



**Workplace Cancer Control Policy
in the Public Sector**

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Number 2400721

Promulgated : 14 August 2024

RESOLUTION

WHEREAS, Section 3, Article IX-B of the 1987 Philippine Constitution provides that the Civil Service Commission (CSC), as the central personnel agency of the government, shall establish a career service and adopt measures to promote morale, efficiency, integrity, responsiveness, and courtesy in the civil service;

WHEREAS, Item 3, Section 12, Chapter 3, Subtitle A, Title 1, Book V of Executive Order No. 292, otherwise known as the Administrative Code of 1987, mandates the CSC to promulgate policies, standards, and guidelines for the civil service and adopt plans and programs to promote economical, efficient and effective personnel administration in the government;

WHEREAS, Section 2 of Republic Act (RA) No. 11215, also known as the National Integrated Cancer Control Act, and its Implementing Rules and Regulations (IRR) dated 23 August 2019, provide that the State shall adopt an inclusive, integrated, and comprehensive approach to health development which includes the strengthening and institutionalization of evidence-based integrative, multidisciplinary, people-patient, and family-centered cancer control policies, programs, systems, interventions, and services at all levels of the existing health care delivery system;

WHEREAS, Section 18 of RA No. 11215 mandates, among other agencies, the CSC, in coordination with the Department of Health (DOH), to develop policies and provide technical guidance to employers, employee associations, and unions to (a) promote and facilitate integration of gender-sensitive key messages on cancer risk factors, early warning signs and symptoms of adult cancer and childhood cancer, cancer prevention and control, adoption of healthy lifestyles and healthy diets in their communication initiatives, health and wellness programs, and employee development programs; (b) undertake mainstreaming of practical supportive care and psychosocial support programs for people living with cancer, cancer survivors, and their family members; (c) integrate appropriate cancer services in their health services and clinics; and (d) develop programs, initiatives, or mechanisms that shall minimize or eliminate stigma and discrimination in the workplace that is experienced by people living with cancer, cancer survivors, and their families;

WHEREAS, Section 26 of RA No. 11215, in relation to Section 26, Rule VII of its IRR, mandates the CSC to adopt programs that promote work and employment opportunities for able cancer patients, persons living with cancer, and cancer survivors as provided in Title 2, Chapter 1 of RA No. 7277 otherwise known as the Magna Carta for Disabled Persons, as amended by RA No. 10524;

WHEREAS, Section 22, Rule V of RA No. 11215 states that a Cancer Control Policy (CCP) shall be established in the workplace and shall form part of employee benefits in the formal sector covering the entire cancer care continuum, from prevention, including genetic counseling and testing, to screening, diagnosis and palliative care, treatment, rehabilitation, and survivorship or hospice care; and

WHEREAS, the DOH-Department of Labor and Employment (DOLE) - CSC Joint Administrative Order No. 2023-0001, entitled National Policy Framework on the Promotion of Healthy Workplace, was formulated to provide a framework for the promotion, establishment, and strengthening of Healthy Workplaces in support of the implementation of the Universal Health Care Law;

WHEREFORE, the Commission hereby **RESOLVES** to adopt and promulgate the attached **“Workplace Cancer Control Policy in the Public Sector.”**

This Policy shall take effect after fifteen (15) days from the date of its publication in the Official Gazette or in a newspaper of general circulation.

Quezon City.


ATTY. KARLO A. B. NOGRALES
Chairperson


ATTY. AILEEN LOURDES A. LIZADA
Commissioner


ATTY. RYAN ALVIN R. ACOSTA
Commissioner

Attested by:

KATHERINE LIMARE-DELMORO
Director IV
Commission Secretariat and Liaison Office

Guidelines on Workplace Cancer Control Policy (CCP) in the Public Sector

I. OBJECTIVE

These guidelines shall provide for the establishment of an inclusive and responsive workplace CCP that covers the entire cancer care continuum, from risk assessment, prevention and control, diagnosis, treatment, care, and rehabilitation as provided in Section 22 of RA No. 11215 and Section 22, Rule V and Section 38, Rule X of the IRR of RA 11215.

These guidelines aim to assist government agencies in establishing their respective CCP, which shall be:

1. Inclusive;
2. Responsive;
3. Gender-sensitive; and
4. Non-discriminatory.

The policy shall endeavor to prevent and control cancer, and improve cancer survivorship by implementing cancer control programs in the workplace. The CCPs shall make prevention, screening, diagnosis, referral, treatment and care, and psychosocial support accessible to employees as well as to their family members.

II. SCOPE AND COVERAGE

These guidelines shall cover all National Government Agencies, Constitutional Bodies, Government-Owned or Controlled Corporations with original charters, State Universities and Colleges, Local Government Units, the Bangsamoro Autonomous Region in Muslim Mindanao, and Local Water Districts.

III. DEFINITION OF TERMS

1. **Agency** refers to any of the various units of the Government, including a department, bureau, office, instrumentality, or government-owned or controlled corporation with original charter, or a local government or a distinct unit therein¹;
2. **Allied health care professionals** refer to trained non-cancer health professionals such as physicians, social workers, nurses, pharmacists, medical physicists, occupational therapists, recreational therapists, and dietitians, among others;
3. **Cancer** refers to a generic term for a large group of diseases that can affect any part of the body. Other terms used are malignant tumors and neoplasms. One defining feature of cancer is the rapid creation of abnormal cells that grow beyond their usual boundaries, which can then invade adjoining parts of the body and spread to other organs. Each type of cancer has its own distinct

¹ Section 2(4) Executive Order No. 292, or the Administrative Code of 1987, July 25, 1987



clinical-specific treatment. Moreover, in each cancer type, the prognosis also varies, depending on the stage and molecular characteristics, requiring individualized or personalized treatment. Cancer shall be categorized by age groups, in accordance with local and global standards;

4. **Cancer control** refers to the strategies to reduce the incidence, morbidity, disability, and mortality, and improve the quality of life of cancer patients, persons living with cancer, and cancer survivors in a defined population, through the systematic implementation of evidence-based interventions for risk assessment, primary prevention, screening/early detection, diagnosis, referral, optimal treatment and care, surveillance, rehabilitation, supportive care, palliative care and pain management, survivorship follow-up care, reintegration, and hospice care or end-of-life care;
5. **Cancer diagnosis** refers to the various techniques, procedures, diagnostics, and new and emerging technologies used to detect or confirm the presence, classification, and stage of cancer;
6. **Cancer patients, persons living with cancer, and cancer survivors** refer to those who were diagnosed with cancer. Strictly defined, **cancer patients** are those symptomatic and/or under definitive palliative treatment. **Persons living with cancer** are those with microscopic or residual disease, asymptomatic or with subclinical symptoms on maintenance or supportive treatment. **Cancer survivors** are those who have completed all their anti-cancer therapy and presently show no signs of the disease – that is, in remission, and now must go on to face survival with both fear of recurrence or relapse and perhaps encumbered by the side effects and consequences of their therapies;
7. **Cancer registry** refers to a database that contains information about people diagnosed with various types of cancer. The registry shall require systematic collection, storage, analysis, interpretation, and reporting of data on subjects with cancer. There are two (2) main types of cancer registry:
 - (1) Population-based cancer registry, which refers to the collection of data on all new cases of cancer occurring in a well-defined population, including mortality and survivorship; and
 - (2) Hospital-based cancer registry, which refers to the recording of information on the cancer patients diagnosed and treated in a particular hospital;
8. **Cancer rehabilitation** refers to the program that helps cancer patients, persons living with cancer, and cancer survivors maintain and restore physical and emotional well-being. Cancer rehabilitation is available before, during, and after cancer treatment;
9. **Cancer screening** refers to the detection of precancerous lesions and cancer before signs and symptoms start to appear. This may involve evidence-based blood tests, medical imaging, urine tests, deoxyribonucleic acid (DNA) tests, and other tests;



10. **Cancer surveillance** refers to the monitoring for cancer recurrence or progression after treatment;
11. **Cancer survivorship** refers to the period starting at the time of disease diagnosis and continues throughout the rest of the patient's life. Family, carers, and friends are also considered related survivors. Survivorship care has three (3) distinct phases: living with, through, and beyond cancer;
12. **Cancer treatment** refers to the series of evidence-based multidisciplinary interventions that are: (1) aimed at curing and controlling the progression of cancer such as surgery, radiotherapy, radioisotope therapy, chemotherapy, hormonotherapy, biotherapeutics, immunotherapy, gene therapy, and other interventions; (2) aimed at improving the patient's quality of life such as supportive-palliative care, pain control, psychosocial, nutritional, and hospice care;
13. **Carer** refers to anyone who provides care for cancer patients, persons living with cancer, and cancer survivors and family members;
14. **Comprehensive cancer care center** refers to the care center that is multidisciplinary and integrates clinical care, education, and research to accelerate the control and cure of cancer;
15. **Continuum of cancer care** refers to delivery of comprehensive integrated health care services, which includes evidence-based intervention for risk assessment, primary prevention, screening/early detection, diagnosis, referral, optimal treatment and care, surveillance, rehabilitation, supportive care, palliative care and pain management, survivorship follow-up care, reintegration, and hospice care or end-of-life care;
16. **High-risk conditions** refer to the conditions within the workplace wherein the presence of chemicals, pesticides, ionizing radiation, and other known cause of cancer within the workplace may affect the safety and/or health of workers not only within but also persons outside of the premises of the workplace. There is high level of exposure to safety and health hazards and probability of resulting to major illness as cancer is likely to occur if no preventive or control measures are in place;
17. **Hospice care** refers to a component of palliative care of a chronically ill, terminally ill, or seriously ill patient's pain and symptoms, otherwise known as end-of-life care that consists of medical, psychological, spiritual, and practical support for patients unable to perform self-care and with declining conditions despite definitive treatment and other disease-modifying interventions;
18. **National Integrated Cancer Control Program** refers to the program of the national government for the comprehensive and integrated control of cancer in the Philippines;

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19. **Occupational Safety and Health Committee (OSH Committee)** refers to the policy-making body on matters pertaining to safety and health as provided in the CSC-DOH-DOLE Joint Memorandum Circular No. 1, series of 2020;
20. **Optimal treatment and care** refers to quality treatment and care that adheres to evidence-based clinical practice guidelines and standards;
21. **Palliative care** refers to the systematic and organized approach to care that improves the quality of life of patients and their families facing problems associated with life-threatening or life-limiting illnesses, through anticipation, prevention, and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems throughout the continuum of illness which involves addressing physical, intellectual, emotional, social, and spiritual needs, and access to information;
22. **Psychosocial support program** refers to practical support consisting of needs-based assistance on non-medical costs such as financial assistance for diagnosis, treatment, survivorship follow-up care; funeral assistance; education assistance; transient housing or home support for the family/other siblings; transportation, food, and nutrition; emotional support initiatives for cancer patients, persons living with cancer, cancer survivors and their families to reduce emotional distress and improve well-being;
23. **Reintegration Program** - refers to a work re-entry program which aims to support and assist employees diagnosed with cancer and underwent medical interventions in transitioning back to work. The reintegration program shall ensure provisions for a supportive work environment conducive to an employee having post-treatment condition and shall endeavor to provide reasonable work arrangements and schedule, psychosocial support and elimination of stigma and discrimination.
24. **Supportive care** refers to the prevention and management of the adverse events of cancer and its treatment which includes management of any and all side effects across the continuum of the cancer experience, including, but not limited to, physical and psychological symptoms which adversely affect the quality of life of cancer patients, persons living with cancer, and cancer survivors.

IV. IMPLEMENTING PROCEDURES

Each agency shall establish its respective CCP designed to support the implementation of RA No. 11215 and may modify it based on the unique requirements of the respective agency. In implementing the provisions of the law, the following shall be observed:



1. Inclusive

The CCP shall contain inclusive cancer awareness and protection program, health services and supportive care, and psychosocial support program for employees and their family members; and shall provide health services access mechanism to assist cancer patient employees and their families.

2. Responsive

The CCP shall be customized and enhanced according to the needs and unique requirements of the agency and its employees. It shall provide practical supportive care and psychosocial support programs/subprograms, including appropriate cancer services. Social protection shall be provided for employees with cancer and cancer survivors, along with psychosocial support for employees, their families, and caregivers at all times, including during disasters and calamities.

3. Gender-sensitive

The CCP shall promote and facilitate integration of gender-sensitive key messages on cancer and its risk factors, early warning signs and symptoms of adult cancer and childhood cancer, cancer prevention and control, adoption of healthy lifestyles, and other related information on cancer.

4. Non-discriminatory

Cancer patients shall not be discriminated against and not be denied access to opportunities for suitable employment as provided in Sections 5 and 32 of RA No. 7277, as amended by R.A. No. 10524 (an Act Expanding the Positions Reserved for Persons with Disability Amending for the Purpose Republic Act No. 7277, Otherwise known as The Magna Carta for Persons with Disability). They shall be accorded benefits and privileges for cancer patients and survivors as persons with disability.

The policy shall minimize or eliminate stigma and discrimination in the workplace that is experienced by employees living with cancer, cancer survivors, and their families.

5. Occupational Safety and Health Program

The CCP shall form part of the overall Occupational Safety and Health Program. As such, the implementation of the Policy shall harmoniously adhere to the provisions of the CSC-DOH-DOLE Joint Administrative Order No. 1, series of 2020, entitled, "*Occupational Safety and Health Standards for the Public Sector*".



6. Confidentiality

All information and medical records, including those submitted during the recruitment process, shall be protected and treated with confidentiality in accordance with pertinent rules, laws, and the Data Privacy Act.

7. Sustainability

Cancer control and prevention initiatives shall be integrated into the agency's Health and Wellness Program and shall form part of its integrated its Work and Financial Plan to ensure sustainability.

The CCP of agencies shall contain the following components:

A. Prevention and Control of Cancer Program (PCCP)

Establish a PCCP to identify, control, and/or eliminate and minimize exposure to causes of cancer thereby reducing employees' susceptibility to the effect of such causes.

1. Information and Education

- a. Conduct continuing information and education campaigns on cancer control in support of the implementation of the Healthy Workplace Framework. Information and education initiatives, including the preparation of IEC contents, shall be done in collaboration with the DOH or other government agencies possessing technical knowledge on the subject matter;
- b. Advocate for cancer awareness, prevention, and control services through orientations, seminars, and training; and harmonize efforts of the agencies involved through the National Technical Working Group on Healthy Workplace;
- c. Utilize available electronic platforms aside from the traditional classroom information and education campaigns and activities;
- d. Include cancer education in the annual learning and development plan;
- e. Promote a healthy lifestyle through health and wellness programs, proper nutrition, and stress management, among others;
- f. Provide support groups for employees with cancer, their families, and caregivers; and
- g. Establish cancer prevention programs.



2. Capacity-building

Conduct training for employees on cancer prevention and control based on the guidelines of the Department of Health, especially for those who are:

- Directly involved in taking care of cancer patients;
- Providing social support to the families/caregivers of employees diagnosed with cancer;
- Facilitating the implementation of cancer-related programs; and
- Assisting cancer patients and their families in filing documents to hospitals and institutions that provide medical and financial assistance.

Section 13 of the IRR provides that the DOH and other cancer-focused professional societies, accredited specialty/sub-specialty training institutions, LGUs leagues and LGU-based health institutions, academic institutions, human resources units of cancer care centers, Civil Society Organizations (CSOs) and the private sector, shall formulate, implement, and update capacity development programs.

3. Promotion of a conducive work environment

- a. Provide a workplace environment conducive to employees diagnosed with cancer and cancer survivors (work arrangements, work hours, leave, assistance, etc.) and integrate provisions in the agency's Occupational Safety and Health Program in conformity with existing CSC rules and issuances on work arrangements;
- b. Provide reasonable work arrangements for employees who are designated as the carer of cancer-stricken family members, in conformity with the existing CSC rules and issuances;
- c. Initiate and maintain efforts to ensure the right of employees to know about hazardous substances in their workplace and provide corresponding hazard benefits in accordance with the existing laws;
- d. Develop programs, initiatives, or mechanisms that shall minimize or eliminate stigma, fear, and discrimination in the workplace that is experienced by people living with cancer, cancer survivors, and their families;
- e. Establish communication mechanism to facilitate confidential dissemination of cancer diagnosis of an employee or a member of the family of an employee to the supervisors, colleagues at work, and other superiors to minimize discrimination and foster compassion and consideration;
- f. Maintain an environment free from hazard and risks which will have adverse effect on the health of employees diagnosed with cancer;



- g. Reduce the exposure of workers to occupational carcinogens in the workplace, including, but not limited to, chemicals and smoke from cigarettes, among others;
- h. Develop a risk assessment tool that will serve as input in the preparation of a plan of action in order to mitigate the possible effects to officials and employees of their exposure to these hazards;
- i. Minimize environmental cancer hazards, including occupational hazards by complying with the established exposure standards set for occupational hazards and conduct periodic Work Environment Monitoring in the workplace;
- j. Provide Personal Protective Equipment, as needed, free of charge, to minimize exposure to hazards related to cancer and cancer-related diseases;
- k. Apply engineering and administrative controls on occupational hazards to minimize and eliminate the incidence of cancer caused by these occupational hazards;
- l. Provide a dedicated lounge/area where cancer patients can spend breaks and rest when needed;
- m. Observe proper waste disposal;
- n. Ensure availability of healthy food choices, with labels, in the canteens/cafeterias; and
- o. Provide total wellness activities (physical, social, spiritual, and mental) including stress management in the Agency, as provided in MC No. 8, s. 2011 (reiteration of the Physical Fitness Program “Great Filipino Workout”).

4. Early detection

- a. Provide the following services to employees as necessary, consistent with the guidelines of the Department of Health National Practice Guideline Program, Clinical Practice Guidelines, and the Omnibus Health Guidelines per Lifestage.

(Reference: <https://doh.gov.ph/dpcb/omnibus-health-guidelines>)
- b. Provide early detection and cancer screening to increase awareness of the signs and symptoms of cancer to detect precancerous lesions and cancer before signs and symptoms start to appear;
- c. Include mandatory age-based medical tests/examinations for all employees in the annual physical examinations (APE);



- d. Train in-house physicians or health service officers in early detection of certain cancers, and based on APE results, refer employees to health institutions or facilities for further examination to provide effective treatment;
- e. Follow-up on employees with positive results who must undertake monitoring so that diagnosis can be quickly confirmed and appropriate therapy be commenced, and come up with a standard timeline for monitoring the diagnostic tests undertaken by the official/employee to ensure effectiveness of the policy/program adopted by the agency; and
- f. Provide referral assistance for cancer screening and other early detection services to employees with cancer-stricken or at-risk family members.

5. Diagnosis, Treatment, and Palliative Care

Government agencies shall endeavor to assist employees at risk of cancer to:

- a. Proceed to diagnosis for a careful clinical assessment and diagnostics investigations, and thereafter, undertake further assessment of the employee to ascertain the extent of cancer spread;
- b. Monitor and check on employees on the progress and development of the treatment and palliative care, if necessary;
- c. Provide psychosocial support to the employee and his/her family/carer, which includes among others, mental health counseling, education, spiritual support, group support, and many other such services as defined in these guidelines;
- d. Assist the employees in the availment of medical assistance available through government programs such as the DOH, Philippine Health Insurance Corporation, Government Service Insurance System (GSIS), Employees Compensation Commission, and other government health institutions; and
- e. Provide medical coverage/assistance for the employees to support their medical tests, procedures and check-ups, and other medical needs, subject to government accounting and auditing rules.

6. Protocol and Referral System

- a. Agencies, with the assistance of the DOH, shall establish protocols and procedures to assist employees with early detection of cancer and cancer patients, and shall establish a network of institutions and facilities providing health care services for employees diagnosed with and survived cancer;

- b. Agencies shall institutionalize a referral system/pathway for cancer risk assessment, primary prevention, screening/early detection and diagnosis and other services required by organizations/institutions for cancer patients, persons living with cancer, and cancer survivors; and
- c. The attending physician/oncologist shall certify that the employee is a cancer patient, and a carer, or a closest acquaintance, as may be established, is needed to take care of the employee diagnosed with cancer.

The attending physician/oncologist shall issue a certification for the carer, who is a government employee, provided the cancer patient shall issue a written certification designating such government employee as his/her carer and stating his/her responsibility as a carer. The certifications can be used as basis for government employee's work arrangements.

B. Work Arrangements and Leave

1. Reintegration Program, including return-to-work arrangements shall be in place to assist employees in performing their work as they report back from treatment sessions. Reintegration Program may also cover employees and extend supportive bereavement measures and psychological support for family members/carers who provide end-of-life care for a cancer-stricken family member and have to report back to work after the death of a family member.
2. A backup or work team system shall be established to ensure that the workload are covered in case the employee needs to be absent from work.
3. In accordance with the existing CSC issuance on work arrangements, full flexible work hours shall be made available for employees with cancer and their carers. They shall be exempted from being late and for leaving the workplace early, taking into consideration their conditions and circumstances especially after chemotherapy sessions. Hence, they shall be exempted from incurring late/tardiness and undertime; provided however, that the forty (40)-hour workweek shall be observed.

Full flexible work hours should be implemented provided that incurred late or tardiness should be recorded as part of the accountability mechanism as public servant.

4. Carers shall be accorded considerations for flexible work hours, provided they present a certification from the cancer patient and the attending physician that they are the designated carer of the cancer patient.
5. Employees certified as cancer patients or carers shall be exempted from Item C, Section 107, Rule 20 of the 2017 Rules on Administrative



Cases in the Civil Service. For the purpose, a medical certificate issued by the attending physician should be submitted to avail of such exemption.

6. Work from home may be arranged as deemed necessary, provided monitoring is established to ensure targets and outputs are delivered accordingly, in accordance with existing rules and regulations on flexible work arrangements promulgated by the Commission.
7. Agencies shall provide the necessary support to employees living with cancer patients and carers who are under alternative work arrangements, such as, but not limited to, computer, laptop, and reasonable amount of allowance for communication, subject to government accounting and auditing rules.
8. Cancer-related absences from work of member employee shall be covered by the Disability Benefits of the GSIS pursuant to Section 22 of the IRR of RA 11215.

C. Prohibition

1. Cancer patients shall not be discriminated and denied access to opportunities for suitable employment as provided in Sections 5 and 32 of RA No. 7277, as amended by RA No. 10524 (an Act Expanding the Positions Reserved for Persons with Disability Amending for the Purpose Republic Act No. 7277, Otherwise known as The Magna Carta for Persons with Disability). Any official or employee who shall commit any act of discrimination shall be made liable under the penal provisions of RA No. 7277, without prejudice to the institution of proper administrative and civil cases against them.
2. Discrimination in any form against employees with cancer, cancer survivors, or carers shall be prohibited. They shall not be discriminated against in terms of appointments (hiring/promotion), training and development, and other human resource actions.

D. Administrative Support

1. Official visits in the hospital/health facility/home by the staff of the Human Resource Office to check on the status of employees and to determine assistance needed during the treatment/rehabilitation;
2. Assistance to employees and their families shall be made available, in securing all documents needed and in the filing of such documents for them to avail and proceed with the treatment and rehabilitation, including securing the disability identification card; and
3. Employee/s with cancer or cancer survivors shall be prioritized in all the services of the agency granting that he/she is qualified/eligible to avail such, that is, loan facility, transportation, housing accommodation, etc.



V. RESPONSIBILITIES

The policy engages heads of agencies, human resource officers, government employees and employee organizations in the development and implementation of a CCP within their respective agencies. The following are their respective responsibilities:

A. Heads of Agencies

The head of office or agency shall:

1. Be primarily responsible and held accountable in ensuring that provisions of these guidelines are faithfully complied with;
2. Collaborate with concerned institutions and agencies to secure exemptions from the submission of the required documents needed for the treatment, care, and rehabilitation of the employees, such as, but not limited to the following:
 - a. Department of the Interior and Local Government (DILG), and the respective LGUs;
 - b. Department of Social Work and Development (DSWD);
 - c. Philippine Charity Sweepstakes Office (PCSO);
 - d. Department of Health (DOH);
 - e. Philippine Cancer Society, Inc.; and
 - f. Other related institutions.
3. Establish network and partnership through Memorandum of Agreement with health facilities and institutions that can provide employees with health services, such as, but not limited to, early detection and screening, diagnosis, treatment and care, and psychosocial support, among others;
4. Coordinate with access sites for cancer programs, with assistance of the DOH, to avail of cancer-related assistance and facilities, such as, but not limited to, Medical Assistance to Indigent Patient Program, Cancer Assistance Fund, and Cancer, Supportive Care, and Palliative Care Medical Access Program;
5. Ensure that the agency CCP is integrated into the HRD and management policies and processes of the agency concerned; and
6. Allocate funds for the effective implementation of the agency CCP.

B. Human Resource Office (or functionally related office)

The Human Resource Office or its equivalent, and the agency health facility, if any, shall:

1. Be primarily responsible for the implementation, management, and



monitoring of the provisions of the guidelines and ensure that they are faithfully complied with;

2. Ensure that CCP is integrated in the human resource development and management policies and programs;
3. Provide continuous education and training on cancer control and prevention, and initiate workplace discussions to ensure that all human resources are knowledgeable of the CCP;
4. Keep up-to-date with recommended cancer health information and education materials;
5. Establish Cancer Health Profile of employees and ensure that records of employees with cancer and cancer survivors are at all times managed, secured, readily available, and treated with confidentiality, conforming with the provisions of the Data Privacy Act and the National Integrated Cancer Control Act;
6. Identify employees exposed to hazards and assist in the availment of benefits. Assist in incident investigations, analysis, and preparation of cancer health-related reports and summaries, keeping record of the same;
7. Maintain contact with institutional networks (e.g., hospitals, agencies, trainers, health and other professionals, etc.) to support the implementation of the CCP;
8. Submit a copy of the agency CCP within six (6) months after the effectivity of these Guidelines to the CSC through the Human Resource Relations Office for monitoring, reference, and records purposes; and
9. Submit quarterly monitoring report to the Head of Agency on the implementation of the CCP. Such report shall be included in the annual accomplishment report of the agency, a copy of which shall be submitted to the CSC for record purposes.

C. Employee Organization/Association

The officers and members of the employee organization in the agency shall:

1. Collaborate with the head of the agency and the human resource management office or unit/office-in-charge of the development, administration, implementation, and monitoring of the CCP;
2. Provide support and assistance in the development of strategies, and in the administration, information dissemination, implementation, and monitoring of the programs and activities on cancer prevention and control initiatives; and
3. Represent employees with cancer, cancer survivors and living with cancer



in their work-related concerns and issues before the agency Human Resource Office, the Management and the OSH Committee.

VI. COMMUNICATION PLAN ON CCP

The agency shall adopt and implement a communication plan to promote its CCP through the use of available media. Information and education materials shall be made available and activities may be conducted to facilitate the dissemination of relevant information on cancer prevention and control.

VII. MONITORING AND EVALUATION

To support the national cancer registry and monitoring system established by the DOH under RA No. 11215, a quarterly monitoring report on the implementation of the CCP shall be submitted by the Human Resource Management Office or its equivalent office to the Head of Agency. Such report shall be included in the annual accomplishment report of the agency.

The reporting of available information and data shall be in accordance with Republic Act No. 10173, otherwise known as the "Data Privacy Act of 2012".

VIII. SEPARABILITY CLAUSE

If any portion of this policy is declared unconstitutional or invalid by competent authority, the other provisions not otherwise affected shall remain in full force and effect.

IX. ADMINISTRATIVE JUSTICE MECHANISM

Heads, officials and employees of government agencies who violate these guidelines shall be subject to administrative disciplinary action pursuant to Section 46, Rule 10 (Schedule of Penalties) of the Revised Rules on Administrative Cases in the Civil Service, without prejudice to the filing of criminal as well as civil actions under existing laws, rules and regulations.

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