level.

7.2 The Bureau of Working Conditions (BWC) and the DOLE Regional Offices through their labor inspectors shall enforce these guidelines following the labor standards enforcement framework (DOLE DO 57-04).

7.3 All employers shall disseminate these guidelines in their respective workplaces.

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8. EFFECTIVITY

All concerned shall comply with all the provisions of this Department Order within 30 days from its publication in a newspaper of general circulation.

Adopted: 30 Mar. 2005

(SGD.) PATRICIA A. STO. TOMAS
Secretary

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[1] Text Available at Office of the National Administrative Register, U.P. Law Complex, Diliman, Quezon City.

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