



International
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Instituting **CHANGE** in the Workplace



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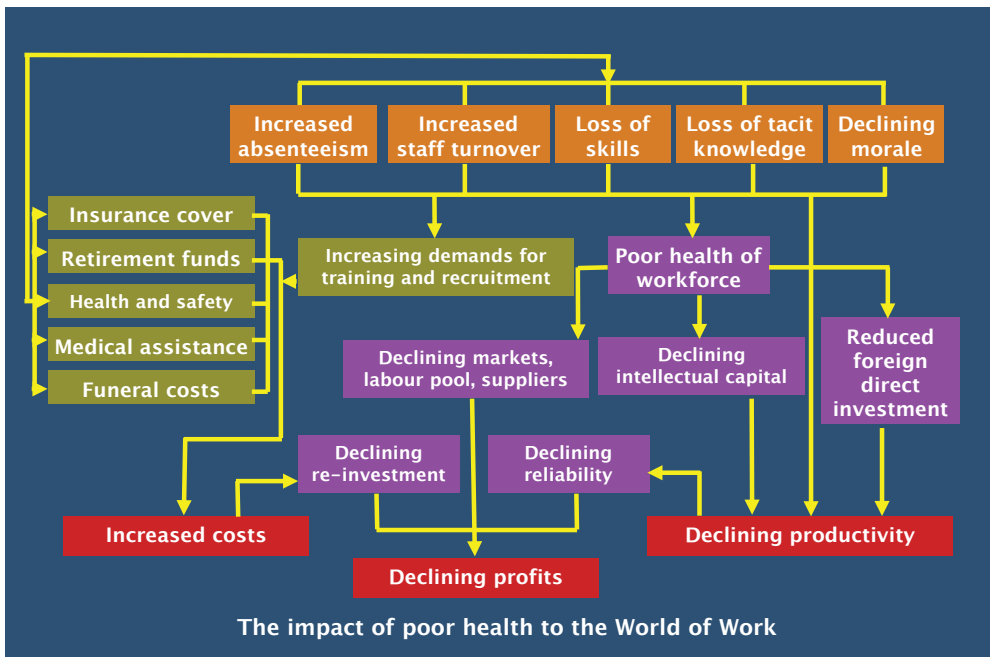
Contents

Instituting CHANGE at the Workplace	7
Setting Up a Workplace Policy and Program	17
Setting Up CHANGE Checklist	21
SMOKE-Free Workplace Checklist	21
HIV and AIDS Checklist	23
HIV Policy Example	25
Alcohol And Drugs Checklist	30
TB Checklist	34
Good Nutrition And Breastfeeding	36
Exercise	38
Acknowledgments	40

Instituting CHANGE at the Workplace

Cigarette smoking, HIV and sexually transmitted infections (STI), alcohol, drugs, violence, TB, poor diet, and physical inactivity are all issues that may affect the health and well-being of workers. If left unchecked, these health risks reinforce each other, causing the infected and affected workers to fall into a vicious cycle of risky behaviours which make them vulnerable to lifelong diseases, even death.

Poor health impacts the World of Work on three levels: individual workers, enterprises and the national economy. Poor health of workers may result in increased costs, decreased productivity, and declining profit. The figure below, adopted from UNAIDS, summarizes the negative impact of HIV to the World of Work but is likewise applicable to poor health in general.



The workplace is an ideal setting to carry out health promotion programs. Recognizing the interrelatedness of unhealthy habits and risky behaviours, the enterprise response must use a comprehensive approach to achieve positive results.

Many barriers may be experienced in instituting CHANGE in the workplace but so do many opportunities. Establishing a responsive, structured, and rights-based workplace policy and program on healthy lifestyles requires following an informed process of decision-making, carefully considering legal requirements, and business strategy.

Framework of a successful workplace program

The process of setting up a workplace program on healthy lifestyle starts with a review of enterprise Vision, Mission, and Goals. Answering the question, “What is our objective for setting up a workplace program on healthy lifestyles?” is a prerequisite. Some of the most commonly cited objectives are: to reduce cost of health insurance premiums, to reduce attrition and turnover rates, to improve and sustain workers’ productivity and performance, and to improve employee satisfaction.

Two other questions are: “Who are at risk?” and “What information are available?” Answering these questions require a working knowledge of some global and local statistics on most at risk groups and an understanding of dynamics of the risky behaviours and unhealthy habits which the program attempts to address. For the health domains covered by CHANGE, workers at their prime working ages of 20 to 39 are most often affected. For some conditions, however, risks may be higher for men than women; higher for certain income groups; or, higher for some groups that often exhibit certain risky behaviours.

Finding the answers to these questions also requires looking at available data and policies available from formal mandated institutions such as the Departments of Labor and Employment, and Health. Data available at the enterprise such as filed sick leaves and other health information which may be provided by the company’s HMO must also be reviewed.

Instituting CHANGE in the Workplace

The answers to the above questions provide the directions to be taken by the project manager and team, and define the scope and limitations of interventions to be introduced in the workplace. Answers shape interventions so that these are targeted and specific; help rationalize resources to be allocated; and, possibly identify innovative approaches unique to the enterprise.

Another necessary step is to identify barriers and opportunities in setting up CHANGE. According to Lowe¹, there are four major barriers in instituting workplace health promotion programs. These are:

1. Access to workplace health information is often difficult or lacking
2. Lack of agreement among stakeholders on priorities
3. Organizational units and workplace health community per se often work in isolation, and very little integration of efforts, if any, exists

Corporate culture may not be supportive of the goals of workplace health promotion, and worse, it might even be negating it

Lawler² (in Lowe³) expands these barriers to include lack of an organizational leader to champion the program, lack of employee involvement, and lack of coordination with other enterprise programs. These findings are consistent with the observation he presented that opportunities for workplace health promotion are great if and when management is supportive, and resources to initiate and implement the program are made available.

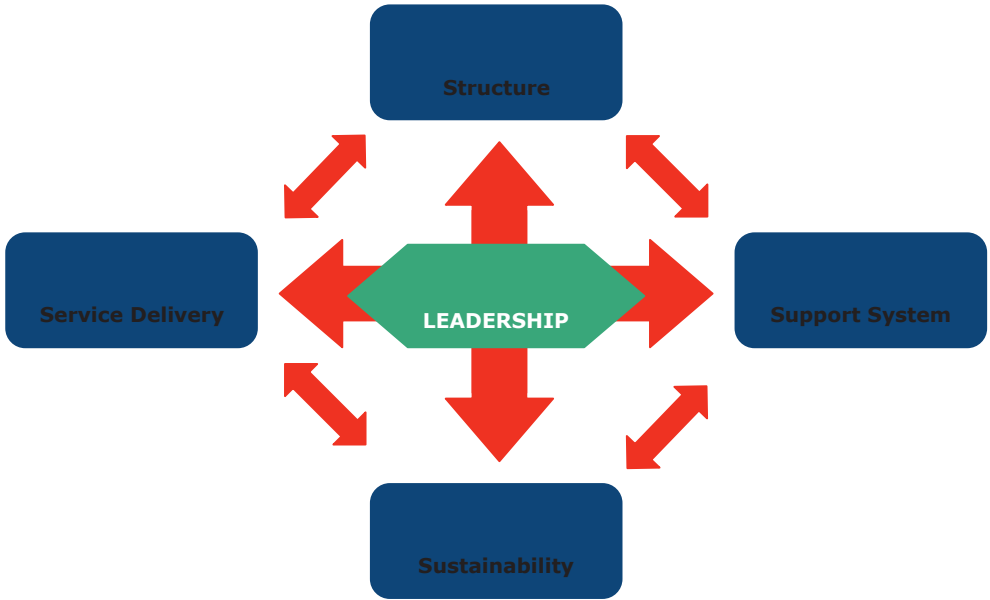
In installing a workplace program on promoting healthy lifestyles, enterprises must ensure that five key components are in place: Policy, Structure, Service Delivery, Sustainability, and Support System (or, Management System). The components may vary in form and implementation from one company to another but all elements should be present to make the program operational and sustainable. The

1 Lowe, Graham. "Healthy Workplace Strategies: Creating Change and Achieving Results". Prepared for the Workplace Health Strategies Bureau, Health. Canada: The Graham Lowe Group Inc. 2004.

2 Lawler III EE, Mohrman SA, Ledford Jr. GE. Creating High Performance Organizations: Practices and Results of Employee Involvement and Total Quality Management in Fortune 1000 Companies. San Francisco: Jossey-Bass. 1995.

3 Ibid.

interrelationship of these components is illustrated in the figure below.



Leadership/Policy

Leadership is the driving force for the workplace program to materialize and eventually succeed. This requires the presence of a workplace champion who firmly believes in the program and is able to proactively promote the enterprise's support and participation.

The existence of a written policy is a concrete expression of effective leadership on Workplace Health Program. The policy defines the position and response of the enterprise regarding health issues. It also serves as the basis to implement planned activities that lead to the attainment of program goals. A well-defined policy is an institutional guarantee for the provision of personnel and budget for the program.

Instituting CHANGE in the Workplace

Do your homework. Start with a thorough review of international labour standards and national laws and regulations to serve as basis for your workplace policy. These will provide you with key principles you must include in your draft workplace policy, and give you ideas on how to implement your program. Among the most important cross-cutting key principles of health-related workplace policies include non-discrimination in employment for infected and affected workers; confidentiality and privacy of personal, including medical, information; and, ensuring involvement of workers in the policy dialogue.

(Refer to Annex for a checklist of relevant national laws and policies, international labour standards, and key principles your workplace policy must incorporate on each of the CHANGE domains. A sample policy outline is also included in the Annex.)

Remember that the policy you are drafting now must be consistent with other relevant policies which you may already have in your compendium of corporate policies and procedures.

Structure

A defined external and internal structure ensures the effective implementation of the program. This requires the creation of a body with well-defined roles and members trained to manage the program.

The Department of Labor and Employment (DOLE), through the issuance of the Occupational Safety and Health Standards (OSHS), compels all enterprises to form a Safety and Health (OSH) Committee, which must be composed of a high-ranking enterprise official, and a mix of management and workers' representatives (see the DOLE OSHS for recommended composition specific to enterprise size in terms of the number of employees).

While a large part of the OSHS is devoted to preventing workplace accidents or exposure to risks and hazards, the inclusion of an entire section on Occupational Health Services, also stresses the growing importance of health promotion and disease prevention in the workplace environment. The OSHS compels enterprises to "organize and maintain an occupational health program".

DOLE Department Order No. 56-03 (Rationalizing the Implementation of Family Welfare Program in DOLE) also mandates enterprises to implement workplace-based programs that promote reproductive health and responsible parenthood, medical health care, nutrition, and sports and leisure, among others.

The Occupational Safety and Health Committee can spearhead the creation of and drive a workplace health promotion program. If not yet set up, the enterprise may well consider creating this body within the organization or, create a Program Management Team (PMT) which will be made responsible for enterprise health promotion. Like the OSH Committee, the PMT must be composed of representatives of employees at all levels and overseen by the human resources department. For smaller enterprises, its membership in formalized external structures of partnerships or networks with health service providers may be an alternative to setting up its own team.

In any case, the enterprise must recognize that it has limitations in providing a comprehensive set of prevention, treatment, care and support information and services. Thus, the enterprise must establish an effective referral system with government mandated institutions, and whenever applicable, with existing community health infrastructures whether public or private, other private organizations or associations, and even with non-government organizations.

Remember that whichever body or however you wish to structure your team must be specifically mentioned in your policy. This ensures that somebody is accountable for program implementation and results. Make sure to identify position titles or representation and not the names of persons involved in your policy. Else, your program will be affected by staff turnover, leaving nobody responsible.

Service Delivery

Health services may be delivered onsite or offsite. The enterprise may offer, for instance, a health orientation program that is facilitated by its own personnel or a worker representative or, outsourced such as through an HMO.

Systems for service delivery should be sensitive to the values, culture and operations of the company, at the same time recognize the rights of its workers. These systems

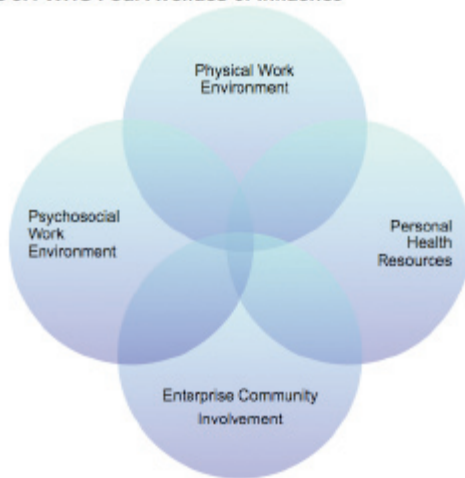
Instituting CHANGE in the Workplace

should identify networks of providers and put in place a functional referral system.

A wide menu of health services may be made available by the enterprise, and may range from health orientations and peer education; teaching coping skills such as stress management; counseling and rehabilitation, such as for alcohol and drug abuse, and HIV; periodic physical examinations; diagnosis and treatment of chronic diseases and infections; to environmental or ergonomic alterations, among many examples.

Enterprises can deliver any health promoting service that belongs to what WHO terms as the four avenues of influence: physical work environment, psychosocial work environment, personal health resources in the workplace, and enterprise community involvement⁴.

Figure 9.1 WHO Four Avenues of Influence



The interrelationships among these four avenues are summed up below.

Changes in the physical work environment may involve strict use of personal protective equipment or, replacing office furniture with ergonomic alternatives. Changes in the psychosocial work environment may include adjusting work systems and workloads. It may also involve changing

values, beliefs, and attitudes, such as eliminating stigma and discrimination against co-workers with HIV. Personal health resources refer to a worker's work environment which should enable him or her to make healthier lifestyle choices. This avenue may range from medical health services, to providing healthier food choices at the cafeteria, or in making stairways safe, well-lighted, and conducive for workers to choose to walk rather than take the elevators.

⁴ WHO Healthy Workplace Framework and Model: Background and Supporting Literature and Practices"WHO: Geneva. 2010

Sustainability

Sustainability refers to mechanisms that will ensure continued support of management, provision of quality information and services, continuous allocation of resources, and regular or periodic monitoring of results.

Sustainability must be ensured in two areas: (1) continuous program services by trained and motivated personnel (program management sustainability), and (2) health products and services are available, accessible, affordable and acceptable (4As).

- **Sustainability of Financing.** Two points arise in the discussion of health program financing: operational cost and cost of commodities. Enterprises need to identify a workable financing mechanism that will ensure that employees have access to the health method of their choice.
- **Program Sustainability.** This refers to the long-term continuity, or viability, of the program. Specifically, it addresses: maintenance of a functional and well-represented OSH Committee (or, PMT); availability of trained/accredited service providers and peer educators; Presence of guidelines and protocols as provided for in the company policy for the health service delivery system; mainstreaming of the healthy workplace program into regular company programs and activities; continuing education for healthy workplace service providers; and, regular program planning, monitoring and review for continuous improvements.

Support Systems/Management System

The fifth component is the presence of Structural Support. This component covers the installation and maintenance of a health database that will serve as the basis for planning appropriate Workplace Health Program activities and installing Monitoring and Evaluation (M &E) systems. An ideal Workplace Health Program M&E system would generally include the conduct of a baseline to establish the needs and inform interventions to be undertaken by the program; and, an identification of key indicators to track so as to measure progress towards the accomplishment of program objectives.

Instituting CHANGE in the Workplace

[“A Monitoring and Evaluation Tool to Measure CHANGE in the Workplace” is also included in this Package. It includes an employee and management baseline questionnaire which you may choose to run in your enterprise.]

As soon as you are ready, write down the specific components of your program. Drawing up your action plan will take several writing and revising, especially as you begin formal and informal consultations with your team and your stakeholders. Be patient. It takes several reviews to get it right. Take care though not to get bogged down in this phase, as it will take actual program implementation, reviewing your plan again based on experiences during implementation, and rewriting your program some more to get things right. Remember that your plan will never be perfect and that it has to be subjected to periodic reviews and revisions if it should remain responsive to the needs of your stakeholders. [To guide you in writing your plan, please refer to “Template of a Workplan” included in the Annex.]

Instituting your workplace health program

Now that you have undergone the process of researching, consultation, writing, and putting together all the necessary components, the next step is to schedule a management orientation session (MOS) with high level managers, middle managers, line supervisors, and even workers’ representative/s to secure their full support and ownership of the program.

Present a business case, beginning with an enumeration of answers you gathered in responding to the questions, “Who are at risk?” and “What information are available?” Link these information with your enterprise specific data, for instance, how majority of your workers are within the age group identified to be most prone for unhealthy habits and risky behaviours. Follow up with a presentation of sick leaves and health claims filed and corresponding reasons, results of physical exams, attrition and turnover rates and corresponding costs. Present your health program targets by making a projection based on informed assumptions of how you see the health program bringing down costs, increasing savings, and enhancing employee satisfaction and productivity.

Make a case of how promoting health at the workplace can contribute to the enterprise's core business strategy---health promotion can positively impact both topline and bottomline targets. Always remember that the case you are making is not only based on the enterprise's legal and ethical obligations, and business strategy but, more importantly, you must be able to demonstrate impact in monetary terms...and you must be able to do so not only to get the approval of your internal stakeholders but, most especially, to demonstrate actual positive return of investment to keep the program funded and running.

Setting Up a Workplace Policy and Program on Healthy Lifestyle Promotion Checklist

ASSESSMENT

- The Management Survey Questionnaire has been filled out collectively by key enterprise officials responsible
 - Focus Interviews (FI) or Focus Group Discussion/s (FGD) have been conducted with the CEO, and other key executives and officers to find out their interests and objectives for setting up a workplace healthy lifestyle program
 - Policy review conducted, particularly of relevant national laws, international labor standards, and workplace policies (including insurance policies, vacation and sick leave benefits)
 - Relevant workplace programs reviewed for opportunities, gaps, and barriers; including health insurance claims and other HMO data)
 - Organizational structure reviewed (include review of key officials responsible for employee health and welfare)

- The Employee Survey Questionnaire has been randomly administered to employees
 - Data analyzed (descriptive and relevant crosstabs implemented)
 - FIs and FGDs conducted with some employees to probe the results of the survey

- Conduct facilities assessment by observation
 - Check facilities, including office gym and equipment, availability of shower

rooms, access to and safety of stairways, available food at the cafeteria and vending machines (Note: Facility assessment may also be done to follow through the management and employee survey responses, particularly probing on items which both groups claim that they have no or limited access to)

- ❑ Write a Baseline Health Assessment Report

POLICY INSTALLATION

- ❑ An Occupational Safety and Health (OSH) Committee has been created, and its responsibilities laid out
 - Based on the DOLE OSH Standards, the OSH Committee of an enterprise employing more than 400 employees must be composed of:
 - **Chairman:** Company Country Chair or a top company executive
 - **Members:** Two department heads
 - **Four employees (elected representatives of employees;** if unionized, members of the union)
 - **Company physician**
 - **Secretary:** OSH Consultant/Safety Man
 - Note: Check the policy for requirements appropriate to your company size*
 - Review the policy creating the OSH Committee. Create a new body or revise its Terms of Reference or composition as necessary to accommodate your healthy lifestyle program.
- ❑ Review workplace policies on non-discrimination, confidentiality and privacy
 - Employment, recruitment, benefits and promotion, and termination policies are non-discriminatory and applies to everyone
 - Check that a logframe for collecting, storing, and retrieving personal information are available
- ❑ Draft your workplace policy

Instituting CHANGE in the Workplace

- Policy/ies on Healthy Lifestyles are compliant to national laws, local ordinances, and international labour standards
 - Review relevant laws, policies, and standards
 - Refer to the Checklists for the CHANGE health domains for guidance
- ☐ Management support secured
 - Schedule a board presentation to obtain high-level support for your policy and program

PROGRAM INSTALLATION

- ☐ A Workplace Healthy Lifestyle Program has been drawn up
 - Management support secured
 - Objectives are clear and understood by all stakeholders
 - Appropriate program components identified (e.g., Peer education, elearning orientations for employees, sports fest, etc)
 - Costed workplan laid out, and sources of funding identified
 - Persons accountable identified
- ☐ A Communication Plan has been drawn up
 - Program branding identified
 - Core messages crafted for different audiences, and for a variety of touchpoints
 - Core messages use proper terminologies, non-discriminating, and politically correct
 - Appropriate touchpoints identified based on the results of the Employee Survey
- ☐ A Monitoring Plan has been set up
 - Monitoring parameters, frequency, and person/s responsible agreed with

stakeholders

- Refer to the Manual on Measuring CHANGE for guidance

EVALUATION

- ☐ An Evaluation Plan has been drafted
 - Parameters, criteria agreed to and understood by all stakeholders
 - Refer to the Manual on Measuring CHANGE for guidance
- ☐ A feedback mechanism has been set up
 - All stakeholders have access to the feedback mechanism

CHANGE Checklists

SMOKE-Free Workplace Checklist

Pre-Policy Creation

Employers and workers' representatives must read and understand the following laws and international standards.

- Philippines Clean Air Act of 1999 (Republic Act 8749)RA8749
- Philippines Tobacco Regulation Act of 2003 (Republic Act 9211)RA9211
- WHO Framework Convention on Tobacco Control
- Existing anti-smoking or anti-tobacco ordinance in the city/municipality that geographically covers the concerned workplace
- WHO Framework Convention on Tobacco Control
- Existing anti-smoking or anti-tobacco ordinance in the city/municipality that geographically covers the concerned workplace
- Occupational Safety and Health Standards (OSHS)

Key Policy Principles

Our company's policies:

- Make the workplace 100% smoke-free in both fully and partially enclosed areas and within 10 meter perimeter radius designate non-smoking areas
- Designate smoking areas, if needed, outdoors but away from entrances and exits designate, if any, smoking areas that are away from common areas which non-smokers also frequent areas designated as non-smoking

Instituting CHANGE in the Workplace

- ❑ empower employees by creating opportunities for them to participate in the creation and implementation of the smoke-free workplace policy
- ❑ create a committee to implement a smoking cessation program that will:
 - promote the benefits of quitting
 - Identify smokers and offer brief advise on smoking cessation
 - assess the degree of nicotine dependence
 - assist smokers who are ready to quit in setting a quit date
 - advise that complete abstinence from smoking is best
 - develop referral system for smokers needing further intervention including medication, if necessaryarrange effective medication, if available
- ❑ arrange follow-up
- ❑ Make the employees aware of the dangers of smoking and exposure to second-hand smoke through information, education and communication brochures and/or pamphlets

Policy Implementation and Maintenance

The company:

- ❑ Conducts regular education and training of eeducates and trains employees about the dangers of smoking and exposure to second-hand smoke
- ❑ Creates has a committee that willin place to implement a smoking cessation program
- ❑ Develops partnership with healthcare providers as a referral mechanism to address the needs of smokers needing further intervention supports theoffers smoking-cessation program either at the office, through the HMO, or via referral to qualified institutions

Instituting CHANGE in the Workplace

HIV and AIDS Checklist

Pre-Policy Creation

Employers and workers' representatives must read and understand the following laws and international standards.

- Republic Act 8504, "Philippine AIDS Prevention and Control Act of 1998"
- DOLE DO 102-10 Series of 2010, "Department Order No.102-10 Guidelines for Implementation of HIV&AIDS Prevention"
- DOLE National HIV and AIDS Workplace Policy
- International Labour Organization Recommendation concerning HIV and AIDS and the World of Work, 2010 (No. 200)

Key Policy Principles:

Our company's policy on HIV and AIDS:

- recognizes HIV as a workplace issue.
- is inclusive. Both the management and employees participated in formulating the policy and are accountable to its implementation.
- is non-discriminatory. Our company does not deny employment, promotion, or benefits to officers, employees, or job applicants on the basis of real or perceived HIV status. A positive HIV status cannot be used as a ground for termination.
- protects the rights of workers not to be subjected to mandatory HIV testing or screening.
- protects the confidentiality and privacy of employees' personal information, including medical information, at all times.
- facilitates access to HIV prevention, treatment, care, and support information and services at the workplace and through referral to relevant institutions.

Policy Implementation and Maintenance

The company practices:

- have employees participate in workplace policy formulation and program implementation
- educate employees about HIV, AIDS and STIs prevention
- educate employees on how to receive assistance when they have HIV, AIDS and STIs
- encourage employees to undergo Voluntary Counseling and Testing (VCT) for HIV
- inform employees of their rights vis-à-vis HIV, AIDS, and STIs, and are made aware of company policies and programs on HIV and AIDS
- extends the company's HIV and AIDS program to employees' families, supply chain, and other stakeholders.

HIV POLICY EXAMPLE

GENERAL STATEMENT

(Company name) recognizes that Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) are serious public health issues that, if left unaddressed, can negatively impact development and the society, including the World of Work.

PURPOSE OF THIS POLICY

The purpose of this HIV and AIDS workplace policy is to ensure a fair, just, and non-discriminatory approach to a comprehensive workplace management of HIV and AIDS prevention, treatment, care and support information and services for all employees.

SPECIFIC POLICIES

The fundamental human rights of employees infected with HIV and AIDS, including the right to work and the right not to be discriminated, must be protected at all times to ensure maintenance of a just and humane working condition. Employees who are infected with HIV shall enjoy the same treatment, employment, emoluments, and benefits as do employees who do not have HIV.

HIV Screening

Employees and job applicants shall not be required to undergo HIV testing and screening, nor be required to undergo and submit an HIV personal risk assessment for employment or any other employment-related purposes.

This policy will not be applicable only in situations where employees are required to take business travels or foreign posts in countries where HIV and AIDS testing and screening are required as a pre-condition for entry or employment.

Confidentiality

All personal information, including HIV status and other medical information, will be

Instituting CHANGE in the Workplace

kept confidential at all times. Employees' right to privacy shall also be respected.

Disclosure of HIV status to the employer

Employees who are infected with HIV shall not be required to disclose their HIV status to management. The management, however, shall create an enabling environment that will encourage employees to disclose their HIV status so that the management may apply reasonable changes in working arrangements for infected employees whenever appropriate. Disclosure of HIV status shall also help the management to better assist infected and affected employees in accessing positive prevention, treatment, care and support information and services.

Continuation of employment relationship

HIV infection is not a reasonable cause for termination of employment. Employees with HIV shall be allowed to work for the company for as long as they are medically fit to work.

Reasonable changes in working arrangement

HIV infection is by itself not associated with any limitation in fitness-to-work. If fitness-to-work is impaired by HIV-related illness, including AIDS, alternative-working arrangements will be considered, where practicable.

Information and Education

Information and education are essential for the prevention and control of HIV. Educating all employees is also important in creating a non-discriminating, non-stigmatizing workplace environment for employees with HIV.

First-aid

In any situation requiring first-aid in the workplace, universal precautions shall be observed at all times to reduce the risk of transmitting blood borne infections, including HIV.

IMPLEMENTING STRUCTURE

The Occupational Safety and Health (OSH) Committee* shall be responsible for

Instituting CHANGE in the Workplace

disseminating, monitoring, and evaluating the provisions of this policy. The OSH Committee is also tasked to set up a corresponding program with the following objectives:

1. To educate employees on basic facts about HIV and AIDS, including how they can protect themselves and their loved ones
2. To inform employees about their rights vis-à-vis HIV and AIDS, including this workplace policy
3. To encourage employees to undergo voluntary counselling and testing, and to inform them about company or other community-based programs that are available for people living with HIV

PROGRAM FINANCING

The HIV and AIDS Program budget shall be equivalent to 10 per cent of the total allotment for employee health and wellness programs.

***Note:** Ideally, the OSH Committee will have been created as another workplace policy or order. Based on the DOLE OSH Standards, the OSH Committee of an enterprise employing more than 400 employees must be composed of:

Chairman: Company Country Chair or a top company executive

Members:

Two department heads

Four employees (elected representatives of employees; if unionized, members of the union)

Company physician

Secretary:

OSH Consultant/Safety Man

Key Principles of the International Labour Organization Recommendation concerning HIV and AIDS and the World of Work, 2010 (No. 2011)⁵

- The response to HIV and AIDS must contribute to the realization of human rights, fundamental freedoms and gender equality for all, including workers, their families and dependants;
- HIV and AIDS are workplace issues
- There should be no employment-related discrimination against or stigmatization of persons, including job seekers and job applicants, on the grounds of real or perceived HIV status or the fact that they belong to regions of the world or segments of the population perceived to be at greater risk of or more vulnerable to HIV infection. The principle of non-discrimination ensures equality of opportunity and treatment in access to employment and terms and conditions of employment;
- Real or perceived HIV status is not a cause for termination of employment. Persons with HIV-related illness should not be denied the possibility of continuing in employment with reasonable accommodation for as long as they are medically fit to do so;
- Prevention of HIV transmission should be a fundamental priority;
- Workers, their families and dependants should benefit from HIV prevention, treatment, care and support services and the workplace should play a role in facilitating access to these services;
- HIV and AIDS policies and programs should reinforce social dialogue and be based on cooperation and trust between government, employers and workers,

⁵ http://www.ilo.org/public/english/region/eurpro/moscow/info/publ/nat_pol_guidance_note_en.pdf. Last accessed: 13 June 2012

and take into account the views of persons living with HIV. Workers should participate and be engaged in the design, implementation and evaluation of national and workplace programmes on HIV and AIDS;

- The working environment should be safe and healthy for all workers and they should benefit from programmes to prevent risk of occupational exposure to HIV and tuberculosis;
- Workers, their families and dependents have the right to privacy, including confidentiality of their HIV status;
- No workers should be subjected to mandatory HIV testing or screening or be required to disclose their or others' HIV status; and
- Measures to address HIV and AIDS in the world of work should be part of national development plans, policies and programmes, including those related to labour, education, social protection and health.

Alcohol and Drugs Checklist

Pre-Policy Creation

Employers and workers' representatives must read and understand the following laws and international standards.

- Republic Act 9165 (RA9165), or the Comprehensive Dangerous Drugs Act of 2002
- DOLE Department Order No. 53-03
- International Labour Organization Code of Practice on Management of Alcohol- and Drug-Related Issues in the Workplace (1996)
- Occupational Safety and Health Standards (OSHS)

Key Policy Principles

Our company's policy on alcohol and drug abuse:

- recognizes that alcohol and drug abuse is a workplace issue.
- is inclusive. Both the management and employees participated in formulating the policy and are accountable to its implementation.
- applies to all officers and employees, regardless of rank or position.
- is non-discriminatory. Everyone shall enjoy the right to due process.
- supports the prevention, reduction and management of alcohol- and drug-related problems in the workplace.
- protects the confidentiality and privacy of employees' personal information, including medical information, at all times.
- lays out clear procedures for randomized mandatory drug testing
- is supportive of officers or employees seeking rehabilitation.

Instituting CHANGE in the Workplace

- ❑ although it contains specific disciplinary actions for employees found to be positive for drugs, favors counselling, treatment and rehabilitation.

Policy Implementation and Maintenance

The company practices:

- ❑ company-wide coverage of the drug-free policy
- ❑ ensure job security with the employees' voluntary participation in the company program
- ❑ disseminate information on preventing problems related to alcohol and drug abuse via education and training
- ❑ inform employees about:
 - the company's policies and programs regarding drugs and alcohol.
 - their rights vis-à-vis drugs and alcohol abuse.
 - the company's policy on randomized mandatory drug testing.
 - the legal requirement for all employees to sign an acknowledgement that they have read and understood the company's policies regarding drugs and alcohol.
 - use of a referral system for employees who may need assessment and further advise

Key Principles of the ILO Code of Practice on Management of alcohol- and drug-related issues in the workplace

- Alcohol and drug policies and programmes should promote the prevention, reduction and management of alcohol- and drug-related problems in the workplace.
- Alcohol- and drug-related problems should be considered as health problems, and therefore should be dealt with, without any discrimination, like any other health problem at work and covered by the health care systems (public or private) as appropriate.
- Employers and workers and their representatives should jointly assess the effects of alcohol and drug use in the workplace, and should cooperate in developing a written policy for the enterprise.
- Employers, in cooperation with workers and their representatives, should do what is reasonably practicable to identify job situations that contribute to alcohol- and drug-related problems, and take appropriate preventive or remedial action.
- The same restrictions or prohibitions with respect to alcohol should apply to both management personnel and workers, so that there is a clear and unambiguous policy.
- Information, education and training programmes concerning alcohol and drugs should be undertaken to promote safety and health in the workplace and should be integrated where feasible into broad-based health programmes.
- Employers should establish a system to ensure the confidentiality of all information communicated to them concerning alcohol- and drug-related problems. Workers should be informed of exceptions to confidentiality which arise from legal, professional or ethical principles.

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- Testing of bodily samples for alcohol and drugs in the context of employment involves moral, ethical and legal issues of fundamental importance, requiring a determination of when it is fair and appropriate to conduct such testing.
- The stability which ensues from holding a job is frequently an important factor in facilitating recovery from alcohol- and drug-related problems. Therefore, the social partners should acknowledge the special role the workplace may play in assisting individuals with such problems.
- Workers who seek treatment and rehabilitation for alcohol- or drug-related problems should not be discriminated against by the employer and should enjoy normal job security and the same opportunities for transfer and advancement as their colleagues.
- It should be recognized that the employer has authority to discipline workers for employment-related misconduct associated with alcohol and drugs. However, counselling, treatment and rehabilitation should be preferred to disciplinary action. Should a worker fail to cooperate fully with the treatment programme, the employer may take disciplinary action as considered appropriate.
- The employer should adopt the principle of non-discrimination in employment based on previous or current use of alcohol or drugs, in accordance with national law and regulations.

Pre-Policy Creation

Employers and workers' representatives must read and understand the following laws and international standards.

- Executive Order No. 187, Instituting a Comprehensive and Unified Policy for the Tuberculosis Control in the Philippines
- TB Comprehensive Unified Policy (CUP)
- DOLE DO 73-05 Series 2005
- DOLE-Occupational Safety and Health Standards (OSHS) Rule 1062
- OSHS Rule 1965.01
- OSHS Rule 1053.01
- OSHS, Rule 1076.01
- National Tuberculosis Control Program (NTP) Policies and Procedures

Key Policy Principles

Our company's policies:

- are non-discriminatory
- contains TB preventive strategies
- have provisions for protecting employee confidential information
- have procedures for tracing all contacts of infected employee
- have procedures for clinically assessing contacts of infected employee
- have procedures for reporting TB cases to
 - DOLE
 - SSS

Instituting CHANGE in the Workplace

- have procedures on how to refer employee to DOTS
- have provisions for employees coming back to work after receiving DOTS treatment
- have procedures for employees to receive the following TB benefits:
 - SSS
 - PhilHealth
 - ECC
- create means to advocate, educate, and train employees about TB
- contain guidelines to standardize workplace conditions that are:
 - well-ventilated
 - sanitary
 - observes space requirements for each worker

Policy Implementation and Maintenance

The company practices:

- educate employees about TB prevention
- educate employees how to receive assistance when they have TB
- have a committee in place to clinically assess infected employees and their contacts

Good Nutrition and Breastfeeding

Pre-Policy Creation

Employers and workers' representatives must read and understand the following laws and international standards.

- Republic Act 10028 or the "Expanded Breastfeeding Promotion Act of 2009"
- RA7600 or the the "Rooming-in and Breastfeeding Act of 1992"
- Family Welfare Act

Key Policy Principles:

Our company's policies:

- recognize that having access to good nutrition, preventing diabetes and providing a breast-feeding friendly environment are workplace issues
- provides for on good nutrition and breastfeeding friendly policies on the workplace
- provides management support for an in-house breastfeeding program
- collaborates with employees and other company stakeholders in designing nutrition and breast-feeding policies that meets their needs
- provides training, education and information dissemination to all employees on improving their and their baby's health

Policy Implementation and Maintenance

The company practices:

Instituting CHANGE in the Workplace

- ❑ dissemination of information on preventing problems related to poor nutrition via education and training
- ❑ employees are made aware of company policies and programs on good nutrition and breastfeeding
- ❑ employees are made to understand the economic and health benefits of eating right, preventing diabetes, and breast-feeding

Pre-Policy Creation

Employers and workers' representatives must read and understand the following laws and international standards.

- Global recommendations on physical activity for health. WHO. 2010.
- The relevant company policy makers read and understood the following law:
- Occupational Safety and Health Standards (OSHS)
- Family Welfare Act

Key Policy Principles

Our company's policies are:

- Recognizing that physical inactivity is a health and workplace issue.
- Installs provisions for a workplace-friendly exercise policy
- Provides management support for an in-house company exercise program
- Collaborates with employees and other company stakeholders in designing a workplace exercise policy that meets their needs
- Provides training, education and information dissemination to all employees on improving their health by exercising

Policy Implementation and Maintenance

The company practices:

- Company-wide coverage of the workplace policy on exercise
- Dissemination of information on preventing problems related to physical inactivity via education and training

Instituting CHANGE in the Workplace

- ❑ Employees are made aware of company policies and programs on exercise

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