



Date : January 1, 2018
To : ALL EMPLOYEES CONCERNED
From : Human Resources
Thru : Operations Manager
Subject : WORKPLACE POLICY AND PROGRAM ON TUBERCULOSIS (TB) PREVENTION AND CONTROL

1. OBJECTIVE

1.1 To assist the Government in its campaign against Tuberculosis (TB) in compliance with the Department of Labor and Employment's 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.

1.2 To provide initiatives to prevent the outbreak and spread of tuberculosis in the workplace, and to treat, care, and support employees who became afflicted with Tuberculosis.

2. COVERAGE

2.1 This Program shall apply to all employees regardless of their employment status.

3. POLICY STATEMENT

3.1 The company seeks the prevention of the spread of tuberculosis, as well as the treatment, rehabilitation, and restoration to work of employees who contract this disease. To achieve the goal, all employees are strictly mandated to undergo an annual physical examination with the requisite chest x-ray.

3.2 Also in line with this, a TB awareness program shall be undertaken through information dissemination, which shall include its nature, frequency (occurrence in a selected population) and Transmitters, treatment with Directly Observed Treatment Short Course (DOTS), and control and management of TB in the workplace. This shall be handled by the Office of Health Services (Infirmery) or the partner health provider of PICOY INC. in conjunction with the Operations Manager and Office of Human Resource through the company's accredited health provider.

3.3 The DOTS is a comprehensive strategy to control TB, and is composed of five components, which are:

3.3.1 Political will or commitment to enduring sustained and quality TB treatment and control activities;

3.3.2 Case detection by sputum smear microscopy among symptomatic patients;

3.3.3 Standard short course chemotherapy using regimen of 6 to 8 months for a 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.

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

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

3.4 Employees 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 performance overall.

3.5 Improving workplace conditions:

3.5.1 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.

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

3.6 Capably building on TB awareness training and training or 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.

3.7 Social Policies:

3.7.1 Non-discrimination. Employees who have or had TB shall not be discriminated against. Instead, they 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.

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



3.7.3. Reintegration to Work: The employee may be allowed to return to work with reasonable work arrangements as determined by the Company's Health Care Provider and/or the DOT's provider.

3.8 Employee Responsibility

3.8.1. Employees who have symptoms of TB shall immediately seek assistance from the Company's Health Services Provider.

3.8.1.1. An employee who has the symptoms of TB is required to initially wear a face mask (especially while in the office) and observe good hygiene practices, at least until declared by a competent medical practitioner to be safe from transmission.

3.8.1.2. Similarly, for those at risk, i.e., those with family members with TB or those exposed to a co-employee with TB, it would be prudent to observe the same good hygiene practices until declared free from the disease and safe from transmission.

3.8.2. Once diagnosed to be with TB, employees shall immediately seek treatment either through the Department of Health's DOTs or a private physician of the employee's choice. However, it is imperative that the one strictly adheres to the course of treatment. Failing to dutifully observe the treatment course may give rise to complications, such as resistance or even the failure of treatment, which may make it harder to treat the infection and result in a longer absence.

3.8.2.1. An absence from work due to medical reasons of over six (6) months may result in the termination of one's employment as provided for by the Labor Code of the Philippines under Art. 284 - Disease as Ground for Termination.

3.8.3. Employees are required to undergo an annual compulsory chest X-ray through the Annual Physical Examination. If for any reason an employee fails to secure a chest x-ray at that time, he/she shall be directed to secure a chest x-ray at an accredited clinic by his/her respective Infirmary/Health Services.

3.9. The Company shall ensure that any TB occurrence in the workplace is traced and that all contacts are clinically assessed, as much as feasible.

3.10. An employee afflicted with TB, who has voluntarily undergone the treatment and rehabilitation program (DOTS) prescribed, and who is finally declared to be in a non-communicable stage, may be allowed back to work subject to being given a medical clearance by a Company designated physician.

3.11. Employees (those afflicted with the disease or those identified under contact tracing) who refuse to cooperate and dutifully observe lawful

instructions (undergo a medical check-up and/or treatment), may be subject to disciplinary action proceedings for insubordination in the Company of which may result up to the termination of one's employment.

4. PROCEDURE:

4.1. The respective Health Services of the Company and/or the contracting Health Services Provider shall coordinate with the (Supervisor) Safety and Health Officer who shall provide preventive and curative assistance to the employees under the Voluntary TB Control and Management Program.

4.2. An employee who undergoes the Annual Physical Examination with the request that x-ray will have his/her medical record forwarded to company (DOT/HRD). Employees who fail to undergo the request Annual Chest X-ray shall be directed to secure one at an accredited clinic or by his/her preferred Infirmary/Health Services.

4.2.1. Those with medical findings shall be required to undergo further medical check-up. All medical records or certificates with test results and negative findings shall be submitted to company (DOT/HRD) and he/she register two Infirmary/Health Services.

4.2.2. The employee shall be given advice with necessary DOT/HRD and he/she will receive necessary/Health Services for the need cases.

4.3. An employee who is reported to be afflicted with TB, whether in a direct contact or by contact tracing shall cooperate fully with his/her respective Infirmary/Health Services (and/or the contracted Health Services provider) in the employee's case positive for TB, the employee shall undergo the DOT's program to completion.

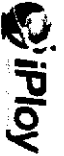
4.4. If the employee needs to undergo a leave of absence to recuperate, he/she will be allowed to use the approved leave before he/she may request to be permitted to go on a Leave of Absence without Pay (LOA).

4.4.1. The employee shall observe the requisite procedure in applying for a leave.

4.4.2. The Unit concerned shall ensure that the requisite procedures are observed by the employee and that the Company's study is followed.

4.5. An employee may be allowed to go on a medical leave of absence (with half pay for a maximum period of six (6) months). The concerned employee or a family member shall be given an appreciation for a leave of absence before going on leave. Said leave application shall be subject to approval at the sole discretion of the Company Management.

4.6.1. The same procedure under 4.2.1 to 4.2.3 shall be observed.



4.6 After treatment, with a maximum period of six (6) months (without pay), an employee found to be injured or in a non-injured or safe state of 18 may be allowed back to work provided that the employee's return will continue to be monitored during the annual physical examination with the requisite chest x-ray or as may be deemed necessary by the City Health Services, (formerly of Central Health Services) provider.

4.7 The employee returning to work shall be required by the Management to secure a medical clearance from a medical doctor chosen by the Company before being allowed to return to work.

4.8 The HRT shall be held strictly proceedings against any employee found to have been injured or in a non-injured or safe state of 18. However, employees who are ordered to undergo a check up due to contact tracing and refuse to do so will also be held strictly liable for proceedings. In fact, (also) the maximum doctor application for the duration will be the terms of the employment, if it is deemed warranted.

5. IMPLEMENTATION AND MONITORING

5.1 The Safety and Health Committee or its counterpart shall periodically monitor and evaluate the implementation of this Policy and Program.

6. EFFECTIVITY

6.1 This Policy shall take place effective immediately and shall be made known to every employee.

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