



Republic of the Philippines  
 DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS  
**CENTRAL OFFICE**  
 Manila



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DEPARTMENT MEMORANDUM )  
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 CIRCULAR NO. 33 )  
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 Series of 2025 )  
 05/16/2025

**FOR / TO :** SENIOR UNDERSECRETARY  
 UNDERSECRETARIES  
 ASSISTANT SECRETARIES  
 REGIONAL DIRECTORS  
 BUREAU DIRECTORS  
 SERVICE DIRECTORS  
 HEADS OF UPMOs  
 DISTRICT ENGINEERS  
 HEADS OF ATTACHED AGENCIES  
 OTHERS CONCERNED  
 This Department

For information and guidance, attached is a copy of **Department of Labor and Employment (DOLE) Department Order no. 252, Series of 2025** dated April 29, 2025, with the subject: **"REVISED IMPLEMENTING RULES AND REGULATIONS OF REPUBLIC ACT NO. 11058 ENTITLED "AN ACT STRENGTHENING COMPLIANCE WITH OCCUPATIONAL SAFETY AND HEALTH STANDARDS AND PROVIDING PENALTIES FOR VIOLATIONS THEREOF"**.

A copy of the said DOLE Department Order may also be downloaded from the DPWH website: <http://dpwhweb>. If an office cannot access the DPWH website, a hard copy may be obtained from the Records Management Division, HRAS, upon request.

For dissemination to all concerned.

  
**ATTY. MICHAEL S. VILLAFRANCA, CESO III**  
 Assistant Secretary for Support Services

Encl: DOLE Department Order no. 252, s. 2025, 29 April 2025

cc: Office of the Secretary

10.1.4 GME/VGV



Republic of the Philippines  
**DEPARTMENT OF LABOR AND EMPLOYMENT**  
Intramuros, Manila



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**DEPARTMENT ORDER NO. 252**  
Series of 2025

**REVISED IMPLEMENTING RULES AND REGULATIONS OF REPUBLIC ACT NO. 11058 ENTITLED “AN ACT STRENGTHENING COMPLIANCE WITH OCCUPATIONAL SAFETY AND HEALTH STANDARDS AND PROVIDING PENALTIES FOR VIOLATIONS THEREOF”**

These Revised Implementing Rules and Regulations of Republic Act No. 11058 are hereby issued pursuant to the rule-making authority of the Secretary of Labor and Employment under Section 32 of the said Act and under Article 5 of the Labor Code of the Philippines, as renumbered:

**CHAPTER I  
DECLARATION OF POLICY**

**Section 1. Declaration of Policy.** – It is hereby declared that the policy of the State is to affirm labor as a primary social and economic force. It shall protect the rights of workers by fostering a work environment that upholds the safety, health, and welfare of all workers and by establishing a proactive and enforceable occupational safety and health (OSH) framework to prevent occupational injuries, diseases, and deaths while enhancing productivity.

The State shall ensure a safe and healthy workplace for all workers and guarantee the conservation of valuable human resources, as their well-being is essential for business continuity and national growth.

The State shall guarantee that employers fully comply with the provisions of the Labor Code of the Philippines, all domestic laws, and internationally recognized standards on OSH, and if warranted, impose penalties for any violations thereof.

The State shall implement inclusive and dynamic OSH regulations that adapt to evolving industry risks, emerging technologies, and global best practices. It shall advocate for gender-sensitive and equitable workplace policies, ensuring that safety and health measures are accessible to all workers across various industries. Moreover, the State shall promote education and continuous training to empower employees and employers in maintaining a culture of safety.

## CHAPTER II SCOPE AND DEFINITIONS

**Section 2. Coverage.** – These Revised Rules shall apply to all establishments, projects, sites, and other locations where work is being undertaken across all branches of economic activity, including their employees/workers, such as those:

- a. Located inside special economic zones and other investment promotion agencies, e.g., the Philippine Economic Zone Authority and the Clark Development Corporation;
- b. Engaged in contracting and subcontracting activities in the private and public sectors; and
- c. Government-owned or controlled corporations (GOCCs) without an original charter.

The Civil Service Commission, Department of Health (DOH), and Department of Labor and Employment (DOLE) Joint Memorandum Circular No. 01, Series of 2020 shall serve as the policy framework for all government branches, subdivisions, instrumentalities, and agencies, including national government agencies, local and state universities and colleges, local government units, and GOCCs with original charters.

**Section 3. Definition of Terms.** – As used in these Revised Rules, the following terms shall mean:

- a. *Accident* refers to an unplanned, unintended, unexpected, or unforeseen event arising out of or in the course of work which results in fatal or non-fatal injury, property damage, work stoppage or interference, or any combination thereof.
- b. *Accredited training organizations* refer to training organizations that have been accredited by the Department of Labor and Employment to conduct OSH training in a particular field or a combination of fields.
- c. *Basic Occupational Safety and Health (BOSH) training* refers to a program designed to provide employees/workers and employers with fundamental knowledge and skills in BOSH and to equip them with the necessary understanding and awareness to identify, assess, and mitigate hazards, promote a safe and healthy working environment, and prevent workplace accidents, injuries, and diseases.
- d. *Covered workplaces* refer to establishments, projects, sites, residences converted as workplaces, and all other places where work is being undertaken, wherein the number of employees/workers, the nature of operations, and the associated risks or hazards in the business require compliance with the provisions of these Revised Rules.
- e. *Dangerous occurrence* refers to any of the following occurrences with the potential to cause an injury or disease to persons at work or to the public:
  1. Explosion of boilers used for heating or power piping lines

2. used for portable process work;
  2. Explosion of receiver or storage container, with pressure greater than atmospheric, of any gas or gases (including air or any liquid resulting from the compression of such gases or liquid);
  3. Bursting of the revolving wheel, grinder stone, or grinding wheel operated by mechanical power;
  4. Collapse of crane, derrick, winch, hoist, or other equipment used in raising or lowering persons or goods or any part thereof, the overturning of a crane, except the breakage of chain or rope sling;
  5. Collapse of scaffolding, platforms, trenches, excavations, and wall structures in construction sites;
  6. Explosion or fire causing damage to the structure of any room or place in which persons are employed or to any machine contained therein, resulting in the complete suspension of ordinary work in such room or place, or stoppage of machinery or plant for not less than 24 hours;
  7. Electrical short circuit or failure of electrical machinery, plant, or apparatus, attended by explosion or fire, causing structural damage thereto and involving its stoppage and misuse for not less than 24 hours;
  8. Exposure to hazardous chemicals and noxious gases from mining and mineral processing operations;
  9. Collapse of mining structures; or
  10. Other analogous occurrences.
- f. *Employee/worker* refers to any individual employed by an employer.
- g. *Employer* refers to any person acting directly or indirectly in the interest of an employer in relation to an employee/worker, including the government or any of its political subdivisions and instrumentalities, all GOCCs and institutions without original charters or incorporated under the Revised Corporation Code of the Philippines, and non-profit private institutions or organizations.
- h. *Equipment* refers to any machine that has an engine or electric motor as its prime mover.
- i. *First aider* refers to any person trained and certified by the Philippine Red Cross (PRC) or an organization authorized by the SOLE and duly designated by the employer to administer first aid in the workplace.
- j. *Full-time occupational health personnel* refer to those who render exclusively OSH services for eight hours a day in a normal workweek.
- k. *High-risk establishment* refers to a workplace wherein the presence of a hazard or potential hazard within the company may affect the safety and/or health of employees/workers not only within but also persons outside the premises of the workplace. There is a high level of exposure to safety and health

hazards, and the probability of a major accident resulting in disability, death, or major illness is likely to occur if no preventive or control measures are in place. Workplaces and activities that are potentially high-risk include, but are not limited to, the following:

1. Chemical works and chemical production plants;
  2. Construction sites;
  3. Stevedoring, dock work, deep sea fishing, or mechanized farming;
  4. Philippine-registered ships or vessels engaged in domestic shipping or commercial fishing;
  5. Explosives and pyrotechnics factories;
  6. Firefighting;
  7. Healthcare facilities;
  8. Installation of communication accessories, towers, and cables;
  9. Petroleum and LPG filling, refilling, storage, and distribution;
  10. Mining or quarrying sites;
  11. Petrochemical works and refineries;
  12. Power generation, transmission, and distribution in the energy sector;
  13. Storage and distribution center for toxic or hazardous chemicals;
  14. Storage of fertilizers in high volume;
  15. Transportation;
  16. Water supply, sewerage, waste management, and remediation activities;
  17. Works in which chlorine is used in bulk;
  18. High current and/or high voltage alternating current and/or direct current fast charging services for electric vehicles and storage batteries for swapping, commercial solar farms, and battery energy storage systems; and
  19. Activities that are closely similar to those enumerated above and other activities as determined through HIRAC in accordance with existing issuances on the classification of establishments.
- l. *Imminent danger* refers to a situation caused by a condition or practice in any workplace that could reasonably be expected to lead to death or serious physical harm.
- m. *Large establishment* refers to an establishment employing 200 or more employees/workers, regardless of its capitalization.
- n. *Low-risk establishment* refers to a workplace where there is a low level of danger or exposure to safety and health hazards based on the HIRAC report and is unlikely or has a low probability of resulting in an accident, harm, or illness.
- o. *Medium establishment* refers to an establishment employing 100 to 199 employees/workers, regardless of its capitalization.
- p. *Medium-risk establishment* refers to a workplace where there is

- moderate exposure to safety and health hazards based on the HIRAC report, and with a probability of an accident, injury, or illness.
- q. *Micro establishment* refers to an establishment employing less than ten employees/workers, regardless of its capitalization.
  - r. *Occupational health (OH)* refers to an area of work in public health to promote and maintain the highest degree of physical, mental, and social well-being of employees/workers in all occupations.
  - s. *OH Dentist* refers to a licensed doctor of dentistry who promotes oral health and has BOSH training for dentists by an accredited training organization.
  - t. *OH Nurse* refers to a licensed nurse with BOSH training for nurses by an accredited training organization or recognized institutions.
  - u. *OH Physician* refers to a licensed medical doctor who diagnoses and treats occupational diseases, work-related illnesses, and injuries of employees/workers and conducts fitness-for-work physical examinations, is licensed to practice medicine, and has BOSH training for physicians by an accredited training organization or recognized institutions.
  - v. *Occupational Safety and Health* refers to the discipline that deals with the prevention of work-related injuries and diseases and the protection and promotion of workers' health.
  - w. *OSH audit* refers to a regular and critical examination of project sites, safety programs, records, and management performance on programs, records, and management performance on program standards on safety and health.
  - x. *OSH Committee* refers to a body created within the workplace tasked with the authority to plan, develop, and implement OSH policies and programs, monitor and evaluate the OSH program, and inspect and investigate all aspects of the work pertaining to the safety and health of employees/workers.
  - y. *OSH consultant* refers to a person accredited by the DOLE who provides and renders consultative services on OSH.
  - z. *OSH orientation* refers to the mandatory eight-hour module conducted by the workplace safety officer, as prescribed by the DOLE, for employees/workers.
  - aa. *OSH practitioner* refers to a person accredited by the DOLE to render OSH services in a defined and specific scope or core competency.
  - bb. *OSH Program* refers to a set of detailed rules to govern company policies, processes, and practices in all economic activities to conform with Occupational Safety and Health Standards (OSHS), including the personnel responsible and penalties for any violation thereof.
  - cc. *Occupational Safety and Health Standards* refer to a set of rules issued by the DOLE that mandate adopting and using appropriate practices, means, methods, operations, or processes, and working conditions to ensure safe and healthful

- employment.
- dd. *Part-time OH personnel* refer to those rendering OSH services for four hours a day in a normal workweek.
  - ee. *Personal Protective Equipment (PPE)* refers to specialized clothing or equipment designed to protect employees/workers against safety and health hazards that may cause serious workplace injuries and illnesses.
  - ff. *Safety Officer* refers to any duly designated employee/worker trained and tasked to implement the OSH program in the workplace in accordance with the OSHS. This includes an employer or duly designated employee/worker of the establishment who has completed the BOSH training for micro establishments under the DOLE Technical and Advisory Visit (TAV) Program.
  - gg. *Safety Officer 1 (SO1)* refers to a duly designated employee/worker who has completed the mandatory eight-hour BOSH training from the Occupational Safety and Health Center (OSHC), DOLE Regional Office, or an accredited safety training organization as prescribed in the OSHS.
  - hh. *Safety Officer 2 (SO2)* refers to a duly designated employee/worker who has completed the mandatory forty-hour BOSH training from the OSHC, an accredited safety training organization, or a university-based education relevant to the industry and other requirements as prescribed in the OSHS.
  - ii. *Safety Officer 3 (SO3)* refers to a duly designated employee/worker who has completed the mandatory forty-hour BOSH training from an accredited training organization or a university-based education relevant to the industry, with an additional aggregate of 48 hours of advanced/specialized OSH training courses relevant to the industry, relevant experience in OSH for two years, and other requirements as prescribed in the OSHS.
  - jj. *Safety Officer 4 (SO4)* refers to a duly designated employee/worker who has completed the mandatory forty-hour BOSH training from the OSHC, an accredited training organization or a university-based education relevant to the industry, with an additional aggregate of 80 of advanced/specialized occupational safety training course relevant to the industry, an aggregate of 320 hours of OSH training, actual experience as SO3 for at least four years, and other requirements as prescribed in the OSHS.
  - kk. *Safety signage* refers to any emergency, warning, or danger signpost using standard colors and sizes, including the standard symbols for safety instructions and warnings in the workplace.
  - ll. *Serious injury or serious illness* refers to any work-related injury or illness that meets one or more of the following criteria:
    - 1. Requires hospitalization for more than 24 hours, excluding observation;
    - 2. Involves the loss of any body part;
    - 3. Results in a serious degree of permanent disfigurement;

- or
4. Leads to permanent total disability, permanent partial disability, or temporary total disability.
- mm. *Small establishment* refers to an establishment employing 10 to 99 employees/workers, regardless of its capitalization.
- nn. *Treatment room* refers to any enclosed area or room located within the establishment's premises, equipped with the necessary medical facilities and supplies, where workers may be brought for examination and treatment of their injuries or illnesses in an emergency.
- oo. *Workplace* refers to any site or location where employees/workers need to be present or to go to by reason of their work and which is under the direct or indirect control of the employer.

### **CHAPTER III**

## **DUTIES AND RIGHTS OF EMPLOYERS, EMPLOYEES/WORKERS, AND OTHER PERSONS**

**Section 4. Duties of Employers, Employees/Workers, and Other Persons.** – Compliance with OSHS is a shared responsibility between employers and their employees/workers.

- a. Duties of employers. Employers, contractors, or subcontractors and any person who manages, controls, or supervises the work being undertaken shall have the following obligations:
1. Register the establishment with the DOLE as required under the OSHS;
  2. Oversee the development and implementation of the OSH program;
  3. Provide a work environment that is free from hazardous conditions that could cause death, illness, or physical harm to employees/workers, including those working in an alternative workplace;
  4. Communicate comprehensive job safety instructions and training to all employees/workers prior to their actual deployment or the start of their exposure to work hazards, covering familiarization with their work environment, equipment handling, and safety within the work environment. Training for employees/workers shall include health promotion, hazards associated with their work, health risks involved or to which they may be exposed, preventive measures to eliminate or minimize risks, steps to take in cases of emergency, and safety instructions for the jobs, activities, and tasks to be handled by them;
  5. Identify and manage the risks associated with exposure to safety and health hazards, such as chemical, physical,

- biological, and ergonomic hazards and psychosocial stresses;
  6. Provide employees with appropriate devices and protective equipment approved by a competent government agency, and require their proper use;
  7. Comply with OSHS requirements, including training, medical examinations, and the provision and use of protective and safety devices such as machine guards and PPE;
  8. Ensure that employees/workers and their safety and health representatives participate in the processes of organizing, planning, implementing, monitoring, evaluating, and taking action to improve the OSH management system;
  9. Institute emergency plans, training, and drills, including fire and earthquake drills, evacuation procedures, and first aid training arrangements;
  10. Establish communication systems for monitoring and coordinating the safety conditions of employees/workers;
  11. Ensure appropriate safety and health personnel and facilities to protect the well-being of all employees/workers in the workplace, including those deployed by contractors and subcontractors;
  12. Ensure the implementation of safety and health programs for employees/workers in alternative workplaces and other work arrangements;
  13. Prevent or abate disabling injury, imminent danger, or dangerous occurrence;
  14. Report or notify the DOLE of the work stoppage order (WSO) issued by the safety officer upon determining any imminent danger or hazard occurrence; and
  15. Submit all report requirements.
- b. Duties of employees/workers. Employees/workers shall comply with the following:
1. Participate in OSH activities, such as OSH committee meetings and activities related to the implementation or investigation of OSH, among others;
  2. Use the provided safeguards and safety devices as instructed;
  3. Comply with safety instructions and signage in the workplace;
  4. Observe the prescribed steps for cases of OSH emergencies;
  5. Report any imminent danger or dangerous occurrence that may be discovered in the workplace to the immediate supervisor or safety officer;
  6. Participate in the development and implementation of the OSH program;
  7. Ensure that the work environment is free from hazardous

- conditions that could cause death, illness, or physical harm; and
8. Prevent or abate disabling injury, imminent danger, or dangerous occurrence.
- c. Duties of other persons. Any other person, including the contractor or other entities therein, who visits, builds, renovates, or installs devices or conducts business in any establishment or workplace shall comply with the provisions of these Revised Rules and all other regulations issued by the SOLE.

**Section 5. Employees/Workers' Right to Know. –**

Employees/workers shall have the right to a safe and healthy workplace. Employers shall inform them appropriately of all types of hazards and risks of exposure in the workplace in a language or dialect they understand. They shall provide access to training and education on chemical safety, including orientation on the safety data sheets of chemicals, chemical emergency preparedness and response, electrical safety, mechanical safety, construction heavy equipment, ergonomics, and other applicable hazards and risks in the workplace. The training and informational materials shall be readily available to every employee/worker.

The OSH program shall be reviewed and updated whenever there are changes in operations and production processes, accidents, or government issuances. Employees/workers in high-risk establishments shall be reoriented quarterly regarding safety and health in the workplace. Otherwise, reorientation shall be done whenever there are updates in the OSH program.

**Section 6. Employees/Workers' Right to Refuse Unsafe Work. –**

Employees/workers have the right to refuse work without threat or reprisal from the employer if an imminent danger exists in the workplace. As a preventive measure, the safety officer may, following their determination and without fear of reprisal, implement a work stoppage or suspend operations in case an imminent danger exists in the workplace. The employer, safety officer, or employee/worker shall immediately notify the DOLE of the situation.

Employees/workers cannot be required to return to work if there is a continuing imminent danger. They may also refuse to work until the WSO issued by the DOLE Regional Director is lifted and the appropriate corrective measures have been implemented.

The DOLE shall conduct an OSH investigation to validate the safety officer's findings. If the imminent danger situation still exists at the time of the investigation, the WSO shall remain in effect; otherwise, the WSO shall be lifted immediately.

Employees/workers affected by an imminent danger situation may be temporarily reassigned to other areas of operation, provided there are no safety and health issues therein, or may be allowed to render work in alternative or flexible working arrangements.

Section 38 of these Revised Rules shall apply to the payment of wages of employees/workers during the period when the WSO is in effect or operations are suspended due to an imminent danger situation.

**Section 7. Employees/Workers' Right to Report Accidents.** – Employees/workers and their representatives have the right to report accidents and dangerous occurrences to their employer, the DOLE, and other competent government agencies. They shall be free from any form of retaliation for reporting such incidents.

Accidents can be reported to the DOLE through various convenient communication methods, including calling the DOLE Hotline at 1349. Reports may also be submitted to the nearest DOLE Regional, Provincial, Field, or Satellite Office that has jurisdiction over the incident's location.

**Section 8. Employees/Workers' Right to PPE.** – Employers, contractors, or subcontractors shall provide their employees and workers with PPE at no cost. This includes a body harness with a lifeline, gas or dust respirators or masks, and protective shields for any body part that may be exposed to hazards after implementing engineering and administrative controls. The cost of PPE will be included in the OSH program.

All PPE shall be of the appropriate type, tested, and approved by the DOLE or its recognized testing partners in accordance with their standards and/or other verification methods. The safety officer's assessment and recommendation from the workplace hazard evaluation will determine the selection and use of PPE in all establishments, projects, sites, and other locations where work is being undertaken.

Issuance of PPE shall be accompanied by training on its application, use, handling, cleaning, and maintenance in accordance with the manufacturer's recommendations.

If appropriate PPE is not provided for high-risk activities, employees/workers shall have the right to refuse unsafe work.

**Section 9. Safety Signage and Devices.** – All establishments, projects, sites, and other locations where work is being undertaken shall have safety signage and devices to warn employees, workers, and the public of workplace hazards. Safety signage and devices shall be prominently posted in strategic locations, in a language understandable to all, and in accordance with the standards for the color of signs for safety instructions and warnings, as well as the construction safety, radiation safety, and Globally Harmonized System (GHS) pictograms for the classification and labeling of chemicals. All signage shall be appropriately sized and positioned to ensure legibility and visibility.

**Section 10. Safety in the Use of Equipment.** – Employers, contractors, or subcontractors shall comply with the OSHS set by the DOLE

regarding the safe handling and use of equipment (e.g., earthmoving, heavy-duty, materials handling, construction, mechanical, and electrical installation). This includes regular inspections, maintenance, testing, securing permits, and transporting equipment to and from the establishment, project, site, or place where work is being undertaken.

Operators shall undergo appropriate training and certification from the Technical Education and Skills Development Authority (TESDA), the Professional Regulation Commission, or other relevant government agencies before using the equipment. The DOLE may recognize training provided by equipment manufacturers, suppliers, or international organizations if it is not available locally.

**Section 11. Occupational Safety and Health Information. –**

Employers, contractors, or subcontractors shall provide employees/workers in all establishments, projects, and all other places where work is being undertaken with adequate and suitable information on the following:

- a. Workplace hazards and the risk posed to the safety and health of the employees/workers;
- b. Control mechanisms and other preventive strategies are in place to reduce or minimize the risk of exposure to hazards;
- c. Appropriate measures for the prevention, control, and protection of employees/workers against hazards, including their location; and
- d. OSH emergency and disaster management protocols, including proper evacuation and shutdown procedures.

The OSH committee shall regularly update its information materials.

**Section 12. Employees/Workers' Competency Certification. –**

The Professional Regulation Commission shall set the minimum and necessary safety and health competencies for OSH personnel and use the same as equivalents for continuing professional development units. To enhance, professionalize, upgrade, and update the level of competence of employees/workers, the TESDA or the Professional Regulation Commission shall establish national competency standards and prepare guidelines on competency assessment and certification for critical occupations, including requirements on safety and health. In this regard, all critical occupations shall undergo mandatory competency assessment and certification by TESDA.

An occupation shall be considered critical when:

- a. The performance of a job affects people's lives and safety;
- b. The job involves the handling of complex tools, equipment, and supplies;
- c. The job requires a relatively long period of education and training; and
- d. The performance of the job may compromise the safety, health, and environmental concerns within the immediate vicinity of the establishment.

**Section 13. Access to Universal Health Care.** – Employers, contractors, or subcontractors shall ensure that their employees/workers are registered with the National Health Insurance Program and that their contributions are remitted and credited to the Philippine Health Insurance Corporation (PhilHealth) to ensure access to and entitlements for the appropriate health and medical benefits packages pursuant to Republic Act No. 11223 or the Universal Health Care Act.

They shall facilitate the registration of their employees/workers with a DOH-licensed and PhilHealth-accredited primary care facility to ensure access to primary health care services and to enable patient navigation and referrals to the Primary Care Facility Network and Health Care Provider Network.

The DOLE shall assist the DOH in developing occupational health (OH) services that may be integrated into primary care services and other related health service packages financed by PhilHealth.

Employers, contractors, or subcontractors shall refer employees/workers to various facilities, such as DOH-trained hospitals or rural health units, for consultation, screening, testing (e.g., HIV/AIDS, tuberculosis sputum microscopy, Gene Xpert, poison, rabies, hepatitis, and drugs), diagnosis, medication, treatment, and provision of psychosocial support for those requiring mental health services.

#### **CHAPTER IV GENERAL PROVISIONS**

**Section 14. General Statements.** – Employers, principals, contractors, and subcontractors in workplaces shall continuously improve compliance with OSHS to prevent workplace injuries and fatalities. Key components for effectively implementing the OSHS in the workplace include the following:

- a. OSH Program. The employer, in collaboration with the OSH Committee, shall develop an applicable OSH program for their workplace, taking into account its risk classification and the total number of employees/workers, including those of contractors and subcontractors. The OSH program shall adhere to the template for micro establishments (see Annex A) and for small, medium, and large establishments (see Annex B). It shall include emergency procedures to provide immediate assistance to employees/workers needing urgent care during work operations or hours, along with programs aimed at reducing risks associated with hazardous activities and materials in the workplace.

The facilities, equipment, and supplies necessary to implement the OSH program, including expenses for acquisition, proper

handling, usage, maintenance, repair, and transport, are integral to an establishment's operational costs. These costs should be listed as a separate pay item for construction and contracting or subcontracting arrangements.

Employers shall communicate the OSH program to all employees/workers in the workplace, in coordination with contractors or subcontractors regarding their deployed employees and workers, if applicable.

The OSH program shall be submitted to the DOLE, and another copy shall be kept on file and readily available for reference and verification. It shall be reviewed and updated if there are changes in operations and production processes, occurrences of accidents, or new government issuances.

- b. Safety Officer. The safety officers shall have the following duties and responsibilities as defined in their job descriptions:
1. Oversee the overall management of the OSH program in coordination with the OSH committee;
  2. Frequently monitor and inspect all health and safety aspects of operations;
  3. Assist government inspectors during safety and health inspections at any time, whenever work is being performed;
  4. Determine if there are any accidents, disabling injuries, imminent dangers, or dangerous occurrences in the workplace, and implement immediate corrective or preventive actions;
  5. Issue WSO as necessary, following the requirements and procedures set forth in Department Order No. 238, Series of 2023, OSHS, and its subsequent issuances;
  6. Report accidents, disabling injuries, imminent dangers, and dangerous occurrences to the DOLE office having jurisdiction over the workplace within 24 hours;
  7. As the secretary of the OSH Committee, record the minutes of monthly meetings and submit them to the DOLE; and
  8. Perform any other tasks as may be deemed necessary.

Safety officers may perform additional tasks as long as these align with their skills, education, training, and certifications.

Workplaces, including those adopting alternative work arrangements, flexible work arrangements, or telecommuting, shall maintain an appropriate number and category of safety officers based on their risk classification, the total number of employees/workers, including those of contractors and subcontractors, and the workplace area. Employers may provide additional safety officers, considering the equipment to be used

or handled, and other criteria as required by the OSHS and these Revised Rules.

A safety officer shall be present in the workplace on all workdays. The safety officer with the highest qualification shall be assigned to the shift with the largest number of employees or workers, including those deployed by contractors or subcontractors. For high-risk workplaces that operate in shifts, the employer shall ensure that at least one safety officer is available and present for each shift.

The DOLE, in coordination with the local government unit (LGU), shall provide free first aid and safety training to micro establishments, regardless of their risk classification and industry.

- c. First Aider. The certified first aider shall have the following duties and responsibilities:
1. Provide immediate, temporary treatment for injuries or illnesses until a physician is available. Refer the injured or ill employee/worker to a physician if necessary;
  2. Participate in maintaining an OSH program in the workplace;
  3. Maintain medical services and facilities; and
  4. Perform any other tasks deemed necessary.

The Standards of Training, Certification, and Watchkeeping (STCW) Basic Safety Training Course for Seafarers shall be recognized as equivalent to first aid training for the maritime and fishing industries.

Workplaces, including those adopting alternative work, flexible work or telecommuting arrangements, shall maintain an appropriate number of first aiders, based on their risk classification, the total number of employees/workers onsite, including those of contractors or subcontractors, and the workplace area. Employers may provide additional first aiders, considering the equipment to be used or handled, and other criteria as required by the OSHS and these Revised Rules.

- d. Other OH Personnel. The employer shall engage additional OH personnel, including nurses, dentists, and physicians, to provide OH services in the workplace.

The OH Nurse shall have the following duties and responsibilities:

1. Organize and administer a health service program that integrates occupational safety in the absence of a physician; otherwise, carry out these activities according to the OH physician's instructions;

2. Provide nursing care to injured or ill workers;
3. Participate in health maintenance examinations. If a physician is unavailable, perform activities within the scope of the nursing profession and refer employees/workers for further examination if necessary;
4. Contribute to the maintenance of OSH by suggesting improvements to the working environment that impact the health and well-being of employees/workers;
5. Maintain a reporting and records system, and, if a physician is unavailable, prepare and submit an annual medical report to DOLE; and
6. Perform any other tasks as may be deemed necessary.

The OH Dentist shall have the following duties and responsibilities:

1. Provide professional diagnostic, preventive, and treatment dental services to employees/workers and periodically evaluate these services;
2. Keep and maintain proper records; and
3. Perform any other tasks as may be deemed necessary.

The OH Physician, in promoting and maintaining the health and well-being of the employees/workers, shall have the following duties and responsibilities:

1. Organize, administer, and maintain an OSH program;
2. Continuously monitor the work environment for health hazards through periodic workplace inspections;
3. Prevent workplace diseases or injuries by establishing proper medical supervision over substances used, processes, and the work environment;
4. Protect employees/workers' health through physical examinations, proper placement advice, and health education;
5. Provide medical and minor surgical care to restore the health and earning capacity of injured employees/workers;
6. Maintain and analyze records of all medical cases, and prepare and submit annual medical reports using the appropriate form;
7. Conduct studies on OH within available means and resources;
8. Advise management and labor on all health-related matters; and
9. Perform any other tasks as may be deemed necessary.

Workplaces, including those that adopt alternative work, flexible work, or telecommuting arrangements, shall maintain an appropriate number of OH nurses, dentists, and physicians, based on their risk classification, the total number of employees/workers, including those of contractors or

subcontractors, and the workplace area. Other OH personnel may work part-time or full-time. Employers shall provide additional OH personnel based on the equipment to be used or handled, and other criteria as required by the OSHS and these Revised Rules.

Other OH personnel shall be present in the workplace on all workdays and assigned to the shift with the highest number of employees/workers, including those deployed by contractors or subcontractors. They may be outsourced through corporate clinic management providers or other health care providers, and dental services may be available through a Health Maintenance Organization (HMO) membership.

- e. OH Facilities and Emergency Medical Supplies. Employers shall provide an appropriate first aid kit, treatment room, or clinic, taking into account the workplace's risk classification, the total number of employees/workers onsite, including those of contractors or subcontractors, and the workplace area. These facilities shall be utilized to treat employees/workers for exposure to safety and health hazards, accidents, injuries, or illnesses. In the event of an emergency, the employer shall ensure that the affected employee/worker has access to transport arrangements to the nearest hospital.
  
- f. OSH Committee. The OSH Committee is responsible for planning and developing policies related to all matters of safety and health. Its duties and responsibilities include the following:
  - 1. Plan and develop accident prevention programs for the establishment;
  - 2. Direct the establishment's accident prevention efforts in accordance with safety programs, safety performance, and government regulations to prevent workplace accidents;
  - 3. Conduct safety meetings at least once a month;
  - 4. Review reports on inspections, accident investigations, and the implementation of the OSH program;
  - 5. Ensure the OSH program is communicated to all employees/workers, is easily accessible, and is regularly reviewed and updated whenever there are changes in operations and production processes, accidents, or government issuances;
  - 6. Submit reports on meetings and activities to the employer;
  - 7. Assist government inspection authorities in the proper conduct of their activities, such as enforcing the provisions of these Revised Rules;
  - 8. Organize and supervise safety and health training for employees;
  - 9. Develop an emergency and disaster preparedness and

response manual for the establishment, maintain disaster contingency plans, and organize emergency service units as necessary to handle emergency and disaster situations; and

10. Perform other tasks as may be deemed necessary.

The OSH committee for small, medium, and large establishments shall be composed of the following:

Chairperson:	Employer or its representative
Secretary:	Safety Officer of the workplace
Members:	OH personnel (if applicable), contractor's safety officers (if applicable), and at least two employees/workers' representatives. In an organized establishment, employee/workers representatives shall come from the sole and exclusive bargaining agent. In an unorganized establishment, rank-and-file employees/workers shall select their representatives.

- g. Administrative Reports. Workplaces shall submit the following OSH reports through the DOLE Online Compliance Portal at <https://reports.dole.gov.ph/> or to the DOLE Regional, Provincial, or Field Office that has jurisdiction over the establishment:
  1. Annual Medical Report (AMR) on the last day of March of the year following the reporting period;
  2. Annual Work Accident/Illness Exposure Data (AEDR) by January 30 of the following year, regardless of whether any accidents or illnesses occurred; and
  3. Employer's Work Accident/Illness Report (WAIR) every 30th day of the month, regardless of the existence of any accident, reportable work-related illness, or disabling injury.

Employers shall keep records of minor injuries that occur in the workplace and conduct thorough investigations into these incidents.

In contracting arrangements, the principal shall accomplish the WAIR and ensure that all employees/workers of the contractors or subcontractors deployed at their workplace are identified in their WAIR submission.

**Section 15. Occupational Safety and Health Training.** – All employees/workers shall undergo the OSH orientation prescribed by DOLE, which shall involve joint participation by employees/workers and employers. Standardized training modules for safety and health personnel shall be implemented and regularly updated as necessary. The OSH orientation for employees and workers may be conducted by the establishment's safety

officer or any certified OSH practitioner or consultant.

The employees' occupational safety and health orientation, along with other required orientations as mandated by these guidelines and related laws, rules, and regulations, shall be provided by the employer at no cost to the employees/workers and is considered compensable working time.

All employees/workers involved in the operation, assembly, construction, and dismantling of equipment and scaffolds, structural installations, excavations, blasting operations, demolition, confined spaces, hazardous chemicals, welding, electric vehicle charging and battery swapping stations, and flame cutting shall undergo specialized instruction and training related to these activities. This training shall cover, among other topics, safety and specialized PPE requirements for high-risk work activities, including the proper use, application, and handling of such equipment, provided by DOLE, its accredited training organizations, or the equipment manufacturers.

**Section 16. Employees/Workers' Welfare Facilities.** – All establishments, projects, sites, and other work locations shall provide the following free welfare facilities to ensure humane working conditions:

- a. Adequate supply of safe drinking water;
- b. Adequate sanitary and washing facilities;
- c. Suitable living accommodations for employees/workers, as applicable, such as in construction, shipping, fishing, and night shift arrangements pursuant to the issuances of DOLE;
- d. Separate sanitary, washing, and sleeping facilities for all genders, as applicable;
- e. Lactation station, except those establishments as provided for under Department Order No. 143, Series of 2015, and its subsequent issuances;
- f. Facilities to improve access for differently-abled workers, such as ramps, railings, and others; and
- g. Other workers' welfare facilities, as may be prescribed by the OSHS and other issuances.

The employer is responsible for ensuring the availability of welfare facilities for the elderly, differently-abled individuals, and vulnerable employees/workers.

## **CHAPTER V OCCUPATIONAL SAFETY AND HEALTH STANDARDS**

**Section 17. Occupational Safety and Health Standards for Retail Establishments.** – Employers of retail establishments shall comply with the following OSH requirements:

- a. Risk classification. Retail establishments may be categorized as outlined below:
  1. Low risk. Those that sell various goods and render

services incidental to the sale of these goods through in-store, online, mail-order, telephone, door-to-door, or vending-machine sales are classified as low-risk. These goods include food products, beverages, tobacco, wearing apparel, furniture, appliances, hardware, cosmetics, jewelry, toys, sports goods and equipment, computers, computer peripheral equipment, video game consoles, non-customized software, video games, telecommunications equipment, audio and video equipment and accessories, textiles, glass, carpets, rugs, wall, floor coverings, electrical household appliances, lighting equipment, household articles, books, newspapers, stationery, music and video recordings, games, toys, clothing, footwear, leather articles, pharmaceutical and medical goods, toilet articles, second-hand goods, pet and pet supplies, gifts and novelty goods, office machines and equipment, watches, clocks, fresh and artificial flowers and plants, beauty parlor supplies and equipment, art goods, marble products, painting and art supplies, optical goods and supplies, feeds, and other similar goods.

2. Medium risk. Those that utilize cutting or lifting equipment are classified as medium risk.
3. High risk. Those engaged in any of the workplaces or activities under Section 3(k) of these Revised Rules are classified as high-risk.

The risk classification above is without prejudice to the assessment in the HIRAC report.

- b. OSH Program. Employers of retail establishments shall include the following components in their OSH program:
  1. Low and medium risk. Low and medium-risk retail establishments shall have basic safety and health programs that include provisions for OSH training and orientation, as well as good housekeeping practices. Medium-risk retail establishments shall also include measures to mitigate risks associated with the use of cutting or lifting equipment, including but not limited to appropriate PPE and machine guards.
  2. High risk. In addition to the requirements for low and medium-risk retail establishments, the OSH program for high-risk retail establishments shall include provisions and measures aimed at mitigating risks associated with explosions, fires, contamination, and other hazards related to the workplaces and activities under Section 3(k) of these Revised Rules.
- c. Occupational Safety and Health Training and Personnel. Employers of retail establishments shall comply with the

following:

1. Low and medium risk. Employers of low and medium-risk retail establishments shall undergo first aid orientation and complete the four-hour safety orientation under the TAV Module.
  2. High risk. Employers of high-risk retail establishments shall provide the following required number and category of OSH personnel, considering the total number of employees/workers, including those deployed by contractors or subcontractors, and the workplace area:
    - i. First aiders. The minimum number of required first aiders is as follows:
      - a. 10 to 99 workers: one first aider
      - b. 100 to 199 workers: two first aiders
      - c. 200 to 500 workers: three first aiders
      - d. For every additional 500 workers or a fraction thereof: one first aider.
    - ii. Safety officers. The minimum number of required safety officers is as follows:
      - a. 1 to 9 workers: one SO1
      - b. 10 to 99 workers: one SO2
      - c. 100 to 199 workers: two SO2 or one SO3
      - d. 200 to 500 workers: one SO3 and one SO4
      - e. For every additional 500 workers or a fraction thereof: one SO1.
    - iii. OH Nurse. The minimum number of required OH nurses is as follows:
      - a. 51 to 99 workers: two part-time OH nurses
      - b. 100 to 199 workers: one full-time OH nurse
      - c. 200 to 500 workers: one full-time OH nurse
      - d. 501 to 2000 workers: one full-time OH nurse
      - e. For every additional 250 workers or a fraction thereof: one full-time OH nurse.
    - iv. OH Dentist. Establishments with 100 or more workers shall have at least one part-time OH dentist.
    - v. OH Physician. The minimum number of required OH physicians is as follows:
      - a. 100 to 199 workers: one part-time OH physician
      - b. 200 to 500 workers: two part-time OH physicians
      - c. 501 to 2000 workers: two part-time or one full-time OH physician
      - d. For every additional 500 workers or a fraction thereof: one full-time or four part-time OH physicians.
- d. OH Facilities and Emergency Medical Supplies. Employers of

retail establishments shall have the following OH supplies and facilities:

1. Low and medium risk. Employers of low and medium-risk retail establishments shall have emergency first aid kits available in the workplace.
  2. High risk. Employers of high-risk retail establishments shall provide the required OH facilities and supplies, considering the total number of employees/workers onsite, including those deployed by contractors or subcontractors. The minimum OH facilities and supplies are as follows:
    - i. 1 to 9 workers: one first aid kit
    - ii. 10 to 50 workers: one treatment room
    - iii. 51 to 99 workers: one clinic with one bed
    - iv. 100 to 500 workers: one clinic with two beds, which may be increased based on the demand
    - v. For every additional 500 workers or a fraction thereof: one treatment room or one clinic bed.
- e. OSH Committee. Small to large retail establishments shall have an OSH Committee in accordance with Section 14(f) of these Revised Rules.

**Section 18. Occupational Safety and Health Standards for Food Service Establishments.** – Employers of food service establishments shall comply with the following OSH requirements:

- a. Risk classification. Food service establishments may be categorized as outlined below:
  1. Low risk. Food service establishments that provide complete meals or drinks fit for immediate consumption, whether in traditional restaurants, self-service restaurants, or take-away restaurants, are classified as low-risk. These establishments may be permanent or temporary, with or without seating, and can be located in traditional restaurants, self-service restaurants, or take-away restaurants. These include restaurants, cafeterias, fast-food restaurants, pizza delivery, take-out eating places, ice cream truck vendors, mobile food carts, food preparation in market stalls, restaurant and bar activities connected to transportation when carried out by separate units, event catering, and cafeterias, bars, taverns, cocktail lounge, discotheques, beer parlors, pubs, coffee shops, fruit juice bars, and mobile beverage vendors.
  2. Medium risk. Food service establishments that utilize cutting and lifting equipment are classified as medium-risk.
  3. High risk. Food service establishments engaged in any of the workplaces or activities under Section 3(k) of these

Revised Rules are classified as high-risk.

The risk classification above is without prejudice to the assessment in the HIRAC report.

- b. OSH Program. Employers of food service establishments shall include the following components in their OSH program:
  1. Low and medium risk. Low and medium-risk food service establishments shall have basic safety and health programs that include provisions for OSH training and orientation, as well as good housekeeping practices. Medium risk food service establishments shall also include measures to mitigate risks associated with the use of cutting or lifting equipment, including but not limited to appropriate PPE and machine guards.
  2. High risk. In addition to the requirements for low and medium-risk food service establishments, the OSH program for high-risk food service establishments shall include provisions and measures aimed at mitigating risks associated with explosion, fire, contamination, and other hazards related to the workplaces and activities under Section 3(k) of these Revised Rules.
  
- c. OSH Training and Personnel. Employers of food service establishments shall comply with the following:
  1. Low and medium risk. Employers of low and medium-risk food service establishments shall undergo first aid orientation and complete the four-hour safety orientation under the TAV Module.
  2. High risk. Employers of high-risk food service establishments shall provide the following required number and category of OSH personnel, considering the total number of employees/workers, including those deployed by contractors or subcontractors, and the workplace area:
    - i. First aiders. The minimum number of required first aiders is as follows:
      - a. 10 to 99 workers: one first aider
      - b. 100 to 199 workers: two first aiders
      - c. 200 to 500 workers: three first aiders
      - d. For every additional 500 workers or a fraction thereof: one first aider.
    - ii. Safety officers. The minimum number of required safety officers is as follows:
      - a. 1 to 9 workers: one SO1
      - b. 10 to 99 workers: one SO2
      - c. 100 to 199 workers: two SO2 or one SO3
      - d. 200 to 500 workers: one SO3 and one SO4
      - e. For every additional 500 workers or a



**Section 19. Occupational Safety and Health Standards for Professional Service Establishments.** – Employers of professional service establishments shall comply with the following OSH requirements:

- a. Risk classification. Professional service establishments may be categorized as outlined below:
  1. Low risk. Professional service establishments primarily engaged in activities that require a high degree of training and provide specialized knowledge and skills to users are classified as low-risk. This includes legal activities, counseling, preparation of legal documents, advice and representation in civil or criminal cases or labor disputes, public notary services, sheriffs, arbitrators, examiners, accounting, bookkeeping, auditing, tax consultancy, data processing and tabulation, management consultancy, bill collection, overseeing and managing other units of the company or enterprise, undertaking the strategic or organizational planning and decision-making role of the company or enterprise, lobbying, public relations and communication, designing accounting or budgetary methods, architectural services, engineering, advertising, market research, public opinion polling, search consulting, educational consulting, building inspection, mapping, interior decorating, industrial design, technical testing and analysis, fashion design, graphic design, theatrical production, translation and interpretation, business brokerage, appraisal, patent brokerage, weather forecasting, and journalism.
  2. Medium risk. Professional service establishments engaged in aerial photography, surveying, scientific research and development, and other similar activities are classified as medium-risk.
  3. High risk. Professional service establishments engaged in any of the workplaces or activities as defined under Section 3(k) of these Revised Rules are classified as high-risk.

The risk classification above is without prejudice to the assessment in the HIRAC report.

- b. Occupational Safety and Health Program. Employers of professional service establishments shall include the following components in their OSH program:
  1. Low and medium risk. Low and medium-risk professional service establishments shall implement basic safety and health programs that include provisions for OSH training, orientation, and good housekeeping. Medium-risk professional service establishments shall also incorporate measures to mitigate risks associated with the use of cutting or lifting equipment, including, but not limited to,

- appropriate PPE and machine guards.
2. High-risk. In addition to the requirements for low and medium-risk professional service establishments, the OSH program for high-risk professional service establishments shall include provisions and measures aimed at mitigating risks associated with explosions, fires, contamination, and other hazards related to workplaces and activities under Section 3(k) of these Revised Rules.
- c. Occupational Safety and Health Training and Personnel. Employers of professional service establishments shall comply with the following:
1. Low and medium risk. Employers of low and medium-risk professional service establishments shall undergo first aid orientation and complete the four-hour safety orientation under the TAV Module.
  2. High-risk. Employers of high-risk professional service establishments shall provide the required number and categories of OSH personnel, considering the total number of employees/workers, including those deployed by contractors or subcontractors, as well as the workplace area:
    - i. First aiders. The minimum number of required first aiders is as follows:
      - a. 10 to 99 workers: one first aider
      - b. 100 to 199 workers: two first aiders
      - c. 200 to 500 workers: three first aiders
      - d. For every additional 500 workers or a fraction thereof: one first aider
    - ii. Safety officers. The minimum number of required safety officers is as follows:
      - a. 1 to 9 workers: one SO1
      - b. 10 to 99 workers: one SO2
      - c. 100 to 199 workers: two SO2 or one SO3
      - d. 200 to 500 workers: one SO3 and one SO4
      - e. For every additional 500 workers or a fraction thereof: one SO1
    - iii. OH Nurse. The minimum number of required OH nurses is as follows:
      - a. 51 to 99 workers: two part-time OH nurses
      - b. 100 to 199 workers: one full-time OH nurse
      - c. 200 to 500 workers: one full-time OH nurse
      - d. 501 to 2000 workers: one full-time OH nurse
      - e. For every additional 250 workers or a fraction thereof: one full-time OH nurse.
    - iv. OH Dentist. Establishments with 100 or more workers shall have at least one part-time OH dentist.

- v. OH Physician. The minimum number of required OH physicians is as follows:
  - a. 100 to 199 workers: one part-time OH physician
  - b. 200 to 500 workers: two part-time OH physicians
  - c. 501 to 2000 workers: two part-time or one full-time OH physician
  - d. For every additional 500 workers or a fraction thereof: one full-time or four part-time OH physicians.
  
- d. OH Facilities and Emergency Medical Supplies. Employers of professional service establishments shall have the following OH supplies and facilities:
  - 1. Low and medium risk. Employers of low- and medium-risk professional service establishments shall have emergency first aid kits available in the workplace.
  - 2. High risk. Employers of high-risk professional service establishments shall provide the required OH facilities and supplies, considering the total number of employees or workers onsite, including those deployed by contractors or subcontractors and the workplace area. The minimum OH facilities and supplies are as follows:
    - i. 1 to 9 workers: first aid kit
    - ii. 10 to 50 workers: one treatment room
    - iii. 51 to 99 workers: one clinic with one bed
    - iv. 100 to 500 workers: one clinic with two beds, which may be increased based on the demand
    - v. For every additional 500 workers or a fraction thereof: one treatment room or one clinic bed.
  
- e. OSH Committee. Small to large professional service establishments shall have an OSH Committee in accordance with Section 14(f) of these Revised Rules.

**Section 20. Occupational Safety and Health Standards for Agricultural Establishments.** – These shall apply to all workers, workplaces, operations, and undertakings within the agricultural and forestry sectors, such as crop production, forestry activities, animal husbandry, insect raising, and the primary processing of agricultural and animal products by or on behalf of the operator of the undertaking. It also covers the use and maintenance of machinery, equipment, appliances, tools, and installations, as well as any processes, storage, operations, or transportation directly related to agricultural production.

This excludes subsistence farming, industrial processes that use agricultural products as raw materials, other similar services, and the industrial exploitation of forests.

- a. OSH Program. Employers, through the OSH committee, if applicable, shall develop an OSH program that considers the total number of their employees or workers and the workplace area. The OSH program must also comply with the following guidelines:
1. DOLE Department Order No. 136, Series of 2014, or the Guidelines for the Implementation of GHS in Chemical Safety Program in the Workplace;
  2. Joint DTI-DENR-DA-DOF-DOH-DILG-DOLE-DOTC Administrative Order No. 01, Series of 2009, or the Adoption and Implementation of the GHS of Classification and Labeling of Chemicals;
  3. DOH Administrative Order No. 2007-0015 or the Revised Guidelines in the Management and Prevention of Schistosomiasis;
  4. DOLE Department Order No. 159, Series of 2016, or the Guidelines for the Employment of Migratory Sugarcane Workers;
  5. DOLE Labor Advisory No. 08, Series of 2023, or the Safety and Health Measures to Prevent and Control Heat Stress at the Workplace; and
  6. Other applicable laws and regulations set forth by the DOLE, DOH, Department of Agriculture (DA), Bureau of Agriculture and Fisheries Engineering, and other relevant government agencies.

Employers shall include additional necessary components in their OSH program aimed at mitigating risks associated with hazards related to workplaces and activities classified as high-risk under Section 3(k) of these Revised Rules. This includes machinery safety, ergonomic checkpoints, management and control of chemical and biological hazards (e.g., land and marine animal bites and stings), physical hazards (e.g., heat stress), and environmental hazards, fatigue management, safe use of all-terrain vehicles (ATVs) and agricultural equipment, proper handling and use of pesticides, fertilizers, and agrochemicals, cholinesterase testing, deworming, rodent and insect control, immunization programs, and provision of suitable living accommodations, if applicable, as well as psychosocial support.

The OSH program shall include an emergency procedure for providing immediate assistance to employees who need urgent care during farm operations.

Employers and employees/workers may adopt broken time schedules and/or flexible work arrangements to reduce exposure to extreme heat and strenuous activities.

- b. OSH Personnel. Employers shall provide the following required number and category of OSH personnel, considering the total number of employees/workers, including those deployed by contractors or subcontractors, and the workplace area:
1. First aiders. The minimum number of required first aiders is as follows:
    - i. 10 to 50 workers: one first aider
    - ii. 51 to 99 workers: two first aiders
    - iii. 100 to 199 workers: three first aiders
    - iv. 200 to 500 workers: five first aiders
    - v. For every additional 500 workers or a fraction thereof: one first aider.
  2. Safety officers. The minimum number of required safety officers is as follows:
    - i. 1 to 9 workers: one SO1
    - ii. 10 to 99 workers: one SO2
    - iii. 100 to 199 workers: two SO2 or one SO3
    - iv. 200 to 500 workers: one SO3 and one SO4
    - v. For every additional 500 workers or a fraction thereof: one SO2.
  3. OH Nurse. The minimum number of required OH nurses is as follows:
    - i. 51 to 99 workers: two part-time OH nurses
    - ii. 100 to 199 workers: one full-time OH nurse
    - iii. 200 to 500 workers: one full-time OH nurse
    - iv. 501 to 2000 workers: one full-time OH nurse
    - v. For every additional 250 workers or a fraction thereof: one full-time OH nurse.
  4. OH Dentist. Establishments with 100 or more workers shall have at least one part-time OH dentist.
  5. OH Physician. The minimum number of required OH physicians is as follows:
    - i. 100 to 199 workers: one part-time OH physician
    - ii. 200 to 500 workers: two part-time OH physicians
    - iii. 501 to 2000 workers: two part-time or one full-time OH physician
    - iv. For every additional 500 workers or a fraction thereof: one full-time or four part-time OH physicians.
- c. OH Facilities and Emergency Medical Supplies. Employers shall have the following minimum OH facilities and emergency medical supplies, based on the total number of employees/workers onsite, including those of contractors and subcontractors, and the workplace area:
1. 1 to 9 workers: one first aid kit
  2. 10 to 50 workers: one treatment room
  3. 51 to 99 workers: one clinic with one bed
  4. 100 to 500 workers: one clinic with two beds

5. For every additional 500 workers or a fraction thereof: one treatment room or one bed.

The number of clinic beds may be increased based on the demand.

Employers in this sector shall also provide additional necessary welfare facilities, such as wash areas or facilities with clean, well-ventilated, and portable toilets for workers in remote locations without access to permanent washing facilities, washbasins with running water, changing facilities for those who wear special clothing, and designated areas for rest and meal breaks.

- d. OSH Committee. Small to large agricultural establishments shall have an OSH Committee in accordance with Section 14(f) of these Revised Rules.

**Section 21. Occupational Safety and Health Standards for Business Process Outsourcing.** – These shall apply to all workers, establishments, workplaces, operations, and undertakings within the Information Technology and Business Process Management (ITBPM) sector.

- a. OSH Program. Employers, through the OSH committee, shall develop an OSH program considering the total number of their employees/workers and the workplace area. The OSH program shall also comply with the following guidelines:
  1. DOLE Department Circular No. 1, Series of 2008, or the Policy Guidelines Governing the Occupational Safety and Health of Workers in the Call Center Industry;
  2. Republic Act No. 11165, or An Act Institutionalizing Telecommuting as An Alternative Work Arrangement for Employees in the Private Sector;
  3. DOLE Department Order No. 184, Series of 2017, or the Safety and Health Measures for Workers Who, by the Nature of Their Work, Have to Spend Long Hours Sitting; and
  4. Other applicable laws and regulations set forth by DOLE, the Department of Information and Communications Technology (DICT), and other relevant government agencies.

Employers shall include additional necessary components in their OSH program to mitigate risks associated with hazards related to workplaces and activities classified as high-risk under Section 3(k) of these Revised Rules. These components include workstation ergonomics, equipment safety, work shifts, fatigue management, preventing noise-induced hearing loss, managing computer vision syndrome, and psychosocial support.

Telecommuting employees shall have clearly defined boundaries outside of work hours to ensure adequate time for rest, personal interests, and other obligations.

- b. OSH Personnel. Employers shall provide the required number and category of OSH personnel, taking into account the total number of employees/workers, including those deployed by contractors or subcontractors, and the workplace area:
  1. First aiders. The minimum number of required first aiders is as follows:
    - i. 10 to 99 workers: one first aider
    - ii. 100 to 199 workers: two first aiders
    - iii. 200 to 500 workers: three first aiders
    - iv. For every additional 500 workers or a fraction thereof: one first aider.
  2. Safety officers. The minimum number of required safety officers is as follows:
    - i. 1 to 9 workers: one SO1
    - ii. 10 to 99 workers: one SO2
    - iii. 100 to 199 workers: two SO2 or one SO3
    - iv. 200 to 500 workers: one SO3 and one SO4
    - v. For every additional 500 workers or a fraction thereof: one SO1.
  3. OH Nurse. The minimum number of required OH nurses is as follows:
    - i. 51 to 99 workers: two part-time OH nurses
    - ii. 100 to 199 workers: one full-time OH nurse
    - iii. 200 to 500 workers: one full-time OH nurse
    - iv. 501 to 2000 workers: one full-time OH nurse
    - v. For every additional 250 workers or a fraction thereof: one full-time OH nurse.
  4. OH Dentist. Establishments with 100 or more workers shall have at least one part-time OH dentist.
  5. OH Physician. The minimum number of required OH physicians is as follows:
    - i. 100 to 199 workers: one part-time OH physician
    - ii. 200 to 500 workers: two part-time OH physicians
    - iii. 501 to 2000 workers: two part-time or one full-time OH physician
    - iv. For every additional 500 workers or a fraction thereof: one full-time or four part-time OH physicians.
- c. OH Facilities and Emergency Medical Supplies. Employers shall have the following minimum OH facilities and emergency medical supplies, based on the total number of employees/workers onsite, including those of contractors and subcontractors, and the workplace area:
  - i. 1 to 9 workers: one first aid kit

- ii. 10 to 99 workers: one treatment room
- iii. 100 to 199 workers: one clinic with one bed
- iv. 200 to 500 workers: one clinic with two beds
- v. For every additional 500 workers or a fraction thereof: one treatment room or one bed.

The number of clinic beds may be increased based on the demand.

- d. OSH Committee. Small to large BPOs shall have an OSH Committee in accordance with Section 14(f) of these Revised Rules.

**Section 22. Occupational Safety and Health Standards for the Construction Industry.** – These shall apply to all workers in the construction industry, including the workers of all contractors and subcontractors, and construction activities carried out in construction projects, including but not limited to building construction, civil engineering works, infrastructure development, and renovation projects.

- a. OSH Program. Employers, through the OSH committee, shall develop an OSH program considering the total number of their employees/workers and the workplace area. The OSH program shall also comply with the following guidelines:
  1. DOLE Department Order No. 19, Series of 1993 or the Guidelines Governing the Employment of Workers in the Construction Industry;
  2. DOLE Department Order No. 136, Series of 2014 or the Guidelines for the Implementation of GHS in Chemical Safety Program in the Workplace;
  3. DOLE Department Order No. 154, Series of 2016, or the Safety and Health Standards on the Use and Management of Asbestos in the Workplace;
  4. Labor Advisory No. 08, Series of 2023, or the Safety and Health Measures to Prevent and Control Heat Stress at the Workplace;
  5. DOLE Labor Advisory No. 06, Series 2023 Directing All DOLE Field and Provincial Directors or Heads to Facilitate the Evaluation, Processing, and Concurrence of CSHP of the Projects of the Department of Public Works and Highways (DPWH);
  6. Other relevant laws and regulations set forth by the DOLE, DPWH, LGU-Office of the Building Official, Department of Trade and Industry-Construction Industry Authority of the Philippines (DTI-CIAP), DTI-Philippine Contractors Accreditation Board, Government Procurement Policy Board, and other relevant government agencies.

Prior to the commencement of the project, all contractors and

subcontractors shall submit the applicable Construction Safety and Health Program (CSHP) to the DOLE Provincial, Field, or Satellite Office having jurisdiction over the location of the project for evaluation. The CSHP of publicly funded projects shall be approved by the DPWH and other implementing government agencies and shall be submitted to the DOLE.

Contractors and subcontractors shall submit a revised CSHP if there are variations, additions, or amendments to the original scope of work.

Employers shall include additional necessary components in their OSH program tailored to this sector, such as OSH investigation and reporting, construction workers' skills certification, testing and inspection of construction heavy equipment, working hours and break time, a pandemic control plan, fatigue management, the provision of suitable living accommodations, if applicable, and psychosocial support.

- b. OSH Personnel. Employers shall provide the following required number and category of OSH personnel, considering the total number of employees/workers, including those deployed by contractors or subcontractors, and the workplace area:
  1. First aiders. The minimum number of required first aiders is as follows:
    - i. 1 to 9 workers: one first aider
    - ii. 10 to 99 workers: two first aiders
    - iii. 100 to 199 workers: three first aiders
    - iv. 200 to 500 workers: six first aiders
    - v. For every additional 500 workers or a fraction thereof: one first aider
  2. Safety officers. The minimum number of required safety officers is as follows:
    - i. 1 to 9 workers: one SO2
    - ii. 10 to 99 workers: two SO2
    - iii. 100 to 199 workers: three SO2 or two SO3
    - iv. 200 to 500 workers: two SO3 and 1 SO4
    - v. For every additional 500 workers or a fraction thereof: one SO2
  3. OH Nurse. The minimum number of required OH nurses is as follows:
    - i. 51 to 99 workers: two part-time OH nurses
    - ii. 100 to 199 workers: one full-time OH nurse
    - iii. 200 to 500 workers: one full-time OH nurse
    - iv. 501 to 2000 workers: one full-time OH nurse
    - v. For every additional 250 workers or a fraction thereof: one full-time OH nurse.
  4. OH Dentist. Establishments with 100 or more workers shall have at least one part-time OH dentist.

5. OH Physician. The minimum number of required OH physicians is as follows:
  - i. 100 to 199 workers: one part-time OH physician
  - ii. 200 to 500 workers: two part-time OH physicians
  - iii. 501 to 2000 workers: two part-time or one full-time OH physician
  - iv. For every additional 500 workers or a fraction thereof: one full-time or four part-time OH physicians.
  
- c. OH Facilities and Emergency Medical Supplies. Employers shall have the following minimum OH facilities and emergency medical supplies, based on the total number of employees/workers onsite, including those of contractors and subcontractors, and the workplace area:
  1. 1 to 9 workers: one first aid kit
  2. 10 to 50 workers: one treatment room
  3. 51 to 99 workers: one clinic with one bed
  4. 100 to 500 workers: one clinic with two beds
  5. For every additional 500 workers or a fraction thereof: one treatment room or one bed.

The number of clinic beds may be increased based on the demand.
  
- d. OSH Committee. Small to large establishments in the construction industry shall have an OSH Committee in accordance with Section 14(f) of these Revised Rules.

**Section 23. Occupational Safety and Health Standards for the Energy Industry.** – These shall apply to all workers, workplaces, operations, and undertakings in the process of exploration, development, utilization, transmission, and distribution activities of energy resources.

- a. OSH Program. Employers, through the OSH committee, if applicable, shall develop an OSH program considering the total number of their employees/workers and the workplace area. The OSH program shall also comply with the following guidelines:
  1. Department of Energy (DOE) Department Circular No. 2012-11-0009, or the Renewable Energy Safety, Health, and Environment Rules and Regulations;
  2. Related Codes of Practice, including Geothermal (DC2021-06-0016), Hydropower (DC2021-06-0017), Solar (DC2021-06-0018), Wind (DC2021-06-0019), and Biomass and Biofuels (DC2021-06-0020); and
  3. Other applicable laws and regulations set forth by the DOE, Energy Regulatory Commission, and other relevant agencies.

Employers shall include additional necessary components in

their OSH program to mitigate risks associated with hazards related to workplaces and activities classified as high-risk under Section 3(k) of these Revised Rules. This includes machinery safety, management and control of potential chemical, biological, physical, and environmental hazards, compliance with environmental and health issuances, and compliance with the DOLE Technical Safety Inspection (TSI) Program.

- b. Occupational Safety and Health Personnel. Employers shall provide the following required number and category of OSH personnel, considering the total number of employees/workers, including those deployed by contractors or subcontractors, and the workplace area:
  1. First aiders. The minimum number of required first aiders is as follows:
    - i. 1 to 99 workers: two first aiders
    - ii. 100 to 199 workers: three first aiders
    - iii. 200 to 250 workers: four first aiders
    - iv. 251 to 500 workers: five first aiders
    - v. For every additional 500 workers or a fraction thereof: one first aider.
  2. Safety officers. The minimum number of required safety officers is as follows:
    - i. 1 to 9 workers: one SO2
    - ii. 10 to 199 workers: two SO3
    - iii. 200 to 250 workers: three SO3
    - iv. 251 to 500 workers: four SO3
    - v. 501 to 750 workers: five SO3
    - vi. For every additional 500 workers or a fraction thereof: one SO3 or one SO4.
  3. OH Nurse. The minimum number of required OH nurses is as follows:
    - i. 51 to 99 workers: two part-time OH nurses
    - ii. 100 to 199 workers: one full-time OH nurse
    - iii. 200 to 500 workers: one full-time OH nurse
    - iv. 501 to 2000 workers: one full-time OH nurse
    - v. For every additional 250 workers or a fraction thereof: one full-time OH nurse.
  4. OH Dentist. Establishments with 100 or more workers shall have at least one part-time OH dentist.
  5. OH Physician. The minimum number of required OH physicians is as follows:
    - i. 100 to 199 workers: one part-time OH physician
    - ii. 200 to 500 workers: two part-time OH physicians
    - iii. 501 to 2000 workers: two part-time or one full-time OH physician
    - iv. For every additional 500 workers or a fraction thereof: one full-time or four part-time OH physicians.

- c. OH Facilities and Emergency Medical Supplies. Employers shall have the following minimum OH facilities and emergency medical supplies, based on the total number of employees/workers onsite, including those of contractors and subcontractors, and the workplace area:
1. 1 to 99 workers: one treatment room
  2. 100 to 199 workers: one clinic with one bed
  3. 200 to 500 workers: one clinic with two beds
  4. For every additional 500 workers or a fraction thereof: one treatment room or one bed.

The number of clinic beds may be increased based on demand.

- d. OSH Committee. Small to large establishments in the energy industry shall have an OSH Committee in accordance with Section 14(f) of these Revised Rules.

**Section 24. Occupational Safety and Health Standards for the Fishing Industry.** – These shall apply to all fishing vessel owners, fishers, and captains or masters on board Philippine-registered fishing vessels engaged in commercial fishing operations in Philippine or international waters, except those on board commercial fishing vessels with a foreign registry, engaged in municipal fishing, and on board fishing vessels engaged in subsistence or recreational fishing.

For this reason, the following classification of commercial fishing operations under Republic Act No. 8550 or the Philippine Fisheries Code of 1998 is hereby adopted:

1. Small-scale commercial fishing means fishing with passive or active gear using vessels of 3.1 up to 20 gross tonnage;
  2. Medium-scale commercial fishing means fishing utilizing active gears and vessels of 20.1 up to 150 gross tonnage; and
  3. Large-scale commercial fishing means fishing utilizing active gears and vessels of more than 150 tonnage.
- a. OSH Program. Employers, through the OSH committee, if applicable, shall develop an OSH program considering the total number of their employees/workers and the workplace area. The OSH program shall also comply with the following guidelines:
1. Department Order No. 156, Series of 2016, or the Rules and Regulations Governing the Working and Living Conditions of Fishers On Board Fishing Vessels Engaged in Commercial Fishing Operation;
  2. Maritime Industry Authority (MARINA) Board Resolution No. 2018-09-01, Series of 2018, or the Philippine Fishing Vessels Safety Rules and Regulations;
  3. MARINA Memorandum Circular No. MS-2020-03, or the Revised Rules and Regulations on Safe Manning for Ships Operating in Philippine Waters; and

4. Other applicable regulations set forth by DOLE, MARINA, Department of Transportation (DOTr) and Communications, DA - Bureau of Fisheries and Aquatic Resources and Bureau of Agriculture and Fisheries Standards, Philippine Coast Guard (PCG), Philippines Fisheries Development Authority, and other relevant government agencies.

Employers shall include additional necessary components in their OSH program aimed at mitigating risks associated with hazards related to the workplaces and activities classified as high-risk under Section 3(k) of these Revised Rules. This includes machinery safety, management and control of potential chemical, biological, physical, and environmental hazards, medical care onboard ship and ashore, radiation control, work hours, and crew-to-vessel ratios.

- b. OSH Personnel. Employers shall provide the required number and category of OSH personnel, considering the vessel's classification.
  1. First aiders. The minimum number of required first aiders is as follows:
    - i. Small scale and medium scale: one first aider (Captain/Master)
    - ii. Large scale: two first aiders (Captain/Master and one vessel crew member)
  2. Safety officers. The minimum number of required safety officers is as follows:
    - i. Small and medium scale: one SO2 (Captain/Master)
    - ii. Large-Scale: one SO2 (Captain/Master) and one SO1(vessel crew member)
- c. OSH Training. The following equivalencies on OSH training for first aiders and safety officers are hereby recognized:
  1. First Aider: First aid medical onboard as required by the STCW
  2. Safety Officer 2: Attendance to a one-day Maritime OSH Training Course and holder of the following certificates from MARINA:
    - i. Basic Safety Training in personal survival techniques, fire protection, fire fighting, elementary first aid, and personal safety and social responsibilities;
    - ii. Seafarers with Designated Security Duties with Ship Security Awareness Training (SDSD with SSAT) (not applicable anymore to seafarers with SSO Certificates); or

- iii. Ship Security Officer (required only for Management and Operational Level Officers).
- d. OH Facilities. Employers shall provide the required occupational health and welfare facilities for the vessels in this sector, including adequate first aid services (first aid kit, medical supplies, and means of communication for immediate medical advice), shower facilities or portable equipment, medical equipment for large-scale commercial fishing vessels, food and potable water, sleeping accommodation, mess room sanitation facilities, and suitable working environmental conditions (headroom, ventilation, illumination, *etc.*).
- e. OSH Committee. Fishing establishments with 10 or more employees/workers shall have an OSH Committee composed of the following:
  - Chairperson: Captain/Master
  - Secretary: Crew member designated as safety officer
  - Members: At least two fishers
- f. Administrative Reports. Marine protests submitted to the PCG are equivalent to DOLE's WAIR and Report on Fatal Accidents. In the event of an accident or immediate danger, marine reports must be submitted within five days of their occurrence.

**Section 25. Occupational Safety and Health Standards for the Healthcare Industry.** – These shall apply to all health personnel, establishments, workplaces, operations, and undertakings within the private healthcare industry, regardless of employment status, including volunteer health workers and trainees.

Labor Advisory No. 1, Series of 2021 shall serve as the OSHS framework for medical and dental clinics and laboratories with less than 10 workers.

- a. OSH Program. Employers, through the OSH committee, if applicable, shall develop an OSH program considering the total number of their employees/workers and the workplace area. The OSH program shall cover all health personnel and employees, regardless of their position, designation, or employment status, including apprentices, student trainees, interns, and clients.

The OSH program shall also comply with Department Order No. 182, Series of 2017, or the Guidelines Governing the Employment and Working Conditions of Health Personnel in the Private Healthcare Industry, as well as other applicable laws and regulations issued by the DOLE, DOH, and other relevant government agencies.

Employers shall include additional necessary components in their OSH program tailored to this sector, such as an exposure control plan; infection prevention and control program; capability building for safety and health personnel; workstation ergonomics; provision of suitable living accommodations, if applicable; management of radiation control; work hours; adherence to the standards of nurse-to-patient ratios; shift work and fatigue management; and psychosocial support.

- b. OSH Personnel. Employers shall provide the following required number and category of OSH personnel, considering the total number of employees/workers, including those deployed by contractors or subcontractors, and the workplace area:
  1. First aiders. Given the specialized nature of the work and services, and recognizing that healthcare facilities can promptly care for their sick or injured employees/workers, these facilities shall appoint a designated first aider from within their staff.
  2. Safety officers. The minimum number of required safety officers is as follows:
    - i. 1 to 9 workers: one SO2
    - ii. 10 to 99 workers: two SO2
    - iii. 100 to 199 workers: three SO2 or two SO3
    - iv. 200 to 1000 workers: two SO3 and one SO4
    - v. For every additional 500 workers or a fraction thereof: one SO2.
  3. OH Nurse. The minimum number of required OH nurses is as follows:
    - i. 51 to 99 workers: two part-time OH nurses
    - ii. 100 to 199 workers: one full-time OH nurse
    - iii. 200 to 500 workers: one full-time OH nurse
    - iv. 501 to 2000 workers: one full-time OH nurse
    - v. For every additional 250 workers or a fraction thereof: one full-time OH nurse.
  4. OH Dentist. Establishments with 100 or more workers shall have at least one part-time OH dentist.
  5. OH Physician. The minimum number of required OH physicians is as follows:
    - i. 100 to 199 workers: one part-time OH physician
    - ii. 200 to 500 workers: two part-time OH physicians
    - iii. 501 to 2000 workers: two part-time or one full-time OH physician
    - iv. For every additional 500 workers or a fraction thereof: one full-time or four part-time OH physicians.

Micro healthcare establishments shall coordinate with RHUs or primary healthcare centers during emergencies.

- c. OH Facilities and Emergency Medical Supplies. Employers shall have the following minimum OH facilities and emergency medical supplies, based on the total number of employees/workers onsite, including those of contractors and subcontractors, and the workplace area:
1. 1 to 9 workers: one first aid kit
  2. 10 to 50 workers: one treatment room
  3. 51 to 99 workers: one clinic with one bed
  4. 100 to 500 workers: one clinic with two beds
  5. For every additional 500 workers or a fraction thereof: one treatment room or one bed.

The number of clinic beds may be increased based on the demand.

- d. OSH Committee. – Small to large healthcare establishments shall have an OSH Committee in accordance with Section 14(f) of these Revised Rules.

**Section 26. Occupational Safety and Health Standards for the Land Transportation Sector.** – These shall apply to all workers, workplaces, operations, and undertakings involved with fixed-route public utility vehicle operations (jeepneys, vans, buses) or those providing other public land transportation services.

- a. OSH Program. Employers, through the OSH committee, if applicable, shall develop an OSH program considering the total number of their employees/workers and the workplace area. The OSH program shall also comply with the following guidelines:
1. DOTr Order No. 2020-021, or the Omnibus Franchising Guidelines;
  2. DOLE Department Order No. 118, Series of 2012, or the Rules and Regulations Governing the Employment and Working Conditions of Drivers and Conductors in the Public Utility Bus Transport Industry;
  3. Land Transportation Franchising and Regulatory Board (LTFRB) Memorandum Circular No. 2021-042, or the Road Safety Guidelines to be Observed by Public Utility Vehicles, with Priority to Active Transport and Light Mobility Vehicles/Personal Mobility Devices Users; and
  4. Other applicable laws and regulations set by the DOLE, DOTr, LTFRB, Land Transportation Office, and other relevant government agencies.

Employers shall include additional necessary components in their OSH program to mitigate risks associated with hazards related to workplaces and activities classified as high-risk under Section 3(k) of these Revised Rules. These components include an exposure control plan, workstation ergonomics, shift work and fatigue management, management and control of potential

chemical, biological, physical, and environmental hazards, and psychosocial support.

- b. OSH Personnel. Employers shall provide the required number and category of OSH personnel, considering the total number of employees/workers, including those of contractors and subcontractors, and the workplace area.
  1. First aiders. The minimum number of required first aiders is as follows:
    - i. 1 to 99 workers: one first aider
    - ii. 100 to 199 workers: two first aiders
    - iii. 200 to 500 workers: three first aiders
    - iv. For every additional 500 workers or a fraction thereof: one first aider.
  2. Safety officers. The minimum number of required safety officers is as follows:
    - i. 1 to 9 workers: one SO1
    - ii. 10 to 99 workers: one SO2
    - iii. 100 to 199 workers: two SO2 or one SO3
    - iv. 200 to 500 workers: one SO3 and one SO4
    - v. For every additional 500 workers or a fraction thereof: one SO2.
  3. OH Nurse. The minimum number of required OH nurses is as follows:
    - i. 51 to 99 workers: two part-time OH nurses
    - ii. 100 to 199 workers: one full-time OH nurse
    - iii. 200 to 500 workers: one full-time OH nurse
    - iv. 501 to 2000 workers: one full-time OH nurse
    - v. For every additional 250 workers or a fraction thereof: one full-time OH nurse.
  4. OH Dentist. Establishments with 100 or more workers shall have at least one part-time OH dentist.
  5. OH Physician. The minimum number of required OH physicians is as follows:
    - i. 100 to 199 workers: one part-time OH physician
    - ii. 200 to 500 workers: two part-time OH physicians
    - iii. 501 to 2000 workers: two part-time or one full-time OH physician
    - iv. For every additional 500 workers or a fraction thereof: one full-time or four part-time OH physicians.
- c. OH Facilities and Emergency Medical Supplies. Employers shall have the following minimum OH facilities and emergency medical supplies, based on the total number of employees/workers onsite, including those of contractors and subcontractors, and the workplace area:
  1. 1 to 9 workers: one first aid kit
  2. 10 to 50 workers: one treatment room

3. 51 to 99 workers: one clinic with one bed
4. 100 to 500 workers: one clinic with two beds
5. For every additional 500 workers or a fraction thereof: one treatment room or one bed.

The number of clinic beds may be increased based on the demand.

- d. OSH Committee. Small to large establishments in the land transportation sector shall establish an OSH Committee in accordance with Section 14(f) of these Revised Rules.

**Section 27. Occupational Safety and Health Standards for the Mining Industry.** – These shall apply to all workers, workplaces, operations, undertakings, contractors, permittees, service contractors, and other entities engaged in any exploration, mineral processing, underground and surface quarrying, or mining operations, including mineral processing plants and other allied or related operations and facilities.

- a. OSH Program. Employers, through the OSH committee, if applicable, shall develop an OSH program considering the total number of their employees/workers and the workplace area. The OSH program shall also comply with the following guidelines:
  1. Department of Environment and Natural Resources (DENR) Administrative Order No. 97-30, or the Small-Scale Mine Safety Rules and Regulations;
  2. DENR Administrative Order No. 2000-98, or the Mine Safety and Health Standards;
  3. DENR Administrative Order No. 2022-03, or the Revised Implementing Rules and Regulations of Republic Act No. 7076, otherwise known as the People’s Small-Scale Mining Act of 1991;
  4. DOE Department Circular No. 2018-12-0028, or the Coal Mine Safety and Health Rules and Regulations;
  5. DENR-Mines and Geosciences Bureau Memorandum Circular No. 2021-006, or the Safety and Health, Environment, and Social Development and Management (SHES) Manual; and
  6. Other applicable laws and regulations set by the DOLE, DENR, and other relevant government agencies.

Employers shall include additional components in their OSH program tailored to this sector, such as the installation of appropriate road traffic signs and escape ramps at mine sites, a thorough evaluation of heavy equipment before engaging in mine operations, certification of heavy equipment operators’ skills, an exposure control plan, workstation ergonomics, shift work and fatigue management, explosion safety and safety in confined spaces, a pandemic control plan, management and control of potential chemical, biological, physical, and

environmental hazards, and psychosocial support.

- b. OSH Personnel. Employers shall provide the required number and category of OSH personnel, considering the total number of employees/workers, including those of contractors and subcontractors, and the workplace area.
  1. First aiders. The minimum number of required first aiders is as follows:
    - i. 1 to 25 underground mine workers and 1 to 50 surface mines workers or service contractors: one first aider for every shift
    - ii. 26 to 50 underground mine workers and 51 to 75 surface mine workers or service contractors: one first aider for every shift
    - iii. 51 to 150 underground mine workers and 76 to 250 surface mine workers or service contractors: one first aid team for every shift
    - iv. 151 or more underground mine workers and 251 or more surface mine workers or service contractors: one first aid team for every shift
    - v. For every additional 250 workers or a fraction thereof: one first aid team for every shift.
  2. Safety officers. The minimum number of required safety officers is as follows:
    - i. 1 to 25 underground mine workers and 1 to 50 surface mines workers or service contractors: one part-time SO3 and one full-time SO2
    - ii. 26 to 50 underground mine workers and 51 to 75 surface mine workers or service contractors: one part-time SO3 and one full-time SO2
    - iii. 51 to 150 underground mine workers and 76 to 250 surface mine workers or service contractors: one full-time SO3 and one full-time SO2
    - iv. 151 or more underground mine workers and 251 or more surface mine workers or service contractors: one full-time SO3 or SO4 and one full-time SO2
    - v. For every additional 250 workers or a fraction thereof: one SO2.
  3. OH Nurse. The minimum number of required OH nurses is as follows:
    - i. 1 to 25 underground mine workers and 1 to 50 surface mine workers or service contractors: one part-time OH nurse
    - ii. 26 to 50 underground mine workers and 51 to 75 surface mine workers or service contractors: one full-time OH nurse
    - iii. 51 to 150 underground mine workers and 76 to 250 surface mine workers or service contractors:

- one full-time OH nurse for every shift
    - iv. 151 or more underground mine workers and 251 or more surface mine workers or service contractors: one full-time OH nurse for every shift
    - v. For every additional 250 workers or a fraction thereof: one full-time OH nurse for every shift.
  - 4. OH Dentist. Establishments with 100 or more workers shall have at least one part-time OH dentist.
    - i. 1 to 25 underground mine workers and 1 to 50 surface mine workers or service contractors: one part-time OH dentist
    - ii. 26 to 50 underground mine workers and 51 to 75 surface mine workers: one part-time OH dentist
    - iii. 51 to 150 underground mine workers and 76 to 250 surface mine workers: one part-time OH dentist
    - iv. 151 or more underground mine workers and 251 or more surface mine workers to 500 workers: one full-time OH dentist
    - v. For every additional 250 workers or a fraction thereof: one full-time OH dentist.
  - 5. OH Physician. The minimum number of required OH physicians is as follows:
    - i. 1 to 25 underground mine workers and 1 to 50 surface mine workers or service contractors: one part-time OH physician
    - ii. 26 to 50 underground mine workers and 51 to 75 surface mine workers: one part-time OH physician
    - iii. 51 to 150 underground mine workers and 76 to 250 surface mine workers: one part-time OH physician
    - iv. 151 or more underground mine workers and 251 or more surface mine workers to 500 workers: one full-time OH physician for every shift
    - v. For every additional 250 workers or a fraction thereof: one full-time OH physician for every shift.
- c. OH Facilities and Emergency Medical Supplies. Employers shall have the following minimum OH facilities and emergency medical supplies, based on the total number of employees/workers onsite, including those of contractors or subcontractors, and the workplace area:
  - 1. 1 to 25 underground mine workers and 1 to 50 surface mines workers or service contractors: one treatment room
  - 2. 26 to 50 underground mine workers and 51 to 75 surface mine workers: one clinic with one bed
  - 3. 51 to 150 underground mine workers and 76 to 250 surface mine workers: one clinic with two beds
  - 4. 151 or more underground mine workers and 251 or more surface mine workers to 500 workers: one clinic with two

beds

5. For every additional 500 workers or a fraction thereof: at least one treatment room or one bed.

The number of clinic beds may be increased based on the demand.

- d. OSH Committee. Small to large mining establishments shall have an OSH Committee in accordance with Section 14(f) of these Revised Rules.

**Section 28. Occupational Safety and Health Standards for the Telecommunication Industry.** – These guidelines shall apply to all at-height workers, establishments, workplaces, operations, and undertakings in the electrical, telecommunications, and cable sectors, particularly those involved in fieldwork and tasked with fixing various wires on posts. For this purpose, coverage shall extend to both office and fieldwork.

- a. OSH Program. Employers, through the OSH committee, if applicable, shall develop an OSH program considering the total number of its employees/workers and the workplace area, and in accordance with the OSHS, which requires fall protection for workers at elevations of six feet or more, regardless of whether their duties at heights are regular or intermittent.

A personal fall protection arrest system (PFAS) consists of three vital components: an anchorage, body wear (full-body harnesses), and a connecting device (a shock-absorbing lanyard or self-retracting lifeline). The safety of at-height workers depends on these components being in place and used correctly to provide maximum protection.

Employers shall include additional necessary components in their OSH program tailored to this sector, such as choosing and checking the appropriate PPE and tools; using hand railings; choosing an anchor point; understanding fall distance; using required fall protection, aerial lifts, and ladders; workstation ergonomics; shift work and fatigue; noise-induced hearing loss; prevention and mitigation of electrocution, falls, electric shock, and burns; management and control of potential chemical, biological, physical, and environmental hazards; emergency procedures for monitoring and deploying assistance to telecommuting workers during crises or urgent situations; and psychosocial support.

- b. OSH Personnel. Employers shall provide the required number and category of OSH personnel, considering the total number of employees/workers, including those deployed by contractors or subcontractors, and the workplace area:

1. First aiders. – The minimum number of required first aiders is as follows:
    - i. 1 to 9 workers: one first aider
    - ii. 10 to 99 workers: two first aiders
    - iii. 100 to 199 workers: three first aiders
    - iv. 200 to 500 workers: five first aiders
    - v. For every additional 500 workers or a fraction thereof: one first aider
  2. Safety officers. The minimum number of required safety officers is as follows:
    - i. 1 to 9 workers: one SO2
    - ii. 10 to 99 workers: one SO2
    - iii. 100 to 199 workers: two SO2 or one SO3
    - iv. 200 to 500 workers: one SO3 and one SO4
    - v. For every additional 500 workers or a fraction thereof: one SO2

Employers shall assign at least one SO1 trained in working at heights hazards to accompany dispatched workers. The safety officer who accompanies workers shall also be trained in emergency first aid. Before deployment, the team should identify and locate nearby health facilities for potential assistance.
  3. OH Nurse. The minimum number of required OH nurses is as follows:
    - i. 51 to 99 workers: two part-time OH nurses
    - ii. 100 to 199 workers: one full-time OH nurse
    - iii. 200 to 500 workers: one full-time OH nurse
    - iv. 501 to 2000 workers: one full-time OH nurse
    - v. For every additional 250 workers or a fraction thereof: one full-time OH nurse.
  4. OH Dentist. Establishments with 100 or more workers shall have at least one part-time OH dentist.
  5. OH Physician. The minimum number of required OH physicians is as follows:
    - i. 100 to 199 workers: one part-time OH physician
    - ii. 200 to 500 workers: two part-time OH physicians
    - iii. 501 to 2000 workers: two part-time or one full-time OH physician
    - iv. For every additional 500 workers or a fraction thereof: one full-time or four part-time OH physicians.
- c. OH Facilities and Emergency Medical Supplies. Employers shall have the following minimum OH facilities and emergency medical supplies, based on the total number of employees/workers onsite, including those of contractors and subcontractors, and the workplace area:
1. 1 to 9 workers: one first aid kit
  2. 10 to 50 workers: one treatment room
  3. 51 to 99 workers: one clinic with one bed

4. 100 to 500 workers: one clinic with two beds
5. For every additional 500 workers or a fraction thereof: at least one treatment room or one bed.

The number of clinic beds may be increased based on the demand.

- d. OSH Committee. Small to large telecommunication establishments shall have an OSH Committee in accordance with Section 14(f) of these Revised Rules.

**Section 29. Occupational Safety and Health Standards for the Maritime Industry.** – All Philippine-registered ships operating on both domestic and international voyages where employer-employee relationships or other forms of engagement exist, except for warships, naval auxiliaries, government ships not engaged in commercial operations, and fishing vessels, shall comply with the following guidelines:

- a. DOLE Department Circular No. 01, Series of 2009, or the Guidelines on Occupational Safety and Health in the Shipbuilding, Ship Repair, and Shipbreaking Industry;
- b. DOLE Department Order No. 132, Series of 2013, or the Guidelines on Maritime Occupational Safety and Health;
- c. MARINA Memorandum Circular No. MS-2020-03, or the Revised Rules and Regulations on Safe Manning for Ships Operating in Philippine Waters; and
- d. Other subsequent and applicable regulations set by DOLE, MARINA, PCG, the Philippine Ports Authority, and other relevant government agencies.

**Section 30. Occupational Safety and Health Standards for the Movie and Television Industry.** – All movie and television projects shall comply with the requirements of DOLE Department Order No. 246, Series of 2024, and other subsequent and applicable regulations set by DOLE.

## CHAPTER VI OCCUPATIONAL SAFETY AND HEALTH STANDARDS FOR OTHER INDUSTRIES

**Section 31. Occupational Safety and Health Standards for Other Micro Establishments.** – The following shall apply to other establishments not covered in the above sections employing one to nine workers:

- a. OSH Program. Micro establishments shall develop and implement an OSH Program using the template in Annex A.
- b. OSH Personnel. Low and medium-risk micro establishments shall have at least one (1) Safety Officer who has completed the four (4)-hour BOSH training for micro establishments under the

DOLE TAV Program. High-risk micro establishments shall have at least one (1) Safety Officer 1 who has completed the eight (8)-hour BOSH training.

- c. Emergency Medical Supplies. Micro establishments, regardless of risk classification, shall have at least a basic first aid kit. The contents of the basic first aid kit can be customized according to the specific needs of the establishment.

**Section 32. Occupational Safety and Health Standards for Other Small Establishments.** – The following shall apply to other establishments not covered in the above sections employing 10 to 99 workers:

- a. OSH Program. Small establishments shall develop and implement an OSH Program (see Annex B), which shall be signed by the employer. The employer shall ensure that the OSH Program is comprehensive and inclusive and that the safety and well-being of all employees/workers, including the deployed employees/workers of the contractor or subcontractor, are safeguarded within the workplace.
- b. OSH Personnel. Small establishments shall have the following OSH personnel:
  1. First Aider. Small establishments shall have at least one first aider, regardless of the risk classification.
  2. Safety Officer. Low and medium-risk small establishments shall have at least one SO1, and high-risk small establishments shall have at least one SO2.
  3. OH Nurse. Medium and high-risk small establishments with 51 to 99 workers shall have at least two part-time OH nurses.
- c. OH Facilities. Small establishments shall have the following applicable OH facilities:
  1. Treatment Room. Low and medium-risk small establishments shall have at least one treatment room.
  2. Clinic. High-risk small establishments shall have at least one clinic with one bed.
- d. OSH Committee. Small establishments shall have an OSH Committee in accordance with Section 14(f) of these Revised Rules.

**Section 33. Occupational Safety and Health Standards for Other Medium Establishments.** The following shall apply to other establishments not covered in the above sections employing 100 to 199 workers:

- a. OSH Program. Medium establishments shall develop and

implement an OSH Program (see Annex B). The employer shall ensure that the OSH Program is comprehensive and inclusive and that the safety and well-being of all workers within the workplace are safeguarded.

- b. OSH Personnel. Medium establishments shall have the following OSH personnel:
  - 1. First Aider. Medium establishments shall have at least two first aiders, regardless of risk classification in the workplace.
  - 2. Safety Officer. Low and medium-risk medium establishments shall have at least one SO2, and high-risk medium establishments shall have at least two SO2 or one SO3 or SO4.
  - 3. OH Nurse. Low-risk medium establishments shall have at least two part-time OH nurses, and medium and high-risk medium establishments shall have at least one full-time OH nurse.
  - 4. OH Dentist. Medium and high-risk medium establishments shall have at least one part-time OH dentist.
  - 5. OH Physician. Medium and high-risk medium establishments shall have at least one part-time OH physician.
- c. OH Facilities. Medium establishments shall have the following applicable OH facilities:
  - 1. Treatment Room. Low-risk shall have at least one treatment room.
  - 2. Clinic. Medium and high-risk medium establishments shall have at least one clinic with two beds. The number of clinic beds may be increased as necessary.
- d. OSH Committee. Medium establishments shall have an OSH Committee in accordance with Section 14(f) of these Revised Rules.

**Section 34. Occupational Safety and Health Standards for Other Large Establishments.** – The following shall apply to establishments not covered in the above sections employing 200 or more workers:

- a. OSH Program. Large establishments shall develop and implement an OSH Program (see Annex B), which shall be signed by the employer. The employer shall ensure that the OSH Program is comprehensive and inclusive and that the safety and well-being of all workers within the workplace are safeguarded.

- b. OH Personnel. Large establishments shall have the following OSH personnel:
  - 1. First Aider. Low-risk large establishments shall have at least three first aiders, medium-risk large establishments shall have at least four first aiders, and high-risk large establishments shall have at least five first aiders. One first aider is required for every additional 500 employees or a fraction thereof.
  - 2. Safety Officer. Low-risk large establishments shall have at least two SO2 or one SO3 or SO4, medium-risk large establishments shall have one SO2 and one SO3, and high-risk large establishments shall have at least one SO3 and one SO4. One SO2 is required for every additional 500 employees or a fraction thereof.
  - 3. OH Nurse. Large establishments, regardless of risk classification, shall have at least one full-time OH nurse. One full-time OH nurse is required for every additional 250 employees or a fraction thereof. Establishments with 2001 or more employees shall have one full-time OH nurse per shift.
  - 4. OH Dentist. Large establishments, regardless of risk classification, shall have at least one part-time OH dentist.
  - 5. OH Physician. Low-risk large establishments shall have at least one part-time OH physician, and medium and high-risk large establishments shall have at least two part-time OH physicians. Establishments with 501 to 2000 workers shall have two part-time or one full-time OH physician. Four part-time or one full-time OH physician is required for every additional 500 employees or a fraction thereof.
  
- c. OH Facilities. Large establishments shall have the following OH facilities:
  - 1. Clinic. Large establishments, regardless of risk classification, shall have at least one clinic with two beds. The number of clinic beds may be increased as necessary. One treatment room or one clinic bed is required for every additional 500 employees or a fraction thereof.
  
- d. OSH Committee. Large establishments shall have an OSH Committee in accordance with Section 14(f) of these Revised Rules.

**Section 35. Occupational Safety and Health for Other Business Models.** – To address the emerging changes in the workplace and employment, the following OSHS shall be required for co-working spaces,

contracting arrangements, and other analogous arrangements.

- a. Residences used as workplaces. Establishments operating from residential properties, including those that employ workers in the personal service of another, shall comply with the relevant provisions in the preceding sections. The specific standards applicable shall depend on the nature of its economic activity, sector or industry, or the total number of employees/workers, including those of contractors and subcontractors.
- b. Co-Working Spaces. The following shall be required for establishments that are primarily intended and used to provide flexible or shared workspaces for individuals and businesses:
  1. OSH Program. The co-working space owner shall develop its OSH program, considering its risk classification, the total number of employees/workers and clients, and the workplace area.
  2. OSH Personnel. The co-working space owner shall have the required number and category of OSH personnel, considering the risk classification, the total number of employees/workers and clients, and the workplace area.
  3. OSH Facilities. The co-working space owner shall have the appropriate OSH facilities, considering the risk classification, the total number of employees/workers and clients, and the workplace area.
  4. OSH Committee. To ensure the administration of safety and health programs, small to large establishments under this business model shall have an OSH committee composed of the following:

Chairperson:	Co-working space owner
Members:	Designated safety officer and workers' representative
- c. Contracting arrangement. The following shall be required for establishments that enter into a contract with another person or entity for the performance of the former's work:
  1. OSH Program. A contractor or subcontractor shall develop its OSH program considering its risk classification, the total number of employees/workers therein, and the workplace area. Employees/workers of contractors and subcontractors shall observe and comply with the OSH policies and programs of the principal establishment or project where they are assigned or deployed.
  2. OSH Personnel. For each deployment, the contractor or subcontractor shall designate its supervisor as the safety officer and first aider for the deployed employees/workers

at the principal's workplace. In cases where there are nine or fewer deployed employees/workers in the workplace, the principal shall assume responsibility for their coverage in the designation of its OSH personnel.

3. OSH Facilities. The principal shall consider the contractor's deployed workers when establishing its OSH facilities. The contractor or subcontractor shall provide its deployed employees/workers with a first aid kit.
4. OSH Committee. To ensure the administration of safety and health programs, the contractor's safety officer shall be a member of the principal's OSH committee.

## **CHAPTER VII JOINT AND SOLIDARY LIABILITY**

**Section 36. Employer, Contractor, and Subcontractor Responsibility and Liability.** – The employer, contractor, or subcontractor, if any, and any person who manages, controls, or supervises the work being undertaken shall be jointly and solidarily liable for compliance with OSHS, including the penalties imposed for violation thereof as provided for in these Revised Rules.

## **CHAPTER VIII COMPLIANCE WITH OCCUPATIONAL SAFETY AND HEALTH STANDARDS**

**Section 37. Visitorial Power of the Secretary of Labor and Employment.** – All matters arising from the visitorial and enforcement power of the SOLE or the duly authorized representatives shall be governed by the applicable rules on the administration and enforcement of labor laws pursuant to Article 128 of the Labor Code of the Philippines, as renumbered, as implemented by Department Order No. 238, Series of 2023, and its subsequent issuances.

**Section 38. Payment of Employees/Workers During Work Stoppage.** – If stoppage of work due to imminent danger occurs as a result of the employer, contractor, or subcontractor's violation or fault, they shall pay the affected workers their corresponding wages during the period of such stoppage of work or suspension of operation.

For the purposes of wage payment and any other liabilities arising from a WSO, the employer, contractor, or subcontractor is presumed to be at fault if the WSO is issued as a result of an imminent danger situation that could endanger the lives of the employees/workers.

**Section 39. Delegation of Authority.** – The SOLE may delegate the authority to enforce OSHS to a competent government authority.

**Section 40. Standards Setting Power of the Secretary of Labor and Employment.** – The SOLE shall, in consultation with all concerned government agencies and instrumentalities, and relevant stakeholders, set and enforce mandatory OSHS to eliminate or reduce OSH hazards depending on the number of employees/workers of the establishment, the nature of its business operations, and the risk or hazard involved.

**Section 41. Employee/Worker’s Compensation Claim.** – An employee/worker may file claims for compensation benefits resulting from work-related disability or death. Such claims shall be processed independently of any findings of fault, gross negligence, or bad faith on the part of the employer in related proceedings.

The employer, contractor, or subcontractor shall provide the necessary assistance to employees or workers applying for claims.

**Section 42. Prohibited Acts and Corresponding Penalties.** – The willful failure or refusal of an employer, contractor, or subcontractor to comply with the following OSHS is subject to an administrative fine or penalty upon the finality of the decision of the Regional Director or the SOLE, in accordance with the procedure under Department Order No. 238, Series of 2023, or the Rules on Administration and Enforcement of Labor Standards pursuant to Article 128 of the Labor Code, as renumbered, and its subsequent issuances.

Failure or refusal to comply with occupational safety and health standards shall be deemed willful if it is done voluntarily, deliberately, and intentionally. It shall be deemed willful if the employer, contractor, or subcontractor unjustifiably or unreasonably fails to correct the noted violations despite attendance at or notification of the inspection activities, receipt of the Notice of Inspection/Investigation/Visit Results, receipt of the notice of mandatory conference, attendance at the mandatory conference, and continuously fails to submit compliance documents within ten (10) days after the submission of the case for the decision of the Regional Director.

Administrative fines shall be imposed on employers, contractors, or subcontractors, and their responsible officers, for the following OSHS violations:

OSHS Violations	Administrative Fine (PhP)		
	First Offense	Second Offense	Third Offense
Non-registration of the establishment with the DOLE	1,000	-	-
Failure to prepare, keep, and submit WAIR, AEDR, AMR	1,000	2,000	3,000
No first aider	3,000	5,000	7,000
No safety officer	3,000	5,000	7,000

OSHS Violations	Administrative Fine (PhP)		
	First Offense	Second Offense	Third Offense
No safety signage	3,000	5,000	7,000
No worker's welfare facilities	3,000	5,000	7,000
Failure to conduct OSH orientation for workers	3,000	5,000	7,000
No competent person to handle critical jobs	3,000	5,000	7,000
No OSH committee	3,000	5,000	7,000
No OSH program	5,000	10,000	15,000
Failure to implement appropriate engineering, administrative, or PPE controls	3,000	5,000	7,000
Failure to provide free PPE to workers	3,000	5,000	7,000
Improper labeling, handling, storing, disposal of, and transport of hazardous substances (e.g., flammable, irritating, offensive, or toxic dust, fibers, gases, mists, or vapors)	5,000	10,000	15,000
Failure to conduct work environment measurement (temperature, humidity, pressure, illumination, ventilation, noise, concentration of substances, airborne contaminants) in hazardous workplaces	5,000	10,000	15,000
No permit to operate on mechanical equipment or a certificate of electrical inspection on electrical installations	5,000	10,000	15,000
No standard operating procedure for mechanical equipment and electrical installation	5,000	10,000	15,000
No permit system for critical jobs or high-risk activities (e.g., hot works permit)	5,000	10,000	15,000
Improper storage, transport, and disposal of explosives or other hazardous materials and chemicals	5,000	10,000	15,000
No CSHP	5,000	10,000	15,000
Non-provision of temporary accommodation and welfare facilities for construction workers in a construction project	5,000	10,000	15,000
No medical surveillance	5,000	10,000	15,000
No OH personnel, services, or training	5,000	10,000	15,000
No onsite personnel overseeing critical processes, materials, or equipment	5,000	10,000	15,000
No OH facilities	5,000	10,000	15,000
Non-compliance with other issuances mentioned in these Revised Rules	1,000	3,000	5,000

The aforementioned administrative fines shall be imposed daily, not to exceed One Hundred Thousand Pesos (PhP100,000) per day, until the violation is corrected. This is counted from the date the employer, contractor, and subcontractor are notified of the violation or from the date they received

the compliance order or resolution.

If any of the following is present, a penalty of One Hundred Thousand Pesos (PhP100,000) administrative fine shall be imposed separately and in addition to the daily administrative fine imposed above:

- a. When the willful failure or refusal to comply with the occupational safety and health standards exposes or results in death, serious injury, or serious illness of the worker;
- b. Repeated obstruction, delay, or refusal to provide the SOLE or any of its authorized representatives access to the covered workplace, or refusal to provide or allow access to relevant records and documents, or obstruct the conduct of an investigation of any fact necessary in determining compliance with the OSHS;
- c. Misrepresentation in relation to adherence to OSHS, knowing such statement, report, or record submitted to DOLE to be false in any material aspect; or
- d. Making retaliatory measures such as termination of employment, refusal to pay, reducing wages and benefits, or in any manner discriminating against any worker who has given information relative to the inspection being conducted.

The penalties imposed are without prejudice to the filing of a criminal or civil case in the regular courts, as applicable. Fines herein imposed shall be without prejudice to the penalties imposable by other appropriate government agencies.

The fine shall be paid to the DOLE Regional Office. The fines collected pursuant to these Revised Rules shall be used to operate OSH initiatives, including OSH training and education, initiatives incentivizing qualified employers and workers in recognition of their efforts to ensure compliance with OSH and general labor standards, and other OSH-related intergovernmental programs and activities.

## **CHAPTER IX INCENTIVES AND ASSISTANCE PROGRAM**

**Section 43. Incentivizing Compliance Program.** – Incentives under these Revised Rules shall be provided to qualified employers and employees/workers to recognize their efforts in ensuring compliance with OSH and general labor standards. Recognized establishments shall be entitled to either of the following incentives, provided under existing laws, issuances, and regulations:

- a. Micro establishments may access the Kabuhayan or DOLE Integrated Livelihood Program (DILP) and the productivity toolbox training to enhance enterprise and workers' productivity;
- b. Micro establishments may avail of free SO1 and first aid training;
- c. Small and medium establishments shall be given priority for the Safety

- Officer 1 and Safety Officer 2 training programs offered by the OSHC;
- d. Large establishments compliant with labor laws and other related rules and regulations shall be recognized by the corresponding Regional Tripartite Industrial Peace Councils (RTIPC); and
  - e. Compliant establishments may be recognized in the Gawad Kaligtasan at Kalusugan (GKK) Award, Productivity Olympics (PO), and Search for Outstanding Labor-Management Cooperation (LMC) and Grievance Machinery (GM) for Industrial Peace, provided that they hurdle their requirements and processes.

**Section 44. Administration of Incentives.** – The DOLE, through its Regional Offices, Occupational Safety and Health Center, National Wages and Productivity Commission, Bureau of Labor Relations, Bureau of Workers with Special Concerns, and the National Conciliation and Mediation Board shall administer the grant of incentives to qualified micro, small, medium, and large establishments.

Incentives may be granted immediately upon the effectivity of these Revised Rules.

## **CHAPTER X MISCELLANEOUS PROVISIONS**

**Section 45. Inter-Governmental Coordination and Cooperation.** – The DOLE shall be primarily responsible for the administration and enforcement of OSH laws, regulations, and standards in all establishments and workplaces to implement the provisions of Republic Act No. 11058 effectively. There shall be established an Inter-government Coordination and Cooperation Committee composed of the DENR, DOE, DOTr, DA, DPWH, DTI, Department of the Interior and Local Government, DOH, DICT, PEZA, and all other government agencies, including local government units. It shall regularly convene at least once per quarter to monitor the effective implementation of these Revised Rules, as well as related programs and projects aimed at preventing and eliminating injuries, sickness, and deaths in all workplaces. This includes periodic reviews of these Revised Rules and all OSHS.

Depending on the issues to be discussed during the meeting, IGC3 members may invite other labor and employer representatives, as well as other relevant stakeholders.

**Section 46. Monitoring of Compliance.** – The DOLE Regional, Provincial, Field, and Satellite Offices shall monitor private establishments' compliance in accordance with Department Order No. 238, Series of 2023, or the Rules on Administration and Enforcement of Labor Standards pursuant to Article 128 of the Labor Code, as renumbered, and its subsequent issuances.

**Section 47. Transitory Provision.** – These Revised Rules shall apply to all labor standards inspections and proceedings, including all pending labor

standards cases.

DOLE Department Order No. 198, Series of 2018 shall continue to govern all final and executory orders and resolutions issued prior to the effectivity of these Revised Rules.

**Section 48. Separability Clause.** – If any part, section, or provision of these Revised Rules shall be held invalid or unconstitutional, the other provisions not affected by such declaration shall remain in full force and effect.

**Section 49. Superseding Clause.** – DOLE Department Order No. 198, Series of 2018, is hereby superseded. All rules and regulations, policy issuances, or orders contrary to or inconsistent with these Revised Rules are likewise deemed repealed, amended, or modified accordingly.

**Section 50. Effectivity.** – These Revised Rules shall take effect fifteen (15) days after publication in at least two (2) newspapers of general circulation.

Manila, Philippines, 28 April 2025.

  
**BIENVENIDO E. LAGUESMA**  
Secretary

 **Department of Labor and Employment**  
**Office of the Secretary**

  
\*066044\*

**ANNEXES**  
**(Revised Implementing Rules of Republic Act No. 11058)**

**Annex A. OSH Program Template (Micro Establishment)**

**Annex B. OSH Program Template (Small, Medium, and Large Establishments)**

**Annex C. Contents of First Aid Kit for Micro Establishments and Contents of Clinic**

**Annex D. OSH Personnel Matrix**

**Annex E. OSH Facilities Matrix**

**Annex A. OSH Program Template (Micro Establishment)**

**Occupational Safety and Health (OSH) Program**

**Establishment's Profile**

<b>Business name</b> <i>(as it appears in your business permit)</i>			
<b>Authorized Representative</b> (Owner/ Manager/ President)			
<b>Complete Business Address</b>	Building, unit or house # / Street / Subdivision		
	Barangay	City/Municipality	
	Province	Region	
<b>Official Contact Details</b>	Mobile number/s	Landline or Fax Number	
		Area code	Number
	Web address/URL	Company email address	
<b>Employee/ workers details</b>	Total:	Male:	Female:
	PDAO Registered Persons with Disability		OSCA Registered Senior Citizen
<b>Business Classification</b> <i>*For clarification, kindly refer to PSIC.</i>	Establishment's Philippine Standard Industrial Classification*		
	If manufacturing, main product:	If service activity, service type:	
<b>Risk Classification</b> <i>*Based on HIRAC</i>	Low Medium High		

**Note: Write N/A if not applicable**

**Establishment's OSH Program and Policy**  
(Republic Act No. 11058, Chapter IV, Section 12)

**1. Management's/Owner/s Commitment to Comply with OSH Policy**

[COMPANY/OWNER's NAME] do hereby commit to comply with the requirements of RA 11058, its implementing rules and regulations, and the applicable provisions of the Occupational Safety and Health Standards (OSHS).

[We/I] acknowledge our obligations and responsibilities to our employees. In the implementation of this OSH program, we will, among other related activities and requirements, (1) allocate adequate funds, (2) establish a safe and healthy workplace, (3) ensure employee orientation and training on OSH on official time, (4) disseminate IEC materials on safety and health, and (5) provide PPE, free of charge. We aim to protect our workers and employees against injuries, illnesses, and death through safe and healthy working conditions and environment.

We commit to conducting hazard identification and risk assessment to protect our workers from illness and accidents and comply with the other provisions of this OSH program. We are also fully aware of the penalties and sanctions for OSH violations as provided for in R.A. 11058 and its Implementing Rules and Regulations.

\_\_\_\_\_  
Printed Name and Signature  
of Authorized Representative/Owner

\_\_\_\_\_  
Date

**2. General Safety and Health Programs**

**a. Hazards Identification, Risk Assessment, and Control**

This establishment, in consideration of the workplaces and activities listed in section 3(k) of these Rules, is

involved in such activities and as such is considered to be high-risk  
not involved in such activities and is considered to be low to  
medium risk

**b. OSH personnel**

The OSH Personnel of the establishment are as follows:

Trained Safety Officer:	
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Trained First Aider:	
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**c. OSH training for OSH personnel**

**i. Safety Officer**

Attached is the Certificate of Training of our Safety Officer received from DOLE, OSHC, or DOLE Accredited Safety Training Organization undertaken by the worker on official time and not charged to the worker in cash or any other form.

Certificate Attached

**ii. First Aider**

Attached is the Certificate of Training of our First Aider received from a DOLE Accredited First Aid Training Provider undertaken by the worker on official time and not charged to the worker in cash or any other form.

Certificate Attached

**d. OSH orientation for workers**

Orientation shall focus on the following hazards that have been identified in our establishment. To ensure workers are properly oriented to their tasks, including the known hazards, the safety officer shall conduct the following:

<b>OSH Orientation</b>	<b>Target Population</b>
Basic OSH Orientation	New Workers
Safety Briefing	New users of equipment, facilities, or process Current workers but new equipment, facilities, or process

The identified hazards in the workplace will be the focus of orientations and shall include the following possible safety measures:

<b>Identified Work Hazards</b>	<b>Safety Measures to Avoid Worker Exposure</b>

*(Please use additional sheets, if necessary.)*

*(Remove the gray area below in your final OSH Program before submission)*

List down the hazards you can identify from processes in your workplace that could potentially injure or cause illness to your workers. You may use the following as a guide:

Safety Hazard (may cause injury)

- a. Unsafe Act (horseplay, not using provided PPE, not using provided tools)
- b. Unsafe Conditions (slippery floors, dark staircases, uneven floors)

Health Hazard (may cause illness)

- a. Physical hazard (too hot, too cold, too dark, too bright, smoke-filled area)
- b. Chemical hazard (exposure to harmful chemicals through skin, inhalation, or ingestion, especially chemicals marked with the symbols as shown:)



- c. Biological hazard (insects, rodents/rats, cats or dogs – potential for rabies)
- d. Ergonomic hazard (fast and/or repetitive movements, prolonged or numerous arm movements above shoulder)
- e. Psychosocial hazard (constant handling of angry customers, bullying in the workplace)

**e. Good housekeeping**

To ensure the protection of workers from the hazards identified above, the establishment shall practice good housekeeping. The establishment commits to:

- i. Training workers on how to work safely with the products they use, report any unusual conditions, address spills or any incidents, clean by-products, and report any notable machine build-up.
- ii. Cleaning and organizing shall be done regularly and not just at the end of the shift. Integrating housekeeping into jobs to help ensure that this task is done. This shall include the following:
  - o clean up during the shift
  - o day-to-day cleanup
  - o waste disposal
  - o removal of unused materials
- iii. Daily inspection to ensure cleanup is complete, including out-of-the-way places such as shelves, corners, and storage areas that would otherwise be overlooked.

**f. Personal protective equipment**

Based on the already identified hazards that the workers may be confronted with, the establishment shall provide, free of charge, the following PPE:

PPE	Name and Designation of Employee/Worker	Expected equipment durability duration

**g. Referral mechanisms**

For medical emergencies or medical consults that cannot be handled by the first aider, the employee/worker shall be brought to:

Nearest Hospital	Name:
	Address:
The designated companion to the hospital is:	
*it is understood that relatives of employees shall take over the role of the designated companion as soon as possible.	

For voluntary testing for HIV/AIDS and drug use, the employee/worker shall be referred to:

Nearest Health Center	Name:
	Address:

For fire and electrical emergencies, the following shall be contacted:

Nearest Facility	Contact Number
Fire station	
Electric Company	
City/Municipal DRRMO	

For security concerns, the following shall be contacted

Nearest Facility	Contact Number
Police Station	
Barangay Office	

Prepared by:

Attested by:

\_\_\_\_\_  
Designated Safety Officer

\_\_\_\_\_  
Employee Representative

Approved by:

\_\_\_\_\_  
Authorized Management Representative/Owner

**Annex B. OSH Program Template**  
 (Small, Medium, and Large Establishments)

**Occupational Safety and Health (OSH) Program**  
**Establishment's Profile**

<b>Business Name</b> <i>(as it appears in your business permit)</i>			
<b>Date Established</b>			
<b>Complete business address</b>	Building, unit or house # / Street / Subdivision		
	Barangay	City/Municipality	
	Province	Region	
<b>Official contact details</b>	Mobile number/s:	Landline or Fax Number:	
		Area code:	Number:
	Web address/URL:	Company email address:	
<b>Authorized Representative</b> (Owner/ Manager/ President)			
<b>Total Number of Employees</b>	Total:	Male:	Female:
<b>Business Classification</b> <i>*For clarification, kindly refer to PSIC.</i>	Establishment's Philippine Standard Industrial Classification*		
<b>Risk Classification</b> <i>*Based on HIRAC</i>	Low Medium High		
<b>Product Description</b> <i>(ex. Garments, shoes, electronics, N/A)</i>			
<b>Description of Services</b>			

**Basic Components of Company OSH Program and Policy**  
(Republic Act No. 11058, Chapter IV, Section 12)

1. Company Commitment to Comply with OSH Requirements
2. General Safety and Health Programs:
  - a. Safety and Health Hazard Identification, Risk Assessment and Control (HIRAC)
  - b. Medical Surveillance for early detection and management of occupational and work-related diseases
  - c. First aid and emergency medical services
3. Promotion of Drug-Free Workplace, Mental health Services in the Workplace, Healthy lifestyle
4. Prevention and Control of HIV-AIDS, Tuberculosis, Hepatitis B
5. Composition and Duties of the Health and Safety Committee
6. OSH Personnel and Facilities
7. Safety and Health Promotion, Training, and Education
  - a. Orientation of all workers on OSH
  - b. Conduct Risk Assessment, Evaluation, and Control
  - c. \*Continuing training on OSH for OSH Personnel
  - d. \*Work permit System
8. Toolbox/Safety Meetings, job safety analysis
9. Accident/Incident/illness Investigation, Recording and Reporting
10. Personal Protective Equipment (PPE)
11. Safety signages
12. \*Dust control and management and regulation on activities such as building of temporary structures and lifting and operation of electrical, mechanical, communications systems and other requirements
13. Welfare Facilities
14. Emergency and disaster preparedness and response plan to include the organization and creation of disaster control groups, business continuity plan, and updating the hazard, risk, and vulnerability assessment (as required)
15. Solid waste management system
16. Compliance with Reportorial Government Requirement (refer to Item 9.0)
17. Control and Management of Hazards (refer to Item 2-HIRAC)
18. \*Prohibited Acts and Penalties for Violations
19. \*Cost of Implementing Company OSH program

*\*(Applicable for medium to high-risk establishments with 10 to 50 workers and low to high-risk establishments with 51 workers and above)*



	Lifting of heavy products	Back injury from lifting, reaching, carrying, etc.	high	Conduct proper orientation on lifting
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**b. Medical Surveillance**

The company will require all employees to undergo a baseline or initial medical health examination prior to being assigned to a potentially hazardous activity. The examination will include but not be limited to the following:

- i. Routine:            CBC                      Urinalysis            Stool Exam            Chest X-Ray
- ii. Special:           Blood Chemistry            ECG            Others (Please Specify)
- iii. Schedule of Annual Medical Examination:            Q1            Q2            Q3            Q4
- iv. Is random drug testing conducted?            Yes            When: \_\_\_\_\_            No

**c. First Aid, Health Care Medicines, and Equipment Facilities**

What health care facilities are provided? (e.g. treatment room, clinic, bed)

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**3. and 4. Health Programs for the Promotion, Prevention, and Control**

*(Please indicate promotion health programs such as Drug-free Workplace in compliance with Republic Act No. 9165 and Mental Health in compliance with Republic Act No. 11036, and prevention and control health programs on HIV/AIDS in compliance with Republic Act No. 8504 and Republic Act No. 11166, Tuberculosis in compliance with Executive Order No. 187, Series of 2003, Hepatitis B in compliance with DOLE Advisory No. 05 Series of 2010)*

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**5. Composition and Duties of Occupational Safety and Health Committee**

The OSH Committee of the company is responsible for planning, developing, and implementing OSH policies and programs, monitoring and evaluating OSH programs, and investigating all aspects of the work pertaining to the safety and health of all workers. The employer shall establish an OSH committee composed of the following:

Chairperson:	_____
	Name of Employer or Representative
Secretary:	_____
	Safety Officer of the workplace
Members:	_____
	Name of OH personnel (if applicable), contractor's safety officers (if applicable), and at least two employees/workers' representatives.

All members of the OSH Committee shall perform their duties and responsibilities according to the OSH law and its implementing guidelines including the submission of reports as required in the OSHS.

**6. OSH Personnel and Facilities**

*(Please attach certificate of training/s prescribed by DOLE and use additional sheets as necessary)*

**a. Safety Officer/s**

Name of Safety Officer(s):	Training and Number of Training Hours

**b. Emergency Occupational Health Personnel and Facilities**

List of competent emergency health personnel within the worksite duly complemented by adequate medical supplies, equipment, and facilities based on the total number of workers. Please attach certificate of training/s prescribed by DOLE and use additional sheets as necessary.

Shift/Area/ Unit/ Department	Total Number of Workers per Area	Health Personnel & Facilities	
		Health Personnel (First Aider, Nurse, Physician, Dentist)	Facilities (Treatment Room/Clinic)

**7. Safety and Health Promotion, Education, and Training for Workers**

(Please attach additional sheets as necessary)

**a. Mandatory Safety Orientation of All Workers**

Topics/matters of orientation	Number of Employees/Workers in Attendance	Date

**b. Conduct of Risk Assessment, Evaluation, and Control**

Personnel responsible for the conduct of risk assessment (may include WEM)	Date

**c. Continuing training on OSH for OSH Personnel**

OSH Personnel for training	Date

**d. Work Permit System (if applicable)**

Discussion on the process of the work permit system being implemented or to be implemented by the management of critical activities. The job hazard analysis where said permit system is required.

Name of Person/s performing the job:	
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Location of work:	
Work Start Date:	Work End Date:
Scope of Work:	
Type of permit <i>(hot works, confined space, working at heights, etc.)</i>	
Description of work to be undertaken <i>(Workers' details, responsible OSH personnel, certifications needed, etc.)</i>	
Hazard identification and control measures	
PPE required	
Emergency Preparedness	

### 8. Conduct of Tool Box Meetings/ Safety Meetings

Personnel Who Conducts of Safety/ Tool Box Meetings	Schedule

### 9. Accident/Incident/Injury investigation recording and reporting

Any dangerous occurrence or major accident resulting in death or permanent total disability shall be reported by the employer or the authorized representative to the DOLE Regional Office within 24 hours from occurrence using the prescribed form (Work Accident/Incident Notification).

After the investigation, the employer or the authorized representative shall prepare and submit its work accident report using the prescribed form (WAIR). Moreover, other work accidents resulting in disabling injuries, such as Permanent Partial Disability and Temporary Total Disability, shall be reported to the DOLE Regional Office within 30 days after the date of occurrence using the DOLE prescribed form (WAIR).

All near-misses shall be recorded and reported. The OSH Committee shall develop and review a system for notifying and reporting work accidents, including near misses within the company, as necessary.

Kindly refer to below list of reports to be submitted to DOLE related accident/Incident/Injury investigation recording and reporting:

Kind of report	Date of submission
Accident Notification <i>(Fatal/Serious Injury)</i>	Within 24 hours from the time of occurrence
Work Accident/Injury Report (WAIR)	Every 30th day of the month, <i>regardless of whether there were any accidents or work-related illnesses in the workplace</i>
Annual Exposure Data Report (AEDR)	January 30 following the covered year
Annual Medical Report (AMR)	March 31 following the covered year



**15. Solid Waste Management System**

Written Pollution Control Program: Yes No  
Name of Pollution Control Officer: \_\_\_\_\_

**16. Compliance with Reportorial Government Requirements**

*(Please refer to item 9.0)*

**17. Control and management of hazards**

Based on accomplished HIRAC.

**18. \*Prohibited Acts and Penalties/Sanctions for violations of OSH**

*\*(Applicable for medium to high risk establishments with 10 to 50 workers and low to high risk establishments with 51 workers and above)*

*Please attach existing company sanctions for violations of OSH.*

*Example of Company violation policies:*

Safety Violation	1 <sup>st</sup> offense	2 <sup>nd</sup> offense	3 <sup>rd</sup> offense
1. Not using issued PPE			
2. Littering and loitering			
3. Smoking in prohibited area			
4. Illegal dismantling of safety signages and paraphernalia			
5. Not following safety rules			

**19. Cost of implementing company OSH program**

The total amount of \_\_\_\_\_ (PhP\_\_\_\_\_ ) is the estimated annual amount for OSH program implementation for the orientation/training of workers, safety officer, and OH personnel, provision and maintenance of PPE, first aid medicine, other medical supplies, safety signages and devices, fire safety equipment/tools, and the safety of equipment (e.g., machine guards), etc.

OSH Item	Estimated Cost/Year
PPEs	
OSH Training	
Safety Signages	
Machine Guards and related equipment	
Medical Examinations	
Medical Supplies/Medicines	
Others: Specify	

**ANNEX B.1:**

**WORKPLACE POLICY AND PROGRAM ON PROMOTING WORKERS' HEALTH AND ENSURING PREVENTION AND CONTROL OF HEALTH-RELATED ISSUES AND ILLNESS**

\_\_\_\_\_ company is committed to promoting and ensuring a healthy and safe working environment through its various health programs for its employees. We shall comply with all regulations

and laws that guarantee workers' health and safety at all times.

The company shall ensure that workers' health is maintained through the following company programs and activities:

- a) Orientation and education of employees
- b) Access to reliable information on illness and hazards at work
- c) Referral to medical experts for diagnosis and management of illness or health-related concerns
- d) Provide health-related programs such as proper nutrition and exercise activities that are made available to the workers

The programs mentioned above shall comply with the Government's issuances on promoting a healthy lifestyle, addressing mental health in the workplace, and preventing and controlling substance abuse.

In addition, company policies to protect workers' rights arising from illness shall be guaranteed. The company shall promote the following workers' rights:

- a) Confidentiality of information
- b) Non-discrimination including non-termination
- c) Work accommodation following a course of illness
- d) Assistance to compensation

This policy is formulated for everybody's information. The company is committed to ensuring workers' health and providing a healthy and safe workplace.

**Signed:**

\_\_\_\_\_  
**Owner/Manager**

\_\_\_\_\_  
**Employees' Representative**

DATE: \_\_\_\_\_

## **Annex B.2. Policies**

### **B.2.1 Tuberculosis**

#### **A Company Model** **WORKPLACE POLICY AND PROGRAM ON** **TUBERCULOSIS (TB) PREVENTION AND CONTROL**

#### **I. POLICY STATEMENT**

In compliance with Republic Act No. 1076 (Comprehensive Tuberculosis Elimination Plan Act) and DOLE Labor Advisory No. 21, Series of 2023 [Supplemental Guidelines on the Implementation of Safety and Health Measures for the Prevention and Control of Tuberculosis (TB) in the Workplace], this policy establishes workplace-based programs to address tuberculosis as a critical public health issue.

**[Company Name]** acknowledges that tuberculosis (TB) primarily affects economically active individuals. However, TB is both treatable and preventable through proper interventions. It is a contagious, potentially life-threatening disease caused by *Mycobacterium tuberculosis* and is most prevalent in healthcare settings, as well as high-risk environments such as prisons, shelters, and overcrowded workplaces with inadequate ventilation.

The purpose of this policy is to prevent TB transmission, provide employees with access to effective treatment, and eliminate any form of discrimination against those affected by TB.

#### **II. PURPOSE**

1. To reduce stigma and prevent discrimination against employees with TB.
2. To facilitate access to free anti-TB medicines and treatment through referrals.

#### **III. IMPLEMENTING STRUCTURE**

The **[Company Name]** TB Program will be managed by the Health and Safety Committee, consisting of representatives from various departments.

#### **IV. COVERAGE**

This policy applies to all employees, regardless of employment status, including those within the company's supply chain.

## **V. GUIDELINES**

### **A. Preventive Strategies**

#### **1. Infection Control Measures**

- a) *Engineering Controls*: Improve ventilation, enhance sanitary facilities, and prevent overcrowding.
- b) *Administrative Controls*: Implement policies to reduce TB transmission, such as symptom screening and risk assessments.
- c) *Personal Protective Measures*: Ensure appropriate protective equipment is available and used when necessary.

#### **2. TB Education and Awareness**

- a) Conduct regular TB education sessions through the Medical Clinic and Health and Safety Committee.
- b) Distribute information, education, and communication (IEC) materials to raise awareness.

#### **3. Screening, Diagnosis, Treatment, and Referral**

- a) Establish a referral system to facilitate access to diagnostic and treatment services.
- b) Partner with Direct Observed Treatment (DOT) facilities to ensure employees can access care.
- c) Adhere to DOTS guidelines for TB diagnosis and treatment.

### **A. Medical Management**

1. The company will adopt the DOTS strategy for TB case management, including diagnosis, treatment, and monitoring, in line with the National Tuberculosis Control Program.
2. Employees and their family members will be referred to both private and public DOTS centers for treatment.
3. Workers with TB will have access to TB DOTS facilities, whether public or private.
4. Employees seeking additional healthcare services beyond TB treatment can avail themselves of benefits under PhilHealth Circular No. 2020-0022, including consultations, diagnostics, and medicines through the PhilHealth Konsulta package.

### **B. Social Policy**

#### **1. Non-Discrimination**

- a) Employees will not face discrimination at any stage of employment due to their TB status.
- b) The management of employees with TB will follow the same protocols as for any other illness.

## **2. Work Accommodations**

- a) Employers will offer flexible leave and work rescheduling during the 14-day infectious phase of treatment.
- b) Return-to-work arrangements will be determined in consultation with the Company Health Care Provider and/or the DOTS facility.

## **C. Compensation**

Employees who contract TB during their duties will be eligible for benefits under the Social Security System (SSS) and Employees' Compensation under PD 626.

## **VI. ROLES AND RESPONSIBILITIES**

### **A. Employer Responsibilities**

1. Develop, implement, and monitor the workplace TB policy and program in collaboration with employees and labor representatives.
2. Provide TB prevention training and information to the workforce.
3. Ensure workplace policies support non-discrimination practices.
4. Maintain confidentiality of employee health records, restricting access to authorized personnel only.
5. Allocate necessary resources for the policy's implementation.
6. Regularly review and improve the TB policy in coordination with government and health organizations.

### **B. Employee Responsibilities**

1. Participate in TB prevention education and training.
2. Refrain from discriminatory actions against colleagues with TB.
3. Maintain confidentiality regarding the TB status of co-workers.
4. Follow all TB prevention measures, including workplace health and safety protocols.

## **VII. IMPLEMENTATION AND MONITORING**

The Health and Safety Committee will regularly assess and evaluate the effectiveness of the policy's implementation.

## **VIII. CONFIDENTIALITY AND REPORTING**

1. Employee medical records will be managed in accordance with the Data Privacy Act of 2012 to prevent unauthorized access or disclosure.
2. Employers will submit an Annual Medical Report (AMR) to the DOLE Regional/Provincial/Field Office, documenting chest x-ray screenings and diagnosed TB cases.

**IX. EFFECTIVITY**

This policy shall take effect immediately and will be communicated to all employees.

**Signed:**

\_\_\_\_\_  
**Owner/Manager**

\_\_\_\_\_  
**Employees' Representative**

DATE: \_\_\_\_\_

## **B.2.2 Hepatitis B**

### **A Company Model WORKPLACE POLICY AND PROGRAM ON HEPATITIS B**

**[Company Name]** is committed to conform to the established standards assurance of customer satisfaction, protection of our environment and health and safety in the workplaces.

The company promotes and ensures a healthy environment through its various health programs to safeguard its employees. And as part of the company's compliance to DOLE Department Advisory No. 05, Series of 2010 (Guidelines for the Implementation of a Workplace Policy and Program on Hepatitis B), this Program has been developed. This program is aimed to address the stigma attached to hepatitis B and to ensure that the employees' right against discrimination and confidentiality is maintained.

This guideline is formulated for everybody's information and reference for the diagnosis, treatment, and prevention of Hepatitis B. This will inform the employees of their role as well as the company in dealing with Hepatitis B. A healthy environment encompasses a good working relationship and great output for continuous business growth.

#### **I. Implementing Structure**

The **[Company Name]**'s Hepatitis B workplace policy and program shall be managed by its health and safety committee. Each division or department of the Company shall be duly represented.

#### **II. Guidelines**

##### **A. Education**

1. Coverage. All employees regardless of employment status may avail of hepatitis B education services for free;
2. Hepatitis B shall be conducted through distribution and posting of IEC materials and counselling and/ or lectures; and
3. Hepatitis B education shall be spearheaded by the (name of company) Medical Clinic in close coordination with the health and safety committee.

##### **B. Preventive Strategies**

1. All employees are encouraged to be immunized against Hepatitis B after securing clearance from their physician.
2. Workplace sanitation and proper waste management and disposal shall be monitored by the health and safety committee on a regular basis.
3. Personal protective equipment shall be made available at all times for all employees; and

4. Employees will be given training and information on adherence to standards or universal precautions in the workplace.

### **III. Social Policy**

#### **A. Non-discriminatory Policy and Practices**

1. There shall be no discrimination of any form against employees on the basis of their Hepatitis B status consistent with the international agreements on non discrimination ratified by the Philippines (ILO C111). Employees shall not be discriminated against, from pre to post employment, including hiring, promotion, or assignment because of their hepatitis B status.
2. Workplace management of sick employees shall not differ from that of any other illness. Persons with Hepatitis B related illnesses may work for as long as they are medically fit to work.

#### **B. Confidentiality**

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

#### **C. Work-Accommodation and Arrangement**

1. The company shall take measures to reasonably accommodate employees who are Hepatitis B positive or with Hepatitis B - related illnesses.
2. Through agreements made between management and employees' representative, measures to support employees with Hepatitis B are encouraged to work 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. The company shall establish a referral system and provide access to diagnostic and treatment services for its employees for appropriate medical evaluation/ monitoring and management.
2. Adherence to the guidelines for healthcare providers on the evaluation of Hepatitis B positive employees is highly encouraged.
3. Screening for Hepatitis B as a prerequisite to employment shall not be mandatory.

## **E. Compensation**

The company shall provide access to Social Security System and Employees Compensation benefits under PD 626 to an employee contracted with Hepatitis B infection in the performance of his duty.

## **IV. Roles and Responsibilities of Employers and Employees**

### **A. Employer's Responsibilities**

1. Management, together with employees' organizations, company focal personnel for human resources, and safety and health personnel shall develop, implement, monitor and evaluate the workplace policy and program on Hepatitis B.
2. The Health and Safety Committee shall ensure that their company policy and program is adequately funded and made known to all employees.
3. The Human Resources Department shall ensure that their policy and program adheres to existing legislations and guidelines, including provisions on leaves, benefits and insurance.
4. Management 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. The company shall ensure non-discriminatory practices in the workplace.
6. The management 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 employees exposed to potentially contaminated blood or body fluid.
7. The Health and Safety Committee, together with the employees' 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. The company shall ensure confidentiality of the health status of its employees, including those with Hepatitis B.
9. The human resources shall ensure that access to medical records is limited to authorized personnel.

### **B. Employees Responsibilities**

1. The employees' organization is 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 employees to increased risk of Hepatitis B infection, consistent with the standardized basic information package developed by the Hepatitis B TWG.

2. Employees shall practice non-discriminatory acts against co-employees on the ground of Hepatitis B status.
3. Employees and their organizations shall not have access to personnel data relating to an employee's Hepatitis B status. The rules of confidentiality shall apply in carrying out union and organization functions.
4. Employees shall comply with the universal precaution and the preventive measures.
5. Employees with Hepatitis B may inform the health care provider or the 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**

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.

#### **VI. EFFECTIVITY**

This Policy shall take effect immediately and shall be made known to all employees.

**Signed:**

\_\_\_\_\_  
**Owner/Manager**

\_\_\_\_\_  
**Employees' Representative**

DATE: \_\_\_\_\_

## **B.2.3 HIV/AIDS**

### **A Company Model HIV/AIDS WORKPLACE POLICY AND PROGRAM**

#### **I. POLICY STATEMENT**

In compliance with Republic Act No. 11166 or the "Philippine HIV and AIDS Policy Act," and Department of Labor and Employment (DOLE) Labor Advisory No. 22, Series of 2023, providing supplemental guidelines on the implementation of a HIV AIDS Prevention and Control Policy and Program in the Workplace, this company policy establishes workplace-based programs as an effective means to address HIV/AIDS. It aims to provide employees with guidance on diagnosis, treatment, and prevention while fostering a supportive and non-discriminatory work environment.

This policy outlines the company's commitment to:

1. Reducing the spread of HIV/AIDS and managing its impact.
2. Ensuring compliance with national laws and workplace standards.
3. Promoting voluntary testing and support for affected employees.
4. Eliminating stigma and upholding confidentiality.

#### **II. PURPOSE**

1. Prevent stigma and discrimination against employees with HIV/AIDS.
2. Facilitate access to HIV/AIDS services and treatment through referrals.

#### **III. IMPLEMENTING STRUCTURE**

The **[Company Name]** HIV/AIDS Program shall be managed by the Health and Safety Committee, composed of representatives from various departments.

#### **IV. COVERAGE**

This policy applies to all employees, including those in the supply chain, regardless of employment status.

#### **V. GUIDELINES**

##### **A. Preventive Strategies**

##### **1. HIV/AIDS Education and Awareness**

- a) Conduct regular Voluntary Counseling and Testing (VCT) sessions through the Medical Clinic and Health and Safety Committee.
- b) Distribute information, education, and communication materials.

##### **2. Screening, Diagnosis, Treatment, and Referral**

- a) HIV screening shall not be a mandatory pre-employment requirement.
- b) Employees are encouraged to undergo voluntary counseling and testing.

- c) The company shall establish a referral system for access to diagnostic and treatment services.
- d) Referral to Local Government Unit (LGU) Social Hygiene Clinics for HIV screening shall be facilitated by medical staff with strict confidentiality.
- e) Partnerships shall be established with socio-civic organizations and health facilities for employee access to services.
- f) The company shall facilitate access to livelihood assistance for affected employees and their families through the DOLE.

#### **B. Medical Management**

- 1. The company shall adopt VCT strategies for case identification, treatment, and monitoring, in line with national HIV/AIDS programs.
- 2. Employees and their family members shall be referred to treatment hubs for HIV/AIDS management.
- 3. Employees shall have access to accredited HIV/AIDS testing centers and treatment hubs.
- 4. Additional health services, including consultations, diagnostics, and medications, shall be accessible under PhilHealth Circular No. 2020-0022 through the PhilHealth Konsulta package.

#### **C. Social Policy**

##### **1. Non-Discrimination**

- a) No employee shall face discrimination at any stage of employment due to HIV/AIDS status.
- b) Employees with HIV/AIDS shall be managed like those with any other illness.

##### **2. Work Accommodations**

- a) The company shall provide flexible leave arrangements and work rescheduling as needed.
- b) Return-to-work plans shall be determined by the Company Healthcare Provider and/or designated treatment facilities.

##### **3. Confidentiality**

Employees shall not be required to disclose their HIV/AIDS status or related medical information.

#### **D. Compensation**

Employees who contract HIV/AIDS in the course of their duties shall have access to benefits under the Social Security System and Employees' Compensation (P.D. 626).

### **VI. ROLES AND RESPONSIBILITIES**

#### **A. Employer Responsibilities**

- 1. Develop, implement, and monitor the workplace HIV/AIDS policy in collaboration with employees and labor organizations.
- 2. Provide ongoing education and training on HIV/AIDS.

3. Ensure non-discriminatory workplace practices and compliance with legal guidelines.
4. Safeguard the confidentiality of employee medical records, granting access only to authorized personnel.
5. Allocate necessary resources to support the policy and ensure employee awareness.
6. The Health and Safety Committee shall regularly review and improve the policy through collaboration with government agencies and advocacy organizations.\
7. Ensure access to Post-Exposure Prophylaxis for eligible healthcare workers.

**B. Employee Responsibilities**

1. Participate in education and training on HIV/AIDS prevention and control.
2. Promote and practice a healthy lifestyle while avoiding high-risk behaviors.
3. Refrain from discriminatory actions against co-workers with HIV/AIDS.
4. Respect confidentiality and avoid unauthorized access to sensitive medical information.
5. Follow universal precautions and preventive measures in the workplace.

**VII. IMPLEMENTATION AND MONITORING**

The Health and Safety Committee shall regularly assess and evaluate the policy's implementation to ensure effectiveness and relevance.

**VIII. CONFIDENTIALITY AND REPORTING**

All employee medical records shall be handled in accordance with the Data Privacy Act of 2012 to prevent unauthorized access or disclosure. Access to records shall be restricted to authorized personnel only.

**IX. EFFECTIVITY**

This policy shall take effect immediately and shall be communicated to all employees.

**Signed:**

\_\_\_\_\_  
**Owner/Manager**

\_\_\_\_\_  
**Employees' Representative**

DATE: \_\_\_\_\_

## **B.2.4 Cancer**

### **A Company Model WORKPLACE CANCER PREVENTION AND CONTROL POLICY AND PROGRAM (CPCPP)**

**[Company Name]** is committed to upholding the highest standards of workplace health and safety, environmental protection, and customer satisfaction. The company ensures a safe and supportive environment for all employees through various health programs.

This is in compliance with Republic Act No. 11215 or the National Integrated Cancer Control Act of 2019, and DOLE Labor Advisory No. 20, which outlines the implementation of the Workplace Policy and Program on Cancer Prevention and Control in the Private Sector. This includes prevention, screening, diagnosis, treatment, return to work, compensation, and social policies.

This policy establishes an inclusive, responsive, gender-sensitive, and non-discriminatory framework for cancer prevention, control, and support in the workplace. It underscores the shared responsibility of employers and employees in fostering a stigma-free and supportive environment while aligning with relevant laws to provide accessible cancer care services.

#### **I. IMPLEMENTING STRUCTURE**

The **[Company Name]** Workplace Cancer Prevention and Control Policy and Program (CPCPP) shall be managed by the Health and Safety Committee, with representatives from various divisions and departments to ensure inclusive implementation.

#### **II. COVERAGE**

This policy applies to all employees of **[Company Name]** regardless of employment status. All employees are entitled to FREE access to cancer education and services.

#### **III. POLICY GUIDELINES**

1. Inclusivity and Support - Through its safety and health committee, the company shall conduct awareness programs, provide health services, and offer psychosocial support for employees and their families. They shall ensure access to cancer screening, diagnosis, treatment, and care.
2. Responsiveness - The committee shall tailor programs to meet the specific needs of employees. The company shall offer social protection during emergencies or disasters.
3. Gender Sensitivity - The company shall promote gender-sensitive education on cancer prevention, risk factors, and early warning signs.
4. Non-Discrimination - The company shall provide equal employment opportunities for cancer patients and survivors. They shall eliminate stigma and discrimination in the workplace.

5. Occupational Safety and Health - The safety and health committee shall integrate cancer prevention into the Occupational Safety and Health Program. They shall minimize exposure to carcinogens and provide protective equipment.
6. Confidentiality- The company shall protect medical records and employee information in compliance with the Data Privacy Act of 2012.
7. Sustainability - The company shall incorporate cancer initiatives into its Health and Wellness Program for long-term implementation.

#### **IV. IMPLEMENTATION MEASURES**

1. Awareness and Education- The company shall conduct regular cancer education and wellness activities. It shall promote healthy lifestyles and provide support groups.
2. Capacity Building - The company will train employees and caregivers on cancer prevention and care.
3. Workplace Environment - The company shall provide flexible work arrangements and reintegration programs for employees with cancer. It shall ensure a safe and supportive workplace environment.
4. Early Detection and Referral - The company shall facilitate cancer screenings during annual physical examinations. It shall establish referral systems for timely diagnosis and treatment.
5. Work Arrangements and Leave - The company shall provide flexible work hours and work-from-home options for employees with cancer or their caregivers.
6. Workplace Safety - The company shall implement measures to limit exposure to cancer-causing substances and processes.

#### **V. PROHIBITION AGAINST DISCRIMINATION**

1. Equal Employment Opportunities - Employees with cancer, survivors, or their caregivers shall have equal opportunities in hiring, promotion, training, and other human resources (HR) actions.
2. Anti-Discrimination Measures - Discrimination against employees with cancer, survivors, or caregivers is strictly prohibited.
3. Accountability- Violators shall be accountable under the Magna Carta for Persons with Disability (R.A. No. 7277) and related laws.

#### **VI. COMPENSATION**

Employees diagnosed with cancer are entitled to benefits under the Social Security System, Employees' Compensation Program, and other applicable laws.

#### **VII. ACCESS TO HEALTH CARE AND RELATED SERVICES**

1. Health Promotion - The safety and health committee shall provide counseling and communication resources.
2. Screening and Diagnosis - Employees shall be provided access to primary care and diagnostic services.

3. Treatment - Access to treatments under PhilHealth Z-Benefit Packages and other health programs shall be provided.
4. PWD Benefits - Eligible employees shall be assisted in obtaining PWD IDs from local government units.

### **VIII. WORK ACCOMMODATIONS**

Employees shall be provided with flexible work arrangements, such as telecommuting, rescheduling, and other accommodations, to support those with cancer.

### **IX. CONFIDENTIALITY AND REPORTING**

Employers shall ensure the confidentiality of employee medical records under Republic Act No. 10173, or the Data Privacy Act of 2012. Likewise, employers shall submit Annual Medical Reports (AMR) to the DOLE Regional/Provincial/Field Office, detailing cancer-related activities and updates.

### **X. IMPLEMENTATION AND MONITORING**

The Health and Safety Committee shall monitor and evaluate the implementation of this policy and program regularly.

### **XI. EFFECTIVITY**

This policy shall take effect immediately and shall be communicated to all employees.

**Signed:**

\_\_\_\_\_  
**Owner/Manager**

\_\_\_\_\_  
**Employees' Representative**

DATE: \_\_\_\_\_

## **B.2.5 Drug-Free Workplace**

### **A Company Model** **DRUG-FREE WORKPLACE POLICY AND PROGRAM**

In compliance with Article V of Republic Act No. 9165<sup>1</sup> and its Implementing Rules and Regulations, and DOLE Department Order No. 53, Series of 2003,<sup>2</sup> **[Company Name]** hereby adopts the following policies and programs to ensure a drug-free workplace:

#### **I. COMPANY POLICY ON A DRUG-FREE WORKPLACE**

[Company Name] strictly prohibits:

1. The use, possession, solicitation, or sale of dangerous drugs on company premises or while performing work-related tasks.
2. Being under the influence of dangerous drugs outside the workplace if such impairment adversely affects work performance, safety, or the company's reputation.
3. Engaging in drug-related activities outside company premises if such involvement impacts job performance, workplace safety, or the company's integrity.
4. The presence of any detectable amount of dangerous drugs in an employee's system while at work, within company premises, or during company-related activities.

*Dangerous Drugs* refer to substances listed in the annexes of R.A. 9165, including those classified under the 1961 Single Convention on Narcotic Drugs and the 1971 Single Convention on Psychotropic Substances.

#### **II. COMPANY PROGRAM ON A DRUG-FREE WORKPLACE**

##### **A. MANDATORY DRUG TESTING**

1. Pre-employment drug testing is required to ensure that new hires are fit for work and free from substance abuse, preventing issues such as low productivity, poor decision-making, workplace accidents, and absenteeism.
2. Authorized Drug Testing Facility: [Company Name] designates XYZ Company, a DOH-accredited drug testing laboratory, as its official testing partner.
3. Additional Drug Testing Circumstances:
  - a) Random Testing: Employees may be selected at any time for unannounced drug testing.
  - b) For-Cause Testing: Employees may be tested if reasonable suspicion exists, such as:
    - i. Presence of drugs in the employee's vicinity

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<sup>1</sup> Comprehensive Dangerous Drugs Act of 2002

<sup>2</sup> Guidelines for the Implementation of a Drug-Free Workplace Policies and Programs for the Private Sector.

- ii. Unusual behavior indicating impairment
  - iii. Declining work performance or unexplained absences/tardiness
- c) Post-Accident Testing: Employees involved in workplace incidents, such as "Near-Miss" or "Work Accident," may be tested to rule out drug use as a contributing factor.
- 4. All drug tests shall follow two-step testing:
  - a) Screening Test – Determines the presence and type of drugs.
  - b) Confirmatory Test – Conducted to validate a positive screening test result.
  - c) If the result is confirmed positive, the company's Assessment Team or a DOH-accredited physician will evaluate the results and recommend appropriate interventions.
- 5. Employees will be informed of their drug test results, whether positive or negative.
- 6. Drug testing costs will be fully covered by [Company Name].

## **B. TREATMENT, REHABILITATION, AND REFERRAL**

1. First-time offenders will be referred to a DOH-accredited facility for treatment and/or rehabilitation. [Company Name] shall provide a list of at least three (3) accredited facilities for the employee to choose from.
2. The employee will undergo a Drug Dependency Examination to determine the extent of the employee's drug use and dependency, to be conducted by:
  - a) A DOH-accredited physician who will determine the extent of drug use and recommend appropriate treatment or
  - b) The company's designated Assessment Team
3. If deemed necessary, employees may be required to undergo:
  - a) Outpatient care or
  - b) Admission to a rehabilitation facility depending on the severity of the case.
4. Upon completion of treatment, the Assessment Team, in coordination with the rehabilitation center, shall determine whether the employee is fit to return to work.
5. The employee shall bear rehabilitation costs. The rehabilitation period shall be considered authorized leave.
6. Repeated drug use after rehabilitation may result in termination, following R.A. 9165 and company policies.

## **C. ADVOCACY, EDUCATION, AND TRAINING**

1. [Company Name] commits to raising awareness and educating employees on the dangers of drug use through regular training and informational sessions.
2. All employees must undergo an orientation program covering:
  - a) Key provisions of R.A. 9165
  - b) Adverse effects of drug use on individuals, the workplace, and society
  - c) Prevention strategies and available rehabilitation services
  - d) Proper steps for seeking intervention

3. The company shall also conduct wellness activities to promote a healthy lifestyle, including:
  - a) Lifestyle assessments (nutrition, weight management, stress management, smoking cessation, etc.)
  - b) Health screenings (blood pressure, cholesterol, glucose tests, etc.)
  - c) Sports and recreational events
  - d) Other wellness initiatives

**D. ROLES, RIGHTS, AND RESPONSIBILITIES**

1. [Company Name] shall ensure that its Drug-Free Workplace Policy is widely disseminated, and employees must acknowledge receipt and understanding of the policy in writing.
2. All information regarding drug tests and drug-related incidents shall remain strictly confidential, except:
  - a) When required by law
  - b) In cases of public health and safety risks
  - c) With written consent from the concerned employee
3. Employees are entitled to due process in all drug-related investigations.

**E. CONSEQUENCES OF POLICY VIOLATIONS**

1. Employees found using, possessing, distributing, or selling dangerous drugs shall be subject to penalties under Article II of R.A. 9165.
2. Employees testing positive for drug use may face administrative actions following Article 282 of the Labor Code and R.A. 9165.

**F. MONITORING AND EVALUATION**

The effectiveness of the Drug-Free Workplace Policy shall be periodically reviewed by an Assessment Team, established per D.O. 53-03, to ensure compliance and continuous improvement.

**G. EFFECTIVITY**

This policy shall take effect immediately upon ratification by management and employee representatives and its posting on the company's bulletin board.

**Signed:**

\_\_\_\_\_  
**Owner/Manager**

\_\_\_\_\_  
**Employees' Representative**

DATE: \_\_\_\_\_

## **B.2.6 Smoke-Free Workplace**

### **A Company Model** **SMOKE-FREE WORKPLACE POLICY AND PROGRAM**

Pursuant to Section 6 of Republic Act No. 9211, which prohibits indoor smoking and protects people against secondhand smoke, this company policy is hereby issued to protect its employees and clients against the hazard brought about by smoking.

Smoke-free workplaces protect non-smokers from the dangers of secondhand smoke and also encourage staff to either quit smoking or reduce their cigarette consumption. The successful implementation of this policy will depend on both the management and the employees' support.

#### **I. PREVENTIVE STRATEGIES**

**[Company Name]** shall notify all employees of this policy and shall establish a smoke-free workplace policy awareness program. This will also be a part of the orientation for newly-hired employees. A **"NO SMOKING SIGN"** shall be conspicuously displayed at floor areas that were designated as a NO SMOKING AREA. The rooftop and parking area are the only areas in the office where employees are allowed to smoke.

The company's staff development program will include capacity building for the speakers, counselors, and the general workforce.

The ill effects of smoking will be discussed during the training/orientation of employees, which the Health and Safety Committee will spearhead.

#### **II. IMPLEMENTATION**

Worksite smoking policies aim mainly to protect non-smokers from Environmental Tobacco Smoke (ETS), while the objective of the worksite cessation program is to help employees who do smoke to give up the habit. The use of support groups of former smokers, HRDS staff, and medical staff that may act as educators/counselors and support for workers to enable them in their wish to quit the habit. Programs should be coordinated with managed-care providers' offerings of tobacco assessment and counselling. Internally, physical activity, nutrition, and stress management will assist smokers to quit and to stay abstinent.

Networking with health professionals, experts, and organizations with the same advocacy is also encouraged to create a partnership of sorts. This may lead to better program implementation as their best practices may be replicated.

Strengthening workers' participation may encourage them to take ownership of the program. Team Leaders may be assigned who may also assign secret marshals to monitor the no-smoking policy in their workplaces.

Team leaders would also monitor the smokers' diaries (mandatory for smokers enrolled in the program) and the progress of implementing the smoking program in their office.

The committee shall refer employees who wish to quit smoking to DOH-accredited smoking cessation clinics.

### **III. MONITORING AND EVALUATION**

The employer, through its Health and Safety Committee or other similar Committee, shall monitor and periodically evaluate the implementation of smoke-free workplace policies and programs to ensure that the goal of a smoke-free workplace is met.

### **IV. EFFECTIVITY**

All concerned shall comply with all the provisions of this company policy effective immediately.

**Signed:**

\_\_\_\_\_  
**Owner/Manager**

\_\_\_\_\_  
**Employees' Representative**

DATE: \_\_\_\_\_

## **B.2.7 Alcohol-Free Workplace**

### **A Company Model** **ALCOHOL-FREE WORKPLACE POLICY AND PROGRAM**

The **[Company Name]** adopts this alcohol-free workplace policy and program to ensure a safe and healthful workplace. In this regard, all employees shall abide by the terms and conditions of this policy.

#### **I. ALCOHOL PROHIBITED**

The company explicitly prohibits the following:

1. Use, possession, solicitation, or sale of alcohol in the workplace; or
2. Impairment or under the influence of alcohol which may cause adverse effects on employees' work performance, the safety of co-employees, or the Company's reputation.

#### **II. DEFINITION OF TERMS**

1. Assessment Team - A group of persons composed of occupational safety and health personnel, human resource manager, employer's representative, and employees' representative who are trained to address all aspects of prevention.
2. Cause Testing - A form of alcohol-test assessment conducted by the Company when an employee is suspected to be under the influence of alcohol. The Company requests its suspected employee to submit himself to alcohol test.
3. "Involved in an on-the-job accident or injury" - An accident of any person within the workplace immediately or proximately caused by the employee under the influence of alcohol.
4. Near Miss - An incident which could have led to any injury or fatality of employees and/or considerable damage to the employer had it not been curtailed.
5. Post-Accident Testing - A form of alcohol-test assessment conducted by the Company to those employees involved in an on-the-job accident or injury.
6. Random Testing - A form of alcohol test assessment conducted by the Company Employees may be selected at random for alcohol testing at any interval determined by the company.
7. Workplace - Any office or property owned, leased, or operated by the Company or at any other place where an employee performs work for the Company.

#### **III. PREVENTIVE MEASURES**

The **[Company Name]** shall post in a conspicuous place and notify in writing all its employees of this policy and shall establish an alcohol-free workplace policy awareness program. The contents of such awareness program are as follows:

1. Dangers involved in the use, possession, solicitation, or sale of alcohol in the workplace;
2. Policy of maintaining an alcohol-free workplace;
3. Available employee assistance program; and
4. Imposable penalties for employees found guilty of violating the alcohol-free workplace policy.

#### **IV. TESTING PROCEDURE**

##### **A. Cause-Test**

1. If an employee's demeanour causes the Company to suspect that he is using, possessing, soliciting, or selling alcohol in the workplace, the latter will request the former to submit himself to a cause-test. If the employee objects to subjecting himself to cause-test, he must state his objection and the reason thereof in writing. The Company shall immediately decide whether the ground for objection is valid or not. Should the Company find that the objection is not valid and the employee still refuses to submit himself to the cause-test, the refusal will be considered as a ground for disciplinary action; and
2. If the cause-test showed a positive result, the employee will be referred to the assessment team for further examination. However, if the employee still disagrees with the assessment team's result, he/she will be subjected to another alcohol test at the nearest medical facility.

##### **B. Post Accident-Test**

1. If an accident or a near miss has been immediately or proximately caused by employees engaged in using, possessing, soliciting, or selling alcohol in the workplace, all employees involved in the on-the-job accident shall be subjected to a post-accident test. If the employee objects to being subject to the cause-test, he/she must state the objection and the reason thereof in writing. The Company shall immediately decide whether the ground for objection is valid or not. Should the Company find that the objection is not valid and the employee still refuses to submit himself to the cause-test, the refusal will be considered as a ground for disciplinary action; and
2. If the cause-test showed a positive result, the employee will be referred to the assessment team for further examination. The assessment team's findings shall be considered final.

##### **C. Random Test**

1. At any time during working hours, the Company may conduct a random alcohol test on its employees. If the employee objects to being subject to the cause-test, he/she must state his objection and the reason thereof in writing. The Company shall immediately decide whether the ground for objection is valid or not. Should the Company find that the objection is not valid and the employee still refuses to submit himself to the cause-test, the refusal will be considered as a ground for disciplinary action; and
2. If the cause-test showed a positive result, the employee will be referred to the assessment team for further examination. However, if the

employee still disagrees with the assessment team's result, he/she will be subjected to another alcohol test at the nearest medical facility.

#### **V. CONFIDENTIALITY**

The [Company Name] shall observe at all times the confidentiality of the results relative to alcohol tests done to employees.

#### **VI. TREATMENT, REHABILITATION AND REFERRAL**

The Assessment Team shall determine whether or not an employee found addicted to alcohol would need referral for treatment and/or rehabilitation in a Department of Health-Accredited Center. This benefit is only given to employees who seek help from the assessment team.

#### **VII. MONITORING AND EVALUATION**

The implementation of the alcohol-free workplace policy and program shall be monitored and evaluated periodically by the Assessment Team to ensure that the goal of an alcohol-free workplace is met.

#### **VIII. DISCIPLINARY ACTION**

1. Failure to submit to cause-test, post accident-test, random-test, or alcohol test by a nearest medical facility shall be a ground for a disciplinary action with a penalty of one (1) month suspension without pay;
2. If an employee found guilty for violation of any of the acts prohibited under paragraph I of this policy shall be subjected to a disciplinary action with a penalty of one (1) month suspension without pay; or
3. If an employee found to have been guilty for violation of this policy, repeatedly violated the provisions thereof shall be subjected to a disciplinary action with a penalty of three (3) months suspension or dismissal from service.

#### **IX. EFFECTIVITY**

This company policy is effective immediately to all employees.

**Signed:**

\_\_\_\_\_  
**Owner/Manager**

\_\_\_\_\_  
**Employees' Representative**

DATE: \_\_\_\_\_

## B.2.8 Mental Health

### A Company Model MENTAL HEALTH PROGRAM

#### I. POLICY STATEMENT

[Company Name] is committed to the mental health and well-being of its employees. Recognizing the vital role mental health plays in overall well-being and productivity, the company integrates mental health initiatives into all human resources, organizational development policies, and programs. [Company Name] fosters a supportive environment where employees are aware of mental health issues and are encouraged to seek assistance without fear of stigma or discrimination.

#### II. OBJECTIVES

1. To raise awareness and reduce the stigma and discrimination surrounding mental health in the workplace.
2. To identify workplace factors that may contribute to mental health-related challenges.
3. To organize activities that promote employees' mental health and well-being.
4. To establish support networks that offer:
  - a) Assistance for employees at risk;
  - b) Capacity-building for mental health service providers;
  - c) Access to treatment and psychosocial support for employees managing mental health conditions.

#### III. STRATEGIES

The employer, together with its OSH Committee, shall implement the following strategies:

1. **Prevention and Promotion of Mental Health and Well-Being**
  - a) Conduct mental health assessments during recruitment, placement, and promotion to guide task assignments without discrimination.
  - b) Implement ongoing mental health awareness and education programs, including:
    - Development of information, education, and communication (IEC) materials;
    - Conducting training and seminars;
    - Integrating mental health awareness into new employee orientations.
  - c) Offer mental health wellness activities such as:
    - Regular stress management sessions;
    - Team-building exercises;
    - Peer counseling circles;
    - Social gatherings.

- d) Provide a formal grievance-handling process to address workplace conflicts.
2. **Establishment of Institutional Networks/Referral Systems**
    - a) Partner with government agencies (NGAs) and civil society organizations (CSOs) providing mental health services.
    - b) Strengthen the capacity of in-house mental health providers.
    - c) Implement a referral system for employees requiring mental health services.
  3. **Review of Workplace Conditions**
    - a) Regularly assess workplace environments and conditions.
    - b) Evaluate workload balance against performance outcomes.
    - c) Review job descriptions to ensure they align with mental health goals.
    - d) Monitor work hours to ensure employee well-being.

#### **IV. PROTOCOLS**

##### **1. Non-discrimination**

Employees facing mental health challenges will not face discrimination in recruitment, promotion, or termination. As long as their condition does not impede their productivity or worsen their mental health, they are encouraged to continue working, with appropriate certification from medical professionals.

##### **2. Return to Work**

Employees who have undergone treatment or rehabilitation will be allowed to return to work with proper medical certification confirming their fitness for duty. Supervisors will make reasonable work accommodations as needed.

##### **3. Confidentiality**

All medical information and mental health records will be kept confidential and protected under applicable laws, including the Data Privacy Act.

##### **4. Rights-based Approach**

Employees will not be excluded from work opportunities, policy-making, or program implementation related to mental health. They will also have access to affordable, evidence-based mental health care and services and be encouraged to participate in mental health advocacy.

##### **5. Sustainability**

Mental health initiatives will be integrated into the company's overall Health and Safety Program.

## **V. PROCESSES**

1. Upon initial assessment, the Human Resource Management Office (HRMO) will take appropriate actions, which may include:
  - a. Counseling services;
  - b. Referrals to licensed mental health professionals for outpatient care;
  - c. Involving family members if necessary for additional support.
2. Employees requiring advanced treatment will be referred to relevant medical institutions.
3. Employees undergoing treatment or rehabilitation may be granted leave as recommended by their physician.
4. Flexible work arrangements will be made to accommodate employees returning from treatment.
5. Continuous monitoring of the employee's performance and well-being will ensure sustainable productivity post-treatment.

## **VI. RESPONSIBILITIES**

The Human Resource Office, in coordination with the company nurse and/or physician, will manage mental health activities, including:

1. Administering and monitoring the implementation of the Mental Health Program (MHP).
2. Recording and analyzing relevant data to improve the MHP.
3. Maintaining partnerships with hospitals, agencies, and mental health professionals.
4. Facilitating workplace discussions on mental health topics.
5. Staying updated on the latest mental health information and materials.
6. Assisting in incident investigations and preparing reports related to mental health.
7. Ensuring mental health programs are integrated into the company's HR initiatives.

## **VII. FUNDING**

The mental health program will be funded through the company's budget.

## **VIII. MONITORING AND EVALUATION**

The HR and OSH Committee will conduct quarterly monitoring and periodic review to ensure the effective implementation of the program.

**Signed:**

\_\_\_\_\_  
**Owner/Manager**

\_\_\_\_\_  
**Employees' Representative**

DATE: \_\_\_\_\_

## **B.2.9 Sexual Harassment**

### **A Company Model** **SEXUAL HARASSMENT POLICY AND PROCEDURES**

#### **I. COMMITMENT AND RESPONSIBILITY**

[Company Name] is committed to fostering a work environment that upholds dignity, respect, and self-esteem for all employees. Sexual harassment undermines this commitment and is strictly prohibited under Republic Act No. 7877 (Anti-Sexual Harassment Act of 1995) and Republic Act No. 11313 (Safe Spaces Act).

Sexual harassment will not be tolerated in any form, whether perpetrated by supervisors, coworkers, clients, vendors, or customers. Retaliation against individuals who report harassment or participate in investigations is also strictly prohibited.

#### **II. COVERAGE**

This policy applies to all employees, contractors, consultants, clients, and applicants of [Company Name], regardless of employment status or position.

#### **III. FORMS OF SEXUAL HARASSMENT**

Gender-Based Sexual Harassment<sup>3</sup> in the workplace includes any act or conduct, whether done verbally, physically or through the use of technology that:

1. Involves any unwelcome sexual advances, requests or demand for sexual favors or any act of sexual nature that has or could have a detrimental effect on the conditions of an individual's employment or education, job performance or opportunities;
2. Is sexual nature and other conduct-based on sex and affects the dignity of a person, which is unwelcome, unreasonable, and offensive to the recipient; and
3. Is unwelcome and pervasive and creates an intimidating, hostile or humiliating environment for the recipient: Provided, That the crime of gender-based sexual harassment may also be committed between peers and those committed to a superior officer by a subordinate, or to a teacher by a student, or to a trainer by a trainee.

Sexual harassment<sup>4</sup> is also a form of misconduct involving an act or a series of unwelcome sexual advances, requests for sexual favours, or other verbal or physical behaviour of a sexual nature, made directly, indirectly or impliedly under the following instances:

1. such behaviour might reasonably be expected to cause discrimination, insecurity, discomfort, offense or humiliation to another person or group; or

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<sup>3</sup> Republic Act No. 11313.

<sup>4</sup> Republic Act No. 7877.

2. submission to such conduct is made either implicitly or explicitly a condition of employment; or
3. submission to or rejection of such conduct is used as a basis for any employment decision (including, but not limited to, matters of promotion, raise in salary, job security and benefits affecting the employee); or
4. such behavior has the purpose or the effect of interfering with a person's work performance, or creating and intimidating, hostile or offensive work environment.

#### **IV. EMPLOYER RESPONSIBILITIES**

The employer is responsible for preventing and addressing sexual harassment by:

- Implementing clear reporting, resolution, and disciplinary procedures.
- Consulting employees on policy amendments.
- Ensuring a prompt investigation of reported cases.

Guarantee that there is no employment-based retaliation against anyone who brings a complaint of sexual harassment or who speaks as a witness in the investigation of a complaint of sexual harassment.

#### **V. EDUCATION AND TRAINING**

The company recognizes that regular training is essential to enforce this policy and shall ensure to:

1. Distribute copies of the policy to all employees.
2. Conduct biannual training sessions on sexual harassment awareness and prevention.
3. Provide annual workshops for female employees on prevention and resistance strategies.
4. Train supervisors on their role in preventing and addressing harassment.
5. Provide specialized training for investigators handling harassment complaints.

#### **VII. SUPERVISORY RESPONSIBILITIES**

Managers and supervisors, at all times, must:

1. Model appropriate behavior.
2. Implement this policy effectively.
3. Take immediate action against harassment.
4. Prevent retaliation against complainants and witnesses.

Failure to enforce this policy may result in disciplinary action, including dismissal.

#### **VIII. COMMITTEE ON DECORUM AND INVESTIGATION (CODI)**

[Company Name] hereby establishes the Committee on Decorum and Investigation (CODI) and is tasked to:

1. Receive, investigate, and resolve sexual harassment complaints.

2. Conduct awareness and training sessions for employees.
3. Establish workplace decorum guidelines.

A separate policy will provide specific guidelines for CODI operations.

#### **IX. SUPPORT SERVICES FOR VICTIMS**

1. Counseling Services - Victims shall be provided with access to these services to support their mental health and well-being.
2. Complaint Procedure - Victims may avail of the procedure provided by the company personnel policy, grievance mechanism, or CODI to investigate and address complaints.
3. Legal Remedies - Victims are not precluded from filing a case before the appropriate courts.

#### **X. FINAL PROVISIONS**

This policy is without prejudice to the provision of R.A. 7877, R.A. 11313 and other relevant laws.

#### **XI. EFFECTIVITY**

This policy takes effect upon approval by employees and will be posted in conspicuous workplace areas for reference.

**Signed:**

\_\_\_\_\_  
**Owner/Manager**

\_\_\_\_\_  
**Employees' Representative**

DATE: \_\_\_\_\_

## **B.2.10 Committee on Decorum and Investigation**

### **A Company Model POLICY PROCEDURE FOR ESTABLISHING THE COMMITTEE ON DECORUM AND INVESTIGATION (CODI)**

#### **I. Statement of Commitment**

At **[Company Name]**, we are committed to fostering a safe, respectful, and inclusive workplace for all employees. We uphold the principles of the Safe Spaces Act by ensuring that every member of our organization is protected from gender-based sexual harassment and that clear preventive and responsive measures are in place.

We stand firm in our zero-tolerance policy against gender-based sexual harassment and pledge to uphold a workplace culture where everyone feels safe, valued, and respected. To achieve this, we commit to:

1. Disseminating information on the Safe Spaces Act to all employees.
2. Conducting regular anti-sexual harassment seminars and gender sensitivity training to promote awareness and understanding.
3. Establishing preventive measures that reinforce a culture of respect and accountability.

#### **II. Coverage**

This policy applies to all employees, contractors, consultants, and applicants of **[Company Name]**, regardless of employment status or position.

#### **III. Workplace Policy and Code of Conduct**

**[Company Name]** shall develop and implement a Code of Conduct in consultation with all employees, ensuring that it:

1. Defines gender-based sexual harassment, its forms, classifications, and penalties.
2. Outlines clear procedures for filing, investigating, and resolving complaints.
3. Holds all individuals accountable, including employees, employers, clients, and interns.
4. Provides support services for victims, such as counseling, referrals, and legal assistance.
5. Protects complainants and witnesses from retaliation or any form of employment disadvantage.

#### **IV. Committee on Decorum and Investigation (CODI)**

The CODI shall be constituted in compliance with the Safe Spaces Act and shall serve as an independent internal grievance mechanism. To ensure a fair and effective response to complaints, the CODI shall:

1. Consists of representatives from management, supervisors, rank-and-file employees, and union/workers' representatives.

2. Have at least 50% female representation and be chaired by a woman.
3. Maintain impartiality, with members unconnected to any alleged perpetrators and free of any prior sexual harassment cases.
4. Ensure a sufficient number of alternate members to replace any who inhibit from a case, preventing delays.
5. Uphold due process, ensuring respondents receive proper notice and a chance to be heard, with complaints resolved within 10 working days or less.
6. Serve a term of \_\_\_ year/s.

## **V. Functions of CODI**

1. Receive and investigate complaints of sexual harassment.
2. Conduct investigations into Gender-Based Sexual Harassment (GBSH) cases in the workplace.
3. Provide fair, timely, and impartial resolutions to cases.
4. Conduct awareness programs to prevent sexual harassment.

## **VI. Procedures for Handling Sexual Harassment Complaints**

### **A. Filing a Complaint**

1. Complaints must be in writing, signed, and sworn by the complainant.
2. The complaint should include:
  - a) Name and contact details of the complainant.
  - b) Name and position of the respondent.
  - c) Details of the incident(s).
  - d) Supporting evidence, if any.

### **B. Procedure**

1. The CODI shall ensure that the right of the parties due process is accorded at all times.
2. The CODI, in accordance with the Code of Conduct, shall ensure that the respondent is given the opportunity to be properly notified of and respond to the charge/s and that parties are given information on the hearings and its outcomes.
3. The CODI shall investigate and decide on the written complaints within 10 working days or less upon receipt thereof.

### **C. Resolution and Penalties**

1. After the investigation, the CODI shall submit a report with findings and recommendations to management.
2. The management shall render a decision within the prescribed timelines.
3. Penalties may include suspension, termination, or other disciplinary actions, depending on the gravity of the offense.
4. The CODI shall ensure that an appeal process shall be in place.

## **VII. Impartiality and Inhibition**

1. Either party may request the inhibition of a CODI member due to a conflict of interest or manifest partiality.
2. A CODI member may voluntarily inhibit themselves if their impartiality is compromised.

#### **IX. Confidentiality and Protection from Retaliation**

1. The CODI shall ensure the confidentiality of proceedings, identities of the parties, and case details.
2. The complainant shall be protected from retaliation, including employment disadvantages, diminution of benefits, or job displacement.
3. The CODI shall adopt a gender-sensitive approach in handling cases, ensuring dignity and respect of the parties.

#### **X. Legal Remedies and Support Mechanisms**

1. Nothing in this policy prevents the parties from seeking redress in the regular courts of appropriate jurisdiction.
4. The company shall provide counseling services for victims and conduct regular training and seminars to promote awareness.

#### **XII. Final Provisions**

We guarantee confidentiality in all harassment cases and protect complainants, witnesses, and investigators from retaliation. No employee shall suffer diminution of benefits, disadvantage, or job displacement for reporting harassment or participating in an investigation.

This policy shall be reviewed periodically to ensure compliance with legal requirements and best practices and shall be implemented immediately upon approval.

This policy is without prejudice to the provision of the Labor Code of the Philippines, Anti-Sexual Harassment Act of 1995, Safe Spaces Act, and other relevant laws.

**Signed:**

\_\_\_\_\_  
**Owner/Manager**

\_\_\_\_\_  
**Employees' Representative**

DATE: \_\_\_\_\_

**Annex C. Occupational Health Facilities and Emergency Medical Supplies**

**Contents of a Basic First Aid Kit**

- Logbook for monitoring the contents of the first aid kit (guide the first aiders when to replenish the first aid kit)
- Rubbing alcohol
- Povidone Iodine
- Cotton
- Gauze pads
- Tongue depressor
- Penlight
- Band-aid
- Micropore tape
- Gloves
- Scissors
- Forceps
- Bandage (Triangular)
- Elastic Roller Bandage
- Occlusive dressing
- Basic Medicine: Ibuprofen, Paracetamol, Loperamide, Cetirizine, Phenylpropanolamine HCl Chlorphenamine Maleate Paracetamol, Dextromethorphan Hbr Phenylephrine HCl Paracetamol, and Aluminum Hydroxide Magnesium Hydroxide Simeticone.

**For establishments required to have clinics, regardless of risk classification:**

Clinic Requirements		1-9	10-50	51-99	100-199	200-600	200-500	501-2000	> 2000
<b>M E D I C I N E S</b>	Topical Antiseptic, cc.	60	60	60	60	60	120	120	120
	Hydrogen peroxide, cc.	120	120	120	120	120	240	240	240
	Isopropyl/Ethyl Alcohol, cc.	240	240	240	240	240	500	500	500
	Burn ointment, tube	1	1	1	1	1	1	1	1
	Analgesic/Antipyretic	-	-	10	10	20	30	40	50
	Anti-histamine	-	-	5	5	10	20	30	40
	Antacid	-	-	10	10	20	30	40	50
	Anti-diarrhea	-	-	10	10	20	30	40	50
	Anti-spasmodic	-	-	5	5	10	20	30	40
	Oral Rehydrating Salts	-	-	5	5	10	20	30	40
	Antihypertensive	-	-	5	5	10	10	20	20
	Coronary Vasodilator	-	-	5	5	10	20	30	40
	Anti-asthma medications	-	-	5	5	10	20	30	40
	Plain NSS, 500 cc.	-	-	..	..	..	..	..	..
Dextrose 5% in Lactated Ringer's Solution, 500 cc.	-	-	..	..	..	..	..	..	
Venoclysis set	-	-	..	..	..	..	..	..	
<b>M E D</b>	Oxygen Tank with regulator and accessories for use	-	-	-	-	1	2	2	2

Clinic Requirements		1-9	10-50	51-99	100-199	200-600	200-500	501-2000	> 2000
I C A L  S U P P L I E S  &  E Q U I P M E N T	Disposable Nasal Cannula	-	-	-	-	1	1	1	1
	Pulse Oximeter	-	-	-	-	1	1	1	1
	First Aid Cabinet	1	1	1	1	1	1	1	1
	First Aid Kit	.	.	.	.	.	.	.	.
	Sterile gauze, pads	5	5	5	5	10	10	10	10
	Gauze bandage, roll	1	1	1	1	1	1	1	1
	Elastic bandages, 2" and 4"	-	-	-	1	2	3	4	5
	Adhesive tape, roll 1"	1	1	1	1	1	1	1	1
	Absorbent Cotton Balls	..	..	..	..	..	..	..	..
	Bandage scissors	1	1	1	1	1	1	1	1
	Triangular bandage	.	.	.	.	.	.	.	.
	Splint	.	.	.	.	.	.	.	.
	Gloves	..	..	..	..	..	..	..	..
	Surgical Mask	..	..	..	..	..	..	..	..
	Electronic thermometer	1	1	1	1	1	2	2	2
	Stethoscope	..	..	..	1	1	2	2	2
	Sphygmomanometer	..	..	..	1	1	2	2	2
	Tongue depressors (disposable)	-	-	-	-	10	20	30	40
	Nebulizer	-	-	-	-	-	1	1	1
	Functional Hot water bag	1	1	1	1	1	1	1	1
	Functional Cold water bag	1	1	1	1	1	1	1	1
	Forceps	..	..	..	..	..	..	..	..
	Rubber tourniquet	..	..	..	..	..	..	..	..
	Anti-bacterial soap, any form	..	..	..	..	..	..	..	..
	Examining table	-	-	-	-	-	-	1	..
	Pillow and linen	-	-	-	-	-	-	2	..
	Spine board* with spider strap	..	..	..	..	..	1	1	..
	Cervical Collar	..	..	..	..	..	1	1	..
	Cabinets for medical supplies & equipment (Storage)	1	1	1	1	1	1	1	..
	Cabinet for medicines (Stocks)	-	-	-	-	1	1	1	..
	Antidote specific to the risk and exposure of workers	..	..	..	..	..	..	..	..
	Emergency eye wash	..	..	..	..	..	..	..	..
Emergency shower	..	..	..	..	..	..	..	..	
The OH Personnel may recommend additional types and quantities of medications depending on the safety and health risks of workers in the establishment/s									

\*Safely accommodate the weight and height of the workers based on health surveillance

Quantity varies, the number of which must correspond to the number of first aiders in an establishment as set in these Standards.

..Quantity will depend upon the needs of the workers as determined by the Occupational Health Personnel of the Establishment.

**Annex D. OSH Personnel Matrix (Section 17 to 34 of the Revised Rules)**

**Matrix for First Aider and Safety Officer**

Size Classification	No. of Employees / Workers	Industry	Establishment Risk Level					
			Low		Medium		High	
			First Aider	Safety Officer	First Aider	Safety Officer	First Aider	Safety Officer
Micro	1 to 9	Retail	-	TAV SO	-	TAV SO	-	1 SO1
		Food Service	-	TAV SO	-	TAV SO	-	1 SO1
		Professional Service	-	TAV SO	-	TAV SO	-	1 SO1
		Agriculture					-	1 SO1
		BPO	-	1 SO1	-	1 SO1	-	1 SO1
		Construction					1 FA	1 SO2
		Energy					2 FA	1 SO2
		Healthcare					Designate	1 SO2
		Land Transportation					1 FA	1 SO1
		Telecommunication					1 FA	1 SO2
		Other Micro	-	TAV SO	-	TAV SO	-	1 SO1
Small	10 to 99	Retail	-	TAV SO	-	TAV SO	1 FA	1 SO2
		Food Service	-	TAV SO	-	TAV SO	1 FA	1 SO2
		Professional Service	-	TAV SO	-	TAV SO	1 FA	1 SO2
		Agriculture					(10-50) 1 FA (51-99) 2 FA	1 SO2
		BPO	1 FA	1 SO2	1 FA	1 SO2	1 FA	1 SO2
		Construction					2 FA	2 SO2
		Energy					2 FA	2 SO3
		Healthcare					Designate	2 SO2
		Land Transportation					1 FA	1 SO2
		Telecommunication					2 FA	1 SO2
		Other Small	1 FA	1 SO1	1 FA	1 SO1	1 FA	1 SO2
Medium	100 to 199	Retail	-	TAV SO	-	TAV SO	2 FA	2 SO2 / 1 SO3
		Food Service	-	TAV SO	-	TAV SO	2 FA	2 SO2 / 1 SO3
		Professional Service	-	TAV SO	-	TAV SO	2 FA	2 SO2 / 1 SO3
		Agriculture					3 FA	2 SO2 / 1 SO3

		BPO	2 FA	2 SO2 / 1 SO3	2 FA	2 SO2 / 1 SO3	2 FA	2 SO2 / 1 SO3
		Construction					3 FA	3 SO2 / 2 SO3
		Energy					3 FA	2 SO3
		Healthcare					Designate	3 SO2 / 2 SO3
		Land Transportation					2 FA	2 SO2 / 1 SO3
		Telecommunication					3 FA	2 SO2 / 1 SO3
		Other Medium	2 FA	1 SO2	2 FA	1 SO2	2 FA	2 SO2 / 1 SO3 / 1 SO4
Large	200 to 500	Retail	-	TAV SO	-	TAV SO	3 FA	1 SO3 and 1 SO4
		Food Service	-	TAV SO	-	TAV SO	3 FA	1 SO3 and 1 SO4
		Professional Service	-	TAV SO	-	TAV SO	3 FA	1 SO3 and 1 SO4
		Agriculture					5 FA	1 SO3 and 1 SO4
		BPO	3 FA	1 SO3 and 1 SO4	3 FA	1 SO3 and 1 SO4	3 FA	1 SO3 and 1 SO4
		Construction					6 FA	2 SO3 and 1 SO4
		Energy					4 FA	3 SO3
		Healthcare					Designate	(200-1000) 2 SO3 and 1 SO4
		Land Transportation					3 FA	1 SO3 and 1 SO4
		Telecommunication					5 FA	1 SO3 and 1 SO4
		Other Large	3 FA	2 SO2 / 1 SO3 / 1 SO4	4 FA	1 SO2 and 1 SO3	5 FA	1 SO3 and 1 SO4
	For every additional 500 or fraction thereof	Retail	-	-	-	-	1 FA	1 SO1
		Food Service	-	-	-	-	1 FA	1 SO1
		Professional Service	-	-	-	-	1 FA	1 SO1
		Agriculture					1 FA	1 SO2

		BPO	1 FA	1 SO2	1 FA	1 SO2	1 FA	1 SO2
		Construction					1 FA	1 SO2
		Energy					1 FA	(501-750) 5 SO3 1 SO3 / 1 SO4
		Healthcare					-	1 SO2
		Land Transportation					1 FA	1 SO2
		Telecommunication					1 FA	1 SO2
		Other Large					1 FA	1 SO2
Increment	For every additional 500 or fraction thereof	Retail	-	-	-	-	1 FA	1 SO1
		Food Service	-	-	-	-	1 FA	1 SO1
		Professional Service	-	-	-	-	1 FA	1 SO1
		Agriculture					1 FA	1 SO2
		BPO	1 FA	1 SO2	1 FA	1 SO2	1 FA	1 SO2
		Construction					1 FA	1 SO2
		Energy					1 FA	1 SO3 / 1 SO4
		Healthcare					-	1 SO2
		Land Transportation					1 FA	1 SO2
		Telecommunication					1 FA	1 SO2
		Other Large					1 FA	1 SO2
-	No required							
	Not applicable							

### Matrix for OH Nurse and Physician

Number of Workers	Establishment Risk Level			
	Low Risk		Medium to High Risk	
	OH Nurse	OH Physician	OH Nurse	OH Physician
1-9	-	-	-	-
10-50	-	-	-	-
51-99	-	-	2 PT	-
100-199	2 PT	-	1 FT	1 PT
200-500	1 FT	1 PT	1 FT	2 PT
501-2000	1 FT	2 PT	1 FT	2 PT or 1 FT
Every 250 workers or a fraction thereof	1 FT	-	1 FT	-
Every 500 workers or a fraction thereof	-	1 FT or 4 PT	-	1 FT or 4 PT

### Annex E. OSH Facilities Matrix

Size Classification	No. of Employees/Workers	Industry	Establishment Risk Level								
			Low			Medium			High		
			FA Kit	TR	Clinic (Bed)	FA Kit	TR	Clinic (Bed)	FA Kit	TR	Clinic (Bed)
Micro	1 to 9	Retail	1	-	-	1	-	-	1	-	-
		Food Service	1	-	-	1	-	-	1	-	-
		Professional Service	1	-	-	1	-	-	1	-	-
		Agriculture							1	-	-
		BPO	1	-	-	1	-	-	1	-	-
		Construction							1	-	-
		Energy							-	1	-
		Healthcare							1	-	-
		Land Transportation							1	-	-
		Telecommunication							1	-	-
		Other Micro	1	-	-	1	-	-	1	-	-
Small	10 to 50	Retail	1	-	-	1	-	-	-	1	-
		Food Service	1	-	-	1	-	-	-	1	-
		Professional Service	1	-	-	1	-	-	-	1	-
		Agriculture							-	1	-
		BPO	-	1	-	-	1	-	-	1	-
		Construction							-	1	-
		Energy							-	1	-
		Healthcare							-	1	-
		Land Transportation							-	1	-
		Telecommunication							-	1	-
		Other Small	-	1	-	-	1	-	-	-	1
Small	51 to 99	Retail	1	-	-	1	-	-	-	-	1
		Food Service	1	-	-	1	-	-	-	-	1
		Professional Service	1	-	-	1	-	-	-	-	1
		Agriculture							-	-	1
		BPO	-	1	-	-	1	-	-	1	-
		Construction							-	-	1
		Energy							-	1	-
		Healthcare							-	-	1
		Land Transportation							-	-	1
		Telecommunication							-	-	1
		Other Small	-	1	-	-	1	-	-	-	1
Medium	100 to 199	Retail	1	-	-	1	-	-	-	-	2

		Food Service	1	-	-	1	-	-	-	-	2	
		Professional Service	1	-	-	1	-	-	-	-	2	
		Agriculture							-	-	2	
		BPO	-	-	1	-	-	1	-	-	1	
		Construction							-	-	2	
		Energy							-	-	1	
		Healthcare							-	-	2	
		Land Transportation							-	-	2	
		Telecommunication							-	-	2	
		Other Medium	-	1	-	-	-	2	-	-	2	
Large	200 to 500	Retail	1	-	-	1	-	-	-	-	2	
		Food Service	1	-	-	1	-	-	-	-	2	
		Professional Service	1	-	-	1	-	-	-	-	2	
		Agriculture								-	-	2
		BPO	-	-	2	-	-	2	-	-	2	
		Construction								-	-	2
		Energy								-	-	2
		Healthcare								-	-	2
		Land Transportation								-	-	2
		Telecommunication								-	-	2
		Other Large	-	-	2	-	-	2	-	-	2	
	For every additional 500 or fraction thereof	Retail	-	-	-	-	-	-	-	-	1	
		Food Service	-	-	-	-	-	-	-	-	-	1
		Professional Service	-	-	-	-	-	-	-	-	-	1
		Agriculture								-	-	1
		BPO	-	1	-	-	1	-	-	-	-	1
		Construction								-	-	1
		Energy								-	-	1
		Healthcare								-	-	1
		Land Transportation								-	-	1
		Telecommunication								-	-	1
		Other Large	-	1	-	-	1	-	-	-	-	1
-	No required											
	Not applicable											

Size Classification	No. of Employees/ Workers	Low Risk			Medium and High Risk		
		Treatment Room	Clinic	Bed	Treatment Room	Clinic	Bed
Micro	1 to 9	First Aid Kit	-				
Small	10 to 50	1	-		1	-	
Small	51 to 99	-	-		-	1	1
Medium	100 to 199	1	-		-	1	2
Large	200 and above	-	1	2	-	1	2