



WAREHOUSE MANAGEMENT | WORKFORCE SOLUTIONS

Document Code:	SSP-HEALTH 003	Revision No:	00
Document Title:	Implementing Guidelines and Standard Operating Procedures (SOP) for the Expedise Workplace TB Prevention and Control Policy	Creation Date:	15-Oct-2025
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Document History Log

Status	Effectivity Date	Description of Change/s	Initiated by

Prepared by:	Reviewed by:	Approved by:
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WORKPLACE POLICY AND PROGRAM ON TUBERCULOSIS (TB) PREVENTION AND CONTROL

1. Policy Statement

The Expedise Warehouse Management Solutions Inc. recognizes that while 80% of tuberculosis (TB) cases belong to the economically productive individuals, it is also treatable, and its spread can be curtailed if proper control measures are implemented. As such, this TB Policy and Program is hereby issued for the information and guidance of the employees

2. Scope and Coverage

This policy applies to

- 2.1 All employees of Expedise Warehouse Management Solutions Inc. across all worksites, offices, and facilities.
- 2.2 All applicants or employees undergoing **APE**.
- 2.3 All cases of presumptive or confirmed TB identified through examinations, medical consultations, or workplace monitoring.

3. Purpose

3.1 Early Detection—Promptly identify and report any TB-related symptoms.

3.2 Timely Referral and Treatment—Provide immediate medical referral of symptomatic employees to DOH-accredited DOTS facilities for proper diagnosis, treatment, and monitoring.

3.3 Workplace Safety—Prevent the spread of TB in the workplace through health education, workplace sanitation, and infection control measures.

3.4 Employee Support – Assist affected employees by facilitating free access to anti-TB medicines for affected employees through referrals, PhilHealth, SSS, and ECC benefits, as well as psychosocial support.



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3.5 Non-Discrimination – Protect the rights of employees with presumptive or confirmed TB by ensuring confidentiality, non-discrimination, and fair treatment in line with DOLE DO 73-05.

3.6 Legal Compliance – Fulfill company obligations under the OSH Law (RA 11058), DOLE OSHS, and RA 11332 on notifiable diseases, including reporting TB cases through the Annual Medical Report (AMR).

3.7 Rehabilitation and Reintegration – Support the safe and timely return-to-work of employees declared fit for duty by accredited medical professionals.

4. Definition of Terms

4.1 PEME (Pre-Employment Medical Examination): A mandatory medical assessment of job applicants to determine fitness to work and detect communicable diseases such as TB before hiring.

4.2 APE (Annual Physical Examination): A yearly medical check-up for employees, including chest X-ray, to ensure early detection of TB and other illnesses.

4.3 Tuberculosis (TB)- A communicable disease caused by *Mycobacterium tuberculosis*, usually affecting the lungs but may also affect bones, brain, kidneys, liver, intestines, and other organs.

4.4 Pulmonary TB- TB affecting the lungs, contagious when untreated.

4.5 Extrapulmonary TB- TB affecting organs other than the lungs, usually non-contagious.



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4.6 Presumptive TB Case- Any person with symptoms suggestive of TB or with abnormal chest x-ray findings.

4.7 DOTS (Directly Observed Treatment Short Course)- WHO-recommended supervised TB treatment program.

4.8 MDR-TB / XDR-TB - Drug-resistant forms of TB requiring specialized treatment.

4.9 Confirmed TB Case – A person who has been diagnosed with TB by a DOH-accredited physician or DOTS facility, based on sputum examination, X-ray, or molecular testing.

4.10 TB Clearance / Fit-to-Work Certificate – A medical document issued by a DOH-accredited TB DOTS facility or City Health Office (CHO) certifying that an employee with TB is non-infectious and fit to return to work.

5. Signs and Symptoms of Pulmonary TB

Employees must be aware of common symptoms:

5.1 Persistent productive cough (≥ 2 weeks)

5.2 Blood-streaked sputum or phlegm

5.3 Low-grade afternoon fever

5.4 Chest or back pains





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5.5 Night sweats

5.6 Weight loss and loss of appetite

5.7 Easy fatigability or weakness

6. Responsibilities

6.1 Employees

6.1.1 Undergo all required medical examinations.

6.1.2 Provide a complete and truthful medical history.

6.1.3 Report TB-like symptoms immediately to the company health unit or customer concierge

6.1.4 Undergo the Annual Physical Examination as scheduled.

6.1.5 Adhere strictly to treatment regimens.

6.1.6 Employees shall comply with universal precautions and the preventive measures.

6.1.7 Follow all instructions from the customer concierge and Safety Officer

6.2. Management

6.2.1 Ensure Pre-employment medical exams and annual medical exams are implemented



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6.2.2 Ensure TB cases are properly referred and monitored.

6.3 Safety Officer

6.3.1 Oversee implementation of this policy.

6.3.2 Coordinate with DOH, OSHC, and accredited DOTS facilities.

6.3.3 Explain the checklist and acknowledgement form to the employee.

6.3.4 Enforce workplace health and safety protocols.

6.3.5 Provide information, education and training on TB prevention for its workforce.

6.3.6 Report diagnosed TB cases to DOLE through the Annual Medical Report (AMR).

6.3.7 Issue the employee's Return-to-Work Clearance

6.4 Workforce Operations; Customer Concierge

6.4.1 Monitor employees for TB symptoms and refer them to the Safety Officer.

6.4.2 Ensure compliance with TB monitoring and clearance procedures.

6.4.3 Coordinate with the Safety Officer on reports and documentation.

6.4.4 Support employees while maintaining confidentiality.

6.4.5 Conduct periodic health assessments and workplace inspections.

6.4.6 Report suspected or confirmed TB cases immediately

6.5 Customer Care





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6.5.1 Assist with SSS, ECC, PhilHealth claims leave arrangements, and provide non-discriminatory support.

6.6 Talent Acquisition

6.6.1 Secure, monitor, and update medical records.

6.6.2 Maintain forms and explain pre-employment checklists

6.6.3 Process recommended procedures for unfit applicants.

6.7 Internal HR Department

6.7.1 Coordinate APE scheduling with accredited clinics.

6.7.2 Maintain secure and confidential employee medical records.

6.7.3 Support management in monitoring compliance with medical clearances and follow-up check-ups.

6.8 Accredited Clinic

6.8.1 Conduct PEME and Annual Physical exams.

6.8.2 Issue Fit-to-Work or Unfit-to-Work certifications.

6.8.3 Provide recommendations for conditional or special medical cases.

6.8.4 Make sure to properly interview each employee about their medical history.

7. Workplace Preventive Measures

7.1 Education and Advocacy



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7.1.1 Conduct quarterly TB awareness seminars and counseling.

7.1.2 Distribute Information, Education, and Communication materials.

7.1.3 Train safety officers and customer concierges on TB detection, referral, and case management.

7.2 Workplace Environment Improvement

7.2.1 Maintain proper ventilation systems (OSHS Rule 1076.01).

7.2.2 Avoid overcrowding; comply with space requirements (OSHS Rule 1062).

7.2.3 Provide adequate sanitary facilities for workers.

7.3 Health Promotion

7.3.1 Encourage good nutrition, adequate rest, and stress management.

7.3.2 Discourage smoking, alcohol, and drug abuse which weaken immunity.

7.3.3 Encourage employees to seek medical attention at the earliest sign of TB symptoms.

8 Screening and Case Detection

8.1 Pre-Employment Medical Examination (PEME)



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8.2 Annual Physical Examination (APE)

8.3 Workplace Case Reporting

9. Procedures of Treatment and Case Management

9.1 Through APE (Annual Physical Examination):

9.1.1 Employees must undergo **APE** every year, in compliance with OSHS and company OSH program.

9.1.2 If results are **normal**, the employee continues to work.

9.1.3 If **abnormal chest X-ray or TB symptoms** are detected, the case is referred to the Safety Officer and client physician, then endorsed to a TB DOTS facility for confirmation.

9.1.4 *Follow Tuberculosis Initial Workplace Action (See Section 9.2: Initial Workplace Action)*

9.1.5 Employees are temporarily **restricted from work** until clearance is obtained.

9.2 Through Self-Reporting/Observation:

9.2.1 Employees experiencing persistent cough, fever, night sweats, or unexplained weight loss must report immediately.



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9.2.2 Supervisors and Safety Officers may also refer to observed symptomatic employees for evaluation.

9.2.3 *Follow Tuberculosis Initial Workplace Action (See Section 9.2: Initial Workplace Action)*

9.3 Initial Workplace Action

9.3.1 Customer Concierge shall advise presumptive TB employees to:

9.3.1 Refrain from reporting to duty until medically assessed.

9.3.2 Wear a surgical mask while awaiting referral.

9.3.3 Avoid close contact in the workplace.

9.3.2 Immediate **isolation within the workplace** shall be practiced only as a temporary measure until referral.

9.4 Medical Referral and Diagnosis

9.4.1 Presumptive employees shall be referred to a DOH-accredited TB DOTS facility or City Health Office.

9.4.2 The Safety Officer shall provide instructions to the customer, explain the checklist, acknowledgement form and ensure compliance with the guidelines and TB checklist as discussed (***Refer to attached checklist in 14.1***)

9.4.2.1 Checklist Instruction:

9.4.2.1.1 Consult Doctor

9.4.2.1.1.1 Visit a licensed physician (City Health Office) for an initial medical evaluation.





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9.4.2.1.1.2 Follow the doctor's advice regarding further tests or treatment

9.4.2.1.2 Report to TB DOTS

9.4.2.1.2.1 Go to the nearest TB DOTS facility as advised.

9.4.2.1.2.2 Undergo the required TB tests and medical assessment.

9.4.2.1.2.3 Inform the Customer Concierge once this step is completed.

9.4.2.1.3 Secure Medical Findings

9.4.2.1.3.1 Request a copy of the medical findings from the physician and/or TB DOTS.

9.4.2.1.3.2 Keep one copy for your records.

9.4.2.1.3.3 Submit a copy to Customer Concierge for monitoring.

9.4.2.1.4 Get Clearance from TB DOTS/CHO

9.4.2.1.4.1 Obtain an official clearance certificate from TB DOTS/CHO.

9.4.2.1.4.2 Ensure the Pulmonary clearance clearly states your fitness for work.

9.4.2.1.5 Obtain Clearance for Duty (Expedise)

9.4.2.1.5.1 Present your TB DOTS/CHO clearance to the customer concierge or safety officer.



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9.4.2.1.5.2 Receive your final clearance for duty before returning to work from the safety officer.

9.4.3 The employee will sign the acknowledgment form upon full understanding of the instructions. **(Refer to attached form in 14.2.)**

9.4.4 If an employee tests positive for TB, the Safety Officer shall promptly notify the City Health Office and the nearest DOH-accredited DOTS facility depends on the Location of the employee

9.4.5 The company, through the Safety Officer and Customer Concierge, shall monitor treatment compliance through coordination with DOTS.

9.4.6 Employees may only return to work if they submit complete medical findings and a clearance certificate.

9.4.7 Safety Officer shall issue a Return-to-Work Form once the employee is fit to resume duty. **(Refer to attached form in 14.4).**

9.4.8 Employees undergoing treatment may apply for **leave benefits (SSS sickness, ECC, and PhilHealth)**, and Customer Care will guide them.

9.5 Resignation and Non-Coordination

If an employee with a presumptive or confirmed TB case **chooses to resign and refuses to coordinate** with the company's TB policy and procedures:

9.5.1 The Safety Officer shall document the case and the employee's non-cooperation.

9.5.2 The employee will be advised in writing to seek continuous treatment at the nearest TB DOTS facility or City Health Office.



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9.5.3 The company shall **formally endorse the case to the local health authority** TB(DOTS) to ensure continuity of care and community protection.

9.5.4 Confidentiality shall still be observed in line with the Data Privacy Act, with disclosure limited only to authorized health authorities.

9.5.5 The employee's resignation process shall proceed following standard Customer Care protocol, provided that documentation of advice and endorsement is completed.

10. Social Policies

10.1 Non-Discrimination

10.1.1 Employees with TB shall not be terminated, demoted, or denied opportunities due to their condition.

10.1.2 Workers with TB who are fit to work will be allowed to continue their employment.

10.2 Work Accommodation

10.2.1 Flexible leave, reduced workloads, or rescheduling may be arranged for affected workers.

10.3 Rehabilitation and Restoration to Work



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10.3.1 Workers who have completed treatment shall be restored to their previous positions without prejudice.

11. Benefits and Support

11.1 Employees with positive TB may avail of benefits under SSS, ECC, and PhilHealth.

11.2 The employee is eligible to apply for the Expedise Kaagapay Loan Program, subject to approval (cap: 50% of basic salary)

11.3 Counseling and psychosocial support will be available through the health and safety committee.

12. Reporting, Recording, and Confidentiality

12.1 All TB cases must be reported to DOLE using the AMR form (per OSHS).

13. Monitoring and Evaluation

13.1 The Safety Officer shall submit quarterly compliance reports.

13.2 DOLE Regional Office inspections shall be supported with full documentation.

13.3 Policy review shall be conducted annually or as needed based on updates from DOH/DOLE.



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14 Attachments

14.1 Medical Clearance Checklist



Purpose

This checklist guides employees through TB monitoring and medical clearance to ensure proper consultation, documentation, and approval before safely returning to work.

Instructions

- Follow each step in order. Do not skip any requirement.
- Tick the checkbox once the step is completed

Medical Clearance Checklist	
Employee Name:	Date:
Site- Code	Cellphone Number:
Address:	
Step 1 Consult Doctor	
Visit a licensed physician (City Health Office) for an initial medical evaluation.	<input type="checkbox"/>
Follow the doctor's advice regarding further tests or treatment	<input type="checkbox"/>
Step 2 - Report to TB DOTS	
Go to the nearest TB DOTS facility as advised.	<input type="checkbox"/>
Undergo the required TB tests and medical assessment.	<input type="checkbox"/>
Inform the Supervisor once this step is completed.	<input type="checkbox"/>
Step 3 - Secure Medical Findings	
Request a copy of the medical findings from the physician and/or TB DOTS.	<input type="checkbox"/>
Keep one copy for your records.	<input type="checkbox"/>
Submit a copy to Customer Concierge for monitoring.	<input type="checkbox"/>
Step 4 - Get Clearance from TB DOTS/CHO	
Obtain an official clearance certificate from TB DOTS/CHO.	<input type="checkbox"/>
Ensure the clearance clearly states your fitness for work.	<input type="checkbox"/>
Step 5 - Obtain Clearance for Duty (Expedise)	
Present your TB DOTS clearance and CHO Clearance to Customer Concierge.	<input type="checkbox"/>
Receive your final Clearance for Duty before returning to work.	<input type="checkbox"/>
Customer Name and Signature	Safety Officer
Customer Care Representative	



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14.2 Acknowledgement Form



Acknowledgment Form

Petsa: _____

Site Code: _____

Ako si _____ (Buong Pangalan ng Empleyado), Nasa wastong Gulang _____ (edad) ay nagpapatunay na aking nabasa, naunawaan, at sang-ayon na sundin ang mga proseso na ipinaliwanag ng Representative ng Expedise kaugnay sa proseso ng Medical Clearance Checklist para sa TB Monitoring.

Naunawaan ko na kailangan kong kumpletuhin ang mga sumusunod na hakbang bago makabalik sa trabaho:

1. Kumonsulta sa Doktor
2. Mag-report sa TB DOTS
3. Mag-secure ng Medical Findings
4. Humingi ng Clearance mula sa TB DOTS/CHO
5. Kumuha ng Final Clearance for Duty sa Expedise

Ako ay nangangakong susunod sa mga alituntuning ito para sa aking sariling kaligtasan at kaligtasan ng aking mga kasamahan sa trabaho.

Pangalan ng Empleyado Lagda at Petsa:

Pangalan ng Safety Officer Lagda at Petsa:

Paalala sa Privacy

Ang lahat ng personal at medikal na impormasyon na nakapaloob sa form na ito ay kokolektahin, gagamitin, at itatago alinsunod sa Data Privacy Act of 2012 (RA 10173). Ang impormasyon ay gagamitin lamang para sa layunin ng kaligtasan sa trabaho at medikal na clearance, at mananatiling kumpidensyal.



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14.4 Return-to-Work Clearance



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CLEARANCE FOR DUTY

Date Issued: _____

This is to certify that _____
Position/Department: _____ has been **medically cleared by**
her attending physician, as evidenced by the submission of a medical certificate
declaring her **fit to work**.

She is hereby authorized to resume her duties effective date _____.

Should you need any further verification, please do not hesitate to contact us.

Maeden Hojilla
Safety Officer

Note: Not valid if not originally signed



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EXPEDISE WAREHOUSE MANAGEMENT SOLUTIONS INC.

TUBERCULOSIS WORKPLACE POLICY ACKNOWLEDGEMENT LETTER

I, _____ acknowledge that I have received, read, and understood the **Workplace Policy and Program on Tuberculosis (TB) Prevention and Control of Expedise Warehouse Management Solutions Inc.** I understand my responsibility to follow the policy, report any TB symptoms, and cooperate with all preventive measures.

I am aware that all health information will be treated confidentially and that the company upholds **non-discrimination** toward employees with TB.

By signing below, I commit to supporting a safe and healthy workplace for everyone.

Sincerely,

Employee Name and Signature

Department/Position: _____ Date: _____

Verified by:

Safety Officer: _____ Date: _____

Customer Concierge: _____ Date: _____



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