

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF LABOR AND EMPLOYMENT
M A N I L A

DEPARTMENT ORDER NO. 73-05
Series of 2005

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

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 & 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:
 - 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*)

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*)

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 workers' families and their respective communities.

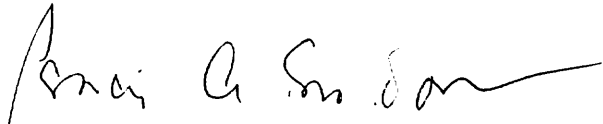
7. IMPLEMENTATION AND MONITORING

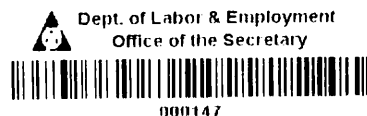
- 7.1. The Occupational Safety and Health Center (OSHC) shall provide preventive and technical assistance in the implementation of the Workplace TB program at the enterprise level
- 7.2. The Bureau of Working Conditions (BWC) and the DOLE Regional Offices through their labor inspectors shall enforce these guidelines following the labor standards enforcement framework (DOLE DO 57-04).
- 7.3. All employers shall disseminate these guidelines in their respective workplaces.

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.

30 March 2005.


PATRICIA A. STO. TOMAS
Secretary



ANNEX 1. NATIONAL TUBERCULOSIS PROGRAM: POLICIES AND PROCEDURES (Refer to the CUP)

A. POLICIES OF CASE FINDING

1. Direct sputum smear examination shall be the primary diagnostic tool in NTP case finding.
 - a. All symptomatic identified shall be made to undergo smear examination for diagnosis prior to initiation of treatment, regardless of whether they have available X-ray results or whether they are suspected of having extra-pulmonary TB. The only contraindication for sputum collection is massive hemoptysis.
 - b. It is only after a pulmonary TB symptomatic has undergone a sputum examination for diagnosis with three sputum specimens and subsequently yielded negative results that he shall be made to undergo other diagnostic tests such as X-ray, culture and others, if necessary.
 - c. Sputum smear examination is the preferred method for the diagnosis of TB. No diagnosis of TB shall be made based of the result of X-ray examinations alone. Skin tests for TB infection (PPD skin tests) should not be used as a basis for the diagnosis of TB in adults.
 - d. All municipal and city health offices shall be encouraged to establish and maintain at least one microscopy unit in their areas of jurisdiction.
2. Passive case finding shall be implemented in all health stations. Concomitant active case finding shall be encouraged only in areas where a cure rate of 85 percent or higher has been achieved, or in areas where no sputum smear positive case has been reported in the last three months.
3. Only adequately trained medical technologist or NTP microscopists shall perform sputum smear examination (smearing, fixing and staining of sputum specimens, reading the smear).

Figure 1. FLOW CHART FOR THE DIAGNOSIS OF PULMONARY TUBERCULOSIS

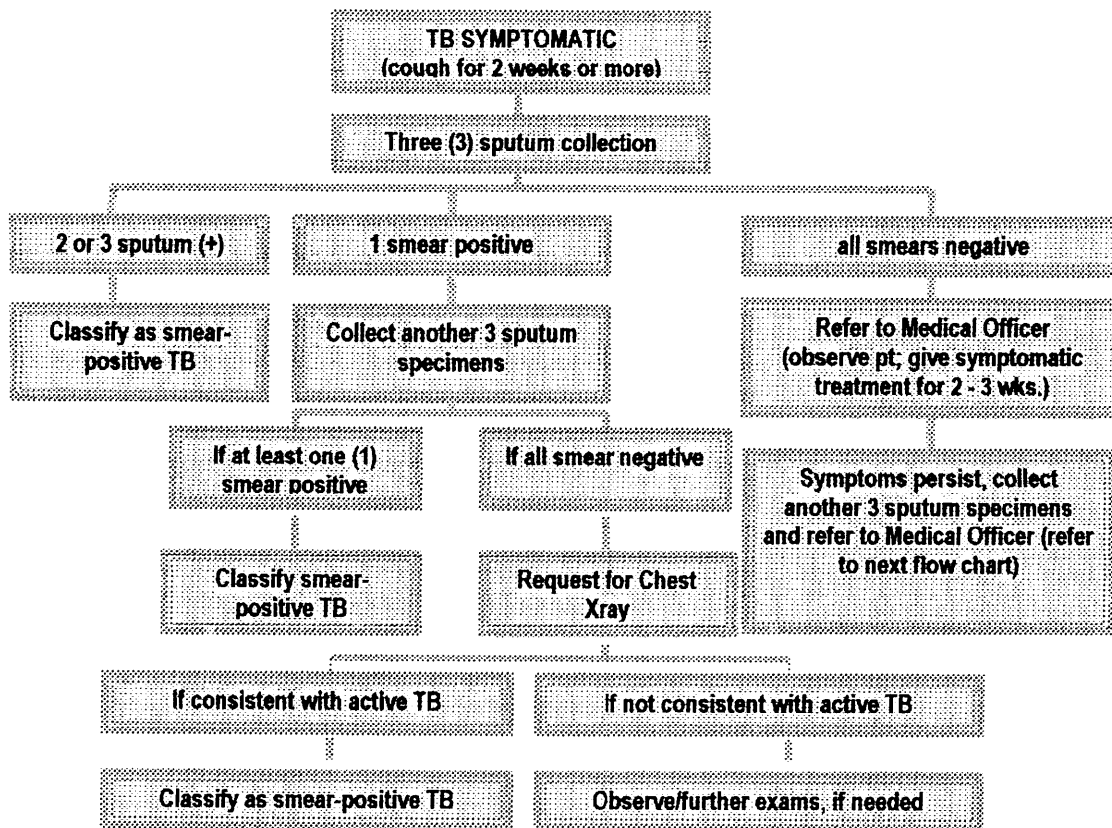
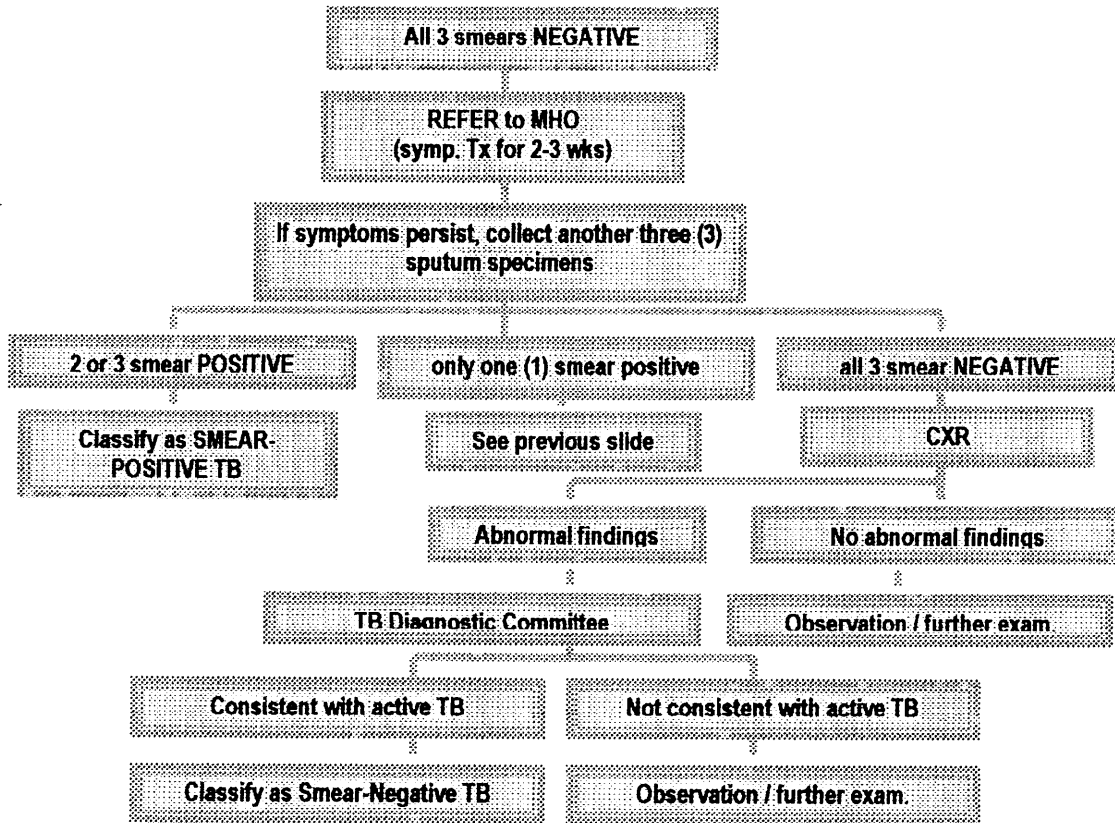


Figure 2. FLOW CHART FOR THE DIAGNOSIS OF SMEAR NEGATIVE PULMONARY TUBERCULOSIS



B. POLICIES OF CASE HOLDING (TREATMENT)

1. Case holding does not only refer to treatment per se, but also means making sure that the TB patient religiously take all their anti-TB drugs everyday without fail until they complete their treatment. The strategy developed to ensure treatment compliance is called Directly Observed Treatment (DOT). DOT works by assigning a responsible person, referred to as the treatment partner, to observe or watch the patient take the correct medications daily during the course of treatment. DOT can be done in any accessible and convenient place (e.g. health facility, treatment partner's house, patient's place of work, patient's house) as long as the treatment partner can effectively ensure the patient's intake of the prescribed drugs and monitor his/her reactions to the drugs.
2. Treatment of TB cases shall consist of at least three anti-TB drugs during the intensive phase and two (2) drugs in the maintenance phase
3. Complete drug regimen shall be provided for each patient once started on treatment.
4. DOT (Directly observed treatment or supervised treatment) shall be adopted in the treatment of TB patients.
5. Sputum follow-up examination shall be done to all TB cases as scheduled to monitor treatment response.
6. Treatment outcome shall be determined for each patient.
7. Latent TB Infection (LTI): The diagnosis and treatment of LTI is NOT part of the NTP or this comprehensive policy for TB control. If a private physician wishes to carry out such diagnosis and treatment it can not be subsidized by the National TB Program or the Philippine Health Insurance Corporation.

ANNEX 2. GLOSSARY:

1. Case Finding: An activity aimed at discovering or finding TB cases
2. Case Holding: An activity aimed at treating TB Cases through proper treatment regimen and health education and ensuring that TB cases complete their treatment and be ultimately cured.
3. Pulmonary Smear Positive: Occurs when:
 - a. a sputum smear examination has at least two positive results
 - b. sputum smear is positive (+) and chest radiographic findings are consistent with active tuberculosis, and;
 - c. one sputum and one culture are positive for AFB.
4. Smear Negative: This occurs when three (3) consecutive sputum smear examinations give negative results.
5. Sputum Microscopy for Diagnosis: This is a smear examination using sputum carried out for TB symptomatics for the purpose of establishing a diagnosis of TB.
6. Sputum Microscopy for Follow-up: This sputum smear examination is done to monitor the sputum status of a patient after treatment has been initiated. Only one sputum specimen is collected, preferably coming from the early morning phlegm.
7. Sputum Specimen Material comes from the respiratory tract and brought out by coughing. This material is used for smear examination.
8. Temporary Total Disability (TTD): An employee shall be entitled to an income benefit for TTD, if he has been duly reported to the System (GSIS, SSS), if the TTD was sustained as a result of illness or injury and that the System has been duly notified of the sickness or injury. The employer shall be liable for the benefit if such illness or injury occurred before the employee was reported for coverage to the System. The income benefit shall be paid beginning on the first day of disability. If the TTD is caused by sickness or injury it shall not be paid longer than 120 days consecutive days, except when it still requires medical attendance beyond 120 days but not to exceed 240 days from onset of disability, in which case benefit for TTD shall be paid. (Rule X of PD 626)
9. Permanent Total Disability (PTD): An employee is entitled to PTD benefit equivalent to a full monthly income benefit for all compensable months of disability, if he has been duly reported to the System (GSIS, SSS), if the PTD was sustained as a result of illness or injury and that the System has been duly notified of the sickness or injury. The employer shall be liable for the benefit if such illness or injury occurred before the employee was reported for coverage to the System. (Rule XI of PD 626)
10. Permanent Partial Disability (PPD): An employee shall be entitled to PPD benefit, if he has been duly reported to the System (GSIS, SSS); if the PPD was sustained as a result of illness or injury and that the System has been duly notified of the sickness or injury. The employer shall be liable for the benefit if such illness or injury occurred before the employee was reported for coverage to the System. (Rule XII of PD 626)

11. **General Ventilation:** Suitable atmospheric conditions shall be maintained in workrooms by natural or artificial means to avoid insufficient air supply, stagnant or vitiated air, harmful drafts, excessive heat or cold, sudden variations in temperature, and where practicable, excessive humidity or dryness and objectionable odors. (OSHS-DOLE Rule 1076.01)

General Ventilation: Clean fresh air shall be supplied to enclosed workplaces at an average rate of not less than 20 to 40 cubic meters (700 to 1400 cu. ft.) an hour per worker, or at such a rate as to effect a complete change of air a number of times per hour varying from four (4) for sedentary workers to eight (8) for active workers. Where an adequate supply of fresh air cannot be obtained by natural ventilation or where it is difficult to get the desired amount of air at the center of the workrooms without creating uncomfortable drafts near the inlets, mechanical ventilation shall be provided. (OSHS-DOLE Rule 1076.02)