A PRIMER

DOLE Department Order No. 102-10 and basic facts on Republic Act No. 8504: The Philippine AIDS Prevention and Control Act of 1998
HIV stands for Human Immunodeficiency Virus. This virus attacks the body’s immune system, the system which gives our bodies the ability to fight infections. HIV weakens the body’s ability to fight even the most simple disease.

HIV Infection is the successful entry of HIV in the human body, weakening the immune system and leading to a variety of diseases.

AIDS stands for Acquired Immunodeficiency Syndrome. AIDS is the final stage of HIV infection characterized by a combination of signs and symptoms. It can take years for a person infected with HIV, even without treatment, to reach this stage. Having AIDS means that the virus has weakened the immune system to the point at which the afflicted individual becomes susceptible to life threatening infections.

What is HIV and AIDS?

How many are infected in the Philippines?

2008: 4 Filipinos newly diagnosed with HIV per day
2010: 9 Filipinos newly diagnosed with HIV per day
2012: 17 Filipinos newly diagnosed with HIV per day
2014: 22 Filipinos newly diagnosed with HIV per day
2015: 22 Filipinos newly diagnosed with HIV per day

Shift in the HIV Infections
Specific body fluids (blood, semen, vaginal secretions, breast milk) from an HIV-infected person can transmit HIV. These fluids must come in contact with a mucous membrane, damaged tissue or be directly injected into the bloodstream for transmission to possibly occur. Other body fluids like urine, saliva, vomit from an HIV-infected person do not contain sufficient amount of HIV to cause infection.

These are the main ways through which someone can become infected with HIV:
• Having unprotected (no condom was used) sexual intercourse with someone who is HIV-positive
• Having injection or transfusion with infected blood or blood products. In this case, HIV enters the bloodstream of another person either during blood transfusion, organ donation, puncturing of skin by HIV-contaminated instruments or sharing unsterilized injection equipment that was previously used by someone who is infected
• From a mother who is infected to her baby; this can occur during pregnancy, at birth and through breastfeeding

Can I be infected through closed mouth kissing, deep or open mouthed kissing and other activities like shaking hands hugging, sharing a toilet seat, sharing kitchen utensils, or from sneezing and coughing of an HIV-positive individual?

There is no risk of transmission from closed-mouth kissing while deep or open-mouthed kissing has a very low risk for HIV transmission because virus in saliva is insufficient to cause HIV infection. Although risk of infection is remote, it is recommended for HIV positive individuals to avoid deep, open-mouth “French” kissing with a non-infected partner when there are mouth sores or bleeding gums.

You cannot become infected when shaking hands, hugging or from sneezes and/or coughs of an HIV positive person. Sharing of toilet seat with HIV positive does not result in the virus being passed from one person to another.

HIV is not an airborne or food-borne virus, and it does not live long outside the body.

Who are likely to be infected with HIV?
Each one of us can be infected by HIV. The virus knows no gender, social, religious, political, economic or geographical boundaries. Once inside the body, the virus will remain there forever. This means that the person is potentially infectious and may unknowingly infect other persons. A person infected with the virus is called HIV-positive or HIV-infected or person living with HIV.

Why should workers and employers be concerned about HIV and AIDS?
Global and local statistics show that most HIV-infected and AIDS cases are men and women in their most economically productive ages of 20 to 44 years like the workers. This group therefore, needs most attention in HIV and AIDS prevention. The workplace is an ideal venue for communicating correct and updated information on HIV and AIDS, with workers and employers as captured audience. It can become a staging area for HIV and AIDS prevention measures through the company policies and programs.

Why is education and training important in the workplace?
The International Labor Organization (2008) estimates that nine out of ten people living with HIV are working. Effective HIV and AIDS education can help prevent new infections by equipping individuals with the knowledge to protect themselves from becoming infected with the virus. Providing education in the workplace is also important to protect and help HIV positive workers to live healthily and stay in work.

HIV and AIDS education needs to be a priority in occupations which involves an increased risk of HIV infection such as the health workers. Precautions must be ensured to protect them from HIV infection and prevent the spread of the virus. Some people may be more vulnerable to HIV and AIDS because their work requires them to be away from home most of the time most of the time. They may be more involved in risky sexual behavior than those who spend majority of the time at home with their families.

HIV and AIDS education is also important in reducing stigma and discrimination. HIV infected individuals often experience rejection and regarded as socially unacceptable because of misinformation. This will not only have a negative impact on HIV positive individuals, but will discourage them from seeking testing and treatment which will possibly promote the spread of HIV.

How can a person become infected with HIV?
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HIV is not an airborne or food-borne virus, and it does not live long outside the body.
The idea of knowing that you are HIV infected is frightening, but learning that you are HIV positive is the first step to getting support and staying healthy, thereby potentially prolonging your life.

Knowing you are infected is also important in stopping the spread of HIV. If you are aware of your HIV status, you can take steps to ensure that you do not pass on the virus.

If you are a woman infected with HIV, knowing your HIV status is important so you can make plans on how to protect your unborn child.

If you think that you may have been at risk of HIV infection, it is important that you get tested for HIV. The most commonly used HIV test is the antibody or ELISA test which detects HIV antibodies in a person’s blood. However, to be certain of an accurate result, wait at least 3 months after your last possible exposure to HIV before having an HIV antibody test.

How would I know if I have been infected with HIV?
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Why is it important for me to know if I am infected?
The idea of knowing that you are HIV infected is frightening, but learning that you are HIV positive is the first step to getting support and staying healthy, thereby potentially prolonging your life.

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If you are a woman infected with HIV, knowing your HIV status is important so you can make plans on how to protect your unborn child.

What can I do to protect myself from being infected?
Practice safe sex. The only sexual activity considered “safe sex” is by choosing not to have sex at all, or by doing things that will not allow sexual fluid from one person to get into another person’s body (non-penetrative sex).

Remain faithful in a relationship with an uninfected equally faithful partner with no other risk behavior.

Practice safer sex. Safer sex involves taking precautions that decrease the potential of transmitting or acquiring sexually-transmitted infections (STIs), including HIV, through sex. Using condoms correctly every time one has sex is considered “safer” sex.

Ensure that any blood or blood products that you might need are tested for HIV and blood safety standards are implemented. It is your right to demand a second HIV test of the blood or organ you will receive to be assured that it is not infected.

For health care workers who can be exposed to HIV infected blood while at work, an effective way to limit the risk of infection is to practice universal precautions with every patient like hand washing and wearing of protective barriers.
Always use new disposable needles and syringes for injection. Aside from HIV, risk of infection of hepatitis C can be avoided by NOT sharing syringes or needles with anyone. These devices should be disposed of properly after use.

If you are drug dependent, it is best to enter a drug treatment program. Drug abuse and addiction have been linked to HIV because the addictive and intoxicating effects of many drugs can alter judgment and inhibition, and lead people to engage in impulsive and unsafe sexual practices. Abuse of drugs can affect a person’s overall health and increase susceptibility to HIV and progression of AIDS.

Do not expose your body to needless infection like tattooing parts of your body or piercing your ears. Make sure the equipment used in these procedures, if are getting a tattoo, are new and clean (sterilized).

If you are a HIV-positive and pregnant, reduce the risk of transmitting the virus to your unborn child by taking antiretroviral drugs. Once a child is born, safer infant practices can reduce the risk of HIV infection.

What is the government doing to help prevent the spread of HIV?
One of the early responses to the epidemic, since the first case in the country was reported in 1984, was the passing of Republic Act No. 8504, otherwise known as the Philippine AIDS Prevention and Control Act of 1998. This Act promulgates policies and prescribes measures to prevent and control the spread of HIV and AIDS in the Philippines.

R.A. 8504 instituted a nationwide HIV and AIDS Information and Education Program and established a comprehensive HIV and AIDS monitoring system. The enactment of RA 8504 also paved the way for the development of the national Strategic Plan on HIV and AIDS, also known as the AIDS Medium Term Plan. The Philippine AIDS Prevention and Control Act also strengthened the Philippine National AIDS Council (PNAC), a central advisory, planning, and policy-making body on the prevention and control of HIV and AIDS in the country. The PNAC, chaired by the Secretary of the Department of Health, is composed of 26 members from government agencies (including the Department of Labor and Employment), non-government organizations, and the community of people living with HIV.

What does R.A. 8504 require of workplaces?
R.A. 8504 requires that all offices, both government and private, implement HIV and AIDS awareness and prevention programs. Under the law, DOLE in collaboration with DOH is to oversee the anti-HIV and AIDS campaign in all companies in the private sector. The Civil Service Commission is responsible for all government offices and agencies.

What does R.A. 8504 say on HIV and AIDS education in the workplace?
Education is crucial in preventing HIV and AIDS in the workplace. The law provides that all HIV and AIDS education shall be integrated in orientation, training, continuing education and other human resource development programs of employees and employers in all government and private offices. Each employer is tasked to develop, implement, evaluate and fund a workplace HIV and AIDS education program for all their workers.

The DOLE in coordination with DOH, shall monitor and assess HIV and AIDS education program in the private sector. Private sector’s compliance to the law shall be enforced by DOLE’s labor inspectorate. The Chief of Staff of Armed Forces of the Philippines and the Director General of the Philippine National Police shall oversee the implementation of this section in their respective workplaces. The Civil Service Commission (CSC) shall assist in monitoring and assessing efforts of other groups in the public sector.

Misinformation through false and misleading advertising and claims in any of the trimedia or the promotional marketing of drugs, devices, agents or procedures without prior approval from the Department of Health and the Bureau of Food and Drugs, is punishable with two months up to two years imprisonment.

Can I be forced to undergo HIV testing?
NO. Compulsory HIV testing as a requirement to employment, for release of benefits, travel, school or hospital admission or access to medical services is prohibited by the law. However, voluntary testing is encouraged for individuals with high risk for contracting the virus. Epidemiological data from DOH considered the “men who have sex with men”, “people in prostitution” and “injecting drug users” as the most-at-risk population (MARPs), and vulnerable populations consisting of “young adults”, “overseas Filipino workers”, and the partners of all these groups, as particularly susceptible to HIV infection. The expensive cost of HIV testing limits general testing of the entire population.

In addition, testing centers cannot test a person for HIV without his or her written informed consent. Such consent must be obtained from persons who are of legal age or from parents or legal guardian of minors or mentally incapacitated individual.
Are there cases when HIV testing may be allowed and required by law?
YES. Compulsory HIV testing may be allowed in the following cases:

1. When a person is charged with crime under the Revised Penal Code, Death penalty Act and Anti-Rape Law
2. When determination of HIV status is necessary to respond to legal proceedings or resolve issues relevant to the Family Code
3. When complying with requirements of organ or blood donation laws

Article III, Section 17

Can I keep my identity secret when submitting to HIV testing?
YES. In case you do not want your name to be known, anonymous HIV testing is allowed by R.A. 8504. You can ensure anonymous testing by giving a false name or you can specifically request for it so laboratories can give you unique identifying code. How will you get your results from the laboratory will be up to you.

Article III, Section 18

How do we know that testing centers are qualified to conduct HIV tests?
All testing centers, hospitals, clinics, and laboratories offering HIV testing services should have accreditation from the Department of Health. These facilities are also required to provide free pre-test and post-test counseling for those tested for HIV, which should be performed by trained counselors. The DOH shall set and maintain reasonable accreditation standards for these facilities.

Article III, Section 19 to 20

Who are allowed to receive the results of an HIV test?
Only the following persons are allowed to receive the result of HIV test:
- person tested for HIV
- parent of a minor person who was tested for HIV
- legal guardian in case the person tested for HIV is insane or an orphan
- authorized person in HIV and AIDS monitoring program of DOH
- judge of lower court, justice of Court of Appeals or Supreme Court

Article VI, Section 32

What provisions in R.A. 8504 assures me of the confidentiality of my HIV test results or my HIV status?
The law instructs all health professionals, medical instructors, workers, employers, recruitment agencies, insurance companies, data encoders, and other custodians of any medical records, file, data or test results to observe strict confidentiality particularly the identity and status of persons with HIV. Release of result will only be allowed to the person tested, parent or guardian for minors or Supreme Court in legal proceedings.

Article VI, Section 30

Are there instances when an HIV test result will not be considered as confidential?
YES. Medical confidentiality is disregarded in any one of the following cases:
- when responding to a legal order demanding evidence on the HIV status of an individual
- when complying with reporting requirements of DOH for HIV and AIDS monitoring program
- when informing health workers exposed to invasive procedures and may potentially be in contact with blood and body fluids likely to transmit HIV or those directly involved or about to be involved in the treatment and care of person with HIV and AIDS, provided that medical confidentiality is maintained.

Article VI, Section 31

Do I need to tell my sexual partner/s that I am HIV positive?
YES. The law requires a HIV positive person to reveal his or her HIV status to her spouse or sexual partner as soon as possible. This will help you and your partner in taking precautionary measures that will keep his/her HIV negative while in the relationship.

Article VI, Section 34
Can I be assured of health services if I am HIV positive or have AIDS?

YES. The law provides that all persons with HIV or AIDS shall be given basic health services in all government hospitals as well as best possible medical care in special AIDS wards. Community-based services shall also be provided by local government units, in coordination and in cooperation with concerned government agencies or non-government organizations working on HIV and AIDS.

*Article IV, Section 22 and 23*

What other support services are available?

The law provides that training for livelihood, self-help and cooperative programs shall be made accessible and available to all persons with HIV and AIDS. They should not be deprived of full participation in any livelihood, self-help and cooperative programs because of their health conditions.

*Article IV, Section 24*

PHILJOBNET is an example of a support service provided by DOLE to unemployed persons. This is a computerized job-matching system which serves as a meeting place for jobseekers and prospective employers. The system implemented nationwide, speeds up the matching of job applicants to vacancies and the filling up of vacancies in establishments.

What agencies or organizations work in the prevention and control of HIV and AIDS in the workplace?

Realizing that HIV and AIDS is not only a health problem, but has social and economic implications as well, more government agencies responded to the problem of HIV and AIDS. This included the Department of Labor and Employment, which as its first step, organized a representative mix of partners in examining the scope and possible workplace interventions on HIV and AIDS. Through Administrative Order No. 236 (1996) and Department Order No. 38-03, an Inter-Agency Committee (IAC) was created to formulate policies and carry-out specific programs on HIV and AIDS in the workplace.

DOLE-member agencies of the IAC are the Occupational Safety and Health Center (which serves as Secretariat), Bureau of Working Conditions, Bureau of Labor Relations, Bureau of Local Employment, Bureau of Workers with Special Concerns, Finance and Management Services, International Labor Affairs Service, Employees Compensation Commission, Institute for Labor Studies, Maritime Training Council, National Maritime Polytechnic, Overseas Workers and Welfare Administration, Philippine Overseas Employment Administration and Technical Education and Skills Development Authority. Other government offices who are members of IAC are the National AIDS STI Prevention and Control Program (NASPCP) of the DOH, Civil Service Commission, Armed Forces of the Philippines and the Philippine National Police.

The IAC also works with its social partners such as the employers’ and workers groups, professional organizations, and non-government organization of persons living with HIV and AIDS that help in advocacy and awareness raising. The strategies being implemented are based on R.A. 8504 which includes provision of adequate information on HIV and AIDS and non-discrimination of HIV positives in the workplace.

What workplace strategies can put enterprises into action?

To strengthen the implementation of RA 8504, the DOLE issued Department Order 102-10: “Guidelines for the Implementation of HIV and AIDS Prevention and Control in the Workplace Program” on April 29, 2010.

The DOLE issuance is considered as a sound model on which enterprises may base their individual workplace HIV policies and programs. Provisions of DO 102-10 are aligned with the ILO Recommendation No. 200 and in accordance to the Philippines AIDS Prevention and Control Act No. 8504 of 13 February 1998.

The DOLE issuance requires the private establishments to formulate and implement their respective HIV and AIDS workplace policy and program in accordance with existing laws, guidelines and international standards. Guidance is provided by Republic Act No. 8504 and its Implementing Rules and Regulations, the goals of the DOLE National Workplace Policy, the provisions of the Labor Code and the ILO Code of Practice on HIV and AIDS and the World of Work. Social dialogue is emphasized in DO 102-10 by obligating management and labor to collaborate in the development, implementation and monitoring of the workplace policy and program.

The Department Order enumerates the roles and responsibilities of employers and employees in the implementation and monitoring of the policy and program at the enterprise level. Compliance monitoring is to be carried out by government agencies, specifically the DOLE, through its regional offices, in collaboration with the Department of Health, Department of Interior and Local Government, and local government units.

Penalties and sanctions for violations of DO 102-10 have been provided in accordance to the Philippines AIDS Prevention and Control Act No. 8504 of 13 February 1998 and the Labor Code of the Philippines.
Why is there stigma and discrimination related to HIV and AIDS?
Fear of infection together with negative attitudes and assumptions, lead to stigma and discrimination of people on the basis of their HIV or/and AIDS status. Other factors that contribute to HIV and AIDS-related stigma and discrimination include:

- HIV and AIDS being a life-threatening disease cause people to react to it strongly
- HIV infection is associated with behaviors such as homosexuality, drug addiction, prostitution or promiscuity that are already considered as socially undesirable.
- Misconceptions on how HIV is transmitted creates irrational perceptions
- HIV infection through sex is thought to be the result of personal irresponsibility, and/or immoral that deserves to be punished.

What are the results of stigmatization and discrimination?
Stigma and discrimination can result in rejection by family, peers and the wider community. In the workplace, people living with HIV may suffer stigma from their co-workers and employers, such as social isolation and ridicule, or experience discriminatory practices, such as termination or refusal of employment. Fear of an employer’s reaction can cause anxiety to a person.

Likewise, because of HIV and AIDS condition, a person may be denied opportunities for medical services/treatment and education and /or employment, which can negatively affect the success of HIV testing and treatment.

What does the law say about discrimination in the workplace?
The law provides that discrimination of people living with HIV and AIDS during pre-employment to post-employment based on actual, perceived or suspected HIV status is prohibited. This includes hiring, promotion, assignment or termination from work.

Article VII, Section 35

What other discriminatory acts and policies are prohibited by law?

- No school shall refuse admission, expel, discipline, segregate, deny participation, benefits or services to a prospective or current student on the sole basis of actual, perceived or suspected HIV status.
- Government shall not deny abode, lodging or travel on account of actual, perceived or suspected HIV status of a person. He or she shall not be quarantined, isolated or refused lawful entry into or deported from Philippines.

- The right to seek an elective or appointive public office shall not be denied to a person with HIV.
- Credit and loan services, health, accident and life insurance shall not be denied to a person on the basis of actual, perceived or suspected HIV status. This person however, shall not conceal or misrepresent his/her HIV status to the insurance company upon application. Likewise, extension and continuation of credit and loan shall not be denied solely on the basis of said health condition.
- Health care services shall not be denied of a person on the basis of his/her actual, perceived or suspected HIV status. Neither should this person be charged with higher fees.
- Decent burial services shall not be denied of a deceased person who had AIDS or who was known, suspected or perceived to be HIV positive.
- Any discriminatory acts and policies shall be punishable with imprisonment for six (6) months to four (4) years and a fine not exceeding Ten thousand pesos (P10,000.00). In addition, operating licenses of offending institutions shall be revoked.

Article VII, Section 36 to 42

Who can I call if I wish to know more about HIV and AIDS?

Here are some useful contact numbers to call for more information

**Occupational Safety and Health Center**
928-6738, 924-2418, 929-6036 to 39 (loc. 102/104/105)

**Philippine National AIDS Council**
651-7800 (loc. 2551 to 2553)

**Department of Health – National AIDS/STD Prevention and Control Program**
651-7800 (loc 2350, 2352, 2325), 495-0149, 711-7846

**Trade Union Congress of the Philippines**
922-0917, 922-2575, 433-2208, 921-9758, 921-5236

**Pinoy Plus Association, Inc.**
743-7293

**Positive Action Foundation of the Phils., Inc**
528-4531, 404-2911, 567-3506

**Aids Society of the Philippines**
376-2541/42

Or text HIV to **8504**
Where can I go to get tested for HIV?

There are many AIDS referral centers accredited by the Department of Health which can be searched in the internet. For testing centers under the DOH, you may contact:

National Reference Laboratory - STD AIDS Cooperative Central Laboratory
San Lazaro Hospital
Quiricada Street, Sta. Cruz, Manila
Fax No: 711-4117 | Tel. No. 732-3776, 309-9543, 309-9529

Research Institute for Tropical Medicine
Department of Health Compound, FILINVEST Corporate City
Alabang, Muntinlupa City
Fax No. : 842-2245 | Tel. No.: 526-1705, 809-7599, 807-2628 to 32 loc. 205/801/208

The OSHC as Secretariat of the Workplace Prevention Program on STD/HIV and AIDS

The OSHC leadership pursues its mandate through responsive and sustainable OSH programs and policies, effective delivery of quality services, client-focused responses, efficient management of resources and mutually beneficial linkages and networks. One of the most important activities of OSHC today is to provide assistance for the prevention of the spread of HIV and AIDS in the workplace and to ensure that HIV and AIDS infected persons are not discriminated against in the workplace. These are embodied in R.A. 8504.

Earlier than this, the Philippine National Aids Council (PNAC) was established in 1992 through Executive Order No. 39, to advice the Philippine President on matters pertaining to HIV and AIDS. With the advent of R.A. 8504 in 1998, the PNAC was reconstituted and its functions enhanced from being an advisory council to a policy-formulating body. The Executive Director of the OSHC represents the Secretary of Labor and Employment in the PNAC.

DEPARTMENT ORDER NO. 102-10
Series of 2010
Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT
Intramuros, Manila

GUIDELINES FOR THE IMPLEMENTATION OF HIV AND AIDS PREVENTION AND CONTROL IN THE WORKPLACE PROGRAM

To strengthen the workplace response in implementing the provisions of Republic Act 8504 otherwise known as The Philippine AIDS Prevention and Control Act of 1998 and its Implementing Rules and Regulations, and the DOLE National Workplace Policy, in collaboration with the Inter-Agency Committee (IAC) on STD, HIV and AIDS in the Workplace, the following guidelines are issued to provide directions for employers, employees and program implementers in the workplace.

I. COVERAGE

The guidelines shall apply to all workplaces and establishments in the private sector.

II. FORMULATION OF WORKPLACE POLICY AND PROGRAM

A. It is mandatory for all private workplaces to have a policy on HIV and AIDS and to implement a workplace program in accordance with the RA 8504 and its Implementing Rules and Regulations, the goals of the DOLE National Workplace Policy, the provisions of the Labor Code and other international standards (e.g. ILO Code of Practice on HIV and AIDS and the World of Work).

B. The HIV and AIDS workplace policy and program may be a separate policy and program or integrated into existing occupational safety and health policy and program of the establishment.

C. There shall be collaborative efforts from the management and the workers representatives in the development and the implementation of the policy and program.

D. In establishment/workplace where there exists an organization of workers/workers’ union, the policy and program may be included as provisions of the Collective Bargaining Agreements.

E. The DOLE Inter-Agency Committee chaired by the Occupational Safety and
III. COMPONENTS OF THE HIV AND AIDS PREVENTION AND CONTROL WORKPLACE POLICY AND PROGRAM

Workplace policy and program shall include, among others, the following:

A. Advocacy, Information, Education and Training

1. All workers shall be provided with a standardized basic information and education on HIV and AIDS.

2. Employers shall be responsible for providing appropriate, accurate and updated information on HIV and AIDS. Topics for information and education activities shall include:
   a. Magnitude of HIV and AIDS Epidemic
   b. The nature of HIV and AIDS, its mode of transmission and cause
   c. Ways to prevent HIV infection, to include responsible sexual behavior and condom promotion and/ or provision
   d. Diagnosis, care, support and treatment of HIV and AIDS
   e. Impact of AIDS on individual, family, community and workplace
   f. Workplace policy and program on HIV and AIDS of the establishment
   g. Salient features of national laws and policies
      i. Republic Act 8504 or the Philippine AIDS Prevention and Control Act of 1998 and its Implementing Rules and Regulations (IRR), with emphasis on the provisions that concern workers and the workplace
      ii. The DOLE National HIV and AIDS Workplace Policy and its goals

3. Employers are encouraged to extend their HIV and AIDS advocacy, information, education and training activities to their contractors and supply chain, workers’ families, the community and other establishments, as part of their Corporate Social Responsibility (CSR) and for strengthening the multisectoral partnership in the prevention and control of HIV and AIDS.

4. The workplace education package on HIV and AIDS based on the curriculum developed by the IAC shall be used extensively to intensify the information and education drive on HIV and AIDS. The module may be expanded based on the enterprise’s need.

5. Program implementers, occupational safety and health personnel, training officers, human resource officers, employers, workers, DOLE trainers, labor standards enforcers shall continuously receive education and training on HIV and AIDS.

B. Social Policy

HIV and AIDS Workplace Policy and Program shall include:

1. Non-discriminatory Policy and Practices
   a. Workers shall not be discriminated against, from pre to post-employment, including hiring, promotion or assignment, regardless of the HIV status, be it actual, perceived or suspected with HIV infection.

   b. Workers shall not be terminated from work if the basis is the actual, perceived or suspected HIV status.

2. Confidentiality
   a. Access to personal data relating to a worker’s HIV status should be bound by the rules of confidentiality consistent with the provisions of RA 8504 and the ILO Code of Practice.

   b. Job applicants or workers must not be asked to disclose HIV-related personal information. Co-workers must not be obliged to reveal such personal information about fellow workers.

   c. HIV and AIDS-related information of workers should be kept strictly confidential and kept only on medical files, whereby access to information should be strictly limited to medical personnel or if legally required in accordance with the provisions of RA 8504 and its IRR.

3. Work Accommodation and Arrangement
   a. Employers should take measures to reasonably accommodate the workers with AIDS-related illnesses.

   b. Through agreements made between the management and workers, work accommodation measures to support workers with HIV and AIDS are encouraged through flexible leave arrangements, rescheduling of working time and arrangement for return to work.

C. Diagnosis, Treatment and Referral for other services
1. If feasible, establishments shall provide preventive, diagnostic and treatment services for sexually transmitted infections to minimize the risk of HIV infection.

2. If preventive, diagnostic, treatment and other health services for STI are not available in the establishment, management shall provide access to these services. A referral mechanism shall be developed for workers to access the services of the nearest social hygiene clinics, and/or private and government health service providers, and positive community/HIV support groups.

3. Voluntary Confidential Counseling and Testing (VCCT) for HIV
   a. Compulsory HIV testing as a precondition to employment, and/or provision of any kind of service, is unlawful.
      i. Management shall encourage positive health-seeking behavior which shall include VCCT
      ii. Management shall provide the referral procedure for VCCT and the list of service providers. (See Annex DOH and HIV support groups)

IV. ROLES AND RESPONSIBILITIES OF EMPLOYERS AND WORKERS

A. Employers Responsibilities

1. Each employer, together with workers/labor organizations shall develop, implement, evaluate and fund HIV and AIDS prevention and control in the workplace policy and program.

2. Each employer, together with workers/labor organizations, company focal personnel for human resources, safety and health personnel, shall address all aspects of implementing the workplace HIV and AIDS prevention and control policy and program.

3. Each employer shall ensure that their company policy and program shall be made known to all workers.

4. Each employer shall ensure that their policy and program, is in adherence to existing government legislations and guidelines, including provision of leaves, benefits and insurance.

5. Each employer shall provide information, education and training on HIV and AIDS for its workforce; if not available within the establishment, then provide access to information.

6. Each employer shall maintain confidentiality of all information and records pertaining to HIV and AIDS status of their workers.

7. Each employer shall not force or condone forced disclosure of HIV status of workers.

8. Each employer shall ensure non-discriminatory practices in the workplace.

9. Each employer, together with the company focal personnel for human resources and safety and health, shall provide appropriate personal protection equipment to prevent HIV exposure, especially for those handling blood and other body fluids.

10. Each employer shall continue to improve the program by networking with government and organizations promoting HIV and AIDS prevention and control.

B. Workers Responsibilities

Workers, as their individual responsibility, shall contribute to the formulation and abide by and support the company HIV and AIDS Prevention and Control Policy and Program.

1. Labor unions, federation, workers organization/association are required to take an active role in educating and training their members on HIV and AIDS including its prevention and control. The IEC program must also aim at promoting and practicing a healthy lifestyle with emphasis on high risk behavior and other risk factors that expose workers to increased risk of HIV infection.

2. Workers shall practice non-discriminatory acts against co-workers.

3. Workers and workers’ organizations should not have access to personnel data relating to a worker’s HIV status. The rules of confidentiality should apply in carrying out union and organization functions.

4. Workers shall comply with universal precaution and the preventive measures.

5. Workers living with HIV may be encouraged to inform the healthcare provider such as company physician, on their HIV status, that is, if their work activities may increase the risk of HIV infection and transmission or put the HIV positive at risk for aggravation.

6. Workers are enjoined to share information on prevention and control of HIV and AIDS to their families and communities.
V. IMPLEMENTATION AND MONITORING

A. Within the establishment, the implementation of the policy and program shall be monitored and evaluated periodically; the safety and health committee or its counterpart shall be tasked for this purpose.

B. The Department of Labor and Employment (DOLE) through its Regional offices, in collaboration with the Department of Health (DOH), Department of Interior and Local Government (DILG) and local government units (LGUs) shall oversee and monitor the HIV and AIDS Prevention and Control in the Workplace Program for private establishments and dissemination of information on HIV and AIDS Prevention and Control in the Workplace Program.

C. The Occupational Safety and Health Center (OSHC), members of the IAC on HIV and AIDS and the Regional AIDS Assistance Teams (RAATs) shall provide preventive services and technical assistance in the implementation of the HIV and AIDS in the workplace program.

D. The Bureau of Working Conditions (BWC) through the DOLE Regional Offices shall enforce these Guidelines, related OSH Standards and other related policies and legislations.

VI. CONSEQUENCES OF POLICY AND PROGRAM VIOLATIONS SHALL BE SUBJECT TO THE PERTINENT PROVISIONS OF RA 8504.

VII. EFFECTIVITY

This Order shall be effective fifteen days after publication in a newspaper of general circulation.

MARIANITO D. ROQUE
DOLE Secretary
OCCUPATIONAL SAFETY AND HEALTH CENTER

MAIN OFFICE
North Avenue corner Agham Road, Diliman, Quezon City
Tel. Nos.: 929-6036 to 39 * Fax. No.: 929-6030
  e-mail: oshc_dole@yahoo.com

OSHc REGIONAL EXTENSION UNIT CAR
DOLE RO CAR, Cabinet Hill, Baguio City
Mobile No.: 0977 825 3508  |  e-mail: oshc_reucar@yahoo.com

OSHc REGIONAL EXTENSION UNIT II
DOLE RO 2, Turingan Building, Campos St., Caritan Centro, Tuguegarao City, Cagayan
Mobile No.: 09989684854  |  e-mail: oshc_ro2@yahoo.com.ph

OSHc REGIONAL EXTENSION UNIT IV-A
DOLE RO 4A, 3 and 4/F, Anderson Building II, Parian, Calamba City, Laguna
Mobile No.: 09989684849  |  e-mail: oshc_r4a@yahoo.com

OSHc REGIONAL EXTENSION UNIT V
DOLE RO 5, Doña Aurora St., Old Albay, Legaspi City
Mobile No.: 09989684853  |  e-mail: oshcro5@gmail.com * oshcbicol@gmail.com

OSHc REGIONAL EXTENSION UNIT VI
DOLE RO 6, Swan Rose Building, Commission Civil St. Jaro, Iloilo City
Mobile No.: 09989684852  |  e-mail: oshc_region6@gmail.com

OSHc REGIONAL EXTENSION UNIT VII
6/F DOLE Bldg., Gorordo Avenue corner Gen. Maxilom Avenue, Cebu City
Tel. Nos.: (032) 266-8382 / 266-9580  |  e-mail: oshccebu@yahoo.com

OSHc REGIONAL EXTENSION UNIT IX
DOLE RO IX, Right Wing, 3/F QNS Bldg., Veterans Avenue Extension, Tumaga, Zamboanga City
Mobile No: 09368761050  |  e-mail: oshc_9@yahoo.com

OSHc REGIONAL EXTENSION UNIT X
DOLE RO 10, G/F Montecarlo Bldg., RER Subdivision, Kauswagan Highway, Cagayan de Oro City
Tel. Nos.: (088)851-1233 / (08822) 721-316  |  e-mail:oshccdo@gmail.com

OSHc REGIONAL EXTENSION UNIT XI
DOLE RO 11, 4/F Davao Ching Printers Bldg., corner Dacudao Ave. and Lakandula Sts.Agdao, Davao City
Mobile No.: 09989684849  |  e-mail: oshcregionxi@yahoo.com

OSHc REGIONAL EXTENSION UNIT XII
DOLE RO 12, 102 Acepal Building, Mabini Extension, Koronadal City
Mobile No.: 09989684850

OSHc REGIONAL EXTENSION UNIT XIII
DOLE RO 13, Nimfa Tiu Bldg., JP Rosales Avenue Butuan City
Mobile No.: 09274403737  |  e-mail:oshccaraga13@yahoo.com
A PRIMER

DOLE Department Advisory No. 05-2010
Guidelines for the Implementation of a Workplace Policy and Program on Hepatitis B
During acute infection stage, most people do not experience symptoms. Some will have symptoms of yellowing of skin and eyes, vomiting, nausea, dark urine and extreme fatigue.

In some people, HBV can cause chronic liver infection which may later develop into cirrhosis of the liver or liver cancer.

HBV is transmitted through blood contact or other body fluids:
- From an infected mother to baby during pregnancy or at birth.
- Unsafe blood transfusion
- Unsafe injection practices
- Unprotected sexual intercourse

It is NOT spread through contaminated food and water.

HEPATITIS B is a potentially life-threatening liver infection caused by the Hepatitis B Virus (HBV).

Most people infected acquired it from birth or in early childhood.

During acute infection stage, most people do not experience symptoms. Some will have symptoms of yellowing of skin and eyes, vomiting, nausea, dark urine and extreme fatigue.

In some people, HBV can cause chronic liver infection which may later develop into cirrhosis of the liver or liver cancer.

**References:**

PROTECT YOURSELF AND YOUR LOVED ONES

KNOW YOUR HEPATITIS B STATUS: GET TESTED

With HBV Infection:

Without HBV Infection:

REGULAR FOLLOW UP

GET VACCINATED

• For blood test to know condition of liver
• To get proper medical advice and treatment

PRACTICE STANDARD PRECAUTIONS

Wash hands regularly

Use gloves, gowns, mask and other barriers when handling infectious materials.

PRACTICE HEALTHY LIFESTYLE

• 3 separate vaccinations over a 6-month period

HEPATITIS B Vaccine is 95% effective in preventing infection. Protection lasts at least 20 years and possibly lifelong.

(Who Factsheet on Hepatitis B, updated July 2013)

OBSERVE NON-DISCRIMINATORY PRACTICE IN THE WORKPLACE

There is no reason to avoid sharing a workplace with an HBV-infected person.

HBV is not transmitted by casual contact like sharing food, water and utensils. It is not transmitted by handshaking, coughing or sneezing.

Department Advisory No. 05-2010 prohibits discrimination of any form against workers on the basis of their Hepatitis B Status.

Hepatitis B status shall not be used for denying employment, promotion or training.

INVOLVE YOUR FAMILY

Avoid smoking and dangerous drinking habit

Practice safe sex

AVOID DRUGS AND SHARING NEEDLES

Plan pregnancy and have regular prenatal check-up

Be physically active

Reduce stress

Have healthy meals

PRACTICE STANDARD PRECAUTIONS

Use gloves, gowns, mask and other barriers when handling infectious materials.
**FREQUENTLY ASKED QUESTIONS**

**HEPATITIS B AND THE WORKPLACE**

*Should Hepatitis B screening be part of pre-employment medical examination?*

NO. Screening for Hepatitis B as a pre-requisite to employment shall not be mandatory.

*Should job applicants and workers be required to disclose their Hepatitis B status?*

NO. Workers are not obliged to disclose their status. Employers should ensure confidentiality of the health status of its workers. Access to personal data relating to worker’s hepatitis b status should be bound by the rules of confidentiality. It shall be strictly limited to medical personnel.

*Are Hepatitis B virus-infected workers fit to work?*

Fitness to work is determined after medical evaluation by specialists and company physician. Workers with chronic hepatitis B infection and related illness should not be banned from work for as long as they are evaluated to be medically fit. Workers with chronic Hepatitis B virus infection can lead active lives, interact with workers, and be productive employees.

*Can I be terminated from employment if I am infected with Hepatitis B virus?*

NO. Hepatitis B status should not be used to deny employment to workers. Workers shall not be terminated from work or be subjected to discrimination on the basis of actual, perceived or suspected Hepatitis B status.

*How can my company help in preventing and controlling HBV infection in the workplace?*

DOLE Department Advisory No. 05-2010 mandates that all private establishments create a policy that is jointly formulated by management and worker representatives. The policy must recognize HBV infection as a workplace issue and espouse the principles of non-discrimination, social dialogue, and confidentiality and the right to a healthy work environment.

---

**THE TRUTH ABOUT HEPATITIS B**

*There are 6 different kinds of Hepatitis:*

Hepatitis A, Hepatitis B, Hepatitis C, Hepatitis D, Hepatitis E and Hepatitis G.

Each is caused by a different virus. Hepatitis B will not turn into hepatitis A or vice versa.

*A hepatitis B blood test is the only way to know for sure if you have hepatitis B.* Yellowing of the skin is only one of the symptoms of hepatitis B.

*The hepatitis B virus is spread through blood and body fluids, such as:*

- Having unprotected sex with someone who is infected
- Sharing needles and syringes
- Getting body piercings with unclean needles
- Sharing personal items like toothbrushes and nail clippers with someone who is infected

*An infected woman can pass the virus to her baby during childbirth.*

People cannot get the virus by coughing or sneezing. The only way to spread hepatitis B is through blood and body fluids.

*About 70-80% of Hepatitis B carriers can lead healthy and productive lives if diagnosed early and monitored regularly by a physician.*

*Hepatitis B can be PREVENTED – get vaccinated.*

Hepatitis B vaccine is 95% effective in preventing infection and its chronic consequences.

*(WHO Factsheet on Hepatitis B, updated July 2013)*
HEPATITIS B AND THE WORKPLACE

What can my company do to eliminate discrimination against Hepatitis B positive worker?
Companies must implement policies that protect workers who are HBV-infected or who are believed to be HBV-infected from any discrimination by employers or co-workers.

Information and education programme should be implemented that will raise awareness and reduce stigma and discrimination associated with Hepatitis B. People will know how Hepatitis B is transmitted, prevented and treated. They will also understand that HBV-infected individuals must be supported in facing their health and emotional difficulties and should not be feared.

Are hospitals required to implement HBV immunization for their workers?
YES. Employers of workers with conceivable risk of Hepatitis B transmission in the workplace such as health care workers are required to provide Hepatitis B vaccination. Immunization cost must be borne by the employers.

I am an employer of a manufacturing company. Am I required to provide HBV vaccination to my employees?
NO. However, DOLE Department Advisory No. 05-2010 encourages all establishments to provide Hepatitis B immunization for all its workers because the vaccination is recognized as an effective preventive measure against HBV infection.

Guidelines for the Implementation of A WORKPLACE POLICY AND PROGRAM ON HEPATITIS B

Hepatitis B continues to be a major public health concern in the Philippines. Because it is transmitted through blood and body fluids, Hepatitis B is not spread through usual workplace activities. The job of most workers does not confer a risk for transmission of Hepatitis B. However, there are certain occupations which pose a higher risk of transmission of Hepatitis B because it involves exposure to potentially contaminated blood and body fluids. These would include occupations in the healthcare setting and other workers whose occupation involves the potential for exchange of bodily fluids.

Currently, many job applicants who are Hepatitis B surface antigen (HBsAg) positive are declared unfit to work without appropriate medical evaluation and counseling. These individuals are otherwise healthy and can be gainfully employed. Because the workplace is part of the larger community of Filipinos fighting the Hepatitis B epidemic, strategies need to be implemented to reduce the risk of transmission of Hepatitis B in the workplace and eliminate discrimination against Hepatitis B positive workers.

I. COVERAGE
   The guideline shall apply to all workplaces in the private sector including their supply chain.

II. FORMULATION OF WORKPLACE POLICY AND PROGRAM
   A. It is mandatory for all private workplaces to have a policy on Hepatitis B and to implement a workplace program.
   B. The Hepatitis B workplace policy and program may be separate from or integrated into existing occupational safety and health policy and program of the establishment, such as the Family Welfare Program, Labor Management Cooperation Program or other related programs.
   C. The policy should be rights-based, incorporating human rights standards and principles.
D. There shall be collaborative efforts from management and worker representatives in the development and implementation of the policy and program.

E. In organized workplaces, the policy and program shall be included as provisions of the Collective Bargaining Agreements.

F. The DOLE in coordination with DOH and/or partners, shall assist the workplace in the formulation and implementation of Hepatitis B Workplace Policy and Program.

III. COMPONENTS OF THE HEPATITIS B WORKPLACE POLICY AND PROGRAM

The workplace policy and program on Hepatitis B shall cover all workers regardless of their employment status and shall include among others, the following:

A. Advocacy, Information, Education and Training

1. All workers shall be provided with basic information and education on Hepatitis B. Employers shall be responsible for providing appropriate, accurate and updated information. Standardized basic information package shall be developed by DOLE and its partners.

Topics for information and education activities shall include:

a. Magnitude of Hepatitis B Epidemic
   i. Hepatitis B as a disease
   ii. Transmission
   iii. Diagnosis
   iv. Treatment and Referral

b. Prevention of Hepatitis B infection

c. Information on basic human rights and rights of workers

d. Impact of illness on individual, family, community and workplace

e. Workplace policy and program on Hepatitis B

f. Salient features of national laws and policies related to Hepatitis B and blood-borne pathogens

2. Employers shall extend advocacy, information, education and training activities to their contractors and supply chain, workers’ families, the community and other establishments, as part of their Corporate Social Responsibility (CSR) and to strengthen multi-sectoral partnerships in the prevention and control of Hepatitis B.

B. Preventive Strategies

Prevention of Hepatitis B infection in the workplace shall be achieved through the implementation of the following strategies:

1. All establishments are encouraged to provide Hepatitis B immunization for all its workers. For those occupations with a conceivable risk of Hepatitis B transmission in the workplace such as health care workers and other workers whose occupation involves the potential for exchange of bodily fluids, Hepatitis B vaccination is required.

2. Measures to improve working conditions, such as adequate hygiene facilities, containment and proper disposal of infectious and potentially contaminated materials shall be provided.

3. Personal Protective Equipment shall be made available for all workers in high risk occupations at all times.

4. Workers should be given training and information on adherence to standard or universal precautions in the workplace. All health care-related establishments and establishments whose workers are exposed to potentially contaminated blood or body fluid while in the workplace shall adhere to protocols developed or endorsed by the DOH.

C. Social Policy

1. Non-discriminatory Policy and Practices

a. There shall be no discrimination of any form against workers on the basis of their Hepatitis B status consistent with international agreements on non-discrimination ratified by the Philippines (ILO C111). Workers shall not be discriminated against, from pre to post-employment, including hiring, promotion or assignment, because of their Hepatitis B status.

b. Individuals found to be Hepatitis B positive shall not be declared unfit to work without appropriate medical evaluation and counseling.

c. Workers shall not be terminated on the basis of the actual, perceived or suspected Hepatitis B status.

d. Workplace management of sick employees shall not differ from that of any other illness. Persons with Hepatitis B-related illnesses should be able to work for as long as medically fit.
2. Confidentiality

Job applicants and workers shall not be compelled to disclose their Hepatitis B status and other related medical information. Co-workers shall not be obliged to reveal any personal information about fellow workers. Access to personal data relating to a worker’s Hepatitis B status shall be bound by the rules of confidentiality and shall be strictly limited to medical personnel or if legally required.

3. Work Accommodation and Arrangement

a. Employers shall take measures to reasonably accommodate workers who are Hepatitis B positive or with Hepatitis B-related illnesses.

b. Through agreements made between management and workers’ representatives, measures to support workers with Hepatitis B are encouraged through flexible leave arrangements, rescheduling of working time and arrangement for return to work.

D. Screening, Diagnosis, Treatment and Referral to Health Care Services

1. Workplaces shall establish a referral system and provide access to diagnostic and treatment services for its workers for appropriate medical evaluation/monitoring and management.

2. Adherence to the guidelines for health care providers on the evaluation of Hepatitis B positive workers is highly encouraged.

3. Screening for Hepatitis B as a pre-requisite to employment shall not be mandatory.

E. Benefits and Compensation

A worker who contracts Hepatitis B infection in the performance of his/her duty is entitled to sickness benefits under the Social Security System and employees compensation benefits under PD 626.

IV. ROLES AND RESPONSIBILITIES OF EMPLOYERS AND WORKERS

A. Employers Responsibilities

1. Each employer, together with workers/labor organizations, company focal personnel for human resources, safety and health personnel shall develop, implement, monitor and evaluate the workplace policy and program on Hepatitis B.

2. Each employer shall ensure that their company policy and program is adequately funded and made known to all workers.

3. Each employer shall ensure that their policy and program adheres to existing legislations and guidelines, including provisions on leaves, benefits and insurance.

4. Each employer shall provide information, education and training on Hepatitis B for its workforce consistent with the standardized basic information package developed by the Hepatitis B TWG. If not available within the establishment, then provide access to information.

5. Each employer shall ensure non-discriminatory practices in the workplace.

6. Each employer, together with the company focal personnel for human resources and safety and health, shall provide appropriate personal protective equipment to prevent Hepatitis B exposure, especially for those workers exposed to potentially contaminated blood or body fluid.

7. Each employer together with workers/labor organizations shall jointly review the policy and program for effectiveness and continue to improve these by networking with government and organizations promoting Hepatitis B prevention.

8. Employers shall ensure confidentiality of the health status of its workers, including those with Hepatitis B.

9. Employers shall ensure that access to medical records is limited to authorized personnel.

B. Workers Responsibilities

Workers, as their individual responsibility, shall contribute to the formulation and abide by and support the company Hepatitis B Workplace Policy and Program.

1. Labor unions, federations, workers organizations and associations are required to undertake an active role in educating and training their members on Hepatitis B prevention and control. The IEC program must also aim at promoting and practicing a healthy lifestyle with emphasis on avoiding high risk behavior and other risk factors that expose workers to increased risk of Hepatitis B infection, consistent with the standardized basic information package developed by the Hepatitis B TWG.

2. Workers shall practice non-discriminatory acts against co-workers.
3. Workers and workers' organizations shall not have access to personnel data relating to a worker's Hepatitis B status. The rules of confidentiality shall apply in carrying out union and organization functions.

4. Workers shall comply with universal precaution and the preventive measures.

5. Workers with Hepatitis B may inform the health care provider such as company physician, on their Hepatitis B status, that is, if their work activities may increase the risk of Hepatitis B infection and transmission or put the Hepatitis B positive at risk for aggravation.

V. IMPLEMENTATION AND MONITORING

A. Within the establishment, the implementation of the policy and program shall be monitored and evaluated periodically; the safety and health committee or its counterpart shall be tasked for this purpose.

B. The Department of Labor and Employment (DOLE) through its Regional offices, in collaboration with the Department of Health (DOH), Department of Interior and Local Government (DILG) and local government units (LGUs) shall oversee and monitor the Hepatitis B Workplace Policy and Program for private establishments and dissemination of information on Hepatitis B Prevention and Control in the Workplace Program.

C. The Bureau of Working Conditions (BWC) through the DOLE Regional Offices shall encourage compliance to the Guidelines, related OSH Standards and other related policies and legislations.

VI. EFFECTIVITY

This Order shall be effective fifteen days after publication in a newspaper of general circulation.

ROSALINDA DIMAPILIS-BALDOZ
Secretary
OCCUPATIONAL SAFETY AND HEALTH CENTER

MAIN OFFICE
North Avenue corner Agham Road, Diliman, Quezon City
Tel. Nos.: 929-6036 to 39 * Fax. No.: 929-6030
e-mail: oshc_dole@yahoo.com

OSHC REGIONAL EXTENSION UNIT CAR
DOLE RO CAR, Cabinet Hill, Baguio City
Mobile No.: 0977 825 3508  |  e-mail: oshc_reucar@yahoo.com

OSHC REGIONAL EXTENSION UNIT II
DOLE RO 2, Turingan Building, Campos St., Caritan Centro, Tuguegarao City, Cagayan
Mobile No.: 09989684854  |  e-mail: oshc_ro2@yahoo.com.ph

OSHC REGIONAL EXTENSION UNIT IV-A
DOLE RO 4A, 3 and 4/F, Anderson Building II, Pari-an, Calamba City, Laguna
Mobile No.: 09989684849  |  e-mail: oshc_r4a@yahoo.com

OSHC REGIONAL EXTENSION UNIT V
DOLE RO 5, Doña Aurora St., Old Albay, Legaspi City
Mobile No.: 09989684853  |  e-mail: oshcro5@gmail.com * oshcbicol@gmail.com

OSHC REGIONAL EXTENSION UNIT VI
DOLE RO 6, Swan Rose Building, Commission Civil St. Jaro, Iloilo City
Mobile No.: 09989684852  |  e-mail: oshcregion6@gmail.com

OSHC REGIONAL EXTENSION UNIT VII
6/F DOLE Bldg., Gorordo Avenue corner Gen. Maxilom Avenue, Cebu City
Tel. Nos.: (032) 266-8382 / 266-9580  |  e-mail: oshcebu@yahoo.com

OSHC REGIONAL EXTENSION UNIT IX
DOLE RO IX, Right Wing, 3/F QNS Bldg., Veteran Avenue Extension, Tumaga, Zamboanga City
Mobile No: 09368761050  |  e-mail: oshc_9@yahoo.com

OSHC REGIONAL EXTENSION UNIT X
DOLE RO 10, G/F Montecarlo Bldg., RER Subdivision, Kauswagan Highway, Cagayan de Oro City
Tel. Nos.: (088)851-1233 / (08822) 721-316  |  e-mail:oshccdo@gmail.com

OSHC REGIONAL EXTENSION UNIT XI
DOLE RO 11, 4/F Davao Ching Printers Bldg., corner Dacudao Ave. and Lakandula Sts. Agdao, Davao City
Mobile No.: 09989684849  |  e-mail: oshcregionxi@yahoo.com

OSHC REGIONAL EXTENSION UNIT XII
DOLE RO 12, 102 Acepel Building, Mabini Extension, Koronadal City
Mobile No.: 09989684850

OSHC REGIONAL EXTENSION UNIT XIII
DOLE RO 13, Nimfa Tiu Bldg., JP Rosales Avenue Butuan City
Mobile No.: 09274403737  |  e-mail: oshccaraga13@yahoo.com
A PRIMER

DOLE Department Order No. 53-03
Guidelines for the Implementation of a Drug-free Workplace Policies and Programs for the Private Sector
BASIC FACTS

Despite the seemingly tamed and glamorized idea of drug use, it must be remembered that it can still lead to abuse, addiction, legal offenses, serious health problems, and even death.

We must understand that there is no way to predict the effect that a drug can have on a person, especially if it is the first time they try it, and even regardless of dose and amount. Given that each person’s brain and body chemistry are different, each person would also have a different tolerance for drugs.

The Philippines is one of the target markets for the Amphetamine-type stimulants (Shabu) due to the high demand for the drug in the local market, as well as transit point for drugs to the other countries.

PR E F A C E

Drug Abuse and its dangers continue to prevail and affect every sector in the Philippine society. Together with alcohol and other substance abuse, drug abuse is considered one of the major social health problems confronting our society today. The seriousness of the drug problem persists in all socio-economic classes and workers are not spared from its threats. The effects of drug abuse and misuse in the workplace have given detrimental concerns over the safety and health of the workers. The government and the private sector have intensified efforts to curb this continuing problem by using multi-disciplinary approaches and are so far making headway in preventing or perhaps eliminate the drug problem.

To respond to the safety and health issues concerning drug abuse in the workplace, the Department of Labor and Employment issued Department Order 53-03: Guidelines for the Implementation of a Drug-Free Workplace Policies and Programs for the Private Sector. In addition, basic information on current drug abuse situation in the Philippines, its effects, and issues affecting the workplace were also prepared to compliment the Department Order for the use of both workers and employers. This presents fundamental health and safety principles and preventive measures needed to deal with the drug abuse issues.
Methamphetamine Hydrochloride commonly known as “Shabu” is the number one drug of abuse with 2,167 cases, followed by Cannabis or Marijuana with 934 cases. Abuse of Contact Cement like rugby with 129 cases was also noted. The nature of drug taking remained to be poly-drug use.

The routes of administration are inhalation/sniffing and oral ingestion.

### Drugs Used / Abused Table

<table>
<thead>
<tr>
<th>Drugs Used / Abused</th>
<th>New Admission</th>
<th>Re-admission</th>
<th>Out-patient</th>
<th>Grand Total</th>
<th>% Based on the total number of responses (3,472)</th>
<th>% Based on the total number of admissions (2,744)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Methamphetamine Hydrochloride (Shabu)</td>
<td>1,734</td>
<td>377</td>
<td>56</td>
<td>2,167</td>
<td>62.41</td>
<td>78.97</td>
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<td>2. Cannabis (Marijuana)</td>
<td>772</td>
<td>128</td>
<td>34</td>
<td>934</td>
<td>26.90</td>
<td>34.04</td>
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<td>3. Inhalants (Contact Cement, Adhesive)</td>
<td>108</td>
<td>3</td>
<td>18</td>
<td>129</td>
<td>3.72</td>
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<td>4. Solvent</td>
<td>39</td>
<td>2</td>
<td>13</td>
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<td>1.97</td>
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<td>5. Cocaine</td>
<td>33</td>
<td>18</td>
<td>51</td>
<td>1.47</td>
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<td>6. Benzodiazepines (Diazepam)</td>
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<td>1.41</td>
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<td>7. MDMA (Ecstasy)</td>
<td>20</td>
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<td>1</td>
<td>30</td>
<td>0.86</td>
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<td>8. Nalbuphine Hydrochloride (Nubain)</td>
<td>14</td>
<td>3</td>
<td>17</td>
<td>0.49</td>
<td>0.62</td>
<td></td>
</tr>
</tbody>
</table>

* Reported Cases from Residential and Out-Patient Facilities

Methamphetamine Hydrochloride commonly known as “Shabu” is the number one drug of abuse with 2,167 cases, followed by Cannabis or Marijuana with 934 cases. Abuse of Contact Cement like rugby with 129 cases was also noted. The nature of drug taking remained to be poly-drug use.

The routes of administration are inhalation/sniffing and oral ingestion.

### Methamphetamine Hydrochloride (Shabu)

Methamphetamine hydrochloride is found to have harmful effects to the brain. It changes how the brain functions. Studies have shown that methamphetamine abusers have reduced motor skills and impaired verbal learning as a result of alterations in the activity of the dopamine, a neurotransmitter involved in reward, motivation, experience of pleasure and motor function.

Street names: shabs, ice, meth, crystal, kristal, basura, tawas

Other adverse effects of methamphetamine:
- Extreme weight loss
- Severe dental problems (“meth mouth”)
- Anxiety
- Confusion
- Insomnia
- Mood disturbances
- Violent behavior
The following are common signs of drug abuse revealed by individuals using drugs. While not all of these signs mean that one person is involved in drugs, there could be some other physical or emotional problem that is causing these behaviors. There is a high chance that drug use may be a possibility:

**SIGNS OF DRUG ABUSE**

- Declining interest in work or school
- Suddenly changes friends (hangs out with individuals known for their drug use)
- Becomes pessimistic, irritable, and anxious all the time
- Asks to be left alone a lot
- Is always tired (or makes it as an excuse to be left alone)
- Becomes careless and often involved in accidents
- Frequent mood swings
- Sudden change in appearance and conduct (red or puffy eyes, weight changes, constant complaints of headaches or stomachaches, shaking, incessant cough, brown stains on fingertips, stumbling, or a constant runny nose)
- Loss of interest in hobbies or sports
- Exhibits poor judgment
- Finds it difficult to concentrate

**CANNABIS SATIVA (MARIJUANA)**

Marijuana use impairs a person's ability to form new memories and to shift focus. Its active component, tetrahydrocannabinol (THC) also disrupts coordination and balance, posture, and reaction time (experience commonly referred to as “spacing out”). Thus, chronic marijuana use significantly reduces a person's capacity to learn, carry out complicated tasks, participate in sports, driving and operating other machineries. Studies also show that marijuana use can lead to lung cancer and other problems in the respiratory and immune systems.

*Street names: weed, jutes, pot, grass, damo, chongke*

**Health problems that come with the use of marijuana include:**

- Problems with memory and learning
- Distorted perception (sights, sounds, time, touch)
- Trouble with thinking and problem solving
- Loss of motor coordination
- Increased heart rate and palpitations

**INHALANTS**

The effects of inhalants are similar to that of alcohol, including slurred speech, lack of coordination, euphoria and dizziness. Inhalant abusers may also experience lightheadedness, hallucinations, and delusions.

**Harmful irreversible effects of inhalants include:**

- Hearing loss
- Limb spasms
- Central nervous system or brain damage
- Bone marrow damage

**WORDS TO KNOW**

**Depressant** - A depressant is a drug that slows a person down. Doctors prescribe depressants to help people be less angry, anxious, or tense. Depressants relax muscles and make people feel sleepy or like their head are stuffed.

**Hallucinogen** - A hallucinogen is a drug, such as LSD, that changes a person's mood and makes him see, hear, or think things that aren't really there. Hallucinogens change the way a person feels time, making it seem to slow down. As the name implies, hallucinogens may cause hallucinations - this is when people think they see or hear imaginary people or things.

**High** - A high is the feeling that drug users want to get when they take drugs. There are many types of high, including a spacey feeling, euphoria, or a feeling that a person has “special powers”, such as the ability to fly or see into the future.

**Stimulant** - A stimulant speeds up a person's body and brain. Stimulants, such as methamphetamine, have the opposite effect of depressants. Usually, stimulants make a person high energetic. When the effects of a stimulant wear off, a person will feel tired or sick.
Substance use and abuse occur in virtually all branches of industry and among all types of people; however, studies have shown that men, young workers, and workers in certain sectors or occupations are more likely to be associated with workplace substance abuse.

Studies indicate that rates of drug use are higher among workers who:

1. **Work in high stress jobs**
   - managers, sales staff, physicians, lawyers, bartenders, entertainers;

2. **Work in unsupervised situations**
   - long distance drivers, travelling salespersons;

3. **Work under extreme conditions**
   - army personnel, mining industry workers;

4. **Work round the clock across different time zones**
   - Call centers and information technology services.

All professions are subject to workplace abuse of substances but some jobs are more vulnerable than others. However, no sector is completely free of workplace problems related to drugs.

Working conditions that can increase the likelihood of workers becoming addicted need to be identified and appropriate measures be taken. (ILO, 2012)

**IMPACT ON THE WORKPLACE**

The fact that some people use substances such as alcohol or illicit drugs, or that some people misuse prescription drugs is not new. The awareness that the abuse of substances may affect the workplace just as the workplace may affect substance abuse is, however, increasing in acceptance. Many aspects of the workplace today require alertness, accurate and quick reflexes. Substance abuse may have not so good effects on these which may contribute to negative impact on:

<table>
<thead>
<tr>
<th>PHYSICAL HEALTH</th>
<th>PRODUCTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>elevated heart rate and blood pressure, respiratory failure, convulsions, cardiovascular problems including strokes and heart attacks, certain forms of cancer, liver or kidney impairment, HIV and AIDS</td>
<td>increased health care cost, increase in number of accidents, increased absenteeism, impaired performance, and increased replacement cost</td>
</tr>
</tbody>
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<tr>
<th>MENTAL HEALTH</th>
<th>SAFETY</th>
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<tbody>
<tr>
<td>altered perceptions and emotions, changes in personality, decreased social inhibitions, paranoia, anxiety, irritability, depression</td>
<td>distorted vision, hearing and coordination, loss of concentration, sleepiness, decreased awareness of touch and pain</td>
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**PHYSICIAN PROVISIONS OF EXISTING LAWS ON SUBSTANCE ABUSE IN THE WORKPLACE**

**A. REPUBLIC ACT 9165: COMPREHENSIVE DANGEROUS DRUGS ACT OF 2002**

This was signed into law on June 7, 2002. It repealed RA 6425 otherwise known as the Dangerous Drugs Act of 1972, as amended. This act provides for the enforcement of the law, control of dangerous drugs, treatment and rehabilitation of drug dependents, drug abuse prevention in schools, workplaces and communities.

**Workplace provisions of RA 9165**

1. **Article III:** The following are subjected to undergo
   - Mandatory Drug Testing
     - applicants for license/permit to carry firearms, persons charged with criminal offense, candidates for public office, and military, police and law enforcers. (Note: mandatory drug test for application of driver's license is revoked by the new law RA 10586 otherwise known as the Anti-Drunk and Drugged Driving Act of 2013)

2. **Random Drug Testing**
   - students and employees of public and private offices.

3. **Article V:** Promotion of a national drug-free workplace with the participation of private and labor sectors and the Department of Labor and Employment. This shall include mandatory drafting and adoption of company policies against drug abuse in the workplace.

4. **Article VI:** Participation of private and labor sectors in the enforcement of the Act with the assistance of government agencies.

**B. DEPARTMENT OF LABOR AND EMPLOYMENT DEPARTMENT ORDER 53-03**

Pursuant to the provisions of Republic Act 9165 and its implementing rules and regulations, the Department of Labor and Employment (DOLE), in consultation with the Tripartite Task Force created under DOLE Department order 37-03, series of 2002, issued is the Guidelines for the implementation of a Drug-Free Workplace Policies and Programs for the Private Sector, otherwise known as DOLE Department Order 53-03. It emphasizes the importance of preventing substance abuse in the workplace. The guidelines serve as a basis for the formulation and implementation of company policies in private companies. (View Annex 1 – 4).

**Outline of Department Order 53-03:**

- The DO mandates all companies with 10 or more workers to formulate its own drug abuse policies and programs. It also encourages companies with less than 10 workers to participate in the campaign.
- It includes the components for policy formulation, information and education, and the implementation of random drug testing.
- The guidelines shall apply to all private establishments, including contractors and concessionaires.
- Formulation of Policies and Programs
  - Prepared jointly by the employer and workers
  - Assistance may be sought from the tripartite task force
  - Integrated into OSH program or similar programs
  - In organized workforce, should be part of the Collective Bargaining Agreement
1. Advocacy and Capability Building
   a. DOLE and its concerned attached agencies, especially the OSHC and the Regional Offices.
   b. PDEA and Dangerous Drugs Board (DDB) thru the Preventive Education, Training and Information Division (PETID).
      i. Philippine Drug Enforcement Agency (PDEA)
         Phone: (02) 920-9916       Website: www.pdea.gov.ph
      ii. Dangerous Drug Board (DDB)
         Phone: (02) 929-6679       Website: www.ddb.gov.ph
   c. Professional Organizations:
      i. Philippine College of Occupational Medicine (PCOM)
         Phone: (02) 455-2410       Telefax: (02) 929-7741
         Email: pcomsecretariat@yahoo.com Website: www.pcom.ph
      ii. Occupational Health Nurses Association of the Philippines (OHNAP)
         Phone: (02) 840-2211       Telefax: (02) 894-3049
         Email: ohnapnurses@yahoo.com    Website: www.ohnap.com

2. Drug Testing and Rehabilitation
   a. PDEA and DDB thru PETID – technical assistance on drug testing
   b. Department of Health Bureau of Health Facilities and Services (DOH-BHFS)
      Accreditation of drug testing laboratories and Treatment and Rehabilitation center. (visit www.bhfs.doh.gov.ph for updated listings of accredited drug testing and treatment and rehabilitation centers)

FREQUENTLY ASKED QUESTIONS ON DOLE DEPARTMENT ORDER 53-03

What is “just cause”? Are companies required to implement “just cause” drug testing?
“Just cause” connotes a fair and honest reason, regulated by good faith on the art of the party exercising the power. As stated in the Section of Drug Testing Program for Officers and Employees, testing for “just cause” may be implemented as part of accident investigation, to follow-up workers who are undergoing or had completed treatment and rehabilitation, or on workers who manifest signs and symptoms of drug abuse.

If a worker or officer was caught with illegal possession of dangerous drugs, what penalties can a company impose?
Illegal possession is a criminal act. The act has provisions to deal with these circumstances including fines and imprisonment, depending on the amount of drugs found. The company policy should clearly state the sanctions for these types of offenses.

A company already has its own drug abuse policy but is not in consonance with the Order. The company terminates all those found to be positive for drug use the first time. Is the company required to revise its policy?
The Department Order emanates from Republic Act 9165. Any ordinances, orders, and company policies that are not in consonance with the Law would need to be revised.

Could companies require job applicants to undergo mandatory drug testing as part of their requirement?
It is the company’s prerogative to require job applicants to undergo drug testing. However, it is encouraged that the companies require only short-listed candidates to lessen the financial burden on the applicants.

How will confidentiality be assured within a company?
Confidentiality of drug test results and treatment and rehabilitation should be maintained on a “need to know basis”. The information should only be confined to authorized persons such as the Assessment Team or as stated in the policy. The company policy should include sanctions for any intentional violation of confidentiality of records.

What if a worker / officer refuses to undergo random drug testing? What sanctions can be imposed on the worker/officer?
Refusal to undergo drug testing is tantamount to refusal to follow company rules and regulations. The worker may be charged with insubordination and may be dealt with other pertinent policies of the company.
Can a company conduct its own screening tests?
The company can conduct its own screening test as long as its laboratory is accredited by the Department of Health, though many prefer third-party service providers to avoid technical legalities that may arise.

What is the required sample size in the conduction of random drug testing?
The primary purpose of drug testing is to create an environment that will discourage the use of prohibited drugs and at the same time, comply with government regulations. It should be a part of the company’s drug prevention program and not a research activity aimed in making statistical inferences from data. Thus, although there are various formulas that guide the determination of appropriate sample size as a statistical sample in empirical studies, these may not be adopted in workplace drug testing.

At the enterprise level, the number of staff to be included in an annual and unannounced drug testing activity may be determined by a quota sample. It is suggested that at least 50 individuals be tested in establishments with 50 or more employees. For establishments with less than 50 employees, it is recommended for all employees to be tested.

It must be emphasized that proper implementation of simple random sampling technique is an important requirement of DO 53-03. Although determination of appropriate sample size is essential, it has to undergo several considerations. As defined in DO 53-03, random drug test is the unannounced schedule of testing where each employee is given an equal chance of being selected for testing. Hence, selection of one unit does not affect the chances of any other unit to be selected. Random sampling methods such as lottery, electronic generation of random numbers should be properly employed. These and other information regarding the procedure of conducting random drug testing should be comprehensively defined in a policy agreed upon both by employees and employers.

If a worker is referred for rehabilitation, is he/she entitled to leave benefits?
The grant of leave benefits will depend on the agreement between employers and workers.

Who will shoulder the rehabilitation and treatment of first time offenders?
The treatment and rehabilitation expenses will depend on the agreement between the management and workers.
may be included in the orientation-education program shall include, among others, the following:

- Salient Features of RA 9165 (the Act) and its Implementing Rules and Regulations (IRR)
- The Company policies and programs on drug-free workplace
- Adverse effects of abuse and/or misuse of dangerous drugs on the person, workplace, family and the community
- Preventive measures against drug abuse
- Steps to take when intervention is needed, as well as the services available for treatment and rehabilitation.

b. Employers are enjoined to display a billboard or streamer in conspicuous places in the workplace with standard message of “THIS IS A DRUG-FREE WORKPLACE; LET’S KEEP IT THIS WAY!” or such other messages of similar import.

c. Curricula developed by the Task Force shall be used as widely as possible for awareness raising and training. It may be accessed through the OSHC website (www.oshc.dole.gov.ph)

d. Training on prevention, clinical assessment, and counseling of workers and other related activities shall be given to occupational safety and health personnel, the human resources manager and the employers and workers representatives. These trained personnel shall form part of the Assessment Team which shall address all aspects of drug abuse prevention, treatment and rehabilitation.

e. In the absence of such capability, particularly in small establishments, DOLE shall, to the extent possible, provide relevant information on experts and services in their localities.

f. In the context of their Corporate Social Responsibility Programs, employers are encouraged to extend drug abuse prevention advocacy and training to their workers' families and their respective communities.

2. Drug Testing Program for Officers and Employees

a. Employers shall require their officials and employees to undergo random drug test (as defined in Annex 2) in accordance with the company’s work rules and regulations for the purpose of reducing risk in the workplace. Strict confidentiality shall be observed with regard to the screening procedure and results.

b. Drug testing for teaching and non-teaching staff in private schools shall be in accordance with the guidelines provided by DepED, CHED and TESDA.

c. Drug testing shall conform with the procedures as prescribed by the Department of Health (DOH) (www.doh.gov.ph). Only drug testing centers accredited by the DOH shall be utilized. A list of the accredited centers may be accessed through the OSHC website (www.oshc.dole.gov.ph).

d. Drug testing shall consist of both the screening test and the confirmatory test; the latter to be carried out should the screening test turn positive. The employee concerned must be informed of the test results whether positive or negative.

e. Where the confirmatory test turns positive, the company’s Assessment Team shall evaluate the results and determine the level of care and administrative interventions that can be extended to the concerned employee.

f. A drug test is valid for one year; however, additional drug testing may be required for just cause as in any of the following cases:

   - After workplace-related accidents, including near misses;
   - Following treatment and rehabilitation to establish fitness for returning to work/resumption of job; and
   - In the light of clinical findings and/or upon recommendation of the assessment team.

g. All cost of drug testing shall be borne by the employer.

3. Treatment, Rehabilitation and Referral

a. The drug prevention and control program shall include treatment, rehabilitation and referral procedure to be provided by the company staff or by an external provider. It shall also include a provision for employee assistance and counseling programs for emotionally-stressed employees.

b. The Assessment Team shall determine whether or not an officer or employee found positive for drugs would need referral for treatment and/or rehabilitation in a DOH accredited center.

c. This option is given only to officers and employees who are to the Assessment Team for assistance, or who would benefit from the treatment and rehabilitation.

d. Following rehabilitation, the Assessment Team, in consultation with the head of the rehabilitation center, shall evaluate the status of the drug dependent employee and recommend to the employer the resumption of the employee’s job if he/she poses no serious danger to his/her co-employees and/or the workplace.

e. Repeated drug use even after ample opportunity for treatment and rehabilitation shall be dealt with the corresponding penalties under the Act and its IRR.

f. An updated list of drug treatment and rehabilitation centers accredited by the DOH shall be disseminated through the OSHC website (www.oshc.dole.gov.ph).

4. Monitoring and Evaluation

The implementation of the drug-free workplace policies and programs shall be monitored and evaluated periodically by the employer to ensure that the goal of a drug-free workplace is met. The Health and Safety Committee or other similar Committee may be tasked for this purpose.

IV. ROLES, RIGHTS AND RESPONSIBILITIES OF EMPLOYER AND EMPLOYEES

A. The employer shall ensure that the workplace policies and programs on the prevention and control of dangerous drugs, including drug testing, shall be disseminated to all officers and employees. The employer shall obtain a written acknowledgement from the employees that the policy has been read and understood by them.

B. The employer shall maintain the confidentiality of all information relating to drug
In response to the growing problem of alcohol and drug abuse, and in line with the provisions of the Comprehensive Dangerous Drugs Act of 2002, the Department of Labor and Employment (DOLE) has been designated to provide a workplace-based program for the prevention and control of alcohol and drug abuse in the labor force.

To implement the State policy promoting drug-free workplaces thru a tripartite approach, the Secretary of the DOLE shall issue a Department Order creating a Task Force consisting of government, labor and employers. This Task Force will formulate policies and strategies for the purpose of developing a National Action Agenda on drug abuse prevention in the workplace. Pursuant to the declared policy of the State, the DOLE Secretary shall require all private companies to adopt and implement a drug abuse prevention program in the workplace.

The Task Force led by the Department of Labor and Employment shall meet regularly in order to monitor the implementation of the relevant articles in the Comprehensive Dangerous Drugs Act of 2002 according to the guidelines defined in the IRR of Section 48 of the Act. It shall formulate the tripartite response to the law and provide strategies, directions and networking to implement a National Drug Abuse Prevention Program in the workplace to be adopted by private companies with 10 or more employees.

In this regard, DOLE Administrative Order No. 89 series of 1998 (Creating an Inter-Agency Committee on the Prevention of Drug Abuse in the Workplace), is amended to include the following government and private offices:

- Civil Service Commission (CSC)
- Department of Health (DOH)
- Dangerous Drugs Board (DDB)
- Department of Social Welfare and Development (DSWD)
- Department of Justice (DOJ)
- Department of Interior and Local Government (DILG)
- Maritime Industry Authority (MARINA)
- Trade Union Congress of the Philippines (TUCP)
- Labor Solidarity Movement
- Employers’ Confederation of the Philippines (ECOP)
- Personnel Management Association of the Philippines (PMAP)

Non-Government Organizations:

- Family Welfare Center (FWC)
- Occupational Health Nurses of the Philippines (OHNAP)
- Philippine College of Occupational Medicine (PCOM)
- Safety Organization of the Philippines (SOPI)
Other DOLE Agencies:

- Bureau of Working Conditions (BWC)
- DOLE - Regional Offices
- Technical Skills and Development Authority (TESDA)
- Bureau of Local Employment (BLE)

The above agencies shall be added to the IAC members included under A.O. 89 namely:

- Human Resource Development Service (HRDS)
- Information and Publication Service (IPS)
- Legal Service (LS)
- Bureau of Labor Relations (BRL)
- Bureau of Rural Workers (BRW)
- Bureau of Women and Young Workers (BWYW)
- DOLE - National Capital Region (DOLE-NCR)
- Employee's Compensation Commission (ECC)
- National Maritime Polytechnic (NMP)
- Maritime Training Council (MTC)
- Institute of Labor Studies (ILS)
- Occupational Safety and Health Center (OSHC)
- Overseas Workers Welfare Administration (OWWA)
- Philippine Overseas Employment Administration (POEA)

The members of the Task Force shall be composed of permanent representatives with senior technical rank or designated alternates.

The Task Force shall be chaired by the Undersecretary for Worker’s Protection and Welfare. Vice-Chair shall be Assistant Secretary for Internal Affairs. The OSHC shall serve as head of the Technical Working Group (TWG). The names of the permanent representatives/alternates should be submitted to the OSHC soonest.

This Order takes effect immediately.

For strict compliance.

HON. PATRICIA A. STO. TOMAS (sgd.)
Secretary
OCCUPATIONAL SAFETY AND HEALTH CENTER

MAIN OFFICE
North Avenue corner Agham Road, Diliman, Quezon City
Tel. Nos.: 929-6036 to 39 * Fax. No.: 929-6030
  e-mail: oshc_dole@yahoo.com

OSHC REGIONAL EXTENSION UNIT CAR
DOLE RO CAR, Cabinet Hill, Baguio City
  Mobile No.: 0977 825 3508    |    e-mail: oshc_reucar@yahoo.com

OSHC REGIONAL EXTENSION UNIT II
DOLE RO 2, Turingan Building, Campos St., Caritan Centro, Tuguegarao City, Cagayan
  Mobile No.: 09989684854    |    e-mail: oshc_ro2@yahoo.com.ph

OSHC REGIONAL EXTENSION UNIT IV-A
DOLE RO 4A, 3 and 4/F, Anderson Building II, Pari-an, Calamba City, Laguna
  Mobile No.: 09989684849    |    e-mail: oshc_r4a@yahoo.com

OSHC REGIONAL EXTENSION UNIT V
DOLE RO 5, Doña Aurora St., Old Albay, Legaspi City
  Mobile No.: 09989684853    |    e-mail: oshcro5@gmail.com * oshcbicol@gmail.com

OSHC REGIONAL EXTENSION UNIT VI
DOLE RO 6, Swan Rose Building, Commission Civil St. Jaro, Iloilo City
  Mobile No.: 09989684852    |    e-mail: oshc.region6@gmail.com

OSHC REGIONAL EXTENSION UNIT VII
6/F DOLE Bldg., Gorordo Avenue corner Gen. Maxilom Avenue, Cebu City
  Tel. Nos.: (032) 266-8382 / 266-9580    |    e-mail: oshc_cebu@yahoo.com

OSHC REGIONAL EXTENSION UNIT IX
DOLE RO IX, Right Wing, 3/F QNS Bldg., Veterans Avenue Extension, Tumaga, Zamboanga City
  Mobile No: 09368761050    |    e-mail: oshc_9@yahoo.com

OSHC REGIONAL EXTENSION UNIT X
DOLE RO 10, G/F Montecarlo Bldg., RER Subdivision, Kauswagan Highway, Cagayan de Oro City
  Tel. Nos.: (088)851-1233 / (08822) 721-316    |    e-mail: oshc_cdo@gmail.com

OSHC REGIONAL EXTENSION UNIT XI
DOLE RO 11, 4/F Davao Ching Printers Bldg., corner Dacudao Ave. and Lakandula Sts.Agdao, Davao City
  Mobile No.: 09989684849    |    e-mail: oshcregionxi@yahoo.com

OSHC REGIONAL EXTENSION UNIT XII
DOLE RO 12, 102 Acepal Building, Mabini Extension, Koronadal City
  Mobile No.: 09989684850

OSHC REGIONAL EXTENSION UNIT XIII
DOLE RO 13, Nimfa Tiu Bldg., JP Rosales Avenue Butuan City
  Mobile No.: 09274403737    |    e-mail: oshccaraga13@yahoo.com
A PRIMER

DOLE Department Order No. 73-05
Guidelines for the implementation of policies and programs on tuberculosis prevention and control in the workplace
Years of campaign to control and prevent tuberculosis through the implementation of the National Tuberculosis Program, brought about many achievements in the Philippine health system. In 2003, another important directive – Executive Order No. 187 – was signed, serving as the roadmap to achieve global targets set by WHO and as a vehicle for collaborative undertakings of the many stakeholders.

The E.O. 187 institutionalized the Comprehensive and Unified Policy for Tuberculosis, harmonizing national TB efforts and adopting the Directly Observed Treatment (DOT) strategy. And through efforts of public and private partnership, the targets for case detection rate and cure rate are now within reach.

However, Tuberculosis (TB) remains among the top 10 causes of illnesses and deaths in the Philippines. The country is also among the seven countries in the Western Pacific Region with a high TB burden. As one of the principal players in TB prevention and control, the Department of Labor and Employment provides a strategy in the workplace which strengthens TB prevention through enterprise policies and programs. Signed in 2005, Department Order 73-05: Guidelines for the implementation of Policy and Program on Tuberculosis Prevention and Control in the Workplace is comprised of five components: prevention, treatment, rehabilitation, compensation and social policies. The Guidelines was drafted through the leadership of the Occupational Safety and Health Center, in consultation with the employers’ group, labor unions, the Department of Health, Social Security System, Government Service Insurance System, Philhealth, Employees’ Compensation Commission and professional societies.

The Guidelines cover all workplaces and deal with policy formulation and development of an enterprise program for TB prevention and control. It clarifies the medical and health benefits as well as social policies on non-discrimination, reasonable working arrangements and restoration to work. The need to comply with the Occupational Safety and Health Standards, which promote good working conditions to reduce risk of disease transmission, is also recognized in the Guidelines.

To further help workers and management understand TB prevention and control we have integrated a primer on TB into this brochure that provides explanation on the different forms of the disease, signs and symptoms, modes of transmission and treatment protocol.

It is our hope that commitment to prioritizing the safety and health of workers will be translated into concrete action through the implementation of the National Occupational Safety and Health Medium Term Plan and Program.
Who are at risk for developing TB disease?

Productive cough for two or more weeks

Fever

Easy fatigability

Blood in sputum or phlegm

Weight loss

How soon after exposure do tuberculosis symptoms appear?

Most people infected with TB bacteria do not develop TB disease. However, should it develop symptoms may appear within weeks after becoming infected before their immune system can fight the TB bacteria. Other people may get sick years later, when their immune system becomes weak. The chances of TB infection developing into TB disease lessen with time.

Who are at risk for developing TB disease?

Anyone can get tuberculosis, but certain factors can increase a person’s risk of the disease. A person’s age, health issues, life circumstances - even where a person work can affect his/her immune system and put him/her at risk for the tuberculosis disease. Most susceptible
are children, the elderly and those with medical conditions that weaken the immune system: HIV infection, diabetes mellitus, severe kidney disease, substance abuse (alcohol and drugs), low body weight, certain cancers, medical treatment such as chemotherapy or corticosteroids and specialized treatment for rheumatoid arthritis. Other high-risk groups are low income individuals who may not have access to medical care and testing; those who work or live with people who are at high risk for TB in facilities or institutions such as hospitals, homeless shelters, prisons and nursing homes; workers who are exposed to silica and biological wastes and workers with poor working conditions such as overcrowding, poor ventilation and enclosed work areas.

Can TB be treated?

Yes. Tuberculosis is a treatable disease. Persons with TB infection or disease should consult the doctor as soon as possible for the sake of the person’s health and to prevent the spread of infection.

The current strategy for TB is the DOTS which stands for Directly Observed Treatment Short Course. It emphasizes SUPERVISED treatment of TB patients by a treatment partner.

Patients are prescribed with an appropriate regimen to render them non-infectious and cure them as early as possible.

The treatment for TB is a combination of 3 to 4 anti-TB drugs. It must be ensured that the right dosage and combination of anti-TB drugs is administered. Patients are required to take their medication regularly and complete the six-month treatment program, preferably with the help of a treatment partner (doctor, nurse, barangay health worker, family, etc.).

Why the need to take required medication for at least 6 months?

The prescribed amount of time is necessary to effectively kill TB bacteria and prevent them from developing drug-resistance. Drug resistant TB is very difficult, expensive and will take a longer time to treat.

Workplace response

Through the Department Order 73-05, the DOLE implements the: Guidelines for the implementation of Policy and Program on Tuberculosis Prevention and Control in the Workplace, which include components on prevention, treatment, rehabilitation compensation, restoration and social policies.

Although treatment remains a key component of the Guidelines, the need to comply with the Occupational Safety and Health Standards which promotes good working conditions to reduce risk of disease transmission is also recognized. It also clarifies the medical and health benefits as well as social policies on non-discrimination, reasonable working arrangements and restoration to work.

How can the spread of TB be prevented in the workplace?

1. Have a tuberculosis prevention and control policy program.
2. Practice good hygiene such as covering the mouth when coughing or sneezing to prevent the spread of TB bacteria.
4. Consult with doctors in clinics or nearby health centers.
5. Minimize the crowding of workplaces
6. Ensure proper ventilation in the workplace.
7. Encourage workers to strengthen their immune system through healthy lifestyle.

What are the signs of getting well from TB?

1. Less productive cough
2. Good appetite
3. Weight gain
4. Increase in body strength and stamina
1. TB awareness program shall be undertaken through information dissemination

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 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 overall performance.

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. (OSH RS 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, the worker 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 the 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 D.O. 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

[Signature]
e. Confidentiality of patients’ records is to be observed at all times.

f. Workers with TB should be managed completely and properly by both the referring company and DOTS facility.

2. How is tuberculosis diagnosed?

TB can be diagnosed by sputum examination at the nearest DOTS facility upon request of a physician. All workers with presumptive TB who could expel sputum must undergo sputum test before treatment starts.

Within three days after the initial consultation, two sputum specimens of good quality must be collected either . This can be taken one hour apart on the same day or one day apart early in the morning within three days, at the patient’s preferred DOTS facility.

3. How is a worker with an abnormal chest x-ray but negative sputum examination results diagnosed?

The rapid diagnostic test (e.g., Xpert MTB/RIF) is used for TB diagnosis among presumptive DR-TB, PLHIV with signs and symptoms of TB, sputum-negative adults with abnormal chest x-ray findings, and TB in other body organs. This kind of laboratory procedure is available in selected DOTS facilities nationwide. If the rapid diagnostic test is not available, workers will be evaluated by a DOTS physician who will decide using clinical criteria and best clinical judgment.

4. Who will pay for the treatment?

The TB DOTS package under PhilHealth provides free diagnostic work-up, consultation, and TB medication for new TB cases and retreatment cases (i.e., relapse, treatment after failure, those who did not return for follow-up and cases with unknown previous treatment outcome).

There is also a PhilHealth package for in-patient TB cases. DR-TB cases are referred to and managed by treatment centers designated by DOH.

5. Can a company health personnel act as a treatment partner to their workers with TB?

Company health personnel trained on DOTS may act as treatment partner to their workers.

6. When can a worker with PTB return to work?

A worker with PTB may be allowed to resume work as early as two weeks after start of the treatment depending on the recommendation of the company’s health care provider and/or the DOTS facility. Treatment response of workers with PTB shall be monitored through follow-up sputum tests and clinical signs and symptoms. Also, company health personnel and DOTS facilities should ensure that all workers undergoing anti-TB treatment will comply with their respective follow-up schedule.
7. How can private establishments help the government in the prevention and control of tuberculosis especially in their respective workplaces?

Private companies must implement the DOLE Department Order 73-05 and follow the protocol provided in the NTP Manual of Procedures, 5th Edition, developed by the Department of Health (DOH).

8. Are there government agencies, professional organizations, and/or NGOs which provide technical assistance to private companies on the prevention and control of TB in the workplace?

The DOH, the Occupational Safety and Health Center (OSHC), and various professional organizations, such as the Philippine Coalition Against Tuberculosis (PhilCAT), the Philippine College of Occupational Medicine (PCOM), and the Occupational Health Nurses Association of the Philippines (OHNAP) can be tapped to conduct trainings or learning sessions on TB prevention and control in the workplace.

9. How is the discrimination of workers with or had been treated with TB addressed in the workplace?

The company shall practice non-discrimination of workers with or had been treated with TB particularly those who complied with the prescribed diagnosis and treatment of NTP. If any case of discrimination should occur, the aggrieved party may approach the nearest DOLE Regional Office for assistance.

10. Are companies required to submit reports to DOLE on the number of TB cases in their respective workplaces?

Companies must report all diagnosed cases of TB to the DOLE Regional Office, using the appropriate form, i.e., the Annual Medical Report (AMR), in compliance to the Occupational Safety and Health Standards (OSHS), as amended, and to the DOLE DO No. 73-05.
BY THE PRESIDENT OF THE PHILIPPINES
EXECUTIVE ORDER NO. 187

INSTITUTING A COMPREHENSIVE AND UNIFIED POLICY FOR THE TUBERCULOSIS CONTROL IN THE PHILIPPINES

WHEREAS, Tuberculosis (TB) remains a major public health problem, ranking sixth in 1998 in the 10 leading causes of death and illness in the Philippines;

WHEREAS, the National TB Program (NTP) of the Department of Health (DOH) has made significant advances in improving the quality and extent of its control efforts;

WHEREAS, the DOH has forged a partnership with the Philippine Coalition Against Tuberculosis (PhilCAT) to develop a “Comprehensive and Unified Policy for TB Control in the Philippines” in collaboration with other government agencies and private sectors to harmonize and unify the TB control efforts in the Philippines;

WHEREAS, the “Comprehensive and Unified Policy for TB Control in the Philippines” adopting the DOTS strategy (5 components) of the National TB Program (NTP) shall be the basis of implementation of TB control among the concerned stakeholders.

• Direct sputum smear examination shall be the initial diagnostic tool in case finding
• Standardized chemotherapy in accordance with the National TB Program,
• Recording and Reporting of cases shall be on the standardized National TB program (NTP) to be implemented in all health centers
• Direct Observed Treatment (DOT) shall be used as the strategy to ensure patient compliance
• Political commitment to ensure sustained, comprehensive implementation of National TB Program activities.

WHEREAS, this policy was ratified by the heads of the organizations listed below during the First Philippine Tuberculosis Summit Conference, held on the 7th of March 2003, at the EDSA Shangri-La Hotel, Ortigas Center, Mandaluyong City, Metro Manila, Philippines;
Now, THEREFORE, I, GLORIA MACAPAGAL-ARROYO, President of the Philippines, by virtue of the powers vested in me by law, do hereby instruct these government agencies:

1. Department of Health
2. Department of Education
3. Department of Interior and Local Government
4. Department of National Defense
5. Department of Justice - Bureau of Corrections
6. Department of Social Welfare and Development
7. Department of Agriculture
8. Department of Agrarian Reform
9. Department of Science and Technology
10. Philippine Health Insurance Corporation
11. Department of Labor and Employment
12. Overseas Workers and Welfare Administration
13. National Economic and Development Authority
14. National Commission on Indigenous People
15. Government Service Insurance System
16. Social Security System
17. Employees’ Compensation Commission

and enjoin the following private sector organizations

18. Philippine Coalition Against Tuberculosis (with 52 members)
19. Philippine Medical Association
20. Trade Union Congress of the Philippines
21. Employers Confederation of the Philippines
22. Association of Health Maintenance Organizations of the Phils.

to work in partnership, to conduct the dissemination of, and the training on, the said “Comprehensive and Unified Policy for TB Control in the Philippines” from the date of this Order.

DONE in the City of Manila, this 21st day of March, in the year of Our Lord Two Thousand and Three.

ALBERTO G. ROMULO
Executive Secretary
OCCUPATIONAL SAFETY AND HEALTH CENTER

MAIN OFFICE
North Avenue corner Agham Road, Diliman, Quezon City
Tel. Nos.: 929-6036 to 39 * Fax. No.: 929-6030
e-mail: oshc_dole@yahoo.com

OSHC REGIONAL EXTENSION UNIT CAR
DOLE RO CAR, Cabinet Hill, Baguio City
Mobile No.: 0977 825 3508 | e-mail: oshc_reucar@yahoo.com

OSHC REGIONAL EXTENSION UNIT II
DOLE RO 2, Turingan Building, Campos St., Caritan Centro, Tuguegarao City, Cagayan
Mobile No.: 09989684854 | e-mail: oshc_ro2@yahoo.com.ph

OSHC REGIONAL EXTENSION UNIT IV-A
DOLE RO 4A, 3 and 4/F, Anderson Building II, Parihan, Calamba City, Laguna
Mobile No.: 09989684849 | e-mail: oshc_r4a@yahoo.com

OSHC REGIONAL EXTENSION UNIT V
DOLE RO 5, Doña Aurora St., Old Albay, Legaspi City
Mobile No.: 09989684853 | e-mail: oshcro5@gmail.com * oshcbicol@gmail.com

OSHC REGIONAL EXTENSION UNIT VI
DOLE RO 6, Swan Rose Building, Commission Civil St. Jaro, Iloilo City
Mobile No.: 09989684852 | e-mail: oshc.region6@gmail.com

OSHC REGIONAL EXTENSION UNIT VII
6/F DOLE Bldg., Gorordo Avenue corner Gen. Maxilom Avenue, Cebu City
Tel. Nos.: (032) 266-8382 / 266-9580 | e-mail: oshc_cebu@yahoo.com

OSHC REGIONAL EXTENSION UNIT IX
DOLE RO IX, Right Wing, 3/F QNS Bldg., Veterans Avenue Extension, Tumaga, Zamboanga City
Mobile No: 09368761050 | e-mail: oshc_9@yahoo.com

OSHC REGIONAL EXTENSION UNIT X
DOLE RO 10, G/F Montecarlo Bldg., RER Subdivision, Kauswagan Highway, Cagayan de Oro City
Tel. Nos.: (088)851-1233 / (08822) 721-316 | e-mail:oshcdo@gmail.com

OSHC REGIONAL EXTENSION UNIT XI
DOLE RO 11, 4/F Davao Ching Printers Bldg., corner Dacudao Ave. and Lakandula Sts.Agdao, Davao City
Mobile No: 09989684849 | e-mail: oshcregionxi@yahoo.com

OSHC REGIONAL EXTENSION UNIT XII
DOLE RO 12, 102 Acepal Building, Mabini Extension, Koronadal City
Mobile No.: 09989684850

OSHC REGIONAL EXTENSION UNIT XIII
DOLE RO 13, Nimfa Tiu Bldg., JP Rosales Avenue Butuan City
Mobile No.: 09274403737 | e-mail:oshccaraga13@yahoo.com
OCCUPATIONAL SAFETY AND HEALTH CENTER

MAIN OFFICE
North Avenue corner Agham Road, Diliman, Quezon City
Tel. Nos.: 929-6036 to 39 * Fax. No.: 929-6030
e-mail: oshc_dole@yahoo.com

OSH REGIONAL EXTENSION UNIT CAR
DOLE RO CAR, Cabinet Hill, Baguio City
Mobile No.: 0977 825 3508 | e-mail: oshc_reucar@yahoo.com

OSH REGIONAL EXTENSION UNIT II
DOLE RO 2, Turingan Building, Campos St., Caritan Centro, Tuguegarao City, Cagayan
Mobile No.: 09989684854 | e-mail: oshc_ro2@yahoo.com.ph

OSH REGIONAL EXTENSION UNIT IV-A
DOLE RO 4A, 3 and 4/F, Anderson Building II, Parian, Calamba City, Laguna
Mobile No.: 09989684849 | e-mail: oshc_r4a@yahoo.com

OSH REGIONAL EXTENSION UNIT V
DOLE RO 5, Doña Aurora St., Old Albay, Legaspi City
Mobile No.: 09989684853 | e-mail: oshcro5@gmail.com * oshcbicol@gmail.com

OSH REGIONAL EXTENSION UNIT VI
DOLE RO 6, Swan Rose Building, Commission Civil St. Jaro, Iloilo City
Mobile No.: 09989684852 | e-mail: oshc.region6@gmail.com

OSH REGIONAL EXTENSION UNIT VII
6/F DOLE Bldg., Gorordo Avenue corner Gen. Maxilom Avenue, Cebu City
Tel. Nos.: (032) 266-8382 / 266-9580 | e-mail: oshcebu@yahoo.com

OSH REGIONAL EXTENSION UNIT IX
DOLE RO IX, Right Wing, 3/F QNS Bldg., Veterans Avenue Extension, Tumaga, Zamboanga City
Mobile No: 09368761050 | e-mail: oshc_9@yahoo.com

OSH REGIONAL EXTENSION UNIT X
DOLE RO 10, G/F Montecarlo Bldg., RER Subdivision, Kauswagan Highway, Cagayan de Oro City
Tel. Nos.: (088)851-1233 / (08822) 721-316 | e-mail:oshccdo@gmail.com

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DOLE RO 11, 4/F Davao Ching Printers Bldg., corner Dacudao Ave. and Lakandula Sts.Agcdao, Davao City
Mobile No.: 09989684849 | e-mail: oshcregionxi@yahoo.com

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Mobile No.: 09989684850

OSH REGIONAL EXTENSION UNIT XIII
DOLE RO 13, Nimfa Tiu Bldg., JP Rosales Avenue Butuan City
Mobile No.: 09274403737 | e-mail:oshccaraga13@yahoo.com